TexProtects

The Texas Association for the Protection of Children

Senate Health & Human Services Committee

Charge #13 – Mental Health Services for Abused and Neglected Children

March 11, 2010

Madeline McClure, LCSW Executive Director
The Texas Association for the Protection of Children
Madeline@texprotects.org
214-442-1672
www.texprotects.org

I. Which abused children need treatment and how many Texas children are abused?

- Neuroscience researchers have found that psychic trauma occurs "*when an individual is exposed to an overwhelming event resulting in helplessness in face of intolerable danger, anxiety and instinctual arousal*" [1]

- The American Professional Society on the Abuse of Children (APSAC) Handbook on Child Maltreatment (2nd Ed.) notes:

  that within the child welfare population, *11 national studies reviewed indicated a minimum of 32% of abused children in kinship care to a high of 82% abused children at time of entering foster care were in need of mental health services.*[2]

I. Which abused children need treatment and how many Texas children are abused?

- Renowned child abuse researcher, Bessel van der Kolk noted: *while specific traumas such as war, concentration camps and rape are described as separate entities, closer examination makes it clear that "the human response to overwhelming and uncontrollable life events is remarkably consistent although the nature of the trauma may be different*…and, "*many of the psychological consequences of child abuse can be considered posttraumatic reenactments of the unresolved trauma*".[3]
- Most all survivors of child abuse experience post-traumatic stress, if not Post-traumatic Stress *disorder:* According to noted psychotraumatologist, Dr. George Everly,

  "*Post traumatic stress is a normal adaptive response to an abnormal stress*; *Post-traumatic stress disorder (PTSD) is a maladaptive variance to abnormal stress" and "Other than the "sudden death" phenomenon, posttraumatic stress represents the most severe and incapacitating form of human stress*[4].

TX Child Abuse and Neglect Continues Upward Trend

Number of Cases (Reports/Confirmed)

300,000
250,000
200,000
150,000
100,000
50,000
0

Child Population

6,600,000
6,400,000
6,200,000
6,000,000
5,800,000
5,600,000
5,400,000
5,200,000

1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009

Reports # Confirmed # Actual Incidence [5] Child Population

Source: DFPS Data Books 1998-2009

II. Under-Diagnosis or Misdiagnosis

- Not all abused children come to the attention of CPS authorities and many children never make an outcry (especially sexual abuse victims due to fear, threats and shame issues).

- Without a confirmed report, there is a high risk of misdiagnosis or under-diagnosis of PTSD. Even with a child's outcry and corroboration, PTSD is often misdiagnosed[6].

- Researchers have discovered that children with "Complex PTSD" or post traumatic stress (PTS) features have been misdiagnosed as having ADHD and worse, treated for ADHD. *"Post Traumatic Stress Disorder (PTSD) and Attention Deficient Hyperactivity Disorder (ADHD) can present in similar ways[6]".*

- Medication used to treat ADHD may exacerbate symptoms of PTSD.

III. Impact of Child Abuse: Short-term and Long-Term

Children respond to different types of abuse by symptom clusters yet, each child can also have varying responses within the types of abuse.

Physically abused children exhibit the following short term (and long term (LT) behaviors:

•Psychiatric symptoms, enuresis, tantrums, hyperactivity, bizarre behavior
•Impaired capacity to enjoy life (LT)
•Low self-esteem (LT)
•Learning problems in school
•Withdrawal (LT)
•Opposition (LT)
•Hypervigilance (LT)
•Compulsivity (LT)
•Pseudomaturity

Child Sexual Abuse

The severity of effects from sexual abuse is positively correlated to severity of abuse. The literature shows that children's reactions to child sexual abuse fall on a continuum of low to severe trauma. The repercussion intensity correlate directly with the following factors[7]:

- Younger age of child at time of abuse
- Chronicity of abuse
- Severity of abuse
- Closer the relationship to the Offender and larger the age difference
- Level of threats to child
- Amount of guilt child feels
- Child's poor mental and emotional health prior to abuse
- Family poor emotional climate prior to abuse
- More passive submission on the part of the child
- Parental response to the child's outcry

Child Sexual Abuse

The empirical data on short-term (and long-term "LT") effects of sexual abuse conclude that these victims exhibit the following symptoms[8]:

- Fear, Anxiety, Distrust (LT)
- Depression (LT)
- Difficulties in School
- Anger or hostility (LT)
- Inappropriate sexualized behavior (LT)
- Running away or delinquency
- Low self-esteem (LT)
- Feelings of inferiority (LT)
- Self-destructive behavior (self-mutilation, depression, suicidal tendencies) (LT)

Neglect

Neglected children often have the most severe consequences including the following **short and long-term after effects**:

•Massive repression of feelings (affect inhibition)

•“Deprivation-detachment”

•Impaired ability to empathize with others

•Violence

•Delinquency

•Decrease in general intellectual ability (due to lack of cognitive stimulation on part of the parent).

Emotional Abuse

Research shows the following differential response from emotionally abused children (short term)

- In infants, irritability, (and in some cases, failure to thrive)
- Anxious attachment to parents
- Tendency to act as caretaker to parents
- Delinquency or truancy
- **Short and Long-term effects:**
- Inappropriate Social disturbance (negative view of the world)
- Behavioral Problems (anxiety, aggression, hostility)
- Emotional disturbance (feelings of being unloved, unwanted, unworthy)
- Fear or distrust
- Low self-esteem
- Feelings of inferiority
- Self-destructive behavior (self-mutilation, depression, suicidal tendencies)

III. Impact of Child Abuse: Short-term and Long-Term[9]

Category	Percentage
School Related Problems	50%
Suffer Learning Disorders Requiring Special Education	22%
Adult Drug or Alcohol Abusers*	80%
Arrested as a Juvenile	27%
Prostitutes (sexually)**	90%
Prison Inmates Abused as Children at the Ferguson Unit (TDC)	65%
Convicted Murderers (physically)	90%

Y-axis: 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%

*60-80% of adult drug or alcohol abusers have a history of child abuse
**60-90% of prostitutes were sexually abused as children

III. Impact of Child Abuse: Long-Term

Impact of Child Abuse Long-term. Abused children with unresolved trauma are[10]:

- 6 Times more likely to commit suicide
- 24 Times more likely to commit sexual assaults
- 74 Times more likely to commit crimes against others
- 50 Times more likely to abuse alcohol or drugs
- 53% more likely to be arrested as a juvenile
- 38% more likely to be arrested as an adult
- ***6 Times more likely to abuse their children, perpetuating the cycle of violence***

III. Impact of Child Abuse: Long-Term

The Center for Disease Control and Kaiser Permanente HMO landmark study on “Adverse Childhood Experiences” effects on adult health revealed that having been abused and neglected as a child significantly increases risks for the leading causes of death in adults - cancer, heart disease, stroke and diabetes - a result of maladaptive hi-risk coping behaviors such as smoking, drinking, overeating and drug abuse.[11]

Financial Costs of Child Abuse in Texas

- We estimate that over 210,000 children are abused in Texas every year. Yet, using the lower figure of confirmed abuse cases of 71,344 child victims in 2008, research shows that Texas is not only paying considerable human costs but significant financial costs as well.
- The Graduate College of Social Work University of Houston analysis of the costs of child abuse concluded that Texas spends $6,279,204,373 per year on direct and indirect costs dealing with the after-affects of child abuse and neglect.[12]
- Texas could avert some of these costs by ensuring child abuse victims are offered and have access to competent professionals providing evidence-based therapeutic services as a tertiary prevention measure.

Direct and Indirect Costs of Abuse in TX[13]

$993,964,077

$1,472,275,485

$ 3,650,399,618

$140,000,000
$120,000,000
$100,000,000
$80,000,000
$60,000,000
$40,000,000
$20,000,000
$0

Texas Child Welfare Services System
Hospitalization
Mental Health Care System
Judicial Costs
Law Enforcement
Texas Youth Commission
Juvenile Probation
Adult Criminal Justice System
Mental Health & Physical Health Care
Substance Abuse/Dependence
Lost Productivity to Society

Direct Costs

Indirect Costs

IV. Effective Treatment of Childhood Abuse and Trauma

The major differential variable determining the delayed onset of the disorder as opposed to acute trauma appears to be the initial response and treatment. Those "aftereffects of abuse that are recognized, addressed and treated early on have a much better chance of being externalized and worked through before coping mechanisms become maladaptive." (Everly, 1997).

Types of Effective Treatment: (see Appendix I for more description and effectiveness outcomes)

- Play Therapy for child abuse victims
- Trauma-Focused Cognitive Behavioral Therapy, (TF-CBT)
- EMDR or Eye Movement Desensitization and Reprocessing

V. Public Policy and Funding Recommendations

TexProtects recommends the following change to legislative policy and funding priorities:

1. Add PTSD in children and adults to the Texas mental health system mandates of services for the current three major diagnoses: schizophrenia, bi-polar disorder and major depression.

2. Mandate professionals are trained in the differential aspects of PTSD and ADHD to reduce misdiagnosis and mistreatment. Professionals to include family physicians, pediatricians, psychologists, other mental health professionals, teachers, school counselors and other state professional mandated reporters.

V. Public Policy and Funding Recommendations

3. Fund trauma-informed training of foster/adopt/kinship caregivers and CPS workers to increase caregiver competency in working with emotionally disturbed, difficult children to reduce placement breakdowns. (Unfunded legislative mandate included in 2009 Fostering Connections Act Legislation).

4. Mandate and fund thorough assessments of traumatized children prior to initial home-based placement: Work with the federal Administration of Children and Families to change the Child Family Service Review (CFSR) penalty against states' "number of placements per child" scores by eliminating assessment center / emergency shelter placement from placement count. Thorough assessments should lead to more appropriate placements thus reducing costly placement breakdowns and additional subsequent placements longer-term.

V. Public Policy and Funding Recommendations

5. Increase the Children Advocacy Centers of Texas (CACTX) capacity to provide therapeutic services to more CPS confirmed victims and to extend play therapy services to appropriate-age child trauma victims directly (vs. offering services to parents of the children) to include transportation for child. Increase duration of therapy per child to meet professional recommendations and fund these capacity increases. (The duration of therapy appears to be related to effectiveness of treatment outcomes, with maximum effect sizes occurring after approximately 30 treatment sessions.)

APPENDIX I: TREATMENT
Play Therapy for child abuse victims

- Play therapy can be an effective form of therapy with a well-trained clinician that allows a child to safely tell their story or "re-enact" their abuse and process feelings of trauma and feelings toward the perpetrator. Play is children's "language" and toys are their words. A prominent researcher / clinician described the focus of psychoanalytic play therapy: "It allows for the communication of wishes, fantasies, and conflicts in ways the child can tolerate affectively and express at the level of his or her cognitive capacities".[14]

- Effectiveness: A meta-analysis of play therapy outcomes was conducted to determine the overall effectiveness of play therapy. The analysis showed an average treatment effect of 0.66 standard deviations. A strong relationship between treatment effectiveness and the inclusion of parents in the therapeutic process was reported. The duration of therapy also appeared to be related to treatment outcomes, with maximum effect sizes occurring after approximately 30 treatment sessions.[15]

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

From Bruce Perry, M.D., PhD, ChildTrauma Academy Newsletter, March 2010.

- TF-CBT is comprised of several components including psychoeducation, affect expression and modulation, cognitive coping, and behavior management training.
- The therapeutic strategies used are cognitive restructuring of maladaptive thoughts, exposure to the trauma narrative coupled with relaxation and emotion regulation techniques, and the learning of cognitive and behavioral strategies, such as assertiveness and the promotion of safety in the future.
- Effectiveness: Children assigned to TF-CBT compared to those assigned to child-centered therapy, demonstrated significantly more improvement with regard to PTSD, depression, behavior problems, shame, and abuse-related attributions.
- Parents assigned to TF-CBT showed greater improvement with respect to their own self-reported levels of depression, abuse-specific distress, support of the child, and effective parenting practices.[16]

EMDR (Eye Movement Desensitization and Reprocessing)

- EMDR therapy uses bilateral stimulation, right/left eye movement, or tactile stimulation, which repeatedly activates the opposite sides of the brain, releasing emotional experiences that are "trapped" in the nervous system.
- By accessing these memories in the context of a safe environment, the hypothesis is that information processing is enhanced, with new associations forged between the traumatic memory and more adaptive memories or information.
- These new associations result in complete information processing, new learning, elimination of emotional distress, and the development of cognitive insights about the memories.

EMDR (Eye Movement Desensitization and Reprocessing)

- Effectiveness: In studying children with PTSD receiving EMDR treatment compared to a wait-listed control group (WLC) the post-treatment scores of the EMDR group were significantly lower than the WLC indicating improvement in total PTSS-C scores, PTSD-related symptom scale, and the subscales re-experiencing and avoidance among subjects in the EMDR group, while untreated children improved in PTSD-non-related symptom scale.
- The improvement in re-experiencing symptoms proved to be the most significant between-group difference over time.[17]

References

[1] Eth, S. & Pynoos, R.S. (1985). Developmental perspective on psychic trauma in childhood, In C. R. Figley (Ed.), Trauma and its wake. New York: Burnner/Mazel.

[2] Landsverk, J., Garland, A. F., Leslie, Laurel K. (2002) Mental Health Services for Children Reported to Child Protective Services in The APSAC Handbook on Child Maltreatment (2nd ed.) American Professional Society on the Abuse of Children: Myers, John, E., Berliner, L., Briere, J., Hendrix, C.T., Jenny, C., Reid, T. A., (Eds.), Thousand Oaks, CA, London, New Delhi: Sage.

[3] Van der kolk, B. A. (1987). Psychological Trauma. Washington, DC: American Psychiatric Press

[4] Everly, G.S. & Lating, J.M. (1995). Psychotraumatology: Key Papers and Core Concepts in Post-Traumatic Stress. New York: Plenum Press.

[5] Finkelhor, D., Hotaling, G., Lewis, I.A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics and risk factors. Child Abuse & Neglect, 14, 19-28.
ACE Study - Prevalence - http://www.cdc.gov/nccdphp/ace/prevalence.htm
Adverse Childhood Experiences
Finkelhor, D. (1986). Prevalence. In A sourcebook on Child Sexual abuse. Chapter 1, pp. 15-59 and 2003, National Call to Action: A Movement to End Child Abuse and Neglect

[6] Perry, Bruce (2006). Understanding the Impact of Katrina on Children and Adolescents. The Child Trauma Training Academy. Houston, TX. http://www.childtrauma.org/CTAMATERIALS/Educators_Handout_Katrina_05.pdf
Dan Weinstein, , a, Darlene Staffelbachb and Maryka Biaggioc Attention-deficit hyperactivity disorder and posttraumatic stress disorder: Differential diagnosis in childhood sexual abuse Pacific University, Portland, OR USA, Providence St. Vincent Medical Center, Portland, OR USA, Pacific University, Portland, OR USA in Clinical Psychology Review, Volume 20, Issue 3, April 2000, Pages 359-378.

[7] Finkelhor, D (1986). A Sourcebook on Child Sexual Abuse. Lusk, R., & Waterman, J (1986) Effects of sexual abuse on children, Wyatt, G.E. & Powell, G. J. (Eds.) (1988) Lasting effects of child sexual abuse in Gil, Eliana. The Healing Power of Play: Working with Abused Children

[8] Courtois, C. (1988). Healing the Incest Wound: Adult Survivors in Therapy. New York/London: W.W. Norton & Co.

9 Prevent Child Abuse America Child Abuse and Neglect: Types of Abuse and Neglect: Physical, Emotional and Psychological and Social Effects: http://member.preventchildabuse.org/site/PageServer?pagename=research_child_abuse, PCAA, Chicago, IL.
(1989, 1992, 1998) Widom, Cathy Spatz. National Institute of Justice, The Cycle of Violence;
Cathy S. Widom and Michael G. Maxfield, An Update on the "Cycle of Violence," U.S. Department of Justice, National Institute of Justice, Washington, DC, February 2001). The study found that childhood abuse or neglect increased the likelihood of arrest in adolescence by 59% and in adulthood by 28%. Childhood maltreatment also increased the likelihood of committing a violent crime by 30%.

References

[10] Injury Prevention Center (2000) Child Abuse: Everyone's Business, Child Abuse Prevention Coalition (CAPCO), a division of the Injury Prevention Center, Parkland Hospital, Dallas. CAPCO citing: (1985) Jann Jackson, "Intervention with Children Who Have Witnessed Abuse," House of Ruth, Baltimore, Md. and May 15, 1997, "The Child Abuse Crisis: The Disintegration of Marriage, Family, and the American Community" by Patrick F. Fagan, Ph.D. The Heritage Foundation. http://www.heritage.org/research/family/bg1115.cfm <http://www.heritage.org/research/family/bg1115.cfm> "A Mass. study which indicated that children who saw their mother being abused, compared with those who did not, are 24 times more likely to commit sexual assault crimes, 50 times more likely to abuse drugs or alcohol, 74 times more likely to commit crimes against another person, and 6 times more likely to commit suicide."
[1](1989, 1992, 1998) Widom, Cathy Spatz. National Institute of Justice, The Cycle of Violence;
Cathy S. Widom and Michael G. Maxfield, An Update on the "Cycle of Violence," U.S. Department of Justice, National Institute of Justice, Washington, DC, February 2001). The study found that childhood abuse or neglect increased the likelihood of arrest in adolescence by 59% and in adulthood by 28%. Childhood maltreatment also increased the likelihood of committing a violent crime by 30%.
[1] (1996) Daro, Deborah, Preventing Child Abuse and Neglect, in The APSAC Handbook on Child Maltreatment (American Professional Society on the Abuse of Children).

[11] (1998) Felitte, V. M.D., R. Anda, M.D., d. Nordenberg, MD., The Adverse Childhood Experiences Study. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. American Journal of Preventive Medicine, Vol. 14, No. 4, 5/98

[12] Cache Seitz Steinberg, Ph.D. Kelli Connell-Carrick, Ph.D. Patrick Leung, Ph. D. Joe Papick, MSW Katherine Barillas, MSW, ABD (August, 2009). REPORT TO THE INTERAGENCY COORDINATING COUNCIL FOR BUILDING HEALTHY FAMILIES AND THE DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES: Evaluation Elements 1-6 Final Report

[13] Ibid.

[14] Gil, Eliana (1991) The Healing Power of Play: Working with Abused Children. The Guilford Press: New York, London.
McClure, M. (1997) Author's personal experiences as a play therapist using multi-dimensional therapies at the Dallas Children's Advocacy Center.

[15] Leblanc M.; Ritchie M. (2001) A meta-analysis of play therapy outcomes Counseling Psychology Quarterly, Volume 14, Number 2, 1 June 2001, pp. 149-163(15): Routledge, part of the Taylor & Francis Group.

[16] Cohen, J. A., Deblinger, E., Mannarino, A. P., & Steer, R. A. (2004). A multi-site, randomized controlled trial for sexually abused children with PTSD symptoms. Journal of the American Academy of Child and Adolescent Psychiatry, 43, 393-402.

[17] Abdulbaghi Ahmad; Bo Larsson; Viveka Sundelin-Wahlsten (2007). EMDR treatment for children with PTSD: Results of a randomized controlled trial. Nordic Journal of Psychiatry, 1502-4725, Volume 61, Issue 5, 2007, Pages 349 – 354