

POST-TRAUMATIC STRESS DISORDER Factsheet

August 2021

How is PTSD relevant for children and adolescents?

Traumatic events are highly prevalent in childhood and adolescence. PTSD is often chronic and has immense personal and social costs, and the prognosis for recovery without adequate treatment is poor. Therefore, early and effective treatment is important.

What is the evidence for psychological therapies for PTSD in children and adolescents?

Moderate quality evidence found a large improvement in PTSD symptoms with psychological treatments by the end of treatment, and a medium-sized improvement by six months post-treatment when compared to untreated or waitlist controls. Compared to treatment as usual or active controls, there were small to medium-sized improvements in PTSD symptoms by the end of treatment and by six months post-treatment. Depression and anxiety symptoms also improved, although to a lesser extent. Studies with older patients, more females, and higher-quality studies reported the largest effect sizes. Individual treatments showed larger effect sizes than group treatments. Treatments that involved caretakers showed larger effect sizes than those involving children/adolescents alone. Studies with more treatment time reported larger effect sizes than shorter treatments. School-based therapies were also effective. There were no influencing effects of trauma type on PTSD symptom outcomes.

For individual psychological therapies compared to waitlist/no treatment, moderate to low quality evidence found the following therapies were effective (in descending order of effect); cognitive therapy for PTSD (individual trauma-focussed cognitive behavioural therapy [CBT]), combined somatic/cognitive therapies, child-parent psychotherapy, combined trauma-focussed CBT plus parent training, meditation, narrative exposure, exposure/prolonged exposure, play therapy, Cohen trauma-focussed CBT/cognitive processing therapy, and eye movement desensitisation reprocessing [EMDR]. At 1-4 months post-treatment, combined somatic/cognitive therapies, Cohen trauma-focussed CBT/cognitive processing therapy, combined trauma-focussed CBT plus parent training, and narrative exposure all continued to show large effects. There were no significant improvements in symptoms with parent training alone, supportive counselling, or family therapy. Cognitive therapy for PTSD was the most cost-effective intervention, followed by narrative exposure, EMDR, parent training, and group trauma-focussed CBT. Family therapy and supportive counselling were the least cost-effective options.

For children in low and middle-income countries, moderate to low quality evidence found improvements in PTSD symptoms post-treatment with any psychosocial therapy and at follow up (up to one year). Most improvements were found in the children aged 15-18 years, in non-displaced children, and in children living in smaller households (<6 members). Depression, functioning, hope, coping, and social support also improved. There was a strong relationship between improvements in functioning and improvements in PTSD symptoms. Interventions delivered by trained, non-specialist lay health workers in schools improved PTSD symptoms, depression, and functioning.

For more information see the technical table



NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about PTSD and its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone 1300 888 019 or make a secure donation at neura.edu.au/donate

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