

TRAUMA AND MENTAL ILLNESS: THE IMPORTANCE OF TRAUMA ASSESSMENT

Trauma Response Program Newsletter



Introduction

As many of us have experienced in our practice as healthcare providers in the Child and Adolescent Psychiatry Department, childhood trauma and serious mental illness are strongly associated with one another. While causality cannot be confirmed, childhood trauma has been recognized as a significant risk factor for developing serious mental illnesses.

Individuals with histories of childhood trauma are about three times as likely to be diagnosed with serious mental illness in adulthood as those without such histories. Given the strong correlation between trauma and mental illness, it is imperative that we assess for trauma histories in clients and patients that we work with in order to provide accurate assessment, support, and intervention.

The Impact of Trauma

In 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA) found that more than two-thirds of children reported at least one traumatic event by age 16, including psychological abuse, physical abuse, sexual abuse, community or school violence, witnessing or experiencing domestic violence, sudden or violent loss of a loved one, refugee or war experiences, and neglect. Over two-thirds of these children have experienced multiple traumatic events, and the risk of developing a mental illness increases with the number of events. Following a traumatic event such as the ones mentioned before, nearly all children and adolescents experience some kind of distress or behavioral change. Many of these reactions that children and adolescents experience are similar to other reactions providers may see on a daily basis in their practice. These reactions may include: the development of new fears, separation anxiety, sleep disturbance, loss of interest in normal activities, somatic complaints, and reduced concentration. Due to the similarities in reactions between children and teens who have experienced trauma and other mental health conditions, careful assessment of possible exposure to trauma is imperative. **It is important to remember that many kids who experience trauma (and especially complex trauma) will not meet criteria for PTSD, but may still have trauma symptoms, including the reactions mentioned before. Their symptoms may also present as other mental health conditions (for example: ODD, ADHD, GAD, etc).**

It can be challenging for providers to ask about trauma exposure given the sensitive nature of the topic and fear of retraumatizing the client by discussing the exposure. By following the steps that have been bulleted, providers will be able to clearly demonstrate the benefit of asking about trauma exposure, while seeking to minimize risk of retraumatization.

- **Clearly communicate the reasons for asking about past trauma. Our clients may not connect their past to their current situation**
- **Advise the client that talking about traumatic experiences can be distressing, however talking about the trauma often does not overwhelm or retraumatize the majority of people. In fact, discussing traumatic experiences in a safe environment can even be a positive experience for some clients**
- **Ask the client what they think of when they think of "trauma" and provide psychoeducation as needed**
- **Utilize the free comprehensive Trauma History Questionnaire (THQ). This measure is for use with adults, but the language can be modified for children and adolescents. The UCLA PTSD Index contains a comprehensive trauma history measure, which is available for free through the clinic**



Additional Resources:

- [Complex Trauma: Symptoms, Effects, Screening, Assessment, and Interventions](#)
- [Definition of Complex Trauma](#)
- [Recognizing and Treating Child Traumatic Stress](#)
- [Conducting a Trauma-informed Mental Health Assessment](#)
- [Trauma Assessment Measures](#)