

Post Traumatic Stress Disorder



Staff Meeting

Definition

- PTSD is a psychological reaction to a traumatic event or events. The symptoms of PTSD fall into three categories:
 1. Reliving
 2. Avoidance
 3. Hyper-arousal

PTSD develops in response to events that are:

- Threatening to life or bodily integrity
- Witnessing threatening or deadly events
- Hearing of violence to or the unexpected or violent death of close associates

Precipitating Experiences

Events that could qualify as traumatic, include:

- Combat
- Sexual and physical assault
- Being held hostage or imprisoned
- Terrorism
- Torture
- Natural and man made disasters
- Accidents
- Diagnosis of a life threatening illness

What Can Cause Traumatic Stress in Children?

A diagnosis of PTSD means that an individual experienced an event that involved a threat to one's own or another's life or physical integrity and that this person responded with intense fear, helplessness, or horror.

What Can Cause Traumatic Stress In Children?

There are a number of traumatic events that have been shown to cause PTSD in children and adolescents. Children and adolescents may be diagnosed with PTSD if they have survived natural and man made disasters such as:

- Floods
- Violent crimes such as kidnapping, rape or murder of a parent
- Sniper fire, and school shootings
- Motor vehicle accidents, such as automobile and plane crashes
- Severe burns
- Exposure to community violence
- War
- Peer suicide
- Sexual and physical abuse

Prevalence of Traumatic Stress Among Children

A few studies of the general population have been conducted that examine rates of exposure and PTSD in children and adolescents. Results from these studies indicate that:

- 15 to 43% of girls and 14 to 43% of boys have experienced at least one traumatic event in their lifetime.
- Of those children and adolescents who have experienced a trauma, 3 to 15% of girls and 1 to 6% of boys could be diagnosed with PTSD.

Prevalence of Traumatic Stress Among Children

Rates of PTSD are much higher in children and adolescents recruited from at-risk samples.

The rates of PTSD in these at-risk children and adolescents vary from 3 to 100%. For example,

- studies have shown that as many as 100% of children who witness a parental homicide or sexual assault develop PTSD.
- Similarly, 90% of sexually abused children, 77% of children exposed to a school shooting, and 35% of urban youth exposed to community violence develop PTSD.

Risk Factors for Developing PTSD

Family support and parental coping have also been shown to affect PTSD symptoms in children. Studies show that children and adolescents with greater family support and less parental distress have lower levels of PTSD symptoms. There are other factors that affect the occurrence and severity of PTSD:

- Interpersonal traumas such as rape and assault are more likely to result in PTSD than other types of traumas.
- If an individual has experienced a number of traumatic events in the past, those experiences increase the risk of developing PTSD.

Risk Factors for Development PTSD

There are three factors that have been shown to increase the likelihood that children will develop PTSD. These factors include:

- The severity of the traumatic event
- Parental reaction to the traumatic event
- Physical proximity to the traumatic event.

Risk Factors for Developing PTSD

Other risk factors to consider:

GENDER

Several studies suggest that girls are more likely than boys to develop PTSD.

ETHNICITY

While some studies find that minorities report higher levels of PTSD symptoms, researchers have shown that this is due to other factors such as differences in levels of exposure.

AGE / DEVELOPMENT

It is not clear how a child's age at the time of exposure to a traumatic event impacts the occurrence or severity of PTSD. While some studies find a relationship, others do not. Differences that do occur may be due to differences in the way PTSD is expressed in children and adolescents of different ages or developmental levels

'Reliving' As A Symptom of PTSD

PTSD symptoms include:

Reliving, Avoidance, and Hyper-arousal

- Reliving means re-experiencing the event or parts of the event in one or more ways, such as:
 - Flashbacks
 - Recurrent dreams
 - Physical sensations
 - Illusions

Avoidance As A Symptom of PTSD

Avoidance refers to a tendency to avoid reminders of the event.

Symptoms may include:

- Avoidance of activities, places or people
- Avoidance of thoughts or feelings
- Survivor guilt
- Loss of interest in daily activities
- Difficulty maintaining healthy relationships

Hyper-arousal and PTSD

Hyper-arousal refers to higher levels of arousal and symptoms such:

- Agitation
- Substance abuse
- Memory loss
- Sleep disorders
- Dizziness
- Trouble concentrating
- Trouble managing anger

Hyper-arousal in Behaviour

PTSD is an anxiety disorder, so over stimulation of the nervous system manifests itself most often in four behavioural reactions common to humans and animals:

- Flight
- Freezing in place
- Fighting
- The Fourth "F"

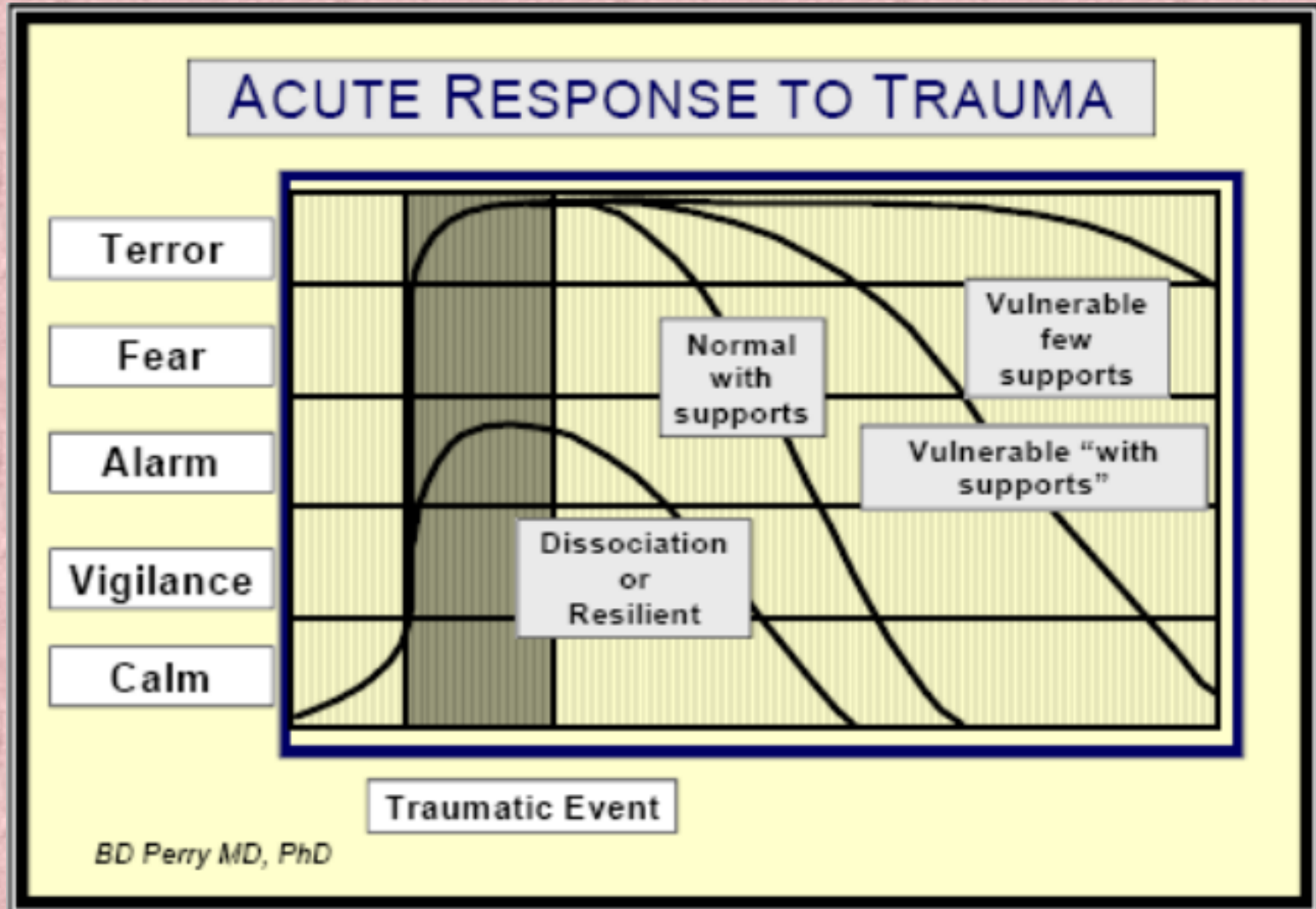
Nervous System Arousal is the Key Ingredient

PTSD disrupts the functioning of those afflicted by it, interfering with the ability to meet their daily needs and perform the most basic tasks.

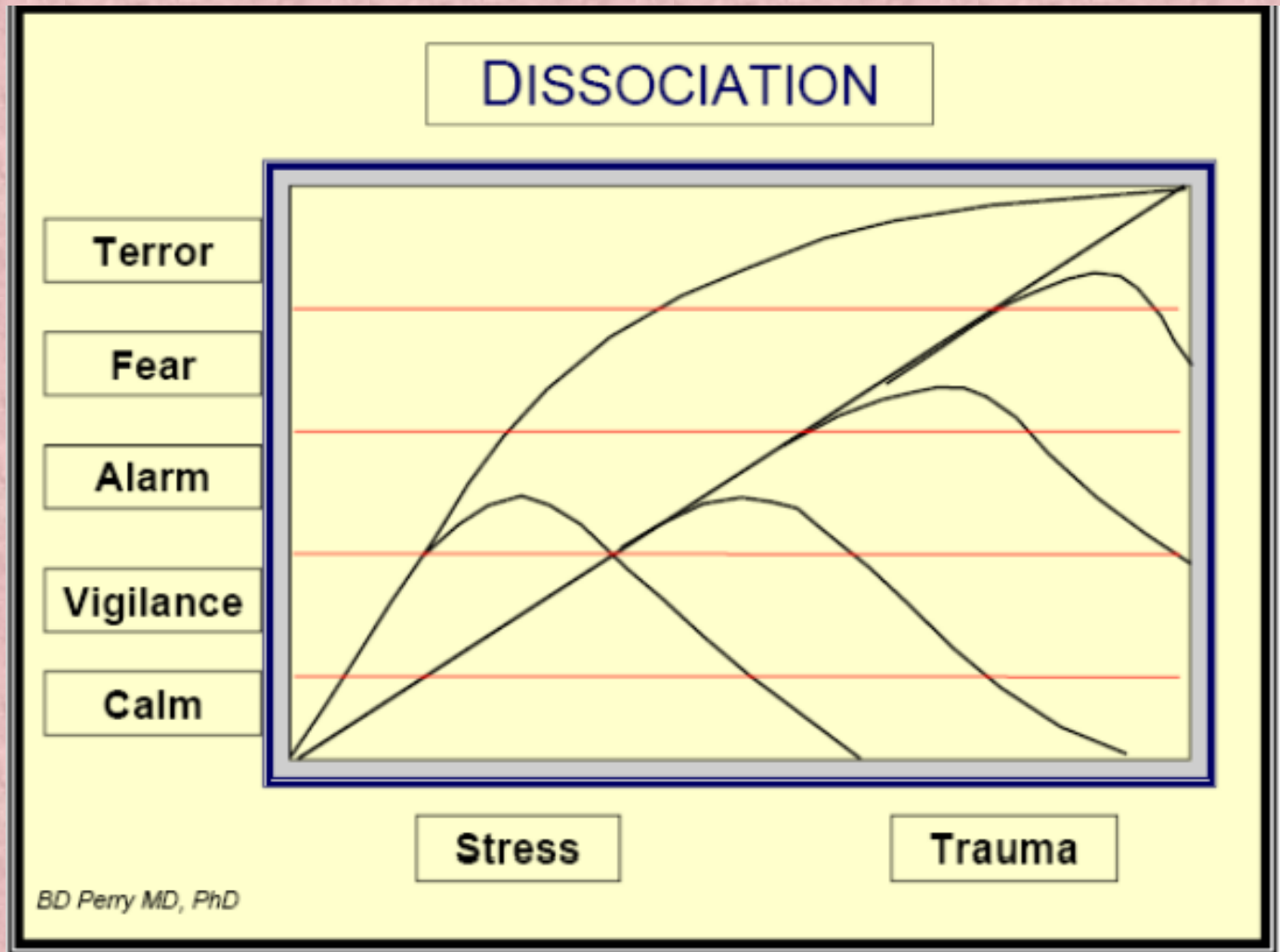
Trauma continues to intrude on the lives of people with PTSD as they relive the life-threatening experiences they have suffered.

Autonomic Nervous System hyper-arousal is at the core of PTSD and the driving force behind phenomena such as dissociation, freezing and flashbacks.

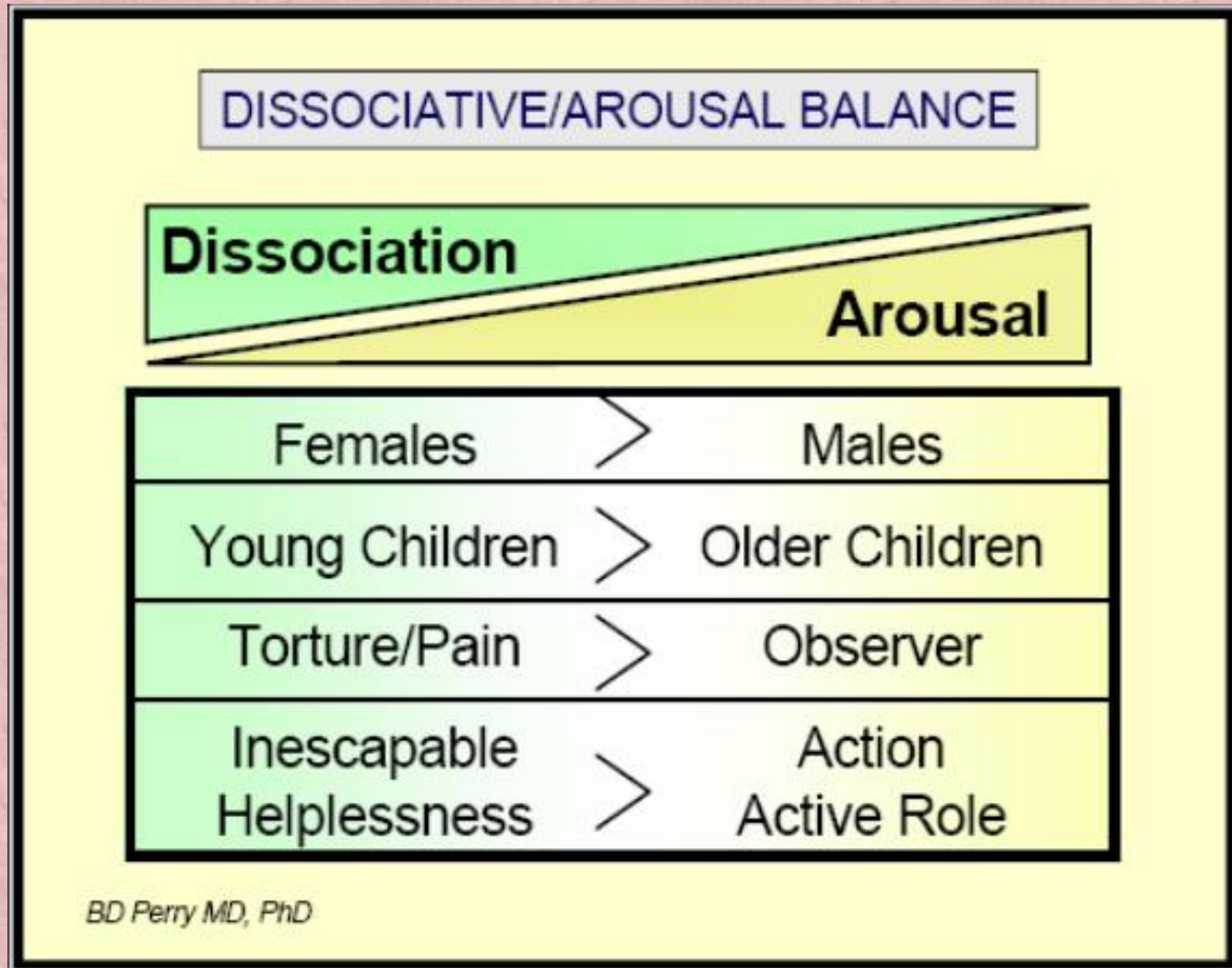
Acute Trauma affects child neurology



Nervous system exhaustion can lead to dissociation



Likelihood of Dissociation or Hyper-Arousal Varies

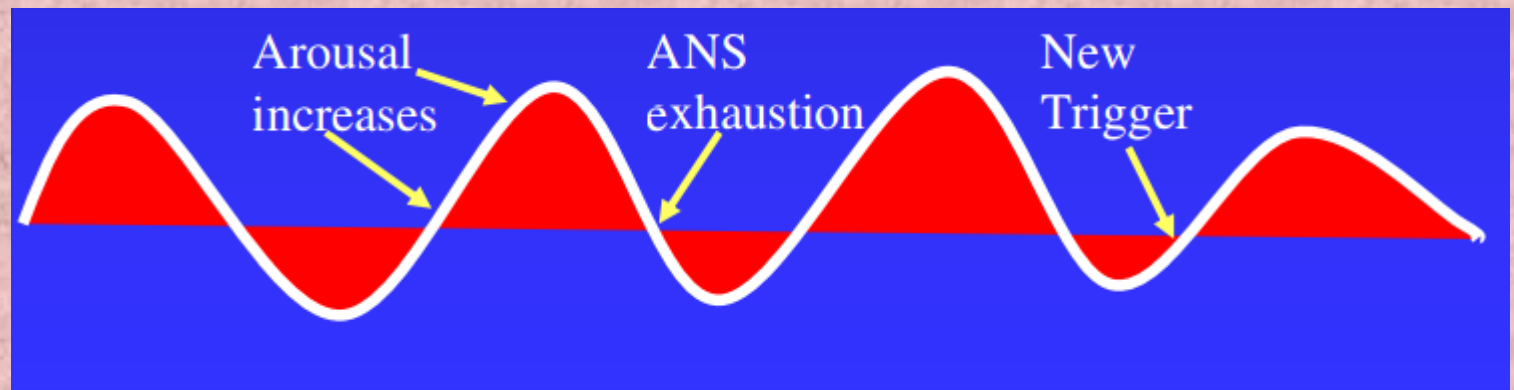


Riding the Trauma 'Sine-Wave'

PTSD results in hyper-arousal that over-stimulates the nervous system.

Over-stimulation results in agitation until the nervous system is overwhelmed.

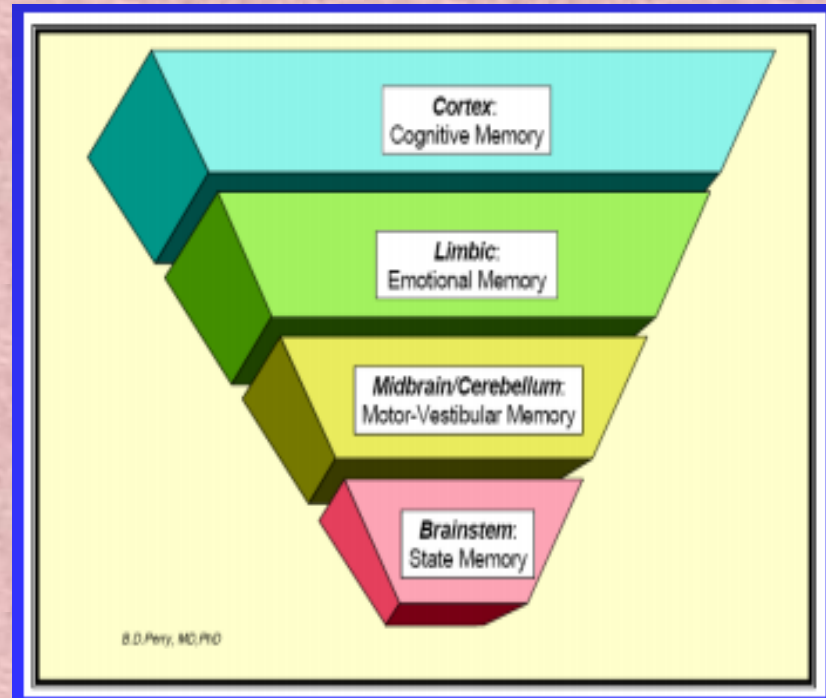
The cycle can repeat itself from trigger to trigger until treatment or time reduces the impact.



Trauma Affects Memory

One of the key functions of nervous tissue is to store information. All areas of the brain store information related to the functions they mediate.

The symptoms of PTSD are stored throughout the brain in these various systems and areas. Re-exposure to cues associated with the trauma (e.g. sights, sounds and smells) can elicit these stored "memories" and result in the sign and symptoms of PTSD



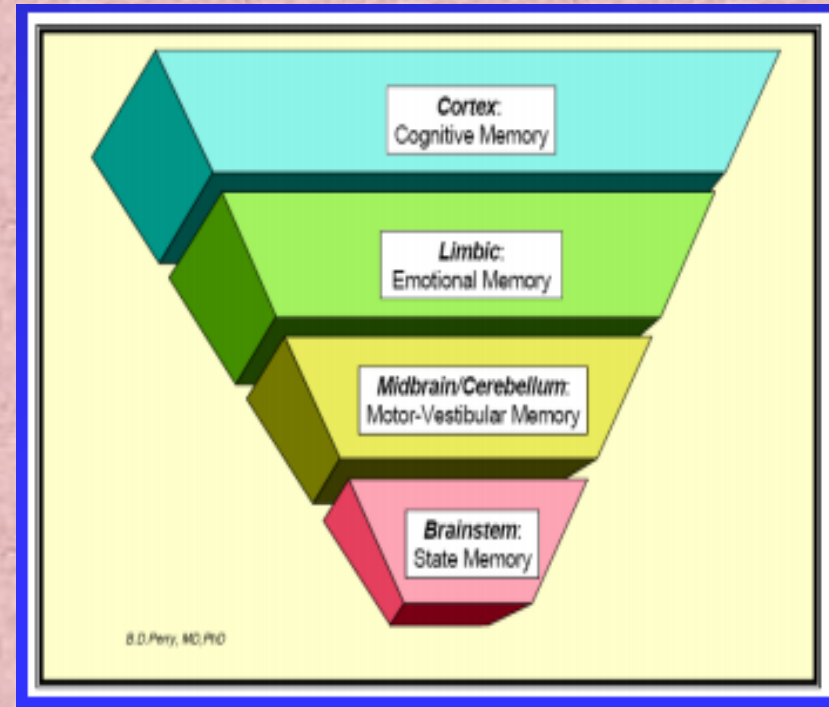
Trauma Also Affects Memory

The Cortex stores cognitive information - names, faces, and facts.

The Limbic System can store emotional information- fear, pleasure, sadness.

Motor-vestibular memories such as typing, playing the piano or riding a bike are stored throughout the brain.

In the Brainstem, the anxiety or arousal states associated with a traumatic event can be stored.



Hyper-Arousal and Trauma do NOT Occur for all Trauma Survivors

Not everyone experiencing traumatic events develops PTSD.

PTSD is a complex psychobiological condition that can emerge in the wake of life-threatening experiences when normal psychological and somatic stress responses to a traumatic event are not resolved and released.

PTSD is readily treatable and the person can make a full recovery to normal functioning.

Behavioural Indicators That A Child Has Been Traumatized

Very young children may present with few PTSD symptoms. This may be because eight of the PTSD symptoms require a verbal description of one's feelings and experiences.

Instead, young children may report more generalized fears such as:

- Stranger or separation anxiety
- Avoidance of situations that may or may not be related to the trauma
- Sleep disturbances
- Preoccupation with words or symbols that may or may not be related to the trauma

Behavioural Indicators That A Child Has Been Traumatized

These children may also display posttraumatic play in which they repeat themes of the trauma.

In addition, children may lose an acquired developmental skill (such as toilet training) as a result of experiencing a traumatic event.

Co-occurring effects of trauma on children

Besides PTSD, children and adolescents who have experienced traumatic events often exhibit other types of problems. Children who have experienced traumas also often have relationship problems with peers and family members, problems with acting out, and problems with school performance.

Evidence-Based Treatments for PTSD

Although some children show a natural remission in PTSD symptoms over a period of a few months, a significant number of children continue to exhibit symptoms for years if untreated. The most common forms of treatment for PTSD include:

- Cognitive-Behavioural Therapy (CBT)
- Play therapy
- Psychological first aid
- Twelve Step approaches
- Eye Movement Desensitization and Reprocessing (EMDR)
- Medications

Cognitive-Behaviour Therapy (CBT)

A review of the adult treatment studies of PTSD shows that this is the most effective approach for treating children. CBT for children generally includes the child directly discussing the traumatic event (exposure), anxiety management techniques such as relaxation and assertiveness training, and correction of inaccurate or distorted trauma related thoughts.

Cognitive-Behaviour Therapy (CBT)

Although there is some controversy regarding exposing children to the events that scare them, exposure-based treatments seem to be most relevant when memories or reminders of the trauma distress the child. Children can be exposed gradually and taught relaxation so that they can learn to relax while recalling their experiences.

Through this procedure, they learn that they do not have to be afraid of their memories. CBT also involves challenging children's false beliefs such as, "the world is totally unsafe." The majority of studies have found that it is safe and effective to use CBT for children with PTSD.

Cognitive-Behaviour Therapy (CBT)

CBT is often accompanied by psycho-education and parental involvement. Psycho-education is education about PTSD symptoms and their effects.

It is as important for parents and caregivers to understand the effects of PTSD as it is for children.

Research shows that the better parents cope with the trauma, and the more they support their children, the better their children will function. Therefore, it is important for parents to seek treatment for themselves in order to develop the necessary coping skills that will help their children.

Play Therapy

Play therapy can be used to treat young children with PTSD who are not able to deal with the trauma more directly.

The therapist uses games, drawings, and other techniques to help the children process their traumatic memories.

Psychological First Aid

Psychological first aid has been prescribed for children exposed to community violence and can be used in schools and traditional settings.

It involves clarifying trauma related facts, normalizing the children's PTSD reactions, encouraging the expression of feelings, teaching problem solving skills, and referring the most symptomatic children for additional treatment.

Supporting The Traumatized Child in the Classroom

Teachers can help a child suspected of post traumatic stress disorder by:

- Gently discouraging reliance on avoidance; letting the child know it is all right to discuss the incident
- Talking understandingly with the child about their feelings
- Understanding that children react differently according to age - young children tend to cling, adolescents withdraw
- Encouraging a return to normal activities
- Helping restore the child's sense of control of his or her life
- Seeking professional help