

Effective Treatments for Youth Trauma

Dealing with a child's traumatic experience is confusing and stressful for parents as well as for the child. They wisely seek help, but the search for help can itself be confusing. How do parents know whether a proposed treatment has a good chance of working? Does their child really need to talk about the traumatic experience as much as some experts say?

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For several years, clinicians have been helping children with treatments that have been practiced widely and accepted among mental health professionals, but only recently have some of these been tested scientifically to document how well they work. We now know that there are clinically sound treatments for trauma that are indeed helpful for children and adolescents.

Cognitive-Behavioral Therapies

Several studies have shown the effectiveness of treatments for traumatic stress that are based on what psychologists call *cognitive-behavioral* approaches. These approaches include:

- Teaching children stress management and relaxation skills to help them cope with unpleasant feelings and physical sensations about the trauma.
- Using what therapists call “exposure strategies,” or talking about the traumatic event and feelings about it at a speed that doesn't distress the child.
- Creating a coherent “narrative” or story of what happened. It is often a difficult process for children to reach the point where they are able to tell the story of a traumatic event, but when they are ready, the telling enables them to master painful feelings about the event and to resolve the impact the event has on their life.
- Correcting untrue or distorted ideas about what happened and why. Children sometimes think something they did or didn't do may have caused the trauma, or that if only they had acted a certain way a traumatic experience might have turned out differently. This is rarely true, and getting the story right helps a child stop prolonging the traumatic stress by punishing him- or herself.

- Changing unhealthy and wrong views that have resulted from the trauma. Children often need help to overcome such ideas as “if he did that bad thing to me it must be because I’m bad” or “children like me can never have a normal life again.”
- Involving parents. No one has more influence in a child’s life than a parent. Parents can play an important role in treatment, sometimes by participating in interventions with the therapist and by helping the child “practice” new therapeutic strategies at home. Parents have key information about their child that therapists need in developing and implementing treatment. Most importantly, parents can create the stable, consistent, and caring environment in which the child can learn that a traumatic experience doesn’t have to dominate life.

Does Medication Help?

Because people respond to stress biologically as well as psychologically, medications are sometimes prescribed to help dampen down symptoms such as nightmares, difficulty sleeping, and anxiety. But it’s important for parents to understand that the research on using these medications with young people lags behind the research on adults. Medications may be helpful for treating specific symptoms, but there is no definitive medication treatment to “cure” children’s traumatic stress.

Does It Help to Talk?

While many parents seeking help for their child say, “My child needs someone to talk to about what happened,” others have asked, “How necessary is it to talk about the experience? Shouldn’t you help the child move past this, stay away from stirring it up?”

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Each child’s treatment depends on the nature, timing, and amount of exposure to a trauma. Some children may not be ready immediately to talk about their trauma, and therapists must move at a speed that a child can tolerate. But talking about the trauma with a skilled therapist has been a critical ingredient in treatments that have been studied scientifically and shown to be effective. In fact, studies with adult rape victims have noted that not only is learning to tell the story of

the trauma a critical piece to treatment, but that how well the story is organized and how emotionally engaged the client is when telling the story often predict the success of a treatment.

When Trauma Is Combined with Other, Ongoing Challenges

For some children, the experience of a specific traumatic event such as an act of community violence, domestic violence, or abuse and neglect are, sadly, combined with other ongoing psychological or social adversity. A therapist and community agencies involved in the child’s life must take into account conditions like depression, grief, behavior problems, poverty, academic problems, or substance use when treating the trauma.

Many children and youth living with ongoing adversity, especially adolescents, have trouble regulating their emotions, which makes it difficult to begin trauma therapy. Many of these youth benefit from individual or group therapy that psychologists call *dialectic behavior therapy* designed to

help youth learn how to deal with their feelings effectively and make wiser choices about their behaviors. Numerous studies have shown it to be effective, and it can be a useful precursor to the cognitive-behavioral treatment described earlier.

Interventions that are tailored to individuals, that involve families, and that take place in communities rather than separate settings have also been shown to be effective with children and families who suffer from ongoing exposure to trauma and life stress. These interventions might include case management and intensive in-home services, components of a system-of-care or wraparound approach used by local mental health centers and others to coordinate community services for children.

References and Further Reading

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To learn more about child traumatic stress, please visit the National Child Traumatic Stress Network website at www.NCTSNet.org.

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