Trauma and Stressor-Related Disorders in Community and Forensic Settings: Screening, Intervention and Treatment

Diana Lynn Barnes, Psy.D
The Center for Postpartum Health
Sherman Oaks, California
Training Objectives

1. Discuss physical and/or psychological outcomes of childhood trauma
2. Describe the use of the Adverse Childhood Experiences Scale to identify the extent of childhood trauma
3. Explain the type of attachment bonds that leave the individual vulnerable to mental illness
4. Describe the impact of attachment and childhood trauma on personality formation
5. Identify the connection between early trauma, psychiatric disorders and criminal behavior
Early Experiences

- impact development
- alter one’s world view
- affect resilience
- Influence brain development and brain chemistry
The Goals of Early Experience

- Make sense of oneself in the world
- Discovering who you can trust to make you feel safe
- Making meaning of my experiences (especially the traumatic ones).
Intimate emotional bonds between individuals serve a biological function

- The way a child is treated influences development and personality functioning.

- Part of an organizational system that guides expectations and the planning of behaviors

- Attachment behavior is resistant to change
WHAT IS ATTACHMENT
An enduring emotional bond that exists across the lifespan
ATTACHMENT

- The first year of life is critical to the formation of trust and safety in the individual.
- The infant depends on the primary caregiver for responsiveness.
- Healthy development depends on a responsive environment.
- Interaction between genes and experience shapes the architecture of the developing brain.
Characteristics of Attachment

- Attachment exists across the lifespan
- Attachment is a form of dyadic emotional regulation
- Attachment is NOT a one-way street
What are the functions of attachment?

- Survival
- Template for future intimate attachments
We All Start Out Like This
Emotional Regulation

The individual’s capacity to manage and tolerate strong emotions without having to turn to coping strategies of avoidance.
Working models of attachment

child’s image of self
AND
child’s image of other

INFLUENCES

emotional regulation, expectations, defensive methods and coping strategies
SECURE ATTACHMENTS

- proximity maintenance
- separation distress
- safe haven
- secure base
Parents and caregivers who provide a secure base

- psychologically healthy children
- children who can form good relationships with others
- provide emotional regulation
- teach their children that the world is trusting
Parental Rejection

A PSYCHOLOGICAL MALIGNANCY

FORMS OF PSYCHOLOGICAL MALTREATMENT

- Rejecting
- Isolating
- Ignoring
- Terrorizing
- Corrupting
- Degrading

Secure Attachment

- More cooperative interactions
- Provides foundation for emotional regulation
- Promotes social competence
- Growth of self-reliance
- Fosters the development of theory of mind
What disrupts attachment?

- separations from the primary caregiver
- death of the primary caregiver
- mental illness of the primary caregiver
- emotional unavailability of the primary caregiver
- TRAUMA
Attachment Ruptures without Repair
are a traumatic event for the developing infant and child
Attachment Trauma has an Impact on

- cognitive development
- social emotional development
- psychological development
Attachment Trauma can lead to

- affective dysregulation
- aggression and impulsivity
- unstable relationships
- psychotic symptoms
Bowlby’s research with foster care children

- Forty-four Juvenile Thieves: Their Character and Home-Life (Bowlby, 1944).

- Relationship between disruptions in attachment and later conduct disturbance
The Cambridge Delinquency Study

- Longitudinal study
- Cohort of 411 males
- Looked at risk factors that can lead to offending behavior in adolescence and adulthood

The process of disrupted attachment

- Protest
- Despair
- Detachment

In adults after loss:
- Chronic mourning-despair
- Failed mourning - detachment
The Still Face Experiment
Detachment can look like Adjustment
The meaning of attachments for children in foster care

- Emotionally distant
- Emotionally needy
- Overly affectionate
Mary Ainsworth and the Strange Situation

a. Evaluates maternal sensitivity

b. Three-category classification system

c. Looking at separation and reunion behavior of infants as predictive of later attachment behaviors and interpersonal relationships

We are ALL attached
But How?

Mary Ainsworth attachment styles

- Secure
- Anxious
- Avoidant

The Strange Situation
Secure Attachment Leads to

AFFECTIVE COMPETENCE
What is Affective Competence?

- Helping the child deal with stressful and distressing situations
- Capacity for reflective self-function
- Caregiver assists the child in handling intense emotions
## Affective Competence

<table>
<thead>
<tr>
<th>Attachment Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure attachment</td>
<td>Feeling and dealing while relating</td>
</tr>
<tr>
<td>Ambivalent/anxious attachment</td>
<td>Feeling but not dealing</td>
</tr>
<tr>
<td>Avoidant attachment</td>
<td>Dealing but not feeling</td>
</tr>
<tr>
<td>Disorganized attachment</td>
<td>Not feeling and not dealing</td>
</tr>
</tbody>
</table>

Insecure Ambivalent/Anxious

- Risk factor for later psychiatric disturbance
- Relationship between attachment insecurity and later potential for violence
Anxious Ambivalent Attachment in the Adult

- compulsive caregiving
- desire for excessive contact
- excessive need for affection
- idealizes relationships
- preoccupation and dependence on relationship
- highly sensitive to rejection
- mood swings
Insecure Avoidant Attachment

- Dismisses the significance of important attachment figures

- Parental rejection and/or unavailability predicts avoidant attachment
Avoidant Attachment in the Adult

- rage at perceived loss
- critical of others
- highly sensitive to blame
- lack of empathy
- views others as untrustworthy
- views others as not dependable
- low levels of perceived support
- fear of closeness in relationships
- relationships feel threatening
- difficulty getting along with peers
Mary Main

a. Disorganized attachment
b. Conflicted behavior
c. Linked with frightening parental behavior
d. Strong predictor of severe psychiatric disturbance
e. Linked with dissociative disorders

Disorganized Attachment

- Predicts conduct disorder
- Predicts dissociative behavior
- FEAR WITHOUT SOLUTION
Parental behavior that creates the potential for disorganized attachment

- Unresolved trauma
- Traumatic memories intrude
- Experiences of past abuse
  OR
  - experiences of loss through death of significant others
  - Frightening/frightened parental behavior
Disorganized/disoriented insecure attachment

- Occurs in abused/neglected infants
- Predicts hostile-aggressive behavior
- 80% of maltx infants
Abusive and Neglectful Caregivers

- Induce traumatic states of negative affect in the infant
- Are misattuned to their infants
- Either too high in arousal and intrusive or too low in stimulation and withdrawn
- Compromise cognitive development
- Compromises mental health
- Predicts risk for later attachment disorders
Reactive Attachment Disorder

1. Consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers

2. Persistent social and emotional disturbance

3. Child has experienced a pattern of extremes of insufficient care

4. Early maltreatment

Disinhibited Attachment Disorder

I. Disinhibited Indiscriminate
   a. overly friendly behavior
   b. asking strangers personal questions
   c. seeking comfort from strangers
   d. wandering away from caregivers

II. Attention Seeking
   a. demanding and possessive behavior
   b. wary and hypervigilant behavior

III. Superficial Relationships

IV. Unpredictability

Behaviors in Children with Reactive Attachment Disorder

- Lack of conscience/empathy
- Aggressiveness
- Destruction of property
- Pathological lying
- Stealing
- Removing and hiding food from family kitchen or refrigerator
- Manipulative behavior.
The Intergenerational Transmission of Attachment

Infant Attachment
- Secure
- Ambivalent/anxious
- Avoidant
- disorganized

Adult State of Mind
- Secure/Autonomous
- Preoccupied
- Dismissing
- Unresolved/Disorganized
The Adult Attachment Interview

- Designed to activate the attachment behavioral system
- Adult states of mind with respect to childhood attachment
- Surprising the unconscious
- Predictor of parental sensitivity and infant attachment

Questions from the AAI

Looking at the following characteristics of the discourse to determine attachment style

1. Quality
2. Quantity
3. Relation
4. Manner

Parent narratives in the AAI

- **SECURE/AUTONOMOUS**: values attachment figures; objectivity; metacognitive monitoring and reflective function

- **PREOCCUPIED**: difficulty evaluating and describing early/current relationships; vague; wander off topic

- **DISMISSING**: devalues or dismisses the impact of attachment-related experiences; often “don’t remember”.

- **UNRESOLVED**: unconscious intrusion of traumatic attachments onto current relationships
Four-category system of attachment

- organized along two dimensions
- Concept of self and concept of others
- Positive v negative evaluation of self

Secure - positive view of self and others
Preoccupied - negative view of self and positive view of others
Dismissing - positive view of self and negative view of others
Fearful - negative view of self and negative view of others

The Neurobiology of Attachment

- Relational trauma - insecure attachment
- Affects brain development - right hemisphere
- Alters the limbic system
- Long term impact on the ability to manage stressful emotional experiences
- Vulnerability to PTSD and relational violence

Hemisphere Functions

LEFT

linguistic
linear
logical
literal
social display rules

RIGHT

nonverbal
visual spatial
contextual
capacity for self-awareness
autobiographical memory
Development in Context

- Gender
- Temperament
- Cognitive competence
- Age
- Family
- Neighborhood
- Society
- Identity
- Culture
WHAT IS TRAUMA?

A psychologically distressing event that lies outside the range of usual human experience

- FEAR
- TERROR
- HELPLESSNESS
- ABSENCE OF SAFETY
“Trauma is NOT a disorder”

“It is a human experience that is rooted in survival instincts”

TRAUMA arises when children cannot manage the distress they feel AND GIVE MEANING TO FRIGHTENING EXPERIENCES
TYPES OF TRAUMA

TYPE I: ACUTE

TYPE II: CHRONIC
TYPE III - TRAUMA

Often no memory of the traumatic events that have occurred.
Exaggerated foreshortened sense of the future
Emotional numbing
Dissociative symptoms
Excessive sensitivity to stimuli associated with the trauma

Traumatic Information is Stored

- **Cortex** - Cognitive Memory
- **Limbic** - Emotional Memory
- **Midbrain/Cerebellum** - Vestibular Memory
- **Brainstem** - State Memory

www.childtrauma.org
Neurobiology of Trauma

1. HPA Axis over-reactivity and dysregulation

2. elevations in cortisol preceding psychosis onset

3. reduced gray matter in the frontal lobes

4. changes in the hippocampus

The Neurobiology of Relational Trauma

- Maltx leads to neurological damage
- Amygdala involved in the expression of aggressive states
- Impairment of the orbitofrontal cortex leads to the behavioral expression of violence

“DEVELOPMENTALLY ACQUIRED SOCIOPATHY”


Insensitive or abusive caregiving

Elevated cortisol levels

Neurodevelopmental abnormalities

Deficits in mentalization and reflective function
Functions of the Right Brain

EMOTIONAL REGULATION
Posttraumatic Stress Disorder

1. exposure to a traumatizing event
2. symptoms of intrusion
3. persistent avoidance of stimuli associated with the trauma
4. negative alterations in cognition and mood
5. marked alterations in arousal and reactivity
6. Specify whether dissociative symptoms

Posttraumatic Stress Disorder
A trauma and stressor related disorder

- loss of stimulus discrimination
- inhibits effectiveness of the stress response
- results in desensitization (numbing)
- physical problems
- autoimmune diseases in women with hx of sexual abuse
PTSD and offending behavior

- relationship between trauma, delinquency and mental health in a sample of female prisoners in China
- Sample of 471 with 82% exposed to some form of trauma
- Most common form of trauma - motor vehicle accidents, witness to domestic violence, robbery involving a weapon.
- Range of offenses - violent crime against people, drug-related crimes, financial crimes, prostitution.

**IS DELINQUENCY THE PROBLEM OR THE SYMPTOM?**

Differential responses to threat

Dissociation
- detached
- hypervigilant
- numb
- compliant
- suspension in time
- de-realization
- mini-psychosis

Hyperarousal
- anxious
- reactive
- alarm response
- freeze
- flight

Adaptive responses to trauma

- Changes in cognition
- Changes in affect
- Changes in behavior
- Changes in neurophysiology
- Changes in physiology
Dissociation

An experience where an individual may feel disconnected from himself or his surroundings
Dissociation

An Atypical Psychotic Phenomenon
Presentation of Dissociative Symptoms

Somatoform Dissociative Symptoms
- Unexplained pain or sensations
- Inability to feel pain (analgesia)
- Physical numbness (anesthesia)
- Paralysis without medical cause
- Loss of physical function without medical cause (altered movement, sight, hearing, smell, taste)
- Seizures or epilepsy that do not have a medical cause

Schneiderian symptoms
- Auditory hallucinations
- Thought insertion
- Thought withdrawal
- A sense of the body as being controlled by an outside source
- Delusions
- Thought broadcasting
Depersonalization

- sense of detachment
- feeling robotic
- may result in mood shifts, confusion and loss of sensation
Derealization

A sense that events around the individual are strange or unreal
Freeze response

- Part of the fight or flight mechanism response to stress
- Activated when there is no hope and in the face of extreme terror
Assessment of dissociative disorders

- AMNESIA
- ABSORPTION
- DEPERSONALIZATION
Dissociative Experiences Scales (DES)

**Identifier**

This questionnaire consists of twenty-eight questions about experiences that you may have in your daily life. We are interested in how often you have these experiences. It is important, however, that your answers show how often these experiences happen to you when you are not under the influence of alcohol or drugs. To answer the questions, please determine to what degree the experience described in the question applies to you and select the number to show what percentage of the time you have the experience. 100% means 'always', 0% means 'never' with 10% increments in between. This assessment is not intended to be a diagnosis. If you are concerned about your results in any way, please speak with a qualified health professional.

Never 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% Always

1. Some people have the experience of driving a car and suddenly realizing that they don't remember what has happened during all or part of the trip. Select a number to show what percentage of the time this happens to you

2. Some people find that sometimes they are listening to someone talk and they suddenly realize that they did not hear all or part of what was said. Select a number to show what percentage of the time this happens to you

3. Some people have the experience of finding themselves in a place and having no idea how they got there. Select a number to show what percentage of the time this happens to you

4. Some people have the experience of finding themselves dressed in clothes that they don't remember putting on. Select a number to show what percentage of the time this happens to you

5. Some people have the experience of finding new things among their belongings that they do not remember buying. Select a number to show what percentage of the time this happens to you

6. Some people sometimes find that they are approached by people that they do not know who call them by another name or insist that they have met them before. Select a number to show what percentage of the time this happens to you

7. Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something as if they were looking at another person. Select a number to show what percentage of the time this happens to you

8. Some people are told that they sometimes do not recognize friends or family members. Select a number to show what percentage of the time this happens to you

9. Some people find that they have no memory for some important events in their lives (for example, a wedding or graduation). Select a number to show what percentage of the time this happens to you

10. Some people have the experience of being accused of lying when they did not think that they have lied. Select a number to show what percentage of the time this happens to you

11. Some people have the experience of looking in a mirror and not recognizing themselves. Select a number to show what percentage of the time this happens to you

12. Some people sometimes have the experience of feeling that other people, objects, and the world around them are not real. Select a number to show what percentage of the time this happens to you

13. Some people sometimes have the experience of feeling that their body does not belong to them. Select a number to show what percentage of the time this happens to you

14. Some people sometimes have the experience of sometimes remembering a past event so vividly that they feel as if they were reliving that event. Select a number to show what percentage of the time this happens to you

15. Some people have the experience of not being sure whether things that they remember happening really did happen or whether they just dreamed them. Select a number to show what percentage of the time this happens to you

16. Some people have the experience of being in a familiar place but finding it strange and unfamiliar. Select a number to show what percentage of the time this happens to you

17. Some people find that when they are watching television or a movie they become so absorbed in the story that they are unaware of other events happening around them. Select a number to show what percentage of the time this happens to you
Impact of trauma on children

- impulsive
- hypervigilant
- hyperactive
- withdrawn or depressed
- sleep difficulties
- slower rate of acquiring new developmental tasks
- regressed behavior
- physiological hyperactivity
- delinquency
Adverse Childhood Experiences Study

- Adverse Childhood Experiences
- Disrupted neurodevelopment
- Social-emotional and cognitive impairment
- Adoption of health risk behaviors
- Disease, emotional disturbances and social problems
- Early death

Consequences of childhood abuse in adulthood

cigarette smoking
obesity
depression
suicide
psychosis
substance abuse
promiscuity

STDs
heart disease
cancer
stroke
liver disease
diabetes
higher mortality

ACES Questionnaire

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often …
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes No If yes enter 1 ________

2. Did a parent or other adult in the household often …
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes No If yes enter 1 ________

3. Did an adult or person at least 5 years older than you ever …
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Try to or actually have oral, anal, or vaginal sex with you?
   Yes No If yes enter 1 ________

4. Did you often feel that …
   No one in your family loved you or thought you were important or special?
   or
   Your family didn’t look out for each other, feel close to each other, or support each other?
   Yes No If yes enter 1 ________

5. Did you often feel that …
   You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes No If yes enter 1 ________

6. Were your parents ever separated or divorced?
   Yes No If yes enter 1 ________

7. Was your mother or stepmother:
   Often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   Yes No If yes enter 1 ________

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes No If yes enter 1 ________

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   Yes No If yes enter 1 ________

10. Did a household member go to prison?
    Yes No If yes enter 1 ________

Now add up your “Yes” answers: _______ This is your ACE Score
# THE MOOD DISORDER QUESTIONNAIRE

**Instructions:** Please answer each question to the best of your ability.

<table>
<thead>
<tr>
<th>1. Has there ever been a period of time when you were not your usual self and...</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>...you were so irritable that you shouted at people or started fights or arguments?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>...you felt much more self-confident than usual?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>...you got much less sleep than usual and found you didn’t really miss it?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>...you were much more talkative or spoke much faster than usual?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>...thoughts raced through your head or you couldn’t slow your mind down?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>...you were so easily distracted by things around you that you had trouble concentrating or staying on track?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>...you had much more energy than usual?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>...you were much more active or did many more things than usual?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>...you were much more interested in sex than usual?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>...spending money got you or your family into trouble?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? | ☐ | ☐ |

3. How much of a problem did any of these cause you – like being unable to work; having family, money or legal troubles; getting into arguments or fights? Please circle one response only.

   - No Problem
   - Minor Problem
   - Moderate Problem
   - Serious Problem

4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder? | ☐ | ☐ |

5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder? | ☐ | ☐ |

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GHOSTS IN THE NURSERY

History Repeats Itself
Childhood Trauma, Attachment Disruptions and Personality Disorders

- Each personality disorder has a characteristic interpersonal style
- Personality disorders reflect internal working models of attachment
- Working models tend to be rigid and inflexible
- Causes significant distress in social, occupational and relational functioning
- Individuals with personality disorders - insecure or unresolved attachment patterns.
Borderline Personality Disorder and Reflective Function

- Unstable sense of self - absence of reflective function
- Impulsivity - lack of awareness of their emotional states
- Emotional instability and irritability - paranoid constructions of the other’s state.
- Suicidality - designed to forestall perceived abandonment
- Splitting - enables the individual to create mentalized images of others
- Emptiness - the inability to mentalize creates deep sense of isolation
The importance of mentalization

- Ability to see another’s perspective or intention
- Powerful predictor of secure attachment
- Secure attachment facilitates development of reflective function
- Absence of reflective function linked to antisocial behavior and traits

The Cycle of Violence

1. Positive correlation between prior psychological abuse and the frequency of total offending

2. Positive correlation between prior physical abuse and the frequency of violent offending

3. Positive correlation between prior sexual abuse and the frequency of sexual offending

Risk factors for psychosis when there has been childhood adversity

- maternal physical and mental health during pregnancy
- being the product of an unwanted pregnancy
- early loss of parents via death or abandonment
- separation of parents
- witnessing domestic violence
- war trauma
- rape or physical assaults
- heavy marijuana use in adolescence
- poverty
Outcome of Childhood Physical Abuse

Lifetime frequency of aggression

Lifetime history of suicide attempt

Connections between childhood trauma and later psychotic illness

The traumagenic neurodevelopmental model of psychosis
a biopsychosocial perspective

Maternal Mental Health and the Criminal Justice System

Pregnancy Denial and hx of childhood trauma
  affective denial
  psychotic denial
  pervasive denial

Reasons for pregnancy denial

1. cognitive models of denial - cognitive dissonance

2. emotional stressors related to pregnancy denial

3. fears of interpersonal abandonment

Pregnancy Denial and Neonaticide

- Physical symptoms of pregnancy absent or denied
- Depersonalization and dissociation
- Labor pains misinterpreted/unassisted deliveries
- Brief psychosis
- Intermittent amnesia
- Childhood trauma/substance abuse, sexual/physical/emotional abuse
- Poor insight
- Dysfunctional family dynamics

Postpartum Psychosis

1. manic episode
2. cognitive clouding
3. Insomnia
4. confusion
5. depersonalization
6. thought disorder
7. hallucinations/delusions
8. mixed affective states
9. waxing and waning

What is a delusion?

- A delusion is a fixed and rigid belief that cannot be changed or willed away despite any evidence to the contrary.

- A delusion can be bizarre or non-bizarre
Phillip Resnick - Five categories of filicide based on motive

1. Altruistic filicide
2. Unwanted child
3. Accidental filicide
4. Spousal revenge
5. Acutely psychotic

ALTRUISTIC FILICIDE AND POSTTRAUMATIC DISORDER

What does it mean to feel safe?
What do you do when you don’t feel safe?
Protective factors that contribute to positive outcomes for children

- Sensitive and attuned parenting
- Parental resiliency that fosters an attitude of hope and belief in oneself to change the circumstances of one’s life
- Ability to access basic services in times of need
- Social connectedness
Mental illness and incarcerated offenders

among offenders who committed homicide -

- Anxiety
- Depression
- Antisocial personality disorder
- Psychotic episodes
- Substance abuse and alcohol dependency

Most common mental disorders in women who offend

- Major Depressive Disorder
- Posttraumatic Stress Disorder
- Substance Abuse
Relationship between types of trauma and negative outcomes

1. Violence Exposure -
   a. higher rates of ASPD and alcohol and drug use.
   b. higher likelihood of witnessing death
   c. more likely to have convictions for violent, non-violent and substance-related crimes.
   d. higher odds of being physically assaulted during young adulthood.

Relationship between types of trauma and negative outcomes

II. Sexual Assault category
   a. higher rates of Major Depressive Disorder
   b. more likely to have attempted suicide
   c. more somatic concerns
   d. > likelihood of STD.
   e. higher rates of PTSD, particularly re-experiencing and avoidance symptoms

Childhood Trauma, Psychiatric Disorders and Criminal Behavior

German prison sample of 601 sentenced offenders

1. 45% - reported severe or moderate emotional neglect
2. 32% - reported severe or moderate physical abuse
3. 32% - reported severe or moderate emotional abuse
4. 17% - reported severe or moderate sexual abuse
5. 9% - reported severe or moderate physical neglect

Axis I Mental Disorder - 86.3% of the prisoners

Prevalence of BPD and APD associated with trauma severity

Polyvictimization

- Children who experience 4 or more victimizations during a single year are considered polyvictims.

- Increase in trauma-related symptoms in that year

- Types of victimization include - physical assault, peer/sibling victimization, property victimization, witnessed/indirect victimization, sexual assault, maltreatment.

What to be looking for

Client’s hx of psychological trauma evidenced by some or all of the following:

- Problems with the regulation of emotion (increased anxiety and depression, difficulties with aggression and anger)
- Problems with the regulation of behavior (self-destructive and impulsive behaviors)
- Problems with attention or consciousness, avoidant responses (dissociative symptoms)
- Problems with relationships (inability to trust, fearfulness and suspiciousness of others)
- Problems interpreting one’s environment and the intentions and actions of others
Trauma Focused CBT

1. psychoeducation

2. stress management training

3. modulation skills

4. creation of a new trauma narrative

EMDR & the Tx of Trauma in Psychotic Patients

Reduction of paranoid thoughts

Reduction of PTSD symptoms

CASE EXAMPLES
“When I see the ten most wanted list, I always have this thought: If we’d made them feel wanted earlier, they wouldn’t be wanted now.”

-Eddie Cantor-
References


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