

Identifying Trauma-informed Providers

Many, if not most, therapists in the United States describe their approaches to treatment as “eclectic.” Unfortunately, many therapists also lack specialized training in trauma and its treatment and may even be unfamiliar with the basic trauma literature.

The worker or supervisor should interview therapists or agencies to whom the child welfare agency makes referrals and assess which ones have the best preparation to deliver therapy to traumatized children in the care of the agency. In the interview, the worker can ask the following types of questions. The agency may also send a questionnaire based on these questions to all therapists/agencies who receive agency referrals.

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

Providers should describe an assessment process that involves obtaining a detailed social history, including all forms of trauma, as well as the use of a standardized, trauma-specific measure.

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

Providers should mention specific interventions by name, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Child-Parent Psychotherapy (CPP), Cognitive-Behavioral Intervention for Treatment in Schools (CBITS), or Parent-Child Interaction Therapy (PCIT). A listing of evidence-based and promising intervention models for child trauma appears on the web site of the National Child Traumatic Stress Network, at www.NCTSN.org. If providers cite treatment models with which you are unfamiliar, ask them for the research that supports their effectiveness.

3. How do you approach therapy with traumatized children and their families? Ask this question of both those who indicate that they use evidence-based models and of those who assert that they are otherwise qualified to treat child traumatic stress. Ask them to describe a typical course of therapy. What are the core components of their treatment approach?

Providers should describe approaches that incorporate some or all of the following elements:

- **Building a strong therapeutic relationship.** Like most forms of therapy, trauma treatment requires the skillful development of a clinical relationship with the child and caregivers.

- ***Psycho-education about normal responses to trauma.*** Most trauma-informed therapy includes a component that helps the child and caregivers understand normal human reactions to trauma.
- ***Parent support, conjoint therapy, or parent training.*** Caregivers are typically powerful mediators of the child's treatment and recovery. Involving the parent, resource parent, or other caregiver is a vital element of trauma treatment. Some trauma-informed interventions include a parenting component to give the parent greater mastery of child management skills.
- ***Emotional expression and regulation skills.*** Helping the child to identify and express powerful emotions related to the trauma and to regulate or control their emotions and behavior is an important element of trauma-informed therapy.
- ***Anxiety management and relaxation skills.*** To help with emotional regulation, it is typically necessary to teach the child (and sometimes the caregiver) practical skills and tools for gaining mastery of the overwhelming emotions often associated with trauma and its reminders.
- ***Cognitive processing or reframing.*** Many children form destructive misunderstandings in the aftermath of the trauma. They may assume a great deal of self-blame for the events or blame someone else for not protecting them even though doing so may have been beyond their capacity. They may associate unrelated events to the trauma and draw irrational causal relationships. Therapy often helps correct these misattributions.
- ***Construction of a coherent trauma narrative.*** Successful trauma treatment often includes building the child's capacity to talk about what happened in ways that do not produce overwhelming emotions and that make sense of the experience. Many non-trauma-informed therapists are uncomfortable with this aspect of treatment, which sometimes involves gradual exposure to traumatic reminders while using newly acquired anxiety management skills.
- ***Strategies that allow exposure to traumatic memories and feelings in tolerable doses so that they can be mastered and integrated into the child's experience.*** Treatment often encourages the gradual exposure to harmless trauma reminders in the child's environment (e.g., basement, darkness, school) so the child learns to control emotional reactions to these reminders and to differentiate the new experiences from the old.

- ***Personal safety training and other empowerment activities.*** Trauma may leave children feeling vulnerable and at risk. Trauma treatment often includes strategies that build upon children's strengths. It teaches them strategies that give them a sense of control over events and risks.
- ***Resiliency and closure.*** The treatment often ends on a positive, empowering note, giving the child a sense of satisfaction and closure as well as increased competency and hope for the future.