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Effects of post-traumatic stress syndrome in institutionalized adolescents in Romania

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Abstract. The social events that have taken place in the last 30 years in Romania: the massive migration of the population abroad, the increase of the number of disintegrated families, the increase of the divorce rate; as well as political confusion, social problems, unemployment, insecurity, borderline situations, physical and psychological violence have led to an increase in the number of children, adolescents and young people who have suffered traumatic experiences. Our research aimed to describe the effects of post-traumatic stress syndrome in the case of institutionalized adolescents in Romania. Counselling for institutionalized adolescents to prevent post-traumatic stress disorder is required. Post-traumatic stress disorder (PTSD) causes an impediment to the personal development of adolescents, affects the quality of life, well-being, while distorting psychological comfort in schools.

Keywords. post-traumatic stress disorder, institutionalized adolescents, counselling

1. Social policies in Romania for preventing institutionalization of children and teenagers

The Government of Romania developed the ***National Strategy for the Protection and Promotion of Children's Rights 2014-2020***, which „aims to promote investment in child development and wellbeing and to ensure respect for children's rights, coverage of children's needs, and universal access to services. This national strategy was designed to be a catalyst for the national implementation of the principles laid down in the UN Convention on the Rights of the Child.

At the same time, it is based on an approach that allows creating synergies and coherent links with the National Reform Program and with other national strategic documents covering

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the next five years, particularly those related to the social protection, education, and health sectors".

In accordance with the country's national targets for reducing poverty and social exclusion developed as part of the Europe 2020 Strategy, the Government of Romania has developed a ***National Strategy on Social Inclusion and Poverty Reduction 2015-2020***.

„According to this national strategy, the government has committed to putting in place a set of policies and programs by 2020 to:

- raise at least 580,000 more people out of relative income poverty by 2020, compared to 2008;
- break the intergenerational cycle of poverty;
- prevent the recurrence of poverty and social exclusion;
- ensure equal access to social assistance, cash transfers, and services to strengthen social cohesion".

The significant decrease in number of children in public and private residential services was the consequence of the application of the policy of deinstitutionalization of children, either by their reintegration into the natural or extended family, or by adoption, or by replacing the residential protection measure with one of family type. It is promoted the idea that the harmonious development from all points of view (physical, mental, intellectual) of the child, as well as the child's integration in society are best achieved only within a family, even within a foster family. According to the official data of ANDPDCA, the National Authority for the Rights of Persons with Disabilities, Children and Adoptions in Romania, regarding the evolution of the number of children in the special protection system in the period 1997 – 2020, at the end of June 2020, there were 49,765 children in the special protection system.

They were distributed as follows:

• 14,865 children (29.87%) benefited from a special protection measure in residential services, out of which 11,741 children were in public residential services and 3,124 children were in private residential services.

• 34,900 children (70.13%) benefited from a special protection measure in family-type services, out of which: 18,186 children were in foster care, 12,175 children were in the care of relatives up to and including the fourth grade, 4,539 children were in the care of other families or other individuals.

As stated in Children's Rights Protection and Adoption, reducing the admission of children into the special protection system would not have been possible without the development of services of preventing the separation of children from parents (day centres, recovery centres, counselling centres etc.)

„In Romania, one of five children aged between 15 and 27 in residential care has spent his/her entire life in an institution and almost one of three children has spent 90% of their life in the system". (Children's Rights Protection and Adoption)

Depriving children from an adequate family environment lessens their chances of succeeding in life and curbs their full personal and professional development," said Suzy Yoon-Yildiz, Senior Operations Officer, the World Bank. There is an urgent need to make sure that institutionalised children are adequately integrated within families and that they have independent life skills while they are integrated into society.

For the period of 2014-2020, Romania has set several priorities with respect to closing down old residential institutions for children and transitioning to community-based services, early interventions and prevention measures designed to defend children's right to grow up in a family environment.

Technium Social Sciences Journal
Vol. 15, 353-359, January, 2021
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www.techniumscience.com

In Romania, nearly 19,000 children receive residential care. When it comes to children, particularly those under the age of 3, there is well-known scientific evidence that the younger the age at which they are placed into residential care, the higher their exposure to the risk of delayed cognitive, social and emotional development. In addition, scientific research underlines the major role played by alternative care in children's well-being.

2. Psychological features of post-traumatic stress disorder

Psychological care for children and adolescents with post-traumatic stress disorder (PTSD) is one of the challenges of contemporary psychology and it is a very difficult task for psychologists, which requires deep knowledge, skills to work with psychological trauma and its many consequences.

Historically speaking, the term ***'psychic trauma'*** was introduced by German neurologist ***Albert Eulenburg in 1878***, while the term 'traumatic neurosis' as well as one of the first theories on the subject was penned by ***Herman Oppenheim*** in the 1880's. Based on the observations he made in 1883–1888, the young neurologist noticed that women and men suffered from nervous and mental symptoms as a result of the accidents they had experienced.

The diagnosis of Posttraumatic Stress Disorder (PTSD) was formally recognized as a psychiatric diagnosis in 1980. At that time, little was known about what PTSD looked like in children and adolescents. Today, we know children and adolescents are susceptible to developing PTSD, and we know that PTSD has different age-specific features. In addition, we are beginning to develop child-focused interventions.

"This fact sheet provides information regarding what events cause PTSD in children, how many children develop PTSD, risk factors associated with PTSD, what PTSD looks like in children, other effects of trauma on children, treatment for PTSD, and what you can do for your child". (Hamblen J.,2014)

Researchers use different models to express their ideas of what happens in the body when it is in survival and protection mode.

For example, one of the pioneers and leading authorities on the subject of trauma, Peter Levine, writes that trauma is the result of an incomplete instinctive reaction of the body to a traumatic event – a fight or flight reaction.

According to Levine, „***traumatic symptoms, such as helplessness, anxiety, depression, psychosomatic complications,*** etc., arise from the accumulation of residual energy that was mobilised in response to a traumatic event and found no escape room. Thus, the purpose of the trauma symptoms is to retain this residual traumatic energy. In order to escape this trauma, one must complete the traumatic reaction, release the remaining energy and restore the upset processes. Levine called his method 'somatic experiencing'". (Levine A.P.,2015).

Conditions associated with a life-threatening experience are now called ***shock trauma***. „However, it is now clear that there are many more reasons why the nervous system can become unbalanced, including long-term adverse childhood experiences (known as 'developmental trauma'), such as bullying, interpersonal and social difficulties in the family, etc. Another reason can be the experience of a family before the birth of a child or cultural trauma, which can be passed on from generation to generation through the embodiment, attitudes and taboos of the people around them". (Wash M., 2021)

Dan Siegel introduced the term '***window of tolerance'*** which is used „to describe the zone of arousal in which a person is able to function most effectively. When people are within this zone, they are typically able to readily receive, process and integrate information and hence respond to the demands of everyday life without much difficulty.

Technium Social Sciences Journal
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During times of extreme stress, people often experience periods of either ***hyper- or hypo-arousal.***

Hyper-arousal, otherwise known as the fight or flight response, is often characterised by hyper vigilance, feelings of anxiety and/or panic, and racing thoughts.

Hypo-arousal, or a freeze response, may cause feelings of emotional numbness, emptiness or paralysis. The stress of a traumatic or otherwise negative event may have the effect of 'pushing' a person out of their window of tolerance. People who have experienced a traumatic event may respond to stressors, even minor ones, with extreme hyper- or hypo-arousal. As a result of their experiences, they may come to believe that the world is unsafe and may operate with a window of tolerance that has become more narrow or inflexible".

In a research made in Constanta, Romania psychologists Matei R. S., Dumitrescu S. M. consider that „adolescents from the foster home tend to develop a less affirmed personality, being conformists and subordinates to the others' ideals. It is difficult for them to be confronted with the imperatives of the independent life". (Matei R., S., Dumitrescu S.M., 2011)

3. Methodology of research

Our research aimed to describe the effects of post-traumatic stress syndrome in the case of institutionalized adolescents in Romania.

The group of subjects is represented by 34 institutionalized adolescents from Romania, aged between 13 and 18 years, out of which 18 adolescents were abandoned at birth (62.94%), 6 are in temporary abandonment, their parents having left the country for over 5 years (17.6%), and in the case of 10 adolescents the parents are deprived of parental rights (29.41%).

It is assumed that the manifestation of deviant behaviour of institutionalized adolescents is determined by the distorted self-perception and low control over emotions and behaviour and by the disorder of provocative opposition.

The research applied instruments were: ***Adolescent Disorder Assessment Scale - Short Form (PHC - SF)*** and ***The Adolescent Symptom Inventory (ASI-4).***

Adolescent Disorder Assessment Scale - Short Form (PHC - SF) derives from the standard version of the Adolescent Disorder Assessment Scale (PHC; Reynolds, 1998a, 1998b, 1998c). The original form of the APS scale was designed to assess the symptoms of clinical disorders and distress in adolescents, taking into account the descriptions of clinical symptoms in DSM - IV.

"The scale comprises 115 items, distributed in 12 clinical subscales and 2 subscales for the validity of the answers, as follows: Conduct Disorder (CND) - 15 items, Challenging Opposition Disorder (TOP) - 9 items, Substance Addiction (SUB) - 9 items, Predisposition to violence / anger (PVF) - 14 items, School problems (PS) - 9 items, Generalized Anxiety (GA) - 11 items, Post Traumatic Stress Disorder (PTSD) - 11 items, Major Depressive Disorder (PAD) - 14 items, Disorder (TA) - 8 items, Suicide (SUI) - 6 items, Self-perception (CS) - 9 items, Interpersonal problems (IP) - 11 items, Defensive attitude (DEF) - 6 items, Consistency of answers (CR) - 14 items.

Of the one hundred and fifteen APS - SF items, twenty-six are named critical items based on their content and/or ability to differentiate between clinical and non-clinical individuals. The twenty-six critical items are distributed in the corresponding APS - SF pathways, such as: conduct disorder, substance addiction, post-traumatic stress, major depressive disorder, eating disorder, predisposition to violence/anger, school problems, suicide and interpersonal problems. Critical items do not form a formal scale, but represent an important aspect of the general interpretation of scores and responses to APS - SF items".

Technium Social Sciences Journal
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The Adolescent Symptom Inventory (ASI-4) was developed by Gadow and Sprafkin (1998) and adapted and standardized on the Romanian population by Carmen David, Mircea Miclea, Monica Albu, Anca Bălaj (2013).

It is a screening instrument designed to assess the behavioural, emotional and cognitive symptoms present in certain psychiatric disorders characteristic of adolescents.

The items included in ASI -4 are based on the diagnostic criteria provided by the American Psychiatric Association (1994) in the Diagnostic and Statistical Manual of Mental Disorders (DSM). "The development of the ASI -4 questionnaire was motivated by the need to have a useful clinical tool for collecting information from those who care for adolescents and those who provide specialized services in clinical context, as well as to systematize exchange of information between caregivers involved in adolescent development in clinical or community settings.

It is a screening tool that evaluates the most prevalent psychiatric disorders manifested in adolescents aged 12 to 18 years and consists of 106 items, for the teacher variant, which we used in our research.

ASI-4 is a screening instrument and not a diagnostic one, assessing the risk for the following disorders: the three types of ADHD; Conduct disorder; Antisocial personality; Provocative opposition; Generalized anxiety; Specific phobia; Panic attacks; Obsessions, compulsions; Posttraumatic stress; Motor and vocal tics; somatization; Social phobia; Separation anxiety; Schizoid personality; schizophrenia; Nocturnal enuresis; Enuresis, encopresis; Major depressive disorder; Dysthymic disorder; Bipolar disorder; Anorexia nervosa; Bulimia nervosa; Substance use".

4. Data Analysis

In the research hypothesis we started from the premise that the basis for the development of deviant behaviour, in the case of institutionalized adolescents, is the disorder of provocative opposition, distorted self-perception and low control over emotions and behaviour; it was tested using the correlation analysis between the variable "conduct disorder" as a measure of deviant behaviour and the other variables considered, respectively: provocative opposition disorder, generalized anxiety disorder, major depressive disorder, predisposition to violence, school problems, stress post-traumatic, self-conception and interpersonal problem. Due to the fact that for all the considered variables there are asymmetries of the score distribution, we used for the correlation analysis a nonparametric statistical test, namely the Spearman correlation coefficient (ρ).

5. Results of Data Analyses

The conduct disorder is associated for institutionalized adolescents with the provocative opposition disorder ($\rho = 0.24$, $p = 0.04 < 0.05$), with the generalized anxiety disorder ($\rho = 0.37$, $p = 0.002 < 0, 01$), with self-conception ($\rho = 0.32$, $p = 0.008 < 0.01$) and with interpersonal problems ($\rho = 0.31$, $p = 0.009 < 0.01$).

In other words, conduct disorder in the eyes of institutionalized adolescents is based on a number of factors, in addition to the fact that they are not with their parents, either because they do not know them or because their parents do not have the opportunity to grow and take care of them, among these significant factors being provocative opposition, generalized anxiety, low self-esteem and interpersonal problems.

Indeed, the provocative opposition disorder has a number of features in common with the conduct disorder, although it is generally considered to be less severe, being composed of fewer antisocial behaviours than those in the case of conduct disorder.

Technium Social Sciences Journal
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In the case of conduct disorder, negative, defiant, disobedient and hostile behaviour was observed towards people who represent authority.

Behavioural disorder has also been associated by institutionalized adolescents with the negative self-perception, which can be assessed from two perspectives, namely, the feeling of uselessness and denigration of oneself and the perception of self physically and socially and the perception evaluation by others. Adolescents with higher scores on this scale say that most people do not like them, they often denigrate themselves. It also turned out that conduct disorder is associated with interpersonal problems, problems in relationships with others, loneliness, lack of friends, social introversion and the feeling that things are going badly in the lives of institutionalized teenagers.

Research has also revealed an association of conduct disorder with generalized anxiety, which we can consider a factor in determining deviant behaviour.

Anxiety is characterized by the presence of symptoms of nervousness, anxiety and somatic problems that are well above the levels commonly felt by most adolescents. At the same time, they may reflect the feeling of acute stress, a transient situation or an approaching event.

Many of them have great difficulty coping with the normal requirements of school and centers. Some may feel anxious and tense almost all the time and worry so much about everything that they can no longer concentrate. In severe cases the concern can become debilitating. It is noteworthy that adolescents themselves have reported this increased anxiety that may be associated with conduct disorder.

6. Discussion and Conclusion

Based on these results, we can appreciate as true this research hypothesis according to which the development of deviant behaviour, in the case of institutionalized adolescents, is the disorder of provocative opposition, distorted self-perception and low control over emotions and behaviour, but also increased anxiety.

It thus becomes necessary to know and identify the characteristics of the traumatic event, the factors involved and the psychological peculiarities of children and adolescents who have developed post-traumatic stress following terrifying events.

7. Recommendations

The role of the psychologist is to optimize the psychological functioning following the experienced adversities; the conversion of trauma into personal development resources but also the increase of the level of professional competence of the psychological specialists for the efficiency of the psychological assistance services.

Counselling for institutionalized adolescents to prevent post-traumatic stress disorder is required. Post-traumatic stress disorder (PTSD) causes an impediment to the personal development of adolescents, affects the quality of life, well-being, while distorting psychological comfort in schools.

The role of the clinical psychologist involves the following tasks:
- preventing the development of post-traumatic stress disorder or detecting the disorder at an early stage;
- identification of the basic symptoms of PTSD;
- determining the factors related to the traumatic event: risk and defensive factors (self-protective);
- providing psychological support and assistance to the child and his/her family;

Technium Social Sciences Journal
Vol. 15, 353-359, January, 2021
ISSN: 2668-7798
www.techniumscience.com

- elaboration of an individual program of psychological rehabilitation according to the specificity of each case;
- directing the child towards specialists who come to help the child and collaborating with them; monitoring the child's case and condition;
- organizing psychological activities in order to help children socialize.

Situations of major stress cause traumatic stress in both adults and children, and a consequence of this is post-traumatic stress disorder, which is frequently associated with other disorders (depression, anxiety disorders, various addictions, etc.)

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