

## Purpose

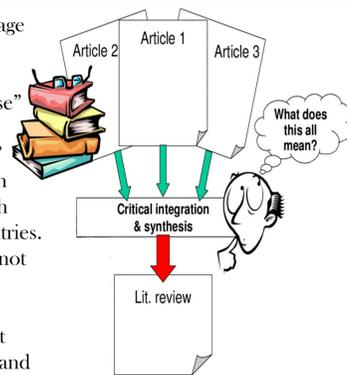
- To assess the existing literature on post-traumatic stress disorder in children.
- To understand the sources of post-traumatic stress disorder in children.
- To understand the assessments used to diagnose children with PTSD.
- To identify the best methods of treatment
- To identify the role of social support in children with PTSD.
- To be aware of the existing research for older children to examine how it could be applied to children under six years old.

## Introduction

- Post-traumatic stress disorder (PTSD) can affect an individual at any age.
- The fifth edition of the Diagnostic Statistical Manual now includes a section for PTSD in children aged six and younger.
- This recognition of PTSD in the youngest children has only been identified since 2013.
- 8,069 items are found in the EBSCO PsychINFO database when searching “PTSD” and “children”.
- 229,000 items are found on GoogleScholar with the same search terms.
- 187,000 items are found when searching “PTSD” and “adolescents”.

## Methods

- Compiled peer-reviewed research on children under age 17 with PTSD.
- Search terms included:
  - “PTSD” & “Child abuse”
  - “PTSD” & “Children”
  - “PTSD in adolescents”
- Restricted search to Western Educated Industrialized Rich Democratic (WEIRD) countries.
- Publication dates of articles not restricted.
- Included information found within the search criteria that contributed to the synthesis and critique of the existing literature.



## Explaining PTSD, Symptoms, & Moderating Factors

- Children must experience a traumatic event to be diagnosed with PTSD.
- Children over age six must show at least one of the following symptoms:
  - Re-experiencing of the event
  - Avoidance of triggering reminders
  - Change to a negative mindset
  - Becoming easily stimulated or easily provoked.
- Most common symptom: re-experiencing
  - Most often seen in child’s play.
- Two main types of PTSD:
  - Chronic Form (Type II)
    - Single or repeated exposure
    - Chronic feelings of distress
    - More severe symptomology
      - Major behavioral problems
      - Possible detachment
      - Limited emotional expression
  - Acute Form (Type I)
    - Single exposure
    - Typical PTSD symptomology
    - Easier recollection of the event
- Symptoms become more similar to adult PTSD with age.
- Common forms of symptom expression:
  - Temper tantrums in social situations
  - acting out
  - hypersensitivity
  - hyperarousal.
- The range of symptom expression in children has been found to impact their academic success, due to difficulty concentrating and behavioral problems.

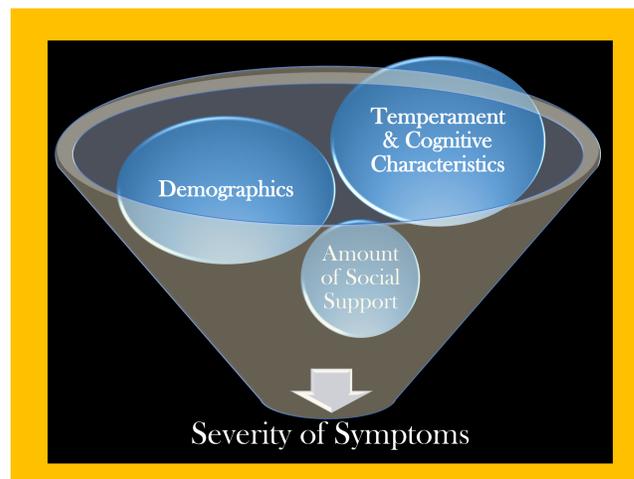


Figure 1: Moderating factors

## Sources of PTSD

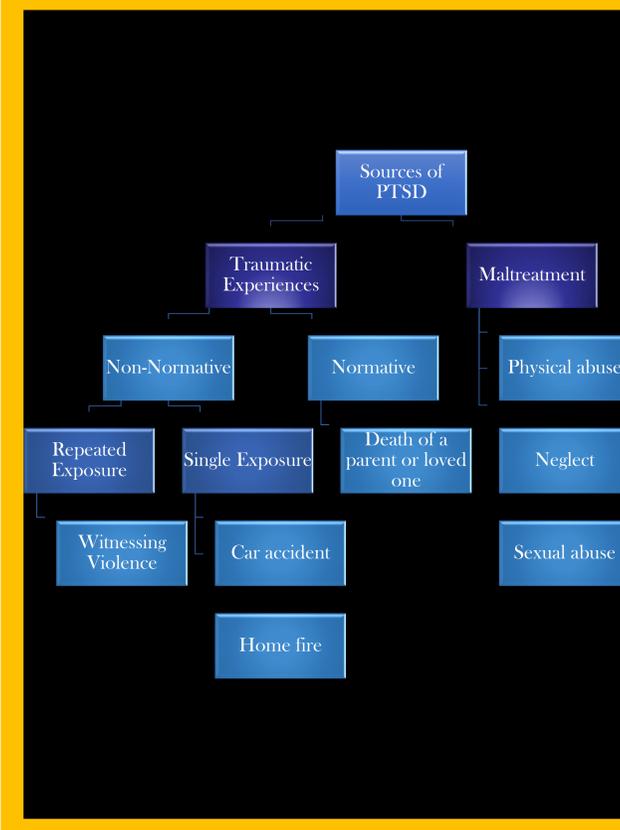


Figure 2: Sources of PTSD

## Social Support

- Social support greatly impacts the initial development of PTSD and progression of symptoms in children.
- Low social support increases likelihood of PTSD development, severity, and progression of the disorder.
- High social support lessens the severity and the progression of the disorder.
- Social support can come from:
  - Teachers
  - Peers
  - Caregivers
- Supportive parenting has been found to drastically reduce PTSD symptomology.
- Supportive parenting also helps the child have higher self-esteem and adjustment to the issues with the disorder.
- A child believing that they have individuals that they can rely on for support is more impactful than the child receiving social support.

## Treatments

- Cognitive Behavioral Therapy:**
  - Involves teaching effective coping mechanisms
  - Effective by enhancing the child’s feeling of self-control over the intrusive thoughts or recurrence of the event.
- Non-Directive Play therapy:**
  - Involves play in the treatment process.
  - Effective by allowing the child to re-experience through all senses, rather than only cognitively.
- Trauma-Focused Cognitive Behavioral Therapy:**
  - Involves teaching coping mechanisms & parent strategies to help child through the PRACTICE method.
  - Effective because it is done with the caregiver and the child; not just the child like in CBT. Having the caregiver aids the healing process.
- Narrative Exposure Therapy:**
  - Involves the child narrating or writing their experience of the event.
  - Effective by creating a narrative, it encourages desensitization of the arousing stimuli.

## Discussion

- Female children are at the highest risk for being in a situation that causes PTSD.
- Child sexual abuse is the most reported upon source of childhood PTSD.
- Better assessments of symptomology for children under six years old is imperative because the manifestation is very similar to general behavior problems
- Many believe that cases of PTSD in children go undiagnosed because clinicians are not actively looking for this diagnosis.
- Poverty needs to be looked at as a potential source for PTSD because it puts children at risk for other sources of PTSD.
- Many cases of maltreatment may not be reported to the authorities; more assessment tools need to be created and research needs to be done
- The benefits of coupling of narrative exposure therapy and social support deserves more research as these are two factors that seem to aid in lessening the severity and/or progression of the disorder.
- Much of the existing research does not make comparisons to adult-PTSD and child-PTSD – research needs to be conducted to examine the benefits of understanding the progression of the disorder to better serve children under six years old.
- More research needs to be done on the sources of PTSD, assessments to diagnose a child, treatments, and the influence of social support for children under six years old as this disorder has long-lasting repercussions.

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