Psychotherapeutic Interventions for Children Suffering from PTSD:
Recommendations for School Psychologists

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Presentation Outline

- Introduction:
  - Overview of PTSD and its prevalence among school-aged children.
- Interventions:
  - Psychotherapeutic treatments for PTSD.
- The Role of the School Psychologist:
  - Making appropriate referral decisions.
- Questions?

Post-traumatic Stress Disorder: A Brief Overview

- According to the *DSM IV-TR*, events that may generate traumatic stress include …
  a) experiencing,
  b) witnessing, and/or
  c) learning about an event that involves *actual* death or physical injury, and/or *threatened* death or physical injury" (APA, 2000, p. 463).

Post-traumatic Stress Disorder: A Brief Overview

- Who is most likely to develop PTSD?
  - 13–43% of girls and boys have experienced at least one traumatic event in their lifetime.
  - Of those children and adolescents who have experienced a trauma, 3–15% of girls and 1–6%of boys develop PTSD.

Post-traumatic Stress Disorder: A Brief Overview

- Three clusters of symptoms are associated with PTSD
  - Re-experiencing the traumatic event
  - Avoidance or emotional numbing
  - Hyper-arousal

Post-traumatic Stress Disorder: A Brief Overview

- Do all children require psychotherapeutic interventions?
  - **NO**! Most children will manifest only relatively ***minor*** crisis reactions.
  - However, some who have been ***severely*** traumatized (and develop PTSD) will need longer term psychotherapeutic intervention.
- Who provides Psychotherapeutic interventions?
  - ***Trained*** Mental Health Professionals: Therapists, Psychologists, Psychiatrists

Post-traumatic Stress Disorder: A Brief Overview

- PTSD Intervention Groupings:
  1. Research based interventions proven to be effective among children.
  2. Research based interventions proven to be effective among adults, but with no research among children.
  3. Interventions lacking empirical support for use among children and/or that have been suggested to possibly cause harm.

Interventions Proven Effective Among Children

Empirically Studied Interventions

- Cognitive-Behavioral Approaches
  - Imaginal and In Vivo Exposure Therapy
  - School-Based Group Interventions
  - Anxiety Management Techniques

Feeny et al. (2004)

Imaginal Exposure Therapy

- Designed to help children confront feared objects, situations, memories, and images associated with the crisis event through repeated re-counting of (or imaginal exposure to) the traumatic memory.
- Involves …
  - Visualization
  - Anxiety rating
  - Habituation

Carr (2004)

In Vivo Exposure Therapy

- Involves ***repeated*** and ***prolonged*** confrontation with the actual trauma-related situations/objects that evoke excessive anxiety.
  - Should only be a therapeutic choice if the child has successfully followed the treatment steps of imaginal exposure.
  - Can cause some distress as children confront traumatic situations/objects.
  - School staff should be prepared for this.

School-Based Group Interventions

- The effectiveness of group interventions has been proven effective among refugee children.
  - Benefits of a group approach included:
    - Assisted a large number of students at once.
    - Decreased sense of hopelessness.
    - Normalizes reactions.

Ehntholt et al. (2005)

Anxiety Management Techniques (AMT)

- Two phase treatment
  - First Phase: *Learning*
  - Second Phase: *Doing*
- At post-treatment follow-up, significant decreases in PTSD symptoms was observed among all subjects.

Ehntholt et al. (2005)

AMT in the Schools

- School psychologists can reinforce the skills learned in Phase 1 (learning) at school via group counseling.
- These elements can be stand alone treatments and have been show to be effective.
- Examples
  - Goenjian (1997)
  - March (1998)

Feeny et al. (2004)

Interventions Proven Effective Among Adults but with Limited Empirical Data for use Among Children

Eye Movement Desensitization and Reprocessing

- Uses elements of cognitive behavioral and psychodynamic treatments
- Employs an Eight-Phase treatment approach
- Principals of dual stimulation set this treatment apart: tactile, sound, or eye movement components

Shapiro (2002)

A "Unique" Treatment

- Positive affects
- Evoke insight
- Belief alterations
- Behavioral shifts

Pros

- More efficient (less total treatment time)
- Reduces trauma related symptoms
- Comparable to other Cognitive Behavioral Therapies
  - Suggested to be more effective than Prolonged Exposure

Korn et al. (2002)

Cons

- Limited research with children
- No school-based research
- Referral to a trained professional is required

Perkins et al. (2002)

Interventions Lacking Empirical Support Among Children and/or That May Cause Harm

Critical Incident Stress Debriefing

- Critical Incident Stress Debriefings (CISD) a.k.a Mitchell Model of Debriefing

Critical Incident Stress Debriefing

- Single session
- Occur after the crisis event (Post-impact phase)
- Intended Goals
  - Help students feel less alone
  - Connection to classmates, by virtue of common experience
  - Normalize experience and reactions

Brock & Jimerson (2004)

Critical Incident Stress Debriefing

- Phases:
  1. Introduction
  2. Fact Phrase
  3. Thought Phase
  4. Reaction Phase
  5. Symptom Phase
  6. Teaching Phase
  7. Re-entry

www. ifs.sc.edu/documents/**Critical**%20**Incident**%20**Stress**%20**Debriefing**.doc

Empirical Support

- No research was found to support CISD as a treatment for PTSD.
- Use with children has not been studied.
- No school-based studies.

Research Review

Participants	Stressors/ Crisis Events
- Adults - Emergency response and disaster personal - Soldiers	- Burn Victims - Non-injured robbery victims - Hurricane exposure - War - Earthquakes - Physical or sexual assault - Hospitalization after traffic accident

Brock & Jimerson, 2004

Studies Examined

- Timing of Interventions offered varied
  - 10-24 hours after incident
  - 2-19 days after incident
  - Months after incidents
  - Results:
    - No evidence of a more rapid rate of recovery from PTSD than would have occurred without this intervention

Brock & Jimerson, 2004

Meta-Analysis

- Meta-analysis of single session debriefings.
- Utilized CISD interventions.
- Intervention provided within one month of event.
  - Results:
    - CISD was not found to be effective in lowering the incidence of PTSD.

Van Emmerik et al., 2002

Conclusions about CISD & PTSD

- May interfere natural processing of a traumatic event
- May inadvertently lead victims to bypass natural supports (i.e., family and friends)
- May increase awareness to normal reactions of distress and suggest that those reactions warrant professional care

Conclusions about CISD & PTSD

- Group debriefings were not effective in lowering the incidence of PTSD
- In some cases, debriefing was suggested to be more harmful than good.
  - Appear to have made those who were acutely psychologically traumatized worse.

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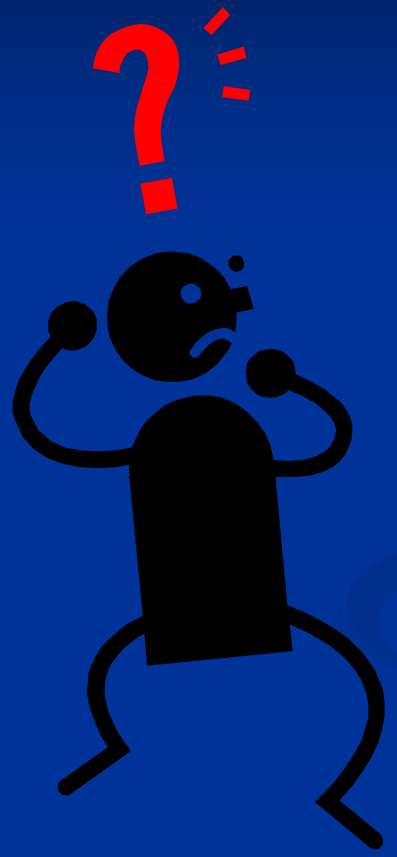
Questions?



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