

Post-traumatic Stress disorder is a mental illness that can affect all ages. If acquired as a child or adolescent, PTSD can remain present throughout a persons life. In order to minimize this, accurate diagnosis and treatment are needed. However, there are difficulties in achieving this due to differences in diagnostic criteria and a lack of literature based on treating these age groups. Therefore, my research was based around PTSD in children and adolescents (aged 5 -18) and the existent literature around it.

“What difficulties presented in the diagnosis and treatment of PTSD in children and adolescents are found in literature over the last 10 years?”

Literature review:

- Danzi and La-Greca (2016) identified inconsistencies between the diagnostic criteria of DSM-IV, DSM V and ICD-11 in diagnosing PTSD in children. Of two sample groups, 31% of group 1 and 28% of group 2 met the criteria for diagnosis in all three systems.
- Verlinden et. al. (2015) found that 60% of those they diagnosed with PTSD in a population of 7-18 year olds had one or more co-morbid conditions.
- Literature indicates a higher proportion of female patients diagnosed than male (Suliman et. al., 2009)
- Pharmacological treatment has been deemed ineffective or has insufficient evidence of benefits for use with children and adolescents over psychotherapeutic treatment. (Drury & Henry, 2012).

Implications for practice/ Recommendations:

- With such differences between differences between diagnostic criteria, nurses have to be aware that a child or adolescent diagnosed under one criteria may fail another. More importantly, the reverse is true that a patient undiagnosed may meet a different set of criteria. Of the most prominent criteria, the ICD – 11 is the most sensitive, with the highest chance of detecting PTSD in this age group (Danzi & La-Greca, 2016).
- In caring for traumatized patients, its important for the RN to be mindful of any known causes of trauma, and avoid reminders that may make them feel uncomfortable or unsafe. For example, having a female sexual abuse victim be seen by a female RN. (S. Ford, Steinberg, Hawke, Levine and Zhang, 2012)
- Given the lack of evidence for pharmacological treatment in this age group, Cognitive Behavioral Therapies (CBT) may be used to treat the condition. For example, Eye Movement Desensitization and Reprocessing (EMDR) has been shown to be effective in enabling the treatment of memory based symptoms of PTSD in children and adolescents. (Ahmad, Larsson, & Sundelin-Wahlsten, 2007)

Conclusion:

Difficulties in diagnosing PTSD in children and adolescents are numerous, and present ongoing problems with providing treatment for this age group. These problems are compounded by the likely presence of co-morbidities that also further complicate treatment. Nurses should be aware of the potential for misdiagnosis and undiagnosed PTSD in their practice, and remember that their patients are more than just their illness, as each person must be treated as an individual to provide them with the treatment they need.

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Images:

Destiny Blue. (n.d). Depression. Retrieved on 10th May 2017 from <http://destinyblue.deviantart.com/art/Depression-534485738>

Destiny Blue. (n.d.), Trapped by School. Retrieved on 10th May 2017 from <http://destinyblue.deviantart.com/art/Trapped-by-School-357112365>

Rationale

I chose my research topic due to association with people who experienced P.T.S.D. in their childhood and experienced its complications in diagnosis and treatment in a young age group first-hand. In addition, I was concerned for children and adolescents who experienced the 2011 Christchurch earthquakes, and what effects it had on their mental health. To enable my research, I used the PECOT model (Riva et. al., 2012). My initial question was “To investigate the focus of literature concerning Post-Traumatic Stress Disorder (P.T.S.D.) in children and adolescents over the last ten years”. For the purposes of presenting the information, a more focused question was used: “What difficulties presented in the diagnosis and treatment of P.T.S.D. in children and adolescents are found in literature over the last 10 years?”

Presenting information in a visual format eases the structuring of information and increases accessibility to a wider audience. Producing posters has been demonstrated to enable nursing students to cement their knowledge and produce new ideas (Sorensen & Boland, 1991). By producing a poster, the creator may present their information and ideas to a large audience, opening it for critique and further development for both the subject matter and the creators communication skills. I feel that this method best opens the information for discussion.

PECOT Model

PECOT Category	Information Relating to Question	Explanation
Population	Children and adolescents	To determine the depth and range of literature specific to this age group
Exposure	Children or Adolescents diagnosed and/or treated for PTSD	I will be looking for articles that look specifically at reviewing diagnosis and/or treatment of P.T.S.D. in this age group.
Comparison/control	Children and/or adolescents not diagnosed or treated for P.T.S.D. Adults diagnosed and/or treated for P.T.S.D.	Adults are a known focus of P.T.S.D. research due to combat situations, for example, soldiers or police officers. I expect to be finding differences in diagnosis and or treatment practices between adults and children/adolescents. There are further comparisons to be made within this younger age group those diagnosed and/or treated for P.T.S.D. and those undiagnosed and/or untreated.
Outcome	To determine what difficulties may be present in diagnosing or treating children/adolescents.	To determine any difficulties that may be impeding progress in the development of diagnostic criteria or treatment techniques used for children and adolescents.
Timeframe	Over the period of the literature	The last 10 years of literature will be reviewed to keep the information on any difficulties encountered as current as possible.

References:

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