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Trauma-focused cognitive behavioral therapy for children and adolescents with PTSD

Monica Phillips and Meghan Schrom

Case

Lily is a six-year-old multiracial girl who has recently been entered into the foster care system and has no other known siblings. Her mother was arrested while Lily was present and she does not know her father. Lily's teachers reported drastic personality changes, including lack of motivation to participate, isolating herself during recess and lunch times, bursts of anger, loss of appetite, and noticeable fatigue. She has been referred to an outpatient pediatric occupational therapy clinic that specializes in trauma-informed care and interventions.



1 Ask: Research Question

Is Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) an effective intervention to treat PTSD symptoms in children?

TF-CBT core components: exposure, cognitive processing/reframing, stress management, parental treatment, psychoeducation.

2a Acquire: Search Terms

Patient/Client group: Children exposed to trauma Intervention: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Comparison: waitlist/no intervention or alternative interventions. Outcome: improvement in PTSD and co-occurring depression symptoms.

Search Terms: children, trauma, experienced, exposure, PTSD, occupational therapy, interventions, maltreatment, behavioral issues, childhood trauma, self-regulation, CBT

Databases: ClinicalKey, ProQuest, PubMed, Cochrane Library

2b Acquire: Selected Articles

Cary & McMillen (2012): A systematic review that investigated the effectiveness of TF-CBT in reducing symptoms of PTSD, depression, and behavior problems in children and youth who experienced trauma.

Lenz & Hollenbaugh (2017): A meta-analysis that evaluated the effectiveness of TF-CBT for treating PTSD and co-occurring depression symptoms in children and adolescents.

Scheeringa et al. (2011): A randomized controlled trial (RCT) that examined the effectiveness of TF-CBT as an intervention for three to six-year-old children who experienced heterogeneous types of trauma.

3a Appraise: Study Quality

Cary & McMIllen (2012): Level I, 10 studies were reviewed. All studies used a controlled, randomized design and widely-used measurement scales. Lack of homogenous administration of treatment.

Lenz & Hollenbaugh (2017): Level I, 21 peer-reviewed studies analyzed. Limited information provided, such as administration standards for studies included.

Scheeringa et al. (2011): Level II, n=75 (30 with complete data). Results indicated that TF-CBT may need to be adapted for feasibility with especially young children. Lack of information provided, such as recruitment process and backgrounds of participants. High level of attrition.

- **3b** Appraise: Study Results TF-CBT is an effective intervention for reducing PTSD symptoms, as well as co-occurring depression in children and adolescents who have been exposed to various types of trauma. Compared to the group that did not receive initial treatment, TF-CBT had a large effect size of -1.48, p<.01 in reduction of PTSD symptoms and a medium to large effect size of -.78, p<.01 in reduction of depression symptoms. Similar treatment interventions that are composed of some of the core components of TF-CBT have a similar degree of effectiveness.
- **4** Apply: Conclusions for Practice TF-CBT is an effective approach to treating children and adolescents due to its significant effectiveness in reducing symptoms of PTSD and co-occurring depression. PTSD symptoms include: irritability, reckless behaviors, re-occurring nightmares, anxiety, gastrointestinal issues, avoidance, altered cognitive functioning, etc. Parent involvement during treatment is extremely important to the child's success. It may be difficult to implement with younger children (below 5 y.o.) due to their inability to understand and verbalize some of the required tasks, but it is generalizable to older children regardless of gender, ethnicity, or type of trauma. Similar interventions that are comprised of the core principles of TF-CBT are almost just as effective in the reduction of these symptoms. TF-CBT provides both immediate and long-term improvements in PTSD symptoms for children and adolescents. Prior to TF-CBT, occupational therapists should receive at least some degree of formal training in the program.

TF-CBT is an effective intervention for reducing PTSD symptoms in children who have experienced trauma.



References:

Cary, C.E., & McMillen, J.C. (2012). The data behind the dissemination: A systematic review of trauma-focused cognitive behavioral therapy for use with children and youth. *Children and Youth Services Review, 34*, 748-757.

Lenz, A.S., & Hollenbaugh, K.M. (2015). Meta-analysis of trauma-focused cognitive behavioral therapy for treating PTSD and co-occurring depression among children and adolescents. Counseling Outcome Research and Evaluation, 6(1), 18-32. DOI:10.1177/2150137815573790

Scheeringa, M.S., Weems, C.F., Cohen, J.A., Amaya-Jackson, L., & Guthrie, D. (2011). Trauma-focused cognitive-behavioral therapy for posttraumatic stress disorder in three through six year-old children: a randomized clinical trial. *Journal of Child Psychology and Psychiatry, 52*(8), 853–860. doi:10.1111/j.1469-7610.2010.02354.x