

# Posttraumatic Stress Disorder Fact Sheet



Minnesota Association for  
Children's Mental Health

165 Western Avenue North, Suite 2  
Saint Paul, MN 55102-4613

## Symptoms/Behaviors

- Flashbacks, hallucinations, nightmares, recollections, re-enactment, or repetitive play referencing the event
- Emotional distress from reminders of the event
- Physical reactions from reminders of the event, including headache, stomach ache, dizziness, or discomfort in another part of the body
- Fear of certain places, things, or situations that remind them of the event
- Avoidance
- Denial of the event, inability to recall important aspects of it
- A sense of a foreshortened future
- Difficulty concentrating and easily startled
- Self-destructive behavior
- Irritability
- Impulsiveness
- Anger and hostility
- Depression and overwhelming sadness or hopelessness

**Resources:** See [macmh.org/edguidelink](http://macmh.org/edguidelink) for more PTSD specific resources.

## About the Disorder

Children/youth who are involved in or who witness a traumatic event that involved intense fear, helplessness, or horror are at risk for developing posttraumatic stress disorder (PTSD). The event is usually a situation where someone's life has been threatened or severe injury has occurred, such as a serious accident, abuse, violence, or a natural disaster. In some cases, the *event* may be a re-occurring trauma, such as continuing domestic violence.

After the traumatic event, children/youth may initially be agitated or confused. Eventually this develops into denial, fear, and even anger. They may withdraw and become unresponsive, detached, and depressed. Often they become emotionally numb, especially if they have been subjected to repeated trauma. They may lose interest in things they used to enjoy.

Students with PTSD often have persistent, intrusive, frightening thoughts and memories of the experience. They may re-experience the trauma through flashbacks or nightmares. These occur particularly on the anniversary of the event or when a student is reminded of it by an object, place, or situation. During a flashback, the student may actually lose touch with reality and re-enact the event.

PTSD is diagnosed if the symptoms last more than one month. Symptoms usually begin within three months of the trauma, but occasionally not until years after; they may last from a few months to years. Early intervention is essential, ideally immediately following the trauma. Some studies show that when students receive treatment soon after a trauma, symptoms of PTSD are reduced.

A combination of treatment approaches is often used for PTSD. Various forms of psychotherapy have been shown to be effective, including cognitive-behavioral, family, and group therapies. To help students express their feelings, play therapy and art therapy can be useful. Exposure therapy is a method where the student is guided to repeatedly re-live the experience under controlled conditions and to eventually work through and finally cope with their trauma. Medication may also be helpful in reducing agitation, anxiety, depression, or sleep disturbances.

Recent research by the Centers for Disease Control and Prevention (CDC) has established the relationship between traumatic childhood experiences and the risk for physical and mental illness. The Adverse Childhood Experience (ACE) study showed a strong relationship between the level of traumatic stress in childhood and physical, mental and behavioral problems later in life. Support from family, school, friends, and peers can be an important part of recovery for students with PTSD. With sensitivity, support, and help from mental health professionals, a student can learn to cope with their trauma and go on to lead a healthy and productive life.

## Educational Implications

The severity and persistence of symptoms vary greatly among students affected by PTSD. Their symptoms may come and go for no apparent reason, and their mood may change drastically. Such variability can create a perception that there are no explanations for behavior or that they are unpredictable—this can make it difficult for teachers to respond with helpful interventions. Students with PTSD will often regress and be unable to perform previously acquired skills, even basic functions like speech. Some students may act younger than their age and/or become clingy, whiny, impatient, impulsive, or aggressive. Their capacity for learning may also be decreased. Students with a PTSD may also have difficulty concentrating, become preoccupied, or they may become easily confused. They may also lose interest in activities, become quiet and/or sad, and avoid interaction with other students.

## Instructional Strategies and Classroom Accommodations

- Try to establish a feeling of safety and acceptance within the classroom. Greet the student warmly each day, make eye contact, and let the student know that he/she is valued and that you care. You can make a tremendous impact on a student by what you say (or don't say); a student's self-perception often comes from the actions of others.
- Don't hesitate to interrupt activities and avoid circumstances that are upsetting or re-traumatizing for the student. For example, a movie or assignment about a natural disaster may trigger memories of the traumatic event the student has been through. Watch for increased symptoms during or following certain situations, and try to prevent these situations from being repeated.
- Provide a consistent, predictable routine through each day as much as possible. A regular pattern will help re-establish and maintain a sense of normalcy and security in the student's life. If the schedule does change, try to explain beforehand what will be different and why. Consistency shows students that you have control of the situation; they may become anxious if they sense that you are disorganized or confused. However, allow students choices within this pattern wherever possible. This will give them some sense of control and help to build self-confidence.
- Try to eliminate stressful situations from your classroom and routines: make sure your room arrangement is simple and easy to move through; create a balance of noisy versus quiet activity areas and clearly define them; and plan your day or class period so that it alternates between active and quiet activities (being forced to maintain the same level of activity for too long may cause the student to become restless and anxious).
- If a student wants to tell you about the traumatizing incident, do not respond by encouraging the student to forget about it. PTSD symptoms may be a result of trying to do just that. This request also minimizes the importance of the trauma and students may feel a sense of failure if they can't forget. Just listening can be very assuring.
- Reassure students that their symptoms and behaviors are a common response to a trauma and they are not crazy or bad.
- Incorporate large-muscle activities into the day. Short breaks involving skipping, jumping, stretching, or other simple exercises can help relieve anxiety and restlessness. For young students, you can also use games like *Duck, Duck, Goose*.
- For some students, any physical contact by a teacher or peer may be misinterpreted and result in an aggressive or emotional response.

*For additional suggestions on classroom strategies and modifications, see An Educator's Guide to Children's Mental Health chapter on Meeting the Needs of All Students.*