

The Effects of Post-Traumatic Stress Disorder in Children and Adolescents

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The Effects of Post-Traumatic Stress Disorder in Children and Adolescents

- Definition of Psychological Trauma
- Definition of Post Traumatic Stress Disorder (PTSD)
- Other related disorders
- Overview of Current Research
- Types of Treatment
- Non-Traditional Therapies
- Conclusion
- Questions



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Psychological Trauma:

An event that is beyond the normal range of experience which causes physical or emotional pain resulting in psychological stress.



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Post Traumatic Stress Disorder (PTSD):

The result of experiencing one or more episodes of traumatic events that may result in:

- a direct intrusion on the physical body
- witnessing a traumatic event
- learning about a traumatic event to a person within their social network



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Effects or Symptoms of PTSD:

- Recurrent and/or intrusive thoughts, dreams or images
- Dissociation from time, place, or reality
- Inability to recall important aspects of the traumatic events
- Symbolic trigger of the traumatic events



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Effects or Symptoms of PTSD:

- Avoidance
- Distancing, detachment or estrangement from others
- Marked regression in emotional maturity.
- Inability to express a normal range of emotions
- Hyper-vigilance
- Abnormal out bursts of anger or increased irritability
- Difficulty concentrating



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Three specifiers should be considered:

- **Acute** - symptoms lasting less than three months
- **Chronic** - three months or longer
- **Delayed Onset** - no symptoms appear in six months or more after exposure to the traumatic event



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**Influences that increases the potential of
PTSD**

- Cultural, environmental, or hereditary
- A history of major depression or chronic depression
- Multiple traumatic events



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Acute Stress Disorder:

Occurs during or shortly after exposure to an
extreme traumatic event and will have
symptoms similar to PTSD



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**Acute stress disorder can follow one of three
paths**

- Resolution or recovery from reoccurring
symptoms
- Generalized Anxiety Disorder
- PTSD



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**Generalized Anxiety Disorder or Overanxious
Disorder of Childhood**

- Includes the characteristics of excessive anxiety and worry that is difficult to control
- Not generally related to a traumatic event but can develop in an environment where chaos or lack of stability is present



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Short and Long Term Effects of PTSD

- The number of traumatic events
- The type of traumatic event the person endured
- The age of the victim.
- The physical and emotional environment the survivor lives
- How quickly treatment is initiated
- The effectiveness of the treating professional



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Short and Long Term Effects of PTSD

- Exposure to a single traumatic event decreases the possibility of lifelong symptoms
- Exposure to multiple traumatic events increases the probability that it will manifest into a variety of maladaptive coping behaviors



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The symptoms of PTSD in children or adolescents are behavioral in nature. This means they will either act out the trauma or use active coping mechanisms to deal with the psychic pain produced by the event.



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Symptoms of PTSD in Children

- Avoidance of situations that trigger anxiety
- Repetitive play
- Withdrawal
- Regression of tasks once mastered
- Focused rage at the person who is perceived to be the protector



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Effects of PTSD on Male Adolescents

- Violent or anti-social behaviors
- Identifies with the perpetrator
- Substance abuse



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Effects of PTSD on Female Adolescents

- Self-mutilation
- More frequent suicidal gestures or attempts
- Eating disorders
- Increased promiscuity
- Increased tendency toward dissociation or numbness towards normal emotions
- Substance abuse



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Children and adolescents with PTSD may never be diagnosed with this disorder. Emotional or behavioral symptoms associated with PTSD are also associated with other diagnoses.



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Other disorders associated with PTSD

- Attention Deficit Hyper Activity Disorder (ADHD)
- Bi-polar or mood disorder
- Depression
- Oppositional defiant disorder
- Social or separation anxiety
- Attachment disorder
- Borderline personality disorder (Older adolescents)



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PTSD may go without treatment if:

- The symptoms do not grossly affect the activities of daily living
- Adaptation of successful coping techniques to limit or repress the intrusive memories, anxiety, or other symptoms



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History of PTSD

- Soldier's Heart (Civil War)
- Shell Shock (WWI)
- Battle Fatigue (WWII)
- Combat Stress Reaction
- War Neurosis



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Types of Treatment for PTSD



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Critical Incident Stress Debriefing (CISD)

CISD or Early Psychological Intervention (EPI) was developed in 1975 (National Organization for Victim Assistance, NOVA) to address natural and manmade disasters (Flight 255, Hurricane Katrina, and Columbine).



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CISD offers the following benefits:

- Immediate intervention that potentially decreases long term effects
- Identifies individuals needing more extensive mental health services
- Identifies community resources for victims of traumatic events.



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Cognitive-Behavioral Therapy (CBT)

CBT is a form of psychotherapy that emphasizes
the important role of thinking in how we feel and
what we do

National Association for Cognitive-Behavioral Therapy, www.nacbt.org, 2009)



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CBT Variations

- Rational Emotive Therapy
- Rational Therapy
- Cognitive Therapy
- Dialectic Behavior Therapy (DBT)



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Advantage to CBT

- Highly-structured educational model adaptable to a variety of situations
- Change is usually much quicker than traditional talk therapies



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Disadvantage to CBT

- It has a shelf life
- It does not actively address the core issues that trigger maladaptive responses
- The premise is thoughts cause our feelings, not external or internal stimuli



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Psychodynamic Therapy

“Psychodynamic therapy, also known as insight-oriented therapy, focuses on unconscious processes as they are manifested in a person’s present behavior. The goals of psychodynamic therapy are a client’s self-awareness and understanding of the influence of the past on present behavior.”

Haggerty, 2006 www.psychcentral.com



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Advantages of Psychodynamic Therapy

- Brings long term sustained relief to symptoms of PTSD
- Can be used in a variety of settings



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Disadvantages of Psychodynamic Therapy

- Children or developmentally delayed adolescents do not have the cognitive ability to benefit from this form of therapy
- Requires a highly competent and mature therapist to make it effective



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Group Therapy

Group therapy is a special form of therapy in which a small number of people meet together under the guidance of a professionally trained therapist to help themselves and one another

American Group Psychotherapy Association, 2009



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Advantages to Group Therapy

- Decreases isolation
- Offers a safe, supportive environment
- Adaptable to different formats
- Cost effective



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Disadvantages to Group Therapy

- Not effective with children
- Can be overwhelming



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Alternatives to traditional “Talk” Therapy

- Play Therapy
- Expressive Arts (Music, drawing, poetry,
creative writing)
- Adventure Therapy



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Play Therapy

A method of therapeutic communication
that enables the child to express themselves
without the use of language



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Advantages to Play Therapy:

- Encourages the child to express their emotional state with a familiar activity
- If trust is established the potential for healing is significant



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Disadvantages to Play Therapy

- Takes a significant amount of time to see the results
- No empirical data suggests its effectiveness
- Takes extensive training by the therapist in application of technique and interpretation



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Expressive Art

Creative expression taps into the right side of the
brain, the side that stores and communicates
emotions



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Advantages to Expressive Art

- Allows discovery and mastery over intrusive memories or emotions.
- Increases a sense of self worth
- Increases a sense of hope.



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Adventure Therapy

Removes the individual from familiar surroundings and places them in an environment that is foreign to their everyday life.



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Advantages to Adventure Therapy

- Breaks down maladaptive defenses quickly
- Allows the participant to open up after experiencing success over fear or self esteem
- Encourages reliance and feedback from others



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Disadvantages to Adventure Therapy:

- Costly
- Lack of trained therapists



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**Eye Movement Desensitization and
Reprocessing (EMDR)**

A comprehensive, integrative approach that
contains elements of psychotherapy in structured
protocols designed to maximize treatment effects



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Somatic Therapy

Somatic therapy uses the technique of body
scanning to identify physical reactions when
processing a distressing event. The client can
begin to notice that something within has been
triggered that may lead to an anxiety reaction.



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In The Best Interest of the Child



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Conclusion

- PTSD is a chronic debilitating mental illness that affects children and adolescents that have been exposed to one or more traumatic events
- Children who enter the social service or juvenile justice system have a higher probability of having PTSD than the general population
- PTSD can lead to other mental health diagnosis's
- PTSD can limit a child's ability to function normally within society



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Questions?



Review of Current Research

“The effects of community violence on children in Cape town, South Africa.”

The findings suggest the importance of a child’s ability to feel safe in reducing the distress that occurs as a result to exposure to violence. Parents’ and schools can help children cope, but there appear to be limits. Early intervention, before maladaptive coping mechanism have developed, also appears to be in=important. (Shields, Nadasen, & Pierce, May 2008)

Exposure to Chronic Community Violence: Resilience in African American Children

This study looked at African American Cultural beliefs and values that are used as coping mechanism. The results indicated that formal kinship and spirituality, along with high levels of combined supports, demonstrated a buffering effect o exposure to violence and to development of complex post-traumatic stress disorder (C-PTSD) (Jones, 2007)

The Role of Maternal Acceptance in the relation between Community Violence Exposure and Child Functioning

This article looked at maternal acceptance as a factor in “buffering” or protecting children from negative consequences of being exposed top violence. The results suggest that children with the lowest levels of self reported maternal acceptance were the most impacted by community violence. In this sample of urban first graders, low levels of maternal acceptance palced children at greater risk for adverse outcomes associated with community violence exposure compared to moderate and high levels of maternal acceptance. (Bailey, Hannigan, delaney-Black, Covington, & sokolo, 2006)

Dissociation Predicts Later Problems in Sexually Abused Children

This article suggests that children who reports dissociative symptoms are at increased risk of developing attention problems. Effective interventions should involve providing emotion regulation and coping skills; and helping children to process traumatic aspects of the abuse to reduce the cyclic nature of traumatic reminders leading to unmanageable stress and dissociation. (Kaplow, Hall, Koenen, dodge, & Amaya-Jackson, 2008)

Cognitive Behavioural therapy for children and adolescents

This article suggests “that the best evidence for the potential of cognitive behavioral therapy in the treatment of children and adolescents with generalized anxiety disorder, depression, obsessive compulsive disorder and posttraumatic stress disorder.” (Munoz-solomanso, July, 2008)

Optimism as a Mediator Between the Experience of Child Abuse, and Other Traumatic Events, and Distress

This article suggests that higher levels of optimism (Hope for the future) had lower levels of distress. In addition, dispositional optimism fully mediated distress among individuals who had experienced traumatic events such as rape, assault, and fire; participants with higher levels of optimism had lower levels of distress. (Brodhagen & Wise, Aug. 2008)

Is there intergenerational transmission of trauma? The case of combat veterans' children

This review of the literature on intergenerational transmission of PTSD concludes that little is currently known about resilience and strengths that mitigate or prevent the risk of intergenerational transmission of trauma. (Dekel, Jul 2008)

Helping adolescents affected by war, trauma, and displacement

This article reviews Anna Freud's assumption that the impact of war and parental separation led to symptoms of PTSD that could be partially alleviated by peer support. In addition it compares a recent study from Israel that suggests that mother's functioning predicted her children's PTSD symptoms for up to five years after exposure to missile attacks. Both observations point to two features of war (traumatic events)...it affects both parents and children and when it affects one, it often critically affects the other. (Cohen, sept. 2008)

Evaluation of a wraparound process for children exposed to family violence

This article evaluated wraparound programs for children exposed to family violence. From baseline to discharge results revealed:

1. A significant decrease overtime in the number of potentially traumatic events that children experienced, including family and nonfamily violent events
2. Significant decrease overtime in children's' PTSD –intrusive thoughts and PTSD-avoidance behaviors.
3. Significant decreases in self-reported stress associated with the [parenting role among caregivers.
4. Favorable ratings of services by caregivers.
5. High levels of service receipt. (Crusto, Win 2008)

Parenting Stress, Parenting Behavior, and Children's Adjustment in Families experiencing Intimate Partner Violence

This article suggests that there is considerable evidence that parenting stress has a direct effect on child adjustment problems and on parenting behaviors; parenting behaviors, in turn, have been repeatedly shown to be related to child outcomes...Parenting stress had a strong direct effect on child behavioral and emotional problems. This article suggests that parenting stress interventions are critical to help decrease behavioral and emotional problems for their children. (Huth-bocks & Hughes, May 2008)

Perceived Social Support as a Mediator of the Link Between Intimate Partner Conflict and Child Adjustment

Results for this study suggest that diminished levels of perceived social support (Isolation) associated with intimate partner conflict is a risk factor for psychological problems in children from low-income, African American families. (Owen & Thompson, May 2008)

Children in Adoptive Families: over view and Update

This article reviewed published research over the last ten years concerning two percent of American children younger than 18 years old who are adoptees. Results: Adoption carries developmental opportunities and risks...some sub groups have difficulties...those placed after infancy may have developmental delays, attachment disturbances, and PTSD. Conclusion: Variables specific to adoption affect an adopted child's developmental trajectory. Externalizing, internalizing, attachment, and posttraumatic stress disorder may arise. (Nickman, October 2005)

Cognitive-Behavior Therapy for PTSD in Children and Adolescents: A Preliminary Randomized Controlled Trial

This study looked at 24 children (8-18) following a four week symptom monitoring baseline period after experiencing a single-incident traumatic event were randomly allocated to a ten week course of individual CBT or to placement to a wait list (WL) Results: Compared to the WL group participants who received CBT 92 % no longer met criteria for PTSD; After WL- 42 % of participants no longer met criteria. CBT gains were maintained at a six month follow-up. Conclusion: CBT is an effective treatment of PTSD in Children and young people. (Smith, August 2007)

IQ and Posttraumatic Stress Disorder Symptoms in Children exposed to Interpersonal Violence

This study looked at the relationship between full scale IQ and verbal IQ and it's relationship to fifty nine children or adolescent (mean age=10.6) with a history of interpersonal violence and PTSD symptomatology. Results: Full scale and Verbal IQ were significantly associated with the number of traumas, reexperiencing symptoms, and impairment. Performance IQ was Associated with impairment. Conclusion: findings provide support between PTSD symptoms and IQ, particularly verbal IQ. Two possible reasons for this relationship are that higher levels of Verbal IQ may serve as a pre-morbid protective factor against the development of re-experiencing symptoms, or performance on post

trauma Verbal IQ measures may be negatively impacted by expressions of PTSD symptoms. (Saltzman, April 2006)

“Looking beyond posttraumatic stress disorder in children: posttraumatic stress reactions, posttraumatic growth, and quality of life in a general population study

This study looked at 1770 children of 36 randomly selected primary schools (mean age=10.24 years, 50% boys) that reported of their worst experience that met DSM-IV-TR A I criterion for PTSD. Conclusion: Negative and positive psychological sequelae of trauma can coexist in children and extend to broader areas of life than specific symptoms only. Clinicians should look further than PTSD alone and pay attention to the broader range of posttraumatic stress reactions that children show, their experience of posttraumatic growth and their life. (Alisic, E, 2008)

Peer victimization and Posttraumatic Stress Among Children

This study looked at the relation between overt and relational victimization to posttraumatic stress in a sample of Hispanic and African American children (Bullying) The study suggests that there is a positive correlations to overt and relational victimization and posttraumatic stress symptoms. (Storch, 2003)

Somatic Therapy Treatment Effects with Tsunami Survivors

At the 8-month follow-up, 90% of participants reported significant improvement or being completely free of symptoms of intrusion, arousal, and avoidance. The results support the effectiveness and reliability of this modified version of Somatic Experiencing Therapy in working with trauma reactions and invite future controlled trials of this therapy. (Parker, doctor, & Selvam, Sept 2008)

Battle Fatigue, Post-Traumatic Stress Disorder, or Combat Stress

Battle Fatigue, Post-Traumatic Stress Disorder, or Combat Stress should not be treated with medication, psychoanalysis, and support group approaches only. Ultimately, the afflicted individual must be liberated from the neural thought sequence and focus-imprinting that always leads back to the trauma experience, consequently keeping the afflicted individual mentally confined. Neurophysiology indicates that this traumatic imprinting is found in three areas: in the strength of the coupling between imprinted thought sequences and lack of alternative couplings of equal or higher strength; in the valuation of prior impressions and lack of higher valued alternative impressions; and in the strength of imprinted focus and lack of new focus. Careful analysis of each case and well-designed exercises can lead to mitigation. Anxieties can be defused. New energy vitalized and focused. Obsession dissolved.

.Additionally – and, possibly, most importantly – personality forces have to be vitalized and an approach found to a meaningful and fulfilled life in self-respect and social integration. A transitional period should allow for new bonding and embedding in family, social groups, and the community. A step-by-step building of a new place in society must follow – providing income, recognition, and constructive contribution, whether in a practical occupation, in business, government, or a charitable organization. (Unknown, 2007)

The debriefing "controversy" and crisis intervention: a review of lexical and substantive issues

Despite a long and rich history as a specialty within applied mental health, crisis intervention has, within recent years, been the target of criticism. Singled out for specific criticism has been the intervention referred to as "debriefing." Some authors have not only challenged its effectiveness but have raised the specter that it may cause significant harm. While superficially such arguments appear to have merit, closer scrutiny reveals an antiquated interpretation of even the most fundamental of terms and concepts inextricably intertwined with research based upon applications contrary to the most recent principles, prescriptions, and protocols regarding clinical use. A review of research based upon more extant formulations reveals many crisis intervention practices, including the Critical Incident Stress Debriefing model of "debriefing" and the Critical Incident Stress Management (CISM) model of crisis intervention to be highly clinically effective... (Everly & Mitchell, 2000)

Early Psychological Intervention (EPI) is valued.

- A. EPI refers to a body of psychological interventions designed to mitigate acute distress while not interfering with natural recovery processes.
 - B. Where there is a need for physical disaster response services, there is a potential need for psychological disaster services.
 - C. EPI is a valuable contribution along the continuum of disaster response services.
 - D. EPI is not psychotherapy, nor a substitute for psychotherapy
- (International Critical Incident Stress Foundation, Inc. www.icisf.org, 2009)

Play Therapy Theory and Practice

Child centered play therapy...is an attitude resulting in attitudes and behaviors of living one's life in relationship to children...Child centered play therapist believes deeply in and trusts explicitly in the inner person of the child. Therefore, The play therapists objective is to relate to the child in way that will release the child's inner directional, constructive, forward moving, creative, self healing power." " (Landreth & S., 1997)

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SSRI's, CBT, and EMDR recommended as first-line treatments of trauma.(American Psychiatric Association, 2003)

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