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Possible Interventions for the Treatment of Post-Traumatic Stress Disorder (PTSD) in Children and Adolescents

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Editorial

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Abbreviations: PSTD: Post-Traumatic Stress Disorder; CBT: Cognitive Behavioral Therapy and TF-CBT: Trauma-Focused Cognitive Behavior Therapy.

Introduction

Post-traumatic stress disorder (PTSD) is a chronic psychological disorder triggered by traumatic events and it is characterized by at least one month’s experience of symptoms that are divided into four groups: intrusions (nightmares; flashbacks related to the trauma); negative alterations in cognition and mood (anhedonia and persistent negative affect); avoidance (efforts to avoid internal and external reminders of the trauma); and hyperarousal (sleep disturbances and exaggerated startle response; [1]. PTSD impairs the functioning and quality of life of the individual [2]. Furthermore, it presents a clinical framework, not easily diagnosed due to the overlap with other disorders (anxiety disorders, dissociative disorders and depression) [3]. Recent epidemiological studies have shown that 43% of children and adolescents are directly or indirectly exposed to various traumatic events [4]. Among these events childhood maltreatment (abuse or neglect) appears to be a risk factor for the development of PTSD in adulthood [5,6]. Children with histories of relationships with absent, incoherent, or abusive parents often develop insecure attachment styles associated with maladaptive coping and emotion dysregulation that can be sustained and enhanced into adolescence and adulthood [7]. The maladaptive emotion dysregulation reflects difficulty in maintaining emotional homeostasis. Its persistence, in adolescence and adulthood, does not allow for the elaboration of the traumatic event, as the traumatic experience is not understood as an experience belonging to the past, but rather as something vivid and present [8]. The family context is often fertile ground for the implementation of articulated, active and passive forms of violence against minors which can damage their survival, dignity and development. A cumulative trauma against a child can thus lead to the onset of a form of disorganized attachment in which the child perceives his parent’s behavior as dangerous, and activates a protective response, such as running away [9]. This collides with the need for closeness with the caregiver, causing the dyadic interaction to collapse. This type of attachment appears to be predictive of future developmental paths at risk, such as the development of PTSD [10]. In fact, it has been shown that the type of attachment influences the way traumatic reactions are experienced and expressed in adults [11] and influences the development of PTSD [12]. For this reason, it is important to identify, from childhood, interventions that can be functional to ensure better management in the face of adverse events and to reduce negative repercussions in future life paths. A recent meta-analysis highlighted that numerous psychological treatments have demonstrated efficacy for PTSD symptoms [13]. Among these, a number of trauma-focused cognitive-behavioral interventions have established empirical support in the treatment of childhood PTSD. Cognitive behavioral therapy (CBT) provides useful tools for treating broad spectrum symptoms, including childhood trauma care. CBT techniques aim to improve the patient’s condition. The patient learns to manage thoughts related to the traumatic experience, through the modification of dysfunctional contents. These dysfunctional thoughts are recognized as cognitive distortions, and not as real facts. This ensures the promotion of greater well-being in the individual

[14]. CBT works on two levels: behavioral and cognitive. At the behavioral level, the patient receives support and regains control of life. In addition, the patient manages to control anxiety through muscle relaxation techniques. Muscle relaxation techniques aim to desensitize the perception of threat related to physical sensations. This reduces symptoms and promotes greater body control. At the cognitive level, the patient learns to recognize the intrusive nature of his thoughts, the brooding or ruminative components. Through Detached Mindfulness techniques, the aim is to refocus attention on other aspects of experience in the present moment. Detached Mindfulness techniques have aim to interrupt all the cognitive and behavioral processes that suppress the unwanted internal event, but with the result of reinforcing and exaggerating it, such as rumination. Over time, CBT models have been developed for the treatment of PTSD in childhood, such as Trauma-Focused Cognitive Behavior Therapy (TF-CBT) [15]. TF- CBT is an effective therapy for reducing the symptoms of different traumatic experiences in children and adolescents aged between 3 and 18 years. An important element of this therapy is the involvement of the caregiver [16]. Caregiver participation develops better understanding of trauma and acquisition of parenting skills. But, on the other hand, the child may be missing some key aspects that directly involve the caregiver. Moreover, through the use of the video-feedback technique [17] is possible to promote metacognitive skills in the parent, such as reflection and understanding of the mental states of others. The video-feedback promotes in the parent the reflection on the effects of their actions on the child, both at an emotional and behavioral level [18]. The researchers are still at the beginning of research on trauma and PTSD during childhood and adolescents. Therefore, more studies are needed in this area to meet younger patients' needs [19]. The family system is the first place where the child has his first experiences, which are fundamental for building his future. For this reason, it is important to work with the family system, in order to prevent the formation of a dysfunctional system that leads to maladaptive outcomes in the child's life, as PTSD [20-22].

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