



Post Traumatic Stress Disorder Adjustments Disorders

Defining Post Traumatic Stress Disorder

Post traumatic stress disorder (PTSD) can develop after any exposure of violence. It occurs after the loss of a parent or sibling, loss of home from fire or flood, exposure to community violence, exposure to domestic violence, child abuse, sexual abuse, following war or terrorism, following motor vehicle collisions or disasters. It is estimated that 36% of children exposed to a horrific experience will develop symptoms of PTSD.

The disorder includes symptoms of re-experience, avoidance and arousal. The re-experience symptoms include intrusive thoughts about the incident or nightmares after the incident. For younger children it might present as repetitive play involving the traumatic event. Symptoms of avoidance include efforts to avoid anything that might bring up the memory of the event. Avoidance might be in the form of social detachment from friends, family and loved ones. The symptoms of arousal include difficulty sleeping and hyper vigilance or hyper arousal state. For most of us this may look like hyperactivity. It is common to have other symptoms like headaches, dizziness, stomach pains and vague physical symptoms that seem to have no medical basis.

Chronic PTSD occurs when the symptoms last for three months or longer. At times there might be a delay of up to six months before any symptoms develop.

Three Cardinal Symptoms of PTSD

1. Re-Experience symptoms
2. Avoidance symptoms
3. Symptoms in increased arousal

Biology of Stress

We know that stress changes our brains. Because children's brains are more pliable, they are more easily affected by stress. Chronic stress will change the levels of the brains chemicals that interact with the nerves. Long term, children who have suffered PTSD have greater risk for suicide, substance abuse and significant mental health problems. At times the outcome can be bad even in spite of good mental health treatment.



Treatment of Stress

- Therapy
- Medications
- Support from the family and community

The treatment of PTSD and adjustment disorders includes a comprehensive approach. The first line of treatment is therapy. Cognitive behavior therapy is used to assist the child in relaxing techniques to decrease their sense of over arousal. The therapy should help them face the event rather than avoid it. Through therapy children can learn coping techniques to do this very difficult task. Parents or the child's guardian need to be involved in this form of therapy for it to be successful. Children who have been abused or lost their parents through abuse or neglect have difficulty trusting any adult, making therapy even more difficult. They often have to face this alone.

Medication is not the answer for children with PTSD or adjustment disorders, however over the years several medicines have been effective in decreasing some of the symptoms for PTSD. Clonidine or Tenex have been effective in decreasing the hyper arousal state and hyper vigilance that children with PTSD have. Because the chemistry changes in the brain, the medicines used for depression and anxiety often will help correct some of the chemistry. These medicines would include Prozac, Zoloft, Celexa and Lexapro.

Other interventions are important as well. The child must be provided with a safe place to live including structure and routine. All of the adults working with the child should communicate and colorable efforts to assist in their recovery. These adults should include school personnel, mental health providers, physicians and legal aids involved with these children. These children need to be taught coping skills to address anxiety and fear. Children with PTSD need to be taught what behaviors are "normal" in response to abnormal events. This takes time and requires trust.

Defining Adjustment Disorders

Adjustment Disorders are also **Reactive Disorders**. It most commonly is a reaction to life circumstances like family dysfunction. Unlike children with PTSD, their response is usually anxiety or sadness. At times, the reaction is disruptive behaviors and aggression. Because the cause is ongoing dysfunction within a family, these can be difficult to treat.

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