

Title:

Prevalence and Risk Factors for Posttraumatic Stress Disorder Among Chemically Dependent Adolescents

Source:

Deykin, Eva Y. and Buka, Stephen L., Prevalence and Risk Factors for Posttraumatic Stress Disorder Among Chemically Dependent Adolescents, *American Journal of Psychiatry*, 154:6, June 1997, pgs. 752-757.

Email and Web Address: None. Reprint requests may be sent to Dr. Deykin, National Center for Post Traumatic, Stress Disorder, B12-49a, Boston, CA Medical Center, 150 S Huntington Ave. Boston, MA 02130; Deykin.Eva_Y@Boston.VA-Gov or Dandykin@aol.com

Conclusion:

An understanding of the possible relationships between trauma, PTSD, psychiatric co-morbidity, and substance use in adolescents can serve to provide valuable insight when clinicians work to address the chemical dependency treatment needs of this age group.

Purpose:

Posttraumatic stress disorder (PTSD) is a psychiatric disorder triggered by a severe trauma or threat to physical integrity. It is characterized by persistent, intrusive flashbacks to the trauma; numbing of responsiveness; and persistent states of increased arousal. Interest in PTSD is expanding from its original focus on veterans to civilian populations including children subjected to natural disasters, war, maltreatment and other man-made events. This article investigates whether youth who are chemically dependent, with its accompanying chaotic and often violent lifestyles, are at greater risk of suffering from PTSD and identifies factors that influence the risk of PTSD after a qualifying trauma. It involves 297 adolescents aged 15-19 who were receiving substance abuse treatment in several publicly funded facilities. Data was gathered through the use of structured interviews and instruments that measured symptoms and behaviors linked to diagnosis plus factual information on family composition, school performance, familial substance abuse and mental or physical illness.

Findings:

The study's 75 females and 222 males had a 29.6% lifetime prevalence of PTSD, which is five times the rate of a similar group in the general public. The authors noted that these stats may be high because the population being studied often exhibits comorbidity (experiencing two or more disorders) which could influence help seeking behavior. They then explored the following key findings- 1) it appears that the prevalence for PTSD is due both to a higher risk of trauma and greater susceptibility to PTSD after a trauma. Possible reasons include excessive use of alcohol and/or other drugs leading to severe and repeated trauma (due to the environments where addicts spend time), diminished ability to cope with trauma effectively, psychiatric comorbidity increasing susceptibility to PTSD, and familial characteristics. 2) among the subjects with a history of trauma there is a greater probability of PTSD for those who reported drug-abusing mothers or fathers who had received help for mental health problems. 3) females have a higher risk of PTSD partly because they have a greater probability for rape, the highest-risk trauma. 4)

the impact of multiple traumas is more evident for males, since they are more commonly exposed to lower-risk traumas (sudden injury or accident, threat of injury or narrow escapes), 5) and the temporal relationship of PTSD to substance dependence differs between the genders. With males, chemical dependency was well established before the onset of PTSD and substance use often leads to behaviors and interactions in which trauma are likely. For females the opposite was found, chemical dependency resulted from repeated use of substances to deaden the pain of PTSD that arose from a high-risk trauma.

Implications for Prevention:

This study can serve to heighten the sensitivity of substance abuse treatment providers to PTSD related issues in adolescent clients. When developing treatment plans, clinicians might consider conducting PTSD screening. Then, if they determine that chemical dependency preceded PTSD, they can work to address the substance use first, in turn lessening chances of additional trauma due to substance use. However, if it's determined that PTSD occurred first, therapy could focus on reducing the symptoms of PTSD, thus lessening the need to use substances to numb the pain. (The journal article details the instruments used to determine PTSD plus offers readers a copy of software developed for the study.)

Summary Provided By:

Kathy Asper