Complex Trauma Treatment and Research: Why It Matters
Moving Forward: Advanced Issues in Integrative Treatment of Complex Trauma for Adolescents
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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
  - 83-90% of those in high crime neighborhoods
  - 59-90% 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)