

"For those of us who have experienced physical or sexual violations, healing the wounds of intimacy is often very difficult. To be physically and/or emotionally intimate one must invite closeness, and put to rest feelings of shame and fear. One must also experience feelings of vulnerability. Allowing oneself to go into that vulnerable space of intimacy can be difficult for most of us, but if you've experienced physical and/or sexual violations, it



can become utterly overwhelming. For the abused person, feelings of vulnerability have a way of directly and immediately reconnecting them to those same feelings of shame and fear they've worked a lifetime to avoid."

– "...Peace of Mind," 2001.

Relational Trauma

– Michal Osier, MA, LPC, Outreach Specialist
Adolescent Trauma Treatment Program

Trauma that results from interpersonal violence and/or sexual, physical, or emotional abuse is especially damaging. It may affect people's ability to experience themselves as effective in the world, to accurately assess how safe or risky a given situation is, and to recognize, form, and maintain healthy relationships. It may also harm people's ability to manage their emotions, which may be overwhelming at times, and to communicate their needs in a positive way.

These effects only intensify when the relationship in which the violence or violation occurs is a close one, such as a family member or an intimate partner.

How the trauma manifests in the person's life depends to a certain extent on the age at which the abuse occurs. This is due to the impact abuse and trauma have on different developmental levels. Severe trauma damages an individual's psychological development, as the developmental tasks appropriate to that age are disrupted or delayed significantly.

At all stages of life, humans are working on gaining and refining skills that will allow us to relate successfully with others, form and strive towards interpersonal and personal achievement goals, get emotional and social needs met, and develop the bonds of friendship, affection, and love that nourish our lives. Relational trauma strikes most deeply into this arena. It commonly

results in issues with trust, authority, intimacy, safety, autonomy and dependency. Dissociative responses to the pain, terror, and helplessness of the trauma experience, particularly during childhood, further affect the individual's development. Self-blame and shame can lead to dangerous behaviors which serve to reduce unbearable tension in the moment, but which create further

harm, including alcohol and drug abuse, self-injury, aggression against others, suicide gestures, and all manner of chaos-creating interpersonal patterns.

Data has shown that a large percentage of consumers of mental health and substance abuse services have experienced some type of sexual, physical, and/or emotional abuse in the course of their lives. ❖

Trauma and Substance Abuse

– Suzanne Moran, LPC, CADCI, RCS, Associate Manager, Alcohol/Drug Program

When a traumatic experience happens to an individual the information processing systems of the brain are sent into a survival level of functioning. For instance, when someone is in a car accident, our brain receives and sends information to the body to create a state of being that is best suited for surviving the car accident. Some systems reach a state of hyper-arousal, which we generally experience as an "adrenaline rush", while other systems enter a state of hypo arousal or "numbing." We might use the "adrenaline rush" to extricate ourselves from the car despite our injuries, while our bodies might go into shock ("numbing") in order to conserve energy to survive.

In the example of a car accident, the accident victim generally receives prompt and very supportive help by witnesses, paramedics, fire and police responders, and hospital staff. The person generally returns to an environment in his or her home where family and friends continue to provide acknowledgment and support.

This interdependence on human beings allows the physiological systems of the body to return to normal processing states as the individual experiences safety.

Substance abuse behaviors can be initiated as a means to soothe or numb the overwhelming feelings and physiological states related to a traumatic event. An example of this process is when a child is abused in the home, and the caregiver is the abuser, then the natural process of connecting to others for safety following the traumatic event generally does not happen. Children will use dissociation (a type of physiological numbing and disconnection) to survive as they are unable to escape the danger. Use of dissociation leads to a lack of development of other coping skills which in turn leaves the child more vulnerable to be emotionally/physiologically overwhelmed in the future.

Trauma related substance abuse is generally associated with a history of interpersonal or relational traumas.

These relational traumas, such as child abuse, domestic violence, and sexual assault lead to situations in which the victim is less likely to receive support from others and more likely to experience repeated incidents of trauma. The individual then begins to search the environment for relief from the effects of the trauma.

Substances of abuse are known for specific effects on the body and brain. An example is alcohol, a central nervous system depressant. For a person with a chronically hyperaroused physiology secondary to chronic trauma, alcohol provides relief from the symptoms of hyper alertness, exaggerated startle response, nightmares, and sleeplessness that are associated with post traumatic stress symptoms.

A pattern of using alcohol as a numbing agent becomes alcohol abuse and can lead to alcohol addiction. Research has shown that 40 to 90% of women entering substance abuse treatment have histories of trauma. Other drugs of abuse can also become active coping mechanisms, leading to a narrowing of coping resources and eventual limitations in functioning. ❖

"In the moment of fear, it is often difficult for the mind to distinguish between actual and perceived danger, and many of us can not stay with fear long enough to make that distinction. Things associated with trauma – movement, closeness, touch, feelings of vulnerability, smells, sounds, etc. – are often thereafter perceived as dangerous, regardless of the intent. Because many of us respond to our perceptions as if they were real, individuals who have experienced trauma often exist in a state of disconnect. While the body is present, the mind and spirit may not be available."

– "...Peace of Mind," 2001.

Post-traumatic Stress Disorder

– Fred Coleman, MD, Mental Health Center of Dane County, Inc.

By its very definition, Post-traumatic Stress Disorder (PTSD) is one of the psychiatric diagnoses that must have an external event – in this case, one that involves actual or threatened death or serious injury or a threat to the physical integrity of self or other. Clearly this event happens to a particular person who has their own set of coping skills, psychological resources/strengths, and interpersonal supports.

CORE AREAS OF SYMPTOMS:

- Re-experiencing through images, memories, dreams and/or flashbacks.
- Avoidance & numbing (e.g. avoiding reminders, decreased recall, decreased interest, decreased affect, detachment).
- Arousal (e.g. decreased sleep, irritability, decreased concentration, hypervigilance, startle).

FUNCTIONS OF THE BRAIN

Since these symptoms arise in part from changes in brain function, it is necessary to understand the role of several neurochemicals and the function of several areas of the brain. Norepinephrine (noradrenaline) is a transmitter in many areas of the brain:

- The Locus Ceruleus:

A center for processing information and identifying if what one sees, hears, smells, or feels represents a danger. It needs to direct the brain when to focus selective attention on one thing or when to scan the whole environment for risks. Both of these malfunction after trauma. The person cannot stop scanning (hyperarousal), which means it is very hard to concentrate. At the same time, key things trigger a response when none is needed (imagine a smoke detector or fire alarm that goes off randomly 20 times a day).

- Pre-frontal Cortex:

A balance of alpha1 (increases survival mechanisms such as fight or flight) and alpha2 (helps you shut off stimuli from inside your body or the outside world so you can concentrate and think clearly) – is out of balance so you over respond to dangers and have difficulty thinking and planning.

- Amygdala/Hippocampus: regulates the processing of memories for

storage and the retrieval of memories. The under processing of a memory with high affect – fear/anger – leads to a rigid memory that is stored with less modulation (toning down) and that can easily be released (nightmare/flashback) with all the intense feeling of the original event being released each time.

All of the above are affected by a combination of the severity of the stressful event (tornado), the duration of the stressful event, and the repetition over time of multiple stressors (e.g., war time or repeated abuse). These factors interact with the vulnerability of the person to produce different levels of symptoms.

A second brain system that has a major input when stress continues for days, weeks, months, or years is the cortisol system. Cortisol is a stress hormone that is produced by the adrenal gland. Under stress the body produces cortisol to help mobilize stored energy, release adrenaline (which increases energy for fight/flight), increase the function of the cardiovascular system (which keeps the heart going and blood pressure up even if you are injured), and inhibits the immune and inflammatory systems. All of these help the body to survive.

However, when high cortisol release continues in a child/adolescent it affects brain development in a way that leads to an early rigidity which impairs later flexibility in problem-solving, planning, new concept formation, etc. The result can be an individual who "grows up too early." This is necessary for survival but limits learning and brain development from latency through the early 20's. It also interferes with integration of right and left side brain function (to oversimplify, the language and artistic/feeling parts of the self). Even in the adult whose brain development has stabilized, extended cortisol exposure leads to shrinkage in some area of function resulting in rigidity of experiencing, perceiving, processing and planning.

Fortunately, these brain effects of trauma are treatable and may be to a large part reversible with both therapy and medication. ❖



Traumatic Grief in Children and Adolescents

Jennifer Wilgocki, MS, LCSW
Project and Training Coordinator, Adolescent Trauma Treatment Program

When a family member or close friend dies it is generally acknowledged in our culture that children and adolescents will have feelings about the death, such as sadness, anger, fear, or regret. In the field of child & adolescent mental health there is a specific kind of grief finally receiving attention: traumatic grief.

Traumatic grief is defined as the reaction that any aged person, but particularly children and adolescents, can have after the death of someone they care about when the death is traumatic in nature, for example, a suicide, homicide, or prolonged illness.

Given the ways that children and adolescents develop, their reactions can be particularly complicated. Traumatic grief is distinct from the normal grief process and from Post-traumatic Stress Disorder, but it shares features of both. The hallmark of traumatic grief is that the nature of the death interferes with the child's or adolescent's ability to move through the normal grief process.

Difficulties that the child/adolescent may encounter following a traumatic death include:

– **Intrusive memories about the death:**

This can appear through nightmares, guilt, or self-blame about how the person died, or recurrent or intrusive thoughts about the horrifying nature of the death. A child may have overwhelming feelings at school and not be able to cope.

– **Avoidance and numbing:** This can be expressed by withdrawal, the child acting as if not upset, or the child avoiding reminders of the person, the way she or he died, or the event that led to the death. An adolescent may begin using substances, self isolate, or pretend like nothing is bothering them.

– **Physical or emotional symptoms of increased arousal:** This can include

irritability, anger, trouble sleeping, decreased concentration, drop in grades, stomachaches, headaches, increased vigilance, and fears about safety for oneself or others. Children or adolescents may seem more moody, less able to tolerate strong feelings, and more prone to complaints about aches and pains.

In traumatic grief any thoughts or reminders—even happy ones—about the person who died can lead to frightening thoughts, images, or memories of the death.

There are three types of reminders that can trigger these thoughts:

- *Trauma reminders: People, places, situations, sights, smells, or sounds reminiscent of the death.*
- *Loss reminders: People, places, objects, situations, thoughts, or memories of the person who died.*
- *Change reminders: People, places, situations, or things reminding the child of changes in his or her life as a result of the death.*

With more attention being paid to the effects of traumatic grief, there are treatments that have been developed to help children and adolescents navigate their feelings and thoughts. As traumatic grief is identified earlier and more clearly, children and adolescents can be supported through their grieving process and then return to the developmental pathways that may have been interrupted. ❖



Excerpted in part from Childhood Traumatic Grief Educational Materials, National Child Traumatic Stress Network. For more information about child and adolescent traumatic grief, and other traumas, see their website at [http://www.nctsn.org] and click on "resource center."

Adolescents

TYPES OF TRAUMA

- Abuse (physical, sexual, emotional)
- Neglect (physical or emotional)
- Witnessing of violence
- Car accidents
- Disasters (man-made or natural)
- Refugee trauma
- Medical trauma

TRAUMA FACTS

- More than one in four American children will experience a serious traumatic event by their 16th birthday.
- Girls are at greatest risk of sexual abuse between 9 and 12 years of age. One in four girls will be sexually assaulted in her lifetime; one in six boys will be sexually assaulted in his lifetime.
- A study of adolescents in 1995 showed that 48% had witnessed violence in their home, school, or community.
- In the United States, car accidents are the leading cause of death in adolescence.
- In Wisconsin in 2002, car accidents involved 10,000 teen drivers. Of those accidents, 2,124 involved passenger fatalities or injuries.
- 70% of adolescents who abuse drugs and/or alcohol have experienced traumatic events.
- In the U.S., nearly 10% of high school students report that they were threatened or injured with a weapon at school in the previous year.

A nonprofit agency dedicated to comprehensive mental health & substance abuse services, and advocacy

MHC MENTAL HEALTH CENTER of Dane County, Inc.

625 W. Washington Ave., Madison, WI 53703
608-280-2700, www.mhcdc.org

NONPROFIT ORGANIZATION
U.S. POSTAGE PAID
MADISON, WI
PERMIT NO. 1870

Newsletter Vol. 2, Issue 2, September 2004



TRAUMA

This is the first of a two part series. The next issue will include healing, hope, and recovery.

This newsletter focuses on the issue of trauma & its impact on those who experience it. As we began preparations for this edition it became clear that we had a lot to share in a limited space. Therefore, this newsletter will be the first of two to focus on trauma. We will discuss trauma in terms of clinical issues, the path to recovery, and its impact on society.

Mental Health Center staff and consumers have worked for many years to broaden the scope of trauma awareness within the agency. A high percentage of individuals (children, adolescents and adults) receiving services at the MHC have experienced trauma in their lives. This is due, in part, to the fact that individuals with developmental disabilities or severe and persistent mental health problems are more frequently targeted for victimization. Another reason is that a large number of youth/adults experience traumatic events (e.g. – natural disaster, abuse, neglect, automobile crashes, catastrophic illness, violence, etc.), leading them to seek treatment services. Individuals who have experienced trauma may show symptoms of depression, anxiety, alcohol or other drug

use, relational difficulties, problems in school, self harm and other emotional or mental health concerns.

As we have become increasingly trauma aware, we have learned to assess for trauma rather than simply acknowledge and treat symptoms. When services are provided in a culturally competent framework that allows the individual to understand – the impact of trauma, the source of their symptoms, and positive coping strategies – recovery can, and does, happen.

We continue to grow and learn as we pursue our goal of becoming a truly trauma informed system of care for individuals across the life span. This is demonstrated in the MHC's support of a Trauma Training Workgroup that designed a two day training on assessment and treatment of trauma last November. This work group has also organized and written the articles for this newsletter and is working on a trauma training curriculum recommendation for the MHC's Training Committee. We hope this newsletter will further our goal of educating the public about trauma and its impact on individuals and our community.

– Lynn Brady, Clinical Program Director

MHC
1948-2004
55+ YEARS

Supporting the diverse strengths and needs of individuals &

families as they work through challenges and towards goals.

Newsletter published by the Mental Health Center of Dane County, Inc. for the purposes of education/advocacy. Please address editorial comments and inquiries to: Terri Pellitteri, MHCDC, 625 West Washington Ave., Madison, WI 53703, 608-280-2407. Reproduction with permission only. Website – www.mhcdc.org

CARE fund – Consumer, Advocacy, Recovery, Education
To learn how you can contribute call 608-280-2661.

