

A Systematic Review of Treatments for PTSD in Children:

Identifying Treatments for Young Girls

Sarah M. Bingle, Psychology B.A. Candidate

Dr. Amy Przeworski, Department of Psychology

Posttraumatic Stress Disorder affects 4% of youth nationwide (Ranney, M. L., et. al., 2016). It is a disease that presents symptoms that are not only ambiguous, but also common in healthy children and adolescents including headaches, fatigue, stomach pains, sleep disturbances, and avoidance behaviors. (Zhang, et. al., 2015). This symptomology makes diagnosing PTSD in adolescents (PTSD-A) difficult, and the diagnostic criteria and measures currently used to diagnose the disorder have been largely debated in the field. Multiple studies have revealed that the current DSM-5 criteria for diagnosing children with PTSD who do not qualify for the modified preschool version, for children under 6, is not sensitive enough to identify the disorder (Belinda L. et. al., 2013) (Meiser-Stedman, R., et. al., 2017). Therefore, the measures created based on this criterion are equally as ineffective in identifying PTSD-A. Consequently, the many children who are at risk for developing the disorder are ineffectively treated because they are not given a proper diagnosis. Children at high risk for developing PTSD-A include those who have experienced physical abuse (Castro, M., et. al., 2017), sexual abuse (Hébert, M., et. al., 2016), a natural disaster (Osofsky et. al., 2015), cyber bullying (Ranney, M. L., et. al., 2016), and interpersonal or community violence (Castro, M., et. al., 2017). The most alarming risk factor for developing PTSD is being an adolescent girl (Meiser-Stedman, et. Al., 2017). While diagnosing PTSD-A has proven to be a challenge, there is also a major obstacle in treating young girls once they are diagnosed. Treatments for children are not difficult to find, however research-based treatments specific to young girls are few and far between. A pilot study was conducted for Seeking Safety Therapy in young girls who developed PTSD secondary to sexual abuse with moderate success, however no other significant research has been completed (Kaczurkin, et. Al., 2016). The identification and compilation of treatments used broadly for children that are most effective for young girls is necessary for clinicians to deliver research-based treatments to young girls who suffer from this disorder.

A systematic review of PTSD diagnostic criteria, measures, and treatments for PTSD-A in children would provide clinicians with the resources necessary to use research-based practices to accurately diagnose and effectively heal patients who suffer from PTSD-A. By focusing on identifying treatments for young girls, this research can change the way this disorder's most vulnerable population is chronically misdiagnosed and treated ineffectively. This systematic

review could also serve as a leadoff for other researchers to develop new, efficacious tools to diagnose and treat PTSD-A in such a vulnerable population.

In completing a systematic review of PTSD-A diagnostic criteria, measures, and treatments with a focus on treatments for young girls, there are specific objectives I aim to accomplish. Primarily, I would identify diagnostic criteria that is accurate in diagnosing PTSD-A in children between the ages of seven and sixteen, which is in accordance with the current discrepancy in the field. Subsequently, I would identify measures that can use the criteria effectively to reach a diagnosis. In addition, I would determine what treatments are effective for young girls all for the purpose of contributing to the resources for clinicians using research-based practices.

The methodology I would use to complete the systematic review would reflect both my objectives and purpose in completing this project. The final product will be accessible to clinicians, well-organized, and contain valid information as a result of vigilance and scrupulousness. I would begin by running a comprehensive literature search on databases available to me through the CWRU library, which include, but are not limited to, PubMed, PsychInfo, Social Sciences Citation Index, Annual Review, and ProQuest Dissertation Abstracts. I would use relevant keywords such as PTSD (and variations), child (and variations such as adolescent, young, teenager, pre-pubescent, etc.), diagnostic criteria (and variations such as diagnosis, etiology, symptoms, etc.), measures (and variations such as tools, self-reports, etc.), treatment (and variations such as therapy, intervention, etc.), and girl (female, woman, women, etc.). During the literature search I will collect all relevant articles, based on title and abstract, and organized them based on category (criteria, measure, treatment), population (male, female, age), and type of study (randomized controlled trial, quasi-experimental study, review, etc.). After collecting the articles, I will review the full article and select my final group based on the exclusion criteria that follows. The article uses a population outside the United States, that is not between the ages of seven and sixteen, or does not identify as their SAB. The article does not utilize a control group if applicable. It solely uses DSM-5 criteria to diagnose PTSD-A and/or is not completed or overseen by a qualified psychologist. The article's objective is not to identify criteria for diagnosing PTSD-A, measuring PTSD-A symptoms, or a treatment for young girls suffering from PTSD-A. Finally, if the article is otherwise poorly controlled or executed to the degree that their methods compromise the validity of their results, it will be excluded. While

reading the full articles, I will also follow the sources cited in the articles I will use and add them to my study if they meet the criteria. The data gathered from the articles that meets the inclusion criteria will be synthesized for qualitative data where applicable. These results will be combined, organized, and produced into a final, comprehensive systematic review.

My secondary goal in completing this project would be to grow as a researcher and a psychologist. I am striving towards becoming a clinical psychologist who specializes in anxiety and trauma-related disorders, which requires that I get my PhD. Completing and publishing an independent research project would not only make me a competitive applicant for graduate school, but also fulfil my Capstone Project requirement for graduation. Additionally, it will prepare me to complete my Master's Thesis in 2019-2020 as I am applying to be a student in the Integrated Graduate Studies program, which allows me to complete a Master's Degree in Psychology during my senior year of undergraduate studies. This project also affords me the opportunity to pursue my passions during my undergraduate education. I strongly believe in quality mental health care and that the most fundamental aspect of that level of care is research-based practices. I found a passion for PTSD when I discovered that young girls were not receiving the care they need to overcome tragedies like sexual abuse or witnessing a natural disaster or school shooting. I made it my mission to get them the care they deserve, and this research is the first step.

**Time Commitment and Budget Summary:** I will complete this Project between May 20, 2018 and August 20, 2018, and plan to use the \$3,500.00 budget as a stipend for my full-time work (40 hours per week) during the summer. I will, in collaboration with my advisor, Dr. Amy Przeworski, design a list of deadlines to ensure that I am able to complete the project by my projected end date, and am using my time most efficiently throughout the summer.

## References

- Belinda L. Dow, Justin A. Kenardy, Robyne M. Le Brocq, and Deborah A. Long. *Journal of Child and Adolescent Psychopharmacology*. November 2013, 23(9): 614-619  
<https://doi.org/10.1089/cap.2013.0044>
- Castro, M., Alcántara-López, M., Martínez, A., Fernández, V., Sánchez-Meca, J., & López-Soler, C. (2017). Mother's IPV, Child Maltreatment Type and the Presence of PTSD in Children and Adolescents. *International Journal of Environmental Research and Public Health*, 14(9), 1077. <http://doi.org/10.3390/ijerph14091077>
- Hébert, M., Langevin, R., & Daigneault, I. (2016). The Association between Peer Victimization, PTSD, and Dissociation in Child Victims of Sexual Abuse. *Journal of Affective Disorders*, 193, 227–232. <http://doi.org/10.1016/j.jad.2015.12.080>
- Kaczurkin, A. N., Asnaani, A., Zhong, J., & Foa, E. B. (2016). The moderating effect of state anger on treatment outcome in female adolescents with PTSD. *Journal Of Traumatic Stress*, 29(4), 325-331. doi:10.1002/jts.2211
- Meiser-Stedman, R., McKinnon, A., Dixon, C., Boyle, A., Smith, P., & Dalgleish, T. (2017). Acute stress disorder and the transition to Refereposttraumatic stress disorder in children and adolescents: Prevalence, course, prognosis, diagnostic suitability, and risk markers. *Depression and Anxiety*, 34(4), 348–355. <http://doi.org/10.1002/da.22602>
- Osofsky, J. D., Osofsky, H. J., Weems, C. F., King, L. S., & Hansel, T. C. (2015). Trajectories of post-traumatic stress disorder symptoms among youth exposed to both natural and technological disasters. *Journal Of Child Psychology And Psychiatry*, 56(12), 1347-1355. doi:10.1111/jcpp.12420
- Ranney, M. L., Patena, J. V., Nugent, N., Spirito, A., Boyer, E., Zatzick, D., & Cunningham, R. (2016). PTSD, Cyberbullying, and Peer Violence: Prevalence and Correlates among Adolescent Emergency Department Patients. *General Hospital Psychiatry*, 39, 32–38. <http://doi.org/10.1016/j.genhosppsy.2015.12.002>
- Zhang, Y., Zhang, J., Zhu, S., Du, C., & Zhang, W. (2015). Prevalence and Predictors of Somatic Symptoms among Child and Adolescents with Probable Posttraumatic Stress Disorder: A

Cross-Sectional Study Conducted in 21 Primary and Secondary Schools after an Earthquake. PLoS ONE, 10(9), e0137101. <http://doi.org/10.1371/journal.pone.0137101>