Children and Trauma

Tips for Mental Health Professionals

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

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

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

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 PROFESSIONALS 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
- 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

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For more information:
http://www.apa.org/pi/resources/child-trauma.aspx
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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

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
- 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

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

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

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

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

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