Literature Review: The Effectiveness of Trauma Stabilisation for Children and Young People with Post Traumatic Stress Disorder

This literature review will evaluate the effectiveness of trauma stabilisation for CYP with PTSD and CPTSD, by first looking at trauma stabilisation for adults. The research on adults is mixed, with standalone stabilisation interventions reporting an improvement in outcomes, but phase-oriented RCTs reporting stabilisation (prior to trauma-based interventions) was neither necessary nor effective. Research for trauma stabilisation for CYP is limited. Two standalone stabilisation intervention studies found an improvement in outcomes, however there are no identified phase-oriented RCTs for CYP. There are very few studies on trauma stabilisation for specifically CPSTD, whether for adults or CYP. The review will conclude that trauma stabilisation is likely unnecessary, however clearly more research is needed to fully inform this conclusion.

1. Introduction

Post Traumatic Stress Disorder (PTSD) and Complex PTSD (CPTSD) are common mental health conditions affecting children and young people (CYP). The recommended evidence-based interventions are trauma-focussed cognitive behavioural (TF-CBT), or eye movement desensitisation and reprocessing (EMDR) (National Institute for Health and Care Excellence [NICE], 2019). However, for cases involving severe PTSD or CPTSD, a phased treatment approach may be necessary, beginning with trauma stabilisation (Willis et al., 2023). Trauma stabilisation involves psychoeducation and skills training to help individuals understand and tolerate intense distress, and is either offered as a standalone intervention or prior to TF-CBT or EMDR (Willis et al., 2023).

This literature review, requested by Sussex CAMHS, will evaluate the effectiveness of trauma stabilisation focussing on CYP aged up to 18-years-old with PTSD or CPTSD. However, given the lack of literature, this review will also discuss trauma stabilisation for adults.

2. Effectiveness of Trauma Stabilisation

2.1 For Adults

The current literature surrounding trauma stabilisation for adults with PTSD and CPTSD is mixed. Several studies suggest that trauma stabilisation is useful and reduces PTSD symptoms (Lorbeer et al., 2023; Willis et al., 2023;Foreman et al., 2024;Wells et al., 2024). A systematic review of 31 stabilisation intervention studies found that group stabilisation reduced trauma symptoms and helped prepare for a trauma-based intervention (Willis et al., 2023). This medium effect size was reduced to small when only using data from randomised control trials. Similarly, another systematic review of Skills Training in Affective and Interpersonal Regulation/ Narrative Therapy (STAIR/NT) found that STAIR/NT and adaptations were equally or more effective than active or passive controls (Lorbeer et al., 2023). This stabilisation intervention was primarily effective in reducing affective dysregulation and interpersonal problems, and was less effective for reducing PTSD symptoms, with studies reporting null effect sizes as well as small to large for PTSD symptoms. An online standalone complex trauma stabilisation group was found to be associated with significantly reduced CPTSD symptoms and positive participant feedback (Foreman et al., 2024). Wells et al. (2024) found reported similar findings with their trauma-focussed stabilisation group for PTSD: symptoms were reduced with minimal deterioration in anxiety and depression. However, both Wells et al. (2024) and Foreman et al. (2024) had no control group and were offered as standalone interventions as opposed to a phase-oriented model. A further standalone study found that 12 hours of EMDR had no significant difference in safety or efficacy outcomes compared to 12 hours of stabilisation, for refugee participants (Ter Heide et al., 2016).

Whilst there is some evidence of the usefulness of stabilisation interventions, there is also evidence that it is no more effective than only offering a trauma-based intervention such as EMDR or TF-CBT. Wiedeman et al. (2020) gave veterans with PTSD the choice of attending a preparatory group prior to a trauma focussed treatment or directly receiving the trauma-based intervention. The attendance of the preparatory group did not affect outcomes of the trauma focussed treatment, nor its completion, suggesting stabilisation groups may not be necessary or effective. This is supported by Bækkelund et al. (2021), who demonstrated again that those who attended the stabilisation group in addition to individual therapy did not have improved outcomes compared to those who just received an individual trauma-based intervention. This study randomly assigned participants to either a 20-week stabilisation group, or a 20-week waiting period, alongside individual therapy.

The discrepancies between studies may be explained by their methodologies. While there is evidence for the potential usefulness of trauma stabilisation, the randomised control trials evaluating their use as the first intervention in a phase-oriented approach demonstrate that their addition has little to no benefit (Bækkelund et al., 2021; Wiedeman et al., 2020). The efficacy of the standalone stabilisation interventions may be accredited to the participants responding to having any type of intervention, rather than the effectiveness of specifically trauma stabilisation.

There are few studies that research trauma stabilisation for CPTSD. Foreman et al.'s (2024) standalone stabilisation group reduced PTSD symptoms and had positive feedback, however a literature evaluation concluded that there is no evidence that trauma-focussed interventions need to be preceded by trauma stabilisation (Bicanic et al., 2015). Further research is needed to explore trauma stabilisation for CPTSD.

2.2 For Children and Young People

The research for trauma stabilisation for CYP with PTSD or CPTSD is very limited. This literature search found no randomised control trials; Knipschild et al. (2023) proposes one, but the results are not yet published. The remaining literature is about trauma stabilisation following natural disasters in Southeast Asia (Mattheß et al., 2020), and a parent and child intervention for refugee, asylum seeking and immigrant families (Gotseva-Balgaranova et al., 2020). The generalisability of these studies, and relevance to Sussex CAMHS, may be reduced.

Trauma stabilisation as a standalone intervention was found to reduce post-traumatic stress (PTS) symptoms in CYP, assessed using the Child Behaviour Checklist (CBCL) and self-reporting version (Mattheß et al., 2020). There was no exclusion criteria for the intervention, however the analysis reported was performed on CYP with PTS problems pre-treatment. There was a significant reduction in CBCL scores post-treatment compared to pre-treatment, and the percentage of CYP with clinical PTS problems reduced from 25% to 5%. This study suggests that CYP respond well to trauma stabilisation, however there is no control condition and the stabilisation was offered as a sole treatment, rather than as part of a phase-oriented approach so does not demonstrate its effectiveness when paired with a trauma-based intervention.

Gotseva-Balgaranova et al. (2020) offered trauma stabilisation to parent-child parents from refugee, asylum seeking and immigrant families, assessing PTSD symptoms and depression levels in both parents and children. The children had a significant decrease in PTSD intrusion, PTSD arousal, depression, and dissociation post-treatment compared to pre-treatment. The only significant change in the mothers was that they were significantly more likely to share problems concerning their child. The programme consisted of psychoeducation with the parents and stabilisation play sessions with the parent-child pairs. The age of the CYP participants ranged from 6 to 11 years old.

These studies suggest that CYP respond well to trauma stabilisation, however in both studies there are no control conditions, and the stabilisation was offered as a sole treatment, rather than as part of a phase-oriented approach so does not demonstrate its effectiveness when paired with a trauma-based intervention.

3. Critical Evaluation of the Literature

There is a gap in the current literature for evidence of the effectiveness of trauma stabilisation for CYP offered prior to a trauma-based intervention as part of a phase-oriented approach. The studies discussed in this review about CYP lack control conditions, and have a specific focus of either natural disaster victims or refugee, asylum seeking and immigrant families, so may lack generalisability. Additionally, only one study explored trauma stabilisation for solely CYP.

Additionally, further research is needed on trauma stabilisation for CPTSD, as there are no studies on this for CYP, and limited studies on this for adults. The major critique of the literature about trauma stabilisation overall is the lack of published studies.

4. Conclusion

The effectiveness of trauma stabilisation for children and young people is an under-researched subject with no randomised control trials or phase-oriented studies. The only literature found and discussed in this review is about standalone stabilisation interventions for those who have experienced natural disasters or are refugee, asylum

seeking and immigrant families. Further research is clearly needed for a phase-oriented RCT in a clinical population in order to evaluate the effectiveness of trauma stabilisation for CYP. There is more literature about trauma stabilisation for adults, however the results are mixed and lack an overall consensus. The two phase-oriented RCT discussed in this review suggest that trauma stabilisation is not necessary and does not improve outcomes or completion of a trauma-based intervention. The effectiveness of trauma stabilisation for CPTSD additionally needs further study. Overall, therefore, trauma stabilisation is suggested to be neither effective nor necessary, but appears to not have negative outcomes. However, the main conclusion is that the literature is severely lacking for trauma stabilisation for CYP and people with CPTSD.

5. References

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