



Trauma, Depression, and Suicide

Trauma?

Understanding Trauma

Event – Actual experience or threat of physical or psychological harm OR the lack/withholding of material or relational resources crucial to health and development. Can be a single event or repeated events.

Experience – How someone assigns meaning to the event, which depends on the perception of the individual.

Effects – Results of the person's experience of the event. This can include neurological, physical, emotional, and cognitive effects.

+Working definition – SAMHSA, Trauma and Justice

Community Trauma

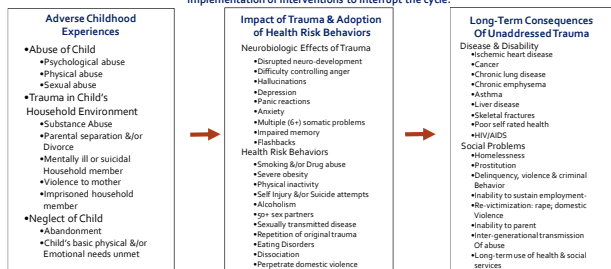
A combination of experiences that negatively impact a community

OR

An event that impacts a few people but has structural and social consequences

Adverse Childhood Experience (ACE) Study

Without intervention, adverse childhood events (ACEs) may result in long-term disease, disability, chronic social problems and early death. Importantly, intergenerational transmission that perpetuates ACEs will continue without implementation of interventions to interrupt the cycle.



Adapted from presentation Jennings (2008). The Story of a Child's Path to Mental Illness

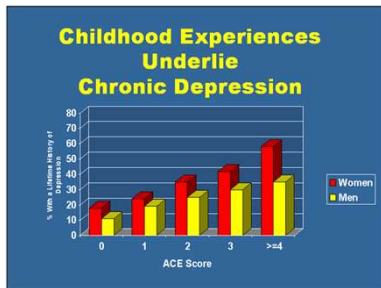
Impact of Trauma

First published in 1998, the Adverse Childhood Experience Study showed that:

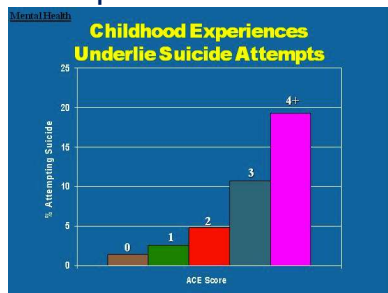
- 1) Traumatic experiences are **vastly more common** than recognized or acknowledged
- 2) There is a **powerful relationship** between emotional experiences as children and physical and mental health as adults
- 3) Traumatic events during childhood can be converted into **chronic disease** as adults
- 4) Adverse events and stress can lead to chronic diseases, such as **diabetes**, **heart disease** and some types of **cancer**, as well as **depression**, **alcoholism** and **drug abuse**



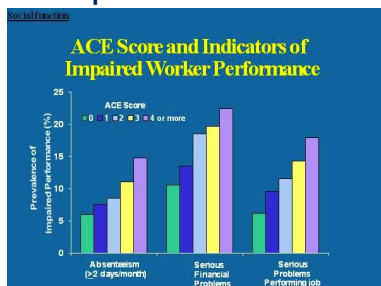
Impact of Trauma

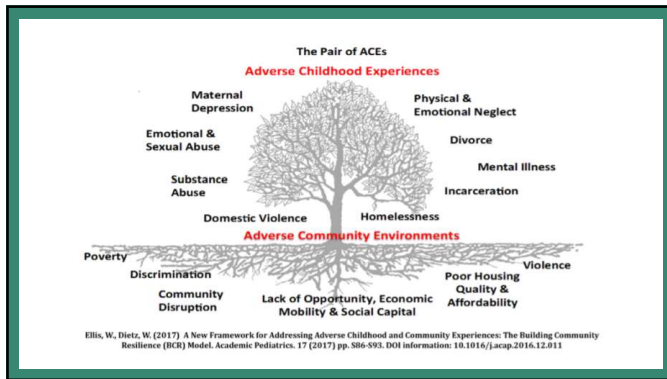


Impact of Trauma

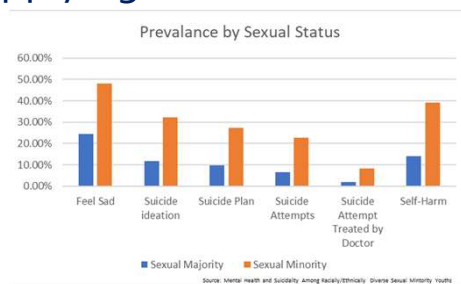


Impact of Trauma





Applying the Lens of Trauma



Applying the Lens of Trauma

- Suicide is the **second** leading cause of death for adolescents ages 10-19 in the US.¹
- Youth who identify as sexual minorities have rates of suicide up to **3 time higher**.²
- 74% sexual minority youth reported experiencing **verbal harassment** because of their sexual orientation, 33% reported **physical harassment**³, and 72% **cyberbullying**.⁴
- Youth who identify as sexual minorities may **skip school** as a protective mechanism to avoid victimization.⁵
- Research indicates that increased risk of suicide for sexual minority youth is due to the various forms of **school-based victimization** experienced.⁵

Screening for Trauma

- Advantages and Disadvantages to screening
- Consider:
 - Rapport
 - Potential to trigger/re-traumatize
 - Access to services/linkage to care
 - Vulnerability of disclosing
 - Internal and external resources
 - The process of trauma recovery



Diagnosis



- **Trauma** is most commonly associated with **PTSD**.
- In many cases, only **obvious symptoms** are addressed: substance use disorder, agoraphobia, anxiety disorder, major depression, OCD, eating disorder, personality disorder, behavioral/impulse control concerns, without addressing **trauma and toxic stress as underlying causes**.
- **Trauma** can be thought of as a **co-occurring disorder** with mental illness.

Intervention

- Many effective **therapeutic interventions** are available for individuals of **all ages** through various individual or group modalities.
- **Trauma is not "cured"** – therapeutic intervention is unable to erase the traumatic event(s) and individuals may require **additional intervention** at various points throughout the **lifespan**.
- You don't have to be a therapist to be **therapeutic**. One buffering, supportive individual can mitigate the trajectory of trauma.

Changing the Question

To become alive and well, we need to change the question from...

What's wrong with you?
to

What happened to you?

Becoming Trauma-Informed

A program, organization, or system that is **trauma-informed**:

1. **Realizes** the widespread impact of trauma and understands potential paths for recovery;
2. **Recognizes** the signs and symptoms of trauma in clients, families, staff and others involved with the system;
3. **Responds** by fully integrating knowledge about trauma into policies, procedures and practices;
4. And seeks to actively **resist** re-traumatization.

-Substance Abuse and Mental Health Services Administration

The Core Principles