



Healing The Whole Person:

Treating Trauma with Special Attention to Shame



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Introduction



- ▶ Emily Arth, MSW, LCSW, CDWF, is a Licensed Clinical Social Worker and owner of Empowered Life, LLC in Columbia, Missouri. She works as a full-time psychotherapist serving ages 3-100+.
- ▶ Emily specializes in trauma and is adept at working with cases of relational trauma and sexual abuse. She utilizes a psychodynamic treatment approach.
- ▶ She is the only certified facilitator of Shame Resilience Therapy in Mid-Missouri, as well as a provider of Prolonged Exposure Therapy, Trauma Focused Cognitive Behavioral Therapy and Behavior Modification.



PURPOSE

Improve clinical assessment skills when screening for trauma; provide overview of evidence-based therapies for trauma treatment; educate on the connection between trauma and shame; explore the value of shame-resiliency treatment as follow-up to trauma-specific interventions.

► Learning Objectives:

- Teach essential tools for proper assessment of trauma-related disorders.
- Explore long-term mental & physical risks when we fail to address trauma in our treatment planning.
- Learn the relationship between trauma, shame & vulnerability.
- Provide resources to better address shame-resiliency in long-term recovery.



What is TRAUMA?

- ▶ Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.
- ▶ *Events and circumstances* may include the actual or extreme threat of physical or psychological harm or the withholding of material or relational resources essential to healthy development. These events and circumstances may occur as a single occurrence or repeatedly over time.

"Trauma Definition". Substance Abuse and Mental Health Services Administration. Archived from [the original](#) on August 5, 2014.



WHAT “COUNTS” AS TRAUMA?

- ▶ **The individual's *experience* of these events or circumstances helps to determine whether it is a traumatic event.**
 - ▶ *INDIVIDUAL EXPERIENCE VARIES WIDELY FROM PERSON TO PERSON.*
 - ▶ We still do not have a clear understanding of why some individuals have greater resiliency than others.
 - ▶ Resilience is hypothesized to be a combination of nature and nurture.

What does TRAUMA mean to most people?




Not Always Easy to See



- ▶ Trauma can impact our memory of events.
- ▶ We often minimize or repress hurtful experiences.
- ▶ A primary symptom of PTSD is **AVOIDANCE**.
 - ▶ When the brain is actively avoiding something painful, we definitely will not find the information we are seeking unless we ask specific, pointed questions.
 - ▶ Know what you're looking for and how to find it.
 - ▶ Do not assume the client will automatically disclose their history of trauma due to powerful feelings of fear and shame.



“IN YOUR LIFETIME, have you ever experienced...”

- Physical abuse?
 - Mental abuse?
 - Emotional abuse?
 - Physical or emotional neglect?
 - Sexual abuse?
 - Sudden, unexpected or unresolved loss?
 - Bullying?
 - Divorce?
 - Separation?
 - Abandonment?
 - Serious betrayal?
 - Victim of a crime?
 - Survivor of an accident?
 - Combat experience?
 - Other particularly stressful events?
- 



DISCUSSION:

HOW DO YOU CURRENTLY ASK ABOUT
TRAUMA IN YOUR ASSESSMENT?



DON'T JUMP TO CONCLUSIONS!

- *Just because a client discloses a history of trauma does not automatically mean they have PTSD.*
- *If they are meeting all criteria for a diagnosis of PTSD, thorough assessment provides some clarity regarding what type of event(s) may be at the root of the problem.*

Post Traumatic Stress Disorder vs. Complex PTSD

▶ PTSD

- ▶ A mental disorder that can develop after a person is exposed to a traumatic event, such as sexual assault, warfare, traffic collisions, or other threats on a person's life.
- ▶ Symptoms may include disturbing thoughts, feelings or dreams related to the events, mental or physical distress to trauma-cues, attempts to avoid trauma-related cues, alterations in how a person thinks and feels, and an increase in the fight or flight response. These symptoms last for more than a month after the event.
- ▶ Young children are less likely to show distress, but instead may express their memories through play.

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing, pp. 271–280. [ISBN 978-0-89042-555-8](https://doi.org/10.1176/00007727112700000000000000000000)

▶ C-PTSD

- ▶ A psychological disorder that can develop in response to prolonged, repeated experience of interpersonal trauma in a context in which the individual has little or no chance of escape.
- ▶ Associated with chronic sexual, psychological, and physical abuse and neglect, chronic intimate partner violence, victims of kidnapping and hostage situations, indentured servants, victims of slavery, human trafficking, sweatshop workers, prisoners of war, concentration camp survivors, residential school survivors, and defectors of cults or cult-like organizations.

Cook, A., et. al., (2005) Complex Trauma in Children and Adolescents, *Psychiatric Annals*, 35:5, pp-398



SCREENING FOR TRAUMA SYMPTOMS

The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

A 5-item screen that was designed for use in primary care settings. The measure begins with an item designed to assess whether the respondent has had any exposure to traumatic events. If a respondent denies exposure, the PC-PTSD-5 is complete with a score of 0. However, if a respondent indicates that they have experienced a traumatic event over the course of their life, the respondent is instructed to respond to five additional yes/no questions about how that trauma exposure has affected them over the past month.

Prins, A., Bovin, M. J., Smolenski, D. J., Mark, B. P., Kimerling, R., Jenkins-Guarnieri, M. A., Kaloupek, D. G., Schnurr, P. P., Pless Kaiser, A., Leyva, Y. E., & Tiet, Q. Q. (2016).



SCREENING FOR TRAUMA SYMPTOMS

Trauma Screening Questionnaire (TSQ)

The TSQ is a 10-item symptom screen that was designed for use with survivors of all types of traumatic stress. The TSQ is based on items from the PTSD Symptom Scale - Self Report (PSS-SR; Foa et al., 1993) and has five re-experiencing items and five arousal items

Brewin, C. R., Rose, S., Andrews, B., Green, J., Tata, P., McEvedy, C., Turner, S., and Foa, E. B. (2002). Brief screening instrument for post-traumatic stress disorder. *The British Journal of Psychiatry*, 181, 158-162.



SCREENING FOR TRAUMA SYMPTOMS

SPAN Self-Report Screen

The SPAN is a four-item self-report screen derived from the Davidson Trauma Scale. Its name is an acronym for the four symptoms assessed (startle, physically upset by reminders, anger, and numbness). The four items that make up the SPAN are the items from the DTS that best distinguished a sample of patients with PTSD from a sample of patients without PTSD.

Davidson, J. (2002). SPAN Addendum to DTS Manual. Multi-Health Systems Inc. New York.



SCREENING FOR TRAUMA SYMPTOMS

The SPRINT Self-Report Screen

The Short Post-Traumatic Stress Disorder Rating Interview (SPRINT; Connor and Davidson, 2001) is an eight-item self-report measure that assesses the core symptoms of PTSD (intrusion, avoidance, numbing, arousal), somatic malaise, stress vulnerability, and role and social functional impairment. Symptoms are rated on five point scales from 0 (not at all) to 4 (very much).

Connor, K., and Davidson, J. (2001). SPRINT: A brief global assessment of post-traumatic stress disorder. *International Clinical Psychopharmacology*, 16, 279-284.



ASSESSING FOR PTSD

The **PCL-5** is a 20-item self-report measure that assesses the 20 *DSM-5* symptoms of PTSD. The PCL-5 has a variety of purposes, including:

- Monitoring symptom change during and after treatment
- Screening individuals for PTSD
- Making a provisional PTSD diagnosis

The gold standard for diagnosing PTSD is a structured clinical interview such as the Clinician-Administered PTSD Scale. When necessary, the PCL-5 can be scored to provide a provisional PTSD diagnosis.

Weathers, F.W., Litz, B.T., Keane, T.M., Palmieri, P.A., Marx, B.P., & Schnurr, P.P. (2013). The PTSD Checklist for *DSM-5* (PCL-5). Scale available from the National Center for PTSD at www.ptsd.va.gov.



ASSESSING FOR PTSD

Clinician Administered PTSD Scale

The CAPS is the gold standard in PTSD assessment. The CAPS is a 30-item structured interview that corresponds to the DSM criteria for PTSD. As part of the trauma assessment (Criterion A), the Life Events Checklist (LEC) is also used to identify experience of traumatic stressors experienced.

Clinician Administered PTSD Scale for Children/Adolescents

The CAPS-CA is a clinician-administered PTSD scale for children and adolescents. It is a modified version of the CAPS.

Weathers, F.W., Blake, D.D., Schnurr, P.P., Kaloupek, D.G., Marx, B.P., & Keane, T.M. (2013). The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5). Interview available from the National Center for PTSD at www.ptsd.va.gov.



ASSESSING FOR PTSD

The UCLA Child/Adolescent PTSD Reaction Index for *DSM-5*

The revision of the UCLA Child/Adolescent PTSD Reaction Index for *DSM-IV*. The new *DSM-5* version is a semi-structured interview that assesses a child's trauma history and the full range of *DSM-5* PTSD diagnostic criteria among school-age children and adolescents. A *DSM-5* Parent/Caregiver version is also available.

Steinberg, A. M., Brymer, M., Decker, K., Pynoos, R. S. (2004). The University of California at Los Angeles Post-Traumatic Stress Disorder Reaction Index. *Current Psychiatry Reports*, 6: 96-100.



DISCUSSION:

WHAT FORMAL ASSESSMENT TOOLS
ARE YOU USING?

WHAT DO YOU LIKE?

DISLIKE?

TREATING TRAUMA: EVIDENCE-BASED THERAPIES





EVIDENCE-BASED TREATMENT (ADULT)

Prolonged Exposure (PE)

Teaches you how to gain control by facing your negative feelings. It involves talking about your trauma with a provider and doing some of the things you have avoided since the trauma.

Cognitive Processing Therapy (CPT)

Teaches you to reframe negative thoughts about the trauma. It involves talking with your provider about your negative thoughts and doing short writing assignments.

Eye Movement Desensitization and Reprocessing (EMDR)

Helps you process and make sense of your trauma. It involves calling the trauma to mind while paying attention to a back-and-forth movement or sound (like a finger waving side to side, a light, or a tone).

EVIDENCE-BASED TREATMENT (UNDER 18)

TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY

Major components of TF-CBT include psycho-education about childhood trauma and individualizing relaxation skills. The therapeutic elements of TF-CBT are denoted by the “PRACTICE” acronym:

- **Psychoeducation & Parenting skills**
- **Relaxation**
- **Affective Expression & Regulation**
- **Cognitive Coping**
- **Trauma Narrative Development & Processing**
- **In Vivo Gradual Exposure**
- **Conjoint Parent-Child Sessions**
- **Enhancing Safety & Future Development**

Cohen, Judith A. (2006). *Treating trauma and traumatic grief in children and adolescents* ([Online-Ausg.]. ed.). New York: The Guilford Press. [ISBN 978-1-59385-308-2](#).



MISSING THE ROOT CAUSE

WHAT ARE THE LONG-TERM CONSEQUENCES OF
UNTREATED TRAUMA?



There are 10 types of childhood trauma measured in the ACE Study:

- Five are personal:

- Physical abuse
- Verbal abuse
- Sexual abuse
- Physical neglect
- Emotional neglect

- Five are related to other family members:

- A parent who's an alcoholic
- A mother who's a victim of domestic violence
- A family member in jail
- A family member diagnosed with a mental illness
- The disappearance of a parent through divorce, death or abandonment.

ACEs = ADVERSE CHILDHOOD EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce



Adverse Childhood Experiences
















- A whopping two thirds of the 17,000 people in the ACE Study had an ACE score of at least one — **87% of those had more than one.**
- The study's researchers came up with an ACE score to explain a person's risk for chronic disease.
- **Think of it as a cholesterol score for childhood toxic stress.** You get one point for each type of trauma. The higher your ACE score, the higher your risk of health and social problems.
 - The ACE Study measured only 10 types of trauma, though we know more exist.

WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

BEHAVIOR				
 Lack of physical activity	 Smoking	 Alcoholism	 Drug use	 Missed work
PHYSICAL & MENTAL HEALTH				
 Severe obesity	 Diabetes	 Depression	 Suicide attempts	 STDs
 Heart disease	 Cancer	 Stroke	 COPD	 Broken bones



ACES TOO HIGH

- ▶ As your ACE score increases, so does the risk of disease, social and emotional problems.
- ▶ **With an ACE score of 4 or more, things start getting serious.**
 - ▶ The likelihood of...
 - ▶ Chronic pulmonary lung disease increases 390%
 - ▶ Hepatitis, increases 240%
 - ▶ Depression increases 460%
 - ▶ Attempted suicide increases 1,220%

<https://acestoohigh.com/got-your-ace-score/>



Physical Manifestations of Trauma

The primary physical and emotional health impacts of ACEs on an individual are related to **TOXIC STRESS**.

- ▶ These can include:
 - ▶ Depression
 - ▶ Anxiety
 - ▶ Headaches
 - ▶ Chronic shoulder/muscle/back pain
 - ▶ Migraines
 - ▶ Stomach disorders
 - ▶ Sleep problems
 - ▶ Skin conditions
 - ▶ Developing a substance misuse disorder
 - ▶ Host of other physical and emotional ailments



What is the COST?

“Chronic back pain in the workforce is estimated to cost US businesses as much as \$28 billion per year; depression and its work-related outcomes—absenteeism, reduced productivity, and medical expenses—are estimated to cost as much as \$44 billion per year; and chemical dependency is estimated to cost \$246 billion per year. These massive losses occur despite existence of workplace safety programs and the most expensive system of medical care in the world.”

Childhood Abuse, Household Dysfunction, and Indicators of Impaired Adult Worker Performance, Anda, R.F., et al., *The Permanent Journal*, 8(1), 30-38



Cost (continued)

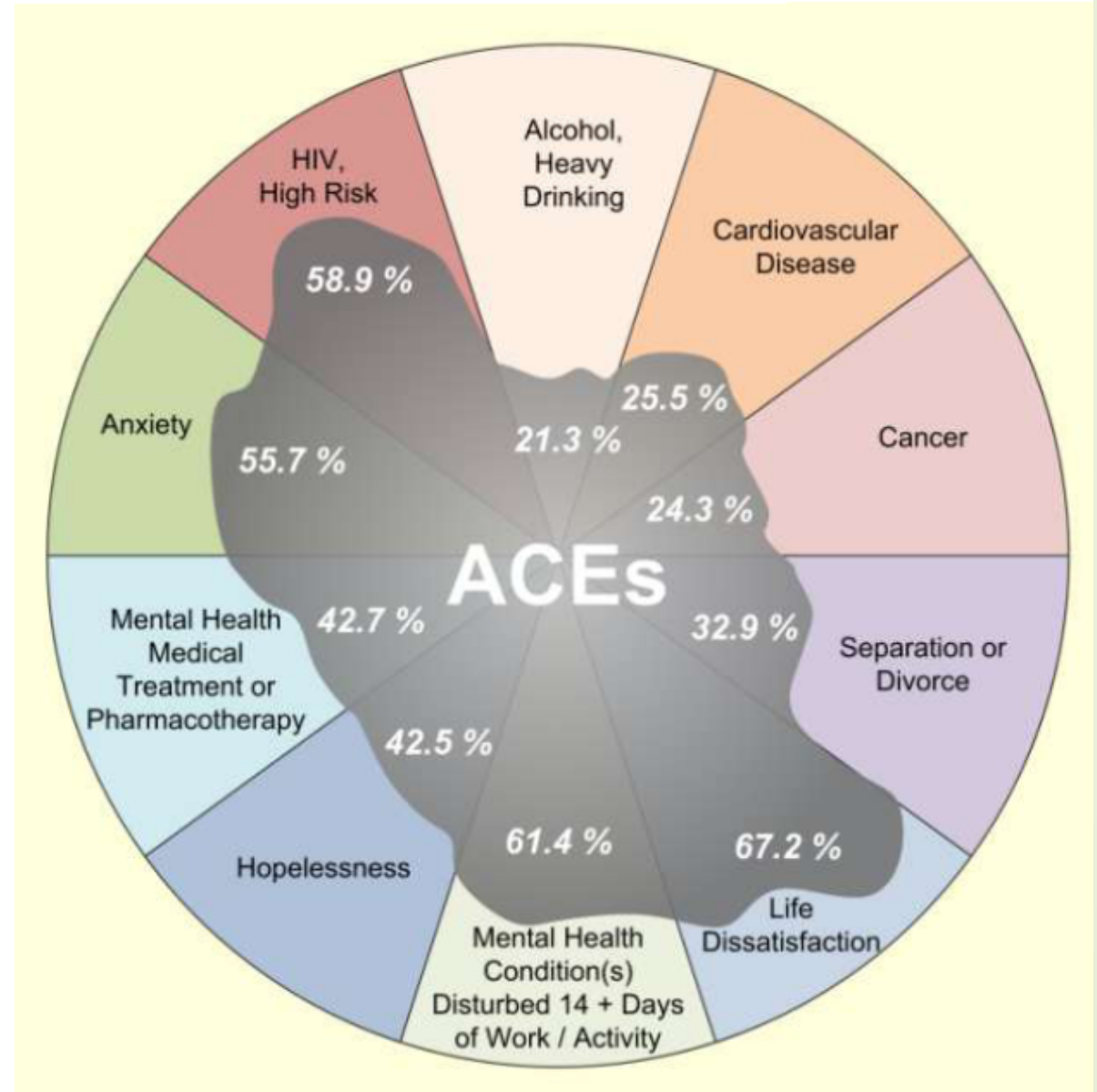
*“Our findings suggest that employers and HMOs have both the need and the opportunity to work together against the long-term effects of childhood abuse and household dysfunction. Exposure to such adverse circumstances is likely to lead to massive financial expenditures for health care as well as to economic losses attributable to poor work performance. Adverse childhood experiences are a source of many problems—somatic manifestations of health and social problems—treated by occupational medicine specialists. The traditional search for organic causes of illness and injury among workers is expensive for employers, who must pay higher insurance premiums for their workers. In addition, this traditional process is expensive for health care organizations, because much of such medical care is ineffective or inefficient: diagnostic procedures are used without sufficient understanding of the common psychosocial origins of symptoms, multiple office visits and specialty referrals are used in repeated efforts to resolve the same problem, and drugs are prescribed to little or no effect. Most important, workers suffer when their health problems and health-related social problems remain unresolved. **If even a small fraction of the economic and human resources currently spent on these conventional approaches was used to identify and address the root origins of these problems in the workforce, we could reasonably expect to find more effective ways to improve worker health, well-being, and performance.**”*


[Childhood Abuse, Household Dysfunction, and Indicators of Impaired Adult Worker Performance](#),” Anda, R.F., et al., *The Permanent Journal*, 8(1), 30-38

MAGNITUDE OF THE SOLUTION

ACE reduction reliably predicts simultaneous decrease in all of these conditions.

Population attributable risk





Number of Adverse Childhood Experiences (ACE Score)	Women	Men	Total
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

We can't afford to miss it.

Have you looked at your own ACEs?

Are you screening others for ACEs?



What prompted the ACEs study?

A story of *shame* and its impact on health...



**"IF WE WANT TO FULLY EXPERIENCE LOVE
AND BELONGING, WE MUST BELIEVE THAT WE
ARE WORTHY OF LOVE AND BELONGING."**

BRENÉ BROWN

Shame Resilience Theory

Dr. Brené Brown



Shame resiliency theory is a grounded theory and is based on building resilience to shame by connecting with our authentic selves and growing meaningful relationships with other people.

The 4 elements of Shame Resilience:

1. Recognizing shame and understanding our triggers.
2. Practicing critical awareness (why things exist and how their existence impacts us).
3. Reaching out and telling our story.
4. Speaking shame with our most trusted advisors who utilize compassion and courage whilst listening and supporting.



The #1 casualty of trauma is **vulnerability**. *Why does that matter?*

- The antidote to shame is empathy which requires vulnerability.
- One of the primary symptoms of PTSD is avoidance. Why would skills of vulnerability be important?
- Shame requires three things to thrive...*silence, secrecy and judgment.*
- We can resolve the acute symptoms of trauma, and we can still have plenty of work to do around shame triggers.
- Shame is only correlated with negative long-term outcomes such as anxiety, depression, addiction, suicidality, and infidelity.

Brown, B. (2012). *Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent, and lead*. New York: Gotham Books.

Shame Resilience Therapy

- ▶ The heart and soul of SRT is practicing skills of empathy and self-compassion, but the modular curriculum covers the following domains:
 - ▶ Core Values
 - ▶ Trust
 - ▶ Vulnerability
 - ▶ Empathy
 - ▶ Self-compassion
 - ▶ The Social Arena
 - ▶ Shame
 - ▶ Physiology of emotion
 - ▶ Self-defeating shields
 - ▶ Identity & Triggers



Brown, B. (2012). *Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent, and lead*. New York: Gotham Books.



Want to learn more about shame resilience?

- Read the best selling publications of Dr. Brené Brown.
- Start with “Dare to Lead” if you’re in a leadership position.
- Seek consultation with a provider of The Daring Way.
- Attend a Daring Way group hosted in or around your area.
- Apply to become a Certified Daring Way Facilitator.
- Check out Brené’s Netflix special “The Call to Courage.”
- **SOON TO COME!** Enroll in Daring Classrooms at:
<http://daringeducation.org/daring-classrooms>

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1. American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing. pp. 271–280. [ISBN 978-0-89042-555-8](#)
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12. <https://www.hannainstitute.org/research/aces-study/>
13. <https://acestoohigh.com/got-your-ace-score/>



Thank
you