# Post-Traumatic Stress Disorder (PTSD) in Children under Age 6

## Level 0
Comprehensive assessment includes: Focusing on child’s safety, current symptoms and family functioning *(see Principles of Practice).*

- Assessment of ongoing trauma in the context of the environment including: history of abuse (physical, sexual, neglect), traumatic life events, domestic violence, economic instability, etc.
- Review that all safety concerns (i.e., child abuse) have been reported to the appropriate agencies and/or make any mandated reports based on history.
- A comprehensive assessment of psychiatric symptoms and co-morbidities, as well as impairment from these symptoms and disorders.
- Thorough assessment of developmental, medical history, family structure, and parent-child relationship.
- An assessment of family psychiatric history, including past and current history of parental psychiatric illnesses, substance abuse and treatment history of parents, parental figures (e.g., step parent), siblings, and other relatives.

## Level 1
Psychotherapy such as CBT (4 months) or Child Parent Psychotherapy (6 months).

## Level 2
If poor response, to psychosocial treatment after 4 to 6 months, consider switch to different therapy, assess for ongoing trauma exposure, co-morbidity, and caregiver impairment. Additionally, may consider evidence based methods of behavior management in children with co-morbid behavior problems (Parent Management Training, Parent Child Interaction Therapy).

## Not Recommended:
- The use of medication to treat PTSD in this age group.
### Level 0

Comprehensive assessment includes:

- Use of standardized measures:
  - Juvenile Victimization Questionnaire
  - Trauma History component of the University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index (UCLA-PTSD RI)
- For specific PTSD symptoms, clinicians may use:
  - University of California at Los Angeles Posttraumatic Stress Disorder Reaction index for DSM-5 (a self-report and parent report measure of symptoms)
  - Child PTSD Symptom Scale
- Assessment of ongoing trauma in the context of the environment including history of abuse (physical, sexual, neglect), traumatic life events, domestic violence, economic instability, etc.
- Review that all safety concerns (i.e., child abuse) have been reported to the appropriate agencies and/or make any mandated reports based on history.
- A comprehensive assessment of psychiatric symptoms and co-morbidities, as well as impairment from these symptoms and disorders.
- Thorough assessment of developmental, medical history, family structure, and parent-child relationship.
- An assessment of family psychiatric history, including: past and current history of parental psychiatric illnesses, substance abuse and treatment history of parents, parental figures (e.g., step parent), siblings, and other relatives.

### Level 1

Trauma-focused cognitive behavioral therapy (TF-CBT)

### Level 2

Other psychosocial interventions including:

- Prolonged Exposure therapy
- Cognitive behavioral therapy for PTSD
- Eye Movement Desensitization and Reprocessing therapy
- KIDNET (a child friendly version of Narrative Exposure Therapy or NET)
Post-Traumatic Stress Disorder (PTSD) in Children and Adolescents Ages 6 to 17 Years Old (continued)

Level 3
Re-evaluate and reassess for new or ongoing safety concerns.

✦ Refer to Principles of Practice.

✦ For symptoms of sleep problems, intrusive symptoms or increased arousal/reactivity, may consider psychotherapy augmentation with clonidine, guanfacine, prazosin (nightmares and sleep disturbances only).

✦ Re-assess diagnosis and refer to specialist if not already done for persistent trauma exposure.

✦ Assess that family has received supportive treatment.

Not Recommended:

✦ SSRIs in the absence of comorbidities are not recommended because of several negative trials.

✦ Benzodiazepines are not recommended.

✦ No pharmacotherapy has proved to be effective for secondary prevention of PTSD in children.

Notes:
1. Not every trauma results in PTSD.
2. No FDA approved medications listed in Level 3. Limited evidence of efficacy for agents listed in Level 3.

References
