Adolescents are Uniquely Vulnerable to the Impact of Stress

- Adolescents are more disrupted by stressors than adults
  - Physiologically show an increased responsivity to stressors e.g. greater increases in blood pressure and blood flow in response to stress
  - Respond with greater negative affect to stressful situations than children and adults
  - Higher risk for drug abuse may be tied to elevated stress responsivity

Adolescents are Uniquely Vulnerable to the Impact of Trauma

- Exposure to trauma in adolescence can be particularly damaging:
  - studies of Vietnam veterans and rape victims find highest risk in adolescent victims
- Relatively mild behavior problems of preadolescence often give way to more serious high risk behaviors-
  - Runaways, early pregnancy or premature foreclosure on career plans
- Adolescent's living with intrafamilial violence are at particular risk for entering abusive relationships while dating

Adolescents are More Likely to be Victims:

US Department of Justice (1995) Guide for implementing the comprehensive strategy for serious violent and chronic juvenile offenders. Washington,DC

- Adolescents between the ages of 12 and 15 are victims of crime more than any other age group
- Adolescents of any age are victims at twice the national average

Adolescent Trauma is Often Accompanied by Perceived Life-threat

- In more than half (52.4 percent) of physical assaults, victims said they feared being seriously injured or killed. Although the largest group of physical assault victims reported that they had not sustained any physical injuries (47.5 percent)
- Slightly more than one in four sexual assault victims (28.1 percent) said they feared death or serious injury during their sexual assault.

Most Adolescent Victimization not Reported

- Much of the violence experienced by youths is perpetrated by peers or someone the victim knows well.
- Physical assaults generally unlikely to be reported to authorities. (65 percent were never reported)
- An even higher percentage of sexual assaults (86 percent), go unreported.

Adolescent Developmental Issues: Complications in Abusive Families: Independence

- Increased drive for autonomy from family
- Parental difficulties with labeling affect, managing anger and general communication makes effective negotiation of healthy levels of independence difficult

Adolescent Developmental Issues in Abusive Families : Puberty

- Physical changes brought on by puberty
- More likely to defend self in cases of physical abuse, defend abused parent in DV (Clinton)
- May use increased size to impose will with physical intimidation or aggression

Adolescent Developmental Issues: Intimacy and Sexuality

- Dating raises issues of sexuality, intimacy, relationship skills
- May have difficulty establishing healthy relationships
- At greater risk of involvement in dating violence- boys as abusers, girls as more tolerant of being victimized

Adolescent Developmental Issues: Peers

- Increased peer group influence and desire for acceptance
- May be more embarrassed by violence at home
- May try to escape violence by increasing time away from home, running away
- May turn to drugs to avoid dealing with family issues

Developmental Issues: Peers (continued)

- Peers as source of understanding, support and guidance that used to come from parents
- Can be viewed as threat to family "secrecy" by abusive parent
- If impact of trauma leads to problematic adolescent behavior rejection by more competent peer groups is likely- adolescent at risk for seeking out deviant peers

Developmental Issues : Formal Operations: Thinking in "A New Key"

- What might be rather than what is
- Criticalness and sarcasm
- Fault finding in adults, particularly parents
  - Reconstruction of childhood in manner that parents are reassessed
- Argumentativeness
  - Because of new found ability to marshal facts and logic in support of their point of view
- Asking "what ifs" can be inspiring if this process suggests a better life and trigger despair if the answer suggests a dismal future
- The heightened criticalness and insight brought on by formal operations can fuel increased fighting with parents

Developmental Issues: Feelings of Uniqueness

- Feelings of uniqueness: being special and invulnerable particularly salient at ages 13 to 15
- Can increase chance for risk-taking behavior

Developmental Stage of Parent of Adolescent is Frequently Poor Match for Adolescent

- Dreamer meets disillusioned
- Powerless parents more likely to:
  - be hypervigilant with child, focus on negative
  - engage in coercive and punitive parenting
  - misread neutral child cues as malevolent
  - derogate child in efforts at power repair

ASSOCIATIONS BETWEEN TRAUMA AND PSYCHIATRIC DISORDERS

- MDD, Substance Use (including cigarettes) and Conduct Disorder are all associated with adolescent physical abuse
  Kaplan, et al.,1997
- Substance abusing adolescents are 5 times more likely to have had traumatic experiences and PTSD than a community sample of adolescents. Deykin & Buka,1997
- Adolescents with PTSD are significantly more likely than comparison adolescents to have attempted suicide and report greater depressive and dissociative symptoms.
  Lipschitz et al., 1999

Trauma and PTSD among Drug Dependent Adolescents

- In a study of adolescents ages 15-19 who were dependent on alcohol or drugs.
  - The lifetime prevalence of PTSD was 29.6% with 74.7% reporting a history of traumatic events.
  - Particularly for females, PTSD preceded the onset of drug dependency. Average age at the onset of PTSD was 11.5 and average age of onset of drug dependence was 13.4.

Deykin & Bulka (1997)

Adolescent onset problems often have a poor prognosis

- Alcohol abuse and dependence is more prevalent in adults with adolescent onset MDD than those with adult onset MDD.

  Alpert, 1999

- Alcohol and drug use problems in adolescence is the single most predictive factor of adult alcohol and drug dependence.

  Swadi, 1999

Diagnoses Other Than PTSD Frequently Seen In Adolescents Exposed To Chronic Trauma:

- Disruptive Behavior Disorders (ADHD, ODD, CD)
  - Epidemiological investigations suggest that trauma can independently lead to disruptive behavior disorders independently of PTSD, ODD child might be trying to distract himself from intrusive symptoms
- Major depressive disorder
  - Distinguished from PTSD (in part) by self-punitive nature of adolescents thoughts and more pervasive anhedonia
- Separation anxiety disorder
  - Trauma activates attachment behavior, symptoms must have sufficient duration and functional impairment
- Learning Disabilities
  - Can be exacerbated by trauma and make it more difficult for adolescent to process trauma
- Interpersonal trauma does not necessarily result in PTSD e.g. finding of little PTSD in adolescent physical abuse victims who do not experience life threatening abuse

NIMH Consensus Conference: Workgroup on Pediatric PTSD

- Following domains/subgroups deemed “essential” in clinical evaluation:
  - Core PTSD event exposure and symptoms
    - Emotions, appraisal, attribution, beliefs, peri-dissociation
    - Parental response
  - Functional impairment (academic, family, peer)
  - Loss/grief (“recommended”)
  - Life events (pre/post, secondary adversities)
  - Child intrinsic factors (temperament, medical history)
  - Comorbid psychiatric, aggression/anger, substance abuse, learning difficulties, complex PTSD
  - Social

Specifically Assess Trauma History

- Important to systematically assess multiple sources of trauma using a traumatic antecedents questionnaire:
  - Keep in mind that adolescent might not view physical abuse or community violence as “abnormal” or “traumatic”

See NCPTSD Web Site for Information on Ordering Measures

- All measures on following table have published psychometric data,
- Information on how to obtain measures is available at the following site: http://www.ncptsd.va.gov/publications/assessment/child_measures_chart.html

- Those with asterisk have parent report version

CHILD MEASURES	**DOMAIN ASSESSED**	**FORMAT**	**TARGET AGE GROUP**	**TIME TO ADMINISTER (IN MINUTES)**	**ALLOWS MULTIPLE TRAUMA**
Children's Posttraumatic Stress Disorder Inventory	PTSD	Interview	7-18	15-20	Yes
Clinician-Administered PTSD Scale for Children and Adolescents	PTSD	Interview	7-18	30-120	Up to 3
PTSD Reaction Index*	PTSD+	Interview	6-17	15-20	No
Trauma Symptom Checklist for Children	Posttraumatic Symptoms	Self-report	8-16	10-20	Yes
Traumatic Events Screening Inventory*	Traumatic Events	Interview	4 and up	10-30	Yes

Cautions in Relying on Parental Reports

- High rate of depression in parents of abused adolescents is associated with less reliable reports of their adolescent's difficulties
- Couples tend to grossly underestimate the frequency with which their adolescent witness parental fights

Police-mental Health Partnership Findings

- Making conclusions about how well a child is doing based only on parental reports will miss identifying most children suffering from emotional difficulties
  - Parents are most likely to miss internalizing symptoms like anxiety and depression
- It can be misleading to assess child risk based only on the level of marital violence, the child's perception of the level of threat is as powerful a predictor
  - Perception of threat varies from child to child, such perceptions are as strongly related to distress as the actual level of violence or danger

Assessment of coping styles

- In light of the waxing and waning nature of exposure to violence cycle separate coping mechanisms may be necessary for "anticipatory" period of tension building , the violent incident, and the periods of reconciliation
- Adolescent coping style are on a continuum from active information seekers to information avoiders
- Adolescents with active styles will respond well to getting a maximum of information, rehearsal, and information on safety planning
- "Attenders" may cope less well during violent episodes than "distractors", however, many attenders become more distressed if discouraged from direct involvement with family problem
  - Difference between "parentification" and "required helpfulness"

Importance of Measuring Adolescent's Perception of How They Coped

- Interview of adolescent needs to include careful assessment of what they witnessed, how they view their role when faced with parental violence. and coping mechanisms used
- Note that memories for traumatic incidents are at risk for distortion; i.e child who responds passively may remember more active response, sense of time may be altered and self-blame may dominate

Trauma Focused Approaches for Adolescents

- **FREEDOM** Skills
  Ford, Mahoney & Russo, 2004

- **STAIR** Skills training in affective and interpersonal regulation
  Cloitre, 2002

- **Dialectical Behavior Therapy for Adolescents**
  Rathus, Miller, & Linehan, in press

- **School-Based Trauma/Grief Group Psychotherapy Program**
  Layne, Saltzman, Pynoos, et al., 2000

- **SPARCS (**Structured Psychotherapy for Adolescents Residing with Chronic Trauma)
  DeRosa, Habib & Pelcovitz, 2006

SPARCS

- 22 Sessions
- Adolescents between 12-19 years old
- History of interpersonal trauma according to assessment with specific questions about traumatic events
- Living with significant ongoing stressors (e.g., GAF<60)
- Present-focused
- Eight joint, multi-family sessions

Broad Treatment Goals

Enhancing Resilience

- Cope more effectively in the moment
- Cultivate awareness
- Connect with others and Create Meaning

Coping in the Moment

Program Overview

Session 1 Welcome and Intro
Session 2 Stress, trauma & the body
Session 3 Getting focused: Intro to Mindfulness
Session 4 FREEDOM
Session 5 Distress Tolerance: Self-Soothe
Session 6 Distress Tolerance: Distract
Session 7 Make A Link

Focus on Now: SOS

SLOW DOWN

Take a time out; calm your body;

one thought at a time

ORIENT YOURSELF

Bring your mind & body back to the present time and place

SELF-CHECK

Rate your level of personal distress and sense of control here and now

Ford et al., 2001

Cultivating Consciousness

Session 8 FREEDOM
Session 9 Trauma & the Mind-Body Connection
Session 10 Impact of Extreme Stress
Session 11 My Life Experiences
Session 12 Mindfulness
Session 13 FREEDOM & MAKE A LINK
Session 14 Recognizing Triggers
Session 15 Managing Anger

Creating Connections & Meaning

Session 16 MAKE A LINK
Session 17 Building Positive Experiences
Session 18 FREEDOM
Session 19 Relationships & Trust
Session 20 Expectations and Beliefs
Session 21 Whose Luggage is it Anyway?
Session 22 Hopes for the Future & Graduation

TIME REQUIRED

Preparation time: 5 minutes
Time required to complete session: 8 minutes

PREREQUISITES

(Recommended) Bottle About to Burst
(Recommended) Body's Alarm System

SUPPLIES

- Handout

BEFORE YOU START

Review this tool before using it.
Refresh your knowledge by reading xx in xx.
Think through how you will respond to resistance.
Schedule.

SESSION 2

TASKS

1 Transition from previous topic—if Body's Alarm System, talk about how extreme stress symptoms as the bell going off
2 Discuss Extreme Stress handout, chart:
   - Which symptoms have you experienced?
   - What problems have they caused?
3 Normalize
   - Normal reactions to abnormal event
   - 99% of people not hosp. for MI would experience
   - Still causes problems
4 Discuss FREEDOM tasks that develop skills as solution for extreme stress symptoms
5 Present F—focusing—and its benefits
6 Present SOS as application of F
7 Discuss SOS as method for managing extreme stress symptoms
8 Cover SOS handout
9 Position use of skills as way to regain control