Our Experiences with Trauma: A Tool to Proactively Minimize the Effects of Trauma

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Introduction

This brief article and accompanying video describe a tool to proactively deal with traumatic events and how the authors used the tool in their own professions, lives, and family. This set of steps calls for a person or their supports to ***predict*** likely trauma which may occur; brainstorm ways to ***prevent*** the trauma from happening, and ***plan*** for what to do if the traumatic event does occur. These steps originated with crisis management procedures used in the Wraparound Process (VanDenBerg, 1987; VanDenBerg and Grealish, 1997; Bruns, et. al, 2004) with adaptations from the author, Todd Risley, Neal Brown, and others.

Watch the Video

This 12-minute video covers the information shared in the article.
www.youtube.com/watch?v=GHgNcR45PTs

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The effect of a single event trauma an individual or family may experience can range from a minor situation which resolves quickly, to devastating events creating trauma which is felt for months or years (Dana Group, 2021). Effects can range from increased stress and sleep disturbances, to frequent flashbacks, behavioral issues, and debilitating depression. By understanding the effects of trauma, individuals can predict what negative outcomes may occur if it were to happen. They can better understand what they are working to prevent and develop more effective plans if the traumatic event does occur.

Children and adults experience trauma differently. Being informed of the difference in how children and adults process trauma, and the consequences it can have on their brain development, is also important. Trauma in young children (ages 0 to 6) has the potential to alter their neurobiological brain development which can impact their future level of functioning and outcomes. This is often because children rely on their caregivers for safety, whether physical or emotional. If their feeling of safety is disrupted, they may go on the lookout for unsafe situations, which takes priority over developmentally appropriate activities, like sleep or learning, (NCBI, 2014).

Most teens can handle being part of the "3 Ps" team. Children under 13 may not have the abstract reasoning abilities to understand the steps, so caution is advised. If the teen is the object of the trauma, it is a good idea to include other teens on the team to create a safe space for brainstorming and to ensure teen voice and choice (Saxe, Ellis, &. Kaplow, 2007).

Details of the Steps

Although much of trauma is inevitable, many of the negative effects of trauma can be reduced through use of these steps:

1. **Predict—** A person and/or their supports lists negative things which might occur in the lives of the person and/or their family, and which have not happened recently. For example, a person may list likely events such as a major illness, becoming homeless due to poverty, being in a car wreck, or other trauma-causing events. Discussing potential trauma can be stressful, as it is uncomfortable and can trigger past trauma itself. Prior to implementing the three steps, it is recommended to have pre-planned support in place, such as trusted family members, close friends, clergy, or a therapist. Doing so can help one see past the negative effects predicting trauma may have, feel empowered to take steps to prevent it, and develop effective plans.
2. **Prevent—** Next, the person and their supporters brainstorm ways to keep the predicted event from happening *before the trauma occurs*. For example, with the predicted traumatic event of becoming homeless, a list of proactive preventative actions would be brainstormed, such as moving to a less expensive residence, reducing costs through sharing a residence with others, or asking for help in finding employment.

   Realistically, all trauma cannot be kept from occurring but carrying out this step can help the predicted trauma be less severe if it does happen, and it can help the person recover more

quickly. This step is primarily strengths-based, building on the ideas, culture, and assets of the person and their supports.

3. **Plan—** Finally, the person and their supports brainstorm what to do should the predicted event actually occur even with the step of prevention. This step describes actions that will be done in reaction to the trauma happening. For example, with the homeless trauma, a set of planned actions after becoming homeless might include asking extended family for temporary help or a place to live, going to a faith community which offers help to those who are without homes, listing local emergency housing agencies, or researching the location and policies of nearby shelters.

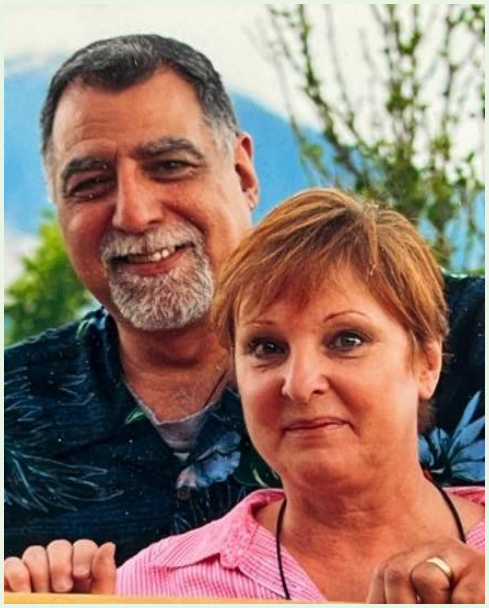
Activity One (10 minutes)

With a loved one or two, list three major life traumas you have experienced. Then, rate their effects on you from one to ten, with ten being the most severe effects. Finally, discuss how these traumas effected your life.

I learned why it is important to anticipate trauma.

An example of a really bad outcome of trauma happened in 2020 when my wife Sara suddenly died due to an undiagnosed heart ailment. Our relationship of over 40 years was one of highly separated tasks—I earned the majority of the family income and she completely managed the house, the finances, and the shopping. We had not discussed the possibility of either of us dying. After she died, I had no idea of what bills were to be paid, where the checkbook was, how to access their savings, or what the arrangements with our landlord was. As a result, I had to deal simultaneously with the extreme grief and the chaos of trying to figure out how to handle even the most basic household management.

I did get help from many friends, but only after having a very difficult time.



Sara and I (David J. Jacobson)

We know enough about trauma that we have solid information on the physical effects of trauma. First, when the loss occurs, it literally hurts, as it did with David upon the death of his wife. The body and brain reel from the flood of chemicals in the brain. This stimulation is constant, and most people think about their departed spouse or loved one every few seconds or minutes during waking hours. They often dream about their departed spouse or loved one at night. Healing begins to occur over time, with lots of support.

I learned about killer mosquitos.

In September of 2018, I was bitten by a mosquito carrying West Nile virus. Most infected people have something like a mild flu. However, 1–2% can become very ill or die. My wife Janene and I had predicted this possibility, as our rural Colorado county had the highest rate of West Nile infection, and with irrigated fields, our small farm had high levels of mosquitos. We did everything we could do to prevent being bitten. We built a screen porch to be able to safely enjoy the outdoors, piped all of the open irrigation ditches, and got rid of all standing water. Apparently, one of the bugs did not read the prevention strategies, and I was bitten. One of my closest friends had recently died from West Nile disease. I was about to leave for his funeral when I became ill and collapsed. I went into a coma that I was in and out of for over two weeks. After calling 911, my wife implemented a plan and I was hospitalized in intensive care or rehab for over 3 weeks. She asked our three adult children to come to Colorado one at a time over a period of a month and help her. When I was transferred to a nursing home due to arms and legs being paralyzed and being confused due to having brain encephalitis, she and my son interviewed nursing homes in our county, and they chose the one with the most comprehensive supports.

My first steps with a cane, back home! Goodbye wheelchair! (John VanDenBerg)

We had completed the prediction and the prevention steps. We had discussed a potential plan but did not have one in writing. My wife recently stated that having a written plan would have greatly helped her be able to handle the crisis without trying to remember what she could do if the predicted trauma occurred.

Trauma and Medical or Behavioral Health Issues

The onset of trauma can be especially trying when the trauma is medically related or deals with behavioral health. In the following sections, Maggie (an expert on perinatal mental health disorders) shares the use of the tool in dealing with perinatal mental health disorders.

Predicting, planning and preventing perinatal mental health disorders. Approximately 1 in 7 women experience perinatal mental health disorders which can occur from the time of conception to up to two years postpartum. The types of mental health complications can include anxiety, depression, obsessive compulsive disorder, post-traumatic stress disorder, mood disorder, or psychosis. In fact, many women find that underlying mental illness (even if it is not present prior to having a child) can emerge or worsen when having children. This makes it important for expecting mothers and families to predict the trauma of a perinatal mental health disorder. There are many traumatic events or situations that can increase the risk of a perinatal mental health disorder. This includes a personal or family history of mental illness, birth trauma and preterm delivery, low social supports, family conflict, financial difficulties, etc. Expecting and new mothers commonly receive information on how to take care of their baby, but not about taking care of themselves. These steps are especially important in preparing mothers for the potential trauma of a perinatal mental health disorder.

- **Predict—** Risk factors of the mother and family should be identified, and education on perinatal mental health disorders should be provided to all involved. Normalizing the frequency of perinatal mental health disorders occurring and the risk factors help the mother, family, and close supports to know it is not her fault, and that by getting help she is being a good mom.
- **Prevent—** After determining the mother's risk factors, plans to prevent the issues from happening should be put in place. For example, if the mother has low social support and is isolated, different contacts and resources ahead of giving birth should be included. This may include a pregnancy group in her area, attending a meetup group, or becoming involved in a local church. If the mother has a history of depression and anxiety, the mother will benefit from becoming established with a maternal mental health therapist or psychiatrist, as this often takes a while to find. Another issue that often arises is when well-meaning family members or close friends will offer advice or help that causes more stress on the mother or family. Setting a plan for boundaries for those who may or may not be helpful would be recommended.
- **Plan—** Much of planning for perinatal mental health concerns involved reducing stressors and increasing appropriate supports. For example, if a mother is at risk for preeclampsia and a preterm birth, a plan for addressing financial stress is necessary. This may include how to reduce costs or that they can register for short term disability. Oftentimes families find themselves without a plan to both physically and mentally support their other children when a traumatic event occurs. Having a plan in place for them can reduce the impact a traumatic event can have on the entire family.

My Experience with Perinatal Depression—

Me coping with the kids!
(Maggie VanDenBerg)

When I became pregnant with my son, I knew I was at an increased risk of perinatal depression and anxiety due to my past mental health struggles. Being a mental health therapist and having prior knowledge of the issue, I took steps to take care of myself and become educated on how to prevent this from happening. It was always my hope to become a mother, and I wanted to feel confident and truly enjoy my baby. After having an emergency c-section, we learned that I experienced a placental abruption, and we came within minutes of losing him. He was briefly intubated, and spent several days in the NICU. In our birth class, we discussed the possibility that we might not have a healthy baby when they are born. I truly believe that predicting this ahead of time helped to have minimal mental health symptoms after having him, as I knew it wasn't my fault. Three years later I became pregnant with my daughter, and we had not predicted the impact that the complication with my son would have on my anxiety when being pregnant. As a licensed marriage and family therapist, I have always thrived in fast paced, high stress jobs, and at that time I was working at a mental health crisis center. I remember worrying that every time I experienced stress, it would go into my body and I might lose my baby. Looking back, I know this was not the case, but at the time my anxiety was so high I could not have believed otherwise. It was very difficult to think about preventing and planning for experiencing a perinatal mental health disorder after I was already experiencing it. Looking back, I should have moved into a less stressful position within the company, and planned for the possible financial stress.

Ultimately, despite doing both predicting and prevention planning, I ended up developing severe perinatal depression and anxiety. We also experienced a lot of life changes that set me back in my recovery. In the span of six months, my husband became the primary income earner, we moved, and I became a stay-at-home mom. Looking back, the main loss was going from being confident and well respected in my job, to staying home and not gaining enjoyment from it. I also lost the support from my neighbors and friends as we moved and I adjusted to a new community. What I took away from my experience is that new mothers and families need more support and education around predicting, preventing, and planning for perinatal mental illness, instead of struggling to cope after the baby is born. Medical institutions (who are the main people we come in contact with) should incorporate ways to prepare them for the possibility of this trauma and prepare the family for ways to reduce the detrimental and possibly long-term effects of perinatal mental health disorder.

I become a new father at 67 years old. *In 2021 I received a call from local Child Welfare that they were removing my granddaughter from my son and daughter-in-law's custody due to their repeated failures in ceasing illegal drug use. I was told that due to a shortage of foster parents, I was the only viable foster parent other than her having to go to another county. My late wife had done much of the direct child care with our own kids, but even with my lack of experience, I could not bear to have her go away outside of her family. I agreed to take her and became a 65-year-old fostering a one-year-old. I had lots of help from friends, including John VanDenBerg, who had extensive experience in the area of foster care and raising little ones. It would be an understatement to say I fell completely in love with this wonderful little girl. With support from Child Welfare, I decided to adopt her (see photo of the adoption event).*

When John, Maggie, and I began work on this article and video, I realized that I could use the tool to plan for what to do with my granddaughter, now my daughter. I started with the prediction of my dying and leaving her alone. Of course, I was already doing preventive actions to live as long as I could: eating well, exercising, reducing stress, and using lots of support from my friends. I then planned for my first choice in where my daughter would go to live, which is to a close friend who cares for her a half day each week. My daughter loves her and she is a wonderful caregiver, and she has indicated her desire to be in this role as an adoptive mother if need be. With the support of my attorney, I am going to put these wishes into my will and a notarized document, and give copies to all of my critical supports, and put a copy in an envelope taped to my fridge with the instructions "Read this if David dies!" I am now working on a "Plan B" which would go in effect if my first choice was unable to do the adoption. I am also working on a plan for what to do if I became disabled and could not do full time care, and what could be done to have my maximum possible involvement in my daughter's life. I want to share with the reader how much better I feel having used this tool and doing planning for my precious child.

Here is the adoption day photo; I am holding Mel. The judge who awarded the adoption of Mel is to my right, and the little guy on the far right is John VanDenBerg! (David J. Peterson)

Activity Two (10 minutes)

With a loved one, try the first step of predicting one possible future trauma for yourself. Then, discuss what it would take to prevent that trauma from occurring. Finally, write down a brief 3–4 sentence plan for dealing with the predicted trauma if it does occur.

Conclusion

We know that trauma is part of life. If you have not yet experienced trauma, hold on, it is coming! As it did with the authors, trauma can turn one's life upside down. We know that support from those around us was a crucial element of getting through the traumas. Where possible we used predict, prevent, and plan to proactively keep the trauma from being as destructive as it can be.

We recommend that readers give these steps a try. Get with those who love you, share this article and video, and try the three steps. Let us know how it works!

—John, Maggie, and David 2023

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