Trauma Interventions: From Prevention to Therapy

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Children's Reactions to Trauma

- Preschoolers and Young Children (ages 3-5)
  - Fear of separating from parents/loved ones
  - Clinging
  - Tantrums or irritable outbursts
  - Sleep disturbance (e.g., wanting parents, nightmares)
  - Regressive behaviors (e.g., wetting, thumb-sucking)
  - Withdrawal
  - Increase in fears (in general, dark, monsters)

Children's Reactions to Trauma

- Children ages 6 to 11 years
  - Regressive behaviors (e.g., school refusal)
  - Anger and aggression
  - Avoidance and social withdrawal
  - Inability to concentrate
  - Depression and irritability
  - Fears and worry
  - Physical complaints (stomach, headaches)
  - Self-blame

Children's Reactions to Trauma

- Adolescents ages 12-17
  - Responses may be more similar to adults and specific to the trauma
  - Depression, guilt/shame, helplessness
  - General anxiety, panic attacks
  - Re-experiencing, including dissociation
  - Numbing and avoidance/withdrawal
  - Mood swings, irritability
  - School refusal, academic decline
  - Sleep and appetite changes
  - Physical complaints
  - Substance abuse

Importance of Caregiver Response

- Children tend to be strongly affected by their caregivers' reactions to the traumatic event
  - Parents
  - Other caregivers (e.g., teachers)
- Caregivers tend to underestimate both the intensity and duration of children's stress reactions

Vulnerability to Trauma-Related Mental Health Problems

- Pre-trauma mental health
- History of previous traumas
- Other stressful life events during recovery period
- Coping style/skills
- Lack of social support
- Cognitive interpretation (e.g., self-blame)
- High family conflict; low family cohesion
- Media exposure

Stages of Intervention

- Use research to guide our practice
  - Immediate/Crisis intervention
    - Safety and routine are primary
    - Intervention goal: Educate and normalize
  - Short-term/Preventive intervention
    - Identify children and adults at risk
    - Promote coping and social support
  - Long-term/Treatment
    - Treatment of PTSD and other trauma-related symptoms

Immediate/Crisis Intervention

- Goals: If normal and will heal, why intervene?
  - Symptoms are painful
  - Symptoms cause impairment
    - In child development
      - Academic functioning
      - Peer relationships
    - In adult functioning
      - Job performance
      - Friendships and romantic relationships
      - Parenting
    - Which, in turn, cause long-term MH problems

Research on Crisis Interventions

- No randomized trials of hotlines and other forms of crisis intervention
- No randomized trials of post-disaster Psychological First Aid—evidence-informed
- Research on Critical Incidence Stress Debriefing
  - Developed for emergency service personnel
  - Designed to prevent PTSD
  - Detailed account of their traumatic experiences
- This "debriefing" has been shown to be iatrogenic—associated with higher likelihood of developing PTSD

Psychological First Aid—Delivery

- Helpers: Adults on the front-line (paras and profs)
- Days-weeks after a disaster
- Be emotionally ready
- Consider the setting, participants, etc.
- Maintain a calm presence
- Be sensitive to culture and diversity
- Be aware of at-risk populations
- Be informed of available services

Psychological First Aid Core Actions

- Contact and Engagement
- Safety and Comfort
- Stabilization (of emotionally overwhelmed)
- Information Gathering: Current Needs and Concerns
  - Too early for MH screening—will over-identify number of children who need services (false positives)
- Practical Assistance
- Connection with Social Supports
- Information on Coping and stress reactions
- Linkage with Collaborative Services

Psychological First Aid: Resources

- Outline and materials
  - https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa
- Web-based training
  - http://learn.nctsn.org/course/category.php?id=11
- App for Iphone
  - PFA Mobile
- In progress: PFA for schools

Preventive Intervention

- Goals:
  - Reduce current symptoms
  - Prevent the development of long-term problems
  - Identify existing coping skills
  - Improve functioning
  - Potentially lower the need for formal mental health treatment
  - Identify need and refer for treamtent if warranted

Research on Preventive Interventions

- Brief CBT (Psychoeducation and Coping Skills)
  - Prevented the development of PTSD following a sexual assault (Foa et al., 1995)
  - More efficacious in preventing anxiety disorders than debriefing or routine community care in children who came through the ED (Silovsky et al., 2004)
  - 65% less likely than comparison youth to meet criteria for PTSD 3 months post-disclosure of trauma (CFTSI; Marans et al., 2009)

Preventive Intervention: Delivery

- After safety, security, and other needs have been met and community is rebuilding
- For children and adults
  - In the short-term
  - In the long-term who are minimally symptomatic
- Minimum of 3-5 sessions; driven by needs and time since trauma
- Helpers: Professionals who provide ongoing support and assistance to children, families and adults (e.g., clergy, educators, librarians)

Preventive Intervention

- Core skills
  - Building problem-solving skills
  - Promoting positive and pleasurable activities
  - Managing physical and emotional reactions to upsetting situations (e.g., triggers, sleep problems)
  - Promoting helpful thinking
  - Rebuilding healthy social connections
- Done it in Haiti, Puerto Rico—incorporated cultural adaptations

Screening and Assessment

- Content
  - Characteristics of school shooting
  - Risk factors (e.g., mental health and trauma history)
  - Protective factors (e.g., social support and coping)
  - Mental health symptoms
  - Functional impairment
    - School performance
    - Engagement in activities
    - Behavior with peers
    - Behavior with family

Screening and Assessment

- Procedures
  - Structured versus unstructured
  - Open-ended versus closed-ended questions
  - Screening versus comprehensive evaluation
- Standardized Assessment Instruments
  - Paper and pencil (e.g., Child PTSD Symptom Scale)
  - Interview (e.g., UCLA PTSD Reaction Index)
  - Structured diagnostic interviews (e.g., K-SADS)
- Sources
  - Child, parent, sibling, peer, clinician, teacher

Long-Term Solutions

- Repeat assessment of trauma-related mental health symptoms and functional impairment
- If trauma-related symptoms continue or worsen, access evidence-based, trauma-informed therapies
  - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2006)
  - Cognitive Behavioral Intervention for Trauma in Schools (CBITS; Jaycox, 2003)

Treatment Research

- TF-CBT and CBITS are the most rigorously tested treatments for traumatized children
- More than 20 randomized trials for TF-CBT
  - Improved PTSD, depression, anxiety, and behavior problems compared to supportive treatments
  - TF-CBT improved parental distress, parental support, and parental depression compared to supportive treatment
  - Effective in individual/family and group formats
  - Symptom decreases maintained at 2-year follow-up
  - Findings replicated and generalized across racial, ethnic, and geographic boundaries (King et al., 2000)

Treatment Research: Role of Caregivers

- Caregiver involvement improved children's acquisition of personal safety skills (Deblinger, et al., 2001)
- Caregiver levels of distress and support influence children's overall outcomes (Cohen & Mannarino, 1996, 1997; Kolko, 1996)
- Caregiver participation is critical to helping children overcome depression and behavior problems (Deblinger et al., 1996)

TF-CBT Components

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- PRACTICE
  - Psychoeducation and Parenting Skills
  - Relaxation
  - Affective Modulation
  - Cognitive Processing
  - Trauma Narrative
  - In Vivo Desensitization
  - Conjoint parent-child sessions
  - Enhancing safety and social skills

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CBITS

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- School-based, group and individual intervention
- Used with students from 5th grade through 12th grade who have witnessed or experienced traumatic life events such as community and school violence
- Uses cognitive-behavioral techniques, such as:
  - Psychoeducation
  - Relaxation
  - Social problem solving
  - Cognitive restructuring
  - Exposure (processing the traumatic event—in individual sessions)

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Taking Care of the Care Takers

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- Protect against your own secondary traumatic stress
  - Use your colleagues/supervision to process your own feelings and experiences
  - Engage in self-care
    - Basics: eating, sleeping
    - Exercise
    - Social support
    - Coping skills

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Resources

- **Resources for Traumatized Children and their Caregivers**
  - National Child Traumatic Stress Network https://www.nctsn.org/what-is-child-trauma/trauma-types/terrorism-and-violence/school-shooting-resources
  - TF-CBT web https://tfcbt2.musc.edu/
  - CBITS https://cbitsprogram.org/
- **Resources for Adults**
  - National Center for PTSD http://www.ptsd.va.gov/
  - International Society for Traumatic Stress Studies http://www.istss.org/Home.htm

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Questions or interest in training?

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