Understanding Adolescent Trauma and Substance Abuse

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Child Traumatic Stress and Co-Occurring Disorders
What Is Child Traumatic Stress?

• Traumatic stress in childhood involves *physical and emotional responses* to exposure to extreme threat, injury or death.

• Traumatic events overwhelm a child’s capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal.
What Is Child Traumatic Stress, cont'd

- A child’s response to a traumatic event may have a profound effect on his/her perception of self, the world, and the future.
- Traumatic events may affect children’s:
  - Ability to trust others
  - Sense of personal safety
  - Effectiveness in navigating life changes
Types of Traumatic Stress

- **Acute trauma** is a single traumatic event that is limited in time.
- **Chronic trauma** refers to the experience of multiple traumatic events.
- **Complex trauma** describes both exposure to chronic trauma—usually caused by adults entrusted with the child’s care—and the impact of such exposure on the child.
Variability in the Response to Stressors and Traumatic Events

• The impact of a potentially traumatic event is determined by both:
  – The objective nature of the event
  – The child’s subjective response to it

• Something that is traumatic for one child may not be traumatic for another.
Variability, cont’d

• The impact of a potentially traumatic event depends on several factors, including:
  – The child’s age and developmental stage
  – The child’s perception of the danger faced
  – Whether the child was the victim or a witness
  – The child’s relationship to the victim or perpetrator
  – The child’s past experience with trauma
  – The adversities the child faces following the trauma
  – The presence/availability of adults who can offer help and protection

• When trauma is associated with the failure of those who should be protecting and nurturing the child, it has profound and far-reaching effects on nearly every aspect of the child’s life.
Effects of Trauma Exposure on Children

- **Attachment.** Traumatized children feel that the world is uncertain and unpredictable. They can become socially isolated and have difficulty relating to and empathizing with others.

- **Biology.** Traumatized children may experience problems with movement and sensation, including hypersensitivity to physical contact and insensitivity to pain. They may exhibit unexplained physical symptoms and increased medical problems.

- **Mood Regulation.** Children exposed to trauma can have difficulty regulating their emotions, as well as difficulty knowing and describing their feelings and internal states.
Effects of Trauma Exposure, cont’d

• **Dissociation.** Some traumatized children experience a feeling of detachment or depersonalization, as if they are “observing” something happening to them that is unreal.

• **Behavioral Control.** Traumatized children can show poor impulse control, self-destructive or risk-taking behavior, and aggression towards others.

• **Cognition.** Traumatized children can have problems focusing on and completing tasks, or planning for and anticipating future events. Some exhibit learning difficulties and problems with language development.

• **Self-Concept.** Traumatized children frequently suffer from disturbed body image, low self-esteem, shame, and guilt.
The Influence of Developmental Stage

- Child traumatic stress reactions vary by developmental stage.
- Children who have been exposed to trauma expend a great deal of energy responding to, coping with, and coming to terms with the event.
- This may reduce children’s capacity to explore the environment and master age-appropriate developmental tasks.
- The longer traumatic stress goes untreated, the further children tend to stray from appropriate developmental pathways.
Young children who have experienced trauma may:

- Become passive, quiet, and easily alarmed
- Become fearful, especially in regards to separations and new situations
- Experience confusion about assessing threat and finding protection, especially in cases where parent or caretaker is the aggressor
- Regress to recent behaviors (e.g., baby-talk, bed-wetting, crying)
- Experience strong startle reactions, night terrors, or aggressive outbursts
School-age children with a history of trauma may:

- Become preoccupied with frightening moments from the traumatic experience
- Replay the traumatic event in their minds in order to figure out what could have been prevented or how it could have been different
- Develop intense, specific new fears linking back to the original danger
- Have thoughts of revenge
- Experience sleep disturbances that may interfere with daytime concentration and attention
In response to trauma, adolescents may feel:
- That they are weak, strange, childish or “going crazy”
- Embarrassed by their bouts of fear or exaggerated physical responses
- That they are unique and alone in their pain and suffering
- Anxiety and depression
- Intense anger
- Low self-esteem and helplessness
These trauma reactions may in turn lead to:

- Aggressive or disruptive behavior
- Sleep disturbances masked by late night studying, television watching, or partying
- Drug and alcohol use as a coping mechanism to deal with stress
- Over- or under-estimation of danger
- Expectations of maltreatment or abandonment
- Difficulties with trust
- Increased risk of revictimization, especially if the adolescent has lived with chronic or complex trauma
Long Term Effects of Childhood Trauma

• In the absence of more positive coping strategies, children who have experienced trauma may engage in high-risk or destructive coping behaviors.
• These behaviors place them at risk for a range of serious mental and physical health problems, including:
  – Alcoholism
  – Drug abuse
  – Depression
  – Suicide attempts
  – Sexually transmitted diseases (due to high risk activity with multiple partners)
  – Heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease

Source: Felitti et al., 1998
Children who have experienced chronic or complex trauma frequently are diagnosed with PTSD.

According to the American Psychiatric Association, PTSD may be diagnosed in children who have:

- Experienced, witnessed, or been confronted with one or more events that involved real or threatened death or serious injury to the physical integrity of themselves or others
- Responded to these events with intense fear, helplessness, or horror, which may be expressed as disorganized or agitated behavior

Source: American Psychiatric Association, 2000
Childhood Trauma and Other Diagnoses

- Other common diagnoses for children exposed to trauma include:
  - Reactive Attachment Disorder
  - Attention Deficit Hyperactivity Disorder
  - Oppositional Defiant Disorder
  - Bipolar Disorder
  - Conduct Disorder
- These diagnoses generally do not capture the full extent of the developmental impact of trauma.
- Many children with these diagnoses have a complex trauma history.
Understanding Trauma Reminders

• When faced with people, situations, places, or things that remind them of traumatic events, children may experience intense and disturbing feelings tied to the original trauma.

  – These “trauma reminders” can lead to behaviors that seem out of place, but were appropriate—and perhaps even helpful—at the time of the original traumatic event.

• Children who have experienced trauma may face so many trauma reminders in the course of an ordinary day that the whole world seems dangerous, and no adult seems deserving of trust.
Prevalence of Trauma and Substance Abuse in Youth

- Traumatic stress and substance abuse problems frequently co-occur among adolescents.
- Epidemiological studies show the overall rates of co-occurrence of PTSD and substance abuse can range from 13.5% to 29.7%.
- However, the co-occurrence is even greater in treatment settings, with rates highest among females:
  - Lifetime prevalence rates of trauma exposure: 71-80%
  - Lifetime prevalence rates of PTSD: 24.3% -45.3%
  - Current prevalence rates of PTSD: 14%- 40.0%

Understanding Substance Abuse: Cues and Cravings

- A substance use “stimulus” (also known as a reminder, signal, cue or trigger) has been repeatedly associated with the preparation for, anticipation of, or the use of drugs and/or alcohol.
  - These stimuli include people, things, places, times of day, and emotional states.
- Substance use “craving” refers to the very strong desire for a psychoactive substance or for the intoxicating effects of that substance.
  - Cravings include thoughts (about the urge to use), physical symptoms (heart palpitations) and behaviors (pacing).
The Link Between Trauma and Substance Abuse

• The link between trauma and substance abuse:
  - **Self Medication:** Adolescents who experience trauma may turn to substances to alleviate distress. A reminder of past trauma or loss can elicit substance abuse cravings.
  - **Susceptibility:** Youth’s ability to appropriately cope with distressing and traumatic events may be decreased by ongoing substance use, leading to increased likelihood of traumatic stress symptoms.
  - **High Risk Behaviors:** Adolescents who use substances are more likely to engage in risky activities that could lead to experiencing trauma (e.g., driving under the influence, hanging out in unsafe neighborhoods).
Common Reasons Given By Adolescents For Using Alcohol And Drugs

• Reasons for starting:
  – Social pressures
  – Experimentation
  – To cope with difficulties

• Reasons for continuing
  – Feels good
  – To cope with difficulties
  – To pass the time, deal with boredom
  – To manage withdrawal symptoms

• Reasons for quitting
  – No longer fits with lifestyle or to prevent adverse impact on anticipated future
  – Negative physical and psychological effects or outside pressures (probation, jail, drug testing)

Source: Titus et al., 2007
Why are the Risks Greater for Adolescents?

- Disruption of normal brain development—not fully developed until age 24-25
  - Hippocampus (learning and memory)
  - Prefrontal cortex (critical thinking, planning, impulse control, and emotional regulation)\(^1\)

- Interference with many physiological processes that can destabilize mood (depression, aggression, violence, and suicide)
- Decision-making abilities are not fully developed
- The earlier the onset age of drinking, the greater the risk for lifetime alcohol abuse or dependence.\(^2\)

\(^1\) DeBellis, 2005; \(^2\) DeWit et al., 2000
Known Risk and Protective Factors

• Individual
  – Positive coping strategies (good decision-making skills, assertiveness, and cognitive mastery)
  – Avoidant stress coping and difficulty in managing temptations

• Family
  – Strong sense of attachment to parents
  – Parental attitudes about substance use

• School
  – Bonding with school
  – Having a strong commitment to doing well

• Peer
  – Associating with substance-using peers

• Community
  – Limited availability of needed services or quality educational and recreational opportunities
Recognizing Signs of Substance Use Problems In Adolescents

- Frequent intoxication
- Change in peer group, failing to introduce peers to parents
- Disruptive behavior
- Avoiding school
- Decline in academic performance
- Rapid changes in mood
- Hostile outbursts

- Dropping out of activities
- Change in physical appearance, poor hygiene
- Depression
- Anxiety
- Difficulty sleeping
- Secretive behavior (e.g., sneaking out, lying, locking doors (e.g., bedroom, bathroom))
Assessment and Treatment
Need for Comprehensive Assessment

• Assessment identifies potential risk behaviors (i.e. danger to self, danger to others) and aims to determine interventions that will ultimately reduce risk.

• Assessment also tells us why a child may be reacting this way, the behavior’s connection to his/her experiences of trauma, and whether substance use is a means to cope with distress.

• Assessment provides input for the development of treatment goals with measurable objectives designed to reduce the negative effects of trauma and substance use.
Trauma Assessment

• Not all children who have experienced trauma need trauma-specific intervention.
• Unfortunately, many children exposed to trauma lack natural support systems and need the help of trauma-informed care.
• Many children who do not meet the full criteria for PTSD still suffer significant posttraumatic symptoms that can have a dramatic adverse impact on behavior, judgment, educational performance, and ability to connect with caregivers.
• These children need a comprehensive trauma assessment to determine which intervention will be most beneficial.
The Importance of Trauma Assessment

- Trauma assessment typically involves conducting a thorough trauma history.
  - Identify all forms of traumatic events experienced directly or witnessed by the child, to determine what is the best type of treatment for that specific child.
- Supplement trauma history with trauma-specific standardized clinical measures to assist in identifying the types and severity of symptoms the child is experiencing.
Assessment of Co-Occurring Substance Abuse Problems

- *If you don’t ask, they won’t tell.*
- Trauma and substance abuse screening should happen at the beginning and throughout treatment.
- Youth with this co-occurrence experience difficulties with emotional and behavioral regulation, and thus find it hard to stop using.
- The presence of one of these problems can—and often does—exacerbate the other.
- Therefore, assessment strategies should look at the extent of substance use as well as the level of impairment and interference with emotional and behavioral functioning.
Evidence-Based Treatments
Common Elements of Evidence-Based Trauma and Substance Abuse Treatments

- Starting treatment
  - Psychoeducation
  - Strategies to promote family and youth engagement
- Cognitive behavioral approaches
  - Skill building to improve ability to cope with distress
  - Skill building to improve ability to cope with cravings
- Family interventions
  - Improve parental monitoring and limit setting
  - Improve communication
Examples of Evidence-Based Treatments For Trauma In Children

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Parent-Child Interaction Therapy (PCIT)
- Abuse-Focused Cognitive Behavioral Therapy (AF-CBT)
- Child Parent Psychotherapy (CPP)
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

There are many different evidence-based trauma-focused treatments. A trauma-informed mental health professional should determine which treatment is most appropriate for a given case.

See http://www.nctsn.com/nccts/nav.do?pid=ctr_top_trmnt_prom#q4 for factsheets on treatments.
Examples of Evidence-Based Substance Abuse Treatments for Adolescents

• Matrix Model\textsuperscript{1,2}
• Cognitive-Behavioral Therapy (CBT)
• Motivational Interviewing (MI) or Motivational Enhancement plus CBT (MECBT)
• Multidimensional Family Therapy (MDFT)
• Brief Strategic Family Therapy (BSFT)
• Multisystemic Therapy (MST)
• Adolescent Community Reinforcement Approach (ACRA)

1. Rawson et al., 2005; 2. CSAT, 2006a, 2006b
Recommendations for Integrated Treatment For Both Trauma and Substance Abuse

- Cross train in mental health and substance abuse.
- Utilize screening and assessment tools that identify needs in both areas.
- Provide more **intense treatment options** to address the magnitude of difficulties often experienced by this population.
- Emphasize management and reduction of **both substance use and PTSD symptoms** early in the recovery process.
- Address the **negative affect** common to both substance use disorders and PTSD to help prevent relapse of both.
- Provide **relapse prevention** efforts, targeting both substance and trauma-related cues, early in treatment.

Sources: Back et al., 2000; Giaconia, et al., 2003; Ouimette & Brown, 2003
Coordinating Services with Other Agencies

- Offer case management for youth involved with multiple systems of care (schools, juvenile justice, child welfare, other substance abuse/MH treatment providers)
- Access available resources and develop partnerships
  - Integrate available services
  - Increase communication between providers
  - Develop local solutions (e.g., organizing multiple services across multiple systems)
- Foster use of evidence based practices that are trauma-informed and substance use informed
- Outreach efforts: School-based programs may represent an important means of reaching at-risk youth