ENHANCING TRAUMA AWARENESS ENHANCES THE LIVES OF OUR CLIENTS

~ Carrie Ann Young, Esq.| Disability Rights Advocate

Recently, I was presented with the opportunity to participate in a training program conducted by the Institute for Family Professionals entitled Enhancing Trauma Awareness. This was a six-session course aimed at teaching and exposing us to a variety of principles and concepts in the hopes of making public service professionals better equipped at handling the topics we face in our specific fields. This training program was impactful, life-altering and extremely useful; it is my wish that all public service professionals could experience this course! Instead, I will share what I found to be most impactful in a condensed nutshell.

"It's Not What's *Wrong* with You, It's What *Happened* to You."[1]

As we attempt to provide services to our ever-growing list of individuals, families, and communities, it is important to remember that these are people's *lives* we are discussing. These are actual events and experiences that a *person* has felt and lived through. Yes, we want and need diagnoses so we know what they have medically been treated for in order to provide them with proper services, but these individuals also want to be heard, to feel comfortable discussing their health, treatment and lives with us. They are looking to us for help and if we stop looking at them as if something were wrong and start treating them for the things that are going on in their world, we have a better chance of helping them long-term versus putting a Band-Aid on their problems. It's changing the question from "What's wrong with you?" or "What have you been diagnosed with?" to "What's been going on with you?"

Using the descriptions "trauma victims" or "trauma survivors" are not conducive to healing. "Trauma victim" indicates that above all the person is first and foremost a victim, not one who has had a horrific experience. On the other hand, "trauma survivor" seems to imply that the horrific experience is all over, and doesn't reflect that the person is still affected by the trauma. However, using the phrase, "trauma-impacted person" is a neutral way to describe someone who in some way has been impacted by trauma. This phrase keeps the focus on what *happened* to them instead of focusing on what's *wrong* with them.

Session I of Enhancing Trauma Awareness enlightened me on a serious fact: At least 25% of the population has experienced some type of trauma. Although this statistic is startlingly high, I learned that the degree of trauma experienced by a traumatizing event can vary by an individual. Trauma can also be described by the number of events involved to cause the trauma and its subsequent reactions and consequences. Trauma can be acute (a single traumatic event that is limited in time i.e., serious accidents; community violence; natural disasters; sudden or violent

[1] Dr. Sandra L. Bloom, developer of the Sanctuary Model.

loss of a loved one; or physical or sexual assault) or it can be chronic (the experience of multiple traumatic events i.e., a child who is exposed to domestic violence, is involved in a serious car accident, and then becomes a victim of community violence; or suffers from longstanding physical abuse, neglect, or is living in a war zone).[2] The amount and level of trauma a person experiences and is exposed to affect the way a person reacts to a traumatic situation in the future.

Determining Whether a Diagnostic Symptom or Behavior is a Result of Trauma

This is what I found most mind-boggling. The impact of trauma can begin to have an effect on a person when his or her brain stem starts developing – before he or she is born! If a pregnant woman is exposed to trauma that has an effect on her, it in turn may cause re-wiring to occur in the unborn baby's brain stem, making it harder for a baby (once born) to get to a level of calmness.

The brain stem is involved in the fight, flight or freeze reaction our bodies all experience in response to a signal of danger, and if the wiring in the brain stem has been compromised, the brain may become more sensitive, increasing its arousal, thus moving into the state of self-protection faster than a non-trauma-impacted brain. This in turn leads one to question why a client responds so dramatically (in a non-trauma-impacted view) to a simple, none-threatening change of environment. As it turns out, traumatized people view change differently than a non-trauma-impacted person. A non-trauma-impacted person often looks at change as a form of growing, a means of becoming a healthier, better version of himself; whereas, a trauma-impacted person views change as an indicator of danger.[3] So, for example, does a child who cannot sit still in class have ADHD and problems with focusing, or has he or she been exposed to (or is currently experiencing) trauma at home and is therefore constantly feeling as though he or she needs to be hypervigilant and constantly checking for safety? When we feel afraid or fear for our safety, our thinking becomes overly simplistic and we are unable to deal with a variety of categories of thought.[4]

A child cannot be expected to perform academically when he or she is constantly being traumatized at home. This is because you cannot protect yourself and learn at the same time, the chemicals in our brains do not allow for this. When we are in fight, flight or freeze mode, we are only thinking about protecting ourselves, our brains are not in a state that is conducive to learning.

Time is a useful tool when working with someone constantly in alert mode. *It takes one's body twenty uninterrupted minutes to calm down and return to its normal state*. The chemicals the brain secretes in response to danger (this includes what someone perceives as a dangerous situation), and the effects of these chemicals, will dissipate after twenty minutes.

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[2] Diane Wagenhals, *Enhancing Trauma Awareness*, 43 (2015)
[3] David Bornstein, *School That Separate the Child From the Trauma*, November 13, 2013 (http://opinionator.blogs.nytimes.com/2013/11/13 /separating-the-child-from-the-trauma/?_r=1&)
[4] *Creating Sanctuary*, 33.

An Addiction to Trauma?

The public service field can be a frustrating field in which to work. The individuals we are trying to help seem to constantly make the "wrong" choices, ones that are not going to help them, or worse, sabatoge their health or financial situation. During the training program, it was discussed that individuals exposed to trauma were almost all, in turn, drawn to trauma. I learned that this was because "when people have been traumatized they can no longer predictably count on their emotions to provide the proper evaluative information…[p]eople who have been traumatized often seek out high-risk and dangerous situations, a phenomenon that has been called 'addiction to trauma.'"[5]

Individuals with histories of violence, abuse, and neglect from childhood onward make up the majority of clients served by public mental health and substance abuse services. One alarming statistic I learned – 90% of public mental health clients have been exposed to and most have actually gone through multiple experiences of trauma.[6] Applying this knowledge to what I learned about the emotional effects of repeated and long-term exposure to traumatic experiences led me to a better understanding of why it may seem a client always makes the "wrong" choice and may be trauma addicted.

A severely trauma-impacted person loses the ability to identify specific emotions and the ability to put those emotions into words.[7] This loss of the ability to control one's emotional state creates a breeding ground for the concept of learned helplessness.[8] Being unable to communicate the emotions you are feeling prevents the ability to talk about your feelings, thus preventing the health-promoting effects of talking about feelings with other people.[9] (How many times have we as service providers heard an answer from the client along the lines of, "I don't know how to explain it…"?) This inability to find healing through talking makes an individual want to do whatever he or she can to avoid even be exposed to that emotion, thus will shut down as much as possible. And we all know, when a client shuts down, it is next to impossible to reach him or her – until he or she is ready to try again. (Give these individuals their twenty minutes!)

A Positive Ending with Encouragement to Continue

It can be hard to envision a different life when you cannot picture it; when you are constantly experiencing some type of traumatic event, it can be impossible to believe that one day you will live a life that is safe and healthy. The sense of safety, if compromised early in life, impacts long-term choices!

However, there is hope! Although our clients may never be fully healed (there are some types of chronic trauma that stick with us and actually alter our brains permanently) and may always have triggers and symptoms, they can learn about, understand, and use tools that will help them

[5] Sandra L. Bloom, *Creating Sanctuary: Toward the Evolution of Sane Societies*, 53 (revised ed. 2013)
[6] *Enhancing Trauma Awareness*, 45.
[7] *Creating Sanctuary, 53*
[8] *Id.* at 54
[9] *Id.*

combat these symptoms. A brain can make new connections. Understanding is a key component to this battle. If a client can understand why the sound of a clock ticking sends him into a panic state, which in turns leads his brain to start functioning in the "fight, flight, freeze" mode, then that client can learn to take a pause and pull a tool from his trauma toolbox.

An important tool that we learned at the beginning of the sessions was Have a Personal Safety Plan. The concept of this tool is simple: an environment that feels safe allows our brains to remain or return to the calm state, in turn allowing for us to think abstractly, understand that what is happening to us is a trigger, and hopefully, end the cycle of the symptoms for that trigger. To begin to create a Personal Safety Plan, ponder the following: "When I get upset *blank* calms me down." Examples of how to feel safe include: picturing a safe a peaceful spot you like; looking around to be sure other people in the room seemingly feel safe; breathing deeply; closing your eyes for a few minutes; and zoning out, deciding not to pay attention.

It is important to understand, remember, and live the notion that there is no right interpretation of the impacts felt from a traumatic event and that you cannot put a time stamp on when you should be done being traumatized. Knowledge is indeed power! Becoming better equipped to respond to situations in ways that are trauma-sensitive and working to become trauma-competent will make us better service providers to the individuals with whom we work.