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# CHILDHOOD TRAUMA: AN ANALYSIS OF ASSOCIATED CO-MORBIDITIES AND VARIOUS PSYCHOTHERAPIES

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## Abstract

American and European studies suggest that anywhere from 14 to 67% of children have experienced at least one traumatic event throughout their life. Furthermore, about 13.4% of them go on to develop post-traumatic stress disorder (PTSD) or symptoms (Diehle, J., Opmeer, B.C., Boer, F., Mannarino, A.P., & Lindauer, R.J., 2015). One study suggests that as many as 63.9% of adults suffer from ACEs (Adverse Childhood Experiences) (CDC, 2016). The 4th Edition of the Diagnostic and Statistical Manual (DSM-IV) states that PTSD is the most common Axis I disorder in children that are victims of abuse with statistics ranging from 20% (PTSD only) to 53% (PTSD or complex PTSD)(Chard, 2005). First line treatment for PTSD includes psychotherapy. Cognitive Behavioral Therapy (CBT) has been established as the “gold standard” for the treatment of PTSD. However, a good percentage of children still present with symptoms post treatment. Therefore, a need for other forms of psychotherapy has been made apparent. This paper attempts to highlight the various detrimental effects of childhood trauma, explore the various types of psychotherapies used to treat PTSD in children as well as adults {CBT, Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Processing Therapy (CPT), and Prolonged Exposure}, and determine which therapy is most effective. The research gathered mostly supports the use of CPT in adults suffering from ACEs. However, in children, the most supported therapy for the treatment of PTSD is CBT, followed by prolonged exposure and EMDR.

## Introduction

At such a young age, children are often dramatically affected by adverse events as their development and maturity have yet to flourish. It is known that children who suffer from abuse later develop PTSD or symptoms as well as other psychosis, depression, and anxiety. With experiencing such traumatic events, first line treatment often involves some form of psychotherapy. To date CBT has been the standard therapy for trauma associated mental health. However, some patients do not respond well to CBT. Therefore, clinicians need to be knowledgeable about the other various psychotherapies their healthcare facility offers. These include EMDR, CPT, and Exposure Therapy, to name a few.

## Statement of the Problem

Because mental health bestows such staggering statistics and is associated with other various comorbidities such as anxiety, mood or substance use disorders, aggressive and violent behaviors, especially if left untreated, it's imperative to the primary care provider to coordinate prompt, effective psychotherapy individualized to the patient. American and European studies suggest twat anywhere from 14 to 67% of children have experienced at least one traumatic event throughout their life. Furthermore, about 13.4% of them go on to develop symptoms of PTSD (Diehle, J., Opmeer, B.C., Boer, F., Mannarino, A.P., & Lindauer, R.J., 2015). In order to prevent the development of mental health associated co-morbidities, early psychotherapy is crucial. In 2009, 12% of youth ages 12 to 17, received mental health treatment primarily as an outpatient (Substance Abuse and Mental Health Services Administration, 2012). The rate of children within the US that suffer from depression has increased from 5.9% to 8.2% in just three years (from 2012 to 2015). Although the specific cause of the increase in depression is unknown, it's likely that a good percentage of them have been subjected to trauma. Furthermore, 76% of the youth within the US have either received insufficient treatment or no treatment at all (Nguyen, T., 2018). Primary care is where mental health needs to start. Providers need to be are of the statistics as well as the various psychotherapies their facility provides.

## Research Questions

What are the effects of Adverse Childhood Experiences (ACEs) and childhood trauma? What are the various types of psychotherapies commonly used to treat PTSD? In children that are victims of trauma and/or adults whom suffered from childhood maltreatment, is CBT, EMDR, CPT, or prolonged exposure the best therapy to treat their PTSD?

## Literature Review

### Effects of trauma

- Research shows that the timing in which the trauma is experienced correlates with the degree of health impairment.
- Children whom experienced three or more ACEs were 2.22 times more likely to have at least one physical and one developmental condition and 9.18 times more likely to have at least one mental and one developmental condition than children whom never experienced an ACE
- Chronic childhood maltreatment also has a correlation with aggressive and violent behavior, personality disorders, child welfare and juvenile justice system involvement children whom never experienced an ACE.

### Cognitive Behavioral Therapy

- The goal of the therapy is to decrease or eliminate the negative childhood emotions and behaviors while reprocessing and transforming the dysfunctional cognitions or thoughts about the traumatic event.
- “gold standard” for psychological therapy
- Eye Movement Desensitization and Reprocessing**
- 16-40% of children treated with CBT still meet diagnostic criteria for PTSD post treatment
- psycho-education about the trauma, preparation of the target memory, desensitization of that specific memory, identifying various body sensations, and re-evaluating the target

### Cognitive Processing Therapy

- 1. exposure to the traumatic event or memory with disintegrating the strong negative thoughts associated with that memory through homework, and 2. transforming the negative beliefs about safety, trust, power, esteem and intimacy into more positive ones
- endorsed as the best practice for the treatment of PTSD by both the US Department of Veterans Affairs and Defense and the International Society of Traumatic Stress Studies

### Exposure Therapy

- Throughout the therapy, the individual is continuously exposed to the traumatic memory that causes them distress. The therapist will gradually increase the “picture” of the traumatic memory, while teaching the patient proper coping skills.
- Foa, McLean, Capaldi, & Rosenfield claim prolonged Exposure Therapy is the most studied evidence-based treatment for adults suffering from PTSD.

### Comparing psychotherapies in children

- Cochrane review of 758 children compared exposure therapy, CBT, and EMDR found improvement of PTSD symptoms with each type of therapy. The most improvement was seen with CBT. Objective measurement of results is unknown.
- EMDR was found more effective than TF-CBT in 14 sexually abused girls. Counselors in this study were not experts.
- 48 children's CAPS-CA scores improved 20 points with the implementation of both TF-CBT and EMDR. Parents filled out assessments which could have skewed data.
- 100 children in Mexico City all responded with significant improvement of PTSD symptoms when treated with CBT. These were victims of a specific culture, making it difficult to apply these results to general public.
- Systematic review of 33 studies found EMDR to be more efficient. TF-CBT was found to be the most supported treatment of childhood trauma

- Meta-analysis of 209 children treated with EMDR vs control group found a medium effect size in the post-test analyses of the EMDR treatment group.
- In a RCT, both CBT and EMDR were found to be effective at reducing symptoms of PTSD, anxiety, depression, and behavioral problems. Long recruitment time and multiple drop outs were negative points.
- A study consisting of 61 girls found prolonged exposure to be more effective than supportive counseling in reducing PTSD. Study consisted of only female participants.
- A 2008 review found TF-CBT to be well-established and EMDR to be probably efficacious. The update to the review found CBT to still be the recommended first line treatment. However, prolonged exposure and EMDR were found to be effective as well.
- Cochrane review found CBT and EMDR to be equivalent in reducing diagnosis of PTSD. EMDR and exposure therapy were found to be effective as well. Some studies lacked quality.
- Prolonged exposure decreased the amount of children that met the criteria for PTSD diagnosis. Counselors in this study did not have prior experience with prolonged exposure therapy.

### Comparing psychotherapies for adults suffering from ACE's

- CPT decreased the amount of women that met criteria for PTSD diagnosis. Patients were paid for participation. Only female adults participated in study.
- CPT and prolonged exposure therapy produced improvement in PTSD, dissociation, impaired self-reference, and dysfunctional sexual behavior in female victims of ACEs.
- CPT improved PTSD symptoms, depression and dissociation in women. The therapist in this study was also the author. Again, only adult females partook in the study.
- EMDR, TF-CBT, and non-trauma CBT were all found to be effective in treating PTSD but the trauma focused therapies demonstrated better improvement. Some patients were taking mental health medication.
- Neither EMDR nor prolonged exposure were found to be more effective than the other in the treatment of PTSD
- Almost every study involves a very small sample size and many of the therapies were compared against a wait list control group instead of a different therapy.

## Discussion

The research supports that children whom experience trauma are likely bound to develop mental health issues such as PTSD as well as other various comorbidities if left untreated. In order to prevent the negative consequences of exposure to traumatic events, timely delivery of evidence-based psychological treatment is critical (Dorsey, 2017). However, it is imperative that future studies involving psychological therapies consist of a larger sample sizes. Also, the professionals that administer the therapy should be sufficiently trained and unbiased. Also, it seems as though it would be advantageous to further identify which type of therapy is more suitable to which specific type of trauma endured. With the proper information and statistics to support the implementation of psychotherapy, clinicians would be more likely to properly treat and/or refer their patients to receive the appropriate therapy and in turn prevent further disease progression.

## Applicability to Clinical Practice

Although the research seems to favor CBT as a first line treatment for children with PTSD, it is important to keep the option of EMDR as well as prolonged exposure therapy in mind. CPT also seems to be the most supported therapy for treatment of PTSD in adults suffering from an ACE. It is also important that the therapist is certified to perform the psychotherapies. All patients should be screened for anxiety, trauma, and depression at every appointment.

Another important factor is to question children while the parent is not in the exam room. One study also suggested implementing a “record” of how many ACEs the child has experienced. This information would be as important as the child's vaccination list. With implementation of the appropriate tracking and screening, a huge amount of comorbidities, which in turn leads to a huge amount of healthcare dollars, could be prevented.

## References

- Chard, Kathleen. (2005). An Evaluation of Cognitive Processing Therapy for the Treatment of Posttraumatic Stress Disorder Related to Childhood Sexual Abuse. *Journal of Consulting and Clinical Psychology, 73*(5): 965-971. doi: 10.1037/0022-006X.73.5.965
- Diehle, J., Opmeer, B.C., Boer, F., Mannarino, A.P., & Lindauer, R.J. (2015). Trauma-focused cognitive behavioral therapy or eye movement desensitization and reprocessing: what works in children with posttraumatic stress symptoms? A randomized controlled trial. *European Child and Adolescent Psychiatry, 24*(2): 227-36. doi: 10.1007/s00787-014-0572-5
- Dorsey, S., McLaughlin, K., Kerns, S., Harrison, J., Lambert, H., Briggs, E., ... Amaya-Jackson, L. (2016). Evidence Base Update for Psychosocial Treatments for Children and Adolescents Exposed to Traumatic Events. *Journal of Clinical Child and Adolescent Psychology, 46*(3): 303-330. doi: 10.1080/15374416.2016.1220309
- Ehring, T., Welboren, R., Morina, N., Wicherts, J., Freitag, J., & Emmelkamp, P. (2014). Meta-analysis of psychological treatments for posttraumatic stress disorder in adult survivors of childhood abuse. *Clinical Psychology Review, 34*(8): 645-57. doi: 10.1016/j.cpr.2014.10.004
- Foa, E.B., McLean, C.P, Capaldi, S., & Rosenfield, D. (2013). Prolonged Exposure vs Supportive Counseling for Sexual Abuse-Related PTSD in Adolescent Girls: A Randomized Clinical Trial. *Journal of American Medical Association, 310*(24): 2650-7. doi: 10.1001/jama.2013.282829
- Gillies, D., Maiocchi, L., Bhandari, A., Taylor, F., Gray, C., & O'Brien, L. (2016). Psychological therapies for children and adolescents exposed to trauma. *Cochrane Database Systematic Review*. doi:10.1002/14651858.CD012371
- Gillies, D., Taylor, F., Gray, C., O'Brien, L., & D'Abrew, N. (2013). Psychological therapies for the treatment of post-traumatic stress disorder in children and adolescents. *Evidence Based Child Health, 8*(3): 1004-116. doi: 10.1002/ebch.1916
- Gilboa-Schechtman, E., Foa, E., Shafraan, N., Aderka, I., Powers, M., Rachamim, L., ...Apter, A. (2010). Prolonged Exposure Versus Dynamic Therapy for Adolescent PTSD: A Pilot Randomized Controlled Trial. *Journal of the American Academy of Child and Adolescent Psychiatry, 49*(10) doi: 10.1016/j.jaac.2010.07.014
- House, A.S. (2006). Increasing the Usability of Cognitive Processing Therapy for Survivors of Child Sexual Abuse. *Journal of Child Sexual Abuse, 15*(1). doi: 10.1300/J070v15n01\_05
- Ironson, G., Freund, B., Strauss, J., & Williams, J. (2002). Comparison of Two Treatments for Traumatic Stress: A Community-Based Study of EMDR and Prolonged Exposure. *Journal of Clinical Psychology, 58*(1): 113-128. doi: 10.1002/jclp.1132
- Leenarts, L., Diehle, J., Doreleijers, T., Jansma, E., & Lindauer, R. (2013). Evidence-based treatments for children with trauma-related psychopathology as a result of childhood maltreatment: A systematic review. *European Child and Adolescent Psychiatry, 22*(5): 269-283. doi: 10.1007/s00787-012-0367-5
- McLean, C., Yeh, R., Rosenfield, D., & Foa, E. (2015). Changes in negative cognitions mediate PTSD symptom reductions during client-centered therapy and prolonged exposure for adolescents. *Behaviour Research and Therapy, 68*: 64-69 doi: 10.1016/j.brat.2015.03.008
- Owens, G., Pike, J., & Chard, K. (2001). Treatment Effects of Cognitive Processing Therapy on Cognitive Distortions of Female Child Sexual Abuse Survivors. *Behavior Therapy, 32*(3): 413-424. doi: 10.1016/S0005-7894(01)80028-9
- Resick, P.A., Nishith, P., & Griffen, M.G. (2003). How Well Does Cognitive-Behavioral Therapy Treat Symptoms of Complex PTSD? An Examination of Child Sexual Abuse Survivors Within A Clinical Trial. *Journal of Neuroscience Education Institute, 8*(5): 340-355. doi: 10.1017/s1092852900018605
- Rodenburg, R., Benjamin, A., De Roos, C., Meijer, A.M., & Stams, G.J. (2009). Efficacy of EMDR in children: a meta-analysis. *Clinical Psychology Review, 29*(7): 599-606. doi: 10.1016/j.cpr.2009.06.008
- Roos, C., Greenwald, R., Den Hollander-Gijsman, M., Noortthoorn, E., Van Buuren, S., & De Jongh, A. (2011). A randomized comparison of cognitive behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR) in disaster-exposed children. *European Journal of Psychotraumatology, 2*(1). doi: 10.3402/ejpt.v2i0.5694
- Seidler, G., & Wager, F. (2006). Comparing the efficacy of EMDR and trauma-focused cognitive-behavioral therapy in the treatment of PTSD: a meta-analytic study. *Psychological Medicine, 36*(11): 1515-22. doi: 10.1017/S0033291706007963
- Shein-Szydlo, J., Sukhodolsky, D., Kon, D., Tejada, M., Ramirez, E., & Ruchkin, V. (2016). A randomized controlled study of cognitive-behavioral therapy for posttraumatic stress in street children in Mexico City. *Journal of Traumatic Stress, 29*(5): 406-414. doi: 10.1002/jts.22124