



PROGRAM MATERIALS

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Complex Trauma in Criminal Defense: A Developmental Approach to Mitigation

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Complex Trauma in Criminal Defense:

A Developmental Approach to Mitigation

BOOK RECOMMENDATION

**Handbook of Mitigation in Criminal and Immigration Forensics:
Humanizing the Client Towards a Better Legal Outcome. SEVENTH
EDITION 2021**

**Psychosocial Evaluations and Consultation in Civil Litigation:
Strategies to Understand and Humanize the Client. 2021.**

Handbook of Mitigation in Criminal and Immigration Forensics

Humanizing the Client
Towards a Better Legal
Outcome

SEVENTH EDITION

MARK S. SILVER
M.A., LCSW, PhD, JD.

**PSYCHOSOCIAL
EVALUATIONS AND
CONSULTATION IN
CIVIL LITIGATION:**

*Strategies to Understand
and Humanize the Client*

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Redacted Sample Report

For a free sample mitigation report please email me at:
marksilver1@cs.com

- Put your name, address, and other law office info so I know you are a lawyer and not spam
- Put the word “complextrauma” to weed out spam and I will send it back as an attachment

CLE Outline

PART I: Complex Trauma Definition / Mitigation

PART II: Psycho-Social Evaluations

PART III: Adverse Childhood Experiences (ACE)

Part IV: Developmental Perspective on Trauma due to Abuse and Neglect

PART V: Psychiatric Consequences of Complex Trauma

PART I:
Complex Trauma Definition

Complex Trauma: Definition

Complex trauma describes both children's exposure to severe and pervasive multiple traumatic events (such as abuse and neglect)—often of an invasive, or interpersonal nature—and the wide-ranging, long-term effects of this exposure to a child's emotional and neurological development harming the child's ability to self-regulate emotions or relate to others.

A caregiver's bond is normally the fundamental source of stability, safety, certainty, and security in a child's life, and the lack of a healthy and reliable primary attachment can fundamentally undermine the child's development.

(see - <https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma>)

Red Flags for Complex Trauma

- Death Penalty Cases (Wiggins v. Smith) / Murder / Serious Crime
- Clients with multiple arrests
- Don't assume your client doesn't have complex trauma, even among white collar cases
- Clients from deprived, dysfunctional, or chaotic homes or communities
- Systemic abuses and / or neglect
- Abused spouses / partners
- Self-destructive clients who undermine their own best interest repeatedly and jeopardize their well-being

Red Flags for Complex Trauma Con't

- Borderline Personality Disorder
- Sex Crimes
- Child Pornography
- Clients with very odd presentations or severe disorganization
- ADHD-ish / hypersensitivity
- Criminal Immigration

Legal Basis for Mitigation

Courts shall impose a sentence sufficient, but not greater than necessary, to comply with the purposes [of the statute]. 18 USC § 3553(a)

No limitation shall be placed on the information concerning the background, character, and conduct of a person convicted of an offense which a court of the United States may receive and consider for the purpose of imposing an appropriate sentence. 18 USC § 3661

In the memorandum of law presented by the lawyer for sentencing purposes it is crucial to interweave 18 USC § 3553(a) and 18 USC § 3661 criteria into key mitigation factors outlined in the mitigation report.

This will afford the prosecutor and judge to consider and understand the client's psychosocial issues as *legal mitigating factors*, rather than simply background information established for the sake of general argument.

That is, criminal mitigation is not simply an effective tool for the sake of argument but a necessary factual underpinning to support the factors in 18 USC § 3553(a) and other relevant case law.

Purpose of Mitigation

- Humanize client through a sympathetic narrative
- Induce empathy for the reader
- Document client's life history
- Contextualize client's conduct
- Professional expression can replace self-expression
- Not just a mental health report
- Single document theory
- Disabuse parties of bias and prejudice
- Dispel nonexistent patterns
- Counter the the government's presentence report

PART II: Psycho-Social Evaluations

Psychosocial Evaluation: Definition

The bio-psychosocial evaluation is conducted to determine if there are any factors that would explain how the client has come to be in his current position with particular consideration for:

- strengths and weaknesses / vulnerabilities in the client's background
- general experiences as a child
- quality of relationships to immediate and extended family members (family dynamics)
- the health and well-being of the client (including psychopathology)
- interaction with his environment and community in the context of education, employment, and socialization
- childhood stressors, traumas, or other major challenges
- humanize client !

Criteria

- Family-Systems Analysis
- Childhood Development
- Social Skills & Peer Rejection
- Sexual Development
- Hobbies & Interests
- Community Ties, Friends
- Education & Employment
- Finances & Poverty
- Military Service
- Self-care (ADL's)
- Drug & Alcohol History

Violence, Abuses, Trauma, War
Volunteer Community & Charity
Arrests & Criminal History
Languages - spoken/written
Role & Communication
Legal Issues
Religious Devotion
Support System/Caregivers
Cultural Issues & Role Models
Mental (DSM) & Medical Health
Racism & Prejudice

Psychosocial History

Psychosocial histories should be garnered with consideration for the client's family of origin and community regardless of the case. This has a dual purpose:

- First, the individual may have experienced physical and emotional abuse even in his family of origin and, second, it helps to normalize the process.
- Second, it is my experience that abuse tends to be systemic in nature and the psychosocial history will uncover persecution in unsuspected areas.
- Moreover, beginning solely with the abuses tends to reinforce the pathology of his personal experience. It can be quite helpful to begin with pleasant memories from childhood when the individual may still have enjoyed love and care in his family of origin and even in his community.

I – PRE-BIRTH CARE

ISSUE -> PRESENT -> IMPACT

- Parental Drug Use (Fetal Alcohol Syndrome)
- Proper Pre-natal Care
- Wanted Infant
- Trauma to Mother/Child
- Pregnancy Complications
- Delivery Complications

II – POST-BIRTH CARE

ISSUE -> PRESENT -> IMPACT

- Adequate Food, Shelter, Clothing
- Warmth or Affection
- Violent Environment
- Safe & Secure
- Consistent Environment
- Balanced Values & Priorities (Reasonable Expectations)
- Fair Treatment
- Positive Role Models
- Independence Encouraged
- Infant Developmental Milestones

III – FAMILY FACTORS

ISSUE -> PRESENT -> IMPACT

- | | |
|-------------------------------|--------------------------|
| • Parental Criminality | Parental Employment |
| • Abuse | Neglect |
| • Parental Psychopathology | Parental Medical |
| • Poor Supervision | Poor Discipline |
| • Parents Relations Problems | Child Relations Problems |
| • Appropriate Family Roles | Appropriate Family Comm. |
| • Healthy Family Environment | Residential Mobility |
| • Parent-Child Separation | Sibling Separation |
| • Alternate Caregivers | Deaths & Others Losses |
| • Social-Services Involvement | |

IV – CHILDHOOD BEHAVIORAL HEALTH

ISSUE -> PRESENT -> IMPACT

- Emotionally Stable
- Behaviorally Stable
- Aggressiveness
- Restless/Hyperactive
- Concentration/Attention
- Risk-Taking
- Childhood Disorders
- Dishonest Acts/Lying
- Developmental Milestones
- Healthy Hobbies/Interests
- Medical Problems
- Healthy Sexual Development

V – SCHOOL / EDUCATION

ISSUE -> PRESENT -> IMPACT

- Academic Failures
- Low Bonding to School
- Truancy
- Dropping Out
- School Transitions
- Aggressiveness in School
- Attention/Concentration

VI – PEER-RELATED FACTORS

ISSUE -> PRESENT -> IMPACT

- Delinquent Siblings
- Delinquent Friends
- Peer Rejection
- Gang Membership
- Dependency
- Poor Peer Interaction
- Isolation
- Other Corruptive Influences
- Non-Healthy Sexual Involvement with Others

VII – SELF-CONCEPT

ISSUE -> PRESENT -> IMPACT

- Self-Esteem
- Self-Blame
- Proper Boundaries
- Frustrations & Vulnerabilities
- Resilience
- Overwhelmed
- Anxiety, Fears, Isolation
- Losses & Trauma
- Sleep Issues & Nightmares
- Confusion, Resentment & Disappointments

Self-Trust, Self- Love

Outlook

Values, Ideals & Hopes

Understanding of Needs

Self-Preservation

Depression & Sadness

Uncertainties & Instability

Psychosis

Eating Problems

PART III:
Adverse Childhood Experiences
(ACE)

Reference

A Handful of Aces: Another Approach Under §3553 (a)

By David B. Savitz

The Champion

January / February 2019 pp. 34-43.

Adverse Childhood Experiences (ACE)

Maladaptive risk behaviors emerge from negative life experiences:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Intimate partner violence
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

ACE (con't)

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. Adverse Childhood Experiences have been linked to:

- risky health behaviors,
- chronic health conditions,
- low life potential, and
- early death.
- As the number of ACEs increases, so does the risk for these outcomes.

See - https://www.cdc.gov/violenceprevention/acestudy/about_ace.html

ACE (con't)



More ACEs → Negative Outcome

- **Suicide attempts.** ACEs in any category increased the risk of attempted suicide by 2- to 5-fold throughout a person's lifespan. Individuals who reported *6 or more ACEs* had 24.36 times increased odds of attempting suicide.
- **Lifetime depressive episodes.** Exposure to ACEs may increase the risk of experiencing depressive disorders well into adulthood—sometimes decades after ACEs occur.
- **Sleep disturbances in adults.** People with a history of ACEs have a higher likelihood of experiencing self-reported sleep disorders.
- **High-risk sexual behaviors.** Women with ACEs have reported risky sexual behaviors, including early intercourse, having had 30 or more sexual partners, and perceiving themselves to be at risk for HIV/AIDS. Sexual minorities who experience ACEs also demonstrate earlier sexual debut.
- **Fetal mortality.** Fetal deaths attributed to adolescent pregnancy may result from underlying ACEs rather than adolescent pregnancy.
- **Pregnancy outcomes.** Each additional ACE a mother experienced during early childhood is associated with decreased birth weight and gestational age of her infant at birth.
- **Negative physical health outcomes.** Experiencing adverse childhood family experiences may increase the risk for long-term physical health problems (e.g., diabetes, heart attack) in adults.

ACE TEST QUESTIONS

- Prior to your 18th birthday:
- Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
No ___ If Yes, enter 1 ___
- Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
No ___ If Yes, enter 1 ___
- Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
No ___ If Yes, enter 1 ___
- Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
No ___ If Yes, enter 1 ___
- Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
No ___ If Yes, enter 1 ___

ACE TEST QUESTIONS (con't)

- Were your parents ever separated or divorced?
No ___ If Yes, enter 1 ___
- Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her? or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
No ___ If Yes, enter 1 ___
- Did you live with anyone who was a problem drinker or alcoholic, or who used street
drugs?
No ___ If Yes, enter 1 ___
- Was a household member depressed or mentally ill, or did a household member attempt
suicide? No ___ If Yes, enter 1 ___
- Did a household member go to prison?
No ___ If Yes, enter 1 ___
- Now add up your “Yes” answers: _ This is your ACE Score

CAVEATS

- ACE can affect individuals who are not poor, not a minority, and living in a safe and healthy community (think white collar cases)
- Severity of a single incident can be systemically damaging
- Micro-aggressions can lead to systemically damaging harm
- People perceive and are affected by abuse / harm in idiosyncratic ways
- Resilience (an individual's ability to contend with adversity) varies greatly
- Intergenerational Trauma: client's harm and also client's parents (and grandparents) and caregivers (eg, Holocaust survivors)
- Single (car accident) vs. Sustained (spousal abuse) vs. Complex Trauma (ACES)

Other Evaluation Tools

- See pre-sentence investigation report CLE
- Psycho-social conclusions are about the same as neuro-psych testing
- <http://www.ihs-trainet.com/field-guide-to-child-welfare.html>

Community Trauma

- Violence
- Drugs
- Gangs
- Prostitution
- Guns

Part IV:

Developmental Perspective on
Trauma due to Abuse and Neglect:
Developmental Trauma is where
Trauma meets Attachment

NOT AN EVENT, BUT A SERIES OF EVENTS

- Repeated and chronic stressors
- Marinated in trauma
- Layers of trauma
- Purposeful
- Malignant
- Hateful

Damage in Developmental Stages

- At one time it was believed that developmental milestones pertained only to infants and young children, however, today it is understood that development occurs throughout the lifecycle.
- Children must develop in a manner that permits them to gain a sense of well-being in a predictable, certain, safe, stable, and secure home and community environment WITH HEALTHY EMOTIONAL ATTACHMENTS and PHYSICAL BONDS.
- Without which, it is simply impossible to achieve normal developmental milestones, such that the individual will find that his development is fundamentally undermined and his future jeopardized in a profound way prohibiting normal and healthy functioning and interaction with others in his community.

Lower to Higher Regional Brain Development Disruption

See- <https://training.cfsrportal.acf.hhs.gov/section-4-trauma-child-welfare-system/2447>

- To understand how maltreatment can affect a child's neurological development, it is important to first understand that the brain is organized into and develops within four distinct regions. These regions range from least to most complex, and each region develops, organizes, and becomes fully functional at different stages of a child's development.
- One of the more critical functions of the lower, or "micro-level," brain regions is the creation of neural networks that facilitate simultaneous communication across the regions. Impairment of these neural networks can result in a myriad of dysfunctions that extend from the lower regions to the higher, or "macro-level," regions. Thus, brain development in the higher regions that control functions like perception, reasoning, emotion, and problem-solving is dependent on development in the lower regions.
- Many of the micro-level brain processes, including the critical development of neural networks, are dependent on an optimal level of activation, which in part comes from the environment or experience of the child. When the child has adverse experiences, such as loss, threat, neglect, or abuse, the brain's developmental processes can be disrupted in the micro-level areas and the neural connections can wither. This, in turn, can have a cascading negative effect on the macro-level regions of the brain. Depending on the degree and duration of the adverse experience, these effects can be significant and hamper the child's functioning well into adulthood.

Loss of Empathy Not Psychopathy

Early childhood, during which neurons are organized to form the complex workings of the brain, is a critical time for brain development. This development includes essential neurological processes that establish patterns of behavioral and emotional functioning during subsequent stages of life. Since a child's early experiences and environment can significantly affect the development of specific areas of the brain, the **impact of neglect** and the **impact of abuse** on a child's brain can seriously affect his or her ability to regulate emotions and become emotionally connected with others in the future, including EMPATHY. (Not psychopathy.)

Child Abuse and Neglect: Definitions

Child abuse and neglect is any act or series of acts of commission or omission by a parent or other caregiver (e.g., clergy, coach, teacher) that results in harm, potential for harm, or threat of harm to a child.

- **Acts of Commission (Abuse)**
- **Words or overt actions that cause harm, potential harm, or threat of harm**
- Acts of commission are deliberate and intentional. However, harm to a child might not be the intended consequence. Intention only applies to caregiver acts—not the consequences of those acts. For example, a caregiver might intend to hit a child as punishment (i.e., hitting the child is not accidental or unintentional), but not intend to cause the child to have a concussion. The following types of abuse involve acts of commission:
 - Physical abuse
 - Sexual abuse
 - Psychological abuse

Child Abuse and Neglect: Definitions (Con't)

Acts of Omission (Child Neglect)

Failure to provide needs or to protect from harm or potential harm

- Acts of omission are the failure to provide for a child's basic physical, emotional, or educational needs or to protect a child from harm or potential harm. Like acts of commission, harm to a child might not be the intended consequence. The following types of neglect involve acts of omission:
- Physical neglect
- Emotional neglect
- Medical and dental neglect
- Educational neglect
- Inadequate supervision
- Exposure to violent environments
- JUST AS ABUSE CAN BE REPEATED AND CHRONIC, NEGELCT CAN ALSO BE REPEATED AND CHRONIC
- Just as abuse can be repeated / chronic, neglect can also be repeated / chronic. Example, repeated disappointment of a father not showing up for a birthday leading to feelings of abandonment and foolishness.

Leeb RT, Paulozzi L, Melanson C, Simon T, Arias I. Child Maltreatment surveillance: uniform definitions for public health and recommended data elements, version 1.0. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2008. Available from: [Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements Cdc-pdf\[4.12MB, 148Pages, 508\]](#)

Risk Factors for Victimization

Individual Risk Factors

- Children younger than 4 years of age
- Special needs that may increase caregiver burden (e.g., disabilities, mental health issues, and chronic physical illnesses)

Risk Factors for Perpetration

- Parents' lack of understanding of children's needs, child development and parenting skills
- Parental history of child abuse and or neglect
- Substance abuse and/or mental health issues including depression in the family
- Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income
- Nonbiological, transient caregivers in the home (e.g., mother's male partner)
- Parental thoughts and emotions that tend to support or justify maltreatment behaviors

Risk Factors for Victimization (Con't)

Family Risk Factors

- Social isolation
- Family disorganization, dissolution, and violence, including intimate partner violence
- Parenting stress, poor parent-child relationships, and negative interactions

Community Risk Factors

- Community violence
- Concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, and high density of alcohol outlets), and poor social connections.

Impact of Abuse

- Abuse, like neglect, can severely affect a child's neurological development. While mild or moderate levels of stress for a child within a supportive and nurturing environment can promote adaptive coping skills, abuse or severe neglect can expose children to chronic and abnormal levels of stress, which in turn can lead to elevated levels of cortisol, a stress hormone. These levels can become toxic and stunt the tissue growth of the hippocampus, an area of the brain that affects the child's ability to respond to future stress, regulate emotion, and retain memory.
- Heightened stress can also impede the development of the prefrontal cortex, a part of the brain that controls critical functions like focusing, planning, self-regulation, and decision-making. All of these functions are essential for children to successfully navigate their way later in life, academically, in relationships, and in the workplace.

Behavioral / Emotional Functioning

- Children affected by trauma may present a variety of emotional issues. They may have experienced ongoing assault to their self-esteem from blaming or humiliating messages from a caregiver, or from lack of positive attention in a neglectful environment. **They may feel powerless, vulnerable, exploited, used, and unlovable.**
- Because capacities to safely express emotions and to regulate emotional experiences are linked, children exposed to [complex trauma](#) may show impairment in both of these skills due to neurological deficits and resort instead to **maladaptive coping behaviors such as dissociation or emotional detachment** to avoid further pain and anxiety. Dissociation can occur to varying degrees; in its most intense form, children may emotionally separate from their bodies during a traumatic event and become unaware of their surroundings. Following the trauma, **memories of that experience may trigger the dissociative reaction.** Other maladaptive coping behaviors include **avoidance, which is withdrawal** from a stressor or situation, and substance use or abuse.

Behavioral / Emotional Functioning (con't)

- Children exposed to trauma may also be "internally agitated" and display hyper-vigilance, an exaggerated startle response, a fast heart rate, and increased muscle tone. They may also have great difficulty maintaining a state of internal calm. Many traumatized children are diagnosed with Post-Traumatic Stress Disorder (PTSD), which may bring with it any number of these effects as well as panic attacks. Other common emotional and psychological effects of trauma are attention problems, bed-wetting, concentration problems, sexual reactivity, and acting out. The traumatized child may suffer from insomnia, depression, eating disorders, inability to concentrate, and self-mutilation. Additionally, a maltreated child may experience excessive loneliness, paranoia, lack of interest in daily activities, and poor relationships with others.
- Because trauma-affected children may have multiple emotional issues and deficits, behavioral problems are not uncommon. Children who have experienced trauma may react with apathy, defiance, aggression, cruelty, and even rage in their day-to-day lives; they may appear unreceptive to treatment and efforts to intervene, and may be difficult for caregivers and teachers to manage. These children tend to have more placement changes in care, and caseworkers may be inclined to blame them for taxing caregivers to the point that the child's removal is requested. Many maltreated children exhibit emotional problems to the extent that a mental health diagnosis is made.
- Permanent state of terror -> neurological changes
- Never regain emotional equilibrium

Impact of Neglect

- Whether it is a lack of emotional or physical nurturance, neglect can negatively affect the child's neurological development. **If a caregiver is depressed, chronically stressed, inconsistent, or absent, this can adversely affect the brain's neural networks that help the child to regulate stress and benefit from healthy, nurturing support.** Essentially, these early experiences between the caregiver and child create a template for the child's brain, setting up associations that help determine the child's balance between resilience and vulnerability. **Bonding and healthy caregiver/child interaction are critical in ensuring normal brain development;** thus, the negative impact of neglect on the developing brain, beginning in the lower regions and expanding into the higher regions, can significantly impede a child's ability to develop socially and emotionally, and to meet developmental milestones.
- For example, one of an **infant's primary tasks is to determine how to have his or her needs met.** Infants constantly assess whether their cries for comfort and food are answered or ignored. When infants feel safe and secure and their needs for food and soothing are met, their brains are free to explore, focus on the objects and people in the world around them, and develop socially and cognitively. **If, however, responses to them are inconsistent or harsh, infants will concentrate their energy and brainwork on survival** or ensuring that their needs are met. As a result, it becomes increasingly difficult for them to interact with surrounding people and objects, as their mental and emotional resources are focused on other tasks and their brains shut out the stimulation needed to develop healthy cognitive and social skills.
- Sense of **betrayal at its core and deception.** I must have done something wrong / bad to be neglected or abandoned.

CYCLE OF ABUSE -> PATTERNS OF HARM

- (1) a physical, sexual and/or emotional abuse incident
- (2) followed by a “making up” period, during which the batterer may apologize for the abuse and promise that it will never happen again
- (3) this leads to a period of “calm,” during which the batterer acts as if the abuse never happened and the victim may hope the abuse is over
- (4) next comes the “tension building” when the batterer renews his anger and the victim feels the need to calm or appease him.
- (5) Finally, the tension builds into another incident of abuse and the cycle continues in this fashion unless and until the victim is able to escape the domestic violence permanently

CYCLE OF ABUSE

- Patterns may not exist
- Abusers may act without reason or without known reason
- Arbitrary or Capricious
- Blind hatred (eg, racism)
- Psychopathy
- Idiosyncratic
- May be cultural
- Absence of patterns leads to greater psychological harm

Don't Forget Physical Trauma

- Head Trauma: minor head trauma can cause major psychiatric issues
- Pre-natal trauma (FAS)
- Behavior may be the expression of the problem

Detailed Memories of Harm

1. Outrageous: an occurrence that is exceptionally out of the ordinary
2. Qualified: qualified by the shame or guilt that the client feels
3. Impossible to forget: retaining a scar due to violence

PART V:
Psychiatric Consequences
Of Complex Trauma

Epigenetics

- In biology, **epigenetics** is the study of heritable phenotype changes that do not involve alterations in the DNA sequence. Epigenetics most often involves changes that affect gene activity and expression, but the term can also be used to describe any heritable phenotypic change. Such effects on cellular and physiological phenotypic traits may result from external or environmental factors, or be part of normal development. The standard definition of epigenetics requires these alterations to be heritable in the progeny of either cells or organisms.

Effects of Complex Trauma

Children exposed to complex trauma often experience lifelong problems that place them at risk for multiple dysfunctions, including:

- Substance abuse or other addictions
- Psychiatric disorders
- Chronic physical illnesses
- Poor parenting of their own children
- Relationship and workplace problems
- Involvement with the criminal justice system
- Needless to say, the impact of complex trauma can be severe, diverse, and persistent across several domains of functioning, with difficulties extending from childhood through adolescence and into adulthood.

Effects of Complex Trauma (Con't)

- If you are constantly thinking about safety and security you have no brain power left over to think about curiosity and wonder, or focus on school and family, or love
- You cannot test or learn about yourself or others
- Loss of childhood malleability
- Who am I? Do I matter? Do I have impact? Am I nothing? Is it possible that no one cares about me at all?
- You cannot blossom
- Stress response systems always activated at a heightened level focus on survival and not playing or exploring their world
- Survival brain active and learning brain is dulled
- Creates a **value system** and lens through which the child views the world

Effects of Complex Trauma (con't)

- conceptualize harm broadly
- Consider egg-shell rule. The victim of abuse may have suffered previous psychological harm in a different context so that he was particularly fragile and / or vulnerable
- Consider not only how the client has been actively harmed but what he has lost. That is, he may have lost a fundamental sense of safety, security, stability, certainty, predictability that has undermined his self-confidence, self-esteem, and even self-worth, loss of trust in one's self
- quality of life issues: deficits in everyday activities (ADLs)
- interpersonal friction - Disorganized Attachments
- lifestyle changes
- community loss

How are Decisions Made?

- Emotions not rationality

vs. Richard Posner: Rational Player theory

Psychological Attitudes Towards the Abuser

- Hatred to an abusive parent
- Guilt that the individual does not protect others
- Sympathy for a parent who was overwhelmed
- Anger towards a passive / abused parent
- Indifference / emotionally empty / psychologically shut-down
- Identification with abuser
- Emulates drug addiction or other dangerous behavior, especially if culturally valid

Neurological and Cognitive

Trauma fundamentally effects:

- Brain and nervous system dysregulation - > emotional dysregulation
- Permanent state of terror -> neurological changes
- Never regain emotional equilibrium
- constant distress and pain and suffering / no exit door
- never feeling at ease or self-confident or safe / stable / secure again
- how we process information or learn new information
- lose train of thought or even right words
- memory (including short-term / long-term memory)
- How he understand ourselves / others / hard to communicate with others
- shapes our values
- how we contend with our surroundings
- decision-making, planning, insight, judgment
- overreactive nervous system / exaggerated startled response

Emotional Consequences

- Shame / humiliation
- Fears and anxieties as a way of life (generalized)
- Constant exhaustion / feeling overwhelmed
- Cannot modulate anger / rage
- Feeling of inescapable helplessness
- Tendency to overreact / Hypervigilance
- Normal coping mechanisms are undermined or absent
- Unable to process fight or flight responses
- Feeling of incompetence, worthlessness, uselessness, stupidity, inadequacy
- Chronic sense of betrayal and distrust of others -> and even oneself
- Distrust of intimacy
- Hopes and dreams undermined -> despair, dark, and doom as a chronic outlook -> existence = suffering
- Loss of faith in value and God / time stands still
- Existential negativity -> Life makes no sense / meaningless existence

Medical and Physical Consequences

- A wide range of healthcare consequences
- The healthcare issues and psychological / psychiatric issues inform one another in a negative manner

Intellectual or Learning Disability or Limited Education

- Poorly educated / illiterate helps explain client's poor self-advocacy. In such cases clients must be permitted to relate their story in a manner consistent with their level of ability and comfort
- Learning disabilities can also interfere with higher level skills such as organization, time planning, abstract reasoning, long or short term memory and attention.
- Truancy
- No value in education
- School bullying
- IQ testing
- Learning Disorder and Developmental Delays
- *Loco Parentis*
- Has your client ever read a book? Can your client undertake basic math?

Separation Anxiety Disorder / Attachment Disorder

Developmentally inappropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached, as evidenced by three (or more) of the following:

- (1) recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated
- (2) persistent and excessive worry about losing, or about possible harm befalling, major attachment figures
- (3) persistent and excessive worry that an untoward event will lead to separation from a major attachment figure (e.g., getting lost or being kidnapped)
- (4) persistent reluctance or refusal to go to school or elsewhere because of fear of separation
- (5) persistently and excessively fearful or reluctant to be alone or without major attachment figures at home or without significant adults in other settings
- (6) persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home
- (7) repeated nightmares involving the theme of separation
- (8) repeated complaints of physical symptoms (such as headaches, stomachaches, nausea, or vomiting) when separation from major attachment figures occurs or is anticipated

- Disorganized Attachments
- Never regain emotional equilibrium

Borderline Personality Disorder

- Crucial consideration for criminal defense lawyers
- Separate CLE

Social and Interpersonal Consequences

- Social Awkwardness, Shyness
- Social Anxiety
- Interpersonal Friction
- Easily Annoyed by Others
- Violence as a Means of Communication
- Communication as a Means of Violence
- Personality Disorders

Attention Deficit Disorder (ADHD)

- Not a childhood diagnosis
- Disorganized cognitively and otherwise
- THIS IS A NEUROLOGICAL DISORDER NOT A LEARNING DISORDER
- Inattention and even hyperactivity can be induced through the bombardment of (extraneous) external stimuli, which simply prohibits the individual from focusing in a normal manner on normal daily activities. This is particularly true when such external extraneous stimuli are particularly dangerous in nature, such that the individual must remain hypervigilant at all times.
- Hypervigilance necessarily forces the individual to focus on his immediate surroundings to stave off anxiety and/or as a form of adaptive self-protection. However it harms the individual because it prohibits him from properly focusing on or prioritizing matters in normal way. Individuals who grow up in violent or chaos filled homes and/or communities must at all times remain vigilant, such that the individual is prohibited from properly focusing on normal childhood needs, such as homework, classroom lessons, and so on.

ADHD (Con't)

Symptoms of inattention	Symptoms of hyperactivity and impulsivity
Often fails to give close attention to detail or makes mistakes	Often fidgets with or taps hands and feet, or squirms in seat
Often has difficulty sustaining attention in tasks or activities	Often leaves seat in situations when remaining seated is expected
Often does not seem to listen when spoken to directly	Often runs and climbs in situations where it is inappropriate (in adolescents or adults, may be limited to feeling restless)
Often does not follow through on instructions and fails to finish schoolwork or workplace duties	Often unable to play or engage in leisure activities quietly
Often has difficulty organizing tasks and activities	Is often 'on the go', acting as if 'driven by a motor'
Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort	Often talks excessively
Often loses things necessary for tasks or activities	Often blurts out answers before a question has been completed
Is easily distracted by extraneous stimuli	Often has difficulty waiting their turn
Is often forgetful in daily activities	Often interrupts or intrudes on others

Posttraumatic Stress Disorder

- Person experienced, witnessed, or was confronted with an event(s) that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or other
- Stressor: Person responds with intense fear, helplessness, or horror
- Intrusion symptoms: Re-experiences
- Avoidance of stimuli associated with the trauma
- Negative alterations in cognitions and mood
- Alterations in arousal and reactivity

Major Depressive Disorder

- depressed mood nearly every day, as indicated by subjective feelings of sadness and emptiness and crying
- hopelessness / helplessness
- low energy
- anhedonia (crucial)
- low self-esteem
- psychomotor retardation / agitation
- fatigue or loss of energy
- feelings of worthlessness or excessive or inappropriate guilt (which may be delusional)
- poor or erratic appetite
- significant difficulty staying or falling asleep / nightmares
- diminished ability to think or concentrate, or indecisiveness

Suicidality (active or passive)

Helpless feelings of overwhelming despair and deep psychological helpless pain

- Active suicidality is often accompanied by a thought out plan that may or may not be realistic or even coherent.
- Passive suicidality concerns thoughts of death or dying and may include the person stating that they wonder what it would be like never having to wake up so that their pain would vanish. Passive suicidality is ideational.

Feelings of Worthlessness / Learned Helplessness

A condition in which a person suffers from a sense of powerlessness, arising from a traumatic event or persistent failure to succeed.

- Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional)
- Victims of abuse often feel shame, humiliation, and self-blame for having become intimately involved with an abuser.
- Made to feel worthless and unloved yet remained helpless and trapped in a dangerous environment

Panic Attacks

- Shortness of breath or hyperventilation
- Heart palpitations or a racing heart
- Chest tightening, pain, or discomfort
- Trembling or shaking
- Choking feeling
- Feeling unreal or detached from your surroundings
- Sweating
- Nausea or upset stomach

Somatization / Conversion Disorder

- Chronic trauma / anxiety / mental illnesses that cause bodily symptoms, including pain. The symptoms can't be traced back to any physical cause and not the result of substance abuse or another mental illness.
- People with somatoform disorders are not faking their symptoms. The pain and other problems they experience are real and symptoms can significantly affect daily functioning.
- Conversion Disorder is a functional neurological symptom disorder
- Immune system dysfunction
- Poor Sleep / insomnia / fatigue / generally feeling unwell

Dissociative Disorder

When flight or fight are not available then the only option is to psychologically / emotionally remove yourself from that situation and place your self somewhere else. (versus fawning).

Dissociative disorders are conditions that involve disruptions or breakdowns of memory, awareness, identity, or perception. People with dissociative disorders use dissociation as a defense mechanism, pathologically and involuntarily.

Alcohol / Drug History

- Use
- Abuse
- Addiction
- Non-traditional substances (house hold products)
- Who, what, where, when, how

Psychosis

- Delusion (False belief): Adaptive paranoia for self-protection (PPD). Person is guarded, suspicious, or has low trust in others.
- Hallucinations (False perceptions): auditory and visual hallucinations. Rooted in hypersensitivity to real or perceived dangers of the surrounding environment

Factitious Disorder

- A **factitious disorder** is a condition in which a person acts as if he or she has an illness by deliberately producing, feigning, or exaggerating symptoms for PSYCHOLOGICAL / EMOTIONAL GAIN. (This is not malingering). Why? Because they need help!
- **Factitious disorder** imposed on another is a condition in which a person deliberately produces, feigns, or exaggerates, makes up or causes an illness or injury or symptoms of someone in his or her care. (Munchausen syndrome by proxy). This is a form of child abuse.

Anti-Social Personality Disorder / Psychopathy

- pervasive pattern of disregard for the well-being of others
- fails to follow the laws or norms of society
- acts in a deceitful way or with reckless behavior
- disregards the safety of others
- displays general irresponsible and even child-like behaviors
- leads a parasitic life-style
- displays a lack of genuine remorse even after being physically abusive
- glib about the harm he causes
- acts with superficial charm
- history of arrests
- paranoid
- Impulse control disorders

Atypical Presentation / Subclinical

- Atypical Presentation / Subclinical

GETTING HELP

- Full service clinic are best b/c it tends to be holistic
- Support Groups
- Psychiatric Care
- Psychotherapy
- Spiritual / Religious Support
- Self Support
- Friends / Family
- Leave Well Enough Alone

Failure to Seek Mental Health Assistance

- ignorance
- shame
- lack of financial resources
- fear of authority or government workers
- feelings of depression and anxiety that prohibit the individual from accessing proper healthcare even during periods of acute danger
- Victims may feel that people who did not experience what they did simply would not understand or believe the experiences.
- it may be the first time that he has spoken about his experiences
- Anathema
- Stigma

Thank You