

Misconceptions of Trauma - Mental Health Awareness Month

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May 8, 2019

Trauma has become something of a buzzword lately and for considerable reasons. The developing research shows that the effects of trauma and trauma exposure are significant in development and behavior. This momentum is significant. According to The National Child Traumatic Stress Network, it is estimated that over 42 billion dollars is spent annually dealing with the effects of childhood trauma. The Tahoe Truckee Suicide Prevention Coalition together with Tahoe Truckee Unified School District and the Community Collaborative of Tahoe Truckee hosted speaker, Sam Himmelstein, Founder of the Center for Adolescent Studies to discuss the effects of trauma on the brain.

The Trauma Timeline

The Diagnostic and Statistical Manual (DSM) is the handbook used by healthcare professionals in the United States as the authoritative guide to the diagnosis of mental disorders. The DSM's definition of trauma is: the experiencing, witnessing, hearing, or learning of a traumatic event first hand or of a family friend. There is significant controversy around this current definition as providers see this as fairly restrictive. However, this definition has expanded greatly in the recent 40 years.

The definition of trauma previously encapsulated only the 'physical' aspect of trauma, narrowing the definition to physical abuse alone. The first documented cases of trauma were categorized as post-traumatic stress disorder (PTSD) and this diagnosis was not entered into the DSM until 1980. PTSD is largely associated with returning soldiers and military veterans. This association has resulted in overly-stigmatized culture around the word 'trauma,' making the concept of trauma as a disconnected disorder that only affects populations who have experienced severe life conditions, such as war. However, according to The National Child Traumatic Stress Network, 70% of adults have experienced at least one traumatic event.

However, the new, expanded definition of trauma has yet to be widely accepted in the public. Trauma can be caused by numerous experiences. The list is extensive and includes experiences commonly thought to be traumatic: verbal, physical, sexual, emotional abuse, violent assault,

member of the family incarcerated. It also includes experiences not often associated with trauma: divorce, alcohol and drug exposure, life threatening illness of self or family, natural disasters, car accidents, repeated exposure to traumatic images, or extreme pressure from parents, are considered trauma and have the same effects on the brain.

Tahoe Truckee Make-up

The intense stigma around trauma tends to lead to a “that wouldn’t happen to us” mentality. However, many of the above listed experiences are common in any community. Furthermore, in the Tahoe Truckee community, where extreme ski culture is supreme, trauma has its own unique makeup. Severe medical injuries, repeated head trauma, and exposure to sports related death are all likely occurrences for a community immersed in the ski industry. Repeated head trauma that comes with extreme sports affects the brain immensely. Sarah DiPrinzio, National Licensed School Psychologist who lives and works in Tahoe Truckee, clarifies what happens during a concussion; “most people think concussions are one big hit to the brain. In reality, what happens when you get hit hard is the initial impact where your head hits an object and then a second hit on the other side of your brain where it is slammed into your cranium. Thus there are two areas of the brain impacted by one singular incident. Two parts of your brain, that are imperative to normal daily life, are affected.” Repeated head injuries, especially for adolescent athletes whose brains are not fully developed, cause the brain to rewire itself. Meaning that in the Tahoe Truckee community, not only does common causes of trauma exist but expand with the ski industry.

The Brain Experience

When the brain experiences trauma it reacts with one of three responses: fight, flight or freeze. These responses can be observed in the natural world and are ancient physiological responses. As Sam Himelstein explained, when someone is not in danger, the parts of the brain communicate easily. The midbrain, the emotional part of the brain, and the forebrain, known to be the logical part of the brain, communicate without trouble. However, when someone is in danger, the forebrain shuts down and logic cannot be accessed. Once the amygdala, the brain’s alarm system, assesses danger, the reptilian part of the brain is engaged and the body goes into fight, flight, or freeze. This is imperative function for humans to survive. In danger, the body needs to shut down logic and memory to solely rely on instinctive reactions.

However, individuals who are traumatized can often misinterpret neutral or non-dangerous circumstances as dangerous. Thus, their response to something non-threatening is identical to the response to something dangerous. This is the crucial part of understanding behavior of individuals who have experienced trauma. Brain function is altered meaning logical part of the

brain cannot be accessed. Repeated trauma exacerbates this experience; continuously traumatization of the brain leads to an overactive alarm system so individuals do not access the thinking brain as often or as effectively as non-traumatized individuals. Sarah DiPrinzio explains “these responses become entrenched in the neurological patterns and behaviors that result from the body’s need to cope and protect. Because these adaptive responses are to protect the individual they are often beyond the person’s awareness.”

There is a common analogy used in trauma work that exemplifies this point. If an individual has never been bitten by a snake, when they see a garden hose, that individual will determine the garden hose does not pose a threat and their brain remains in a balanced state. However, if an individual has been bitten by a long, green, snake and they see a garden hose, their brain is more likely to mistake the hose for a snake and misinterpret this neutral or non-dangerous stimuli as dangerous. The brain will engage the fight, flight, freeze response. There is a disproportionate reaction to the stimuli because of previous trauma. In that moment they are subconsciously protecting themselves from that original trauma, being the snake. This example translates into other scenarios. Sam Himmelstein uses the example of a teacher and a student. A teacher calmly asks a student to sit down. A student who has experienced trauma is more likely to interpret that request as a threatening demand. Their reaction may be disproportionate to the request. This point can help navigate a relationship with an individual who has experienced trauma because this reaction is unconscious and the individual is unaware of their inclination towards danger.

Resistance to Relationship

Understanding the complex affect that trauma has on the brain is primary to engaging with anyone who has experienced trauma. The next step in trauma informed care is to create safety. As Sam Himmelstein described, both physical and emotional safety is foundational for all strategies of working with or supporting a traumatized individual. A lot of strategies to create safety are intuitive but intentionally creating safety for everyone can be transformative. Having fun, reflective listening, being non-judgemental, finding common ground, consistency and boundaries are all ways of creating safety.

The final apex of supporting individuals with trauma is establishing an authentic relationship. Building authentic relationships mimics parental attachment. A study done by John Bowlby, resulted in finding several infant attachment behaviors, dependant on parental proximity. The study found that if the parent figure was nearby, accessible, and attentive, the child will explore their environment, be social and play with others. However, if the child perceives that the parent figure is not nearby, accessible, and attentive, the child experiences anxiety.

These responses were not fully understood until Mary Ainsworth systematically studied and tested infant separations. She found that over time, if the child consistently perceives no attention

or attachment from the parent figure there are two responses: anxious or avoidant. In the anxious response, after being separated from the parent, the child became anxious and refused to explore their environment. In the avoidance response, the child explored their environment but refused to return. This study demonstrates that authentic, consistent relationships create secure bases for individuals, especially youth, to explore their environments.

Creating relationships mimics the healthy attachment that humans create with parents. A consistent relationship allows a traumatized individual to explore the world while maintaining a secure, safe, consistent, touchpoint. It is important to note that parents themselves can provide this authentic relationship. However, creating multiple authentic relationships with various adults and peers establishes a web of support for an individual who has experienced trauma. In research conducted by Sara Rimm-Kaufman, PhD, and Lisa Sandilos, PhD: “improving students’ relationships with teachers has important, positive, and long-lasting implications for students’ academic and social development...Students who have close, positive, and supportive relationships with their teachers will attain higher levels of achievement than those students with more conflict in their relationships.” This point was emphasized during the talk Tuesday night with Sam Himmelstein with the homerun statement: authenticity is consistency and consistency is safety.

Sam Himmelstein is a licensed psychologist, the founder of the Center for Adolescent Studies and the author of several books. More information on Sam or on trauma-informed care can be found on his website: centerforadolescentstudies.com.

Sources

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