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Post-traumatic stress disorder

Children today have been exposed to many horrific and tragic events such as acts of terrorism, media coverage of the war in Afghanistan, school shootings and more recently, the kidnappings and murders of innocent children taken from their bedrooms and backyards. Such events can ignite fear and worry even in the stoic. Children may worry: *Could it be me next? Could it be my Mom or Dad or my friend?*

Although most people have a range of emotional reactions to tragedies, these reactions of fade with time. Children, like adults, may also have a range of responses to trauma. Some do not fully appreciate the nature of the event, and may have limited interest or passing curiosity. At the other end of the spectrum, some children may develop intense fear, a sense of horror and confusion. Some may develop an extreme reaction known as *Post-Traumatic Stress Disorder (PTSD)*.

PTSD is an anxiety reaction that occurs in response to exposure to a catastrophe of great magnitude. Initial reactions may include shock, disbelief, helplessness, and a sense of the surreal. As reality sinks in, a multitude of tumultuous emotions may surface. There may be intense, overwhelming grief, panic, confusion and feelings of unreality. Dreams, nightmares, tension and vigilance are also common PTSD symptoms. If the event was manmade, deliberate or preventable, there may be anger, outrage and urges for justice or vengeance.

Signs and symptoms of Post-Traumatic Stress Disorder

- ❑ Exposure to a traumatic event in which death or serious injury occurred or was threatened, and accompanied by intense fear, terror or helplessness
- ❑ Reliving of the experience via upsetting memories, thoughts, dreams, feelings of recurrence, or physical reactions, when exposed to cues of the event
- ❑ Avoidance of any events, objects or situations associated with the trauma
- ❑ Physical symptoms of anxiety such as problems sleeping, irritability, exaggerated startle response, difficulty concentrating and hypervigilance

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PTSD reactions may evolve over a period of time and not happen in a predictable sequence. Children who are prone to anxiety or who have previously experienced trauma may have more severe reactions, even if they are not directly impacted. They may question their safety, and lose trust in adults who were unable to keep them safe. They may express fear that the event will reoccur or will happen directly to them. Separation fears may emerge, as children may worry that they or their parents will be killed or hurt if the event recurs. They may be confused over the difference between real and imagined events, particularly those in movies and TV shows.

Some children may become easily upset and revert to immature and regressed behaviors such as thumb sucking, bedwetting, clinging or tantrums. Bedtime fears and nightmares may resurface or increase; some may insist on having parents stay with them at night. Older children and adolescents grasp the larger implications of a tragic event or disaster, and may question the possible reasons for the event. They may also experience confusion, sadness, anger, and a need to seek justice or vengeance. Sometimes, teenagers may appear callous and unconcerned by joking about the events. Although humor is a normal way of coping, some may carry it to insensitive levels.

The duration of PTSD reactions also varies. For most, the impact fades with time and support, and they are able to move on with their lives. For others, the emotional trauma may persist and resurface over time. Over the long term, there may be increased emotional “numbness,” detachment, and an inability to feel or express feelings. There may also be strong avoidance of situations related to the trauma and its aftermath.

Indications of PTSD in school:

Children with PTSD may develop separation anxiety and school refusal. They may not want to go to school because they do not want to have their parents out of sight. In school, they may have headaches or vomiting. They may be preoccupied, irritable, unable to concentrate, agitated, restless and easily upset. They may raise many concerns about safety in generally low-risk situations and ask the same questions over and over again. They may avoid situations that remind them of the trauma, and may become upset or panic when required to encounter such circumstances. Children who were previously quiet and compliant may become loud and aggressive. Those who were friendly and outgoing may become shy and afraid. Children may be clingy and dependent, seeking frequent reassurance. Children who are severely affected by trauma may be disorganized, disoriented and “detached” from happenings around them. School personnel may not understand the child’s seemingly inexplicable behavior unless they are aware of the child’s traumatic experience.

See the document entitled “Strategies for Coping with Trauma, Tragedy, War and Violence,” for information on dealing with reactions to trauma.

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