Interventions to Reduce Psychological Harm from Traumatic Events Among Children and Adolescents
A Commentary on the Application of Findings to the Real World of Schools

Marleen Wong, PhD, LCSW

Introduction

In the September issue of the American Journal of Preventive Medicine, two articles from the Task Force on Community Preventive Services offered insight into the problems of psychological harm following traumatic events in children and adolescents, in both the review and the recommendations from the Task Force. This commentary is written in response to those articles, and focuses on the findings from the real world of schools in the U.S. today.

The review, evaluation, and meta-analysis of seven types of interventions to reduce the psychological harm from traumatic events provide an important service to the field of child mental health. This much-needed and thorough assessment of the literature clearly identifies that common community practices such as play therapy and psychodynamic therapy do not yet have sufficient evidence of effectiveness, while cognitive–behavioral approaches either individually or group administered are supported as effective treatments for trauma-related mental health problems. The issue at hand is disseminating such findings to the vast majority of community-based practitioners who intervene with traumatized youth and making such findings relevant to their practice. Nowhere is the application of this review more relevant than in our nation’s schools.

As the connection between mental health problems and negative academic outcomes becomes evident, there is an increased need for these findings to reach school-based clinicians and educators. By applying the findings of the reviews to practice in schools, the detection of problematic reactions to violence and trauma early in the course of illness can allow youth to develop skills and strategies that reduce the negative impact of trauma.

One major concern of school administrators and educators has been the relationship between violence exposure and impairment in school functioning. Exposure to chronic traumatic stressors in the developing years can cause brain changes that affect memory and cognition. More specifically, violence exposure can reduce youth’s ability to focus, organize, and process information. Studies have documented the associations between violence exposure and decreased IQ, reading ability, lower GPA, increased days of school absence, and decreased rates of high school graduation. Low-income and ethnic minority youth disproportionately experience higher rates of violence. In addition, a national study of child and adolescent mental health services found that a greater number of low-income and minority youth did not receive psychological care when needed.

One of the recommendations of the President’s New Freedom Commission on Mental Health is to build on the No Child Left Behind Act (www.ed.gov) and the reauthorization of Individuals with Disabilities Education Act (IDEA; www.ed.gov), to improve and expand mental health programs in schools to ensure that youth with emotional and behavioral disorders succeed and graduate from school.

Delivering mental health intervention programs in schools has been an important method of providing services to youth whose trauma-related problems may have otherwise gone unaddressed. Schools have long been identified as an ideal entry point for improving access to mental health services for children. Namely, school-based mental health programs have the potential for overcoming many of the key constraints, such as financial and logistic barriers, that often prevent adolescents and families from accessing mental health services through traditional means.

If we as community practitioners are to broadly implement the findings in this review, many questions, concerns, and gaps in the science and practice of child trauma will need to be addressed in future research. These are just a few:

From the School of Social Work, University of Southern California, Los Angeles, California

Address correspondence and reprint requests to: Marleen Wong, PhD, LCSW, Director of Field Education, School of Social Work, University of Southern California, 669 West 34th Street, MRF 214-MC0411, Los Angeles CA 90089-0411. E-mail: marleenw@usc.edu.
1. Interventions Designed for School Mental Health Professionals and Educators

Among the child-serving professionals who can benefit from the relevant and timely findings of this review\(^1\) are school mental health professionals. It is estimated that over 100,000 school counselors and 50,000 school psychologists and social workers work in public schools throughout the U.S. to protect and promote the social, emotional, and psychological health of students. Annually approximately 3.7% of the amount spent on education in the U.S. or $20B is spent by various funding sources, including local, state, and federal education dollars to support their work. However, very few of the reviewed interventions were studied in naturalistic environments such as schools or delivered by the practitioners who work in school and community settings every day. This may also contribute to the lack of a broad uptake of research findings.

2. Prevention and Early Interventions

The conclusions about debriefing leave clinicians with little guidance as to what they should be doing to intervene early with youth to prevent the significant sequelae of trauma. More work must be done to develop and identify universal prevention programs as well as programs that provide help to students, in the natural environment of their schools, who are at risk for psychological harm due to traumatic events. In keeping with national guidelines, Psychological First Aid: Listen, Protect, Connect (PFA/LPC) is a family of psychological first aid strategies focusing on children and families. PFA/LPC uses parents, teachers, primary care, and neighbor-to-neighbor providers to give basic psychological support following an acute traumatic event. As evidence-informed, promising practices, LPC versions are available on www.ready.gov, the public website of the U.S. Department of Homeland Security, including a downloadable brochure for students and teachers.

A critical next step for the field will be defining these preventive practices and rigorously evaluating them.

3. Adaptation of Effective Interventions for Nonclinicians

Given the tremendous gaps in the mental health workforce, particularly in many underserved communities in the U.S. as well as in the developing world, adaptations of interventions outside the clinical environment can serve large segments of high-risk populations, including underserved minority youth who live in communities of poverty and crime, as well as following major disasters. After most major disasters, schools are the first institutions to resume operations and can be the focal point of community recovery.

For example, the widespread destruction of Hurricane Katrina and the flooding caused by broken levees demonstrates the need for non–clinic-based interventions that can be disseminated more broadly. Internationally, in the recent earthquake and floods in the Sichuan Province in China, the center of relief and recovery efforts was focused on makeshift tents that served as schools for the surviving children of the village. In a country of such vast size where clinical trauma interventions may be a generation away from broad dissemination, public health approaches, such as PFA/LPC can be quickly disseminated, literally on the ground, to relief workers, local volunteers, and members of the Peoples Liberation Army. In Israel, the Summer War affected children and families across the nation, underscoring the need for the development of interventions that can be disseminated in a public health model that can reach children and families when the conditions of war, mass migration, or waves of resettlement disrupt established community organization.

A stepped-care approach, particularly with trauma treatment, can provide more practical solutions to mental health care disparities in communities where mental health care access is severely limited or nonexistent. Administrators, educators, educational aides, and other school staffs might be able to provide the lion’s share of preventive and early trauma interventions if adaptations of current clinical approaches could be developed and tested.

Within schools in the U.S., there is much to be done to bridge the gap between science and practice. Many educators sense that their students suffer distress and dysfunction at home and at school because of their reactions to violence and trauma. However, there are few, if any, pre-service teacher preparation programs that help educators to develop skills and coping strategies to detect and teach traumatized, depressed, or anxious students. Among the ranks of school mental health professionals, only a small percentage are engaged in evidence-based practices and there are few school mental health or educational initiatives that address the need for sweeping in-service trauma-informed staff development, training or re-training of existing school staffs. At the pre-service levels, most college or university graduate programs are just beginning to infuse the concepts of evidence-based practice into the standard curriculum of field education and community internships.

The negative effects of trauma exposure may provide one additional reason why low-income and ethnic minority students continue to trail behind academically despite decades of effort and resources to close the achievement gap.\(^10\) On June 11, 2008, Chancellor of New York City Schools Joel Klein and the Rev. Al Sharpton traveled to Washington DC to meet as co-chairmen of a new national education initiative. “The
Education Equity Project,” Klein and Sharpton said, “will challenge presidential nominees to treat the failure of schools to educate black and Latino children as the overriding civil rights issue of the 21st century.”

Klein noted that more than a half-century after Brown v. Board of Education, the promise of equal educational opportunity for minority students has yet to be realized, citing test data, shocking in its dimensions showing black high school students lagging an average of 4 years behind their white peers in reading and math scores. “To me this is not just an issue of school reform,” he added, “it is a civil rights issue, the civil rights issue of our time.”

The high risk of exposure to violence and psychological harm from violent events plagues the same youth Klein speaks of, those who do poorly, drop out, get expelled, or fail in school. Perhaps it is an overstatement to say that the inequities, health, and mental health disparities, and lack of access to adequate care are the civil rights issue of our time. But one thing is certain based on recent prevalence data, surveys, and mental health screening: In mental health as in education—Trauma Leaves Children Behind.

No financial disclosures were reported by the author of this paper.

References