

Case Study in the Treatment of Trauma and Suicidality



Theiss
Center for
Child &
Adolescent
Trauma

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Objectives

- Think about the clinical symptoms within the context of prior traumatic experiences
- Think about best practice for the assessment of traumatic experiences in suicidal youth
- Begin to develop treatment goals and interventions that appreciate the influence of early traumatic experiences on current suicidal ideation

What does the literature say?

- According to Rogerson et al (2023), recent research shows “that approximately 80% of people who attempted suicide in adulthood had reported experience of childhood trauma.”¹
- And Stewart et al (2019) note that “suicide is a leading cause of adolescent death, and suicidal thoughts and behaviors contribute to disability among youth worldwide.”²

¹ Citing O’Connor et al (2018).

² Citing McLoughlin et al (2015) and Gore et al (2011).

What does the literature say?

- A study by Lovello et al (2013) demonstrated that childhood trauma directly relates to:
 - Reduced stress threshold
 - Poor working memory
 - Increase in impulsive behavior
- Overall, childhood trauma has the capacity to modify behavior patterns that can lead to negative health outcomes.



What does the literature say?

- According to Barbot et al (2021), physical and sexual abuse showed similar effects on lifetime suicide attempts, which were stronger than for other types of abuse.



We also
know that:

Statistics show:

- Child abuse is the leading cause of death among young children
- Over half (60% in PA) of child abuse victims are age 9 or younger
- 1 in 6 children between the ages of 2 and 8 (17.4 % of the child population in that age range) will have a mental health or behavioral health diagnosis.



What is Traumatic Stress?

When a potentially traumatic circumstance, experience, or event *becomes too difficult for children and their families to cope with.*

- Elicits feelings of terror, powerlessness and out-of-control physiological arousal.
- Includes re-experiencing the event, avoidance, hyper-arousal and persistent difficult thoughts and emotions.
- May have a profound effect on his/her perception of self, others, the world and future.
- Generally, for young children, traumatic events can become a full sensory experience.

Case Presentation: 'Claire'

- Let's meet Claire
 - Demographics
 - Symptomology
 - History
 - Treatment



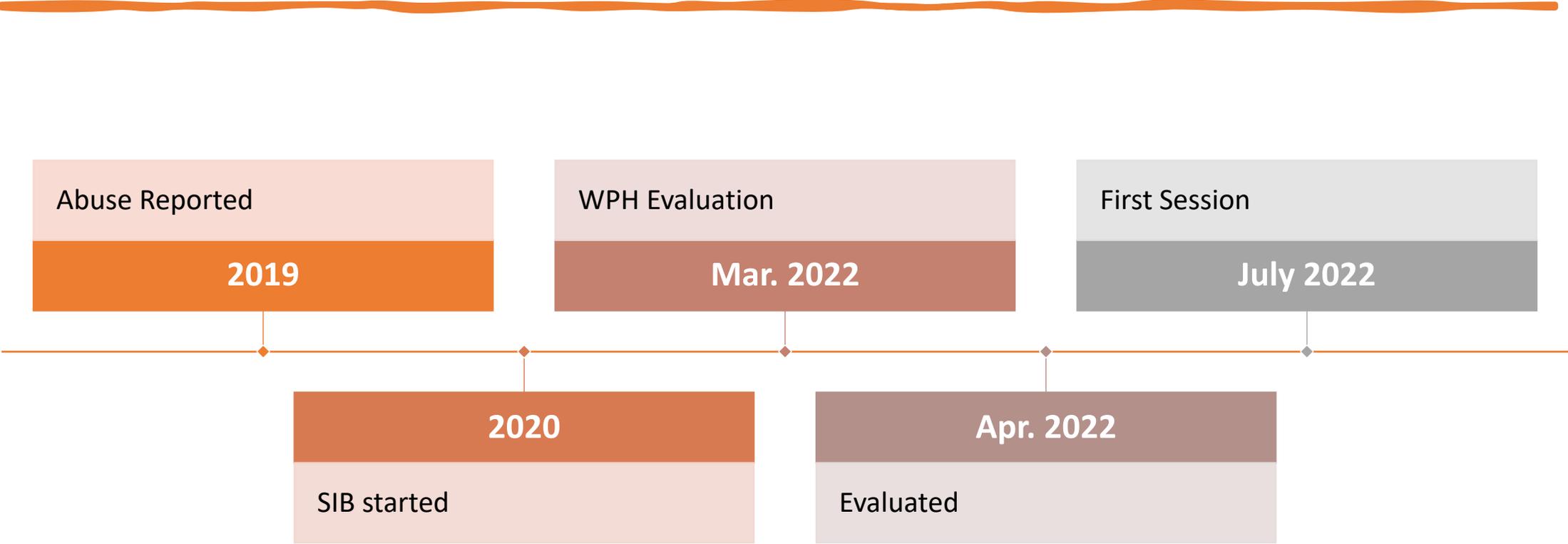
Evaluation

- Who is Claire?

- 13 years old, cis-gender female
- Lives with a single mom
- 6 siblings
- Referred by WPH PES
- Reported history of trauma
- Recently started medication
- Tried therapy one time

- Symptoms

- History of SIB and SI
- Night terrors
- Depressed mood
- Low motivation
- Gets angry easily/gets in fights
- Anxiety
- Racing thoughts
- Flashbacks
- Sleep difficulties
- Low appetite





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What do you recommend?

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Recent data from the CDC shows change—
for the worse

The state of
youth mental health is
“emotionally fragile.”

In data gathered in 2021, among
American teenage girls:

- 60% reported feeling persistently sad and hopeless
- 1 in 3 considered suicide
- 1 in 5 had experienced sexual violence
- 14% reported being forced to have sex

A global study of
18- to 24-year-olds found:

- 46% reported being emotionally distressed
- 12% reported having no close friends

• Cited in *Psychology Today*, May/June 2023

Recent data from the CDC shows change—
for the worse

Over half of young Americans **think humanity is “doomed”** in the wake of COVID-19 and climate change.

Rise in **teen depression correlates with social media use**, which has been found to foster envy, anxiety and stress.

Diagnoses of depression and anxiety for children have increased overall, especially in children 3-5

For older children (ages 6-17) increased co-occurring diagnoses of:

- Depression
- Substance use
- Suicidality

• Cited in *Psychology Today*, May/June 2023

Recommendation



First 6 months...



MOOD

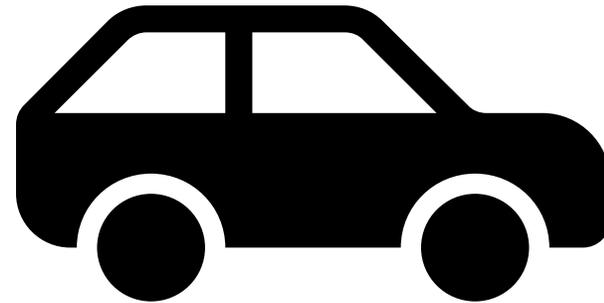


SYMPTOMS



TREATMENT

A Defining Moment





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Have your recommendations changed? What do you focus on now?



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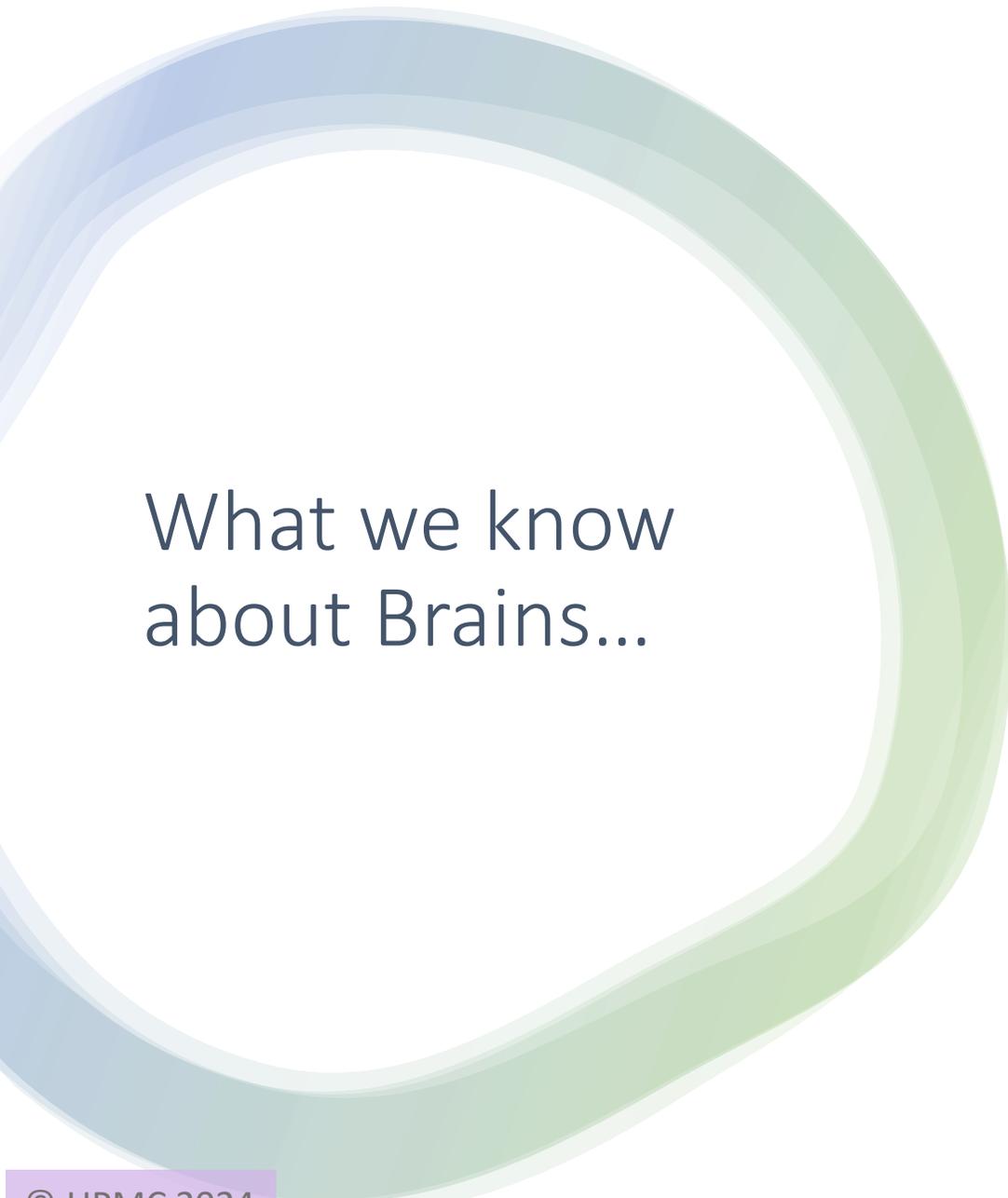
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What we know about Brains...

- 20% of our neurons are interconnected related to genetics and interuterine life
- 80% of neural connections are formed through experiences and interpersonal relationships
- In the first years of life, connections are formed more easily than they are broken
- Connections can form at the rate of 700/second in the first years of life
- The right side of the brain (affect) comes “on line” before the left side, so babies’ brains are more sensitive to affective, gestural and intonational cues than words

Gerald Costa PhD, New York Center for Child Development

Implications of Prolonged Traumatic Stress

- When an event results in prolonged stress response:
 - Results in a prolonged activation of the stress system
 - Frequently no return to baseline
 - Psychological, emotional, physical and cognitive impacts
- Then brain systems, structures and chemistry can be weakened, damaged or altered.
 - This results in lifelong changes in neurobiology.
- Prolonged traumatic stress can have a cumulative toll on an individual's physical and mental health.

Three ways trauma changes the brain



Threat Perception:

Begin to see danger where others do not; everything looks like a threat.



Filter System:

Cannot filter or ignore what is or is not important or relevant.
Cannot attend or focus (or engage) on logic (or academics) due to constant state of hyper-arousal.

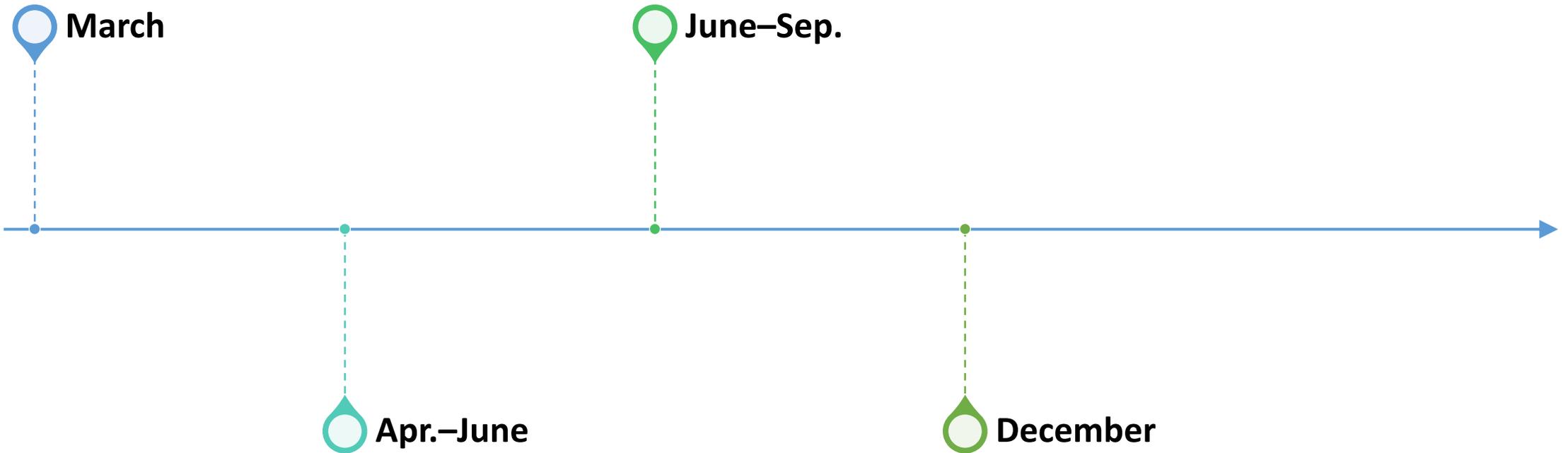


Self-sensing system:

Blocks any true sense of self, so default response is defensiveness (often leading to anger as initial response)

Bessel Van Der Kolk

So what did treatment look like?



Neglect, parentification

Age 3
Parents
Separated

Ages 5-7
behaviors
exhibited

Age 12
grandfather
passed

Age 3 SA
began

Age 11
Abuse
reported;
Court;
Living with
mom

Age 14
Great-
grandfather
passed;
Assaulted
on bus

Trauma

Age 3 - 11 Abuse Occurred

Age 12 & 14 Grief

Age 11 Abuse reported

Symptoms

Age 5 biting, scratching self

Age 12 SIB started

Age 7 Behaviors in school

Anxiety, Depression, PTSD Diagnoses

Treatment

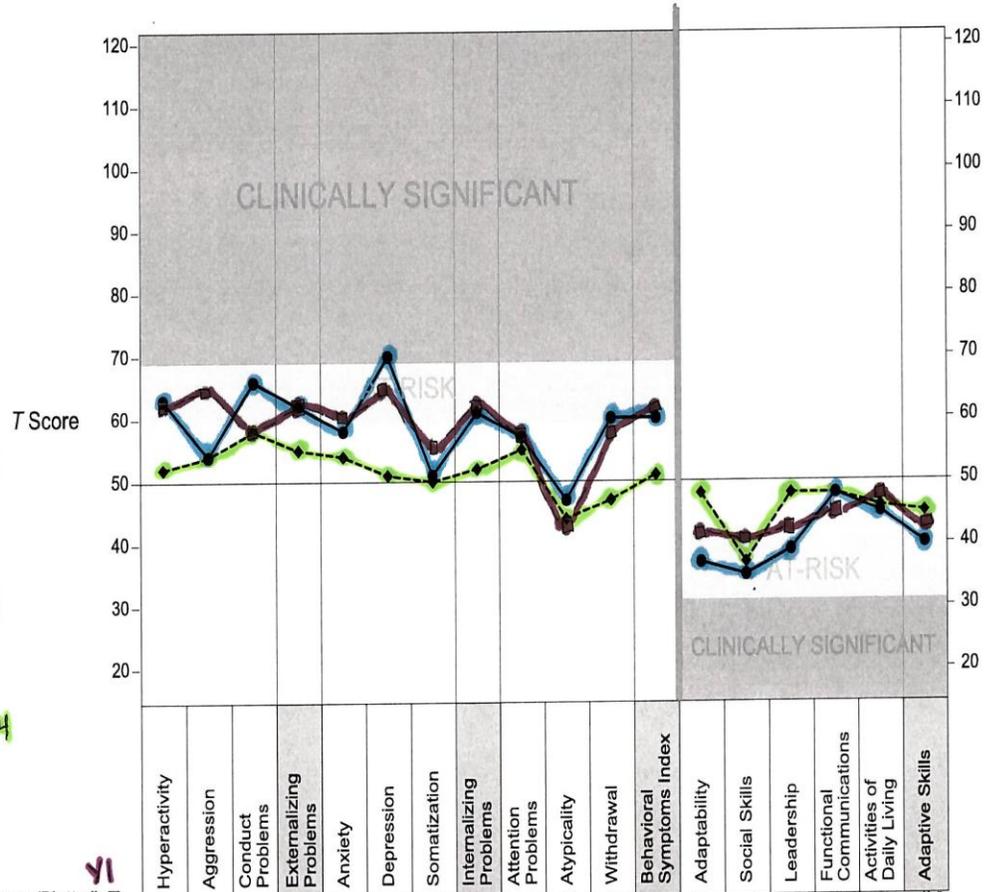
~ 13 First therapy

Age 14 Trauma Treatment

Age 13 WPH

CLINICAL AND ADAPTIVE T-SCORE PROFILE

Y1 4/15/22
Y2 4/3/23
Y3 3/22/24



T Score (Plotted)

	Hyperactivity	Aggression	Conduct Problems	Externalizing Problems	Anxiety	Depression	Somatization	Internalizing Problems	Attention Problems	Atypicality	Withdrawal	Behavioral Symptoms Index	Adaptability	Social Skills	Leadership	Functional Communications	Activities of Daily Living	Adaptive Skills
Y1 ● Rater 1	63	54	66	62	58	70	51	61	57	47	60	60	37	35	39	48	45	40
Y2 ● Rater 1	63	54	66	62	58	70	51	61	57	47	60	60	37	35	39	48	45	40
Y3 ◆ Rater 2	52	54	58	55	54	51	50	52	55	44	47	51	48	37	48	48	46	45

Percentile

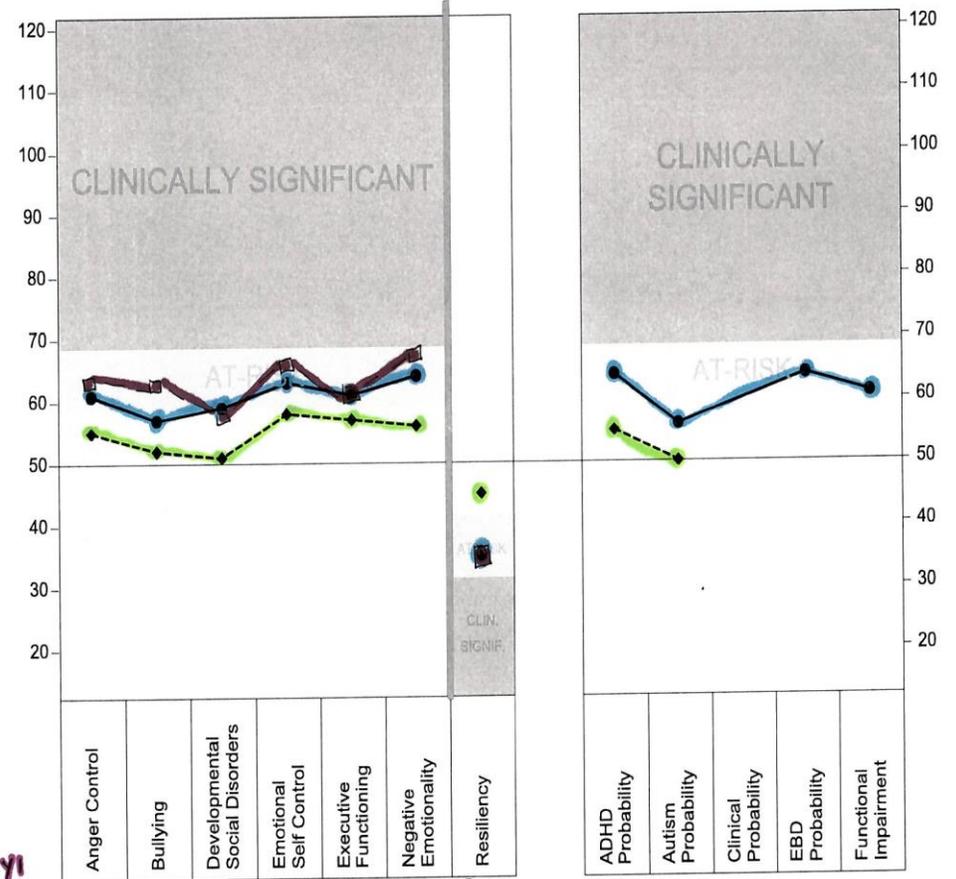
	Hyperactivity	Aggression	Conduct Problems	Externalizing Problems	Anxiety	Depression	Somatization	Internalizing Problems	Attention Problems	Atypicality	Withdrawal	Behavioral Symptoms Index	Adaptability	Social Skills	Leadership	Functional Communications	Activities of Daily Living	Adaptive Skills
Y1 ● Rater 1	90	80	93	90	80	95	63	88	76	53	86	87	11	10	15	38	29	16
Y2 ● Rater 1	90	80	93	90	80	95	63	88	76	53	86	87	11	10	15	38	29	16
Y3 ◆ Rater 2	68	79	86	80	72	69	59	69	70	30	47	66	41	13	40	37	34	29

● = Rater 1: PRS-A, 04/03/2023, Rater: S. C.
◆ = Rater 2: PRS-A, 03/22/2024, Rater: S. C.

- indicates that the scale is not available for this form or the age at the time of the administration is not scorable for the norm group selected.

CONTENT SCALE AND INDEX T-SCORE PROFILE

Y1 4/15/22
Y2 4/3/23
Y3 3/22/24



T Score (Plotted)

	Anger Control	Bullying	Developmental Social Disorders	Emotional Self Control	Executive Functioning	Negative Emotionality	Resiliency
Y1 ● Rater 1	63	62	57	67	61	67	35
Y2 ● Rater 1	61	57	59	63	61	64	35
Y3 ◆ Rater 2	55	52	51	58	57	56	45

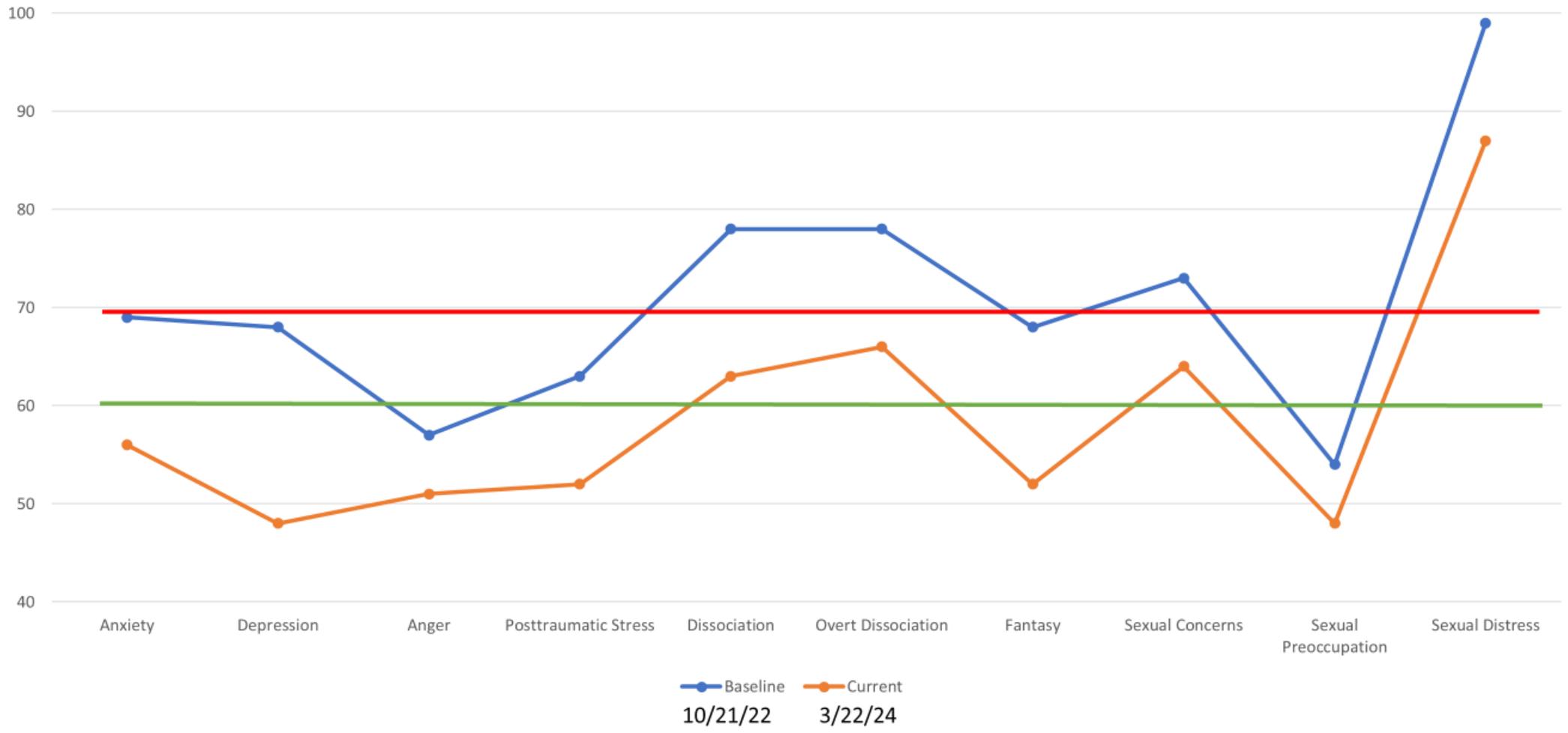
Percentile

	Anger Control	Bullying	Developmental Social Disorders	Emotional Self Control	Executive Functioning	Negative Emotionality	Resiliency
Y1 ● Rater 1	87	86	83	89	87	91	8
Y2 ● Rater 1	87	86	83	89	87	91	8
Y3 ◆ Rater 2	77	79	59	82	75	78	31

● = Rater 1: PRS-A, 04/03/2023, Rater: S. C.
◆ = Rater 2: PRS-A, 03/22/2024, Rater: S. C.

- indicates that the scale is not available for this form or the age at the time of the administration is not scorable for the norm group selected.

Traumatic Symptom Checklist for Children



Think about what is true for victims of childhood trauma

Neutral stimuli can be trauma reminder

Parent/child as trauma reminders

Low frustration tolerance makes new learning difficult.

React to other's emotions with aggressive acts that quickly become out of control.

May anticipate difficulties, but rarely seem to learn from new experiences.

Operating outside consciousness

Feelings are easily triggered but confused by physical sensations that are called arousal.

May become easily humiliated by ordinary tasks.

With poor language skills, children may resort to actions like hitting, kicking, spitting, and swearing.

Intrusive imagery or sensory experiences

Triggers may bring new fears or anxieties

When sad, disappointed or surprised, may react with anger and aggression.

Problem-solving skills are poor, and their solutions usually make things worse.

Think about what is true for victims of childhood trauma

May perceive danger much of the time and assume they could be hurt.

May carry grudges and retaliate when hurt, even if accidental.

Often misread social cues and often assume retaliatory aggression has occurred when none was intended.

Often remember bad times and often distort good times with worries.

Don't consciously remember what happened in the past, and/or can't think about or explain their own experiences.

Requests that ask for compliance usually turn into power struggles

May expect adults to be harsh or unavailable, so they provoke the reactions they expect.

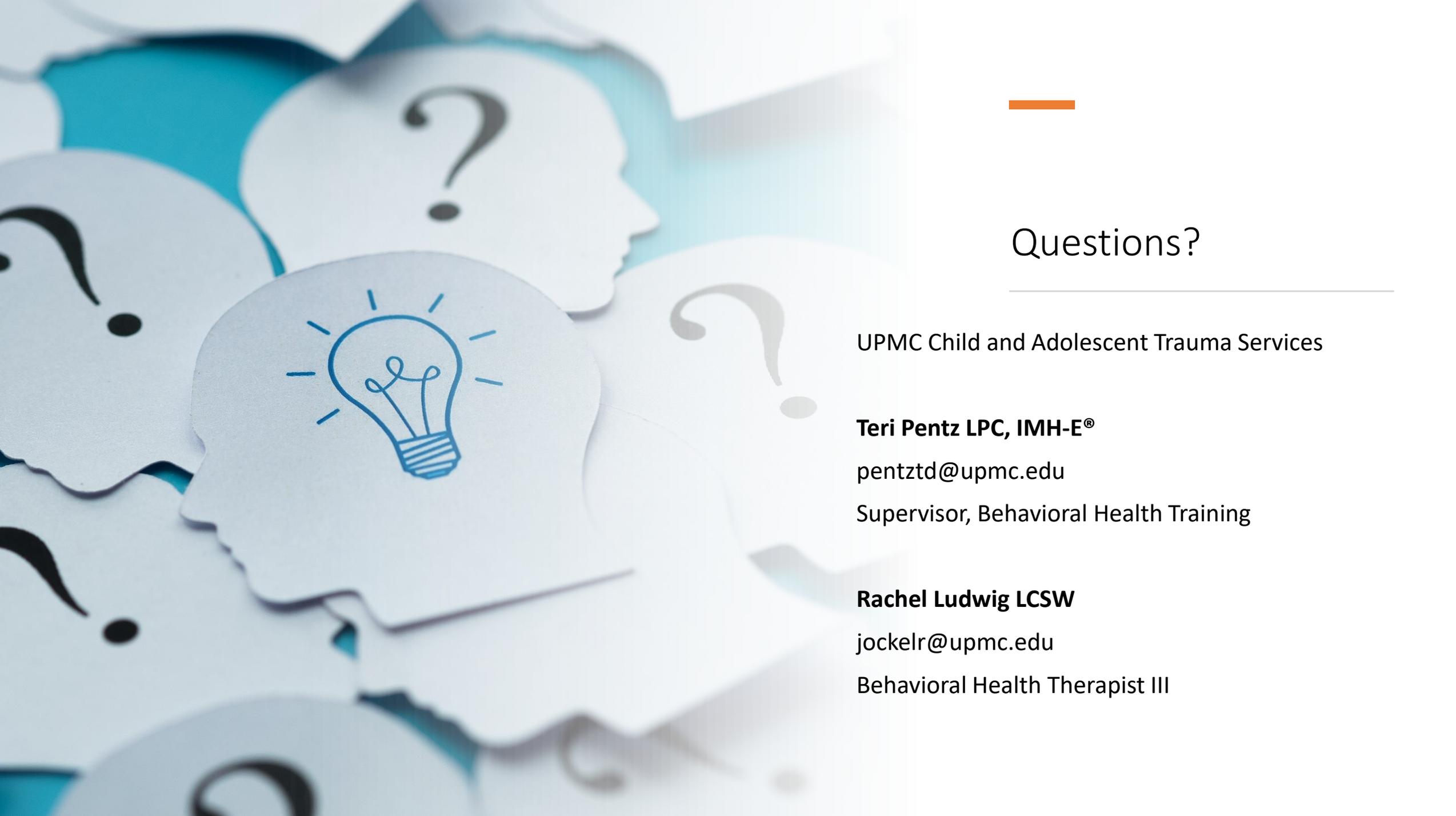
May assume their needs will be ignored so they rarely seek or accept adult help.

Ordinary social expectations can be threatening, so they wreck social experiences.

Often lack imagination and creativity. Play may be repetitive or aggressive.



Here's what 'Claire' has to say:



Questions?

UPMC Child and Adolescent Trauma Services

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References and Resources

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- National Child Traumatic Stress Network
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- National Institute for the Clinical Application of Behavioral Medicine
NICABM.com
- NYC Early Childhood Mental Health Training and Technical Assistance
ttacny.org
- Pennsylvania Association for Infant Mental Health
pa-aimh.org
- The Mighty
themighty.com

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matildatheiss.pitt.edu
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attachment-and-trauma-treatment-centre-for-healing.com
- Center for the Developing Child at Harvard University
developingchild.harvard.edu
- Child Welfare Information Gateway
childwelfare.gov
- Keep Kids Safe by Strengthening Families (PA Department of Human Services)
Keepkidssafe.pa.gov
- Substance Abuse and Mental Health Services Administration (SAMHSA)
SAMHSA.gov