Trauma-Informed Approaches to Assessing and Treating Teens

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"Over time as most people fail the survivor's exacting test of trustworthiness, she tends to withdraw from relationships. The isolation of the survivor thus persists even after she is free."
― *Judith Lewis Herman*, *Trauma and Recovery*

Introductions

First Name, current role/job, What you would like to gain from today's workshop

Workshop Objectives

1. Discuss current research documenting the prevalence and correlation between trauma and substance use among adolescents.
2. Discuss current trauma-informed approaches specific to the assessment, engagement and intervention processes with adolescents presenting for care.
3. Demonstrate and apply at least one trauma-focused technique to current adolescent assessment and engagement practices.

"After a traumatic experience, the human system of self-preservation seems to go onto permanent alert, as if the danger might return at any moment."
― Judith Lewis Herman, *Trauma and Recovery*
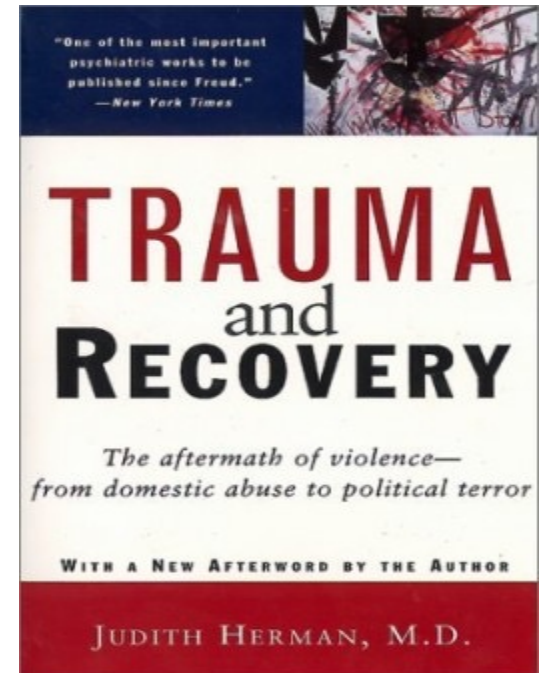
What is Trauma ?

- SAMHSA defines as experiences that cause intense physical and psychological stress reactions. It can refer to "a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well being"

Sociocultural Perspective

Individual Factors	Interpersonal Factors	Community and Organizational Factors	Societal Factors	Cultural and Developmental Factors	Period of Time in History
Age, biophysical state, mental health status, temperament and other personality traits, education, gender, coping styles, socioeconomic status	Family, peer, and significant other interaction patterns, parent/family mental health, parents' history of trauma, social network	Neighborhood quality, school system and/or work environment, behavioral health system quality and accessibility, faith-based settings, transportation availability, community socioeconomic status, community employment rates	Laws, State and Federal economic and social policies, media, societal norms, judicial system	Collective or individualistic cultural norms, ethnicity, cultural subsystem norms, cognitive and maturational development	Societal attitudes related to military service members' home comings, changes in diagnostic understanding between DSM III-R* and DSM-5**

Adolescent Prevalence of Trauma

- **60%** of adults report experiencing abuse or other difficult family circumstances during
childhood.
- **26%** of children in the United States will witness or experience a traumatic event before they turn four.
- Based on National Survey of Children's Exposure to Violence within the past year:
  - More than 60% of children were exposed to at least one type of violence
  - More than 10 % reported 5 or more exposures to violence
  - About 10 % of children surveyed suffered from child maltreatment, were injured in an assault, or witnessed a family member assault another family member.
  - About 25% were victims of robbery or witnessed a violent act.
  - Nearly half of children and adolescents surveyed were assaulted at least once.

- Source - National Center for Mental Health Promotion and Youth Violence Prevention, "Childhood Trauma and Its Effect on Healthy Development," July 2012 http://www.promoteprevent.org/sites/www.promoteprevent.org/files/resources/childhood%20trauma_brief_in_final.pdf

Adolescent Prevalence of Trauma

- **4 in10** children in American say they experienced a physical assault during the past year, with one in 10 receiving an assault-related injury.
- **2%** of all children experienced sexual assault or sexual abuse during the past year, with the rate at nearly 11% for girls aged 14 to 17.
- Nearly **14%** of children repeatedly experienced maltreatment by a caregiver, including nearly 4% who experienced physical abuse.
- **1 in 4** children was the victim of robbery, vandalism or theft during the previous year.
- More than **13%** of children reported being physically bullied, while more than 1 in 3 said they had been emotionally bullied.
- **1 in 5** children witnessed violence in their family or the neighborhood during the previous year.

- Source - JAMA Pediatrics, May 2013 (http://www.unh.edu/ccrc/pdf/05-13%20PED%20childhood%20exposure%20to%20violence.pdf)

Adolescent Trauma and Substance Use

For many adolescents, early experimentation eventually progresses to abuse of or dependence on – illicit drugs or alcohol.

- It is estimated that 29% of adolescents—nearly one in three—have experimented with illegal drugs by the time they complete eighth grade, and that 41% have consumed alcohol.
- 1 in 5 American adolescents between ages 12-17 engages in abusive/dependent or problematic use of illicit drugs or alcohol.

Risk Factor

Trauma   Substance Use
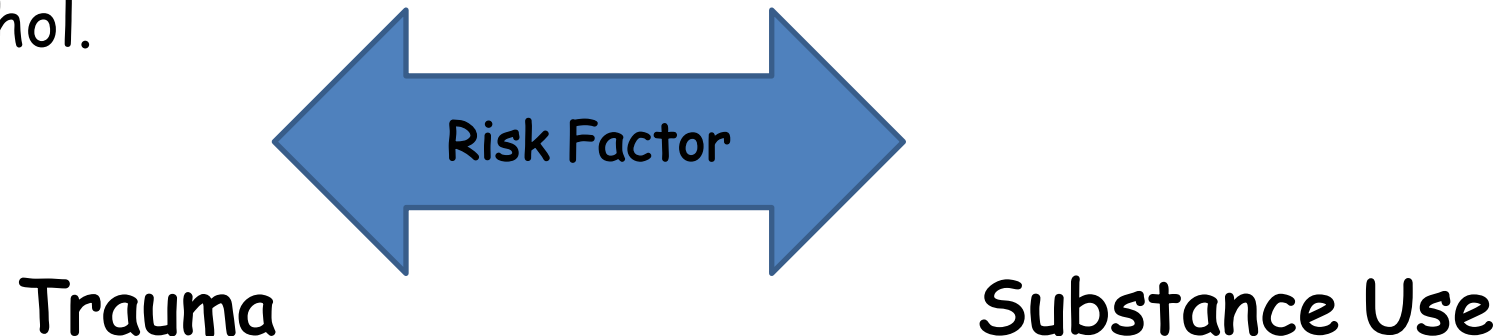
Symptoms

Adolescents with trauma histories can experience a number of symptoms clustered into three broad categories:

1. Re-experiencing the traumatic event through intrusive thoughts or dreams of the event, or intense psychological distress when exposed to reminders of the event
2. Persistent avoidance of thoughts, feelings, images, or locations that remind the adolescent of or are associated with the traumatic event
3. Increased arousal, such as hypervigilance, irritability, exaggerated startle response and sleeping difficulties (APA, 2000)

Adolescents who are using substances may exhibit symptoms such as:

1. Failing to fulfill major obligations at work, home, or school, or use of substances when it is physically hazardous
2. Legal, social, or interpersonal problems
3. Severe substance abuse can warrant a diagnosis of substance dependence. This occurs if substance use leads to tolerance, withdrawal symptoms, problems cutting down on consumption and other major difficulties (APA, 2000)

www.bu.edu/atssa

Post Traumatic Stress

- A child's risk of developing PTSD is related to the seriousness of the trauma, whether the trauma is repeated, the child's proximity to the trauma, and his/her relationship to the victim(s).
- PTSD in children and adolescence requires the presence of re-experiencing, avoidance and numbing, and arousal symptoms.
  - » Criteria for PTSD include age-specific features for some symptoms.
- The National Comorbidity Survey Replication- Adolescent Supplement is a nationally representative sample of over 10,000 adolescents aged 13-18. Results indicate that 5% of adolescents have met criteria for PTSD in their lifetime.
- Prevalence is higher for girls than boys (8.0% vs. 2.3%) and increase with age (Merkangas, K. et al., 2010). Current rates (in the past month) are 3.9% overall (Kessler, R., et al,2012).

Cultural responsiveness and cultural competence

- These terms used interchangeably, with "responsiveness" applied to services and systems and "competence" applied to people, to refer to "a set of behaviors, attitudes, and policies that…enable a system, agency, or group of professionals to work effectively in cross-cultural situations" (Cross, Bazron, Dennis, & Isaacs, 1989, p. 13).

- Culturally responsive behavioral health services and culturally competent providers "honor and respect the beliefs, languages, interpersonal styles, and behaviors of individuals and families receiving services…. Cultural competence is a dynamic, ongoing developmental process that requires a long-term commitment and is achieved over time"

Cultural Considerations Related to Trauma and Substance Abuse

National Child Traumatic Stress Network
- -http://www.nctsn.org/resources/topics/culture-and-trauma

Girls
- Girls entering substance abuse treatment have significant co-occurring mental health issues
- Gender differences in victimization are frequently reported among substance-abusing youths, with females more likely than their male peers to have a history of child abuse, have experienced multiple types of abuse, have been sexually abused, and have more severe problems related to child abuse

Disabilities and Deaf/Hard of Hearing
- Individuals with disabilities have increased rates of maltreatment
- Girls with hearing loss had the highest rates, followed by girls without hearing loss

Cultural Considerations Related to Trauma and Substance Abuse

- **Sexual Minorities**
    - Sexual minorities—lesbian, gay, bisexual, and transgendered (LGBT) youth—are especially vulnerable to mental health problems, particularly depression, loneliness, psychosomatic illness, withdrawn behavior, delinquency, and social problems

- **Ethnic/Racial Minorities**
    - changing demographics in the United States and acculturation
    - historical trauma
    - culturally responsive assessment and services
    - inclusion of family and parental beliefs

A Trauma-Informed Approach

– A trauma-informed approach to the delivery of behavioral health services includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic.

– May 2012, SAMHSA convened a group of national experts who identified three key elements of a trauma-informed approach: "(1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) responding by putting this knowledge into practice"

"Changes in Relationship with others:
It is especially hard to trust other people if you have been repeatedly abused, abandoned or betrayed as a child. Mistrust makes it very difficult to make friends, and to be able to distinguish between good and bad intentions in other people. Some parts do not seem to trust anyone, while other parts may be so vulnerable and needy that they do not pay attention to clues that perhaps a person is not trustworthy. Some parts like to be close to others or feel a desperate need to be close and taken care of, while other parts fear being close or actively dislike people. Some parts are afraid of being in relationships while others are afraid of being rejected or criticized. This naturally sets up major internal as well as relational conflicts."
— Suzette Boon, *Coping with Trauma-Related Dissociation: Skills Training for Patients and Therapists*

Group Discussion

Trauma-Informed Approach

- According to SAMHSA's concept of a trauma-informed approach, "A program, organization, or system that is trauma-informed:
  - *Realizes* the widespread impact of trauma and understands potential paths for recovery;
  - *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
  - *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
  - Seeks to actively resist *re-traumatization*."
- http://www.samhsa.gov/nctic/trauma-interventions

SAMHSA's Six Key Principles of a Trauma-Informed Approach

- A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific:

    - Safety
    - Trustworthiness and Transparency
    - Peer support
    - Collaboration and mutuality
    - Empowerment, voice and choice
    - Cultural, Historical, and Gender Issues

Establish a culture that fully reflects each of the five core values in _each contact_, *physical setting, relationship, and activity and that this culture* is evident in the experiences of staff as well as consumers, then the program's culture is trauma-informed.
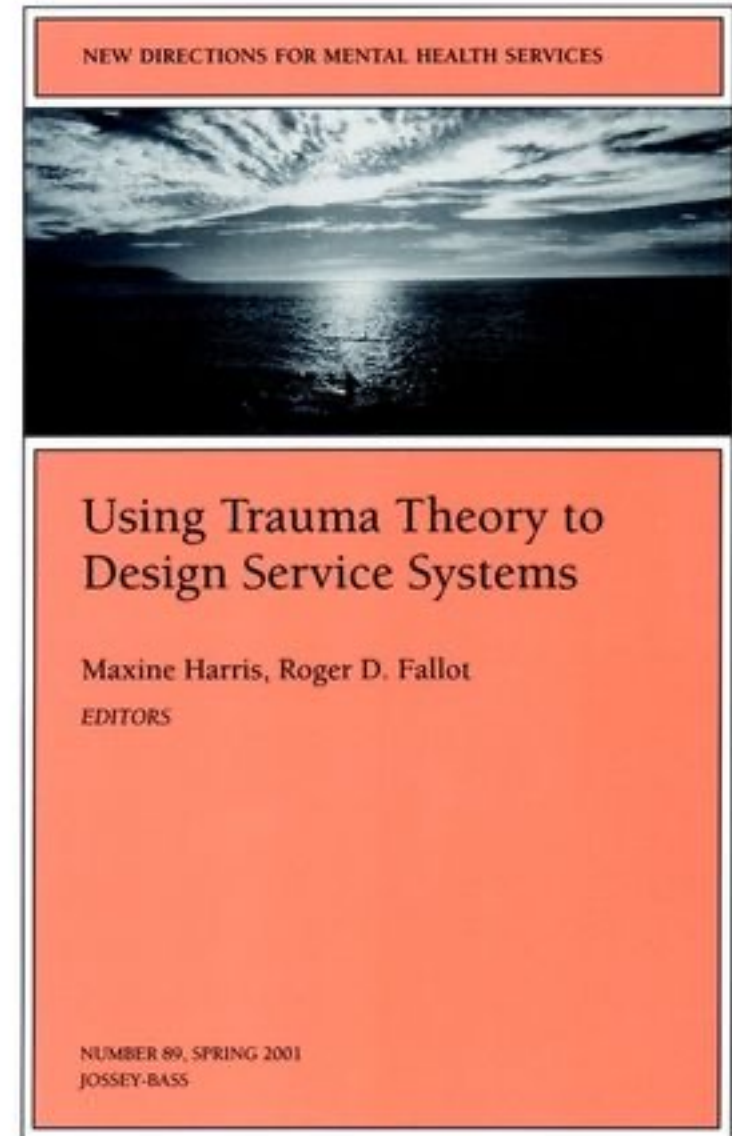
The Five Core Values

- **Safety** — is everything being done to ensure physical and emotional safety (welcoming, respectful, sufficient personal space, consistency)
- **Trustworthiness** — are expectations and interactions for everyone clear and consistent (boundaries, respect, non-judgmental)
- **Choice** — is a condition being created so individuals experience a feeling of choice and control (providing options, choices, optional program supports)
- **Collaboration** — is the approach one of sharing and collaboration in all interactions (learning from each other, seeking input, listening first)
- **Empowerment** — is there a fostering of the individual's

Engaging Youth and Family/Primary Caregivers

- Welcoming rituals that promote positive youth development
- Assisting families in identifying strengths and successes in their daily lives
- Clearly defining expectations for participation and change
- Identifying people who can potentially be trusted to make up a social support network and participate in treatment
- Deciding how each social support network member can help
- Initiating contact with social support network members
- Clarifying the role each social support network member will play
- Participating in service activities
- Teaching self-soothing activities to enhance stress reduction and affect regulation
- Demonstrating respectful behavior
- Actively giving and receiving feedback
- Positive reinforcement – strength based responses
- Monitoring program policies that support or challenge engagement

"These problems are real, and you can't turn off real life. So I won't try. Instead, I'll give you a set of tools to help you deal with real life."
— Sean Covey, *The 7 Habits Of Highly Effective Teens*

Group Discussion

Validated Assessment Instruments for Traumatic Stress and Substance Abuse Disorders

Resource	Brief Description	Source
Adquest2 Adolescent Intake Questionnaire2	This self-report measure allows adolescents to identify various issues of concern, which the therapist can then use to engage adolescents in discussion on a variety of topics including health, sexuality, safety, substance abuse and friends.	Peake, K., Epstein, I., and Medeiros, D. (2005). Clinical and research uses of an adolescent mental health intake questionnaire: What kids need to talk about. Binghamton, NY: The Haworth Press, Inc.
CANS-TEA Child and Adolescent Needs and Strengths-Trauma Exposure and Adaptation Version	This clinician-report instrument assesses a variety of domains including trauma history, traumatic stress symptoms, emotional and behavioral regulation (e.g., anxiety, depression, self-harm, substance abuse), environmental stability, caregiver functioning, attachment, child strengths and child functioning.	For information on the guidelines for use and development contact Cassandra Kisiel: (312) 503-0459 c-kisiel@northwestern.edu
GAIN Global Appraisal of Individual Needs3	The GAIN is a series of clinician-administered biopsychosocial assessments designed to provide information useful for screenings, diagnosis, treatment planning, and monitoring progress. Domains measured on the GAIN-Initial (GAIN-I) include substance use, physical health, risk behaviors, mental health, environment, legal and vocational. Several scales are derived from the GAIN-I, including substance problem, traumatic stress, and victimization indices.	Dennis, M., White, M., Titus, J., and Unsicker, J. (2006). Global Appraisal of Individual Needs (GAIN): Administration guide for the GAIN and related measures (Version 5.4.0). Bloomington, IL: Chestnut Health Systems. Retrieved April 17, 2008, from http://www.chestnut.org/LI/gain/ GAIN_I/GAIN-I_v_5-4/Index.html.
TSCC Trauma Symptom Checklist for Children4	The Trauma Symptom Checklist for Children is a self-rating measure used to evaluate both acute and chronic posttraumatic stress symptoms.	John Briere, Ph.D. Psychological Assessment Services http://www3.parinc.com/products/product. aspx?Productid=TSCC
UCLA PTSD RI for DSM-IV University of California Los Angeles Posttraumatic Stress Disorder Reaction Index5	This scale is used to screen for exposure to traumatic events and DSM-IV PTSD symptoms. Three versions exist: a self-report for school-age children, a self-report for adolescents, and a parent report. An abbreviated version of the UCLA PTSD RI is also available. This nine-item measure provides a quick screen for PTSD symptoms.	UCLA Trauma Psychiatry Service 300 UCLA Medical Plaza, Ste 2232 Los Angeles, CA 90095-6968 rpynoos@mednet.ucla.edu

Validated Assessment Instruments for Traumatic Stress and Substance Abuse Disorders

Screening and Assessing Adolescents for Substance Use Disorders: Treatment Improvement Protocol (TIP) Series 316	This guide provides information regarding screening and assessment of adolescents with substance use disorders including descriptions of specific assessment instruments.	Substance Abuse and Mental Health Services Administration. (1999). TIP 31: Screening and assessing adolescents for substance use disorders. Rockville, MD U.S. Dept. of Health and Human Services. Retrieved April 18, 2008 from http://www.ncbi.nlm.nih.gov/books/ bv.fcgi?rid=hstat5.chapter.54841.
POSIT Problem Oriented Screening Instrument for Teenagers	This scale was designed to identify potential problems in need of further assessment, and potential treatment or service needs, in 10 areas including substance abuse, mental health, physical health, family relations, peer relations, educational status, vocational status, social skills, recreation, and aggressive behavior/delinquency.	National Institute on Drug Abuse (NIDA), National Institutes of Health Elizabeth Rahdert, Ph.D., 6001 Executive Blvd, Bethesda, MD, 20892 Email: Elizabeth_Rahdert@nih.gov
CPSS Child Posttraumatic Stress Disorder Symptom Scale	The CPSS was adapted from the adult Posttraumatic Diagnostic Scale (PTDS). The CPSS is a self-report measure that assesses the frequency of all DSM-IV-defined PTSD symptoms and was also designed to assess PTSD diagnosis. The measure yields a total Symptom Severity score as well as a daily functioning and impairment score.	To obtain the CPSS, contact: Edna Foa, Ph.D. Center for the Treatment and Study of Anxiety University of Penn. School of Medicine Department of Psychiatry 3535 Market Street, Sixth Floor Philadelphia, PA 19104
CRAFFT	The CRAFFT is a six-item measure that assesses adolescent substance use. The measure assesses reasons for drinking or other substance use, risky behavior associated with substance use, peer and family behavior surrounding substance use, as well as whether the adolescent has ever been in trouble as a result of his or her substance use.	The CRAFFT questions were developed by The Center for Adolescent Substance Use Research (CeASAR). To get permission to make copies of the CRAFFT test, email info@CRAFFT.org.

Trauma-Specific Interventions

- The survivor's need to be respected, informed, connected, and hopeful regarding their own recovery

- The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety

- The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers

Adolescent
Trauma-Specific Interventions

- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Essence of Being Real
- Risking Connection®
- Sanctuary Model®
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
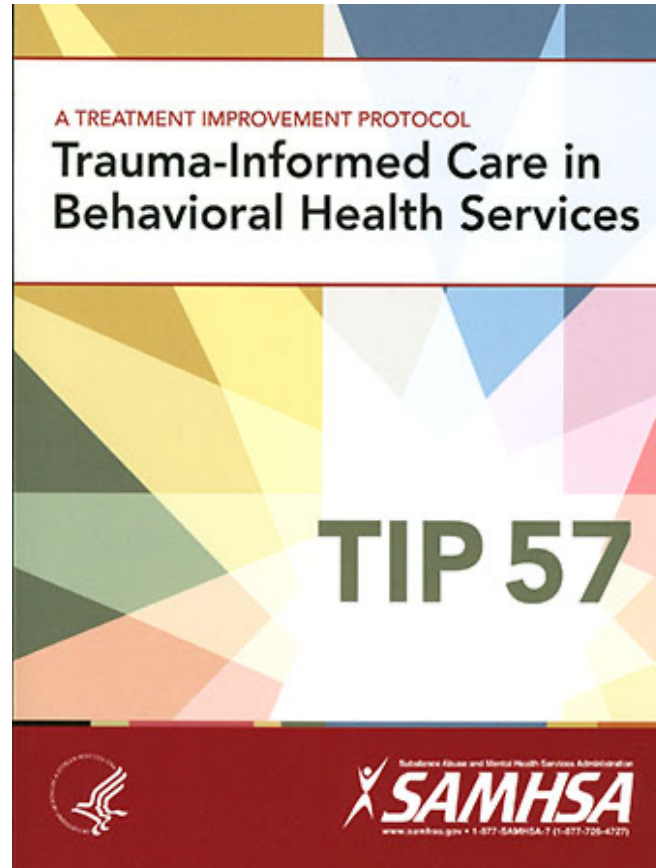- Trauma Recovery and Empowerment Model (TREM and M-TREM)

Group Discussion

Based on today's workshop and discussions – 1) Discuss 1-2 follow up changes, skills, action items and/or resources 2) Anticipated impact of each

Resources

A TREATMENT IMPROVEMENT PROTOCOL

Trauma-Informed Care in Behavioral Health Services

TIP 57

SAMHSA

Resources

- National Center for Trauma-Informed Care offers consultation and technical assistance to stimulate and support interest in developing approaches to eliminate the use of seclusion, restraints, and other coercive practices and to further develop the knowledge base related to the implementation of trauma-informed approaches, consistent with SAMHSA's conceptual framework for trauma and trauma-informed practice, in publicly funded systems and programs.

- NCTIC@NASMHPD.org

Additional Resources

- **Adolescent Traumatic Stress and Substance Abuse Treatment Center**

at The Center for Anxiety and Related Disorders, Boston University
  - http://www.bu.edu/atssa/Resources/Publications/IdentifyingT&SA.pdf
- **Community Connections**
  - http://www.communityconnectionsdc.org/web/page/597/interior.html
- **Institute for Health and Recovery (IHR) – Cambridge, MA**
  - Developing Trauma-Informed Organizations – A Tool Kit
  - http://www.healthrecovery.org/
- **Resources for Resolving Violence, Inc.**
  - http://resourcesforresolvingviolence.com/publications/
- **The National Child Trauma Stress Network**
  - http://www.nctsn.org/
    - http://www.nctsn.org/resources/topics/adolescence-and-substance-abuse

Questions, Comments and/or Feedback?

Thank you

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