

# Posttraumatic Stress Disorder (PTSD)

## Early Childhood Mental Health Fact Sheet

### *About the Disorder*

Young children who have been exposed to an event that is life threatening (threatened death or serious injury), that is perceived as life threatening, or that threatens the physical safety of a caregiver can develop Posttraumatic Stress Disorder (PTSD). The trauma may be a sudden unexpected event, a series of connected events, or an enduring situation. Typically, the traumatic experience is so overwhelming and out of the ordinary compared to one's usual experience that one's ability to cope is overpowered. A child with PTSD will likely experience recurrent and intrusive thoughts and memories of the traumatic event, they may have flashbacks (a child may freeze or stare into space for a time), or they may suffer physical stress when reminded of the event (pounding heart, upset stomach). A child who has persistent symptoms that interfere with daily functioning requires immediate intervention.

### *What You May See*

After experiencing or re-experiencing a traumatic event, young children will often appear very disorganized and overwhelmed. Although infants do not have the ability to communicate their distress verbally or through play, it doesn't mean they can't experience PTSD. (See box for more on emotional development.) For infants, the symptoms of the disorder may be a difficulty in going to sleep or a pattern of disrupted sleep, an exaggerated startle response, increased irritability or fussiness, and/or intense separation anxiety.

A parent or caregiver may notice that the child sometimes engages in post-traumatic play by reenacting the trauma; unfortunately this type of play does not reduce their anxiety

about the trauma because they do not incorporate solutions or alternative endings during their play. Also, the play will be less imaginative than the child's usual play. In addition, some children may ask repeated questions about the subject of the trauma. For example, a child who has been bitten by a dog may ask numerous questions about dogs and may want to look at pictures of dogs. These children will be distressed but will still obsess about the topic of the trauma.

Symptoms of PTSD can sometimes be difficult to differentiate from age-appropriate behaviors such as temper tantrums. Frequency can also be difficult to determine because of varying developmental levels—for example, how many tantrums do 2 year olds usually have per week? Also be aware that as the child processes the trauma, their memories of the event may change because they are trying to make sense of the events; as this processing continues and the child begins to heal, allow for change in the story.

### Emotional Development During Early Childhood

Observable emotions develop throughout the first year of life. Some emotions that are critical to the diagnosis of PTSD are sadness, which develops around 3 months; recognizing fear in others, which develops around 5 months; anger and surprise, which develop around 6 months; and fear, which develops around 9 months.

By the age of 9 months, infants are able to reproduce events (behaviorally) from the day before, which indicates the development of explicit memory. Though traumatic events can be visualized with varying degrees of clarity and depth perception depending on visual abilities developed during the first 6 months, infants don't have the developmental abilities to express observable symptoms of PTSD until around 9 months of age.

Full verbal recollection (further development of explicit memory) of a traumatic event is likely if the trauma occurs after 28 to 36 months of age. A child will be able to give a full narrative of what they understand/remember about trauma event around that age. The behavioral expression of trauma is also dependent on each child's motor development.

### IMPORTANT

This fact sheet is not intended to be used as a diagnostic tool. It is meant to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter.

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. For more information, consult "Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters," available from the Minnesota Department of Human Services.



# Posttraumatic Stress Disorder (PTSD)

(continued)

## Symptoms

- Preoccupied with the event
- Compulsively reenacting the event in play
- Exaggerated startle response
- Flashbacks
- Temporary loss of previously acquired developmental skills, such as talking or toileting
- Increased irritability, outbursts of anger or extreme fussiness, or temper tantrums
- Increased social withdrawal
- Aggression toward peers, adults, or animals
- Diminished interest in significant activities, including play, social interactions, and daily routines
- Protest going to bed
- Repeated nightmares; night terrors
- Fear of the dark, fear of toileting alone, and other new fears
- Constriction in play

## Strategies

- Create a space of trust, safety, and acceptance; build trust with the child.
- Be warm and welcoming.
- Use plenty of soothing techniques, holding, rocking, and/or gentle talking (take into account the child's temperament when using these techniques).
- Give the child a lot of verbal empathy and support.
- Physical proximity of a trusted person may be necessary.
- Assist the child in developing an accurate narrative of the traumatic event; correct misconceptions and distortions. Use storytelling to help develop alternative endings.
- Avoid circumstances that are upsetting or re-traumatizing for the child.
- If the child has an emotional response to a reminder of the event or if the child appears to be re-living the event, help the child to recognize that the emotion belongs to the past and that it is not what is happening at the present time.
- Respond empathetically when a child loses a skill that they had mastered before the traumatic event. Toilet training is the most common in this category. Return to teaching the skill to the child just as you had done the first time.

- Paints, clay, dolls, and water play provide some children with outlets for their feelings; incorporate this type of play into your day.

## Documenting your Concerns and Next Steps

When documenting behavior, avoid generalizations such as "Trevor seems anxious about loud noises." Instead write down what situations cause a child to have increased anxiety. Recording the frequency of the behavior and what the child said and did as well as what happened right before and after the change in behavior can help identify areas of concern. Also assess if there have been any traumatic events in the child's life. A parent may confide in you that the child witnessed domestic abuse—if so, provide the parent with resources in the community that can offer support and guidance. It is also a good idea to have resources and fact sheets on domestic abuse, substance abuse, and maternal depression available for parents.

If a child's behaviors are causing concern, you may want to suggest to the parents that they take their child to their primary care provider who may refer the parents to a mental health professional, an early childhood behavior specialist, or a developmental pediatrician. When discussing your concerns, focus on the child's behaviors and avoid drawing conclusions about whether the behaviors are indicative of a mental health problem.

For more information about early childhood mental health, see MACMH's *A Guide to Early Childhood Mental Health*, available for order at [www.macmh.org](http://www.macmh.org).

## Ready Resources

- Kami M. Talley Reading and Resource Center at the University of Minnesota offers a bibliography of resources at <http://education.umn.edu/ChildCareCenter/Kamihealingthroughbooks/>
- National Institute of Mental Health at [www.nimh.nih.gov](http://www.nimh.nih.gov)
- The Posttraumatic Stress Disorder Alliance at [www.ptsdalliance.org](http://www.ptsdalliance.org)
- SAMHSA's National Mental Health Information Center at [www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)
- ZERO TO THREE at [www.zerotothree.org](http://www.zerotothree.org)

Information included in this fact sheet comes primarily from the DC:0-3R (*Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood: Revised Edition*).

Funding for the development and publication of this fact sheet was sponsored in part by a grant from the Minnesota Department of Education using federal dollars from CFDA 84.323A, Special Education - Program Improvement Grants.