

Therapy for PTSD May Help Troubled Youth

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ST. LOUIS — A short course of therapy lasting less than a week may significantly reduce posttraumatic stress disorder symptoms for youths in short-stay facilities, Adrianna R. Wechsler reported at the annual meeting of the Anxiety Disorders Association of America.

Ms. Wechsler and her colleagues at the University of Nevada, Las Vegas, said the study results indicate that Brief Therapy for Traumatized Children (BTTC) may provide an easy, effective therapy that could be used by schools, church youth groups, or other community outreach programs. The therapy was developed by Lisa M. Linning, Ph.D., a psychologist at the university.

Traumatized children are highly distressed, and their functioning and development are threatened by their trauma symptoms, said Ms. Wechsler, who led the research effort.

“The two key concerns within the field of child clinical psychology are, first, the



Brief Therapy for Traumatized Children can be used by schools and community groups.

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safety of these children, and second, the reestablishment of optimal childhood development,” she said.

After experiencing or witnessing an event with actual or threatened death or serious injury, a child may experience intense fear and develop such symptoms as reexperiencing the event; avoidance or numbing behavior; and increased arousal. Clinically significant symptoms lasting longer than 1 month indicate posttraumatic stress disorder (PTSD). Shorter periods warrant a diagnosis of acute stress disorder (ASD), Wechsler explained.

Dr. Linning developed BTTC with the goal of reducing PTSD symptoms in a rapidly moving, high-turnover setting. BTTC involved a maximum of six group therapy sessions of 90 minutes each among a group of 147 young volunteers at a Nevada crisis center.

“Our hope was that replacing the use of pretreatment avoidance coping that many of these adolescents use with more active coping strategies would yield the greatest symptom reduction,” Ms. Wechsler said.

By the end of the study, data on 58 ethnically diverse youths aged 12-17 years were available for study, and the mean number of sessions attended was four. Only 19 youths were able to attend all six sessions.

All 58 met the criteria for ASD or PTSD; almost half said they lived in a single-parent environment; four-fifths indicated that at least one family member had served time in prison; and almost half said there was regular drug or alcohol use in the home, she said.

The intervention was preceded by struc-

tured diagnostic interviews and three self-report questionnaires. The therapy sessions were administered by Dr. Linning with the assistance of two research assistants to help protect data integrity. The intervention was followed by follow-up interviews, and two self-report measures were collected.

Treatment components included psychoeducation; anxiety management techniques; mindfulness for self-monitoring; restructuring of cognitive distortions;

boundary setting; positive coping strategies; narrative and emotional expression; brief exposure therapy; and journaling.

Measurements were derived using the Anxiety Disorders Interview Schedule (child version), the Childhood PTSD Interview, the Coping Skills Inventory, the “When Bad Things Happen” scale, and the Youth Self-Report.

“In our satisfaction survey, 40 of the 58 youths described their therapy as helpful, and 51 felt that nothing about the thera-

py should be changed,” Ms. Wechsler said. “These are good results, considering that these children are perceived to be somewhat resistant to therapy.”

Structural equation modeling revealed that PTSD symptoms were significantly reduced. Also, regression equation modeling revealed that dissociation was a predictor of PTSD change.

Future studies should include longitudinal data and a control group for comparison, she said. ■



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