An Examination of Exposure to Traumatic Events and Symptoms and Strengths for Children Served in a Behavioral Health System of Care

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The Partnership for Kids

The *PARK* Project

- Funding period: 2002-2008
- The Partnership for Kids or **PARK** Project was an innovative approach to community-based service delivery through partnership with local schools, families, providers and state agencies, for the purpose of producing positive outcomes for children and youth with serious emotional and behavioral challenges
- School-based System of Care, with staff members located in targeted schools
- Offered programs in collaboration with local agencies and the Bridgeport Board of Education in 7 Bridgeport Schools

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The *PARK* Project

- Comprehensive System of Care
  - Universal Intervention in the Schools (PBIS)
  - Social Marketing Campaign
  - Family Organization
  - Youth Program
  - Behavioral Health Services
- Systems Change
  - True partnerships are developed between parents, youth, service agencies, and schools

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PARK: Behavioral Health Services

284 Youth & Families

- **Gender**: 63% Male, 37% Female
- **Age**: Mean = 11.5 (Range = 2-19)
- **Race & Ethnicity**: 65% Latino, 36% African American, 15% Caucasian, 2% Biracial, 1% Asian/Pacific Islander, 1% American Indian
- 85% **Family income** at or below Federal poverty level
- **Top Diagnoses**: ADHD (36%), Mood Disorders (26%), Oppositional Defiant Disorder (22%), Adjustment Disorders (17%); 86% of GAF Scores 40-64
- **Top Presenting Problems**: Oppositional Behavior (65%), Academic (57%), Peer (54%), Depressed (44%), Violent (43%), Hyperactive (41%), Attention (40%)

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The *PARK* Outcome Study

- 194 families participated in outcome study:
  - Youth predominantly male (66%)
  - Mean age: 11.62 (Range = 4-18)
  - 62% Latino; 31% African American; 13% Caucasian; 3% Biracial; 1% Asian/Pacific Islander
  - 87% Family income at or below the Federal poverty level

[R06143; P.I.: Joy S. Kaufman, Ph.D.; C.I.: Christian M. Connell, Ph.D.]

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Sample Demographics (N = 134)

	N	Percentage
Gender		
Male	91	68
Female	43	32
Race / Ethnicity		
Hispanic / Latino	83	61.9
Black / African American	40	29.9
Multiracial	3	2.2
White	2	1.5
Asian	1	0.7
Missing	5	3.7
Poverty Level		
At or above poverty level	38	28
Below poverty level	96	72
Caregiver's Relationship to Child		
Biological parent	110	82.1
Adoptive / stepparent	4	3.0
Foster parent	2	1.5
Sibling	1	0.7
Aunt or Uncle	5	3.7
Grandparent	11	8.2
Legal guardian	1	0.7

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Sample Demographics (cont.)

	N	Percentage
Positive History of Trauma (caregiver reported)		
Physical abuse	10	7.5
Sexual abuse	6	4.5
Domestic violence	41	30.6
TOTAL	44	37.8
	N - children who received the service	Dosage: mean hours of service
Service Dosage		
Care Coordination	133	50.6
Family Advocacy	78	19.8
Therapeutic Mentoring	48	64.4
Psychiatric Consultation	47	13.8
After School Services	21	102.2
TOTAL dosage	134	105.7

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Outcome Measures

- **Child Behavior Checklist (CBCL)**
  (Achenbach & Edelbrock, 1983)
  - Internalizing Problems Subscale – e.g., withdrawal, somatic complaints, anxiousness, and depression
  - Externalizing Problems Subscale – e.g., delinquent and aggressive behavior
  - Alpha levels: Int. = 0.90; Ext. = 0.92
- **Behavioral and Emotional Rating Scale (BERS-2C)**
  (Epstein & Sharma, 1998)
  - Strength Index
  - Higher scores > greater emotional & behavioral strengths
  - Alpha level = 0.88

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Multilevel Modeling (MLM)

- **Level 1: WITHIN-PERSON**
  - Estimates an individual growth trajectories for the dependent variables across time
- **Level 2: BETWEEN-PERSON**
  - Individual growth trajectories (i.e., the intercept and slope estimates) become the outcome variables; child characteristics are included to explain the variability
- Multiple observations over time are nested within the individuals
- Permits use of all the data when individuals have some missing observations

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Multilevel Modeling (MLM)

- Multilevel growth modeling analyses comparing children with trauma histories to children without trauma histories over time

Series of Models:

- Model A: Unconditional Growth Model
- Model B: Uncontrolled Effects of Trauma
- Model C: Controlled Effects of Trauma (included age, gender, poverty, and service dosage)

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Results

- All children receiving services exhibited significant improvements (increased emotional & behavior strengths and decreased internalizing and externalizing problem behaviors) while receiving services and at 18 months follow-up
- Children with a history of exposure to traumatic events improved more slowly than children without a traumatic events history on both strengths and internalizing problem behaviors
- Gender also influenced improvement in internalizing symptoms as boys improved more slowly than girls

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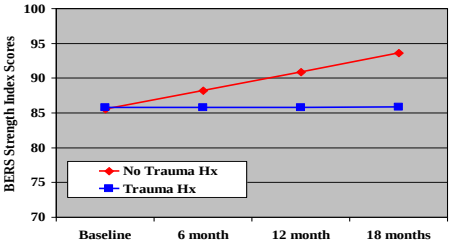
Behavioral & Emotional Strengths

(Whitson, Connell, Bernard, & Kaufman, *in revision*)



Model B (uncontrolled effects of trauma) Slope effect: $\gamma = -2.67$, $p < .05$

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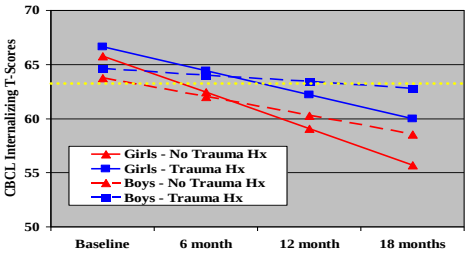
Internalizing Behavior Problems

(Whitson, Connell, Bernard, & Kaufman, *in revision*)



Model C (controlled effects of trauma) Slope effect: $\gamma = 1.13$, $p = .08$
Gender on slope: $\gamma = -1.62$, $p < .05$

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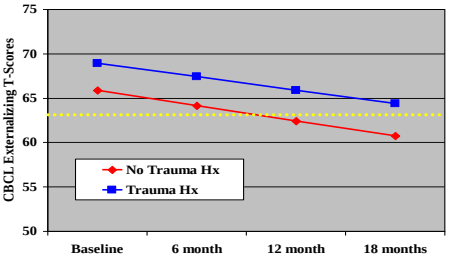
Externalizing Behavior Problems

(Whitson, Connell, Bernard, & Kaufman, *in revision*)



Model B (uncontrolled effects of trauma) Intercept effect: $\gamma = 3.09$, $p = .09$

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Implications & Future Directions

- Positive clinical outcomes in SOC
- Negative impact of trauma
- Highlight need to examine histories of traumatic events and how to more effectively serve children with trauma histories
  - Identification of trauma exposure, moderators of trauma, and trauma-related outcomes
  - Trauma-informed treatment and services
- Future Studies: Identify other risk factors, protective factors, and types of services related to clinically significant change

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