

Adolescents and Trauma: What are the Effects and What Helps them Recover?

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May 6, 2006

National Child Traumatic Stress Network

- Established in 2001
- Funded by SAMHSA
- Headquartered at Duke and UCLA
- 45 sites
- Level I, II, III sites
- www.nctsn.org

Adolescent Trauma Treatment Program

- Established October 1, 2003
- \$1.6 million for 4 years until 9/30/07
- Trauma defined broadly
- Adolescents = 11-17 year olds

Mission: To improve the quality and availability of services for traumatized adolescents in Dane County (Wisconsin).

Trauma Principle #1

If everything is trauma,
nothing is trauma.

Trauma Principle #2

It is the child's experience of the event, not the event itself, that is traumatizing.

Trauma Principle #3

If we don't look for or acknowledge trauma in the lives of children and adolescents, we end up chasing behaviors and limiting the possibilities for change.

Trauma Principle #4

The behavioral and emotional adaptations that maltreated children make in order to survive are brilliant, creative solutions, and are personally costly.

Child Traumatic Stress is a Serious Public Health Issue

The Under-recognized Trauma: *Witnessing of Violence*

Trauma & Juvenile Justice

The Vicious Cycle: Trauma and Substance Abuse

What is Childhood Traumatic Stress?

Traumatic Stress

...is the response to events that can cause death, loss, serious injury, or threat to a child's well being or the well being of someone close to the child.

Traumatic Stress

Traumatic Stress causes the primal fight or flight or freeze response.

Traumatic Stress involves terror, helplessness, horror.

Traumatic Stress results in physical sensations -- rapid heart rate, trembling, sense of being in slow motion.

Traumatic Stress

Not every event that is distressing necessarily results in traumatic stress.

An event that results in traumatic stress for one person may not necessarily result in traumatic stress for another.

**The thing that
upsets people is not
what happens but
what they think it
means.**

Epictetus

Trauma Symptoms

Subjective Characteristics of Trauma

- Appraisal of event: uncontrollable or malicious?
- Appraisal of action: ineffective or effective?
- Appraisal of self: helpless and shameful or brave and capable?
- Appraisal of others: impotent or dangerous vs safe and protective?

Traumatogenic Factors

Age

Relational vs non-relational

Relationship between victim and perpetrator

Severity/Duration/Frequency

Protection

Caregiver response

Responsibility and blame

Community or societal response

Diagnosis

Acute Stress Disorder:

- One or more symptom(s) lasts for a minimum of 2 days and a maximum of 4 weeks

PTSD:

- One or more symptom(s) occurs more than 1 month post event

Post-traumatic Stress Disorder

1. Re-experiencing

Imagery

Nightmares

Body memories

Misperceiving danger

Distress when cued

2. Avoidance

Numbing out

Dissociation

Detachment

Diminished interest

Self isolation

3. Increased arousal

Anxiety

Sleep disturbances

Hypervigilance

Irritability or quick to anger

Startle response

Physical complaints

Limitations of PTSD Diagnosis

- Conceptualized from an adult perspective
- Developed as a diagnosis via Vietnam vets and adult rape victims
- Focuses on single event traumas
- Fails to recognize chronic and multiple traumas

Limitations of PTSD Diagnosis

- Is not developmentally sensitive
- Many traumatized children do not meet diagnosis or they meet diagnosis of partial PTSD.

Complex Trauma

- new concept, new language
- Complex Trauma is:
 - the experience of multiple traumas
 - developmentally adverse
 - often within child's caregiving system
 - rooted in early life experiences
 - responsible for emotional, behavioral, cognitive, and meaning-making disturbances

Complex Trauma

1. Dysregulated emotions - rage, betrayal, fear, resignation, defeat, shame.
2. Efforts to ward off the recurrence of those emotions - avoidance via substance abuse, numbing out, self injury.
3. Reenactments with others.

Reenactment

Recreating the trauma in new situations with new people.

Examples:

- after a serious car accident, adolescent begins to drive recklessly
- after rape adolescent becomes hypersexual
- after being physically abused adolescent gets into fist fights

Reenactment

- Recreates old relationships with new people
- Tests the negative internal working model for “proof” that it’s right

I am worthless

I am unsafe

I am ineffective in the world

Caregivers are unreliable

Caregivers are unresponsive

Caregivers are unsafe and will ultimately reject me.

Reenactment

- Provides opportunity for mastery
- Vents frustration and anger
- Mitigates building anxiety
- Contributes to sabotage
- Pushes caregivers/other adults in ways they may not expect to be pushed

Complex Trauma

6 Domains of Complex PTSD

1. Affect and impulse regulation problems
2. Attention and consciousness
3. Self perception
4. Relations with others
5. Somatization
6. Alterations in systems of meaning

1st Domain - Affect and Impulse Regulation

Affect intensity - easily triggered, slow to calm

Tension-reducing behaviors - AODA, self injury

Suicidal preoccupation

Sexual involvement or sexual preoccupation

Excessive risk taking

2nd Domain - Attention

Amnesia - memory loss or gaps

Dissociative episodes - spacing out or fantasy world

Depersonalization - “not me”

3rd Domain - Self Perception

Ineffectiveness and permanent damage - can't do anything right, something is wrong with me

Guilt and responsibility/shame

Nobody can understand - alienation, feeling different

Minimizing - “pain competition” or denial

4th Domain - Relationships

Inability to trust

Re-victimization - reenactment

Victimizing others - reenactment

5th Domain - Somatization

Chronic pain - no origin, repeat doctor visits, school nurse

Digestive complaints

Cardiopulmonary symptoms

6th Domain - Meaning Making

Foreshortened future

Loss of previously sustaining beliefs

Justice and fairness

The Neurobiology of Trauma

But What Helps Them
Recover?

Elements of Trauma-Informed Treatment

1. Trauma-informed assessment
2. Trauma-informed treatment planning
3. Cognitive-Behavioral approach
4. Psychoeducation
5. Repetition of CBT concepts
6. Matching: dose, duration, type
7. Structure (trauma = chaos)

Trauma-informed and Evidence-based

Using interventions that have scientific base

Using interventions that have positive outcomes --
reduce symptoms and improve functioning

Funders and other professionals want
interventions with an evidence-base

Treatment Guided by Manuals

Common myths:

Creativity is squashed

Therapeutic relationship matters less

No flexibility

Common experiences with manuals:

Creativity and flexibility are encouraged

Therapeutic relationship is central

Exposure & Non-Exposure-based Therapy

Non-Exposure: building skills for coping and resiliency - may be preparation for exposure

Exposure: eliciting client's distress while recalling trauma material

TARGET
**Trauma Addaptive
Recovery, Group
Education, and
Therapy**

TARGET

Developed by Julian Ford at U of CT

11-17 year olds with PTSD/Complex PTSD

Provided in juvenile justice or residential
treatment settings

Non-exposure based treatment

TARGET

- ✓ 10 group sessions
- ✓ body self-regulation
- ✓ affect regulation
- ✓ interpersonal problem solving
- ✓ stress management
- ✓ teaching about the brain and stress

TARGET Collaborations in Madison, Wisconsin

2 Delinquency Supervision Programs

Day Treatment

Trauma-focused Cognitive Behavioral Therapy

Trauma-focused CBT

Developed by Cohen, Deblinger, & Mannarino at Allegheny Hospital in Pittsburgh

12-18 sessions with child

12-18 sessions with caregiver

Exposure-based treatment

Best evidence-based treatment in the field of child traumatic stress

Trauma-focused CBT

Free 10-hour web-based training

CEUs available

tfcbt.musc.edu

TF-CBT Collaborations in Madison, Wisconsin

Child Protective Services

- reduce barriers to treatment

- workers as “cheerleaders not hammers”

- teaming with therapist

Rainbow Project, Inc. in Madison

Family Works - treatment foster care

Seeing Through a Trauma Lens

- Insist on a trauma-focused assessment
- Find out who does trauma-specific treatment in your community
- Don't collude with avoidance
- Look further than behaviors to understand triggers
- Resolve your own PTSD symptoms

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