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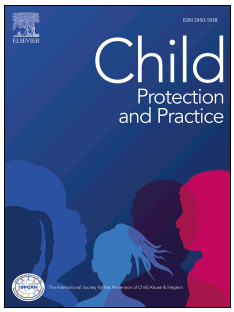

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Creating Tools for Addressing Child Trauma in Canada: Caregiver Online PsychoEducation (COPE)

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Abstract

Childhood trauma refers to deeply distressing or profoundly overwhelming experiences, such as abuse or violence, that are associated with long-term health and mental health challenges. In the absence of psychological interventions and support, children exposed to trauma are at risk of post-traumatic stress disorder and other mental health difficulties. Most children and families face long waitlists for trauma treatment, despite evidence suggesting that addressing child trauma symptoms early is beneficial for their recovery. While families wait to receive treatment, there is a window of opportunity where resources could be provided to reduce the development of trauma symptoms and help families cope with the acute impacts of trauma exposure. To meet this need, clinicians and researchers partnered to launch Caregiver Online PsychoEducation (COPE; www.copewithtrauma.org) to provide caregivers with easily accessible, evidence-based information on how to understand and support their child's child trauma symptoms. From the perspective of clinicians and researchers, this paper describes the rationale and development COPE, provides a brief overview of its contents, reviews plans for evaluation and implementation, and discusses its potential reach.

Keywords: trauma, children, youth, abuse, maltreatment, online intervention

1. Introduction

A growing body of evidence demonstrates that exposure to traumatic events in childhood can have long-term negative effects on mental, physical, and neurological health (Hughes et al., 2017). Unless counteracted by appropriate psychosocial supports, childhood trauma has the potential to lead to executive functioning and cognitive deficits, chronic stress, risk-taking behaviours, substance misuse, and mental health challenges across the lifespan (Hughes et al., 2017). Childhood trauma refers to exposure to events that are dangerous, frightening, or violent that result in emotional or physical reactions that persist long after the event (National Child Traumatic Stress Network, 2024). Trauma is an umbrella term that captures the lasting emotional and physical response following exposure to a traumatic experience. Childhood maltreatment is a common form of trauma with 1 in 3 children being exposed to some form of maltreatment (i.e., abuse or neglect) before 18 years of age (Afifi et al., 2014). Given the pervasive nature of child trauma exposure and its tendency to affect multiple generations (Madigan et al., 2019; Zhu et al., 2025), developing and, providing resources to support families is imperative to help mitigate its long-term consequences.

The Canadian Trauma Services Context

In Canada, there is a high and growing demand for trauma treatment services, including the assessment of trauma symptoms and psychosocial support. This demand has increased further in the aftermath of the COVID-19 pandemic, as an already overburdened health system struggled to meet rising mental health service needs (Metcalf et al., 2022). Children and families who have experienced trauma may access psychosocial support in diverse ways, including at community mental health centers, school counselling, or specialized mental health clinics related to trauma. Average wait times for child and adolescent mental health services prior to the

pandemic exceeded three months (Kowalewski et al., 2011), meaning that children who have experienced an acute trauma or assault may face lengthy delays before receiving treatment for their trauma symptoms. While most services have developed urgent response protocols for severe cases of trauma, these apply to only a minority of children and families. Indeed, research suggests that factors, such as the availability of knowledge, support, and coping strategies in the early stages following exposure to a traumatic event play a critical role in mitigating the likelihood of developing post-traumatic stress disorder (Trickey et al., 2012).

While families wait to receive trauma treatment, we believe there is a window of opportunity where psychoeducational resources could be provided to reduce the development of trauma symptoms and help families cope with the acute impacts of the exposure. Specifically, access to information for caregivers on how to understand and address trauma symptoms, as well as how to provide support to a child who has experienced trauma, has the potential to mitigate poor outcomes. Previous research has shown that caregivers who received psychoeducation following their child's trauma exposure, report improved parenting practices, changes in their behaviour, and an enhanced parent-child relationship (Thomas et al., 2023). Thus, providing caregivers with information about trauma, its symptoms, and developmentally appropriate responses and resources can help to reduce distress following a traumatic event.

In an effort to address the long wait times for childhood trauma treatment in Canada, a group of clinicians and researchers partnered to develop an early, proactive approach to care, Caregiver Online PsychoEducation (COPE; www.copewithtrauma.org). COPE is an online psychoeducation resource that caregivers can be encouraged to access online while their child waits for treatment services. It provides caregivers with initial information on trauma, as well as supportive guidance and strategies for managing trauma symptoms. COPE aims to

mitigate symptom severity, caregiver distress, and extended treatment needs. Although previous research has evaluated virtual psychoeducation groups for parents and caregivers (Thomas et al., 2023), to our knowledge, there are currently no online, self-guided, evidence-based resources for childhood trauma. While originally designed for caregivers waiting for treatment services, it also has the potential to be used by anyone interested in learning more about trauma, as well as by clinicians and caseworkers as a psychoeducation tool at any point during the child's service trajectory. The present paper describes the rationale and development of COPE, provides a brief overview of the online resource, outlines plans for its evaluation and implementation, and discusses its intended reach.

2. Rationale for COPE

Parents and caregivers contribute to the emotional experience and potential development of trauma symptoms in children following exposure to trauma. Specifically, a meta-analysis of 14 studies exploring the association between parenting behaviour and child post-traumatic stress symptoms found that both negative parenting behaviours (e.g., hostility and overprotection) and positive parenting behaviours (e.g., warmth and support) contributed to child PTSD symptoms (Williamson et al., 2017). It is also well recognized that caregivers have their own emotional response to their child's trauma (e.g., guilt, shame, distress) and that these responses can subsequently impact their child's wellbeing (Mastorakos et al., 2021). Therefore, providing caregivers with information and resources to enhance their responses to trauma are important intervention targets.

Psychoeducation is typically the first component of trauma treatment for children and caregivers. Broadly, it refers to the provision of relevant and empirically-based information about trauma and offers strategies for developing coping strategies. Information covered during

psychoeducation for trauma treatment specifically revolves around: 1) highlighting the high prevalence of children who have had traumatic experiences, which can help normalize children's experiences in terms of letting them know they are not alone; 2) enhancing understanding of symptoms and the impacts of trauma, which can help to destigmatize mental health and promote help-seeking; 3) providing initial coping strategies, which can help reduce symptom severity and promote distress management; and 4) presenting treatment options, including the benefits of treatment and the risks associated with non-treatment. Psychoeducation can provide a vital foundation for trauma symptom management, recovery, relapse prevention and resilience. Research has shown that receiving psychoeducation can increase treatment-seeking and engagement, while reducing mental health difficulties (Martinez et al., 2017).

There is preliminary evidence that self-directed videos for parents with children experiencing mental health difficulties, such as behaviour problems, can enhance child behaviour, parenting approaches, and parenting self-confidence (Baumel & Faber, 2018). Thus, we anticipate that the accessibility of a resource such as COPE, which provides evidence-based information and resources, has the potential to mitigate trauma symptom severity, increase help-seeking, and reduce extended treatment needs.

3. Development of COPE

COPE is an online resource that was co-developed by clinician-scientists and clinicians from the Child Abuse Service, within the Luna Child and Youth Advocacy Centre in Calgary, Canada. The Child Abuse Service is an outpatient mental health clinic that provides assessment and treatment services to children and adolescents (0-18 years) who are experiencing psychosocial distress following experiences of maltreatment, including sexual and physical abuse.. Exposure to intimate partner violence (IPV) among caregivers would not the meet criteria

for a referral on its own; however, more than 50% of children referred to the Child Abuse Service have exposure to IPV (Racine et al., 2021).

Trauma treatment services can vary widely across organizations (Tiwari et al., 2021). At the Child Abuse Service, assessment typically involves determining the psychological impact of maltreatment, as well as identifying protective factors for the child and family. Following an intake assessment, recommendations for evidence-based treatment services such as cognitive-behavioural therapy, family therapy, parenting support, or group-based support are provided.

The Child Abuse Service serves upwards of 100 families annually with most children receiving individual trauma therapy (64%) with an average of 4.45 (SD=7.0) treatment sessions (Racine et al., 2021). Average wait times for services at the Child Abuse Service are approximately four months. Children and adolescents along with their non-offending caregivers are referred by child welfare, community physicians, hospitals, medical clinics, and parents/guardians. Most children referred to the Child Abuse Service (67%) have experienced sexual abuse and 60% have experienced more than four adverse childhood experiences (Racine et al., 2021). COPE was designed for families who are experiencing high levels of distress following exposure to trauma, including, but not limited to maltreatment.

COPE provides easy-to-use information to help understand the effects of trauma exposure, including common and developmentally appropriate reactions, as well as protective supports. It allows caregivers to obtain evidence-based information on trauma and how to support their child and or themselves with post-traumatic stress symptoms. Lastly, COPE offers an overview of different ways to bolster support and foster the use of coping strategies (e.g., breathing strategies, emotion regulation strategies, promotion of routines and structure). For example, when caregivers are engaged in supporting their child following exposure to a

traumatic experience, children are more likely to benefit from the treatment process (Loos et al., 2020). Thus, caregiver engagement is a protective factor for children and can be harnessed to promote favorable treatment outcomes.

A community-based participatory approach has guided the development of COPE. Specifically, COPE 's development has been a collaborative endeavor between researchers and clinicians, together with caregivers and youth with lived experience of trauma. For example, the need for COPE was identified by clinicians at the Child Abuse Service, who were eager to develop new and innovative methods to support families waiting for treatment services. COPE's development was informed by the entire treatment staff at the Child Abuse Service. At the outset of the project, a consultation was held with staff to generate ideas and establish key components of psychoeducation. Then, an initial structure and draft of the online content were created by two lead clinicians and the research team. Once a prototype was developed, a second consultation was held with the Child Abuse Service staff to gather feedback and refine and add content. Based on this feedback, the core structure of the psychoeducational resources was established, and shared with caregivers. Clinicians have contributed to drafting scripts and participating in videos and coping strategy demonstrations for COPE's "coping toolkit". Notably, two registered psychologists with extensive trauma treatment experience are core members of COPE's team. Caregivers who previously received treatment with the Child Abuse Service have also provided pilot feedback on the modules through qualitative interviews. Furthermore, an advisory group of youth with lived experience of maltreatment was consulted to identify what information believe would be most helpful for caregivers to better support them. They also shared feedback on potential elements to include, such as interactive and social components, for a version of COPE specifically designed for youth.

Over a three-year period, the lead clinicians and researchers met monthly to develop and review content for the resource. When a finalized version of the resource was created, the team began monthly meetings with a web developer who created the website and videos. Feedback was provided to the web developer monthly to ensure the accuracy and applicability of the content.

Content of COPE

COPE is housed on a web platform, www.copewithtrauma.org, that caregivers can access from a web browser or mobile device. The content on the platform is divided into three main sections: Trauma, Signs and Reactions, and the Coping Toolkit. Each section provides a series of brief videos (~~3 minutes) accompanied by written information that provides psychoeducation and strategies to help caregivers cope. The content on the web platform can be freely self-navigated and accessed in any order.

The Trauma section provides an overview of trauma, including information about traumatic events, traumatic stress, and the impacts of trauma on children and caregivers. The Signs and Reactions section offers developmentally specific information on the reactions that parents and caregivers can expect to see for children and adolescents who have experienced trauma. The Coping Toolkit section of COPE provides a series of videos to teach parents and caregivers about emotion regulation, how to best support their child, and how to support themselves following trauma. Each of these short videos provides guidance on how to implement these strategies with children and youth. Taken together, COPE provides easily accessible and digestible information about trauma as well as strategies to support children and youth in managing their symptoms.

4. Evaluation and Implementation

An initial evaluation of the effectiveness and implementation of COPE is currently underway. For the pilot study, families who are waiting for treatment services at the Child Abuse Service are approached to participate in a randomized waitlist-control study where participants are either randomized to receive COPE immediately or wait to receive the intervention. In the intervention group, each caregiver completes a series of questionnaires about parenting stress, parenting self-efficacy, and their child's post-traumatic stress symptoms prior to receiving the resource (pre-questionnaire) and four weeks after (post-questionnaire). The waitlist group completes the pre-questionnaire, waits four weeks, completes the post-questionnaire, and then is gains access to COPE. Interviews are conducted with caregivers who receive the COPE intervention to gather feedback on the content, user friendliness, and overall satisfaction with COPE. This feedback will inform future revisions to COPE to ensure that it remains updated and continues to reflect children's and caregivers' needs. Focus groups will be conducted with clinicians to identify barriers and facilitators related to implementing the resources within clinical practice. Information from this pilot study will inform a larger implementation trial to test the effectiveness of COPE.

5. Goals and Intended Reach

The COPE project seeks to address the need to provide timely information to hundreds of waitlisted children and families in Canada, as well as help overcome systemic barriers related to service access (e.g., transportation or childcare barriers) by creating a self-guided, online resource for non-offending parents and caregivers. The online resource seeks to help caregivers obtain evidence-based information on how to support themselves with post-traumatic stress symptoms and promotes ways to foster resilience following adversity.

The goal of COPE is to share the resources with other agencies and organizations that provide trauma services to children, adolescents, and families across Canada. In North America, the Child and Youth Advocacy Centre (CYACs) model has been developed to provide integrated, multidisciplinary, trauma-informed, and client-centered services to children and families impacted by abuse and violence (Shaffer et al., 2018). Specifically, children who have experienced child abuse can be referred to a CYAC and receive streamlined services from police, child welfare, judicial, health, and mental health services all under one roof. The goal of CYACs is to minimize re-traumatization within the system, offer coordinated service delivery, and ensure families receive the support they need.

Currently, there are more than 30 CYACs in operation across Canada. Following the evaluation of COPE, we intend to share this resource with other CYACs across Canada and to translate the resource into other languages to increase accessibility. The website will also be openly and freely accessible and available for other community mental health organizations. Usage of COPE will continue to be monitored and evaluated via page views, video views, interactive user data, and we will seek additional funds to ensure the sustainability of COPE.

Through our future work, we hope to identify implementation approaches that can enhance the uptake and use of COPE within community mental health organizations. Over time, we will gather feedback on engagement with the COPE resource through user data analytics (e.g., number of clients and time spent on the portal). We will also gather feedback from clinicians on the integration of the COPE as part of regular clinical practice.

6. Conclusion

The goal of COPE is to help support resilience-building in children exposed to trauma, while simultaneously supporting caregivers, by rethinking guided approaches to care. We

providing psychoeducation following trauma, we hope that COPE can reduced stress for children and families, as well as increased knowledge of coping strategies, and increased self-efficacy, which are all important predictors of treatment outcomes for children. COPE represents an unprecedented, coordinated effort to enhance advocacy for childhood trauma services by partnering with Child Advocacy Centers to deliver responsive and accessible support. The scale of this initiative, aimed at reaching families across Canada and globally who have been affected by trauma, brings greater awareness to issues of trauma, encourages collaboration and sharing of ideas, and enhances understanding of best practices for childhood trauma treatment across various social and geographical settings.

A long-term goal of this project is to share COPE with other service providers to enhance skills and knowledge to support children and their caregivers following trauma. These resources will be broadly shared in community children's mental health centers where families who have experienced trauma may present for services. Thus, in addition to helping children and caregivers, we plan to evaluate how these evidence-based resources bolster the professional practice of clinicians working in the field of child trauma.

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Highlights

- Childhood trauma is associated with poor outcomes if symptoms are untreated.
- Children and families are facing long waitlists, preventing early intervention.
- Clinicians and researchers partnered to develop an online waitlist resource (COPE).
- A review of COPE's rationale, development, and content are provided.

Declaration of interests

☐ The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

☒ The authors declare the following financial interests/personal relationships which may be considered as potential competing interests:

Nicole Racine and Sheri Madigan report financial support was provided by Government of Canada Social Sciences and Humanities Research Council. Sheri Madigan reports financial support was provided by Anonymous Donor. If there are other authors, they declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.