

Post Traumatic Stress Disorder (PTSD) In Children & Young People



(19)

**A Guide for Parents and Care Providers
Let Us Help You To Put The Pieces Together!**



About this Guide

This document is for anyone who has experienced a traumatic, distressing or disturbing event and aims to provide some education around Post Traumatic Stress Disorder (PTSD) and the effects of PTSD not just on the mind, but the body. This is a quick simple guide and it is not intended to provide all information or to be taken as such.

What is a trauma?

A trauma is an emotional shock that is difficult to understand and to come to terms with. It is the result of an extraordinarily stressful event that shatters your sense of security, making you feel helpless in a dangerous world. (1)

When distressing or disturbing feelings carry on for more than three months your doctor or therapist may call those feelings by its medical name of Post-Traumatic Stress Disorder or PTSD. Events such as these don't happen often, but when they do, they can cause you to feel very afraid, upset, and helpless.

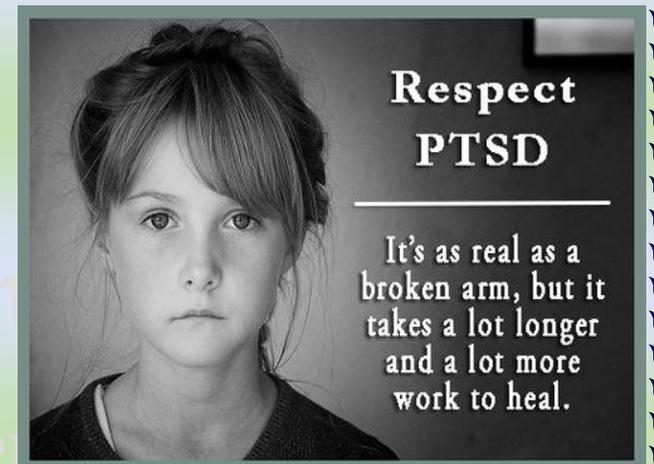
Post-traumatic stress disorder (PTSD) can develop following a situation that threatened your safety or made you feel helpless. Any event (or series of events) that

overwhelms you can trigger PTSD, especially if the event was

unpredictable and uncontrollable. An

event can be traumatic when we face or we

witness (see) an immediate threat to ourselves or to our loved ones and is often followed by fear of serious harm or injury.



What Causes PTSD in Children and Teenagers?

PTSD can come on after a singular traumatic event (see table below), however when someone has repeatedly experienced trauma over a period, symptoms can start at any time after the event and are similar to those of PTSD, however, this will be classified as Complex PTSD.

PTSD statistics - Children and teens

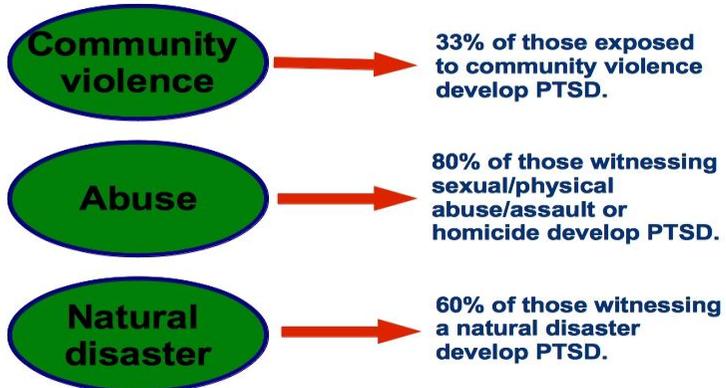
43% of the boys and girls will experience a traumatic event.

6% of these girls develop PTSD

15% of these boys develop PTSD

All teenagers and children with PTSD perform worse at school due to PTSD.

PTSD in children and teenagers can be effectively treated.



(4)

Examples of Upsetting and Confusing (traumatic) events that can cause PTSD.



THE GOOD

- Moving up a grade
- Graduation
- Getting into the school musical or play
- Meeting new friends
- Having a new boyfriend
- New School
- New Sister/Brother



THE BAD

- Over Scheduled
- Tough Classes
- Moving
- Sibling Rivalry
- Peer Pressure
- Bad Teacher
- Natural Disasters
- Car Accident



THE UGLY

- Family Verbal/Physical Violence
- Sexual Abuse
- Death of a Family Member
- Divorce
- Bullied
- Internet Grooming

Why are traumatic events so shocking?

They undermine our sense that life is fair, that life is reasonably safe and is secure. The symptoms of PTSD are part of a normal reaction to (3) such events. Lots of children and young people feel they CAN'T talk or DON'T want to talk or think about what happened to them, but no matter how hard they try, the memories pop into their minds anyway

What Does PTSD Feel Like?

It can be difficult to recognise PTSD in children and adolescents as signs look very different to what you would see in adults, so it is encouraged to speak to the young person concerned as well as the parents. Re-experiencing symptoms may take the form of re-enacting the experience, repetitive play or frightening dreams without recognisable content

Very Young Children

Generalised fears like anxiety and separation

Avoidance of situations

Sleep Disturbance

A preoccupation with words or symbols

Play that repeats the themes of the trauma

Young Children aged 5 to 12

Poor time recall when remembering trauma related events

A belief that there were warning signs that predicted the event

Issues with impulse control and risk taking

Problems with self image

Difficulty focussing and concentrating

References to the trauma in play situation, artwork or stories

Teenagers aged 12 to 18

Impulsive and aggressive behaviour

Possible insomnia and nightmares

Preoccupation on revenge

Feelings might feel numb

May be suicidal

Trauma re-enactment: Bringing aspects of the trauma into daily life

PTSD can make our thoughts feel very upsetting and confusing with emotions feeling out of control and over-whelming. It is important to know that these thoughts and feelings, although distressing, are a very normal response to the abnormal events or situations you have experienced. Although it can be hard to reach out and take that first step, help, understanding and support is available.



Complex PTSD Symptoms

In conjunction with the other symptoms already mentioned someone with Complex PTSD may also experience deep feelings of anger, shame, guilt, disgust, self-blame, mistrust and hopelessness due to the trauma being repeated over a prolonged period.

The victims can foresee their next traumatic experience although also unable to prevent it. Because the victim is unable to escape such event physically, they tend to escape through dissociating which although a completely normal reaction to protect our self; it can lead to other health problems. (3)

Other Symptoms

There are many other symptoms felt by someone who has experienced a traumatic event.

- Heart beating faster and/or stronger
- Tummy ache, constipation or diarrhoea
- Being very clingy
- Over or Under eating
- Difficulty trusting others
- Loss of interest in hobbies and/or going out
- Not wanting to talk to people
- Low mood, feeling sad, angry, anxious or scared, sometimes these feelings can seem very sudden and out of no where
- Thoughts can become confusing and negative which may feel scary, but don't worry this is normal although it is important to tell someone you trust about them and not keep them inside
- Difficulty at school

Sometimes, when something reminds us of the traumatic event, you might experience some of the symptoms instantaneously, like an instant reaction that feels out of control. This can be experienced as a strong feeling of fear or anger for example or it could come out in your body as a physical symptom like a tight chest, shortness of breath.

The Impact of Trauma in Childhood on Adulthood

Experiencing traumatic and upsetting events early on in life are also known as “adverse childhood experiences” or ACE’s. Research tells us that the more ACE’s a person has, the greater the risk of chronic illness in adult life.

Those having had four or more ACEs are also:

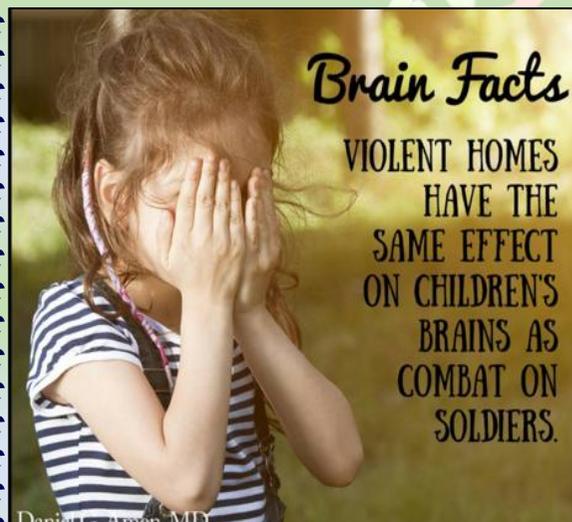
- Twice as likely to be frequent visitors to the GP over a yearly period
- Three times as likely to have gone to A&E or to have spent a night in hospital.
- Four times more likely to develop type 2 diabetes, than a child with no experiences.
- By the age of 49, a quarter was diagnosed with one or more chronic diseases. This compares with only 6.9% in those with no ACEs.⁽⁵⁾



Trauma and its effects on the young brain

When children are exposed to traumatic events or situations that overwhelm their ability to cope it affects the development of the brain of a growing child, but because the brain does not know how to behave in these situations it learns to adapt and build itself around these experiences.

For any child growing up in this kind of an environment where you are regularly stressed out, this can make you hypersensitive and fearful.

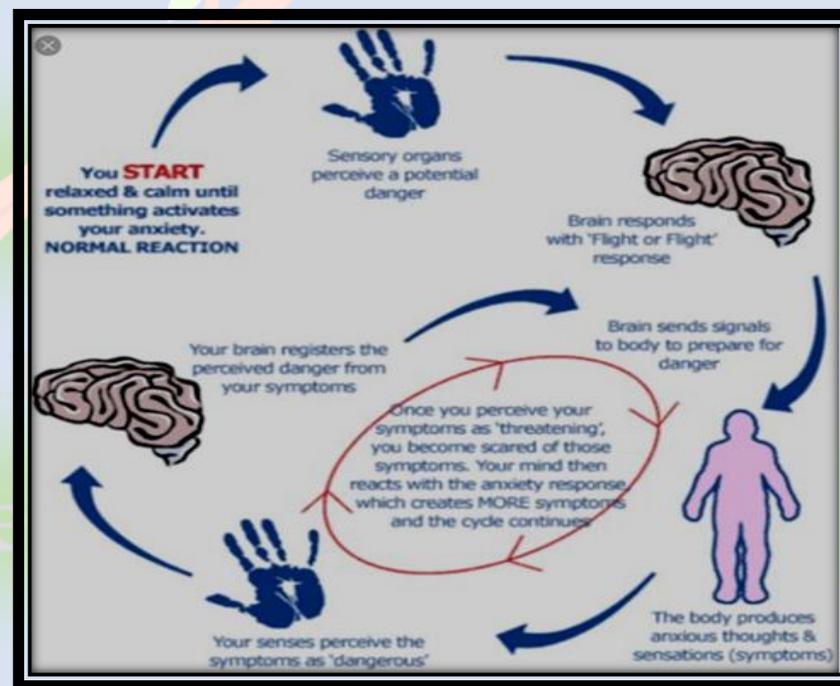


Your body manages new information and experiences without you being aware of it most of the time. However, when something out of the ordinary happens your natural coping mechanism can become overloaded.

This overload can result in disturbing experiences remaining frozen in your brain or being 'unprocessed'. These unprocessed memories and feelings are stored in the limbic system of your brain.

As we get older we often forget the memory of the trauma in early life but the painful feelings such as **anxiety, panic, anger and despair** are continually triggered and it feels as though the traumatic event/s are happening now. Thus, you forget how to live in the present and learn from new experiences. You can become affected in lots of different ways as it freezes your ability to think. People with PTSD cannot integrate the memories of the trauma properly.

Usually our body, emotions and thoughts are all connected but trauma separates them. Consequently, you might have vivid thoughts about what happened but experience no emotion. Or you could experience intense emotions without any thoughts or memories. (11) (13)



The brain changes due to trauma in children which can affect our brains development causing abnormalities in the left side of the brain. It's claimed that dysfunction of the left side of the brain in children results in greater use of the right side. This may in turn lead to being more sensitive to how we feel and express negative emotions and could assist in the unconscious storage of painful childhood memories

The brainstem is found to be **"dysregulated"** (means it's not working as it should) in traumatised patients which in turn causes many signs and symptoms including:

- Altered Cardiovascular Regulation
- Emotional Ability
- Behavioural Impulsivity
- Increased Anxiety
- Increased Startle Response
- Sleep Disturbances⁽¹⁰⁾

Attachment

Attachment is an emotional feeling that binds an infant or child with the 'primary caregiver' this is usually the mother. At birth a child is unable to survive by itself so it depends on the caregiver/s to protect it from harm and keep it safe. This bond is vital for the child's normal development.

(12)

'Each time a child is held, rocked, fed and spoken to, the brain growth is stimulated. Each time a child watches colourful scenes or listens to sounds, her brain circuitry grows and develops. As a child watches her mother's facial expressions and sees how she interacts with others, she learns to read the meaning behind other people's faces and behaviour. Without all this vital sensory input, a child's brain circuitry becomes impaired. That's why children who were neglected and mistreated early in life so often display delayed learning, social ineptness, attachment difficulties, aversion to touch or textured foods, poor behaviour in noisy rooms and even problems handling changed in schedule or plans'. (18)

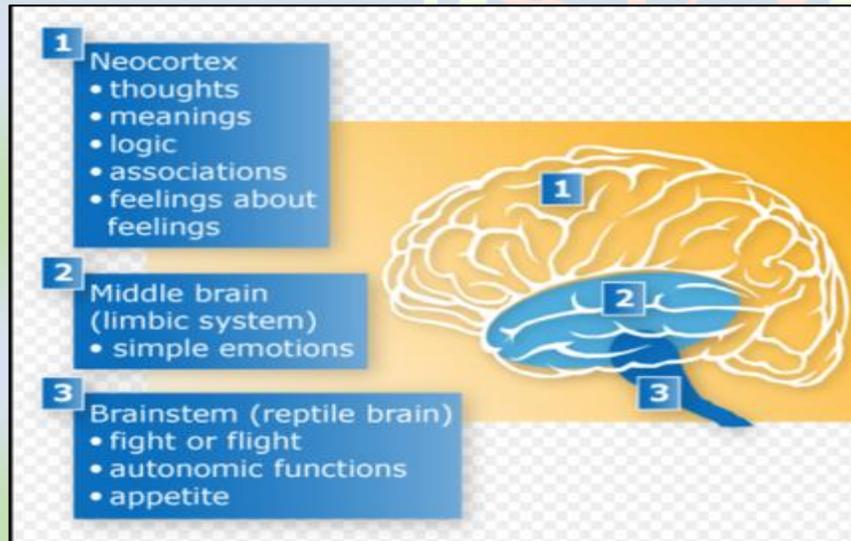
Children Learn What They Live

If children live with **CRITICISM**, they learn to **CONDEMN**.
If children live with **HOSTILITY**, they learn to **FIGHT**.
If children live with **FEAR**, they learn to be **APPREHENSIVE**.
If children live with **PITY**, they learn to feel **SORRY** for themselves.
If children live with **RIDICULE**, they learn to feel **SHY**.
If children live with **JEALOUSY**, they learn to feel **ENVY**.
If children live with **SHAME**, they learn to feel **GUILTY**.
If children live with **ENCOURAGEMENT**, they learn **CONFIDENCE**.
If children live with **TOLERANCE**, they learn **PATIENCE**.
If children live with **PRAISE**, they learn **APPRECIATION**.
If children live with **ACCEPTANCE**, they learn to **LOVE**.
If children live with **APPROVAL**, they learn to **LIKE** themselves.
If children live with **RECOGNITION**, they learn it is good to have a **GOAL**.
If children live with **SHARING**, they learn **GENEROSITY**.
If children live with **HONESTY**, they learn **TRUTHFULNESS**.
If children live with **FAIRNESS**, they learn **JUSTICE**.
If children live with **KINDNESS** and consideration, they learn **RESPECT**.
If children live with **SECURITY**, they learn to **HAVE FAITH** in themselves and in those about them.
If children live with **FRIENDLINESS**, they learn the world is a **NICE** place in which to live.

The Brain

The Neo Cortex - The Rational or Thinking Brain

This is the 'Executive Officer', 'Manager' of the brain. This is where all our memories are stored – like a filing cabinet! It is sometimes called the 'Orbitofrontal Cortex'.

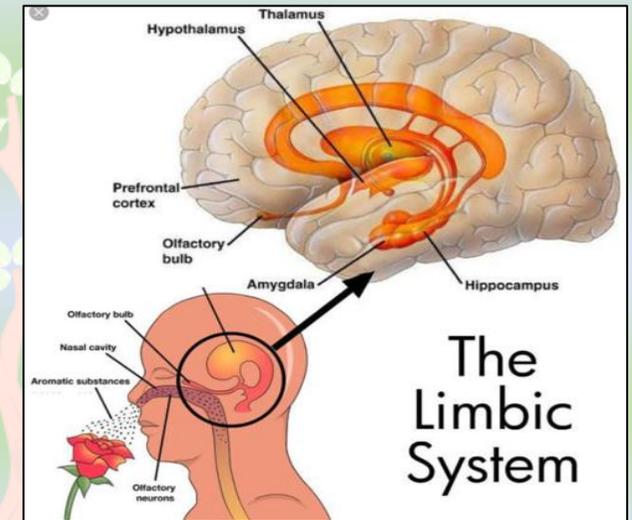


The Limbic System – Responsible for the Fear Network

The limbic system is the portion of the brain that deals with three key functions. These are emotions, memories and arousal or stimulation. It is made of several parts which are found above the brainstem. It also prepares the body for emergencies and is responsible for the fight, flight or freeze response. When your brain perceives a threat, it activates the body's fight, flight, freeze alarm system and adrenaline is released into the

blood from the adrenal glands. We experience uncomfortable feelings because the adrenaline makes the body systems speed up, this diverts blood towards the big muscles e.g. arms and legs, preparing us for attack (anger) or escape (anxiety).

The limbic systems traumatic memories can be continually triggered when we experience events which remind us of the difficult experiences we have been through.



The '**thalamus**' is a small structure of the brain that is responsible for detecting and relaying information from our senses such as smell and vision. You can think of it as the 'operator' or 'pathway' for sending messages to other parts of the brain. It regulates sleep, alertness and wakefulness and is also responsible for thinking and movement.

The '**hypothalamus**', is a vital part of the limbic system. It produces multiple chemical messages, called '**hormones**'. These hormones control water levels in the body, sleep cycles, body temperature, what food we eat, and they activate the fight or flight response.

The **'hypothalamus'** is an area of the brain that responds to the amygdala and the hippocampus to produce hormones that activate other parts of the brain and body.

The **'brain stem'** controls breathing, heart rate, consciousness, blood circulation, basic motor responses, relaying sensory information and regulating sleep patterns. It helps transmit messages from the brain to other organs

The **'amygdala' (The Jumpy Superhero)** is a small almond shaped structure, which is responsible for processing and creating a memory of our emotional reactions. It assists in the development of memories, particularly those related to emotional events and emergencies.



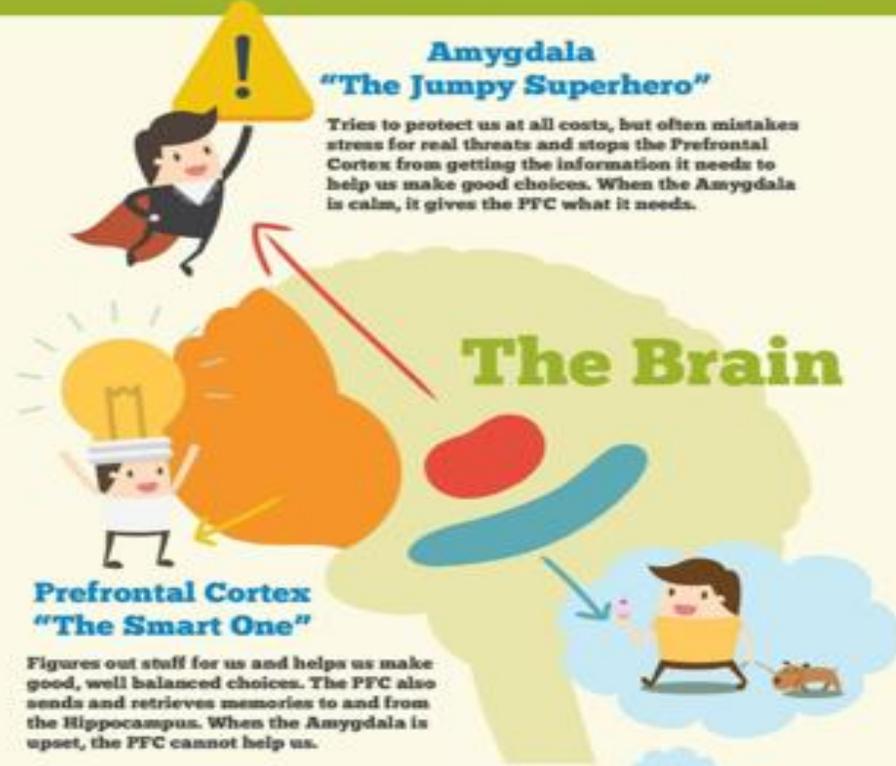
It's sometimes known as the brain's alarm system, smoke detector or 911!

The amygdala structure influences behaviour and activities so that they are appropriate for meeting the body's internal needs.

Increased **amygdala** activity is one reason some children experience terrors like nightmares. Memories of location may be fragile in early childhood as the hippocampus develops but deep emotional memories can be retained.

Blissful Kids

Mindfulness and the Brain – How to Explain It to Children



Amygdala
"The Jumpy Superhero"
Tries to protect us at all costs, but often mistakes stress for real threats and stops the Prefrontal Cortex from getting the information it needs to help us make good choices. When the Amygdala is calm, it gives the PFC what it needs.

Prefrontal Cortex
"The Smart One"
Figures out stuff for us and helps us make good, well balanced choices. The PFC also sends and retrieves memories to and from the Hippocampus. When the Amygdala is upset, the PFC cannot help us.

Hippocampus
"The Librarian"
The Hippocampus stores and recalls memories. When the Amygdala is upset, poor Hippocampus cannot store memories or properly bring them to mind.

Mindfulness To The Rescue
Mindfulness helps us to calm down, and this, in turn, calms the amygdala so that it allows the information flow to the prefrontal cortex—that part of our brains that helps us make good choices. When we're calm, we can more easily be mindful and make good choices.

www.blissfulkids.com facebook.com/blissfulkidsuk

Blissful Kids

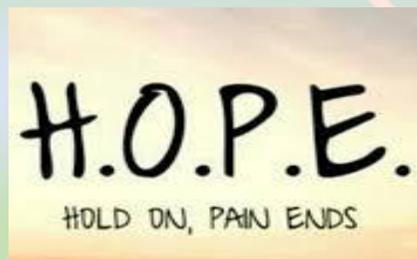
The **'hippocampus' (The Librarian)** is a tiny seahorse shaped structure. Its responsible for areas involved with emotions and is the **'memory centre'**. It's also responsible for converting short term memories into long term memories. The hippocampus is thought to work with the amygdala for memory storage; damage to the hippocampus may lead to amnesia – memory loss. The hippocampus is involved with learning and memory and also helps us to distinguish between dangerous, SAFE and rewarding situations.

The **amygdala** connects with the hippocampus as well as the thalamus. These connections play an important role in the negotiation and control of major activities like friendship, love and affection and the expression of mood. (8) (13) (15) (17)

How we cope

You may imagine floating out of body so you can distance yourself from what is happening – we call this **'dissociation'**. It reduces the affect and impact of the traumatic experience.

- Our body might shut down so we don't feel anything
- We might be feeling numb, blank or frozen
- We sometimes isolate ourselves for protection.

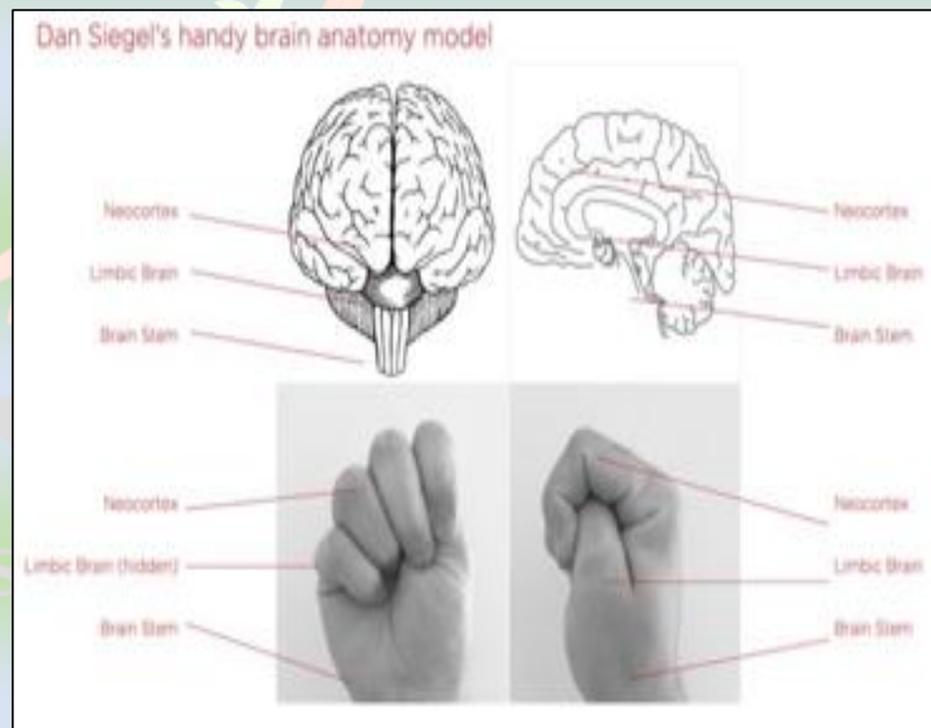


THESE ARE NORMAL REACTIONS TO TRAUMA.

The frontal cortex ability is decreased, so there is reduced ability to do left brain functions and it cannot distinguish between real threats from a false threat. Intense stress or trauma causes your heart to beat faster and release powerful hormones such as 'cortisol', 'epinephrine' and 'norepinephrine', 'oxytocin', 'vasopressin' and 'opioids'. They all help our body to cope with impending danger.

For some people, it produces a 'freeze' mode.

EXERCISE – TRY TO SEE THE DIFFERENT PARTS OF THE BRAIN



How does trauma & neglect affect infants and young children?

Very young children may have few of the PTSD symptoms we see in adults.

This may be because 8 of the 17 PTSD symptoms require the trauma survivor to talk about what happened. Young children may show a fear of strangers or be scared to leave their parent.

They might also have sleep problems or nightmares. They might think a lot about certain words or symbols that may or may not be related to the trauma.

Young children may also show post-traumatic play. This is when they repeat themes of the trauma. For example, a child who was sexually abused in her bed might play out 'dark' bedroom scenes with dolls. They might also be more fussy, irritable and aggressive. Sometimes young children may lose skills they once had, such as toilet training. Or they might go back to earlier habits, like sucking their thumb.



Research has highlighted the biological impact of early trauma. Neural development in the brain occurs most rapidly in early childhood and is shaped by experience. Prolonged stress can lead to an increase in arousal, stress hormones and biochemical alterations in emotion. Early stress and trauma can change the brain and have long-term effects on our physical,

mental, and emotional development. This often extends into later childhood, adolescence, and even adulthood.

Diagnosing PTSD in infants and young children

A diagnosis of PTSD requires exposure to a traumatic event. For infants and young children, it can be difficult to decide what constitutes a traumatic event. Does witnessing violence or experiencing neglect qualify as a traumatic or life-threatening event?



It is understandable that young children who experience a threat to their own or another's life may experience fear, helplessness, or horror.

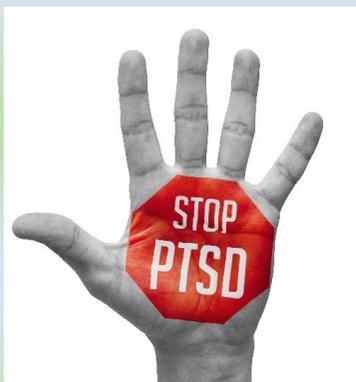
Defining a traumatic event is further complicated by the fact that the event might occur before the child can use language to encode the information. Young children are often not able to verbally describe the event or their reactions.

To aid in diagnosing PTSD and other psychiatric conditions in children ages 0 to 3 years, the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (5) was developed. (11) (12)

Treatment of children and young people suffering from PTSD

It is particularly difficult to identify PTSD in children. The treatments for children with PTSD are less developed but emerging evidence provides an indication for effective interventions.

Children, particularly those under eight years, may not complain directly of PTSD related symptom such as re-experiencing or avoidance. It is therefore vital that all opportunities for identifying PTSD in children should be taken.



The approach to effective treatment covers **recognising, assessing** and **treating** post-traumatic stress disorder (PTSD) in children, young people (and adults) is addressed in the NICE guidelines (GC 26 published in 2005).

The aim of the guidelines is to raise awareness of PTSD and to improve clinical coordination of care, especially with respect to children.

Addressing **early intervention** is important, where trauma focused cognitive behavioural therapy (CBT) can be offered to older children with severe post-traumatic symptoms in the first month after the traumatic event. However, where symptoms have been present for more than three months, or in children and young adolescents - including those who have been sexually abused – they should be offered a course of trauma focused

CBT that is **appropriately adapted** to suit the specific age group, the circumstances and the child's level of development. Furthermore, very young children will have limited language skills and therefore the use of stories, sand trays, drawings, and puppets should be considered, to support the child in working through their trauma.

Where appropriate, families should be involved in the treatment of PTSD in children and young people. The duration of trauma-focused psychological treatment for this group, suffering with chronic PTSD, should normally be 8–12 sessions when the PTSD results from a single event. Longer sessions than usual are typically necessary (for example, 90 minutes). Treatment should be regular and continuous (usually at least once a week) and should be delivered by the same person, however drug treatments should not be routinely prescribed for children and young people with PTSD.⁽⁶⁾

Further support and Self-care Options

There are many ways that children can use to help reduce their stress and to relax. Depending on the child, some may work better than others. Become involved and try teaching your child one or two of the techniques to start with, and as they become more 'ready' gradually add in other techniques.





Watching a film

Watching a calm or happy film with friends or family can be very relaxing and fun, “Inside Out” is a great film that shows some of what we have discussed here in terms of thoughts and feelings and how they connect.

Listening to Music

Even very young children may enjoy listening to relaxing music – select a range and let them choose the music or songs that they like.

Exercise

Exercise is a great form of relaxation. Walking, running, swimming and playing all provide the kind of exercise that children love. However, do not overlook exercising to music, especially to music that they choose themselves.

Deep Breathing

Deep breathing is an effective way of slowing down the body's natural response to stress. It slows down the heart rate, lowers blood pressure and provides a feeling of being in control – breathe in deeply; hold your breath for a moment; let it out slowly; repeat until relaxed.

Laughter

Laughter is a wonderful stress reliever that soothes tension and helps the body relax – watching funny films or cartoons; telling jokes; dressing-up; making silly faces, etc.

Visualisation

Visualisation/Guided Imagery – where your imagination helps to slow down the babble in the mind and releases any adverse thoughts and concerns. Imagining a beautiful, peaceful place – maybe where you have been on holiday – may be easy for your child to use to relax. Imagining colours such as those in a rainbow can also be helpful and may have a calming influence.

Meditation

Techniques, such as yoga or transcendental meditation, relax the mind and body. Here is a simple meditation – without any sounds in the room, and maybe sitting on their bed, ask them to place their hands in their lap, and close their eyes; practice the breathing exercise – between 30 and 50 ‘Ins and Outs’; get them to listen to their breathing – becoming calmer and focused. At the end of the breathing exercise, taking a deep breath, letting it out slowly, then opening their eyes. Get them to stretch as they come off the bed and shake themselves.

Guide for parents, guardians and carers

While PTSD can be treated, providing appropriate support in the immediate aftermath of a traumatic episode can prevent PTSD from developing. Parents can help by:

- Allowing the child to discuss the event at their own pace;
- Reassuring the child that their feelings are understandable and normal;
- Allowing the child to regress to an earlier stage, if the child feels that action is appropriate; and
- Letting the child have control over some part of the day, so they feel less powerless.

If the symptoms don't subside or the child seems to be growing worse, professional help is always best. In a structured program, therapists can provide treatments that allow the child to slowly become accustomed to the presence of the disturbing memories without feeling the need to react in a negative manner. Therapy might also teach the child how to soothe their distress through breathing exercises, meditation or physical activity. Some teenagers benefit from family therapy in which the whole group works on communication techniques.⁽⁷⁾

Helpful Thoughts for the Day:

“Don't forget to love yourself”

(Soren Kierkegaard, page 242)

“Nobody can be exactly like you; learn to accept and love your uniqueness” (page 251)

“On your way to wherever you are going, find beautiful things to notice” (page 358)

A Thousand Paths to Mindfulness (Liz Dean, Octopus Publishing Group, ISBN 978-1-84601-503-8)

Helpful Contacts for Children, Young People, Parents and Carers

Childline www.childline.org.uk 0800 1111 (free)	Child Abuse Survivor Services www.parentsprotect.co.uk
NSPCC www.nspcc.org.uk 0808 800 5000 (Help for adults concerned about a child)	Samaritans www.samaritans.org.uk

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The Poisoned Parrot

Imagine you're given a parrot. This parrot is just a parrot - it doesn't have any knowledge, wisdom or insight. It's bird-brained after all. It recites things 'parrot fashion' - without any understanding or comprehension. It's a parrot.



However, this particular parrot is a poisoned and poisonous parrot. It's been specifically trained to be unhelpful to you, continuously commenting on you and your life, in a way that constantly puts you down, criticising you.

For example, the bus gets stuck in a traffic jam, and you arrive at work 5 minutes late. The parrot sits there saying: "There you go again. Late. You just can't manage to get there on time can you. So stupid. If you'd left the house and got the earlier bus you'd have arrived with loads of time to spare and the boss would be happy. But you? No way. Just can't do it. Useless. Waste of space. Absolutely pathetic!"



How long would you put up with this abuse before throwing a towel over the cage, or getting rid of the parrot?

Yet we can often put up with the thoughts from this internal bully for far too long. Decades. We hear that 'parrot', believe the 'parrot', and naturally get upset. That then affects the way we live our lives - the way we behave towards others, how we are, what we think about others, what we think about the world, and how we think and feel about ourselves.



Who do you think you are..!

We can learn to use the antidote: just notice that parrot, and cover the cage! "There's that parrot again. I don't have to listen to it - it's just a parrot". Then go and do something else. Put your focus of attention on something other than that parrot. This parrot is poison though, and it won't give up easily, so you'll need to keep using that antidote and be persistent in your practice!



Eventually it will get tired of the towel, tired of you not responding. You'll notice it less and less. It might just give up its poison as your antidote overcomes it, or perhaps fly off to wherever poisoned parrots go.

Adapted from "The Malevolent Parrot" (Kristina Ivings)