

Effectiveness of Psychosocial Treatments for Children with PTSD

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PTSD in Children

Past research shows that pediatric PTSD is more challenging to accurately diagnose in comparison to adult PTSD. The diagnostic criteria indicates that children must have either experienced, witnessed, or learned of a traumatic event. There are four diagnostic criteria a child must have in order to be diagnosed with PTSD: decreased interest in activities, sleep disturbance, restricted range of affect, and decreased concentration. Children's PTSD symptoms differ from adults (Cohen, 2009). PTSD in children can typically show in play or through general aggression and impulsive behaviors. There are two subtypes of post-traumatic stress disorder. Type I PTSD occurs when a child experiences a traumatic occurrence once, while Type II forms from more chronic experiences (Pate, 2021).

TF-CBT

Trauma-focused cognitive behavior therapy is a therapy considered to be a "gold standard" in treating PTSD in children. The treatment model for TF-CBT focuses on the incorporation of, "cognitivebehavioral, developmental, neurobiological, attachment, family, and empowerment principles," (Cohen, 2021). There are three phases in the TF-CBT model. The first phase, stabilization, focuses on both parent and child learning cognitive processing and relaxation skills. The processing phase focuses on the narration of the traumatic event. The final phase, consolidation, focuses on enhancing safety (Cohen, 2021). It is believed through the narration of the traumatic event, PTSD symptoms will lessen, as well as the maladaptive cognitions.

Methods

The sample will consist of 100 children (50 boys; 50 girls), ages ranging from 6 to 12 years old. Participants will be selected from therapy centers in Bergen County New Jersey, all who will be receiving treatment at cooperating units for mental health issues as a result from exposure to trauma. Informed consent will be obtained from parents for all child and adolescent participant. In order ensure confidentiality, participant names will be removed from interviews prior to data entry, and the interviews will be identified by number code only. This study will be a three group, multi-site randomized controlled trial. Participants in each of the three groups will undergo 14, 60-minute sessions for three months. The study will compare the effects of EMDR, TF-CBT, and supportive counseling in participants with PTSD. In order to measure symptoms, participants will complete The Child PTSD Symptom Scale-self report version (CPSS-5-SR) as well as The Trauma Memory Quality Questionnaire (TMQQ) pre and post treatment.

EMDR Therapy

PTSD symptoms. Typically, EMDR therapy has eight phases of treatment: history taking, preparation, assessment, desensitization, installation, body scan, closure, and reassessment (Shapiro, 2014). One of the most unique aspects of this therapy is the utilization of bilateral eye movements or taps during the reprocessing phase. EMDR therapy treats the unprocessed distressing memories in order to reduce overall symptoms. In EMDR, a subjective units of distress (SUD) scale and a validity of cognition (VoC) scale are used to monitor change.



Child friendly SUD scale.

Child friendly VoC scale.

Figure 1: TF-CBT PRACTICE Components EMDR has been proven to produce significant results reducing P: Psychoeducation P: Parenting Skills PRAC: R: Relaxation Skills Coping Skills Phase A: Affective Modulation Skills C: Cognitive Coping Skills Τ: T: Trauma Narrative and Processing Trauma Narrative and Processing Phase ICE: I: In vivo Mastery of Trauma Reminders Treatment Consolidation C: Conjoint Youth-Caregiver Sessions and Closure Phase E: Enhancing Safety

(TG: Traumatic Grief Components as needed)

(Spinazolla et al., 2013)

This image shows the acronym PRACTICE, which breaks down the steps used by therapist in TF-CBT

Discussion

This research proposal will further examine the potential alleviation of the overall symptoms following the use of eye movement desensitization and reprocessing therapy (EMDR) and trauma focused cognitive behavior therapy (TF-CBT). Future directions for this study will focus on PTSD caused by specific traumas in children, such as sexual assault, in order to find the most sufficient treatment.

Selected References

Cohen, J. A., & Scheeringa, M. S. (2009). Post-traumatic stress disorder diagnosis in children: Challenges and promises. Child and Adolescent Psychiatry, 11(1), 91-99.

Shapiro, F. (2014). The role of eye movement desensitization and reprocessing (EMDR) therapy in medicine: Addressing the psychological and physical symptoms stemming from adverse life experience. The Permanente Journal, 18(1).

(EMDRIA, 2022)