



background

Report # 132

Helping Children Deal With Trauma

November 2011

Trauma and Children

Dealing With Trauma

Simple acts done early help most children

Until recently, the impact of trauma on young children was not well understood or widely recognized. Today, however, research and clinical experience suggest that exposure to violence is a risk to children's emotional and psychological well-being and should not be ignored or trivialized as something they are too young to be affected by.

In most cases, children are able to cope with a traumatic experience through their resiliency, and the support of parents and other adults close to them. In other cases, children require professional help. But in all cases, experts say, it is best to begin to address trauma in children as soon as possible.

Effective responses to children exposed to violence range from parents calmly offering support and understanding to a range of therapies that can be administered by mental health professionals. However, said Raymond Firth, director of the University of Pittsburgh Office of Child Development's Division of Policy Initiatives, "simply removing these children from a dangerous environment isn't enough."

Children's resiliency can help most cope with a traumatic experience. Resiliency among children is associated with several protective factors, such as a supportive family environment, nurturing caregiver skills, stable family relationships, optimistic beliefs and values, open communication, and consistent household rules and monitoring of the child.

Simple support is helpful

Families who offer support, understanding and a sense of safety as

early as possible can often limit the effect of trauma on a child. "Children are very resilient and with adequate support from their family will over 2-4 weeks recover most if not all of their functioning and kind of get back to their life," said Christopher Peterson, MD, a child and adolescent psychiatrist and associate professor of psychology at Pennsylvania State University.

"Often, just some basic things will help – talking with them and appreciating what their understanding is of what happened, letting them know what the reality is and offering them reassurance, but within what is truthful. Those can go a long way in helping a child to deal with the anxiety, depression and stress of the traumatic reactions they might have."

Some children, however, will need the help of mental health professionals, particularly those who experience chronic trauma or are otherwise

Children are particularly vulnerable to trauma, whether their exposure is repeated or a single event, or whether they experience it directly as a victim, indirectly as a witness, or vicariously through the news media or other sources.

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severely traumatized. Effective treatment recognizes the fact that there isn't one therapy that is the right fit for all children and considers several factors, including a child's age and developmental stage.

Most therapies have been more thoroughly studied with adults than with children.

However, a growing body of evidence suggests that several types of individual and group therapy have been used effectively to help children deal with trauma and to support them through that process.

For example, Trauma-Focused Cognitive Behavior Therapy is one of the most frequently used treatments with children and youth who range in age from 3-18 years. The short-term intervention encourages them to become more aware of how their thoughts about the traumatic event affect their reactions and behaviors.

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Child-Parent Psychotherapy is mostly used to address the needs of infants, toddlers and preschool-aged children by focusing on the way the traumatic event has affected the parent-child relationship.

Another treatment, Structured Psychotherapy for Adolescents Responding to Chronic Stress, is an example of a group intervention that helps older children to cope with their traumatic experience and to establish supportive relationships.

Signs Of A Problem

In most cases, symptoms of a traumatic response will dissipate over a period of two to four weeks. Parents and other non-professionals can recognize many of the common symptoms of a traumatic response if they are aware of what they are.

The more common signs include refusal to go to school, clinging behavior with a parent or other close caregiver or adult, persistent fear, loss of concentration, jumpiness, behavioral problems, sleep disturbances, withdrawal and physical complaints, such as stomach aches or headaches.

“You don’t have to be a psychiatrist or clinical social worker to see those things,” Dr. Petersen said. “Any parent or teacher with their eyes wide open will appreciate that those things are going on and they can ask questions to better determine what the concerns are.”

Children who experience a single traumatic event and children who are exposed to repeated trauma might show many of those same symptoms. However, some of those children may develop acute stress disorder or post-traumatic stress disorder.

Signs of post-traumatic stress disorder include a child seeing the trau-

Most children who’ve had a traumatic experience only need simple support, such as talking with them and appreciating what their understanding is of what happened, letting them know what the reality is and offering them reassurance.

matic event happening again, acting out the event while playing, fearing things and places linked to the event, being easily frightened, having a difficult time trusting people and acting out in anger.

And the age of the child often matters. The signs may be different in older children than in younger children. Teenagers, for example, are more likely to show signs of depression than young children. With young children, irritability and an increase in activity level and agitation are more likely to be seen than sadness.

In deciding whether a child’s problem is severe enough to seek professional help, both the severity of the symptoms and how long symptoms persist are informative.

“If children are having severe difficulties in the first 30 days after a traumatic event they should see someone,” said Dr. Petersen. “And if children are still having difficulty functioning after 30 days – even if it is only in some areas – they should see someone for evaluation and possibly treatment.”



references

This report is largely based on the following publications.

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Children, Youth & Families background is published by the University of Pittsburgh Office of Child Development (OCD), a program of the University of Pittsburgh School of Education. These reports are based on available research and are provided as overviews of topics related to children and families.

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