Children and Trauma

APA Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children & Adolescents
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What Every Mental Health Professional Should Know

• Many children in the U.S. are exposed to traumatic life events:
  – About half experience a traumatic event (abuse, violence, terrorism, disaster, traumatic loss).
  – Many experience more than one such event.
  – Many live with chronic trauma with no time for healing between events.
What Every Mental Health Professional Should Know

- Almost all children experience acute distress immediately after exposure to a traumatic life event:
  - Most return to prior levels of functioning with time and support from family and trusted adults.
  - A substantial minority develop ongoing distress that may warrant clinical attention.
  - Reactions vary with age, maturity, and exposure to chronic trauma.
  - Children exposed to chronic and pervasive trauma are especially vulnerable to the impact of subsequent trauma.
What Every Mental Health Professional Should Know

• Parents and families are also affected, and their responses affect how children react to trauma:
  – Family members can react differently to the same event.
  – Developmental level and culture affect child perceptions of trauma, resources for coping, and family interactions.
What Every Mental Health Professional Should Know

• Most children with persistent trauma-related distress do not receive psychological treatment:
  – Few trauma-exposed children with symptoms that warrant clinical attention receive services.
  – Fewer still receive treatments that can be effective, such as cognitive-behavioral therapy.
How Mental Health Professional Can Help

• Identify trauma-exposed children and provide culturally appropriate information and support.
• Help children and families make connections for follow-up and intervention.
• With special training, participate in culturally responsive community disaster and emergency response.
How Mental Health Professional Can Help

• Provide consultation to professionals in schools, health care settings, spiritual settings, and other service systems who see trauma-exposed children and families.

• If you treat children, obtain training in developmentally and culturally appropriate evidence-based therapies for child trauma to effectively treat children who do not recover on their own.
Responding to Child Trauma

• Provide education and hope
  – Convey an expectation of full recovery
  – Help child and family:
    • Understand expected/normal trauma reactions
    • Identify and use their existing coping skills
    • Know when to ask for additional help
Responding to Child Trauma

• Match care to child needs and phase of recovery

  **Immediately after trauma:**
  – Attend first to basic needs, safety, shelter, reuniting family
  – Assess initial responses and arrange to follow-up over time
Responding to Child Trauma

*Immediately after trauma:*

– Support parent, family, and community efforts to:
  
  • Provide safe, developmentally appropriate, culturally responsive recovery environment
  
  • Reduce ongoing exposure to stressors/secondary traumas
  
  • Reestablish normal roles and routines
  
  • Activate support among kinship networks and spiritual and community systems
Responding to Child Trauma

Any time after trauma:
– Allow children to express feelings if they want to
– Help parents and other key adults to:
  • Be aware of and manage their own reactions
  • Listen to and understand the child’s reactions
– Assess risk factors for persistent adverse reactions
– Assess needs that may warrant intervention, such as
  • Severe or persistent distress, numbing, or impairment
  • Reduced capacity of family/community to support child
  • Self-destructive or violent behaviors
Responding to Child Trauma

*When treatment is warranted:*

- Provide (or refer for) effective trauma-focused treatment
- Respect child and family readiness for treatment
- Keep doors open for future treatment
- Consider confidentiality and privacy issues
- Advocate for trauma-focused treatment for those who do not recover fully
Responding to Child Trauma

• Understand child, family, and cultural perspectives:
  – Listen carefully to child and family
  – Incorporate extended families and kinship networks
  – Ask about and respect cultural and spiritual perspectives on trauma, reactions, and interventions
Responding to Child Trauma

• Take care of yourself:
  – Engage in self-care: emotional, physical, and spiritual
  – Know your limits
  – Watch for signs of secondary stress or burnout (e.g., exhaustion, numbing, distancing, overinvolvement with clients)
  – Enlist consultation or supervision as needed
Be Aware of Potential Pitfalls

- *Assuming* that all children will respond to trauma in the same way
- *Pathologizing* early distress or reactions
- *Conveying* the message that trauma exposure inevitably results in long-term psychological damage
- *Assuming* that all trauma-exposed children will have long-term damage or need treatment
Be Aware of Potential Pitfalls

• *Creating* situations in which trauma-exposed children have little choice or control
• *Forcing* children or parents to tell their story (but remember to listen carefully when they do)
• *Ignoring* your own stress from trauma-focused clinical work
What We Still Need to Learn

• Understanding the variety and complexity of children’s reactions to traumatic events, and how reactions unfold over time:
  – Determine who is in need of interventions
  – Determine when and how best to deliver interventions
  – Until then, we need to “do no harm” and ensure best practices
What We Still Need to Learn

- Developing practical predictors of psychological outcomes:
  - No reliable way to gauge whether a given child will recover or will require intervention
  - Need well-validated risk assessment tools that can be feasibly implemented in diverse settings and for diverse traumatic events
What We Still Need to Learn

• Increasing our repertoire of evidence-based treatments for children and families:
  – Determine whether commonly used intervention approaches are effective and for whom
  – Explore medication approaches
  – Understand how to match the type, intensity, and duration of treatment over time
  – Understand how treatments can be used across diverse types of trauma, developmental levels, environments, and cultural contexts
What We Still Need to Learn

• Two particular gaps in knowledge:
  – Effectiveness of interventions for the early or acute phase of trauma recovery
  – Treatments for those exposed to pervasive, widespread, or chronic trauma, where whole communities are affected
What We Still Need to Learn

• Disseminating evidence-based treatments for children and families
  – How do we disseminate those treatments we do have?
    • Readily accessible to mental health professionals across the country
    • Practical, flexible, and feasible tools that professionals can use to augment their current practice