



# Trauma Informed Approaches to Care with Youth

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1. I have no conflicts to disclose.

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- National Institute on Drug Abuse (NIDA)



# Trauma-Informed Practice (4 Rs)

“A program, organization, or system that is trauma informed

1. **REALIZES** the widespread impact of trauma and understands potential paths for recovery;
2. **RECOGNIZES** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. **RESPONDS** by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively **RESIST RE-TRAUMATIZATION.**”

(SAMHSA, 2014)



# Trauma (3 Es)

“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual wellbeing.”

(SAMHSA, 2014)



Physical  
abuse/assault

Sexual abuse/  
assault

Community  
violence and  
victimization

Abandonment  
and neglect

Domestic  
violence

Traumatic loss

Prostitution,  
sex trafficking

Serious  
accidents

Medical  
trauma, injury,  
illness

Natural  
disaster

Combat /  
Political  
violence

Emotional  
abuse



# How Common is Trauma?

## 1. Youth:

- Sexual assault 8-12%
- Physical abuse/assault 9-19%
- Witnessed community violence 38-70%
- Natural disaster 20-25%

Review: Saunders & Adams, 2013  
Copeland et al., 2007; Finkelhor et al., 2009, 2013  
Kilpatrick & Saunders, 1997; McCart et al., 2011  
McLaughlin et al., 2012; Norris et al., 2002

## 2. Adults:

- 68.6% (based on 19+13 specific PTEs)
- 89.6% (based on 25 specific PTEs)

Goldstein et al., 2016, NESARC-III

Kilpatrick et al., 2013, NSES



## BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

## PHYSICAL & MENTAL HEALTH



Severe obesity



Diabetes



Depression



Suicide attempts



STDs



Heart disease



Cancer



Stroke



COPD



Broken bones

- Posttraumatic stress
- Depression
- Anxiety
- Suicidality
- Self-injury
- Aggression
- Oppositionality
- Outbursts
- Substance use
- Delinquency
- Inattention
- Academic problems
- Somatic complaints
- Insomnia



# Adolescent Trauma & Substance Use

- Childhood trauma confers risk for PTSD, substance use, and other risky behaviors which commonly co-occur
- Comorbidity associated with more severe impairment, poorer well-being, greater service utilization





# Adolescent Trauma & Substance Use

- **More victimization types over more developmental periods → more risky behavior**
  - NCTSN Core Data Set, adolescents (n=3,485)
  - 6 victimization groups (half exper. 4+ types)
    - High exposure group: AVERAGE 10 TRAUMA TYPES (5% of sample) Substance abuse (42% of high exposure group; 20-27% other groups)
  - PTSD (56%) Suicidality (48%)

(Adams et al., 2016)



# Adolescent Trauma & Substance Use

## **Early initiation of alcohol use** (Dube et al., 2006; Rothman et al., 2008)

- ACE replication; controlled for demographics, parental alcohol use, parental attitudes toward drinking, peer drinking in adolescence
- 5 of 10 ACEs associated with early alcohol use (<14 vs >21)
- ACEs associated with more drinking to cope in first year alcohol used (vs. for pleasure, to be social)

## **Greater smoking in adolescence and adulthood** (Anda et al., 1999; Ford et al., 2011)

- 5X early smoking (before 14), 2X current smoking, 3X heavy smoking

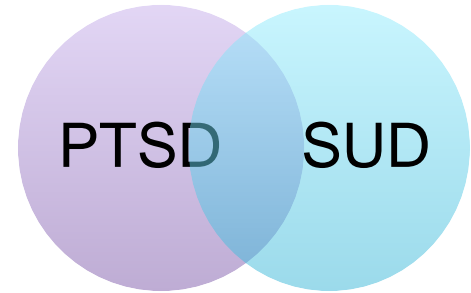
## **Adolescent non-medical prescription drug use** (Forster et al., 2007)

- Each additional ACE = +62% rx drug



# Why?

- Shared neurobiology
  - Cortico-limbic systems
  - Impaired “top-down” regulation of behavior, thoughts
  - Learning and memory
- Negative reinforcement model
  - “self-medication”
- Personality factors
  - Impulsivity, distress (in)tolerance, anxiety sensitivity



## ...back to the 4 Rs

A program, organization, or system that is trauma informed...

### RESPONDS

by fully integrating knowledge about trauma into policies, procedures, and practices



# Examples

- Staff training across the organization
- Person-first language, stigma reduction
- Programming to address compassion fatigue and secondary traumatic stress among staff
- Universal precautions approach (expect trauma)
- Interventions to promote protective factors



# Clinical Challenges to Addressing Trauma & SUD

- Providers are often untrained in evidence-based practices, especially for both mental health & substance use disorder
- Providers perceive PTSD+SUD comorbidity as highly challenging (Adams et al., 2016; Barrett et al., 2019)
- Clinical lore (ex: pts must be abstinent before starting exposure based treatments)



# ESTs for Adolescents

Traumatic Stress	Substance Use Problems
Trauma-Focused CBT Alternatives for Families CBT CBITS EMDR Cognitive Processing Therapy	MET / MI CBT Multidimensional Family Therapy Multisystemic Therapy Brief Structural Family Therapy Functional Family Therapy ACRA Contingency Management

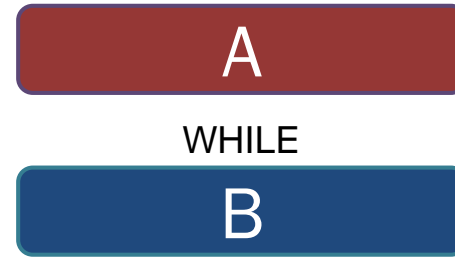


# Treatment Models

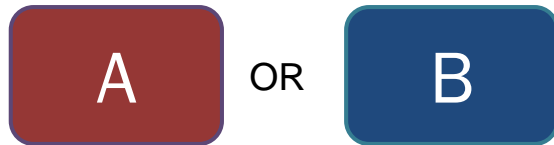
## Sequential



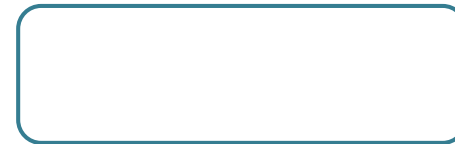
## Parallel



## Singular



## Integrated





# Risk Reduction through Family Therapy

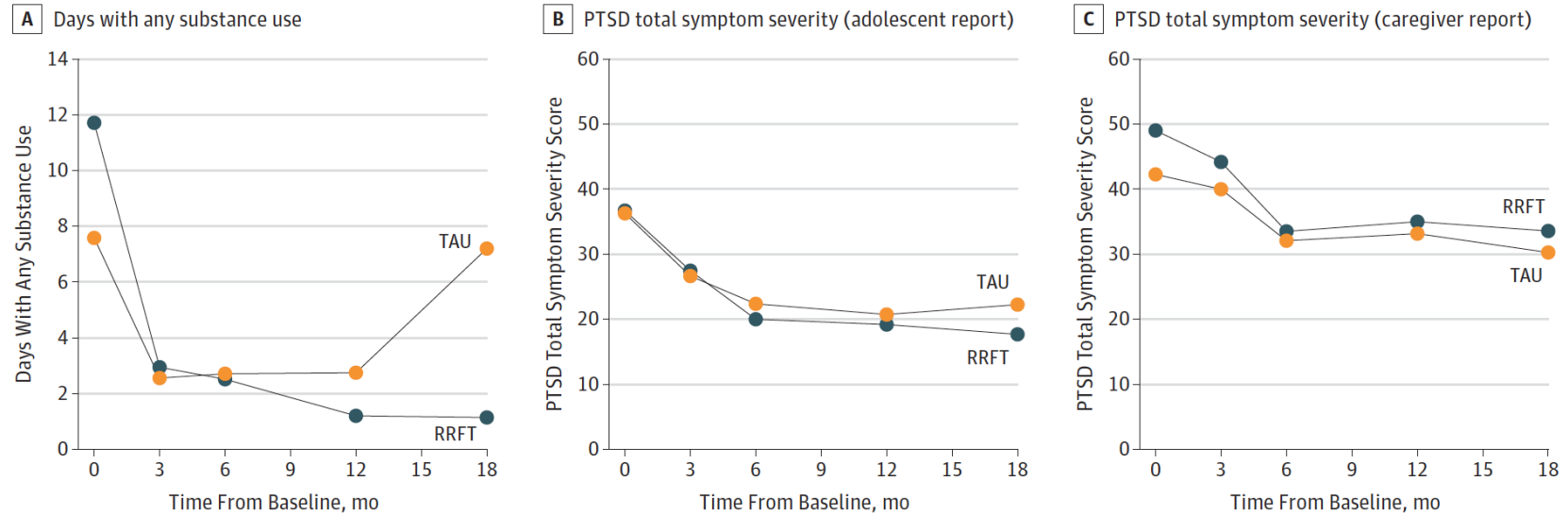
- Integrative
- Ecologically informed
- Exposure-based
- Components: education and engagement, family communication, substance use, coping skills, PTSD, healthy dating and sexual decision making, revictimization risk reduction
- Only treatment with published efficacy data from large-scale RCT in youth



Danielson et al., 2010; Danielson et al., 2012; Danielson, Adams, & Hanson, 2019;  
Danielson, Adams et al., 2020; Hahn et al., 2020



Figure 2. Estimated Outcomes



A, Estimated days with any substance use for risk reduction through family therapy (RRFT) vs treatment as usual (TAU). B and C, Estimated posttraumatic stress disorder (PTSD) total symptom severity from adolescent and caregiver

reports for RRFT vs TAU. The statistical tests focused on change between baseline and each later occasion, both within and between groups.

Danielson, Adams, et al., 2020, *JAMA Psychiatry*



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GET HELP NOW



# HEALTHCARE

Home > Trauma-Informed Care > Trauma-Informed Systems > Healthcare

## TRAUMA-INFORMED SYSTEMS

Child Welfare

Schools

Justice

Healthcare

Essential Elements

NCTSN Resources

CULTURE AND TRAUMA

Wherever primary providers encounter children and families – whether in a clinic, hospital ER, school, or at a private outpatient practice – there are opportunities to integrate trauma-informed practices into the care families receive. Approximately one of every four children in the United States will experience a traumatic event before the age of 16. These events may range from natural disasters to violence and abuse; they may be a one-time occurrence or have happened repeatedly. Although many children who are exposed to trauma do not experience lasting negative effects, others can have difficulty coping. Research has found a significant relationship between exposure to traumatic events and subsequent impairment to children's neurodevelopmental and immune systems responses. Some may also exhibit health risk behaviors resulting in chronic physical or behavioral health disorders.

### Essential Elements



### NCTSN Resources



# Questions

