PTSD In Early Childhood: DSM-5 and Beyond

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Charles H. Zeanah, M.D.
Section of Child and Adolescent Psychiatry
Departments of Psychiatry and Pediatrics

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Traumatic Experiences in Early Childhood

- Witnessing partner violence
- Witnessing community violence
- Witnessing parental homicide
- Sudden death of parent (figure)/loved one
- Missile attacks/war experiences
- Physical or sexual abuse
- Motor vehicle accidents
- Animal attacks
- Repeated, painful medical procedures
- Natural and unnatural disasters

PTSD

Fear remains when there is no tiger

PTSD DSM-IV criteria

- Exposure to trauma
  - Fear, helplessness or horror
- Re-experiencing (1)
- Avoidance/Numbing (3)
- Hyperarousal (2)
- Impairment
- One month duration

The Problem

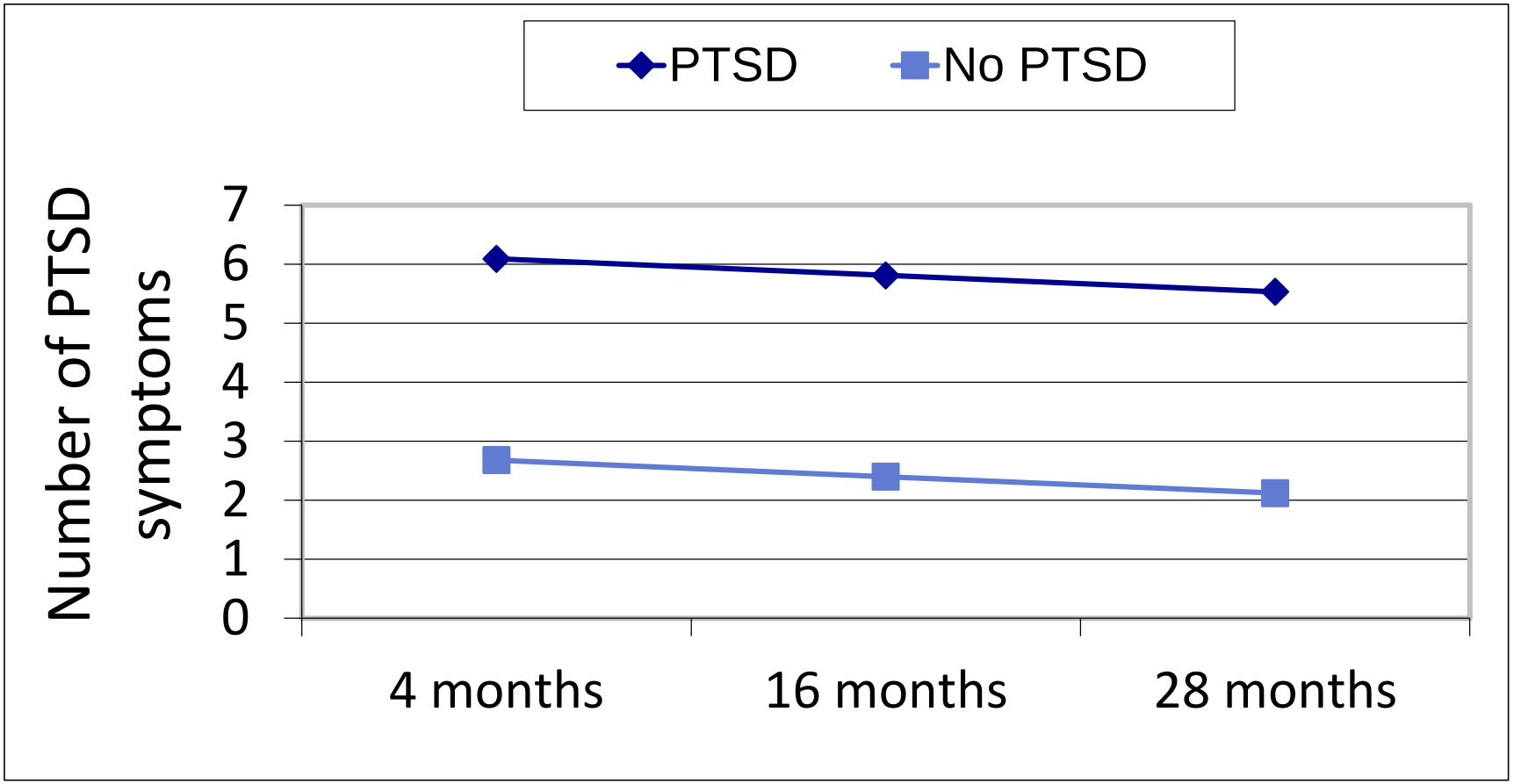
Table 1. Studies of PTSD in Preschool Children Comparing DSM-IV and PTSD-AA Criteria

Citation	Age	N	Sample	Traumatic Events	DSM-IV Diagnosis	PTSD-AA Diagnosis
Scheeringa et al., 1995	1-3 yrs	12	Severely traumatized, clinic referred	Mixed	13%	69%[a]
Scheeringa et al., 2001	1-3 yrs	15	Severely traumatized, clinic referred	Mixed	20%	60%[a]
Levendosky et al., 2002	3-5 yrs	62	Recruited	Domestic violence	3%	26%[a]
Ohmi et al., 2002	2-6 yrs	32	Recruited	Gas explosion in nursery school	0%	25%[a]
Scheeringa et al., 2003	1-6 yrs	62	Recruited	Mixed	0%	26%[b]
Stoddard et al., 2006	1-3 yrs	52	Referred from burn unit	Burns	Not reported	29%[b,c]
Egger et al., 2006	2-5 yrs	314	Community (Pediatric Clinic)	Mixed	0.2%	0.6%
Scheeringa et al., 2006	1-6 yrs	21	Recruited from Level I Trauma Center	Mixed	4.8%	14.3%
Scheeringa et al., personal communication	3-6 yrs	276	Traumatized and recruited	MVA, DV, Hurricane	12%	41% [b]
Gleason, personal communication	2-5 yrs	349	Community (Pediatric Clinic)	Mixed	0%	0.2%
Ghosh-Ippen, et al., personal communication	0-6 yrs	158	Recruited	Domestic violence	0-3: 2% 4-6: 1%	0-3: 47%[a] 4-6: 39%[a]

Alternative algorithm

- Head to head, more children are identified
- 2 studies have looked at the predictive validity—signs are stable
- Criterion validity:
  - PTSD-AA
    - fewest symptom in unexposed,
    - intermediate in traumatized non-PTSD
    - most in traumatized with PTSD.
  - DSM-IV
    - no relationship

Course of PTSD Symptomatology



Scheeringa et al., 2005

DSM 5 PTSD (preschool subtype)

- Exposure to a traumatic event
- Re-experiencing (1)
- Avoidance or
- Negative alteration in mood or cognition (1)
- Hyperarousal (2)
- One month duration
- Impairment in functioning

Reactions at the time of event

Acute Reaction	PTSD	Subclinical PTSD
Surprise	66%	61%
Fear	85%	80%
Helplessness	62%	46%
Worry	64%	36%
Sadness	87%	79%
Anger	45%	36%
Numbness	22%	10%
Other Emotional	9%	7%
Cry	69%	62%
Scream	48%	40%
Physically agitated	51%	29%
Aggressive (people)	27%	18%
Aggressive (things)	20%	9%
Confused	70%	53%
Quiet	47%	39%
Feeling sick	19%	6%
Other Behavioral	8%	8%

Post Katrina	Stayed n=24	Evacuated n=46
PTSD diagnosis	62.5%	43.5%
MDD diagnosis	12.5%	26.1%
ADHD diagnosis	34.8%	20.0%
ODD diagnosis	30.4%	35.6%
SAD diagnosis	17.4%	13.3%
PTSD signs	6.7	5.1*
MDD signs	2.7	2.5
ADHD signs	6.0	4.5
ODD signs	3.4	3.0
SAD signs	2.2	1.5*

* $p < 0.05$

Signs of Re-Experiencing

- Play re-enactments
- Posttraumatic play
- Recurrent recollections/preoccupation
- Nightmares
- Distress at reminders
- Dissociative reactions

Avoidance of Reminders/ Alterations in Mood or Cognition

- Avoidance of reminders
- Substantially increased frequency of negative emotional states -- for example, fear, guilt, sadness, shame or confusion.
- Diminished interested in activities; play constriction
- Social withdrawal
- Emotional dampening or restricted positive affect

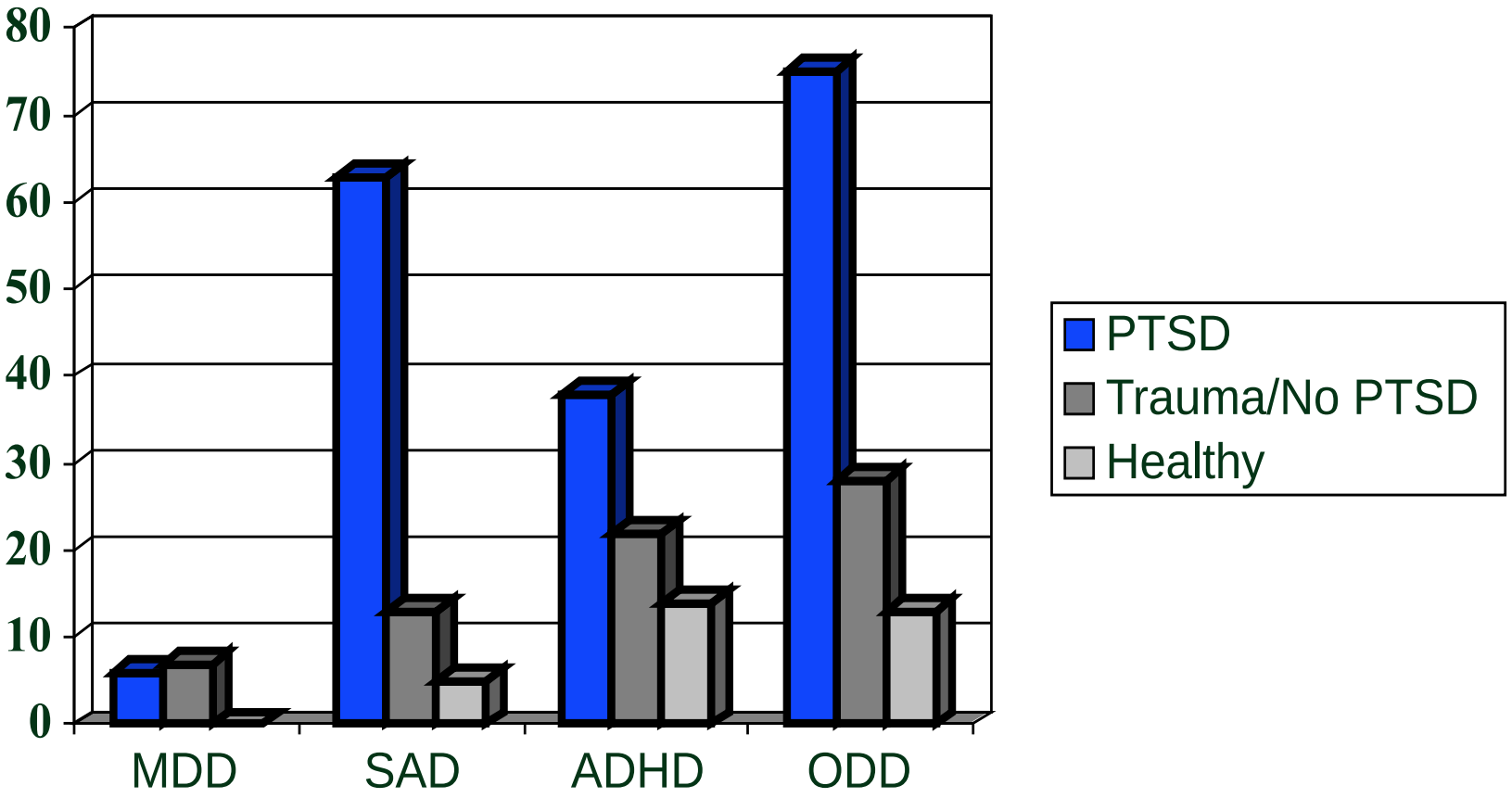
Signs of Hyperarousal

- Exaggerated startle reaction
- Increased distractibility and decreased concentration
- Hypervigilance
- Persistent irritability and tantrums

Co-Morbidity

PTSD Comorbidity

Mixed Trauma Sample



Scheeringa et al., 2003

Comorbidity of PTSD in Early Childhood

- 78.6% of these disorders ***not present before*** the traumatic event
- Not vulnerability factors but rather result from the traumatic experience

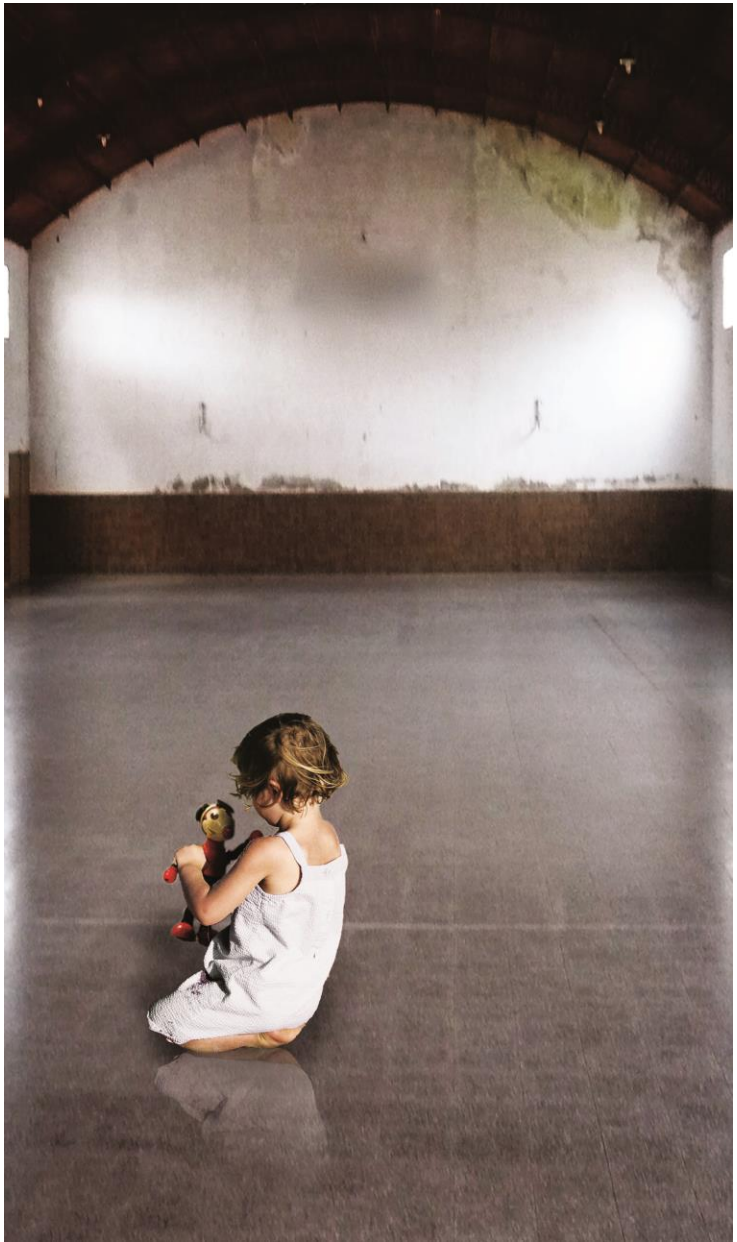
Post Katrina Psychopathology

- Of the children with new onset (non-PTSD) disorders:
  - 53% had diagnosis of PTSD
  - 47% had sub-clinical PTSD symptomatology (mean 6.4 signs of PTSD)
  - 0 children developed new non-PTSD disorder in the absence of new PTSD symptoms

This child might have PTSD

- Trauma exposure plus any of these…
  - Poor concentration
  - Agitation
  - Emotional dysregulation
  - Social withdrawal
  - Aggression
  - Defiant behavior
  - Separation anxiety
  - Phobias (specific or social)
  - Irritability
  - Sleep disturbance

Assessment



Structured Interviews

- Omnibus measures
  - Preschool Age Psychiatric Assessment
    - Egger and Angold
  - Diagnostic Infant/Preschool Assessment
    - Scheeringa
- Posttraumatic Stress Disorder
  - Posttraumatic Stress Responses in Infancy and Early Childhood Interview (P.I.E.)
    - Ghosh Ippen et al.
  - Semi-Structured Interview and Observational Record for Infants and Young Children
    - Scheeringa and Zeanah

Key Features of Assessment

- Type of traumatic event or circumstance
- Age and developmental level before and after trauma
- Actual and psychological proximity of events
- Acute or chronic trauma
- Symptom picture, post-traumatic and otherwise
- Relationship of victim to perpetrator

Key Features of Assessment

- Relationships with caregivers prior to and after the trauma, including threat to caregiver
- Safety and stability of current living situation, including routines and structure
- Degree of protection in child's environment
- Strengths of family, protective factors

Treatment

Barriers to Treatment in Young Children

- Too young to be affected
  - reasonably large evidence base
- Symptoms fit the experience
    - "of course the child is symptomatic—consider what they experienced"
- Will grow out of it
    - watchful waiting not a plan in case of trauma
- Attending to trauma make symptoms worse
  - "Don't focus on symptoms—this will exacerbate them"
- Lack of awareness of effects
  - Now you know
- Lack of resources

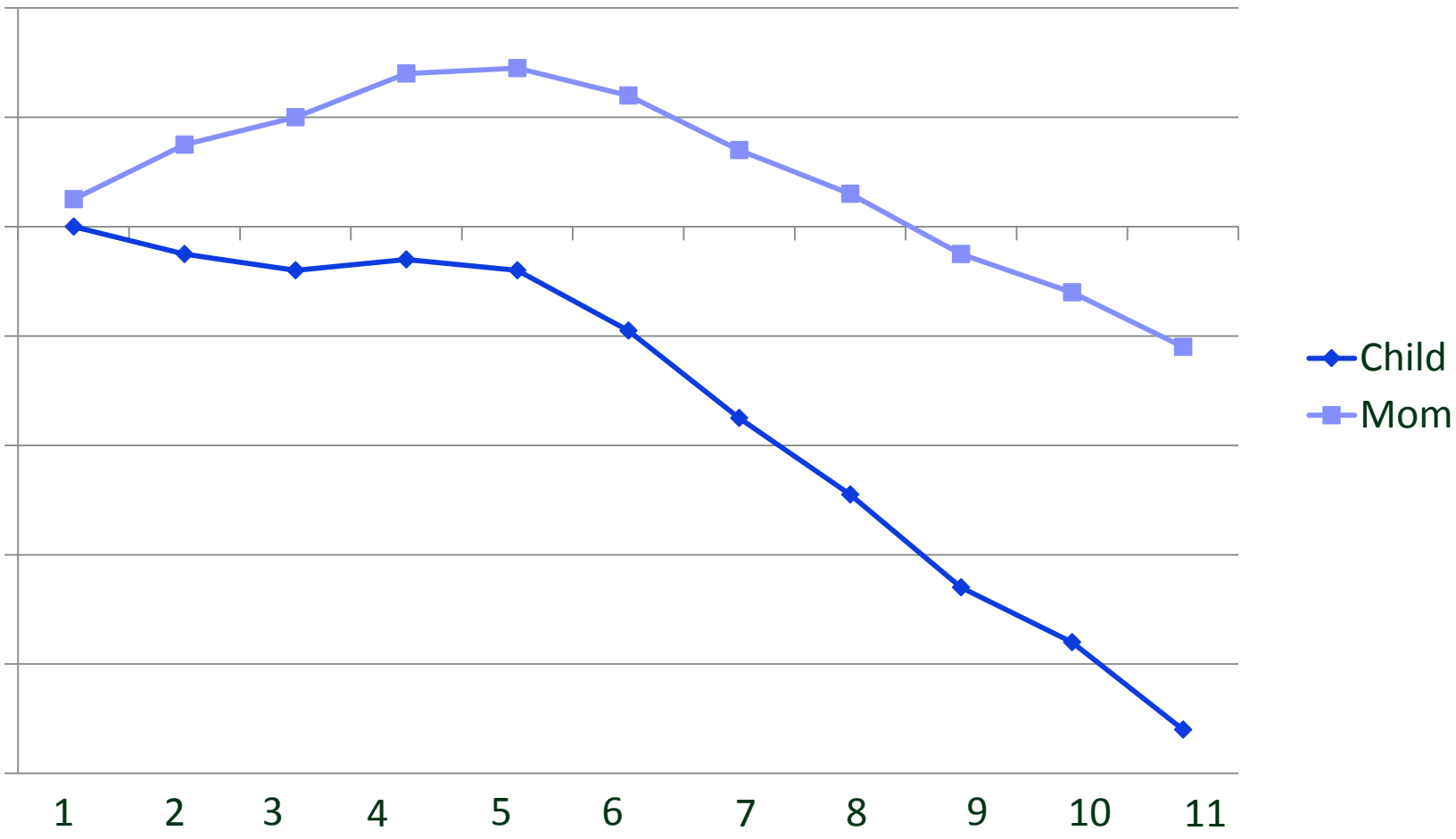
Treatment of PTSD in Young Children (RCTs)

- Cohen & Mannerino (2003)
  - Cognitive Behavioral Therapy
    - Sexually abused preschool girls
- Lieberman et al. (2005)
  - Child Parent Psychotherapy
    - Partner violence
- Scheeringa et al. (2011)
  - Cognitive Behavioral Therapy
    - Mixed traumatic experiences

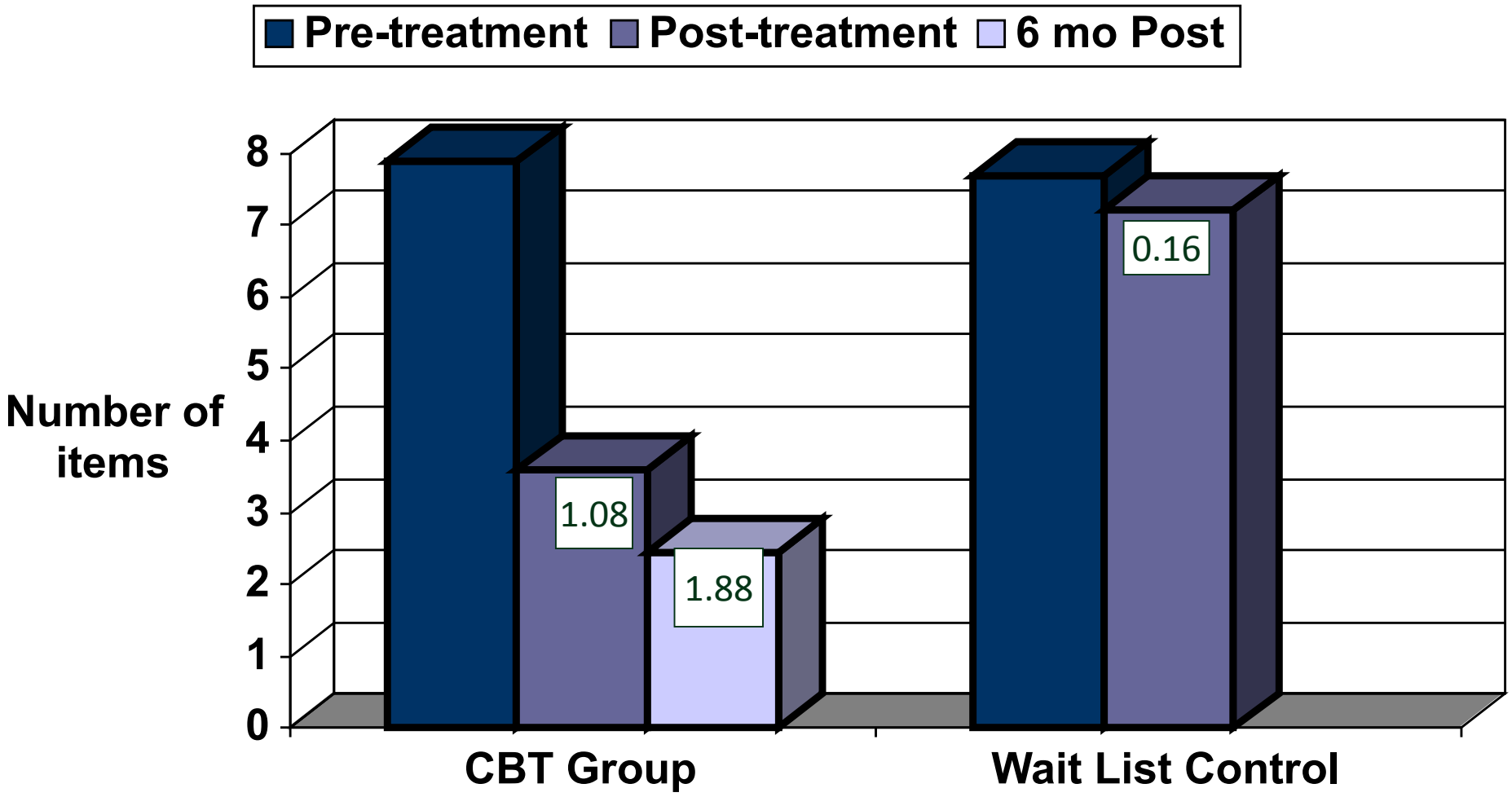
CBT Sessions for Preschool Children

- Session 1--Intro and psychoeducation
- Session 2-4--Oppositional behavior
- Session 5—Tell story and create hierarchy
- Session 6-8—Easy and medium level exposure
- Session 9-11—Most frightening exposure
- Session 12—Review and graduate

Case W. Weekly Changes



Pre- and post-treatment symptomatology



Scheeringa et al. (2011)

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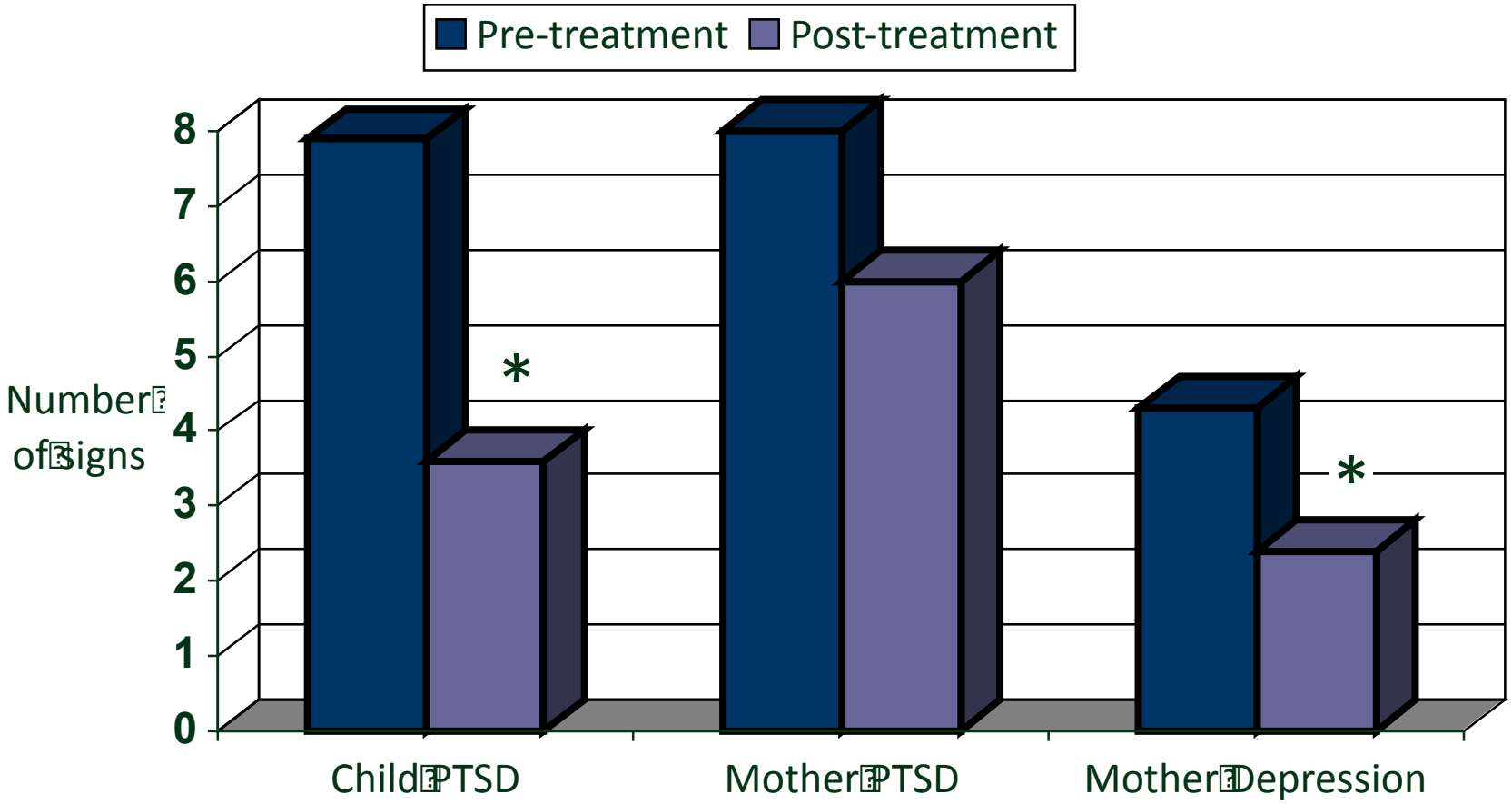
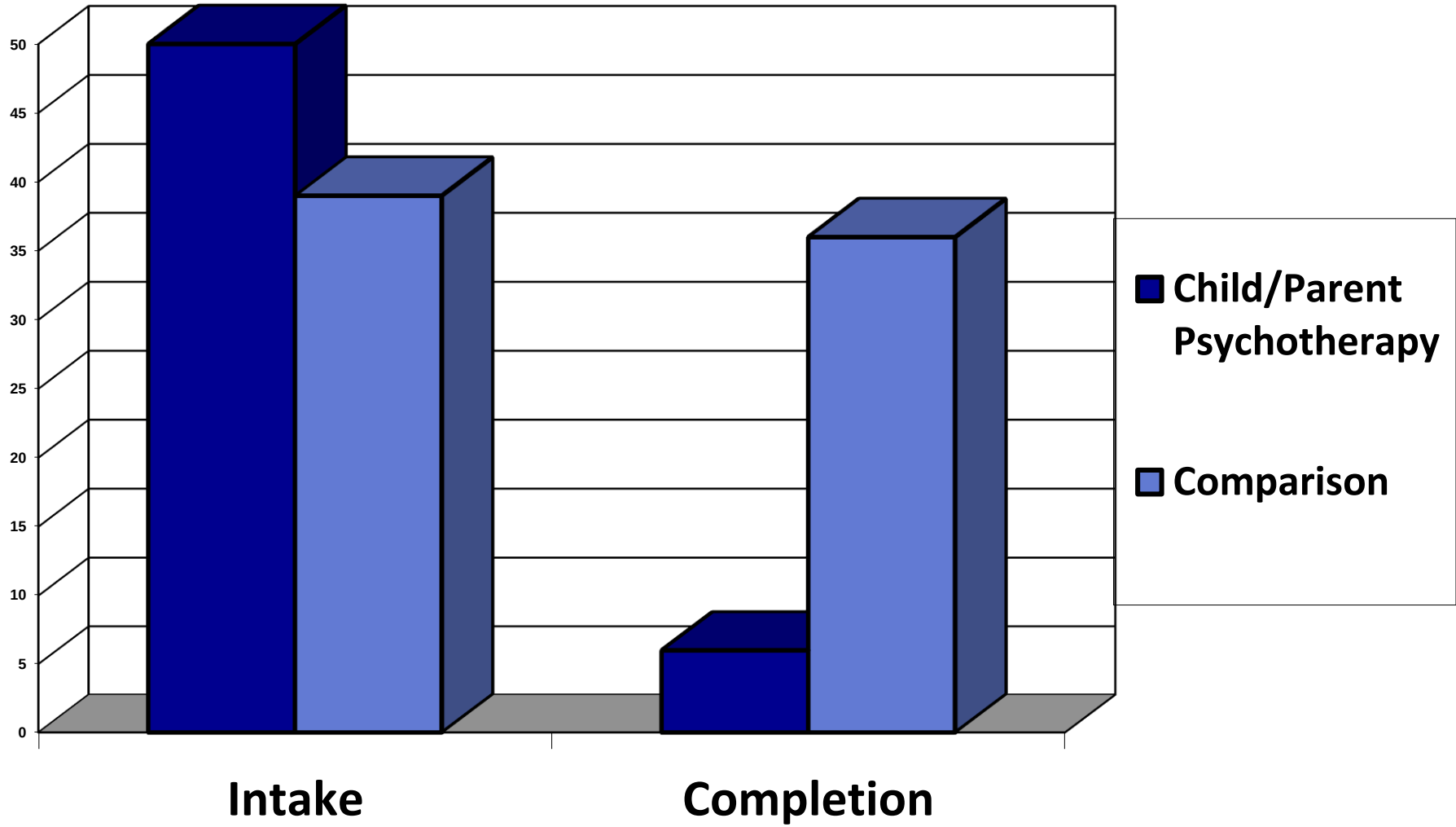


Scheeringa et al. (2011)

Child Parent Psychotherapy for Traumatized Young Children

- Randomized controlled trial of CPP vs. case management and treatment in community
- Young children (3-5 years) and mothers who had experienced serious partner violence
- Dose
  - CPP group attended 34.29 sessions (*SD* = 13.24).
  - Comparison group, 73% (*n* = 22) of mothers and 55% (*n* = 17) of children received individual treatment, with 50% of the mothers and 65% of the children receiving over 20 individual sessions.

Percentage of Children Diagnosed with PTSD



Lieberman, Van Horn & Ippen, 2005

Case Study of Treatment

Final Points

- Trauma exposure is quite common in young children and PTSD is likely frequently missed.
- PTSD is hard to identify without specialized expertise and systematic assessment.
- Any children with new onset psychiatric symptoms following trauma exposure should be referred for evaluation of PTSD.
- Young children with PTSD do not often improve spontaneously or “grow out of it.”
- RCTs supporting both CPP and CBT—not any treatment will do.

Thanks!

czeanah@tulane.edu

Tulane University