

# Post-Traumatic Stress Disorder

## What is it?

Post-Traumatic Stress Disorder (PTSD) is a trauma and stress disorder that a child or youth may develop after experiencing or witnessing actual or threatened death, serious injury or sexual violence (called a trauma). This event could have led to a serious injury or death and they may have felt overwhelming fear, helplessness or horror.

Here are some examples of traumatic events:

- domestic or family violence, dating violence
- community violence (shooting, mugging, burglary, assault, bullying)
- sexual or physical abuse
- natural disaster such as a hurricane, flood, fire or earthquake
- a serious car accident
- sudden unexpected or violent death of someone close (suicide, accident)
- serious injury (burns, dog attack)
- major surgery or life-threatening illness (childhood cancer)
- war or political violence (civil war, terrorism, refugee)

Children exposed to the same trauma may react very differently, even if they are in the same family. Even though many children will experience some trauma in their lives, many of them will not develop PTSD. The chances increase with how bad the trauma is. For example, a child who is the victim of sexual violence or who has witnessed the sudden violent death of a parent is at a higher risk of developing PTSD. Children and youth with PTSD continue to suffer the effects long after the trauma is over.

## How do I know?

# Signs and Symptoms

If the symptoms started after the child or youth experienced or witnessed a traumatic event, and if the symptoms don't go away, they might have Post-Traumatic Stress Disorder (PTSD). The symptoms can start right after the trauma or months or even years after.

There are four different types of post-traumatic stress reactions. To be diagnosed with PTSD, the child or youth should have at least one symptom from each of these four types.

1. The child or youth may re-live the trauma in their minds. They may:

- have upsetting and disturbing memories, 'pictures' and thoughts stuck in their minds about what happened
- act out parts of the event during play
- have frightening dreams
- act out the traumatic event or feel like it's happening right now
- be very upset or have physical reactions when seeing or hearing reminders of the trauma (a siren, photo of a family member, door slamming, bedroom)

2. The child or youth may avoid things that remind them of the trauma. They may:

- stay away from things associated with the trauma (clothing, dogs, if trauma was a dog attack)
- avoid thoughts, feelings or conversation associated with the trauma

3. The child or youth may experience changes in thoughts and feelings as a result of the trauma. They may:

- forget parts of the trauma or be confused about when things happened
- think more negatively about themselves, others and the world
- blame themselves or others for the event
- feel negative emotions (anger, fear, horror, etc.) that won't go away
- lose interest in things they used to enjoy (quit sports team or dance class, no longer want to swim or play with friends)
- show little emotion after a trauma or not want to be around people
- not be able to feel positive emotions (pleasure, satisfaction, etc.)

4. The child or youth may seem extremely alert and "on guard". They may:

- have difficulty falling asleep or staying asleep
- have a hard time concentrating or completing tasks
- often be on "guard" or look for signs of danger
- feel jittery or nervous, or easily startled; jump at sounds or possible threats (telephone ringing, a dog barking)
- do things that are reckless and dangerous
- become angry easily

## PTSD in different age groups

The following chart lists symptoms that can be seen in children or youth suffering from PTSD at different ages. It's important to remember that some of these symptoms may occur during stressful times and not just with PTSD. But if a child or youth has symptoms in reaction to a frightening event that remain for a long time, they may be suffering from PTSD.

Stage	Symptoms

<p>Early childhood</p>	<ul style="list-style-type: none"> <li>• fear of strangers, family or situations (clingy, avoiding, crying)</li> <li>• replays trauma through play or artwork</li> <li>• more alert (easily startled, very aware of danger)</li> <li>• act younger or no longer use already learned skills (stop using the potty, start sucking thumb)</li> <li>• body complaints (stomach aches, headaches, aches and pains)</li> <li>• frightening dreams unrelated to the traumatic event</li> </ul>
<p>School-aged children</p>	<ul style="list-style-type: none"> <li>• afraid of being separated from caregivers (doesn't want to be apart, trouble sleeping alone)</li> <li>• loss of trust (doesn't trust caregiver to keep them safe)</li> <li>• negative view of the world (thinks world is dangerous)</li> <li>• replays trauma through play or artwork</li> <li>• difficulty concentrating</li> <li>• loss of appetite</li> <li>• does more things without thinking first (impulsive, fights without considering the consequences)</li> <li>• defiant, or has intense anger outbursts or aggression</li> <li>• mood changes, seem unhappy or depressed</li> <li>• loss of interest in activities they used to enjoy</li> <li>• body complaints (stomach aches, headaches, aches and pains)</li> </ul>
<p>Teenagers young adults</p>	<ul style="list-style-type: none"> <li>• afraid to be separated from caregivers (clingy, resists being alone, tries to be near)</li> <li>• loss of trust (mistrusts caregiver)</li> <li>• negative view of the world (thinks world is dangerous)</li> <li>• very irritable, angry outbursts</li> <li>• impulsive behaviour (substance use, self-harm)</li> </ul>

- defiant, aggressive
- repeated thoughts of death, dying, killing themselves
- risky behaviour including intentional self-injury, alcohol and drug use and unprotected sexual behaviour
- mood changes, seem unhappy or depressed
- loss of appetite
- loss of interest in activities they used to enjoy
- body complaints (stomach aches, headaches, aches and pains)

## What can be done?

The first step is to make sure the child or youth is safe and their basic needs are being met. After that, if they keep experiencing stress symptoms for a month or more after the trauma, it is important to seek professional help.

# Getting help

## Trauma focused cognitive-behavioural therapy (TF-CBT)

TF-CBT is one effective treatment for PTSD. It teaches children and their caregivers about trauma and ways to cope with and manage anxiety. The child or youth learns to gently face fears instead of avoiding them. They learn to identify and challenge or "boss back" their unhelpful beliefs such as "the world is a totally unsafe place" or "it's all my fault." In CBT, they may be asked to talk about the trauma while practicing how to relax. They retell the story to work through the event and soften the power of the memory and feelings about it.

When working on 'brave behaviour', the child or youth practices many types of situations with their therapist. They will follow up at home with bravery goals. A bravery goal could be retelling the story of the trauma or sleeping alone. If the trauma was a car accident, they might have a goal of riding in a car again. They might imagine riding in the car and then touch the car. Later they might sit in the parked car and then ride in it on an empty street, etc. They learn to take baby steps and pay attention to their stress levels as they go along.

## Eye movement desensitization and reprocessing (EMDR)

EMDR is a psychotherapy treatment targeted at reducing distress associated with traumatic memories. Clinicians help target specific aspect of a chosen traumatic memory. Eye movements are used during one phase of the treatment. Research supports its effectiveness in treating both children and adults with PTSD.

## Play therapy

Play therapy can be used to treat young children with PTSD. The mental health professional uses games, drawings and other methods to help children process their thoughts and emotions connected to traumatic memories.

## Medications

Medications such as antidepressant and anti-anxiety medications can help some children deal with symptoms of depression, anxiety, anger, sleep problems and nightmares. Learn more about medications used to treat symptoms of PTSD.

Parents and other caregivers play a very important role in helping children with PTSD. Parents can help their children learn about anxiety and practice ways to relax. They can also help their child challenge unhelpful or fearful thinking by using helpful coping tools, and by learning how to engage in brave behaviours.

## Other tips to try at home:

- have a calm, structured home environment (practice ways to relax)
- develop and keep the same routines (morning, school, homework, bedtime)
- provide clear expectations, limits and consequences
- help your child learn about and identify feelings
- pay attention to your child's feelings
- remain calm when your child is anxious
- have realistic expectations for your child's age
- plan for transitions (getting to school, visiting relatives)
- help your child focus on the here and now (ask the child or youth to describe what they hear, see, smell, etc.)
- show your child the way you identify and accept your feelings
- show how to solve problems
- take care of your own needs – talk to others for support and ask for help when you need it
- be aware of and manage your own reactions, get help if you are struggling with this
- praise and reward your child's efforts to cope with trauma and stress (powerful ways to reinforce behaviour)





Research has shown that healthy living is very important for managing PTSD and in promoting wellness. Healthy living includes:

- regular exercise
- relaxation
- a balanced diet
- healthy relationships
- stress management
- good sleep
- community involvement
- social support

## Where to from here?

Talk to your doctor and get help from a mental health professional by:

- Getting a mental health assessment and support through your local Child and Youth Mental Health team (through a walk-in intake clinic in your community).
- contacting your Employee Assistance Plan (EAP), if you have this option
- contacting a private psychologist or counsellor:
  - visit the BC Psychological Association website or call 1-800-730-0522
  - visit the BC Association of Clinical Counsellors website or call 1-800-909-6303

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