Helping Children and Youth Who Have Traumatic Experiences

national children's mental health awareness day
MAY 10, 2018

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Children and Youth in the United States are Frequently Exposed to Traumatic Experiences

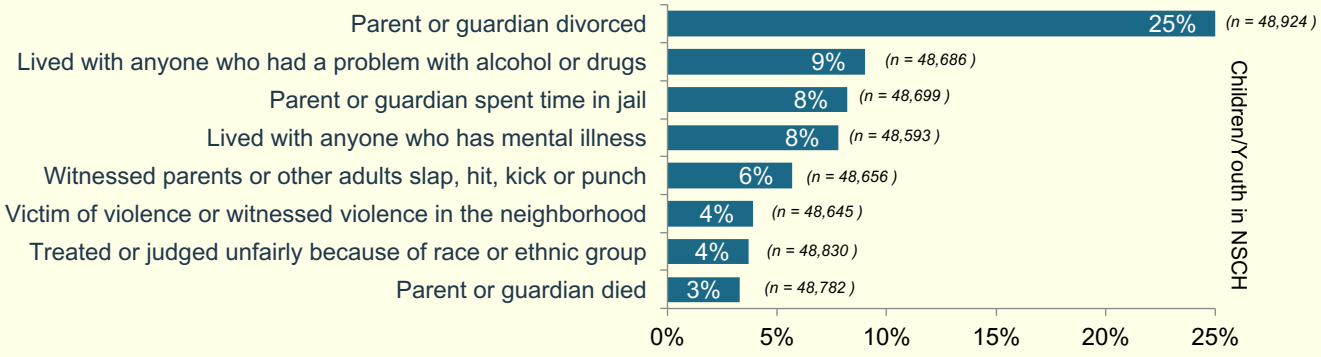
Trauma experienced by children and youth is a pervasive and serious public health issue that requires a coordinated response from health and mental health providers. Traumatic experiences can include witnessing or experiencing physical, sexual, and emotional abuse; bullying; terrorism; loss of a loved one; family and community violence; refugee and war experiences; natural disasters; living with a family member whose caregiving ability is impaired; and having a life-threatening injury or illness. Recent data shows that 37% of youth experienced a physical assault during a 1-year period, and 15% of children and youth experienced maltreatment by a caregiver.[1] Trauma during childhood is associated with a range of physical health and emotional problems, and most tragically, with suicide. Among youth ages 10 to 24, suicide is the second leading cause of death.[2]

Data from the Adverse Childhood Experiences (ACE) study found that certain traumatic experiences that occur during childhood can have serious health and social consequences into adulthood.[3] "ACEs" include events such as abuse and neglect, as well as witnessing domestic violence and growing up with family members who have mental illness or substance use disorders. When children are exposed to chronic stressful events, their development can be disrupted. Over time, children may adopt negative coping mechanisms, such as substance use or self-harm.

The Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) are partnering for National Children's Mental Health Awareness Day to highlight an integrated health approach to addressing the mental, emotional, and physical health needs of children, youth, and young adults who have experienced trauma. HRSA has provided data from the 2016 **National Survey of Children's Health** (NSCH), which addresses the prevalence of exposure to traumatic experiences among children and youth in the United States. SAMHSA has provided data from the **Children's Mental Health Initiative** (CMHI), which addresses the needs of children, youth and young adults with serious emotional disturbance (SED). This short report highlights positive outcomes for children and youth with SED who have experienced trauma and have been served through CMHI.

According to data from the 2016 NSCH, **46%** of the nation's youth age 17 and under report experiencing at least one trauma.[4] Figure 1 below illustrates the types and rates of trauma experienced by children birth through 17 years of age.

Figure 1. U.S. Children and Youth Experience a Range of ACEs



Source: 2016 National Survey of Children's Health

SAMHSA
Substance Abuse and Mental Health Services Administration

SAMHSA Addressing the Needs of Children, Youth, and Young Adults Who Have Serious Emotional Disturbance or Serious Mental Illness

Children and youth who have experienced traumatic events are at risk of developing serious emotional disturbances. SAMHSA addresses the needs of children, youth and young adults with SED and serious mental illness through the **CMHI**, initiated in 1993. CMHI has funded communities in every state to create systems of care (SOC) that serve children and youth with SED, and their families. The *system of care* approach is a framework that enhances care coordination across the multiple systems involved with children's services.

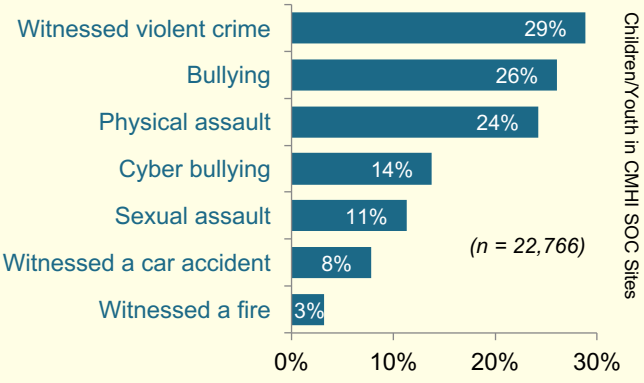
System of Care Approach

An organizational framework 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 SED and their families.

Exposure to Traumatic Experiences and Behavioral Health

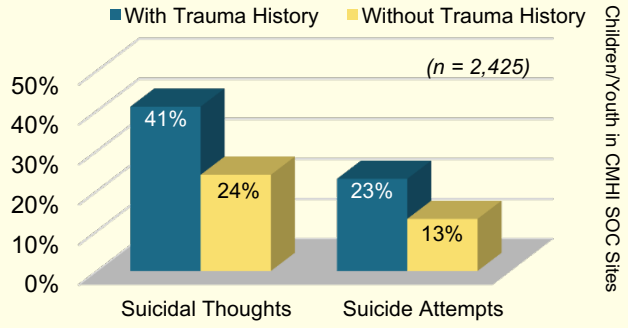
Among children and youth entering treatment in a CMHI-funded SOC program, **82%** have experienced at least one traumatic event before entering services. These events include witnessing crimes, accidents, and fires, as well as experiencing bullying and physical and sexual assault.[a] Figure 2 presents these experiences.

Figure 2. Rates of Traumatic Experiences Are High for Children and Youth with SED



Research has demonstrated that there is an association between maltreatment and suicidal ideation and attempts.[5] In youth entering SOC services, 41% of those with a trauma history have had suicidal thoughts compared to 24% without, and 23% with a trauma history have had an attempt compared to 13% of those without, as shown in Figure 3. Both of these differences are significant.

Figure 3. Suicide Thoughts and Attempts Are Higher in Children and Youth with SED Who Have a History of Trauma

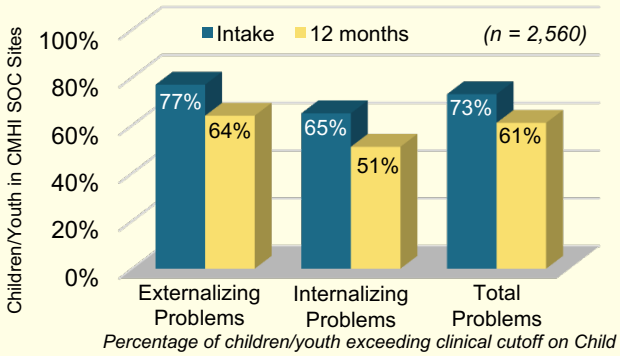


[a]Exposure to trauma among children in this study did not vary by gender nor age. In addition, children below and above the poverty line were equally likely to have experienced trauma or witnessed traumatic event.

Children and Youth With SED and Trauma in SOCs Experience Improvements

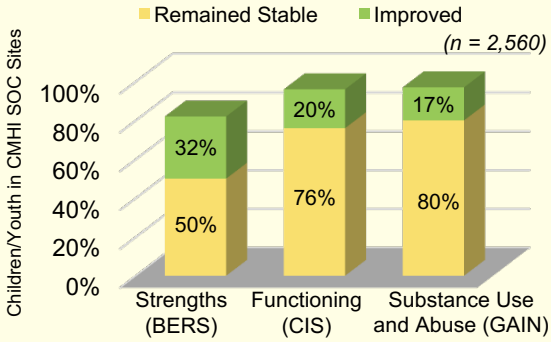
Children and youth who have been exposed to traumatic experiences and who received services through CMHI showed improvements across several life domains. After a year of treatment, the percent of youth with problems such as not following rules, exhibiting aggressive behavior, or being difficult to manage (often called "externalizing" behaviors) decreased from 77% to 64%, a difference of approximately 13%. The percent of youth with problems such as withdrawing from others, being anxious or depressed (often called "internalizing" behaviors) significantly decreased from 65% to 51%, a difference of approximately 14% (see Figure 4). In addition, 32% of children showed improved strengths, 20% improved functioning, and 17% improved problems with substance use and abuse 12 months after the start of treatment, as shown in Figure 5.

Figure 4. Reduction in Behavioral Problems



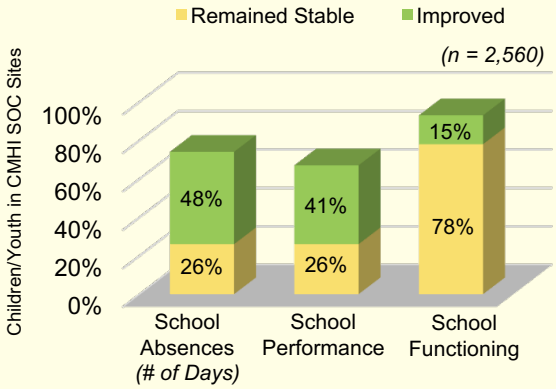
Percentage of children/youth exceeding clinical cutoff on Child Behavior Checklist (CBCL) ages 1½ - 18.

Figure 5. Improved Strengths, Functioning and Reduced Substance Use and Abuse



Children and youth involved in SOCs who have experienced trauma also demonstrated significant improvements in school functioning. Between the time of their intake and 1 year later, 48% of children and youth in CMHI reduced the number of days absent from school, 41% improved their school performance, and 15% improved their competence in school and classroom tasks, as reported by parents (see Figure 6).

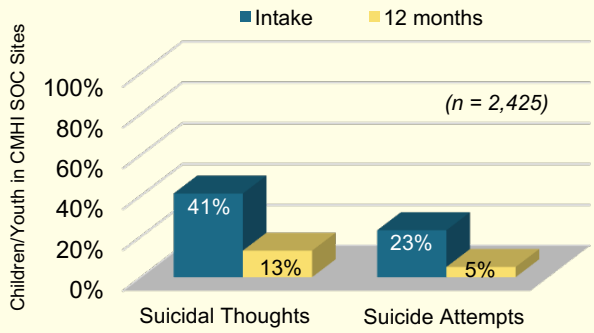
Figure 6. Improvements in School Settings



As measured by the CMHI National Evaluation

A year after starting treatment in a CMHI SOC, children and youth with a trauma history reported improvements in their thoughts and behavior related to suicide. Data showed a reduction of suicidal thoughts from 41% to 13%, a difference of approximately 28% and a reduction in suicide attempts from 23% to 5%, a difference of approximately 18%, as shown in Figure 7.

Figure 7. Reduced Suicidal Thoughts and Attempts



Trauma Informed Care (TIC)

Many frameworks exist to describe the core components of TIC. SAMHSA's definition[6] focuses on four key principles for programs, organizations, or systems to consider:

(1) Realize the widespread prevalence of trauma;
(2) Recognize the signs and symptoms of trauma in clients, families, staff, and others;
(3) Respond by integrating knowledge into policies, procedures, and practices;
(4) Actively resist retraumatization of clients, families, staff, and others.

Grantee Spotlight: San Francisco Department of Mental Health

Historically, the agencies in the San Francisco Bay Area mostly worked independently as they served children and youth who experienced trauma. Leaders of these agencies knew they wanted to reduce fragmentation and create more efficient services. As a result, in 2012, leaders from the seven counties in the Bay Area envisioned a center that would create a regional trauma-informed system of care. In 2014, the San Francisco Department of Mental Health received a CMHI expansion implementation grant from SAMHSA to bring this vision to fruition by creating a Trauma Informed System (TIS) that builds partnerships across and within counties. This "grant about hope," as it was called, resulted in a new initiative the following year called **Trauma Transformed (T^2)**.

T^2 represents an unprecedented effort to coordinate and collaborate to provide trauma-informed care. In addition to building a brick-and-mortar regional center, T^2 has trained over 10,000 members of the workforce through "TIS 101," a fundamentals-level curriculum. The initiative has brought together youth and family members with lived experience, service providers, behavioral health system leaders, and other key partners. Just 3 years after the launch of T^2, the Bay Area has received national accolades for improving service delivery. Perhaps more importantly, children, youth, and their families are consistently able to access care that is informed by an understanding of the underlying neurobiology of trauma that emphasizes an essential reframe from "*What's wrong with you?"* to *"Tell us about your experiences."*

CMHI Grantees Address Trauma through Different Approaches

There are a range of evidence-based treatments that are effective in helping children and youth who have experienced trauma. In addition to using Cognitive Behavioral Therapy (CBT), current agencies receiving CMHI SOC grants from SAMHSA are:

- Accessing state-sponsored trauma-informed practices and training opportunities;
- Adopting trauma-specific evidence-based practices, most commonly Trauma Focused CBT;
- Explicitly addressing historical trauma through culturally sensitive practices;
- Involving individuals with lived experience;
- Administering and using trauma-informed assessment tools as part of clinic practice;
- Educating the public and using social marketing to increase awareness about trauma;
- Sponsoring conferences to provide education about trauma and trauma-informed care.

Highlights

Nationally, children and youth in the general population experience and witness an array of traumatic events, including many of the identified "ACEs."

- Children and youth with SED are exposed to similar types of traumatic experiences as the general population, but at a higher rate.
- Children and youth who have a history of traumatic experiences and receive services in CMHI show improvements in their behavioral and emotional health, improved school attendance, and fewer school problems.
- SOC grantees are increasingly addressing trauma through evidence-based models of treatment, and states are also starting to adopt trauma-informed frameworks of care.

More information on trauma and treatment is available at **http://www.nctsn.org/**

References

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6. Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach (p. 9). HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Data Sources

The National Evaluation of the Children's Mental Health Initiative and youth receiving services in federally funded SOCs range in from birth through 21 years and must have a diagnosis of a mental health disorder that meets standardized diagnostic criteria. Data in this report are drawn from grantees funded between 2009-2016.

The National Survey of Children's Health was funded and directed by HRSA's Maternal and Child Health Bureau and conducted by the U.S. Census Bureau. The data in this brief are drawn from the 2016 wave of data collection, based on a total of 50,212 collected surveys.