Center for Human Services Research
University at Albany
135 Western Ave.
Albany, NY 12222
(518)442-5762
Fax: (518)442-5732
http://www.albany.edu/chsr/

Center for Human Services Research

# *Evaluation Brief*

## Child and Adolescent Trauma: Focus on Middle Schoolers

March 2007

### Background

Emotional and behavioral symptoms among children and youth are often a manifestation of exposure to traumatic life events such as physical or sexual abuse, domestic violence, traumatic loss of a loved one, car accident, neighborhood violence, catastrophic destruction (fire, tornado, hurricane, war, terrorist attack). Traumatized children often exhibit outward emotions and behaviors such as anxiety, extreme fearfulness, excessive physical arousal, and oppositional behaviors. They can also internalize the trauma manifesting in emotional numbing, low self-esteem, irritability, mood instability, and depression. Co-occurrence of these symptoms is common, with PTSD often co-occurring with depression and behavior problems.

Families Together in Albany County has proposed to implement Trauma-Focused Cognitive Behavioral Therapy (see p. 4), targeted specifically to middle-school age youth ages 11 through 14. The following tables present data from the SAMHSA system of care outcome study of adult caregivers and youth respondents for the reporting period 01/01/06-02/28/07.

### Child Information Questionnaire-Baseline (CIQ-B)
### N=101 Adult Caregiver Respondents

| | Age Groups* | | | | |
|---|---|---|---|---|---|
| **Physical and Sexual Abuse** | **5 or less** | **6 thru 10** | **11 thru 14** | **15 thru 17** | **TOTAL N=99** |
| **Child physically abused – ever** | 2 | 6 | 9 | 7 | 24 (24.2%) |
| % | 8.3% | 25.0% | 37.5% | 29.2% | 100.0% |
| | **5 or less** | **6 thru 10** | **11 thru 14** | **15 thru 17** | **TOTAL N=95** |
| **Child sexually abused – ever** | 2 | 4 | 5 | 4 | 15 (15.8%) |
| % | 13.3% | 26.7% | 33.3% | 26.7% | 100.0% |
| **One in four youth (N=24, 24.2%) have been physically abused at some point in their lives. Of those who were abused, most are 11-14 years old (N=9, 37.5%); one-quarter are either 6-10 (N=6, 25.0%) or 15-17 (N=7, 29.2%). Two (8.3%) are less than 6 years old.** | | | | | |
| **A total of 15 youth (15.8% of the sample) have ever been sexually abused. Of those 15 youth, one-third (N=5, 33.3%) are 11-14 years old. Forty percent (N=6) are under age 11.** | | | | | |
| **Domestic Violence** | **5 or less** | **6 thru 10** | **11 thru 14** | **15 thru 17** | **TOTAL N=100** |
| **Exposed to domestic violence – ever** | 3 | 20 | 20 | 9 | 52 (52.0%) |
| % | 5.8% | 38.5% | 38.5% | 17.3% | 100.0% |
| **Within last 6 months** | 0 | 3 | 3 | 0 | 6 |
| **About half (N=52, 52.0%) of youth have been exposed to domestic violence at some point during their lives. Equal numbers of 6-10 year olds and 11-14 year olds have been exposed (N=20, 38.5%).** | | | | | |

* There are 3 young adults age 18-21 enrolled in the study to date. They either are independent youth who do not have a caregiver or the caregiver is not enrolled in the study (refused, unable to contact). Young adults respond to the YIQ (next page).

**Self-Injurious Behaviors**

Trauma-exposed youth are at higher risk of self-injurious behavior such as substance use[*] and suicide. More than half of caregiver respondents (N=57, 56.4%) said their child had talked about committing suicide at least once, with most (N=46, 80.7%) having talked about it within 6 months of the baseline interview. One in five youth (N=20, 19.8%) have attempted suicide at least once in their lives, many within the 6 months prior to the interview (N=15, 75.0%). The majority of youth who have talked about or attempted suicide are 11-14 years old.

| | Age Groups | | | | |
|---|---|---|---|---|---|
| **Suicide** | **5 or less** | **6 thru 10** | **11 thru 14** | **15 thru 17** | **TOTAL N=101** |
| **Ever talked about committing suicide** | 2 | 18 | 23 | 14 | 57 (56.4%) |
| % | 3.5% | 31.6% | 40.4% | 24.6% | 100.0% |
| **Talked about within last 6 months** | 2 | 17 | 17 | 10 | 46 |
| **Ever attempted suicide** | 0 | 7 | 8 | 5 | 20 (19.8%) |
| % | 0% | 35.0% | 40.0% | 25.0% | 100.0% |
| **Attempted within last 6 months** | 0 | 5 | 6 | 4 | 15 |

Source: CIQ-Baseline

## Youth Information Questionnaire-Baseline (YIQ-B)
## N=53 Youth Respondents, age 11-21[†]

| | **11 thru 14** | **15 thru 17** | **18 thru 21** | **TOTAL N=49** |
|---|---|---|---|---|
| **Ever thought about killing yourself** | 11 | 6 | 2 | 19 (39.6%) |
| % | 57.9% | 31.6% | 10.5% | 100.0% |
| **Thought about within last 6 months** | 7 | 4 | 1 | 12 |
| **Ever tried to kill yourself** | 5 | 5 | 2 | 12 (24.5%) |
| % | 41.7% | 41.7% | 16.7% | 100.0% |
| **Tried within last 6 months** | 2 | 2 | 1 | 5 |
| **About 1 in 3 youth had thought about killing themselves at least once in their lives (N=19, 39.6%). The majority are age 11-14 (N=11, 57.9%). One-quarter (N=12, 24.5%) had tried to kill themselves, 5 of whom tried within the previous six months.** | | | | |

Youth self report

[*] Substance use data are currently being analyzed.
[†] Only youth age 11-21 are eligible to be interviewed.

## Community Factors

Children and youth are exposed to unsettling and sometimes traumatic events within their communities. Among the 49 youth interviewed to date in Albany County, one-quarter had seen a violent crime in their neighborhood (N=12, 24.5%) or had known a victim of a violent crime (N=13, 26.5%). Four youth reported having been a victim of a violent crime within 6 months of their interview.

### Neighborhood Safety

| *N=49 Valid Responses to the following questions* | *Yes* | |
|---|---|---|
| | N | % |
| Seen nonviolent crime in your neighborhood in past 6 months | 19 | 38.8% |
| Seen violent crime in your neighborhood in past 6 months | 12 | 24.5% |
| Known victim of violent crime in past 6 months | 13 | 26.5% |
| Have been a victim of violent crime in past 6 months | 4 | 8.2% |
| Feel safe in your neighborhood | 42 | 85.7% |

## Presenting Problems and Diagnostic Features

Children exposed to trauma commonly manifest anxiety and stress disorders as well as depression. Co-occurrence of these symptoms is common, with PTSD often co-occurring with depression and behavior problems. More than 1 in 10 youth has a stress related disorder (N=47, 12.5%), two-thirds of whom (N=32, 67.4%) have the more serious PTSD or Acute Stress Disorder. Fifty-two children have a diagnosis of depression. Depression co-occurred with PTSD in 3 children, and with other anxiety disorders in 4 children. About half of all the children with diagnoses of anxiety, PTSD, or depression are age 11-14.

### Trauma Related Diagnoses

| | *Under 11* | *11-14* | *15-17* | *18-21* | *Total* | *% of Total* |
|---|---|---|---|---|---|---|
| Anxiety Disorders NOT including PTSD or Acute Stress Disorder* | 4 | 8 | 2 | 1 | 15 | 4.0% |
| PTSD and Acute Stress Disorder† | 9 | 15 | 8 | 0 | 32 | 8.5% |
| Depression‡ | 6 | 24 | 21 | 1 | 52 | 13.9% |
| **Number of children with diagnostic information** | | | | | 375 | 70.9% |

Source: Enrollment and Demographic Information Form, Total N=375 with valid diagnostic information.

## Presenting Problems

* DSMIV codes: 298.89, 300.00, 300.01, 300.02, 300.2, 300.23, 300.29, 300.3, 301.4, 308.3, 309.21.

† DSMIV codes: 309.81, 308.3.

‡ DSMIV codes: 296.2, 296.21, 296.22, 296.23, 296.24, 296.3, 296.32, 296.33, 296.34, 311.

Children and youth often present for mental health services with a multitude of problems or concerns. Among the 529 children and youth who presented to one of the portals of the Albany system of care, 1 in 4 had suicide related problems (ideation as well as attempts), and 1 in 3 had depression-related or anxiety-related problems. Adjustment disorders and conduct disorders may reflect trauma exposure for some children: 1 in 3 children presented with adjustment-related problems; more than half with conduct problems.

| **Presenting Problems** | | |
|---|---|---|
| | Count | % |
| | | |
| Suicide-related problems | 133 | 25.1% |
| Depression-related problems | 184 | 34.8% |
| Anxiety-related problems | 173 | 32.7% |
| Hyperactive and attention-related problems | 205 | 38.8% |
| Conduct/delinquency-related problems | 287 | 54.3% |
| Substance use, abuse, and dependence-related problems | 37 | 7.0% |
| Adjustment-related problems | 177 | 33.5% |
| Psychotic behaviors | 48 | 9.1% |
| Pervasive developmental disabilities | 29 | 5.5% |
| Specific developmental disabilities | 33 | 6.2% |
| Learning disabilities | 75 | 14.2% |
| School performance problems not related to learning disabilities | 122 | 23.1% |
| Eating disorders | 5 | 0.9% |
| Other Problem | 51 | 9.6% |
| | N=529 cases | |

## Treatment for Traumatized Children and Adolescents

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a SAMHSA-identified model program for helping children, youth, and their parents/caregivers overcome the negative effects of traumatic life events. TF-CBT helps children talk directly about their traumatic experiences in a supportive environment, teaches them how to examine their thoughts, feelings and behaviors, and provides tools such as relaxation techniques, problem solving, and safety education. The model has been empirically tested and proven to be most effective with children whose primary difficulty is related to post-traumatic stress symptoms, depression, and anxiety. Compared to children who receive nondirective supportive therapy, children receiving TF-CBT experience significantly greater improvement in PTSD symptoms, depression, negative attributions about the traumatic event, defiant and oppositional behaviors, social competence, and anxiety.

## Sources


Center for Traumatic Stress in Children and Adolescents, Allegheny General Hospital, Pittsburgh, PA. http://www.pittsburghchildtrauma.com.

Cohen JA, Mannarino AP, Berliner L, & Deblinger E (2000). Trauma-focused cognitive behavioral therapy: An empirical update. Journal of Interpersonal Violence 15(11):1203-1223.

National Child Traumatic Stress Network, http://www.nctsn.org.

U.S. Department for Health and Human Services. SAMHSA Model Program: Trauma-Focused Cognitive Behavior Therapy. http://modelprograms.samhsa.gov.


## Questions

Questions about this evaluation brief or the SAMHSA system of care evaluation program in general, please contact:


LuAnn McCormick, PhD, MSW, Evaluation Team Leader
Families Together in Albany County (New York)
lmccormick@uamail.albany.edu / (518)442-5731