PTSD, CHILDREN, ADOLESCENTS 
AND THEIR FAMILIES

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A CLINICAL HANDBOOK / PRACTICAL THERAPIST MANUAL
For Assessing and Treating Adults with PTSD
Donald Meichenbaum, Ph. D.

600 Pages -- Softcover -- $50 US Funds + $5 Postage ($10 overseas)

Section I
-- Epidemiological And Diagnostic Information
-- Consider the nature and impact of natural, technological, and human-made disasters as evident in specific "victim populations"
-- Critique diagnostic alternatives and "stage" theories

Section II
-- Conceptualization of PTSD
-- Reviews alternative conceptualizations and offers a "constructive narrative perspective"

Section III
-- Assessment of PTSD
-- Comprehensive enumeration of PTSD and related measures of comorbidity
-- Describes a sequential gating assessment strategy
-- Considers potential "positive" effects
-- Includes the "best" clinical questions you can ask

Section IV
-- Cautions About Assessment
-- Consider the controversy over so-called "false memories"
-- How to help the helpers

Section V
-- Treatment Alternatives: A Critical Analysis
-- Critically evaluates pharmacological, exposure, eye-movement desensitization, group interventions and other procedures
-- Provides treatment guidelines and considers factors that influence the length of treatment

Section VI
-- Specific Treatment Procedures: Practical "How to" Guidelines
-- "How to": Educate clients about PTSD; deal with flashbacks; intrusive ideation; guilt; anger; addictive behaviors; depression; anxiety; conduct "memory work"; and address issues of multiple and borderline personality disorders
-- Techniques include Stress inoculation training, cognitive restructuring, problem-solving, relapse prevention and family-based interventions

Section VII
-- Post Disaster Interventions
-- Consider who is most at "high risk"
-- Describes and critiques Critical Incident Stress Debriefing; When can CISD make individuals "worse"?
-- Workplace, accident, community interventions
-- Consider the role of religion and rituals
-- Over 1500 references

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Reviews of Meichenbaum's PTSD Handbook

"A comprehensive reference work unsurpassed in richness, depth and utility for the clinician and scientist."

"This book will be new for years to come; thus, if the reader plans to buy only one book on trauma this year, it should be Meichenbaum's Handbook - it's an extraordinary volume, a crowning contribution to traumascience."

"This reviewer recommends the Handbook unhesitatingly."

"It is written by a giant in the clinical field."

Ervin Randolph Parson
Journal of Traumatic Stress
1996, 9, 911 - 913

"Meichenbaum has provided clinicians and researchers with a marvelous resource. This is the single most comprehensive compilation of information on PTSD known to me."

"The Handbook is impressive for its usefulness, if not for its polish."

"The amount of information contained and cited is staggering."

"The Handbook is as eclectic as any one source could be."

"Meichenbaum has a remarkable ability to make use of exemplary work of others in the field."

Jon G. Allen
Bulletin of the Menninger Clinic
1996, 60, 264 - 265

"Gathered together in one volume, this summary of the many facets of PTSD is more than a "manual" - it is a gift of many years of research and deduction to the understanding and impact of PTSD. Adjectives like "definitive" and "indispensable" come to mind."
FACTORS THAT INFLUENCE THE DEVELOPMENT OF PTSD

STIMULUS FEATURES

- Aspects of traumatic exposure (Life threat, loss, death of a loved one, disruption)
- Perception of life threat
- Proximity of the event
- Duration and intensity of life-threatening events
- Exposure to single or multiple incidents

RESPONSE FEATURES

- **Immediate Response: Recoil Phase**
  - psychic shock, anxiety, dissociative behavior

- **Post-impact Phase:**
  - within 3 months
  - Intense fear, helplessness or horror, disorganized or agitated behavior
  - Acute Stress Disorder – lasts minimum 2 days and maximum 4 weeks

- **Recovery and Reconstruction Phase**
  - PTSD lasts at least 1 month. Symptoms of PTSD include
  - *re-experiencing* with young children reflected in repetitive play with traumatic themes or by reenactment of traumatic events in play, drawing, or verbalizations
  - *avoidance or numbing* – avoid reminders, having diminished interest in normal activities, feel detached or removed form others
  - symptoms of *hyperarousal* difficulty sleeping or concentrating, irritability, angry outbursts, hypervigilance, and an exaggerated startle response

PRESENCE OF COMORBID FEATURES

- Anxiety disorders – separation anxiety disorder and agoraphobia that arise out of concerns about safety and security. Also trauma-related fears,

- Depression may emerge later on, especially for those youth who have lost loved ones. Depression is tied with bereavement process. Depression is more likely among youth who display chronic PTSD (lasts longer than 3 months).

- Anger outbursts and substance abuse and other forms of acting out.
Problems with Academic Achievement are included by problems with sleep and lack of concentration.

PREEXISTING CHARACTERISTICS OF THE CHILD

- Sociodemographic
  - age, gender, ethnicity
  - age-related differences are inconsistent, but symptoms profile varies developmentally
  - gender differences – boys tend to display more aggressive responses than girls
  - minority youth report higher levels of PTSD and more difficulty recovering

- Preexisting levels of anxiety and depression are significant risk factors for development of PTSD

- Also a ruminative coping style, preexisting academic difficulties and attention problems and poor peer relations

ASPECTS OF RECOVERY ENVIRONMENT

- Parental Distress – parents trauma-related symptoms

- Parental Psychopathology – level of psychosocial functioning

- Individual strengths and resources

- Social and systemic resources

- Intelligence, communication skills, sense of self-efficacy, coping abilities, talents, feelings of bonding (Note these strengths vary by race and ethnicity).
<table>
<thead>
<tr>
<th>Measure</th>
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<tr>
<td>O=Leary-Porter Scale</td>
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<td>The Children’s Perceptions of Interpersonal Conflict Scale (CPIC)</td>
<td>Grych et al., 1992, 2000</td>
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<td>Violence Exposure Scale for Children (VEX-R)</td>
<td>Fox &amp; Leavitt, 1995; Raviv et al., 2001</td>
</tr>
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<td>The Levonn Scale</td>
<td>Richters et al., 1990</td>
</tr>
<tr>
<td>Trauma Symptom Checklist for Children (TSCC)</td>
<td>Briere, 1996; Suderman &amp; Jaffe, 1999</td>
</tr>
<tr>
<td>Child Behavior Checklist (CBCL)</td>
<td>Achenbach, 1991</td>
</tr>
<tr>
<td>Youth Self-Report (YSR)</td>
<td>Achenbach, 1987</td>
</tr>
<tr>
<td>The Eyberg Child Behavior Inventory</td>
<td>Eyberg, 1980</td>
</tr>
<tr>
<td>The Connor’s Rating Scale</td>
<td>Goyette et al., 1978</td>
</tr>
<tr>
<td>Diagnostic Interview for Children and Adolescents - Revised (DICA-R)</td>
<td>Wellner et al., 1987</td>
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<tr>
<td>The Anxiety Disorders Interview Schedule for Children (ADIS-C)</td>
<td>Silverman &amp; Nelles, 1988</td>
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<tr>
<td>The Children’s Depression Inventory (CDI)</td>
<td>Kovacs, 1992</td>
</tr>
</tbody>
</table>
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MEASURES FOR VICTIMS OF ABUSE - ADULT MEASURES

Index of Spouse Abuse (ISA)                     Hudson & McIntosh, 1981

Partner Abuse scale: Non-Physical
      (PASND) and Physical Abuse of Partner
      Scale                                                Hudson et al., 1992

Psychological Maltreatment of Women
      Inventory (PMWI)                                Tolman, 1989, 1999
Meichenbaum

**MEASURES OF ANGER AND AGGRESSIVE BEHAVIOR IN ADULTS**  
*(See Meichenbaum, 2002; Tyson et al., 2002)*

<table>
<thead>
<tr>
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<tr>
<td>Aggression Questionnaire (AQ)</td>
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<td>Abuse Behavior Inventory (ABI)</td>
<td>Shephard &amp; Campbell, 1992</td>
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<td>Revised Conflict Tactics Scale (CTS2)</td>
<td>Straus, 1979, 1990; Straus et al., 1996</td>
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<td>State-Trait Anger Expression Inventory 2 (STAXI)</td>
<td>Spielberger et al., 1999</td>
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<td>Job Stress Inventory (JSI)</td>
<td>Vagg &amp; Spielberger, 1998</td>
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<td>Occupational Stress Inventory (OSI)</td>
<td>Osipow &amp; Davis, 1988</td>
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<td>Personality Assessment Inventory (PAI)</td>
<td>Marey, 1999</td>
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<td>Risk of Eruptive Violence Scale (REV)</td>
<td>Mehrabian, 1990</td>
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<td>Brief Anger and Aggression Scale (BAAS)</td>
<td>Maiuro et al., 1987</td>
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<tr>
<td>Staff Observation Aggression Scale (SOAS)</td>
<td>Bech &amp; Mak, 1995</td>
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<tr>
<td>Scale for Assessment of Agitated and Aggressive Behavior (SAAB)</td>
<td>Bech &amp; Mak, 1995</td>
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MEASURES OF VIOLENT BEHAVIOR IN YOUTH
*(See Tyson et al., 2002)*

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<td>Modified-conflict Tactics Scale (M-CTS)</td>
<td>Cascardi et al., 1999; Neidig, 1986</td>
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<td>Multiple-problem Screening Inventory (MPSI)</td>
<td>Hudson &amp; McMurty, 1997</td>
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<td>Shortform Assessment for Children</td>
<td>Glisson et al., in press</td>
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<tr>
<td>Child Behavior Checklist (CBCL)</td>
<td>Achenbach, 1991a,b</td>
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<tr>
<td>Youth Self-Report Scale</td>
<td>Achenbach, 1987</td>
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<tr>
<td>Adolescent Antisocial Behavior Checklist (AABC)</td>
<td>Kaplan et al., 1990; Marohn et al., 1980</td>
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<tr>
<td>Adolescent Violence Survey (AVS)</td>
<td>Kingery, 1998</td>
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<tr>
<td>Conflict in Relationships (CIR)</td>
<td>Wolfe et al., 1994; Wolfe et al., 1998</td>
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<tr>
<td>Intimate Violence of Adolescent Youth</td>
<td>Wolfe et al., 1998</td>
</tr>
<tr>
<td>Michigan Youth Services Delinquency Risk assessment Scale</td>
<td>OJJDP, 1994</td>
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<tr>
<td>Alaska Youth Services Need Assessment Scale</td>
<td>OJJDP, 1994</td>
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</table>
ASSESSMENT OF PTSD IN CHILDREN

(See Carlson, 1997; McNally, 1998; Nader, 1997; Saylor & De Roma, 2002; and National Center for PTSD Website)

The following List of Trauma-related measures was put together by Saylor & De Roma, 2002.

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Contact</th>
<th>Address</th>
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<td>Exposure Instruments</td>
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<td>A Stress Response Questionnaire</td>
<td>Charles Faupe</td>
<td><a href="mailto:lfaupece@mail.auburn.edu">lfaupece@mail.auburn.edu</a></td>
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<tr>
<td>Perceived Disruption During Rebuilding Inventory</td>
<td>Kent Burnett</td>
<td><a href="mailto:Kburnett@miami.edu">Kburnett@miami.edu</a></td>
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<td>Hurricane related Experiences Questionnaire</td>
<td>Cynthia Swenson</td>
<td><a href="mailto:swensonc@musc.edu">swensonc@musc.edu</a></td>
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<td>A Stress Scale</td>
<td>Fran H. Norris</td>
<td><a href="mailto:Fnorris@gsu.edu">Fnorris@gsu.edu</a></td>
</tr>
<tr>
<td>An Exposure Experiences Questionnaire</td>
<td>Christopher Lonigan</td>
<td><a href="mailto:Lonigan@psy.FSU.edu">Lonigan@psy.FSU.edu</a></td>
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<tr>
<td>Fernald Mental Experiences Questionnaire – Child</td>
<td>Bonnie Green</td>
<td><a href="mailto:Bgreen01@goergetown.edu">Bgreen01@goergetown.edu</a></td>
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<tr>
<td>Fire Questionnaire – Child Form</td>
<td>Russell T. Jones</td>
<td><a href="mailto:R.T.Jones@vt.edu">R.T.Jones@vt.edu</a></td>
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<tr>
<td>Hurricane Related Experiences Questionnaire</td>
<td>Eric Vernburg</td>
<td><a href="mailto:Vernberg@Ukans.edu">Vernberg@Ukans.edu</a></td>
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<tr>
<td>A Measure of Disaster Stress</td>
<td>Nuray Kaniasty</td>
<td><a href="mailto:Kaniastu@Grove.IUP.edu">Kaniastu@Grove.IUP.edu</a></td>
</tr>
<tr>
<td>Personal Loss Scale</td>
<td>Norman Milgram</td>
<td>Fax: 011-972-3640-6722</td>
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<td>Instrument</td>
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<td>Structured Interview to Assess Thinking About Disaster</td>
<td>Lenore Terr</td>
<td><a href="mailto:Jmusgro@slip.net">Jmusgro@slip.net</a></td>
</tr>
<tr>
<td>About the Future Scale</td>
<td>P.A. Saigh</td>
<td><a href="mailto:Psaigh@GC.CUNY.edu">Psaigh@GC.CUNY.edu</a></td>
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<tr>
<td>Optimism Life Orientation Test – Revised</td>
<td>Charles Carver</td>
<td><a href="mailto:ccarver@miami.edu">ccarver@miami.edu</a></td>
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<tr>
<td>The Perceived Benefits Scale</td>
<td>Curtic McMillen</td>
<td><a href="mailto:Cmcmille@gwbssw.wvustl.edu">Cmcmille@gwbssw.wvustl.edu</a></td>
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<td>Evaluation of Cognitive Heuristics</td>
<td>L. Greening</td>
<td><a href="mailto:Legreeni@gp.as.ua.edu">Legreeni@gp.as.ua.edu</a></td>
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<tr>
<td>Earthquake Related Cognitions Questionnaire</td>
<td>A.Nuray Karranci</td>
<td><a href="mailto:Karanci@metu.edu.tr">Karanci@metu.edu.tr</a></td>
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<tr>
<td>Modified Version of COPE Scale</td>
<td>Charles Carver</td>
<td><a href="mailto:ccarver@miami.edu">ccarver@miami.edu</a></td>
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<tr>
<td>Kidcope</td>
<td>Anthony Spirito</td>
<td><a href="mailto:Anthony_Spirito@Brown.edu">Anthony_Spirito@Brown.edu</a></td>
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<tr>
<td>Coping Resources Inventory</td>
<td>Coppell</td>
<td><a href="mailto:Dbcphd@aol.com">Dbcphd@aol.com</a></td>
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<tr>
<td>Coppel’s Index of Social Support</td>
<td>Susan Harter</td>
<td><a href="mailto:Sgarter@nova.psy.Den.edu">Sgarter@nova.psy.Den.edu</a></td>
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<tr>
<td>Social Support Scale for Children and Adolescents</td>
<td>Mitchell Prinstein</td>
<td><a href="mailto:Mitchell.Prinstein@yale.edu">Mitchell.Prinstein@yale.edu</a></td>
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<td>Modified Children’s Coping Assistance Checklist</td>
<td>Norman Milgram</td>
<td>Fax: 011-972-3640-6722</td>
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### Posttraumatic Stress Disorder (PTSD) Instruments

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<td>Pynoos PTSD Reaction Index</td>
<td>R. Pynoos</td>
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<tr>
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<td>Adolescent Versions</td>
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<tr>
<td>Pediatric Emotional Distress Reaction Scale</td>
<td>Conway Saylor</td>
<td><a href="mailto:Saylor@citadel.edu">Saylor@citadel.edu</a></td>
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<tr>
<td>Parent PTSD Reaction Index</td>
<td>C. Frederick</td>
<td><a href="mailto:Cfrede2301@aol.com">Cfrede2301@aol.com</a></td>
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<tr>
<td>Modified Version of Frederick Reaction Index</td>
<td>C. Lonigan</td>
<td><a href="mailto:Lonigan@psy.FSU.edu">Lonigan@psy.FSU.edu</a></td>
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<td>Acute Stress Reactions Scale</td>
<td>Norman Milgram</td>
<td>Fax: 011-972-3640-6722</td>
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<tr>
<td>When Bad Things Happen</td>
<td>K. Fletcher</td>
<td><a href="mailto:Kenneth.fletcher@banyan.um.med">Kenneth.fletcher@banyan.um.med</a> du</td>
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</table>
Lessons From the Literature on PTSD

(Goodman et al., 2002)

- Traumatic events experienced before age 11 are three times more likely to result in serious emotional and behavioral problems than those experienced later in life.
- The psychological impact of such events tends to persist or become worse with time.
- Parents often underestimate the intensity and duration of their children’s reaction to stress.
- These reactions vary with a child’s age, intellectual capacity, personality and social challenges.
- The functioning of adults who care for a child has a tremendous effect on the child’s capacity to recover.
- The traumatic nature of a death can complicate bereavement.
- The most likely problems are post-traumatic stress disorder and other forms of anxiety, grief and depression, aggressive and defiant behavior, physical symptoms, lowered self-esteem, and social and academic difficulties.
Possible Reactions in Children After Trauma/Disaster

Adapted from R. H. Gurwitch, J. F. Silovsky, S. Shultz, M. Kees, & S. Burlingame, 2002. Also see reactions and Guidelines for Children Following Trauma/Disaster (www.helping.apa.org)

Most children who develop PTSD or its symptoms do so in the first weeks or months following the event. The severity of the symptoms has prognostic implications. Moderate and severe symptoms have poorer prognosis.

- Worries, fears and anxieties about safety of self and others (younger children may be more clinging to adults; older children may also have discomfort with feelings of vulnerability)
- Worries about re-occurrence of violence (older children may also be worried about school violence and/or consequences of War on Terrorism).

Changes in behavior
- increased activity level
- decreased concentration and/or attention (these behaviors may appear and be confused with ADHD in school-aged children)
- angry outbursts or aggression (younger children may have increased temper tantrums)
- increased irritability with friends, family, adults, and situations or events
- withdrawal

Changes in academic performance (usually a slight, short-lived decline) (Adolescents may have an increase in absenteeism)

Somatic complaints (e.g., headaches, stomachaches, vague aches and pains)

Changes in sleep (young children may have nightmares seemingly unrelated to the trauma)

Changes in appetite

Decreased interest in usual pleasurable activities

Increased negative behaviors (e.g., defiance) or emotions (e.g., sadness, anger, worry)

Increased sensitivity to sounds (e.g., sirens, planes, thunder)

Hate or intense anger statements (young children may show more hateful or hurtful play)

Repeated questions or discussions of events (most common in young children) (Young children may have posttraumatic play; school-aged children=s comments may often be gruesome or graphic in nature)

Preschool children to early elementary school children may show regressive behaviors (e.g., babbletalk, bed-wetting, tantrums)

Late elementary through high school aged children may have a decreased sense of trust and more negative perceptions of others, particularly those perceived as being “different”. They may also have discomfort with feelings related to the perpetrators of the event, particularly revenge thoughts

Older children may have repetitive thoughts about death and dying, including suicidal
thoughts (by adolescents, this reaction may also result in an increase in risk taking behaviors such as alcohol and other substance abuse and promiscuous sexual behaviors)
REFERENCES


American Red Cross (2001). Facing fear: Helping young people deal with terrorism and tragic events. Falls Church, VA: Author.


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WEBSITE

American Academy of Pediatrics: CHILDaster NETWORK
http://www.aap.org/disaster

http://www.mentalhealth.org/publications/allpubs/SMA95-3022/default.asp

American Psychological Associate Disaster Response Network

Crisis Counseling
www.projectliberty.state.ny.us

National Center for PTSD
http://www.ncptsd.org/treatment/assessment/instruments_pilots.html

PTSD and Children
www.aboutourkids.org

The Range and Magnitude and Duration of the Effects of Natural Disasters: A Review of the Empirical Literature (from Norris et al.)
www.ncptsd.org/facts/disasters/fs-range.html

MANUALS

