Helping Children and Youth Who Have Experienced Traumatic Events

NATIONAL CHILDREN'S MENTAL HEALTH AWARENESS DAY
MAY 3, 2011

National Children's Mental Health Awareness Day—May 3, 2011

Many Children and Youth Experience Traumatic Events

Childhood exposure to traumatic events is a major public health problem in the United States. Traumatic events can include witnessing or experiencing physical or sexual abuse, violence in families and communities, loss of a loved one, refugee and war experiences, living with a family member whose caregiving ability is impaired, and having a life-threatening injury or illness. It is estimated that 26% of children in the United States will witness or experience a traumatic event before the age of 4 years.[1] According to the Centers for Disease Control and Prevention (CDC), almost 60% of American adults say that they endured abuse or other difficult family circumstances during childhood.[2] Research has shown that exposure to traumatic events early in life can have many negative effects throughout childhood and adolescence, and into adulthood. The Adverse Childhood Experiences (ACE) study found a strong relationship between traumatic events experienced in childhood as reported in adulthood and chronic physical illness such as heart disease, and mental health problems such as depression.[3] The annual financial burden to society of childhood abuse and trauma is estimated to be $103 billion.[4] This short report discusses the prevalence of exposure to traumatic events among children and youth participating in two SAMHSA initiatives, the problems that trauma can cause, and available treatments that can help children and youth recover.

SAMHSA's Children's Mental Health Initiative and National Child Traumatic Stress Initiative

The Substance Abuse and Mental Health Services Administration (SAMHSA) addresses the needs of children and youth exposed to traumatic events through many of its programs. Two programs are highlighted in this report. The ***Comprehensive Community Mental Health Services for Children and Their Families Program*** (Children's Mental Health Initiative, or CMHI), established by an act of Congress in 1992, funds grantee agencies to apply the system of care approach, a conceptual and philosophical framework for systemic reform of children's mental health services. A "system of care" is an organizational philosophy and framework that is designed to create a network of effective community-based services and supports to improve the lives of children and youth with or at risk of serious mental health conditions and their families. Systems of care build meaningful partnerships with families and youth, address cultural and linguistic needs, and use evidence-based practices to help children, youth, and families function better at home, in school, in the community, and throughout life.

The Donald J. Cohen National Child Traumatic Stress Initiative (NCTSI) is a national initiative that aims to raise the standard of care and improve access to services for children and youth throughout the United States who have experienced trauma. SAMHSA developed the National Child Traumatic Stress Network (NCTSN), a network of grantees from academic, clinical, and community entities that collaborate to develop, disseminate, and provide training on evidence-based practices; integrate trauma-informed treatment and practices into all child-serving systems; and promote and deliver effective community programs for children and families exposed to traumatic events.

Exposure to Traumatic Events and Behavioral Health

"Children who suffer from child traumatic stress are those children who have been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives after the traumatic events have ended."[5] In CMHI, 84% of children and youth experienced at least one traumatic event before entering services. Among those children and youth receiving treatment for trauma exposure through NCTSN, the most common traumatic experiences reported were the traumatic loss of a loved one (48%), witnessing domestic violence (47%), and living with a family member whose caregiving ability is impaired (44%). Exposure to multiple types of traumatic events was common: 40% of children and youth in NCTSN had experienced four or more traumatic event types.

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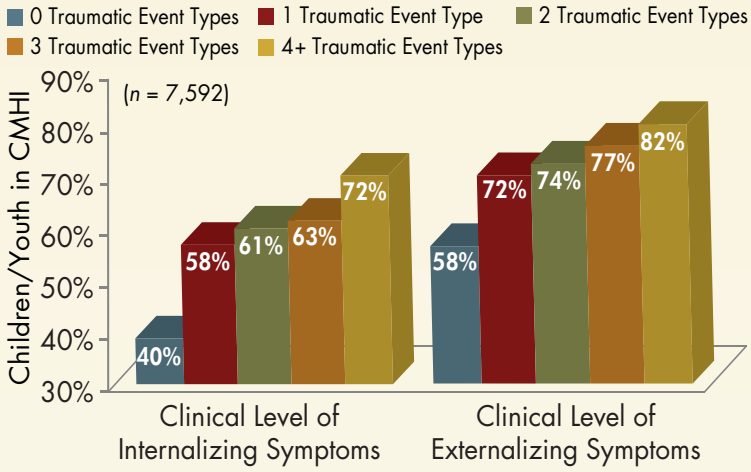
Among children and youth entering services in CMHI who had experienced at least one traumatic event, 9% were diagnosed as having posttraumatic stress disorder (PTSD) or acute stress disorder. Children and youth also commonly met criteria for attention-deficit/hyperactivity disorder (39%), mood disorders such as depression (38%), and oppositional defiant disorder (26%). Children and youth who had been exposed to multiple types of traumatic events had higher levels of depression and anxiety (internalizing symptoms), and were more aggressive and broke more rules (externalizing symptoms). As the number of traumatic event types experienced increased, so did the proportion of children and youth with clinical levels of symptoms.

Behavioral and Emotional Symptoms Increase with the Number of Traumatic Event Types Experienced



Percentage of children/youth exceeding clinical cutoff on Child Behavior Checklist (CBCL) ages 1½–18.

Children and youth who had been exposed to traumatic events and received services in CMHI were more likely to have experienced other problems prior to entering services. They missed school more often; had greater behavior problems at home; were more likely to use alcohol, tobacco, or marijuana; and were more likely to have attempted suicide than those without exposure to traumatic events.

Signs of Posttraumatic Stress Disorder[6]

- Sees the event happening again, either when awake or when dreaming
- Acts out the event while playing
- Fears items or places linked with event
- Often seems nervous or jumpy, scares easily
- Has difficulty trusting people
- Has trouble sleeping and concentrating
- Often acts out in anger

More Traumatic Event Types Are Related to More Behavioral Health Problems

Behavioral Health Problems in CMHI Children/Youth	0 Traumatic Event Types	1–2 Traumatic Event Types	3 or More Traumatic Event Types
Home behavior rated as "severe problem"* (*n* = 1,374)	15%	24%	24%
Missed more than 1 day of school per week (*n* = 5,898)	15%	17%	19%
Previously attempted suicide** (*n* = 4,601)	7%	10%	12%
Used alcohol, tobacco, or marijuana in previous 6 months** (*n* = 4,278)	37%	39%	50%

*Young children aged 0–6; **Youth aged 11 and over only

Traumatic Events and Development

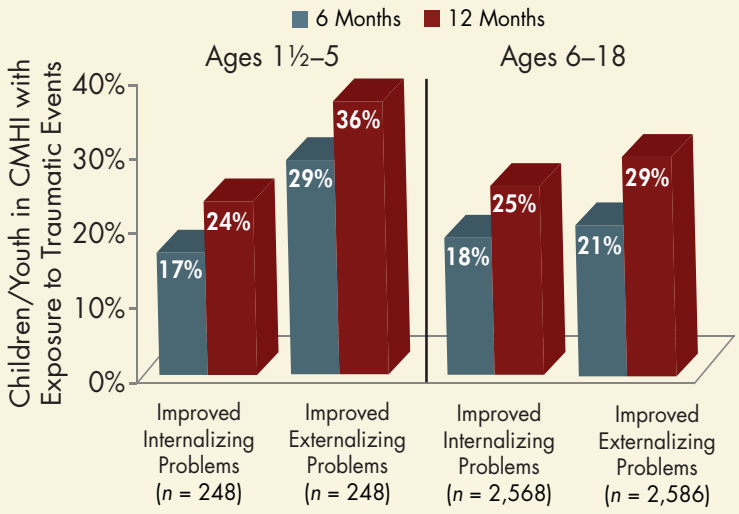
Reactions to traumatic events are likely to differ based on the child or youth's age. Previous research has shown that children aged 0–6 often re-create the traumatic event in their imaginary play or have nightmares about the event.[7] Among children treated in NCTSN, those aged 1½–6 were more likely than youth to act out aggressively. Children aged 7–12 were most likely to report feelings of re-living the trauma and difficulty with expressing sadness or anger, and those aged 13–18 were more likely than children aged 7–12 to express feelings of fear, guilt, and isolation.

SAMHSA Helps Children and Youth Through Trauma-Informed Services

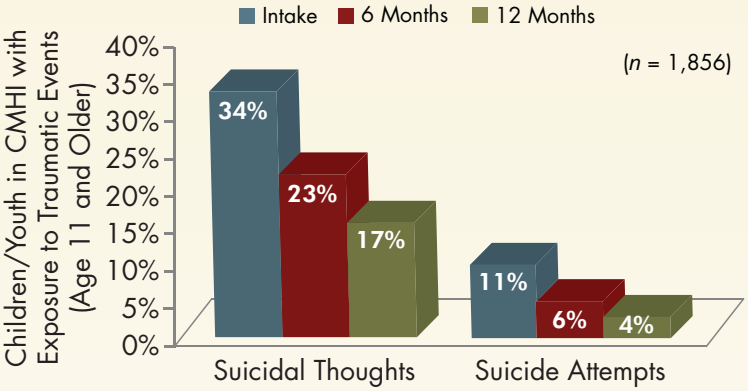
Both CMHI and NCTSI connect children and youth and their families to the services and supports they need. By coordinating services across multiple child-serving agencies, CMHI helps children and youth exposed to traumatic events connect with pediatricians, counselors, and school personnel. Within 6 months of entering CMHI, many children and youth previously exposed to traumatic events show improved symptoms and improved functioning at home, at school, and in the community. After 12 months, 44% of children and youth improved their school attendance,

and 41% improved their grades in school. The number of youth reporting arrests during the past 6 months fell by 36%. Additionally, youth reporting thoughts of suicide fell by 51% and youth reporting suicide attempts fell by 64%.

Improved Behavioral Health Symptoms

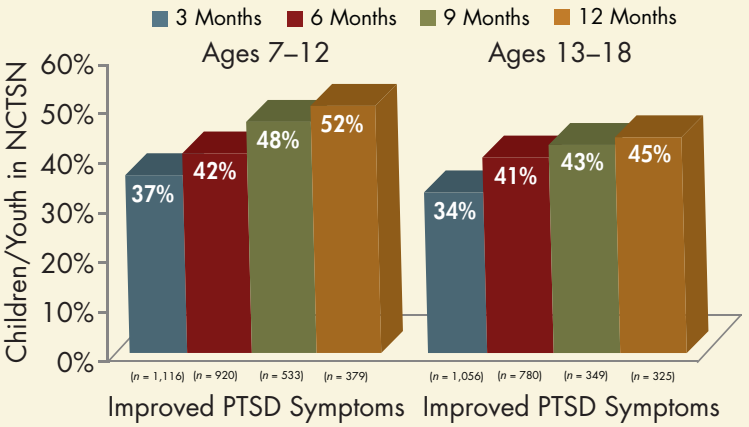


Reduced Suicidal Thoughts and Suicide Attempts



NCTSN, in addition to providing effective trauma-informed services for children and youth who have experienced trauma, provides trauma-focused trainings and skill-building workshops to educate service providers across child-serving agencies. These trauma-informed trainings improve access to services and the quality of care for children and youth who have experienced a traumatic event. In the first 6 months of treatment, the number of children and youth in NCTSN reporting problems in school dropped from 49% to 39%, the percentage showing problems with suicidality fell from 17% to 7%, and the percentage engaging in delinquent behavior dropped from 7% to 4%. Children and youth receiving services in NCTSN showed significant reductions in PTSD symptoms, and the percentage of children demonstrating this improvement consistently increased at 3, 6, 9, and 12 months following entry into care.

Improved PTSD Symptoms in Children/Youth Receiving Trauma-Informed Services



As measured by UCLA PTSD index.

Available Treatments

Although some children and youth are able to cope with traumatic experiences with the support of their family and through their own resilience, some need additional services and supports. The following are four common types of treatment for traumatic stress in children and youth. While different in format and design, each intervention has been found to be effective in reducing symptoms of PTSD.

Trauma-Focused Cognitive Behavior Therapy (TF-CBT), the most frequently used treatment, is a short-term intervention that encourages children and youth (3–18 years of age) to become more aware of how their thoughts about the traumatic event affect their reactions and behaviors.[8]

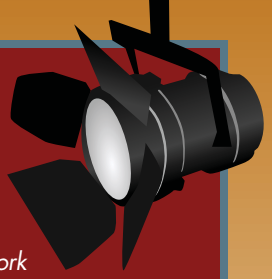
Attachment, Self-Regulation, and Competency (ARC) is frequently used with children and youth aged 5–17 and focuses on enhancing resilience by building tangible life skills and encouraging a supportive caregiving system.[9]

Child-Parent Psychotherapy (CPP) is used primarily to address the needs of infants, toddlers, and preschoolers by focusing on the way that the trauma has affected the parent–child relationship.[10]

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) is a group intervention geared toward youth 12–19 years of age, and is intended to help teens cope effectively and establish supportive relationships.[11]

More information on trauma and treatment is available at
http://www.nctsnet.org/
and
http://www.nrepp.samhsa.gov/

Spotlight on: Maine THRIVE



In 2005, the THRIVE initiative received a grant from SAMHSA to establish the Maine trauma-informed system of care. The program serves many children who are involved with child protective services. The average family entering THRIVE services reports seven previous traumatic experiences. Arabella Perez, executive director of THRIVE, says, *We have to assume that everyone who comes in has been impacted by trauma in some way.*

Ms. Perez says that understanding the effects of trauma should be built into everything that an agency or organization does. *Our work is with everyone who touches the life of the child, from the maintenance staff to the executive director. We would ideally like to teach everyone in a community how trauma can impact the lives of children and families.* That means beginning with the evidence about which treatments work best, and also drawing on system of care principles. *Being trauma informed is intertwined with the other principles of system of care: being family driven, youth guided, and culturally competent,* she says.

Concerned about the cultural and linguistic competence of their services in a community with many refugees from war-torn areas, THRIVE looked at how they spoke about mental health services and how the community perceived their message. They found that many people in the community felt that mental health services were "because something is wrong with you." To change this perception, THRIVE began to emphasize that services were "because of what happened to you" and highlighted the message that children, youth, and families can be resilient in the face of stress. People from all backgrounds responded positively to this approach, and THRIVE has been able to connect with the community and improve the lives of many people.

Highlights

Many children and youth experience traumatic events. With each increase in the number of types of traumatic events experienced, children and youth become more likely to show signs of depression, anxiety, aggression, or rule-breaking behavior; attempt suicide; or use substances.

Children and youth who have experienced traumatic events and receive services in CMHI or NCTSN have

- Better behavioral and emotional health
- Fewer suicidal thoughts and suicide attempts
- Better school attendance and grades, and fewer school problems
- Fewer arrests or delinquent behavior
- Reduced symptoms of posttraumatic stress disorder (PTSD) with trauma-informed treatment provided in NCTSN

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Study Background

CMHI: Children and youth receiving services in federally funded systems of care range in age from birth through 21 years and must have a diagnosis of a mental health disorder that meets standardized diagnostic criteria. Short report findings are based upon data collected through 2010 by the national evaluation of system of care communities initially funded from 2002 through 2006. There were 7,819 children and youth with complete data at intake. Participants were reassessed at 6-month intervals.

NCTSI: The NCTSN grantees provide treatment to children and youth from birth through age 21 who have experienced a traumatic event. Short report findings are based upon data collected through 2010 by the NCTSN communities initially funded by SAMHSA from 2001 through 2009. There were 14,773 children and youth with complete data at intake. Participants were assessed at 3-month intervals until the end of treatment.

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