

# Healing Trauma and Substance Use in Adolescents

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# National Child Traumatic Stress Network (NCTSN)

- 2001 Congressional mandate to address childhood trauma in the U.S.
- Established the NCTSN structure:
  - 1. A National Center to collect data and direct the Network (UCLA and Duke)
  - 2. Education and Service Sites
    - Disseminate Evidence Based Practices
  - 3. Community Treatment Sites
    - Collect data and implement practices

# NCTSN Mission:

To raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States.

- Integrate mental health care and trauma treatment for children and youth
- Integrate substance abuse treatment and trauma treatment for youth

# CTS-Child Traumatic Stress

- CTS occurs when children and adolescents are exposed to traumatic events or traumatic situations, and when this exposure overwhelms their ability to cope with what they have experienced.

# Complex Trauma

Characteristics of complex trauma:

- History of Multiple Exposure Types:
  - Exposure to more than one type of trauma experience (abuse, neglect, dv, loss, etc.)
- Duration of Trauma
  - Multiple-events or chronic trauma rather than acute or single event trauma

# CHILDHOOD TRAUMA

- Highly prevalent in substance using homes
- Often hidden from teachers and professionals
- Children may feel guilty about their victimization, may blame themselves, may protect parents, or may not realize their experiences are traumatic.
- Caregivers may not realize CTS has long term effects.

# Shared risk factors for youth substance use and trauma (child abuse & neglect, victimization)

| Domain          | Risk Factor   |
|-----------------|---|
| Family          | Low parental involvement and monitoring, less time with family, behavior management problems, family conflict, broken family structure, family history of addiction |
| Community       | Transitions and mobility, neighborhood problems, availability of drugs, limited access to educational and recreational opportunities                                |
| Socio-Cultural  | Poverty, exposure to racism and discrimination, hidden nature of trauma, blaming the victim   |
| Peer and school | Affiliation with negative peer group, poor school involvement, low academic achievement   |

NCTSN Core Data Set Findings  
For Youth With Co-occurring  
Substance Abuse And Traumatic  
Stress

# NCTSN Core Data Set

- Standardized set of domains and measures collected across Network sites
- Content Areas
  - Demographics/History
    - Client Demographics
    - Severity of problems (“real world” functioning)
    - Trauma history
    - Primary presenting problem/focus of treatment
  - Service Use
    - By network site
    - Within the broader system
  - Outcomes
    - Child Behavior Checklist (CBCL)
    - Trauma Symptom Checklist for Children (TSCC-A)
    - PTSD Reaction Index (PTSD-RI)

# Sample Characteristics

- This presentation summarizes data entered as of September 5, 2006
- Data are presented across all NCTSN sites that have submitted cases to the core data set (currently includes 40 of the sites)
  - Participation across sites varies widely at the moment.
  - These data may not be representative of youth served by the NCTSN or by participating sites.

# Adolescents in the Core Data Set

- As of September 5, 2006, there were 3615 youth in the Core Data Set with a known age.
- Of these, 1008 (27.9%) were adolescents (ages 13-17).

# Substance Use Indicators

## Indicators of Severity:

#7 Alcohol Use  
(somewhat or very  
much a problem)

#8 Substance Use  
(somewhat or very  
much a problem)

## Clinical Evaluation

#19 Substance Abuse  
(probable or definite)

| Indicator                    | Number of Adolescents | Percentage of Adolescents |
|------------------------------|-----------------------|---------------------------|
| #7 Alcohol Use               | 104                   | 10.3%                     |
| #8 Substance use             | 114                   | 11.3%                     |
| Clinical Eval: Substance use | 134                   | 13.3%                     |
| Any Indicator                | 187                   | 18.6%                     |

# Demographics of Youth Served

| <i>Age</i> |       | <i>Gender</i> |       |
|------------|-------|---------------|-------|
| Range      | 13-17 | Female        | 61.6% |
| Mean       | 14.7  | Male          | 38.4% |

| <i>Ethnicity</i> |       |
|------------------|-------|
| Hispanic         | 21.9% |
| Non Hispanic     | 78.1% |

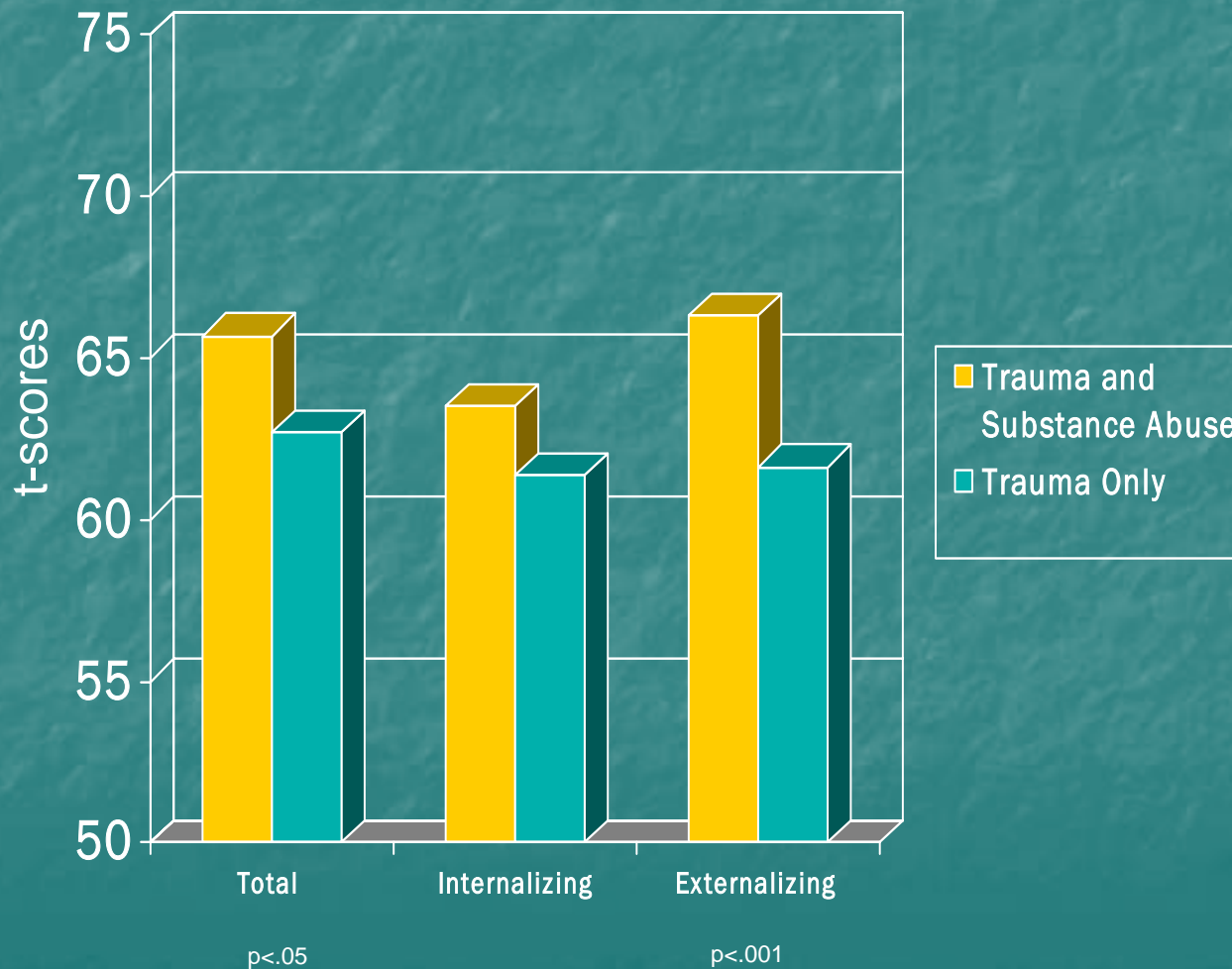
| <i>Race</i>      |       |
|------------------|-------|
| American Indian  | 3.0%  |
| Asian            | 2.4%  |
| African American | 37.1% |
| White            | 38.2% |
| Unknown          | 19.4% |

## *Current primary residence of adolescents \**

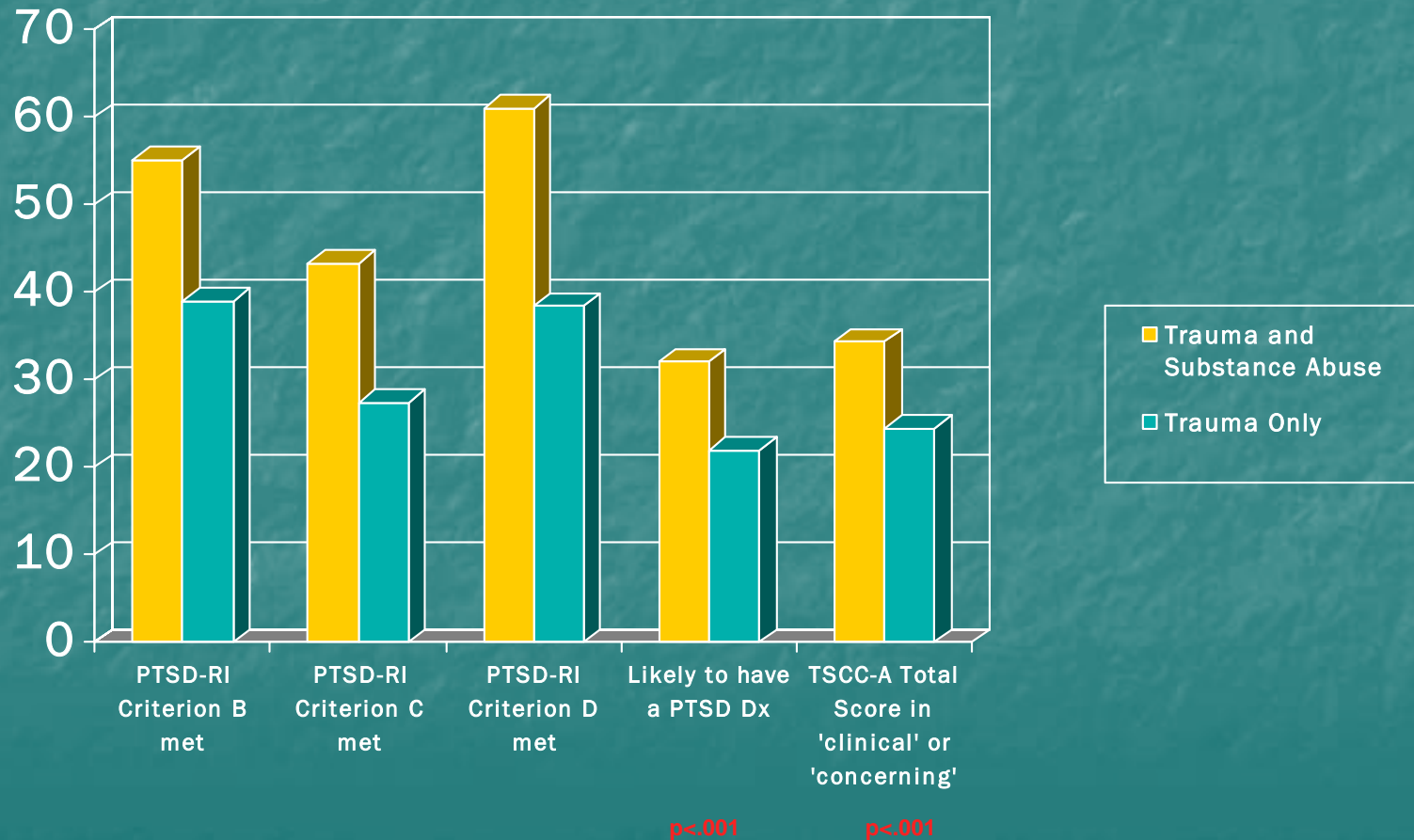
|                       |       |
|-----------------------|-------|
| Home                  | 59.3% |
| With relatives        | 17.6% |
| Foster Care/TFC       | 5.4%  |
| Residential Treatment | 5.0%  |
| Corrections           | 0.7%  |
| Other/UN              | 7.3%  |

\* Note: Youth with co-occurring substance use/problems were not significantly different from non-co-occurring youth on residence.

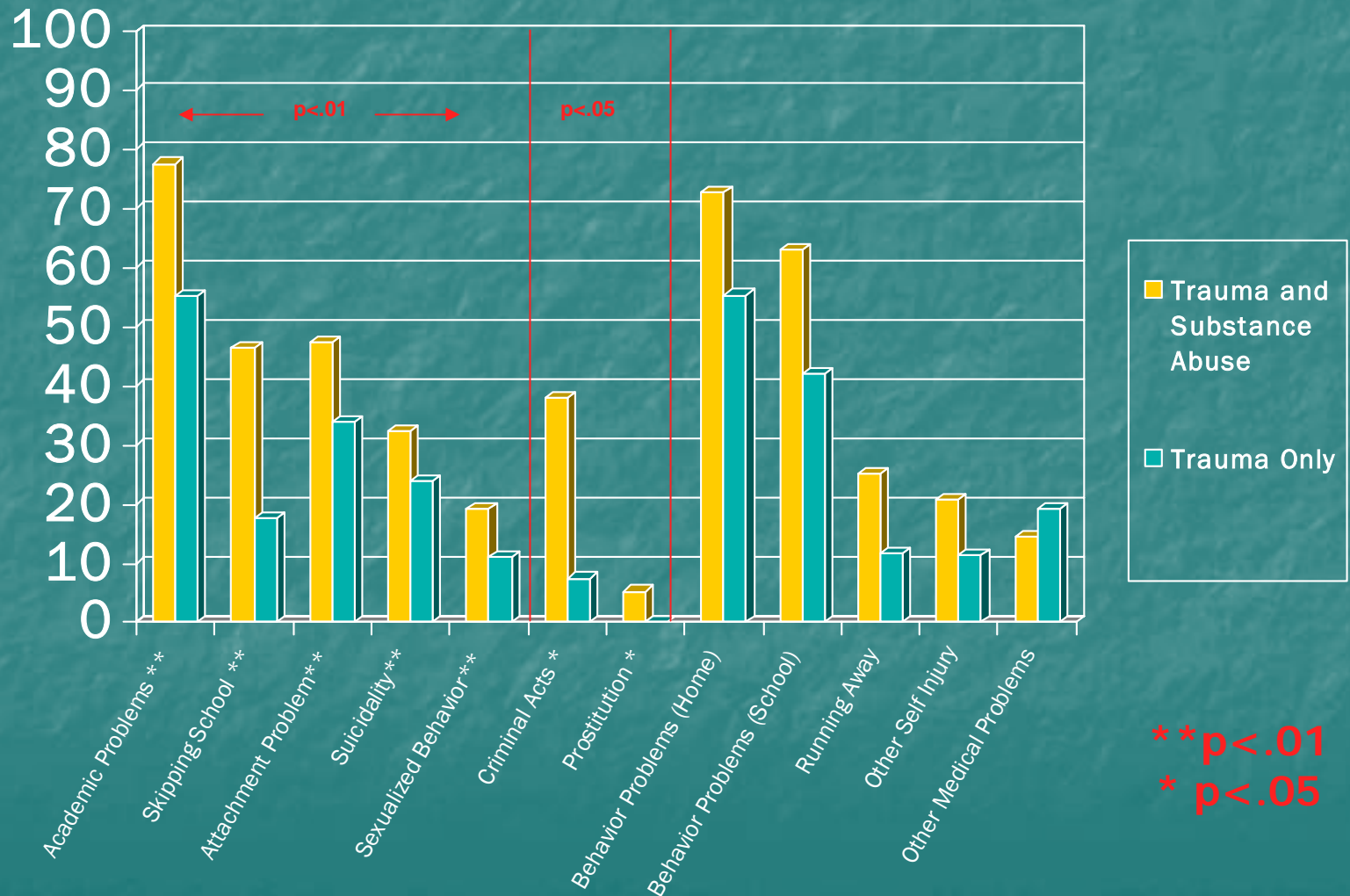
# Child Behavior Checklist Scores in Traumatized Youth With and Without Substance Abuse Problems



# Trauma Symptoms in Traumatized Youth With and Without Substance Abuse Problems

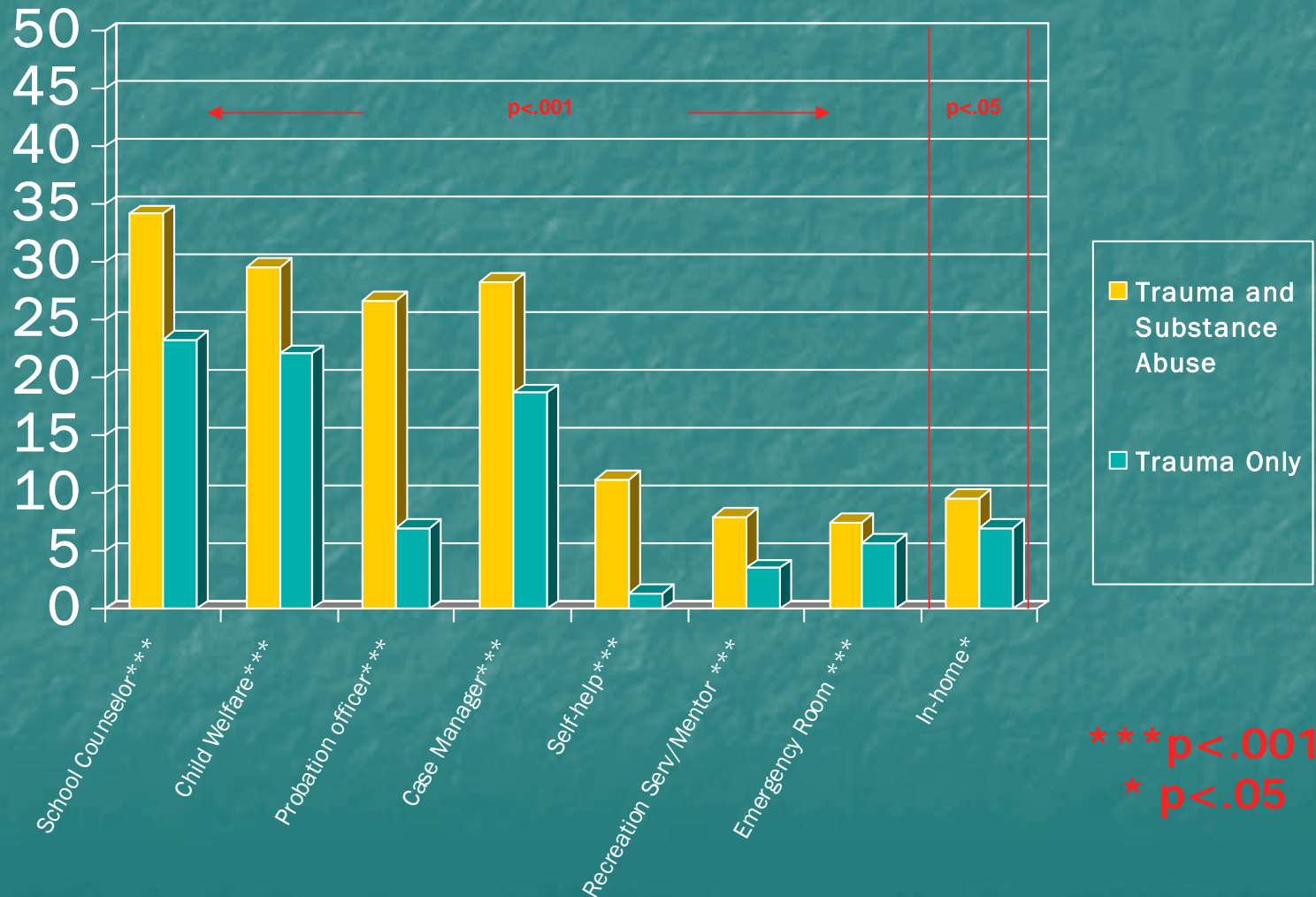


# Indicators of Severity in Traumatized Youth With and Without Substance Abuse Problems



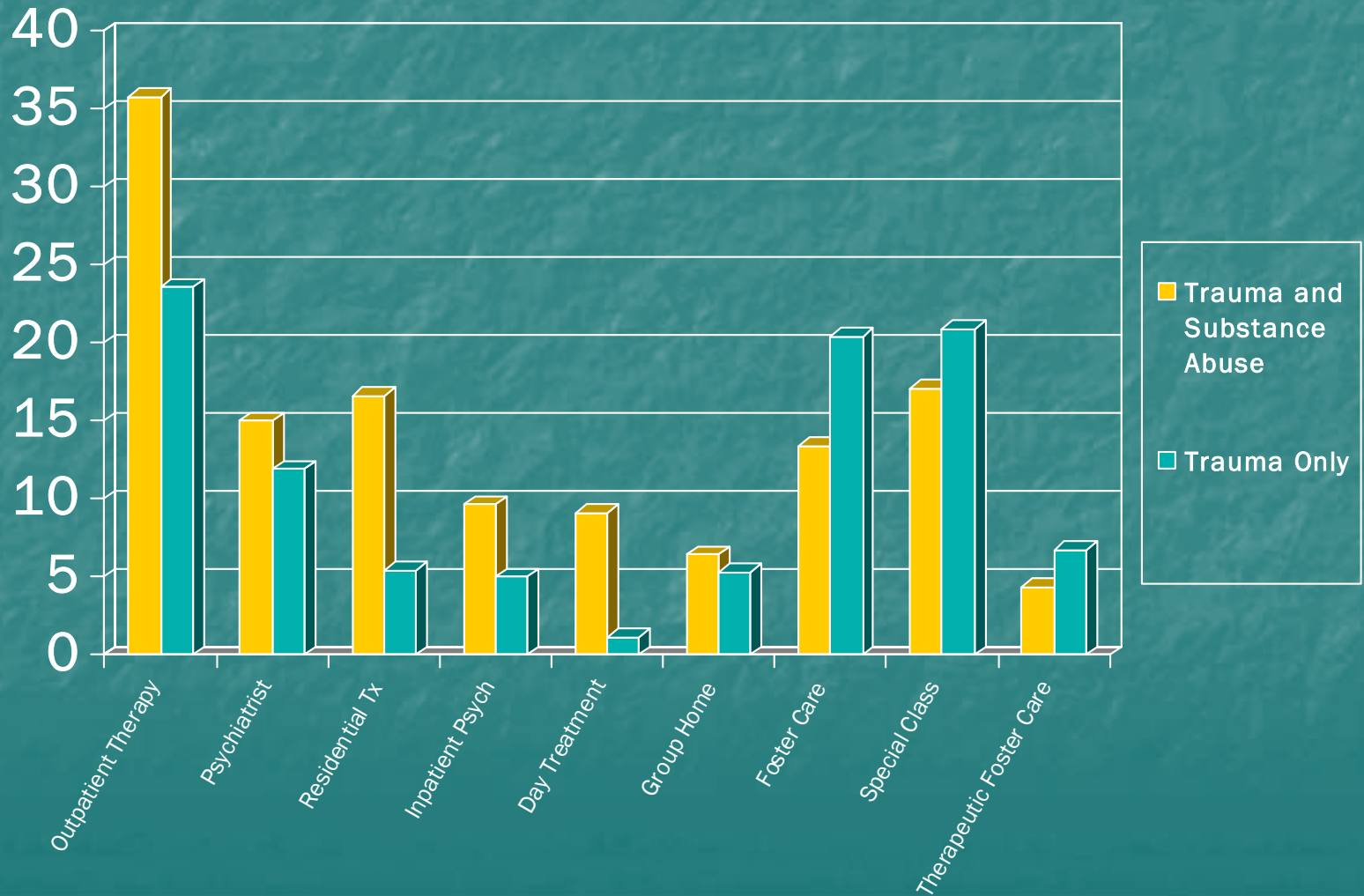
# Use of Other Services beyond NCTSN at the time of intake

- Youth in “co-occurring” group were more likely to receive these additional services:



# Use of Other Services beyond NCTSN at the time of intake

No significant differences or too few to compare:



# Core Data Set Findings Summary

- Youth with co-occurring substance abuse problems and trauma exposure were more likely to meet clinical severity criteria using the UCLA PTSD-RI and the TSCC, compared to youth with trauma only.
- Co-occurring youth had higher Total and Externalizing CBCL scores.
- The percentage of adolescents with problems according to the clinician-rated "Indicators of Severity" scale was significantly greater among co-occurring youth across most domains.
- A higher proportion of co-occurring youth had been engaged with several service systems, including probation, child welfare, day treatment, case management, in home services, school counselor, and self help.

# Trauma And Substance Abuse In Adolescents Is Strongly Linked:

Relationship between SUD and Traumas/PTSD

- Adolescents with SUD are at significantly elevated risk for experiencing any lifetime trauma (2-5x more likely) and for developing PTSD (4-9x more likely)
- Adolescents with SUD are at special risk for experiencing traumas most likely to result in PTSD, including violent victimization (physical or sexual assault) and witnessing violence or harm to others

(Clark et al, 1997; Giaconia et al, 2000; Kilpatrick et al., 2000)

# Risk for PTSD May Vary by Type of Substances Used

- Adolescents with alcohol abuse or dependence were 4x more likely to have PTSD compared to non alcohol abusing teens.
- Adolescents with marijuana abuse or dependence were 6x more likely.
- Adolescents with illegal "hard" drug abuse or dependence were 9x more likely.
  - (Kilpatrick et al 2000)

# Rates Of Traumatic Stress And Substance Abuse Problems Among Adolescents

Lifetime substance abuse rates are high (10-32%) with younger ages of onset and initiation among traumatized youth

- Victimization and interpersonal violence are common among general adolescent population; 25% of children and adolescents will experience a traumatic event by age 16
- Rates of SUD-PTSD co-occurrence range from 3.6% - 47%

(Kilpatrick et al 2000)

# Relationship Between CTS and SUD

- Reciprocal risk of SUD and PTSD
  - Childhood trauma exposure increases risk for later substance use, criminal activity, anxiety and depressive disorders, etc.
  - Adolescents abusing substances are at special risk of experiencing traumas most likely to result in PTSD, including violent victimization (physical or sexual assault) and witnessing harm to others.

# Impact of SUD and PTSD on psychosocial functioning



PTSD

## Psychological, physical and social functioning

- Less life satisfaction, greater anxiety, more health complaints, less social competence (Cark & Kirisci, 1996 )
- Poorer self esteem, more interpersonal problems, lower grades (Reinherz, et al., 1993)



SUD

## Role functioning

- Poorer academic achievement and more school adjustment difficulties (Cark & Kirisci, 1996 )
- Poor school performance and course failure (Reinherz, et al., 1993)

# Impact of co-occurring SUD-PTSD on psychosocial functioning



Combination of deficits (Giaconia, et al., 2000)

- Externalizing problems (delinquent & aggressive behavior)
- Internalizing problems (anxiety, withdrawn behavior), perception of poor health, somatic complaints
- Poor school performance (course failures, expulsions, suspensions, absences), criminal arrests, serious suicidal behavior

# Explanations for the link between SUD and PTSD in adolescents

1. **High Risk Hypothesis:** Substance use and SUD increase risk for exposure to traumas because substance users may engage in risky behaviors that enhance the likelihood of experiencing traumas
2. **Susceptibility Hypothesis:** Substance use increases the likelihood of developing PTSD following trauma because it interferes with an individual's ability to cope effectively with the trauma
3. **Self medication hypothesis:** substance use begins after the onset of traumas or PTSD in an attempt to manage the distressing symptoms associated with traumas or PTSD

# Available Treatment Outcome Research

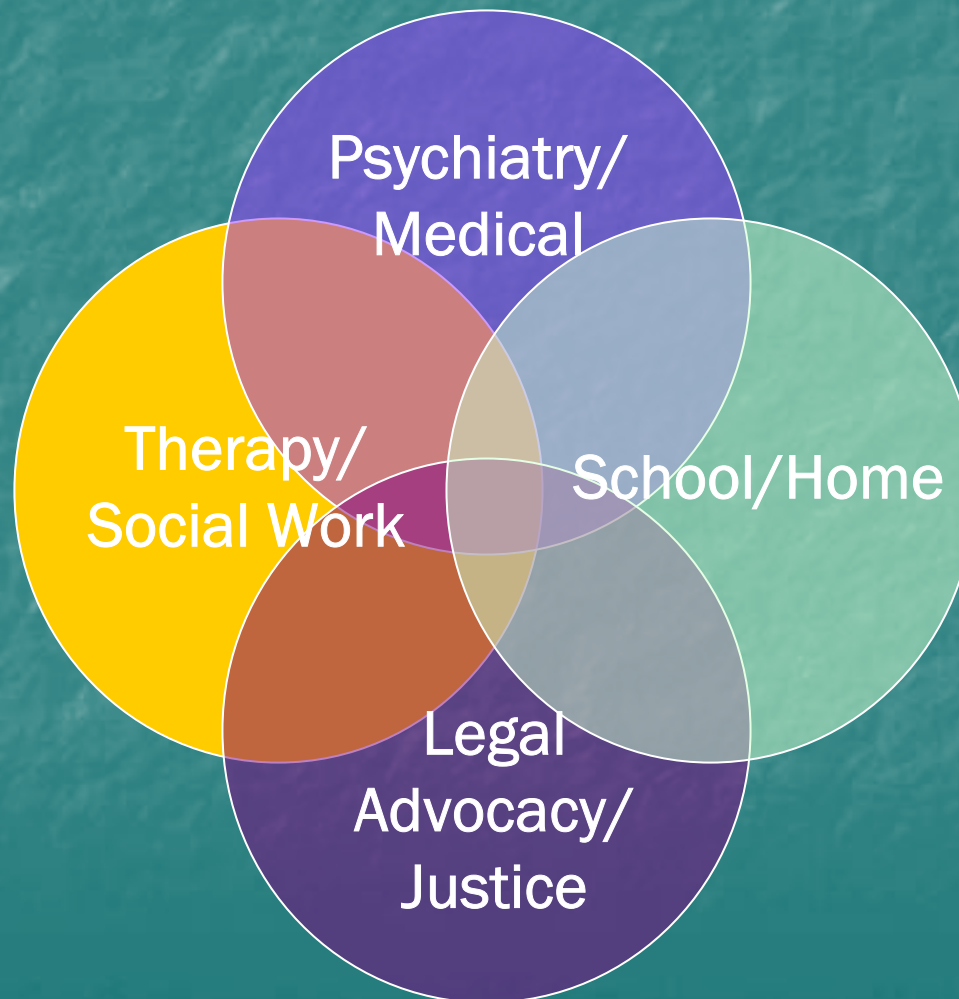
- Youth with co-occurring substance abuse and traumatic stress do not respond well to treatment primarily focusing on substance abuse
  - Traumatized groups have higher severity and less responsive to outpatient substance abuse treatment (Funk et al, 2003)
  - Among adolescent substance abuse treatment clinical trials, youth with high rates of trauma showed initial treatment gains but higher rates of relapse (Dennis, 2005)
  - Higher initial severity among co-occurring youth was associated with more internal distress and violent behavior at post treatment (Titus et al, 2003)

# Implications for Treatment

- Clinicians need knowledge about working with adolescents, dealing with traumatic stress, and managing substance abuse problems
- Address the magnitude of problems associated with co-occurring SUD-PTSD (social, educational, health, and psychological impairments)
- Involve relevant service systems in order to increase access to care and provide better coordination of services
- Develop treatment programs that specifically address co-occurrence of trauma and substance abuse problems

What Are Some Effective  
Ways of Working with Youth  
with Co-occurring Trauma  
and Substance Abuse  
Issues?

# Systems/Treatment Team Approaches



# Some Promising Practices

- Trauma Systems Therapy-TST
  - Developed at Boston University and Boston Medical Center
- Trauma Focused Cognitive Behavioral Therapy-TF-CBT
  - Developed at Allegheny General Hospital
- Multidisciplinary Family Therapy-MFT
- Many others as well

# Trauma Systems Therapy

Saxe, Ellis, Kaplow

- Comprehensive and flexible treatment approach that tailors intensity of services and types of interventions to needs of each adolescent and family
- Theoretical framework that allows for dual focus on social environmental and emotional regulation interventions
- Recognition of the importance of engagement and the treatment alliance
- Emphasis on attention to helping the family navigate multiple systems of care
- TST-SA—Adapted form of TST for youth with co-occurring substance use

# Trauma Systems Therapy for Adolescent Substance Abuse (TST-SA)

Suarez, Saxe, Ehrenreich, Barlow

## TST-SA Interventions

### Ready Set Go

Building alliance and enhancing motivation, Psychoeducation about substance abuse, Troubleshooting practical barriers, Involving the family in treatment planning

### Stabilization on Site

Responding to acute family needs, Enhancing family communication, Improving caregiver's ability to manage teenager's behavior, Increasing teenager's community integration through participation in pro-social activities

### Services Advocacy

Evaluating the family's need for advocacy services and connecting family with available resources

### Psychopharmacology

Psychiatric evaluation and consultation, Ongoing monitoring and medication management, Medical attention to substance abuse problems

### Emotion Regulation

Psychoeducation, Emotion Regulation Guide, Skill Building (Affect Management, Emotion Identification and Acceptance, Competency building)

### Cognitive Processing

Identifying unhealthy beliefs and thinking patterns related to the trauma, Exposure to the Trauma Narrative, Helping client manage substance abuse cravings

### Meaning Making

Creating new ways of viewing the trauma and its consequences, instilling hope and encouraging the pursuit of a brighter future, generating a relapse prevention plan, facilitating saying goodbye

# Trauma Focused CBT

Cohen, Mannarino, Deblinger

## TF-CBT Components

- Psychoeducation
- Stress management
- Affect expression and modulation
- Cognitive coping
- Creating the trauma narrative
- Cognitive processing
- Behavior management training
- Parent-child sessions

# Cultural Considerations

Consider different aspects of culture in any therapy: age, disability, gender, race, ethnicity, national origin, religion, sexual orientation, education level, socioeconomic status, normalized family drug culture or criminal culture

# Culture May Impact

- Comfort with/interest in therapy
- Responses to trauma
- Experience of trauma-related distress
- Language about trauma
- Comfort discussing/sharing sexual abuse or other trauma
- Family members' involvement/definition of family
- Child-rearing beliefs and practices

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# WEB RESOURCES

- [www.nctsnet.org](http://www.nctsnet.org) An abundance of CTS resources for providers, caregivers, educators
- [www.ncptsd.va.gov](http://www.ncptsd.va.gov) A wealth of information and assessment tools for PTSD of all types
- [www.modelprograms.samhsa.gov](http://www.modelprograms.samhsa.gov) A directory of evidence based practices

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