

Child and Adolescent Trauma Treatment Tip Sheet

Children and adolescents receiving mental health treatment often have trauma histories and comorbid posttraumatic stress disorder (PTSD) or trauma-related symptoms that should be addressed in order to achieve the best treatment outcome. Psychologists should be knowledgeable about evidence-based trauma treatment strategies they can provide directly, or refer to specialists to provide, for child and adolescent clients and their families.

Screening for child trauma exposure and trauma-related symptoms should be standard practice by all psychologists (see APA Division 56 Tip Sheet on Child/Adolescent Trauma Assessment <http://www.apatraumadivision.org/679/child-adolescent-tip-sheet.html>).

Trauma treatment should be integrated into, and add value to, existing services:

- Trauma treatment begins with education about common reactions to traumatic events and how PTSD and trauma-related symptoms develop. This includes explaining that trauma-related symptoms often begin as an adaptive or self-protective response, but are no longer helpful and can be successfully treated with empirically-supported trauma therapy.
- Trauma treatment should be sensitive to the youth/family's circumstances, age, sexual orientation, gender identity, ethnocultural background, developmental/learning capacities, physical health and disabilities, and personal and family strengths and resources.
- Trauma treatment should address the adverse impact of exposure to interpersonal violence (e.g., abuse, family or community violence, bullying, trafficking) and other trauma types (e.g., sudden or unexpected deaths or losses, severe accidents, natural or manmade disasters).
- Trauma treatment includes helping youth/families identify and receive accessible ongoing support in order to take immediate steps to mitigate current safety issues.
- Trauma treatment includes helping youth/families identify current stressors that trigger trauma symptoms, as well as effective ways of coping (see <https://apa.org/pi/families/resources/children-trauma-update.aspx>).

Trauma treatment should be coordinated across youth/family services and providers.

- Providers should work together to establish a joint proactive plan for youth and their families to ensure that trauma treatment is coordinated and integrated with all other services.
- Trauma treatment specialists should provide regular updates and guidance to service providers in all systems relevant to the youth/family's health, safety, and recovery.
- Progress and outcomes of trauma treatment should be shared in a manner that is useful to each service system, in order to facilitate coordinated trauma-related services, with due regard to legal and HIPAA privacy protections and confidentiality regulations.

Youth/family trauma treatment should adhere to the following basic recommendations:

- The decision to conduct trauma treatment is not based solely on past trauma exposure known to the clinician, but also upon current or potential future: (1) impairment due to PTSD and other trauma-related symptoms, or (2) risk of additional trauma exposure.

- Trauma treatment providers should be accessible to the youth/family and have expertise in conducting empirically-supported trauma treatment that is acceptable to the youth/family.
- Trauma treatment should be coordinated with and include input from multiple sources, when possible and, as clinically appropriate and legally permissible, including the youth, parents/caregiver(s), school, and other relevant service systems/providers.
- Trauma treatment should involve the individualized application of standardized, validated, and culturally and developmentally appropriate and gender sensitive therapeutic strategies.
- Trauma treatment strategies should be delivered in a manner that best serves youth and families with different levels of need, and based upon the time elapsed since trauma exposure occurred (see <https://apa.org/pi/families/resources/children-trauma-update.aspx>).
- Decisions to modify, continue, or conclude trauma treatment should be based on an empirically-supported interpretation of specific trauma-relevant assessment findings.

Comprehensive youth/family trauma treatment is multifaceted and not limited to PTSD

- In addition to PTSD, trauma-related symptoms that may warrant treatment include those that began or were exacerbated after trauma exposure(s), or that are elicited or exacerbated currently by trauma-related cues/reminders – these include anxiety/panic, depression, self-harm, suicidality, psychosis, substance use, and problems in eating, physical health, sleep, school/learning, conduct, relationships, and gender identity and sexual orientation.
- Youth/family trauma treatment that includes enhancing skills for emotion and behavioral regulation and stress management have strong empirical support and contribute to positive therapeutic outcomes for a wide range of disorders and problems not limited to PTSD.
- Trauma treatment that includes detailed recounting of traumatic events by the youth has strong empirical support, but should be provided only if the child/family have been carefully prepared, the youth and primary caregivers have viable support systems, and the therapist has training, expertise, and supervision/consultation in this specialized treatment.

Providers should be aware of potential pitfalls in youth/family trauma treatment

- Trauma treatment for youth/families should be provided with careful ongoing coordination with host systems, agencies and communities in order to support effective systems of care.
- Psychologists who are not trauma specialists should identify qualified clinicians to whom they can make referrals for timely, evidence-based, culturally acceptable trauma treatment.
- Youth/family trauma treatment interventions should not be assumed to be valid and appropriate for a target population until they have been validated *in that population*.
- Child trauma treatment should always strengthen, and not exceed, the child/family's capacities for emotion regulation, relational support/attachment, and self-care.
- Caution should be taken if child trauma treatment could be used in a manner inadvertently detrimental to the youth/family (e.g., to justify court, school, or other institutional decisions contradicting the youth/family's goals or cultural values).

Additional Resources

- <https://apa.org/pi/families/resources/children-trauma-update.aspx>
- http://www.nctsn.org/sites/default/files/assets/pdfs/nctsn_position_statement_on_clinical_competency.pdf