Pediatric Post Traumatic Stress Disorder (PTSD)

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Epidemiology

- More than 1 in 4 children experience a significant traumatic event before reaching adulthood.
- Possible traumas: child abuse, domestic, community or school violence, natural disasters, accidents, medical traumas, war, terrorism, refugee trauma…
- Most individuals who experience truly life threatening events manifest PTSD symptoms, however only 30% on average manifest enduring symptoms after the first month.
- Reports of overall life time prevalence of PTSD on young children and adolescents varies from 1.6% to 9.2%.

Presentation

- PTSD is one of the few psychiatric diagnoses that requires the presence of a known etiologic factor – the traumatic event.
- The diagnosis refers to the psychological consequences of the trauma, but does not address immediate distress.
- Acute Stress Disorder or Adjustment Disorder may be diagnosed within the first month.
- Complex PTSD: children with early ongoing or interpersonal trauma may present with extreme dysregulation of physical, affective, behavioral, cognitive and/or interpersonal functioning that is not adequately captured in the current description of PTSD diagnostic criteria.

Presentation

- An inherent contradiction exists in that avoidance of talking about the traumatic experience is a core feature of PTSD, yet diagnosing PTSD requires that the child describe the traumatic event.
- Parents may be unaware of the trauma or perpetrators.
- Eliciting the trauma is not always straightforward: a dramatic change in behavior, nightmares, avoidance of previous activities or self-injurious behaviors may be the primary symptoms of PTSD.
- A mistake in either direction: mistakenly attributing symptoms to trauma that did not occur or disregarding the possibility of a real trauma history, has potential risks.

Presentation

- It is also important for clinicians to be aware that children can have a trauma history yet have psychiatric symptoms that are unrelated to the trauma;
- Therefore, discerning the role that the trauma plays in the child's current symptoms requires knowledge of the complexity with which PTSD and other trauma symptoms may present and general child psychopathology.

PTSD DSM 5 Diagnosis

In addition to the presence of a known trauma, diagnosing PTSD requires the presence of symptoms in three distinct clusters (here we refer only to the difference in the diagnosis of children and adolescents compared with adults):

- Re-experiencing (pathognomonic for PTSD)
  - In young children this can take the form of repetitive play.
  - Frightening dreams without trauma-specific content may also occur.
- Persistent avoidance of trauma reminders and emotional numbing (depressive symptoms)
- Persistent symptoms of hyperarousal (anxiety symptoms)

PTSD DSM 5 Diagnosis

- Young children may also manifest new aggression, oppositional behavior, regression in developmental skills (toileting and speech), new separation anxiety, and new fears not obviously related to the traumatic event (usually fear of the dark or fear of going to the bathroom alone) as associated symptoms.

PTSD DSM 5 Diagnosis

- There is ongoing debate about the validity of the DSM diagnostic criteria for children.
- DSM 5 tried to improve the diagnosis of PTSD in children by:
  - Introducing a new chapter on trauma and stressor related disorders which includes Reactive Attachment Disorder and Disinhibited Social Engagement Disorder. These diagnoses relate specifically to the pediatric population.
  - Introducing specific diagnostic criteria for children 6 years old and younger.

Risk Factors for PTSD

- Female gender.
- Previous trauma exposure.
- Greater exposure to the index trauma.
- Presence of a preexisting psychiatric disorder (particularly an anxiety disorder).
- Parental psychopathology and lack of social support.
- Conversely, parental support, lower levels of parental PTSD, and resolution of other parental trauma-related symptoms have been found to predict lower levels of PTSD symptoms in children.

Recommendations
Assessment

- The psychiatric assessment of children and adolescents should routinely include questions about traumatic experiences and PTSD symptoms.
- Obtaining information about PTSD symptoms from multiple informants including children and parents or other caretakers is essential for prepubertal children.

Recommendations Assessment

- Screening questionnaires:
  - children can self report aged 7 and up.
  - When screening children younger than 7 years, instruments must be administered to caregivers because young children do not yet possess the developmental capacities for accurate self-report of psychiatric symptomatology.
- If screening indicates significant PTSD symptoms, the clinician should conduct a formal evaluation to determine whether PTSD is present.

Recommendations
Treatment

- Treatment planning should consider a comprehensive treatment approach which includes consideration of the severity and degree of impairment of the child's PTSD symptoms and include:
  - Education of the child and parents about PTSD, consultation with school personnel, and primary care physicians once informed consent/ assent has been obtained.
  - Trauma-focused psychotherapy including cognitive-behavioral therapy, psychodynamic psychotherapy, and/or family therapy.
  - Pharmacotherapy may also be considered in the multimodal approach to children with PTSD
- Treatment planning should incorporate appropriate interventions for comorbid psychiatric disorders (PTSD commonly occurs in the presence of depressive disorders, ADHD, substance abuse and anxiety disorders)

PTSD Questions

Mackenzie is 5 years old. She is described by her parents as a bit shy, "slow to warm up", and she is afraid of people dressed up as Santa Claus, Mickey Mouse or any other costume when the person's head is hidden. She had been completely toilet trained for the past 3 years and had been sleeping in her own bed, but in the past two weeks she has nightmares, wets her bed and climbs into bed with her parents.

Which of the following is true?

1. Mackenzie an be diagnosed with PTSD because a child doesn't just regress without cause.
2. Mackenzie shows typical mood variations observable in socially phobic children.
3. Mackenzie cannot be diagnosed with PTSD because there is no identified trauma.
4. Mackenzie cannot be diagnosed with PTSD because she does not show PTSD specific symptoms .
5. None of the above.

Brittney

Brittany is 17 years old. She is seen by you for her first psychiatric assessment after having been raped leaving her graduation party. She is described as a "good girl", who had wanted to be a virgin until marriage. Brittney doesn't want to talk about the incident. She says she is fine and wants to leave the incident behind her. She does not go to parties any more and she needs her mother to sleep with her. She now always needs to be escorted when leaving the house later in the afternoon/evening.

What should you do?

1. Not be too intrusive, let Brittney and her family proceed with their lives as they request.
2. Educate Brittney and her family regarding PTSD symptoms, including the longitudinal trajectory and possible interventions.
3. Contact the school counselor and instruct her to convince Brittney to go to therapy.
4. Brittney has no insight into her PTSD, therefore would not do well in therapy and should be prescribed medication.
5. 2 & 4

Correct Answers

- Mackenzie – 5
- Brittney - 2

- Useful Websites include:

  The National Child Traumatic Stress Network - http://www.nctsnet.org/