Understanding Trauma and Recovery:

A CASA Volunteer's Summary of Two Important Books

By Alex Counts

Background

When I attended the Maryland CASA conference in 2019, one of the many things I learned was that there was a terrific book on trauma: *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror*, by Judith Herman (JH). I read it cover to cover and heavily underlined it, and then picked up another book that it referenced: *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, by Bessel van der Kolk (BK).

I found both books immensely useful in understanding being a CASA volunteer and what I have experienced and observed in that role. I recommend them to all CASA volunteers. However, knowing the time pressures that many volunteers are under, I proposed to Ann Marie Binsner, the Executive Director of CASA of Prince George's County, that I write a short summary of the two books. I hoped it would serve as a practical "cheat sheet" focused on the information that I found most useful to CASA volunteers.

As she and I discussed the idea, I questioned whether I was the best person to write it, given that I had no formal training in social work or psychology. In the end, we agreed that having a layperson who was an active CASA volunteer write it might enhance its practical relevance.

I encourage everyone to read both books but hopefully this resource will be useful. I have done my best to faithfully represent the two authors' views and research, but probably a few errors have crept in and some nuance has been lost, though I have tried to minimize this.

Overview

My biggest take-away from these books in trying to understand the behavior of children in foster care who have suffered trauma through abuse and neglect – and the inherently traumatizing experience of *being in foster care* – is this: Acute trauma fundamentally changes people. It alters how they think and process information, how they relate to others, and how their body functions (in terms of experiencing sensations and their abilities to sleep and concentrate, for example).

Trying to analyze how victims of trauma without this insight often leads to variations on the theme of blaming the victim. In Ann Marie's words, "We are misdiagnosing our youth with disorders that blame them for their behavior and lack of change. This is a big deal for our youth. CASA volunteers also do it and it becomes a source of frustration for them. Coming to understand what trauma can look like (behaviors, emotions, rejections) can help volunteers who take it personally when their children act in a way that is disappointing."

As I read the two books, I kept comparing the idea of trauma victims being unable to integrate traumatic memories into their consciousnesses to something more tangible: I imagined the experience of eating something that one can never digest (and thereby "integrate" into one's body). Instead, the undigested matter remains in one's stomach for years, causing recurring indigestion that never goes away and that disrupts one's life (eating, sleep, energy, and mood) to varying degrees day after day. Managing this chronic stomachache would take up enormous amount of energy. Another analogy: imagine one of those times when you had a song you couldn't get out of your head, but instead of a song it is a traumatic memory, and it never goes entirely away, never stops haunting you.

I have certainly seen the youth I have been assigned to be unable to focus, sleep, and enjoy many of life's small pleasures. Now I have a better sense of what may be going on inside of him.

Herman's insights about the special aspects of abuse that is perpetrated repeatedly over time led her to propose a new and distinct disorder: Complex PTSD (C-PTSD), which is gradually gaining acceptance in medical circles as a valid diagnosis.

In JH's book, she goes through a powerful history of the analysis of trauma that tends to blame the victim. She focuses especially on women being diagnosed with and treated for "hysteria" as a kind of personal failing (even though most of those given this diagnosis were sexually abused as children) and soldiers who were diagnosed with "shell shock" and simply determined to be inadequate warriors as a result (rather than acknowledging that their post-trauma experience is valid in requiring thoughtful, sensitive, and evidence-based treatment).

In today's world, both authors believe that this tendency continues today in many forms, including the over-use of lazy, imprecise and often unhelpful diagnoses such as oppositional defiance disorder, ADHD, and reactive attachment disorder. When these are applied to a youth, they often lead to treatments that don't address the heart of the issue: the trauma that the victim experienced. Rather, symptoms are managed and suppressed, often with medication.

JH raises questions about the diagnoses of somatization disorder, borderline personality disorder, and multiple personality disorder, calling them "troublesome" and that those who are thought to suffer from them are often "accused of manipulation or malingering" while "the common denominator of these three disorders [originating] in a history of childhood trauma" is frequently downplayed or ignored.

The authors explain how therapists – and arguably CASA volunteers and others involved in the care of victims of trauma – can suffer from "trauma contagion" and be impacted by what they hear from their patients. This can involve difficulty in enjoying ordinary comforts and can also lead to conflicts with peers. Sometimes therapists "assume too much personal responsibility for the patient's life, thus once again patronizing and disempowering the patient," according to JH. She also observes that "the encounter with the traumatized patient forces therapists to come to terms with their own capacity for evil." I have certainly fallen into these traps of anger, irritability, despair, and over-functioning as I have come to terms with the realities facing my youth.

Understanding Trauma: Ten Points from the Books Most Relevant to a CASA's Work

- Traumatic memories are not "digested" or integrated as other memories are, and remain "raw" – even years after the trauma took place. The memory or memories are often fragmented (consisting of disorganized/scattered remembrances) or they can be entirely forgotten for many years. Only through a comprehensive recovery program that goes far beyond medication alone can these memories finally be integrated into one's consciousness and normal life be resumed. In the words of BK, victims can't integrate "their experience into the ongoing stream of life. They continue to be 'there' and do not know how to be 'here' – fully alive in the present."

- Trauma and C-PTSD impact bodily sensations and functions significantly until it is integrated into the victim's memory and experience. According to BK, "The lives of many trauma survivors come to revolve around bracing against and neutralizing unwanted sensory experiences" related to their raw and undigested trauma. This takes enormous energy and distracts them from being fully alive. They tend to startle easily, be irritable, sleep poorly, and overreact to small provocations.

- There is a tendency for victims of trauma to inflict self-harm and to be victimized by others (though, contrary to popular belief, there is no evidence that trauma victims are more likely to victimize others). Furthermore, self-harm in the context of C-PTSD is often misunderstood. JH writes, "Contrary to common belief, victims of childhood abuse rarely resort to self-injury to 'manipulate' other people, or even to communicate distress…. Self-injury is frequently mistaken for a suicidal gesture. Many survivors of childhood abuse do indeed attempt suicide. There is a clear distinction, however, between repetitive self-injury and suicide attempts. Self-injury is intended not to kill but rather to relieve unbearable emotional pain, and many survivors regard it, paradoxically, as a form of self-preservation."

- Where a caregiver was the perpetrator, the victim often resolves the contradiction between their natural love of the caregiver with their experience of victimization through self-blame, self-loathing, and self-hatred. They fundamentally conclude that they are unlovable. Sometimes they become hostile to nonoffending caretakers, something that may seem impossible for those who have not experienced acute trauma of this kind to understand.

- Trauma victims' ability and willingness to explore their surroundings, be playful, and be intimate are often severely constrained for long periods, as doing so requires them to trust and let down their guards, which they feel unable to do. In the words of JH, "After a traumatic experience, the human system of self-preservation seems to go on permanent alert, as if the danger might return at any moment." That alert comes at the expense of the abilities to relate, trust, and love.

- Survivors of trauma often have difficulty learning from experience, distinguishing between safety and danger, and having their "rational mind" override their "emotional mind" (which non-traumatized people are normally able to do effectively much of the time). Research shows that their brain wave patterns are fundamentally different from those of non-traumatized people as long as their trauma remains unintegrated/unresolved.

- Trauma victims struggle to arrive at a fair and reasonable assessment of their own conduct, unable to come to peace with the collection of moderate virtues and tolerable faults that characterize most people.

- Schools, which can be a haven for abused children, often end up being places where they are revictimized by being punished for their tantrums.

- For victims that felt unwanted as children due to abuse/neglect, there are often limits of what conventional therapy and medications alone can achieve.

- Children who have been abused often don't know how to respond when they are treated with love and kindness.

<u>Recovering from Trauma</u>

Both of these books talk extensively about how one recovers from trauma, including C-PTSD. Unfortunately, most of the strategies and therapies that have proven effective are beyond the means of the vast majority of children in foster care, given the current limitations of the system. However, a few general principles and techniques and be distilled that may be useful for CASA volunteers.

First, the general pattern of recovery is (1) establishing a sense of safety, (2) remembrance/recollection of the trauma (often through therapy), and then (3) reconnecting with others (breaking the isolation/alienation/social disconnection that so often is part of the aftermath of trauma). Most victims are unwilling to remember and explore their trauma until safety has been established. CASA volunteers' consistent presence over months and years can help create that sense of safety that may allow a victim to progress to the second and third phases.

Second, participation in groups of people who have experienced similar trauma can be powerful, but the nature of the group should be calibrated to the stage of recovery a victim is in. Some groups are better for those seeking safety, while others are more appropriate for the remembrance or reconnection phases. This can help explain why some foster kids thrive in one group setting but may withdraw from others.

Third, reconnecting to others is a gradual process. Sometimes, it is too challenging for a trauma victim to let their guards down around people, but they might be willing to do so around animals. In other cases, drama (including improv) and dance allow victims to initially establish or

reestablish the ability to be in attunement with others in a more comfortable way then through normal conversation and relationships.

And fourth, once a trauma victim begins the hard work of remembrance and integration of their trauma, they may regress in other areas of their lives due to the energy their healing process requires. They may also, in moments of high stress, temporarily fall back into their traumatized modes of living for a time – even long after they have recovered. Overcoming the impact of trauma is clearly not a straight line, something CASA volunteers should constantly remind themselves.