

A Critical Discussion of Trauma, its Impact and Therapeutic Interventions

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Throughout this essay, the meaning of trauma and the impacts it can have on an individual will be explored. Attention will be paid to the experiences that children and young people can become traumatised by, as well as the impact this can have on their mental health and wellbeing. Not only will this essay examine the impact trauma can have in the immediate period following an event, but it will also look at the impact it can have across the lifespan of an individual. This essay will address and discuss the therapeutic interventions and strategies that could benefit an individual who has experienced trauma.

Before any discussion is presented, it is crucial to clarify the meaning of trauma. Mind (2020) define trauma as being the result of situations, events or experiences that have been traumatic to an individual. UK Trauma Council (2023) explain that these situations, events, or experiences can cause distress that is so extreme that it affects an individual's coping abilities leading to a long-term negative impact. Traumatic events can happen at any point in the lifespan and dependent on the individual, signs of trauma can present both immediately after the event or in the future. (Mind, 2020). While one individual may experience an event and not feel any trauma because of it, for another, the effects may be different. Feelings of being frightened, being under threat, humiliated, unsafe, and abandoned are just some of the events and experiences that can lead to trauma. Trauma can happen following one-off events as well as prolonged experiences. Witnessing trauma can also cause an individual to feel traumatised as can living in a traumatic environment and atmosphere. (Mind, 2020). Some one-off events that may cause trauma are road traffic collisions, fires, sudden death of a loved one, and serious medical procedures. More prolonged experiences such as abuse, and neglect can also cause trauma responses in individuals. (UK Trauma Council, 2023). Similarly, to the explanations offered by Mind (2020) and UK Trauma Council (2023), Starcevic, A. (2019) expands that while several individuals may experience a traumatic event, situation, or experience, not all individuals will experience psychological trauma as a response. Psychological trauma is the emotional reaction the brain can have in response to a traumatic experience and can impact an individual by making their daily life challenging and their wellbeing damaged. (Starcevic, 2019). Trauma can be encountered at any stage of life and can present similar outcomes however, trauma experienced during childhood can look different and those experiencing it can be supported through a range of strategies.

Childhood trauma can lead to diagnosable mental health conditions when not correctly and effectively managed. Terr, L.C. (2003) highlights four characteristics of childhood trauma that occur following an event. These characteristics or behaviours are repeated memories of the event, repetitive behaviours, trauma-specific fear, and changes in attitude to people, life, and the future. As already discussed, experiences such as abuse, and neglect can lead to trauma responses. In the 1990's The Centres for Diseases Control and Prevention along with Kaiser Permanente surveyed over 17,000 adults in the United States. The findings from this survey provided the seminal research around Adverse Childhood Experiences (ACE's). While the focus was to determine the correlation between ACE's and adult obesity, the study found striking evidence that exposure to one or more ACE's led to a range of risk behaviours and challenges in later life such as substance abuse, mental illness, and criminality. (Dube, 2019). These ACE's, or early life trauma experiences are verbal, mental, physical, or sexual abuse as well as living in an environment where there is domestic violence, substance abuse or parental separation. By experiencing any of these factors, children and young people are

at higher risk of poor mental health and wellbeing, low self-esteem, and risk-taking behaviours. (Public Health Wales, 2023). Following a study conducted by Public Health Wales in 2015, it was found that around half of the adult population living in Wales had experienced at least one ACE during their childhood. It was found that in Wales, ACEs were having a direct impact on both the physical and mental health of individuals and that ACEs were preventing children and young people from reaching positive outcomes as they were a barrier to a strong start in life and accessing opportunities. (Welsh Government, 2021). Reiterating the findings of Welsh Government, The Centers for Disease Control and Prevention (2022) explain that ACEs can have consequences on health and wellbeing and life opportunities such as accessing education and future employment. The Centers for Disease Control and Prevention (2022) also highlight the impacts in further life such as high risk of injury, sexually transmitted disease, teen pregnancy, and pregnancy complications along with chronic illness and substance misuse. As is already explained, ACEs and trauma can impact an individual throughout their life span by increasing their exposure to risk taking behaviour as well as physical and mental health issues. The following section of this essay will strive to examine the way an individual can be impacted by ACEs and trauma at various stages of their life. It will pay attention to the impact upon their health and wellbeing as well as barriers to learning that children and young people can face as a response to their trauma.

For many years, it was perceived that infants were incapable of experiencing pain, both physically and psychologically. Over the last 80 years, understanding that this was a misconception has become widely acknowledged. In the last 25 years, it has become evident to researchers in the field that not only do infants experience trauma, but they also present the same responses as adults. Post-traumatic responses such as re-experiencing which are present in adults following trauma, are also displayed by infants. (Coates, 2016). Terr (1988, cited in Coates, 2016) and Gaensbauer (1995, cited in Coates, 2016) explain that children as young as three can re-experience and re-enact their traumatic experiences through play which demonstrates that they are storing the experience in their memory. While they are unable to describe their trauma verbally, they show symptoms of trauma such as repeated nightmares, distress as a response to reminders of their trauma and flashbacks. (Coates, 2016).

While the human brain in its structure is present from birth, the development of it begins and continues throughout the lifespan. In the first two years, the brain has 50% more connections or synapses than in adult years. During infancy and early childhood, the brain creates networks of neurons that aid in lifelong development. The brain faces sensitive periods within its development, the first of which being during infancy. Within this sensitive period, experiences and environments can alter and impact the synapses and neurological connections made which means these elements can have prolonged impact on the individual. (UK Trauma Council, 2023). This, along with other sensitive periods occur throughout childhood and adolescents and take place at different times for different parts of the brain. During these periods, all experiences that a child or young person has can develop the brain and its ability to function in later life. While positive experiences with environment and others can lay a strong foundation for future learning and development, negative experiences such as ACEs or other traumatic events can have a lasting negative impact on the brain's neurological pathways and its development in the future. (Center on

the Developing Child, 2008). Trauma in childhood can impact the brain's normal development and present many lifelong issues such as physical, emotional, and mental deficiencies. It is also known to cause mental health issues such as anxiety, depression, abandonment issues, challenges in building meaningful relationships and other mental health conditions. These conditions are often seen as co-occurring, where more than one is present, especially in cases where trauma was experienced at an early age. (Dye, 2018). For infants and children, the experience of trauma can cause heightened stress responses which lead to behaviour that is often observed in schools. Exposure to toxic stress, which trauma and ACEs can raise cortisol levels in the brain and body. For children who have secure attachment with a caregiver, these cortisol levels can be brought down effectively through methods of comforting which in turn develops the child's resilience. However, for those who do not have a secure attachment, these cortisol levels remain high, and the child finds themselves being unable to relax and stuck in a fight, flight or freeze response. The impact this can have on a child's behaviour displays in one of two ways. They either become easily stressed due to already existing stress responses and often present to overreact to small issues or they become numb to new experiences or situations causing them to withdraw. (Brooks, 2019).

As children transition into adolescents, the impact of traumatic experiences becomes clearer. As already discussed, ACEs and trauma can lead to mental health conditions and long-term physical health issues. According to Young Minds (2023) 1 in 6 children aged 5-16 are identified to have a probable mental health issue and 24% of 17-year-olds reported self-harming behaviours in the years 2018-2019. It is during the later childhood years and adolescents that these mental health issues begin to have a profound impact on an individual's mental wellbeing which can cause poor educational attainment, antisocial behaviour, criminal behaviour and drug and alcohol misuse. (Public Health England, 2019).

In one study of 151 adolescents aged 16-22 found that those who had adverse traumatic experiences during their childhood faced a substantial number of days where they struggled with their physical and mental wellbeing. The quality of life amongst the participants was reported in one third of the sample. (Beal, *et al*, 2019). While the results from this study have some limitations due to it being a small sample and only focused in one American state, the findings make it clear that childhood trauma can affect an individual as they progress through their adolescent years. In another study of 217 children who had experienced single event trauma such as assault, involvement in a road traffic collision or accidental injury the prevalence of depression was visible 9 months after the event in 20.1% of the sample. (Zhang, *et al*, 2021). Furthermore, in a study based on the American 2016-2017 National Survey of Children's Health, there was a clear and significant increase in mental health issues depending on the number of ACEs experienced. This expansive study of 29,617 participants under the age of 18 found that the more ACEs a child or young person has experienced, the higher the rates of depression, anxiety, behavioural issues, ADHD, and substance abuse was in their adolescent years. (Bomysoad, *et al*, 2020). From these studies, it is evident that not only can trauma affect the child, but the secondary issues can be severe during their teenage years presenting as a number of mental health issues, poor wellbeing and low quality of life.

Similarly, to the way in which childhood trauma creates issues in adolescent years, there is considerable evidence to support the impact of childhood trauma in adulthood. An American study of 1420 participants found that those exposed to trauma and ACEs during childhood not only saw mental health issues such as anxiety and depression in their adulthood but also other issues. While the experiences in childhood within this sample varied greatly, there was evidence to suggest that childhood trauma impacts the functioning ability of adults in areas such as education, financial and social. As well as this, there was a correlation of ACEs and criminal behaviour in adulthood. Reflective of the findings in adolescents that the more ACEs experienced the higher risk of mental health issues this pattern is also evident in research of adulthood. The more ACEs and the earlier they occur in childhood, the higher the rate of mental health issues as well as functioning challenges. (Copeland, *et al*, 2018). In a discussion based on existing literature, the impact of childhood trauma in adulthood is again shared. Experiences of childhood trauma can inflict a range of issues upon adults including the already discussed depression and anxiety, as well as abandonment issues, challenges building and maintaining relationships and other mental health disorders. (Dye, 2018). As well as the emotional, social, and behavioural implications of trauma and ACEs there is evidence to support that those who have experienced trauma in childhood and adolescents are at higher risk of developing chronic illness and disease such as cancer and diabetes in later life. Correlation is again visible in the number of ACEs or traumatic experiences and the risk of implications. There is evidence to support that the more ACEs experienced, the earlier in adulthood symptoms of chronic disease begin. (Sonu, *et al*, 2019).

From this discussion so far, it is clear that trauma and ACEs can have detrimental impacts on an individual throughout their life, however, appropriate interventions and support can lessen the impact of traumatic experiences in later life. (Asmussen, *et al*, 2019). The following section of this discussion will look at some of the interventions that can assist those experiencing childhood trauma and ACEs and will examine the benefits of these along with at what stages of the lifespan they may be most beneficial.

As mentioned early in this essay, young children do not have the verbal and communication skills to explain how they are feeling and why. However, they do have an innate ability to play. This is where play therapy as a trauma intervention can be beneficial. Play therapy involves toys, games, art resources and other play objects being used to approach the counselling of young children. For children under the age of 12, play is a far more natural and accessible method of communication than talking. Through play, children are able to harness their self-expression using materials provided to them. Play therapy can also encourage access to the unconscious, enabling children to reveal and explore things that may be affecting their mental state. Another element that play therapy can encourage is abreaction, which is where children are able to symbolically relive situations and experiences that have caused them trauma. (Kottman, 2014). For centuries it has been accepted that play is a central element of childhood and that observing it is imperative in understanding them. Since this recognition made by Rousseau, there have been many pioneering contributions to make play therapy what it is today. From Melanie Kleins approach of analysing children through the way they play to Anna Freuds technique that would focus on building positive relationships between the therapist and the child, many of these elements remain in modern play therapy. (Landreth, 2012).

Modern play therapy is somewhat reflective of the children and young people who require it as an intervention. In the same way the reasons, experiences and effects of ACEs and trauma vary, so does the approach to play therapy. Methods of play therapy that fall into flexible sequential play therapy can include directed play, non-directed play, relaxation, and trauma narrative work are all techniques that are selected and used by therapists in a bespoke, child-centred manner. (Goodyear-Brown, 2009). In a meta-analysis, it was found that in the United States of America the average age of children participating in art therapy was 6.7 years. (Lin & Bratton, 2015). This average age is reflective of the age range in which play therapy can be most appropriate. As mentioned previously, children under the age of 12 have not yet mastered the communication skills to verbalise their experiences meaning that talking therapy is not suitable for them. However, it is important to consider whether today's 10–12-year-olds would approach play therapy with the same interest and enthusiasm as a 7-year-old.

For those children and young people who have developed past the natural desire to play, art therapy can be a highly effective therapeutic intervention for those who have experienced trauma and ACEs. The key theme to art therapy, is methods of art such as drawing, painting, or sculpting being an activity in which relationships between the client and the therapist can be built. Art therapy involves both the creation and celebration of completed pieces of art whether the art be simple scribbles or meaningful and sophisticated works. Through regular sessions, and as positive relationships build between the client and therapist, the art produced can become more symbolic of the trauma the child has experienced. As is the case with play therapy, the way in which an art therapist will work with an individual varies greatly dependent on the individual client's needs. (Edwards, 2014). Pioneers in the early development of art therapy include practitioner Edith Kramer who believed that it was not the art that was created that helped a child overcome their traumatic experience but in fact the process of being creative. Kramer recognised that children would sub-consciously reflect their feelings through their artwork which acted as a more appropriate outlet than these negative feelings such as anger being released physically. (Waller, 2006).

In a highly extensive review of studies completed between 2000-2017, Cohen-Yatziv & Regev (2019) looked at the effectiveness of art therapy when carried out by qualified art therapists. While the successes of art therapy were not accurately recorded across the included studies, it was found that children with additional learning needs, medical conditions and those dealing with traumatic events were popular criteria for accessing art therapy. A further systematic review of the effectiveness of art therapy looked at 6 pre-existing papers which included children between age 5-12 who had taken part in art therapy in a school environment. The findings of this review included evidence that art therapy was successful in improving the quality of life, anxiety issues, self-esteem, and emotional and behavioural difficulties when children participated in 7-25 sessions on a regular basis. (Moula, 2020). Decades after its inception, there is still little evidence to support the effectiveness of art therapy as an intervention for trauma related cases, however, it is widely prescribed. One pilot study of adults surveyed 12 adults who had experienced trauma and then taken part in art therapy with a qualified therapist. The result of this study shows that the participants felt more relaxed, less anxious, and more positive about their future following intervention. They also reported feeling as though they were able to leave

their traumatic experiences in their past and that they had begun to experience less intrusive thoughts than they had prior to intervention. (Schouten, *et al*, 2019). Although seen as highly effective and appropriate for children and young people who have experienced trauma and ACEs there is evidence in its success. Contrary to this, there is an extensive range of evidence to support the next intervention that will be discussed in this essay, Cognitive Behavioural Therapy.

With its origins in the 1950's, Cognitive Behavioural Therapy is inspired by the work of Pavlov in the 1920's where he explored and presented the theory of respondent behaviour. Skinner also contributed to Cognitive Behavioural Therapy through the work he completed on the theory of reshaping behaviour and responses to experiences, at the time, this was known as behaviour modification. Over the last 7 decades, the seminal work of Pavlov, Skinner and others have contributed to and helped develop Cognitive Behavioural Therapy into the method it is today. Cognitive Behavioural Therapy strives to improve the quality of life of participants by adapting and modifying the emotional, behavioural, and cognitive responses to events and situations including those that have been traumatic. Cognitive Behavioural Therapy has a focus on achieving long term benefits where individuals can take the skills and techniques they have used into their future and maintain the practice. (Craske, 2017).

Over the last 20 years, Cognitive Behavioural Therapy has developed further, especially in the way it is used for those who have experienced trauma. Trauma Focused Cognitive Behavioural Therapy has become widely accepted as the first method used for those who have experienced trauma and are showing signs of mental health deterioration in both the United States and the United Kingdom. In a study of 30 adolescents, aged 11-17, the effectiveness of Trauma Focused Cognitive Behavioural Therapy was surveyed. Those interviewed as part of this study were considered themselves to have experienced a range of traumatic experiences such as violent bullying, violent threats at home, rape and witnessing domestic violence to name a few. This in-depth qualitative study found that the benefits of Trauma Focused Cognitive Behavioural Therapy were varied. Over half of those interviewed acknowledged that it was easier for them to talk to a therapist than it was people close to them. A key part of Trauma Focused Cognitive Behavioural Therapy is the discussion of the traumatic event. While participants described this part of the therapy to be challenging, they also recognised the benefits of this. Following participation in therapy, many of the adolescents interviewed for this study saw positive changes to their mood, behaviour, thinking, and self-esteem. (Dittmann & Jensen, 2014). A key element of any form of Cognitive Behavioural Therapy is the use of cognitive intervention. Following trauma, cognitive processes can become negatively altered, especially in cases where anxiety and/or depression is present. Methods such as cognitive coping, stress management, muscle relaxation, and breathing techniques are often developed during Cognitive Behavioural Therapy sessions. There is a large amount of evidence to support both Cognitive Behavioural Therapy and Trauma-Focused Cognitive Behavioural Therapy when working with both children and young people and adults who have experienced trauma and ACEs. (Cohen & Mannarino, 2000).

While Cognitive Behavioural Therapy is the most prescribed form of therapeutic work with individuals who have experienced trauma and ACEs, as discussed, it may not be the most

appropriate especially for young children and adolescents. Those under the age of 12 who face challenges verbalising and communicating their feelings and experiences may not be able to access Cognitive Behavioural Therapy. It is in circumstances like this, that alternative methods such as play, and art therapy should be considered. Allowing children to relive their experiences through play or art while building positive relationships with a therapist is arguably of more benefit for children and young people than Cognitive Behavioural Therapy. Despite ample evidence of the success of Cognitive Behavioural Therapy, until more concrete evidence is available on the benefits of play and art therapy, it will likely remain the first option for many who face the challenges of trauma.

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