

Recognizing & Responding to Individuals with Previous Trauma

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Goals of Presentation

- Identify common, and developmentally-related symptoms of trauma
- Techniques to therapeutically respond to trauma
- Promoting Resilience
- Prevention and Self Care
- Collaboration with other professionals

Introduction: What Is Trauma?

- An exceptional experience in which powerful and dangerous stimuli overwhelm one's capacity to regulate his or her affective state.

Impact of Trauma: Physical/Physiological and Psychological Consequences

- Trauma impacts brain, sympathetic nervous system, and endocrine system
- Trauma is stored as somatic (bodily) memories and is expressed as changes in the biological stress response (van de Kolk, 1996)
 - Impact on memory (due to altered stress hormone/cortisol secretion)
 - Depressed immune system (i.e., leading to hyperarousal/exaggerated startle response of PTSD)
- These findings provide implications for psychotherapy and pharmacotherapy of PTSD
 - Intervention must focus on body and mind

Impact of Trauma: Post-traumatic Growth (Tedeschi and Calhoun, 1996)

- Research suggests people exposed to most traumatic events may perceive some good emerging from their experiences (i.e., rape, incest, cancer, HIV infection, heart attacks, disaster, combat, holocaust)
- 3 Broad Categories of perceived benefits of trauma outlined:
 1. Perceived changes in self
 - Increased self-reliance and self evaluation of competence
 2. Changes in interpersonal relationships
 - Deepening in relationships with others
 - Realizing importance of relationships and how quickly they can be lost
 - Recognition of vulnerability = increased emotional expressiveness and willingness to accept help
 3. Changed philosophy of life
 - Increased appreciation for their own existence
 - Better perspective on life and “living life to the fullest”
 - Increased strengthening in spiritual beliefs/finding meaning in the tragedy

Impact of Trauma on Learning and Adaptive Functioning: Prevention is Key!

- Decreased IQ and reading ability (Delaney-Black et al., 2003)
- Lower GPA (Hurt et al., 2001)
- Greater school/work absences (Hurt et al., 2001)
- Decreased rates of high school graduation (Grogger, 1997)
- Increased expulsions and suspensions (LAUSD Survey)
- Substance use/Dependence
- Domestic Violence/Child Abuse and/or neglect
- Relationship Problems/Divorce

General Indicators of Exposure to Trauma

- Problems with concentration
- Behavioral problems (school and home)
- Substance Abuse
- Fears/avoidance
- Depression/Mood swings
- Physical complaints
- Withdrawal
- Academic/employment problems
- Posttraumatic Stress Disorder
 - Re-experiencing, avoidance/numbing, hyperarousal

In general, be alert if children show some of the following difficulties

- Sleep troubles, nightmares, fear of falling asleep
- Headaches, stomach aches, aches and pains
- Increased aggressive behavior and angry feelings

In general, be alert if children show some of the following difficulties (cont')

- Hyperactivity (a very high activity level)
- Hyper vigilance (constant worry about possible danger)
- Worrying about the safety of loved ones
- For younger children; loss of skills learned earlier (such as toilet training, language skills)

In general, be alert if children show some of the following difficulties (cont')

- Repetitive play or talk about a violent event
- Withdrawal from friends and activities
- Not showing feelings about anything
- Trouble concentrating

Be Alert to the Needs of Individuals with Prior Trauma

- Those with previous trauma are most likely to exhibit symptomatology and be referred for services
 - The trauma of Hurricane Katrina and its aftermath has led to the resurfacing of previous traumas
 - Re-experiencing with recent oil spill
 - The chaos and deprivation of the living environment following the hurricane has exacerbated the problems of daily living that many families face

Developmentally Related Symptoms of Trauma

- Young children (PreK through Early School Years)
- Remember: Younger children are strongly affected by caregivers' reactions to traumatic event
 - Separation Anxiety – clinging, crying
 - Regression – in behaviors (i.e., toileting, thumb sucking)
 - “Parentification” ; “spousification”

Developmentally Related Symptoms of Trauma

- Adolescents (High School)
 - Using alcohol or other drugs
 - School truancy
 - Running away from home
 - Self-injurious behavior
 - Depression
 - Avoiding friends or family; wanting to be alone
 - Experiencing suicidal thoughts
 - Losing interest in things once enjoyed

Developmentally Related Symptoms of Trauma

- Adults

- PTSD/Acute Stress Symptoms: (DSM-IV-TR) arousal/somatic symptoms
 - Trouble sleeping (nightmares/night terrors)
 - Irritability
 - Trouble concentrating
 - Hypervigilance/Strong startle response
 - Re-experiencing/Intrusive thoughts or images
- Co-morbidity
 - Substance abuse/dependence
 - Anxiety/depression/avoidance
 - Interpersonal difficulties
 - Panic Attacks

Risk Factors contributing to traumatization

- Severity of trauma exposure/proximity
- Previous traumatic events
- Young age
- Difficult temperament
- Poor communication skills
- Lack of self-esteem and self-confidence
- Poor ability to cope with stress
- Poor relationship building skills
- Lack of role models outside the family

Protective/Resiliency Factors

- Age
- Easy temperament/Personality Characteristics
- Strong communication skills
- Strong relationship building skills
- Strong emotional relationships with families/friends
- Ability to express feelings
- Ability to use symbolic play (for children)
- Ability to cope with stress
- Welcomes developmental/life challenges

Protective Factors: Characteristics of Community

- Churches, libraries, and social service agencies
- Medical facilities
- Community involvement
- Family support centers/groups
- After school programs/homework clubs
- Parks and recreation centers
- Businesses

When to refer for mental health evaluation services

- Emotional/behavioral symptoms that cause distress to the child/parent and/or interrupt adaptive functioning
- Severe disruption in home, classroom, work, interpersonal relationships etc.
- Persistent severe withdrawn/depressed behaviors
 - Suicidal/homicidal ideation
- Substance abuse/dependence

School Counselor's Response

- Follow up when symptoms are observed
 - For students who request counseling or who are exhibiting symptoms
 - Further screen children either individually or in groups
 - Offer both group and individual counseling depending on the needs of the child
 - Group counseling models include supportive, trauma focused approaches (i.e., HATS, FOCUS, StArT, PFA, SPR, CBITS etc).

School Counselor's Response

- Importance of collaboration and communication with school personnel and parents
 - Meet with school staff and teachers as much as possible
 - Teachers refer the highest need children
 - Meet with school staff, teachers, and parents for the purposes of psychoeducation and support
 - Offer direct services or referrals for parents or teachers in need of mental health services

Tools to Respond to Trauma

- Validate feelings
- Give permission to tell his/her story
- Reassure children that adults are there to help them feel safe and secure
- Reflect back the emotions
- Remain nonjudgmental– just listen
- Give people their space and respect if individual does not want to talk-your presence is the best present!
- Collaborate and refer when appropriate

How to support teachers and parents

- Appreciation & recognition of how hard it can be
- Education on the effects of trauma on children
- Need an opportunity to share their experiences and concerns
- Provide support in classrooms for children who may need more attention
- Provide opportunities for “time-outs”
- Self care

Reminders: Promoting Resilience

- Resilience: describes individuals' ability to withstand adversity and hardship and to move forward and grow despite negative circumstances (Coatsworth & Duncan, 2003)
 - Post-traumatic growth
- Fortunately, not everyone exposed to trauma develop serious or chronic trauma-related symptoms (Hodas, 2006)
- PTSD versus Resilience
 - Careful with labels
 - Symptoms must be present at least 90 days to meet PTSD criteria
 - Strong emotional response initially may actually be adaptive /indicative of resilience

Self Care



PROBLEMS THAT MAY EMERGE IN WORKING WITH TRAUMATIZED ADULTS

- Powerful feelings may be evoked in the therapist
- The treater may also be traumatized
- Loss of sense of boundaries
- Feeling overwhelmed and helpless (can also lead to less empathy)
- Unacknowledged, unrecognized, or unexamined countertransference

Secondary Traumatic Stress

- Stress resulting from helping or wanting to help a traumatized or suffering person
- Caused by repeatedly hearing stories about stressful events/trauma
- Helping professionals can be at high risk for traumatization

(Figley, 2002)

BURNOUT

Reduced effectiveness often accompanied by feelings of helplessness, hopelessness, frustration, anger, or cynicism.

Problems in Workplace Leading to Traumatic Stress: Supporting Treaters who Work with Trauma

- Caseload/workload
 - Establish realistic goals
 - Provide diversity of experience and work
 - Maintaining appropriate boundaries
- Time spent listening to traumatic material
 - Take time outs
 - Balance between home, work, self, and others (self care)
- Little or no supervision/support
 - Increase supervision frequency and satisfaction
 - Consultation/collaboration with peers/colleagues (when appropriate)
 - Reflective supervision
 - Being aware of and managing countertransference
 - Fun