

What Happens After the Disaster, PTSD in Children

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Children in Disasters Conference



What Kind of Events Cause PTSD in Children?

- Living through an event that could cause them or someone else to die or be badly hurt.
- Natural Disasters: floods, earthquakes, hurricanes, storms, lightening strikes, etc.
- Violence: physical abuse, domestic violence, school shootings, gang activities, war.
- Car crashes, fires, friend's suicide.

Child Protection Services

- In the US 3 million reports each year, involving 5.5 million children
- Proof in 30% of cases
 - 65% neglect
 - 18% physical abuse
 - 10% sexual abuse
 - 7% psychological abuse
- 3-10 million children witness family violence each year
- 2/3 of child abuse not reported

How Many Children Get PTSD?

- Approximately 14-43% of children go through at least one trauma
- Of those 3-15% of girls develop PTSD
- Of those 1-6% of boys develop PTSD

Risk Factors for PTSD

- The severity of the trauma
- How the parents react to the trauma
- How close or far away the child is from the trauma
- Events of people hurting other people
- The number of traumas
- The child's age at time of the trauma

DSM V Criteria for PTSD

- A. Exposure to actual or threatened death serious injury or sexual violence—directly, witnessing, learning, repeated exposure to aversive details.
- B. Intrusive symptoms related to and after the traumatic event—memory, play, dreams, flashbacks, intense distress to cues that symbolize the trauma (1).
- C. Avoidance of distressing memories, thoughts, feelings, and reminders (1).

DSM V Criteria for PTSD

- D. Negative cognitions and mood associated with the trauma—can't remember, negative thoughts about self, others, world, distorted cognitions about the cause or consequences of trauma, decreased interest, detached, can't feel positive emotions (2).
- E. Alterations in arousal and reactivity associated with the trauma—irritable behavior, angry outbursts, self destructive, hyper vigilance, startle response, concentration, sleep (2).
- F. 1 month, impaired functioning, not due to drugs or illness (less than 1 month=acute distress disorder)
- G. Specify with dissociative symptoms (depersonalization, derealization), delayed expression, under 6 years old slightly different criteria

What Does PTSD Look Like in Infants and Young Children

- Fear of strangers
- Fear to leave parents
- Sleep problems, repeated themes of trauma in their play
- Irritable, aggressive or reckless
- Regress or loose skills

What Does PTSD Look Like in 5-12 Year Olds?

- Don't have flashbacks or problems remembering but might put events in wrong order
 - Think that there were signs of trauma coming and can avoid if pay attention
 - Repeated play
 - Fit trauma into daily lives
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What Does PTSD Look Like in Teens?

- In between children and adults.
- More impulsive and aggressive behaviors.
- Fear, worry, sadness, anger, feeling alone and apart from others, low self-worth, not being able to trust others, aggression, out-of-place sexual behavior, self harm, and abuse of drugs or alcohol.

Assessment

- Instruments UCLA PTSD Reaction Index, Traumatic Stress Reaction Index, Trauma Symptom Checklist for Children.
- Limitations include verbal description, parents often minimize.
- Core symptoms similar but can also have regression, accidents, reckless behavior separation anxiety, stomach and head aches, hyperactivity, distractibility impulsivity, grief and bereavement.

Treatment Works

- Multimodal-child, parents, school
- “It take a village to raise a child” and “It takes a community to save a child”.
- Safety first
- CBT--Cognitive Behavioral Therapy
(Cognitive Processing Therapy, CPT and Prolonged Exposure Therapy, PE.
- Medication ??

Cognitive Therapy

- A therapist helps you understand and change how you think about your trauma and its aftermath. You identify thoughts that make you feel afraid or upset and replace them with more accurate and less distressing thoughts. You understand that the trauma was not your fault.

Exposure Therapy

- Goal is to have less fear about your memories.
- Do this by talking repeatedly with a therapist about trauma.
- “Desensitization” allows you to deal with bad memories a little bit at a time.
- “Flooding” remember a lot at once so learn to not feel overwhelmed.

Trauma Focused CBT

- Evidenced Based approach to help children, adolescents, and their caretakers overcome trauma-related difficulties.
- Designed to reduce negative emotional response.
- Based on learning and cognitive theories.
- Helps parents cope effectively with their own emotional distress and develop skills to support their children.
- Appropriate for ages 3 -18.

Key Components of TF-CBT

- Short term: 12-18 sessions of 60-90 minutes.
- Individual sessions, caregiver sessions, and joint sessions.
- PRACTICE
 - P: Psychoeducation
 - R: Relaxation
 - A: Affective expression
 - C: Cognitive coping
 - T: Trauma narrative
 - I: In Vivo exposure
 - C: Cojoint session
 - E: Enhancing personal sfety

Limitations of TF-CBT

- Children whose primary problems include conduct problems that existed prior to trauma.
- Children who are acutely suicidal or actively abuse substances.
- Adolescents who run away, cut, engage in parasuicidal behavior, use DBT before TF-CBT.

Treatment Research

- TF-CBT is the most rigorously tested treatment for traumatized children and families—8 randomized controlled trials.
- Useful in reducing symptoms of PTSD and behavioral difficulties.
- Better than play therapy, supportive therapy, and child-centered therapy.
- Follow-up studies show gains are sustained over time.

Parents Critical

- Children don't present at mental health settings because of trauma exposure, they present with behavior problems
- Parent/caretaker involvement is essential to address behavioral difficulties
- Parent can be child's strongest source of healing and parental support significantly relates to decreased symptoms in child.
- Parents emotional reaction to trauma was the strongest predictor of treatment outcome (self blame, guilt, child blame, overprotectiveness, overpermissiveness).

Treatment Stages for TF-CBT

➤ Pretreatment—

- What type of trauma events or theme, specific triggers, environmental modifications?
- Is now the best time to treat the trauma?
Actively suicidal/self harming, psychotic
- Identification of well-regulated, motivated caregiver

Treatment Stages for TF-CBT

- Active Treatment
 - Stabilization/Coping
 - Trauma Processing
 - Integration



Stabilization/Coping

- Psycho-education--Process of educating child and caregiver about process of treatment. Reduces shrouds of secrecy and fears and explains effects of trauma on behavioral/emotional states.
 - Provide info about the trauma, frequency, who experiences it, what causes it.
 - Provide info about common responses to the event.
 - Provide info about the child's symptoms/diagnosis

Stabilization/Coping

- Parenting Skills helps guardians develop more effective skills for managing inappropriate and unsavory behaviors commonly displayed by children with history of trauma.
 - Praise, selective attention, appropriate time-outs, contingency reinforcement programs, and troubleshooting.
 - Parent can be child's strongest source of healing.

Stabilization/Coping

➤ Relaxation Skills

- Anxiety is a major symptom that victims of trauma experience.
- Need to decrease the physiologic response.
- Teach effective stress management skills—focused breathing/mindfulness/meditation, progressive muscle relaxation, physical activity, Yoga, singing, dance, etc.
- Need real-world practice of utilizing these skills.

Stabilization/Coping

- Affective Modulation—Help the child identify and differentiate, understand, express appropriately, and effectively manage different emotions.
 - Accurately identify and express a range of different feelings—board games, feeling brainstorm, Color My Life or Person
 - With trauma reminders use thought interruption and positive imagery such as Changing the Channel, Saying “go away”, imagining a stop sign, replace unwanted thought with positive one.
 - Positive self-talk focusing on strengths, improving social skills to interpret others’ expressions accurately.

Stabilization/Coping

- Cognitive Coping Skills—help child and parent recognize the relationship between thoughts, feelings and behavior.
 - Help children and parents view events in more accurate and helpful ways.
 - Encourage parents to assist children in cognitive processing of upsetting situations.
 - In young children use “Who made that happen?”, The Little Engine that Could, Eggbert and the Slightly Cracked Egg, Giraffes Can’t Dance.

Trauma Processing

➤ Trauma Narrative

- Written story, pictures, songs, poetry
- Can take several sessions, not in correct order
- Should include: what happened before, during and after the traumatic event, child's thoughts and feelings at these different times, what the "worst part" was, and ways they are different now than when the trauma occurred.
- Read aloud several times to decrease emotional arousal.

Integration

- Conjoint child-parent sessions
 - Shift from therapist primarily processing past traumatizing events to the caregiver
 - Child shares completed narrative with caregiver. Caregiver has been prepared to hear narrative.
 - Explore inaccurate thoughts, (the abuse was my fault, you can never tell when a drive-by shooter will hit you, I should have made my mother evacuate before the hurricane), unhelpful thoughts, responsibility vs. regret, and replace distorted cognitions with more accurate, realistic, or helpful ones.

Integration

- Trauma Processing with Parent
- Help parent identify his/her own cognitive distortions
 - I should have known this would happen
 - My child will never recover from this
 - My child's childhood is ruined
 - Our family is destroyed
 - I can't handle anything anymore
 - The world is terribly dangerous
- Help parent replace distortions with helpful cognitions
- Help parent identify and practice effectively challenging child's cognitive distortions.
- Take into consideration culturally-related beliefs/distortions

Integration

- Mastery of Trauma Reminders
 - Identify and assess feared situations/triggers
 - Hierarchical exposure to innocuous reminder
 - Resolve generalized avoidant behaviors
- Enhance safety skills

Summary

- Bad stuff happens
- Certain children develop symptoms of PTSD
- Appropriate identification/assessment needed
- Trauma focused-CBT works!