

Victimization and Trauma Among Adolescents Presenting for Substance Abuse Treatment

SUMMER EXPERT PANEL MEETING

ADOLESCENT TRAUMA & SUBSTANCE ABUSE

June 20-21, 2005

Radisson Hotel Boston



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

www.samhsa.gov

Goals of this Presentation



- Demonstrate the feasibility of measuring victimization at intake with the Global Appraisal of Individual Needs' (GAIN) General Victimization Scale (GVS).
- Show that victimization is common and varies in severity.
- Examine the how the severity of victimization (measured with GVS) is correlated with level of care, demographic characteristics, substance use severity, relapse potential, HIV risk, mental health, and crime/violence.
- Examine the implications of traumatic victimization for treatment outcome and matching.

Introduction

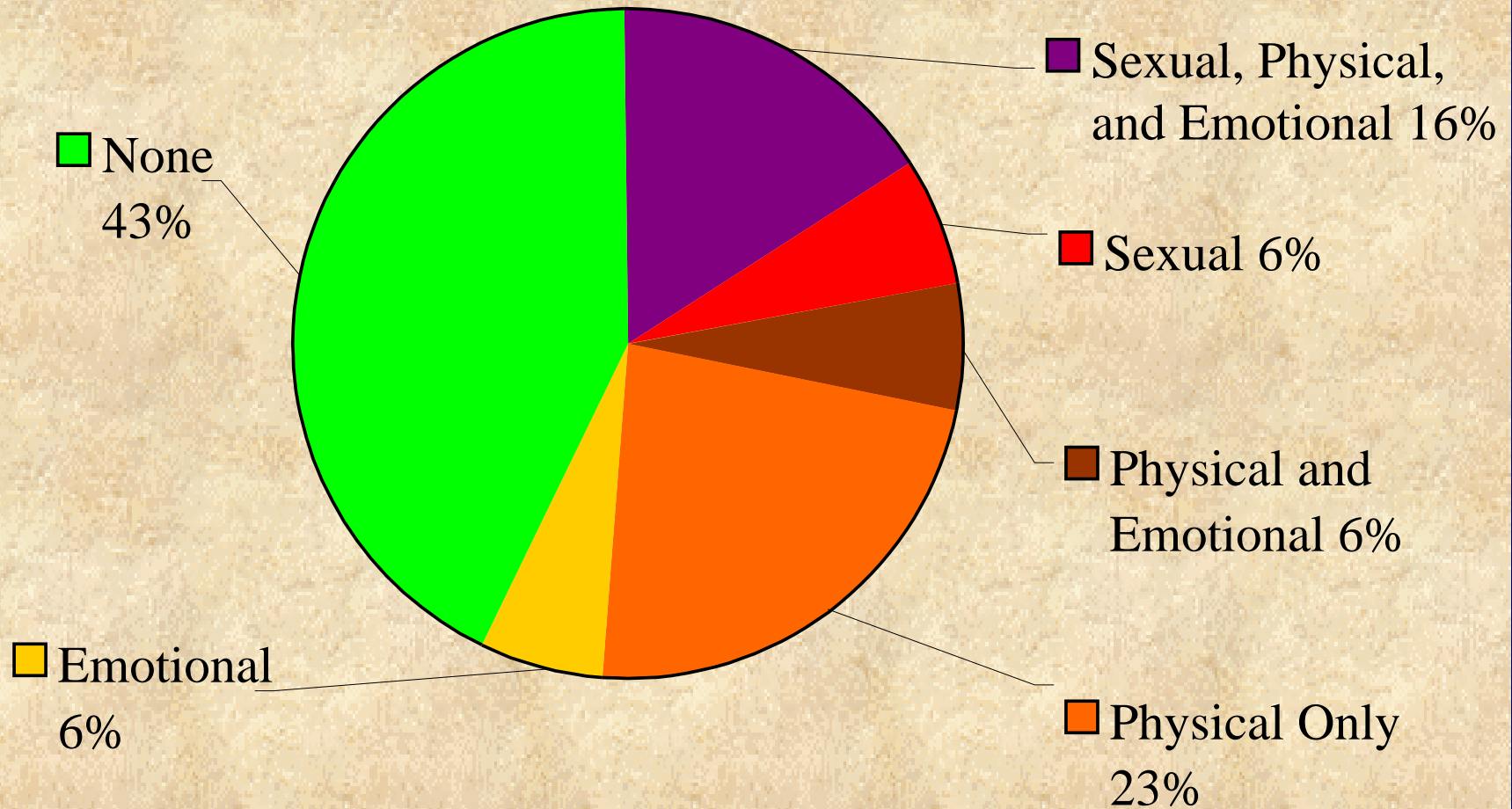


- Victimization (including physical, sexual, and emotional abuse) is the norm for adolescents presenting to substance abuse treatment.
- Yet, staff often express concerns that they do not have the tools for screening; that screening might disrupt rapport (leading to early drop out or mandated reporting) and that they lack the resources to do anything about victimization.
- This is at odds with expert recommendations (CSAT, 1993, 1999, 2000; Dennis and Stevens, 2003; Dennis, 2004) that have consistently encouraged early systematic screening and intervention among adolescents entering substance abuse treatment.

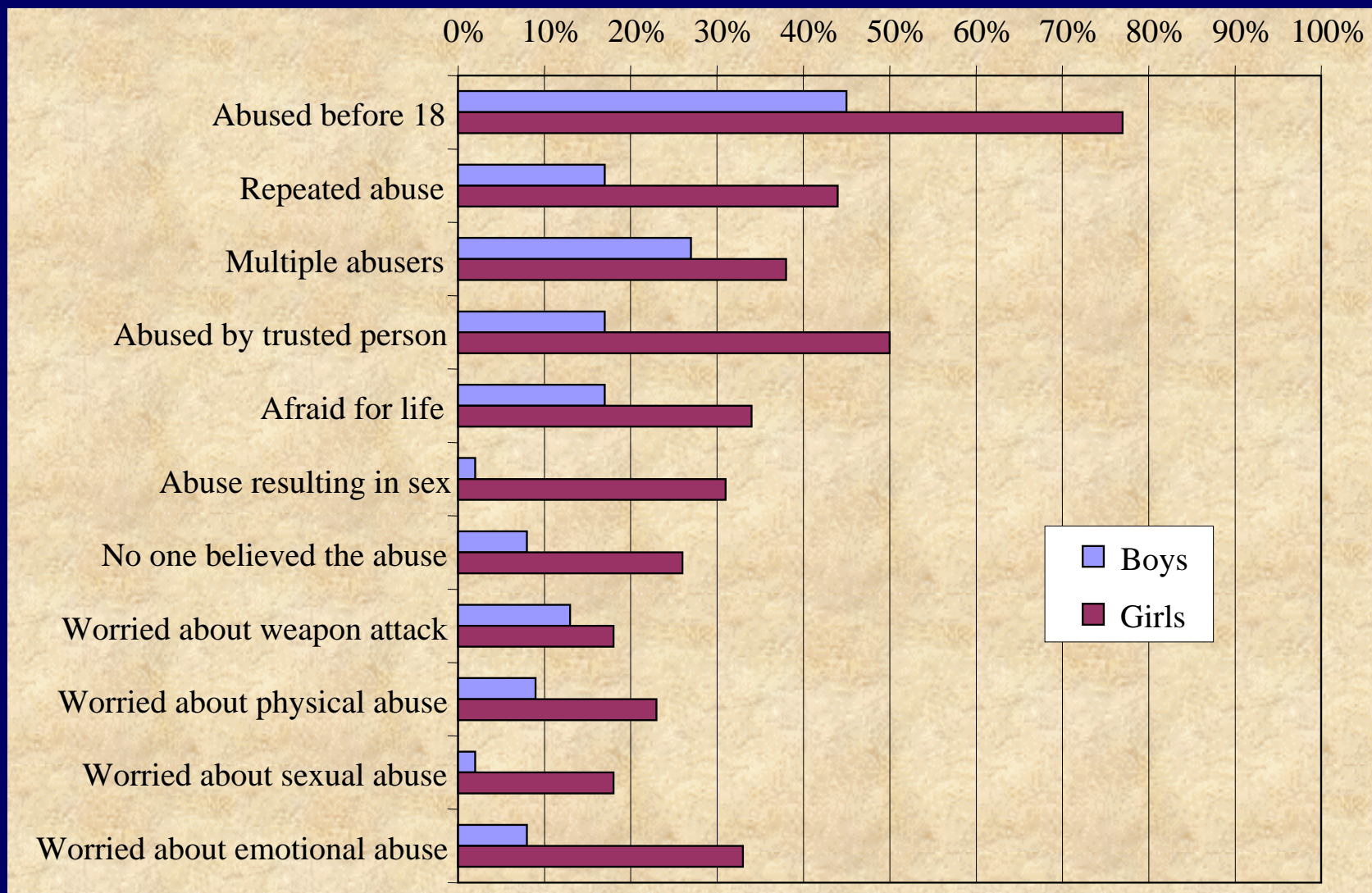
Prevalence Rates of Victimization

- It is estimated that 826,000 to 3,000,000 (3-12%) adolescents (age 12 to 17) have been victimized (HHS, 2001; Sedlack and Broadhurst, 1996).
- Among adolescents presenting for substance abuse treatment, the rates ranged from 40 to 80% Cvarying by gender, timing, definition, and level of care (Dennis and Stevens, 2003).
 - 39% of males and 59% of females acknowledged a lifetime history of physical or sexual victimization when interviewed a few questions in DATOS-A a month after intake (Grella and Joshi, 2003).
 - 48% of the males and 80% of the females acknowledged a lifetime history of physical, sexual, or emotional victimization when interviewed with the GAIN at intake (Titus, Dennis, White, Scott and Funk, 2003).

Multiple Types of Victimization Measured by the GAIN's GVS



Additional Traumatogenic Factors Measured by GVS



Source: Titus et al, 2003

*All significant at $p < .05$

CSAT Adolescent Treatment (AT) Programs Reordered by Level of Care and Severity

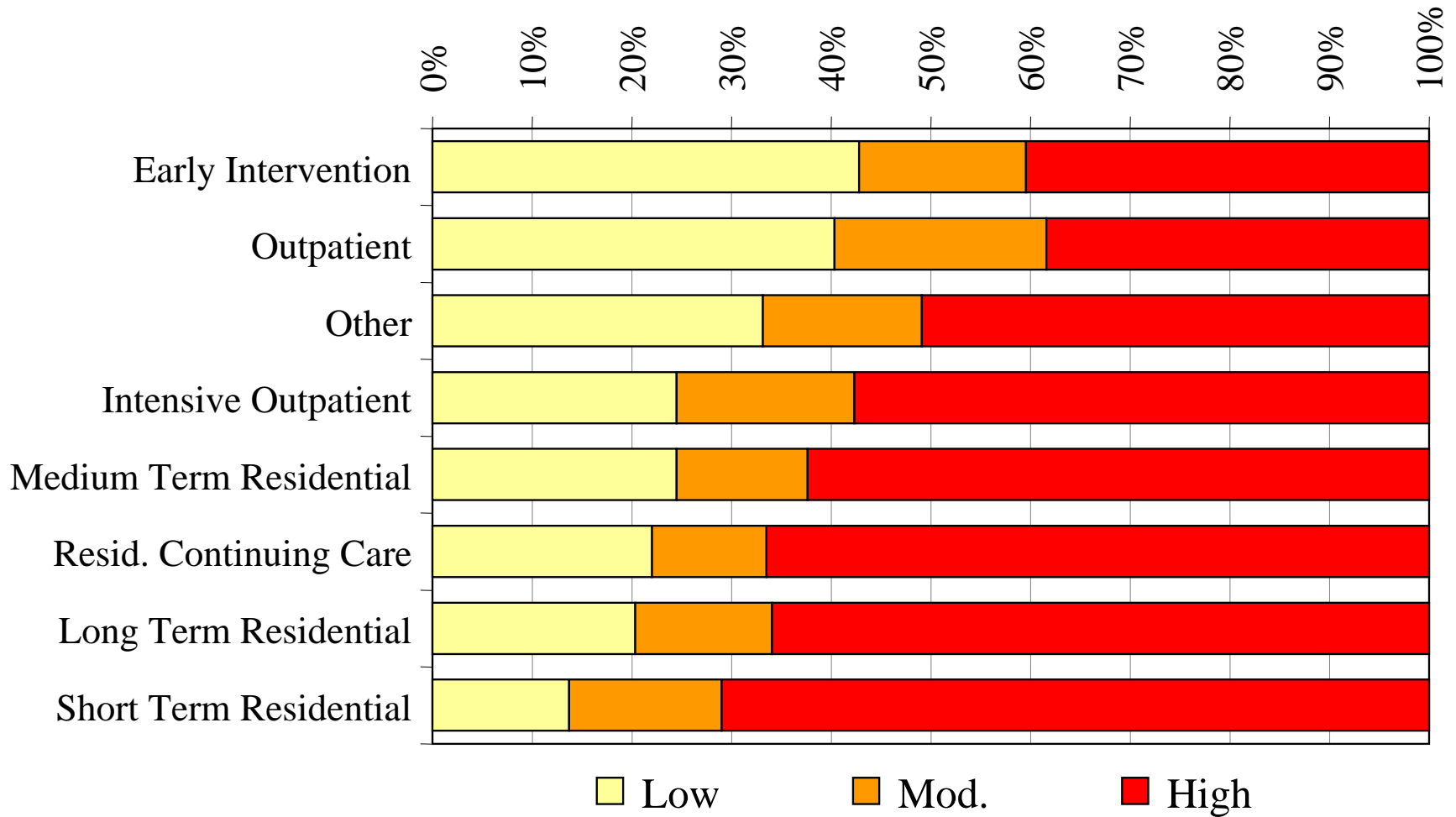
- **EAT: Effective Adolescent Treatment (2003-2007; n=975)** replicating the CYT MET/CBT intervention in early intervention, school and outpatient settings (22 of 36 grants: Bradley, Brown, Clayton, Curry, Davis, Dillon, Dodge, Kressler, Kincaid, Levine, Levy, Locario, Mason, Moore, Rajae-Moore, Paull, Payton, Rezende, Taylor, Tims, Turner, Vincent)
- **CYT: Cannabis Youth Treatment (1997-2001; n=600)** Experiments with adolescent outpatient/intensive outpatient (5 grants: Babor, Dennis, Diamond, Godley, Tims)
- **TCE: Targeted Capacity Expansion (2002-2007; n=189)** evaluation of intensive outpatient programs and some residential treatment (2 of 12 grants: Tims, Lloyd)
- **SCY: Strengthening Communities-Youth (2002-2007; n=1120)** evaluations of early intervention, outpatient, intensive outpatient and some residential (11 of 12 grants: Beach, Bolland, Dahl, Gerstel, Godley, Hall, Hutchinson, Keehn, Murphy, Noonan, Panzarella)
- **ATM: Adolescent Treatment Model (1998-2002; n=1468)** evaluations of outpatient, short and long term residential (10 grants: Battjes, Fishman, Godley, Liddle, Morral, Perry, Sabin, Shane, Stevens-2)
- **ART: Adolescent Residential Treatment (2003-2006; n=1179)** evaluations of residential treatment enhancements and continuing care (17 grants: Beach, Fishman, Flores, Gay, Gnazzo, Hatch, Hurtig, Lane, Law, Manov, May, Miley, Nordquist, Snipes, Urquahart, Whitmore, Zammarelli)

CSAT AT Program Common Data Set



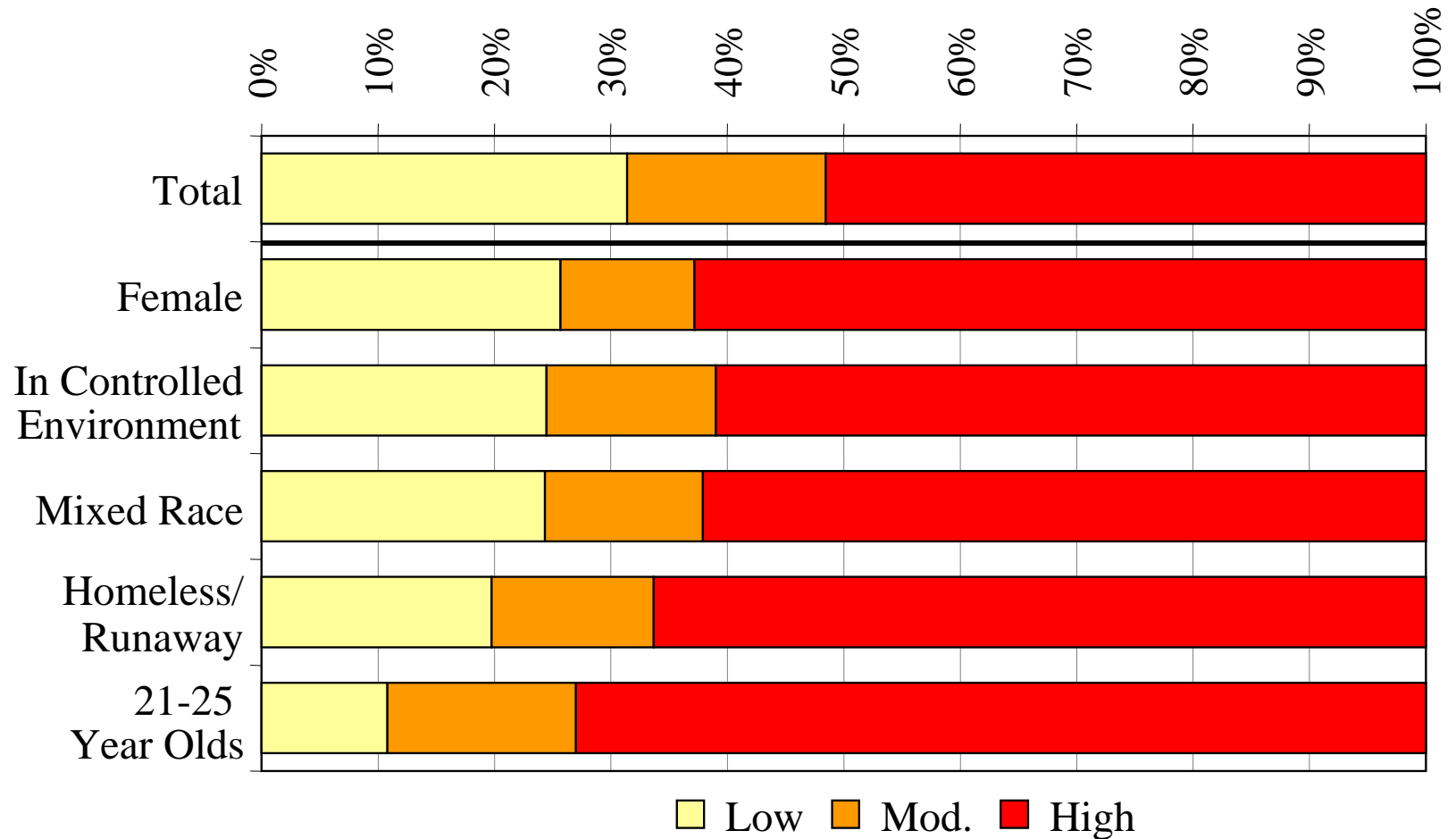
- **The working CSAT adolescent treatment data set, including data on over 6,000 adolescents from 67 local evaluations.**
- **All data collected with the GAIN using centrally-trained and certified staff.**
- **Outcome data through 12 months available on over 90% of CYT and ATM clients, and over 80% of others “due” in on-going programs.**
- **Programs include several standardized protocols, based on both research and practice (ACC, ACRA, ATM, FFT, FSN, Matrix, MET/CBT, MDFT).**

GVS Goes Up With Level of Care



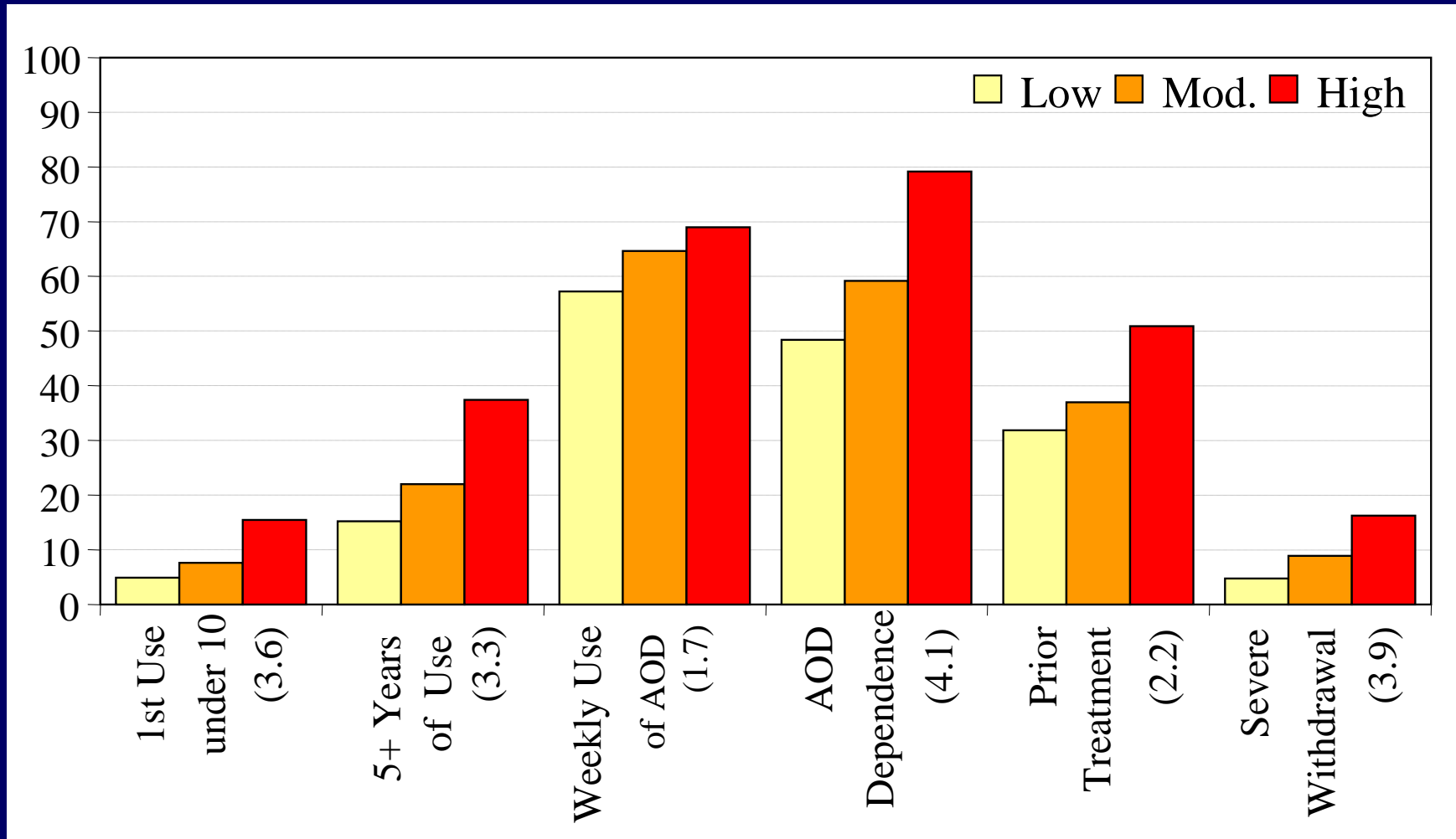
Source: CSAT AT Common GAIN Data Set

GVS Goes Up With Several Characteristics



Source: CSAT AT Common GAIN Data Set

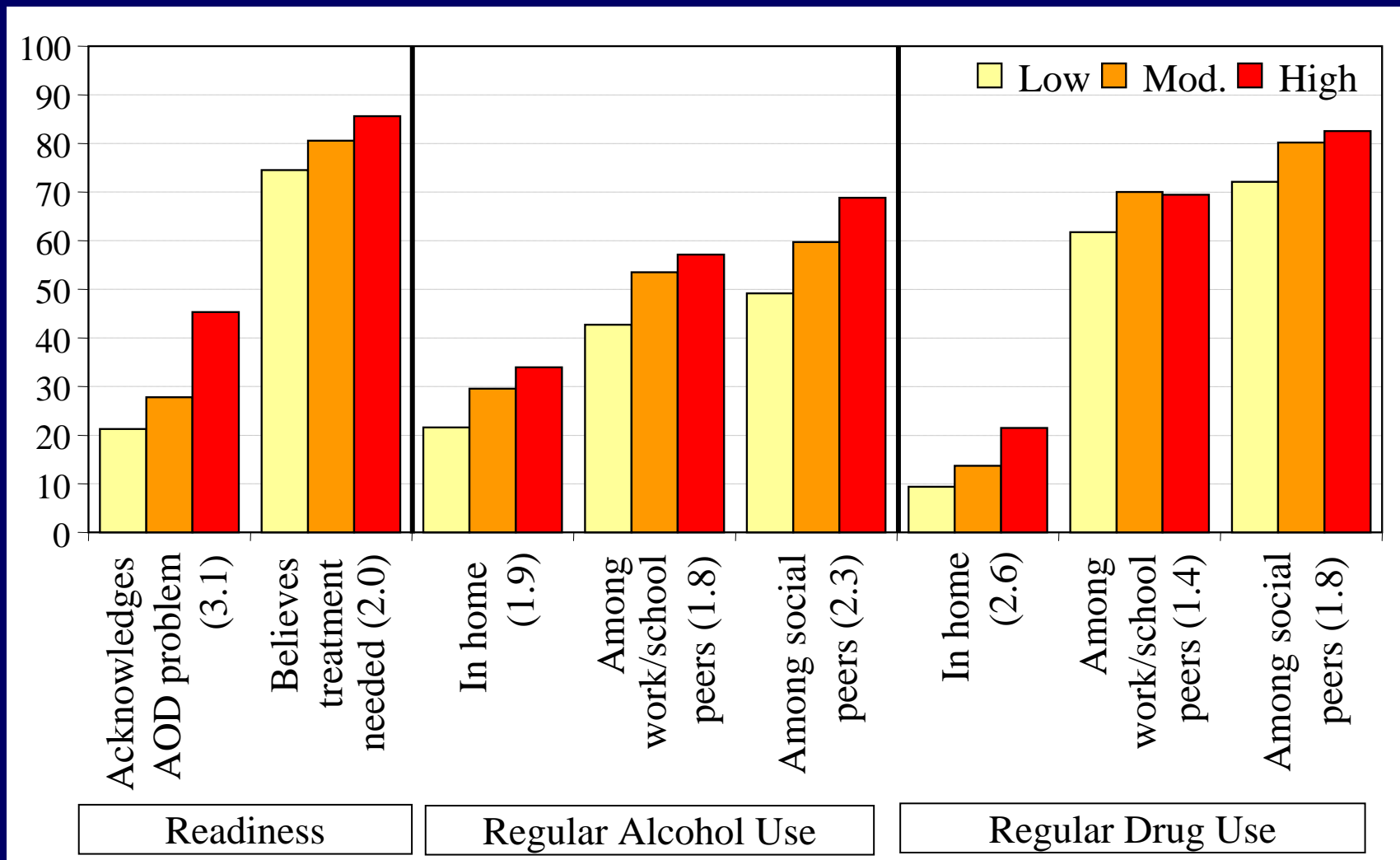
GVS Predicts Higher Substance Use Severity in Multiple Measures



Source: CSAT AT Common GAIN Data Set

(Odds Ratios: odds for High over odds for Low)

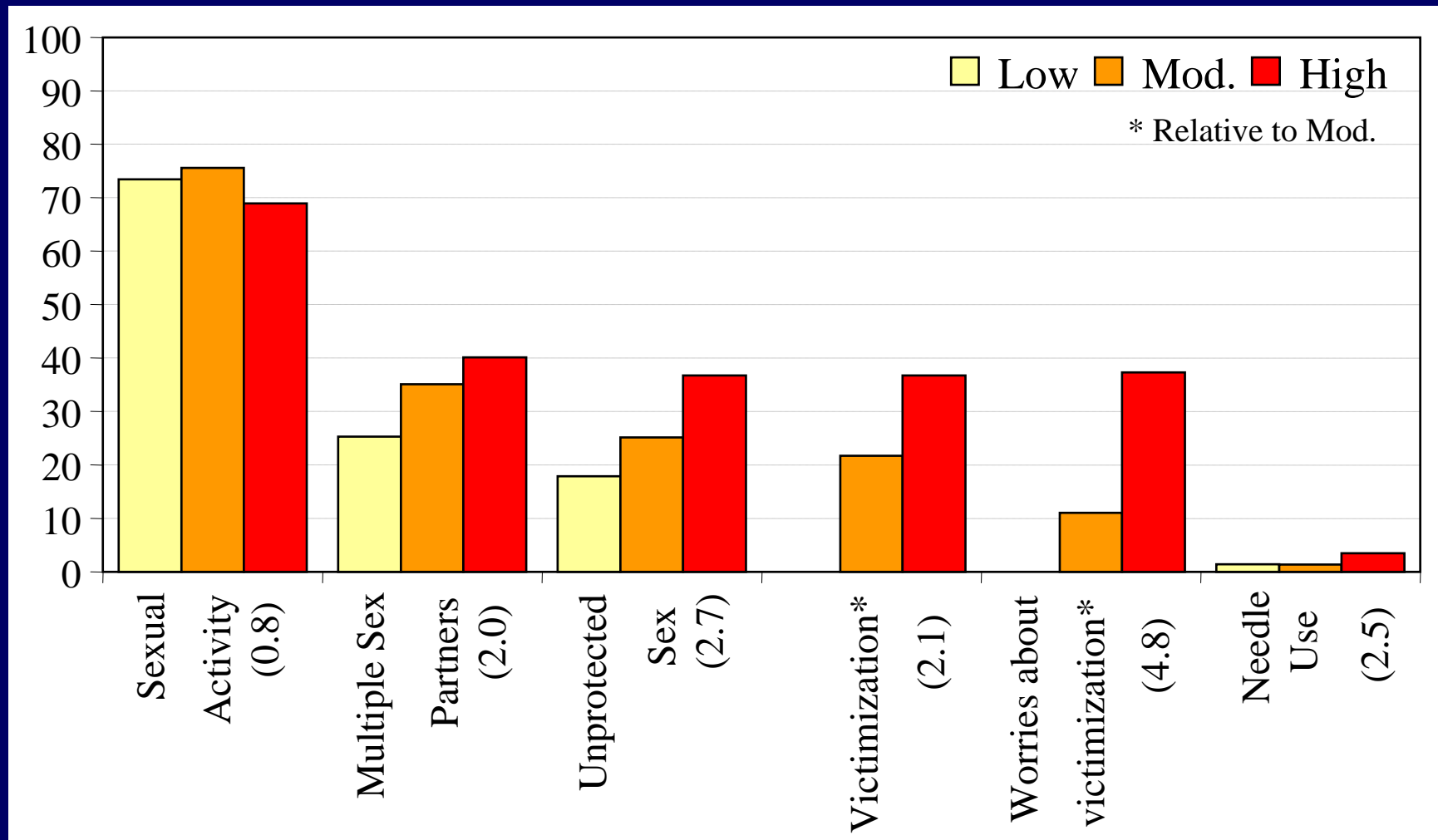
GVS Predicts Greater Readiness to Change, but Higher Relapse Risks



Source: CSAT AT Common GAIN Data Set

(Odds Ratios: odds for High over odds for Low)

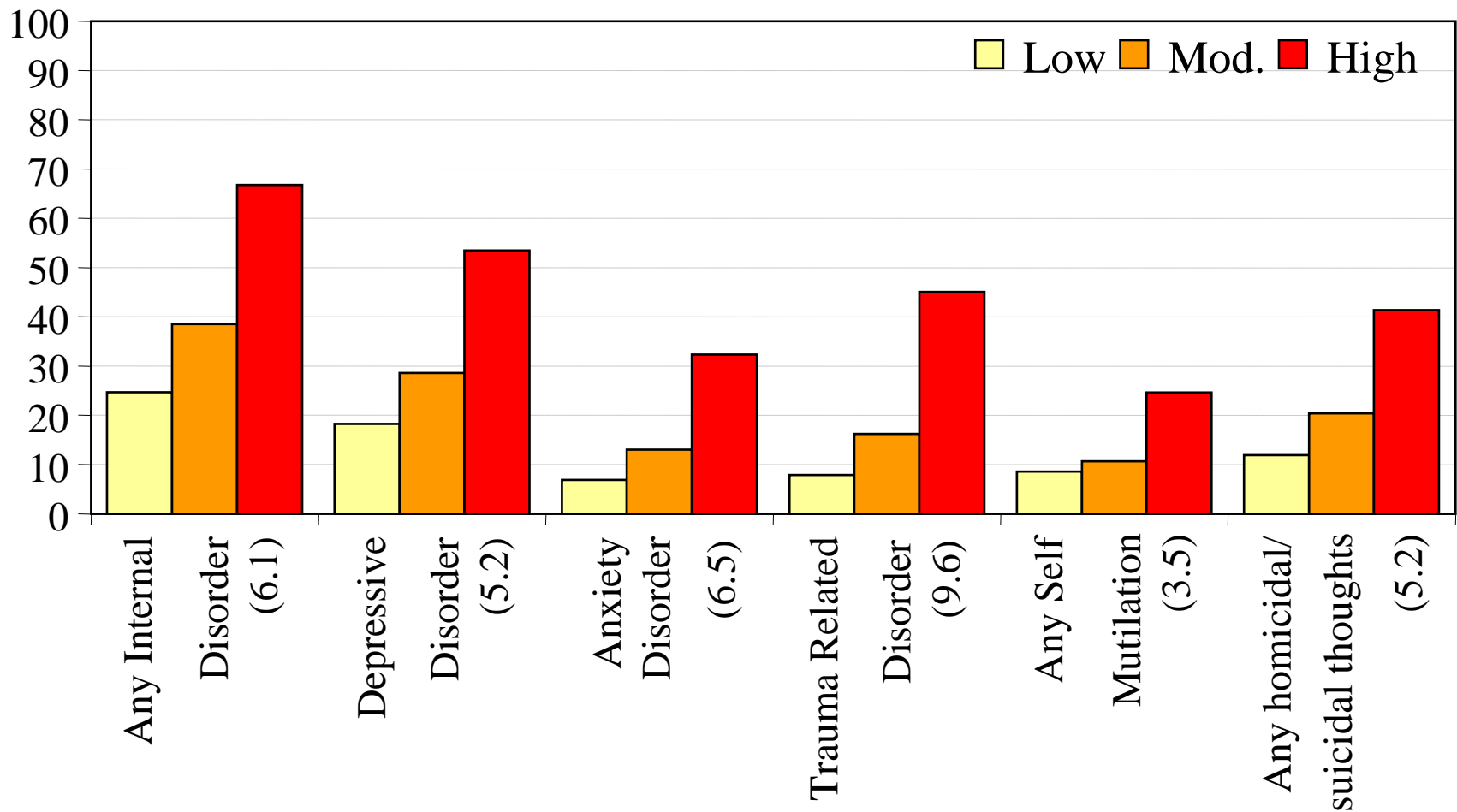
GVS Predicts Higher HIV/STI Risk in the 90 Days Before Intake



Source: CSAT AT Common GAIN Data Set

(Odds Ratios: odds for High over odds for Low)

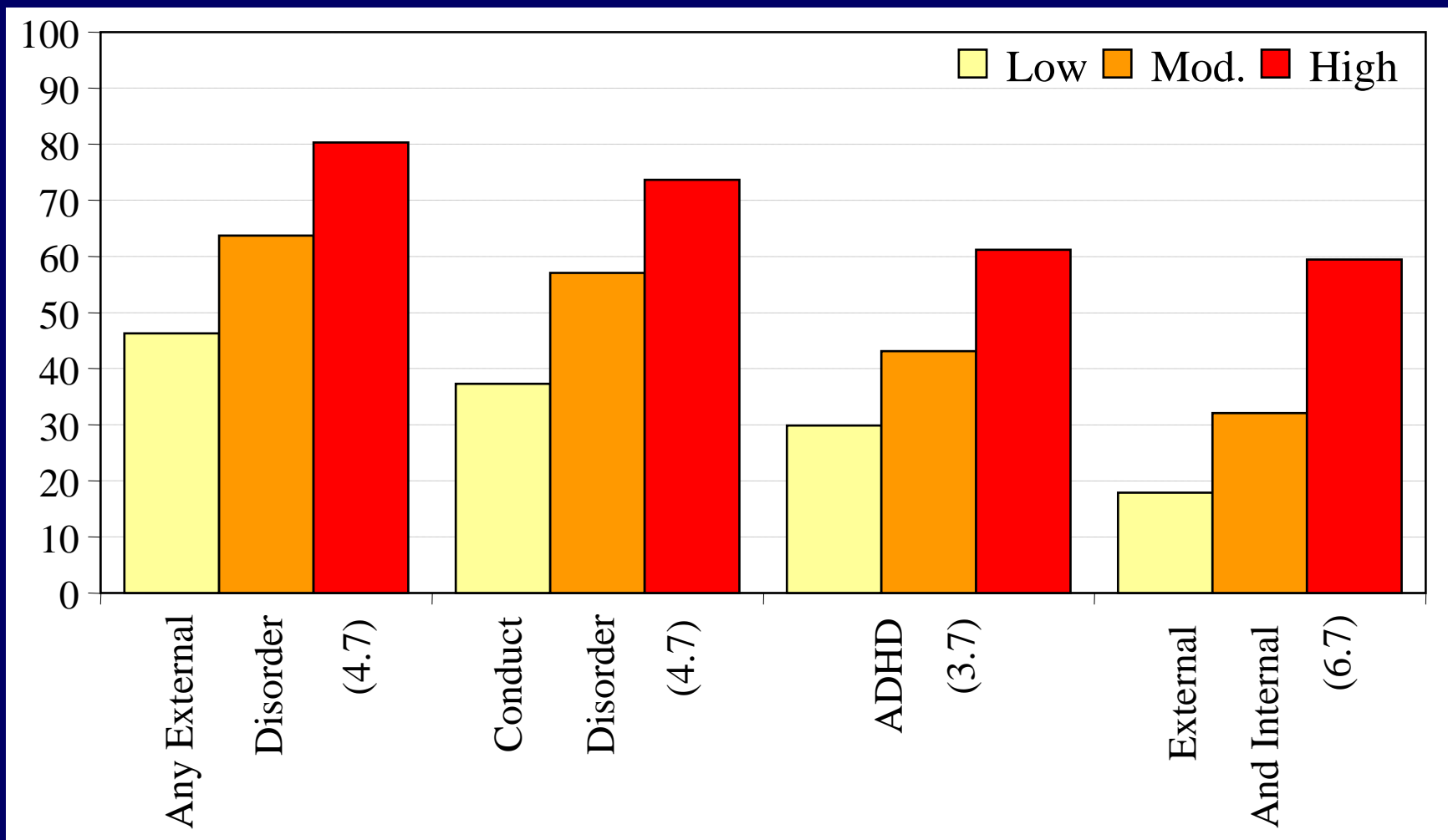
GVS Has Its Strongest Relationship with Internal Disorders



Source: CSAT AT Common GAIN Data Set

(Odds Ratios: odds for High over odds for Low)

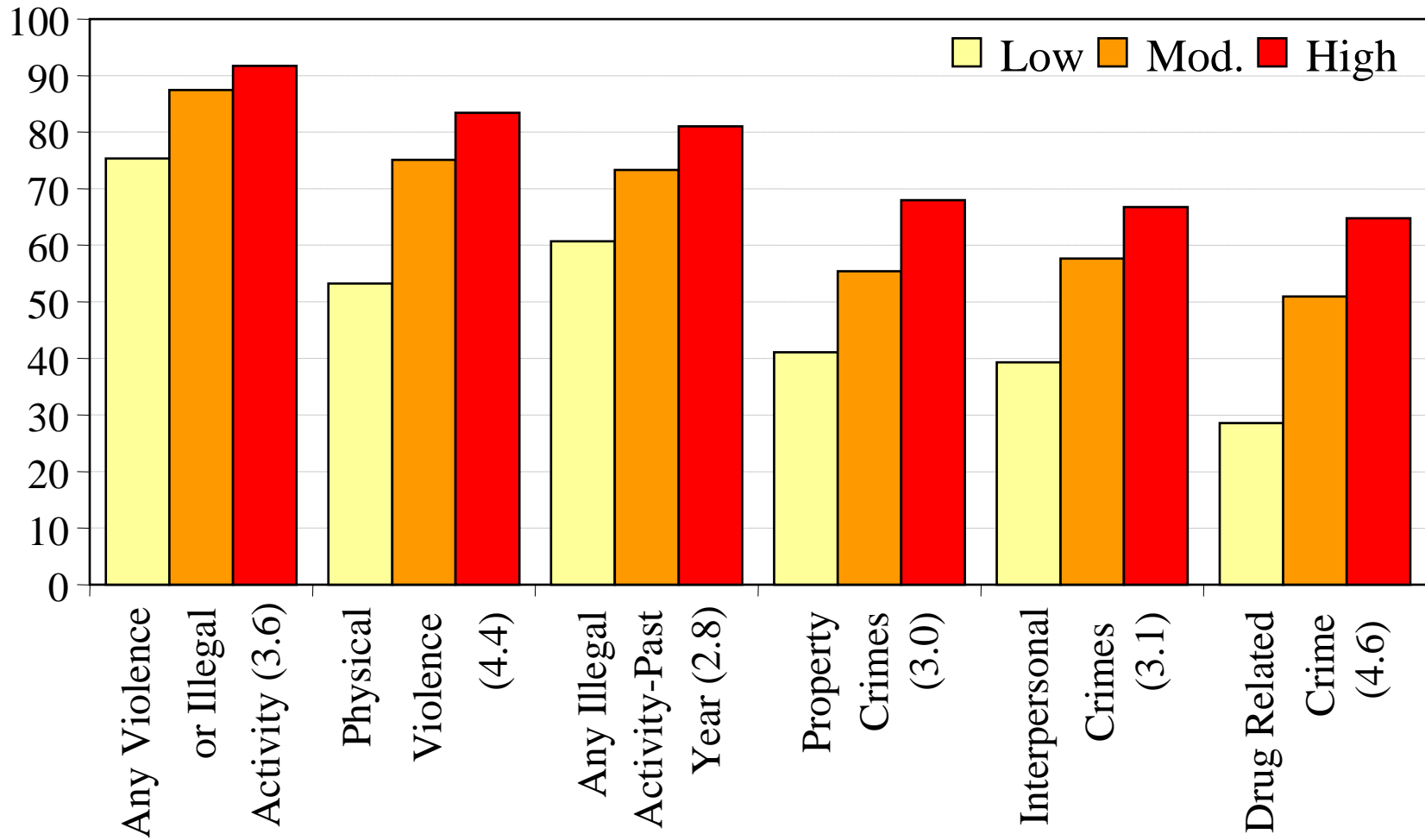
GVS is also Related to External/Impulse Control Disorders



Source: CSAT AT Common GAIN Data Set

(Odds Ratios: odds for High over odds for Low)

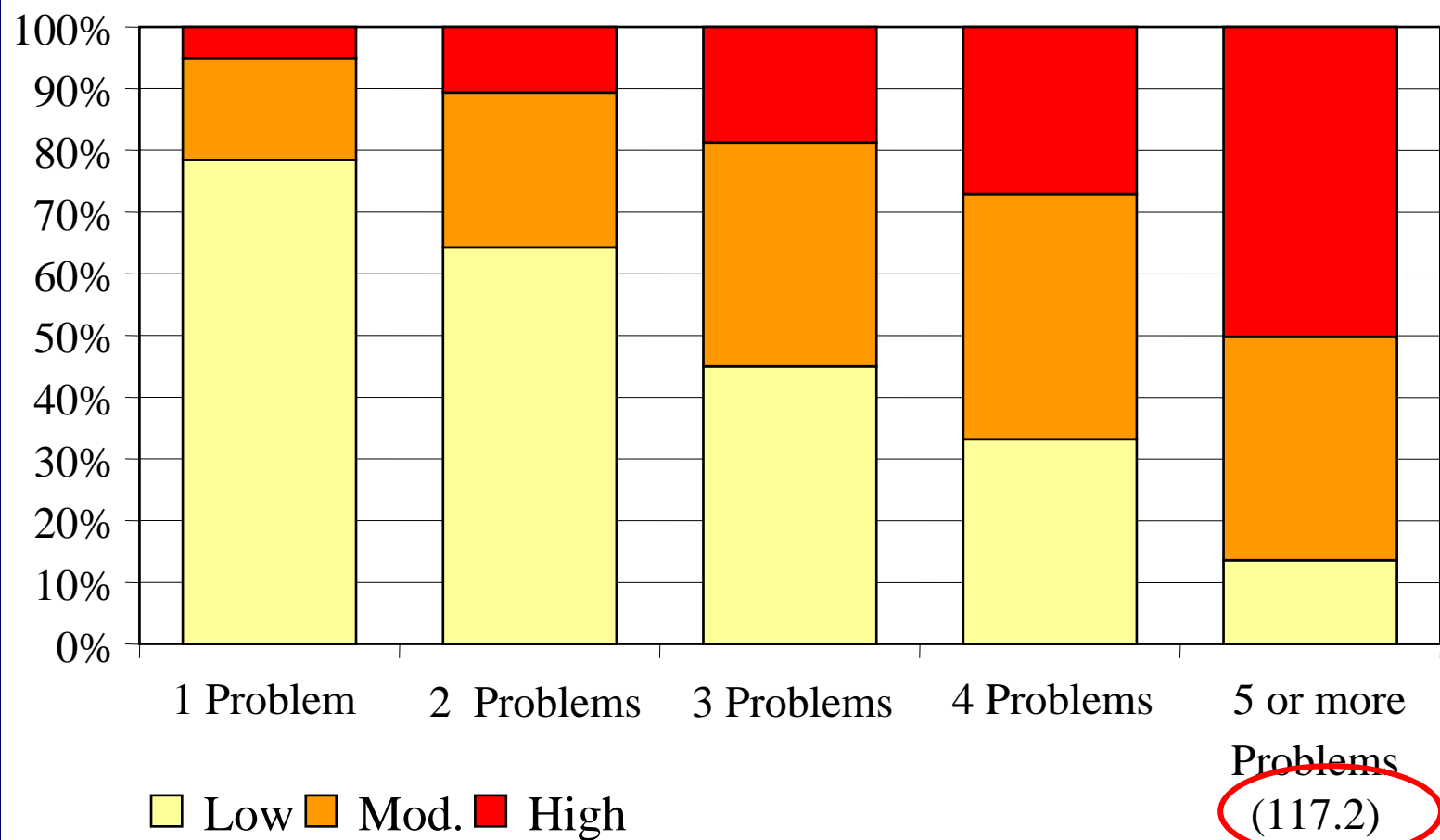
GVS is also Related to Crime and Violence



Source: CSAT AT Common GAIN Data Set

(Odds Ratios: odds for High over odds for Low)

GVS is Consequently Related to the Total Number of Major Problems*

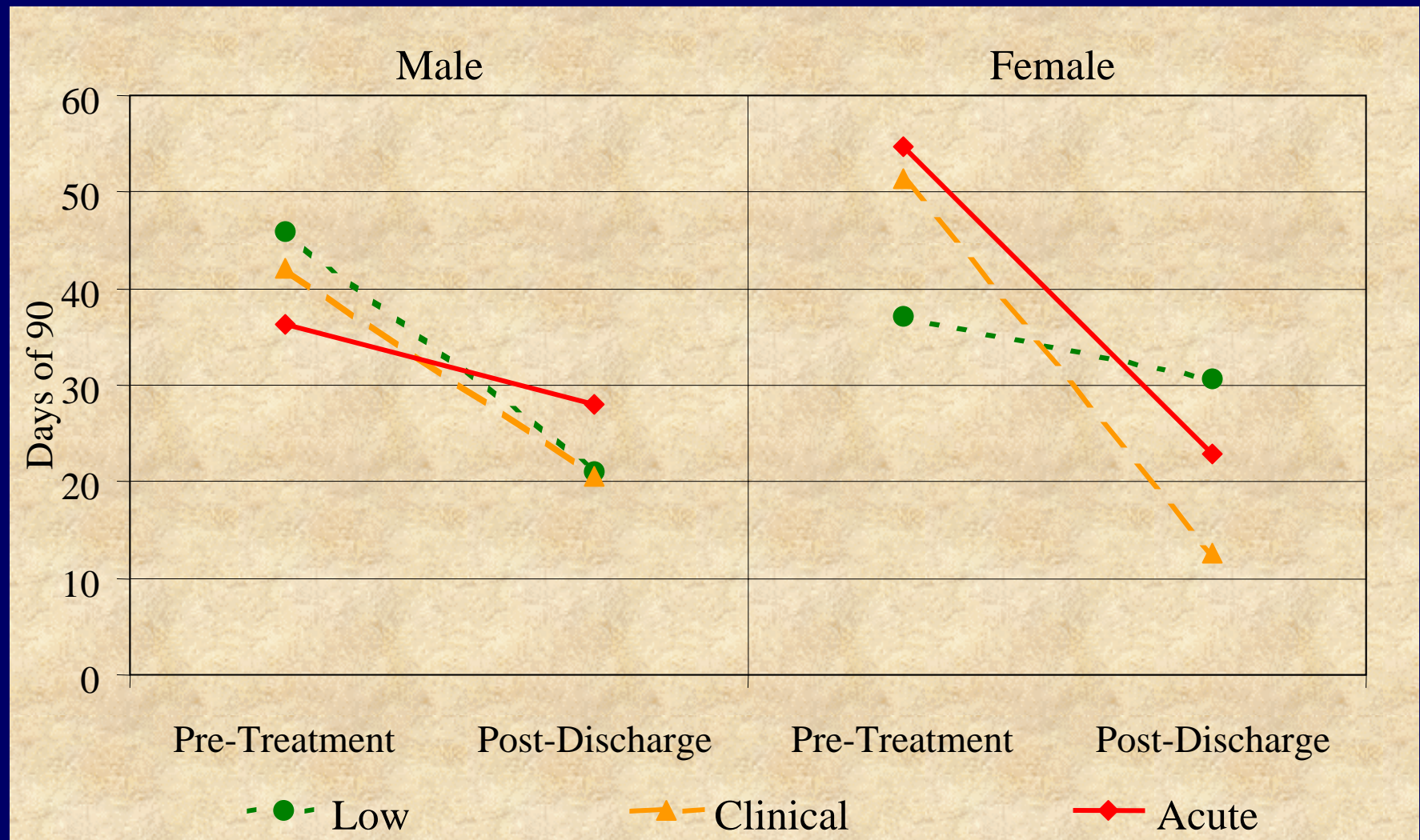


* (Alcohol, cannabis, or other drug disorder, depression, anxiety, trauma, suicide, ADHD, CD, victimization, violence/ illegal activity)

Source: CSAT AT Common GAIN Data Set

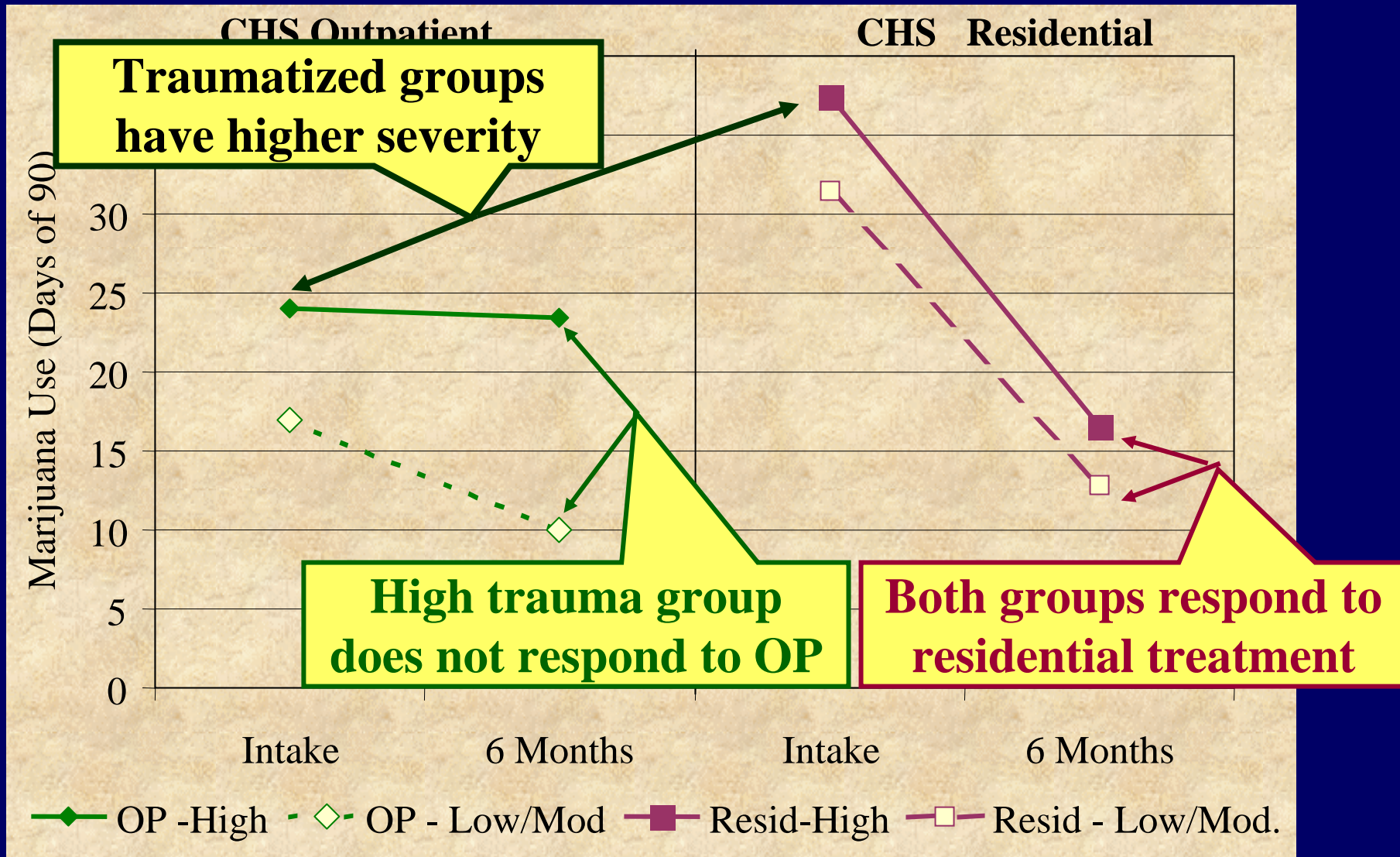
(Odds Ratios: odds for High over odds for Low)

Victimization and Gender Interact with Substance Use Outcomes

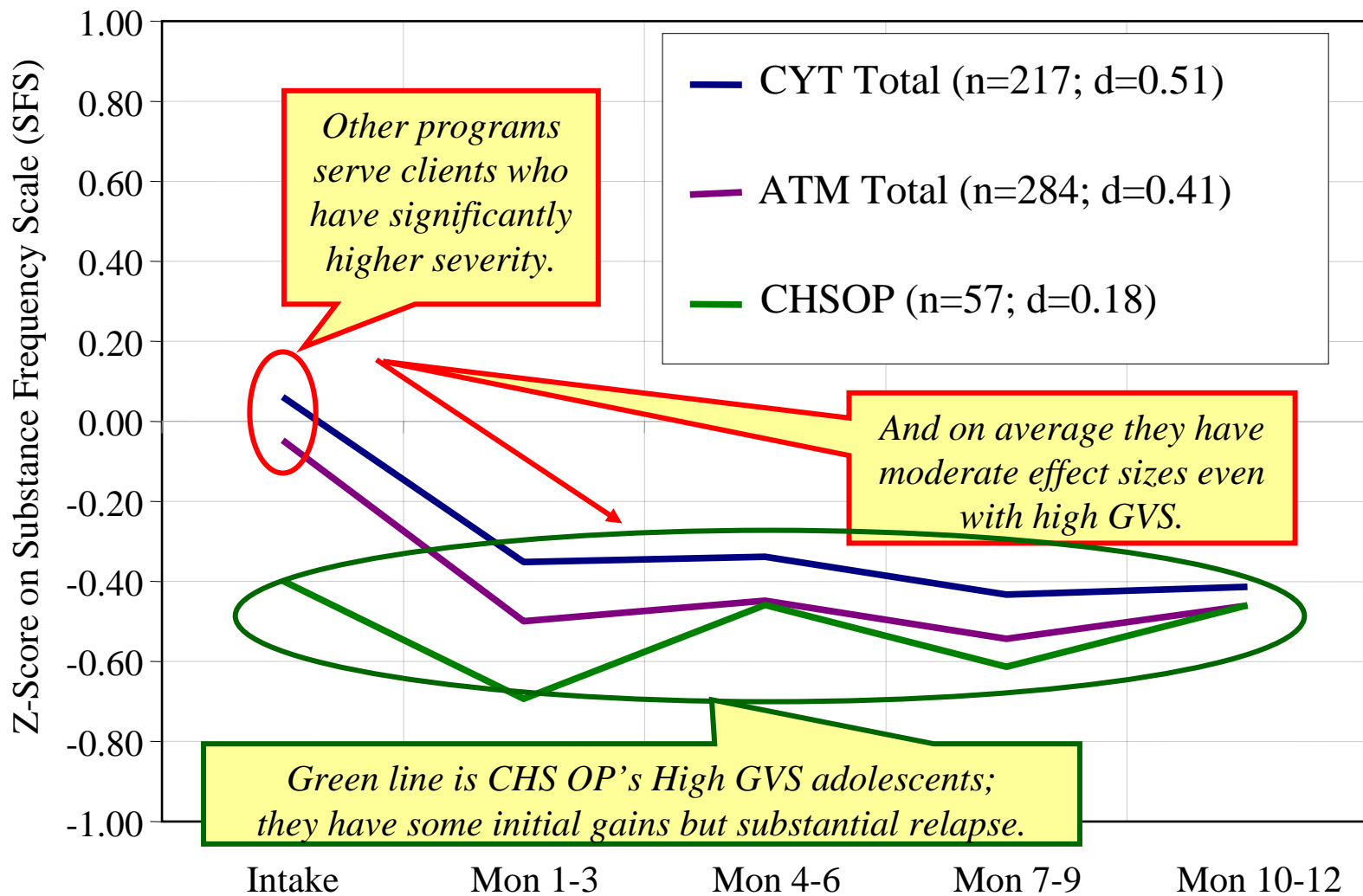


Source: Titus, Dennis, et al., 2003

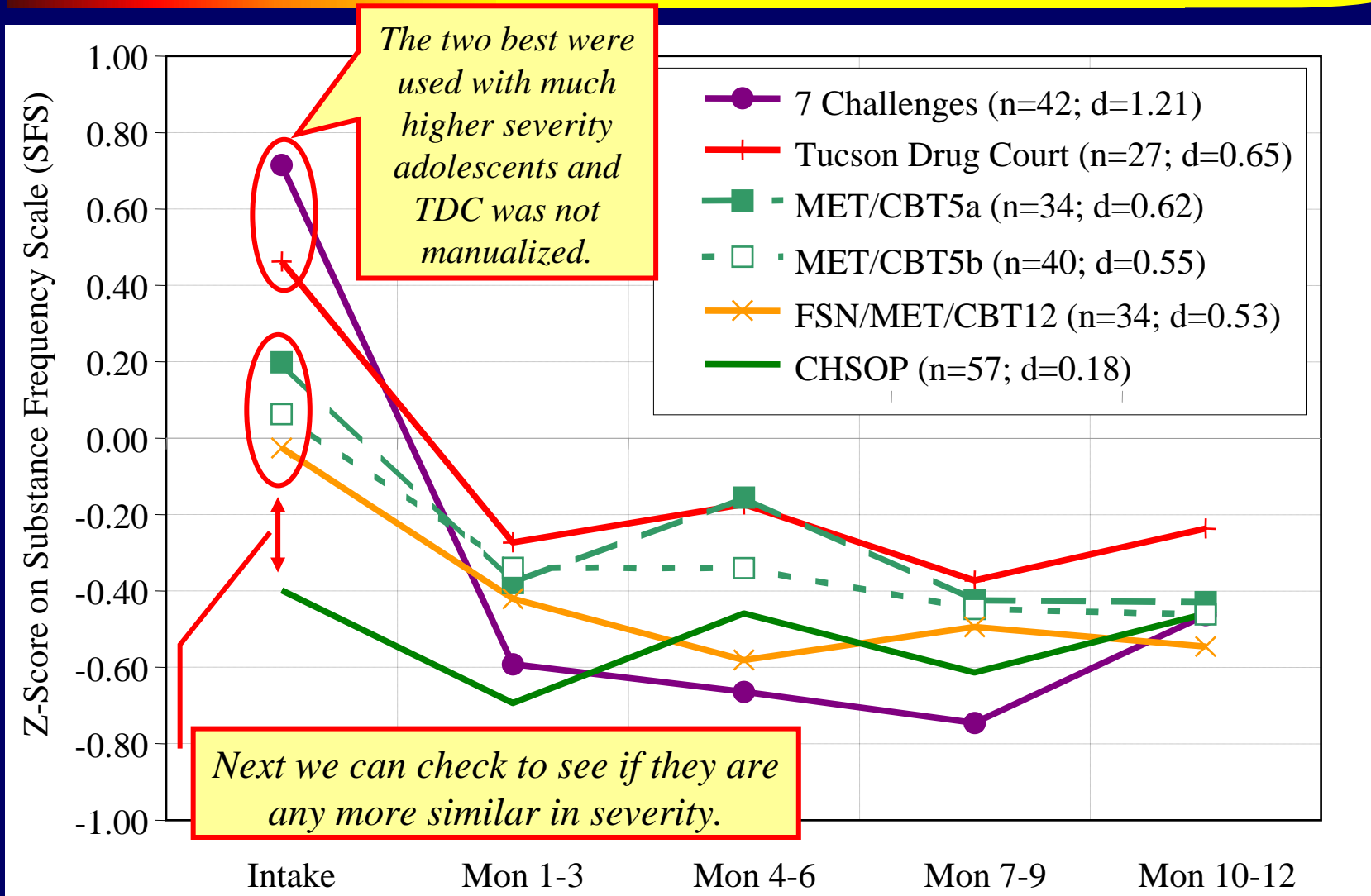
Victimization Also Interacts with Level of Care



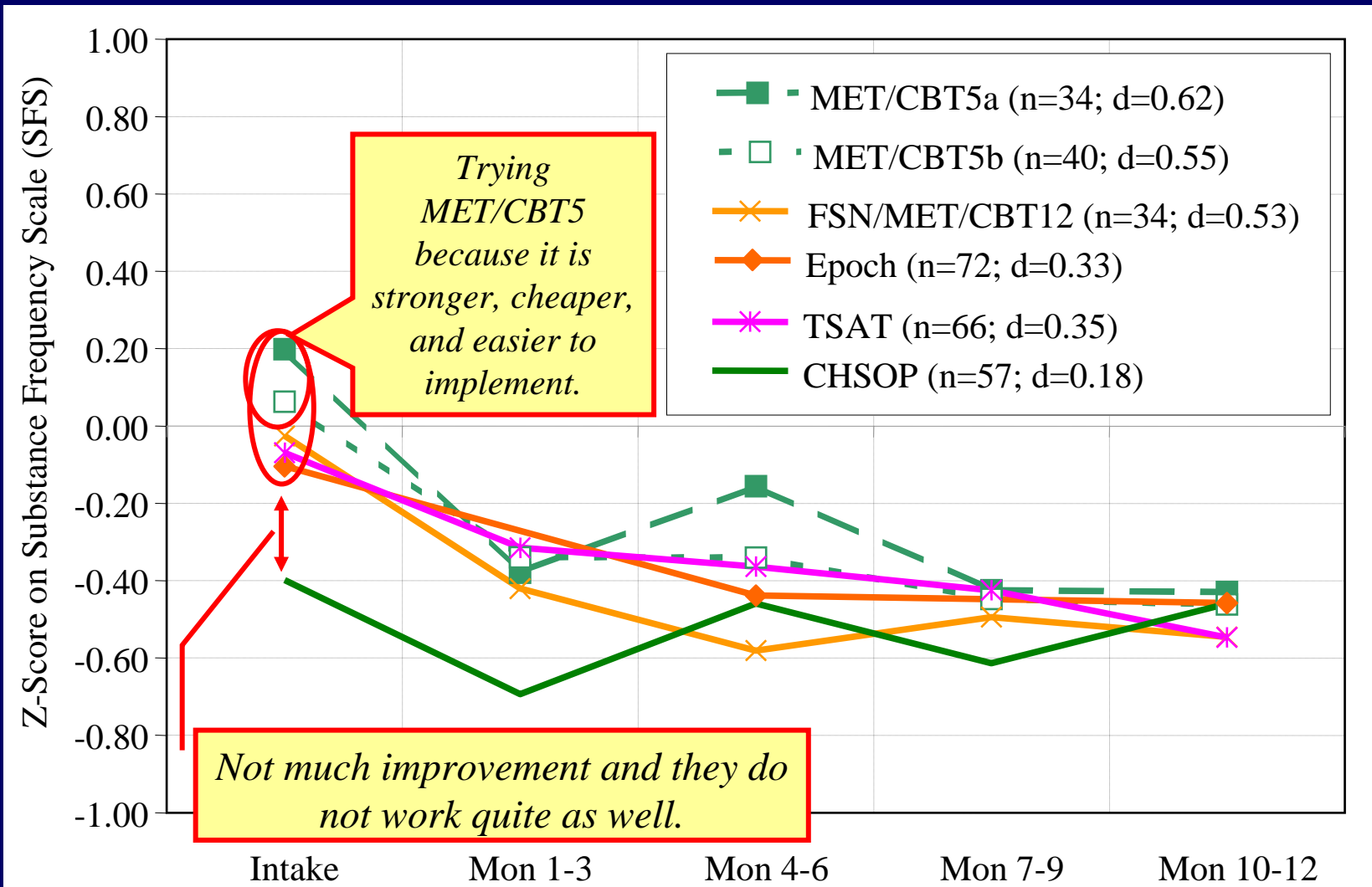
How do CHS OP's High GVS Outcomes Compare with Other OP Programs on Average?



Which Five OP Programs Did the Best with High GVS Adolescents?



Which Five OP Programs Did the Best with High GVS Adolescents?



Other Approaches Specifically Targeting Trauma

- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)[®] Manual (Lisa H. Jaycox, Ph.D., 2004) www.sopriswest.com or jaycox@rand.org
- Seeking Safety: A Treatment Manual for PTSD and Substance Abuse (Najavits, 2002) www.seekingsafety.org or from Guilford Press (1-800-365-7006)
- Trauma Adaptive Recovery Group Education & Therapy Model for Adolescents (TARGET-A; Ford et al., 2000, Ford, Mahoney and Russo, 2004) www.ptsdfreedom.org or ford@psychiatry.uchc.edu
- Dialectical Behavior Therapy for Adolescents (DBT-A; Rathus, Miller, and Linehan, in press)
- School-Based Trauma/Grief Group Psychotherapy Program (SPARCS; Layne, Saltzman, Pynoos, et al., 2000) from Ruth@bascom.com

Concluding Comments

- Victimization is the norm among adolescents presenting for substance abuse treatment.
- Victimization can and should be comprehensively assessed at intake.
- The severity of traumatic victimization is highly correlated with a wide range of substance use, HIV risk behaviors, mental health, and crime/violence problems.
- Higher levels of victimization interact with treatment effectiveness.
- Substance abuse treatment programs vary in their effectiveness at dealing with trauma.
- More interventions are needed to specifically target victimization and trauma.
- *It is time to stop ignoring the elephant in our counseling room.*

Resources and References

- Copy of these slides and handouts are at <http://www.chestnut.org/LI/Posters/>; see also www.mayatech.com.
- Information on the GAIN is at www.chestnut.org/li/gain.
- Information on the adolescent treatment manuals discussed are at www.chestnut.org/li/apss/csat/protocols.
- **References cited:**
 - Dennis, M.L. (2004). Traumatic victimization among adolescents in substance abuse treatment: Time to stop ignoring the elephant in our counseling rooms. *Counselor*, April, 36-40.
 - Dennis, M. L., and Stevens, S. J., (Eds.). (2003). Maltreatment issues and outcomes of adolescents enrolled in substance abuse treatment [special issue]. *Journal of Child Maltreatment*, 8(1): 3-6. See <http://www.sagepub.com/journalIssue.aspx?pid=15&jiid=6072>
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 - Grella, C. E., and Joshi, V. (2003). Treatment processes and outcomes among adolescents with a history of abuse who are in drug treatment. *Journal of Child Maltreatment*, 8(1): 7-18.
 - Jaycox, L.H., Stein, B., Kataoka, S., Wong, M., Fink, A., Escudera, P. and Zaragoza, C. (2002). Violence exposure, PTSD, and depressive symptoms among recent immigrant school children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41(9): 1104-1110.

Resources and References (cont.)

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- Stein, B.D., Jaycox, L.H., Kataoka, S.H., Wong, M., Tu, W., Eliot, M.N., and Fink, A. (2003). A mental health intervention for school children exposed to violence: A randomized controlled trial. Journal of the American Medical Association, 290(5), 603-611.
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