

## **Prevalence of PTSD in Children**

The National Comorbidity Survey Replication- Adolescent Supplement is a nationally representative sample of over 10,000 adolescents aged 13-18. Results indicate that 5% of adolescents have met criteria for PTSD in their lifetime. Prevalence is higher for girls than boys (8.0% vs. 2.3%) and increases with age. Current rates (as of August 2015) are 3.9% overall. There are no definitive studies on prevalence rates of PTSD in younger children in the general population.

## **Identifying PTSD**

Everyone reacts to trauma. What differentiates a reaction from PTSD is the timing of the reaction, its intensity, and the duration of the reaction.

## **Diagnostic Criteria of PTSD**

PTSD is a medical condition that affects some but not all who experience severe trauma. The diagnosis is given only when three different clusters of symptoms persist for at least a month. The symptoms usually appear within the first three months after a traumatic event. Symptoms may continue for years, or decrease and return later after an event triggers unpleasant memories. There is no way to predict the duration of symptoms, because the type of trauma and the resilience of the survivor vary so much.

(1) The first of these clusters is called "re-experiencing" and differs from normal memory. The feelings and images from the event come back unbidden as traumatic memories, flashbacks, nightmares or sensations. "Triggers" may bring on these feelings or flashbacks. A "trigger" is a reminder such as a person who resembles a victimizer or a movie with a violent scene.

(2) The second group of symptoms includes feeling numb or avoidant. It causes detachment from others and pessimistic feelings about the future. Students may seem aloof and unfriendly.

(3) Finally, the PTSD survivor can feel anxious, irritable, and has trouble sleeping and concentrating. This dimension will interfere with academic performance and, in some instances, cannot be easily helped. A student with PTSD may appear similar to a student with ADHD, needing extra time for assignments or test-taking in a quiet room because of the concentration problem. Students with are not usually hyperactive or disruptive.

## **Specific Symptoms Can Include:**

- Re-experiencing the event (flashbacks)
- Avoidance of reminders of the event
- Increased sleep disturbances/nightmares/sleeplessness
- Clinging behavior/reluctance to return to school
- Change in school performance
- Behavior disturbances or problems with concentration
- Recurrent distressing thoughts

- Restricted range of affect/emotional numbness
- Detachment/withdrawal
- Fearfulness
- Guilt
- Loss of interest in activities
- Physical complaints
- Increased arousal and irritability

### **Helping the Child at School**

When working with children who are at risk or have developed PTSD it is important to remember that interventions should come from a place of care and that unconditional positive regard is in the best interest of the child.

- **\*Provide a familiar, calm, consistent environment**
- Create an atmosphere in which the child feels safe to express his or her feelings without judgment -- yet do not pressure the child to do so
- Be aware of certain activities that may trigger the child's anxiety or regression and safeguard against them
- If you suspect that the child is a danger to him or herself or others, seek help immediately
- **\*Gently discourage reliance on avoidance; letting the child know it is all right to discuss the incident**
- Encouraging a return to normal activities
- Helping restore the child's sense of control of his or her life

### **Ways to Help a Parent**

- Stress that the parent should consider the child's developmental level when discussing a traumatic event
- **\*State the importance of keeping a child's routine as normal as possible, and that the child may need extra love, support and reassurance to feel safe**
- Encourage the parent to listen if the child wants to talk, but not to force him or her to do so
- Stress the importance of reassuring a child that his or her feelings are normal
- Emphasize that the child needs to hear that he or she is not to blame for what happened
- Comment that distressed children often exhibit regressive behaviors such as those of a younger child, so being critical of a child's immature actions could be detrimental
- Since feeling out-of-control is a common symptom, propose that the parent provide opportunities for the child to make simple decisions for him or herself
- **\*If the parent seems distraught, suggest that he or she try to find emotional support, so that the parent can be available to help the child**
- Keep lines of communication open between the parent and school personnel

PTSD and its symptoms are NOT due to weakness or orneriness. Anyone can have a medical illness or an injury and, usually, changes in mental health are similar in nature. Something has affected the ability of the nervous system to handle stress and it will take time to heal.

<http://www.ericdigests.org/2002-3/post.htm>

<http://www.giftfromwithin.org/html/FAQ-Professionals-School-Teachers-and-PTSD.html>

<http://www.kellybear.com/TeacherArticles/TeacherTip28.html>

<http://www.ptsdsupport.net/whatis.html>

[http://www.ptsd.va.gov/professional/treatment/children/ptsd\\_in\\_children\\_and\\_adolescents\\_overview\\_for\\_professionals.asp](http://www.ptsd.va.gov/professional/treatment/children/ptsd_in_children_and_adolescents_overview_for_professionals.asp)