

Post Traumatic Stress Disorder (PTSD): Practical Recommendations for Parents and Teachers

For Both Parents and Teachers:

1. Recognize symptoms of PTSD in Adolescents and Teens (12-17 years old). These symptoms should have developed *after* the traumatic event and should last *over* a month.

- Abnormal eating patterns, loss of appetite or weight loss
- Complaints about physical ailments that do not seem to be present
- Easily startled or jumpy, seems to be always “on guard”
- Problems sleeping or nightmares, visible signs of a lack of sleep (ex: dark circles under eyes, constantly falling asleep in class)
- Flashbacks to the traumatic event (intense memories)
- Constantly worrying about the details of the traumatic event
- Problems with attention and the inability to concentrate
- Increase in anxious, impulsive, hyperactive, and aggressive behaviors or unusually disruptive
- School difficulties or a sudden decline in classroom participation or grades
- Shows and/or verbally expresses fear when separated from family members
- Sudden refusal to go certain places
- Recent problems with relationships
- Tendency to isolate self; abnormally quiet around friends, family and teachers
- Hopelessness, visible signs of distress (ex: crying for no reason)
- Guilt, mentions how she/he could have changed what happened
- Shows and/or explains a lack of feeling, emotionally numb

2. Recognize that adolescents and teens with PTSD often display symptoms of other psychological problems: (a) major depression, suicidal thoughts or attempts, (b) substance abuse, (c) anxiety disorders (ex: separation anxiety, panic disorder, generalized anxiety disorder), (d) attention-deficit/hyperactivity disorder, oppositional defiant disorder, conduct disorder

3. Keep an open dialog between school and home by exchanging messages, getting involved in school events, parent conferences, and home visits.

4. Keep a consistent sense of safety between family and school. Let children with PTSD know that their lives are safe and that you are there to help and protect them.

5. Encourage individual effective coping strategies. Examples include sending a special picture to a helper, such as a police or fire rescuer; sending a card or drawing to a child touched by the event; or making something special for the family room, school, or classroom. Teach stress coping skills and relaxation techniques during class activities and help students gain a sense of mastery over their emotional and physical symptoms by dramatic play or physical exercise. Such skills are often best taught by the school counselor or psychologists, but teachers and parents also can help.

6. Provide emotional support by listening, talking, and comforting. Ask children what they think has happened and answer their questions as truthfully as possible at a level they can understand. Listen to and talk in a calm, loving way. Address any misconceptions about traumatic experiences, where appropriate.

7. Help children express their feelings. Let them know that it is normal to feel worried or upset. Suggest that they draw a picture or talk to a doll about the event with you. Help younger children use words like “angry” and “sad” to express their feelings, encourage older children to write a journal about their thoughts.

8. Shield children from graphic details, pictures in the media or adults’ conversations relating to traumatic events. They will only make them more anxious.

9. Provide extra physical reassurance. For example, hugging, sitting close to read a book, and back rubs can help restore a child’s sense of safety.

10. Try to be patient when a child asks the same question many times. Children often use repetition of information as a source of comfort. Try to be consistent with answers and information.

11. Keep a daily routine. If your child’s daily routine has been interrupted, let him know that this is only temporary. You will probably need to repeat this many times. When you feel the timing is right, try to restore a sense of normalcy by returning to regular routines.

12. Be patient and comforting if the child regresses. Many children may try to return to an earlier stage when they felt safer and more cared for. Younger children may wet the bed or want a bottle; older children may fear being alone. These are common reactions.

13. Be aware that students with PTSD may act out frequently. Know how to deal with their common aggressive behaviors.

14. Be caring. The PTSD can create a social barrier. Students may seem aloof and unfriendly, but it doesn’t mean they dislike classmate or other peers.

15. Give students opportunities to talk with their peers about their feelings. Create classroom, school, home, and community activities that promote group interaction and friendship building.

16. Keep close eyes on student activities and class events. Avoid students with PTSD being exposed to additional trauma.

17. Be sensitive to the variance of the manifestation of PTSD symptom at different developmental levels. Young children’s reactions are strongly influenced by parent reactions to the event. Adolescents may feel guilty about the traumatic event and/or not preventing injury or deaths. They may also have strong feelings of revenge.

18. Seek professional help when needed. Consult with a school psychologist, counselors, and other professionals. Attend educational sessions to learn how to manage stress, anxiety, and depression.

For Parents in Particular:

1. Use your resources! If your child has been in a “safe” environment for a month but is unable to reestablish normal routines or develops new symptoms, contact a mental health provider such as a psychiatrist, psychologist, social worker, or mental health counselor. Other resources include:

- Family doctor
- Health maintenance organizations
- Community mental health centers
- Hospital psychiatry departments and outpatient clinics
- State hospital outpatient clinics
- Private clinics and facilities
- Employee assistance programs
- Local medical and/or psychiatric societies

2. Have your child eat healthy. Prepare your child with smaller and frequent meals and try to avoid processed, refined, and simple sugars. Maintaining balanced blood sugar levels helps to stabilize moods. Try to avoid foods including stimulants, such as caffeine from chocolate, coffee, black tea, colas, and alcohol.

3. Try to get your child seven to nine hours of sleep each night. Children with enough sleep cope with PTSD better, have lower risk for illness and are more likely to recover from the stresses of the day.

4. Encourage regular exercise. Children with chronic PTSD can have problems with their working memory. Regular exercise is a good way of preventing and stimulating chemicals that aid in memory functions.

5. Give your child a comforting toy or something of yours to keep, such as a scarf, a photograph, or a note from you. Your child may be afraid of separating from you, and keeping a reminder of you close by can help.

6. Reach out to members of your family, religious congregation, or other community groups for added support.

7. Encourage your child to help others. Reconnect your child to the community by volunteering, which can improve their self-esteem and provide a sense of purpose and achievement.

8. Monitor your own adjustment and coping. Having a child with PTSD can severely impact the quality of a parent’s life. Try to take up activities that you once enjoyed or new activities that you might enjoy. Model good coping skills and seek help if needed.

Resources:

Anxiety BC <http://www.anxietybc.com/parent/post.html>

Evans, E. (2008). Picking up the peaces.

<http://www.pickupthepeaces.org.au/html/whocanhelp2.html>.

Instituion, S. (2008). Helping a child manage fears after a traumatic event.

<http://www.sideran.org/sub.cfm?contentID=60§ion id=4>.

Mauro, T. (2009). First five things to do after your child is diagnosed with Post-Traumatic Stress. <http://specialchildren.about.com/od/ptsd/qt/ffptsd.htm>.

Mental Health American. (2009). Factsheet: Post-Traumatic Stress Disorder (PTSD)

<http://www.mentalhealthamerica.net/go/ptsd>.

National Association of School Psychologists. (2001). Identifying seriously traumatized children: tips for parents and educators.

http://nasponline.org/resources/crisis_safety/psycht_general.aspx.

National Center for Children Exposed to Violence

<http://www.nceev.org/violence/symptoms.html>

National Center for Posttraumatic Stress Disorder (NCPTSD) <http://www.ncptsd.va.gov>

National Institute of Mental Health (NIMH) <http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>

Refer to the following handouts:

Traumatic Events: Recommendations for Helping Students Cope

Grief: Recommendations for Helping Students Who Have Experiences a Significant Loss

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