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### Post-Traumatic Growth: a Treatment Approach for Teen Survivors of Childhood Trauma

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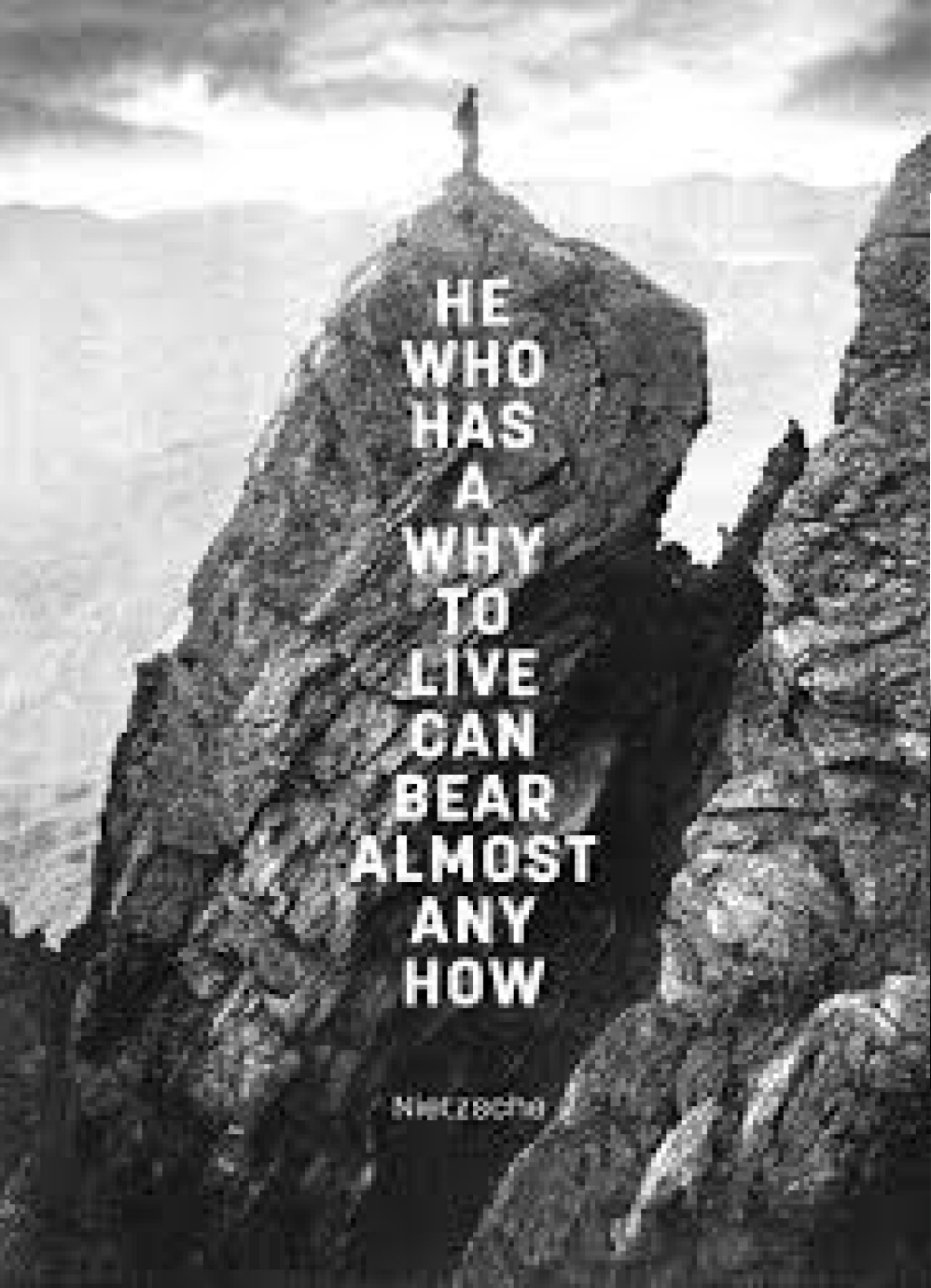
# POST-TRAUMATIC GROWTH: A TREATMENT APPROACH FOR TEEN SURVIVORS OF CHILDHOOD TRAUMA

Kenyon C. Knapp, Associate Professor,  
and Jacqueline Robinson, Doctoral Student, Mercer  
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Copies of presentation may be requested at [knapp\\_kc@mercer.edu](mailto:knapp_kc@mercer.edu)

# Session Objectives:

- Integrating a Family Systems Approach to PTG- Robinson
- Identify/Define present research literature on PTG- Knapp/Robinson
- Specific treatment methods for PTG- Robinson
- Agenda for PTG therapy sessions- Knapp/Robinson
- How PTG differs from other models of crisis counseling.- Knapp
- Integrating Posttraumatic Growth with traditional therapy models- Knapp
- Empowering teen survivors of traumatic events- Knapp
- How teen traumatic stress differs from adult or child traumatic stress- Robinson



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Nietzsche



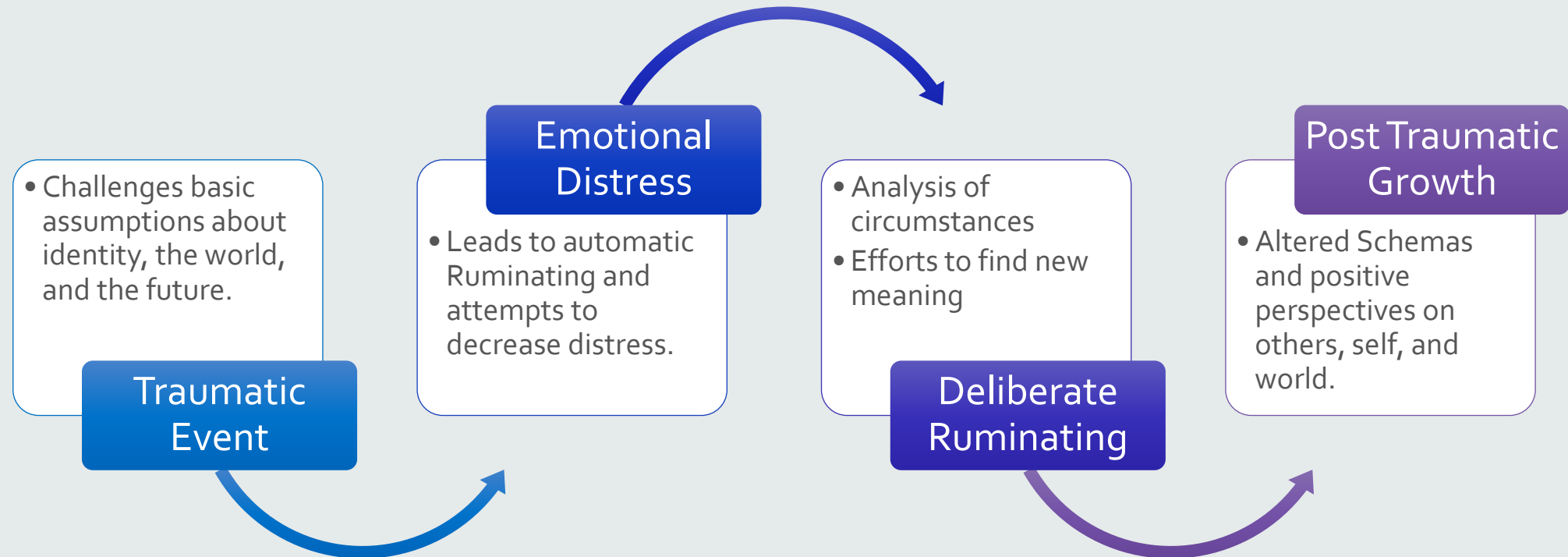
"All the adversity I've had in my life, all my troubles and obstacles, have strengthened me... You may not realize it when it happens, but a kick in the teeth may be the best thing in the world for you."

Walt Disney

# Identify/Define Post Traumatic Growth

- The experience of significant positive psychological change arising from the struggle with a major life crises.
- Multidimensional construct inclusive of changes in behaviors, beliefs, goals, and identity.
- Allows trauma survivors to see “some good” emerging from their struggle (Tedeschi and Calhoun 1996).
- Emphasis on “Growth” and client strengths rather than traumatic “stress”.
- Emphasis on aspects of the personality that evolve as a result of trauma.
- Focuses on positive outcomes of adverse childhood experiences or traumatic events rather than symptoms.
- Much of the PTG literature mentions that most PTG occurs in 5 domains: new possibilities, relating to others, personal strength, appreciation of life, and spiritual change.
- Contradictory findings on whether natural or man-made traumas are most amenable to PTG- some find natural events are better and some that sexual trauma correlated most with PTG.

# Process of Post Traumatic Growth

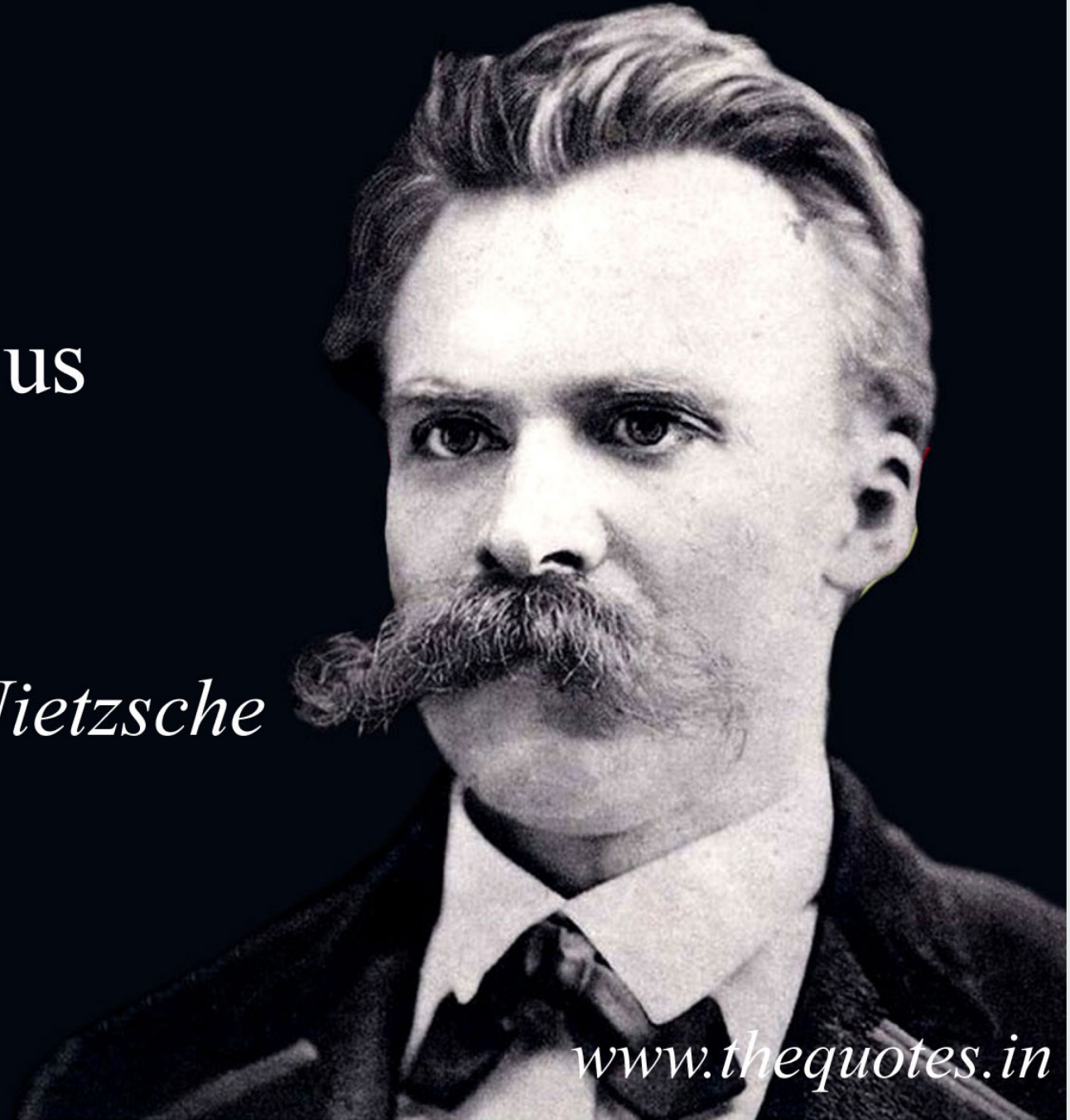




That which does not kill us  
makes us stronger.

*Friedrich Nietzsche*

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# Pre Trauma Characteristics/Predictors of PTG

- Attachment style
- personality traits including: optimism, agreeableness, extroversion, positive affect, optimism, religiosity (NE vs MS examples) and conscienceousness).
- Younger age
- Self efficacy
- Self esteem
- Social Support (\*-from parents/caregivers rather than peers/siblings)
- Less education
- Ethnic minority
- Female gender Note: studies have not shown a significant relationship b/t PTG and Gender for teens= females tend to be more open to assistance, vulnerability, etc.
- Lower levels of anxiety, substance abuse, depression, and emotional distress.



# How PTG Focused Approach differs from other models of crisis counseling

1. **Perspective**-when written in Chinese, the word “Crisis” is composed of two characters, one represents danger and the other represents opportunity.
2. **Treatment direction**- Instead of treating the symptoms and focusing on containment, the trauma is used as a catalyst for potential growth.
3. **Wellness focused** rather than pathology focused.
4. **Highly Adaptable**- can be integrated into many models of crisis work and counseling theories- is somewhat transcendent of theoretical models.

# Agenda for therapy to develop PTG from trauma

Component Based Psychotherapy (Pressley & Spinazzola, 2015).

1. Relationship- between the client and the therapist, which is later generalized outward.
2. Regulation- learning self-regulation so that previous triggers do not cause a fight, flight, or freeze reaction.
3. Parts work- psychoeducation about the normalcy of experiencing aspects of self in various parts, making connections b/w past and present, and ultimately integrating the diverse self-experiences into a more cohesive sense of self.
4. Narrative- understanding, accepting, transcending, and integrating traumatic experiences into one's broader life narrative. Moving beyond the identity of survivor to an identity of one who is engaged in a meaningful life (do not let mistakes- AA or past traumas define you).

# How teen traumatic stress differs from adult or child traumatic stress

- Some researchers view youth as more vulnerable to traumatic stress.
- Youth lack mature coping skills.
- Youth have limited resources.
- Youth are in the process of developing their sense of self.
- Youth potentially lack the abstract reasoning necessary for PTG to occur.
- Worldview of youth is not solidified which makes them more flexible and gives an increased likelihood of growth.
- Remains Under-researched as it relates to Post Traumatic Growth



# Empowering teen survivors of traumatic events

## A. Begin with Psychological First Aid:

1. Contact and Engagement
2. Safety and Comfort
3. Stabilization (if needed)
4. Information Gathering: Needs and Current Concerns
5. Practical Assistance
6. Connection with Social Supports
7. Information on Coping
8. Linkage with Collaborative Services

B. Parents/Caregivers can promote PTG through modeling strength and growth, facilitating “family meaning making”, and focusing on “deliberative rumination” rather than fatalistic rumination.

C. For teens with severe trauma or complex trauma, containment & ‘grounding’ exercises may be needed, as a moderate amount of stress is most highly correlated with PTG, not very high (panic) or very low (weak catalyst for motivating change).

D. Relational treatment model (attachment)- therapist experientially *repairs* the *rupture* in the relationship process by tending to the needs of the client.

# Integrating Posttraumatic Growth with traditional therapy models

1. Other therapy model must be insight-oriented rather than just behavioral, as that is the crux of PTG.
2. Works well with Attachment Theory, Acceptance and Commitment Therapy, CBT, and Narrative Therapy (if you adjust your narrative to the trauma rather than 'create your own reality')

# Specific treatment methods for PTG



- Assess History of trauma and the impact of trauma (Two different Measures)

Ex: Checklist of Sexual Abuse and Related Stressors (C-SARS)

EX: Clinician Administered PTSD Scale for Children and Adolescents (CAPS-CA)

- Administer Post traumatic growth inventory.
- Component 1-Explore Automatic ruminating
- Component 2- 5 theoretical aspects of growth: Relating to others, personal strength, spiritual change
- Component 3- Appreciation of life and New possibilities
- Component 4- Narrative processing: Objective is to decrease symptoms memory processing integrating trauma into a broader life narrative



# Integrating a Family Systems Approach with PTG

- Objective: Active interpersonal processing rather than intrapersonal processing yields growth.
- One member or the whole family can be exposed to the stressor.
- In the Original model proposed by Calhoun and Tedeschi the family is considered a context for individual growth in a family system approach to PTG the family is the entity that grows rather than the individual.
- Paradigm shift from a deficit focused approach to a strengths focused approach to conceptualizing and treating families.
- Process of Growth: Adverse events that set off changes processes/shifts within the family, leading to higher level family functioning which yields growth.



## Case Example

The whole Schulman family became active in a national foundation for suicide prevention and engaged in events to raise public awareness 2 years after their son's death. They explained this activity as a way of channeling their pain and sorrow to spare other families a similar agony. "We dedicate every free minute to participation in protests, writing letters, distributing fliers, giving talks, and maintaining an Internet site we developed in memory of Jason." Jason was a 19-year-old freshman in a suburban college where his father served as a faculty member and his mother as a program administrator. Three weeks into the Fall semester, Jason was found dead in his dorm room with a suicide note by his side. An autopsy report attributed the cause of death to an overdose of prescription drugs. The family was devastated; the mother developed numerous somatic symptoms, neither parent was able to return to work for several months, and the two younger brothers exhibited academic and behavioral problems in school. Thus, finding a new path by dedicating their life to activism for a cause (conceptualized in the PTG model as New Possibilities) was the way by which the family transformed the grief over the sudden and unexpected loss of a promising young son into PTG. Berger and Weiss (2009)



# Integrating Family systems Approach with PTG

- ❑ Identify Familial Pre-trauma characteristics.
- ❑ Assess for growth that has already taken place.
- ❑ Assess family beliefs and the flexibility of family beliefs.
- ❑ Structural changes discussed/resolved/ make new meaning.
- ❑ Sessions should focus on role flexibility, clear family boundaries, abundant rituals, and a wide range of family rules as means of processing trauma.



# Identify/Define present research literature on PTG

- Post Traumatic growth has been indicated in survivors of combat, the Holocaust, divorce, bereavement, terroristic events and major illness.
- Predictors of PTG Study on Bereaved Adolescents-Longitudinally Examined: Mental Health, social adaptation, threat appraisals, intrapersonal coping, interpersonal coping
- Is a quickly developing approach, with the term PTG allegedly coined by the Posttraumatic Growth Research Group at UNCC.

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