

Complex Trauma Treatment and Research: Why It Matters

Moving Forward: Advanced Issues in Integrative Treatment of Complex Trauma for Adolescents

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John Briere, Ph.D.

USC Adolescent Trauma Training Center

National Child Traumatic Stress Network

Departments of Psychiatry and Psychology

Keck School of Medicine, University of Southern California

attc.usc.edu



Complex trauma in context

- Early onset, repetitive, revictimization
- Child sexual and physical abuse, peer violence, community violence, witnessing violence
- Overrepresented among socially marginalized children and their families
- Often (but not always) in combination with poverty, discrimination and social marginalization



Common effects

- Anxiety, depression, anger
- Posttraumatic stress and dissociation
- Attachment dysregulation
- Avoidance/adaptive responses that often produce “trouble” – now or later
 - Self-injury
 - Dysfunctional sexual behavior
 - Aggression
 - Suicidality
 - Substance abuse
 - “Conduct disorder” or early “borderline traits”



Poverty and social marginalization

- 22% of children in the U.S. live below federal poverty line
- Child poverty rates highest among Black, Latino, and American Indian children
- Trauma rates for marginalized children
 - Up to 50% of those in child welfare
 - 60-90% of those in juvenile justice
 - 83-91% of those in high crime neighborhoods
 - 59-91% of those in the community mental health system

National Center for Children in Poverty, Columbia University
(<http://www.nccp.org>)



Low access to treatment

- Although trauma, especially in the context of social deprivation, is a major source of psychological disturbance
 - 75% to 80% of children and youth in need of mental health services do not receive them
 - As compared to white children, racial minority children are less than half as likely to receive mental health services
 - 85% of children and youth in need of mental health services in the child welfare system do not receive them



Blocks to successful treatment

- **Beyond social marginalization effects:**
 - Trauma treatment may not be socially or culturally relevant to some maltreated children
 - Without outreach, many victimized children are not referred to treatment
 - Tendency of schools and social systems to refer traumatized children to juvenile justice, or utilize punitive interventions such as expulsion
 - Trauma-related avoidance in children and families
 - Overwhelmed social systems lack funding or training to treat multiproblem children with complex trauma



Limitations of many current trauma therapies

- Screening in treatment outcome studies limits ecological validity
- Reduced time frame
- Manualization
 - One size fits all
 - Exposure based without attention to affect regulation issues
 - Relational interventions necessary but hard to manualize
- Little cultural adaptation



The next wave

- Growing realization that many social and psychological problems can be trauma-related
 - Suicidality, school problems (truancy, learning difficulties), aggression, sexualized behavior, need for higher intensity psychiatric care
 - Later: violence, crime, substance abuse, HIV risk, prostitution, health and mental health system utilization
- Diversion from criminal justice system
- Federal funding for complex trauma treatment (e.g., NCTSN)



The next wave

- Innovative treatment models for complex trauma
- Reduced exclusion criteria for treatment
- Components-based rather than treatment package
 - “Cafeteria” approach: Matching treatments to problems/symptoms
- Specific adaptations for culture, sexual orientation, poverty, social marginalization
- Processing of social maltreatment as component of individual and family treatment


