



## **POST-TRAUMATIC STRESS DISORDER (PTSD) FACT SHEET**

**POST-TRAUMATIC STRESS DISORDER (PTSD)** is an anxiety disorder that some children/adolescents might develop after experiencing or seeing a frightening or dangerous event (e.g., violence, natural disaster, accident, abuse, etc.) that overwhelms their ability to cope.

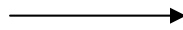
Depending upon the type of event they have experienced, between 5% to 63% of children/adolescents exposed to a traumatic event develop **PTSD**.

**PTSD** symptoms can vary by age and affect all areas of a child's life – home, work, school, and social life.

### **CLINICAL SYMPTOMS**

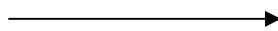
### **WHAT DOES A PARENT/CAREGIVER SEE?**

#### **Re-experiencing Symptoms**



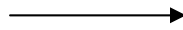
Flashbacks (reliving the trauma as if it was happening again); bad dreams; frightening thoughts; acting out the scary event during play

#### **Avoidance Symptoms**



Refusing to go places, do things, or see things that remind them of the experience; appearing sad or showing fewer emotions than before the experience; worrying; not wanting to engage in activities they used to enjoy; forgetting how or being unable to talk; having trouble remembering the scary event; guilt about surviving or not stopping event in time

#### **Hyperarousal Symptoms**



Easily startled; irritable or increasingly argumentative; difficulty sleeping; bedwetting when they have had control before; destructive behavior; thoughts of revenge

**EVIDENCE-BASED PRACTICES** are treatments that have shown through clinical research to produce positive outcomes for children and their families.

**The most common effective treatments for Post-Traumatic Stress Disorder (PTSD) are:**

- **Psychoeducation**
- **Relaxation**
- **Emotional Processing**
- **Cognitive Therapy**
- **Exposure**



**The most common effective treatments for Post-Traumatic Stress Disorders (PTSD) are:**

**Psychoeducation**

Psychoeducation is teaching children/adolescents and their caretakers about their mental illness. The purpose is to help children/adolescents and their families understand how the illness affects them and what kind of activities or treatment might help. Psychoeducation helps children/adolescents and their families understand that there are others who have similar problems and that there are treatments that work. This type of education helps them understand what will happen in the treatment sessions and how long the treatment might take. They will also learn what role the parent, the therapist, and the child/adolescent will play in the treatment, and that they will be a team that works on problems together. Psychoeducation for trauma might include safety planning and/or education about appropriate physical boundaries, depending on the type of trauma experienced.

**Relaxation**

Ongoing anxiety or stress can make children irritable and can interfere with concentration. Relaxation methods help children reduce stress. These exercises include muscle-relaxation, breathing exercises, imagery, mediation, and similar activities. Some methods are meant to be used away from daily activities. Others are useful in the moment.

**Emotional Processing**

Children and adolescents with PTSD are often overwhelmed by their emotions and have difficulty recognizing and coping with them. Emotional processing helps children learn about feelings, talk about how they feel, express emotions appropriately, and cope with uncomfortable emotions.

**Cognitive Therapy**

Cognitive therapy is used to teach children/adolescents about how the way they think about things can affect how they feel, and how they feel can affect how they act (behave). Cognitive methods might be used to help children understand how their thoughts are related to their moods and behaviors. They are taught strategies to help them check the accuracy of their thoughts and replace negative or unhelpful thoughts with more positive or helpful thoughts.

**Exposure**

Children might develop unrealistic fears. These fears may be related to objects or situations. Exposure is a technique that helps the child overcome fear. A special form of exposure designed for treating trauma is the trauma narrative, in which the child tells about the trauma experience through stories and/or pictures. This should always be done with the assistance of a mental health professional. Exposure for treating trauma is different than for other anxiety disorders because the goal is to expose the child/adolescent to memories, situations, or activities they are avoiding and not to the actual traumatic event itself.