



RESPONDING TO TRAUMA AND CHRONIC STRESS IN YOUTH

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June 2014

Trauma

An overwhelming, uncontrollable experience that creates feelings of helplessness, vulnerability, loss of safety and loss of control

Sandra Bloom, MD

Traumatization occurs when both internal and external resources are inadequate to cope with external threat

Bessel Van Der Kolk, MD

Chronic Stress

Chronic stress is the response to emotional pressure suffered for a prolonged period over which an individual perceives he or she has no control. It involves an endocrine system response in which occurs a release of corticosteroids.

[Wikipedia](#)

Adverse Childhood Experiences Study

ACES

1995-1997

Dr. Felitti and Dr. Anda from Kaiser Permanente and The Center for Disease Control

Over 17,000 Kaiser Permanente members voluntarily participated in a study to find out about how stressful or traumatic experiences during childhood affect adult health. After all the identifying information about the patients was removed, the Centers for Disease Control and Prevention processed the information the patients provided in their questionnaires.

The study examined the relationship between adverse experiences, health care use, and causes of death. The ACE Study findings suggest that certain experiences are major risk factors for the leading cause of illness and death as well as poor quality of life in the US.

Childhood abuse, neglect, and exposure to other traumatic stressors which we term *adverse childhood experiences* are common.

Childhood adversity and trauma are pervasive in our society.

ACES

- Almost two-thirds of the study participants reported at least one ACE, and more than one of the five reported three or more ACE. The short- and long-term outcomes of these childhood exposures include a multitude of health and social problems.

ABOUT THE STUDY: What everyone should know

Many people experience harsh events in their childhood. 63% of the people who participated in the study had experienced at least one category of childhood trauma.

Over 20% experienced 3 or more categories of trauma which we call Adverse Childhood Experiences (ACEs).

- 11% experienced emotional abuse.
- 28% experienced physical abuse.
- 21% experienced sexual abuse.
- 15% experienced emotional neglect.
- 10% experienced physical neglect.
- 13% witnessed their mothers being treated violently.
- 27% grew up with someone in the household using alcohol and/or drugs.
- 19% grew up with a mentally-ill person in the household.
- 23% lost a parent due to separation or divorce.
- 5% grew up with a household member in jail or prison.

ACES

- ACEs seem to account for one-half to two-thirds of the serious problems with drug use.
- They increase the likelihood that girls will have sex before reaching 15 years of age, and that boys or young men will be more likely to impregnate a teenage girl.
- Adversity in childhood causes mental health disorders such as depression, hallucinations and post-traumatic stress disorders.

The more categories of trauma experienced in childhood
the greater the likelihood of:

Alcoholism and Alcohol Abuse

Chronic Obstructive Pulmonary Disease (COPD)

Depression

Fetal Death

Poor Health-

Illicit Drug Use

Ischemic Heart Disease (IHD)

Liver Disease

Smoking

Obesity

Suicide Attempts

Risks for Intimate Partner:

Violence, Multiple Sexual Partners, Sexually Transmitted Diseases (STDs),
Unintended Pregnancies

If you experienced childhood trauma, you're not alone.

- Talk with your family health practitioner about what happened to you when you were a child. Ask for help.
- For more information about the ACE Study, email carolredding@acestudy.org, visit www.cestudy.org, or the Centers for Disease Control and Prevention at:
<http://www.cdc.gov/NCCDPHP/ACE/>

NORMAL RESPONSE TO DANGER

- FIGHT
- FLIGHT
- FREEZE
- SUBMIT

Responses to Trauma and Chronic Stress

- Startle Response
- Hypervigilant
- Aggressive, irritable, impulsive, anxious
- Understanding trauma's affect on the BRAIN
- Triggers communicate sensory reminders that bring back a situation, feelings, and behavior

Learned Helplessness:

PEOPLE "LEARN" THAT THEY HAVE NO EFFECT ON THEIR ENVIRONMENT

PEOPLE STOP RECOGNIZING CUES TO DANGER (FEAR / ANGER)

Loss of Volume Control:

– INABILITY TO SELF-SOOTH

– INABILITY TO MODULATE /MANAGE AFFECT

– LACK OF FRUSTRATION TOLERANCE RESULTS IN MALADAPTIVE COPING SKILLS

– DRINKING DRUGS, ETC.

DISSOCIATION. Feeling numb:

“The conflict between the will to deny horrible events and the will to proclaim them aloud is the central dialectic of psychological trauma. People who have survived atrocities often tell their stories in a highly emotional, contradictory, and fragmented manner which undermines their credibility and thereby serves the twin imperatives of truth-telling and secrecy. When the truth is finally recognized, survivors can begin their recovery. But far too often secrecy prevails, and the story of the traumatic event surfaces not as a verbal narrative but as a symptom.”

Judith Herman

“I could be someplace else and not get hurt.”

Dissociation = Bodily amnesia, trance and self-hypnosis – time losses, bouts of amnesia, mood swings, unpredictable behaviors and feelings

Counting, picturing, or letting the mind go adrift becomes absolutely automatic... spontaneous self-removal

Psychogenic Fugue = The dissociated adult may actually travel far away from home and forget who he is ..

Depersonalization = children more often feel detached from their minds and bodies (common for repeatedly traumatized children)

Amnesia = if amnesia follows from trauma it is almost always from a long series of events

Multiple Personality Disorder = rare – different personalities in the same body – creation of several alter egos

“The truth about (sexual) abuse is so overwhelming that it must be denied. The truth gets suppressed not because it is peripheral to major social realities, but because it is so central that as a society we choose to reject our language of it. Rather than make the changes in our thinking; our institutions; and our daily lives that sustained awareness of child (sexual)abuse demands.

Roland Summit

We do not want to know the truth. Like the victim we would have to suffer. It is possible that deep down we feel it is better if the victims feel betrayed, guilty and ashamed than we do not have to.”

The Trauma Myth by Susan A. Clancy

Traumatic Reenactment

Reliving the event

- DISSOCIATION
- SPLIT OFF FROM MEMORIES OF CONSCIOUS AWARENESS OR FEELINGS ABOUT AN EXPERIENCE
- REMEMBERING – WHEN A BEHAVIOR SUBSTITUTES FOR A MEMORY
- RISK TAKING and SELF ABUSIVE BEHAVIORS – CAN BE SEEN AS AN ATTEMPT TO COMMUNICATE TRIGGERS RESULTING IN
- RE EXPOSURE TO TRAUMA
-
- TRAUMATIC RE-ENACTMENT
- There is a splitting off of traumatic memories and feelings into non – verbal images and sensations that is life saving in the short term but prevents full integration in the long (Van der Kolk & Ducey)

- VICTIM TO VICTIMIZER
- TO ACHIEVE POWER OVER HELPLESSNESS
- ANGER AT THE OTHER / ANGER AT THE SELF
- TO DO WHAT WAS DONE TO THEM / NOT TO BE THE HELPLESS VICTIM

Effects of Trauma on Development

- Children are more vulnerable to trauma than adults
- Resilient children are made – not born
- The developing brain is more malleable and most sensitive to experience – both good and bad – early in life (easier to learn language, motor skills, formative years)
- Children become resilient as a result of the patterns of stress and of nurturing they experience early on
- In sensitization a pattern of stimulus leads to increased sensitivity to future similar stimulus. This is what is seen in Vietnam Vets and rats that were genetically oversensitive to stress or became that way due to early exposure.
- When the brain becomes sensitized, even in small stressors can provoke large responses.
- Tolerance, on the contrary mutes one's response to an experience over time. Both factors are important for the functioning of memory: if we didn't get tolerant to familiar experiences, they would always appear new and potentially overwhelming. The brain would probably run out of storage capacity, like an old computer. Similarly, if we didn't become increasingly sensitive to certain things, we would not be able to improve how we respond to them.
 - Seymour Levine/Bruce D. Perry M.D, Ph.D. and Maia Szalavitz

ADDICTION TO TRAUMA :

COMFORT AT STRESS and DISCOMFORT AT CALM
RESULTING IN RE EXPOSURE TO TRAUMA AND AT- RISK BEHAVIOR

Stress releases endorphins that provide temporary relief similar to chemical substances (dopamine)

Withdrawal from the DANGEROUS behavior is also experienced similarly to withdrawal from chemicals

If a rat or human is given a small, frequent dose of a drug like cocaine or heroin that act on the dopamine and opioid systems, the drugs lose their “strength” – similar to addiction – the addict becomes tolerant , and so more of the drug is needed to achieved eh same “high”.

In contrast, if you give an animal the exact same dose of the drug, but tin large, infrequent doses, the drug actually “gains” strength.

How Do We Respond?

What Happened to You? *versus* What's Wrong with You?

Staying Non-Judgmental and Avoiding Power Struggles

Boundaries - setting limits for both workers and clients

Contracting -remaining proactive instead of crisis driven

Avoiding Burnout:

Using Countertransference to Identify the Re-enactment Triangle -
and Avoiding Playing a Role

Re-defining and Shifting Perspectives Around Unhelpful Labels-
such as: "manipulative", "attention-seeking"

Films:

Seabiscuit

Fearless

Antwon Fisher

The Shawshank Redemption

WHAT CAN WE DO:

Understanding trauma's effect on the BRAIN and how triggers work – both to escalate and to sooth

Triggers - communicate sensory reminders that bring back a situation or feelings

Understand how non verbal behavior is an effort at Communication

-
and can be seen as an attempt to master, gain control over feelings or a situation

Practice, Practice, Practice Safety Plans

DBT:

Mindfulness (M&M)

SPARCS:

Observe, Describe, Participate

DBT/CBT/SPARCS:


-Using the 5 Senses to Identify Triggers and
Create Safety Plans-

Self-Care includes:

physical

psychological

emotional



“We are beginning to have remarkable insight into how we have become what we are as individuals and as a nation. This understanding is important medically, socially and economically. We are beginning to see some of our diagnoses and medical construct as artifacts resulting from medical blindness to the social realities of life experiences, especially those of ...children”

The Impact of Early Life Trauma and Disease -
The Hidden Epidemic (Lanius, Vermetten, Pain)