Post-Traumatic Stress Disorder (PTSD) in Children under Age 6

Level 0

Comprehensive assessment includes: Focusing on child's safety, current symptoms and family functioning *(see Principles of Practice)*.

- Assessment of ongoing trauma in the context of the environment including: history of abuse (physical, sexual, neglect), traumatic life events, domestic violence, economic instability, etc.
- Review that all safety concerns (i.e., child abuse) have been reported to the appropriate agencies and/or make any mandated reports based on history.
- A comprehensive assessment of psychiatric symptoms and co-morbidities, as well as impairment from these symptoms and disorders.
- Thorough assessment of developmental, medical history, family structure, and parent-child relationship.
- An assessment of family psychiatric history, including past and current history of parental psychiatric illnesses, substance abuse and treatment history of parents, parental figures (e.g., step parent), siblings, and other relatives.

Level 1

Psychotherapy such as CBT (4 months) or Child Parent Psychotherapy (6 months).

Level 2

If poor response, to psychosocial treatment after 4 to 6 months, consider switch to different therapy, assess for ongoing trauma exposure, co-morbidity, and caregiver impairment. Additionally, may consider evidence based methods of behavior management in children with co-morbid behavior problems (Parent Management Training, Parent Child Interaction Therapy).

Not Recommended:

- The use of medication to treat PTSD in this age group.

Post-Traumatic Stress Disorder (PTSD) in Children and Adolescents Ages 6 to 17 Years Old

Level 0

Comprehensive assessment includes:

- Use of standardized measures:
  - Juvenile Victimization Questionnaire
  - Trauma History component of the University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index (UCLA-PTSD RI)
- For specific PTSD symptoms, clinicians may use:
  - University of California at Los Angeles Posttraumatic Stress Disorder Reaction index for DSM-5 (a self- report and parent report measure of symptoms)
  - Child PTSD Symptom Scale

  Links to the measures are available at *http://medicaidmentalhealth.org/*
- Assessment of ongoing trauma in the context of the environment including history of abuse (physical, sexual, neglect), traumatic life events, domestic violence, economic instability, etc.
- Review that all safety concerns (i.e., child abuse) have been reported to the appropriate agencies and/or make any mandated reports based on history.
- A comprehensive assessment of psychiatric symptoms and co-morbidities, as well as impairment from these symptoms and disorders.
- Thorough assessment of developmental, medical history, family structure, and parent-child relationship.
- An assessment of family psychiatric history, including: past and current history of parental psychiatric illnesses, substance abuse and treatment history of parents, parental figures (e.g., step parent), siblings, and other relatives.

Level 1

Trauma-focused cognitive behavioral therapy (TF-CBT)

Level 2

Other psychosocial interventions including:

- Prolonged Exposure therapy
- Cognitive behavioral therapy for PTSD
- Eye Movement Desensitization and Reprocessing therapy
- KIDNET (a child friendly version of Narrative Exposure Therapy or NET)

Level 3

Re-evaluate and reassess for new or ongoing safety concerns.

- Refer to *Principles of Practice*.
- For symptoms of sleep problems, intrusive symptoms or increased arousal/reactivity, may consider psychotherapy augmentation with clonidine, guanfacine, prazosin (nightmares and sleep disturbances only).
  - Re-assess diagnosis and refer to specialist if not already done for persistent trauma exposure.
- Assess that family has received supportive treatment.

Not Recommended:

- SSRIs in the absence of comorbidities are not recommended because of several negative trials.
- Benzodiazepines are not recommended.
- No pharmacotherapy has proved to be effective for secondary prevention of PTSD in children.

Notes:
1. Not every trauma results in PTSD.
2. No FDA approved medications listed in Level 3. Limited evidence of efficacy for agents listed in Level 3.

References

Keeshin, B. R., and J. R. Strawn (2014) Psychological and pharmacologic treatment of youth with posttraumatic stress disorder: An evidence-based review. *Child Adolescent Psychiatric Clinics of North American 23*: 399–411.

Strawn, J. R., B. R. Keeshin, M. P. DelBello, T. D. Geracioti, and F. W. Putnam (2010). Psychopharmacologic treatment of Posttraumatic Stress Disorder in children and adolescents: A review. *Journal of Clinical Psychiatry 71*(7): 932-941.