

# WHAT HAPPENS AFTER DISCLOSURE?

Evidence-Based Trauma Screening, Assessment, and Treatment

NICOLA HERTING, PHD, LP  
MENTAL HEALTH DIRECTOR



---

---

---

---

---

---

---

---

## LEARNING OBJECTIVES

1. Be familiar with how trauma can impact the mental health of children.
2. Be able to identify why mental health services may be needed following disclosure of maltreatment.
3. Understand the differences and purposes of trauma screening and assessment.
4. Recognize there are different evidence-based and trauma-specific treatments that help children and families recover from traumatic events.

---

---

---

---

---

---

---

---

## IMPACT OF TRAUMA

- Children do not all respond the same way to potentially traumatic events.
- The impact of a potentially traumatic event is determined by several factors:
  1. The objective nature of the event
  2. The child's subjective response to it
  3. The family's response to it
  4. The child's history
  5. Availability of resources after it

---

---

---

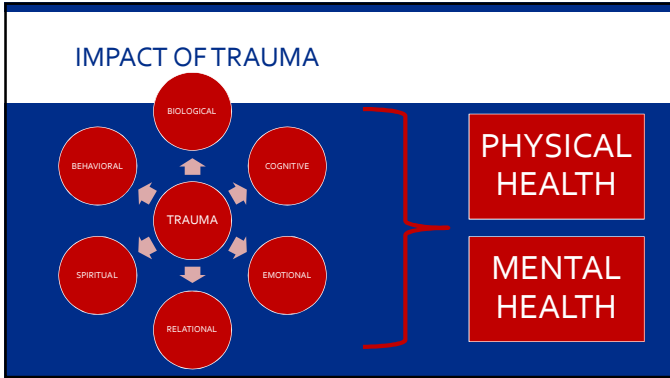
---

---

---

---

---




---

---

---

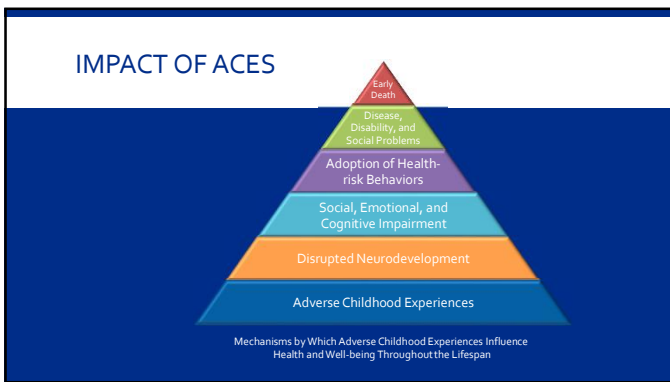
---

---

---

---

---




---

---

---

---

---

---

---

---

### CHILD TRAUMATIC STRESS

- Child traumatic stress refers to the *physical, emotional, and behavioral responses* of a child to threatening situations.
- Children’s responses to traumatic events can have profound, long-term effects on the way they view themselves, others, and the world.
- Traumatic events may affect a child’s trust and sense of safety, and may make them more vulnerable to current and future stressors

---

---

---

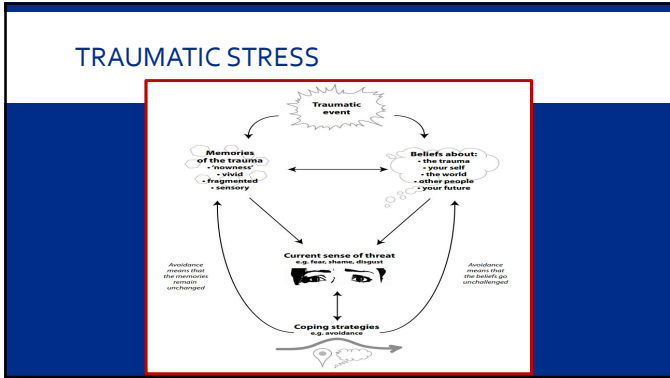
---

---

---

---

---




---

---

---

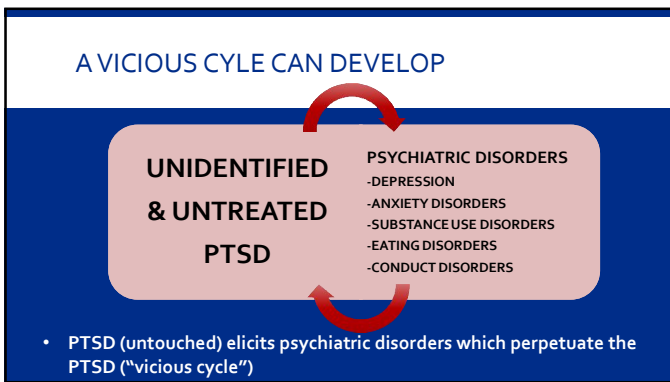
---

---

---

---

---




---

---

---

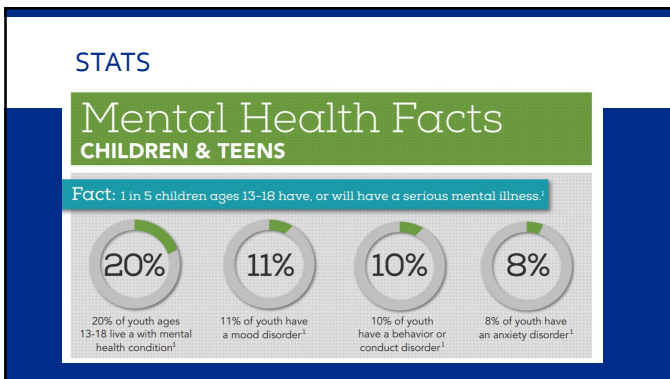
---

---

---

---

---




---

---

---

---

---

---

---

---

Impact	Suicide
<p><b>50%</b> 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.<sup>1</sup></p> <p><b>10 yrs</b> The average delay between onset of symptoms and intervention is 8-10 years.<sup>1</sup></p> <p><b>37%</b> 37% of students with a mental health condition age 14 and older drop out of school—the highest dropout rate of any disability group.<sup>1</sup></p> <p><b>70%</b> 70% of youth in state and local juvenile justice systems have a mental illness.<sup>1</sup></p>	<p><b>3rd</b> Suicide is the 3rd leading cause of death in youth ages 10 - 24.<sup>1</sup></p> <p><b>90%</b> 90% of those who died by suicide had an underlying mental illness.<sup>1</sup></p>

---

---

---

---

---

---

---

---

  
**ONLY**  
**1 IN 5 KIDS**  
 RECEIVE THE  
 HELP THEY NEED.

---

---

---

---

---

---

---

---

**SAM**

A boy named Sam is being physically abused by his father and often acts out aggressively at school. His behavior is a natural reaction to the abuse, and likely marks undiagnosed PTSD. His teachers simply see him as a troublemaker and continually punish his behavior. Later, Sam drops out of school as a teenager because he finds it a harsh and unwelcoming environment and is anxious to leave his abusive home and fend for himself. However, holding down a job is difficult because Sam often clashes with his coworkers and supervisors due to his aggression. Sam started abusing alcohol and was arrested a number of times for drunken disorderliness.

---

---

---

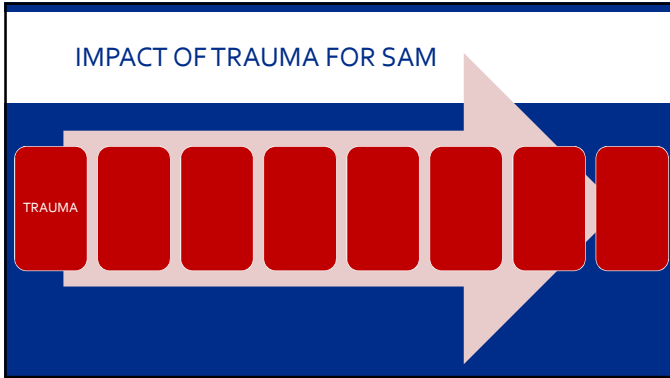
---

---

---

---

---



---

---

---

---

---

---

---

---

### WHAT DID SAM NEED?

---

---

---

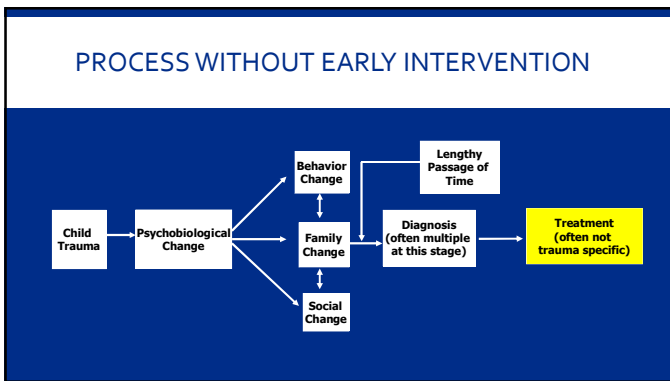
---

---

---

---

---



---

---

---

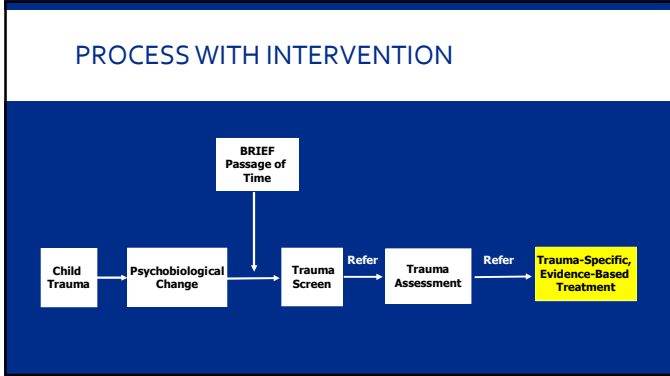
---

---

---

---

---



---

---

---

---

---

---

---

---

### DIFFERENCES BETWEEN SCREENING AND ASSESSMENT

Screening	Assessment
<ul style="list-style-type: none"><li>• Evaluating for the possible presence of a problem (identification)</li><li>• Outcome is typically a yes or no</li><li>• Brief</li><li>• Typically require less training</li><li>• Can be used universally or with targeted groups</li></ul>	<ul style="list-style-type: none"><li>• Comprehensive process intended to help diagnose, define, or develop treatment</li><li>• Used selectively based on individual need</li><li>• Tends to be longer and more resource intensive</li><li>• Often require extensive training</li></ul>

(NCTSN, 2012; SAMSHA, 2014)

---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---

### FINDING TREATMENT THAT WORKS




---

---

---

---

---

---

---

---

### FINDING TREATMENT THAT WORKS

#### •EVIDENCE-BASED TREATMENT

1. Number of studies by different researchers
2. Quality of studies
3. Experts agree that the treatment works for a specific diagnosis or symptoms based off of the research outcomes

---

---

---

---

---

---

---

---

### TRAUMA SPECIFIC EVIDENCE-BASED

#### CHILD AND FAMILY TRAUMATIC STRESS INTERVENTION (CFTSI)\*

BRIEF 6-8 SESSIONS  
FAMILY  
AGES 7-18

Building communication between child and caregiver; Psychoeducation on trauma, PTSD, coping strategies.

Within 45 days of ANY TRAUMA  
ANY TRAUMA SYMPTOMS

#### TRAUMA FOCUSED COGNITIVE BEHAVIOR THERAPY (TFCBT)\*

INDIVIDUAL OR FAMILY  
AGES 3-18

Psychoeducation on trauma and PTSD, parenting skills, coping strategies, trauma narrative, safety planning.

INTERNAL SYMPTOMS  
(ANY TRAUMA)

#### PROBLEM SEXUAL BEHAVIORS CBT (PSB-CBT)\*

FAMILY  
AGES 5-7-12

Psychoeducation on body safety, body safety rules, coping strategies, and parenting skills.

CHILDREN WITH PROBLEM SEXUAL BEHAVIORS

---

---

---

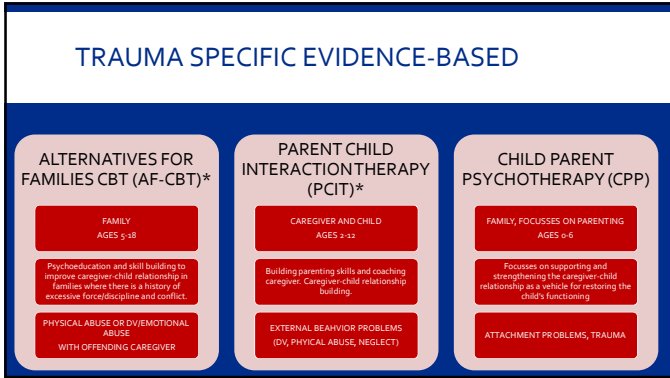
---

---

---

---

---




---

---

---

---

---

---

---

---

---

---




---

---

---

---

---

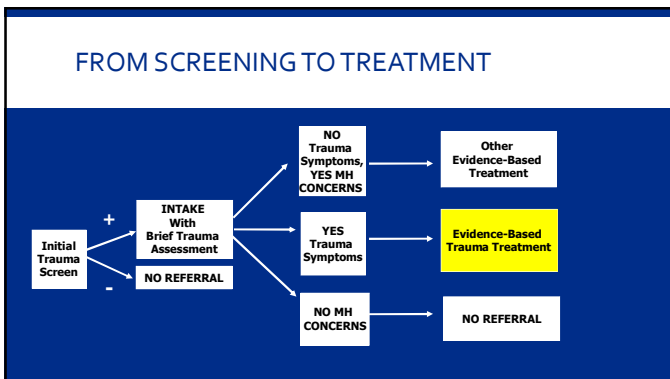
---

---

---

---

---




---

---

---

---

---

---

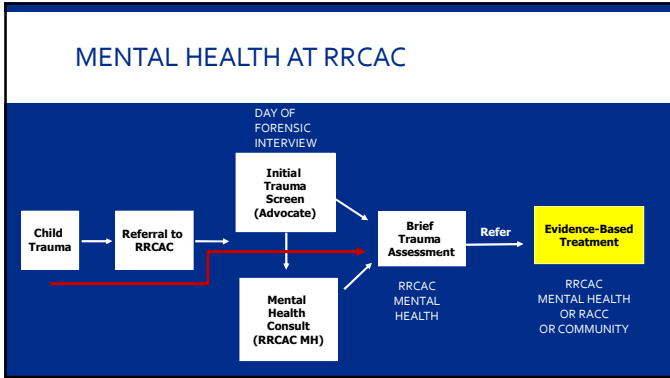
---

---

---

---





---

---

---

---

---

---

---

---

## QUESTIONS??

---

---

---

---

---

---

---

---

## THANK YOU

Dr. Nicola Herting  
[mhdirector@rrcac.com](mailto:mhdirector@rrcac.com)  
701-234-3177

---

---

---

---

---

---

---

---