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Childhood Trauma: An Analysis of Associated Co-Morbidities and Various Psychotherapies

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**Statement of the Problem**

Because mental health burdens such staggering statistics and is associated with 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 Academy of Child and Adolescent Psychiatry estimates the percentage of children from 14 to 67% of children have experienced at least one traumatic event throughout their lifetime. Furthermore, about 13.4% of them go on to develop post-traumatic stress disorder (PTSD) or symptoms (Dieterle, J., Opmeer, B.C., Boer, F., Mannarino, A.P., & Lindauer, R.J., 2015). In order to prevent the development of co-morbidities such as substance abuse and anxiety, early intervention and each 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 9.5% 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, they went on to receive 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.

**Discussion**

The research supports that children who 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 familiarized. Also, it seems that it is more advantageous to further identify which type of therapy is more suitable for 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 EMR as well as prolonged exposure therapy (PES) for those who did not respond well to CBT. Furthermore, it is important to keep in mind that how many ACEs the child has experienced. This information would be as important as the child’s vaccination list. With implementation of the appropriate psychotherapy, the clinician should be able to do and which in turn leads to a huge amount of healthcare dollars, could be prevented.

**References**


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**Research Questions**

- What are the effects of Adverse Childhood Experiences (ACEs) and childhood trauma on the health and development of children who experience trauma? These include CBT, Exposure Therapy, and Prolonged Exposure.
- Why is it important that therapists are knowledgeable about the other various psychotherapies their healthcare facility offers. These include EMDR, CPT, and Exposure Therapy?
- What are the effects of Adverse Childhood Experiences (ACEs) and childhood trauma on the health and development of children who experience trauma? These include CBT, Exposure Therapy, and Prolonged Exposure.

**Literature Review**


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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 (Dieterle, 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 who 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 psychological interventions (emotional processing therapy), and discharge which is most effective. The research gathered mostly supports the use of CBT in adults suffering from ACE’s (Dieterle, J., Opmeer, B.C., Boer, F., Mannarino, A.P., & Lindauer, R.J., 2015).


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**Introduction**

At such a young age, children are often dramatically affected by adverse childhood events 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 psychotherapy, depression, and anxiety. However, the experience is not the same for every child. With experienced child trauma often involves some form of psychotherapy. To date CBT has been shown to be the standard of care. Further, 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 CBT, Exposure Therapy, and Prolonged Exposure.


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**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 EMR as well as prolonged exposure therapy (PES) for those who did not respond well to CBT. Further, it is important to keep in mind that how many ACEs the child has experienced. This information would be as important as the child’s vaccination list. With implementation of the appropriate psychotherapy, the clinician should be able to do something useful to the child which in turn leads to a huge amount of healthcare dollars, could be prevented.