Translating Science into Recovery for Traumatized Children and Adults

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I, Julian D. Ford, am co-owner of Advanced Trauma Solutions (ATS), Inc., Sole Licensee of the University of Connecticut for the TARGET© Model
Treating Complex Traumatic Stress Disorders in Children and Adolescents

Scientific Foundations and Therapeutic Models

edited by Julian D. Ford
Christine A. Courtois
Learning Objectives

Attendees will be able to:

- Describe the prevalence of psychological trauma and victimization in community and high-risk populations
- Describe 3 areas in the brain that show altered trauma-related patterns of activation and connectivity in PTSD
- Describe a practical framework for clinical and legal professionals to support for youth and adults in recovering from trauma
Exposure to Traumatic Stressors and PTSD are Prevalent and Associated with Internalizing/Externalizing in Childhood

- 61% of nationally representative sample of U.S. children exposed to victimization in the past year (Finkelhor et al., 2009)
- 62% of nationally representative sample of U.S. adolescents had experienced a traumatic stressor, 5% had experienced PTSD (McLaughlin et al., 2013)
Adverse Childhood Experiences and Serious Behavioral Health Problems in Adulthood

17,000 adults screened in medical clinic @Kaiser Permanente HMO (Anda et al., 2006)
Polyvictimized Children and Youth: Prevalence

- Nationally representative sample of 2,030 U.S. children, 10% were poly-victims: 9+ (age 3-6) to 15+ (age 15+) types (of 30 possible) of victimization lifetime (Finkelhor et al., 2009)

- Nationally representative sample of 3351 trauma-exposed U.S. adolescents, LCA found 8% poly-victims (6-11 types traumatic events including physical or sexual abuse \(\Rightarrow\) at risk for PTSD, depression, and delinquency (Ford et al., 2009)
Figure 1. Latent classes of adolescents identified based on self-reported exposure to psychological trauma: witnessing someone: 1, shot; 2, cut or stabbed; 3, sexually assaulted; 4, mugged or robbed; 5, threatened with a weapon; 6, physically assaulted; Personal exposure to: 7, serious accident; 8, natural disaster; 9, serious injury; and 10, incident involving fear of death. Unwanted sexual activity involving: 11, perpetrator’s penile penetration; 12, digital or object penetration; 13, oral sex; or 14, molestation; 15, victim’s forced touching of perpetrator’s sexual organs; and 16, victim’s forced penetration of perpetrator. Personal exposure to: 17, attack with a weapon; 18, attack without a weapon; 19, threat with a weapon; 20, physical assault with object; 21, physical assault with fists; 22, spanking requiring medical care; 23, physical assault leaving marks; and 24, being physically burned (Ford et al., 2010)
Polyvictimized Children and Youth: Prevalence in High Risk Samples


- N=1959 pre/teens in juvenile detention: 41% had histories of on average ≥ 9 types of potential traumatic events and 3-7 types of DSM-IV traumatic victimization (Ford et al., 2013)
Fig. 1. Exploratory latent class analysis: a three-class solution with 19 victimization (V) and non-victimization (NV) trauma history indicators: 1(NV) Being in an accident; 2(NV) Seeing a really bad accident; 3(NV) Being in a natural disaster; 4(NV) Someone close to you being badly injured/sick; 5(NV) Someone close to you died; 6(NV) Being so sick you thought you might die; 7(NV) Being separated from primary caregiver; 8(NV) Someone close to you trying to kill or hurt self; 9(V) Being physically attacked; 10(V) Being threatened with physical assault; 11(V) Being mugged; 12(V) Being kidnapped; 13(V) Attacked by an animal; 14(V) Witnessing family members physically fighting, shooting guns, or stabbing each other; 15(V) Witnessing family members threaten to kill or hurt each other; 16(V) Witnessing people outside the family fight, hit, beat, shoot with a weapon, or otherwise physically attack each other; 17(V) Being in a war or terrorist attack; 18(V) Being made to see or do something sexual; 19(V) Witnessing sexual abuse/assault (Ford, Grasso, & Hawke, in press).
“Briefly, the thalamus and sensory cortex process threat[s] ... and convey this information to the amygdala. Prefrontal regions ... modulate amygdala response, turning it down with the realization that something is not actually a threat or ... irrationally amplifying it. The hippocampus also processes this information and plays a key role in retrieving relevant explicit memories ... [and] modulates ... response to psychological stressors. ... The amygdala integrates this information and signals [lower brain areas, e.g., locus ceruleus], which regulates autonomic, [HPA], and noradrenergic response.”
DSM-5 PTSD Criteria (New in Green Font)

B. Intrusive Re-experiencing (1+)

1. Spontaneous Involuntary Distressing Memories
2. Nightmares (content OR affect related to trauma(s))
3. Flashbacks (may be partial orientation x3)
4. Intense or prolonged distress 2^0 cues (inc. symbolic)
5. Marked physiological reactions to reminders
DSM-5 PTSD Criteria

C. Active Avoidance (1+)

1. Avoids internal reminders (thoughts, feelings, physical sensations) of traumatic event(s)

2. Avoids external reminders (people, places, conversations, activities, objects, situation) of traumatic events
DSM-5 PTSD Criteria (New in Green Font)

D. Negative Alterations in Cognitions /Mood Beginning In/After Trauma (2+)

1. Psychogenic amnesia (typically dissociative)

2. Persistent exaggerated negative expectations about world/other (distrust), future (despair), self (damaged)

3. Persistent distorted blame of self or others re trauma

4. Pervasive negative emotional states

5. Anhedonia

6. Detachment/estrangement from others

7. Persistent inability to experience positive emotions
DSM-5 PTSD Criteria (New in Green Font)

E. Altered Arousal or Reactivity
Beginning In/After Trauma (2+)

1. Irritable or aggressive behavior
2. Reckless or self-destructive behavior
3. Hypervigilance
4. Exaggerated startle response
5. Concentration problems
6. Sleep disturbance (restlessness or insomnia)
DSM-5 PTSD Criteria (New in Green Font)

Dissociative Sub-Type of PTSD =

Addition of Symptoms of Dissociation

1. Depersonalization or
2. De-realization
A practical framework for clinicians and peer/family support for youth and adults in recovering from DTD and PTSD

TARGET: Trauma Affect Regulation: Guide for Education and Therapy©

1. Psychoeducation:
   - the brain’s stress response system becomes stuck in a survival “alarm” state in PTSD

2. Strengths-based trauma recovery skills:
   - PTSD can be reversed if the brain is able to regain its ability to re-set its own alarm
   - 3-and 7-step practical skill sets to re-set the alarm
TARGET© Outcome Studies

Published Randomized Clinical Trial Studies


The Brain Under Normal Stress

- The Thinking Center (prefrontal cortex)
- Filing Center (hippocampus)
- Alarm System (amygdala)
extreme stress / trauma
The Alarm Takes Control

- Alarm System (amygdala)
- Filing Center (hippocampus)
- Thinking Center (prefrontal cortex)
FREEDOM steps

FOCUS
Slow down, Orient, Self-Check

RECOGNIZE
Stress Triggers

EMOTION
One MAIN Emotion

EVALUATE
One MAIN Thought

DEFINE
One MAIN Personal Goal

OPTIONS
Build On Your Positive Choices

MAKE a contribution
Make the World a Better Place
SOS: 3 Steps to FOCUSING

- **Step I: Slow Down**
  - Stop, Step Back, Sweep your Mind clear

- **Step II: Orient Yourself**
  - Focus your mind on ONE THOUGHT that YOU CHOOSE based on what is MOST IMPORTANT and VALUABLE in your life at this moment

- **Step III: Self Check**
  - How Much Stress? How Much Control?
  - Optional: Strength of Urges to Use?
  - Optional: Sense of Connection/Support?
Beginning of Session

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SOS
Slow down - Orient - Self-Check
Focusing and Recognizing Triggers

- Shifts from avoidant hypervigilance to proactive/reflective mindfulness/readiness
- Increases calm attentiveness, empathic attunement, constructive problem solving
- Every alarm reaction is based on a MAIN goal that otherwise tends to be forgotten
Practice Exercise for FREEDOM

Focus (SOS)

Recognize Trigger(s)

Alarm/Reactive

- Emotion
- Evaluate (Thoughts)
- Decide (Goals)
- Options
- Mobilize for Action

MAIN

- Emotion
- Evaluate (Thoughts)
- Decide (Goals)
- Options
- Make a Contribution
MAIN Emotions, Thoughts, Goals, Options = Revisiting the Orienting Step in SOS

- **M**y core values, beliefs, loyalties, and …
- **A**ttachments that give security, love, and …
- **I**nner peace, and calm confidence.
- **N**othing is more important to me than this.
The Final Step in FREEDOM –

Making a Contribution by being a role model for responsibly managing the alarm in your own brain
HIJACKED by Your BRAIN
How to Free Yourself
When Stress Takes Over

Dr. Julian Ford and Jon Wortmann

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