

## TRAUMA AND POST-TRAUMATIC STRESS DISORDER (PTSD) IN CHILDREN/YOUTH

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### A large number of our children are exposed to traumatic events

Kilpatrick, Saunders & Resick, (1998): Survey of 12 – 17 year olds - 8% with history of sexual assault, 17% physical assault & 39% witnessing violence

Kilpatrick et al (1995): National survey of 1245 adolescents 71% witnessed violence, 25% committed assaults

CWLA Stat Book (1995): 3 million reports of child abuse & neglect, 1.1 million confirmed, 565,000 serious injuries

New York City Board of Education (2002): Prior to 9/11, 64% were exposed trauma with 39% witnessing a killing or injury

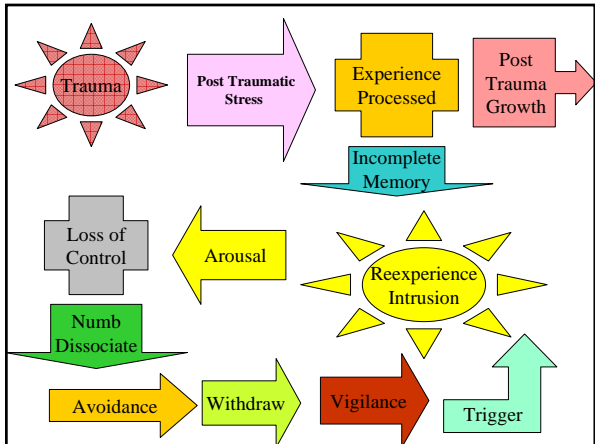
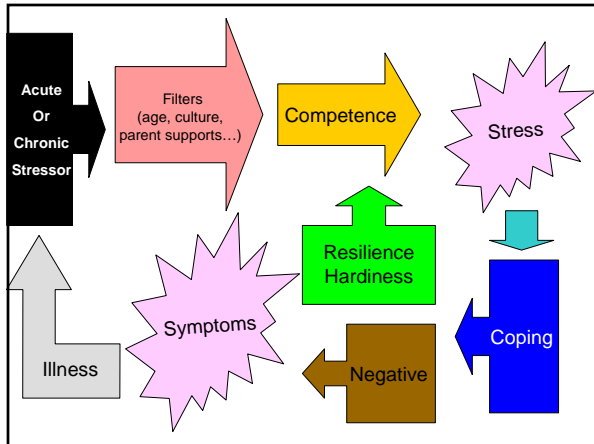
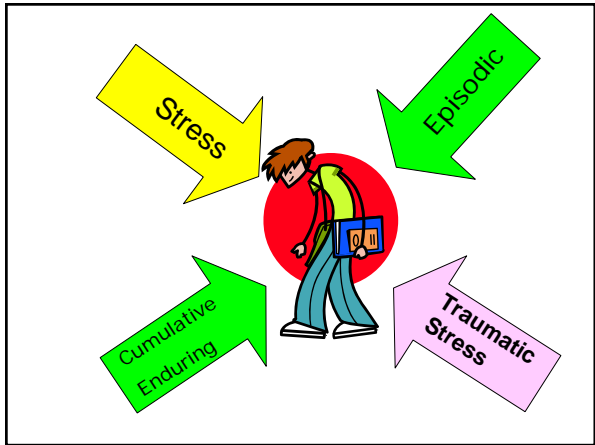
Spencer (2000): 98% of 17-19 year olds had witnessed another person being a victim of community violence at least once, & two-thirds had been victims at least once.

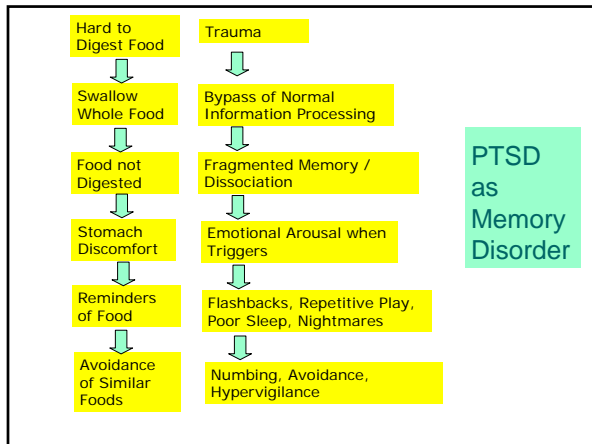
### Distinguishing Stressors from Trauma and PTSD

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Common life-stressors do not qualify as traumatic events unless their intensity and duration are extraordinary and include threat or danger to self or loved one

- Sibling Rivalry
- Parental Discipline & Limit Setting
- Conflicts with Friends
- School Demands
- Social Demands





- ### What traumatic memories may your patients bring up?
1. What they thought at the time
  2. What they said at the time
  3. What they heard or were told about what happened
  4. What they saw or witnessed
  5. What they touched, tasted and/or smelled
  6. What they felt (feelings & intensity) at the time
  7. What they imagined happened
  8. What they were told to remember
  9. What they believe we should remember
  10. What they learned afterwards
  11. What helped them feel comfortable

- ### Prediction of PTSD
1. Violence
  2. Personal Life threat
  3. Personal Injury
  4. Witnessing of grotesque injury & death
  5. Severe & potentially long-lasting
  6. Subsequent life stress & poor social support
  7. Poor parent adjustment

- ### Complications of Trauma
1. Increased Dissociation / Less "Reality Contact"
  2. Re-enactment
  3. Survivor Guilt
  4. Traumatic Grief / Loss
  5. Pre-Occupation with Revenge
  6. Social & Academic Slide
  7. Self-esteem damage: loss of power, control, innocence, trust...
  8. Stigma & Shame
  9. Association with Negative Peer Groups
  10. Loss of meaning / Future Orientation
  11. Mental Illness / Substance Abuse
  12. Health Problems due to chronic stress arousal
  13. Self-destructive behaviors
  14. Criminal Behavior

Psychiatric Disorders in Traumatized Older Adolescents

Giaconia et al, 1995, N = 384

	Major Depression	Simple Phobia	Social Anxiety	Alcohol Abuse	Drug Abuse
PTSD	42	29	33	46	25
Trauma Only	9	12	11	31	13
No Trauma	6	9	15	17	4

- ### Case Summary: MAX
- Exposure
- o Prior to 9/11, exposure to numerous traumatic events including surgeries for a chronic condition and hospitalization for a minor burn
  - o On 9/11 Max was exposed to various graphic images. During the evacuation, Max was also confined to his stroller since her did not have shoes
- Symptoms
- o drawing of pictures of towers falling
  - o Compulsive watching of TV shows about 9/11
  - o Carrying of toy fire truck
  - o Regressive behaviors
  - o Wears shoes to bed
  - o Separation anxiety
  - o No join group activities at school

## A Trauma History

### Brief Trauma question derived from UCLA PTSD Index (Pynoos, 1998)

○ (To be asked of children and adolescents. The question can be prefaced by saying VERY SCARY, DANGEROUS OR VIOLENT things sometimes happen to people. During these times, someone could have been HURT VERY BADLY OR KILLED. Some people have had these experiences; some people have not had these experiences.)

- Has anything ever happened *to you* that was really scary, dangerous or violent?
- OR
- Have you ever seen something really scary, dangerous or violent happen *to someone else?*

Yes [ ] No [ ]

- If the answer is yes, this should initiate a more detailed interview/discussion with the child.
- For younger children direct interview of the parent is indicated. The UCLA PTSD Index for DSM IV does include a checklist of stressful events that can be used to begin this interview. (Pynoos, 1998, see reference list)

## Interventions in Pediatric Practice

1. **Psycho-education about Stress & Traumatic Stress**
2. **Reduce self-blame & shame**
3. **Help child feel "safe"**
4. **Allow child to talk about the event**
5. **Control your personal reactions to what you hear**
6. **Have the courage to ask about trauma**
7. **Enhance parental support for their child & help reduce their distress**
8. **Advocate for the child when there is family violence or problems with their caretakers**
9. **Assist in the referral to competent professionals**
10. **Follow-up with the child & family**