Post-Traumatic Stress Disorder in Youth

An Interview with Trauma Specialist Eilene Ladson

Experiences of trauma and prolonged stress are factors that significantly increase youth risk for violence. We sat down with Eilene Ladson, LMFT, a trauma specialist with Illinois Collaboration on Youth (ICOY) to better understand PTSD in youth and what treatments are promising.

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My impression is that we have come a long way in understanding that PTSD is not confined to those who have served in the military. Is that right or do we have further to go in understanding who is impacted?

That's correct. It's true that a lot of our understanding of trauma and diagnoses related to trauma developed out of our research with veterans. A big reason for this is that there is a great deal of money and resources dedicated to supporting the men and women of our Armed Forces. As the conversation around trauma has become more commonplace in community mental health, we have become more sensitive to the diversity of events and experiences that can traumatically impact a person. For example, we know that sexual assault has a higher likelihood of yielding post-traumatic symptoms or a PTSD diagnosis than exposure to combat. We also know that poverty and homelessness can have a traumatic impact on youth. All this being said, there is still a lot of work that needs to be done to help youth-serving systems understand what trauma is and how it can manifest.

Do we know or suspect that PTSD in youth is over or under diagnosed?

PTSD in youth is oftentimes under-diagnosed. This is for a variety of reasons. First, the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V), which was published in 2013, is the first time that we have PTSD criteria for children ages six and younger. This means that before that time there was not a standardized way of recognizing and diagnosing trauma disorders for young children. **Additionally, trauma symptoms in youth are often mis-attributed to other issues. This mis-attribution is especially true in school settings, where youth spend a significant portion of their time. Without knowledge of a child's trauma history, we can see symptoms like poor concentration or restlessness easily be misdiagnosed in a classroom setting as Attention Deficit Hyperactive Disorder (ADHD), for example.** The hope is that as we are able to disseminate information on trauma to systems that interact with youth, those working within these systems will learn to more accurately recognition and response to trauma in youth.

Is there a clinical definition for trauma that distinguishes it from adversity?

The DSM diagnosis of a trauma-related disorder first requires that a person is exposed to a stressor that is related to death, the threat of death or serious injury, or sexual violence. Exposure to the stressor can be direct (meaning the stressor happened to the individual themselves) or indirect (meaning that the individual witnessed or heard a secondhand account of the experience).

However, mere exposure to an adverse or stressful experience is not sufficient for a trauma diagnosis. In fact, we know that many individuals can be exposed to stressful situations and experience no adverse effects. **In order for us to consider something to be "trauma" the event must also be followed by an internal experience that overwhelms the individual's ability to cope, and this experience must have effects on the person lasting beyond when the perceived danger has passed.** In recognizing the event, the experience of the event, and the lasting effects of the event we are able to understand how stressors can impact people differently.

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What are the most common symptoms of PTSD that you see in youth – and how do those symptoms differ from what they are in adults?

The activist DeRay Mckesson, said: "young people often have the experiences before they have the language to talk about them." That saying is especially true in relation to youth experiencing trauma because our childhood is a time to explore the world and find our place in it. While we can see different symptoms depending on the age the individual experienced the traumatic event, one of the biggest impacts trauma has on youth is how it affects their development. Our earliest years are our most formative as they set the tone for how we interact with the world. Resources that would help us take in new information and retain the old are now dedicated to coping with the trauma. New relationships become difficult to build because trust is hard to gauge. Overreactions and under reactions become the norm because survival is paramount. Complicating these experiences is that youth don't always have the words to explain what they are experiencing or what has happened to them. In short, trauma in childhood (and throughout life) can come with a serving of hopelessness and helplessness.

Read more on PTSD and youth here. [Will send to Web site]

What is your understanding of the connection between PTSD in youth and gun violence?

I believe we're at the beginning of understanding how deeply gun violence affects our youth. The unfortunate truth is that there are many communities that have bared witness to gun violence, but because the youth in those communities were oftentimes youth of color not many resources were dedicated to understanding this connection. With the rise of the Parkland activists and their support of the ongoing efforts of Chicago youth and other inner-city youth across the country, we are starting to focus more on the traumatic impact of school shootings and community gun violence. What we know is that trauma does not exist in a vacuum. Youth who live in communities affected by gun violence feel the weight of that violence even if they don't experience it firsthand.

What are treatment options for youth experiencing PTSD?

There are a lot of great evidence-based models for working with youth who have experienced trauma such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) or Eye Movement Desensitization and Reprocessing Therapy (EMDR). In addition to the various treatment models, we're continuing to recognize the importance of supportive adult role models as well as safe

spaces for positive interactions to occur. The idea is that if trauma happens in the context of a relationship then healing also has to take place in the context of a relationship. Access to well-funded and maintained libraries, parks, and after school programs are just as important as access to designated therapeutic spaces. I'll add that the body holds the experience of the traumatic event even if the mind doesn't actively process it. Having opportunities for youth to physically work through traumatic events is key to helping them experience post-traumatic growth.

Are there resources or policy-changes we need to advocate for to better serve youth experiencing PTSD?
Throughout Illinois, there are a lot of groups doing great work to serve and support youth who have experienced trauma. Our team at Illinois Collaboration on Youth (ICOY), the Illinois Childhood Trauma Coalition (ICTC), and Strengthening Chicago's Youth (SCY) are a few that come to mind. All of these groups are working to ensure that trauma-informed care is a community effort.

What gives you hope in the progress you've seen with young people who receive help?
When we talk about trauma it's easy to focus on the stressors and how they manifest. We don't always acknowledge the resilience that people build. Through determination and courageous self-exploration, I've seen youth overcome traumatic situations. What gives me even more hope is the community of peers, program staff, biological and foster parents, role models, and so many more people who work to create safe places for those youth to heal within.