SPEAKING OUT

Ill or Injured: Shifting the Emphasis to Trauma in Mental Health Diagnosis and Treatment

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Topic: This contribution examines the disparity that exists between research that identifies the prevalence of trauma among mental health service users and the low frequency of adequately diagnosing and treating trauma in practice. For this author, the important question to pose is "Could behavioral health services be persistently erring in both diagnoses and treatment approaches to adequately assist and support service users?" Purpose: The author proposes an alternative service model which is aligned with the prevalence of complex trauma. Data is presented that supports the high incidence of trauma among service users as well as the historical efficacy of relationship-based treatment. Sources Used: Personal experience is shared in conjunction with an overview of research in support of the prevalence of trauma and the efficacy of relationship-based treatment. Conclusions and Implications for Practice: Shifting our diagnostic focus away from biomedical illness to be inclusive of trauma-based, developmental injury will align mental health and rehabilitation practice more adequately with research and encourage improved diagnostic accuracy and a shift toward relationship-based treatment interventions, thereby hopefully improving outcomes for our service recipients.

Keywords: trauma, public mental health, recovery, systems change, diagnosis

The dominant theory and services provided in American psychiatric hospitals and clinics continues to view mental “illnesses” as biomedical conditions that can be best addressed with pharmacological treatments (Insel, 2015). Although the introduction of recovery principles, evidence-based practices, and trauma-informed care are encouraging trends, I believe that a fundamental shift in our approach to mental health diagnoses that includes the developmental and social context of the lives of individuals served are critical dimensions that we should strive to understand and to more effectively assist our service recipients. In this article, I am proposing that to have confidence in treatment as usual, with its ubiquitous reliance on medications and nonindividualized group therapy, is naïve in light of the complexity of the conditions to be treated and that to be passively aware of this without any concomitant action on our parts is a major oversight.

This naïveté regarding treatment as usual is demonstrated by the attribution of symptoms to biochemical factors while simultaneously conferring ownership for poor outcomes onto the individuals seeking treatment (Datta, 2014). Treatment as usual may lead to the inadvertent exacerbation of symptoms (Bentall, 2003; Bloom & Farragher, 2010; Caplan, 1995; Carlat, 2010; Healy, 2002; Whitaker, 2010). From a trauma-based perspective, one might interpret these same behaviors as maladaptive survival strategies, manifestations of dissociation, nonverbal cries for help, protective reactions to the current circumstances, or indications of the extent of earlier trauma. I contend that a shift in perspective would clearly influence treatment decisions.

As a survivor of both mental illness and the mental health system, as well as in my role as a service provider, I’ve come to believe that a shift toward an emphasis on contextual factors, that is a trauma-based diagnostic and treatment model, would improve diagnostic accuracy and outcomes. Such a shift could occur with a more comprehensive implementation of trauma theory, the recovery-oriented approach, with the primary reliance on relationship-based interventions and a foundation in ethological theory that is concerned with the adaptive or survival value of behaviors and their evolutionary history. I have observed that this formulation of theories, approaches, and interventions has worked before, and, I believe, it works because it is in accordance with what we are as humans, how we hurt, and how we heal. In making my case for a trauma-based model, a review of some historical work can serve to demonstrate its value and validity.

Trauma Theory: A Contextual Perspective

A contextual approach to the interpretation of maladaptive behavior radically affects diagnostic assessment. The impact of stressors, developmental pitfalls, and factors such as stigma, which often accompany maladaptive survival strategies, can create complex deviations in personality. Therefore, though a schizoid-type or bipolar disorder may have origins in a biomedical condition, it’s of equal or greater likelihood that disorders may derive, and are exacerbated by, the compounding effects of adverse life events and stressors (Bloom, 1997). In such cases, the symptoms might be better categorized as cumulative or a complex posttraumatic stress...
disorder, introduced by Luxenberg, Spinazzola, and van der Kolk (2001). van der Kolk’s work broadly expanded the idea of experiential etiology to include the vast numbers of individuals who have suffered repeatedly in less pronounced ways leaving a deep impact on an individual’s mental health (Luxenberg et al., 2001). It is my opinion that these individuals account for the majority of those erroneously diagnosed with severe and persistent mental illness.

Mueser and colleagues identify that approximately 90% of those seeking inpatient services are trauma survivors and 43% warrant a diagnosis of posttraumatic stress disorder. By contrast, only 2% to 4% have a mention of trauma in their recorded diagnosis (Mueser et al., 1998; Mueser, Essock, Haines, Wolfe, & Xie, 2004). An even more telling set of findings come from the Adverse Childhood Experiences study, which correlated levels of adverse childhood experiences with poor physical, mental, and behavioral outcomes later in life. According to findings from the Centers for Disease Control and Prevention (Anda et al., 2006):

Prevention and remediation of our nation’s leading health and social problems is likely to benefit from understanding that many of these problems tend to be co-morbid and may have common origins in the enduring neurodevelopmental consequences of abuse and related adverse experiences during childhood. (p. 183)

These findings indicate a failing to effectively identify posttraumatic stress disorder and complex posttraumatic stress disorder among people who have been “misidentified” as being severely and persistently mentally ill, leading to the high probability that symptoms of trauma go misdiagnosed, leading to inappropriate and ineffective treatments (Courtois, 2004).

The Recovery-Oriented Approach: An Ethological and Social Perspective

The ethological strategy draws insights and approaches from the needs of humans and other mammals as they occur in their naturally existing communities. Anthropologists and zoologists have demonstrated the universal importance of early caregivers, community, and the essential existence of empathy in maintaining cohesion in herd species (Bowlby, 1981; De Waal, 2010; Harlow, 1959). I have highlighted ethology to ground a context-based diagnostic model and relationship-based treatment methodology in the wealth of hard science ethology provides. Ethological research supports the recreation of an environment that provides corrective experiences in response to problematic ones, as in original natural communities.

This ethological and empathy-based perspective is neither radical nor innovative. Although moral treatment found spurious justifications for its methods, those methods were observed to be beneficial to the individual (McGovern, 1985). After World War II, social psychiatry attempted to codify the needs of humans in their community, which led later to an effort to implement these principles in the form of milieu therapy (Grob, 1991). Like moral treatment, both social psychiatry and milieu therapy receded into the background of mental health care (Cumming & Cumming, 1962; Dwyer, 1987). Now, the recovery-oriented approach and trauma theory rearticulate their principles, maintaining continuity with these earlier models, each of which demonstrated significantly better outcomes than current ones based in authority, control, direction, and the biomedical approach to treatment (Bloom, 1997; Burrow, 1984; Foucault, 1961).

The principles of early social psychiatry are the link between a contextual understanding of etiology and moral treatment, milieu therapy, and the recovery-oriented approach. Early social psychiatry was formed around two principles, both of which are arguably ethological in nature.

- Human behavior can only be understood in the context of the total social environment.
- A meaningful interrelationship exists between the behaviors of one individual and all institutions and groups.

The Role of Medication

Remediation via corrective experiences is a demonstrably more appropriate treatment than psychopharmacology and the one-size-fits-all approach to group therapy common to public hospitals, even where a biological component to etiology exists (Bloom, 1997; Courtois, 2004; Mueser, K. T., Drake, R. E., Sigmon, S. C., & Brunette, M. F., 2005). Medication may facilitate the healing process by temporarily alleviating some of the more severe symptoms as presented, but is not typically sufficient for healing. Engaging the service user in a meaningful and empathetic way, while providing the corrective experiences (e.g., resocialization) necessary to create lasting change enables that person to learn to navigate their symptoms effectively in the longer term, while establishing the kind of life that makes that navigation worthwhile.

This is the most promising direction for improved outcomes across the spectrum of mental health treatment settings. The practices espoused in the original Milieu Therapy (Jones, 1968), the trauma-centric milieu of the Sanctuary Model (Bloom, 1997), or the medication-free methods of the Soteria Model as envisioned by Loren Mosher (Toresini, 2007), show us variants on the end goal. However, factors that work against implementing alternatives include the pharmaceutical industry’s influence and myriad bureaucratic and logistical factors. Advocacy and action within both the professional and peer communities are needed to create the political and social will to see that everyone in need of treatment gets the kind of help that can make a difference.

Conclusion

Current treatment for U.S. citizens living with the results of trauma and misdiagnosed as severely and persistently mentally ill focuses on the arguably minor role of genetics (Bentall, 2003) and pharmacological interventions. This is instead of addressing other pertinent factors such as context, life experience, and the myriad complexities of living in the modern world. Trauma theory and the recovery-oriented approach shift the orientation of psychiatric care theory from an internal focus to one that assesses and addresses these contextual factors.

Promising movements in the mental health community point toward this care paradigm. Even within the bulwarks of the medical establishment there is a push to incorporate childhood victimization in the diagnostic lexicon, as van der Kolk’s efforts to incorporate early trauma and complex trauma as a precursor to illness in the DSM–5 (American Psychiatric Association, 2013) demonstrate (van der Kolk, et al., 2009). However, these efforts remain outside the mainstream orientation of behavioral health
thinking. This leaves us stagnant. Clearly, large systemic challenges demand deep transformation, requiring financial resources and political will to effectively address them. Our motivation for this determined effort is simple: services exist in order to help service users and our obligation is to learn from the available research and experience to provide the most effective options available.

I’ve experienced both sides of this process—as a patient/survivor and also as a provider. I’m convinced of the value of implementing a trauma-centric diagnostic model and the recovery-oriented approach as the organizing principles of the services provided. It is critical that we commit to a paradigm of causality and corrective action based in an ethological framework of human needs. Only then will we begin to see a mental health care system that works effectively to benefit those it exists to serve.

References


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