

"The Secrets That Do Harm for Generations: It's Time to Talk About Trauma"

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Introduction

Poverty exists in nearly all societies and has many causes, although it can have very different causes in a capitalist economy than in a socialist economy. Capitalist economies frequently sweep the poor into slums, to make them invisible, while a socialist society may seek to address root causes of poverty. In either case, poverty is a social harm that may seem to resist all efforts to alleviate it. Among individuals, one reason for the persistence of poverty can be due to the effects of trauma, which can lead to chronic health problems. In addition to physical health conditions like obesity and heart disease, trauma can contribute to mental health problems and addiction issues – such as alcoholism.

Beyond the personal costs, there are broad social costs of such life-affecting conditions. For example, when workers experience behavioral health problems (such as anxiety or addiction), the effects on their work are likely to be damaging to the functioning of the worksite. As the world's nations seek to develop new work structures, individually driven or co-operative, societal economies can be greatly affected, even impoverished by the crippling effects of trauma on individual members of the workforce. Yet these trauma effects are frequently concealed and even unconscious, so that neither others in the work place nor the traumatized individual may be aware of them.

A society seeking to encourage small businesses and co-operatives is likely to be especially affected. Particularly in co-operatives, the mutual dependence among co-op members can amplify the effects of individual members' negative trauma-related behaviors. So trauma is an important topic to address, for economic as well as social and personal reasons.

Both broad societal traumas and individual traumas affect populations. The effects of trauma in early childhood can be especially long lasting and damaging – yet unknown to the individual. Similarly, we are often unaware of how group trauma effects play out. Some work has been done to explore historical traumas, like chattel slavery and the genocides of indigenous people in North and South America, but much work remains to examine and identify the full effects of these and of more recent societal traumas. Further study of these mostly unexplored topics of may yield significant understandings and insights.

However, this paper addresses trauma broadly and focuses on the effects of trauma on individuals, particularly early childhood traumas. I believe it is crucial for individuals, communities, organizations, and social institutions to be more aware of trauma and its effects. Instead of *ignoring* trauma, and often even keeping it secret, we must be aware of it and able to talk about it and address it. For healthier individuals, a healthier society, and successful economies, it's time to talk about trauma.

Please use this paper as a tool. The section divisions are provided to allow readers to dip in where their interests take them. The narrative sections present all of the key concepts. The extensive resource listings are not for reading but for convenient reference for further exploration and study.

An End to Keeping "Dirty Secrets"

What is trauma, and what do we know about early childhood traumas that makes them so important to talk about and address? A trauma is a particular kind of stressful experience – often an especially damaging one. We know that trauma in early childhood often is caused by neglect or violent experiences, whether in the form of physical abuse, sexual molestation, or the witnessing of domestic or other violence. Children who experience such trauma can be subject to lifelong difficulties, including reduced emotional well-being, lowered school performance, and physical and mental health problems. In any society or economy, such effects can wall off trauma survivors from the opportunities for a better life.

As a public health issue, trauma merits attention to preventive measures, including public information and discussion. Yet, by their nature, traumas are painful to talk about. Some traumas are of the sort that *can* be mentioned, even if with difficulty – such as the sad accidental death of a parent or the experience of a destructive hurricane. However, the disclosure of other traumas is much harder, feeling shameful or even forbidden, as if the traumas were "dirty secrets".

For individuals to be able to recover from trauma, it helps for them to talk about it – or at least to refer to the trauma, so that it can be addressed in a constructive way. The "dirty secret" of a trauma can lead to mental illness, and, then, in bitter irony, the stigma connected to mental health problems makes those problems into their own "dirty secret". When mental health issues cannot be honestly and openly discussed, they can perpetrate situations in which a mentally ill parent neglects a child or causes other kinds of unintended harm that, in turn, results in further trauma.

In such situations, trauma can be passed along from one generation to the next. It may also be that an earlier trauma was one brought on by social prejudice – racist attacks, for example. That trauma can become generational, continuing through generations to have effects, compounding other traumas.

It is time we speak more openly – and address more effectively – trauma of all kinds. When trauma is not addressed, individuals are at risk for multiple effects. The effects of unaddressed trauma also entail high social costs. In order to reduce the damaging and reverberating effects of trauma, and even though we may feel uncomfortable with trauma and traumatic situations, in many contexts and particularly in social service and health care, trauma risks should be routinely reviewed.

The "Three E's" of Trauma and the Importance of Trauma Awareness and Being Trauma-Informed

Trauma results from many different adverse experiences, elaborated below in Types and Sources of Trauma. I use the particular definition of trauma from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). In SAMHSA's *Concept of Trauma and Guidance for a Trauma-informed Approach*¹ report, trauma refers to the *combination* of the "three E's":

1. **The adverse *Event* or *Events***

The occurrence is either an "extreme threat of physical or psychological harm" or it is "severe, life-

1 SAMHSA. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: SAMHSA, 2014: <http://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf>. (Accessed April 2016.)

threatening neglect for a child that imperils healthy development”.²

2. **The individual’s Experience of the event**

The event is *perceived* as physically and emotionally harmful or threatening and the individual feels powerlessness and questioning. Frequently, the experience includes a sense of shamefulness and/or of having been betrayed.

3. **The negative physical, mental, emotional, and even spiritual Effects**

These effects may be immediate or delayed; they may be long-term or short-term; and they may be temporary or long-lasting.³

The effects of exposure to trauma, including health effects, can be substantial and wide ranging.⁴ Depending on an individual’s level of resilience, other continuing and life-long health difficulties may arise. Mental health issues, such as depression, can be a response to trauma. A large proportion of individuals experiencing addiction, alcoholism, and other substance use problems and co-occurring disorders (the combination of substance use disorders and mental health disorders) are likely to have experienced traumatic stress.⁵ A wide variety of physical health conditions, such as diabetes and heart disease, are also linked to trauma.

Social attitudes frequently drive trauma discussions into the shadows by focusing on *what’s wrong with you?* and discounting *what happened to you?* – blaming the victim rather than exploring the circumstances. Yet, as mentioned, unaddressed trauma can lead to serious personal effects which also become broad societal concerns. Additionally, due to prior experiences, traumatized individuals may be sensitized to new, potentially traumatic situations. These individuals are likely to shy away from situations that lead to accusations of *what’s wrong with you?*

Health care providers, social service workers, and others who address individual and social ills can do their work more effectively when they better understand trauma. Trauma awareness in service and treatment settings is important to help prevent or reduce possible re-traumatization, so that clients and patients feel more at ease in therapeutic interactions. For individuals who continue to suffer the effects of trauma, a trauma-informed approach, reflected in trauma-informed care, is useful in several ways:

- to create an atmosphere of safety and security
- to support the client’s sense of control in the situation
- to encourage trust and openness.

Later in this paper, the discussion on A Trauma-Informed Approach and Trauma-Informed Care provides more information on these topics.

Part of a trauma-informed approach is work to support resiliency. With resiliency, individuals have a greater capability to rebound from traumatic stresses. By providing family and community supports for individual resilience, trauma effects can be reduced and even prevented. Also, recovery

2 *Ibid.*, p. 8.

3 *Ibid.*, pp. 7-8.

4 *Ibid.*, page 2, which refers to the range of effects documented in research.

5 The National Child Traumatic Stress Network. (2008). Making the Connection: Trauma and Substance Abuse. Funded by the Center for Mental Health Services, SAMHSA, Department of Health and Human Services. p.1: http://www.nctsnet.org/nctsn_assets/pdfs/SAToolkit_1.pdf. (Accessed July 2008.)

from trauma is aided by strategies similar to those that encourage resilience. Later in this paper, I return to the discussion of resiliency and the importance of increasing resiliency factors in early childhood.

Types and Sources of Trauma

Below I give an overview of the basic types of trauma, introduced here.

Many traumas are direct. If a direct trauma is one among a number of direct traumas – especially among a specific population group, as in the case of *insidious* trauma (*i.e.*, trauma caused by societal prejudices, discussed below) – then the experience of *historical* trauma can be passed along through families and communities to haunt future generations. If one direct trauma is followed by repeated other traumas – as may occur, for example, in a wartime situation – then the severe consequences of *complex* trauma may arise.

Some kinds of *direct* trauma, such as sexual molestation and/or parental neglect, are more likely to be considered shameful or secret. In being kept secret, those traumas have a greater likelihood of serious long-term effects. Even a direct trauma that does not inherently imply reproach can lead to feelings of guilt or shame. For example, a young child may believe they are guilty in some way for the death of a parent or a sibling.

Service providers facing such situations must be aware not only of these types of trauma and their effects but also of the effects of *indirect* trauma.

Direct Trauma

Many different circumstances and experiences can lead to direct trauma, such as the following:

- natural disasters (earthquakes, wildfires, floods, mud slides)
- serious auto accidents and other accidents
- death, mental illness, or severe bad health of a loved one
- warfare.

Some of the direct traumatic stresses more commonly connected to socially damaging behavioral health responses like substance use and mental health disorders are the following:

- childhood neglect or abuse
- bullying of all kinds
- sexual molestation and/or rape, including military sexual trauma
- exposure to other violence, including domestic or intimate partner violence (such as in a dating situation), and, in the U.S., street violence.

As these lists show, violence is frequently a common factor in trauma situations. The traumatic nature of violence, as well as the modeling of violent behaviors, can lead to violence being reproduced when it is echoed by the victims of violence. Additionally, different types of violence often have the same root causes and can be interconnected. Understanding these aspects of violence and its serious long-term effects can help us take a stronger and more emphatic stand for the prevention of violence and the conditions that contribute to it.

A subcategory of direct trauma is *insidious* trauma, which stems from negative treatment (*i.e.*, traumatic experiences) based on societal prejudices like “racism, sexism, heterosexism and

homophobia, ageism, discrimination based on disability, and other forms of discrimination.”⁶

Historical Trauma

When traumatic events on a broad, long-term scale affect groups of people, those events may have reverberating effects in which the trauma is passed on to succeeding generations. The damaging influence of historical trauma can include intergenerational grief, when unresolved grief is passed along the generational line. Such historical trauma becomes a *generational* trauma.

In the U.S. examples of historical trauma include the following:

- chattel slavery and subsequent race-based violence against people of color (such as lynchings)
- the dispossession and disruption of Native American groups
- intergenerational poverty in families and communities
- the painful immigration experiences of some population groups.

Other groups, such as the elderly or those sharing a disability – such as the deaf or those with developmental disabilities – may experience and show effects from historical trauma, generally due to insidious trauma.

Service workers and health care providers frequently work with groups or individuals who may be experiencing historical trauma. These workers can better understand client behavior by learning about the historical trauma experienced by those individuals. Ways to learn more about traumatizing historical events and experiences include independent reading and research, as well as participation in educational offerings related to these topics by higher learning institutions and cultural associations.

Individuals affected by historical trauma may find it easier to change certain unhelpful reactions and behaviors when they gain insight into how such trauma contributes to some continuing risky and self-harming activities.

Complex Trauma

Complex trauma most frequently occurs beginning in early childhood and within the primary caregiving system. Such early childhood traumas are often the result of violence – domestic, neighborhood, or community; a result of insidious or historical trauma; or of caregiver mental illness or addictions.

Whenever individuals are subject chronically to simultaneous or sequential traumatic occurrences, then they are prone to experience the particular effects of complex trauma. One notable effect of complex trauma is the inability to detect or respond to danger cues. This insensitivity can lead to repeated trauma exposure later in life, especially for those in potentially dangerous environments, such as for homeless individuals, sex workers, and drug users. Insensitivity to danger cues can precipitate a spiral of increasing trauma and deepening difficulties, because the further trauma exposure can lead to substance use and to being in risky situations.

Resources on Types of Trauma

1. **Complex Trauma (National Child Traumatic Stress Network)**
<http://www.nctsnet.org/trauma-types/complex-trauma>

6 *A Guide to GPRA Data Collection Using Trauma-informed Interviewing Skills*. p. 8:
<https://gdata.samhsa.gov/GDTALinks/Trauma-InformedInterviewingManual-508.pdf>. (Accessed March 2016.)

This webpage offers general information on complex trauma and further links on the following:

- the assessment of complex trauma
- its intellectual, emotional, and other effects
- additional resources on complex trauma

For additional information on complex trauma, especially in children, see also the informative Centers for Medicare and Medicaid Services (CMS) Guidance for Complex Trauma:

<https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-07-11.pdf>

2. **Types of Traumatic Stress (National Child Traumatic Stress Network)**

<http://www.nctsn.org/trauma-types>

This site provides information on multiple aspects of traumatic stress in children, identifying different types of traumas and offering links to additional resources on each one. It also offers reading lists of research for most of the stress/trauma types.

Indirect Trauma and Self-Care for Service Providers

Indirect trauma is of special concern to various service providers, including emergency crews, rescue workers, and others who personally see traumatic situations. These workers, who see the trauma of others, can become traumatized through trauma exposure, as can other service providers, such as social workers, who hear from clients about trauma or work compassionately with those who have experienced trauma. Indirect trauma is also called compassion fatigue, secondary trauma, and vicarious trauma.

The symptoms of indirect traumatic stress are similar to those of direct trauma; however, especially if one is not alert to them, they may go unrecognized. Indirect trauma can negatively affect one's work, personal relationships, sense of boundaries, emotions, and behavior. Being alert to this potential problem and practicing the basics of self-care are two key ways to address this occupational hazard.

Resource on Compassion Fatigue/Indirect Trauma

1. **Self-care for Providers (International Society for Traumatic Stress Studies)**

<http://www.istss.org/treating-trauma/self-care-for-providers.aspx>

This site is helpful in providing key and background information on indirect trauma, useful countermeasures, and additional information such as the following:

- helpful tips for professionals working with trauma survivors
- the costs of indirect trauma
- its symptoms
- what trauma workers can do about indirect trauma.

2. **Staff Wellness in Trauma-Informed Organizations (Ctr. for Health Care Strategies)**

<http://www.chcs.org/resource/encouraging-staff-wellness-trauma-informed-organizations/?>

[utm_source=ATC+Staff+Wellness+Brief&utm_campaign=ATC+Brief+and+Infographic+12-13-16&utm_medium=email](http://www.chcs.org/media/Staff-Wellness-Trauma-Informed-Organization-Infographic-121216.pdf) (Please copy and paste into browser, if necessary.)

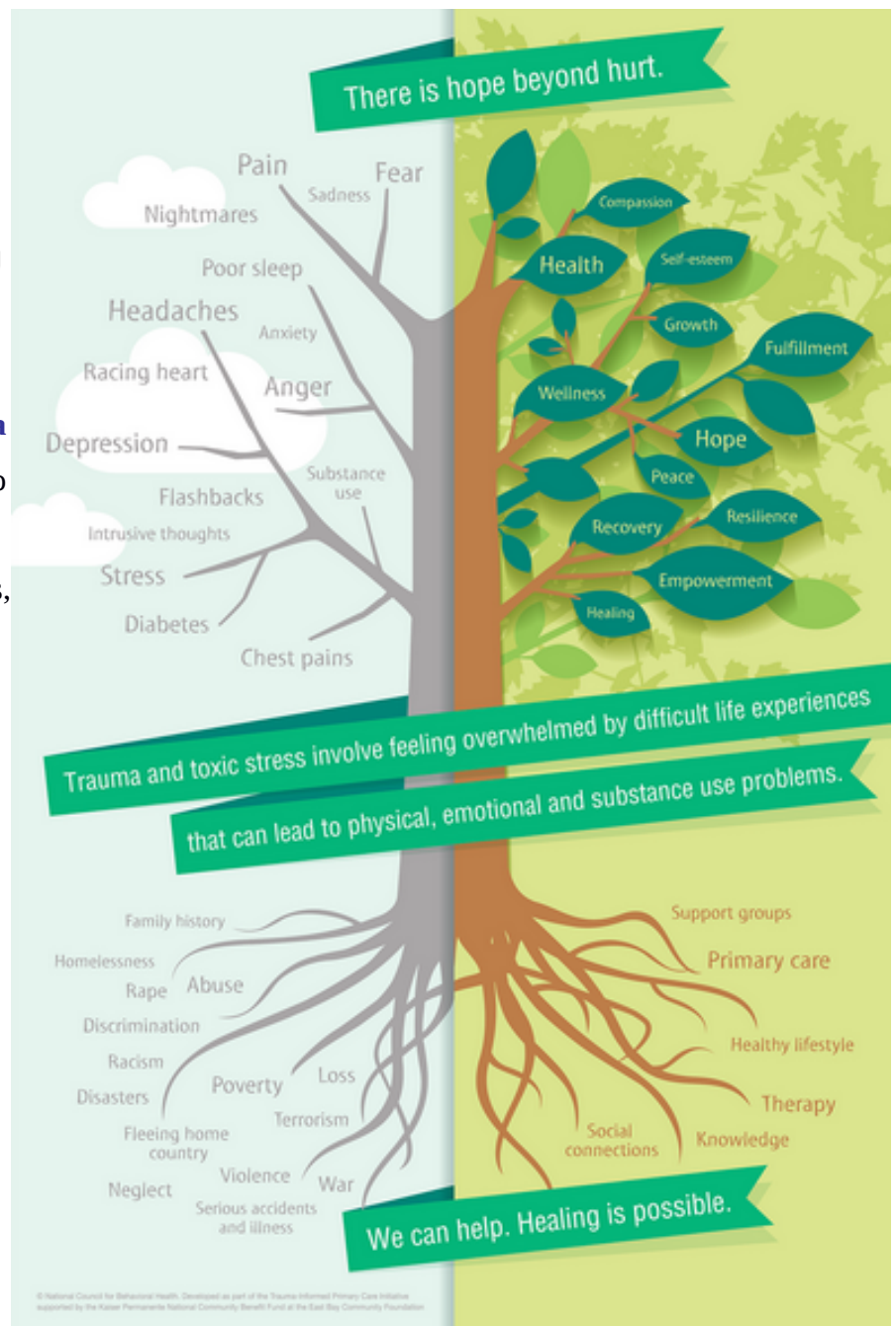
This webpage provides a brief background on the importance of ensuring emotional wellness among professional and non-professional staff in organizations that work with traumatized individuals and situations of trauma. The page includes various additional links to resources, including an "infographic" that summarizes emotional stress on staff and strategies for addressing those. Use this URL, to go directly to the graphic,, which is also included at the end of this paper: <http://www.chcs.org/media/Staff-Wellness-Trauma-Informed-Organization-Infographic-121216.pdf>.

3. **Compassion Fatigue, Burnout and the Strengths-Based Workplace (Association for Addiction Professionals)**
<https://www.naadac.org/compassion-fatigue-burnout-and-the-strengths-based-workplace>

This webinar recording notes protective factors and addresses recognizing, understanding risks factors for, and recovering from compassion fatigue.

Reactions After and Effects of Trauma

It is normal for anyone to react to extremely adverse events: "All kinds of trauma survivors commonly experience stress reactions. This is true for veterans, children, and disaster rescue or relief



"Trauma Tree" Poster (A helpful visual overview, see item 1 below.)

workers.”⁷ Reactions can include both immediate stress reactions (such as stomach upset, trouble eating, sleeping problems, and feeling very fatigued) and longer-term trauma effects (trouble concentrating or making decisions, becoming easily upset or agitated, depression, etc.). The various other serious effects of trauma are discussed elsewhere in this paper, including behavioral changes, chronic diseases, and other decreased life opportunities.

Individuals experiencing personal and historical trauma often receive insufficient or no support or counseling to address the traumatic event. Traumas that occur without support are more likely to lead to traumatic stress and the subsequent negative effects of trauma.

Resources on Types of Reactions to Trauma

1. **“Trauma Tree” Poster (National Council for Behavioral Health and the Kaiser Permanente National Community Benefit Fund)**
http://www.thenationalcouncil.org/wp-content/uploads/2013/10/TIPCI-Poster_Final.png

This poster provides a helpful visual overview of traumas, resiliency factors, traumatic stress reactions, and healthy alternatives. The poster was developed by the Trauma-informed Primary Care Initiative of the National Council for Behavioral Health and the Kaiser Permanente National Community Benefit Fund at the East Bay Community Foundation. This graphic can serve as a way to help communities, service providers, and clients open up the important, though often difficult, conversations about trauma and/or toxic stress.

Much of the information in this report is summarized in this graphic. Its life-affirming approach and resiliency focus can also help support recovery for those who have suffered trauma. Printing and posting a version of this free download in waiting rooms and other spaces and sharing it in other forms, such as on websites and on social media sites, are examples of how this image can be put to use.

2. **Common Reactions After Trauma (PTSD: National Center for PTSD)**
<http://www.ptsd.va.gov/public/problems/common-reactions-after-trauma.asp>

This post traumatic stress disorder (PTSD) webpage discusses common physical, emotional, and behavioral stress reactions and problems that can occur after a trauma. It also provides listings of reactions, including some of the serious and lasting effects of trauma. (Also available in Spanish, at this site.)

3. **Materials on Working with People after Disasters and Other Traumatic Events**
The following are several brochures available, most also in Spanish, for helping those exposed to traumatic events, especially disasters. (Note, these links may be "broken" due to length. It may be necessary to cut and paste them into a browser or other format and *remove* any breaks, in order to get a working link.)
 - <http://store.samhsa.gov/product/Tips-for-Survivors-of-a-Disaster-or-Other-Traumatic-Event-Managing-Stress-Spanish-Version-/SMA13-4776SPANISH>

7 Common Reactions After Trauma, on PTSD: National Center for PTSD, U.S. Department of Veterans, Washington DC. (Accessed March 2016.)

- <http://store.samhsa.gov/product/Tips-for-Disaster-Responders-Identifying-Substance-Misuse-In-The-Responder-Community-Spanish-Version-/SMA14-4874SPANISH>
 - This webpage includes additional links.

- <http://store.samhsa.gov/product/Sugerencias-para-hablar-con-ni-os-y-j-venes-y-ayudarlos-a-hacer-frente-despu-s-de-un-des-stre-o-un-evento-traum-tico-una-gu-a-para-padres-cuidadores-y-maestros/SMA12-4732SPANISH>
 - Or use this link, to go directly to the download:
<http://store.samhsa.gov/shin/content//SMA12-4732SPANISH/SMA12-4732SPANISH.pdf>

Resiliency and Its Personal and Societal Benefits

Resiliency refers to the human ability to recover from stress and trauma. So rebuilding resilience can assist in recovery from trauma, and building resilience can help prevent traumatization. Because of the connections between trauma and substance use, developing resilience can also be an important recovery and prevention strategy for alcoholism and other substance addictions. A number of factors support community resiliency and resilience in an individual, such as –

- good communication skills
- hope
- a sense of self-efficacy
- caring and supportive relationships with others. (For a child, the caring relationship would be one with a trusted adult).

Resilient individuals will be better able to recover from adverse events that, otherwise, could lead to long-term trauma effects. For individuals in recovery from substance use and/or mental health disorders, resiliency supports them in maintaining that recovery, even in the face of new traumatic stresses that may occur in their lives.

Parents in poor but resilient families have been found to utilize practices that help promote resilience, such as –

- displays of warmth and affection
- family routines
- reasonable expectations for children combined with reasonable discipline.

As a social project, building conditions and structures that support resilience yields valuable results. Schools, co-operatives, and other social institutions can contribute additional resiliency-building factors, such as –

- providing access to mental health services
- teaching skills to solve problems nonviolently
- encouraging social support and interconnection.

The trauma reduction resulting from increasing community resiliency and from opening up the ability to therapeutically talk about traumatic events has ever-amplifying effects. Mental health improves when some of the potential causes of mental illness – *i.e.*, traumas – are reduced. Health care costs go down when traumatic stress goes down, so care can be more effective. Family stresses related to neglect, abuse, and addictions can be reduced. With more open conversations around trauma of *all* kinds, stigma reduction in social attitude to mental illness may be improved.

In our communities, both society and individuals gain when children and adults are able to –

- ✓ turn to others for emotional support
- ✓ rely on social attitudes of openness in responding to traumas
- ✓ communicate about the difficulties of life with hope and
- ✓ maintain a sense of being able to make a difference for the better.

How important is it for society to make these changes to develop individual and social resiliency? In the next section I discuss the consequences of the *lack* of resiliency factors, especially in responding to early childhood trauma, in more detail.

Resources on Resiliency and How to Develop Resilience

1. **The Road to Resilience web brochure (American Psychological Association)**
<http://www.apa.org/helpcenter/road-resilience.aspx>

This site provides a good overview of resiliency. Sections addressing factors of and strategies for resilience provide guidance in ways to build resiliency.

2. **Effects of Disasters: Risk and Resilience Factors (PTSD: National Center for PTSD)**
http://www.ptsd.va.gov/public/types/disasters/effects_of_disasters_risk_and_resilience_factors.asp

This PTSD (post traumatic stress disorder) webpage focuses on resiliency after natural disasters. However, this site is useful in various ways for better understanding trauma and resilience. Viewers can read about what may increase an individual's trauma risk with the lists on this site of personal, social, and economic factors identified as predicting worse outcomes. Factors that support resilience are also listed. In addition, this site includes links to information on these topics:

- self-care
- seeking help (focuses on natural disasters with extensive content on general post-trauma help)
- coping after a trauma.

Traumatic Stress in Childhood – ACEs – and the Serious Negative Societal and Personal Effects

Supports for resiliency as well as traumatic experiences can occur at any point in life. However, early in life trauma and traumatic stress have the potential to be particularly detrimental, as found in a large 1990s study of "adverse childhood experiences" (ACEs). Unaddressed childhood trauma correlates strongly with many surprising long-term negative effects. These effects are so significant that they and the studies that have identified them merit special attention. Additionally,

these significant effects remind us of the importance of reducing family and neighborhood violence and shining a light on shadowy traumatic experiences, so that trauma can be addressed and reduced. Such changes should reduce social problems like poverty, alcoholism, and homelessness.

The original ACE study was one of the largest studies of childhood abuse and neglect and subsequent outcomes. Over 17,000 adult Kaiser Permanente Health Plan members completed a health questionnaire about childhood experiences. Those questionnaires and the individual health records provided the initial data sets. Continuing ACE studies have found that individuals having a higher number of certain identified ACEs show a very high correlations of also having emotional problems, physical health issues, decreased lifetime income, and other detrimental effects. Along with numerous subsequent studies, the data have shown close and direct correlations between a higher "ACEs score" and the following:

- early sexual activity
- intimate partner violence
- addictive use of substances
- suicide
- unemployment
- obesity
- kidney disease, pulmonary disease, stroke, and dementia
- chronic health issues, including diabetes, pain, asthma, and heart disease.⁸

In societal terms, some of the most concerning aspects of ACEs are those that correlate these early traumas to making poor life choices and to experiencing reduced school and employment success. These factors increase the likelihood of individual and familial poverty, especially when combined with other physical and mental health problems that correlate strongly with ACEs.

Those who have suffered from more numerous early traumas, as measured by the ACE questionnaire, generally show significantly higher levels of mental illness and addiction. These two often interact in negative ways. In the US, depression among youth is a significant factor in substance use. For example, over 29 percent of first-alcohol-use among US youth came after a major depressive episode within the past year.⁹ Also, in the US, 60 to 75 percent of adolescents with a substance use disorder have a co-occurring mental illness.¹⁰

These youth and others who are at increased risk for mental illness and addiction are – by definition – more likely to experience the diagnosis of co-occurring disorders (*i.e.*, when an individual simultaneously experiences one or more substance use disorders and mental illness). This combination complicates successful treatment of – and recovery from – either condition. Symptoms from one condition can lead to relapse in the other. The combined presence of these conditions can reduce the

8 See Adverse Childhood Experiences Journal Articles by Topic Area for a sampling of ACE-related journal articles, reporting on study results: <http://www.cdc.gov/violenceprevention/acestudy/journal.html> (Accessed March 2016.)

9 *Ibid.*

10 "Co-occurring Disorders", Youth.gov, created by the Interagency Working Group on Youth Programs (staffed by 18 federal departments and agencies): <http://youth.gov/youth-topics/youth-mental-health/co-occurring>: accessed December 2015.

effectiveness of treatment if each is treated separately.

In the US, individuals who experience co-occurring disorders (COD) have a life expectancy up to decades shorter than the norm. Many of these individuals fall into poverty and homelessness. In addition to these terrible personal costs, the social costs of addressing the needs of these individuals are high: broken families, increased mental and physical health care needs, high social services demands, and even higher policing and incarceration costs.

Returning to the lack of resilience that contributes to the damaging effects of ACEs, the secretiveness around many kinds of personal trauma is an important component affecting resiliency. If families do not feel able to talk about the mental health problems of family members, children can end up suffering neglect and worse. If schools and community services do not openly address sexual molestation and rape issues, healing communication and counseling are cut off. If domestic and interpersonal violence are considered as *private* matters, how can the victims of violence get the help they need to stop these assaults and to recover from them? When other issues are kept "in the family", potential mentors and other helping adults may not recognize the need for a caring connection.

By a societal choice to support resiliency, ACEs can be both reduced and addressed. Individuals can recover.

Bringing the discussion of ACEs out of the shadows leads to seeing how harms can be corrected or reduced, especially the pain of having to hide a devastating personal secret. A person who survives trauma may have particular vulnerabilities, but acknowledging trauma brings strengths and insights as well. Society awaits the contributions of those with such strengths and insights. Pacifica's KPFA radio host, Caroline Casey, offers a further (and entirely optional) choice for anyone who has come through trauma. Suggesting a self-efficacy approach, she proposes that survivors of trauma no longer name their experiences *trauma* but, instead, "my dangerous, beautiful assignment". There can be beauty in the will to recovery and, as Carolyn says, in "making medicine from poison".

Readers can use the resources below to better understand the range of negative ACE outcomes. That information can help service providers in choosing components of health care and social services, such as screenings (*e.g.*, for suicide, domestic violence, and depression), health checks for ACE-correlated chronic conditions, and supplemental educational and work training assistance. Client education on the life effects of ACEs may help affected individuals gain insight into their experiences and reactions, so that they are better able to change behaviors.

Resources on the ACE studies and Life-Effects of ACEs

1. About Adverse Childhood Experiences (U.S. Centers for Disease Control and Prevention)

http://www.cdc.gov/violenceprevention/acestudy/about_ace.html

This webpage of the Centers for Disease Control and Prevention (CDC) site provides introductory information and an overview on ACEs, their associated outcomes, and their prevention. Anyone seeking a quick understanding of the effects of ACEs will find it here.

2. Adverse Childhood Experiences (U.S. Centers for Disease Control and Prevention)

<http://www.cdc.gov/violenceprevention/acestudy/index.html>

This CDC webpage provides more in-depth information on the ACE studies, including links to additional resources and publications as well as data on the outcomes of ACEs.

3. **Stress and Trauma (California Department of Health Care Services, COD webpage)**

<http://www.dhcs.ca.gov/individuals/Pages/COD-Stress-Trauma.aspx>

This webpage is directed to the general public and can be a good resource for laypeople as well as clinicians. It and the pages it links to offer additional information on many kinds and aspects of trauma, including the ACE study.

4. **2014 report, New Directions in Child Abuse and Neglect Research (US National Institute of Health)**

<http://www.ncbi.nlm.nih.gov/books/NBK195985/?term=Trauma-informed%20care>

This fairly technical site provides specific information from a scientific and academic perspective on childhood trauma due to abuse and/or neglect and the lasting effects. The following chapters may be helpful for those working with children and families and seeking a more substantial research-based and scientific understanding:

- Chapter 4, Consequences of Child Abuse and Neglect
<http://www.ncbi.nlm.nih.gov/books/NBK195987/>
This chapter exhaustively references studies and research in presenting detailed information on brain development, the various psychological effects, other health and economic effects, and behavioral effects in adolescents and adults.
- Chapter 6, Interventions and Service Delivery Systems,
<http://www.ncbi.nlm.nih.gov/books/NBK195981/>
Those seeking parent training and education programs can turn to this extensively referenced chapter on approaches to treatment and prevention of child abuse and neglect. It focuses on social services to children and families and gives detailed information on the research and evidence base that supports effective services.

Using Trauma Screens, Assessments, Interviews, Check Lists, etc.

Now that the reader is aware of the substantial effects of trauma, the value and importance of ways to identify who has been affected by trauma should be evident. Identifying and addressing trauma- and other stress-related conditions can allow for more effective treatment for physical and mental health and issues of substance (drugs and alcohol) use. Awareness of clients' trauma and trauma effects also assists in providing effective services to those experiencing poverty and other trauma-connected constraints in life success. Otherwise, treatment and services can be derailed, as stated by a supervisor at a family services agency:

Psychological trauma is a wound to the psyche – it may scab over, but it leaves a scar and often festers in the hidden recesses of a client's mind. For behavioral change, trauma should be addressed or it may sabotage the new behavioral changes the client is focusing on. Particularly with substance abusers, trauma histories that haven't been addressed can negatively impact their

quality of life and new relationships. For those with co-occurring disorders, trauma may be a block to effective and lasting treatment progress.¹¹

Because screening and assessment for different trauma-connected issues can contribute to more useful services, the information in this section and the next two subsections – on how to administer these screenings and on specific tools – is most likely to be of value for those actively involved in health and social services.

These tools identify and measure trauma exposure and symptoms, as well as resiliency factors. This information helps in appropriate selection and effective use of strategies and methods to work with a particular individual. Additionally, related to a later section in this paper, A Trauma-Informed Approach and Trauma-Informed Care, these tools can help identify who might most benefit from a trauma-informed approach in providing services.

At the same time *who* administers such tools and *how* is important. Cheryl S. Sharp is the Senior Advisor for Trauma-Informed Services for the National Council for Behavioral Health in the U.S. She encourages providers “to think about how a tool is used and what staff training has occurred”¹² and suggests the performance standards below for agencies and individuals to think about with trauma screenings.

Early Screening and Comprehensive Assessment of Trauma¹³

Performance Standards:

- A The initial (first encounter with the agency) intake, assessment and documentation process includes questions designed to sensitively and respectfully explore prior (including early childhood) and current trauma related experiences. The information gathering process enables a person to reveal personal histories and experiences at their own pace and in their own way. Exploration of trauma related experiences is done within a calm, safe, secure, and supportive setting by caring, interested, and skilled practitioners; it is never confrontational, coercive or demanding.
- B The organization recognizes that some service recipients might not be able or willing to reveal traumatic life experiences early on in the intake/assessment process, given the sensitive nature of the topic. Procedures are in place to re-engage consumers and re-assess the issues related to trauma, for example during service plan review meetings, when new information is shared by other sources, when the person receiving services self-reports such information, or when warning signs are observed that are typically associated

11 Lucy Zammarelli, a Program Supervisor, as quoted by Mary Anne Bryan in “Trauma Informed Services Part 3 - Agency Perspectives.” *Addiction Messenger*. Northwest Frontier Addiction Technology Transfer Center, June 2011: <http://www.attcnetwork.org/find/news/attcnews/epubs/addmsg/june2011article.asp> (Accessed March 2016.)

12 Quoted directly from Cheryl Sharp in an April 12, 2014, email on a listserv, which addresses trauma issues.

13 This entire section, “Early Screening and Comprehensive Assessment of Trauma”, A-D, is a direct quote from Cheryl Sharp in the April 12, 2014, email previously mentioned, used with permission.

with trauma.

- C The screening and assessment process is sufficiently thorough and focused on trauma related issues to allow for the determination of a diagnosis associated with trauma (e.g. PTSD [post traumatic stress disorder] or PTSS [post traumatic stress syndrome]). The ongoing assessment process allows for the gathering of new trauma related information leading to potential changes in diagnosis as well as appropriate treatment objectives, goals, and services.
- D Early screening and assessment process is designed to promote shared decision-making between the consumer and the provider related to the selection of optimal services. The process involves identifying trauma related needs, strengths, and available services.

Specific Trauma Screens, Assessments, Interviews, Check Lists, etc.

Many trauma identification tools exist. Some are screening tools or "screens" that can help identify people likely to have trauma issues that merit assessment. Other tools also serve this purpose. A "positive" response on these tools, sometimes referred to as being "screened in", is a score that does not necessarily indicate that the individual is experiencing a trauma-related condition; however, that positive response identifies the individual as meriting further assessment to see if trauma-related issues or conditions exist. So those who are screened in usually should receive further assessment of trauma symptoms and/or conditions by a mental health professional. For services with a trauma-informed approach, effective planning will take those trauma issues into consideration.

Basic Principles of a Trauma-Informed Approach

- 1. Safety***
- 2. Trustworthiness and transparency***
- 3. Collaboration and mutuality***
- 4. Client Empowerment***
- 5. Voice and choice***
- 6. Peer support and mutual self-help***
- 7. Resilience and strengths-based***
- 8. Inclusiveness and shared purpose***
- 9. Addressing cultural, historical, and gender issues***
- 10. Intentional change process***

Adapted from
<http://www.samhsa.gov/>

Trauma screening is sensitive work; if trauma interviews and other screens are done incorrectly, they may cause retraumatization.¹⁴ Some of the considerations for how to screen without retraumatizing are briefly discussed in the *Trauma Informed Services: Assessment and Interventions* resource below, as well as in the more detailed *Trauma-informed Interviewing Skills* document. In the ACE studies, individuals responded positively to the opportunity to finally be able to acknowledge their traumatic experiences.

Resources on Screening and Assessing for Trauma

- Trauma-informed Interviewing Skills (SAMSHA)***
<http://www.integration.samhsa.gov/about-us/Trauma-InformedInterviewingManual-508.pdf>

This document is designed, in part, to educate on how to build trusting relationships with people while gathering accurate information and avoiding retraumatization. The document title and some of its contents reference a specific U.S. government form (the GPRA), but the booklet has many useful components. Especially worth noting are the sections, “Recognizing and Responding to Posttrauma Responses” and “Self-care for Program Staff”. (The complete title of this document is *A Guide to GPRA Data Collection Using Trauma-informed Interviewing Skills*).

- Screening Tools (SAMHSA-Health Resources and Services Administration (HRSA) Center for Integrated Health Solutions)***
<http://www.integration.samhsa.gov/clinical-practice/screening-tools>

For a comprehensive listing of a wide variety of tools, see this website, which is particularly directed to primary health care. This website provides information and links for all the following:

- Screening Resources
- Sample Screening Forms
- Depression Screening Tools
- Drug & Alcohol Use Screening Tools
- Bipolar Disorder Screening Tools
- Suicide Risk Screening Tools
- Anxiety Disorders Screening Tools
- Trauma Screening Tools.

¹⁴ Paraphrased from opening section of *Trauma Informed Services Part 2 - Assessment and Interventions*; please see listing in Resources on Screenings for Trauma.

3. **Trauma Informed Services: Assessment and Interventions (Addiction Technology Transfer Center Network)**

<http://www.attcnetwork.org/find/news/attcnews/epubs/addmsg/may2011article.asp>

People seeking services or treatment may not be aware of the effects on them of the trauma they may have experienced. So when they initially present themselves as wanting assistance, they may not mention any issues related to trauma. This article from the May 2011 issue of the U.S. Addiction Technology Transfer Center's newsletter, *Addiction Messenger*, was Part 2 of a series on "Trauma Informed Services". It lists a wide variety of tools for both screening and assessment, including trauma check lists, scales, screenings, assessments, and more, with additional information on each. It also provides an important introductory section on the importance of trauma-informed screening, how to do screening appropriately, and a listing of some trauma-specific interventions.

4. **Assessing Trauma (International Society for Traumatic Stress Studies)**

<http://www.istss.org/assessing-trauma.aspx>

This website especially addresses post traumatic stress disorder (PTSD) assessment and treatment. PTSD is one of the most common responses to exposure to traumatic experiences, both individual/personal and societal/group/historical. (Please also see the section above, **Resources on Types of Reactions to Trauma**.) The site offers test materials and other assessment resources, as well as treatment manuals.

5. **PTSD Screening Instruments (PTSD: National Center for PTSD)**

<http://www.ptsd.va.gov/PTSD/professional/assessment/screens/index.asp>

This site includes listings of PTSD screens and general trauma screening tools. Users are guided in their choices of tools by specific useful information for each one, including a brief description and some sample items.

A Trauma-Informed Approach and Trauma-Informed Care

With awareness of trauma comes the understanding that traumatized individuals are subject to special stresses connected to their negative experiences, including re-traumatization. A trauma-informed approach to treatment is one in which practitioners are aware of potential triggers of trauma memories as well as the general nature and effects of trauma. The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) states that a program, organization, or system that is trauma-informed does the following:

1. **Realizes the widespread impact of trauma and understands potential paths for recovery;**
2. **Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;**
3. **Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and**

4. Seeks to actively resist *re-traumatization*.¹⁵

A system or service provider with a trauma-informed approach is more capable of providing trauma-informed care (TIC). Generally – due to the high incidence of trauma among those experiencing mental health issues, substance use disorders, and COD¹⁶ – it is useful for service providers working with individuals with these issues to implement an overall trauma-informed approach. (TIC has been shown to improve retention, and, therefore, the chance of more positive outcomes, in substance use disorders treatment.¹⁷) Applying a trauma-informed approach to all aspects of system services conveys a sense of safety to clients.

A trauma-informed approach helps clients responded positively to treatment and services. Conditions, from good parking lot lighting to careful and clear communications, can be designed to avoid unnecessarily reminding clients of prior traumatic experience. Typical aspects of trauma include the following:

- a sense of threat
- betrayal of trust
- lack of control
- confinement or restraint.

Without these traumatic reminders – whether conscious or unconscious – clients are better able to responded positively.

The focus of this paper is on health care services, where TIC is a fundamental aspect of a trauma-informed approach. However, other systems and kinds of services may benefit from TIC and, especially, from other expressions of a trauma-informed approach. For example, the perpetrators of harms and violence in schools and in the criminal justice system frequently are individuals who are suffering from the effects of trauma. Certainly, the victims of heir harm and violence are traumatized. Restorative justice is one potentially trauma-informed approach that has been used in some schools and in criminal justice systems with valuable results.

As part of a trauma-informed approach, some clients can benefit from being educated about how they may have been affected by the trauma in their lives. Chapter 7 of *Treatment Improvement Protocol (TIP) 42, Substance Abuse Treatment for Persons With Co-Occurring Disorders* elaborates on this point as follows:

... historically, few substance abuse treatment programs assess for, treat, or educate clients about trauma (Najavits 2000). This deficiency is a serious one, given the multiplying consequences of

15 Trauma-Informed Approach and Trauma-Specific Interventions: <http://www.samhsa.gov/nctic/trauma-interventions>. (Accessed March 2016.) Also, for additional discussion of specific organizational experiences in implementing trauma-informed services, see <http://www.attcnetwork.org/find/news/attcnews/epubs/addmsg/june2011article.asp> (Accessed May 2017.)

16 See statistics and references cited in presentation at <http://www.ccsme.org/userfiles/files/A3%20OBrien%20Addiction+Trauma.pdf>.

17 Amaro, Hortensia; Chernoff, Miriam; Brown, Vivian; Arévalo, Sandra; Gatz, Margaret. (2007). Does Integrated Trauma-Informed Substance Abuse Treatment Increase Treatment Retention? *Journal of Community Psychology*, 35: 7, 845-862.

failure to address this problem. Greater violence leads to more serious substance abuse and other addictions (e.g., eating disorders, sexual addiction, and compulsive exercise), along with higher rates of depression, self-mutilation, and suicidal impulses. Addiction places women at higher risk of future trauma...

Use of various trauma measurement tools is a trauma-informed approach that can give diverse service providers helpful information for better understanding of the needs of clients. The implementation of TIC can help provide service recipients with a program atmosphere that supports effectiveness services and willingness to continue participation and cooperation.

Becoming Trauma-Informed and Implementing a Trauma-Informed Approach

Reading this paper supports you, the reader, becoming trauma-informed by building your understanding of the effects of traumatic stress and the signs and symptoms of traumatization. A system, agency, or program can become trauma-informed by encouraging such study and understanding among staff and by systematically and on an ongoing basis applying what is learned to how treatment, services, and business are conducted.

SAMHSA defines a trauma-informed approach as follows:

A strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.¹⁸

Being trauma-aware is more than knowing key words or a prescribed set of practices or procedures. However, the words below, from SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach* (listed in the resources below) offer fundamental guidance.

Six Key Principles of a Trauma-Informed Approach

- 1. Safety**
- 2. Trustworthiness and Transparency**
- 3. Peer Support**
- 4. Collaboration and Mutuality**
- 5. Empowerment, Voice, and Choice**
- 6. Awareness of Cultural, Historical, and Gender Issues**

With the increasing focus on trauma effects, more effective strategies for a trauma-informed approach are being developed. Additionally, integration of behavioral health care and primary health care encourages more effective care. Appropriately addressing trauma in all health treatment is highlighted because of the many physical health problems shown to correlate closely with childhood traumas.

¹⁸ In Key Terms: Definitions, SAMHSA News, vol. 22, no. 2, 2014, as quoted in *A Guide to GPRA Data Collection Using Trauma-informed Interviewing Skills*, p. 11:
<https://gdta.samhsa.gov/GDTALinks/Trauma-InformedInterviewingManual-508.pdf>

Resources on TIC and a Trauma-Informed Approach

1. ***Trauma-Informed Care in Behavioral Health Services, Treatment Improvement Protocol (TIP) No. 57 (SAMSHA)***

http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816?WT.mc_id=EB_20140805_SMA14-4816

SAMHSA's TIP 57 equips behavioral health providers and administrators with information and guidelines for providing TIC. It addresses prevention, intervention, and treatment issues and strategies, providing information and resources on multiple aspects of trauma, including trauma awareness and screenings. The TIP also includes material on the effects and consequences for individuals who experience trauma.

- ***Trauma-Informed Care in Behavioral Health Services: Quick Guide for Clinicians Based on TIP 57***
<http://store.samhsa.gov/product/Trauma-Informed-Care-in-Behavioral-Health-Services-Quick-Guide-for-Clinicians-Based-on-TIP-57/SMA15-4912>.

This booklet is a shortened form of TIP 57, summarizing in 65 small pages the how-to information of the book's over 300 pages.

2. ***SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach***
<http://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>

This booklet introduces SAMSHA's concept of trauma and offers a framework for how an organization, system, or service sector can become trauma-informed. It includes a definition of trauma (the three "E's"), a definition of a trauma-informed approach (the four "R's"), six key principles, and ten implementation domains.

3. ***Trauma-Informed Approach and Trauma-Specific Interventions (National Center for Trauma-Informed Care)***
<http://www.samhsa.gov/nctic/trauma-interventions>

SAMHSA promotes TIC in various ways, including through this National Center (NCTIC). This webpage offers links to TIP 57 and a page of other NCTIC resources. The focus of this site is descriptions of and links to more information on a number of well-known trauma-specific interventions.

4. ***Trauma-Informed Care (National Council for Behavioral Health)***
<http://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/>

This webpage on TIC includes (scroll down about half-way) "Seven Domains of Trauma-informed Care" and other subsequent items. Especially valuable is a listing of Resources for TIC and

numerous archived webinars on TIC.

5. **A List of TIC Resources, (Center for Evidence-Based Practices)**

<http://www.centerforebp.case.edu/resources/tools/tic-list>

This site offers a wealth of TIC resources, including links to online videos and downloadable free resources. Posters, handouts (summarizing key information from this center’s trainings), government documents, and more are available.

6. **Trauma-Informed Care: Perspectives and Resources, Online Tool (Justice Center, The Council of State Governments)**

<https://csgjusticecenter.org/youth/publications/online-tool-trauma-informed-care-perspectives-and-resources/>

The content on this site focuses primarily on children, youth, and young adults and their families. Of particular value to planners are the video interviews of leaders in diverse governmental and geographic systems that serve youth. Other interviews feature various experts, including developers of evidence-based treatments and practices. The online tool has eight modules, offering information on existing research, knowledge, practices, and approaches. It includes the following:

- Understanding the Impact of Trauma
- Trauma-Informed Child-Serving Systems
- Creating Trauma-Informed Provider Organizations
- Evidence-Based Treatments Addressing Trauma.

7. **Advancing Trauma-Informed Care (Center for Health Care Strategies)**

<http://www.chcs.org/project/advancing-adoption-trauma-informed-approaches-care/>

This site presents resources shared by a national U.S. initiative that promotes understanding of how trauma-informed approaches can be practically implemented in all health care sectors. Of special note is the Related Resources section, which starts with a helpful April 2016 brief: Key Ingredients for Successful Trauma-Informed Care Implementation. The Resources tab links to additional assorted briefs focused on the implementation of TIC in diverse systems.

8. **Trauma-Informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers (U.S. Department of Labor)**

<http://www.dol.gov/wb/trauma/>

Military service and homelessness can both lead to exposure to traumatic experiences. Although this resource focuses on women with these two overlapping exposures, this book also includes information generally useful for delivering TIC to other individuals experiencing homelessness.

A World Where Trauma is Addressed as a Part of Life

Poverty harms all of us, and, as an individual phenomenon, it can largely be prevented. Trauma and its lasting effects – including reduced emotional well-being, lowered lifetime income and school

performance, and many health concerns – are fundamental causes of individual poverty. This paper presents information and resources with the goal of persuading the reader about the prevalence and seriousness of trauma and the means to identify it, respond to it, and provide trauma-informed services and treatment.

With systems, families, and communities structured to encourage resiliency, we can help support a society with reduced effects from traumatic stress. Being able to talk frankly about trauma is a key starting point to building resilience and addressing trauma. Organizations must support their trauma-exposed staff, as shown in the infographic on the next page.

Isn't it *past* time for us – in our families, our neighborhoods, our organizations, and our countries – to be able to open up these conversations and talk about trauma?

ENCOURAGING STAFF WELLNESS IN TRAUMA-INFORMED ORGANIZATIONS

As health care provider organizations move toward becoming trauma-informed, ensuring emotional wellness among professional and non-professional staff is a crucial requirement for providing high-quality care.



CHRONIC EMOTIONAL STRESS IN HEALTH CARE STAFF...

- ➔ **SECONDARY TRAUMATIC STRESS**, also known as compassion fatigue, is emotional distress that mimics post-traumatic stress disorder caused by hearing about another person's firsthand traumatic experiences.
- ➔ **VICARIOUS TRAUMATIZATION** is the cumulative effect of consistent exposure to hearing about other people's traumatic experiences.
- ➔ Indirect exposure to trauma can contribute to **BURNOUT**, a form of physical, mental, and emotional exhaustion caused by chronic work-related stress.

SYMPTOMS OF CHRONIC EMOTIONAL STRESS

Guilt, social withdrawal, anger, cynicism, chronic exhaustion, physical illness, inability to listen, and loss of creativity.



CAN LEAD TO



NEGATIVE ORGANIZATIONAL OUTCOMES...

POOR PATIENT CARE

Staff experiencing chronic emotional stress may not have the emotional resources to provide high-quality care and the resulting poor care may contribute to patients' re-traumatization.

HIGH STAFF TURNOVER

Staff who experience chronic emotional stress are more likely to leave the organization, which can cause dissatisfaction among other employees. Replacing staff is expensive and time-consuming.

MAY BE ADDRESSED WITH

STRATEGIES FOR PROMOTING STAFF WELLNESS



Encourage and incentivize self-care activities like counseling, meditation, exercise, and healthy eating.



Foster a culture that encourages staff to seek support, keeps caseloads manageable, and provides sufficient mental health and paid time off benefits.



Provide trainings that create awareness of chronic emotional stress and the importance of self-care.



Implement reflective supervision, during which time health care professionals and their supervisors meet to address feelings about patient interactions.