

The Role of Border Trauma Exposure on Children and its Impact on Their Mental Health and Substance Use

U.S.-Mexico Border
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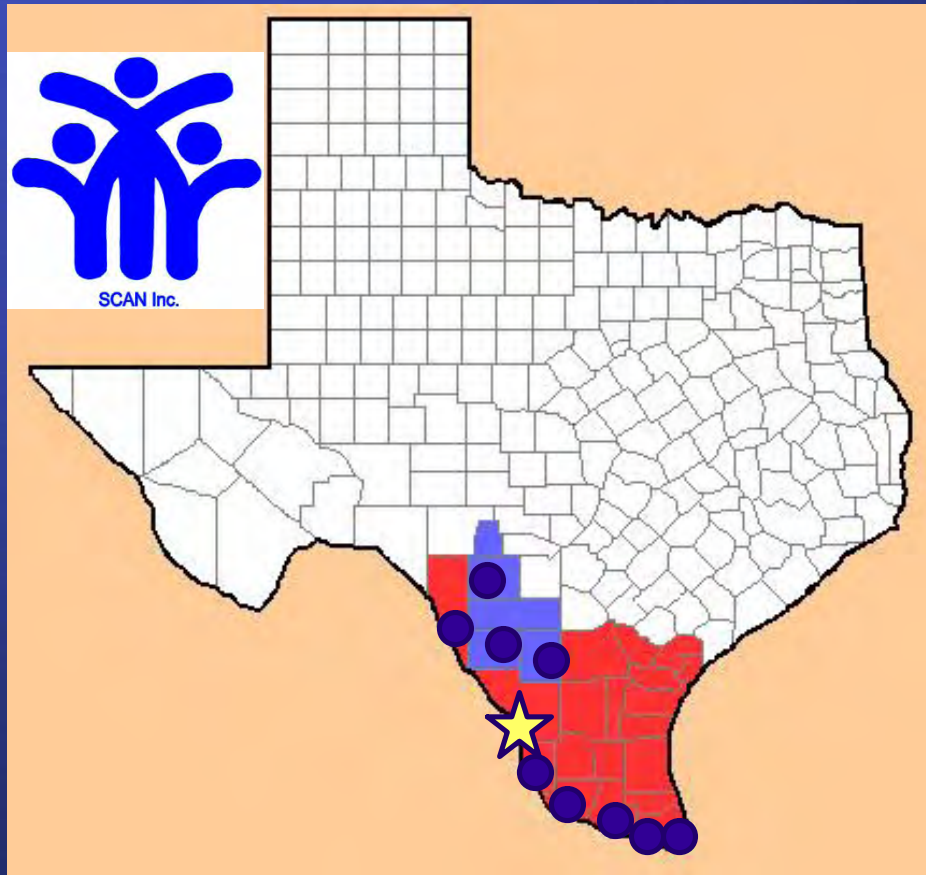


“As social beings, we need not only good material conditions, but from early childhood onwards, we need to feel valued and appreciated. We need friends, we need to feel useful, and we need to exercise a significant degree of control over meaningful work. Without these we become prone to depression, drug use, anxiety, hostility and feelings of hopelessness, which all rebound on physical health”

(World Health Organization, Social Determinants of Health: The solid Facts, 2nd edition, Pg 9)



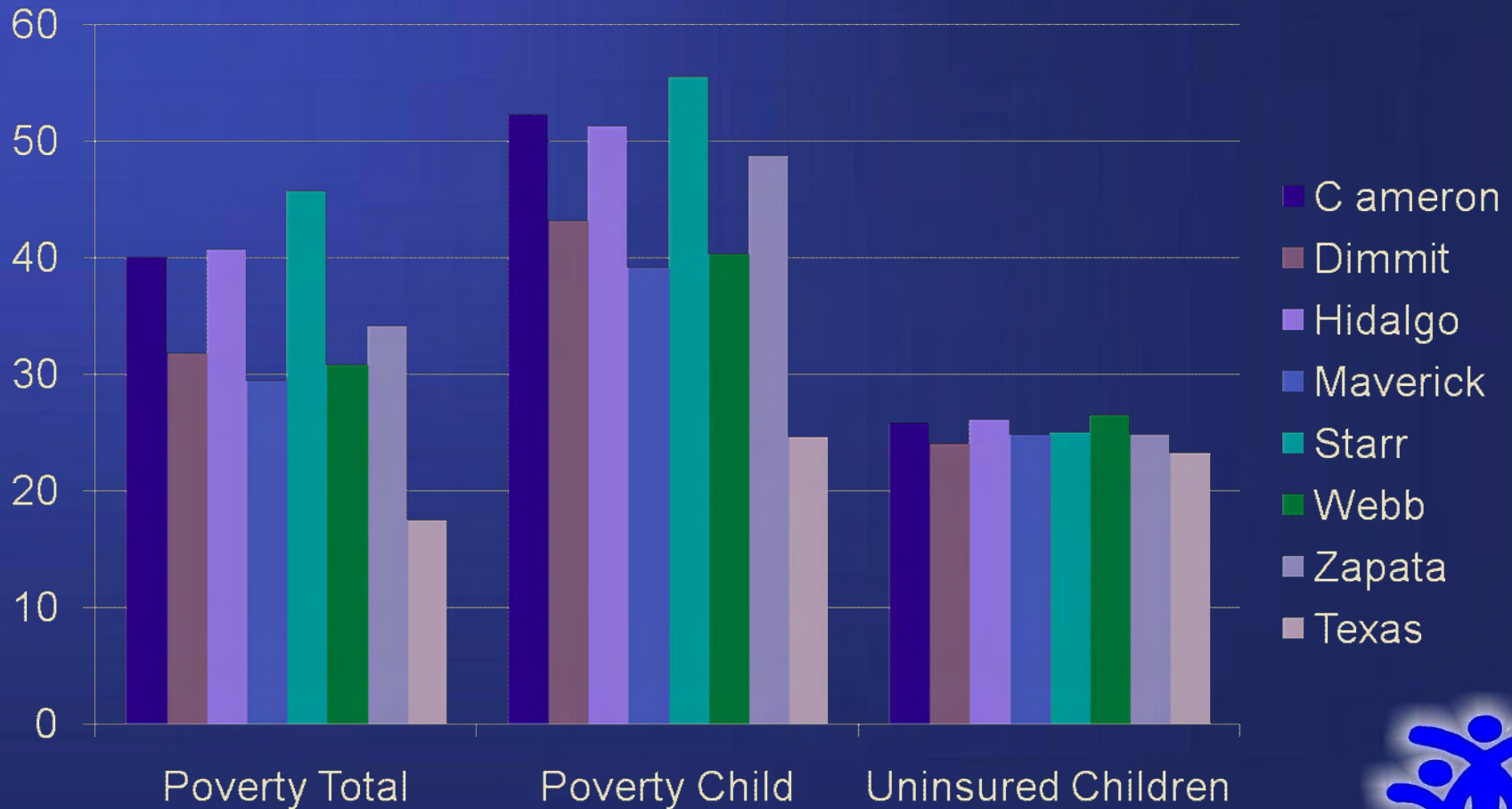
Serving Children and Adolescents In Need Inc.



- Mission: To Foster the Healthy Development of Families and Communities Along the Texas-Mexico Border
- In existence for 27 years
- A perspective from the field



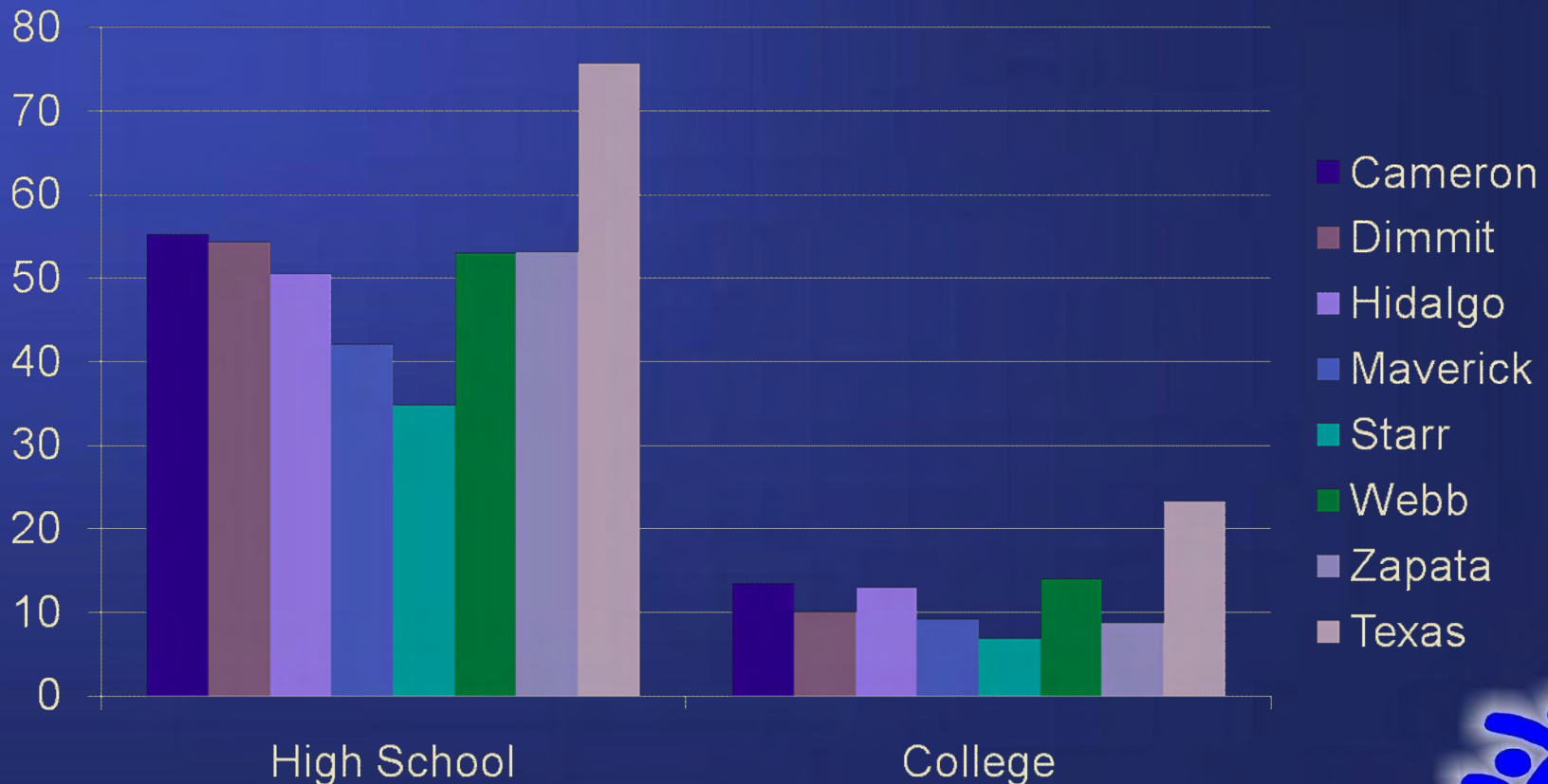
Risk Factor: Poverty



Source: Texas Kids Count Project, County Snapshots. Data for 2005;



Risk Factor: Low Educational Attainment



Source: US. Census Bureau, State and County Quick Facts,
Data for 2000



Risk Factor: Lack of Resources

Population	Youth Public MH (0-17)	Adult Public MH	Youth (12-17) PSA	Adult PSA
Total Population	807,598	1,735,700	272,369	1,982,455
Need Services	20,323 (Serious ED)	44,341 Serious/prst. MH	26,032 (CD)	161,880 (CD)
Received Services	25.2% (5,123)	34% (15,055)	3.2% (831)	3.7%(5,953)

- Texas Has the Highest Rate of Uninsured children in the U.S.

Source, Maples M. (2009). Mental health and substance abuse services- Border health in Texas. Presentation given at the Border Grand Rounds, Rockville, MD, May 19, 2009



Risk Factor: Shortage of Professionals

MH profession	62 miles of border	100 miles of border	Texas	US
Psychiatrists	3	6.9	7.5	14.2
Psychologists	4.1	10.	14.4	28.4
Social Workers	21.9	39.7	43.7	35.6

(Source: U.S. HHS, HRSA 2003)

Licensed Professional Counselors

Urban Texas	Rural Texas	Urban Border	Rural Border
65.6	40.7	29.4	24.3

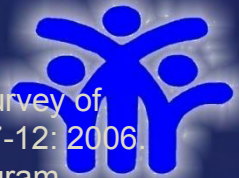
(Hogg Foundation, 2008)

- In the past 7 years the workforce supply ratio for psychologists in Texas remained the same in past 7 years and declined for psychiatrists and social workers (Hogg Foundation, 2008)

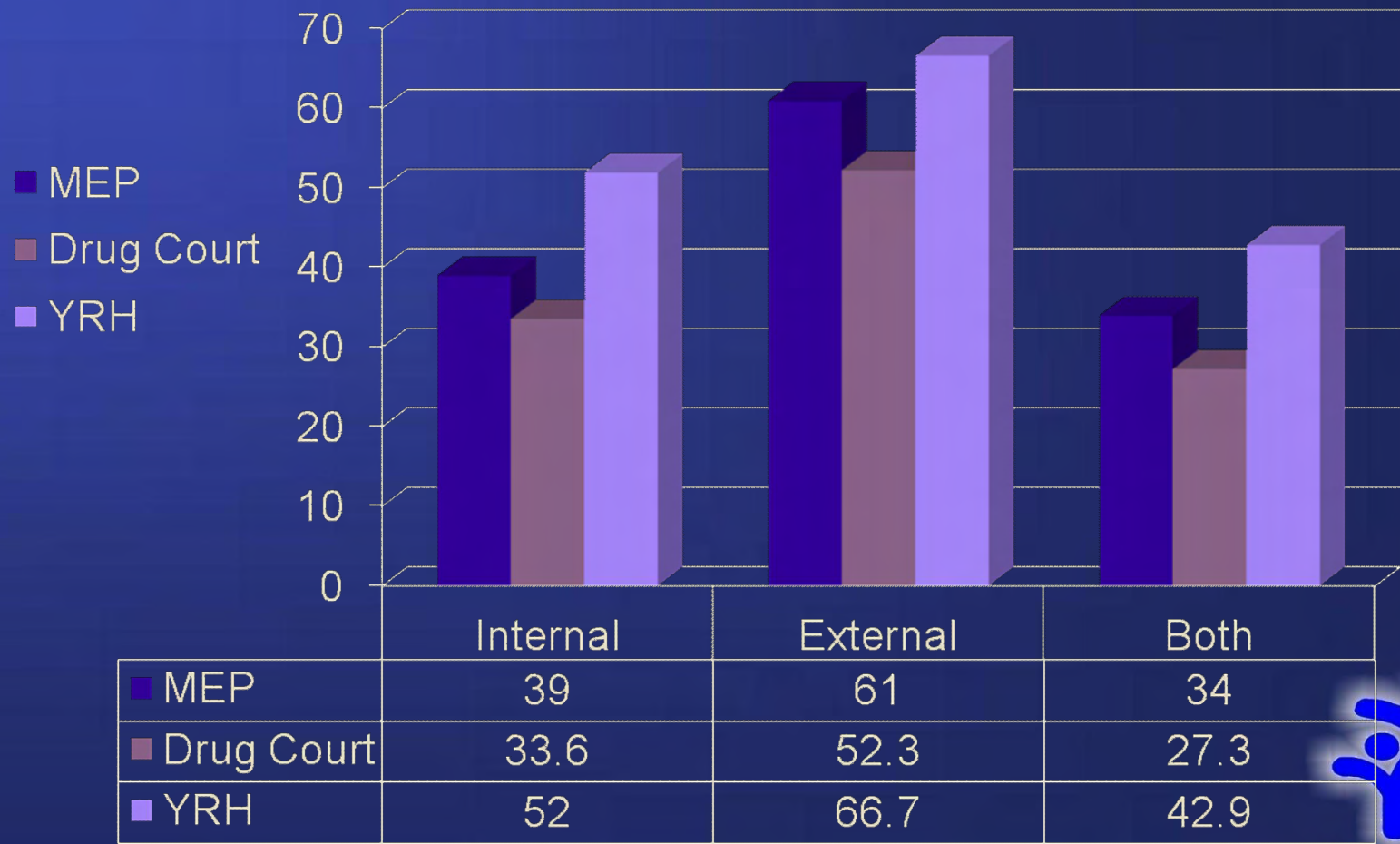


Adolescent Substance Use Problems

- High availability of cheap drugs, alcohol and prescription drugs
- Higher Lifetime and past month use of tobacco, inhalants, cocaine, crack and Rohypnol
- Higher current use of alcohol
- Use of cocaine was more pronounced in upper grades
- Three times more likely to report Rohypnol use
- Source: Liu, L.Y, (2008). Adolescent substance use in Texas. Mental Health and Substance Abuse Services Division, Texas Department of State Health Services
- Easier to obtain alcohol at parties (74% vs. 64%) and from a store (23% vs. 18)
- Consider tobacco, alcohol, marijuana and steroids very dangerous but are less likely to consider cocaine, crack, inhalants and heroin as dangerous
- Less likely to participate in multiple extracurricular activities
- Source: Liu, L.Y, (2008). Texas school survey of substance use among students: grades 7-12: 2006. Mental Health and Substance Abuse Program Services, Texas Department of State Health Services



MH problems in youth Accessing Substance Abuse treatment at SCAN



SCAN, Inc.

Youth in Need of treatment

- Youth in residential care have more traumatic experiences, particularly females
- Challenges in accessing treatment and providing continuing care
- Barriers identifying and meeting family's comprehensive needs, particularly MH services
- Barriers in providing integrated care for MH and substance abuse



Risk Factor: Community Violence

- Drug wars not a new phenomenon, but violence now affecting to general population
- Border Violence and environmental safety
 - Border youth perceive less environmental safety in their neighborhood and at school (Liu, 2004)
 - Kidnappings, murders and blackmail
 - Border becomes a cue for danger
 - Media Coverage
 - Impact on Families

LAREDO | DRUGS

Cartel hires Laredo teen as hit man

(Editors note: This is the first of two stories on Gabriel Cardona that first appeared in the Houston Chronicle. The second is scheduled to appear Monday in the Laredo Morning Times.)

By **SUSAN CARROLL**
HOUSTON CHRONICLE

If the teenage hitman had stayed locked up in his concrete cell after the first murder, maybe Moises Garcia would still sing goofy Spanish songs to his son. Maybe Noe Lopez, a 27-year-old father of four, wouldn't be buried under a sapling in the city cemetery. Maybe.

If a judge hadn't reduced Gabriel Cardona's bail after the second murder charge, perhaps Mariano Resendez would be close to finishing his junior year of high school.

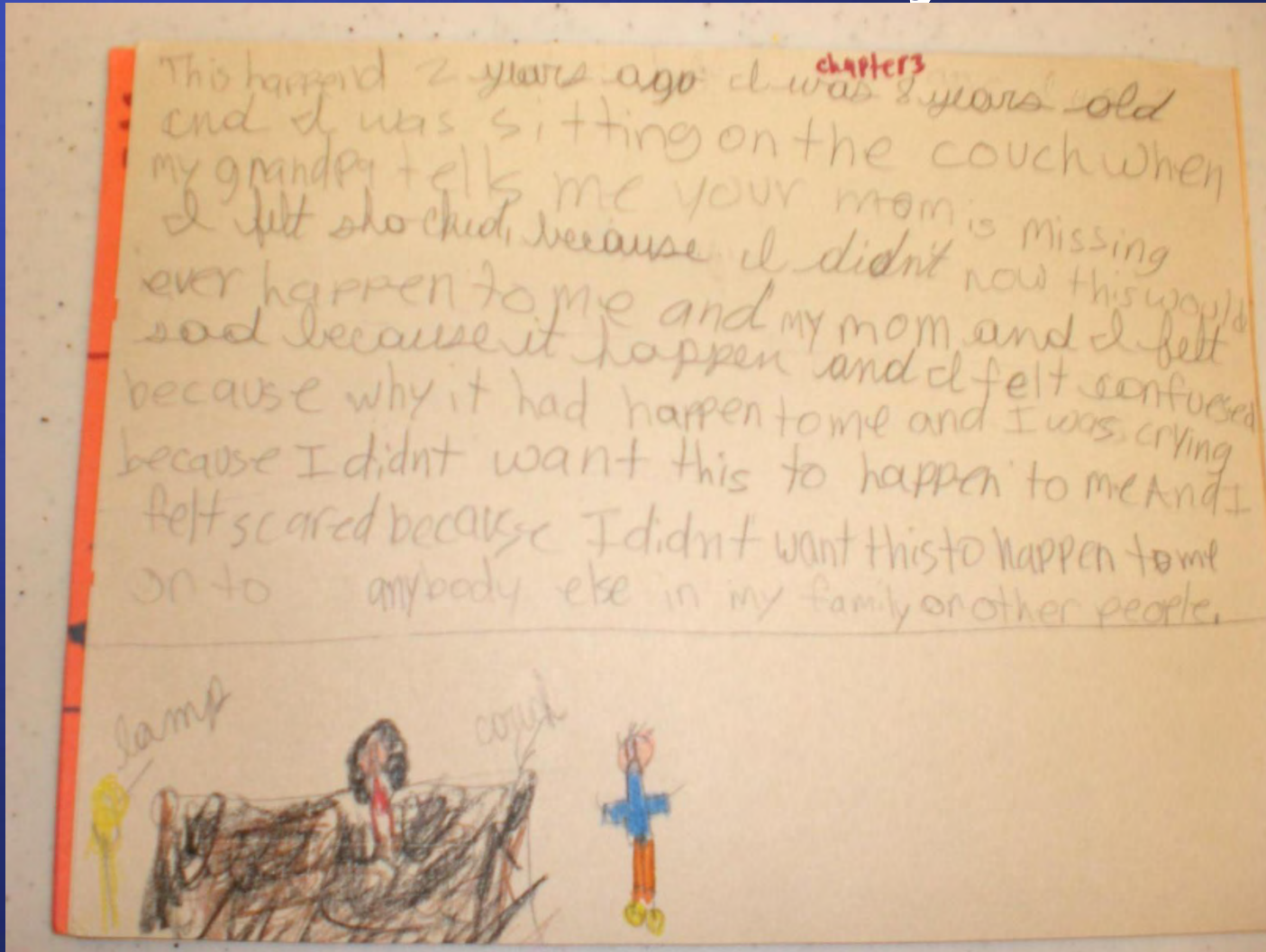
If the justice of the peace hadn't decreased Cardona's bail on another murder charge and a charge of engaging in organized crime from a total of \$5 million to \$200,000, maybe Jesus Maria Resendez would still take his nephew Mariano fishing. Maybe.

But the judge, the justice of the peace and to a degree the Webb County District Attorney's Office didn't keep Cardona, a Martin High School dropout, locked up in Webb County Jail.

Instead, court records show, Cardona, who already



Janie's Story



Child Traumatic Stress

- Traumatic events overwhelm a child's capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal.
- *Child traumatic stress= physical and emotional responses to exposure to extreme threat, injury or death.*
- Re-experiencing
- Increased Arousal
- Avoidance
- Mood regulation
- Dissociation
- Behavioral control



The Context of Child Traumatic Stress

- When trauma is associated with the failure of those who should be protecting and nurturing the child, it has profound and far-reaching effects on nearly every aspect of the child's life.
- Response may have a profound effect on his/her perception of self, the world, and the future.
- Traumatic events may affect children's:
 - Ability to trust others
 - Sense of personal safety
 - Effectiveness in navigating life changes



Long Term Effects of Childhood Trauma

- In the absence of more positive coping strategies, children who have experienced trauma may engage in high-risk or destructive coping behaviors.
- These behaviors place them at risk for a range of serious mental and physical health problems, including:
 - Alcoholism
 - Drug abuse
 - Depression
 - Suicide attempts
 - Sexually transmitted diseases (due to high risk activity with multiple partners)
 - Heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease

Source: Felitti et al., 1998



The Link Between Trauma and Substance Abuse

- Traumatic stress and substance abuse frequently co-occur among adolescents.^{1, 2, 3} Reasons for the link between trauma and substance abuse include:
 - **Self Medication:** Adolescents who experience trauma may turn to substances to alleviate distress. A reminder of past trauma or loss can elicit substance abuse cravings.
 - **Susceptibility:** Youth's ability to appropriately cope with distressing and traumatic events may be decreased by ongoing substance use, leading to increased likelihood of traumatic stress symptoms.
 - **High Risk Behaviors:** Adolescents who use substances are more likely to engage in risky activities that could lead to experiencing trauma (e.g., driving under the influence, hanging out in unsafe neighborhoods).

1. Kilpatrick et al., 2003; 2. Deykin & Buka, 1997; 3. Funk et al., 2003; 4. Diamond et al., 2006



Trauma, Substance Abuse, and the Adolescent Brain



- Trauma exposure can have serious consequences for the normal development of children's brains, brain chemistry, and nervous system.
 - Trauma-induced alterations in biological stress systems can adversely effect brain development, cognitive and academic skills, and language acquisition.
- Substance use in adolescence causes disruption of normal brain development (brain is not fully developed until age 24-25), resulting in
 - Problems with learning and memory (Hippocampus)
 - Problems with critical thinking, planning, impulse control, and emotional regulation (Prefrontal cortex)
 - Interference with many physiological processes that can destabilize mood (depression, aggression, violence, and suicide)



Culture, Age, and Context

- Many children seeking care are from groups that experience:
 - Discrimination
 - Negative stereotyping
 - Poverty
 - High rates of exposure to community violence
- Experience more severe symptomatology for longer periods of time than majority group counterparts
- Social and economic marginalization, deprivation and powerlessness can create barriers to service
- The longer traumatic stress goes untreated, the further children tend to stray from appropriate developmental pathways.
- The earlier the onset age of drinking, the greater the risk for lifetime alcohol abuse or dependence.



- Established by Congress in 2000, a SAMHSA-funded Initiative
- Raise the standard of care and increase access to services for traumatized children and their families in the US
- Unique collaboration between academic and community based centers
- National Resource for developing & disseminating evidence-based interventions, trauma-informed services and education
- Adolescent Substance Abuse and Trauma Toolkit
- Increasing Resources in Spanish



Recommendations

- Utilize NCTSN expertise, resources and products Immediately
- Support the development of trauma-informed systems of care on both countries
- Increase awareness on trauma and substance abuse
- Increase identification and assessment
- Support research/training for treatment programs that integrate trauma and substance abuse
- Work on closing the gap between the two systems of care
- Increase and cross-train workforce
- Increase treatment capacity
- Address families' trauma, mental health, and substance abuse needs as well as the context

