

# Additional Areas Transcript

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## Additional Symptoms

Outside of the symptom clusters, I want us to go back to the very beginning when we learned about stress and how stress affects us first physically then affects our mind and emotions and eventually affects our behaviors. And now let's look at that when we talk about it from the trauma perspective and someone who's been through an acute or chronic trauma. The first thing is how does it affect us biologically?

## Biological Symptoms

We learned in the ACE study how adverse childhood events are linked to the top 10 causes of death and adult health outcomes, but we need to understand that that starts very early on. A child that is going through trauma might have difficulty developing motor skills, they may have difficulty developing language skills; and those biological outcomes start happening as those developmental stages are progressing. Then, we start seeing difficulty with immune systems, and we start seeing the high blood pressure and all of the other health impacts. We know in the mental health field that an adult with SMI is more likely to die 25 years younger than the general population. And if we think about the ACE study and we think about trauma, that starts making a lot of sense. So, when we have someone who comes in and that they don't just have the mental and emotional but they're dealing with the biological aspect, we can a lot of times look at how trauma plays into that and by healing the trauma we also help them heal biologically and physiologically.

## Self-Regulation

The next part that stress affects us was mentally and emotionally; and we talked about in negative alterations to cognition and mood how trauma has an impact on the emotions and that someone may have difficulty feeling positive emotions or they may feel mainly those negative emotions of guilt, fear, or shame. However, it's not just what emotions they feel or don't feel but their ability to regulate those emotions. A lot of times when it's someone who's been through trauma, they never learned how to regulate their emotions. They were always in such a state of emotional distress, they always had that sympathetic nervous system on that they didn't learn how to self soothe and how to calm themselves down. So, we need to help them with not just identifying their emotions because a lot of times they don't even know what their emotions are. Everything feels like anger. Everything feels like sadness. They can't tell you the difference. So, one, helping them learn what the emotions are, helping them regulate their emotions, and helping them communicate them in a healthy manner.

## **Behavioral Symptoms**

So, still using that stress analogy of biological, mental and emotional, and behavioral, let's talk about behavioral now. Because of those heightened states of arousal, they're going to have poor impulse control. You're going to see pathological self-soothing; and, whether that is using substances or sex or gambling, video games, overeating, shopping, whatever it is that helps them "numb out" and avoid. We're going to see that here. We're going to see high risk behaviors, things that may not make any sense, that they would do — whether it is running away, whether it is putting themselves in physical danger, and that can mean putting themselves in physical danger sexually as well. And, going along with those high-risk behaviors are also self-harm behaviors; and, yes, we have the things we immediately think about, like maybe cutting or burning or things of that nature. But, there are many, many different ways in which people can harm themselves; and some aren't as apparent as others. And, because of their world view, how they see themselves and how they see the world around them, they may have developed that sense of "I have nothing else to lose."

## **Relational Symptoms**

So, as a result of traumatic stress, we start seeing the whole person holistically, that it's not just this symptom cluster or that symptom cluster but the symptom clusters cascaded to each other and that they also affect the entire person. They affect them biologically, they affect them mentally and emotionally; and then eventually they will affect their behaviors. And, because trauma impacts every area of our lives—biologically, mentally, emotionally, and behaviorally, and affects us as a whole person, it's also going to affect the most important part of us as a human being and that's our relationships. And, whether that's because I had a traumatic event happen and I no longer feel that I can connect to the people around me or whether it's because my traumatic event happened because of another human being and I was injured inside of a relationship and now I don't know how to be in a safe and trusting relationship at all. Trauma at its core is going to affect every relationship we have, whether it's with a stranger, a neighbor, a coworker, a boss, friends and family or it's a therapeutic relationship. Our jobs are to help people understand that relationships can be safe and that it is okay to trust, to let them know that not everything has to be a secret, that they don't have to feel ashamed, that they're not going to lose by letting go. And, that's not easy; but what we've learned is that if a person has been injured in a relationship, they can be healed in a relationship. And, so the more we can see them, the more our view of them is who they want to be, the more we're going to help them see themselves the way they want to be.

## Developmental Stages

Throughout this training you've heard us mention Developmental Stages, and I want to talk a little bit about what that means. People develop in lots of different ways. We have how we develop physically; you know, we go from crawling to standing, running, and walking and all of those things. We have how we develop mentally. We have how we develop emotionally. And, then, there's those life events that we consider as a society and as a culture to be those other developmental milestones—things like getting your driver's license when you turn sixteen, going to prom, graduating, and getting a job. Those steps that we see as a society are ...those are the steps that you go from a child to an adult.

The next area that we want to look at is Neuro-Development which ultimately impacts cognition. The younger a child is when they are exposed to or experience trauma, the more effect it can have on the architecture of the brain—how the brain is structured, the actual size of the brain, those connections that are being formed so early on. And, both in childhood and then as an adult, you will see that they really struggle in maybe how they process information, in their ability to learn (and it doesn't matter if it's in the classroom or on the job and where they're working). It's not just the exposure to trauma, but it can also be how those "fight, flight, or freeze" hormones affect the brain that, as the brain is getting flooded with adrenaline, that it's not just how they're forming those connections but now how are those hormones and chemicals affecting the brain too. And, so, you really do see how trauma impacts the neuro-development of the brain and then those cognitive abilities later on in life.

So, this is how we see the physical trauma also affects the mental and cognitive development. Occasionally, you might meet someone who they seem to be really high functioning in certain areas of their life and then there are other areas of their life where you think, "Man, they're acting like a kid or they're acting like a teenager." And, the truth is, that is exactly what is happening, that they are still stuck in those developmental stages and haven't been able to move past them because of the trauma that occurred at that point in their lives. When we talk about providing trauma-specific services and it doesn't matter if we're working with children or adults, we talk about the importance of helping them get "unstuck," that they got stuck in this one place and they just can't get past it. It's not that they don't want to; it's not that they haven't tried. It is literally how their brain chemistry changed, how their biological system changed, and the things that happened to them that couldn't let them get past that. So, we talk about the importance of helping children and adults get back to normal development and helping them through those developmental stages they missed.

The good news is that our brain has this capacity to be plastic, to be moldable, to be changeable, to adapt; and the term that we use to actually describe that is neuro-plasticity. And, what we see is that when the brain is given all the different supports it needs, when the person is given all the supports he needs, that, while it's a process and it's challenging, that the brain can form new connections; that it can heal; that it can recover. And some of those early challenges that you see early on can be addressed, in that the person can, for lack of a better word, recover and that they can learn to process

in a different way and that they can address those learning disabilities. But, again, we have to give them all the support and teach them all the things that they need for this to happen.

One of the theories for development comes from Erickson, and I'm not going to go in depth into all the different levels he has but I do want to point out a few of the things that I think is really important. He talks about when we're children, going and becoming adults, that there's these different stages; and for us to progress from one stage to the other, we have to successfully complete them. One of those stages is trust vs. mistrust. Do I learn that I can trust the world, that I can trust adults; that I will be taken care of? Or, do I learn that the world is untrustworthy and I am completely on my own; and I have all these fears and anxieties?

Another stage is where he talks about being able to form autonomy, be able to be independent, and to be able to take care of yourself and do those kinds of things that we see as healthy development, that a child starts pulling away from mom and dad and forming their own identity. A lot of times when children have been through chronic or complex trauma, what we see is that inability to create and maintain autonomy. And, a lot of that has to do with the situations they are coming out of. Throughout this training, I hope you have heard that message. When we help people get the support they need, the treatment that they need; when we start seeing them through a trauma-informed lens and helping them see themselves through a trauma-informed lens and have that understanding that it's not what's wrong with them but what happened to them, then we help them come back into those normal developmental stages. And, we help them reclaim some of those things that they lost. And, that's one of the greatest gifts we can give anybody. And, so, part of our jobs is to not just see someone and be like "Oh, my gosh, why are they acting that way" but to really help them go, "Wow! You know what, you spent so much time surviving; now, let us help you enjoy some of those things that you got to miss out on and rebuild and discover those hopeful endings for what you want to become."

## **Loss of Sense of Self**

The last area that we're going to talk about is what we call a loss of identity or a loss of sense of self. They just struggle knowing who they are and who they're supposed to be because that original person got lost somewhere along the way, trying to survive everything that happened to them. They became this survivor. They became what circumstances said they were. They became what others said they were. So, one of things that we do in our role as caregivers is help people get back to who they originally were and who they want to be, not who they had to become to survive everything that they went through. You know, when we're working with children, at different times we have done what's called Permission to Be a Child because they literally forgot how to be a child or they may have been the one who had to take care of everyone else in their family. They may not know how to play; they may not know how to be a kid. So, we start teaching them how to be a kid again. And, whether it's that or whether it's an adult who they don't know if they need to be this person that's always turned on and always protective or if they can be relaxed and that's okay too. Or, are they their symptoms?

Are they their mental health diagnosis? Or, are they their past? Or, are they the person they always dreamed of being before anything bad, scary, or ugly ever happened? It's that sense of identity of who you are and who you want to be and that you can still do that, regardless of what happened to you, regardless of your symptoms, regardless of all of the "bad, scary, and ugly." And, going back to when we talked about being trauma-informed, that happens on a personal level before it ever happens on a professional level. One of the greatest gifts we give people is when we see them for who they really are, that we don't see them as this person walking in with this history, as this person walking in with these symptoms; but that we see them for who they want to be. And so, helping people get back to that sense of who they are, to their identity, helping them find their own sense of restoration in that may be the cornerstone of the work we do in trauma-informed care.