

# Responding to Youth Disclosures about Trauma: Guidelines for Non-Mental Health Professionals

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**“Do I need to ask for detailed disclosures about traumatic experiences to know if a youth has been affected by trauma?” Maybe not.**

Assessing posttraumatic stress doesn’t necessarily require asking for detailed disclosures about traumatic events. Although some measures ask youth about traumatic *events* they experienced in the *past*, others focus on asking about whether youth are experiencing posttraumatic *reactions* in the *present* (e.g., the *P.S.I.*; the *Triggers and Coping Strategies* tool). For example, studies show that over 90% of youth in the juvenile justice system have experienced at least one traumatic event but not all of those will show evidence of significant posttraumatic stress reactions.

**“Won’t talking about their traumatic experiences upset youth? Could it do more harm than good for them to talk about it?”**

Years of research have taught us that it is *extremely rare* for youth or adults to have a negative reaction to talking about traumatic events with a calm, caring person. In fact, it is far more common for them to report that talking to someone is *helpful* to them and they feel better rather than worse afterward.

**“If I don’t ask, will they not tell?” Many youth will choose to disclose, even if you do not ask. It is best to be prepared.**

When youth choose to share personal information with you, it is a testament to the trust you’ve inspired them to have in you. One way to show them that trust is well-placed is to be ready to respond in helpful ways to their disclosures.

**“Will I have to report?”** Your agency will have guidelines for mandated reporting as per state laws, and it is important to be familiar with these. But keep in mind, although we may worry that youth will be angry with us for breaking their confidence, research shows that teenagers overwhelmingly believe that if adults find out a young person is unsafe, or has been hurt, they *should* do something about it—otherwise, it would seem as if we didn’t really care.

<b>Guidelines</b>	<b>What helps</b>	<b>What doesn’t help</b>
<p><b>1. Be present.</b> Many youth will have tried to tell others their story only to feel they don’t want to hear, or are freaked out, disgusted, or embarrassed by what they have to say</p>	<p>Keep making eye contact (or, if the youth dislikes eye contact, keep your eyes focused where you usually do during your conversations).</p>	<p>Looking away, beginning to shuffle your papers, changing the subject.</p>
<p><b>2. Show you’re listening.</b> Youth often feel like adults aren’t really listening to them and need some sign to indicate you are.</p>	<p>Simply reflecting back specific, key things the youth has said lets them know you really heard them. (“So, that’s when he hurt you.” “You tried to tell her what happened, but she didn’t listen.”)</p>	<p>Offering interpretations, corrections, explanations, asking “why” questions, playing “Monday morning quarterback” (“Why did you go there in the first place?”); making yourself the focus even in an attempt to empathize (“That happened to me and it was even worse!”)</p>
<p><b>3. Stay calm and focused.</b> It may be easier said than done when youth tell you things that are upsetting! But strive to keep your own reactions from spilling over.</p>	<p>Find a centering, calming thought to focus on in your own mind as you listen. (“I am here to listen and bear witness, that’s all I need to do.”)</p>	<p>Over-reacting, even if with empathy. (“That was SO AWFUL, he had NO RIGHT to do that, hearing that makes me feel SO ANGRY for you!”)</p>

<p><b>4. Bear witness.</b> Acknowledge what you have heard and what it took the youth to tell you.</p>	<p>Convey appreciation for the youth’s willingness to disclose. (<i>“I appreciate that you were willing to tell me about _____. I don’t imagine that was easy to talk about but I thank you for sharing it with me.”</i>)</p>	<p>Overly-praising can sound false and not fit with youth’s own sense of themselves. (<i>“It took so much courage for you to go through that! You are a survivor and you are so strong and brave!”</i>)</p>
<p><b>5. Normalize.</b> Many youth who have posttraumatic reactions think they are “crazy” or “damaged” to feel this way.</p>	<p>Indicate that you feel the youth’s reactions are understandable (<i>“Knowing what I know now about what you’ve been through, it is really understandable that you would feel _____.”</i>)</p>	<p>Trying to “make it better” or downplaying that this event is truly “traumatic” may sound invalidating—even if you wouldn’t have found it that distressing, how this youth experienced the event is their reality (<i>“I’m sure she didn’t really mean to hurt you.” “It really wasn’t that bad was it? I mean, look, you’re okay now, right?”</i>)</p>
<p><b>6. Make a bridge to intervention</b> This may be the first positive experience the youth has had of talking about his/her trauma and your helpful response may open their minds to the possibility of engaging in psychotherapy.</p>	<p>Suggest that psychotherapy will be an extension of the kind of positive interaction the youth just had with you. (<i>“I think it was a really good thing that you talked to me about what happened. And I’d like to see you have the chance to do that some more, with someone who understands how these kinds of things effect young people and how they can cope with them in positive ways. I have some ideas about who you might do that kind of work with ...”</i>)</p>	<p>Trying to be a therapist yourself. (<i>“So, now that you’ve told me about your traumatic event, we need to look at the unhelpful beliefs that are keeping you stuck in the trauma ...”</i>) Diagnosing: Although some youth who have experienced trauma go on to develop PTSD, others develop other disorders (e.g., depression) or do not meet full criteria for any diagnosis at all (<i>“You’ve had trauma and that means you must have PTSD!”</i>) Suggesting that the youth needs therapy because s/he is “sick” (<i>“I can’t help you with this, you need a shrink!”</i>)</p>
<p><b>7. Don’t overlook the possibility of resilience.</b> Although youth who have experienced traumatic events may benefit from psychotherapy, there are youth who are resilient in the face of trauma.</p>	<p>The two key indicators that youth are <i>not</i> resilient are 1) they are experiencing posttraumatic reactions that are interfering with their ability to function or 2) they are experiencing distress. Although it is not your job to diagnose, do listen for evidence that a youth actually is functioning okay (keeping up in school, enjoying time with friends, staying out of trouble) and/or is feeling okay (e.g., not having intrusive thoughts, nightmares, avoiding things, having negative moods or thoughts, feeling jumpy, having trouble concentrating, etc.)</p>	<p>Assuming that exposure to trauma = PTSD and that every youth with trauma exposure is psychologically troubled and needs therapy. On the other hand, we don’t want to assume that a youth who insists, <i>“It don’t bother me, I never think about it”</i> is really okay. If that youth is getting in fights, drinking and drugging, emotionally numb, or showing other kinds of maladaptive behavior, those could be signs of posttraumatic stress. A referral to a mental health professional for a trauma-informed assessment is your best option.</p>