

Introduction to Trauma-Informed Care for Professionals Working with Youth

Week 1 Summary and References Sheet

What is Trauma?

- Trauma is a response to exposure of actual, perceived, or threatened death, physical violence, sexual violence, neglect, serious injury, catastrophic natural disasters, unhealthy early relational attachments, racism, and/or oppression in one or more of the following ways: 1) Direct experiencing; 2) Witnessing the event, in person, as the event occurs; 3) Learning the event happened to a family member, close friend, or member of one's community, race, or sexual orientation, etc.; 4) Repeated exposure to details of the event via social media, images, intrusive thoughts, and/or conversation. *[Note: This is an expanded definition of trauma critiquing the original DSM: Diagnostic and Statistical Manual of Mental Disorder's limited definition]*

What Are Adverse Childhood Experiences (ACEs)?

- Dr. Vincent Felitti of Kaiser first studied ACEs in the 1990s while he was investigating chronic Obesity. The original ACEs study (see references below) investigated 10 original ACEs:

Verbal Abuse	Divorce/Separation
Physical Abuse	Domestic Violence
Sexual Abuse	Alcohol/Drug Exposure
Emotional Neglect	Exposure to Mental Illness/Suicide
Physical Neglect	Household member going to Prison

- The ACEs study found that folks who had 4 or more ACEs (before they were 18 years old) were 4-12 times more likely to experience alcoholism, drug abuse, depression, and physical diseases
- Follow-up research with youth (see references below) has shown that marginalized youth populations can be 4 times more likely than the original ACEs study population (a largely White, middle class, older, and insured population) to have 4 or more ACEs, leading to a slew of other psychological, emotional, and behavioral issues (e.g., incarceration, etc.).

Other Experiences Leading to Trauma

- ACEs aren't the only other experiences (besides what was mentioned in the original DSM definition—see "What is Trauma Part 1" video) that can cause trauma. Trauma can also be caused by:

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Terrorism
War
Refugee Trauma
Life Threatening Illness
Victims of Burns
Natural Disasters

Unnatural Disasters
Motor Vehicle Accidents
Mass Shootings
Community Violence
Repeated Exposure to Images, etc.
Early Childhood Relationships (Attachment)
Systemic Violence

The Key as Professional Working with Youth:

Trauma is a response to a dangerous or threatening event that can be triggered in the moment, without your meaning to do so, in which the youth feels unsafe and protects themselves via a number of different psychological/behavioral defense/protective mechanisms (we'll cover this in week 3).

Bonus: Attachment and Trauma

Attachment styles have been researched in a number of infant populations starting with the seminal research of Mary Ainsworth's "Strange Situation" (see reference below). Ainsworth conducted an experiment in which she studied how infants would react to their mothers leaving the room. She originally identified 3 types of attachment:

Secure Attachment:

Characterized by children that are easily soothed by their caregivers and feel confident that their needs will be met. They're most often the children of parents who are present to their needs and in turn they learn base level self-regulation skills via their relationship.

Insecure Avoidant:

Characterized by children who are very independent of their caregiver and do not seek contact with them when distressed. These infants are likely to have parents who are rejecting or insensitive to their needs. This type of emotional neglect is one of the ACEs above!

Insecure Ambivalent/Resistant:

Characterized by children who are clingy and dependent toward their caregivers but rejecting of them while interacting. These children often do not develop feelings of security over time and are difficult to soothe when distressed.

A fourth style, Disorganized Attachment, was also identified by later researchers, which was characterized by children who don't display an organized strategy (like above) when interacting with their caregivers. This attachment style is further characterized by distress and oftentimes an abusive relationship with the caregiver.

Take Home Point of Attachment and Trauma:

Parenting practices/styles themselves can of course lead to the development of trauma, but the attachment style that develops within the child also plays a critical role for responding to future traumas. Those with a secure attachment styles are more likely to have foundational self-regulation skills, which helps mitigates the development of trauma.

Key References from What is Trauma? Lessons

Original ACEs Study:

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of deaths in adults: The Adverse Childhood Experiences (ACEs) study. *American Journal of Preventative Medicine*, 14, 245-258.

Relevant ACEs Studies with Youth (selected):

Baglivio, M.T., Epps, N., Swartz, K., Sayedul Huq, M., Sheer, A., & Hardt, N. S. (2014). The prevalence of Adverse Childhood Experiences (ACEs) in the lives of juvenile offenders. *Journal of Juvenile Justice*, 3, 1-24.

Brockie, T. N., Dana-Sacco, D., Wallen G.R., Wilcox, H.C., & Campbell, J.C. (2015). The relationship of adverse childhood experiences to PTSD, depression, poly-Substance use, and suicide attempt in reservation-based Native American adolescents and young adults. *American Journal of Community Psychology*, 55, 411-421.

Isohookana, R., Riala, K., Hakko, H., & Rasanen, P. (2013). Adverse childhood experiences and suicidal behavior adolescent psychiatric inpatients. *European Child and Adolescent Psychiatry*, 22, 13-22.

Miller, E., Breslau, J., Chung, W.J.J., Green, J. G., McLaughlin, K. A., & Kessler, R. C. (2011). Adverse childhood experiences and risk of physical violence in adolescent dating relationships. *Journal of Epidemiology and Community Health*, 65, 1006-1013.

Robertson, A. A., Morse, D. T., & Baird-Thomas, C. (2009). Hurricane Katrina's impact on the mental health of adolescent female offenders. *Anxiety, Stress, & Coping*, 22, 433-448.

Robert T. Carter References (selected)

Carter, R. T., & Forsyth, J., (2010). Reactions to racial discrimination: Emotional stress and help-seeking behavior. *Psychological Trauma: Theory, Research, Practice, and Policy*, 2(3), 183-191.

Pieterse, A.L., & Carter, R.T (2010). The role of racial identity in perceived racism and psychological stress among Black American Adults: Exploring traditional and alternative approaches. *Journal of Applied Social Psychology*, 40 (5), 1028-1053.

Carter, R. T., & Forsyth, J., (2009). A guide to the forensic assessment of race - based traumatic stress reactions. *Journal of the American Academy of Psychiatry and the Law*, 37 (1), 28-40.

Carter, R. T., & Helms, J. E. (2009). Racism and race-based traumatic stress: toward new legal and clinical standards. *Law Enforcement Executive Forum*, 9 (5), 113-129.

Mary Ainsworth Original Attachment Study:

Ainsworth, M. D. (1964). Patterns of attachment behavior shown by the infant in interaction with his mother. *Merrill-Palmer Quarterly of Behavior and Development*, 51-58.

What is PTSD?

- Post-Traumatic Stress Disorder (PTSD) is the commonly thought of diagnosis associated with the experience of trauma. The DSM currently defines PTSD via four sets of symptoms:

<u>Intrusion Symptoms:</u>	<u>Avoidance Symptoms:</u>	<u>Negative Disturbances in Mood and Cognitions:</u>	<u>Arousal Symptoms:</u>
Memories Dreams Flashbacks Thoughts	Avoiding thoughts, memories; Avoiding people, places	Memory issues Concentration issues Worldview shifts Loss of interest in hobbies	Hyper-arousal; anger, activated central nervous system, etc.; Hypo-arousal; detached, dissociated, etc.

- One issue with the diagnosis of PTSD, however, is that many individuals don't meet full criteria (i.e., not everyone fits into a prescribed box of symptomology). Resolve has come in the form of Trauma pioneers expanding and evolving how trauma manifests from a diagnostic lens. "*Complex Trauma*" is the term used to represent the intersectionality of different trauma symptoms and their unique, nuanced presentation in different individuals and communities.

What is Complex Trauma?

- Complex trauma is the term used to represent the multi-layered and multi-faceted aspects of trauma symptom presentation. Complex trauma is the placeholder term that represents the intersection between a multitude of symptomologies over time; i.e., it doesn't limit the event of trauma to one or two events, but rather suggests multiple incidents and events occurring over the period of one's life (e.g., being assaulted numerous times, robbed, etc.) and via different mediums (e.g., personal assaults, community violence, historical oppression, etc.).
- Complex trauma can be represents in evolved diagnoses developed by pioneers in the field including (*note: these diagnoses are not recognized in the current DSM-5*):



Complex Post Traumatic Stress Disorder (“C-PTSD”):

- First discussed by Judith Herman in “Trauma and Recovery” (see references below) and expands the symptomology of PTSD to include: Trauma exposure, affect regulation, alterations in consciousness (such as amnesia), changes in self-perception, changes in perpetrator perception (e.g., Stockholm syndrome), disruptions in interpersonal relations, and lack of meaning in life.

Developmental Trauma Disorder:

- First discussed by Bessel Van der Kolk, Developmental Trauma Disorder like C-PTSD evolves the symptomology of PTSD and particularly targets children and youth. Symptoms include: Trauma exposure, affective and physiological dysregulation, attentional and behavioral dysregulation, self and relational dysregulation, post traumatic spectrum (traditional) symptoms, and functional impairment (i.e., impaired functioning in school, social, or other relevant life area).

Post Traumatic Slave Syndrome:

- Pioneered by Joy DeGruy (see reference below), this intergenerational and historical trauma is the result of the legacy of oppression and structural violence committed against African Americans via the trans-Atlantic slave trade. Dr. DeGruy suggests three primary symptoms or manifestations of PTSS: Ever present anger (anger that lurks just beneath the surface of one’s awareness), vacant self-esteem, and racist socialization.
- Other forms of historical trauma have also been perpetrated against Indigenous communities of the Americas, Latino/a communities, and other communities of Color.

Key References from PTSD and Beyond Lessons

DeGruy, J. (2005). *Post traumatic slave syndrome: America’s legacy of enduring injury and healing*. Portland, OR: Joy DeGruy Publications.

Herman, J. (1992). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. New York, NY: Basic Books.

Van Der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Viking.

Wolynn, M. (2016). *It didn’t start with you: How inherited family trauma shapes who we are and how to end the cycle*. New York, NY: Viking.

Yehuda, R., Daskalakis, N.P., Lehrner, A., Desarnaud, F., Bader, H. N., Makotkine, I. et al. (2014). Influences of Maternal and Paternal PTSD on Epigenetic Regulation of the Glucocorticoid Receptor Gene in Holocaust Survivor Offspring. *American Journal of Psychiatry*, 171, 872-880.