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## Adolescent Trauma: The Effects on Development and Interventions to Help

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Adolescent Trauma: The Effects on Development and Interventions to Help

Allison Skrentny

A Capstone Project submitted in partial fulfillment of the

requirements for the Master of Science Degree in

Counselor Education at

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Spring 2022

Winona State University  
College of Education  
Counselor Education Department

CERTIFICATE OF APPROVAL

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CAPSTONE PROJECT

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Adolescent Trauma: The Effects on Development and Interventions to Help

This is to certify that the Capstone Project of

Allison Skrentny

Has been approved by the faculty advisor and the CE 695 – Capstone Project

Course Instructor in partial fulfillment of the requirements for the

Master of Science Degree in

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### **Abstract**

Trauma is something that can impact everyone in some way. Experiencing trauma at a young age can be even harder for some as they have not had the chance to develop fully socially, emotionally, mentally, and physically. As counselors and educators, it is extremely important to be trauma informed and be able to ensure that the student has necessary supports and resources in place to ensure that they are having all their needs met and able to work through their trauma. Knowing where a child is at developmentally and the obstacles, they may face through their adolescent years make it crucial for trauma to be addressed so that the student can be able to go out into the real world with the proper skills to be successful despite their past. Through the examination of research, the goal is to understand how different traumatic events can affect an adolescent child developmentally and also how different interventions can be effective especially in a school setting.

*Keywords:* Trauma, Adolescents, Interventions

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## **Adolescent Trauma: The Effects on Development and Interventions to Help**

### **Developmental Level**

Erik Erickson's stages of psychosocial development would put a student who is in middle school in the school age or adolescence stage. At the school age, a child would be in search of competence through industry and inferiority (Knight, 2017). A child who is in the adolescence stage would be at a point of identity cohesion vs role confusion relating to fidelity (Knight, 2017). In Knight's (2017) work, an eight-stage model related to Erikson's stages of psychosocial development is discussed. This model takes the stages and ideas that Erikson created and proposes what a person at this stage may be searching for and need help with at this time. In the school aged child, they are in search of efficacy and are need of help of balancing productivity and inadequacy while in adolescence, a student is in search of a sense of belonging and may need help balancing duplicity and faithfulness (Knight, 2017).

### **Identity vs. Confusion**

The fifth stage in Erikson's model is identity vs. confusion. This stage takes place during the teenage years, typically between the ages of twelve and eighteen. At this stage a child is developing their own sense of personal identity which will impact them and influence behavior and development for the rest of their life. Developing a sense of self and being able to stay true to oneself brings success, while failure may lead to role confusion and weaken one's identity (Dunkel et al., 2017). Erikson described this stage as a time of identity crisis, where a child thinks about who they are in relation to their career, religion, and sexual identity just to name a few (Sigelman et al., 2015). At this stage, youth will likely explore different areas to see how they think they fit in or want to be seen by others. They will try different looks, majors, relationships, and groups to help them figure out how they want to identify in relation to

different aspects of their life (Sigelman et al., 2015). Children who receive encouragement and reinforcement through personal exploration will create a strong sense of self during this stage, while those who remain unsure of their beliefs and desires will feel unsure about who they are and be confused about their future (Dunkel et al., 2017). Identity is the beliefs, ideals, and values that one holds that shapes and guides their behaviors (Dunkel et al., 2017). When this stage is successfully completed it leads to fidelity which gives the person the ability to live by standards and expectations set in place by society (Dunkel et al., 2017).

A child's transition into early adolescence occurs during middle school, this is when the student is developing both socially, emotionally, and cognitively (Frydman & Mayor, 2017). Social development at this age would include forming and maintaining healthy relationships with friends and family and moving from family to peers as their primary relationships. When it comes to development regarding cognitive development and emotional regulation, a child at this time would be working to increase impulse control and affect regulation and also coordinating dynamic between cognition and affect (Frydman & Mayor, 2017).

### **What is trauma?**

Adverse childhood experiences (ACEs) is an assessment tool that has been used to help identify traumatic experiences that were had as a child (Briggs et al., 2021). Traumatic childhood experiences that would be classified as an ACE include sexual abuse, physical abuse, neglect, witnessing domestic abuse, or having a mentally ill or substance abusing primary caregiver (Briggs et al., 2021). There is also the possibility for children to be exposed to potentially traumatic events (PTEs). A 2016 study found that approximately two thirds of teenagers from the United States have stated that they have been exposed to at least one PTE (Gusic et al.). A PTE

could be classified as witnessing violence, separation or loss of a family member or an accident (Gusic et al., 2016).

### **Death of a Loved One**

Death of a loved one is hard no matter what age a person is, but there are many long-term effects on a child when they lose a parent at a young age. In the United States, around 2.5 million children under the age of 18 will experience the loss of a parent (Howarth, 2011). When a child loses a parent, they are not only grieving and handling the loss of just their parent, but usually other stressors arise as well such as decrease in economic resources, changing of residence, less contact with certain friends and family members, more responsibilities of the child, and loss of time with their primary caregiver (Howarth, 2011). The reaction and adjustment a child has on the loss of their parent is also important to take into consideration in relation to the individual and the family. Some of the factors that should be considered would be the age and sex of the deceased, circumstances of the death, the adjustment and stability of the surviving caregiver, presence of siblings, and participation in interventions and rituals such as a funeral are all said to have an impact on the adjustment of the child (Howarth, 2011). It has been found that from a young age, children are socialized more towards their same-gendered parent (Rostila et al., 2011). The circumstances of death may also play an important role in the way children react and handle the death. As children get older, they understand that death is inevitable, so if a parent has a terminal illness, this understanding of death makes it easier for both minor and adult children to cope with the loss (Rostila et al., 2011). On the other side, an unnatural or unexpected death such as an accident or suicide may have a stronger impact on the children of the deceased (Rostila et al., 2011).



With about 3 percent of children in the United States experiencing the death of a parent before age 18, some do not adjust as well as others and will develop depression or other mental health issues typically within one to two years after the death (Cipriano et al., 2019). As previously stated, the surviving parent has a tremendous impact on the outcome of the child or children. It has been researched and found that the psychological functioning of the surviving caretaker becomes a significant predictor in negative outcomes in the child (Cipriano et al., 2019). After the death of one parent, the now sole parent or caretaker is also dealing with grief of their own and trying to learn how to handle their new role as the sole caretaker of the family. This person may be less consistent, structured, and organized especially when it comes to discipline which can lead to negative choices for the child (Cipriano et al., 2019). If a parent dies when the child is young, there may also be issues with the child and their attachment to their parent (Rostila et al., 2011). This can be very disruptive to the development of the child as children require secure relationships with their adult caretakers to ensure normal social and emotional development (Rostila et al., 2011). If a child loses a parent at a young age there is an increased risk for emotional and behavioral issues, separation stress, and psychiatric disorders to develop (Rostila et al., 2011).

Adolescents who experience the death of a parent may be reluctant to express their grief out of fear of seeming abnormal, losing control, or seeming too dependent (Sigelman et al., 2015). Children who are grieving the death of a parent may experience mental health issues and find it difficult to function after the loss. It has been found that children who have lost a parent are more likely to suffer from major depression, alcohol and substance abuse, and post-traumatic stress disorder, which usually occurred within the first year after the death (Sigelman et al., 2015). Handling the death of a parent may also cause there to be a disruption in development.

Adolescents who lose a parent are more likely to have difficulty forming close relationships with their peers, more difficulties at work, lower educational aspirations, and less developed future plans (Sigelman et al., 2015).

### **Trauma In Relation to Development**

According to Frydman and Mayor (2017), social development is already one of the most difficult and complex parts of development for a child in early adolescence, but one with traumatic experiences may struggle even more. A student who has suffered from trauma may present differently based on the type of trauma they have experienced and also how they and those around them responded to the trauma (Frydman & Mayor, 2017). At this age a student who has been through a traumatic experience may isolate, avoid peers, be aggressive, difficulty differentiating threatening and nonthreatening decisions, and difficulty attaching to peers to name a few in regard to social development (Frydman & Mayor, 2017). A typical adolescent's prefrontal cortex undergoes maturational shifts of both cognitive and emotional functioning. This maturation helps to increase impulse control and affect regulation, however if a student has been through trauma, that may negatively affect this development (Frydman & Mayor, 2017). When a child is going through stressful situations, it evokes a fear response which inhibits executive functioning and may result in a fight-flight-freeze reaction (Frydman & Mayor, 2017). Students who have difficulties with stress and anxiety management are often more prone to further emotional dysregulation, lowered frustration tolerance, and increased behavioral problems and depressive symptoms (Frydman & Mayor, 2017). With the changing brain at this time, trauma response can negatively impact the brain in regard to working memory and may lead to diminishing memory and planning ability as well (Frydman & Mayor, 2017).

During early adolescence, the child is going through many developmental changes. When a child experiences a traumatic event, it can lead to challenges which may include developing mental health issues (Gusic et al., 2016). Some of the most common disorders that may become prevalent after a traumatic experience include acute stress disorder (ASD), posttraumatic stress disorder (PTSD), and dissociative disorders (DD) (Gusic et al., 2016).

### **How Relevant is Trauma?**

One type of trauma that a student may suffer from is betrayal trauma which is defined as an interpersonal trauma perpetrated by a trusted caregiver or significant other (Gamache Martin et al., 2016). Betrayal trauma for example would be physical or sexual abuse that occurred from a person close to the victim rather than a stranger (Gusic et al., 2016). For a student this may be physical or sexual abuse from a family member or close family friend. Trauma can also look different based on factors such as gender, ethnicity, and socioeconomic status (SES) (Gusic et al., 2016).

In a 2016 study, 240 adolescents between the ages of 13 and 20 were given questionnaires regarding demographics, a trauma inventory, the Children's Revised Impact of Events Scale, and the Adolescent Dissociative Experiences Scale (Gusic et al.). This study showed that only eight percent of participants had not experienced a PTE, forty-one percent reported between one and three PTEs, and fifty-one percent reported four or more PTEs (Gusic et al., 2016). In this study, PTEs included witnessing abuse or something that would be considered traumatic, hearing about someone else's traumatic experience, and direct experience with a PTE such as abuse, natural disaster, and accidents (Gusic et al., 2016). Boys reported being exposed to more PTEs than girls and were also more likely to be exposed to physical

violence and accidents, while girls were more likely to suffer from emotional abuse and bullying, mostly from peers (Gusic et al., 2016).

## **Literature Review**

### **Interventions**

Being able to provide resources for a student at school is a vital part of being a school counselor. Schools have been identified as one of the most common settings that students will seek and utilize counseling and support services that are provided (O’Gorman, 2018). Schools are seen as a convenient and reliable setting for students to access mental health services. When a student can receive supports at school, this decreases the need for transportation, does not require payment, and provides ready access to health providers (Grassetti et al., 2018). Ninety-one percent of students who receive school-based trauma intervention complete their treatment compared to fifteen percent of students who receive free clinical based treatment (Grassetti et al., 2018). As a school counselor, the job entails ensuring that all students feel safe both at school and at home. The counselor may not be able to control what goes on when the child is not at school but are able to provide the student with proper skills and resources to use in their everyday life (Thompson & Trice-Black, 2012).

When a child comes from trauma, this can mean that the counselor and the school as a whole have to work a little harder to ensure that the student feels safe in the classroom through comfort, consistency, trustworthiness, and belonging (O’Gorman, 2018). Children become attached to those around them who have made a profound impact on them and are a part of their daily lives (O’Gorman, 2018). This is an idea that continues through adolescence and is

especially important for a child who comes from trauma (O’Gorman, 2018). Human beings seek out relationships that help to reduce or sooth feelings of stress and distress (O’Gorman, 2018).

### **School-Based Interventions Effectiveness**

In a study done by Yohannan & Carlson (2019), they examined forty-one studies that evaluated school-based trauma interventions. The purpose of this study was to answer questions such as are the interventions in question effective and what further research is needed to increase generalizability of the effectiveness of the intervention (Yohannan & Carlson, 2019)? How feasible are these interventions based on fidelity ratings (Yohannan & Carlson, 2019)? How acceptable are these interventions based on acceptability ratings from stakeholders (Yohannan & Carlson, 2019)? Interventions that were examined included play therapy, cognitive behavioral interventions, and the use of multiple treatment techniques (Yohannan & Carlson, 2019). This study looked not only at interventions used in schools in the United States but with students across schools worldwide (Yohannan & Carlson, 2019). Students involved in this study were from different geographic locations, cultures, and experienced different traumatic events (Yohannan & Carlson, 2019). With this being a worldwide study, the top traumatic events were exposure to war and natural disasters (Yohannan & Carlson, 2019). In the United States most students were more likely to have been exposed to multiple traumatic events rather than one large one (Yohannan & Carlson, 2019). From the forty-one studies, twenty-one studies used only CBT techniques (Yohannan & Carlson, 2019).

Since this was a worldwide study that examined interventions used, each school may have used an intervention they thought was best suited for them and their students (Yohannan & Carlson, 2019). With each study that was evaluated, each may have not only had a different intervention but also a different source of scale or rating used to identify feelings surrounding the

trauma before, during, and after the intervention (Yohannan & Carlson, 2019). In almost all studies, assessment scores and ratings did reduce after the intervention had taken place (Yohannan & Carlson, 2019). Other ways in which an intervention was assessed for effectiveness came from feedback from the student and their family (Yohannan & Carlson, 2019). In one study that used cognitive behavioral interventions, satisfaction rating scores from children averaged 2.66 out of 3 and with adults a 5.31 out of 6 (Yohannan & Carlson, 2019). Some of the most common assessments that were used in the studies include Child PTSD Symptom Scale (CPSS), Diagnostic Predictive Scales (DPS), and Children's Depression Inventory (CDI) just to name a few (Yohannan & Carlson, 2019). Each study had a different design or method but was aimed at a different treatment intervention such as play therapy, cognitive behavioral interventions, or multiple treatment techniques (Yohannan & Carlson, 2019).

In the one study that used Child-Centered Play Therapy, the results of the study showed a significant reduction in the UCLA PTSD Index and also the Parent Report of Post-traumatic Stress Symptoms (PROPS) rating scales (Yohannan & Carlson, 2019). The studies that were looked at for this study that used cognitive behavioral interventions had many different study designs and methods (Yohannan & Carlson, 2019). In the twenty-one studies, study designs and methods were used to look at intervention effectiveness, acceptability, efficacy, and feasibility (Yohannan & Carlson, 2019). Even with the different study designs and methods used in interventions that used cognitive behavioral ideas, objectives were often met and reduction of scores in psychological assessments were observed (Yohannan & Carlson, 2019). Other studies that were reviewed that used multiple treatment techniques found similar results such as reduction in scales and high satisfaction rates of programs (Yohannan & Carlson, 2019).

Going back to the questions that researchers were looking to answer, in regard to fidelity, only eight studies reported fidelity ratings (Yohannan & Carlson, 2019). Fidelity ratings for all interventions were fairly high (Yohannan & Carlson, 2019). Studies that were looked at that had a feasibility rating all had multiple treatment techniques rather than just using CBT or Play Therapy (Yohannan & Carlson, 2019).

In another study, seventy-three groups were led by twenty clinicians from five different school-based provider groups (Hoover et al., 2018). Three-hundred and fifty students received cognitive behavioral intervention for trauma in schools (CBITS) and of those three hundred and sixteen students completed the treatment group (Hoover et al., 2018). The students that participated in this group were a diverse group including twenty six percent identifying as African American, forty three percent identified as Caucasian, almost seventy percent were Hispanic, and thirty percent identified as other (Hoover et al., 2018). The intervention consisted of ten group sessions, one to three individual sessions, two parent psychoeducational sessions, and one teacher education session (Hoover et al., 2018). The idea of using CBITS as an intervention was designed to help reduce symptoms of PTSD, depression, and behavioral problems while also addressing the need to improve functioning, grades, attendance, peer and parent support, and coping skills (Hoover et al., 2018). Students were asked to complete the Trauma Exposure Checklist (TEC), which is a list of seventeen different stressful and/or traumatic events (Hoover et al., 2018). Students averaged experiencing eight different traumatic events of the seventeen listed (Hoover et al., 2018). The traumatic events that were experienced by the highest number of students included, someone close to them being sick or injured (72%), having someone close to them pass away (71%), seeing someone being slapped, punched, or hit

(69%), seeing someone else get beaten up (64%), and seeing a serious accident where someone could have been severely injured or could have died (64%) (Hoover et al., 2018).

Students in this study completed the Child PTSD Symptom Scale (CPSS) and the Ohio Scales as a pretest and posttest to check the effectiveness of the intervention (Hoover et al., 2018). The CPSS is a twenty-six-item scale that measures PTSD symptoms which provides an overall trauma symptom score (Hoover et al., 2018). The Ohio Scales includes twenty items that aim to measure problem severity of internalizing and externalizing behaviors and twenty items that measure the students functioning (Hoover et al., 2018). The outcome of the use of CBITS with students in the study seemed to have a positive impact (Hoover et al., 2018). The mean score from the CPSS in the pre-test was a 24.81 and after the intervention group, the post-test mean score was a 14.35 (Hoover et al., 2018). With the Ohio problem severity scale, the mean for the pre-test was a 24.03 and had a mean of 18 on the post-test (Hoover et al., 2018). Lastly, the Ohio functioning scale had a mean in the pre-test of 58.11 and on the post-test, it had gone up to a 61.11, meaning that students were able to function in day-to-day activities better than they had before the intervention (Hoover et al., 2018).

### **Trauma Focused Cognitive Behavior Therapy**

Another possible intervention that a school counselor can draw from is Trauma-Focused Cognitive Behavior Therapy (TF-CBT) is an intervention based on six core values that may be used with a child who went experienced or witnessed trauma (Little et al., 2009). The six core values of TF-CBT are components based, respect, adaptability, family involvement, therapeutic relationship is a key factor in restoring trust and functioning in the child, and self-efficacy (Little et al., 2009). TF-CBT is a short-term treatment that would include individual sessions with both the children and parents and also joint sessions (Little et al., 2009). The actual use of TF-CBT



may be used more in a clinical setting to be used both with the children and parents, but aspects of this short-term treatment could be implemented and discussed with the school counselor as well (Little et al., 2009). One aspect of TF-CBT that could be taught and implemented with the student at the school would be relaxation techniques (Little et al., 2009). Teaching the student, a combination of focused breathing exercises, meditation, and progressive muscle relaxation can help to alleviate stress and can be used as a tool to help them sleep (Little et al., 2009). Another TF-CBT technique that may be helpful to teach and work with the student on would be teaching the student how to identify emotions, differentiate emotions, and how to express their emotions appropriately (Little et al., 2009). For this skill, teaching techniques such as thought-interruption exercises, positive imagery, positive self-talk, and social skills building can all be helpful (Little et al., 2009).

A school counselor may also utilize interventions and techniques both one on one and in a group setting that help the student to work through their problems and their thoughts and feelings (Thompson & Trice-Black, 2012). Some different types of interventions and techniques that a counselor may utilize might include role plays, use of puppets, stories, videos, and art projects that may help the student be able to label their feelings, gain self-esteem, learn coping skills, safety planning, attitudes about violence, and how to deal with loss (Thompson & Trice-Black, 2012). Another possible intervention would include bibliotherapy through stories and videos (Thompson & Trice-Black, 2012). There are many books and videos on topics that may help students work through different traumas where they may develop a safety plan, label and express feelings, and explore alternative responses to the situation (Thompson & Trice-Black, 2012). Using bibliotherapy may be a helpful tool to use in a group setting as it allows the group

members to explore possible feelings and draw relations to their own experiences from books related to trauma and others' experiences (Thompson & Trice-Black, 2012).

### **Trauma Group Interventions**

The school counselor has the ability to ensure a safe space for students where they can develop and maintain affirmative and encouraging relationships, gain emotional and academic support, and see healthy models of interactions in order to promote success for the student academically and socially (Thompson & Trice-Black, 2012). Group counseling is one of the most effective ways for students who have been exposed to domestic violence to get treatment (Thompson & Trice-Black, 2012). Being able to get treatment in a group allows for students to gain a social support system which provides students the opportunity to give and receive support from others who have been through similar situations (Thompson & Trice-Black, 2012). Being able to be in a group setting for a topic of trauma such as domestic violence can feel less threatening than one on one counseling and helps students to gain and form relationships with others who can relate to their own experiences (Thompson & Trice-Black, 2012).

Groups can be very beneficial especially in young children (Thompson & Trice-Black, 2012). Being part of a group related to domestic violence in a school setting could be more structured with its interventions or it could be non-structured with more play therapy to allow children to explore their feelings and experiences and also learn skills in the process (Thompson & Trice-Black, 2012). The goal of groups, in this case a domestic violence group for children, would be to help improve the child's emotional, behavioral, social, and academic development through the use of different interventions (Thompson & Trice-Black, 2012). With some of the possible objectives of group, different skills and areas of competence could be developed or built up (Thompson & Trice-Black, 2012).

In the study done by Thompson & Trice-Black (2012), they gave six examples of objectives that could be identified as primary goals of the group. The first objective that is identified is conflict resolution and problem-solving (Thompson & Trice-Black, 2012). It is important for children to learn and understand how to properly use these skills rather than avoiding conflict (Thompson & Trice-Black, 2012). In a group setting, working on conflict resolution could include teaching students how to use their words to solve conflicts, learn how to properly acknowledge and respond to other's feelings, learn how to verbalize their own needs, and set boundaries, and verbalize their own feelings (Thompson & Trice-Black, 2012).

A second objective that could be identified as a goal would be identification and expression of feelings (Thompson & Trice-Black, 2012). Art and play are good ways to help children learn about and explore their feelings stemming from their trauma (Thompson & Trice-Black, 2012). A group facilitator may allow students to just play or draw and then ask questions in regard to what they see (Thompson & Trice-Black, 2012). A group facilitator may also ask children to draw a picture of a time they felt a certain way (Thompson & Trice-Black, 2012). This is also a way for students to be able to not only learn about their own feelings but to learn and understand empathy as they hear about how others feel as well (Thompson & Trice-Black, 2012). A third objective that may be identified as a goal would be reduction in self-blame (Thompson & Trice-Black, 2012). Children who have witnessed domestic abuse often having feelings of self-blame and guilt, which may cause the child to feel they need to intervene since they feel responsible for preventing and ending fights that may occur (Thompson & Trice-Black, 2012). In a group setting, the facilitator can help the child to reduce those feelings by asking the child who caused the fight to happen and who is to blame for someone else's violent actions (Thompson & Trice-Black, 2012). Helping the child to come to the realization that they can only

control their own actions and cannot control others' behaviors or decisions is very important when working towards this objective (Thompson & Trice-Black, 2012).

The fourth objective that is discussed by Thompson & Trice-Black (2012), is safety planning. When a child is exposed to domestic violence, it is important that the child has a safety plan so they can keep themselves safe in a dangerous situation (Thompson & Trice-Black, 2012). In a trauma group, it may be beneficial for students to create their own safety plan in which they will first be asked to identify people in their lives who would be able to provide support to the student when they are dealing with violence (Thompson & Trice-Black, 2012). Students should also create a list of safe and unsafe places they should go when the violence occurs (Thompson & Trice-Black, 2012). Then, the group should discuss when it is appropriate and the right time to call 911 (Thompson & Trice-Black, 2012). The facilitator may want to ask questions about what a fight looks like in the house and what would make the student feel safe during that time (Thompson & Trice-Black, 2012). As students identify what safety looks like, it may be useful to use play therapy or role-play to ensure that students can practice safety (Thompson & Trice-Black, 2012).

The fifth objective is knowledge, awareness, and attitudes about domestic violence (Thompson & Trice-Black, 2012). In a group for students who have been exposed to domestic violence, the group facilitator should ensure that they communicate with the group that actions such as hitting, kicking, and pushing are not appropriate ways for people to express themselves (Thompson & Trice-Black, 2012). By the time students are adolescents, they may know that violence is not the answer to their problems, but when that is what they are surrounded by, that may be their natural response to conflict (Thompson & Trice-Black, 2012). In group, the facilitator should provide other coping strategies such as if you need to hit something you do not

hit a person you may want to try boxing or just hit a pillow (Thompson & Trice-Black, 2012). Then, when the student makes the choice to walk away from violence, the choice they made should be acknowledged (Thompson & Trice-Black, 2012). The last objective defined is self-concept (Thompson & Trice-Black, 2012). Children who come from abusive homes, may have negative ideas of their own self-concept (Thompson & Trice-Black, 2012). The facilitator should take the time to give ideas on what healthy self-concept may look like and then be willing to acknowledge when a student is exhibiting positive behaviors (Thompson & Trice-Black, 2012). Some behaviors that may be seen could include supporting group members, sharing personal needs, expressing feelings, exercising self-care behaviors (Thompson & Trice-Black, 2012).

### **Multi-Cultural Students**

In a study that took place over two school years during the years of 2011-2013 in Los Angeles County, the study aimed to find and address existing gaps in childhood trauma intervention literature by using a combination of positively researched interventions (Langley et al., 2015). This study was conducted with students from four elementary schools (Langley et al., 2015). There were seventy-four students who participated in this study that ranged from first to fifth grade with a wide range of ethnicities (Langley et al., 2015). Forty-nine percent of students were identified as Latino, twenty-seven percent were Caucasian, eighteen percent were African American, five percent identified as biracial, and one percent were Asian (Langley et al., 2015). Highest education identified for the parents of these students included twenty four percent had less than a high school diploma, twenty percent had at least one caregiver who had a high school diploma, and fifty five percent had at least one parent who completed at least some college (Langley et al., 2015).

In this study, students were selected to be in a *Bounce Back* program which consisted of ten group sessions, two to three individual sessions, and one to three parent education sessions (Langley et al., 2015). The group sessions were made of four to six students and were run during the school day (Langley et al., 2015). Group activities included setting an agenda, reviewing activities and assignments, introducing a new concept through games, stories, and activities, and assigning activities for the next session (Langley et al., 2015). The *Bounce Back* intervention program uses CBT interventions for children who have post-traumatic stress disorder (PTSD). Some of the interventions that are used include psychoeducation, relaxation training, cognitive restructuring, social problem solving, positive activities (Langley et al., 2015). This program also used trauma focused interventions that may include teaching gradual approaches to anxiety provoking situations and trauma narrative (Langley et al., 2015). This study is similar to the 2018 study mentioned earlier but done with younger students, showing that interventions can be beneficial for students of any age as long as they are developmentally appropriate (Hoover et al.)

Overall, the fidelity ratings for this study were very high as therapists followed the intervention manual and implemented the content very well (Langley et al., 2015). Families also felt that this was a great program and had a mean overall satisfaction rating of 5.31 out of 6, and children were also satisfied shown by a 2.66 out of 3 overall satisfaction rating (Langley et al., 2015). However, there was no significant difference to note across ethnic groups in the overall satisfaction rating (Langley et al., 2015). This intervention was put in place after a successful use of similar program for middle and high school students' years earlier (Langley et al., 2015). The elementary intervention had to be designed to fit the needs of younger children. Some of the major changes and implementations that were made to the program for younger students included introducing foundational elements, developing ways to make concepts more concrete,

adapting trauma narratives into stories for children and creating games and activities for children to be able to apply the skills they learn (Langley et al., 2015). Results from this study also showed that symptoms of posttraumatic stress and anxiety decreased in those who received services from the intervention program (Langley et al., 2015). The results were deemed promising and helped show that preadolescent students who experience mental health issues may benefit from being involved in a school-based intervention that is developmentally appropriate (Langley et al., 2015). As previously stated, an alarming rate of students in schools have suffered from a traumatic event and this also applies to younger students as well (Langley et al., 2015). With the help of this study and others, it has been shown that being able to identify these students early and having an intervention in place can have a positive impact on mental health and academic functioning as the child grows (Langley et al., 2015).

### **Conclusion**

There are many children who have gone through some sort of traumatic event through their early years of life. Adolescence is a time in a child's life where they are going through many changes emotionally, developmentally, and physically. Previous life experiences, especially traumatic ones, can have an impact on a child as they go through this time in their life. Trauma can look many different ways which may include abuse, neglect, loss of a parent, or a disastrous event to name a few. Students will benefit from receiving supports and interventions during school as it is time that will be devoted to interventions which do not require any time out of school or transportation.

The use of interventions such as TF-CBT, group therapy, play therapy, multiple treatment interventions, or any other miscellaneous treatments, have all been found to be beneficial towards students who have suffered from trauma. Students who have participated in an

intervention have been found to have reduced scores on assessment tools for PTSD, depression, and anxiety, and have found satisfaction in being a part of these interventions. Groups are a great intervention for students who have been through a common experience or are working on gaining the same skills. In the case of trauma exposure with a group intervention, this is not only a way for students to talk to others who have been through similar situations, but it also helps the students to be able to build their social skills. Since development is a big part of life during the adolescent years, being able to work on social skills especially when it comes to emotions and feelings is an important skill for students to be able to work on.

When it comes to limitations, there are studies on trauma in adolescents, but it seems there are a lot more surrounding younger children. There is a lot of talk of play therapy and how useful it can be as an intervention with students to allow the counselor to gain an understanding of the student's situation. As students grow into the adolescent phase of life, they can better verbalize their thoughts and feelings and how they have been affected by things that have happened during their lifetime. Other research that could still be done regarding trauma in adolescents and interventions would be effective interventions on specific traumatic experiences. There are so many different types of traumatic experiences that a student may go through, and although a certain theory may be useful with those students, a specific intervention such as a group or bibliotherapy could still be researched.



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