



# 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



Produced by the *APA Presidential Task Force on PTSD and Trauma in Children and Adolescents*

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