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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.



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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.



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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.



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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.



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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.



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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.



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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



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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



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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



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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



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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



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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



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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



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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



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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



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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



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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



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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



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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



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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