

# Trauma Impacts

**The Repercussions of  
Individual and Collective Trauma**

Jessica Stone • Robert J. Grant  
Clair Mellenthin



**WILEY**



# Trauma Impacts



# Trauma Impacts

The Repercussions of Individual  
and Collective Trauma

*Edited by*

Jessica Stone  
Robert J. Grant  
and  
Clair Mellenthin

**WILEY**

Copyright © 2024 by John Wiley & Sons, Inc. All rights reserved.

Published by John Wiley & Sons, Inc., Hoboken, New Jersey.  
Published simultaneously in Canada.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, scanning, or otherwise, except as permitted under Section 107 or 108 of the 1976 United States Copyright Act, without either the prior written permission of the Publisher, or authorization through payment of the appropriate per-copy fee to the Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, MA 01923, (978) 750-8400, fax (978) 750-4470, or on the web at [www.copyright.com](http://www.copyright.com). Requests to the Publisher for permission should be addressed to the Permissions Department, John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030, (201) 748-6011, fax (201) 748-6008, or online at <http://www.wiley.com/go/permission>.

Trademarks: Wiley and the Wiley logo are trademarks or registered trademarks of John Wiley & Sons, Inc. and/or its affiliates in the United States and other countries and may not be used without written permission. All other trademarks are the property of their respective owners. John Wiley & Sons, Inc. is not associated with any product or vendor mentioned in this book.

Limit of Liability/Disclaimer of Warranty: While the publisher and author have used their best efforts in preparing this book, they make no representations or warranties with respect to the accuracy or completeness of the contents of this book and specifically disclaim any implied warranties of merchantability or fitness for a particular purpose. No warranty may be created or extended by sales representatives or written sales materials. The advice and strategies contained herein may not be suitable for your situation. You should consult with a professional where appropriate. Further, readers should be aware that websites listed in this work may have changed or disappeared between when this work was written and when it is read. Neither the publisher nor authors shall be liable for any loss of profit or any other commercial damages, including but not limited to special, incidental, consequential, or other damages.

For general information on our other products and services or for technical support, please contact our Customer Care Department within the United States at (800) 762-2974, outside the United States at (317) 572-3993 or fax (317) 572-4002.

Wiley also publishes its books in a variety of electronic formats. Some content that appears in print may not be available in electronic formats. For more information about Wiley products, visit our web site at [www.wiley.com](http://www.wiley.com).

***Library of Congress Cataloging-in-Publication Data***

Names: Stone, Jessica (Child psychologist), editor. | Grant, Robert Jason, 1971– editor. | Mellenthin, Clair, editor.

Title: Trauma impacts : the repercussions of individual and collective trauma / edited by Jessica Stone, Robert J. Grant, Clair Mellenthin.

Description: Hoboken, New Jersey : Wiley, [2024] | Includes bibliographical references and index.

Identifiers: LCCN 2023044636 (print) | LCCN 2023044637 (ebook) | ISBN 9781394170098 (paperback) | ISBN 9781394170623 (adobe pdf) | ISBN 9781394179237 (epub)

Subjects: LCSH: Psychic trauma. | Psychic trauma–Patients–Psychology. | Psychic trauma–Patients–Family relationships. | Psychic trauma–Patients–Counseling of. | Psychic trauma–Treatment. | Psychotherapy–Methodology.

Classification: LCC RC552.T7 T73648 2024 (print) | LCC RC552.T7 (ebook) | DDC 616.85/21–dc23/eng/20231031

LC record available at <https://lcn.loc.gov/2023044636>

LC ebook record available at <https://lcn.loc.gov/2023044637>

Cover Design: Wiley

Cover Image: © dblight/Getty Images

Set in 11/15pt Palatino LT Std by Straive, Pondicherry, India

# Contents

|   |       |
|---|-------|
| About the Authors   | vii   |
| Prologue: Trauma Impacts<br><i>Jackie Flynn</i>           | xv    |
| Foreword  | xix   |
| Introduction<br><i>Clair Mellenthin and Jessica Stone</i> | xxiii |

## SECTION I THE IMPACTS OF TRAUMA

|  |    |
|--|----|
| 1 A Foundation for Human Connection and the Impact of Trauma<br><i>Fiona Hill</i>              | 3  |
| 2 Dimensions of Deprivation<br><i>Rachel A. Altoater</i>                                       | 15 |
| 3 Impact on Abilities for Personal Self-Care<br><i>Mary Anne Peabody</i>                       | 27 |
| 4 Relational Trauma in the Family System<br><i>Clair Mellenthin and Leanne Rohrbach-Stange</i> | 41 |
| 5 Trauma Impacts of COVID-19<br><i>Johnnie L. Jenkins, III</i>                                 | 55 |
| 6 Suicide Risk and Social Isolation<br><i>Jonathan B. Singer and Margaret Ann Pauuw</i>        | 69 |

## SECTION II TRAUMA IMPACTS WITH SPECIFIC POPULATIONS

|  |    |
|--|----|
| 7 The Art of Being Brave: Building Resilience in Children<br>with Medical Complexity<br><i>Patricia Carolyn Gilbaugh</i> | 83 |
|--|----|

|   |     |
|---|-----|
| 8 Disasters   | 97  |
| <i>Steven L. Bistricky, Zara Kenigsberg, Mauricio Montes,<br/>Alexa Riobueno-Naylor, and Betty S. Lai</i> |     |
| 9 Trauma-Informed Considerations with Neurodivergent<br>Children and Adolescents                          | 111 |
| <i>Robert Jason Grant and Rachel Wethers</i>  |     |
| 10 Exploring the Depths of BIPOC Experiences: The Repercussions<br>of Individual and Collective Trauma    | 125 |
| <i>Liliana Baylon and Jose Tapia</i>  |     |
| 11 Working with Refugees: Creating Connection and<br>Therapeutic Refuge                                   | 139 |
| <i>Anne Stewart, Julia Linger, Jennifer Nelson Faulconer,<br/>and Hannah Jarrett</i>                      |     |
| 12 Impacts of Attachment Trauma on Children in Foster or<br>Adoptive Care                                 | 153 |
| <i>Paris Goodyear-Brown and Theresa Fraser</i>  |     |
| 13 When the Helper is in Crisis, Too  | 167 |
| <i>Lisa Dion</i>  |     |

SECTION III  
FUTURE IMPLICATIONS AND PROGRESSIVE SUPPORTS  
OF TRAUMA IMPACTS

|  |     |
|--|-----|
| 14 A Process-Oriented and Multilayered Approach to the<br>Global Impacts of Trauma               | 181 |
| <i>Claudio Mochi and Isabella Cassina</i>  |     |
| 15 Inoculation, Protection, and Processing: The Powers of<br>Video Game Use with Trauma          | 195 |
| <i>Jessica Stone</i>   |     |
| 16 Utilizing Tabletop Roleplaying Games in Treating Trauma and<br>Post-Traumatic Stress Disorder | 211 |
| <i>Brian Quinones and Shelby Somers</i>  |     |
| 17 Social Media and Trauma   | 225 |
| <i>Kristine J. Doty-Yells and David P. Yells</i>   |     |
| Index  | 239 |



## About the Authors

**Rachel A. Altvater, PsyD, RPT-S™**, is an award-winning, pioneering expert, leader, researcher, international trainer, author, and supervisor in the field of play therapy. She is a licensed psychologist in Maryland, Washington, DC, and Virginia, and she holds national certifications as a Registered Play Therapist–Supervisor™ and Certified Clinical Trauma Professional. She is the owner of Creative Psychological Health Services, co-owner of North Star Creations, past president of the Maryland/DC Association for Play Therapy, editorial advisory board member for the *International Journal of Play Therapy®*, and clinical consultant for Hopscotch. Dr. Altvater authored the book *Perspective: Contemplating the Complexities of Our Realities*, published her research in the *International Journal of Play Therapy* on technology use in play therapy, and is a contributing author in numerous scholarly texts.

**Liliana Baylon, LMFT-S, RPT-S**, is a bilingual and bicultural therapist fluent in Spanish and English. She holds a master’s degree in counseling and marriage, family, and child therapy, and an MBA from the University of Phoenix. Specializing in treating trauma and multicultural issues in children and families, Liliana employs various therapeutic modalities, drawing on her expertise as a trained educator. Her therapy and supervision are enriched by her unique cultural perspective, fostering curiosity and inspiration. Passionate about professional development, Liliana offers workshops in mental health and cultural opportunities for diverse mental health and educational professionals, available in both English and Spanish.

**Steven L. Bistricky, PhD**, serves as the Associate Director of Clinical Training for clinical psychology programs at the University of Colorado Colorado Springs, directing the PhD trauma program and MA program. He is also an affiliate of the Lyda Hill Institute for Human Resilience. His research, teaching, and clinical supervision focus on adversity, trauma, adaptation, health, and growth with mindfulness and acceptance frameworks, concepts, and practices. His collaborative research, which often focuses on people’s

responses to disasters and interpersonal violence, has been published in leading academic journals.

**Isabella Cassina** is the Director of Project Management at the International Academy for Play Therapy (INA) based in Switzerland, Editor of *APTI's Play Therapy Magazine*, and Founding Member of the International Consortium of Play Therapy Associations. She is a social worker, registered therapeutic play specialist, PhD candidate in expressive arts therapy. Isabella is an author and expert in international cooperation and project development with over 10 years of international field experience in contexts of crisis and high vulnerability.

**Lisa Dion, LPC, RPT-S**, is an international teacher, creator of Synergetic Play Therapy, founder and president of the Synergetic Play Therapy Institute, co-founder of the Synergetic Education Institute, creator of the Business of Therapy, and host of the Lessons from the Playroom podcast. She is the author of *Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity* and is the 2015 recipient of the Association for Play Therapy's Professional Education and Training Award of Excellence.

**Jennifer Nelson Faulconer** is a nationally certified school psychologist with an Educational Specialist degree. Jen has over 15 years of experience working in schools. She focused on ameliorating the negative impacts of exposure to trauma or chronic stress, system-wide changes toward compassionate and effective discipline practices, positive behavior supports, and integrated service delivery. As students from racial/minority and low socioeconomic backgrounds often experience trauma disproportionately, Jen believes that trauma-informed care in schools is also a social justice issue. As a Colorado native, she enjoys spending active time outdoors with her family and dog.

**Jackie Flynn, EdS, LMHC-S, RPT-S**, a leader in trauma therapy, is known for her expertise in integrating play therapy, EMDR, and Gottman Method Couples Therapy. She is an advanced trainer for EMDRIA and an approved credit provider for the Association for Play Therapy. Jackie hosts global events like the Innovative Child Therapy Symposium and co-hosts the Playful EMDR Summit and Neuroscience of Play Therapy Summit. Her engaging presentations on nervous system-informed therapy, based on Dr. Stephen Porges' Polyvagal Theory, teach therapists worldwide. She offers mentorship and supervision, empowering therapists to integrate EMDR and play therapy. Jackie fosters a global play therapy community dedicated to transformative healing.

**Theresa Fraser** wears many hats. She has been a treatment foster parent for 30 years, an adoptive parent, a trauma specialist, an author, and is a Play Therapy

Supervisor. She is the owner of Maritime Play Therapy Centre in Nova Scotia/Canada and Changing Steps Child and Family Counselling in Ontario and PEI Canada. She was the 2009 winner of the North American Trauma Award – Clinician of the Year, with the National Institute for Trauma and Loss. She was appreciative of having the opportunity to contribute to this valuable trauma resource with her beloved colleague Paris Goodyear Brown.

**Patricia Carolyn Gilbaugh** is a licensed independent social worker, Registered Play Therapist-Supervisor, certified mental health and nutrition specialist, and certified autism specialist at her private non-profit practice, Grace C Mae Advocate Center, located in Iowa. Patricia completed her doctorate and master's degrees in social work at the University of Iowa. Patricia specializes in working with medically complex and neurodivergent individuals and works with individuals of all ages. She also specializes in treating veterans with PTSD and providing family therapy for those with complex trauma. She has recently completed her certification in using food as medication for treating mental health conditions.

**Paris Goodyear-Brown, MSSW, LCSW, RPT-S,** and Approved EMDR Consultant, is the creator of TraumaPlay™, the Executive Director of the TraumaPlay Institute, the Clinical Director of Nurture House, and an Adjunct Instructor of Psychiatric Mental Health at Vanderbilt University. She is a Ted Talk speaker, a master clinician, and an internationally renowned presenter. She is a thought leader in the fields of child trauma and play therapy globally, received the APT award for Play Therapy Promotion and Education, served as the Executive Director of the Lipscomb Play Therapy and Expressive Arts Center., serves on the board of TNAPT, and has authored over twenty chapters and twelve books, including *Trauma and Play Therapy*, *Parents as Partners in Child Therapy*, and *Big Behaviors in Small Containers*.

**Robert Jason Grant, EdD, RPT-S,** is the creator of AutPlay® Therapy. He is a therapist, supervisor, and consultant and utilizes several years of advanced training and his own lived neurodivergent experience to provide affirming services to children and their families. He is an international trainer and keynote presenter and multi-published author of several articles and books. He is currently serving on the board of directors for the Association for Play Therapy.

**Fiona Hill, LPC,** is a licensed professional counselor-supervisor in Missouri and holds a national credential as a Registered Play Therapist™. She has extensive experience providing clinical services in nonprofit, government agency, and private practice settings. She is the owner of Lighthouse Play Therapy and Consulting Services, offering specialized therapeutic services in

the areas of childhood trauma and attachment disruption, as well as supporting families impacted by varying developmental needs within the family system.

**Johnnie L. Jenkins, III, PhD**, is a licensed professional counselor, registered play therapist supervisor, and certified professional clinical supervisor. He taught at Argosy University. Dr. Jenkins was a counselor at the Morehouse School of Medicine. Dr. Jenkins's practice, the Jenkins Center, uses CBT and play therapy to treat families. Dr. Jenkins lectures on play therapy and legislative advocacy. Dr. Jenkins conducts training for the National Counselor Examination. He holds membership in several associations. His degrees include a Bachelor of Science in Biology from Mercer University, a Master of Arts Degree in Psychology from the Georgia School of Professional Psychology, and a Master of Philosophy and PhD in Public Policy from Walden University.

**Zara Kenigsberg** is a clinical psychology doctoral student with a focus on trauma psychology at the University of Colorado, Colorado Springs (UCCS). Zara received her BA in psychology, with a minor in biology, from Vanderbilt University. She now serves as the lab coordinator for the Cognition, Emotion, and Well-Being lab under the direction of Steven Bistricky, PhD. Her research focuses on the cognitive and emotional processes surrounding trauma disclosure, and she hopes to develop educational resources for the public about supporting trauma survivors.

**Betty S. Lai** is an associate professor at Boston College. Lai's research focuses on the impacts of the climate crisis and disasters on children. Her work has examined children's mental and physical health following large-scale disasters. Her work also examines how advanced statistical modeling strategies may be applied to better understand how to minimize the effects of disasters on children's functioning. Lai is dedicated to training the next generation of scholars. Lai's book, *The Grant Writing Guide: A Road Map for Scholars* (Princeton University Press), includes strategies and insights gleaned from her interviews with scores of grant writing experts.

**Julia Linger, MA**, is a doctoral student in clinical and school psychology at James Madison University. She is interested in promoting resilience and post-traumatic growth among children and families who have experienced trauma. Julia cares deeply about creating safe spaces in the therapy room and in communities, and she believes in the healing power of relationships.

**Clair Mellenthin, LCSW, RPT-S**, is a renowned clinical supervisor, international speaker, and acclaimed play therapist. As the author of best-selling book

Attachment Centered Play Therapy, she brings unparalleled expertise to the field. With a wealth of experience as a play therapist and professor, Clair has significantly impacted the lives of numerous children and families. Recognized for her contributions, she is a sought-after expert in media, frequently sharing insights on children and family issues at both local and national levels. Clair's commitment to advancing the understanding and practice of play therapy has positioned her as an influential figure, shaping contemporary therapeutic approaches for children and leaving an enduring mark on the field.

**Claudio Mochi** is the Director of the University Master's Program in Play Therapy of the International Academy for Play Therapy (INA) and the founder and president of the Association for Play Therapy Italy (APTI). He is a psychologist and psychotherapist, a Registered Play Therapist Supervisor™, an expert in emergency interventions and disaster mental health with over 20 years of international field experience. Claudio has presented on play therapy and trauma on 6 continents totaling over 20 countries and many more cities. He has authored books, chapters, and numerous articles.

**Mauricio Montes** is a counseling psychology doctoral student at Boston College and a National Science Foundation Graduate Research Fellow and Bill Anderson Fund Fellow. Mauricio's clinical work and research center on applying intersectional approaches to better understand trauma exposure, symptomatology, and recovery. Mauricio is dedicated to contributing to the improvement of the accessibility, inclusivity, and effectiveness of treatments for trauma and stressor-related disorders to foster affirming and empowering healing journeys.

**Hannah Jarrett** holds an Educational Specialist degree in Clinical Mental Health Counseling. She has experience working in public schools, rural integrated behavioral health, and community outpatient settings. She is a clinician at Secure Child & Virginia Attachment Center, where she provides attachment and trauma-informed therapeutic support to children and families and assists with evaluations of caregiver-child relationships. Hannah is committed to supporting the emotional and relational health of children with trauma histories and advocating for system-level changes to support children and families who are disproportionately exposed to chronic stress, marginalization, and violence.

**Alexa Riobueno-Naylor, MA**, is a counseling psychology doctoral student at Boston College and Bill Anderson Fund Fellow. Her research explores the intersection of multiple disaster exposures and mental health outcomes for youth. Riobueno-Naylor's clinical work focuses on serving youth and families using

evidence-based, culturally informed interventions. She is dedicated to translating research findings into actionable insights that inform the development of effective prevention and intervention strategies for young people and their families.

**Margaret Ann Pauuw, PhD**, is an assistant professor at Eastern Michigan University and a licensed clinical social worker. Dr. Pauuw has been practicing social work since 2012, working mainly with people experiencing homelessness/housing insecurity and serious mental illness. Dr. Pauuw's research background includes social work practice in libraries and multidisciplinary treatment for youth and adults with psychosis.

**Mary Anne Peabody, EdD, LCSW, RPT-S**, is an associate professor at the University of Southern Maine, a licensed clinical social worker, a Registered Play Therapist Supervisor, and a retired K-12 school counselor. She has been a past board director of the Association of Play Therapy and received the 2019 APT Distinguished Service Award. Currently, she serves as Chair of the APT Foundation Board and on the editorial board of the *International Journal of Play Therapy*. A prolific author on play pedagogy in higher education and play therapy supervision, she presents internationally on a variety of topics, including feedback in play therapy supervision and the methodology of Seriously Therapeutic Play with LEGO®.

**Brian Quinones, EdD, LPC, ACS**, is a licensed professional counselor and a Registered Play Therapist Supervisor with a doctorate in Counseling Psychology. He is the co-owner of Gaming Approaches Towards Education, LLC in Edison, NJ. He uses an integrative gameplay approach to help individuals, families, and groups during therapy. Dr. Quinones uses gameplay to aid in developing healthier thoughts, feelings, and behaviors in our daily lives.

**Leanne Rohrbach-Stange, MSW, CSW**, is a Hematology Social Worker and Health Equity Specialist at Intermountain Health Primary Children's Hospital in Salt Lake City, Utah. Her areas of interest include working with children and their caregivers affected by acute and chronic illnesses who experience forms of grief associated with medical trauma. She takes great joy in playing outside, cuddling with kitties, dancing to live music, and traveling near and far with her husband.

**Jonathan B. Singer, PhD, LCSW**, is an internationally recognized expert in youth suicide and social work technology. He is Professor of Social Work at Loyola University Chicago, Past-President of the American Association of Suicidology, coauthor of two editions of the best-selling text *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and*

*Postvention*, co-lead of the Social Work Grand Challenge “Harness Technology for Social Good,” and founder and host of the award-winning Social Work Podcast, for which he was named a 2023 NASW Social Work Pioneer. He has chaired national committees for NASW and CSWE and served on advisory boards for Sandy Hook Promise, JED Foundation, Suicide Prevention Resource Center, and the 988 Suicide & Crisis Lifeline. He is the author of over 90 publications, and his research has been featured in national and international media outlets like *NPR*, *BBC*, *Fox*, *Time Magazine*, and *The Guardian*. In 2024, he was inducted as a Fellow of the Society for Social Work and Research. He lives in Evanston, IL, with his wife and three children and can be found on X/ Twitter at @socworkpodcast and on Facebook at facebook.com/swpodcast.

**Shelby Somers, LSW**, is a licensed social worker (LSW) working towards clinical licensure in the mental health field. She received her master’s in social work from Rutgers University and is a self-described “geek.” Professionally, she has experience working with children, teens, and adults through traditional talk therapy and EEG Neurofeedback. Shelby is an LGBTQ+ and neurodivergent affirming therapist with experience working with individuals and families across the lifespan. She has previously presented on topics such as fandoms and identity, as well as trauma-informed tabletop role-playing. She is also interested in utilizing tabletop role-playing games and board games in a therapeutic setting.

**Anne Stewart, PhD, RPT-S**, is a licensed clinical psychologist and playful practitioner of therapy across the lifespan. Dr. Stewart’s areas of teaching and scholarship include attachment and trauma-informed care, play therapy, couple and family therapy, crisis intervention, humanitarian demining/international stabilization, clinical supervision, interprofessional collaboration, and integrated behavioral health. With colleagues, she is an editor for *Play Therapy: A Comprehensive Guide to Theory and Practice*. She served as Chair of the Association for Play Therapy (APT) Board of Directors and founded the Virginia Association for Play Therapy. She is the recipient of the APT “Distinguished Service” Award, the Virginia Counselors Association’s Humanitarian and Caring Person Award, the Virginia Outstanding Faculty Award, and was elected to the National Academies of Practice in Psychology.

**Jessica Stone, PhD, RPT-S**, is a licensed psychologist working in a private practice setting. She has been a practitioner, professor, presenter, mentor, and author for more than 30 years. Dr. Stone’s interest in therapeutic digital tools, specifically using virtual reality, tablets, and consoles, has culminated in clinical mental health use and research for mental health, medical, and crisis settings. She is the co-creator of the Virtual Sandtray App for iPad (VSA) and the Virtual Sandtray for Virtual Reality (VSA-VR). Dr. Stone is the past Chief Psychology

Officer for AscendantVR, is a member of various boards, and serves as an affiliate of the East Carolina University College of Education Neurocognition Science Laboratory.

**Jose Tapia (he/him/his), PhD, CRC, LPC, RPT, NCC**, is an assistant professor in the Department of Counseling and Human Services in the College of Education at the University of Colorado Colorado Springs. He completed his PhD in counseling at the University of North Texas. Dr. Tapia's research agenda centers around disability-responsive practices in counseling across the lifespan. He is a Certified Rehabilitation Counselor, Licensed Professional Counselor, Registered Play Therapist, and National Certified Counselor. His clinical experiences have focused on serving clients with disabilities across the lifespan in English, Spanish, and American Sign Language. Finally, he has presented at the national, regional, state, and local level on topics related to graduate student success and mentorship, disability-responsive practices for serving people with disabilities, and bilingual counseling and supervision.

**Rachel Wethers** is a licensed clinical social worker in the states of Illinois, Michigan, and Missouri. She provides virtual therapy, specializing in trauma, attachment, anxiety, and neurodivergent needs and abilities. Rachel loves to be home with her fur family and friends or search the antique malls and garage sales for old-school games, toys, and memorabilia. [www.thehopecheststl.com](http://www.thehopecheststl.com).

**David P. Yells** is a professor of Psychology at Texas A&M University-Texarkana where he teaches abnormal psychology, personality theory, and psychopharmacology. He earned a PhD in developmental psychobiology at the University of Nebraska before spending 18 years at Utah Valley University. His research interests include psychopathology, with a specific interest in substance use disorders. Together, David and Kris have 7 children and 13 grandchildren. They enjoy traveling, reading, and listening to a wide range of music.

**Kristine J. Doty-Yells, PhD, LCSW**, is a therapist and the Founding Director of the MSW program at Texas A&M University-Texarkana. She earned her MSW at Brigham Young University and her PhD from the University of Utah. Her practice experience includes individual and group therapy in a trauma clinic, at a residential educational center for adults with learning disabilities, and crisis counseling in an emergency room. Kris is also a popular presenter for social work trainings around cultural issues and ethics. In addition to her academic work, Kris maintains a small private practice.



# Prologue: Trauma Impacts

JACKIE FLYNN

What does it even mean to be human? In a consultation group with trauma therapists, a few years prior to this writing, I asked consultees to write down “To be human is \_\_\_\_\_.” 10 times on a sheet of paper. Afterward, I directed them to finish the sentences with words or phrases that quickly came to mind. It was astonishing to witness the variety of reactions. Some struggled with finishing the first sentence, while others completed the full 10 with ease and continued to write until asked to stop. Each person had their own reality, likely shaped by their own experiences, processing, and beliefs about the life they had lived to date. Pondering the question of what it means to be human is necessary when it comes to constructively regarding the impacts of trauma.

Consider the multitude of people you’ve known throughout your life—strangers, community members, acquaintances, friends, family, the man at the bus stop you see every day. . . and most importantly yourself. You may think of some of these people with fondness and admiration and others with either indifference, confusion, or perhaps with a level of disdain. Some of these people may share similarities such as appearance, dialect, values, and more, but none of them are exactly alike. Even identical twins are distinct from one another, whether it be mannerisms, likes/dislikes, temperament, and so on.

Just as people are all unique and different, their experiences with and reactions to trauma are also different. Some people can seemingly tolerate immense amounts of stress, such as miscarriages, natural disasters, or relationship ruptures with little to no impact on their daily routines such as sleeping, eating, and functionality. Others seem to have a much lower stress threshold, losing the capacity to engage in the same daily life activities such as the aftermath of what some would view as less disturbing events such as lost car keys, brief conflict with a friend, or waking up to an empty container of coffee creamer in the refrigerator. Understanding trauma means to understand what feels safe and regulated for one person, can be experienced as unsafe, dysregulating,

and even traumatic to another. We are all unique, so expecting all people to experience a distressing event in the same way is not realistic.

Trauma impacts have been researched, conceptualized, and explored throughout the centuries. As a common human experience, the primary and secondary impacts of trauma continue to be a point of concern and interest for many. Trauma can be relentless and ruthless at times, stemming from acts of commission such as something tragic that happened, like violence, natural disasters, sexual assault, illness, loss, poor living conditions, abuse, or witnessing something horrific. Likewise, it can result from acts of omission or something that didn't happen—missing out on something that didn't happen that needed to, such as neglect, or not getting essential needs met during critical times of development. Regardless of whether the individual is healing from what did or didn't happen, the trauma impact can be very powerful.

Consider the voice of “Becca” as she explains the impacts of trauma (Becca is a fictional client comprised of multiple client experiences)—I’m always exhausted. My body aches. I wake up all night long, just staring at the ceiling for hours until I finally fall asleep. Since the rape, I’m numb “down there.” I’ve turned into a raging bitch, yelling at my husband and kids over nothing. I feel angry just looking at them. They’re so needy. Spoiled brats lately. No one understands how hard this is for me. All of my friends left. They weren’t really friends anyway. I can literally taste his nasty smell one hundred percent of the time. When I close my eyes, I can see his face clear as day. It’s been over a year already. I can’t do this anymore. I can’t even button my pants now. I’ve gained so much weight. I literally hate my life. It’d be easier to be dead than to live my life now.

Becca’s voice is one of many that speaks for the masses that have suffered in the throes of trauma. She is experiencing the impacts of trauma: disrupted sleep, numbness in the pelvic area, irritability, explosiveness, decreased stress tolerance, flashbacks, heightened senses, social engagement, fluctuations in weight, and suicide ideation. Trauma is impacting her family, clientele, society, her own sense of safety and self, and ultimately her world. This could be and has been statements from many of the clients I have worked with who are struggling with the impacts of trauma.

As a trauma focused therapist, I’ve learned about case studies and seen pictures of when bruises would reoccur during reprocessing from decades prior, as the body was re-experiencing the traumatic event, or pattern of events. Trauma can feel excruciating and miserable, changing neural pathways in the brain to be conducive to survival states. Trauma impacts rationale, relationships, and functionality with feelings of shame, helplessness, and hopelessness, much like a tornado erratically spinning around destroying whatever is in its path. It’s important to distinguish between what trauma is

and what it is not. Not everyone who experiences extreme distress is traumatized. What is merely unsettling to some, can be traumatizing to another. As people, we have varying thresholds of what our system can handle before the internal alarm system is activated. Trauma can impact life in seemingly unrelated ways, leaving individuals, families, and communities perplexed, wondering about the roots of issues, not knowing the connection to trauma.

One of my young adult clients watched her mother die a violent death at a young age. Since her mother's death, she has developed an addiction to exercise. At first glance, one could view her addiction as dedication to her health. Unfortunately, exercise consumed her thoughts, took up much of her waking hours, caused her to develop injuries, lose relationships, and limited her capacity to go to work. Dr. Gabor Mate's definition of addiction would propose that my client could not slow down or stop on her own accord (2022). She recognized her focus on exercise as problematic but felt powerless to change. During her mother's funeral, my client overheard someone say "I wish she would've taken better care of her physical health. Perhaps this could've been prevented." The links can be nearly unidentifiable, leading to the felt sense of defectiveness. Sometimes something as seemingly insignificant as a well-meaning comment or misperception during a stressful time can greatly impact one's mental and physical health problems, causing one to feel shameful for what is happening inside of the nervous system. Perhaps one of the biggest impacts is feeling shameful for being human.

In the chapters of this book, there is a trove of psychotherapeutic insights from experienced and knowledgeable clinicians in the field of mental health who have committed their personal and professional lives to helping the traumatized, working as clinical psychologists and psychotherapists, developing and teaching trainings, writing books, creating therapeutic tools, participating in suicide awareness campaigns, and more. They are in the metaphorical trenches working with traumatized individuals and providing robust therapeutic approaches such as Sandtray Therapy, EMDR Therapy, Play Therapies (TraumaPlay™, Digital Play Therapy™, Attachment Centered Play Therapy, AutPlay® Therapy), Expressive Therapy, Neurofeedback, Brainspotting, and other modalities that have the potential necessary to heal trauma.

Therapy can improve, and in many cases, save lives. Trauma creates emotional wounds that can be felt in the body, and trauma-focused therapy can often heal trauma wounds. However, the type of therapy is secondary in importance to the safety and connectedness found in a healthy therapeutic relationship—a strong therapeutic relationship is at the core of all effective therapy. Otherwise, the nervous system may go into defense states to protect the person, causing therapy to be ineffective and possibly more traumatizing.

To this end, Dr. Bessel van der Kolk (2015) describes the big challenge of treating trauma in therapy as helping people live in bodies that don't feel safe, especially in the being. Without safety, even the most powerful type of therapies, as the ones listed above, will be ineffective.

The intention of this book is to inform you about various impacts of trauma with beams of hope for healing throughout. The impacts of trauma do not need to be a life sentence of misery and suffering. Perhaps every person reading this book can pose the following personal question, "What is at least one way I can support a global paradigm on the truths of trauma?" Some may decide to educate others on the importance of safety and connection, with the intent to debunk the common belief that the pain can be punished away. Others may wish to provide a more direct approach such as meeting the basic needs of traumatized people through food, shelter, and physical safety. As you read this chapter, you will better understand the impacts of trauma on individuals, specific groups, and societies. It is imperative that therapists conceptualize the impacts as they work with clients processing such powerful experiences.

#### REFERENCES

- Maté, G., & Maté, D. (2022). *The myth of normal: Trauma, illness, & healing in a toxic culture*. Avery (Penguin Random House).
- Van der Kolk, B. A. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.

# Foreword

When I started graduate school in 1965, at Washington University in St. Louis, to pursue a PhD in Clinical Psychology, there were few options for mental health professionals to understand and treat trauma compared to today. A half-century ago, there were studies of shell shock and combat neuroses primarily related to soldiers in combat from the two world wars. However, the study of post-traumatic stress disorder (PTSD) as we now know it through a myriad of writings and frequent teaching workshops in the mental health field was lacking. Yet, in the mid-60s, a time when the Vietnam War was creating mounting casualties, including psychiatric disorders, the young veterans coming back from the war arrived in great numbers on an acute unit of John Cochran V.A. Hospital where I was assigned part of the time that I served a 4-year traineeship and internship.

The situation was acute and called for state-of-the-art trauma treatment at a time in the mental health field when there was sparse knowledge base to draw upon and few trauma treatment programs that were available especially compared to now. Prior to the adoption of PTSD in the third edition of the Diagnostic and Statistical Manual (DSM-III,1980), the classification was Traumatic War Neurosis. At that time, psychiatrists applied the diagnosis only to adults who had experienced traumatic events. It was not until the publication of the fourth edition of the DSM (DSM-IV) in 1994 that the psychiatric field recognized PTSD as a diagnosis for children and adolescents. Since then, research has continued to develop our understanding of PTSD in children and improve methods for diagnosing and treating this condition in younger populations.

DSM-III (1980) described several symptoms and behavioral abnormalities commonly associated with PTSD. These include depression, anxiety, increased irritability linked with sporadic and unpredictable explosions of aggressive behavior, impulsivity, substance use disorders, suicidal actions, occupational impairment, and interference with interpersonal relationships (Boman, 1985). I remember vividly the fear I experienced as a young psychology trainee

in the psychiatric wards of John Cochran V.A. Hospital when a veteran would erupt in a sudden, unpredictable explosion of rage and aggressive behavior that would require three or more sturdy ward attendants to subdue and restrain the patient. In our current world, we would understand such episodes as likely triggered by traumatic memories. The main library resources prior to 1965 were Abram Kardiner's (1941) *War Neuroses: Their Psychological and Clinical Aspects*, Roy Grinker and John Spiegel's (1945) *The Traumatic Neuroses of War*, and Charles S. Meyers' (1941) *Shell Shock and its Lessons*. These texts written after World War I and World War II provided important insights rooted in psychoanalytic theory into the clinical features of traumatic war neurosis. It was on the bedrock of these careful observations and the analytic treatment of post-war veterans that later advances in theory and treatment developed.

Among the best-known researchers on PTSD in the past 50 years include Judith Herman, Bessel van der Kolk, Edna Foa, and Bruce Perry. Other seminal contributors include Daniel Siegel, Allan Schore, Glenn Saxe, Judith Cohen, Anthony Mannarino, and Esther Deblinger among others. These researchers have conducted extensive studies on the dynamics of trauma, PTSD symptoms, and effective treatment strategies for PTSD.

A major appeal of this book, in addition to its focus on a wide variety of impacts resulting from trauma, is the three editors. Each of them, Jessica Stone, Robert Jason Grant, and Clair Mellenthin, is widely known in the play therapy field and for their writings and creative work in the field. All three are experienced clinicians who know firsthand the challenges and rewards of treating trauma in the field. The editors selected chapter authors well-qualified to cover an original and interesting array of topics capturing the impacts of trauma, including to the editors' credit a chapter on the impact on the therapist. Importantly, the book contains an excellent chapter on self-care as well. The impacts of trauma may be quite apparent while others are more subtle, but all involve enduring suffering that observers should never minimize or trivialize.

PTSD is a severe mental illness affecting both children and adults globally. Although the symptoms of PTSD can be debilitating, the good news is that researchers and treating clinicians are developing new treatment options, including play therapy, trauma-focused cognitive behavioral therapy, and eye movement desensitization and reprocessing (EMDR) therapy. The capable authors of this book describe an even newer treatment for child trauma, virtual reality (VR). The primary focus of this book is the impacts of trauma since there are abundant writings focused on the contributing factors that cause trauma in both adults and children. This is an essential exploration because trauma can have short-term effects but often longer-term impacts as well. It is my conviction that the acute symptoms of PTSD, which may resolve in the first 90 days after trauma exposure, do not begin to convey the major impact of interpersonal trauma. This is clearly the case in chronic or complex trauma

when abusers inflict interpersonal trauma (consisting of physical or sexual abuse, neglect, or witnessing domestic violence) repeatedly sometimes throughout the child's developmental years. The impact of such deliberately inflicted trauma, often by family members or caregivers whom the child once trusted, may rupture their sense of trust, making it difficult to repair because of the betrayal the child feels. For years or decades after, the victim of complex trauma may fear intimacy and closeness and without effective treatment the suffering can extend far beyond the acute symptoms, such as intrusive images, nightmares, and startling reactions. I will briefly describe three of the better known as well as a new innovative treatment for child trauma below.

### TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY

Trauma-focused cognitive behavioral therapy (TF-CBT): This is an evidence-based treatment approach that shows effectiveness to reduce trauma symptoms in children. It combines cognitive behavioral techniques with trauma-specific interventions.

### PLAY THERAPY

Play therapy is a form of therapy frequently used for children with PTSD. Play therapy involves the use of toys, games, fantasy, imagination, and symbolic communication. Therapists encourage children to use play to work through their trauma and emotions. An advantage of play therapy is that children can use the symbolism and metaphors of play to regulate the distance or closeness to the traumatic material. The child is in control of the pacing thus keeping therapy a safe place.

### EYE MOVEMENT DESENSITIZATION AND REPROCESSING THERAPY

Eye movement desensitization and reprocessing (EMDR) therapy is a form of therapy that involves using eye movements, sounds, or tapping to help individuals process traumatic memories. It is a widely used treatment for PTSD in adults, and recent research has demonstrated that it can also be effective in children.

### VIRTUAL REALITY THERAPY

Virtual reality (VR) is a computer-generated environment that can simulate sensory experiences. VR therapy for PTSD involves exposing individuals to virtual environments that are like their traumatic experiences. While this is a novel approach, the research thus far is promising.

## CONCLUSION

This book discusses recent developments and innovations in the treatment of PTSD in children, including CBT, play therapy, EMDR therapy, and VR therapy. Most importantly, it discusses a wide range of impacts that trauma has on children and families. The treatments presented in this book have shown promising results in reducing the symptoms of PTSD in children. Future research should focus on improving the methods and techniques of these therapies, making them more accessible and affordable to children worldwide. Child trauma significantly impacts the lives of children, and it is essential that we continue to seek new and innovative ways to treat it. This book is an important contribution toward that aim.

**David A. Crenshaw, PhD, ABPP, RPT-S**, Author, Chief of Clinical Services, Children's Home of Poughkeepsie, Licensed and Certified Clinical Psychologist, Fellow of the American Psychological Association



# Introduction

CLAIR MELLENTHIN and JESSICA STONE

Trauma surrounds us, transcending geographical boundaries and lines of intersectionality. It pervades every corner of the world, impacting individuals, communities, and society at large. Through various mediums such as television, social media, and podcasts, our consciousness can become immersed in a deluge of stories depicting any number of atrocities occurring globally. We actively seek out this information, exposing ourselves collectively to primary and secondary forms of trauma. However, our perception tends to focus primarily on the individual experience, disregarding the profound impact on those who share their space within our collective memory.

Trauma often tricks our brain into thinking *I am completely alone* and *No one could ever begin to imagine the pain and anguish I am experiencing*. This leads to isolation and a closing off from relationships; when ironically, relationships are crucial for healing (despite often being the source of pain). The aftermath of trauma and its impact on interpersonal relationships, social support networks, and the broader environment are frequently overlooked, silenced, or disregarded. Yet, this omission suppresses a crucial component of the trauma narrative. Without acknowledging these effects, constructing a coherent story for the individual's healing becomes challenging. As Van der Kolk aptly states, "Being traumatized means continuing to organize your life as if the trauma were still ongoing - unchanged and immutable - as every new encounter or event is contaminated by the past." (2015, p. 53). When all parties involved in a traumatic experience begin to withdraw and isolate themselves, concealing their pain, shame, and secrets, the very bonds that are meant to foster healing and connection become fragmented and strained. The act of closing off from one another contributes to the fraying of these bonds, thus hindering the potential for healing and growth.

## THE IMPACT OF TRAUMA

Our understanding of traumatic experiences includes those that involve exposure to real or threatened physical and/or sexual violence, death, serious injury, and being witness to these events (American Psychiatric

Association, 2022). Large-scale natural disasters, war, famine, racism, migration, immigration, and global pandemics often form the eye-grabbing headlines of the day. These global and community-based traumas impact our lives in complex mechanisms throughout the many systems and subsystems we interact with daily. Large-scale disasters, such as war, natural calamities, and climate change, place significant strain on vital resources that a society requires for its survival. These encompass essential aspects such as healthcare, economic security, and environmental safety. The overwhelming impact of such disasters exacerbates the challenges in ensuring the availability and effectiveness of these critical resources.

Our present global interconnectedness has mitigated the isolating effects that previous generations faced when conflicts were limited to their immediate communities. A prime illustration of this is the ongoing war in Ukraine, which presently affects grain availability and prices worldwide. Consequently, this has led to food insecurity in various African nations, declining stock prices in the United States, fuel shortages throughout Europe, and, with the latest assault, water insecurity across Ukraine and neighboring countries. The looming threat of a potential nuclear disaster adds a layer of risk that would impact the entirety of Europe (United Nations, 2023).

The interconnected nature of our world underscores the intricate relationships between multiple ecosystems, revealing how they mutually influence and impact one another. This interconnectedness extends to the lives of all individuals within these intersecting subsystems. Even though traumas may arise at local or community level, the profound effects ripple through the lives of those directly or indirectly exposed. It is crucial to recognize both the visible and hidden dimensions of trauma in order to support those most affected in forging a path toward healing. By acknowledging the overt and covert impacts of trauma, we can foster a comprehensive understanding and offer meaningful assistance to those on their healing journey.

## IMPACT ON THE INDIVIDUAL

Trauma can manifest either in an individual's isolated experience or within the intricate framework of a dynamic or systemic context. Regardless of the manifestation, the impact of trauma on the individual is profound and far-reaching. At the individual level, trauma can disrupt cognitive processes, distort emotional regulation, and impair the development of a coherent sense of self (van der Kolk, 2015; Weisner, 2020). The consequences of trauma on the individual's mental, emotional, and physical well-being can be enduring, necessitating sensitive and comprehensive interventions to promote healing and recovery.

Within the individual, a complex network of neural clusters forms cognitive and emotional connections to the present traumatic event, as well as any past experiences. These interconnected neural pathways contribute to the profound impact of the trauma on the individual's psyche. Moreover, the connections between the individual and the various systems they are a part of, including current relationships and intergenerational influences, compound and complicate the overall trauma experience. The interplay between these elements further shapes the individual's perception and response to the trauma, highlighting the intricate and multifaceted nature of its effects.

Regardless of the duration, repetitive nature, or uniqueness of the traumatic experiences, individuals may perceive the trauma as a separate entity from others, internally navigating its unique impact (Lynn, 2022). Traumatic experiences can encompass both objective and subjective characteristics, as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2015). Objective characteristics refer to tangible and observable elements, while subjective characteristics pertain to internal processes, such as emotional responses. The nature and components of the event(s), an individual's personal characteristics, the specific type of trauma, and sociocultural factors all contribute to how an individual is affected by the traumatic experience (Lynn, 2022).

## IMPACT ON THE FAMILY SYSTEM

Covert or "invisible" forms of trauma, which occur within interpersonal relationships, have a profound and lasting impact on an individual's life trajectory and development. Coined by Herman (1992), the term "complex trauma" describes the repetitive experience of chronic physical, sexual, and emotional abuse within the parent-child or family relationship. When this chronic complex trauma persists across generations within a family, it is known as intergenerational transmission of trauma (Fitzgerald et al., 2020). The traumatic experiences are passed down from one generation to the next through their interactions.

Childhood victimization involving multiple forms of abuse impairs neurodevelopment, relational learning, and overall physical and emotional well-being. This cycle of chronic and complex trauma leads to the development of anxious and insecure attachment styles, depressive symptoms, and complex post-traumatic stress disorder (C-PTSD) symptoms, such as dissociation and affect dysregulation, in adulthood (Spinazzola et al., 2021).

These interpersonally experienced, covert traumas have a profound impact on individuals, shaping their development and leaving an indelible mark on their lives. Recognizing and understanding the effects of complex trauma is