A Trauma-Informed Approach to Psychological Assessment

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SAMHSA
Substance Abuse and Mental Health Services Administration

Mountain Plains (HHS Region 8)
MHTTC Mental Health Technology Transfer Center Network
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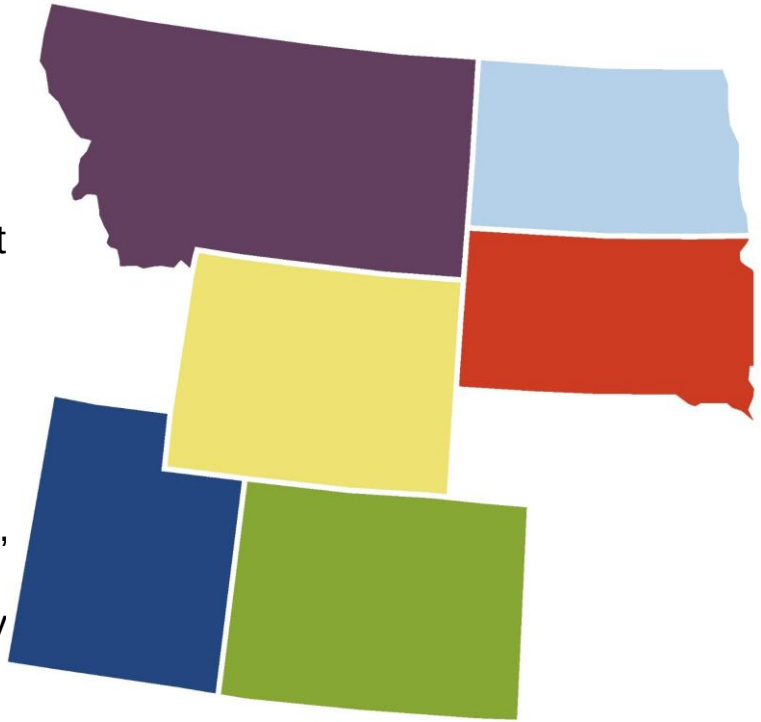
The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered and trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

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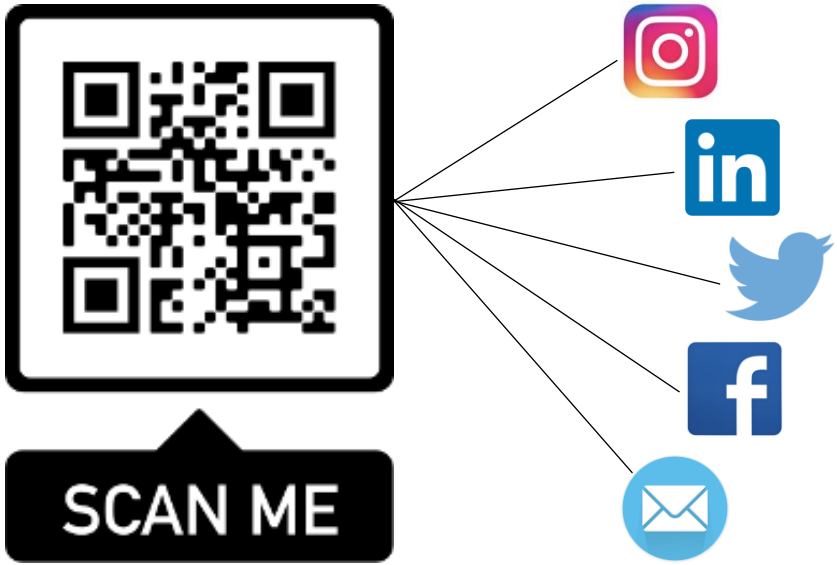


A Trauma-Informed Approach to Psychological Assessment

Melanie M. Wilcox, Ph.D., ABPP

About Me

- Ph.D., Counseling Psychology, University at Albany (2015)

- Assistant Professor of Psychology, Augusta University
  - Fall 2024: Associate Professor of Counseling Psychology, University at Albany
- Research:
  - Culturally and structurally responsive psychotherapy and training
  - Racial and socioeconomic inequity in higher education
  - Whiteness, antiracism, social justice
- President-Elect, Society of Counseling Psychology
- Licensed Psychologist and Board Certified in Counseling Psychology
  - Part-time practice (100% telehealth), Aguirre Center for Inclusive Psychotherapy in Atlanta

Objectives

01

Understand

Trauma definitions and explanations

02

Explain

The prevalence of stress and trauma

03

Recognize

Implications of trauma on psychodiagnosis

04

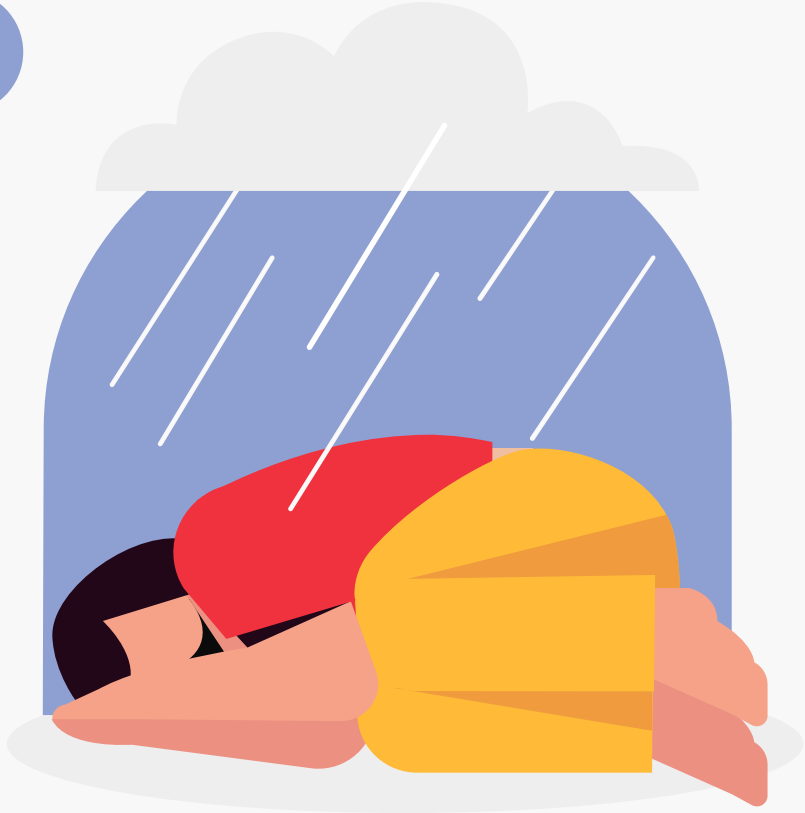
Learn to Integrate

Trauma-informed approaches in clinical and psychological assessment

First: Why Do We Do Assessment?

- Differential diagnosis
- Understand strengths and weaknesses
- Clarify nature of symptomology
- Inform treatment

We can't do any of this well if we are missing a piece of the puzzle.



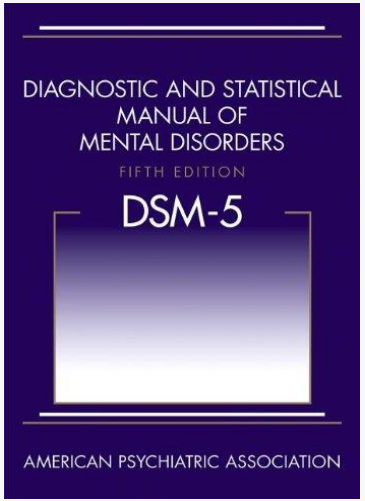
Understanding Trauma

What Is Trauma?

How the DSM defines Trauma (p. 271)

PTSD "Criterion A": Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s)
2. Witnessing, in person, the event as it occurred to others
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or a friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse)



Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work-related.

What Is Trauma?

… it's a lot more than DSM Criterion A

Trauma consists of highly stressful events *or* conditions that…

- Substantially and/or chronically activate the central nervous system (our threat system; fight-flight-freeze)
- Distort our self-concept
- Alter our brain circuitry to prioritize threat recognition and threat response

What Are “Threats”?

The Life Events Checklist-5 (LEC-5) offers a view of the DSM-5’s operationalization

What might this miss?

LEC-5 Standard

Instructions: Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you’re not sure if it fits; or (f) it doesn’t apply to you.

Be sure to consider your *entire life* (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not sure	Doesn’t apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)						
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						
9. Other unwanted or uncomfortable sexual experience						
10. Combat or exposure to a war-zone (in the military or as a civilian)						
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)						
12. Life-threatening illness or injury						
13. Severe human suffering						
14. Sudden violent death (for example, homicide, suicide)						
15. Sudden accidental death						
16. Serious injury, harm, or death you caused to someone else						
17. Any other very stressful event or experience						

Living in a Traumatic World

The DSM-5 criteria explicitly disqualify traumatic events that are learned of or witnessed via an electronic medium (even in the recent TR).

Does this work in our modern era?

- Learning of mass shootings, gun violence – things that any viewer/reader could expect to experience themselves
- Learning of identity-based violence – things that readers/viewers who share those identities could expect to experience themselves
- Learning of increasing political oppression that impacts one's sense of safety and security

Living in a Traumatic World

Inability to have our basic needs consistently met also represents threat to safety and life

- Financial precarity
- Housing insecurity
- Food insecurity
- Job insecurity
- Inadequate access to health care

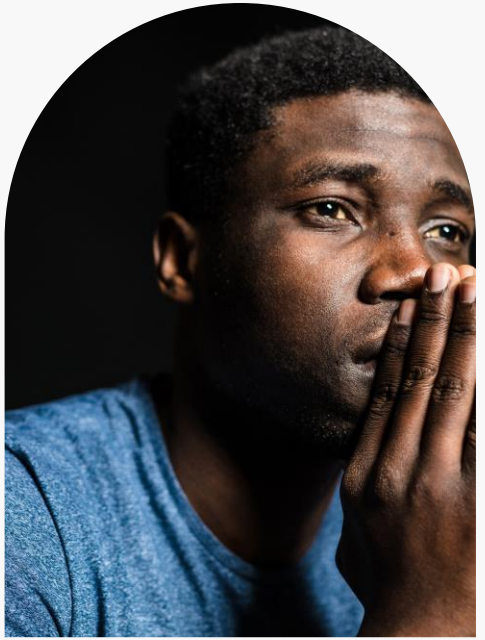
Living in a Traumatic World

Substantial research makes clear the reality and impact of oppression-based trauma

- Racism-based trauma
- Sexism-based trauma
- Cissexist-based trauma
- Heterosexism-based trauma
- Ableism-based trauma

And more

These are not discrete, easily-identifiable events; but rather, ongoing subtle stressors and conditions



Living in a Traumatic World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Home > News & advocacy > Press room > Press releases > 2023 >

Date created: November 1, 2023

Stress in America™ 2023: A nation grappling with psychological impacts of collective trauma

Stress Mental Health Trauma Money

APA Stress in America surveys make clear that we are a nation inundated by severe chronic stressors

In 2019 (pre-pandemic), fear of gun violence was a top stressor, with many adults reporting fear of going out in public as a result

In 2023, the majority (67% and 63%) of both the 18-34 and 35-44 age groups reported feeling “completely consumed” by financial worries

Two thirds of the younger group said that stress makes it hard for them to focus; half reported that it renders them numb and that most days they are so stressed they cannot function.

AGES 18 TO 34

2023 2019

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MAJOR STRESSORS

% WHO RATE AS A SIGNIFICANT STRESSOR

INCREASES IN MAJOR STRESSORS SINCE 2019

YOUNGER ADULTS REPORT EFFECTS OF STRESS THE MOST

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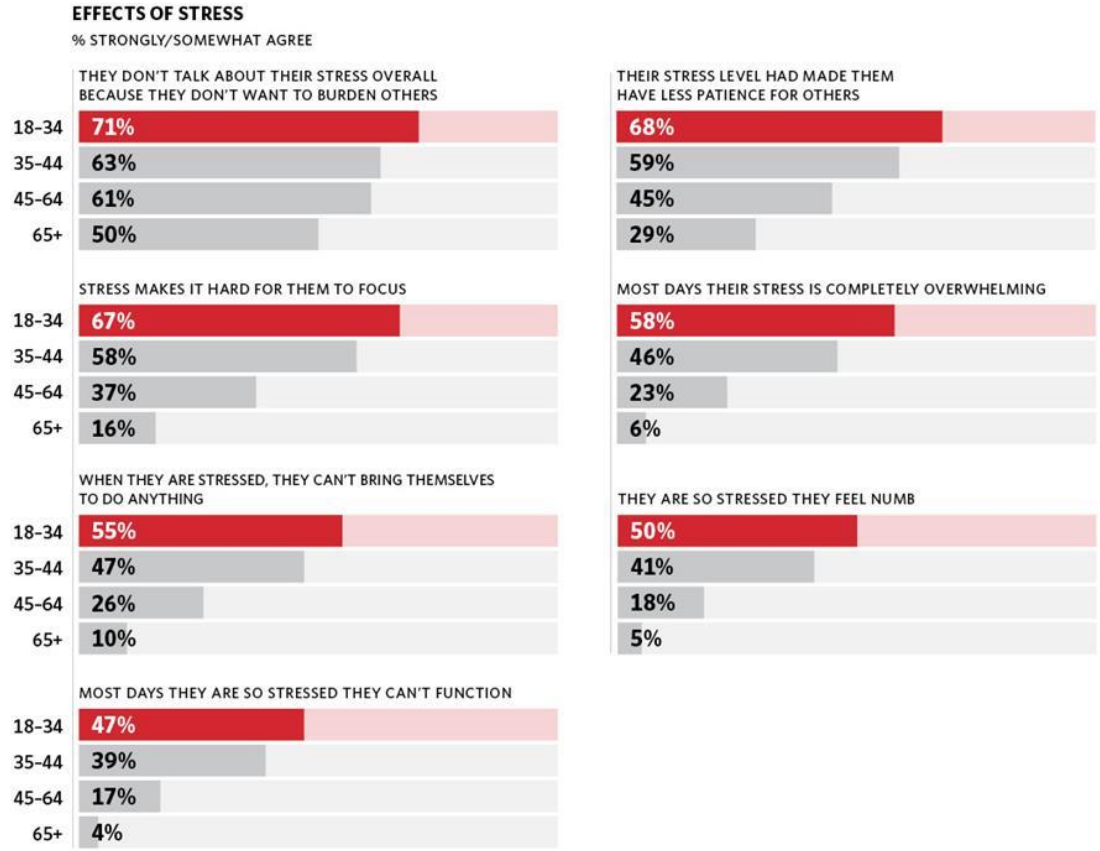

STRESS IN AMERICA™ 2023

% WHO REPORT PAYING FOR ESSENTIALS IS CAUSING THEM STRESS

AMONG THOSE WHO REPORT MONEY AS A SIGNIFICANT SOURCE OF STRESS

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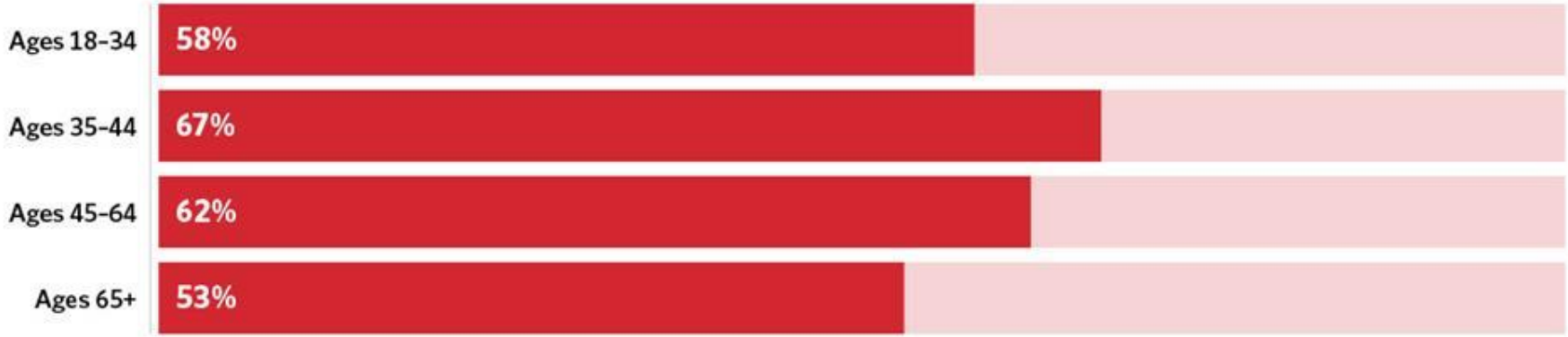

AGES 35 TO 44

■ 2023 ■ 2019

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MAJOR STRESSORS

% WHO RATE AS A SIGNIFICANT STRESSOR

INCREASES IN MAJOR STRESSORS SINCE 2019

Discrimination and disparities in stress pervade

Discrimination is not only a stressor in some adults' minds, but perhaps a very real presence in their everyday life and potentially a harm to their personal safety. Although financial and health-related stress are top of mind for adults in the U.S., discrimination and personal safety also are concerns. Nearly two in five (39%) said that personal safety is a significant source of stress in their lives, in congruence with more than a quarter (27%) who said discrimination is as well. For those who have experienced at least one act of discrimination, many attributed it to their age (36%), their race (28%), or their gender (22%).

Everyday discrimination is significant for LGBTQIA+ adults. For example, LGBTQIA+ adults were more likely than those who do not identify as LGBTQIA+ to:

- Cite discrimination as a significant stressor (45% vs. 24%).
- Say they don't feel comfortable voicing their experiences around others for fear of how they would react (57% vs. 44%).
- Not feel accepted in their community (43% vs. 25%).

Similar trends are seen among adults with disabilities. Adults with a disability were more likely than adults without a disability to:

- Cite discrimination as a significant stressor (34% vs. 22%).
- Say they don't feel comfortable voicing their experiences around others for fear of how they would react (57% vs. 40%).
- Not feel accepted in their community (40% vs. 21%).

When looking across racial/ethnic identities, Black and Latino/a/e adults were more likely than Asian and White adults to cite discrimination as a significant stressor (43% and 40% vs. 31% and 19%). Black adults were more likely than White adults to have ever experienced a range of acts of discrimination.

Let’s Not Forget about ACEs

Adverse Childhood Experiences

61%

of adults

Have an ACE score of at least 1

15-20%
of adults

Have an ACE score of **four or more** – substantially increasing poor outcomes

Up to
21 million

Cases of depression result from ACES

Toxic stressors occurring during childhood that include, but are not limited to, violence, abuse, growing up in a family with mental health or substance abuse problems, household dysfunction, parental loss, verbal abuse, neglect, economic insecurity, and community-level variables such as community violence.

They are often passed down intergenerationally

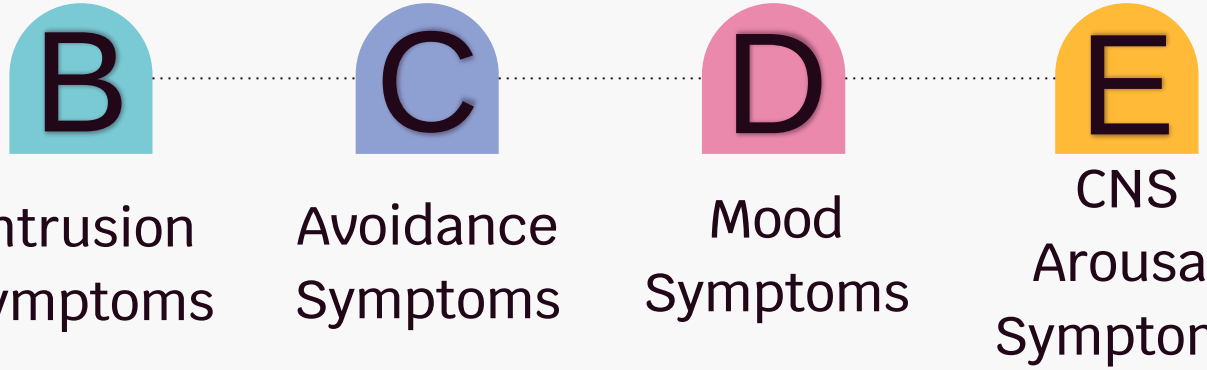
(Centers for Disease Control; vetoviolence.cdc.gov)

Are we taking all of these detrimental experiences into account?

PTSD and C-PTSD

Result from all of these aforementioned experiences and more – none of which are technically accounted for by DSM PTSD Criterion A

DSM-5 PTSD Criteria B-E



All of these routinely present in the absence of a Criterion A trauma but in the presence of chronic stressors

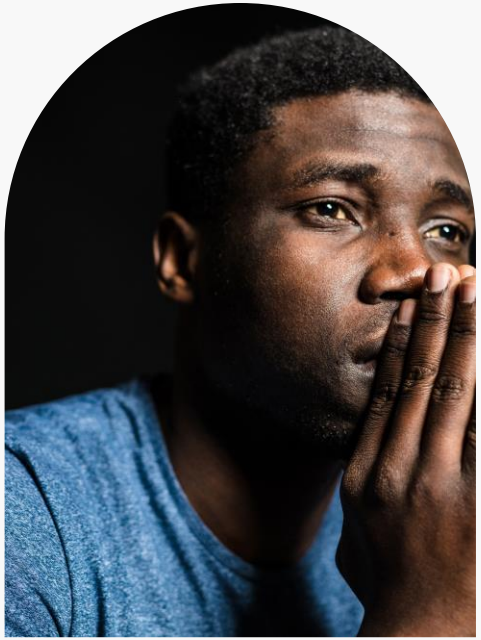
Complex PTSD (C-PTSD)

While C-PTSD is not in the DSM-5 or DSM-5-TR (though it was supposed to be; van der Kolk, 2015), it is in the ICD-11, and is well-understood by researchers and trauma specialists.

Per the ICD-11, C-PTSD symptomology includes the aforementioned PTSD symptomology domains, plus:

1. Emotion regulation difficulties
2. Negative alterations to self-concept (e.g., guilt, shame)
3. Relationship difficulties

Research shows that C-PTSD is distinct from PTSD. As well, C-PTSD tends to result from chronic traumatic stressors, whereas PTSD tends to result from single horrific events; however, sometimes a single "Criterion A" trauma leads to C-PTSD, and sometimes chronic traumatic stressors lead to PTSD (Cloitre, 2020).



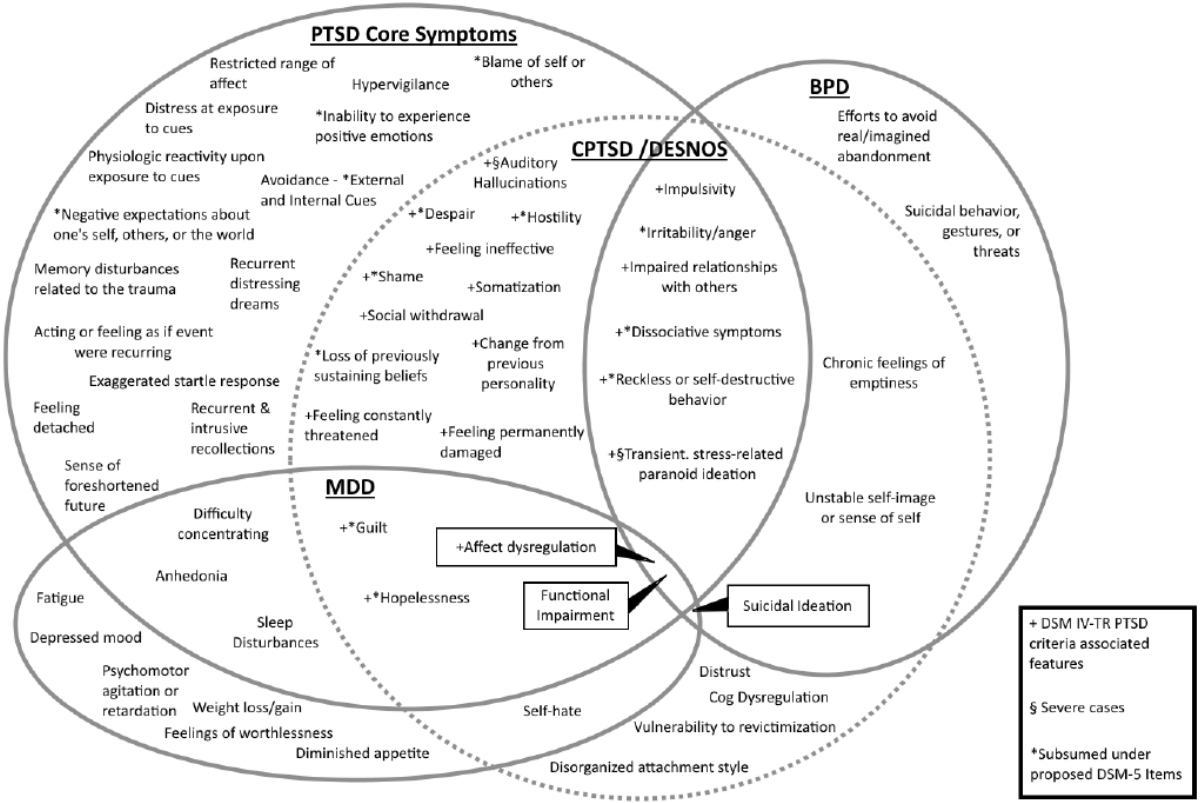


Figure 1. Venn diagram of the overlap between posttraumatic stress disorder (PTSD) core symptoms, PTSD-associated symptoms, disorders of extreme stress not otherwise specified (DESNOS)/complex PTSD, borderline personality disorder (BPD), and major depressive disorder (MDD).

As you can see...

- Stress and trauma are far more common than we sometimes realize
- Complex PTSD, underrecognized in clinical practice in part due to the DSM, can look like other disorders and thus be misdiagnosed (commonly, as PDs!)
- For accurate assessment and diagnosis, it is crucial that we understand C-PTSD and traumatic stressors beyond merely “Criterion A” traumas.

How Can We Better Assess?

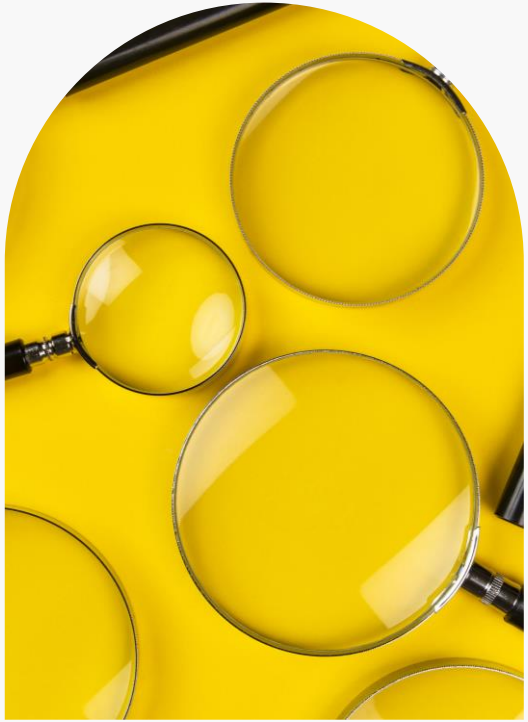
Whether you are engaging in comprehensive psychological assessment as a psychologist, or engaging in clinical assessment as a counselor or psychiatrist, trauma-informed assessment is crucial

Often, this begins with an *extremely* thorough clinical interview/gathering of background information. There is no substitute for this.

Remember to ask about and listen for not just Criterion A traumas, but also:

- Adverse childhood experiences (not only the original list of 10)
- Oppression-based trauma
- Early unmet relational needs
- Basic needs insecurity/precarity

How Can We Better Assess?



- Listen not only for *events/environment*, but *symptoms* of PTSD and, especially, C-PTSD
  - Clients won't always know to report events/environments, but we can recognize the symptoms
- Whenever the symptom profile seems chaotic, high likelihood of C-PTSD

How Can We Better Assess?

Screen!

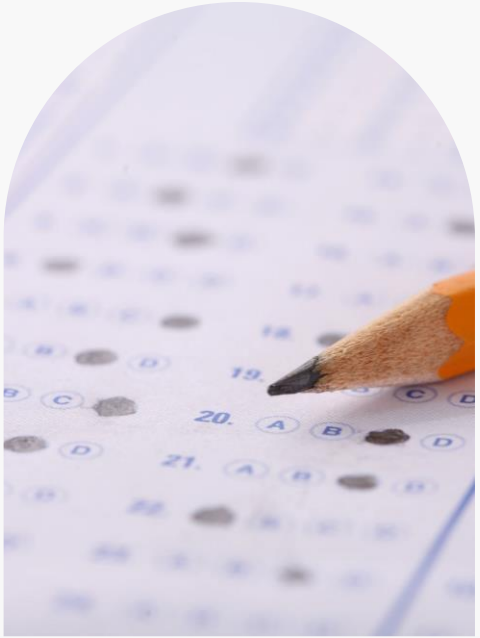
The Adverse Childhood Experiences Questionnaire is an easy screening instrument to include in intake paperwork or any session.

- Short, easy to administer and score
- Only accounts for the original 10 ACEs

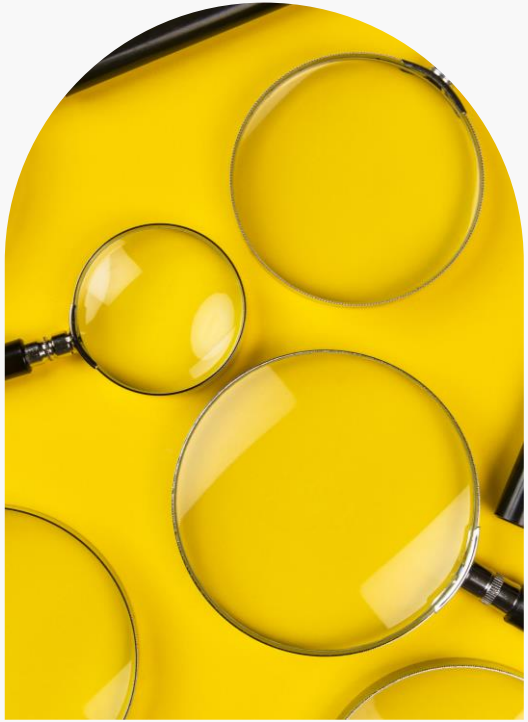
- Philadelphia ACEs Project (https://www.philadelphiaaces.org) has a questionnaire that includes community-level ACEs

- Other expanded versions also available

- Follow up on answers; listen for discrepancies



How Can We Better Assess?



Test!

- Brief scales such as the LEC-5 and the PCL-5 are commonly used, but focus on DSM criteria and Criterion A traumas
- The ACE questionnaires similarly ask about specific events and experiences
- Inclusion of trauma *symptom* measures that are psychometrically valid is important

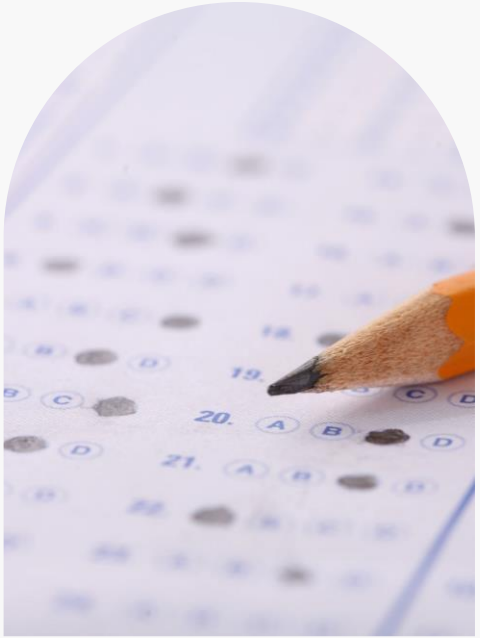
How Can We Better Assess?

- Psychometrically valid trauma symptom assessment should be a standard part of any psychodiagnostic assessment

- For adults, the Trauma Symptom Inventory—2 provides a picture of trauma symptomology that covers the DSM criteria for PTSD as well as C-PTSD symptomology
- There are multiple child versions of the same instrument:
  - *Trauma Symptom Checklist for Children*
  - *Trauma Symptom Checklist for Young Children*

- There are also versions of these scales that omit questions pertaining to sex when such avoidance is necessary or desirable

- Validity scales help to identify over- and under-reporting



Crucial Notes re: ADHD Diagnosis and Assessment

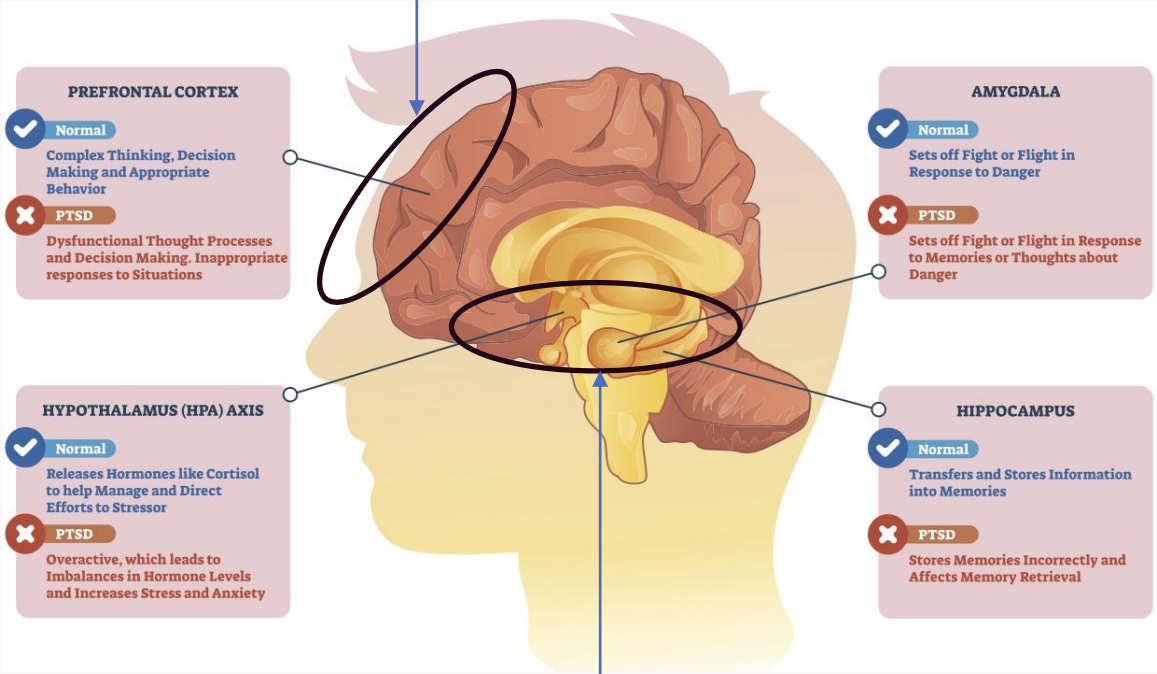
1. Symptom checklists only identify the self-experience of executive function symptoms; most symptoms on these checklists overlap completely with anxiety and trauma

2. Computerized executive function tests can tell us that EF symptoms exist, but cannot tell us the *why* – and there are many causes of EF symptoms, including anxiety and trauma

3. Good trauma measures are necessary to help rule in and/or rule out trauma symptomology as cause of EF symptoms

Executive Functions and the Brain

This goes offline (bye bye, executive functioning!)



So this can come online

Conclusions

Trauma and chronic stressors are pervasive

C-PTSD is underidentified and underdiagnosed

We need to adequately (thoroughly) assess for trauma symptomology in clinical and psychodiagnostic assessment

Thanks!

Questions?

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