Post-traumatic Stress Disorder in Children

All children may experience very stressful events that affect how they think and feel. Most of the time, children recover quickly and well. However, sometimes children who experience severe stress, such as from an injury, from the death or threatened death of a close family member or friend, or from violence, will be affected long-term. The child could experience this trauma directly or could witness it happening to someone else. When children develop long term symptoms (longer than one month) from such stress, which are upsetting or interfere with their relationships and activities, they may be diagnosed with post-traumatic stress disorder (PTSD).

Examples of PTSD symptoms include

- Reliving the event over and over in thought or in play
- Nightmares and sleep problems
- Becoming very upset when something causes memories of the event
- Lack of positive emotions
- Intense ongoing fear or sadness
- Irritability and angry outbursts
- Constantly looking for possible threats, being easily startled
- Acting helpless, hopeless or withdrawn
- Denying that the event happened or feeling numb
- Avoiding places or people associated with the event

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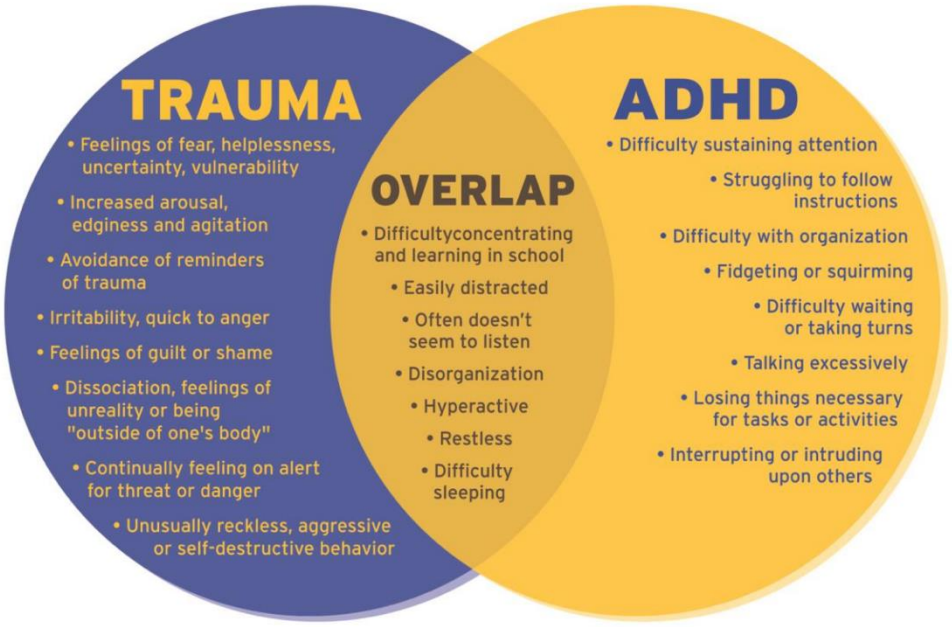
Because children who have experienced traumatic stress may seem restless, fidgety, or have trouble paying attention and staying organized, the symptoms of traumatic stress can be confused with symptoms of attention-deficit/hyperactivity disorder (ADHD).



Are Children with ADHD at Greater Risk for Trauma?

Researchers disagree on whether or not ADHD is associated with risk of exposure to psychological trauma. Some pediatric studies have documented that youth with ADHD are more likely than those without ADHD to develop child traumatic stress and vice versa.[ii] Some researchers maintain that children with ADHD should be considered a high-risk population for the development of child traumatic stress. Still other studies show children and adults diagnosed with ADHD are at elevated risk for exposure to traumatic events but not always for the development of trauma-related symptoms.[iii]

From The National Child Traumatic Stress Network Is it ADHD or Child Traumatic Stress A guide for clinicians. August 2016.

Examples of events that could cause PTSD include:

- Physical, sexual, or emotional maltreatment
- Being a victim or witness to violence or crime
- Serious illness or death of a close family member or friend
- Natural or human-made disasters
- Severe car accidents

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The first step to treatment is to talk with a healthcare provider to arrange an evaluation. For a PTSD diagnosis, a specific event must have triggered the symptoms. Because the event was distressing, children may not want to talk about the event, so a health provider who is highly skilled in talking with children and families may be needed. Once the diagnosis is made, the first step is to make the child feel safe by getting support from parents, friends, and school, and by minimizing the chance of another traumatic event to the extent possible. Psychotherapy in which the child can speak, draw, play, or write about the stressful event can be done with the child, the family, or a group. Behaviour therapy, specifically cognitive-behavioural therapy, helps children learn to change thoughts and feelings by first changing behaviour in order to reduce the fear or worry. Medication may also be used to decrease symptoms.

Prevention of PTSD

It is not known exactly why some children develop PTSD after experiencing stressful and traumatic events, and others do not. Many factors may play a role, including biology and temperament. But preventing risks for trauma, like maltreatment, violence, or injuries, or lessening the impact of unavoidable disasters on children, can help protect a child from PTSD.

[ii] *Biederman, J., Petty, C. R., Spencer, T. J., Woodworth, K. Y., Bhide, P., Zhu, J., & Faraone, S. V. (2013). Examining the nature of the comorbidity between pediatric attention deficit/hyperactivity disorder and post-traumatic stress disorder. Acta Psychiatrica Scandinavica, 128(1), 78-87.*

[iii] *Ford, J. D., Racusin, R., Ellis, C. G., Daviss, W. B., Reiser, J., Fleischer, A., & Thomas, J. (2000). Child maltreatment, other trauma exposure, and posttraumatic symptomatology among children with oppositional defiant and attention deficit hyperactivity disorders. Child Maltreatment, 5(3), 205-217.*

Reference:
Centers for Disease Control and Prevention
www.cdc.gov
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