Guidelines for:
Post-Traumatic Stress Disorder in Children and Adolescents

OBJECTIVE

To guide the appropriate diagnosis and treatment of post-traumatic stress disorder (PTSD) in children and adolescents.

DIAGNOSIS & ASSESSMENT

• Meets DSM-5 diagnostic criteria
• In children older than six, some symptoms may manifest in their play, through behavioral re-enactment or flashbacks and memories
• In children younger than six, DSM-5 criteria are different than for children older than six and for adolescents
• Most common symptoms: re-experiencing the trauma, avoidance of reminders of the trauma, sleep problems, emotional numbing, increased arousal, hypervigilance and regression
• Completion of a thorough diagnostic interview such as the CAPS-CA (www.ptsd.va.gov/professional/assessment/adult-int/caps.asp) to confirm the diagnosis and establish a treatment plan
• Comorbid diagnoses and other disorders that mimic PTSD should be addressed
• Useful psychological tests include: Children's PTSD Inventory, Child PTSD Symptom Scale, Trauma Symptom Checklist for Children and Screen for Child Anxiety Related Disorders

TREATMENT

• Trauma-focused psychotherapies should be considered first-line treatments. These include cognitive behavioral therapy (CBT), trauma-focused CBT, relaxation techniques and play therapy.
• Parent/caretaker support and education should be included.
• In children who have persistent symptoms despite CBT or who need additional help with control of symptoms, SSRIs may be considered. Medication should not be used in the absence of psychotherapy for childhood PTSD. Less is known about the benefits of other types of medications.

Disclaimer: Recommendation of treatment does not guarantee coverage of services.

REFERENCES

https://www.ptsd.va.gov/professional/treatment/children/ptsd_in_children_and_adolescents_overview_for_professionals.asp