



American Mental Health Counselors Association White Paper Series

Treating Trauma and Chronic Distress

In the United States, approximately five million children and adolescents experience some form of traumatic event each year. More than two million of these children are victims of physical and/or sexual abuse. Millions of children and adults live in the terrorizing atmosphere of domestic violence. There are few reliable statistics for the total number of adults who deal with traumatic experiences but research indicates the impact of trauma touches the lives of a great number of individuals and their families. Mental health counselors must be proficient in addressing trauma related distress.

Emotional trauma occurs when a person is psychologically overwhelmed by highly disturbing events which produce intense anxiety (e.g. extreme fear, terror, shock, helplessness, etc.). These unusually stressful events can weaken the individual's sense of security and make them feel particularly vulnerable.

Acute levels of anxiety may impair the individual's capacity to grasp what has happened to them. As a result memories of these experiences may become fragmented or repressed. Additionally, trauma diminishes the ability to effectively deal with new experiences that may relate to prior distressing events. Traumatic cues can produce feelings of severe vulnerability and helplessness. In these circumstances individuals often feel that they are unable to control their reactions.

Examples of events that may lead to trauma:

- Combat, war, violence, assaults, rape
- Accidents, injuries, natural disasters
- Physical, emotional, sexual abuse
- Cruelty, exploitation, neglect
- Life-threatening illness or disability
- Witnessing or being threatened by violent acts
- Surgeries, painful treatments, malpractice
- Cultural, intergenerational or historical distress
- The sudden death of someone close
- Humiliating or deeply disappointing events

When these kinds of experiences are not emotionally resolved, symptoms may arise which can lead to a diagnosis of any anxiety disorder, including Post-Traumatic Stress Disorder (PTSD), mood disorders, or a wide variety of other DSM disorders. However, there are other conditions, such as persistent emotional abuse, that do not fully meet PTSD criteria but which produce **chronic distress**. Individuals with chronic distress frequently exhibit patterns of dysfunctional overreactions to seemingly innocuous cues.

Chronic distress associated with childhood or adolescent events is referred to as **developmental trauma**. For example, children raised by critical caregivers may exhibit trauma symptoms in childhood. However, like post-traumatic stress, they may not present noticeable symptoms until later in life.

Individuals with PTSD or chronic distress often develop poor coping mechanisms which impede functioning

and impair their relationships. Moreover, some couples' issues may be related to the latent symptoms of developmental trauma in one or both of the individuals. This is described as **traumatic reenactment**. Chronic distress or developmental trauma may be diagnosed as Generalized Anxiety Disorder or another disorder but should be considered for treatment as trauma.

Following traumatic experiences, people may respond in a wide range of reactions that may include:

- Flashbacks, panic reactions
- Disturbed sleep, nightmares
- Hyper-vigilance, paranoia
- Mood order symptoms
- Shame, self-blame, survivor guilt
- Substance abuse or dependence
- Intrusive memories, obsessions, affect dysregulation
- Amplified startle response to noises or unexpected touch
- Severe anxiety, emotional swings, anger
- Isolating, numbing, detachment, resentments
- Difficulty trusting or betrayal
- Other inexplicable or maladaptive behaviors

Chronic, unresolved psychological trauma conditions may also produce physiological responses which can contribute to medical concerns such as heart disease, diabetes, cancer, and high blood pressure. It is vital to note that many addictive behaviors are futile attempts to cope with intense emotional reactions linked to previous, unresolved trauma experiences. Additionally, the vast majority of those diagnosed with Borderline Personality Disorder have suffered severe trauma and should be considered for a PTSD diagnosis and provided effective trauma treatment.

All clinical mental health counselors (CMHCs) should be able to diagnose the symptoms of trauma and other anxiety related disorders as specified by diagnostic criteria. CMHCs must also be able to appropriately assess the underlying sources of these disorders. This includes being skilled in evaluating the relation between trauma and chronic distress with the dual diagnosis of substance dependence as well as many other co-morbid disorders.

CMHCs should be highly proficient in assisting clients to process and effectively resolve trauma and chronic distress. If they are not skilled, they have a duty to refer to a trained specialist with a record of successful outcomes. Regardless of trauma expertise, CMHCs should consider the following:

- Screen all clients for possible traumatic experiences (e.g. ask, “Have you ever had any very upsetting experiences which have continued to bother you?”)
- In counseling, ensure that every client feels safe and validated to address disturbing events
- Be respectful by frequently asking the client for permission and then honor their choices (e.g. ask, “Would it be okay with you if we further discussed this upsetting event of your childhood?”)
- As appropriate, allow the client to have a caring person with them during the counseling session

Individuals can recover from trauma. In addition to effective treatment, they can be encouraged to use their own effective coping strategies. Some of these are:

- Avoid the overuse of prescriptions, other medications, or stimulants like caffeine, nicotine
- Develop measures to stay connected with loved ones and friends rather than isolating
- Develop pleasant exercise routines such as walking, jogging, aerobics, bicycling, or swimming
- Maintain other, consistent daily practices including regular sleep patterns, a balanced diet, etc.
- Consider activities such as prayer, mediation, deep breathing, visual relaxation, journal writing, etc.
- Enjoy playing or listening to music, dancing, art activities, hobbies, or other pleasurable pastimes
- Consider attending support groups to engage with others who may have experienced stressful events
- Create personally meaningful experiences each day

CMHCs should be aware of the wide range of trauma therapies which have been specifically developed to resolve trauma, have high efficacy, and can produce lasting positive, outcomes.

Kinds of traumatic experience:

- Acute trauma such as criminal assaults
- Chronic distress such as persistent emotional abuse
- Developmental trauma in children’s experiences
- Traumatic reenactment in couple’s relationships

Specific Trauma Treatments

- Eye Movement Desensitization and Reprocessing (EMDR)
- Interpersonal Neurobiology
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Stress Inoculation Therapy (SIT)
- Sand tray therapy or other trauma focused play therapy techniques
- Cognitive Processing Therapy (CPT)
- Prolonged Exposure Therapy (may re-traumatize some clients)

Traditional Treatments

- Group therapy (e.g. psycho motor group therapy, psycho drama therapy, etc.)
- Support groups
- Other talk therapies (e.g. Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT), etc.)

Alternative Treatments

- Wellness Recovery Action Planning
- Neuro-linguistic Programming
- Pet or equine therapies
- Hypnotherapy

Because of the increasing incidence of PTSD, chronic distress, and developmental trauma, CMHCs are urged to consider obtaining clinical expertise in etiology, diagnosis, and treatment. To best serve individuals, families, and the public at large, the profession of clinical mental health counseling must be at the forefront of trauma research. As clinicians, we should stay abreast of innovative approaches and employ the most effective treatment protocols to alleviate impairment.

SUMMARY

Effective treatment helps an individual resolve trauma-related memories and feelings. In doing this, they process underlying self-beliefs, learn how to regulate strong emotions, and establish trusting relationships. CMHCs offer individuals and families the hope that they can recover. The effective treatment of trauma, chronic distress, developmental trauma, traumatic reenactment should be a hallmark of ethical practice.

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Developing white papers on current topics of interest to mental health clinicians is a responsibility of the Professional Development Committee of the American Mental Health Counselors Association (AMHCA). The white papers give a brief orientation to clinical mental health counselors about topics relevant to current practice. Current AMHCA white papers address technology in counseling, trauma-informed practices, and responding to suicide risk.

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- Links to other internet sources of information on trauma: <http://www.trauma-pages.com/links.php>