Trauma and Posttraumatic Stress in Children-Information for Caregivers

What is trauma?

A trauma is an event or series of events that involve fear or threat. Traumas include: child abuse, sexual or physical assault, witnessing violence, disasters, serious accidents, violent crime, and the sudden or violent death of a loved one.

What is Posttraumatic Stress (PTS)?

PTS is reactions to trauma. These reactions can occur if children experience the trauma happened, witness the trauma or if the trauma happened to someone very close.

PTS can include:

- Upsetting and unwanted memories of the trauma
- Nightmares or feeling like it is happening all over again (flashbacks)
- Trying not to think about the trauma
- Avoiding reminders of the trauma even when they are not dangerous
- Having changes in mood such as being scared, confused, sad, ashamed or angry a lot
- Being hyper alert, jumpy, nervous, on edge
- Trouble sleeping or concentrating
- Blaming self for what happened
- Thinking you are a bad person because of what happened
- Not trusting people
- Worry that it will happen again

Children are not always able to identify their feelings or reactions. PTS can show up in behaviors such as acting more insecure or anxious, or being irritable and difficult to handle at home or at school. Sometimes children act out the trauma in play.

Is PTS normal?

It is normal to have reactions to a trauma. Most children are at least somewhat upset after a trauma. Some have stronger reactions. There are many reasons why some have stronger reactions than others. No matter what the initial reaction is, children can still recover.

When is PTS a serious problem?

PTS is usually worst right after the trauma and then gradually gets better. After a few weeks or months, most of the time, PTS is not a big problem. When PTS does not get better or if it gets worse, then professional help may be necessary.

PTSD

PTSD is a mental health condition that can result when PTS does not get better over time. The symptoms persist or get worse. They interfere with normal functioning.

What helps with PTS?

- Remind children that the trauma is over and they are safe now
- Learn about children's trauma reminders so you can help handle them
- Teach them to practice stopping and calming down when they have reactions
- Support them in not avoiding reminders or situations as long as they are safe
- Tell children that no matter want they did the best they could in the situation
- Show them a lot of support and reassurance. Make sure they are safe.

Caregivers can have PTS as well. Sometimes it is from the past; sometimes it is because of children's trauma. The same strategies that work for children work for adults. It helps children when the adults in their lives are dealing with their own PTS. It is especially important that parents learn not be too upset around their children. It is also important to make sure that children really know they can talk about the trauma and their reactions and that their parents can handle it.

When is professional help needed?

If the PTS symptoms persist without getting better or get worse and they are interfering with functioning at home, school and in the community.

What is the treatment?

There are effective treatments for PTSD in children. Proven treatment actively involves caregivers in the counseling during sessions and at home to help the child carry out the skills. Treatments are brief (usually 12-20 sessions), structured and trauma-focused. Medication can also be helpful in certain cases. If you seek treatment for the child, make sure to check that the therapist or doctor is familiar with the evidence based treatment approaches so that you get the highest quality care.

Long term impact of trauma

Traumas are often significant life experiences. Passage of time or treatment does not change the fact that they happened or that they were very hard experiences for children to go though. In some cases there are permanent changes in outlook and lifestyle like more need for safety. This is not always bad. The goal of treatment is to lower distress, help put the experience into perspective, and return children to normal activities and functioning.