

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

Learning Community

- 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 (TF-CBT).
- 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

- National Child Traumatic Stress Network <http://www.nctsn.org>
- 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>
- National Institute of Mental Health
<http://www.nimh.nih.gov/index.shtml>
- Child Welfare Information Gateway <https://www.childwelfare.gov>