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Georgia Department
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- BE COMPASSIONATE**
- BE PREPARED**
- BE RESPECTFUL**
- BE PROFESSIONAL**
- BE CARING**
- BE EXCEPTIONAL**
- BE INSPIRED**
- BE ENGAGED**
- BE ACCOUNTABLE**
- BE INFORMED**
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- BE HOPEFUL**
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The Many Faces of Trauma:
Implications for the Well-Being of
Children, Young Adults, & Families

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Georgia Department of Behavioral Health & Developmental Disabilities

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Child maltreatment and other forms of trauma have been widely discussed in the literature as being prominent precursors of serious emotional disturbance in childhood, and later mental health issues in adulthood. The research has also documented the overrepresentation of youth of color in the “deep end” of the service delivery system where mental health and juvenile justice intersect.

This presentation will include:

Definition of trauma;
types of trauma

Manifestations of trauma

DBHDD data

Mental health & juvenile
justice intersect

Racial disparities

Intervention strategies

“A traumatic event is a frightening, dangerous, or violent event that poses a threat to a child’s life or bodily integrity. Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic...Traumatic experiences can initiate strong emotions and physical reactions that can persist long after the event. Children may feel terror, helplessness, or fear, as well as physiological reactions, such as heart pounding, vomiting, or loss of bowel or bladder control.”

(taken from the National Child Traumatic Stress Network website)

Types of trauma

Physical,
sexual, or
psychological/
emotional
abuse and
neglect

Complex
trauma

Family or
community
violence

Serious
accidents or
life-threatening
illness/medical
trauma

Other trauma categories

Natural
disasters

Refugee and
war
experiences

Racial trauma

Definitions

Abuse and neglect

- Physical abuse-when a parent or caregiver commits an act resulting in physical injury
- Sexual abuse-any interaction between a child and one who is significantly older, where the child is used for sexual gratification
- Neglect-failing to provide for a child's basic needs; includes physical, educational medical, and emotional forms

Complex trauma

- Describes exposure to multiple traumatic events, both invasive and pervasive, and the long term impact of this exposure; begins early in life & puts the child at risk for re-victimization. Linked to a wide range of problems across the lifespan.

Family or domestic violence (Intimate Partner Violence)

- Occurs when a person intentionally causes or threatens harm to the partner or spouse, past or present
- Can be physical, sexual, financial, verbal, or emotional
- Includes stalking, terrorizing, humiliation, manipulation, isolation from social supports
- Now considered a legal & public health issue; can occur across the lifespan

Community violence

- Exposure to intentional acts of interpersonal violence occurring in public areas by people who are unrelated to the child or youth
- Includes acts of bullying, gang violence, school or community shootings, civil wars, terrorist attacks
- Data show that children and youth in the US experience “alarming rates” of exposure to violence and victimization; National Survey of Children’s Exposure to Violence indicates that more than 80% of children from 0-17 experience victimization. These rates increase during adolescence-youth aged 12-24 experience more violent crime than any other age group in the US
- Victimization rates for African American youth are even higher: three times more likely to be victims of child abuse and neglect; three times more likely to be victims of robbery; five times more likely to be victims of homicide, than their White peers

Medical trauma

- Psychological and physiological responses of children and their families to the following:
 - Pain
 - Injury
 - Serious illness
 - Medical procedures
 - Invasive treatment procedures
- Could be a response to a single, or to multiple medical events

Natural disasters

- Includes hurricanes, tornadoes, droughts, wildfires, floods, earthquakes, tsunamis, blizzards, extreme heat, wind storms
- Outcomes include displacement, loss of home and personal property, economic hardships, changes in school settings, loss of community, loss of social supports, deaths of loved ones

Refugee trauma

- Related to war or persecution in their country of origin
- Can affect mental and physical health long after the events have occurred
- Traumatic events can also occur during displacement and resettlement
- Traumatic experiences in the country of origin include lack of food, water, and shelter; physical injuries and diseases; torture and forced labor; loss of loved ones; disruptions in schooling
- During displacement, children can face many of the same hardships as listed above, as well as additional stressors, including living in refugee camps; harassment by local authorities; traveling long distances by foot; separation from family; detention

Racial trauma

- Scholars have researched and written about the psychological consequences of experiencing racism, called racial trauma, or race-based traumatic stress, or racial incident based trauma
- Some scholars argue that a link exists between racial discrimination and PTSD
- Other research has documented how racism and discrimination have negatively impacted both the physical and mental health of people of color
- Racial trauma can result from racial harassment; witnessing racial violence; or experiencing institutional racism

Effects of racial trauma on communities of color

- Although not everyone who experiences racism will exhibit signs of racial trauma, repeated exposure could lead to:
 - Increased vigilance and suspicion
 - Increased sensitivity to threat: elevated sensitivity to feeling shamed or being disrespected
 - Increased psychological and physiological symptoms
 - Increased alcohol or drug use
 - Increased aggression: domestic violence, street gangs, defiance
 - Narrowing sense of time: no sense of the future, no long term goals, frequently view dying as an expected outcome

What is child traumatic stress?

- Exposure to one or more of the traumas over the course of their lives who develop reactions that persist, affecting their lives long after the events have ended
- Reactions include depressive or anxiety symptoms, difficulties with self-regulation, problems forming healthy attachments, loss of previously acquired skills, significant behavioral changes, attention and academic problems, eating and sleeping disturbances, and somatic complaints
- Adolescents may also self-medicate with alcohol or street drugs or prescription meds; engage in risky behaviors, including unsafe sexual practices

Manifestations of complex trauma

- Child's physiology can be severely impacted
- Child's ability to think, learn, and concentrate can be seriously compromised
- Impulse control, control of emotions, and relationships with others can all be adversely impacted
- The impact of complex trauma and victimization experienced during adolescence is worsened by youth's perceiving institutions' unwillingness or inability to help or protect them. Losing a sense of safety impacts their ability to integrate successfully into adult prosocial roles.
- Throughout the lifespan, addiction, chronic illness, depression, anxiety, self-harming, and reactive aggressive behaviors can develop and be maintained

Higher risk for complex trauma

- Urban African American children are at “very high risk” for exposure to complex trauma
 - More likely to live in poverty
 - More likely to be placed in foster or substitute care
 - More likely to be exposed to community & domestic violence
 - More likely to have a family member incarcerated
 - More likely to come into contact with law enforcement or the juvenile justice system
- For these children and their families, traumatic events emanate from the generational cycle of poverty, low access to appropriate resources, histories of abuse, and poor educational opportunities

Challenges to providing services

- Widespread lack of insurance coverage
- Culturally bound attitudes toward mental health issues and treatment
- Underutilization of mental health services
 - African Americans are 2.5 times more likely to fear treatment than their White counterparts, per the Surgeon General's report
 - Fear has historical and present day origins
- Trauma informed resources are lacking
 - Children's trauma-related struggles can be misdiagnosed; as a result, they may receive ineffective treatment, or no treatment at all
 - Instead of understanding these children's behaviors as "developmental adaptations to their traumatic circumstances", the behaviors are pathologized or criminalized, increasing the likelihood of negative outcomes

What can providers do?

- Get to know the communities they serve
- Earning trust and engagement with youth of color and their families should be priorities in the treatment process
 - Should be prepared to validate expressions of distrust as appropriate
- Reframe the question from “What’s wrong with you?” to “What happened to you?”
 - Services should be presented as supports to aid in recovery from psychological injuries, rather than as attempts to “fix” behaviors or to “cure” mental illness
- Normalize trauma reactions and provide practical tools for coping

What's your interpretation?

“Child maltreatment has been called the tobacco industry of mental health”

The developing brain

- How the brain develops
 - Importance of both genetics and experiences re: capacities & optimal development of the human brain
- Early brain development
 - Raw material of the brain- nerve cells, or neurons or “building blocks”
 - Neurons migrate and specialize during fetal development
 - Development of control over functions of body is “bottoms up”
 - Brainstem and midbrain-first areas to fully develop; govern the bodily functions necessary for life (the autonomic functions)
- The growing child’s brain
 - Development is creating, strengthening, & discarding connections of neurons; connections called synapses, which organize the brain by forming pathways
 - Synapses develop at an extraordinary rate during a child’s early years
 - A child’s experiences dictate which synapses remain intact, and which will be discarded; experiences teach the brain what to expect and how to respond
 - By age three, the brain is almost 80% of its adult size; by age five, it’s 90%. Brain has most plasticity in infancy and early childhood
- Adolescent brain development
 - Another period of accelerated development. Pruning unused pathways increases; makes the brain more efficient in attention, concentration, reasoning, advanced thinking. Frontal lobes still not mature, however.

Trauma's impact on brain development

- Early childhood
 - Because the pathways used the most are those responding to trauma, there is a reduction in the formation of more adaptive pathways
 - Can result in disrupted attachment, cognitive delays, and impaired emotional regulation
- The growing child
 - Can have significant impact on learning, social relationships, and academic success
 - Impact also depends on age of onset: if continuous from early childhood, has greater overall impact.
 - School age onset=more externalizing behaviors; early childhood onset=more internalizing behaviors
- Adolescence
 - Can disrupt development of the part of the brain governing reasoning, concentration, attention, & effective communication with other parts of the brain. This can lead to impulsivity, increased risk taking, substance abuse, and criminal activity

Adults who experienced childhood trauma

- Studies using brain scans to demonstrate the impact of child abuse have shown changes in key regions of the brain
- Harvard researchers in 2012 studied 200 people ages 18-25, mostly middle-class and well educated
- 16% suffered three or more types of child maltreatment; of this group, 53% suffered depression, and 40%, from PTSD
- Their brain scans showed reductions in volume in the areas of the brain associated with memory and the ability to cope with stress. High levels of stress hormones associated with child maltreatment can permanently set the stress system on “high alert”. Early stress can result in the brain being less capable of dealing effectively with the impact of later stress.

DBHDD data for FY '18

Youth served
F: 4122
M: 6582

categories
Anxiety disorders: 1659
Behavioral & Emotional: 4589
Mood: 2057
Psychosis: 164

Race
Black: 5229
White: 3419
Asian: 310
Other: 514
Unknown: 762
Biracial: 417

Levels of care:
Crisis: 1417
IFI: 331
Outpt: 8592
CBAY: 310

CANS data

DBHDD FY'18 data

- Child and Adolescent Needs and Strengths (CANS)- Trauma Version is a “comprehensive information integration tool for children and adolescents exposed to traumatic events”. This tool is used as part of the initial biopsychosocial assessment administered at the onset of community-based treatment.
- FY'18 data for youth authorized for behavioral health services, showing a total trauma score of ten (10) or greater: data is mixed, with more Black children scoring higher than their White peers in nine out of eighteen scoring categories (White youth scored higher in five categories; three categories tied; one “other single race”)

Mental Health Disparities: Diverse Populations

- Ethnic/racial minorities often bear a disproportionately high burden of disability associated with mental illness
- American Indians/Alaskan Natives report higher rates of alcohol dependence and PTSD than any other ethnic group
- White Americans are more likely to die by suicide than any other racial group
- Though Blacks and Latinos have lower rates of depression than Whites, depression in Blacks and Latinos tends to be more persistent
- Youth of color with behavioral health concerns are more likely to be referred to the juvenile justice system than to specialty primary care, compared with White youth
- Minorities are more likely to experience harsh disciplinary suspension and expulsion practices in schools, and to then end up in the juvenile justice system

Harvard Medical School and Cambridge Health

- Findings reveal an under-provision of mental health care for children of color, accompanied by a high frequency of punitive sanctions in response to these youth's behaviors
- Excessive rates of school discipline for Black youth begin in preschool
- Minority youth have higher arrest rates for nonviolent, low level offenses, as well as for non-criminal misbehaviors
- “It has become increasingly clear that minorities are overrepresented in the criminal justice system and underrepresented in the receipt of mental health care.”
(Marrast, Woolhandler, and Himmelstein, 2016)

Referrals from juvenile justice

- Once admitted to this system, youth of color are less likely to be treated for mental health disorders than White youth
- In a 2016 literature review of articles examining racial disparities among mental health and substance abuse referrals from juvenile justice, it was concluded that there was some race effect in determining which youth received services
- Indiana study found that detained Black and Latino youth were less likely to receive services with a clinician than were White youth; a Maryland study found that more White youth meeting diagnostic criteria (42.6%) actually received mental health services, while only 11.9% of Black youth meeting criteria received services; in Virginia, Black youth are overrepresented in every stage of the system & account for 71% of admissions in 2016 (only 20% of total population)

Trauma-informed Interventions

- The following treatment strategies have been developed and/or implemented by the National Child Traumatic Stress Network:
 - Alternatives for Families-A Cognitive Behavioral Therapy
 - Assessment-Based Treatment for Traumatized Children: Trauma Assessment Pathway
 - Attachment, Self-Regulation, and Competence: A Comprehensive Framework
 - Bounce Back: An Elementary School Intervention for Childhood Trauma
 - Child and Family Traumatic Stress Intervention
 - Child-Parent Psychotherapy

Treatment Strategies

- Cognitive Behavioral Intervention for Trauma in Schools
- Culturally Modified Trauma-Focused Treatment
- Integrative Treatment of Complex Trauma for Adolescents
- Parent-Child Interaction Therapy
- Psychological First Aid
- Risk Reduction through Family Therapy
- Safety, Mentoring, Advocacy, Recovery, and Treatment
- Strengthening Family Coping Resources
- Structured Psychotherapy for Adolescents Responding to Chronic Stress
- Trauma Systems Therapy

Evidence-based programs: justice involved youth

- Functional Family Therapy
 - Family-based prevention & intervention strategy
 - For high risk youth 11-18
 - Focuses on decreasing risk factors and enhancing protective factors
- Multisystemic Therapy
 - Designed for youth 12-17; assesses the origins of the behavioral problems and seeks to increase prosocial behaviors
 - Targets problem behaviors such as drug use, violence, extreme criminal behavior
 - Typically delivered via home-based services

Strengths-Based Treatment for Racial Trauma

- Appropriate assessment and treatment requires providers' ability to identify and understand individual and systemic racial dynamics
- The therapy model requires that therapists be competent in the sociopolitical histories of racism, and knowledge of racial identity assessment
- Treatment must occur in a safe environment that allows for a comprehensive trauma history; should also include assessing the impact of witnessing acts of racial trauma experienced by others (secondary experience of trauma)

Coping strategies for racial trauma

- Affirmation and acknowledgement
 - Opens the door to dialogue about race-related issues
- Create space for an open dialogue about race
 - Enhances opportunities to talk openly about experiences
- Racial storytelling
 - Chance to hear others stories & “expose hidden wounds”
- Validation
 - Provides confirmation of a person’s worth & redeemable qualities
- The process of naming
 - Offers a voice to speak on the effects of racial trauma
- Externalize devaluation
 - Focus is on increasing respect & and confirming no loss of self-worth
- Counteract devaluation
 - Builds self-esteem and counters racial attacks to prevent future loss of dignity
- Rechanneling rage
 - Empowers people to be in control of their emotions & to kep pushing forward

References

- Action Partnership on Interventions for Black Children Exposed to Violence and Victimization: A Defending Childhood Initiative. The National Center for Victims of Crime website.
- Black, Hispanic children and youth rarely get help for mental health problems. Physicians for a National Health Program, as cited in Science Daily. August 2016.
- Complex Trauma: In Urban African-American Children, Youth, and Families. The National Child Traumatic Stress Network. March 2017.
- Durnan, J. and Harvell, S. Data snapshot of youth incarceration in Virginia. Urban Institute. April 2017.

References

- Henderson, D., and Lunford, A. We need to talk about how race-related trauma hurts black and brown youth in schools. Psychology Benefits Society, the American Psychological Association. August 2016.
- How Trauma Affects Child Brain Development. The North Carolina Division of Social Services and the Family and Children's Resource Program. Vol. 17, No. 2. May 2012.
- How Trauma in Childhood Affects the Brain. PsychologyToday.com, posted March 20, 2017.
- Intersection between Mental Health and the Juvenile Justice System. Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. July 2017.

References

- Jernigan, M. and Daniel, J. Racial trauma in the lives of Black children and adolescents: Challenges and clinical implications. *Journal of Child and Adolescent Trauma*, 4:123-141. 2011.
- McGuire, T. and Miranda, J. Racial and ethnic disparities in mental health care: Evidence and policy implications. *NIH Public Access, Health Aff (Millwood)*, 27(2):393-403. 2008.
- Mental Health Disparities: Diverse Populations. Division of Diversity and Health Equity and Division of Communications, American Psychiatric Association. 2017.
- Szalavitz, M. How child abuse primes the brain for future mental illness. *Time.com*. February 2012.
- Turner, E. and Richardson, J. Racial trauma is real: The impact of police shootings on African Americans. *Psychology Benefits Society, the American Psychological Association*. July 2016.

References

- Understanding the Effects of Maltreatment on Brain Development. Child Welfare Information Gateway, Children's Bureau. <https://www.childwelfare.gov/pubs/issue-briefs/brain-development> April 2015.