SYSTEMS OF CARE FOR TRANSITIONAL AGE YOUTH (TAY) WITH PSYCHIATRIC ILLNESSES THAT HAVE EXPERIENCED TRAUMA DURING CHILDHOOD AND EARLY ADOLESCENCE

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INTRODUCTION

Trauma is a widespread, harmful and costly public health problem. It occurs as a result of violence, abuse, neglect, loss, disaster, war and other emotionally harmful experiences. Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography or sexual orientation. In particular, maltreatment in adolescence, regardless of type, appears to increase the chances of arrest, general and violent offending, and illicit drug use in young adulthood, even controlling for sociodemographic characteristics and prior levels of problem behavior. When children and adolescents have been traumatized, most are separated from their families and are placed in child welfare, foster or residential facilities. Studies have shown that the more placements a child experiences, the higher risk of attachment issues leading to a high risk of psychiatric morbidity in adulthood. In virtually every biopsychosocial domain, transitional youth at-risk from social disadvantage have worse outcomes than the general population of youth. Research has established that the impact of cumulative psychosocial risks, such as child maltreatment, exposure to other traumatic events (e.g. community and/or domestic violence), family disruption. These youth have varying degrees of life skills to become successful, and don't always have resources and/or programs addressing the needs of this vulnerable population. Research has shown that those who leave foster care without being linked to forever families have a higher likelihood than youth in the general population to experience homelessness, unemployment and incarceration as adults. About 33-45% of the "aged out" emancipated youth have been given at least one or more psychiatric disorders and will need help accessing adult mental health services in the community. They experience higher rates of mental health problems than the general population (e.g. PTSD is 5X rate and 28% recover vs 47% general population) 33-45% have been diagnosed with one or more psychiatric disorders while in foster care and prescribed psychotropic medications at 2-8X more than non foster youth. Also only about 10-15% of foster youth enter college and they tend to choose colleges with lower admissions criteria. Only 3% of foster youth will earn a Bachelor's degree from a 4 year college..

OBJECTIVES

When mental health and behavioral issues begin in childhood as a result of trauma, the children are usually evaluated and treated in publicly funded community child and adolescent clinics with clinical staff trained to work specifically with that age group. However, when these youth reach the age of 18-21, child and adolescent services are terminated and those that suffer from persistent mental illness will need to seek treatment in adult care clinics.

METHODS

Biological Effects:

Abuse and Neglect have a direct effect on brain development. Preclinical data suggest that early life stress has detrimental effects on the brain's dopaminergic system, particularly the mesocorticolimbic pathway.

- Altered dopamine function is thought to contribute to the development of stress-related pathologies.
- But little is known about the impact of early stress on dopamine systems during childhood and adolescence, when stress-related disorders frequently emerge.

Psychological Effects:

Multiple out of home placements prevents healthy attachments with caregivers and peers, and changing schools leads to poor educational outcomes.

- Feelings about reconnecting with family of origin
- 64% report feeling close to birthmothers
- If living with relatives, 95% report feeling close to them
- Internal conflicts about reconnecting vs past treatment as children
- Difficulty forming new adult relationships based on numerous moves to new homes

Social Effects:

- Lack social supports which contribute to negative outcomes on physical and mental health
- Multiple moves interfere with establishing stable and long term relationships
- Disrupted education: missing school due to switching homes, most won't graduate high school at age 18
- Disruptive social networks increase emotional distress
- More than 20% report homeless 1 day or more in last year
- Review of research 1990-2011 shows between 11%-36% of 18-25 year olds reports being homeless, compared to 4% general population
- Risk factors include being male, ran away while in foster care, delinquency, placement instability, history of physical abuse, mental health issues

LGBTQ+ Youth:

- Approximately 33% of LGBTQ+ students drop out of high school, nearly **three times** the national average leading to low graduation rates,
- 40% of homeless youth (9-10% of general population)
- More likely to experience verbal and physical abuse while in care by peers and staff
- 4 times more likely to attempt suicide.

Intergenerational Trauma Effects (ITE):

- ITE in the offspring of survivors of abuse, armed conflict, and genocide has been well documented
- Offspring of parents who have experienced trauma are thought to themselves experience higher levels of childhood trauma
- Offspring of parents with PTSD have been found to have lower levels of urinary cortisol levels even if they themselves did not have PTSD
- In animal models, fluctuations in maternal care of their infants results in longstanding changes in hippocampal glucocorticoid receptor expression and hypothalamic pituitary adrenal function that are then transmitted intergenerationally
- More research regarding protective factors and resiliency to decrease ITE is needed.

Trauma Informed Care (TIC)

Many frameworks exist to describe the core components of TIC. SAMHSA's definition focuses on four key principles for programs, organizations, or systems to consider:

- Realize the widespread prevalence of trauma;
- Recognize the signs and symptoms of trauma in clients, families, and staff.
- Respond by integrating knowledge into policies, procedures, and practices;
- Actively resist retraumatization of clients, families, staff, and others.

Positive Transition Outcomes:

- Resiliency and Strengths Orientations
- Federally Legislated Supports
- Transition Readiness Assessment
- Mentoring
- Financial Literacy
- Postsecondary Education Support
- Independent Living Programs
- Mental Health Services for Transitional Age Youth

Mentorship

- Mentoring relationships can be life changing.
- Whether it is through structured programs or through relationships that develop on their own, mentoring has been shown to benefit youth.
- Benefits may occur through a variety of mediating processes, such as changes in social and emotional development, cognitive development, identity development and all of the above

Mental Health Programs:

Few and far between, some hospitals and clinics are recognizing the need for transitional age youth services. Yale New Haven Hospital in New Haven, Connecticut, is one of the few hospitals in the USA with an inpatient unit and intensive outpatient program for patients age 18-25. Also, the state of Connecticut's Department of Mental Health and Addictions Services supports a Young Adult Service for 18-25 year old youth with psychiatric disorders located in several publicly funded licensed mental health clinics. These "wraparound" services provides outpatient psychiatric services, vocational and educational counseling, housing, occupational skills building and job internships, working with juvenile diversion, and the Substance Abuse Treatment Unit (SATU). These programs focus on the developmental needs of patients which improves compliance and adherence to treatment.

RESULTS

Participants will gain a greater understanding of the difficulties that youth with trauma histories and psychiatric disorders face when becoming young adults, and will learn how to minimize the risks of negative transitions while promoting positive transitions. Audience members will also learn that a trauma informed, developmental approach helps these youth attain their goal as a successful, well adjusted adult.

CONCLUSIONS

Child and Adolescent Psychiatrists can offer their knowledge and expertise in the developmental aspects of trauma during childhood, adolescence and young adulthood to inform policy, initiate research, provide support and treatment, and develop social plans and clinical programs for these youths.

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I HAVE NO DISCLOSURES

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