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PSYCHOLOGICAL TRAUMA: THE HIDDEN EPIDEMIC
Trauma is ubiquitous in human existence
- Historical evidence
- Great literature and art
- Seen but unseen

Trauma has a wake: primary victim and others are impacted
- Cross-generational and intergenerational

Prevalence: estimates of potentially traumatic events and experiences
RECOGNIZING TRAUMA

- A forgotten history
  - Studied episodically across 20th Century
  - Episodic dissociation: Herman
- Rapid development in last 40 years
  - Viet Nam & other wars
  - Women’s Movement
    - Trauma defined & types identified
    - Responses to trauma identified
    - Diagnostic concepts developed/evolving
    - Treatments & programs developed/evolving
    - Social consciousness/public policy impacted
RECOGNIZING TRAUMA

**However,** trauma studies have **NOT** adequately entered general and professional curricula

**Many professional caregivers are not aware of the impact of trauma (on physical and psychological health)** nor are they knowledgeable about diagnosis or treatment

**The public is not adequately aware and educated**
REASONS TRAUMA GOES UNRECOGNIZED

- Ignorance
- Myths
- Shame and taboo
- Denial
- Non-disclosure
- Dissociation and disconnection from origin
  - Victim to patient
- Happens to others, not us
- Abhorrence
- Blame or hate the victim
LACK OF AWARENESS IS COSTLY

- Trauma is the “’gift’ that keeps on giving”...
- Personal, interpersonal, social, financial costs
  - Primary victim
  - Witnesses/bytanders
  - Family/significant others
  - Friends/co-workers
  - Community
  - Culture/context
- Predominantly negative (?) but positive outcome and transformation are possible
Trauma is a public health risk of major proportions

“Dealing with the effects of trauma is a health-care priority; it is as serious as any major medical illness”

(US Surgeon General, 1999)
ADVANCES IN RECOGNIZING TRAUMA

- Moreover, it often compounds medical and psychological conditions and injuries.

- This information too often goes unrecognized or underrecognized by medical and mental health practitioners.
We have a major education, prevention and intervention issue
DEFINING PSYCHOLOGICAL TRAUMA AND DIFFERENT TYPLOGIES
May interpret it only as physical trauma
This is one type of trauma
May not consider or understand psychological impact or injury
DEFINING PSYCHOLOGICAL TRAUMA

DSM-IV DEFINITION & CRITERION A (1 & 2)  
(AMERICAN PSYCHIATRIC ASSOCIATION, 1994):

- Events/experiences that are shocking, terrifying, overwhelming to the individual—experienced or witnessed
- Result in feelings of fear, horror, helplessness; Note: in children may be expressed by disorganized or agitated behavior

“actual or threatened death or serious injury, or other threat to one’s physical integrity; witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate” (p. 424).

In children, abuse is recognized as traumatic
“...the unique individual experience, associated with an event or enduring conditions, in which the individual’s ability to integrate affective experience is overwhelmed or the individual experiences a threat to life or bodily integrity...”

(Pearlman & Saakvitne, 1995)
TRAUMA AND TRAUMA RESPONSE INVOLVE MIND-BODY

- Trauma response/injury develops from both physical and emotional trauma
  - Events and experiences

- Trauma response/injury is both physical and emotional
  - Trauma is mind-body: somatosensory
    - Physiological impact
    - Brain impact:
    - Developmental impact
TYPES OF TRAUMA

- **Type I: Impersonal**
  - Disaster, weather, transportation, medical, injury, ability

- **Type II: Interpersonal**
  - Relational/attachment: insecure or worse
  - Abuse (physical, sexual, emotional), assault, victimization, exploitation, neglect, antipathy

- **Type III: Lifelong**

- **Type IV: Identity**
  - Gender, ethnic and cultural identity, sexual orientation

- **Type V: Community**
  - Religion, political group, ethnicity

An individual can have one or all--they are not mutually exclusive; revictimization is common in child abuse.
RISK AND PREVENTION FACTORS: INDIVIDUALITY / VARIABILITY OF TRAUMA RESPONSE

- Subjective/personal factors
  - Biological/physiological/genetic factors
    - Gender
  - Temperament
  - Age and developmental level
  - Attachment history
  - Personal experience of the trauma
  - Pre- and post-trauma life events, adaptations & disorders
  - Other trauma/revictimization

- Objective factors
  - Type of trauma, severity, duration, complexity, etc.

- Contextual/situational factors
  - During and afterwards
  - Culture/context
  - Support
SOME TRAUMAS ARE MORE COMPLEX THAN OTHERS

- Private, hidden, secret
- In essential relationships and involving betrayal and second injury
- Over the course of childhood: younger children more vulnerable
- Repeated, prolonged, chronic, endemic
- Objectively more severe
- Layered & cumulative
- Where recognition and support are not available
  - Where victim is blamed, shamed, isolated
DIFFERENT TYPES OF TRAUMA INTENSITY

- Small trauma
- Large-T trauma
- Multiple/complex trauma
Most adults, even when seriously traumatized have posttraumatic reactions and do not develop PTSD (18-25% do).

However, complex trauma, especially over the course of childhood most often leads to PTSD (75% + do) and other difficulties.
Peritraumatic or immediate aftermath
- non-clinical or sub-clinical symptoms
- Alternating re-experiencing and numbing to the point of resolution and lack of symptoms

Acute Stress Disorder
- up to a month post-trauma
- clinical symptoms, heavy on dissociation

Posttraumatic Stress Disorder
- acute, chronic, and/or delayed
Complex Posttraumatic Stress Disorder/(DESNOS) “PTSD plus or minus”
- related to severe chronic abuse, usually in childhood, and attachment disturbance
- usually highly co-morbid
- involves a high degree of dissociation

Dissociative Disorders
- associated with disorganized attachment and/or abuse in childhood
- can develop in the aftermath of trauma that occurs any time in the lifespan

Co-morbid/co-occurring disorders
DSM-IV CRITERIA: PTSD

- A. Exposure or experience
- B. Persistent re-experiencing, intrusions, dreams of trauma, distress at re-exposure
- C. Persistent avoidance of stimuli associated with the trauma and numbing
- D. Persistent symptoms of increased arousal

Note: No PTSD diagnosis for children
New category of trauma disorders
Drop/expand Criterion A
Separate criteria of Numbing from Avoidance
To Criterion B, add emotional dysregulation and additional emotions
A subtype of Dissociative PTSD will be added
Reactive Attachment Disorder
Still no PTSD diagnosis for children
POSTTRAUMATIC STRESS DISORDER (PTSD)

- A complex dynamic entity
  - fluctuating, not static
  - variable in form, presentation, course, degree of disruption

- A multi-dimensional bio-psycho-social-spiritual-gender stress response syndrome

- An allostatic condition
CHILDREN AS THE MOST TRAUMATIZED

- Finkelhor data
- Myth: children have a special status and are protected in most societies
- Vulnerability factors: small size, lack of power and resources, physical and cognitive immaturity, dependence, accessibility
- In US history, Society for the Prevention of Cruelty to Animals was organized before child protection efforts got underway
- Protection of children is relatively recent
Critical relationship between stressors and physical and emotional development

(Perry, 1998; Siegel, 2012)

- neurodevelopment is a process of making and maintaining complex networks of neurons (linked by synapses), guided by experience and the responsiveness of caregivers
- stress responses include altered emotional, behavioral, cognitive, social, and physiologic functioning
- early development is critical but plasticity continues throughout life
COMPLEX DEVELOPMENTAL TRAUMA

- Associated with chronic, pervasive, cumulative trauma in childhood, often on a foundation of attachment trauma
  - insecure attachment, especially disorganized
  - all forms of abuse and neglect: physical, sexual, emotional
- Higher use of dissociation to cope
**Overall Feature:** Disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment

- **in consciousness:** Important personal events not remembered
- **in memory:** Important personal events not remembered
- **in identity:** The customary identity is temporarily forgotten and a new identity assumed or imposed

**Process and symptom**

**Psychoform and somatoform manifestations**

- Mind-body
Domains of impairment in children exposed to complex trauma

- Attachment
- Biology
- Affect regulation
- Dissociation
- Behavioral control
- Cognition
- Self-concept
COMPLEX POSTTRAUMATIC STRESS DISORDER

DISORDERS OF EXTREME STRESS NOT OTHERWISE SPECIFIED (DESNOS)

- Designed to account for developmental issues, co-morbidity/co-occurrence, memory variability and to reduce stigma
- Co-morbidity:
  - Distinct from or co-morbid with PTSD
  - Other Axis I, II and III: multiple conditions
**DSM IV Field Trial for PTSD**

van der Kolk, Pelcovitz, Roth & Mandel, 1994

**AGE AT ONSET OF TRAUMA (years)**

<table>
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<tr>
<th>Age Range</th>
<th>N</th>
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<tbody>
<tr>
<td>0-4</td>
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<td>5-8</td>
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<td>20-25</td>
<td>16</td>
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<td>&gt;26</td>
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**Percent Endorsement**

- **PTSD + Disorders of Extreme Stress**
- **PTSD only**
- **Lifetime**

N=75 N=92 N=56 N=62 N=16 N=27
1. Alterations in regulation of affect and impulses
   + a. Affect regulation
   + b. Modulation of anger
   + c. Self-destructiveness
   + d. Suicidal preoccupation
   + e. Difficulty modulating sexual involvement
   + f. Excessive risk taking

2. Alterations in attention or consciousness
   + a. Amnesia
   + b. Transient dissociative episodes and depersonalization
3. Alterations in self-perception
   + a. Ineffectiveness
   + b. Permanent damage
   + c. Guilt and responsibility
   + d. Shame
   + e. Nobody can understand
   + f. Minimizing

4. Alterations in perception of the perpetrator
   + a. Adopting distorted beliefs
   + b. Idealization of the perpetrator
   + c. Preoccupation with hurting the perpetrator
5. Alterations in relations with others
   - a. Inability to trust
   - b. Revictimization
   - c. Victimizing others

6. Somatization
   - a. Digestive system
   - b. Chronic pain
   - c. Cardiopulmonary symptoms
   - d. Conversion symptoms
   - e. Sexual symptoms

7. Alterations in systems of meaning
   - a. Despair and hopelessness
   - b. Loss of previously sustaining beliefs
Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
No listing of symptoms does justice to the private reactions and anguish experienced by many trauma survivors and their loved ones.

Personal meaning important, affected by
- age/developmental level
- context,
- gender,
- beliefs & cognitions
- support
HIDDEN IN PLAIN SIGHT IN THE HEALTHCARE SETTING: PHYSICAL, MEDICAL, SOMATIC, AND INTERPERSONAL MANIFESTATIONS
MEDICAL EFFECTS: HIDDEN IN PLAIN SIGHT

- Acute vs. chronic or delayed
  - Injury & damage
  - Developmental effects
  - Illness and disease
  - Somatization & physical phobias
  - Co-occurring disorders

- Interweaving of physical and emotional
  - Each impact the other

- Awareness and recognition to treat both
MEDICAL EFFECTS: HIDDEN IN PLAIN SIGHT

- Phobia of the body
  - Source of or perceived cause of trauma and related reaction/injury
  - Hatred of the body
  - Disconnection and avoidance

- Medical care, procedures and personnel as triggers
  - Fears and phobias
  - Avoidance/neglect
  - Resistance
  - Dissociation: being out of body
MEDICAL EFFECTS: HIDDEN IN PLAIN SIGHT

- Trauma at root of some major responses and symptoms:
  - Attachment style
  - MDD and depression
  - Anxiety
  - PTSD and DD
  - SUD, ED & other addictions
  - OCD & other compulsions
  - S-I & risk taking
  - Suicidality
  - Revictimization
MEDICAL TREATMENT

- First, do no *more* harm
  + Recognize harm has been done
- *Mind-body impact and interaction*
- Recognize whole person
- Treat whole person
- Heal thyself and take care of thyself
RESOURCES

- ISTSS.org
- ISSD.org
  - look for 9 month-long courses on the treatment of DD’s--various locations internationally, nationally, and on-line beginning Sept-Oct
- NCPTSD.va.gov (info and links)
- NCTSN.org (child resources)
- Sidran.org (books and tapes)
- APA Division 56 (Psychological trauma)