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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 lifetime. 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). A 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 a statistic ranging from 20% (PTSD only) to 53% (PTSD or complex PTSD)(Chard, 2005). First line treatment for PTSD includes psychological therapies, medication, or a combination of both. Although various methods have 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 CBT in adults suffering from ACEs. However, in children, the most supported therapy for the treatment of the event of PTSD is CBT, followed by prolonged exposure and EMDR. 

Introduction
At such a young age, children are often dramatically affected by adverse events and 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 psychoses, depression, and anxiety disorders (Ko, 2005). With experienced trauma, the child often involves some form of psychotherapy. To date CBT has been the standard therapy for PTSD. However, if trauma is severe or complicated, some patients do not respond well to CBT. Therefore, clinicians need to be knowledgeable about the other various psychotherapies their healthcare facility offers. This includes EMDR, CPT, and Exposure Therapy. Name a few.

Research Questions
What are the effects of Adverse Childhood Experiences (ACEs) and childhood trauma on PTSD. How does it affect the individuals? Which type of trauma is commonly used to treat PTSD? In children who are victims of trauma and/or adults who 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 plays a role in the development of PTSD. Children who 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 thoughts. In children, trauma is treated by reprocessing and transforming the dysfunctional cognitions or thoughts about the traumatic event. “Gold standard” for psychotherapy.

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 thoughts during the traumatic event. 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
A hallmark of 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 child an effective coping strategy. With effective therapy, the patient is taught to recall the event without the trauma or fear.

Foia, McLean, Capaldi, & Rosenfield claim prolonged Exposure Therapy is one of the evidence-based treatments for adults suffering from PTSD.

Comparing psychotherapies in children
A 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. Again, only female adults participated in study.

CPT and prolonged exposure therapy produced improvement in PTSD, dissociation, and anxiety in female victims of ACEs.

EMDR improved PTSD symptoms, depression and dissociation in women. The therapy in this study was also the author. Again, only females included 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.

Nielson et al. compared the effectiveness of trauma-focused therapy in the treatment of PTSD. The study used ADAM (Adult Treatment of ACEs through Psychotherapy & Mental Health Services) therapy (Nielson, 2010). ADAM therapy was 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 studies have several methodological limitations. 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 time spent reviewing,000 trauma and EMDR were found to be effective as well.

In a randomized controlled trial, European Child and Adolescent Psychiatry, 24(2): 227-30. The study suggests that trauma-focused cognitive behavioral therapy is more effective than supportive counseling in reducing PTSD. Study consisted of only female participants.

A 2016 study found TF-CBT to be well established and effective to be probabilistic. The update to the review found CBT to still be the recommended therapy. The study also supports prolonged exposure and EMDR to be effective as well.


References


Malti, S., Pyszczynski, T., & VandenBos, G. (2015). Change in cognitive processes during psychological therapies consists of a larger sample sizes. Also, the professionals that administer the therapy should be sufficiently trained and unbiased. As a result, some therapy may be 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, counselors would be more likely to properly treat and 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 to be given. Further testing and implementation of additional supported therapy for treatment of PTSD in adults suffering from an ACE. It is also important that the therapist is certified to perform the psychotherapy. 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 room. It is important to question children about recent events and experiences. Another important factor is to question children while the parent is not in the room. It is important to question children about recent events and experiences. One should be aware that children who have experienced trauma are likely to develop mental health issues such as PTSD as well as various other 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 (Dorsy, 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. As a result, some therapy may be 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, counselors would be more likely to properly treat and refer their patients to receive the appropriate therapy and in turn prevent further disease progression.

Discussion
The research supports that children who experience trauma are likely bound to develop mental health issues such as PTSD as well as various other 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 (Dorsy, 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. As a result, some therapy may be 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, counselors would be more likely to properly treat and refer their patients to receive the appropriate therapy and in turn prevent further disease progression.