Mental Health Response to Urban Youth and Trauma

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Childhood Trauma in Urban Areas

• Exposure to Violence
  – These children are exposed to
    • Drug use
    • Guns
    • Arson
    • Random street violence

• Victims of sexual and/or physical abuse, neglect, or witness to domestic violence often leading to multiple out-of-home placements (repeat psychiatric hospitalizations included)
Responses to Trauma

- Responses to these events include:
  - Fear
  - Grief
  - Breaks in development
  - Profound loss of trust in the community and the world
  - Frayed internalized moral values and ethics of caring
  - A breakdown of the inner and outer sense of security and reality
  - Increased vulnerability to behavioral and academic difficulties
  - Increased vulnerability to abuse
  - Multiple out-of-home placements which are re-traumatizing (multiple psychiatric hospitalizations included)
  - Chaotic lives become normal
Post Traumatic Stress Disorder

• Children experience things not typically seen in adults and can present with different symptoms

• As in adults, PTSD in children and adolescents requires the presence of:
  – Re-experiencing
  – Avoidance and numbing
  – Arousal symptoms
Age Specific Features of Symptoms

- Elementary School-Aged Children experience:
  
  **Time skew**: A child mis-sequencing trauma-related events when recalling the memory

  **Omen Formation**: A belief that there were warning signs that predicted the trauma. Children believe if they are alert enough, they will recognize warning signs and avoid future traumas.

  **Posttraumatic Play**: a literal representation of the trauma, may be compulsively repeating some aspect of the trauma (maybe through play or drawings) but does NOT tend to relieve anxiety.

  **Posttraumatic Reenactment**: behaviorally recreating aspects of the trauma (e.g., carrying a weapon after exposure to violence)
Age Specific Features of Symptoms cont.

• Adolescents and Teens
  • Symptoms may begin to more closely resemble PTSD in adults but still have differences
  • Adolescents are more likely than children to exhibit impulsive and aggressive behaviors and to engage in: Traumatic Reenactment by which they incorporate aspects of the trauma into their daily lives. They might carry knives after witnessing a stabbing or fight with peers after witnessing years of domestic violence.
Common Age Specific Features

• With both children and adolescents, there are often co-occurring mental health disorders for which help is sought. They include:
  • Mood Disorders
  • Anxiety Disorders
  • Attention Deficit Hyperactivity Disorders
  • Issues relating to Conduct

• These issues often become the focus of treatment without understanding if a trauma history exists.
Needs for Help

• Predictability
• Validation
• Consistency
• It’s up to the professionals to provide this for those seeking help.
• It starts with collaboration among professionals
Trauma Informed Care Community (TIC)

• Baltimore Mental Health Systems (BMHS), in collaboration with the National Council for Community Behavioral Healthcare, convened a Learning Community (LC) here in Baltimore.
• Community-based where agencies can share education and information
• Consists of local Baltimore City providers of Outpatient Mental Health Clinics and peer-run Wellness and Recovery Centers.
Baltimore City
TIC Community Members

• On Our Own
• Helping Other People through Empowerment (HOPE)
• University of Maryland
• Mosaic
• Urban Behavioral Associates
• Health Care for the Homeless
• Johns Hopkins
• Catholic Charities
Along with staff from the National Council for Community Behavior Healthcare, each participating provider agency has a Core Implementation Team who includes:

- One person from top administration
- Program manager or executive director
- Lead clinical supervisor
- Consumer affiliated with or employed by the organization
- A person identified to collect, analyze and disseminate data
Goals of the Learning Community

• Ensure organizational readiness for providing trauma-informed care through:
  4 face-to-face LC meetings with all participating agencies
  3 Individual team calls for each participating agency
  4 customized webinars
  2 Learning Community Group Calls
  Access to National Council Faculty tools and resources

• Ensure progress and assist with barriers on reaching goals
• Build a learning community as a resource team
• Integrating Trauma Informed practices within each agency
Learning Community Progress

• BMHS secured funding to provide a variety of Trauma-Informed Care clinical training to participating providers
  – 3 day training on Cognitive Behavioral Therapy (CBT) for Suicidality and Depression
  – 2 day training on Trauma-Focused CBT for children and adolescents with a third day scheduled in June
  – CBT and PTSD in Adults training scheduled in June
  – Additional trainings being planned
    • over 400 Baltimore City Public School social workers, psychologists and school-based mental health therapists on resiliency and trauma; and
    • Training for Dept. of Juvenile Services in the planning stages
Johns Hopkins Hospital Response to Trauma-Informed Care

• Goal is to provide seamless care across programs throughout children and adult services
• Core Implementation team includes social workers, psychologists, nurses and psychiatrists
• By being more trauma informed, we hope there’s a continuation of cultural change that ties into other initiatives such as reducing seclusions and restraints
Continuum of Care Within Within JHH Psychiatry

• Inpatient Psychiatric Care

• Day Hospital

• Outpatient Mental Health Clinics / School Based Mental Health Services
Inpatient Psychiatric Care

• Children and Adolescents are hospitalized for:
  – Behavioral Disturbances / Increased Aggression in multiple settings (home and school most common)
  – Psychiatric Disorders such as Depression, Anxiety, Oppositional Defiant Disorder,
  – Acute Suicidality or Self-Injurious Behaviors

• Often trauma is not identified in reason for admission
Inpatient Psychiatric Care (cont.)

• Treatment begins when a patient walks through the door with the belief that just being hospitalized is traumatic. Language and behavior staff use are trauma informed.

• Trauma goals while on the IP unit include:
  – Screening and Assessment with Trauma tools (social worker and psychiatrist)
  – Psychoeducation with patient and parent(s) on PTSD and trauma
  – Skills teaching around distress tolerance
  – Refer to next level of care
Day Hospital

- Children and Adolescents attend 5 days/wk, 7 hours/day
- Trauma goals include:
  - Continued psychoeducation with patient and family
  - Expand skills teaching on distress tolerance, emotion regulation and relaxation/mindfulness. This will provide the foundation for ongoing trauma work in the OP setting
  - Refer to next level of care
Outpatient Therapy

• Treatment of choice for trauma with children is Trauma-Focused Cognitive Behavioral Therapy (TFCBT).
• Evidence-based treatment approach based on learning and cognitive theories
• It is designed to reduce negative emotional and behavioral responses following child sexual abuse, domestic violence, traumatic loss, and other traumatic events.
• The treatment addresses distorted beliefs related to the abuse and provides a supportive environment in which children are encouraged to talk about their traumatic experience.
• TF-CBT also helps non-abusing parents cope effectively with their own emotional distress and develop skills that support their children.
Multi-Generational Trauma

• Trauma transferred from the first generation of survivors that have experienced or witnessed trauma directly in the past, to the second (or further) generations of survivor offspring

• Caregivers suffering from unresolved trauma may unintentionally act out their distress on their children, increasing the child’s vulnerability to problem behavior, symptoms and risk for exposure to trauma.

• Reduction in caregiver trauma symptoms heightens success for their children.
Trauma Symptoms in Adults

• Symptoms of PTSD include:
  – Re-experiencing the event through intrusive thoughts, dreams or flashbacks
  – Intense distress when exposed to cues that resemble the event
  – Avoiding stimuli associated with the trauma emotional numbing by avoiding thoughts, feelings, conversation, activities, places or people associated with the trauma
  – Having an inability to recall important aspects of the trauma
  – Lack of interest in participating in regular activities
  – Feeling detached from others
  – Affective restriction
  – Exaggerated and easily provoked startle response
  – Difficulty sleeping
  – Irritability or angry outbursts
  – Difficulty concentrating
  – Sense of foreshortened future
  – Feelings of guilt about the event
If PTSD is Untreated

• Increased Susceptibility to Co-Occurring Mental Disorders.
• Psychosocial Functioning is impacted
• Physical Symptoms Associated with PTSD
Co-occurring Mental Health Disorders

• In a large scale study, 88% of men and 79% of women with PTSD met criteria for another mental disorder

• Co-occurring disorders most prevalent for men with PTSD include:
  • Alcohol abuse or dependence (51.9%)
  • Major Depressive Episode (47.9%)
  • Conduct Disorder (43.3%)
  • Drug abuse and dependence (34.5%)

• Co-occurring disorders most prevalent in women with PTSD include:
  • Major Depressive Disorder (48.5%)
  • Simple Phobia (29%)
  • Social Phobia (28.4%)
  • Alcohol abuse and dependence (27.9%)
Psychosocial Functioning

• These can be independent of comorbid conditions and can include:
  • Problems with interpersonal relationships (family, friends, employer)
  • Employment
  • Involvement with the criminal justice system
Physical Symptoms and PTSD

- Can include:
  - Headaches
  - GI complaints
  - Dizziness
  - Chest pain
  - Immune system problems
  - Generalized body pain or discomfort

- Medical doctors can just treat symptoms without being aware they may stem from PTSD
Professional Self Care

Compassion Fatigue - Cumulative physical, emotional and psychological effect of exposure to traumatic stories or events when working in a helping capacity. May experience intrusive imagery, change in world views, or cause a decline in their ability to experience joy or feel for others.

• A physical, emotional and spiritual fatigue or exhaustion that takes over a person and causes a decline in their ability to experience joy or feel and care for others.

Self Care

• Make self-care a priority – set aside time each day just for you
• Develop and use support systems
• Keep a journal
• Exercise
• Proper nutrition
• Awareness
• Debriefings
• Balance and relationships
• Professional assistance
On-line Resources

- Substance Abuse and Mental Health Services Administration, National Center For Trauma Informed Care http://www.samhsa.gov/nctic/
- The National Council For Community Behavioral Healthcare http://www.thenationalcouncil.org
- SAMHSA Model Programs National Registry of Evidence-Based Programs and Practices http://nrepp.samhsa.gov
- The Beck Institute for Cognitive Behavioral Therapy http://www.beckinstitute.org