

TFCBT for Children and Adolescents: Assessing Trauma Symptoms

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TF-CBT

1. What does childhood traumatic stress look like?
2. How to assessment for Trauma Symptoms?

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What is Child Traumatic Stress (CTS) ?

- Child Maltreatment
- Domestic Violence
- Natural Disasters
- Community and School Violence
- Medical Trauma
- Traumatic Loss
- Terrorism
- War-Zone Trauma

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How Big is the Problem? The Epidemiology of Child Traumatic Stress

General population studies

- Disaster studies
- Terrorism
- Natural disasters

Child maltreatment studies



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General Population Studies of Child Traumatic Stress

National Survey of Adolescents (Kilpatrick & Saunders, 1997)

- Representative US sample: 12-17 yrs
- Serious physical assault: 5 million
- Sexual assault: 1.8 million

Youths in Urban America study (Breslau et al., 2004)

- Mid-Atlantic US city
 - Baseline 6 yrs; follow-up 20-22 yrs
- 82.5% one or more lifetime traumatic events: 87.2% males, 78.4% females
- Exposure to violent assault
 - Increase after 15 years, peaked @ 16-17 yrs
 - Major decrease by age 21

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General Population Studies of Child Traumatic Stress

Developmental Victimization Study (Finklehor et al., 2005)

- Representative US sample: 2-17 yrs
- 1 in 8 experienced a form of child maltreatment
- 1 in 3 witnessed violence

The Great Smoky Mountains Study (Copeland, et al., 2007)

- A majority of children (67.8%) were exposed to one or more traumatic events by age 16.
- Children exposed to trauma had almost double the rates of psychiatric disorders of those not exposed.

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Disaster Studies

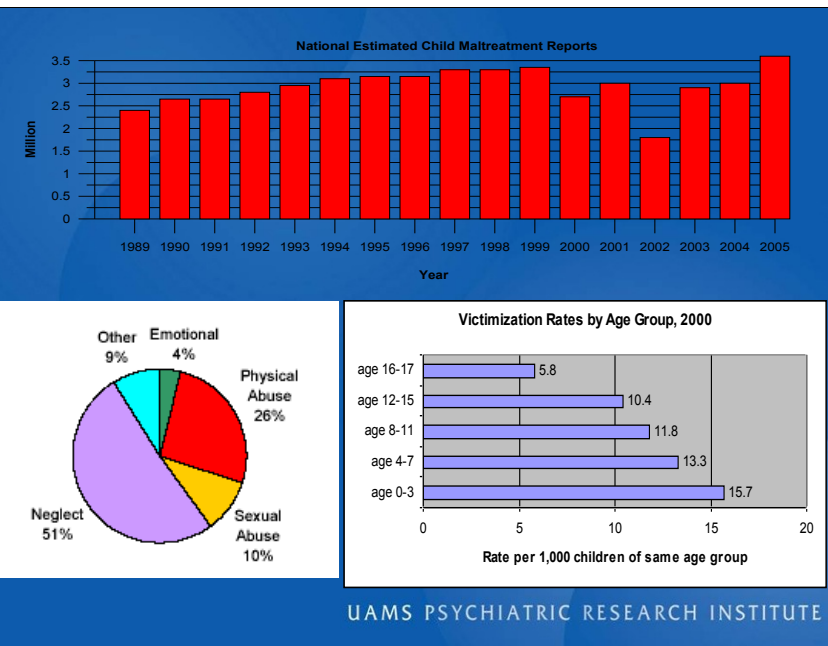
New York City, NY Department of Education Study (Hoven et al., 2005)

- At 6 months post World Trade Center attack, the prevalence of:
 - PTSD was 10.6%
 - agoraphobia was 14.8%
 - conduct disorder was 12.8%
 - separation anxiety was 12.3%
 - alcohol problems was 4.5%
- Over 60% experienced at least one major traumatic event prior to the attacks.

Gulf Coast Child & Family Health Study (Abramson et al., 2007)

- At 2 years after Hurricane Katrina.
 - 46,000 children were displaced
 - 51% of displaced children had at least 1 risk factor for poor long term outcomes

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Child Maltreatment Prevalence 2007

Nationally	Arkansas
6. million Child maltreatment investigations	58,000 child maltreatment investigations
794,517 confirmed cases of abuse / neglect (1 out of every 94 children)	9,847 confirmed cases of abuse / neglect (1 out of every 71 children)
<ul style="list-style-type: none"> • 59% Neglect (436,944 children) • 8% Sexual Abuse (56,460 children) • 11% Physical Abuse (79,886 children) • 13% Multiple types (97,123 children) • 4% Psychological Abuse (31,366 children) 	<ul style="list-style-type: none"> • 55% Neglect (5,439 children) • 20% Sexual Abuse (1,961 children) • 12% Physical Abuse (1,135 children) • 7% Multiple types (711 children) • 1% Psychological Abuse (31,366 children)

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Comparisons

1 out of every 71 children in Arkansas were victims of abuse or neglect

- 1 out of every 6250 children were diagnosed with cancer (U.S. Department of Health and Human Services, 2009)
- 1 out of every 4032 individuals under 24 had a confirmed case of H1N1 (Centers for Disease Control and Prevention, 2009)
- 1 out of every 30,303 individuals under 24 had a confirmed case on H1N1 that required hospitalization (Centers for Disease Control and Prevention, 2009)
- 1 out of every 1,514,175 individuals under 24 died from a confirmed case on H1N1 (Centers for Disease Control and Prevention, 2009)
- 1 out of every 150 eight-year-old children were diagnosed with an Autism Spectrum Disorder (Centers for Disease Control and Prevention, 2002)

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Incidence of PTSD in Children

- 6% life-time prevalence in older adolescents
- Natural Disasters
 - 30-50% moderate symptoms
 - 5-10% full criteria
- Traffic Accidents
 - 29% at 4 wks
 - 36% at 6 wks
 - 6 - 25% at 12-15 wks
 - 14% at 9 months
- Exposure to war
 - 25 - 70%
- Diseases or hospitalization
 - X < 15%
- Sexual and Physical Abuse
 - 11 - 20%
- Symptoms often remain for years without treatment (15-29% still meet criteria 5- 33 years later)

Dyregrov & Yule, 2005

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Posttraumatic Stress Disorder

- Exposure
 - Experienced or witnessed... actual or threatened injury or death
 - Responded with intense fear, helplessness, or horror
- Reexperiencing
 - Intrusive recollections
 - Recurrent dreams
 - Acting or feeling as if the event were recurring
 - Intense distress triggered by internal or external cues
 - Physiological reactivity
- Persistent Avoidance (3+)
 - Avoiding thoughts, feelings etc
 - Places, activities, or people
 - Inability to recall events
 - Diminished interests in significant activities
 - Detachment or estrangement from others
 - Restricted affect
 - Foreshortened future

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Posttraumatic Stress Disorder

- D. Persistent Increased Arousal (2+)
 - Difficulty sleeping
 - Irritability
 - Difficulty concentrating
 - Hypervigilance
 - Exaggerated startle response
- E. Duration of 1 month or more
- F. Clinical impairment



What is the impact of Child Traumatic Stress?

- Capacity to regulate emotion and attention
- Social development
- Cognitive development: IQ and language
- Academic performance
- Substance use/abuse
- Numbness, desensitization to threat
- Re-victimization
- Recklessness and reenacting behavior
- Posttraumatic stress and other disorders (depression, anxiety, phobia, panic)
- Developmental Trauma Disorder
- Health effects

Traumatic Stress in Children

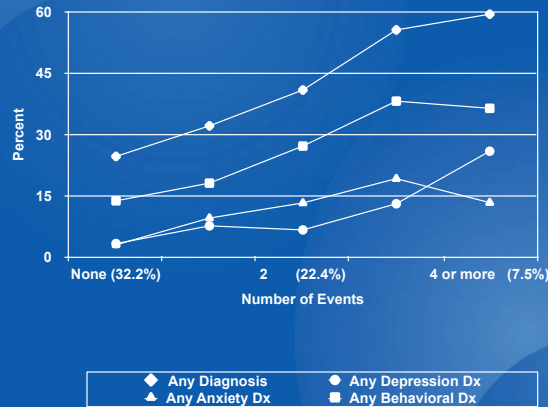
- Physical consequences can include impaired brain development and/or poor physical health
(Kaufman & Charney, 2001; Perry, 2002; Shore, 1997; Springer, Sheridan, Kuo, & Carnes, 2007)
- Psychological consequences can include internalizing disorders, externalizing disorders, cognitive difficulties, and/or social difficulties
(Kaufman & Charney, 2001; Morrison, Frank, Holland, & Kates, 1999; Silverman, Reinherz, & Giacomin, 1990; Springer, Sheridan, Kuo, & Carnes, 2007; Feischer, 2000; U.S. Department of Health and Human Services, 2003; Watts-Englich, Fortson, Giber, Hooper, & DeBellis, 2006)
- Behavioral consequences can include juvenile delinquency, adult criminality, substance abuse, and/or abusive behavior
(National Institute on Drug Abuse, 1996; Prevent Child Abuse America, 2001; Widom & Maxfield, 2000; Widom, White, Czaja, & Marmorstein, 2007)

Traumatic Stress Symptoms in Children

Compared to adults...

- Less numbing and difficulty recognizing avoidance
- More overt aggression, destructiveness, and reenactment (also in play and drawings)
- Older children - foreshortened future
- Over the age of 10 - react more like adults

Effect of increasing trauma exposures on cumulative rates of psychiatric diagnoses by age 16 years (Copeland et al., 2007)



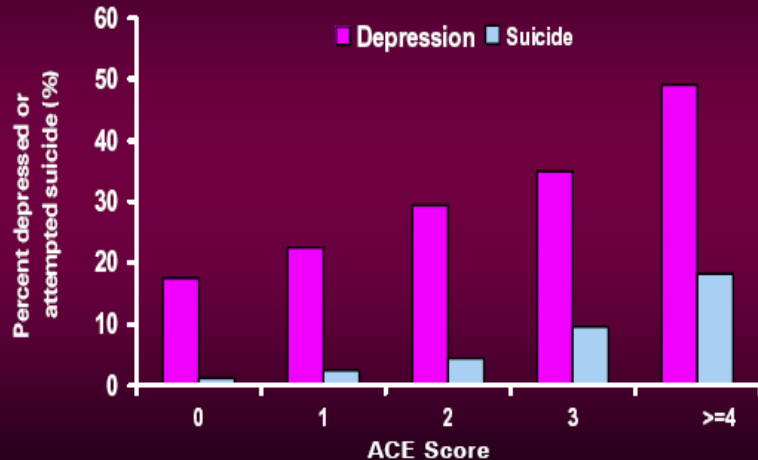
Odds Ratio Using Trauma Exposure and Severity of PTSD Symptoms as Predictors of Functional Impairment and Behavioral Disturbances (NCTSN Core Data Set n=8120)

For every 1-unit increase in trauma exposure (1-10+) the odds ratio for the outcome increases:

A shift from the moderate to the severe range of PTSD increases the odds ratio for the outcome by

Academic Difficulties	4%	41%
Behavioral Probs @ School	4%	24%
Behavioral Probs @ Home	12%	19%
Skipping School	15%	Negligible
Attachment	22%	30%
Inapp Sexual Behavior	10%	43%
Self Injurious Behavior	10%	130%
Suicidality	13%	170%
Prostitution	Negligible	130%* (too few cases)
Criminality	28%	Decreased

The ACE Score and a Lifetime History of Depression or Suicide Attempts



Predictors of PTSD Reactions in Children

- Level of Exposure
- Lack of social support
- Female gender
- Previous trauma exposure
- Prior psychiatric problems
- Strong acute response
- Family history of mental illness
- Cognitive variables
 - Negative appraisal
 - Unfairness
 - Rumination
 - Thought suppression
 - Confusion during the event

Assessment of Trauma Symptoms

- “The development of the abused or neglected child seldom follows a predictable course, because child maltreatment is characterized by many other negative socialization forces, such as family instability, parental inconsistency, and socioeconomic disadvantage.”

Wolf & McEachran, In Mash & Terdal, 1997)



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Assessment Process

- Assess existing risk and safety
- Identify general strengths and problems areas for family (marital problems, Family Stressors, etc.)
- Identify parental needs (support, child rearing, etc)
- Identify child needs (behavior, cognitive, social, mental health symptoms, etc)
- Reporting issues



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Assessment Process

- Cognitive problems: Maladaptive patterns of thinking about self, others and situations, including distortions and unhelpful thoughts, like self-blame or rumination about the trauma
- Relationship problems: Difficulties getting along with peers, poor problem-solving or social skills, hypersensitivity in interpersonal interactions, maladaptive strategies for making friends, impaired ability to trust.
- Affective problems: Sadness, anxiety, fear, anger, poor ability to tolerate or regulate negative affective states, inability to self-soothe.

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Assessment Process

- Family problems: Parenting skills deficits, poor parent-child communication, disturbances in parent-child attachment, disruption in family relationships or functioning due to abuse.
- Traumatic behavior problems: Avoidance of trauma reminders; trauma-related, sexualized, aggressive, or oppositional behaviors; unsafe behaviors
- Somatic problems: Sleep difficulties, physiological hyperarousal and hypervigilance toward possible trauma cues, physical tension, somatic symptoms.

Cohen, Mannarino, & Deblinger, 2006

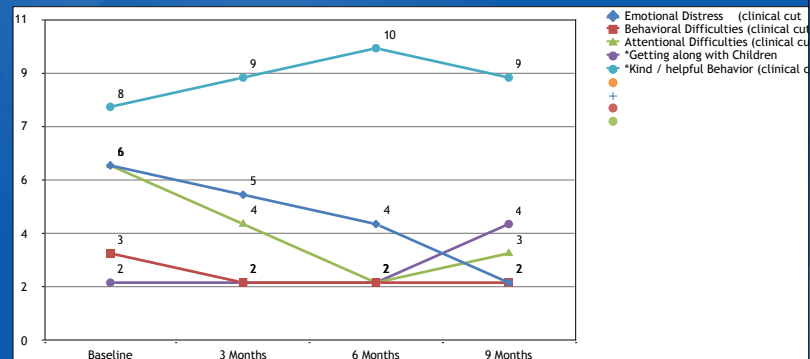
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Assessment Instruments

- Emotional / Behavioral
 - Child Behavior Checklist
 - Behavior Assessment Scale for Children
 - Roberts Apperception Test - 2
 - Child Depression Inventory
 - Manifest Anxiety Scale for Children
 - Strengths & Difficulties Questionnaire
- Traumatic Stress Symptoms
 - UCLA Posttraumatic Stress Index
 - Trauma Symptom Checklist for Children
 - Child PTSD Screen
 - Child Report of Posttraumatic Symptoms
 - Children's Impact of Traumatic Events Scale
 - Child Dissociative Checklist
 - Traumatic Events Screening Inventory

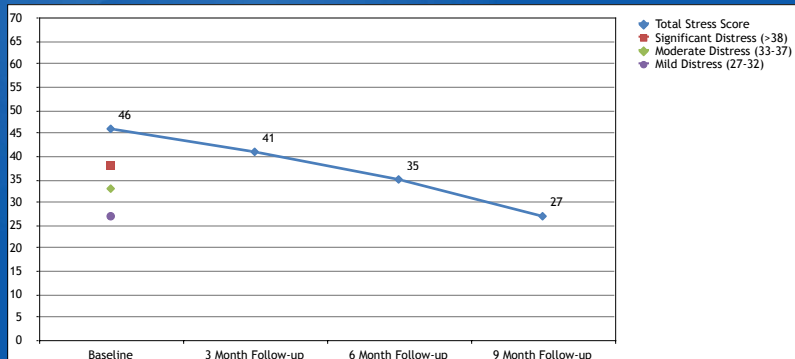
Tracking Outcomes

Strengths & Difficulties Questionnaire - Symptom Subscale Severity



Tracking Outcomes

UCLA PTSD Index - Overall Traumatic Stress Symptoms

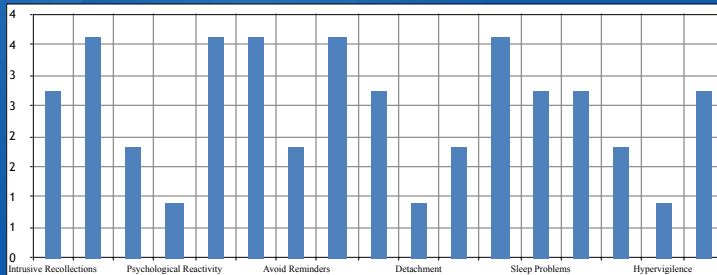


Tracking Outcomes

UCLA PTSD Index Subscale Severity



Tracking Outcomes



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Presenting Diagnoses to Parents

Goals

- Educate the parent and child
- Explain treatment process
- Increase understanding of symptoms
- Monitor outcome and progress from treatment

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