

A Broad Overview at
**EMOTIONAL
TRAUMA**



Northeast & Caribbean (HHS Region 2)

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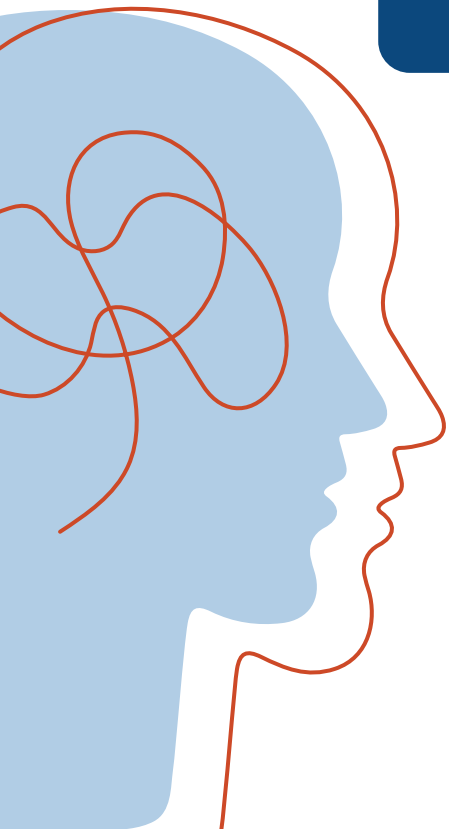


Table of Contents

	Page
Introduction	04
Part 1: An Overview of the Crucial Elements of the Impact of Emotional Trauma	05
Human Development	05
Behaviors and Coping Strategies	05
Social-ecological Model	06
Risk and Protective Factors	06
Risk Factors	07
Protective Factors in Children	07
What is Emotional Trauma?	07
Elements of a Traumatic Event	08
Retraumatization	09
Modalities of Trauma	10
Why do we talk about psychological trauma?	10
Adverse Childhood Experiences Study	11
Profile of Child Abuse in Puerto Rico	11
According to the Profile of Child Abuse in Puerto Rico	12
Part 2: Recognizing the Signs of Trauma	12
Survival Coping Strategies	12
Effects of Trauma in Children	13
Most Common Signs and Symptoms in People Experiencing Traumatic Events	14
Exposure to a Traumatic Event	14
Intrusion Symptoms after Experiencing the Traumatic Event	14
Avoidance of Stimuli Associated with the Traumatic Event	16
Alterations in Cognition and Mood	16
Alterations in Arousal and Reactivity	18
Part 3: Recovery from and Coping with Traumatic Events	19
Recovery from Trauma	19
Stages of recovery from trauma	19
Resilience	20
Resilience in Children and Youth	20
What can we do as service providers caring for people who have experienced or witnessed traumatic events?	21
12 Core Concepts for Understanding Traumatic Responses in Children and Families	22
Self-care	23
References	24

Introduction

The module A Broad Look at Emotional Trauma stems from IRESA's (Institute of Research, Education and Services in Addiction) commitment to provide training to mental health service providers. This pocket guide is intended as a tool for mental health providers as they offer services to individuals, communities, and agencies working with people who have experienced traumatic events. Some of the concepts described, such as resilience, retraumatization, ethno-racial trauma, and the study of Adverse Childhood Experiences and trauma-informed services, are basic elements to take into consideration when offering trauma-focused services. The objective of this pocket guide is to:

- ✓ Define trauma and related terms.
- ✓ Identify the impact of untreated trauma on human development.
- ✓ Recognize the signs of emotional trauma.
- ✓ Identify courses of action and management of traumatic experiences.
- ✓ Explain the importance of a trauma-informed system and how to support resiliency and recovery.
- ✓ Provide self-care practices to avoid vicarious trauma.

An Overview of the Crucial Elements of the Impact of Emotional Trauma

The traumatic experiences that human beings undergo throughout their development leave traces at the emotional, cognitive, social, and physical levels. As Newman & Newman report (2011), according to the psychoanalyst Erick Erickson, human development is considered an evolutionary process based on a sequence of biological, psychological, and social facts universally experienced, and it implies a self-therapeutic process. From the psychosocial standpoint, human development is the result of the continuous interaction between the individual and the social environment.

Human Development

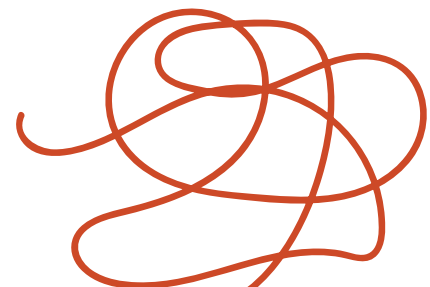
Newman & Newman (2011), establish that human development consists of growth that occurs in each period of life from conception to old age. Throughout life, the individual experiences continuity and change. An understanding of the individual as a whole is a way to perform a holistic analysis and provide appropriate treatment, since the individual functions in an integrated manner. In other words, behavior should be interpreted in the context of personal relationships and the relevant setting. Psychosocial development includes the physical, emotional, and moral development of the human being.

Behaviors and Coping Strategies

Coping behaviors are considered to be conscious, adaptive efforts used to manage stressful events and situations and the emotions associated with those events. The coping process includes assessment of the situation, and identification of cognitive affective and behavioral coping strategies. These can be situationally or emotionally oriented.

A coping strategy is a behavior that individuals use consciously or unconsciously to tolerate adversity, disadvantage, or eliminate the underlying condition. Some types of coping strategies may include self-soothing; distraction; opposite action; mindfulness; emotional awareness; and creating a plan in crisis situations (Van der Kolk, 2014). There are several coping strategies that can either be categorized as positive or negative. These can be used to:

- ✓ Increase the feeling of physical and emotional security.
- ✓ Decrease anxiety and fear.
- ✓ Be protected from the impact of trauma or loss in the future.



Social-ecological Model



The behavior of individuals does not occur in a vacuum. Human development occurs through interaction with genetic variables and the environment, and through exposure to the different systems that shape personal relationships according to their context (Bronfenbrenner, 1994). In his Social-Ecological Model, the author emphasizes the importance of studying the environments in which people live. In addition, he defines development as a lasting change in the way people perceive the environment that surrounds them (their ecological environment) and in the way they relate to it.

The systems of the Social-Ecological Model include (Bronfenbrenner, 1994; & SAMHSA, 2014):

- 1. Microsystem:** It corresponds to the pattern of activities, roles, and interpersonal relationships that the developing person experiences in each environment. In the case of children, primary microsystems include the family; the peer group; the school; and the neighborhood; namely, the individual's closest environment.
- 2. Mesosystem:** It refers to the interactions between two or more microsystems, in which the developing person participates. One example could be parents coordinating their efforts with teachers to educate their children.
- 3. Exosystem:** It includes the environments (one or more) in which the developing person is not directly part of, but where events occur affecting that person's environment. For the child, it could be the parent's workplace, or the parent's circle of friends, for example.
- 4. Macrosystem:** These are the cultural or ideological frameworks that can affect transversally the lower order levels (micro, meso and exo) and confer them a certain uniformity in form and content and, at the same time, a difference with respect to other environments with other cultures or different ideologies. It is shaped by the cultural and political values of a society, as well as by economic models and social conditions, among others.
- 5. Chronosystem:** It adds the dimension of time, its effect on other levels, and the degree of stability or change in the child's world. These may include family changes, place of residence, parents' work, wars, and economic cycles, among others.

Children's development can be affected by biological and psychological characteristics, as well as by talents and abilities, disabilities, and temperament. A person is not only the outcome of his or her development but is also responsible for shaping it.

Risk and Protective Factors

Risk and protective factors are influenced by the social determinants of health. Social determinants of health include the availability of resources, access to educational and economic opportunities, and healthcare services. They also influence how community and environment impact people's health. (CDC, 2019).

Risk Factors

Risk factors are seen as characteristics or attributes that increase risk-taking behavior that negatively affects health. It should be considered that, at each stage of development, risks can be avoided through preventive intervention. Risks in the preschool years, such as aggressive behavior, can be changed or prevented with family, school, and community interventions aimed at helping children develop appropriate behaviors. Not addressing negative behaviors can lead to additional risks, such as academic failure and social difficulties, which increase the risk of future drug use.

Protective Factors in Children

Protective factors help to strengthen and maintain human well-being. Examples of protective factors for children include:

- ✓ access to positive social support (religious organizations, clubs, sports, group activities, teachers, mentors, service providers, counselors, and others);
- ✓ medium to advanced intellectual development;
- ✓ good social skills and ability to engage;
- ✓ ability to be able to perform at something drawing praise and admiration from adults and peers;
- ✓ feelings of self-esteem and self-efficacy;
- ✓ religious affiliation or spiritual beliefs that give meaning to life.

Health interventions and treatment should explore and analyze risk factors as well as protective factors. Increasing protective factors can promote preventing behaviors that may negatively influence health (Modelo de Factores de Riesgo y Protección, 2019).

What is Emotional Trauma?

According to SAMHSA (2014), individual trauma is described as resulting from “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful, or life threatening, and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.” Psychological and emotional trauma is the result of experiencing extraordinary events, which are perceived as stressors that impact one’s sense of security towards other people and the surrounding environment.

According to statistics from the Puerto Rico Department of the Family (2018), 562 minors were referred by the agency to the six Centros Integrados para Menores Víctimas de Abuso Sexual (CIMVAS, [Integrated Centers for Minors Victims of Sexual Abuse]), one of the achievements attained in the justice system in favor of this population. On the other hand, according to the Centro de Ayuda a Víctimas de Violación (CAVV, [Center for Assistance to Victims of Rape]) as of April 2019 there were 769 cases of sexual abuse in the PR Department of the Family (fiscal year 2017-2018). According to the CAVV report (2019), "Two minors a day who are victims of sexual abuse receive services in an emergency room." These results do not include cases that remain invisible because of the silence in which this abuse is kept.

Some factors to take into consideration when talking about trauma include:

- ✓ Trauma is not foreign; it affects our friends, family, and neighbors.
- ✓ Traumatic experience may also happen to us as service providers.
- ✓ Not all people who experience traumatic events develop disabling disorders or difficulties, as many people overcome the events and become resilient to them.

Elements of a Traumatic Event

An experience or event in a person's life can become a traumatic event due to one's perception of said event. Events may be categorized as a single event or a series of events that someone may experience firsthand, or may witness them happening to an acquaintance, a family member, or a total stranger. (APA, 2013). A traumatic event can also occur when a person feels threatened. A traumatic event can affect individuals, families, groups, communities, minority groups (cultural, LGBTTTQ, religious), and/or generations (Herman, 2015).

According to (Chávez-Dueñas, et al. 2019), ethno-racial trauma can be experienced by minority groups living in the United States. Ethno-racial trauma is an issue which also impacts Puerto Ricans living within and outside of Puerto Rico. Ethno-racial trauma arises from living in and experiencing systems that are considered oppressive to minority groups and it is described as a type of trauma that can be experienced at both the individual and collective levels. Ethno-racial trauma is defined as the distress and fear that results from experiencing discrimination, violence, and threat because of belonging to a minority group. Puerto Rico is made up of communities that are considered minority communities. An example of this are individuals who grew up in the United States, Cuba, Mexico, Dominican Republic, and Asia, among other places, and that moved to Puerto Rico. These groups may be exposed to ethno-racial trauma within their communities (Chávez-Dueñas, et al. 2019).

Traumatic events may be caused by:

- ✓ people
- ✓ terrorism
- ✓ violence
- ✓ natural disasters
- ✓ war
- ✓ abuse
- ✓ accidents

When a person is exposed to violence, crime, physical or emotional abuse, directly or indirectly (as a witness or personal knowledge), they may be considered a victim. Polyvictimization refers to having experienced, at various periods of life multiple victimizations, such as intimidation, harassment or bullying, exposure to family violence, sexual and physical abuse, and crime, among others.

Some of the most prevalent forms of victimization include:

- ✓ sexual abuse;
- ✓ physical and emotional abuse;
- ✓ witnessing domestic violence, or violence in the intimate partner relationship;
- ✓ substance use addiction of parents or child's caregivers;
- ✓ loss or abandonment of a parent or caregiver;
- ✓ extreme poverty;
- ✓ discrimination due to racism and/or sexism.

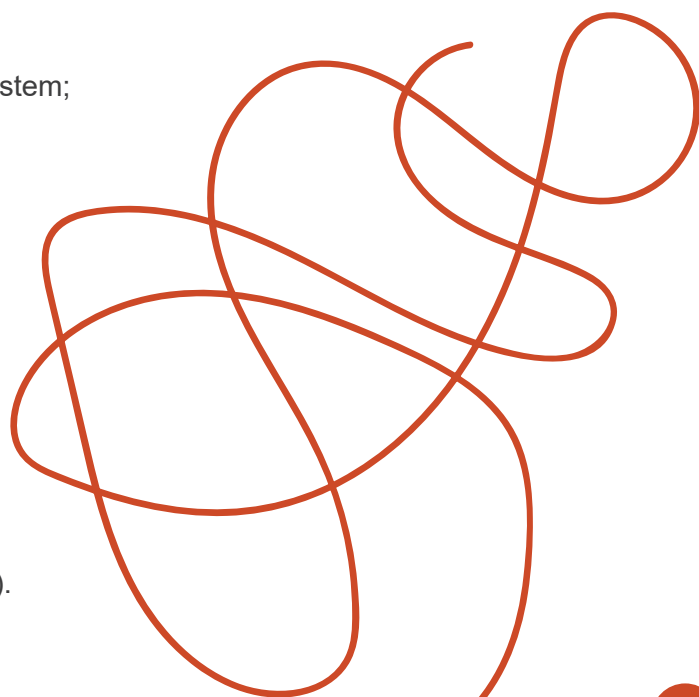
Complex trauma is viewed as repetitive or prolonged exposure to, or experiencing multiple traumatic stressors in different environments and roles. Complex trauma that goes untreated can trigger further complexity and chronicity of psychiatric symptoms as the memories of the traumatic events are embedded in the person's environment. People with complex trauma who have not received treatment may develop dissociative behaviors (a mental separation from the event) and depersonalization (a sense of separation from the body or mental processes and disconnection from the environment) as a way of coping with emotions (NCTSN, 2019).

Retraumatization

Retraumatization occurs when people experience an event or situation that makes them feel as if they are living through another traumatic event or reliving the original event (Herman, 2015).

Some factors that influence retraumatization include:

- ✓ constant changes in the attachment and security system;
- ✓ removal of minors (social welfare);
- ✓ use of invasive procedures (medicine);
- ✓ disciplinary practices (education);
- ✓ intimidating practices (justice);
- ✓ bullying, including cyberbullying;
- ✓ rejection due to falling behind academically (school).



Some people who experience a single trauma achieve recovery by receiving treatment with specific interventions for coping with the experience. People with polyvictimization experiences and co-occurring disorders, such as mental health or substance use disorders, are more complex and require long-term specialized treatment by qualified professionals. Trauma may result in symptoms of post-traumatic stress, attachment disorders, or other disorders within the DSM-5 trauma or traumatic stress category, in addition to other identified diagnoses.

Modalities of Trauma

The Socio-Ecological Model presents an understanding of trauma and its effects. The model is divided into six factors including the effects of trauma on individuals (SAMHSA, 2014).

- Individual:** Events occurring between people who usually know each other, such as couples or mothers/parents (caregivers) and their children.
Examples: Chronic life-threatening illnesses; repeated sexual violence; and repeated neglect.
- Interpersonal:** Events occurring between people who usually know each other, such as couples or mothers/parents (caregivers) and their children.
Examples: A chronic life-threatening illness; repeated sexual violence; repeated neglect; intimate partner violence; and neglect or abuse.
- Group:** A traumatic experience affecting a particular group of people.
Examples: Rescue personnel; gang members; members of the armed forces; geographic or cultural communities. These groups often share a common history and identity, as well as similar activities and interests.
- Cultural:** Events that undermine the heritage of a culture.
Examples: Bias; disenfranchisement; and inequality in health services.
- Historical:** Also known as generational trauma. It refers to events of such magnitude that they affect an entire culture and affect beyond the generation that experienced the traumatic event.
Examples: Wars; terrorism; famine; and extreme poverty.
- Massive:** It affects large numbers of people (directly or indirectly).
Examples: Large-scale natural and human-caused disasters.

Why Do We Talk about Psychological Trauma?

Trauma has the potential to produce changes in the brain's neurobiology; social, emotional, or cognitive disability; risk behaviors as coping mechanisms; physical health conditions; and early death, according to findings from the study of adverse childhood experiences (Van der Kolk, 2014).

Adverse Childhood Experiences Study

(ACE Study)

The ACE Study is probably the most important public health study conducted by the U.S.-based for-profit and not-for-profit health care consortium, Kaiser Permanente. The study had its origins in an obesity clinic in San Diego, California between 1995 and 1997.

This study found that 50% of the cases in the obesity clinic started to drop out of the treatment. Evaluating this data showed that all the people who dropped out of treatment had been losing weight. During interviews, participants reported that weight loss was often seen as a sexual and physical threat (Kaiser Permanente, 1997). In turn, the higher the Adverse Childhood Experiences (ACEs) score, the greater was the risk of:

- ✓ smoking
- ✓ alcoholism
- ✓ reenactment of trauma
- ✓ severe obesity
- ✓ drug abuse
- ✓ self-flagellation
- ✓ suicide attempts
- ✓ sexual promiscuity
- ✓ eating disorders

These risks were more significant for those who had experienced four or more adverse childhood experiences compared to those who had experienced none. Participants with six or more adverse childhood experiences died at an average age of 20 years.

Statistics show, according to Rape, Abuse and Incest National Network (2019), that:

- ✓ 1 out of every 6 American women has been the victim of an attempted or completed rape in her lifetime.
- ✓ 82% of all juvenile victims are female.
- ✓ 90% of adult rape victims are female.
- ✓ Females ages 16-19 are 4 times more likely than the general population to be victims of rape, attempted rape, or sexual assault.
- ✓ Women ages 18-24 who are college students are 3 times more likely than women in general to experience sexual assault.

Profile of Child Abuse in Puerto Rico

According to the profile of child abuse in Puerto Rico (2015), 50.7% of girls have experienced abuse, as well as 49.3% of boys. However, the difference is significant when it comes to sexual abuse, a category in which 76% of victims are female.

According to the Profile of Child Abuse in Puerto Rico

(fiscal year 2012-13, Published in 2015):

- ✓ When it comes to educational neglect, males are more likely to be affected.
- ✓ The perpetrators of abuse are women (63.2%).
- ✓ 38% of families in PR are headed by a woman and, of these, close to 70% live below the poverty level.
- ✓ The gender of the perpetrators is also reversed when analyzing sexual abuse cases. 77.2% of perpetrators were male, compared to 22.2% who were female.

PART 2

Recognizing the Signs of Trauma

The DSM-5 presents the category of trauma- and stressor-related disorders. This category describes several diagnoses related to experiencing traumatic events, including reactive attachment disorder; disinhibited social engagement disorder; post-traumatic stress disorder; acute stress disorder; and adjustment disorder (APA, 2013). Some of the most common signs and symptoms are described below.

Survival Coping Strategies

Victimization causes a loss of confidence in personal integrity and control, which can lead to anxiety or stress. When faced with other stressors, however minor, the person may fall into what Claude Chemtob and colleagues originally described as "survival mode" and what Ford (2006) termed "survival coping." This involves coping strategies designed to alleviate the anxiety caused by feeling "victimized" while trying to protect oneself. (Ford, Chapman, Mack & Pearson, 2006). Humans belong to a resilient species. Still, traumatic experiences leave imprints on our emotions, our ability to relate to other people, our ability to experience happiness and intimacy, and even on our bodies.

Effects of Trauma in Children

The effects of experiencing traumatic events can affect a person's development. In addition, they can negatively impact several areas of human functioning. According to the Child Welfare Information Gateway, (2014) some of the children's areas that are affected include the following:

1. Body:

Trauma produces physiological changes, including a recalibration of the brain's alarm system, increased hormonal activity, and alterations in the system that filters relevant information from irrelevant information.

- ✓ It creates an inability to control physical responses to stress.
- ✓ The person may experience chronic diseases (obesity, HIV, diabetes, hepatitis, and cardiovascular diseases, among others).

2. Brain:

The prefrontal cortex located in the frontal lobe of the brain is responsible for processing cognitive information and is linked to the executive functions that allow planning, problem solving, memorizing, or thinking. The prefrontal cortex is affected by exposure to trauma. Therefore, the person has difficulties with processing information, thinking, learning and concentration. In addition, the person has problems with memory and with switching from one thought to another thought, or from one activity to another.

3. Emotions: (Feelings)

It includes low self-esteem and self-efficacy, feeling insecure, inability to control emotions and develop connections with caregivers (Levine, 2008). In addition, it causes difficulty in interpersonal relationships; as well as depression and anxiety (Child Welfare Information Gateway, 2014).

4. Behavior:

It includes aspects related to lack of impulse control, violence, running away from home, substance use, suicidal ideation or attempts, and self-injury.

Exposure to trauma reduces the ability to create neural connections that promote reflective self-awareness. These connections allow the child or individual to prepare for survival or flight. Without the ability to be able to observe our thought process and introspect, it is difficult to build new knowledge. As a result, the brain reacts automatically and chaotically. This occurs because the brain cannot develop adaptations to new stimuli by responding through previously learned perceptions, thoughts, and actions, but which are not necessarily functional for new life experiences (Lewis, 2005 in Ford & Courtois 2009,2013).

Most Common Signs and Symptoms in People

Experiencing Traumatic Events

Exposure to a Traumatic Event

(APA, 2013):

- ✓ As mentioned above, the person may experience the traumatic event or witness a traumatic event that occurred to a family member, friend, or stranger.

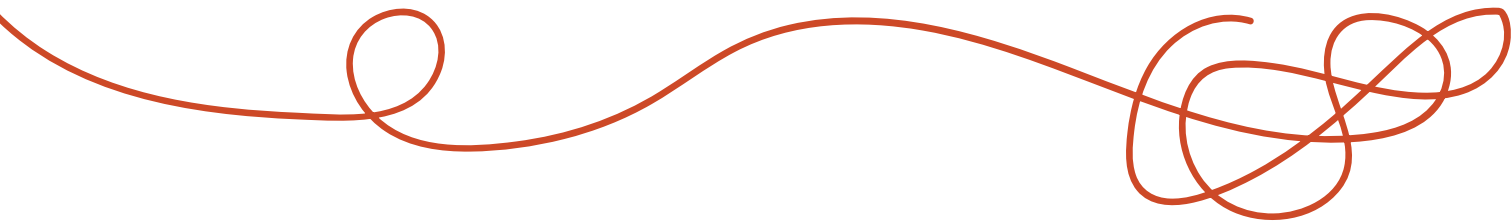
Intrusion Symptoms after Experiencing the Traumatic Event

- **Re-experiencing/
Reenactment:**

Re-experiencing includes nightmares, disturbing thoughts, and flashbacks. Re-experiencing occurs when thoughts, images or feelings associated with a traumatic event are experienced in an uncontrolled manner. Re-experiencing can occur through objects, events, situations, places, sensations, and people that cause the individual to unconsciously connect with the traumatic event.

These thoughts, images and feelings may also return in dreams or nightmares. These images and sensations may be so intense that the person feels as if experiencing the trauma all over again. These are known as flashbacks. Young children may re-experience and recreate traumatic experiences through play.

Flashbacks and re-experiencing the sensations/images/memories can be worse than the trauma itself. The traumatic event has a beginning and an end; it comes to an end at some point. But for people with post-traumatic stress disorder, the flashback or image can occur at any time, even when the person is asleep. The person has no control over when the event will repeat itself or how long the event will last. This difficulty in controlling thoughts affects the ability of people to cope with their environment, as well as feeling fully alive. If the elements of trauma are re-experienced again and again, the accompanying stress hormones engrave those memories more deeply in the mind.



• **Triggers:**

Triggers are defined as stimuli that bring back memories of the trauma or a specific portion of the traumatic experience. Triggers are images, sensations, or memories of the traumatic event that recur uncontrollably. According to SAMHSA (2014) mental health treatment is important in helping people to:

- ✓ identify potential triggers;
- ✓ draw connections between the strong emotional reactions and the triggers;
- ✓ develop strategies for coping when a trigger occurs (SAMHSA, 2014).

Survivors often believe that others will not understand their experiences and they may think that sharing their feelings, thoughts, and reactions related to trauma fall short of the expectations of others (SAMHSA, 2014).

• **Dissociative reactions:**

Dissociation occurs when a person is under stress, experiences strong emotions, or feels threatened. Dissociation is the essence of trauma. The overwhelming experience is split off and fragmented so that emotions, sounds, images, thoughts, and physical sensations related to the trauma take on a life of their own. The sensory fragments of memory intrude into the present. If the trauma is not resolved, the stress hormones the body secretes to protect itself keep circulating. As a way of coping, people exhibit defense mechanisms and experiences that affect their adaptation to their environment, such as:

- ✓ mentally detach from the experience;
- ✓ experiencing detachment from one's own body;
- ✓ feeling as if in a dream or in an unreal world;
- ✓ losing track of the passage of periods of time;
- ✓ losing sight of aspects of oneself.

• **Physical discomfort and illnesses:**

There is a significant connection between the experience of trauma and chronic health conditions. Some common symptoms include somatic complaints; sleep difficulties; gastrointestinal, cardiovascular, neurological, musculoskeletal, respiratory, dermatological, and urological disorders; and problematic substance use disorders.

Avoidance of Stimuli Associated with the Traumatic Event

(APA, 2013):

- **Detachment / Numbness:** This occurs when the person feels numb, frozen, shut down, or detached from life because of the traumatic experience. Sometimes during or after a traumatic event the person feels shut down, withdrawn, numb, and/or detached from his or her feelings.
- **Social / Interpersonal Factors:** Diverse supports and social relationships can be protective factors but require emotional exchange and social interaction. The experience of trauma significantly affects interaction with others because the person avoids and isolates from others, as well as from activities or places that may evoke the traumatic event (SAMHSA, 2014). Significant others close to those who have experienced the trauma are affected, either through secondary trauma or by experiencing the traumatic reactions of their loved one.

Alterations in Cognition and Mood

(APA, 2013):

- **Emotional Dysregulation:** Emotional regulation is a complex process that involves initiating, inhibiting, and modulating the mental state and behavior in response to internal or external stimuli (SAMHSA, 2014). Emotional regulation involves keeping thoughts, behaviors, or expressions within a socially expected range. According to "Psychological Care & Healing Center" (2019) some effects of trauma on emotional regulation include:
 - ✓ self-harming behaviors;
 - ✓ inadequate nutrition;
 - ✓ compulsive behavior;
 - ✓ repression or denial of emotions.

Emotional dysregulation works as follows:

- ✓ an internal or external event (thinking about something sad or meeting someone who is angry) triggers a subjective experience (emotion or feeling), then a cognitive response (thinking);
- ✓ a physiological response related to the emotions (e.g., increased heart rate or hormone secretion), followed by a related behavior (avoidance, physical action).

- **Cognitive Factors:**

Psychological trauma can alter cognitive patterns related to thoughts about the self, the world (others/environment), and the future (SAMHSA, 2014). Trauma can lead individuals to see themselves as incompetent or damaged; to see others and the world as unsafe and unpredictable and to see the future as being hopeless. The person believes that personal suffering will continue indefinitely, or that negative outcomes will rule his or her life. In relation to the trauma, the person may not remember part of the event, or have no memory of the event at all.

- **Isolation and Social Withdrawal:**

Being able to feel safe with others is one of the most important aspects of mental health. Healthy connections are fundamental to a fulfilling and meaningful life. People with trauma experiences can be out of sync with people around them. They find it difficult to trust others. If the person did not have a safety and support figure during their development, their attachment system will be impaired.

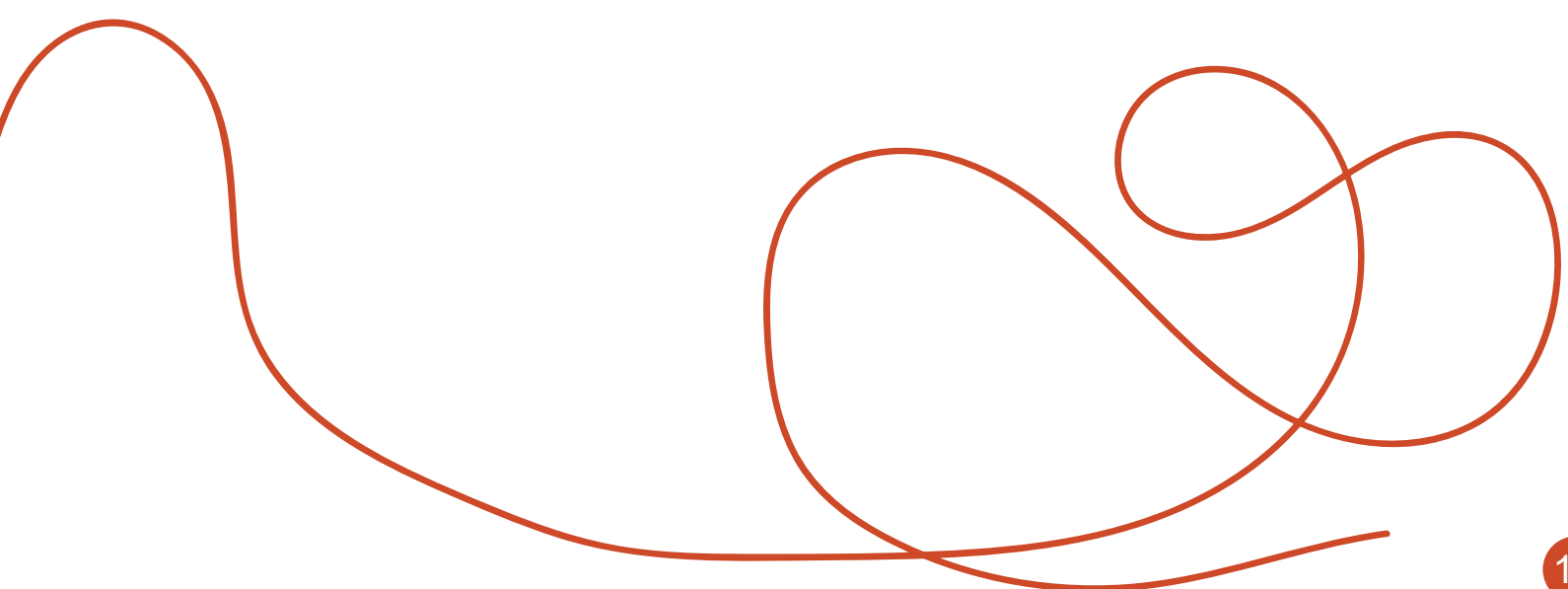
- **Somatization:**

Somatization is defined as an exaggerated focus on bodily symptoms or dysfunction to express emotional distress. People who have traumatic stress reactions, or have a diagnosis of post-traumatic stress disorder, are more likely to have somatic symptoms. However, they are unaware of the connection between their emotions and the physical symptoms that they are experiencing.

Some people who are part of certain ethnic and cultural groups often present their emotional distress through physical illnesses or concerns. Some cultures approach emotional difficulties more from the physical domain or view emotional and physical symptoms and health as a single system.

- **Safety and Reciprocity:**

Social support is not merely being in the presence of others. The critical aspect is reciprocity: being heard and cared for by the people around us, feeling that we are in the thoughts and hearts of others. To feel calm, heal, and grow, a person needs to experience a visceral feeling of safety and security.



Alterations in arousal and reactivity

(APA, 2013):

- **Hyperarousal / Reactivity:**

It is characterized by difficulty sleeping, muscle tension, and decreased threshold for startle responses (SAMHSA, 2014). Hyperarousal can interfere with an individual's ability to take the time to appropriately assess and respond to a stimulus such as a very loud noise or sudden movements.

The person may exhibit restlessness, nervousness, and uneasiness, and feel as if the body is always ready to respond: "fight, flight, freeze." Trauma expert Carl Bell says that people who are hyper-aroused behave as if they are living in expectation. It is as if their bodies are primed to respond to any stressor with the "fight, flight or freeze" reaction. Every time their bodies have a fight, flight, or freeze reaction, they experience all the physical changes designed to help the body react to the danger, including stress hormones flooding their systems. Hyperarousal can lead to hypervigilance, which is defined as a constant need to assess the environment and people for danger.

- **Alexithymia:**

People suffering from alexithymia tend to feel physically uncomfortable but cannot describe exactly what the problem is. They find it difficult to describe their emotions and as a result often have vague physical complaints that cause great discomfort, but do not allow clinicians to establish a clinical diagnosis. In addition, they find it difficult to deduce what they are feeling about a given situation or what makes them feel better or worse. This results from a feeling of numbness that prevents people from anticipating and responding to the ordinary demands of their body in a calm and fully conscious manner.

One of the difficulties faced by people who have experienced trauma is being able to modulate emotions, particularly when experiencing memories or events related to the experience. Difficulty in discerning what they are feeling causes a disconnection from their needs, as well as difficulty with self-care skills. People with these difficulties tend to substitute emotional language for practical language, for example: seeing a truck approaching at high speed and expressing "I don't know, I'd get out of the way". A typical person would say "I'd be terrified, I'd be really scared". People with alexithymia may feel better by learning to recognize the relationship between their physical sensations and their emotions.

Recovery from and Coping with Traumatic Events

Recovery from Trauma

Recovery after a traumatic event implies a gradual return to functional normality after a destabilizing event. According to Bonanno's (2005) reviews, there are 4 types of responses after the experience of a traumatic situation:

- ✓ recovery – 15 to 35%;
- ✓ resilience – 35 a 55%;
- ✓ delayed onset of a disorder – 5 a 10%; and
- ✓ post-traumatic stress disorder – 10 to 30% of cases.

Stages of Recovery from Trauma

- 1. Safety and stabilization:** Stage for identifying what is necessary for stabilization in essential areas of life.
- 2. Remembering and mourning: (Reconstruction)** In this stage the trauma is processed, putting meaning to the words and emotions of the experience. The person integrates the trauma story and does not react to it in a fight, flight, or freeze reaction.
- 3. Reconnection and integration:** This stage consists of redefining oneself in the context of meaningful relationships. The impact of victimization is recognized while developing coping skills to deal with life and relationships (SAMHSA, 2014). The development of a new sense of self and a future occurs.

Resilience

Resilience is the ability to recover from trauma and the capacity of human beings to face, overcome, and transform the difficulties and adversities of life, although nothing can completely eliminate the effects of trauma. Resilience also reflects the ability to maintain equilibrium during a process/event. Some of the pillars of resilience include self-esteem, cooperation, humor, creativity, and autonomy. Through this process, a person can emerge stronger. From this perspective, resilience is strength beyond hardiness.

Resilience in Children and Youth

Research shows that there are certain factors in a young person's life that can promote resilience. Family or community support can help a young person cope better with trauma and provide ongoing support when leaving a treatment facility. The provider can help the young person identify family members, community members, and organizations that can support and sustain them while in custody. Peer support can be powerful for adolescents. One goal is to help youth identify prosocial peers and determine how they can best benefit from peer support.

- 1. Family support:** Early developmental life experiences, such as children's first day of school, falling off a bike, and nervousness before an academic presentation, are activities that help the brain develop new connections and promote the growth and development of coping strategies. A child who has experienced traumatic events and great pain in early childhood can recover and recover through resilience, and including the support of family members.
- 2. Peer support:** Education offered to children should include teaching them resilience-building skills. It is important that they learn prosocial behaviors, thought control, and attitudes that they can practice with their peers.
- 3. Competence:** Competence is having skills, knowledge, and experiences that are both sufficient and appropriate. It is important to know if the young person has activities and hobbies that make them feel competent in relation to their peers. Being competent at something can help the young person overcome a feeling of helplessness or powerlessness.
- 4. Self-efficacy:** Self-efficacy is the belief that a person can do what needs to be done, deal with challenges, and cope with difficult times.
- 5. School connection:** Connection to school is a valuable component of resilience. Even when young people experience difficult life circumstances, they can be resilient when they feel welcomed by a school system that meets their needs.

6. Spiritual Beliefs:

Spirituality, and belief in a higher power, can also decrease isolation and feelings of inadequacy in young people.

Two things can happen when people practice their resilience faced with a catastrophic situation:

1. They can protect themselves from the various circumstances related to the trauma and therefore will not develop the psychopathology that will affect a very significant percentage of the population who has experienced a traumatic event.
2. In addition to not developing psychopathological consequences, the person can have post-traumatic growth. That is, learning something after the trauma that allows the person to improve some aspect of life. Post-traumatic growth occurs when the experience generates a positive change that leads to a better situation than the one in which the person was in before the trauma.

What can we do as service providers caring for people who have experienced or witnessed traumatic events?

Some of the main aspects related to offering trauma-informed services include:

1. Developing a trauma-informed system:

Develop, use, and administer questionnaires and assessments that can screen for traumatic events. It also includes discussing traumatic events and how they may impact service recipients. Creating policies and standards that take traumatic events into consideration is essential. Trauma-informed judicial interactions begin with good judicial practice, treating those who come before the court with dignity and respect. A trauma-informed system recognizes the impact of trauma and understands potential pathways to recovery. (Harris, & Fallot, 2001; SAMHSA, 2014).

2. Promoting a trauma-oriented system :

In a trauma-informed court, judges and support staff anticipate the trauma experience and are careful not to replicate it. In addition, they understand that inappropriate interventions can affect participants' feelings and behaviors, as well as their success in treatment. Judges and support staff work closely with court staff: attorneys, coordinators, social workers, and treatment providers to ensure an individualized approach that maximizes the chances of successful treatment. (SAMHSA, 2014).

3. Being part of a trauma-informed system:

Being part of a trauma-informed system to prevent retraumatization by requiring every agency employee to be aware of the signs, symptoms, and repercussions of traumatic experiences on the people they serve or who visit their office, school, or justice center. Additionally, these entities must adjust policies and procedures to be sensitive to the needs of individuals who have experienced trauma (SAMHSA, 2014). Usually, these organizations are effective in providing services by retaining participants and achieving positive outcomes, as they respond in an integrated manner with knowledge about the issue in policies, procedures, and practices.

12 Core Concepts for Understanding Traumatic

Responses in Children and Families

The National Child Traumatic Stress Network (2012) developed 12 concepts for service providers to consider when assessing, understanding, and assisting children and families who have experienced traumatic situations. Knowledge and awareness of the 12 core concepts of traumatic stress responses encourages services and agencies to be trauma-informed for both communities and participants.

1. Traumatic experiences are inherently complex.
2. Trauma occurs within a broad context that includes children's personal characteristics, life experiences, and current circumstances.
3. Traumatic events often generate secondary adversities, life changes, and distressing reminders in children's daily lives.
4. Children can exhibit a wide range of reactions to trauma and loss.
5. Danger and safety are core concerns in the lives of traumatized children.
6. Traumatic experiences affect the family and broader caregiving systems.
7. Protective factors can reduce the adverse impact of trauma.
8. Trauma and post-trauma adversities can strongly influence development.
9. Developmental neurobiology underlies children's reactions to traumatic experiences.
10. Culture is closely interwoven with traumatic experiences, response, and recovery.
11. Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery.
12. Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to provide good care.

It is important to note that a trauma-informed approach can be implemented in any type of service agency or organization. This is different from trauma-specific interventions or treatments designed to address the consequences of the event and facilitate healing. An example of this is offering services to children and adolescents using “*Trauma-Focused Cognitive Behavioral Therapy*” as a specific evidence-based treatment for treating people who have experienced traumatic events (de Arellano et. al., 2014).

Self-care

Self-care is essential for providers caring for people who have experienced traumatic experiences to avoid compassion fatigue and secondary traumatic stress. Compassion fatigue is also known as vicarious trauma or secondary trauma. This can occur when the service provider works with people who are suffering the consequences of traumatic events. (American Institute of Stress, 2019).

Professional self-care has three basic aspects:

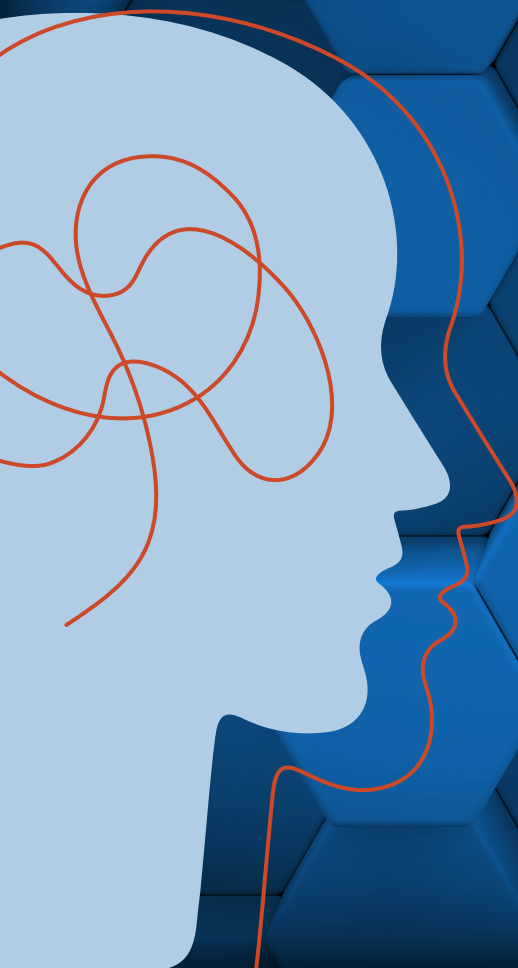
- 1. Awareness:** Awareness requires slowing the work pace and determining how one is feeling, what the stress level is, what types of thoughts one is having, and whether behaviors and actions are consistent with who one would like to be.
- 2. Balance:** The second step is to seek balance in all areas of life, including work, personal and family life, rest, and leisure. The service provider can be more productive by having adequate rest and being able to cope with work stress. Having an awareness of when balance is lost in life gives *the opportunity to change*.
- 3. Connection:** The last step is connection. It involves building connections and supportive relationships with co-workers, students, friends, family, and the community. One of the most powerful stress reducers is social connection.

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