



After the Emergency Is Over:

POST-TRAUMATIC STRESS DISORDER IN CHILDREN AND YOUTH

What Is Post-Traumatic Stress Disorder (PTSD)?

After experiencing a frightening or distressing event (such as an injury, assault, car crash, fire, hurricane, or other natural disaster), a child or teen may suffer psychologically, as well as physically. In the first few days to weeks after a traumatic event, he or she may find that they have unwanted or upsetting thoughts or feelings about the event, and may be more anxious or "jumpy" (constantly on the lookout for possible danger). Often, they want to avoid anything that reminds them of the traumatic experience.

When these reactions last for more than a month and are strong enough to affect everyday functioning, a child may be diagnosed as having Post-Traumatic Stress Disorder (PTSD).

While the majority of U.S. adults have experienced a traumatic event at least once in their lives, only about 20% of these people will go on to develop PTSD. However, children's experiences around traumatic events are not well documented. Some studies have found that about 30% of children who experience a traumatic event end up developing PTSD.

Children can also develop PTSD symptoms when they witness or hear about a traumatic event that happens to someone else, even on TV (for example, coverage of September 11, 2001 events), and especially if it's someone they care about, like a friend or a parent who is hurt or even killed.

What Are the Signs and Symptoms of PTSD?

Most children who experience a trauma will have at least a few of the symptoms listed below, in the first few days or weeks after the event. The majority can resolve these reactions with support from their families and others, but some children will continue to have difficulties. (A child who appears to have little reaction to the trauma in the early stages is less likely to develop symptoms of PTSD). Children or youth at high risk for later difficulties are those who have had previous traumatic experiences, who have very strong early reactions, or whose support systems (parents and other caregivers) are very distressed by the event.

The three main categories of PTSD symptoms are:

- Re-experiencing the Trauma. Upsetting thoughts, pictures, or feelings about the traumatic event just "pop" into his/her mind; may relive the traumatic event

through nightmares or from "flashbacks" when awake; reminders of the trauma may bring tears or other physical symptoms such as sweating, heart pounding, or stomach upset.

- Avoiding Reminders of the Trauma. Avoids situations, activities, or locations that might be reminders; may feel emotionally "numb" or detached – shutting down emotions to protect from painful feelings; may feel less close to friends and family; can feel hopeless about the future.
- Hyper-Arousal. Becomes jumpy or easily startled (e.g., overreacts to sudden loud noises); may become hypersensitive to signs of danger ("on guard"); may seem irritable or angry more than usual; may have sleep problems and trouble concentrating.

What Can An Adult Do to Help A Child with PTSD?

Observe. Be aware of changes in the child's behavior.

Talk. Speak with the child openly (and in a matter-of-fact manner) about the traumatic event. Follow his/her lead but don't avoid the topic. (If this is too upsetting for you, seek support from other adults in coping with your own feelings).

Listen. Ask the child about his/her thoughts and feelings regarding the event, and listen carefully to his/her words, tone, and body language. Gently help to correct any misunderstandings. Sometimes children feel guilty about what happened and mistakenly believe they are to blame; younger children may have unrealistic or "magical" ideas about how the trauma happened.

Support. Help your child to focus on his/her strengths and talents. Help him/her to develop and use strategies for healthy coping with any fears or anxiety.

Take Care of Yourself. Parents and other caregivers need to have support for themselves and their own reactions and feelings after a child has experienced a traumatic event.

Ask for Help – Treatments for PTSD

If a child continues to have symptoms that worry parents or caregivers, that bother the child or get in the way of his/her normal activities, or if a child has any behavior that endangers

himself or others, do not hesitate to get help from a mental health professional, preferably one who has experience in helping children after trauma. Also, explore the many resources available, such as those listed below.

Books and Brochures on Children and Trauma

For Providers, Teachers and Caregivers:

- "Helping Children Cope With Disasters and Terrorism" by La Greca, A, Silverman, W, Vernberg, E, & Roberts, M (eds.). Washington: American Psychological Association. 2002
- "Children and Trauma: A Guide For Parents and Professionals" by Cynthia Monahan, Jossey-Bass Publishers; San Francisco; 1997.
- "The Scared Child: Helping Kids Overcome Traumatic Events" by Barbara Brooks, Ph.D., and Paula M. Siegel; John Wiley & Sons, Inc.; New York; 1996.

For Children and Families:

- "Helping Children Cope with Crisis: A Guide for African American Parents." Call the National Institute for Child Health and Human Development Information Resource Center at 1-800-370-2943 or download the brochure from: www.nichd.nih.gov/publications/pubs/crisis/helping_children_crisis.cfm
- "The Handbook of Frequently Asked Questions Following Traumatic Events: Violence, Disasters, or Terrorism." 2002. Available in both English and Spanish. Order copies from The International Center to Heal Our Children at Children's National Medical Center by calling 202-884-2257 or download the document as .pdf file from: www.dcchildrens.com/dcchildrens/about/subclinical/subneuroscience/ichoc_resources.aspx
- "A Terrible Thing Happened" by Margaret M. Holmes; illustrated by Cary Pillo; Magination Press; American Psychological Association; Washington, DC, 2000.

Internet Resources

- Children's Hospital of Philadelphia: <http://www.chop.edu/healthinfo/post-traumatic-stress-disorder.html>
- David Baldwin's Trauma Information Pages: <http://www.trauma-pages.com/disaster.php>
- The National Institute of Mental Health: <http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>

Professional Mental Health Associations and Government Agencies

American Academy of Child and Adolescent Psychiatry	(www.aacap.org)
American Academy of Pediatrics	(www.aap.org)
American Psychological Association	(www.apa.org)
International Center to Heal Our Children	(www.dcchildrens.com/ichoc)
International Society for Traumatic Stress Studies	(www.istss.org)
National Assoc. of Social Workers	(www.naswdc.org)
National Center for PTSD	(www.ptsd.va.gov)
National Child Traumatic Stress Network	(www.nctsn.org)
National Institute of Mental Health	(www.nimh.nih.gov)
PTSD Alliance Resource Center	(www.ptsdalliance.org)

Scientific Citations

2005. Hoven, C et al. Psychopathology among New York City public school children 6 months after September 11. Archives of General Psychiatry, 62(5): pp. 545-552.
2003. Fletcher K. Childhood Post-Traumatic Stress Disorder. In: Mash E, Barkley R, eds. Child Psychopathology, Second Edition. New York, NY: pp. 330-371.
2003. Kassam-Adams N & Fein J. Posttraumatic stress disorder and injury. Clinical Pediatric Emergency Medicine, 4: 148-155.
2003. Saxe, G, Vanderbilt, B, Zuckerman, B. Traumatic stress in injured and ill children. PTSD Research Quarterly, 14 (2): 1-7. Available at www.ncptsd.org/publications/rq/rq_list.html
2003. Winston, F. K., Kassam-Adams, N., Garcia-España, J. F., Ittenbach, R., & Cnaan, A. Screening for risk of persistent posttraumatic stress in injured children and their parents. JAMA, 290 (5): 643-649.
2002. Norris FH, Friedman MJ, Watson PJ. 60,000 Disaster victims speak: Part II. Summary and implications of the disaster mental health research. Psychiatry 65: 240 – 260.
2001. Horowitz L, Kassam-Adams N, & Bergstein J. Mental health aspects of emergency medical services for children: Summary of a consensus conference. Journal of Pediatric Psychology, 26: 491-502.
2000. Daviss WB, et al. "Predicting Posttraumatic Stress After Hospitalization for Pediatric Injury." J. Am. Acad. Child Adolesc. Psychiatry, 39:576-583.
1999. Horowitz, L, et al., eds. Psychological Factors in Emergency Medical Services for Children: Abstracts of the Psychological, Behavioral, and Medical Literature. 1991-1998. Bibliographies in Psychology, Number 18. American Psychological Association.
1998. "Practice Parameters for the Assessment and Treatment of Children and Adolescents with Posttraumatic Stress Disorder." Journal of the American Academy of Child and Adolescent Psychiatry, 37:10 supplement, October 1998.

Updated September 2011