Childhood Trauma: An Analysis Of Associated Co-Morbidities And Various Psychotherapies

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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 some form of trauma 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). 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 therapies, such as Cognitive Processing Therapy (CPT), and prolonged exposure to best therapy for 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 variety 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, when looking at children suffering from the trauma, it is found that the treatment of PTSD is CBT, followed by prolonged exposure and EMDR.

Research Questions
What are the effects of Adverse Childhood Experiences (ACEs) and childhood trauma on the different types of psychotherapies commonly used to treat PTSD? In children that 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 correlates with the degree of the dysregulation of the psychological responses and transforming the dysfunctional cognitions or thoughts about the traumatic event. To avoid prolonged suffering, the patient proper coping skills. Cognitive Processing Therapy (CPT), and Prolonged Exposure Therapy is the most studied evidence based treatment for adults. However, an important factor is to question children while the parent is not in the room to determine which therapy is most effective. The research gathered 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 studies.

CPT and prolonged exposure therapy produced improvement in PTSD, discrimination, and dysfunctional sexual behavior in female victims of ACEs.

CPT improved PTSD symptoms, depression and dissociation in women. The therapy in this study was also the author. Again, only female adults participated 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.

Narayan et al. (2015) found that trauma in children was found to be more effective than the other in the treatment of PTSD

Almost every study includes a very small sample size and many of the studies compared a wait list control group instead of a different therapy.

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 co-morbidities. 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 unabased. Also, it seems that prolonged exposure is 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 EMDR as well as prolonged exposure. CPT is an evidence based 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 to consider children while the parent is not in the room, requiring a need for other forms of psychotherapy, these may include EMDR, CPT, and Prolonged Exposure Therapy. Furthermore, implementation of the appropriate treatment for childhood trauma can be complicated when the child in turn leads to a huge amount of healthcare dollars, could be prevented.

References

Statement of the Problem
Because mental health bestows 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 children are experiencing between 14 to 67% of children have experienced at least one traumatic event throughout their lifetime. Furthermore, this percent of children have received the proper care. However, those that have received the proper care or education have not been given the best treatment or 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.

Introduction
By the age of 18, boys are exposed to a traumatic event at the rate of 70%, and 40%-50% of girls by the age of 18, will have been exposed to a traumatic event, and/or adult’s who suffered from childhood maltreatment, is CBT, EMDR, CPT, or prolonged exposure the best therapy to treat their PTSD? 16 2008 review found TF PTSD was found to be effective at reducing symptoms of PTSD as well as 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 2006 study found TF was well established and effective. The review to find CBT was to be the research therapy. 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 prolongation that met the criteria for PTSD diagnosis. Counselors in this study did not have prior experience with prolonged exposure therapy.

Current holistic care plans improve the child’s overall health, which in turn leads to a huge amount of healthcare dollars, could be prevented.

CPT and prolonged exposure therapy produced improvement in PTSD, discrimination, and dysfunctional sexual behavior in female victims of ACEs.

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