Trauma History, Symptom Profile, and Diagnosis in a Child Outpatient Community Mental Health Sample

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Background

In 2001 MHCD was awarded a grant as part of the National Child Traumatic Stress Initiative (NCTSI) sponsored by SAMHSA to implement a manualized trauma-focused CBT model in outpatient Child & Family Centers. The intervention is aimed to service children between 8 and 16 y.o. who have a history of traumatic experience(s). The intervention is based on an Evidence-Based Practice by Drs. Cohen, Mannarino, and Deblinger of Allegheny General Hospital and the NJ School of Medicine and Dentistry.

To date, we have gathered pre-therapy information from approximately 70 children and their caregivers. This poster presents some demographics and initial evaluation data collected on a series of trauma-oriented and symptom-based measures. Future data will include the same measures readministered after the TF-CBT protocol has been completed.

Instruments

We are using a large battery of tests for diagnosis of trauma-related symptoms, as well as general behavioral assessment and trauma history.

- The Child Behavior Checklist (CBCL; Achenbach, 2001) is a widely used 113-item symptom checklist that is filled out by a child's primary caregiver.
- The Trauma Symptom Checklist for Children (TSCC; Briere, 1989) is a 54-item self-report of a child's posttraumatic stress symptoms.
- Child Dissociative Checklist (CDC; Putnam, 1987) is a 20-item parent-report scale of dissociative symptoms.
- UCLA PTSD index for DSM-IV (Pynoos et al., 1998) has a 13-item trauma history checklist used here, as well as a scale of posttraumatic stress symptoms. There are both child self-report and parent-report versions of this measure.

Sample

Children (and their families) between 8 and 16 y.o. admitted to a Community Mental Health Center in the County of Denver. Children are initially screened for trauma symptoms and assigned to a clinician trained in the manualized treatment for their traumatic experience.

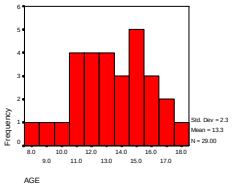
For the evaluation and data assessment, the families are asked to participate in the study. All instruments and procedures were approved by an IRB.

Demographics

	Percent
Female	**46.38**
Male	**53.62**

Ethnicity/Race	Percent
American Indian	10.6%
African-American	10.6%
White	20.0%
Hispanic/Latino	58.8%

Histogram



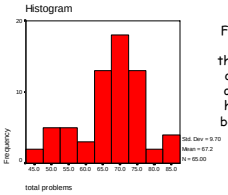
Preliminary Results

Primary Diagnosis	Percent
Attention Deficit Disorders	14.71
Conduct Disorder	5.88
Schizoaffective	1.47
Other Psychotic Disabilities	1.47
Bipolar	8.82
Major Depression	16.18
Dysthymia	2.94
Anxiety	2.94
Adjustment	16.18
Other Non-Psychotic	4.41
PTSD	25.00

29% of children had PTSD as either a Primary or Secondary Diagnosis

Nearly 25% of children had 2 o more diagnoses

Histogram



For Total problems on the CBCL, 38.5% of the sample have scores over the clinical cut-off of 70; and 64.6% have scores over the border-line cut-off of 65

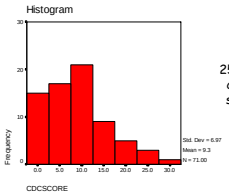
Trauma Symptom Checklist for Children

This scale has two subscales that check whether the children are either under-reporting or hyper-reporting. We removed those children from the chart below. T-scores over 65 are considered clinically significant.

	Percent over T-score of 65
Anxiety	25.00%
Depression	13.50%
Anger	9.60%
Posttraumatic Stress	15.40%
Total Dissociation	9.60%
Dissoc-Overt	11.50%
Disoc-Fantasy	5.80%
Sexual Concern	19.20%
Sexual Conc-Preocupation	5.80%
Sexual Conc-Distress	28.80%

Child Dissociative Checklist

Histogram



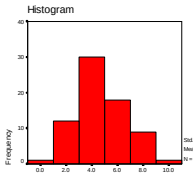
25% of children had a clinically significant score of 13 or more

UCLA PTSD index for DSM-IV

CHILD REPORT

The table shows the type of events (and frequencies) reported by the children

Histogram

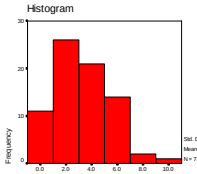


Children Response	count
EARTHQUAKE	2
FIRE-TORNADO-FLOOD-HURRICANE	12
ACCIDENT-CAR ACCIDENT	18
WAR	4
ABUSE AT HOME	20
SEEING ABUSE AT HOME	37
BEATEN UP	28
SEEING SOMEONE BEATEN UP	36
SEEING DEAD BODY	7
SEXUAL ABUSE	17
HEARING OF VIOLENT DEATH	46
MEDICAL TREATMENT	22
OTHER	51

PARENT REPORT

The table shows the type of events (and frequencies) reported by the parents

Histogram



Parents response	Count
FIRE-TORNADO-FLOOD-HURRICANE	3
ACCIDENT-CAR ACCIDENT	10
WAR	2
ABUSE AT HOME	20
SEEING ABUSE AT HOME	39
BEATEN UP	12
SEEING SOMEONE BEATEN UP	14
SEEING DEAD BODY	3
SEXUAL ABUSE	13
HEARING OF VIOLENT DEATH	33
MEDICAL TREATMENT	16
OTHER	44

Analysis by Diagnosis

We conducted some preliminary analyses for some of the instruments, to study the score profiles of children with different diagnoses submitted at intake. The four diagnostic categories selected for these analyses are:

- **Mood disorders** (Bipolar, major depression, dysthimia)
- **Acting-out** (ADHD, conduct disorder)
- **Adjustment disorder** (Adjustment, anxiety)
- **PTSD**

Child Dissociative Checklist

Mean score and Standard deviation by Diagnosis.

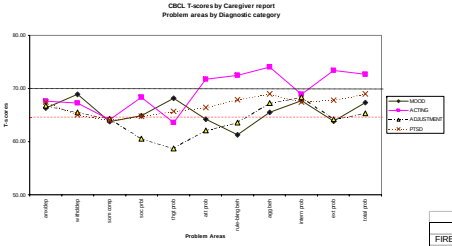
	Mean	Std. Deviation
MOOD	9.778	6.468
ACTING	12.357	8.326
ADJUSTMENT	6.462	3.950
PTSD	10.118	7.339

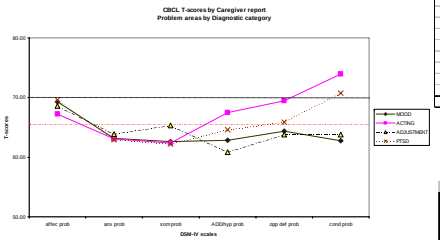
Percentage of children with scores over 12 by Diagnosis.

	MOOD	ACTING	ADJUSTMENT	PTSD
score over 12	33.33	35.71	7.69	29.41

Child Behavior Checklist

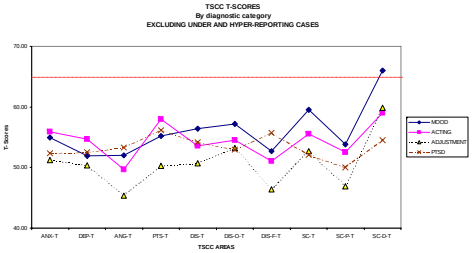
Scores over 65 (red line) are considered **borderline**. Scores over 70 (dotted line) are considered **clinically significant**.





Trauma Symptom Checklist for Children

Scores over 65 (red line) are considered **clinically significant**.



Percent of children with clinically significant scores by Diagnosis

	MOOD	ACTING	ADJUSTMEN	PTSD
Anx	37.5%	30.0%	12.5%	14.3%
Dep	18.8%	20.0%	0.0%	14.3%
Ang	12.5%	10.0%	0.0%	21.4%
PTS	18.8%	30.0%	12.5%	28.6%
Dis	18.8%	0.0%	12.5%	14.3%
Dis-O	25.0%	10.0%	12.5%	7.1%
Dis-F	6.3%	0.0%	0.0%	14.3%
SC	31.3%	20.0%	12.5%	14.3%
SC-P	18.8%	0.0%	0.0%	14.3%
SC-D	37.5%	30.0%	25.0%	21.4%

UCLA PTSD index for DSM-IV

CHILD REPORT

The table shows the type of events (and frequencies) reported by the children By Diagnostic Category

	MOOD	ACTING	ADJUSTMENT	PTSD	Total
EARTHQUAKE	0	0	1	1	2
FIRE-TORNADO-FLOOD-HURR	1	3	4	3	11
CAR ACCIDENT	7	2	5	3	17
WAR	1	1	1	0	3
ABUSE AT HOME	6	5	1	8	20
SEEING ABUSE AT HOME	12	6	6	11	35
BEATEN UP	8	5	4	7	24
SEEING SOMEONE BEATE	13	7	6	7	33
SEEING DEAD BODY	3	2	2	0	7
SEXUAL ABUSE	4	3	1	6	14
HEARING OF VIOLENT D	14	9	6	12	41
MEDICAL TREATMENT	6	4	6	5	21
OTHER	16	4	10	13	43
Total	19	12	13	16	60

PARENT REPORT

The table shows the type of events (and frequencies) reported by the parent By Diagnostic Category

	MOOD	ACTING	ADJUSTMENT	PTSD	TOTAL
FIRE-TORNADO-FLOOD-HURR	1	1	0	0	2
CAR ACCIDENT	2	3	2	2	9
WAR	1	0	1	0	2
ABUSE AT HOME	5	4	1	7	17
SEEING ABUSE AT HOME	9	8	7	11	35
BEATEN UP	3	4	1	3	11
SEEING SOMEONE BEATE	1	4	2	6	13
SEEING DEAD BODY	0	2	0	0	2
SEXUAL ABUSE	1	3	1	5	10
HEARING OF VIOLENT D	7	6	7	8	28
MEDICAL TREATMENT	2	4	4	2	12
OTHER	10	9	9	10	38
TOTAL	15	13	12	14	54

Observations and Conclusions

When children with trauma histories present for outpatient therapy, they often show a variety of symptoms that may make it difficult to determine the diagnosis and focus of treatment. At MHCD, our work within the National Child Traumatic Stress Network has helped us to better assess children's trauma histories and related symptoms early in treatment. We have become more aware of the miriad ways in which behaviors more typical of diagnoses other than PTSD may be masking posttraumatic stress. The preliminary results shown above illustrate this type of phenotypic overlap in symptom presentation for what should be more theoretically distinct diagnostic categories. Given these results, it seems imperative that future work focus on helping both clinicians and researchers to better understand and distinguish between the many diagnoses that could be assigned to a child with multiple problems in functioning, so that the most effective treatments can be sought. To that end, there is increasing evidence that a detailed history of a child's traumatic experiences must be gathered and taken into account.