Assessment and Treatment of Very Young Children Victims of Trauma: Resources for Clinicians

Michael Scheeringa, MD, MPH and colleagues have pioneered assessment and treatment techniques with hundreds of preschool children since 1993 at Tulane University. In addition to providing treatment, part of their mission is education about the impact of trauma exposure and increase the identification and treatment of these children. Based on their work with victims of Hurricane Katrina, accidental injuries, violence exposure, maltreatment, and many other types of trauma, below are some common answers to questions about assessment and treatment for very young children.

Assessment Tips

- **Posttraumatic stress disorder (PTSD) is the core psychological injury.** Comorbidity of other syndromes with PTSD is very common, but it is not nearly as confusing as some studies suggest. Studies by McMillen et al (2002) with adults and Scheeringa et al. (2008) with young children and their caregivers have shown that non-PTSD disorders rarely arise in the absence of PTSD symptoms following traumas. While other symptoms are important, they are not the core psychological disturbance. The most efficient, evidence-based method to identify children who need help following trauma is to screen for PTSD.

- **PTSD is well-validated in very young children** (De Young, Kenardy, and Cobham, 2011; Scheeringa, Zeanah, and Cohen, 2011). The DSM-5 will include a modified diagnosis for PTSD for young children as the first developmental subtype of a disorder in the history of the DSM taxonomy.

- **PTSD is one of the most difficult syndromes to assess** and is often misunderstood and missed. For more on challenges and recommendations for assessment see Cohen and Scheeringa (2009) and Scheeringa (2011).

- For more information on assessment and trauma reactions in children, visit the National Child Traumatic Stress Network at [www.nctsn.org](http://www.nctsn.org).

Assessment Tools

All of the following tools are public domain, can be reproduced as needed, and are free to download at the Tulane Institute of Infant and Early Childhood Mental Health website, [www.infantinstitute.org](http://www.infantinstitute.org).

- **Screen.** The Young Child PTSD Screen (YCPS) is a 6-item screen. Items were chosen empirically on studies from over 500 preschool children.
Checklist. The Young Child PTSD Checklist (YCPC) is a 24-item questionnaire. Nineteen items cover all of the DSM-IV PTSD symptoms and five items cover symptoms that empirically have been found to be common in this age group. In addition, there are 6 functional impairment items.

Interview. The Diagnostic Infant and Preschool Assessment (DIPA) is a diagnostic interview of caregivers of preschool children (Scheeringa and Haslett, 2010). The DIPA covers 14 disorders. The PTSD module was based on and replaced the PTSD Semi-Structured Interview and Observational Record for Infants and Young Children.

The YCPS, YCPC, and DIPA PTSD module each include an inventory of traumatic events. This measures 12 types of traumatic events plus frequencies and dates of onsets.

Others have developed measures that cover a broader range of syndromes and problems than PTSD but these can be longer or yield scores that can be more challenging to interpret.

Treatment for Very Young Children

- If emotional or behavioral problems persist after the first month, it is time to seek help. PTSD symptoms can be chronic (Scheeringa et al., 2005). If they persist after the first month, they are likely to remain for years.

- Posttraumatic symptoms are very treatable in young children. Some children improve in a few sessions, and others need 10-15 sessions of evidence-based therapies such as cognitive behavioral therapy (CBT) (Deblinger et al., 2001; Cohen and Mannarino, 1996; Scheeringa et al., 2007, 2011).

- Scheeringa et al. (2011) showed that CBT techniques are feasible and effective in 3-6 years old children for a variety of types of traumas. Their 12-session CBT manual is public domain and free to download at www.infantinstitute.org. Training in this model is available upon request to Dr. Scheeringa at mscheer@tulane.edu.

- Other structured treatments could also be effective, such as the trauma-focused CBT model (Cohen et al., 2004) or eye movement desensitization and reprocessing (EMDR). Play therapy has been shown to be effective in some case studies (Gaensbauer and Siegel, 1995), but the therapy must involve an emotional engagement with the trauma memories (Zoellner et al., 2001).

- Effective treatment of PTSD symptoms also results in decreases in symptoms of other disorders including oppositional behavior and other anxiety symptoms (Scheeringa et al., 2011).

- If loved ones died in the trauma, grief may be another important issue that needs special treatment.

- Approximately 30-40% of children exposed to traumatic events develop significant symptoms of PTSD, and approximately 20% of preschool children in non-high risk environments are exposed to at least one traumatic event. Screening and assessment in communities where violence exposure and traumatic events are common is critical.
Literature Cited


