After the Emergency Is Over:
POST-TRAUMATIC STRESS DISORDER IN CHILDREN AND YOUTH

What Is Post-Traumatic Stress Disorder (PTSD)?

After a frightening or distressing experience (any kind of injury, a physical or sexual assault, car crash, fire, or other natural disaster), a child or teen may suffer psychological stress in addition to any physical injuries. In the first few days to weeks after a trauma happens, people of all ages find that they have unwanted or upsetting thoughts or feelings about the trauma, and that for a while they are more “jumpy” (more on the lookout for possible danger). Often, they want to avoid things that remind them of the traumatic event that just occurred.

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

An estimated 70% of adults in the United States have experienced a traumatic event at least once in their lives; of these, up to 20% go on to develop PTSD. Children's experience of traumatic events is not as well documented. However, studies have found that about 30% of children who experience a traumatic event develop PTSD. Children can also develop PTSD symptoms when they witness or hear about a traumatic event that happens to someone they care about (for example, if a child witnesses a parent being attacked or hears about a friend who is shot).

There are three main categories of symptoms of PTSD:

• **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 through "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 (or wants to avoid) 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.
The EMSC Program is a federally funded initiative designed to reduce child and youth disability and death due to severe illness or injury. The Program is jointly administered by the Health Resources and Services Administration’s Maternal and Child Health Bureau and the National Highway Traffic Safety Administration. All 50 states, the District of Columbia, and five U.S. territories have received funding through the Program.

**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. (See resources listed below.)

Look for a mental health professional (counselor, psychologist, social worker, psychiatrist) with experience in helping children after trauma, and who can assess the child and make a recommendation about treatment. Treatment for PTSD in children and teens usually includes cognitive behavioral therapy to help reduce avoidance behaviors and to change ways of thinking that can perpetuate the symptoms of PTSD. Treatment for children also generally involves parents and other family members as well. Sometimes, children or teens can participate in group therapy (or a support group) with others who have also experienced a trauma.

**Books On Children and Trauma**

- Children and Trauma: A Guide For Parents and Professionals by Cynthia Monahan, Jossey-Bass Publishers; San Francisco; 1997;


- A Terrible Thing Happened by Margaret M. Holmes; illustrated by Cary Pillo; Magination Press; American Psychological Association; Washington, DC, 2000.

**Internet Resources**

- An extensive general bibliography on PTSD can be found at: www.sover.net/~schwcof/ptsd.html

- A comprehensive resource with useful information and links regarding trauma and PTSD can also be found at: www.trauma-pages.com

**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)
- American Psychiatric Association (www.psych.org)
- Anxiety Disorders Association of America (www.adaa.org)
- International Society for Traumatic Stress Studies (www.istss.org)
- National Assoc. of Social Workers (www.naswdc.org)
- National Center for PTSD (www.ncptsd.org)
- National Institute of Mental Health (www.nimh.gov)
- PTSD Alliance Resource Center (www.ptsdalliance.org)

**Scientific Citations**


