



# Indian Health Service 2012 NATIONAL BEHAVIORAL HEALTH CONFERENCE

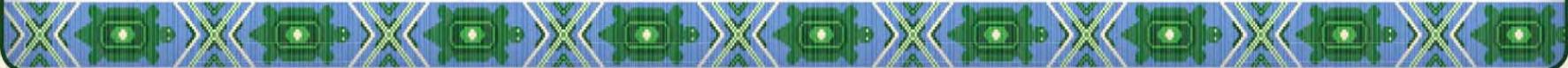
## Welcome

### Understanding and Treating Childhood Traumatic Stress

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University of Montana



*Mobilizing Partnerships to Promote Wellness*



# House Keeping

- Please be sure to sign in and out on the Sign In Sheets located near the entrance to this room.
- Please complete the evaluation at the end of this presentation.
- For more information on Continuing Education Units (CEUs), please visit the Registration Desk

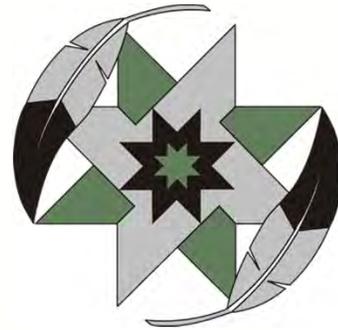
# Comfort Room

- To promote wellness and self-care, a Comfort Room is available in Atrium Room 8 for your use.
- If you need further assistance, please visit the Indian Health Service Division of Behavioral Health booth.

# Partnerships

- Meaningful, mutually respectful partnerships with tribes, schools, behavioral health agencies and community members is central to the work of the National Native Children's Trauma Center (NNCTC).
- NNCTC partnerships are rooted in the understanding that:
  - Tribes know the consequences of trauma in their community, therefore they are intensifying their commitment to community, family and individual wellness.
  - Many non-tribal mental health service providers and treatment model minimize the value of tribal holistic practices.
  - In the past, tribes have been exploited by universities and other institutional researchers.
  - Potential risk continues to exist amongst well-intentioned but culturally uninformed researchers and universities.
  - Tribes exist as sovereign nations therefore they carry the responsibility to determine the type of research that serves tribal members.
  - Any research products or outcomes (e.g., data, intellectual property) are *owned* by the tribe.
  - Trauma intervention is necessary for and effective with Native American children.

attribution: National Native Children's Trauma Center Position Paper, June 2008



## National Native Children's Trauma Center

- **Established** in Fall 2007 to serve as a Treatment and Services Adaptation Center (Cat II) within the National Child Traumatic Stress Network (NCTSN)
- **Mission:** *In respectful partnerships with tribes, NNCTC will implement, adapt, evaluate and disseminate trauma interventions to decrease the social, emotional, spiritual and educational impact traumatic experiences have on American Indian and Alaska Native children.*

A PARTNER IN  
**NCTSN**

The National Child  
Traumatic Stress Network

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# Understanding trauma

## It begins with the ACE Study

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted on the links between childhood maltreatment and later-life health and well-being.

## ACE Study questions:

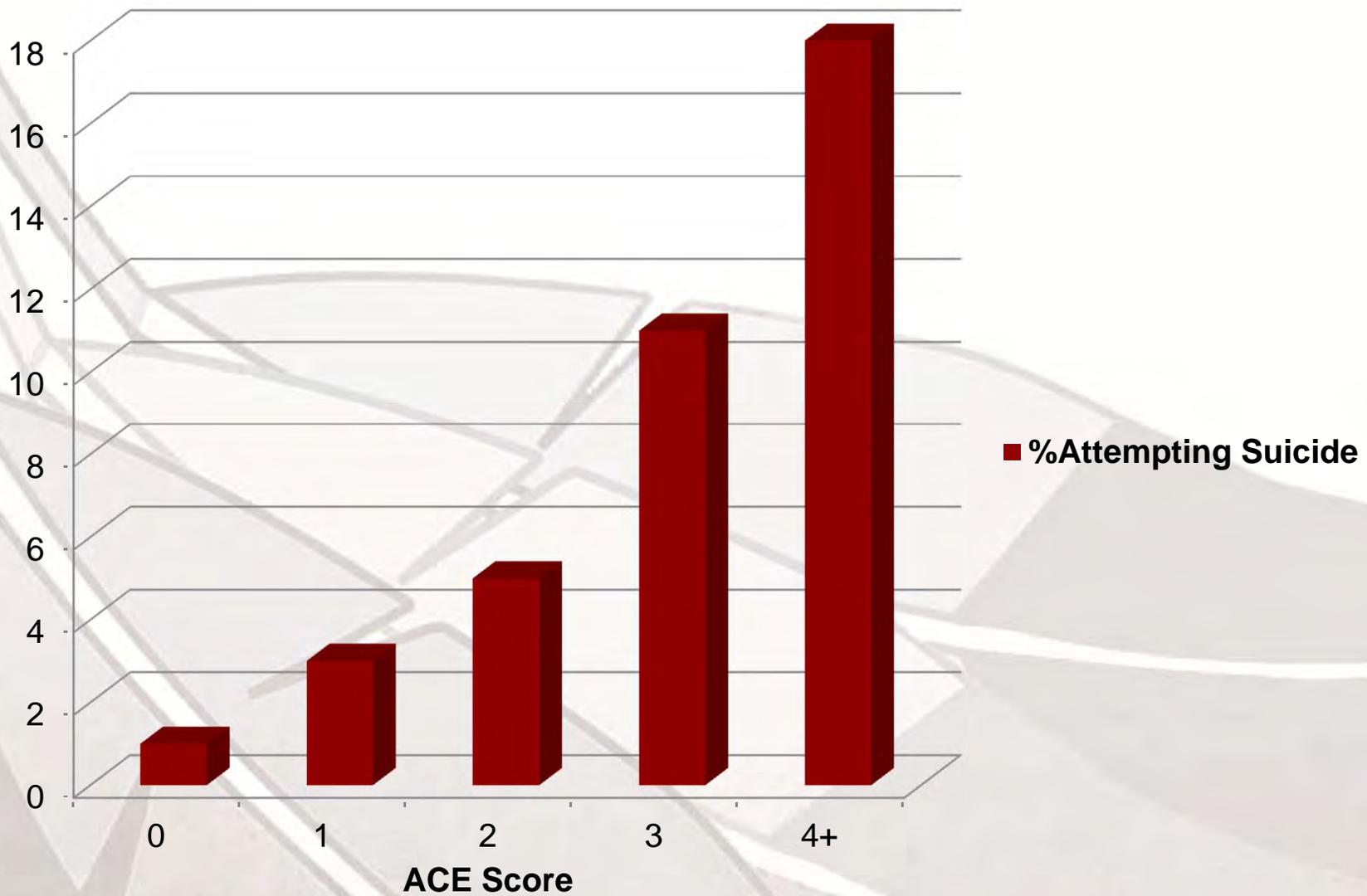
Give yourself one point for each “yes” answer, then add them up to get your ACE score

- Did you experience recurrent and severe physical abuse?
- Did you experience recurrent and severe emotional abuse?
- Did you experience contact sexual abuse?
- Was there an alcoholic or drug-user in your household?
- Was there a member of your household imprisoned?
- Was there a member of your household that was mentally ill, or did you have a depressed parent or institutionalized family member?
- Did you witness your mother being treated violently?
- Were both of your biological parents *absent* from the home?

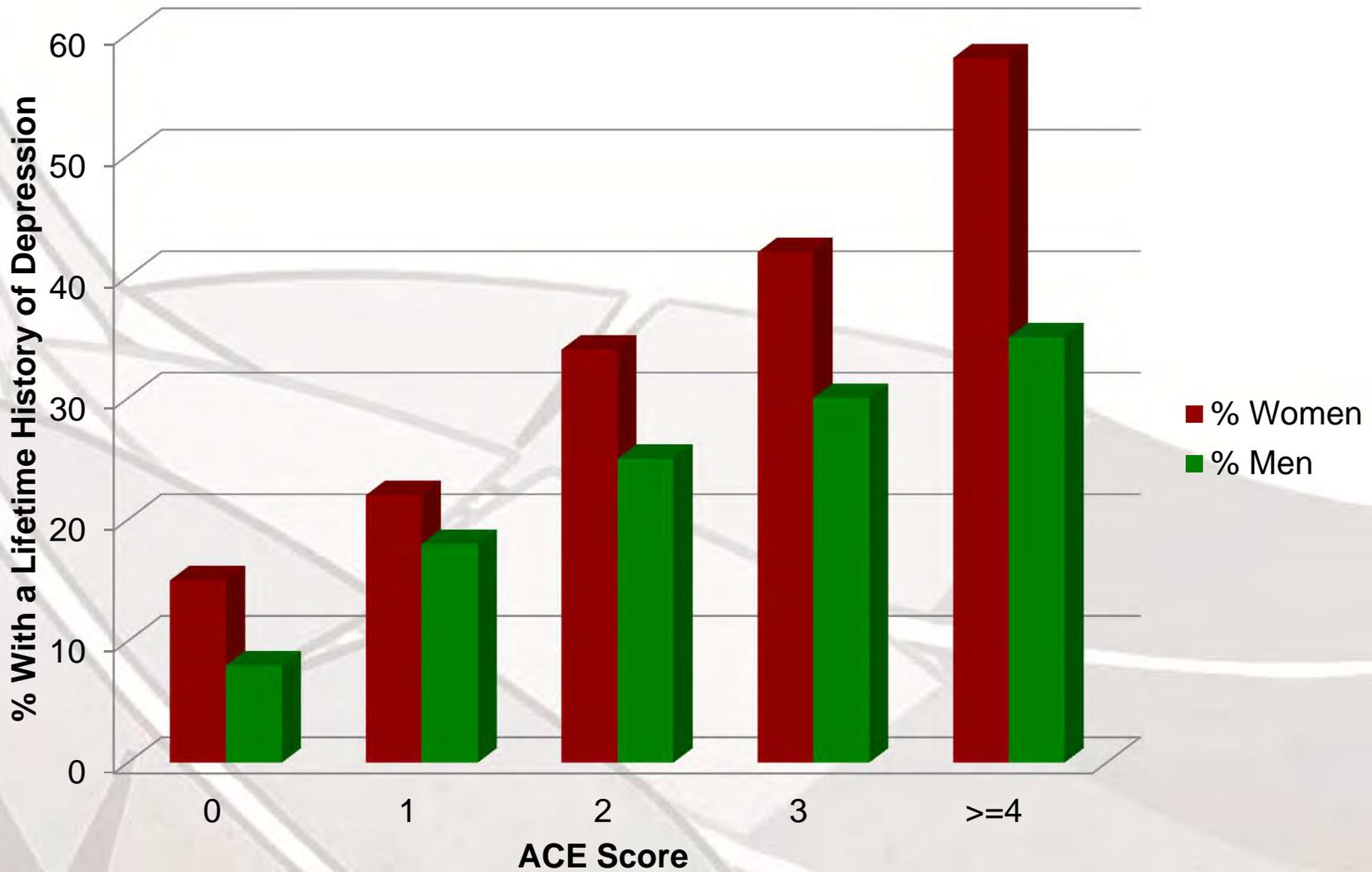
# Meaning of the ACE Study

- Traumatic childhood experiences are the universal paths to social, emotional, and cognitive impairment that often lead to an increased risk of physical disease, mental disorders, disability, and early death.

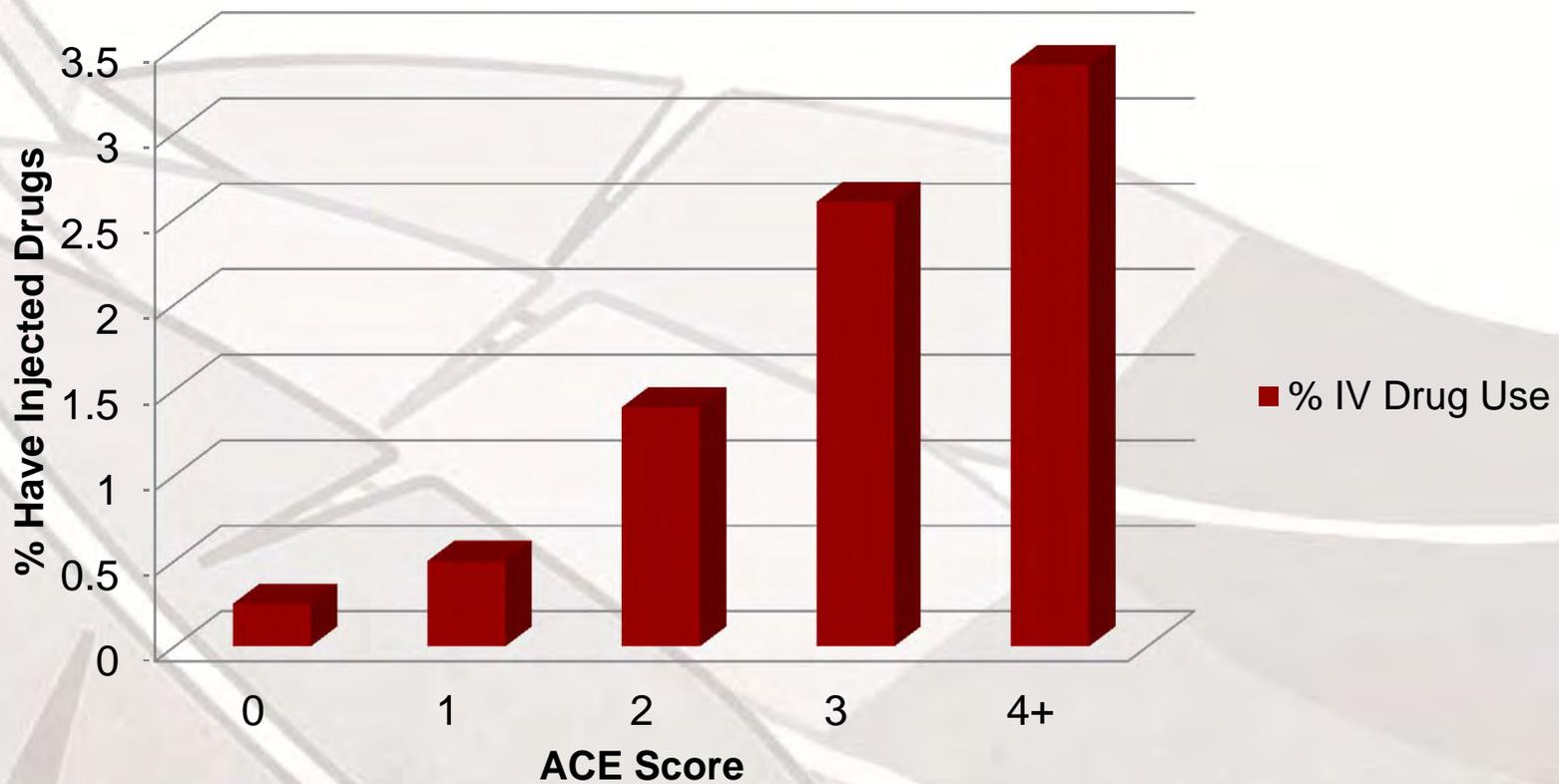
## Childhood Experiences Underlie Suicide Attempts



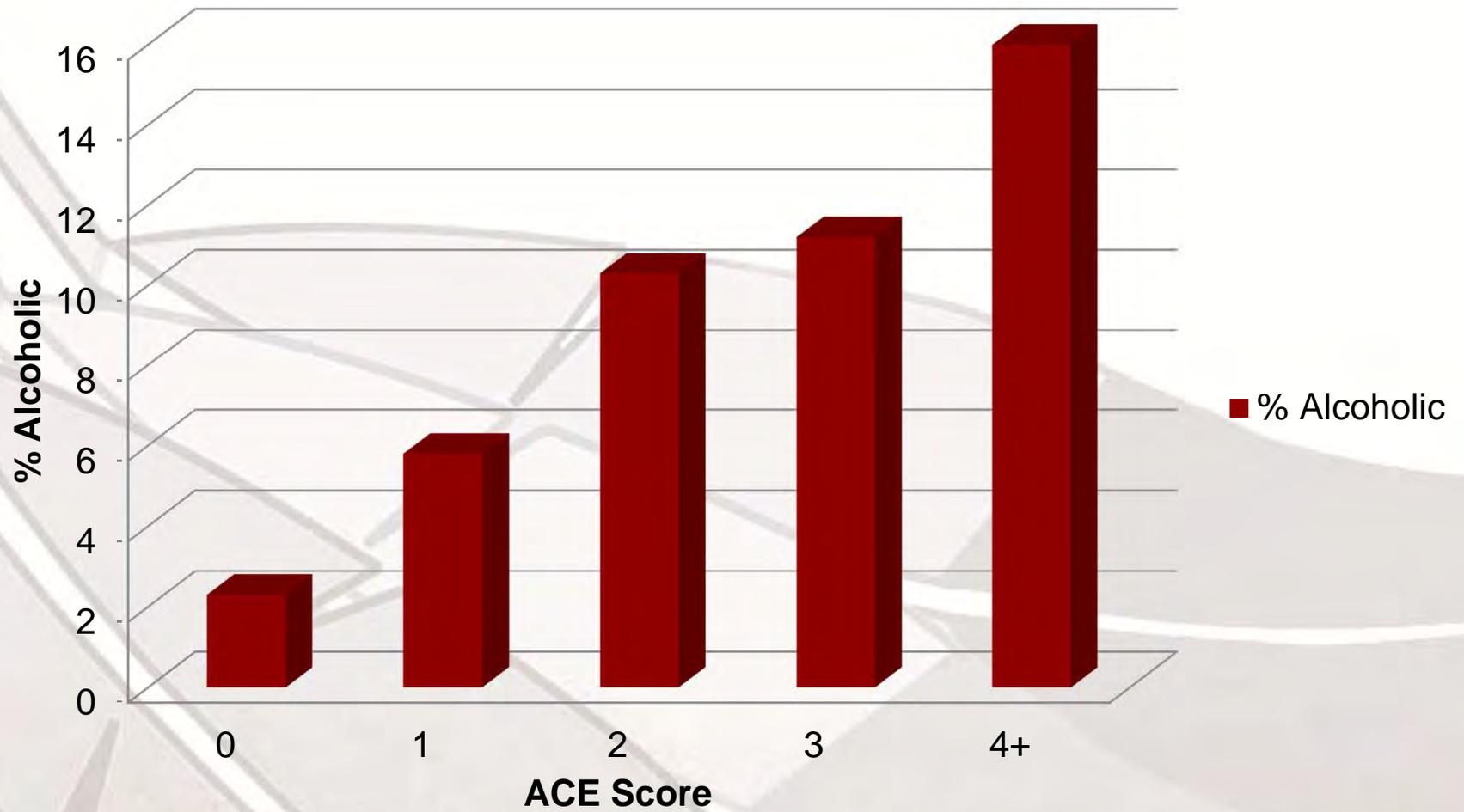
## Childhood Experiences Underlie Chronic Depression



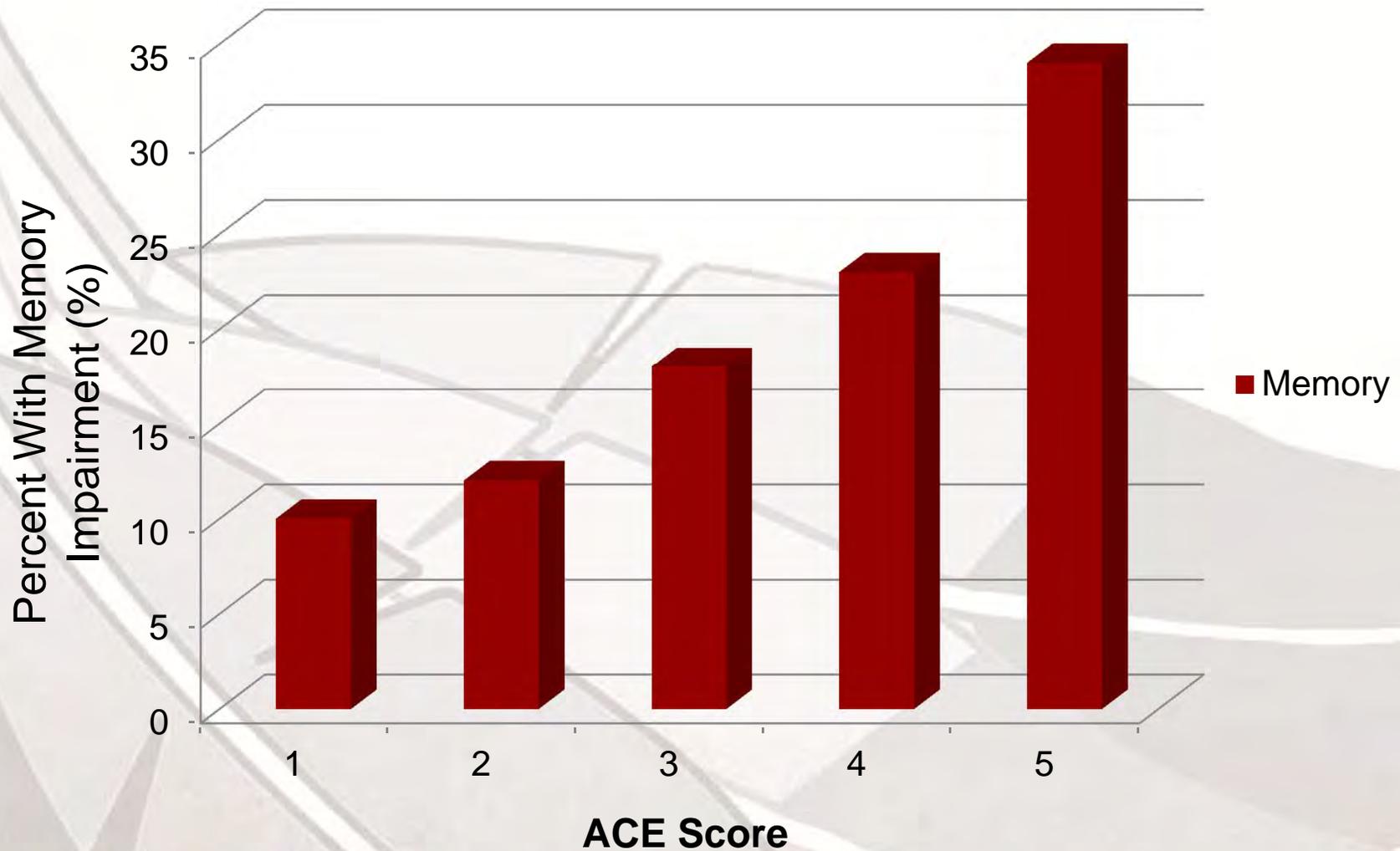
# ACE score and intravenous drug use



## ACE score and adult alcoholism



## ACE score and impaired memory of childhood



# Trauma a fact of life

- In a national study over 90% of those who responded reported at least one lifetime traumatic event.
- On average most reported experiencing 4.8 traumatic events in their lives

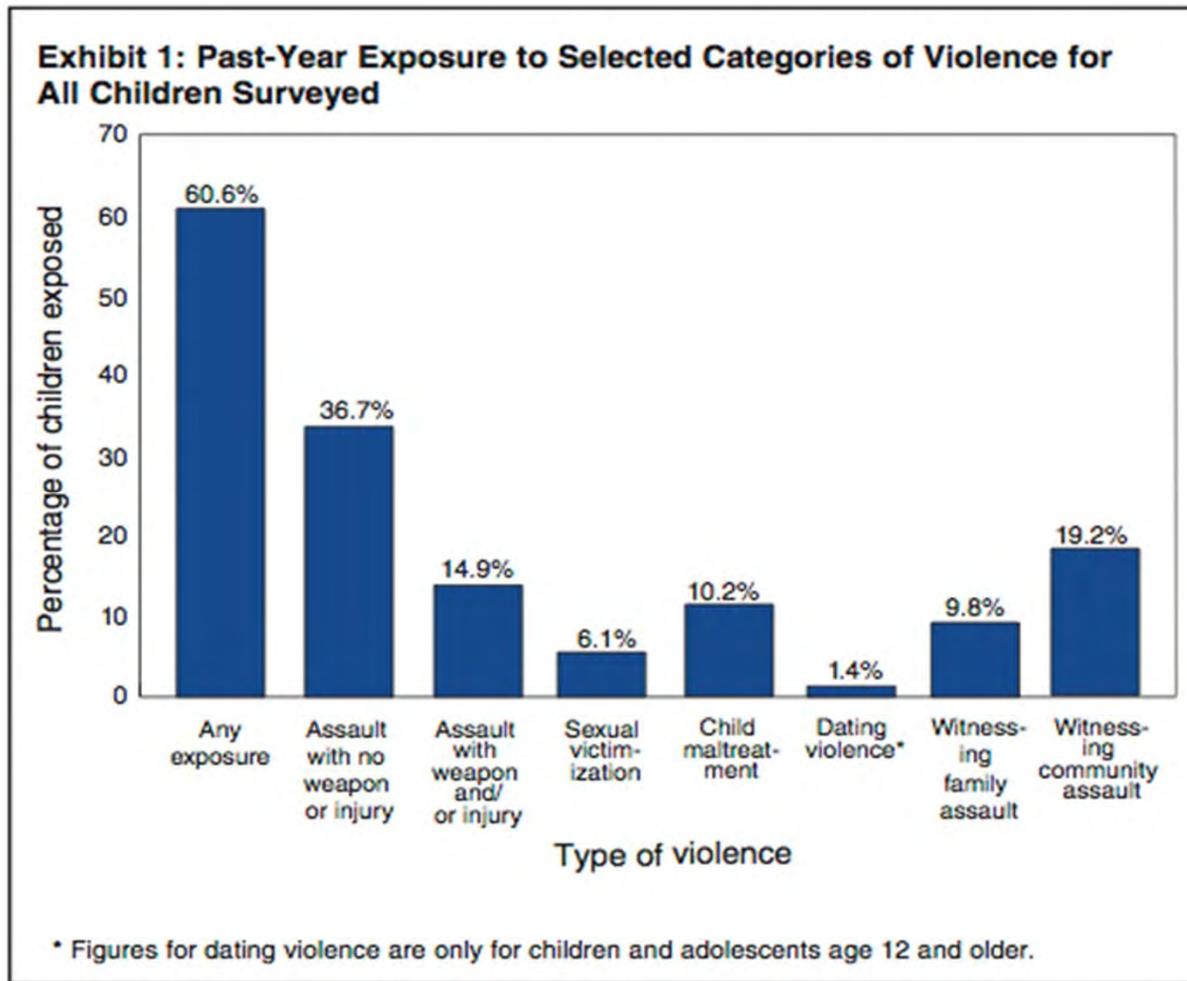
# Conduit to Trauma Exposure

- Child maltreatment
- Substance abuse in caregivers
- Depression and other mental health disorders in caregivers
- Domestic violence exposure in the family, in particular witnessing the mother treated violently
- Intergenerational trauma
- Historical Trauma
- Community violence
- Experiencing a traumatic accident
- Death of primary caregiver

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# Children's yearly exposure to violence

A Department of Justice nationwide survey in 2008



# Post-traumatic Stress Disorder

Re-experiencing

Avoidance

Increased arousal

# Traumatic Stress

*Traumatic Stress* causes the primal fight or flight or freeze response.

*Traumatic Stress* involves terror, helplessness, horror.

*Traumatic Stress* results in physical sensations -- rapid heart rate, trembling, sense of being in slow motion.

# Trauma Factors

Age

Relational vs non-relational

Relationship between victim and perpetrator

Severity/Duration/Frequency

Protection

Caregiver response

Responsibility and blame

Community or societal response

# Acute Trauma

- Acute Trauma:
  - A traumatic event that overwhelms an individual's ability to cope.
- School shootings
- Gang-related violence in the community
- Terrorist attacks
- Natural disasters (for example, earthquakes, floods, or hurricanes)
- Serious accidents (for example, car or motorcycle crashes)
- Sudden or violent loss of a loved one
- Physical or sexual assault (for example, being beaten, shot, or raped)
  - (National Child Traumatic Stress Network)

# Chronic or Complex Trauma

- Complex Trauma:
  - When the individual experiences multiple or chronic and long-term, adverse traumatic events; most often adolescents will have experienced abuse from caregivers.
  - Some forms of physical abuse
  - Long-standing sexual abuse
  - Domestic violence
  - Wars and other forms of political violence
    - (National Child Traumatic Stress Network)

# Childhood Traumatic Stress

“ Childhood traumatic stress 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.” (National Child Traumatic Stress Network)

# Consequences of Chronic/Complex Trauma

Adolescents may experience dysregulation of their emotions..

Adolescents will make efforts to defend against the recurrence of those emotions

Adolescents will reenact their trauma with others.

# Trauma Symptoms

- Feelings of guilt
- Low self-esteem
- Depression
- Emotional and psychological numbing
- Rumination of the trauma
- Physical symptoms
- Identify with the primary victim
- Rage/Anger
- Unable to differentiate Affect of others
- Self destructive behaviors
- Substance abuse
- Hypervigilant state
- Dissociation
- Sense of helplessness/hopelessness resulting in suicidal ideation
- Belief in early death

# PTSD Prevalence in American Indian/Alaska Native (AI/AN) Populations

- PTSD 22% in American Indian populations (Yellow Horse Brave Heart, 2003).
- 8% in general population (DSM-IV-TR).
- 1.6-6.5% in adolescents (Manson et al., 1996).
  - Children 11-12
  - 100% reported violence exposure
  - 75% clinically significant PTSD symptoms.

# Trauma & Substance Abuse for AI/AN

- In a study of 1660 randomly selected individuals from seven different American Indian tribes, researchers examined the effects of traumatic childhood exposures on alcohol abuse.
- 86% of the participants had been exposed to maltreatment as children.
- 9% of the men and 5% of women met criteria for *alcohol abuse*.
- 30% of men and 18% of women met criteria for *alcohol dependency*.
- Over 50% of the participants also had a parent who abused alcohol.
- Study did not assess PTSD symptoms

# Trauma & Substance Abuse AI/AN Adolescents

- American Indian adolescents in residential treatment for substance abuse (Deters, Novins, Fickenscher, & Beals, 2006).
  - 98% had been exposed to violence
  - 10% met criteria for full PTSD
  - 14% met criteria for sub-threshold PTSD

# Trauma & Suicide for AI/AN Populations

- Depression & PTSD often comorbid (Oquendo et al., 2005; Stein et al., 2003).
  - Co-occurrence of PTSD and depression increases risk for suicidal behavior.
  - Rates of PTSD and depression higher in American Indian populations (Beals et al., 2006).
  - Suicide rates in American Indian populations are one and a half times the rate of suicide in the general population (Olson & Wahab, 2006).

# Trauma & Suicide in AI/AN Adolescents

- Northern Plains Tribes (LeMaster, Beals, Novins, & Manson, 2004).
  - Ages 15-54
  - Females higher prevalence of lifetime suicidal ideation
  - 6.6% of males had at least one suicide attempt during their lifetime
  - 10.7% of females had at least one suicide attempt in their lifetime

# Trauma and Juvenile Justice

- At least 75% of youth involved in the juvenile delinquency system have experienced traumatic victimization, and 11–50% have developed posttraumatic stress disorder (PTSD).
- These rates are up to eight times as high as other community samples of similar-age

# Gender Differences in Juvenile Justice

- Among a sample of juvenile detainees, significantly more males (93.2 percent) than females (84 percent) reported a traumatic experience, but more females met criteria for PTSD
- Among a sample of incarcerated youth, girls were 50 percent more likely to be suffering from PTSD than the equivalent male population

# Impact on School Success

- 50% of victims of child maltreatment will experience serious school problems especially behavior issues.
  - (Putman)
- Adolescents will drop out of school at 3 times the rate of the general population
  - (Focal Point, 2007)

# Impairment in School

- Lower GPA
- Increased drop-out rates
- More suspensions or expulsions
- Decreased reading ability
- Adversely affect memory and attention
- Reduce ability to focus, organize, and process information
- Interfere with effective problem-solving
- Result in overwhelming feelings and frustration towards school

# Resiliency



- Research has shown that 2/3 of children who experience adverse childhood events will grow up and “beat the odds”.
- Adolescents may be resilient in one area in their lives, but not in others
- Resiliency at one developmental phase does not guarantee resiliency at the next.

# Protective Factors

- Variables that buffer children from adversity.
  - Optimistic temperament
  - Intellectual aptitude
  - Social competency
  - Secure attachments
  - Living in supportive families and safe communities

# Protective Factors for AI/AN

- Feeling connected to tribe
- Cultural Identity
- Language
- Ceremony
- Spirituality



# National Native Children's Trauma Center

- Institute for Educational Research and Service

# Trauma-informed and Evidence-based

Using interventions that have scientific base

Using interventions that have positive outcomes --  
reduce symptoms and improve functioning

Funders and other professionals want  
interventions with an evidence-base

# Evidence-based Interventions

Cognitive Behavioral Intervention for  
Trauma in Schools

Trauma Focused Cognitive Behavioral  
Therapy

Children's Domestic Violence Intervention

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# Treating PTSD

- Cognitive Behavioral Therapy (CBT)
  - Provide effective coping skills
  - Combat negative/catastrophic thoughts
  - Effectively process the trauma memory
  - Build Social Problem-solving skills
  - Establish support systems (peers, teachers, parents)

# Treating Traumatic Stress

- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
  - CBITS incorporates aspects of CBT.
  - 10 week treatment protocol.
  - Treats children ages 11-15.
  - Standardized on an immigrant population in the Los Angeles Unified School Districts (LAUSD)

# Creating Trauma-Informed Systems

- Schools
- Mental Health
- Juvenile Justice
- Tribal Courts
- Law Enforcement
- Community



# Does it work?

(We think so)

# NNCTC Study #1

- Do American Indian children and adolescents have CTS symptoms?
- Will CBITS work in a rural American Indian adolescent population?

# Findings

- American Indian children and adolescents do suffer from childhood traumatic stress symptoms.
- CBITS does work to reduce trauma symptoms with American Indian children and adolescents

# Collaborative Research Process of NNCTC

- Multiple institutional participation
  - Invited research by the schools
  - School administration support
- University Institutional Review Board (IRB) approval
- Tribal IRB approval
  - Updates of research
  - Publication approval
- School board approval

# NNCTC Position Paper

- **Our understanding is that:**

**Tribes know the consequences of trauma in their community, therefore they are intensifying their commitment to community, family and individual wellness.**

**Many non-tribal mental health service providers and treatment models minimize the value of tribal holistic practices.**

**In the past, tribes have been exploited by universities and other institutional researchers.**

**Potential risk continues to exist amongst well-intentioned but culturally uninformed researchers and universities.**

**Tribes exist as sovereign nations therefore they carry the responsibility to determine the type of research that serves tribal members.**

***Any research products or outcomes (e.g., data, intellectual property) are owned by the tribe.***

- **Trauma intervention is necessary for and effective with Native American children.**

# NNCTC Position Paper cont.

- **Our position is that:**

**Tribes have the insight and understanding of their specific community needs that will guide appropriate response to trauma.**

**As the National Native Children's Trauma Center, we must come under the guidance of tribes to provide and perform the skill and labor necessary for trauma training, treatment, research, evaluation and adaptation.**

**We have access to specific trauma interventions that have shown good results in treating depression, anxiety, child traumatic stress, suicidality and substance abuse in or with Native American children.**

**Unique tribal values and ways of knowing are integral to the adaptations of widely-used interventions for their own people**

**Institutional and government sponsors must adhere to tribal sovereign rights regarding data.**

**Tribes have the absolute right to protect practices that may be applied as traditional interventions.**

- **Non-native practitioners working in Indian Country need to demonstrate a number of**
- **essential cultural, historical and political understandings that promote wholeness and wellbeing**
- **for the client -in a manner that is congruent with the client's worldview.**

# NNCTC Position Paper cont.

- **Our commitment is to:**

**Respond to tribes' identified community needs for raising the standard of care of children who are experiencing traumatic stress, loss, grief and bereavement.**

- **Follow the guidance of the tribe in establishing a collaborative process for implementing, adapting and evaluating trauma interventions.**

**Continue safeguarding tribal ownership of data that is collected from institutional and government sponsored programs and research.**

**Maintain communication beyond funded projects with regard to project progress, new findings and best practices in Indian Country.**

# NNCTC Study #2

- Assessed violence exposure, PTSD symptoms and depression
- Assessment in reservation middle school
  - Fall of 2007
- Data on GPA collected
- Data on student absentees collected

# Findings

- 94% of children lost someone close to them
  - Social support and hope key resiliency factors
  - Resiliency may be decreased with each losses
  - Childhood Traumatic Stress may be a causal factor in the development of PTSD symptoms in American Indian children

# Findings

- Violence is a predictor of PTSD symptoms.
- Child Traumatic Grief is a stronger predictor of PTSD symptoms.
- Differing etiological factors.
- Grief symptoms had higher correlation with PTSD symptoms than did violence exposure.
- Depression and PTSD symptoms correlated.

# What is Childhood Traumatic Grief?

- Childhood traumatic grief may occur following the death of a loved one when the child perceives the experience as traumatic.
- Intrusive memories about the death interfere with normal grieving process.
- Avoidance and numbing
- Physical and emotional symptoms of increased arousal.

# Grieving Process

- The normal grieving process consists of:
  - acceptance of the death
  - coping with emotions related to the loss
  - enhancing the social support network to help with coping
  - developing new relationships
  - pleasant memories of the loved one
  - creating meaning and understanding of the loss
  - continued development

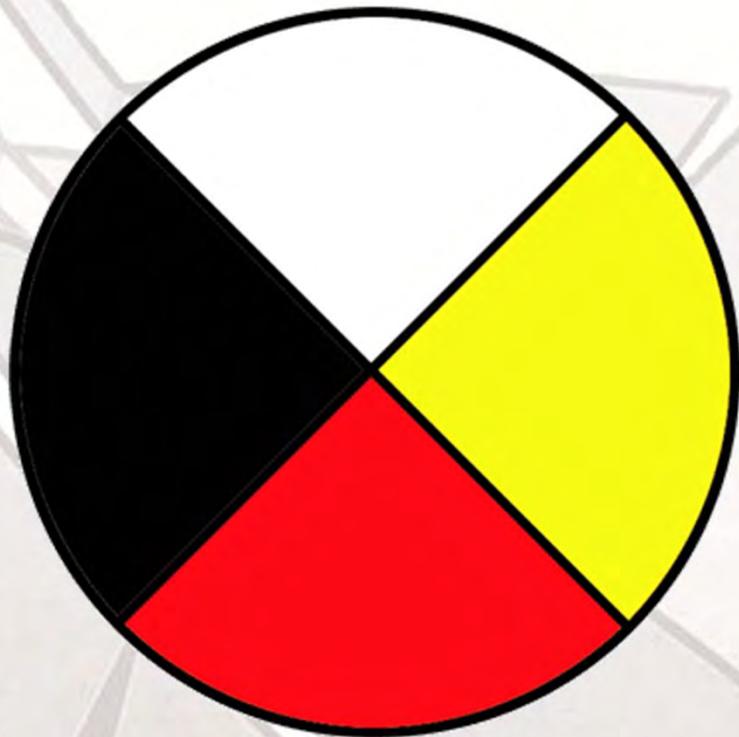
# Study #3

- Treating Trauma to reduce symptoms that contribute to Substance Abuse in adolescents with consequence of negative contact with law enforcement.
- Currently underway

# Study #4

- Field Initiated Research Evaluation (FIRE)
- Community Based Participatory Research
  - Tribal Elders
  - Youth
  - Community
  - Defining origins of violence
  - Defining Assiniboine and Sioux adolescent wellness

# Conclusion



- We cannot ignore the implications of trauma in our children, families and communities.
- The human cost in quality life for American Indians requires us to take action to address childhood trauma
- Evidence-based interventions can make a difference
- Tribes can make a difference
- You can make a difference

# Crisis Hotline Numbers

Suicide Prevention Lifeline Number:

- 1-800-273-TALK (8255)

National Domestic Violence Hotline:

- 1-800-799-SAFE (7233) or TTY 1-800-787-3224

National Child Abuse Hotline:

- 1-800-4-A-CHILD

Sexual Assault Hotline:

- 1-800-262-9800

# Thank You!

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