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

MEDICATION MANAGEMENT
Role of Medications:
• Children with comorbid major depressive disorder, generalized anxiety disorder, or obsessive-compulsive disorder, or other disorders known to respond to an SSRI may benefit from addition of an SSRI earlier in treatment
• Add an SSRI to trauma-focused psychotherapies only if the child's symptom severity or lack of response suggests a need for additional interventions

PSYCHOTHERAPY
• It is preferred to begin with trauma-focused psychotherapies alone with cognitive behavioral therapy with a trauma focus (CBT-T)
• Eye movement desensitization and reprocessing (EMDR) is also recommended for children and adolescent with clinically relevant PTSD symptoms
• Including parents/caregiver in treatment is helpful for resolution of children’s trauma-related symptoms

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

REFERENCES