

Advocating for Trauma-Informed Services

Once you understand how trauma can impact a child, the next step is often seeking out therapeutic services and supports to help with the behaviors or symptoms.

Many families are surprised to find out that not all therapists have been provided specific training in how trauma impacts children. Like any time you seek out a specialist to provide care, it is up to you to ask questions about a provider's background, training, and what to expect from treatment. A good therapist will appreciate that you care enough to ask these questions and will take the time to answer them thoroughly. Remember, it never hurts to interview more than one provider before deciding who might be most helpful for your family.

The following questions can help parents screen potential therapists and determine if the therapist is a good fit for their specific needs.

1. Do you provide trauma-specific or trauma-informed therapy? If yes, how do you determine if a child needs a trauma-specific therapy?

Therapists should describe an assessment process that:

- Gathers a thorough social history of the child, including all forms of trauma exposure (acute, chronic, and complex)
- Seeks input from parents/caregivers and others who know the child
- Is used to determine the treatment plan

2. How familiar are you with evidence-based treatment models designed and tested for treatment of trauma-related symptoms in children?

Researchers constantly evaluate treatments to find the ones that work best. Therapists who use treatments based on scientific research are using what is called "evidence-based treatments."

When asked this question, therapists should mention a specific treatment by name. An up-to-date listing of evidence-based treatment models for child trauma appears on the website of the National Child Traumatic Stress Network (www.NCTSN.org).

3. How do you approach therapy with traumatized children and their families? What are the components of your treatment approach?

Ask this of both those who indicate they use evidence-based models and of those who assert that they are otherwise qualified to treat child traumatic stress. Additionally, ask them to describe a typical course of treatment.

Therapists should describe approaches that incorporate some or all of these elements:

- Building a strong relationship between the therapists, the child, and the child's caregivers
- Helping the child and caregivers understand normal reactions to trauma
- Teaching parents techniques or skills they can use to help the child
- Helping the child identify, express, and manage the emotions related to the trauma
- Teaching relaxation skills
- Helping the child understand that what happened to him/her was not his/her fault and he/she is not to blame
- Helping the child learn to talk about what happened without being overwhelmed
- Gradually exposing kids to traumatic memories and feelings so they can gain some control over their reactions
- Training around personal safety
- Building resilience and leaving the child and family feeling hopeful about the future

Keep in Mind:

- **Therapy should include parents or other caregivers.** While teenagers may have the right to privacy about what they discuss with their therapists, a 3-year-old should never engage in therapy without a caregiver. And even with a teen, 50 minutes a week with a therapist is about teaching skills but it is often the caregiver who acts as the coach and helps the teen practice using those skills throughout the rest of the week. If the parent is not included in the therapeutic process, or at the very least being actively taught the same things the child is learning, the value of therapy is extremely limited.
- **Medication alone is not therapy.** While many medications are prescribed to children who have trauma histories, medication alone often only addresses symptoms. Ask providers why they are prescribing specific medications, how the medications work, and how they determine whether the behaviors are related to trauma or not. When in doubt, do some research.
- **Therapy is not a lifestyle!** If you sought care for chronic chest pain, you would expect the doctor to do some tests, find out what was wrong, and then develop a treatment plan. If the treatment plan is effective, you would expect to have less pain over time. If that didn't happen, you'd expect the doctor to re-evaluate your situation and come up with a better plan. Unfortunately, some children in therapy have the opposite experience – they don't feel better over time but instead of finding a different provider or course of treatment, they stay in this type of unhelpful situation for years. We wouldn't tolerate that type of medical care for a child in physical pain and shouldn't tolerate it in behavioral health either. While there often is not a quick fix or magical pill, trauma-specific evidence-based treatments are not designed to last forever!

- **Children in care may have unique challenges.** When seeking care for your child it may be helpful to find a therapist who is familiar with the unique challenges that foster, kinship, and adoptive families face. Additionally, the therapist should be willing to partner with birth families and resource caregivers as appropriate.

This handout is adapted from:

Resources for Parents and Caregivers (Trauma Treatment tab) by the National Child Traumatic Stress Network (<http://nctsn.org/resources/audiences/parents-caregivers>) accessed June 2016.

“Putting It Together: Working with Providers Who Deliver Trauma-Informed Care” part of the Child Welfare Trauma Training Toolkit: Comprehensive Guide, 2nd Edition. 2008. Pages 35-38. By the National Child Traumatic Stress Network (http://nctsn.org/nctsn_assets/pdfs/CWT3_CompGuide.pdf)