Child Abuse & Neglect 37 (2013) 331–342

Contents lists available at SciVerse ScienceDirect

Child Abuse & Neglect

Exploring self-perceived growth in a clinical sample of severely traumatized youth

Kristin Alve Glad[a,*,1], Tine K. Jensen[a,b,1], Tonje Holt[a,1], Silje Mørup Ormhaug[a,1]

[a] Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway
[b] Department of Psychology, University of Oslo, Norway

ARTICLE INFO

Article history:
Received 18 May 2012
Received in revised form 19 February 2013
Accepted 23 February 2013
Available online 30 March 2013

Keywords:
Posttraumatic growth
Trauma
Children
Adolescents
Psychotherapy

ABSTRACT

Objective: The aims of this study were threefold: (1) examine the prevalence of Posttraumatic Growth (PTG) among severely traumatized youth, (2) systematically describe the PTG reported, and (3) study the course of PTG from pre- to post-treatment.
Method: The sample consisted of 148 severely traumatized Norwegian youth (*M* age = 15, SD = 2.2, 79.1% girls) receiving treatment in child mental health clinics. The Clinician Administered PTSD Scale for Children (CAPS) was used to assess level of posttraumatic stress symptoms (PTSS) pre- and post-treatment. One of the questions in CAPS: "How do you think (traumatic event) has affected your life?" formed the basis for our analysis of PTG. Words and phrases indicative of PTG were identified using the Consensual Qualitative Research method.
Results: Pre-treatment, the prevalence rate of PTG was low compared to previous findings, and reports of PTG were not related to levels of PTSS. The main PTG themes identified were: personal growth, relational growth, and changed philosophy of life. A sub-theme of personal growth; greater maturity/wisdom, was the most salient theme identified both pre- and post-treatment. Age was significantly related to reports of PTG; older participants reported more growth. Reports of PTG increased significantly from pre- to post-treatment, but were not related to decrease in PTSS.
Conclusions: The findings suggest that PTG is not only possible for youth, but quite similar to that observed among adults. However, we need to carefully consider whether reports of self-perceived positive change among traumatized youth actually are indicative of growth, or simply indicative of increased vulnerability.

Research on psychological reactions in response to traumatic events has primarily focused on the negative consequences, such as posttraumatic stress disorder (PTSD), depression and anxiety. Though there is overwhelming evidence that traumatic experiences can be highly distressing and disruptive, a growing body of literature suggests that positive changes also can occur following trauma (e.g., Devine, Reed-Knight, Loiselle, Fenton, & Blount, 2010; Hafstad, Kilmer, & Gil-Rivas, 2011; Kilmer et al., 2009). Posttraumatic growth (PTG) is a relatively new construct, defined as "positive change that the individual experiences as a result of the struggle with a traumatic event" (Calhoun & Tedeschi, 1999, p. 11). According to Tedeschi and Calhoun (2004), a traumatic event can present major challenges to a person's basic assumptions about the world as safe and predictable, and one's own invulnerability. Thus, trauma can produce a need to re-examine one's assumptive world, and an attempt to reestablish some useful basic cognitive guides for living that incorporates the traumatic event and its aftermath. This ruminative process may lead to deep personal changes in one's sense of self, interpersonal relationships, and philosophy

* Corresponding author.
[1] Norwegian Centre of Studies on Violence and Traumatic Stress (NKVTS), Kirkeveien 166, Building 48, 0407 Oslo, Norway.

0145-2134/$ – see front matter © 2013 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.chiabu.2013.02.007

of life (Tedeschi & Calhoun, 1995). Within these three areas, Tedeschi and Calhoun (1996) have identified five domains of PTG: a sense of increased personal strength (e.g., "I discovered that I'm stronger than I thought I was"), more meaningful and intimate interpersonal relationships (e.g., "I accept needing others"), greater appreciation of life and changed priorities (e.g., "I appreciate each day"), recognition of new possibilities (e.g., "I have developed new interests"), and spiritual development (e.g., "I have a stronger religious faith").

It is important to emphasize that the focus here is on positive side effects of dealing with trauma, *not* on positive aspects of having experienced trauma. Recognizing that positive changes may result from struggling with trauma is not the same as denying potential adverse effects (Shakespeare-Finch & de Dassel, 2009). Among trauma survivors, reports of growth usually do not signal an end to pain, distress, and feelings of vulnerability (Chun & Lee, 2008). In fact, according to Tedeschi and Calhoun (2004), psychological distress is viewed as an essential catalyst for growth. Several studies have found a positive linear relationship between posttraumatic stress symptoms (PTSS) and PTG (Alisic, van der Schoot, van Ginkel, & Kleber, 2008; Barakat, Alderfer, & Kazak, 2006; Dekel, Mandl, & Solomon, 2011; Hafstad et al., 2011; Kilmer et al., 2009; Laufer & Solomon, 2006; Yu et al., 2010), but curvilinear (Levine, Laufer, Hamama-Raz, Stein, & Solomon, 2008), negative (Hagenaars & van Minnen, 2010) and non-significant (Phipps, Long, & Ogden, 2007) associations have also been reported.

Posttraumatic growth and childhood trauma

To date, relatively few studies have investigated the prevalence of PTG among children and adolescents. Given that a perception of growth appears to involve sophisticated cognitive appraisals, both in terms of recognizing both losses and gains and comparing oneself "before" and "after", it has been questioned whether PTG is possible for children (Cryder, Kilmer, Tedeschi, & Calhoun, 2006; Taku, Kilmer, Cann, Tedeschi, & Calhoun, 2011). Existing literature does, however, suggest that youth can experience and report PTG. Positive changes have been documented among youth exposed to diverse traumas, such as natural disasters (Cryder et al., 2006; Hafstad et al., 2011; Kilmer et al., 2009; Yu et al., 2010), serious childhood illness (Barakat et al., 2006; Currier, Hermes, & Phipps, 2009; Phipps et al., 2007; Tran, Wiebe, Fortenberry, Butler, & Berg, 2011), traffic accidents (Salter & Stallard, 2004), terror events (Laufer, Raz-Hamama, Levine, & Solomon, 2009; Levine et al., 2008), and various potentially traumatizing events (Alisic et al., 2008; Ickovics et al., 2006; Milam, Ritt-Olson, & Unger, 2004). In these studies between 22% (Yu et al., 2010) and 85% (Barakat et al., 2006) of the participants reported some aspect of growth. Although the prevalence rates vary considerably between these studies, even the lowest rates indicate that PTG following a potentially traumatic event is rather common among children and adolescents.

Existing qualitative research on the association between adverse childhood experiences and PTG mainly rests on retrospective studies with adult survivors of childhood trauma. For example, Draucker, Murphy, and Artinian (1992) and McMillen, Zuravin, and Rideout (1995) studied PTG among women who had experienced incest and child sexual abuse, respectively. In both studies, approximately 50% of the women described at least one positive change stemming from their sexual abuse experience, such as becoming stronger or more aware of their strength; having an increased ability to relate to other victims; or being better able to protect children from being victimized. Similarly, Wong, Cavanaugh, Macleamy, Sojourner-Nelson, and Koopman (2009), who interviewed young adults exposed to parental cancer during childhood, found that 44% reported PTG as a result of their parents' illness, including an improved character; increased appreciation for life; strengthened personal relationships; and an interest in cancer issues.

To our knowledge, only two qualitative studies have examined PTG among youth (Hafstad, 2009; Salter & Stallard, 2004). In the first study (Salter & Stallard, 2004), 158 children and adolescents who had recently been involved in a road traffic accident were interviewed and assessed for PTSD symptoms. During the interviews, it was observed that the children reported a number of experiences and feelings not assessed by the diagnostic tools. These reports were recorded in the interview notes and later subjected to qualitative analysis. The authors found that 42% of the participants described growth in the domains identified by Tedeschi and Calhoun (1996).

Hafstad (2009) investigated PTG among Norwegian children and adolescents exposed to the 2004 Southeast Asian earthquake-tsunami. One hundred and five youth were asked an open-ended question from the Posttraumatic Growth Inventory for Children-Revised (Kilmer et al., 2009), about personal change as a result of the disaster. She found that 33% spontaneously reported some positive change resulting from their adverse experience. Participants reported change in five main areas: appreciation of life, personal strength, relating to others, increased empathy (compassion), and wisdom/understanding. These domains are largely consistent with findings from studies on adults; however, one of the themes (i.e., wisdom/understanding) is not included in standardized PTG measures.

A frequent question in studies on youth is whether reports of change simply are a reflection of time and development. Reports of personal changes, such as increased strength, may either reflect PTG or be the result of normal maturational processes (Cohen, Hettler, & Pane, 1998; Kilmer & Gil-Rivas, 2010). Two recent studies have addressed this issue and found that children exposed to trauma reported more PTG than those whose worst life experience was non-traumatic (Alisic et al., 2008; Taku et al., 2011). These findings suggest that reports of PTG are distinct from normative maturation.

In sum, evidence suggests that a significant number of people, both children and adults, report aspects of PTG when asked how a potentially traumatic childhood experience has affected their lives. However, until recently, little qualitative work has been done to elucidate the types of PTG experienced by children and adolescents.