First Look: The Intergenerational Effects of Trauma on Child and Family Outcomes

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MAINE’S SYSTEM OF CARE CONTEXT

Trauma Focus

Instead of asking “what is wrong with you?” a trauma-informed approach asks “what has happened to you?”

Evaluation Tools Added

- Traumatic Events Screening Instrument (TESI)
- Lifetime Incidence of Traumatic Events (LITE; both parent and child versions)
- Trauma Symptom Checklist (TSC; both young children and youth versions)

PRESENTATION FOCUS

- Types of Trauma and Their Impact
- Prevalence of traumatic experiences in THRIVE children and youth and their caregivers
- Effect of family’s history of trauma on child and family outcomes
- Implications for Systems of Care

TYPES OF TRAUMA AND THEIR IMPACT

TYPES OF TRAUMA

- Historical: Affects Large Groups
  - Interpersonal: Affects Individuals
    - Intra-familial
    - Extra-familial

HISTORICAL TRAUMA

Did Barack Obama read Maria Yellow Horse Brave Heart’s speech before addressing our country on race?
Historical Trauma That Crosses Generations

Cumulative emotional and psychological wounding across generations, including one's own lifespan, because everything up to a minute ago is history –

Healing Intergenerational Trauma
1. Confront our trauma and embrace our history
2. Understand that trauma
3. Release the pain
4. Transcend the trauma

She said it, he did it

Lakota Parent Says

I’ve never bonded with any parental figures in my home. At seven years old I could be gone for days at a time and no one would look for me. I’ve never been to a boarding school. All the abuse we talk about happened at my home. Maybe if it happened by strangers it wouldn’t have been so bad—the sexual abuse, the neglect. Then I could have blamed it all on another race.

Interpersonal Childhood Trauma

- Chronic rather than acute
- Associated with wide range of symptomatic reactions
- Significantly impacted by caregiver’s response
- Frequently linked to intergenerational patterns of trauma transmission

Comparison: Historical and Interpersonal Trauma

Historical: Holocaust Survivor
- Traumatic events emerged from anonymous external source (Nazis)
- No breakdown in trust with attachment figures
- Child survivors had already established trust with parents, provided model for life after war

Interpersonal: Abused Child
- Child abuse victims are violated by trusted parent
- Equally damaging is inability of non-offending parent to protect
- Damaged attachment bond
- No healthy behavior to model as adult

Intergenerational Patterns

Children who have been traumatized often become either:
- Persecutors
- Victims or
- Rescuers

Thrive Participants: Study Population
DEMOGRAPHICS: CHILDREN & YOUTH

Participants by Age

- Under 6: 21%
- 6 to 11: 43%
- 12 to 14: 19%
- 15 to 18: 17%

Primary Diagnosis of Study Participants

- AD/HD/ADD: 34%
- Mood Disorder: 16%
- Adjustment Disorder: 9%
- Oppositional Disorder: 7%
- Anxiety Disorder: 7%
- Aspergers/Autism: 5%
- Bipolar Disorder: 20%
- Posttraumatic Stress Disorder: 30%
- Disruptive Behavior Disorder: 10%
- Other: 10%

DEMOGRAPHICS: CAREGIVERS

Caregivers by Age

- Under 30: 24%
- 30 to 39: 43%
- 40 to 49: 23%
- Over 50: 10%

Educational Level of Caregivers

- Less than HS: 40%
- At least HS: 51%
- Some College: 60%
- Bachelors or Higher: 80%

Caregivers by Gender

- Male: 8%
- Female: 92%

TRAUMA EXPERIENCES AMONG CAREGIVERS

Number of Trauma Experiences Reported by Caregiver

- Lifetime ACE: 80%
- N=60

Top 10 Trauma Experiences Reported by Caregivers

- Emotional abuse: 68%
- Threatened to kill/hurt badly: 67%
- Death of close family/friend: 61%
- Relations with fear, helplessness: 58%
- Witnessed domestic violence: 55%
- Sexual abuse: 30%
- Separated from caregiver(s): 27%
- Bad accident: 25%
- Attack ed: intent to kill/harm badly: 18%
- Witnessed bad accident: 18%

TRAUMA EXPERIENCES AMONG CAREGIVERS

Top 10 Childhood Trauma Experiences Reported by Caregivers

- Sexual abuse: 68%
- Separated from caregiver(s): 63%
- Bad accident: 63%
- Attack ed: intent to kill/harm badly: 56%
- Witnessed bad accident: 53%
- Witnessed domestic violence: 53%
- Been threatened to kill or hurt badly: 47%
- Death of close family/friend: 18%
- Witnessed violence (outside family): 17%
- Been witnessed domestic violence: 17%
TRAUMA EXPERIENCES AMONG YOUTH

Number of Trauma Experiences Reported by Youth

<table>
<thead>
<tr>
<th>Number of Experiences</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>0</td>
<td>1%</td>
</tr>
<tr>
<td>1 to 2</td>
<td>20%</td>
</tr>
<tr>
<td>3 to 5</td>
<td>30%</td>
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<tr>
<td>6 or more</td>
<td>32%</td>
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</tbody>
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TRAUMA EXPERIENCES AMONG YOUTH

Top 10 Traumatic Experiences Among Youth

<table>
<thead>
<tr>
<th>Experience</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents domestic violence</td>
<td>38%</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>36%</td>
</tr>
<tr>
<td>Family member death</td>
<td>36%</td>
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<tr>
<td>Threatened family hurt or sick</td>
<td>31%</td>
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<tr>
<td>Other traumatic event</td>
<td>31%</td>
</tr>
<tr>
<td>Witnessed accident</td>
<td>30%</td>
</tr>
<tr>
<td>Parents divorced/separated</td>
<td>29%</td>
</tr>
<tr>
<td>Other accident/sick</td>
<td>23%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>20%</td>
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<tr>
<td>N=61</td>
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COMPARATIVE GROUPS

Category       | N
---             | --
Youth reports 3 or more trauma events (but not caregiver) | 16
Caregiver reports 3 or more childhood trauma events (but not youth) | 11
Both caregiver and youth report 3 or more trauma events | 26

TRAUMA AND CAREGIVERS: WELLBEING

Average Scores on Stress Indicators (CGSQ)

- Higher scores indicate more strain.

TRAUMA AND YOUTH: PLACEMENTS & ABSENCES

Child/Youth Missed School (Any Reason) in Past 6 Months

- N = 45
TRAUMA AND YOUTH:

TRAUMA SYMPTOMS

Distribution of Scores on 5 TSC Scales

- Depression: 40% Below, 20% Borderline, 40% Clinical
- Anxiety: 20% Below, 30% Borderline, 50% Clinical
- Anger: 40% Below, 20% Borderline, 40% Clinical
- PTS: 30% Below, 30% Borderline, 40% Clinical
- Sexual Concerns: 50% Below, 20% Borderline, 30% Clinical

N = 51

TRAUMA AND YOUTH:

NUMBER OF SYMPTOMS

Number of Scores Within Clinical Range (TSC)

- Youth only: 40% Below, 20% Borderline, 40% Clinical
- Caregiver only: 50% Below, 10% Borderline, 40% Clinical
- Both: 60% Below, 10% Borderline, 30% Clinical

N = 51

TRAUMA AND YOUTH:

DEPRESSION & ANXIETY

Depression (TSC)

- Youth only: 60% Below, 40% Borderline
- Caregiver only: 60% Below, 40% Borderline
- Both: 50% Below, 50% Borderline

Anxiety (TSC)

- Youth only: 30% Below, 70% Borderline
- Caregiver only: 30% Below, 70% Borderline
- Both: 50% Below, 50% Borderline

N = 51

TRAUMA AND YOUTH:

ANGER & POST-TRAUMATIC STRESS

Anger (TSC)

- Post-Traumatic Stress (TSC)

- Youth only: 40% Below, 60% Borderline
- Caregiver only: 40% Below, 60% Borderline
- Both: 50% Below, 50% Borderline

N = 51

TRAUMA AND YOUTH:

SEXUAL CONCERNS

Sexual Concerns (TSC)

- Youth only: 50% Below, 30% Borderline
- Caregiver only: 50% Below, 30% Borderline
- Both: 40% Below, 60% Borderline

N = 51

TRAUMA AND YOUTH:

CHANGES AFTER 6 MONTHS

Change in TSC (Clinical Ranges) after 6 Months

- Depression, Anxiety, Anger, PTS, Sexual Concerns

N = 33
**PRACTICE IMPLICATIONS**

- Take into account parent and/or primary caregiver trauma history in all aspects of SOC
  - Development: Create a trauma-informed service environment through outreach, education and training for key stakeholders and partner agencies.
  - Practice: Select and implement trauma-specific practices that include youth and family experiences.
  - Evaluation: Incorporate tools that capture both youth and family experiences and trauma-specific outcomes.
  - Policy: Implement local/state policies that support trauma-informed approach, practice and evaluation.

**MAINE: DEVELOPMENT**

- Developed collaborative relationship with Child Welfare, Juvenile Justice, Mental Health Service Providers and Local Schools
  - Governing council, committees, co-trainers, trauma-champions, community collaborative
- Provide Targeted Education and Training on Trauma-informed Approach
  - 2-day Trauma Informed Training for Child Welfare workers with nationally recognized trauma experts
  - On-going and as-needed Technical Assistance to organizations and agencies regarding Trauma-informed Approach

**TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT)**

- Address the unique needs of children with Post Traumatic Stress Disorder (PTSD) or other problems related to traumatic life experiences
- Caregiver-child relationship targeted
  - provide knowledge and skills related to processing the trauma;
  - manage distressing thoughts, feelings, and behaviors;
  - enhance safety, parenting skills, and family communication.

**MAINE: PRACTICE**

- A representative group of youth, family and Thrive members selected 2 EBTs to implement:
  - Trauma-Focused Cognitive Behavioral Therapy
    - Participated in 1-year Learning Collaborative offered by National Traumatic Stress Network
    - Implemented a 1-year Local Learning Collaborative to train and support over 30 clinical staff at 8 partner agencies
  - Child Parent Psychotherapy
    - Created 1-year Learning Collaborative to train and support 18 clinical staff

**CHILD PARENT PSYCHOTHERAPY**

- Trauma problems in young children addressed through primary attachment relationships, generally parent(s)
- Caregiver-child relationship targeted
  - Enhance supportive, protective and responsive parenting
  - Restore child’s sense of safety and trust in parent
MAINE: EVALUATION

- Conducted inventory of available trauma metrics
- Selected 3 trauma measurement tools for local evaluation (added to evaluation interviews) to capture caregiver and youth trauma experiences
- Release quarterly CQI reports that include aggregate trauma history and outcomes of participants and caregivers
- Developed, piloted and implemented the Trauma Informed Agency Assessment (TIAA)

MAINE: POLICY

- State promoting its support for Trauma-informed Approach and Trauma-specific practices
- On-line Trauma Informed Agency Assessment (TIAA) required of all agencies contracted with CBHS
- Changes to Medicaid Billing to support EBTs
  - Allows clinicians to bill for meeting privately with parents as part of child/youth treatment
  - Automatically extends treatment timeframe for youth enrolled in TF-CBT

CONCLUSIONS

- How do we adopt a universal precautionary approach to trauma?
  - identify trauma early
  - work with young mothers and fathers
  - ensure that parents get mental health care
  - take away the shame and stigma associated with trauma
  - create a structure for this conversation using trauma language and trauma theory
  - offer both trauma-informed and trauma-specific services
- Consider how your family organizations and youth organizations can support and lead this conversation!

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