FACT SHEET

Talking About Trauma

Blue Knot Foundation fact sheet for General Practitioners and Primary Health Care Providers

Basics of what you need to know about trauma, its prevalence and impacts

- Trauma occurs when a person's coping capacity is overwhelmed by the experience or perception of severe threat.
- When trauma is not resolved, it has a range of negative impacts on physical and emotional health.
- Unresolved trauma radically restricts the capacity to respond flexibly to daily demands and life challenges, impairs physical and mental functioning, and leads to diverse and often puzzling symptoms.
- Patients with diverse presentations, high comorbidity, and/or unspecified pain i.e. 'medically unexplained symptoms' (MUS) often receive discrete diagnoses based on their presenting symptoms.
- Focussing on symptoms only increases the risk that any underlying trauma remains unrecognised and untreated.
- If trauma is not resolved people cannot simply 'move on'. Trauma is not about will power alone. This is why it is imperative that its effects are recognised, understood, and appropriately treated.
- Both hyper- and hypo-arousal can be trauma responses. Patients exhibiting either/both hyper and hypo-arousal may be at the upper limits of their coping capacity.
- The dissociative (hypo) response of 'emotional shutdown' is frequently mistaken for, and misdiagnosed as, depression, and is important to recognise for this reason (Rothschild, 2011).
- Trauma can be 'single-incident' (post traumatic stress disorder; PTSD) and 'complex' (cumulative, underlying and interpersonally generated). Complex trauma is more prevalent, and more comprehensive in its effects, than single-incident PTSD (Courtois & Ford, 2009; van der Kolk, 2009).

blueknot
empowering recovery from complex trauma

- Strong longitudinal and epidemiological data (ACE Study, 1998; 2010) suggests that, on a daily basis and often unknowingly, primary health care practitioners see a number of patients who experience the impacts of complex trauma.

- Complex traumatic stress requires a different treatment path than single-incident PTSD (Courtois & Ford, 2009; van der Kolk, 2003).

- Extensive research has established the relationship between overwhelming childhood experiences and emotional AND physical health problems in adulthood: 'The malformation of ...interdependent systems results in many disorders that spring from extreme early stress' (Cozolino, 2002: 258-9).

- Early life trauma, which occurs during formative brain development, is particularly damaging because it affects *development of the self* as well as a range of functions including the ability to regulate emotion (Courtois & Ford, 2009: Schore; 2003).

- Childhood trauma is complex trauma and includes child abuse in all its forms (i.e. sexual, emotional and physical), neglect and witnessing family violence.

- Childhood experiences *can also be traumatic in the absence of abuse* (Hesse, Main et al, 2003). Care-givers with unresolved trauma histories are often unable to meet the emotional needs of their children. Unresolved trauma has life-long impacts and adversely affects the next generation (ibid).

- Childhood coping mechanisms and strategies become risk factors for adult ill health if overwhelming childhood stress is not resolved (ACE Study, 1998; 2010). Coping mechanisms which were initially adaptive and protective negatively impact health over time.

- Medication alone is not a treatment for trauma as it does not treat trauma directly. Where indicated, it is best used in conjunction with psychotherapy.

- When severe emotional dysregulation inhibits a patient's capacity for counselling and/or psychotherapy, medication can help stabilise them until self-regulatory capacity is established. In inhibiting experience of emotion, however, medication can block access to feelings which need to be processed.

- It is possible to recover from trauma. Neuroscientific research establishes that the structure and function of the brain can change throughout life (*neuroplasticity*) and clinical findings show that even severe early life trauma can be resolved (Siegel, 2003; 2010). Research shows that optimism about recovery from trauma is warranted and should be communicated to patients.

- Resolution of parental trauma also has beneficial effects on children, and intercepts transmission of trauma to the next generation (Siegel, 2003).

Talking about trauma in primary care settings

- Conduct any conversation/s about trauma using a trauma-informed approach which embeds the core principles of safety, trustworthiness, choice, collaboration and empowerment (Fallot & Harris, 2009; Blue Knot Foundation, 2012).
- Trauma-informed practice recognises that many problems, disorders and conditions are trauma-related. It rests on awareness of the impacts of trauma, emphasises a 'do no harm' approach and aims to avoid re- traumatisation.
- Listen actively and validate your patient's experience.
- Attune to non-verbal aspects of communication e.g. body posture, facial expressions as well as verbal.
- Conduct yourself in a warm but professional manner, which draws on your medical expertise while fostering a safe context in which your patient can provide a history, self-report, and potentially disclose prior and current trauma/s.
- Be aware that primary care settings can be anxiety-inducing for many patients and adhere to a trauma-informed approach to minimise the risks of anxiety and distress.
- Focus on what has happened to a person rather than what is 'wrong' with them (Jennings, 2004).
- Be sensitive to possible triggers and attend to the way in which you provide a service/procedure (not just to what it is), the context of the treatment, and the way in which it is delivered.
- Be alert to the trauma even successful routine medical procedures and surgeries can invoke e.g. immobilisation, anaesthetics, and with children.
- When patients are overwhelmed, support them to regulate their emotions and level of arousal.
- Be aware that a client who seems unengaged and unresponsive (hypo-aroused) may be as overwhelmed as a client who is insistent and argumentative (hyper-aroused).
- Consider introducing formal and/or informal screening for past and current trauma into your daily practice (see Talking about Trauma: Guide to Conversations, Screening and Treatment for Primary Health Care Providers Blue Knot Foundation, 2018) https://professionals.blueknot.org.au/resources/publications/talking-about-trauma-series/
- Pay attention to the context in which you consult and screen for trauma, as well as to your manner, to gather relevant trauma history to inform your treatment decisions.
- Attend to your own self-care, at all times. Blue Knot Helpline and Redress Support Service provides support to callers as needed, including primary care practitioners and operates 9am - 5pm AEST, 7 days including weekends and public holidays on 1300 657 380.