

Indicated and Selective Preventive Interventions

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KEYWORDS

- Posttraumatic stress • Posttraumatic stress disorder • Preventive interventions
- Child trauma

KEY POINTS

- The number of children exposed to trauma each year necessitates intervention to prevent the onset and reduce the severity of emotional reactions to trauma.
- Current evidence on how to best prevent negative emotional reactions in children exposed to trauma suggests that interventions include psychoeducation, parent-child communication, skill building, and a family focus. However, a gold standard for selective and indicated preventive interventions has yet to be established.
- More research on preventive interventions is needed. To inform interventions, future research should aim to identify other factors and their interrelationships involved in the development of posttraumatic stress symptoms or other emotional reactions.

INTRODUCTION

Exposure to potentially traumatic events during childhood is an unavoidable fact of life for most children. A potentially traumatic event (PTE) can be defined as one in which an individual experiences or witnesses actual or threatened death or serious injury to one's self or others.¹ Epidemiologic research has indicated that many youth are exposed to 1 or more traumatic events in their lifetimes.² For example, each year millions of children are involved in family violence,³ incur injuries,⁴ battle severe and/or chronic illnesses,⁵ or experience a natural disaster.⁶ Many children subsequently develop significant posttraumatic stress symptoms (PTSS) or other negative emotional reactions following these traumatic experiences.⁷⁻¹³ DSM-5 (*Diagnostic*

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Abbreviations	
ADAPT	After deployment: adaptive parenting tools
CFTSI	Child and family traumatic stress intervention
CISD	Critical incident stress debriefing
FOCUS	Families overcoming under stress
PTE	Potentially traumatic event
PTSD	Posttraumatic stress disorder
PTSS	Post-traumatic stress symptoms
RCT	Randomized controlled trial
SFSF	Strong families strong forces
SPR	Skills for psychological recovery

and *Statistical Manual of Mental Disorders*, 5th edition) criteria for posttraumatic stress disorder (PTSD) include symptoms of intrusion (eg, recurrent distressing memories, flashbacks), avoidance (eg, not thinking about the PTE), alterations in cognition and mood (eg, unrealistic thoughts about the cause of the trauma), and hyperarousal (eg, irritability, exaggerated startle response).¹ In addition to causing distress for children and families, PTSS are also related to worse functional outcomes.¹⁴⁻¹⁶

Early interventions for children exposed to a PTE can help prevent chronic PTSS/PTSD. Prevention refers to measures taken to prevent diseases or injuries rather than curing them or treating their symptoms. In this article, the discussion of preventive interventions refers to the prevention of PTSS and other negative emotional reactions (eg, depression, anxiety) following exposure to PTE. Preventive interventions can be categorized as universal, selective, or indicated. It should be noted that there are several ways to define these categories. This article uses Vernberg's (2002) definition,¹⁷ whereby universal interventions are defined as those provided to all children following a large-scale trauma. (See the article by Pfefferbaum elsewhere in this issue for a review of universal interventions.) Selective prevention is designed for individuals with significant PTSS but without additional risk factors for long-term impairment of functioning. Here the authors consider selective prevention for all persons who have been exposed to a PTE and who are demonstrating distress or dysfunction. Indicated prevention is designed for individuals or groups who exhibit marked distress, early PTSS, and other comorbid symptoms, or other risk factors for poor long-term outcomes in regard to mental health.¹⁷

Although selective and indicated preventive interventions for children after trauma are in their infancy, several have promising results. Across these interventions, common elements include providing psychoeducation, involving the family, and encouraging child-parent communication. **Table 1** summarizes selective and indicated interventions.

REVIEW OF THE PERTINENT LITERATURE

Prevalence of PTE Exposure and PTSS in Children

Trauma exposure during childhood is an unfortunately common experience. In the United States alone, a nationally representative telephone survey indicated that 60% of children experienced or witnessed a PTE in the preceding year.² Worldwide, estimates suggest that millions more are exposed to PTE during childhood, including domestic and community violence,^{3,18} severe and/or chronic illnesses and injuries,⁵ and natural disasters.⁶ Compared with other age groups, adolescents are more likely to be exposed to PTEs such as being victimized, being involved in incidents outside of the home, experiencing threat to life, and suffering physical injuries.¹⁹ Anywhere from

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