POST-TRAUMATIC STRESS DISORDER (PTSD)

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
- Avoidance
- Denial of the event or inability to recall important aspects 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 one month. Symptoms usually begin within three 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 to be 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—this can make it difficult for teachers to respond with helpful interventions. Children with PTSD will often regress and be unable to perform previously acquired skills, even basic functions like speech. Some children may act younger than their age and/or become clingy, whiny, impatient, impulsive, or aggressive. Their capacity for learning may also be decreased. children with a PTSD may also have difficulty concentrating, become preoccupied, or they may become easily confused. They may also 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 actions of others.
- Don't hesitate to interrupt activities and avoid circumstances that are upsetting or re-traumatizing for the child. For example, a move or assignment about a natural disaster may trigger memories of the traumatic event the student has been through. 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).
- If a child wants to tell you about the traumatizing incident, do not respond by encouraging the child to forget about it. 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. Just listening can be very assuring.
- 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.
- For some students, any physical contact by a teacher or peer may be misinterpreted and result in an aggressive or emotional response.

For additional suggestions on classroom strategies and modifications, see An Educator's Guide to Children's Mental Health *pages 18–24.*

RESOURCES

National Center for PTSD

802-296-6300
Lifeline: 800-273-8255
www.ptsd.va.gov
ncptsd@va.gov
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

SAMHSA'S National Mental Health Information Center

PO Box 2345
Rockville, MD 20847
800-789-2647
www.mentalhealth.samhsa.gov
Resources about child and adolescent mental health and links to other web-based materials for educators

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.