Workshop on Integrating Measures of Trauma into SAMHSA's Data Collection Programs

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Reporting Child and Adolescent Exposures

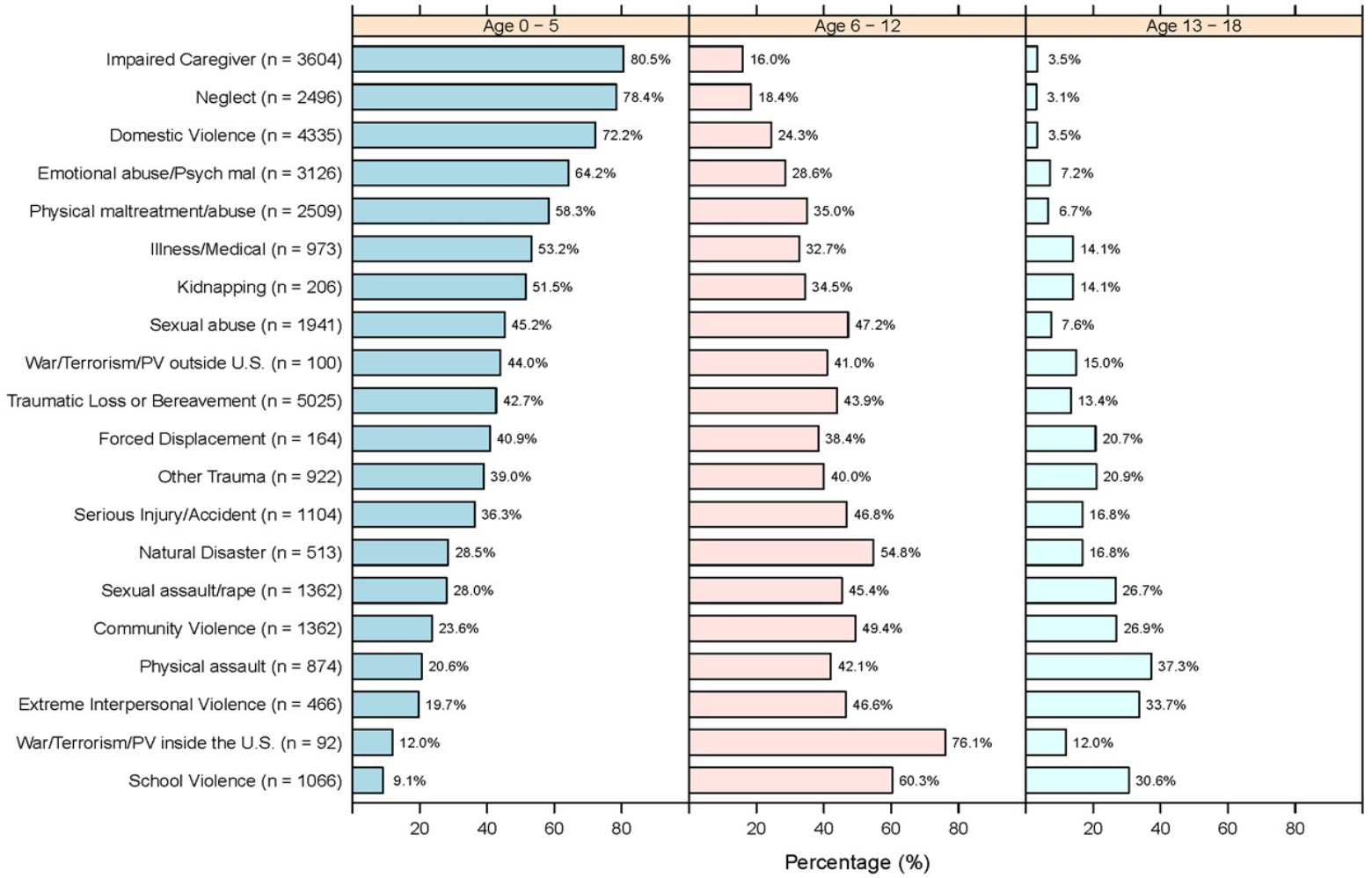
- Definitions of Trauma Exposures Across Range/Types
  - Critical: How Questions are phrased
- How Broad the Range?
    - UCLA PTSD Reaction Index Trauma History Profile, adapted for NCTSN Core Data Set (19,088 children and adolescents) - 23 Trauma Types *
  - Key Issue: Witnessing as Critical Form of Exposure in Childhood and Adolescence
  - Bereavement: Traumatic circumstances/death of primary caregiver among younger children
  - Characterizing Exposure Groups by Trauma Specifics Details
    - Oversampling of Relatively Infrequent , but High Level of Exposure?

* (Pynoos & Steinberg, 2014) http://oip.ucla.edu/marketplace

Developmental Epidemiology of Exposure

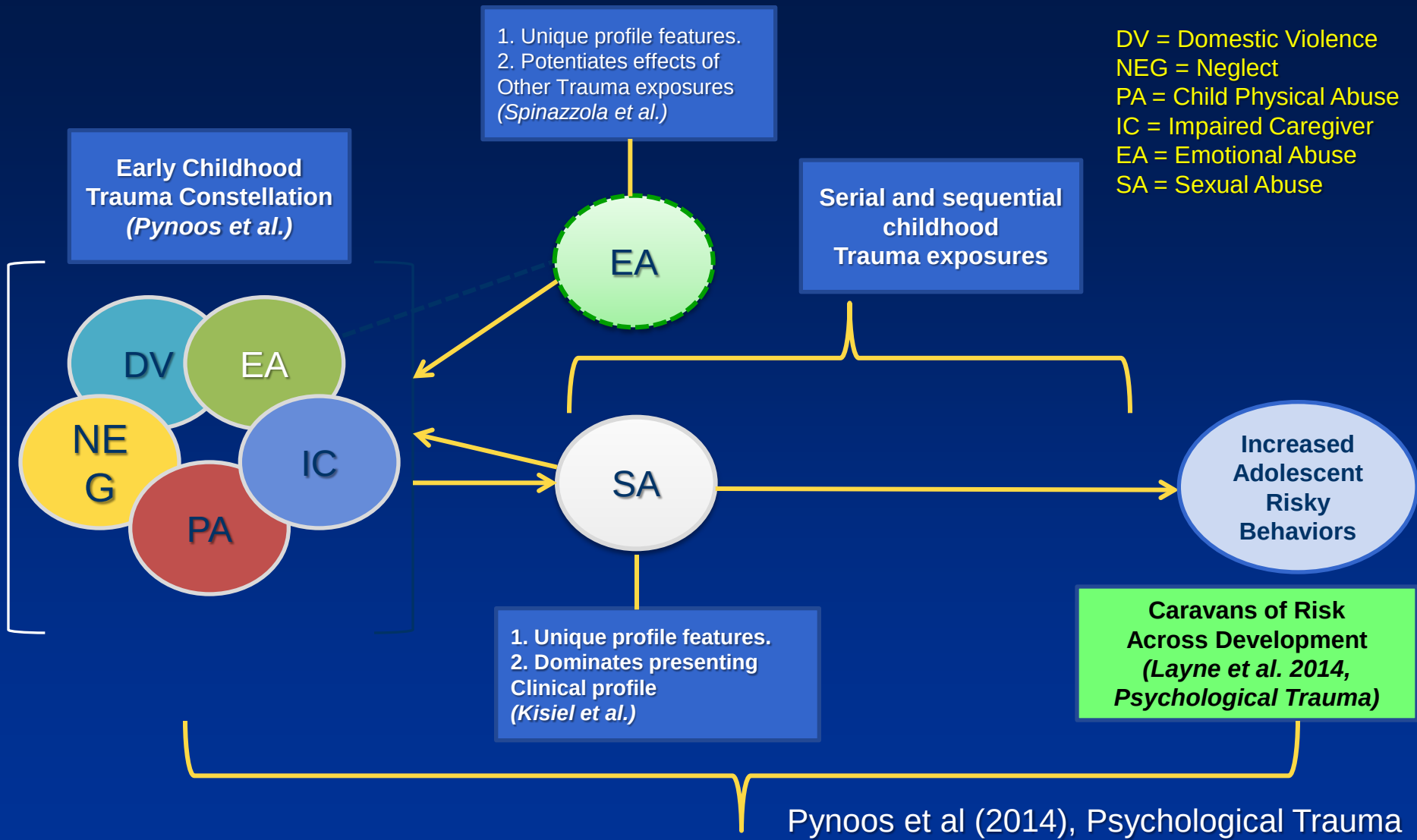
- Co-Occurrence in Early Childhood
  - Learned to Ask Specifically About Associated Exposure Risks:
    - Dog bites; Serious Burns; Near Drownings
- Adolescent: Changing Exposure Configuration
  - Driver/passenger in fatal car accident; witnessing gang-rape; criminal victimization; trafficking;
- Sequencing
- Risk Caravan

Modeling the Developmental Epidemiology by Age of Onset of Trauma




Trauma History Timeline
Age In Years
Trauma Information
0
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
Unk
Sexual Maltreatment/Abuse
Sexual Assault/Rape
Physical Maltreatment/Abuse
Physical Assault
Emotional Abuse/Psychological Maltreatment
Neglect
Domestic Violence
War/Terrorism/Political Violence Inside U.S.
War/Terrorism/Political Violence Outside U.S.
Illness/Medical
Serious Injury/Accident
Natural Disaster
Kidnapping
Bereavement
Forced Displacement
Impaired Caregiver
Extreme Interpersonal Violence (not reported elsewhere)
Community Violence (not reported elsewhere)
School Violence (not reported elsewhere)
Other Trauma (not reported elsewhere)

The Trauma History Profiles: Unpacking Exposure & Outcome Trajectory



Pynoos et al (2014), Psychological Trauma

Gateway Questions vs. Systematic Review of Trauma Exposure

- Lifetime or Current/How old were you?

Vs. Benchmarked Against Developmental Periods

(e.g., when you were little/before you went to school, in elementary school, junior high school, high school

- On-line vs. telephone reporting of exposure by adolescents

Selecting Trauma Exposure(s) for Symptom Response Questions

- All Traumas combined, most recent, identify as the worst?

- Hierarchy of Events with Adolescence
  - From Adolescent period
  - From earlier in childhood

Child and Adolescent Reporting of PTSD Symptoms

- 12-18 can reliably self-report full range (down to age 8)
- DSM IV –
  - Development Features:
    - B. Most common symptom endorsement is reactivity to reminders
      - Flashbacks – rare
      - Reenactment play can be without distress
    - C. Problematic and reason many children did not meet diagnostic criteria
      - Numbness: Children unable to describe
      - Avoidance -More likely endorse "try not to talk about it"
      - Avoidance of activities, places, people - not always a choice
      - Why DSM-5 has "effort to avoid" and associated behavior (e.g., tantrum)
    - D. Sleep –Issue of Restless sleep, reported by others – Wake up tired?
  - Symptom profile changes from children to adolescents

DSM-5 Issues for Child/Adolescent Reporting

- Wording of new symptom items (D and E) for Children and Adolescents
  - Negative emotions
  - Trauma-related negative beliefs or expectations
  - Irritable and aggressive behavior
  - Reckless or self-destructive behavior
- Symptom profile for age 6 and younger
  - How do you formulate questions for adolescents when reported traumas include ones before age 6?
- Dissociative subtype: Careful development wording is required

DSM-5 Issues for Child/Adolescent Reporting

- CAPS-CA and UCLA PTSD Reaction Index for DSM-5
- Establishing Symptom Presence
  - Using Pictorial Tools as Anchors
    - to get reliable frequency in days per month via a calendar (vs. number of times) and degree of intensity (how much bothers the adolescent) via a filled glass
  - Determining a cut-off for counting a symptom present

Proxy Symptom Question for Some Level of Lifetime PTSD symptoms following trauma event exposure: How well does it work with Children and Adolescents?

Functional Impairment

- What does functional impairment mean in children and adolescents and how to ask about it?
- Developmental Delays and Impairments
  - Avoidant behavior may lead to restricted play or exploratory behavior in young children; reduced participation in new activities; or reluctance to pursue developmental opportunities in adolescents (e.g., dating, driving)
- Developmental Accelerations

Clinical vs. Subclinical in Children and Adolescents

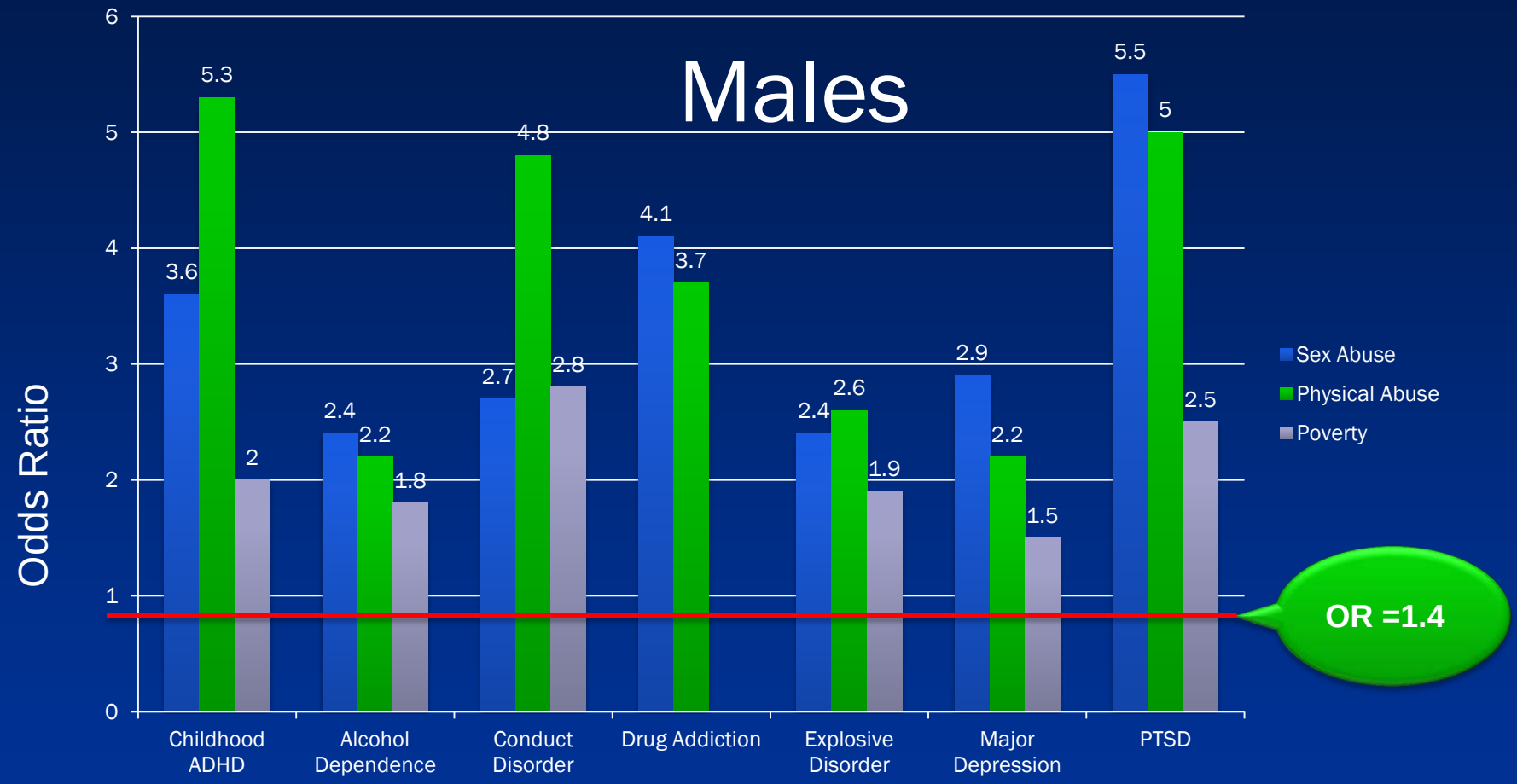
- NCTSN Core Data Set suggests that among adolescents that have had multiple traumas earlier in childhood, majority have subclinical levels of PTSD that are associated with major functional impairments
- In terms of the MHSS methodology, in contrast to NESARC, by self-report children and adolescents who meet only B and D have significant functional impairment, and clusters of symptoms may have different causal relations (risky behavior, health consequence).

Co-Morbid Issues in Children and Adolescents

- Separation Anxiety Disorder in Adolescents following Disaster or Terrorism

- Death exposures in Adolescence and Substance Abuse,
  - Persistent Complex Bereavement Disorder
    - UCLA PCBD Checklist for Children and Adolescents
    - Associated Suicidal Ideation
- Issue of multiple co-morbid conditions among adolescents with complex trauma histories
  - “Developmental Trauma Disorder”

Sexual abuse, Physical Abuse and Poverty each Increase Risk for Mental Health Problems



National Comorbidity Survey-R N=2382

Putnam, Harris, Putnam, JOTS 2013

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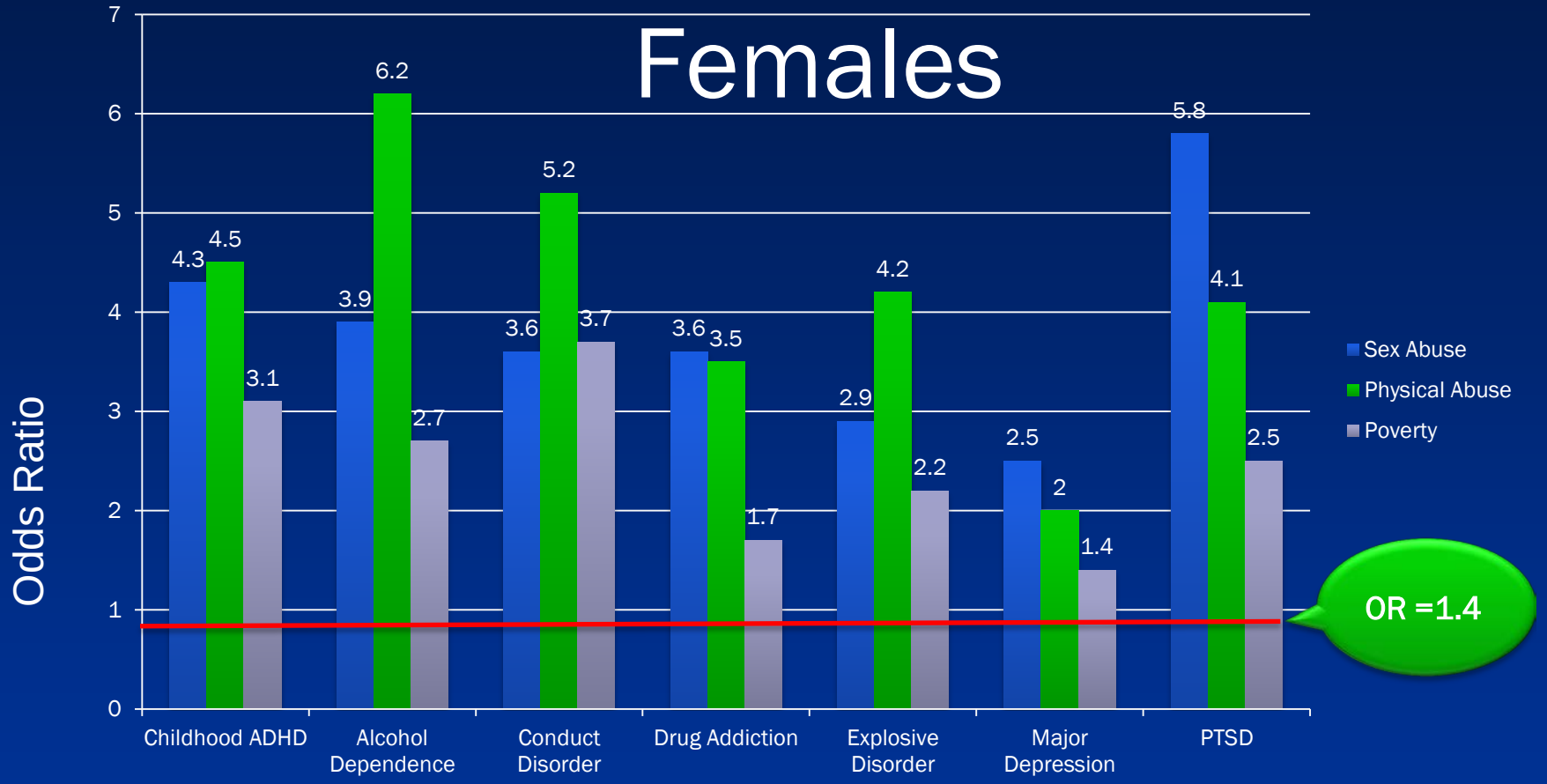

National Comorbidity Survey-R N= 3310

Putnam, Harris, Putnam, JOTS 2013