



# Assessing and Discussing Clients' Traumatic Life Experiences

WREP Brief #6

In this article, we will review the context for understanding different types of traumatic life experiences, assessing symptoms and consequences, and planning treatment. We recognize that you face incredible challenges in your work every day and want you to feel supported through this process.

## *Understanding the Context*

### **Adverse Childhood Experiences**

According to the Centers for Disease Control and Prevention adverse childhood experiences (ACEs) have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. These potentially traumatic experiences occur in childhood and adolescence and may include issues like:

- (1) experiencing violence, abuse or neglect
- (2) witnessing violence in the home or community and
- (3) having a family member attempt or die by suicide.

Other factors related to the child's environment that undermine their sense of safety, stability, and bonding such as growing up in a house with substance misuse, mental health problems, and instability due to parental separation or household members being in jail or prison are other types of ACEs. Overall, ACEs are relatively common in the general population, and much more prevalent in Chicago's South Side communities. ACEs are associated with lasting, negative effects on health and wellbeing, including future mental health problems, chronic disease, the capacity to form healthy relationships, develop stable work history, and navigate socio-economic challenges.

## Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder, often referred to as PTSD, is characterized by exposure to actual or threatened death, serious injury, or sexual violence through (1) direct experience (2) witnessing the event as it occurred to others (3) learning that the event occurred to a close friend or family member, or (4) experiencing repeated or extreme exposure to aversive details of the traumatic events.

Category	Symptoms lasting more than one month
<b>Intrusion</b> (At least one)	<ol style="list-style-type: none"> <li>1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s)</li> <li>2. Recurrent distressing dreams related to the traumatic event(s)</li> <li>3. Dissociative reactions (e.g., flashbacks) in which the individual feels/acts as if the traumatic event(s) were recurring</li> <li>4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble aspects of the traumatic event(s)</li> <li>5. Marked physiological reactions to internal or external cues that symbolize or resemble aspects of the traumatic event(s)</li> </ol>
<b>Persistent Avoidance</b> (At least one)	<ol style="list-style-type: none"> <li>1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings associated with the traumatic event(s)</li> <li>2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).</li> </ol>
<b>Negative Alterations in Cognition and Mood</b> (At least two)	<ol style="list-style-type: none"> <li>1. Inability to remember an important aspect of the event</li> <li>2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world</li> <li>3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame themselves</li> <li>4. Persistent negative emotional state (e.g., fear, horror, anger, guilt or shame)</li> <li>5. Markedly diminished interest or participation in significant activities</li> <li>6. Feelings of detachment or estrangement from others</li> <li>7. Persistent inability to experience positive emotions (e.g., happiness, love, hope, etc.)</li> </ol>
<b>Alterations in Arousal or Reactivity</b> (At least two)	<ol style="list-style-type: none"> <li>1. Irritability or angry outbursts typically expressed as verbal or physical aggression</li> <li>2. Reckless or self-destructive behavior</li> <li>3. Hypervigilance</li> <li>4. Exaggerated startle response</li> <li>5. Problems with concentration</li> <li>6. Sleep disturbance</li> </ol>

## **Complex Trauma**

The term complex trauma refers to a psychological disorder that can develop in response to prolonged, repeated experience of interpersonal trauma in a context where the individual has little or no chance of escape, as well as to the subsequent extensive negative impact of this exposure. These events may be severe or pervasive, can begin early in life and disrupt many aspects of normative development, including the ability to form secure relationships and attachments.

## **Racism and Systemic Oppression**

Many of your clients may come from neighborhoods that are acutely impacted by racism and systematic oppression. Urban, African-American children are at very high risk for complex trauma exposure. Black children living in racially and economically segregated communities are more likely than children in other communities to live in poverty, to be placed in foster care, to be exposed to both familial, and community violence, to lose a loved one to violent death, to have an incarcerated family member, to experience contact with law enforcement and the justice system or to become homeless. When children are physically injured, witness violent events, or have friends or loved ones who have been killed or injured, they must navigate streets that remind them of these events on a daily basis.

### ***Where do I start?***

When providing clinical services to individuals who have backgrounds that are marked by multiple traumas, systemic racism, and other variables associated with profound social and economic disparities, conducting a thorough assessment is critical. In addition to the standard mental health diagnostic evaluation, asking specific questions and gathering data about traumatic experiences in the context of an individual's developmental history will be important.

### **Assessing Traumatic Experiences**

Gathering information about traumatic experiences can be accomplished through using established measures. The National Center for PTSD ([ptsd.va.gov](https://www.ptsd.va.gov)) provides much guidance about the range of measures, the differences among trauma exposure and PTSD measures, and measures assessing the severity of symptoms.

**The Life Events Checklist** is intended to be given as a first step before a formal assessment of PTSD and addresses a variety of traumatic experiences. It is administered in two parts, the first involves a selection of experiences and the second addresses specific details of these events. You may want to consider incorporating the checklist into your intake process to screen for PTSD and decide upon appropriate referrals.

## Life Events Checklist

### Part 1

**Instructions:** Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you're not sure if it fits; or (f) it doesn't apply to you.

Be sure to consider your *entire life* (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)						
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						
9. Other unwanted or uncomfortable sexual experience						
10. Combat or exposure to a war-zone (in the military or as a civilian)						
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)						
12. Life-threatening illness or injury						
13. Severe human suffering						
14. Sudden violent death (for example, homicide, suicide)						
15. Sudden accidental death						
16. Serious injury, harm, or death you caused to someone else						
17. Any other very stressful event or experience						

## Part 2:

A. If you checked anything for #17 in PART 1, briefly identify the event you were thinking of:

B. If you have experienced more than one of the events in PART 1, think about the event you consider the worst event, which for this questionnaire means the event that currently bothers you the most. If you have experienced only one of the events in PART 1, use that one as the worst event. Please answer the following questions about the worst event (check all options that apply):

1. Briefly describe the worst event (for example, what happened, who was involved, etc.).
  
2. How long ago did it happen? \_\_\_\_\_ (please estimate if you are not sure)
  
3. How did you experience it?
  - It happened to me directly
  - I witnessed it
  - I learned about it happening to a close family member or close friend
  - I was repeatedly exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder)
  - Other, please describe:
  
4. Was someone's life in danger?
  - Yes, my life
  - Yes, someone else's life
  - No
  
5. Was someone seriously injured or killed?
  - Yes, I was seriously injured
  - Yes, someone else was seriously injured or killed
  - No
  
6. Did it involve sexual violence?  Yes  No
  
7. If the event involved the death of a close family member or close friend, was it due to some kind of accident or violence, or was it due to natural causes?
  - Accident or violence
  - Natural causes
  - Not applicable (The event did not involve the death of a close family member or close friend)
  
8. How many times altogether have you experienced a similar event as stressful or nearly as stressful as the worst event?
  - Just once
  - More than once (please specify or estimate the total # of times you have had this experience \_\_\_\_\_)

## Discussing Trauma with Clients

Many of the clients you serve may have been exposed to multiple traumas over the course of their lives, such that they have come to accept these experiences as “normal” and part of their ordinary existence. Therefore, it is important for you to provide education about the impact of such events and the effects these events have on mental health. Potential topics for discussion with clients include:

**PTSD:** Explaining trauma, normal reactions to traumatic events, problematic reactions to trauma, and the development of PTSD symptoms are important components of early psychoeducation that might be provided to your clients.

**ACEs and Complex Trauma:** Many individuals who have PTSD will appreciate a discussion of early life experiences that had potentially profound impact on their psychological and emotional development.

**Racial disparities and systemic inequities:** In addition to recognizing the reality of your clients’ lived experiences, you should also acknowledge and seek understanding of the historical impact of centuries of racial and systemic inequities, health and economic disparities, and societal oppression on underserved communities of color. The COVID-19 pandemic has increased these disparities in many of these communities.

**Impact on families and loved ones:** PTSD includes a range of symptoms that may negatively affect family members and loved ones in the form of social and interpersonal impairment in functioning. As you provide support for clients, it is important to also address the impact of PTSD symptoms on important relationships in your client’s lives. It may also be appropriate to involve supportive others in treatment especially in the case of children and families. Providers can familiarize themselves with these resources ([https://www.ptsd.va.gov/family/effects\\_ptsd.asp](https://www.ptsd.va.gov/family/effects_ptsd.asp)) and may also direct clients and families to this site as indicated.

**Trauma treatment:** By the time many of our clients seek services, they have endured the effects of trauma and PTSD for a long period of time. Trauma may be such an integral component of their lives that they may be unaware that trauma treatment exists. **Communication of hope and the availability of services is essential.** Even if you as a workforce development professional are not providing trauma treatment, it is important to be aware of the different types of trauma treatments, their availability and how clients can access these treatments.

**Cognitive Behavioral Therapy (CBT):** CBT focuses on the relationships between thoughts, feelings, and behaviors; targets current problems and symptoms; and involves changing patterns of behaviors, thoughts, and feelings that lead to difficulties in functioning. General information about CBT for PTSD may be accessed here: <https://www.apa.org/ptsd-guideline/treatments/cognitive-behavioral-therapy>

**Cognitive Processing Therapy (CPT):** CPT is a specific type of CBT that teaches skills to modify and challenge unhelpful beliefs related to the trauma. In CPT, initial focus is on “why” the trauma occurred, following by examining the effects of the trauma on the clients’ beliefs about themselves, others, and the world. <https://div12.org/treatment/cognitive-processing-therapy-for-post-traumatic-stress-disorder/>

**Prolonged Exposure (PE) Therapy:** This treatment is based on the premise that repeated exposure to trauma-related thoughts, feelings, and situations can reduce their ability to cause distress. By facing what has previously been avoided, a person learns that trauma-related memories and cues are not dangerous and that avoidance is not adaptive. <https://div12.org/psychological-treatments/treatments/prolonged-exposure-therapy-for-post-traumatic-stress-disorder/>

**Cognitive Therapy:** Derived from CBT, cognitive therapy entails modifying the pessimistic evaluations and memories of trauma, with the goal of interrupting the disturbing behavioral and/or thought patterns that have been interfering in the person’s daily life. <https://www.apa.org/ptsd-guideline/treatments/cognitive-therapy>

## **The Importance of Self-Care**

Professionals who work with high-needs and underserved populations with exposure to trauma are vulnerable to indirect or secondary trauma, also known as vicarious traumatization (VT) or Compassion Fatigue (CF). Workforce development professionals who work with trauma survivors with openness, engagement, and empathy are usually extraordinarily committed to their clients and feel responsible for helping them by alleviating their distress and addressing their many needs. VT/CF is a form of empathic strain and an unfortunate byproduct of working with trauma survivors. When trauma providers experience VT/CF, they may report symptoms that are similar to those reported by their clients including intrusive images, physiological reactivity, relational disruptions, and difficulties with emotion regulation. Indirect trauma may negatively impact individual providers as well as their families, friends, and clients. Therefore, it is necessary for you to be aware of your risk of VT/CF and its implications for burnout, difficulties setting boundaries, and potential disillusionment at your job, the world, and the future.

## **What can you do?**

Your investment in your profession is a gift to the clients you serve. However, in order to continue to do this very important and potentially exhausting work, it is important to take care of yourself. The best metaphor is the instruction to put on your own oxygen mask on a plane before you help the person in the seat next to you. If you don’t attend to your own emotional and physical health, you will not be able to provide appropriate care for your clients without significant costs to yourself.

## Components of Provider Self-Care

1. Acknowledge and name the problem.
2. Normalize your responses to your work.
3. Attend to your basic needs: Diet, exercise, sleep, rest, medical care, and down time.
4. Prioritize your relationships outside work: Family, friends, pets, and others.
5. Have interests outside work: Hobbies, spirituality, sports/fitness, music, art, crafts, volunteering, etc.
6. It takes a village! Find the people who support you personally and professionally. Colleagues, supervisors, and consultants will understand the challenges of your job.
7. Get adequate training, consultation, and supervision for this hard work you do!
8. Psychotherapy services for yourself may be another outlet—it *can* be all about YOU!
9. Find hope and meaning in your life—you will bring these elements into the lives of your clients.



## Additional Resources and References

### **National Center for PTSD:**

- a. Provider Self-Care Toolkit: This resource from the National Center for PTSD is designed to reduce the effects of job-related stress, burnout, and indirect trauma. A self-assessment and self-help strategies are provided:  
<https://www.ptsd.va.gov/professional/treat/care/toolkits/provider/>
- b. Free Online Course for Coping with Burnout and Secondary Traumatic Stress:  
[https://www.ptsd.va.gov/professional/continuing\\_ed/provider\\_burnout\\_strategies.asp](https://www.ptsd.va.gov/professional/continuing_ed/provider_burnout_strategies.asp)

**International Society for Traumatic Stress Studies (ISTSS):** The free Vicarious Trauma Toolkit includes tools and resources necessary for organizations to address the needs of providers who work with trauma. <https://istss.org/clinical-resources/treating-trauma/vicarious-trauma-toolkit>

**National Child Traumatic Stress Network (NCTSN):** A host of resources are available including fact sheets, tips, webinars, and other materials. <https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress>

### **American Psychological Association (APA):**

- c. Self-Care Resources: Promoting wellness and preventing psychological distress are important to the wellbeing of the individual provider and to the profession.  
<https://www.apa.org/monitor/2014/04/self-care>
- d. Division of Trauma Psychology (Division 56):  
[https://www.apatraumadivision.org/images/kcfinder/files/figley\\_slides.pdf](https://www.apatraumadivision.org/images/kcfinder/files/figley_slides.pdf)

### **Substance Abuse and Mental Health Services Administration (SAMHSA):**

<https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/self-care>

**Health Care Toolbox:** <https://www.healthcaretoolbox.org/self-care-for-providers.html>

National Center for PTSD: <https://www.ptsd.va.gov/index.asp>

National Child Traumatic Stress Network: <https://www.nctsn.org/>

International Society for Traumatic Stress Studies: <https://istss.org/home>

APA, Division of Trauma Psychology: <https://www.apatraumadivision.org/>

Centers for Disease Control; Violence Prevention: <https://www.cdc.gov/violenceprevention/>

Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov/issues-conditions-disorders/posttraumatic-stress-disorder>

National Alliance on Mental Illness: <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Posttraumatic-Stress-Disorder>

Anxiety and Depression Association of America: <https://adaa.org/understanding-anxiety/posttraumatic-stress-disorder-ptsd>

## **Other Resources:**

### Apps

PE Coach: [https://www.ptsd.va.gov/appvid/mobile/pecoach\\_app\\_public.asp](https://www.ptsd.va.gov/appvid/mobile/pecoach_app_public.asp)

CPT Coach: [https://www.ptsd.va.gov/appvid/mobile/pecoach\\_app\\_public.asp](https://www.ptsd.va.gov/appvid/mobile/pecoach_app_public.asp)

Headspace (free to anyone with an NPI): <https://www.headspace.com/>

Calm: <https://www.calm.com/>

### Videos

#### Client videos:

National Center for PTSD: <https://www.ptsd.va.gov/appvid/video/index.asp>

ISTSS: <https://istss.org/public-resources/trauma-basics/trauma-during-adulthood/videos-about-traumatic-stress>

NCTSN: <https://www.nctsn.org/resources/its-okay-remember-general-information-video-child-traumatic-grief>

### Webinars

NCTSN: <https://www.nctsn.org/resources/training/webinars>

ISTSS: <https://istss.org/education-research/online-learning/free-recordings>

ABCT: <https://www.abct.org/Information/?m=mInformation&fa= Videos>

SAMHSA: <https://www.samhsa.gov/native-connections/webinars>

### Podcasts:

CPT: <https://www.thisamericanlife.org/682/ten-sessions>

Anxiety Slayer: <https://www.anxietylayer.com/journal>

The Trauma Therapist: <https://podcasts.apple.com/us/podcast/the-trauma-therapist/id899009517>

<https://istss.org/education-research/online-learning/trauma-talk-podcast-series>