

Post-Traumatic Stress Disorder



Symptoms or Behaviors

- Flashbacks, hallucinations, nightmares, recollections, re-enactment, or repetitive play referencing the event
- Emotional distress from reminders of the event
- Physical reactions from reminders of the event, including headache, stomachache, dizziness, or discomfort in another part of the body
- Fear of certain places, things, or situations that remind them of the event
- Denial of the event or inability to recall an important aspect of it
- A sense of a foreshortened future
- Difficulty concentrating and easily startled
- Self-destructive behavior
- Irritability
- Impulsiveness
- Anger and hostility
- Depression and overwhelming sadness or hopelessness

About the Disorder

Children who are involved in or who witness a traumatic event that involved intense fear, helplessness, or horror are at risk for developing post-traumatic stress disorder (PTSD). The event is usually a situation where someone's life has been threatened or severe injury has occurred, such as a serious accident, abuse, violence, or a natural disaster. In some cases, the "event" may be a re-occurring trauma, such as continuing domestic violence.

After the event, children may initially be agitated or confused. Eventually this develops into denial, fear, and even anger. They may withdraw and become unresponsive, detached, and depressed. Often they become emotionally numb, especially if they have been subjected to repeated trauma. They may lose interest in things they used to enjoy.

Students with PTSD often have persistent frightening thoughts and memories of the experience. They may re-experience the trauma through flashbacks or nightmares. These occur particularly on the anniversary of the event or when a child is reminded of it by an object, place, or situation. During a flashback, the child may actually lose touch with reality and re-enact the event.

PTSD is diagnosed if the symptoms last more than 1 month. Symptoms usually begin within 3 months of the trauma, but occasionally not until years after; they may last from a few months to years. Early intervention is essential, ideally immediately following the trauma. If the trauma is not known, then treatment should begin when symptoms of PTSD are first noticed. Some studies show that when children receive treatment soon after a trauma, symptoms of PTSD are reduced.

A combination of treatment approaches is often used for PTSD. Various forms of psychotherapy have been shown effective, including cognitive-behavioral, family, and group therapies. To help children express their feelings, play therapy and art therapy can be useful. Exposure therapy is a method where the child is guided to repeatedly re-live the experience under controlled conditions and to eventually work through and finally cope with their trauma. Medication may also be helpful in reducing agitation, anxiety, depression, or sleep disturbances.

Support from family, school, friends, and peers can be an important part of recovery for children with PTSD. With sensitivity, support, and help from mental health professionals, a child can learn to cope with their trauma and go on to lead a healthy and productive life.

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Educational Implications

The severity and persistence of symptoms vary greatly among children affected by PTSD. Their symptoms may come and go for no apparent reason, and their mood may change drastically. Such variability can create a perception that there are no explanations for behavior or that they are unpredictable, making it difficult for teachers to respond with helpful interventions. Children with PTSD will often regress. They may act younger than their age, which can result in increased emotional and behavioral problems. They may become clingy, whiny, impatient, impulsive, and/or aggressive. They may be unable to perform previously acquired skills, even basic functions like speech. Their capacity for learning may be decreased. They often have difficulty concentrating, are preoccupied, and become easily confused. They may lose interest in activities, become quiet and/or sad, and avoid interaction with other children.

Instructional Strategies and Classroom Accommodations

- Try to establish a feeling of safety and acceptance within the classroom. Greet the child warmly each day, make eye contact, and let the child know that he/she is valued and that you care. You can make a tremendous impact on a child by what you say (or don't say); a child's self-perception often comes from the action of others.
- Don't hesitate to interrupt activities and avoid circumstances that are upsetting or re-traumatizing for the child. Watch for increased symptoms during or following certain situations, and try to prevent these situations from being repeated.
- Provide a consistent, predictable routine through each day as much as possible. A regular pattern will help re-establish and maintain a sense of normalcy and security in the child's life. If the schedule does change, try to explain beforehand what will be different and why. Consistency shows children that you have control of the situation; they may become anxious if they sense that you are disorganized or confused. However, allow children choices within this pattern wherever possible. This will give them some sense of control and help to build self-confidence.
- Try to eliminate stressful situations from your classroom and routines: make sure your room arrangement is simple and easy to move through; create a balance of noisy versus quiet activity areas and clearly define them; and plan your day or class period so that it alternates between active and quiet activities (being forced to maintain the same level of activity for too long may cause the child to become restless and anxious).
- Make yourself available and open to listening, remembering to always respect the child's need for confidentiality.
- Do not tell a child to forget about the incident. PTSD symptoms may be a result of trying to do just that. This request also minimizes the importance of the trauma, and children may feel a sense of failure if they can't forget.
- Reassure children that their symptoms and behaviors are a common response to a trauma and they are not "crazy" or bad.
- Incorporate large muscle activities into the day. Short breaks involving skipping, jumping, stretching, or other simple exercises can help relieve anxiety and restlessness. For young children, you can also use games like London Bridge or Ring around the Rosy.

Resources

National Center for PTSD
VA Medical Center
White River Junction, VT 05009
802-296-5132
www.ncptsd.org

Links to interdisciplinary index database, publications, books, research quarterly, clinical quarterly, assessment instruments

National Institute of Mental Health (NIMH)

Office of Communications
6001 Executive Boulevard Room 8184
MSC 9663
Bethesda, MD 20892-9663
866-615-6464
www.nimh.nih.gov

Free educational materials for professionals and the public

PTSD Alliance

www.ptsdalliance.org

SAMHSA'S National Mental Health Information Center—Center for Mental Health Services

PO Box 42557
Washington, DC 20015
800-789-2647
www.mentalhealth.samhsa.gov

Publications

- The NIMH and the SAMHSA websites each have publications tabs that lead to many current and reliable publications. The other websites listed above also have extensive listings of resources.

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. For more information, consult "Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters," available from the Minnesota Department of Human Services.

This fact sheet must not be used for the purpose of making a diagnosis. It is to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter in your classroom.