



We hear a great deal about the damaging impacts of emotional trauma during childhood. Victims in this regard are far more likely to develop depression and anxiety as adults, and carry a higher risk of self-destructive behavior, including suicide.

Over 80 percent of those seeking psychotherapy have a history of emotional trauma from their youth. The traumatizing events themselves include bullying (including online), emotional or physical abuse, sudden loss of a close loved one, critical accident or injury, sexual assault, or any other experience that brands fear and shock on the psyche.

As adults, these individuals often undergo successful treatment. Newer methods, like Brainspotting and EMDR, combined with more traditional interventions, such as Cognitive Behavioral Therapy (CBT) and Eco-Therapy, have proven effective for many.

Now, we can further improve these approaches by incorporating the findings of a recent study from the University of East Anglia (in the UK). This research found a clear differentiator between those traumatized children and teenagers who later develop Post Traumatic Stress Disorder (PTSD), and the ones spared that unhappy outcome. And that differentiator is normalization.

Young people who recovered on their own or with limited professional help were more likely to regard their uncomfortable post-traumatic emotional responses as normal. As we shrinks say, “It is a normal reaction to an abnormal situation.” The “it” I’m referencing includes anxiety, sleep disturbances, depression and emotional triggering. These reactions usually emerge within two to four weeks of the traumatic event.

Inversely, those victims who defined their post-traumatic reactions as abnormal were well on their way to developing full-blown PTSD. So, in both instances, perception and belief dictated whether one healed or remained

wounded. So powerful was this effect that even the severity and intensity of the traumatic event was not as strong a predictor of developing PTSD as the victims' perceptions of their reactions (normal or abnormal).

Obvious as that conclusion may seem, this research informs ways to help young trauma victims. We now know there must be great emphasis on normalizing the hurtful and disturbing emotional reactions that follow the traumatic event. And, this mindset requires reinforcement by as many involved parties as possible.

Parents, teachers, ministers, classmates, friends, counselors . . . it helps when all are singing the same tune. The child or adolescent needs to know that what they are suffering is a normal reaction that is a vital part of the emotional healing process, that it will run its course, and that there are ways to support themselves along the way. They need to understand that, like the body, the mind has the capacity to heal many wounds, and emotional trauma can be one of them. Counselors, in particular, should provide guidance on self-care, both mental and physical.

Obviously, if a supportive environment proves insufficient to stave off PTSD, which does occur, professional help becomes necessary. Make certain the chosen practitioner is schooled and experienced in treating this condition.

Our knowledge of the impacts of emotional trauma is growing, and, along with it, we are discovering better ways to support the victims in healing their wounds.

And that's very good news.