

Post-traumatic stress disorder

Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder that may be diagnosed after a person experiences or witnesses a traumatic event, or learns that a traumatic event has happened to a loved one. The current definition of PTSD requires that the child or young person has experienced a traumatic event that involves exposure to actual or threatened death, serious injury, or sexual violence.

What causes PTSD?

Examples include:

- Being involved in, or witnessing, a car accident
- Undergoing major surgery (bone marrow transplant, extensive hospitalization, severe burns)
- Experiencing or witnessing natural disasters (earthquakes, hurricanes, floods, fire)
- Violent crimes (kidnapping, physical assault, assault or murder of a parent or loved one)
- Community violence (attacks at school, suicide of a friend, family member, or a child in the same-age group)
- Chronic physical or sexual abuse

Following the event, a student experiencing post traumatic stress may report intrusive symptoms such as repetitive and upsetting memories, such as, “I can’t stop hearing that crunch noise when the car hit the tree”. This may be acted out in play by younger children, for example repeatedly hitting a toy car against the wall. Other intrusive symptoms include distressing and vivid night and day dreams (also called ‘flashbacks’ whereby the student acts as if the event is actually happening in real time), and becoming highly distressed when exposed to reminders (triggers) of the event. They may avoid reminders of the event, report an inability to recall significant details of the event, experience a range of negative emotions such as sadness, guilt, shame, and confusion, and lack interest or desire to participate in important activities. Children or young people experiencing post traumatic stress may also experience irritability, being jumpy or on edge, have trouble concentrating, and sleep difficulties. To meet the criteria for PTSD these combined symptoms

must persist for more than a month following the event, although some children and young people may experience a delayed reaction to the trauma, so that clear signs are not noticeable until six months or more after the event.

Further facts about PTSD and children and young people:

- Approximately 1% of children and young people aged up to 18 will have a diagnosis of PTSD at any given time (NCCMH/NICE, 2015a).
- Girls are twice as likely as boys to develop PTSD (NCCMH/NICE, 2015a).
- The chance of developing PTSD increases with the severity of the trauma. For example, almost all children who are sexually abused, or who witness the death or assault of a parent, will later suffer PTSD.
- Youth with behaviours consistent with a diagnosis of PTSD may experience other problems as well, including depression, other anxiety problems, or acting-out behaviours. In young people with PTSD, substance abuse problems are also common (for example, drug or alcohol use).
- The negative effects of PTSD are far reaching, impacting quality of social, occupational, interpersonal, developmental, educational, and health functioning throughout the lifespan. Timely and effective intervention is critical.

How does trauma affect children and young people's learning?

When a person experiences a traumatic event, the body's neuronal and hormonal responses can have long-term effects on the activity within areas of the brain involved in memory, attention and emotional regulation, and communication between these regions. As a result, parts of the brain may become under or over-responsive to internal and external cues such as stress, memories, noises or reminders of the event. The combination of the emotional and physiological changes resulting from the trauma can impair the child or young person's ability to learn and performance at school. Due to the way the brain processes trauma, something which happens in the present may trigger a memory connected to the past trauma (a 'flashback' – see Box I below), and parts of the brain respond as if the trauma is happening again in the present moment. The person's fight or flight response will be activated as a means of survival. Examples of ways to support a child or young person with this are detailed below in Table 9.

WHAT IS A FLASHBACK?

Anyone who has experienced a traumatic event can experience flashbacks. Flashbacks are a memory of a frightening or painful experience, which may have occurred either in childhood or their teenage life. It tends not to be like an ordinary memory, but more a sudden and unexpected intrusion.

Box I: What is a flashback?

Recommended further reading about Post-Traumatic Stress

Betsy de Thierry (2016) *The simple guide to child trauma*. London: Jessica Kingsley Publishers.

Karen Treisman (2017) *A therapeutic treasure box for working with children and adolescents with developmental trauma: Creative techniques and activities*. London: Jessica Kingsley Publishers.

Susan E Craig (2015) *Trauma-Sensitive Schools: Learning Communities Transforming Children's Lives, K-5*. New York: Teachers College Press.

Susan E Craig (2017) *Trauma-Sensitive Schools for the Adolescent Years: Promoting Resiliency and Healing, 6-12*. New York: Teachers College Press.

How to support children and young people experiencing post traumatic stress

Challenge	How to support the child or young person
<p>A child or young person is continually “zoning out” in your lessons</p>	<p>If it is not daydreaming or lack of concentration, then the “zoning out” may be what’s termed as “dissociation.” When people experience trauma, if the experience is overwhelming, then as a way of protection the mind will go into shut down mode, which appears to others as the person zoning out or not being fully present. If the child or young person is experiencing this, support can be offered in the following ways. Ideally you will have discussed with them in advance what it is that might help so that you don’t inadvertently trigger them further, so here are some suggestions:</p> <ul style="list-style-type: none"> • Support them to connect with their body by stroking their arms and legs in a rubbing up and down fashion. (Coping) • Support them to try and hold eye contact with you and say their name regularly. (Coping) • Talk them about what smells might help, ensuring there is not a traumatic memory attached to the smell, for example something strong like geranium oil can be effective. You can then give them something that smells of this at the time. (Coping) • Once they begin to come back to the present moment, support them to be able to move around the room, or wherever you are. (Coping) • Provide a rug, blanket or other item that they can hold and squeeze if things become distressing. (Coping) • Help the child or young person identify what their triggers are, what support they might need when triggered and what to avoid. (Coping) • Develop a card system so that if the child or young person becomes aware that they are beginning to feel distressed they can go to a safe place in the school. (Coping) • Develop a buddy system in the school so that the child or young person has someone that they can go to when they are in need of support. (Learning) • If the child or young person is really struggling they may need shorter lesson times due to their challenges with concentrating and absorbing information as a result of the trauma. (Learning) • Identify a “safe” member of staff that the child or young person feels able to go to for support. (Learning) • It may be useful to be aware of what time of the day the person experienced the trauma, as time of day can often be a trigger. (Learning)

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Challenge	How to support the child or young person
<p>A child or young person is refusing to come to school due to feeling terror</p>	<ul style="list-style-type: none"> • This is perfectly understandable when someone has experienced a trauma. As with all psychological challenges, normalise what the child or young person is experiencing and be accepting and caring in your approach. (Accepting) • Work with the parents and child or young person to understand what it is about school that feels so frightening. (Learning) • Explore what the child or young person needs in place to support their safety. (Basics) • Keep communication pathways and the connection with the child or young person open and regular. (Belonging) • Support the child or young person's pace, the dilution of their fear is not something that can be rushed. (Learning) • Do an anxiety ladder exercise with the child or young person, where you score the most fearful action related to being at school, for example this may be spending all day at school, to the least feared action, which could be putting on their school uniform. Explore with the child or young person what support they would need to achieve these tasks and from this develop a return to school plan. (Core Self) • Help them understand the difference between real danger and perceived danger, and the likelihood in their world of the real danger (re)occurring. It is important that you stay with the child or young person's perspective otherwise it can feel dismissive. (Coping) • Carry out a Theory A and Theory B activity (a Cognitive Behavioural Therapy CBT activity; Wells, 1997) with the child or young person. Theory A is what the fear is telling them will happen (write these in one column), and Theory B is an alternative way of looking at things (write these in another column). Rate how much they believe the Theory A explanation. Then very gently note down all the factual evidence for each explanation in both of the columns, and rate how much the person believes the Theory A explanation at the end. You should arrive at a place where the belief in Theory A has shifted in a more hopeful direction. Ensure you stay with the facts, as opposed to someone's emotional opinion about something, when you are reviewing the evidence for each explanation. For more support on this activity go to: http://www.drcarnazzo.com/uploads/1/3/4/3/13437686/testing_assumptions_-_theorya_theoryb.pdf

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<p>A child or young person is engaging in self-destructive behaviours (continued)</p>	<p>Depending on the trauma experienced, a child or young person can end up feeling either of the following:</p> <ul style="list-style-type: none"> - There is no future - They are not important enough to keep safe - It was their fault and therefore they deserve to be hurt/punished - They don't have a way of coping with flashbacks or intrusive thoughts <p>And therefore they may engage in self-destructive behaviours. So what they need is:</p> <ul style="list-style-type: none"> - Support to take one day at a time. Sometimes taking a whole day at a time can feel overwhelming for people who have experienced trauma, so break the day down hour by hour – or even 30mins, whatever they feel is manageable – to support them to both get through and to try and stay in the moment. (Coping) - Remember tomorrow is another day: Quite often if people engage in self-destructive behaviours they punish themselves for it. Help them to try and understand the reasons that this happened today, and that tomorrow will be another day, which doesn't need to be the same. (Coping) - Do a responsibility pie chart for the incident and look at all the factors that were responsible and how much responsibility they are placing on themselves, and whether this is fair or accurate. (Core Self) <p>Don't try and stop the behaviours as this will only invite resistance. Instead try to speak to the child or young person (and the parent if appropriate) to introduce ideas for alternative coping behaviours. Ideas may include:</p> <table border="1" data-bbox="491 1155 1442 1901"> <tbody> <tr> <td>Talking with someone who cares</td> <td>Sports exercise – walking/running/dance</td> <td>Gardening/plants</td> </tr> <tr> <td>Visiting a friend</td> <td>Telephoning a friend</td> <td>Painting or drawing</td> </tr> <tr> <td>Colouring</td> <td>Writing letters</td> <td>Puzzles</td> </tr> <tr> <td>Watching TV/DVD</td> <td>Listening to music</td> <td>Cinema</td> </tr> <tr> <td>Shopping</td> <td>Hobbies</td> <td>Hold a safe object</td> </tr> <tr> <td>Sit in a safe place</td> <td>Listen to soothing music</td> <td>Sing favourite songs</td> </tr> <tr> <td>Use potpourri</td> <td>Buy fresh flowers</td> <td>Eat a favourite food</td> </tr> <tr> <td>Have a soothing drink</td> <td>Have a bubble bath</td> <td>Soak your feet</td> </tr> <tr> <td>Play with a pet</td> <td>Ask for a hug</td> <td>Put lights on (to sleep)</td> </tr> </tbody> </table> <p>Try and do a timeline of things that happened after the event, this can provide hope that life goes on. (Core Self)</p>	Talking with someone who cares	Sports exercise – walking/running/dance	Gardening/plants	Visiting a friend	Telephoning a friend	Painting or drawing	Colouring	Writing letters	Puzzles	Watching TV/DVD	Listening to music	Cinema	Shopping	Hobbies	Hold a safe object	Sit in a safe place	Listen to soothing music	Sing favourite songs	Use potpourri	Buy fresh flowers	Eat a favourite food	Have a soothing drink	Have a bubble bath	Soak your feet	Play with a pet	Ask for a hug	Put lights on (to sleep)
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Challenge	How to support the child or young person
<p>A young person is having flashbacks or intrusions in lessons (continued)</p>	<ul style="list-style-type: none"> • Create a personal first aid kit with the child or young person: a box that will have items in it that are familiar to them and support them to self soothe. (Coping) • Support them to return to the present moment. You could try this technique: To support their association to their immediate surroundings help them feel where their body makes a boundary with the chair and floor and say the following: <i>"Feel the arms of the chair against your arms and your feet on the floor. Can you name things with your senses?"</i> for example, <i>"What can you hear that tells you are in the present?"</i> <i>"Name five things in this room that are green?"</i> A useful question for them to consider is, <i>"Think of something that you know is real now that helps you to know that [the traumatic event] is in the past, that you survived it and are safe now."</i> • The child or young person may find it reassuring or grounding to carry a stone or something familiar and comforting in their pocket that they can stroke, hold or rub it when a flashback occurs. Some people keep an elastic band around their wrist and 'ping it' to try and bring them back to the here and now. (Coping) • It may be useful to try and identify if there is anything in particular that triggers the child or young person's flashbacks in lessons/the classroom/school. It may be useful in the short-term to avoid the triggers, although depending on what they are it may not be possible to control when they occur. (Learning) • If they feel safe enough with you, ask them if they would like to talk through what happened in the flashback, or perhaps draw an image or write it down. Ensure you are with them, and also ensure that there is support after this process so they don't need to return to lessons. (Belonging) • Follow guidelines for supporting someone with a panic attack, for example at https://makingsenseoftrauma.com/wp-content/uploads/2016/04/Flashback-Protocol.pdf. (Coping) • If the intrusions are continuing to interfere with lessons and learning, speak to your Primary Mental Health Worker. (Core Self)

Table 9: Using the Resilience Framework to support children and young people experiencing distress.