

Close to Home: Childhood trauma is a public health crisis

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It's important to shine a light on a branch of psychology that gets little attention but has far-reaching societal implications: the treatment of survivors of traumatic events and adverse childhood experiences.

Trauma among youth is a public health crisis. In California, some 60% of the population has reported having at least one adverse child experience involving verbal, emotional or physical abuse before age 18. And 1 in 4 Californians reported having three or more. These incidents disproportionately affect lower-income families and youth of color.



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At the Hanna Center, where I serve as chief clinical officer, we confront the effects of traumatic experiences every day. Trauma knocks kids off their developmental path. It is often at the root of mental health disorders such as anxiety and depression. Left untreated, it can lead to poor long-term life choices and health outcomes. As young people reach their teens, their traumatic experiences become a source of shame that drives them to act out in negative ways, affecting a veneer of toxic masculinity around their peers, but privately suffering, feeling unloved and misunderstood.

Hanna offers a safe haven for trauma survivors and a range of support services across the continuum of trauma-informed care, which includes a team of trauma psychology practitioners. We are tasked with treating mental health issues arising from trauma, in the context of a broader effort to help young people transition to productive adult lives. Speaking from everyday experience, it can be a challenge.

The argument still persists that a young person exhibiting outwardly negative behavior needs “tough love,” discipline and to take responsibility for shaping up. The reality with survivors of trauma is much more complicated. We need to have empathy and compassionate curiosity

about what is causing their anger and frustration. We need to slow down and take the time to understand the individual, which does not mean we are lowering our expectations of that person's responsibility in the process.

Before we can get the individual on the path to healing, we have to confront the underlying biological and physical effects of adverse experiences. Childhood trauma is literally a shock to the nervous system — the survivor becomes hard-wired to have strong reactions to certain triggers or even everyday stressors because his nervous system is “dysregulated,” meaning the normal ability to balance emotions is impaired.

The individual is like a simmering pot of water on a stove, or like flat water than can never change state. There are a number of therapeutic practices we employ to reset the nervous system and cool the person down from the boiling point or enable them to change states. Only then can we engage survivors in their own healing and start conversations about the choices they are making. Our goal is that they figure out on their own the difference between good and bad choices, and start making choices rooted in good values, not because someone has pressured them, but because they recognize the right thing to do.

Hanna is known nationally among youth-serving professionals as a leader in trauma-informed care. Under new leadership, we are expanding our efforts to serve more young survivors of trauma and their families. A key initiative is building a mental health hub that will serve not only students on the Hanna campus but young people and families throughout the region.

We've done extensive research to assess the mental health needs in the Sonoma Valley and to inform the types of services and programs we will offer. High on our list are after-school and weekend activities that we know have therapeutic value. Some people may not want to come to a therapy session, but they might come to a play or musical performance, to take a mindful hike or to interact with animals (equine or canine therapy, for example).

These activities are fun, but also infused with the science of trauma and stress and designed in a way that targets the nervous system and starts the healing process.

One important finding in our research is that there is a crying need for more therapists in the region and for more resources and tools for those working in the field. So we will be providing workshops and education for professionals on how to recognize trauma and the variety of treatment modalities available to them.

We are taking these and many other measures to multiply our impact in the community and help more people overcome the effects of childhood trauma. In doing so, we are building a model that other youth-serving organizations across the country can look to as they seek to confront this public health and mental health crisis.

Stefanie F. Smith is chief clinical officer for Hanna Boys Center in Sonoma.

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