

ADOLESCENTS & TRAUMA

Amy Hoch, Psy.D.
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Types of Childhood Trauma

- Child abuse
 - Physical
 - Sexual
 - Emotional
 - Neglect
- Accidents (e.g., motor vehicle)
- Disasters
- War/Terrorism and Refugee
- Medical (e.g., transplant)
- Traumatic Grief
- Multiple and disrupted placements
- Victim/Witness of Violence
 - Domestic
 - Community
 - School

Two Kinds of Trauma

- Type I: single event
 - acute reactions
 - 20-30% result in PTSD
- Type II: chronic, prolonged trauma
 - more significant coping mechanisms
 - escape behaviors

Further Trauma

- High media activity
- High level of upset by surrounding adults
- Loss of regular structure and routine
- Removal from familiar environment
- Loss of peer support
- Involvement with legal system
- Original traumatic experience continues

Important Characteristics of Traumatic Events

- Frequency (single, series, chronic)
- Chronicity (first, last incident)
- Perpetrator (identity, relationship, age)
- Where abuse occurred
- Penetration (for sexual abuse)
- Disclosure
- Response to disclosure
- Legal Status of case

Mental Health Outcomes

- Adolescents who have suffered sexual abuse are at increased risk for experiencing:
 - PTSD
 - Sexually Reactive Behaviors
 - General Behavior Problems
 - Somatic Complaints

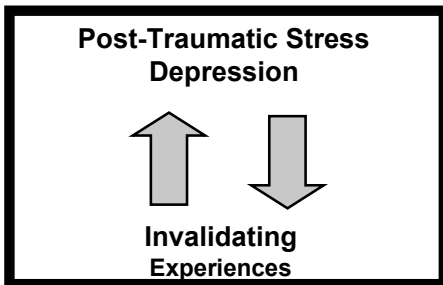
Common Diagnoses

- PTSD
- Depressive disorders
- Other Anxiety disorders
- Bipolar Disorder
- Adjustment Disorders
- Comorbidity is common
 - ADHD
 - ODD
 - SUD

Post-Traumatic Stress Disorder

- Re-Experiencing Symptoms
 - flashbacks, re-enactments
- Avoidance Symptoms
 - dissociation, avoidance or reminders
- Arousal Symptoms
 - hypervigilance, attention problems

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Imbalance/Impairment

Complex PTSD

- Domains of Impairment
 - Attachment
 - Biology
 - Affect Regulation
 - Dissociation
 - Behavioral Control
 - Cognition
 - Self-Concept

Trauma Symptoms

- Affective Sxs
 - Fear
 - Sadness
 - Anger
 - Anxiety
 - Difficulty describing feelings
 - Difficulty communicating internal states
 - Difficulty regulating emotions
- Behavioral Sxs
 - Self-destructive behaviors
 - Aggression
 - Defiance and opposition
 - Eating disorders
 - Impulsivity
 - Substance abuse
 - Reenactments
 - Excessive compliance

Trauma Symptoms

- Cognitive Sxs
 - Difficulties with executive functioning
 - Problems processing info
 - Learning difficulties
 - Attentional difficulties
 - Difficulty planning and anticipating
- Attachment issues
 - Boundary problems
 - Mistrust and suspiciousness
 - Social isolation
 - Interpersonal difficulties
- Biological Sxs
 - Easily startled
 - Hypersensitivity to physical contact
 - Problems with coordination
 - Increase in medical problems
 - Somatization

Trauma Symptoms

- Dissociation
 - Alterations in states of consciousness
 - Amnesia
 - Depersonalization
 - Derealization
 - Frequent daydreaming
- Self-Concept
 - Lack of predictable sense of self
 - Identity confusion
 - Poor sense of separateness
 - Disturbances of body image
 - Low self-esteem
 - Shame and guilt

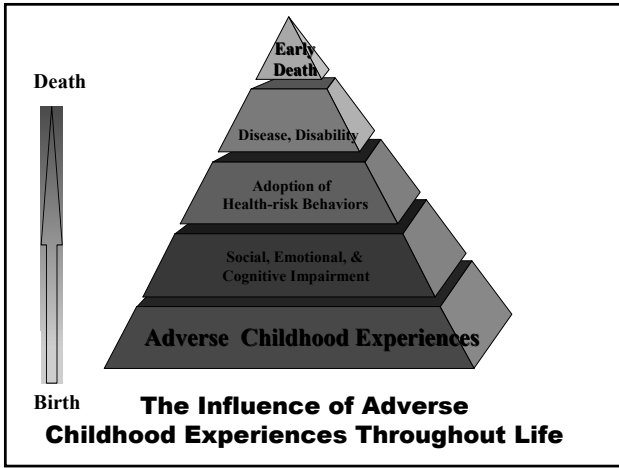
Long-Term Impact of Trauma

- Long-term relationship between childhood adverse experiences and medical/public health problems
- Strong graded relationship between breadth of exposure to abuse or household dysfunction and risk factors for several leading causes of death

(Felitti et al., 1998)

Adverse Childhood Experiences determine the likelihood of the ten most common causes of death in the United States.

Top 10 Risk Factors: smoking, severe obesity, physical inactivity, depression, suicide attempt, alcoholism, illicit drug use, injected drug use, 50+ sexual partners, h/o STD.





What's unique about adolescents?

- Type II trauma history
- Recanted disclosures
- Disclosures in the midst of chaos
- Behavior problems trigger blame
- Response can be invalidating
- Consent issues

TYPE II TRAUMAS

I had 3 sisters and we all got abused. My mother abused me the most. She tried to drown me one time. She put duck tape on my mouth. I know she tried to kill me. My Aunt said that if I didn't get away, she would have eventually killed me. One time she grabbed me so hard it crushed my leg bone as a baby. She let me crawl around on my leg for 2 weeks until someone found me. We were hungry so we'd cry and she would spank us so she could go to sleep. When I left they labeled me a failure to thrive. I had been molested for 2 years by my brother. Sometimes when my chores weren't done he would threaten me and make me do more chores. I felt very disgusted and I felt like it was my fault for letting it go too far. Later that night, my father called me in to ask if I had finished my chores. I told him I hadn't cleaned the counter yet. He slapped me on my face 2 or 3 times. It didn't leave a bruise but it hurt. I was used to getting hit. I felt like a punching bag. The worst time was when I didn't clean the toilet right. He started hitting me in the face four times. He hit my nose and it started pouring out fast and it got all over. I went to tell my adoptive mom but she didn't care what happened to me. I felt really hurt. She was mad at me because I supposedly lied.

INVALIDATING RESPONSE

Telling was hard. It was hard because I had a feeling that my mom was not going to believe me. My feeling was right. It hurt because she called me a liar and thought I was lying, but I wasn't. I wrote her a letter telling her everything that happened. I felt relieved to write that letter. So Saturday, when she saw me, she asked me, "When did it happen?" I told her when it happened. That's when she started calling me a liar because she claimed he wasn't living there then, but he was. I felt mad. She tried to tell me I was a whore but I'm not. I told her she was lying and she smacked me. I wondered how she could say something like that. I knew she was lying to make me feel bad. She left and I went outside.

CHAOS AND BLAME

I was in eighth grade so I was about 13 years old. I met my friend who was different from most kids my age. She asked me if I wanted to hang out with her and I said yes, so with her was the first time I smoked a cigarette. She also offered to give me a diet pill so I took it. I remember my mother got a root canal and she was prescribed a bottle of twenty pain killers. When I saw them I took them as quick as possible because I knew we were having a test and I wanted to be relaxed. I ate more than half the bottle myself and gave the rest out. I loved the feeling because it kind of took me away from life for a short period of time and I loved how it felt. My guidance counselor called my dad and told him that supposedly I was selling pills in schoolwhich I wasn't, but my dad really didn't seem to care and truthfully that kind of worried me. My mother was upset that my counselor did not inform her of what was occurring. It was all very confusing to me but yet I showed no emotion ... "I was numb." Over all I would just consider myself defiant. Anyway, I was mandated to do out-patient, I went a few times and then stopped. Not to mention throughout this whole period I was pretty much failing every one of my classes which was so not like me being that I had strait A's from kindergarten to then. To sum it all up I was slowly killing my mother physically, mentally, emotionally, and spiritually.

PARENT'S POINT OF VIEW

I remember in 7th grade, her teachers were calling the house constantly for her behavior – how rude she was or when they told her to do something, she wouldn't do it, smoking on the school grounds. One time it was her birthday party and her gym teacher called and said she made an inappropriate sexual comment, asking her when she had sex for the first time. I felt upset and constantly talked to her. I thought she'd listen to me and change her behavior. In 8th grade, things got worse. She seemed to have no fear of consequences. She didn't seem to care. I used to think what did I do wrong. Why does she hate me so much? Why doesn't she want to do well? One day, her counselor called and said she overheard her saying she got some pills from her father. The counselor said he'd called her father a couple weeks before to discuss her taking pills at her father's house. He denied it and no one notified me. I was very upset that no one called me. I went and checked my medicine cabinet. I remembered I had a bottle of pills from when I had a root canal. The bottle was missing. I called her dad and he said he took the pills off her and threw them out. I then got a counselor for her that we had to pay for and she didn't like her and wouldn't talk. We went through several programs. None of them helped.

CONSENT ISSUES

I was raped. At first, I didn't think so and I thought it to be consensual but after awhile, I realized what he'd done to me. I realized after it was already done and it came out that I gave him the condom because he already had all of my clothes off and I figured it was going to happen whether I wanted it to or not. Before we came to the room he picked me up and carried me in there and started kissing on me, pressuring me to make me feel like I had to do it and it was OK. I felt ashamed and betrayed by my friends I was with. I look back on it now and if I was in that situation, I wouldn't let that happen to them.

Trauma & Delinquency

- Children abused or neglected as a child showed an increased likelihood of arrest as a juvenile by 59%, as an adult by 28%, and for a violent crime by 30%
- Females abused or neglected in childhood were 73% more likely than control group females to be arrested for property, alcohol, drug, and such misdemeanor offenses as disorderly conduct, curfew violations, or loitering
- Between 1994 and 2003, the percentage of female admissions to county detention centers increased from 12% to 16%, and the percentage of females on probation placed residentially more than doubled from 4% to 9%

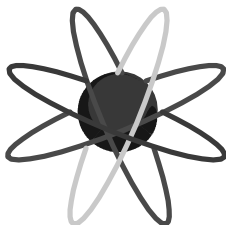
Evidence-Based Practice

- Trauma-Focused Cognitive Behavioral Therapy
 - SAMHSA Model Program
 - 63% reduction in children's PTSD symptoms
 - 41% reduction in children's depression
 - 23% reduction in children's acting out
 - 26% reduction in parents' emotional distress
 - 45% reduction in parents' intrusive thoughts
 - 45% improvement in body safety skills

Evidence Based Practice

- Dialectical Behavior Therapy (DBT) significantly reduces:
 - Anger
 - Suicide attempts
 - Parasuicidal behavior
 - Inpatient psychiatric days
- DBT improves:
 - Social adjustment
 - Treatment compliance
 - Drop out rate

STABILIZATION & TRAUMA TREATMENT FOR ADOLESCENTS AT RISK (STTAR)



WHAT IS STTAR?

- Integration of two evidence-based practices:
 - Trauma-Focused Cognitive Behavior Therapy
 - Dialectical Behavior Therapy
- Skills Training Group
- Weekly Individual Therapy
- As-Needed Phone Consultation
- Team Consultation

STABILIZATION & TRAUMA TX

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|--------------------------------|---|
| ■ Dialectical Behavior Therapy | ■ Trauma-Focused Cognitive-Behavior Therapy |
| ■ Commitment | ■ Gradual Exposure |
| ■ Mindfulness | ■ Sex Education |
| ■ Skill Building | ■ Body Safety |
| ■ Crisis Coaching | ■ Joint Sessions |
| ■ Behavioral Analysis | |
| ■ Team Consultation | |
| ■ Dialectics | |

The world is
changed one child at
a time.

-Maya Angelou
