

The Traumatic Stress Research Consortium (TSRC) at the Kinsey Institute, Indiana University

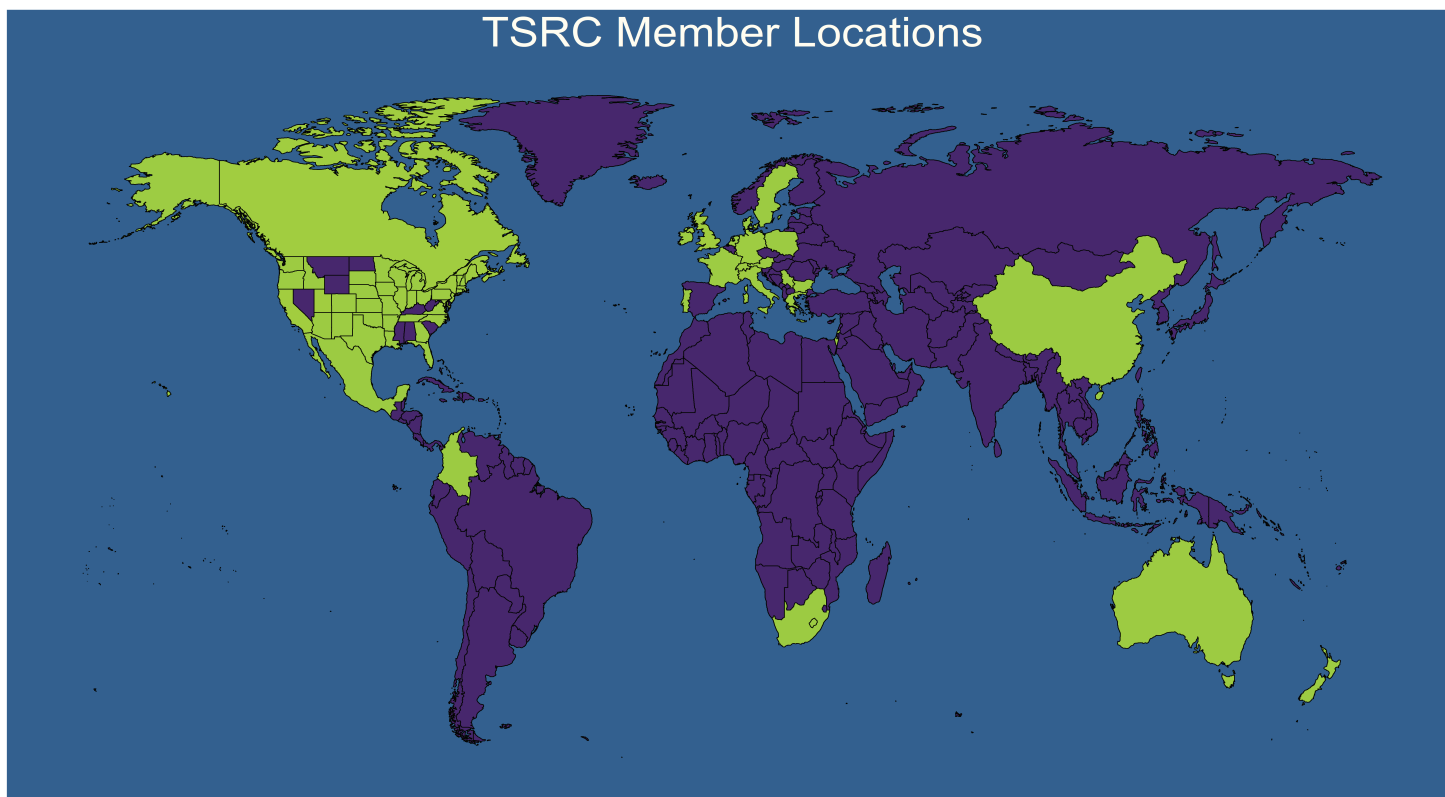
Newsletter March 2020

Consortium by the Numbers

The consortium registered its first member on February 1, 2018. Since this launch, membership has grown to 422 trauma workers and continues to expand every day. Two-thirds of members are located in the US, with one-third spread over more than 20 countries. The map below shows the locations of consortium members across the globe.

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Clinician Survey Preliminary Results

Overview

The consortium's clinician survey, along with the client survey to be launched in the coming months, is one of three research streams aimed at gaining a better understanding of trauma experiences. In addition to the clinician survey, the consortium also conducts field-based work with local community partners as well as technology development and fine-grained psychophysiological assessments in our laboratory.

There are several reasons for initiating our clinician questionnaire project. Our study enables us to learn about the types of clients that trauma therapists treat. We are learning about the reasons therapists select their profession, the environments in which they work, their trauma history, their personal experiences of autonomic reactivity and stress, and other attributes including feelings of burnout, and physical and mental health. As we study trauma history, we will also be able to examine the different ways in which traumatic events result in profound disruptions in mental and physical health, building understanding about how these impacts may not be causal but rather mediated by the brain and body's response to stressors and challenges. By studying the 'feelings' that are reflections of autonomic state – such as those dominated by fear and life threat, we gain a more holistic picture that informs treatment and the client-therapist relationship.

Purpose and Background

The purpose of the clinician survey is to get to know the individuals who are doing trauma work: their own personal histories, the clients they serve, and methods they use. The survey includes questions related to practice and training, professional quality of life, personal

trauma experiences, self-care, body stress responses and physical health.

The consortium launched the clinician survey in November 2018. Since then, 213 trauma workers have completed the questionnaire: a more than 50% response rate. The results shared here represent data collected up until November 4, 2019. All new therapists are invited to complete the survey, and we continue to collect responses.

*If you have not yet completed the survey,
please consider sharing your voice by sending
an email to trauma@indiana.edu
to receive a link.*

Who Are the Respondents?

The survey is designed for anyone who identifies as a professional who works with trauma survivors. Respondents must also be at least 18 years old and fluent in English. While the vast majority of our respondents identified as therapists (83%), a broad range of other professionals also participated including case managers, teachers, occupational therapists, physicians, and psychiatric nurses.

Respondents ranged in age from their mid-twenties to their mid-seventies, with the average age being 50 years. 83% of respondents were female, 13% male, and 3% were transgender or non-binary.

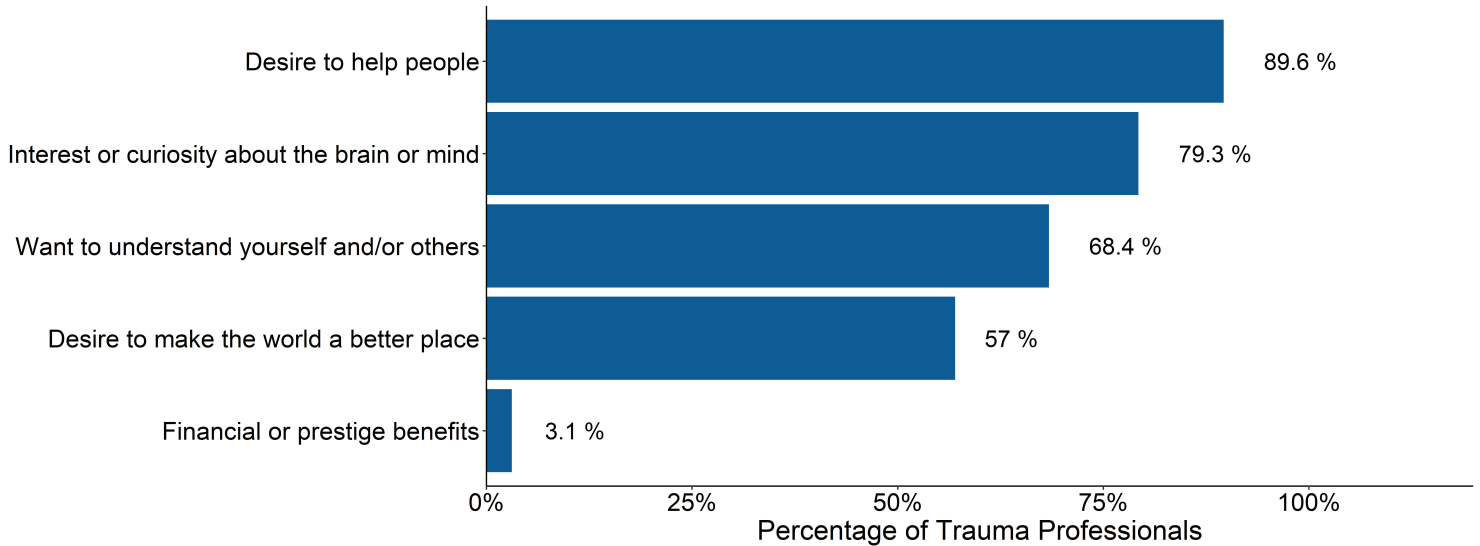
Working with trauma survivors is prerequisite to taking the survey, so it is not surprising that 76% of respondents consider themselves to be trauma therapists.

Reasons for Becoming a Therapist

Respondents were asked to select the reason(s) that led them to become therapists and to work specifically with trauma survivors.

Very few therapists reported financial or prestige benefits as a motivation (3.1%), with the most frequently chosen reasons being desire to help people, interest or curiosity, and wanting to understand oneself or others.

Why Did You Become a Therapist?

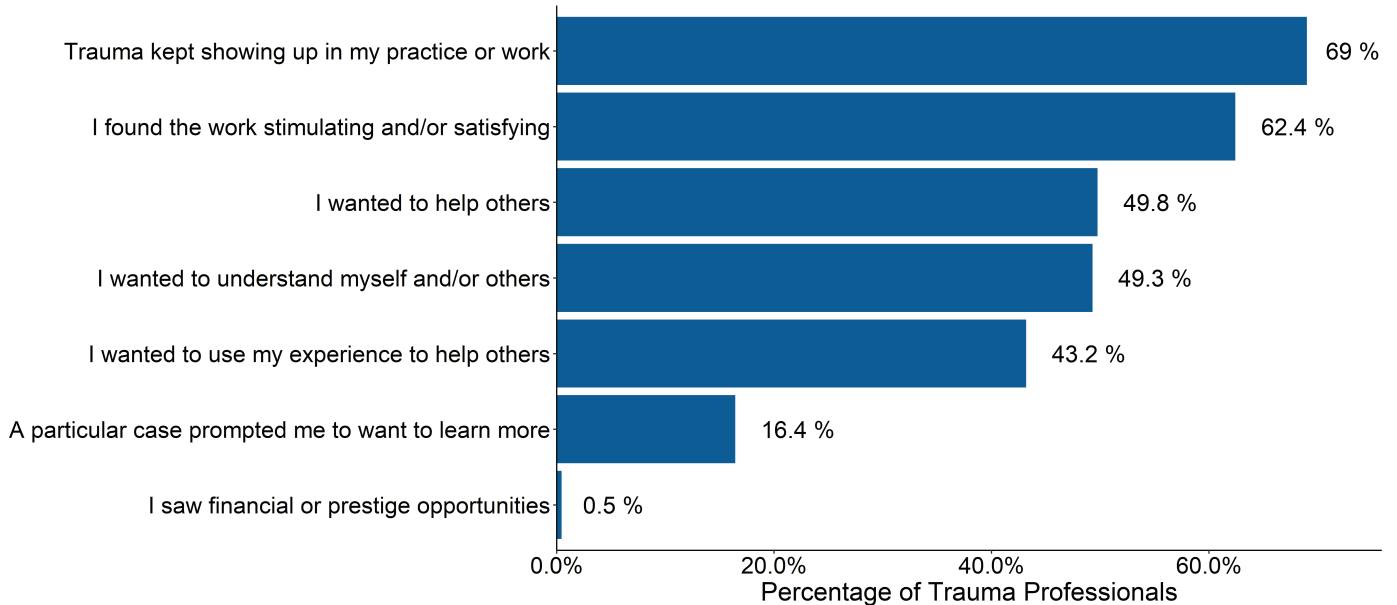


Reasons Leading to Trauma Work

The most commonly cited reason that led respondents to work with trauma survivors was that “trauma kept showing up in my work” (69%),

suggesting that often trauma workers may not plan to specialize in trauma but recognize a need in their clients.

Reasons Leading to Trauma Work

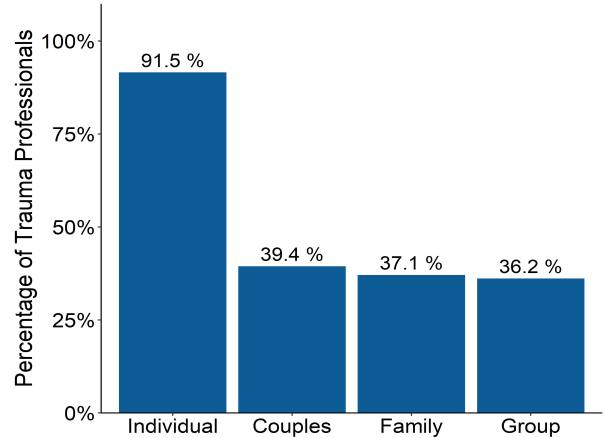


What is the Client Population?

The ages of clients served by these professionals stretches across the life span. While 94% of the trauma professionals who responded to the survey work with adult clients, about half are also working with adolescents and almost 40% work with children.

The vast majority (91.5%) of clinicians reported seeing individuals but non-individual work (couples, family, or group therapy) was also well represented.

Therapy Types Offered



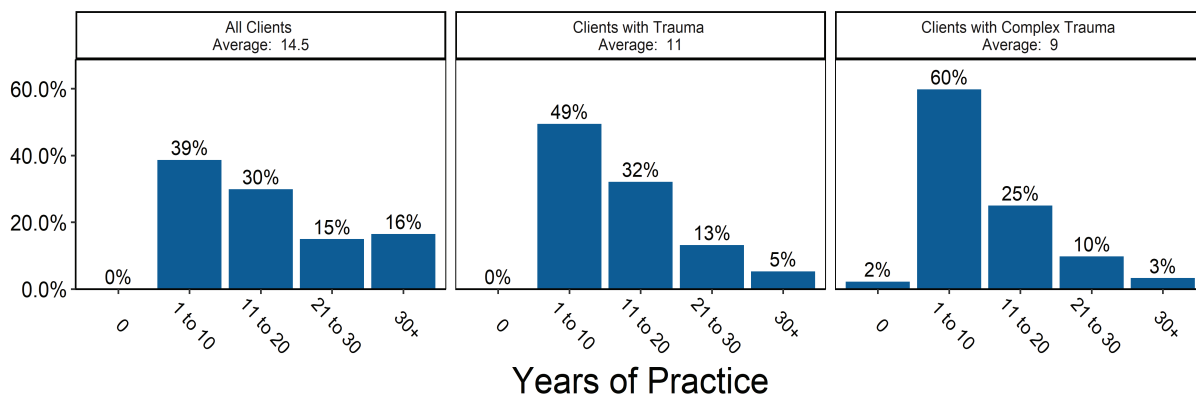
Experience Working with Trauma and Complex Trauma

Professionals were asked about the number of years they have practiced with all clients, and with trauma or complex trauma. In general, “trauma” is considered to be exposure to a singular traumatic event, while “complex trauma” is understood to be exposure to multiple severe or pervasive traumatic events. However, trauma and complex trauma were not defined in the survey, with the distinction being left up to the professional judgment of the respondents. The results show a depth of trauma practice experience among those respondents who reported 20 or more years of practice. 29% of respondents reported 20 or more years of practice experience

overall, while 28% reported 20 or more years of practice with trauma or complex trauma.

Professionals were also asked about client caseload for all clients, clients with trauma and clients with complex trauma. The number of clients seen per week ranged from less than 5 to more than 30. The average number of clients per week seen by respondents was 21, with 13 clients having experienced trauma, and 8 clients having experienced complex trauma.

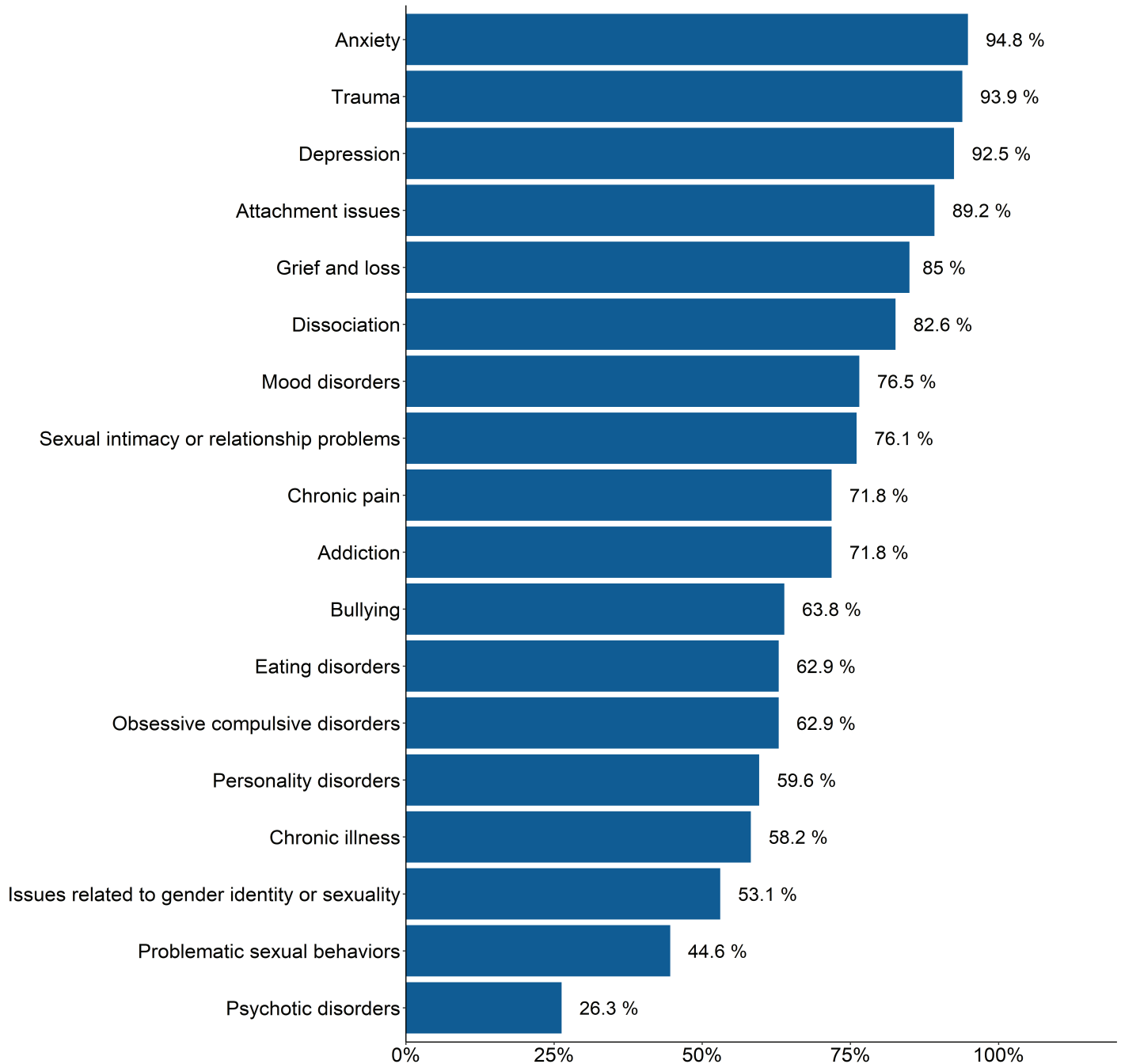
The results also suggest that many professionals may have begun doing trauma work in more recent years. Nearly 50% of trauma professionals reported experience of 10 years or less working with trauma, and nearly 60% reported experience of 10 years or less working with complex trauma.



Clients' Presenting Problems

The results show that professionals are working with client caseloads that represent many different types of traumatic experiences, and with client symptoms that manifest in a wide range of expressions. More than 90% of respondents reported clients experiencing anxiety, trauma and depression, although many other

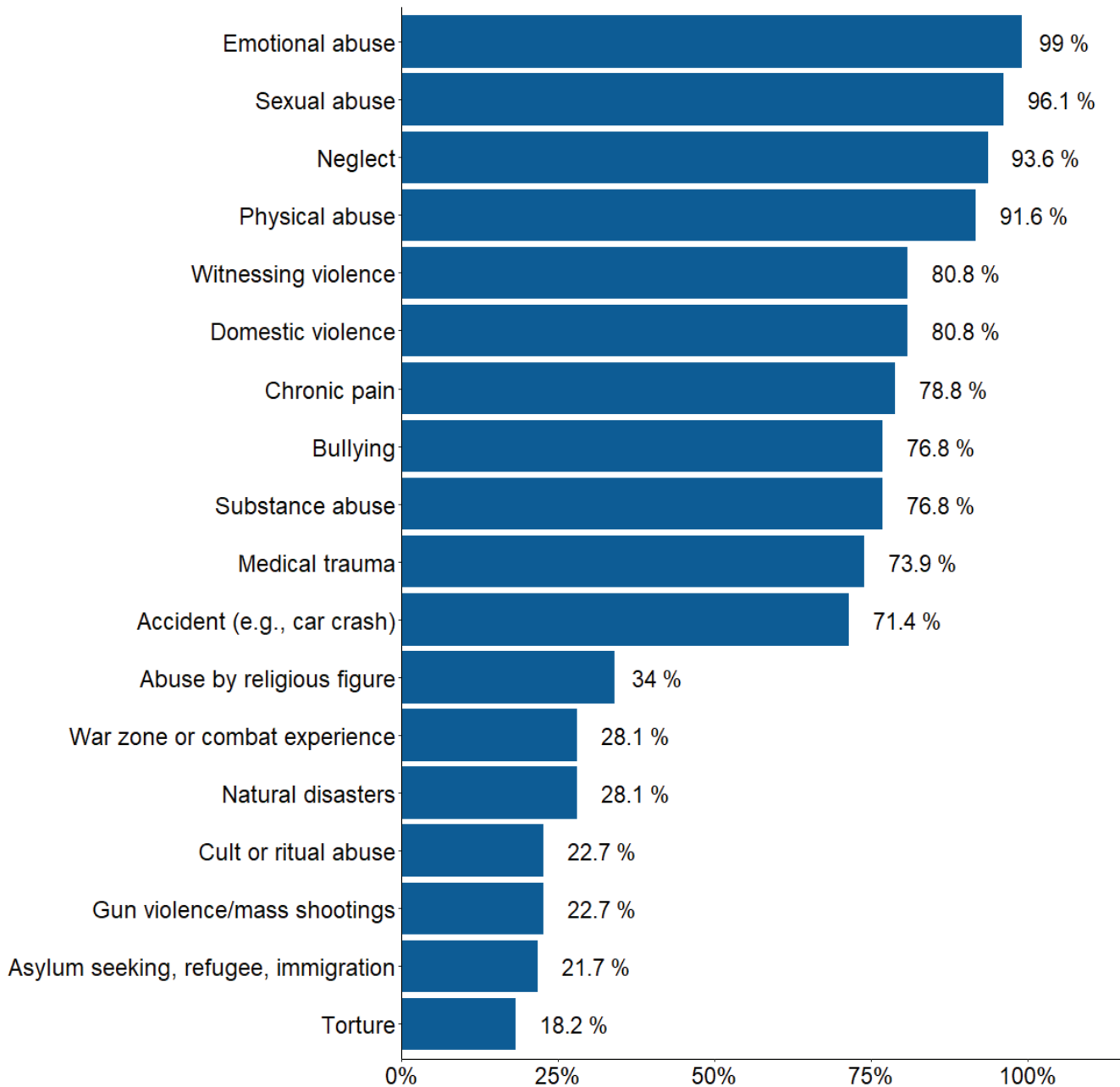
types of problems were also reported, some more commonly connected with trauma such as dissociation, and others in which there is a growing recognition of possible connections to trauma response. Chronic pain and addiction, for example, were both reported as client problems by 71.8% of respondents.



Clients' Traumatic Experiences

Many different forms of trauma are represented in the client populations served by the trauma professionals surveyed. Nearly all trauma professionals reported that at least one of their clients experienced emotional abuse, and more than 90 percent reported at

least one client had experienced physical abuse, neglect and sexual abuse. 80.8% of professionals reported at least one client had witnessed violence or experienced domestic violence. Chronic pain, bullying, substance use, medical trauma, and accidents were also common.

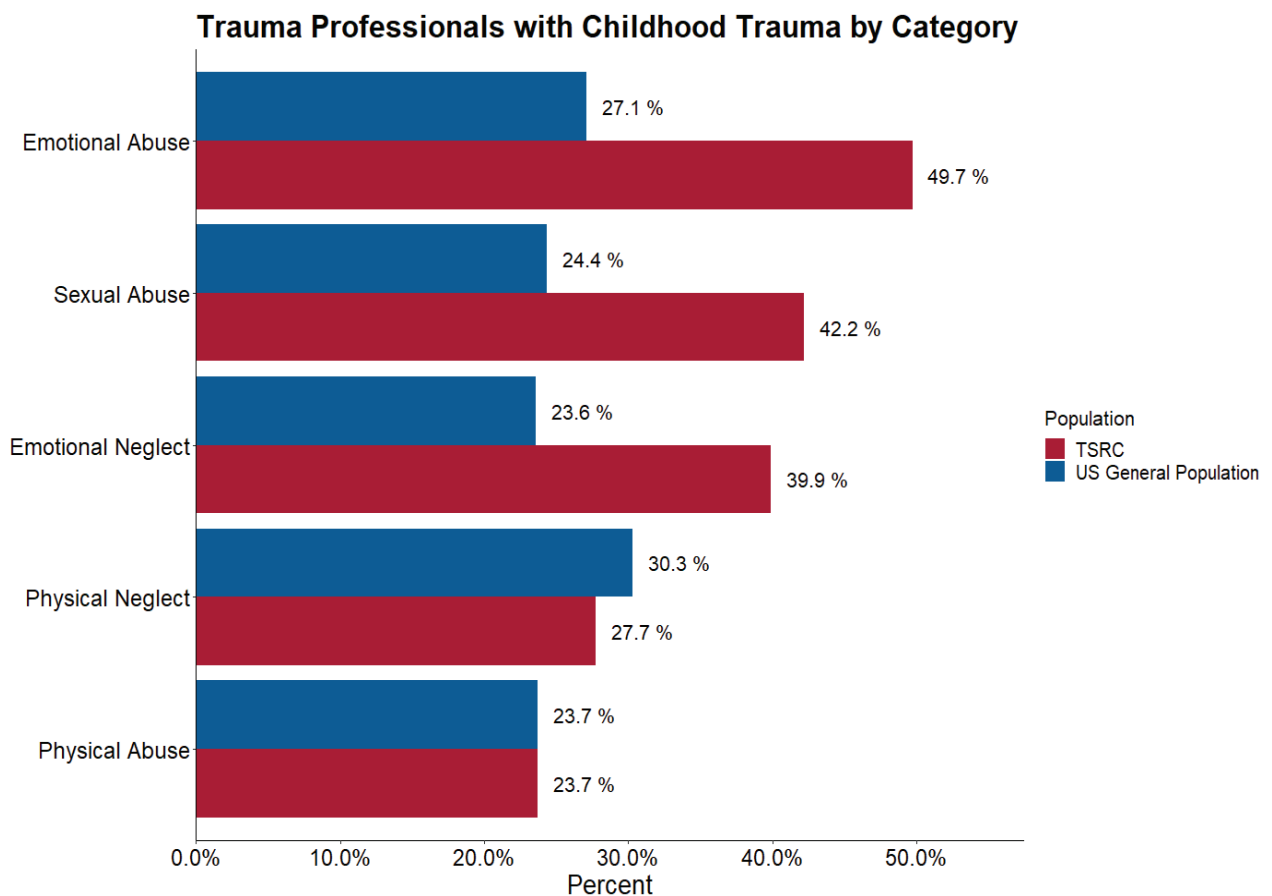


Trauma Professionals and Personal Experiences with Traumatic Stress

Our results support the observation that trauma professionals are frequently trauma survivors too. In the survey, we asked respondents about their own adverse childhood experiences (ACEs)¹, types of adversity that occur in childhood that have been correlated through numerous studies with outcomes for health and well-being later in life. Although we were not surprised to learn that some trauma professionals have personal experience with trauma, the frequency and number of ACEs was much higher than in the overall United States population. 86.63% of trauma professionals reported at

least one ACE, compared to 67% in the overall population of the United States². And 58.14% of trauma professionals reported three or more ACEs, compared to just 22%.

Childhood maltreatment was measured by self-report using the Childhood Trauma Questionnaire (CTQ)³, which revealed that trauma workers tended to have high rates of their own trauma histories. When compared with data from a general sample in the U. S., therapists had higher rates of emotional abuse, sexual abuse, and emotional neglect histories.

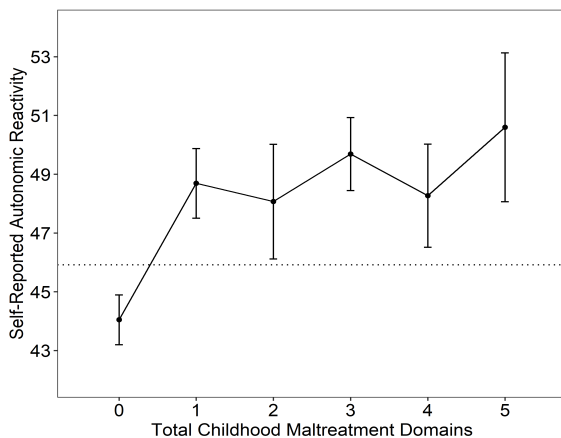


¹Felitti, V. J. et al. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine*, 14(4).
²Centers for Disease Control and Prevention, Kaiser Permanente. The ACE Study Survey Data [Unpublished Data]. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016.
³Bernstein, D. P. et al. (1997). Validity of the Childhood Trauma Questionnaire in an adolescent psychiatric population. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36(3), 340-348.

Trauma Professionals' Body Stress Reactions

Respondents were also asked questions about their body's response to stress and their physical health. The autonomic nervous system controls the body's reactions to everyday challenges and its reactions can be more or less sensitive, depending on the situation and person. We asked professional trauma workers to complete the Body Perception Questionnaire⁴, which measures how frequently they feel specific body stress reactions such as shortness of breath, nausea, or dry mouth. Though each unique part of the body may have its own reason for activation, compiled scores based on reactions throughout the body provide a measure of how often the body's stress response is activated.

Trauma workers who had experienced childhood maltreatment in at least one domain of sexual abuse, physical abuse, emotional abuse, emotional neglect, and physical neglect had more frequent body stress reactions. The figure below plots autonomic reactivity scores among trauma workers based on number of domains in which they experienced childhood maltreatment. The plotted values are means with 95% confidence intervals. The dotted line shows the average autonomic reactivity for adults drawn from the general US population who have no childhood maltreatment history.



What Do the Survey Results Help Us Understand?

The survey results lend support to a narrative in which the majority of trauma professionals are also trauma survivors, driven by a desire to help others and drawn into the work because trauma “kept showing up.” And indeed, trauma does “keep showing up” among the client base served by these respondents; the results echo this with the wide range of traumatic experiences clients have faced, and the prevalence of abuse or neglect in clients’ histories. The results also affirm the deep connection between the body’s autonomic responses to stress and childhood traumas. Trauma professionals who experienced some form of childhood maltreatment also reported more frequent body stress reactions.

⁴Porges, S. (1993). Body perception questionnaire. Laboratory of Developmental Assessment, University of Maryland.; Cabrera, A., Kolacz, J., Pailhez, G., Bulbena-Cabre, A., Bulbena, A., & Porges, S. W. (2018). Assessing body awareness and autonomic reactivity: Factor structure and psychometric properties of the Body Perception Questionnaire-Short Form (BPQ-SF). *International Journal of Methods in Psychiatric Research*, 27(2), e1596.

Introducing the New Consortium Coordinator



Erika Bjorum, LCSW, runs her own private practice with a focus on trauma recovery in Damariscotta, Maine. She joined the team in November as consortium coordinator. Erika communicates with the therapists, clients and colleagues who have been drawn to the research and vision of the consortium. She also provides a clinical perspective on data analysis for the scientific team, and bridges the research outcomes with the clinical community.

Erika began her work as a therapist in 2011 under the supervision of master clinician Deb Dana at the Island Institute for Trauma Recovery in Saco, Maine. In 2016, she was part of the first group of clinicians trained by Deb Dana in applying polyvagal theory to clinical practice through the six-month intensive Rhythm of Regulation training. Her collaborative research work on Wabanaki perspectives on state child welfare practices was published in the Journal of Public Child Welfare, and she was an integral part of the research staff of the Maine Wabanaki-State Child Welfare Truth and Reconciliation Commission. Wabanaki, often translated as “people of the dawnland,” is a collective term that includes members of the five tribal nations in Maine today. The goal of the Truth and Reconciliation Commission was to investigate the removal of Wabanaki children from their families by the state of Maine, and to formulate recommendations for moving forward to promote healing and improve child welfare practices.

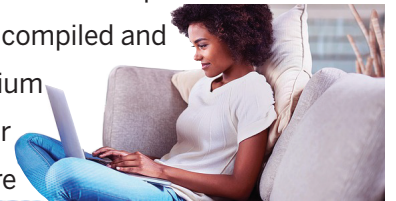
Thank you

The consortium is grateful to the United States Association for Body Psychotherapy (USABP), the Ward and Kathy Fitzgerald Foundation, Dr. Christopher Walling, and 2 anonymous donors for generous gifts in support of our research work.



Upcoming Client Survey

In the coming months, the TSRC will be launching a trauma client survey to better understand the range of clients’ trauma histories, mental health, physical health, purpose in life, and sense of autonomic reactivity and stress. Consortium members will be provided an online link which their clients will be able to follow to complete questionnaires. The responses will be anonymous and will not be identified to any specific therapist or clinic. The anonymized results will be compiled and shared with the consortium members so that together we can explore and share information to improve our understanding of trauma and treatments.



Subscription Information

You are receiving this newsletter because you are an active member of The Traumatic Stress Research Consortium (TSRC). If you wish to unsubscribe, please email us at trauma@indiana.edu with the title “UNSUBSCRIBE”.

Contact Information

<https://kinseyinstitute.org/research/traumatic-stress.php>

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