# Post Traumatic Stress Disorder in Children who experienced child abuse

## Introduction

This paper exploits cognitive and behavioral theories to explain the development of posttraumatic stress (PTSD) in children. The paper begins with a description of cognitive and behavioral theories of development. An evaluation is then made on the effectiveness of cognitive and behavioral models approach to developmental disorders based on the current evidence in the field. The paper then describes cognitive and behavioral explanations of the development of PTSD in children. The paper concludes with an evaluation of the effectiveness of a cognitive and behavioral model of PTSD in children.

## Problem population

 Saunders et al. (1992) study estimates that 25-33 percent of women are sexually assaulted before their 18th birthday, while Randall & Haskel (1995) estimates that 9 percent of such cases involve consistent, genital assault. Sexual abuse of children encompasses a wide range of sexual assaults orchestrated against children, predominantly by somebody familiar and trusted by the kid. Evidence-based studies on effects of child sexual abuse show a wide range of deleterious impact of the mental health of the sexually abused child, which may persist into adulthood. Studies further show the different impact of sexual abuse between male and female children. For instance, sexually abused male children are less likely to report abuse than female victims. Post-traumatic stress disorder (PTSD) is one of the most common negative mental health outcomes of children victims of sexual abuse and other forms of abuse such as violence or intimate partner violence. Several clinical symptoms distinguish PTSD from other mental disorders. Among them include a recorded history of serious traumatic event or events. The second distinguishing feature of PTSD is an aggravation of the PTSD symptoms after re-exposure to trauma-specific stimulus. The thirds characteristic is hyperarousal of the autonomic nervous system. PTSD causes anxiety, psychotic, aggressive, disordered conduct, and sexualized behavior, which manifest during childhood and even into adulthood. PTSD is a recognized epidemiology affecting hundred thousands of children every year.

## Review and critique of theories

## Theoretical framework

## Cognitive Theory

The cognitive theory emerged in early 1920 under the work of Jean Piaget. Piaget's cognitive theory of development describes the cognitive or mental processes along a child's developmental pathways from birth to adolescence. Piaget posited that kids construct their knowledge in reaction to cognitive experiences. He argued that kids learn many issues independently with no intervention of adults or children. Piaget held that kids are internally motivated to learn and therefore do not require incentives from adults to stimulate learning. According to Piaget, cognitive development of a child involves nature and nurture processes. Nature development involved brain and body maturation through the development of the ability to learn, perceive, and act. On the other hand, nurture involved adaptation through children's response to environmental stimuli and organization of experiences through integration of specific observations into a set of logical knowledge. The cognitive theory explains the development of cognitive disorders and also suggests interventions to treat such disorders. In particular, cognitive theory helps in pinpointing inaccurate thoughts, disorderly behavior, and stressful emotional reactions behinds a particular developmental disorder.

## Behavior Theory

The behavioral theory emerged in 1913 under the behaviorist movement led by John Watson. Behavior model of children development posits that all behavior is studied from the environment. Behavioral theory underscores the role of environmental stimuli in shaping behavior almost to the exclusion of inherent hereditary factors. Instead, behavioral theory exclusively focuses on the learning process. Behavioral theorist embraces the concept of "tabula rasa," which simply translates to “blank slate" of the human mind. Behavior theory helps in focusing evaluation and treatment of mental disorder on unhealthy or self-destructive behaviors. Behavioral therapy operates under the premise that all behaviors are learned, and therefore unhealthy behaviors may be changed. Behavioral treatment often targets existing disorder and ways of changing them.

## Discussion

Empirical studies confirm the effectiveness of behavioral therapy, cognitive therapy and cognitive-behavioral therapy in the treatment of specific mental disorders. For instance, Tolin (2010) study demonstrates the superiority of cognitive behavioral therapy in the treatment of depressive and anxiety disorders compared to alternative therapies. Olatunji et al. (2012) study similarly demonstrates the effectiveness of cognitive behavioral therapy in the treatment of obsessive-compulsive disorder. Similar positive benefits of cognitive therapy and behavioral therapy have been documented in the treatment of recurrent depressive episodes, eating disorders, insomnia, and stress.

### Conclusion

Behavioral theory and cognitive theory helps in evaluation and target of specific behavior and reflective experiences that predict development of PTSD. Every year, millions of children are exposed to several kinds of the severe traumatic stressor. Behavioral theory links these traumatic stressors to the development of PTSD in children. One of these traumatic stressors is physical abuse of the child in the form of violence, sexual assault or observing community or domestic violence or the sudden death of a child’s parent. These traumatic events pose a perceptive or real threat to the child, which in turn stimulate a stress reaction. In the course of the traumatic event, the brain of the child triggers adaptive stress-mediating autonomic neural systems such as the hypothalamic-pituitary-adrenal axis, peripheral nervous system, dopaminergic systems, and central nervous system mechanisms. These mechanisms collectively offer the adaptive behavioral, physiological, emotional, and cognitive changes required for survival. After the traumatic event passes, the stress-response systems return to their original homeostatic state. However, in some instances, repetitive traumatic stressors from consistent abuse lead to failure of the stress-response systems to go back to their pre-traumatic-event homeostasis. In such circumstances, the disorderly signs and symptoms associated with the traumatic event become so extreme, persistent and disruptive to the extent of becoming clinical mental disorders. At the clinical level, the mental disorders emerge in a new context even in the absence of the actual traumatic event or stimuli or persistence after the stress-response systems reach maladaptive level.

Evidence-based studies show that cognitive and behavioral therapies are effective in the treatment of a wide range of mental disorders. Therapies formulated around behavioral and cognitive theory are used collectively as cognitive behavioral therapy, which integrates cognitive therapy and behavioral therapy. Cognitive behavioral therapy focuses on the way beliefs and thoughts of a person predict his/her moods and actions. The therapy focuses on the existing problem and ways of solving them. Long-term goals of cognitive behavioral therapy are to transform an individual's behavior and thinking schemas to healthier patterns. For instance, Hinton et al. (2011) demonstrate the superior effectiveness of a culturally adapted form of cognitive behavioral therapy in the treatment of PTSD in female Latino patients compared to mainstream cognitive behavioral therapy. However, cognitive behavioral therapy treatment of PTSD is associated with several side effects. For instance, Belleville, Guay, and Marchand (2011) study found that caused residual sleep problem in people with persistent sleep problem after treatment. Margolies et al. (2012) propose for a combination of cognitive behavioral therapy for insomnia (CBT-I) with imagery rehearsal therapy for reduction of insomnia associated with PTSD symptoms or PTSD treatment. Therefore, this paper confirms the effectiveness of therapy based on cognitive theory and behavioral theory in the treatment of children PTSD. However, the paper recommends the use of alternative therapies in combination with CBT to enhance CBT effectiveness or reduce side effects associated with PTSD therapy.

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