

## Changing the Lens of Social Service

While it has been obvious to many of us in the mental health field that unresolved overwhelming life experiences are the cause of most problems that plague humanity, it is only now that the rest of the field is beginning to wake up to this fact. While human beings can be resilient, the evidence of humanity's frailty face us every day in the stories of interpersonal violence, unending wars, widespread unwanted mental conditions and political insanities. Every day, women, children and men who have been crippled by domestic violence, sexual assault, the homicide of a loved one find our services. With many of them, the challenge isn't to provide an effective intervention. The challenge is to protect them from a system that in many ways has lost its humanity.

While traumatic events can occur at any point in our lives, the abuse, neglect and harmful things we experience and witness in childhood have the power to negatively impact us for the rest of our lives. For a long time society has deluded itself into believing that children are resilient and therefore should be able to recover from whatever childhood dishes out. Paraphrasing renowned child psychiatrist Bruce Perry, childhood is a dangerous time and children aren't resilient, they are malleable. They have no choice but to adapt and dissociate as there is no escape for most children who are being raised with physical or emotional abuse, neglect, and/or violence as regular occurrences. The adaptations made to survive make no sense outside of the context of the dysfunctional home life and so become disabilities in school, relationships and later, work. These behaviors are then labeled as 'attention deficit, oppositional defiant, anxious, depressed or even psychotic.' The Adverse Childhood Experiences Study, which is available online, is a milestone study that provides comprehensive information as to the long-term impact of childhood distress on physical and mental health.

Traumatic events suffered as adults also have the power to push human beings over the edge. The high incidence of suicides in our military has made this point. The cycle of domestic violence, the single most damaging source of preventable violence, also demonstrates an insanity that is hard to comprehend without understanding the impact of trauma.

While there are situations in which a person's behaviors may warrant a label of 'mental illness', in most cases, adopting the lens of trauma provides a more compassionate view and one which lends itself to true healing. The shift to a trauma-focused mental health system starts with asking people "what happened to you?" instead of "what is wrong with you?"

Douglas Bremner, one of the psychiatrists at the forefront of this shift, wrote in his book [Does Stress Damage the Brain?](#) that posttraumatic stress disorder, anxiety, depression, borderline personality disorder and dissociative disorders would be better classified as trauma-spectrum disorders. Research shows that most of these mental conditions follow unresolved trauma in an increasing order of dysfunction. In fact, **any** symptom that follows a traumatic event is a manifestation of traumatic stress. In one study of Vietnam vets, 65%

admitted to hearing voices after their war experiences. They were not schizophrenic. (<http://www.fsu.edu/~trauma/art1v1i2.html>)

The cultural shift needed for the mental health field to become truly trauma-informed includes:

- Understanding that traumatized human beings require a very specific environment in order to engage in healing themselves. The national trauma movement headed by the Substance Abuse and Mental Health Services Administration has identified 'safety, trustworthiness, choice, collaboration and empowerment' as the core values that create that environment.
- Acknowledging that human beings have the innate ability to heal themselves and that those of us who serve traumatized human beings are only here to facilitate their work.
- Moving away from only 'coping and managing' skills to assisting someone in fully facing what occurred. "Exposure treatment" has been acknowledged as the most effective way of helping someone fully resolve traumatic events. Essentially, someone needs to be able to tell their story to another who is fully present, listening without judgment or evaluation, as a 'conscious witness'. Under this heading, there is a growing caution in prescribing drugs for mental conditions. Bremner has written another book, Before You Take That Pill that should be mandatory reading for anyone that prescribes drugs or anyone that has been prescribed a drug.
- Utilizing a holistic approach. Trauma impacts all levels - spirit, mind and body and it is important to include effective practices that help resolve trauma on all levels and help build resilience.
- That the helpers must resolve their own trauma and be engaged in on-going self-care. Expecting someone with unaddressed domestic violence in her past to help someone who is a victim of domestic violence is unfair. Expecting oneself to be an effective helper without first addressing past trauma and engaging in continuing self-care is to do a disservice to oneself and one's clients.

This movement toward genuine healing gives me hope for the human condition.

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