

Post Traumatic Stress Disorder

Common Symptoms of PTSD

If your child has been experiencing several of the following symptoms for more than one month following a traumatic event, professional assistance is recommended.

- Does your child re-experience a traumatic event through play, nightmares or flashbacks?
 - Does she express distress over events that resemble the trauma?
- Does he avoid common reminders of the event (such as the location) or demonstrate a general lack of responsiveness (such as decreased interest in previously enjoyed activities)?
 - Does your child experience difficulties with sleeping too much or barely sleeping at all?
- Is she irritable or does she display angry outbursts that were not present before the traumatic event?
 - Does he exhibit regressive behaviors such as bedwetting or thumb sucking?
 - Has her academic performance declined in school?
 - Does he experience difficulties with concentrating?

What is PTSD?

Post-Traumatic Stress Disorder (PTSD) is an extremely debilitating condition involving a natural emotional reaction to a shocking or disturbing event in which physical harm was threatened or occurred. Traumatic events that may trigger PTSD include school violence or shootings, sexual assault or rape, car accidents, natural or human-made disasters, or military combat. Each year children and adolescents sustain injuries from violence, lose friends or family members, or are adversely affected by a violent or traumatic situation. Helping young children and adolescents avoid or overcome emotional problems as a result of experiencing a traumatic event is an important challenge to parents, teachers, and mental health professionals. Children and adults share many similar aspects of PTSD, including going to great lengths to avoid any reminders or memories of the traumatic event. Despite their use of avoidant behavior as a way of suppressing their emotional reactions to their experience, they continue to re-experience the event through flashback episodes or nightmares, necessitating the need for professional intervention.

What Causes PTSD?

Children who have witnessed violence in their families, schools, or communities are vulnerable to serious long-term problems. The main focus of PTSD is generally a single traumatic event; however, symptoms may also arise from a collection of smaller related incidents. For example, repeated exposure to intense accident scenes, such as those experienced by emergency service personnel may trigger PTSD. All of the following could also contribute to the onset of PTSD: repeated situations wherein violence was used and children were hurt; repeated episodes of verbal, physical, and sexual abuse; or constant physical and psychological torment, such as bullying, stalking, domestic violence or harassment.

When Does PTSD Strike?

Although about 4% of the population will experience symptoms of PTSD in a given year, PTSD can develop at any age, including childhood. Symptoms of PTSD usually begin within three months following a traumatic episode or event, although occasionally symptoms may not surface until years later.

"Steve" - A Case Example of School Violence

Steve is an eighth grader who enjoys playing football and studying math. Mark, another middle school student, was angry with a teacher and brought a gun to school. He began firing his weapon randomly, killing one student and injuring several others. Through a glass window, Steve saw a classmate of his get shot and killed, which instantly affected him emotionally. After the event, Steve continued to tell his parents and school counselor that he was sad for the student that died and his family, but also said that because he did not personally know him, the situation did not bother him as much as if it had been a good friend of his.

About one month later, Steve began to have difficulty falling asleep, afraid that each time he closed his eyes he would have to “re-live” the shooting that occurred at school. As Steve became sleep deprived, his grades dropped significantly in school and his teachers noted that he seemed to “space out” sometimes during class. Other students noticed that Steve seemed startled each time they approached him from behind, that he had stopped taking their phone calls at home, and that he had quit coming to football practice.

Steve's teachers suggested the school counselor speak with him to see how he was doing emotionally. Initially, Steve denied any depressive feelings or avoidant behaviors. As the counselor continued speaking with Steve, he revealed he was experiencing extreme guilt because he kept thinking there was something he might have done to save his classmate's life. As the counselor validated Steve's emotional reactions to his situation, she confirmed that he was experiencing a normal reaction to an abnormal situation. The counselor further suggested they contact Steve's parents and seek assistance from professionals who specialize in traumatic events. Steve agreed, realizing how much his personality and behavior had changed since the traumatic incident at school.

"Mikal" - A Case Example of Abduction

Mikal is a 14 year-old Romanian boy attending school in the United States. He was experiencing several behavioral and academic problems, which correlated to incidents of abduction and torture he had previously endured. Mikal had been abducted by an unidentified man in a car six months prior and was experiencing anxiety-provoking recollections of his traumatic experience. He was displaying avoidant behaviors, anger outbursts, depression, and significant memory difficulties. His school principal called his parents at home and suggested they seek outside help immediately if they wanted Mikal to stay in school. Mikal and his parents met with a psychologist who

educated them about the nature and course of PTSD, suggesting possible avenues for treatment of Mikal's fear, anxiety and depression. Mikal and his parents agreed to use cognitive-behavioral therapy to help Mikal work through his experience in a safe and controlled environment, so he could begin to overcome his fear something bad happening in a car – the way his trauma had initially began.

How is PTSD Expressed?

Research has shown that children who experience catastrophic events show a wide range of reactions. Some may only suffer worries and bad memories that tend to fade with family support and the passage of time. Others are more affected and experience long-term difficulties. With PTSD, these difficulties may include emotional numbness and sleep disturbances (including insomnia), depression, irritability, outbursts of anger, or feelings of guilt. Children experiencing PTSD generally have continuous episodes called "flashbacks," which induce fearful feelings of experiencing the trauma again. They also tend to emotionally withdraw from friends, family, and teachers. At first they may feel numb and maintain basic activities of daily living, but as they begin to psychologically re-experience their traumatic event, they avoid situations and activities that are reminders of the original event, fearing exposure to them will cause their symptoms to worsen.

PTSD can cause children to feel constantly threatened by their original traumatic experience. They may become irritable or explosive without any just cause. They may have difficulty concentrating, trouble sleeping, and express difficulty with memory tasks. Children with PTSD are often unable to work out their grief and anger over their injury or loss from the traumatic event, allowing the incident to affect their emotional and physical well-being. Some may feel guilty because they survived a trauma that others did not, while others may experience depression because of their inability to resolve painful emotions. In an attempt to avoid painful feelings and memories, many PTSD sufferers turn to drugs or alcohol to help forget the trauma temporarily, which may then increase their risk for suicidal thoughts and/or attempts. Children and adolescents experiencing PTSD tend to demonstrate an overall loss of trust in adults and continuously fear the event will reoccur again.

- Children 5 Years and Younger

Typical reactions for children 5 years of age and younger include a fear of being separated from their parent(s), episodes of crying, whimpering, screaming, trembling, and excessive clinging, and frightened facial expressions. Parents may also notice children regressing to previous childhood behaviors, such as sucking their thumb, wetting their bed, or fearing the dark. Children in this age range tend to be sensitive to, and strongly affected by, their parent's reactions to the experienced trauma.

- Children 6 to 11 Years Old

Children ages 6 to 11 years old may demonstrate extreme withdrawal, disruptive behaviors, and an inability to pay attention. Regressive behaviors, nightmares, sleep

difficulties, irrational fears, anger outbursts, refusal to attend school and fighting are common to traumatized children of this age. Some children may complain of headaches or stomach distress, or other bodily symptoms for which no medical basis can be found. A decline in academic performance is highly likely, as well as depression, anxiety, or a notable emotional flatness.

- Adolescents 12 to 17 Years Old

Adolescents may exhibit responses to trauma similar to those of adults, including nightmares, flashbacks, depression, alcohol or drug abuse and difficulties with peers or co-workers. Also common to this age group are feelings of withdrawal and isolation, thoughts of suicide, avoidance of school, decline in academic performance, sleep disturbances, and anti-social behavior. Adolescents may also feel extreme guilt over their failure to prevent injury or loss of life to others, particularly if the victims were family members or peers (e.g., school shootings).

What Treatments Are Available for PTSD?

Everyone who experiences trauma does not require treatment; some recover with the help of family, friends, teachers, or clergy. However, many need professional treatment to assist with recovering from the psychological damage that results from experiencing or observing a traumatic event. People with PTSD are treated with specific types of psychotherapy and sometimes with medications (including anti-depressants), or a combination of the two. One of the forms of psychotherapy shown to be effective is Cognitive-Behavioral therapy (CBT). In this form of therapy, children are taught ways to overcome their fears, anxiety, depression and avoidant behaviors. A therapist can help a child to examine and evaluate beliefs that are interfering with the ability to fully function on a daily basis. Children utilizing CBT are taught not to assume that a situation will necessarily turn into a catastrophe, merely because an object or sign appears to resemble one aspect of their original trauma. For younger children, art and play therapy may help them express feelings and emotions which they have not previously been able to verbalize. Group psychotherapy can also be beneficial for individuals who want share their experience and speak with others who have encountered similar situations. Various forms of exposure therapy (reliving the trauma under controlled conditions) have also been found to be successful for treating PTSD. On average, length of treatment is approximately 6 to 12 weeks, with occasional follow-up sessions as needed.

Helpful Suggestions for Parents

After a disaster or traumatic event occurs, the family is the first resource for helping a child to cope with their experience. The following are suggestions that parents or other caring adults can do to help alleviate the stress associated with trauma.

- Explain the violence or trauma to the child to the best of your ability.

- Encourage your child to express their feelings and validate them by genuinely listening without making harsh comments or passing judgment. For younger children, help them to use appropriate words to express their feelings and emotions. Do not force children to talk about a situation if they are not yet ready to speak about it.
- Confirm and empathize your child's experience with them. Discuss how it is normal to feel upset after a traumatic situation occurs.
- Allow time for your child to become comfortable with talking about the incident, but continue any normal routines at home.
- If your child is fearful of staying alone, reassure them you are there for them and that you love them. Encourage family closeness as much as possible.
- If your child is scared at night, allow him to sleep with a light on or sleep in your room for a limited time if necessary.
- If a child reverts to behaviors like bed-wetting or sucking his thumb, do not make fun of him and accuse him of acting like a baby.
- Allow children to express their true feelings and emotions. If they desire to cry let them cry or be sad. Do not expect them to "tough it out."
 - Take care of yourself so you can be there to take care of your child.

Helpful Suggestions for Teachers

- If time permits, give yourself time to process the event that occurred.
- Do not feel obligated to rush back to ordinary school routines. Allow students to discuss what happened and share feelings or emotions about the situation.
- Hold meetings for parents to discuss the event and how their child is responding to it. Ask how you can help, and involve mental health professionals if possible.
- Respect students who do not wish to speak to other students about their experiences or feelings and emotions. Do not force everyone to participate, because in doing so you may unintentionally reinforce the effects of the trauma.
- For children in Elementary school who may not have a full vocabulary for expressing themselves, offer art or play therapy.
- Be sensitive to cultural differences among children and respect each student's response to a traumatic event or situation.
- Help children to develop problem solving and coping skills, particularly if they have high levels of anxiety.

Frequently Asked Questions (FAQs)

1. What constitutes a "traumatic" experience?

Trauma may be caused by emotional as well as physical injuries and experiences. Emotional reactions are normal responses to extreme events or situations; the more intense the experience, the more emotional the reaction. Because of this, all children who have been exposed to violence or disaster should be watched for signs of emotional distress.

2. What if my child has some symptoms of PTSD but not the full-blown disorder?

Individuals differ in their vulnerability to PTSD and it is very common for a traumatized child or adolescent to have just a few of the symptoms. Although some PTSD symptoms may get resolved without treatment, some form of therapy or treatment from a mental health professional is generally recommended to ensure the well being of your child and rule out other possible causes of the symptoms.

3. If my child is displaying emotional numbness and avoidance behaviors, how can a mental health professional help?

At times children may not want to speak with their parents, siblings, or friends about their traumatic experience for fear they will be ridiculed or teased about being weak or “childish”. A professional trained to deal with children and adolescents can skillfully ease them into talking, encouraging the child to speak openly and freely without fear of judgment.

4. Will my child recover from PTSD?

Most children and adolescents, if given proper emotional support, can recover within a few weeks from the fear and anxiety caused by a traumatic experience. However, some children will need more time and additional help to recover; at times such as these, a support group that includes other children suffering from trauma-related symptoms can be very helpful.

5. Can my child recover from PTSD on medications alone?

Although medications may help to reduce feelings of anxiety and sleep difficulties, children need to speak with a mental health professional to assist them with processing and understanding the trauma they have experienced. Speaking to someone outside the immediate family will give them an avenue to discuss the event freely and avoid feelings of being judged by their parents and siblings.

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Related Articles - PTSD

[PTSD in Children and Adolescents](#)

A National Center for PTSD Fact Sheet

[Terrorist Attacks and Children](#)

On Tuesday, September 11, 2001, the nation was shocked by the news of a terrorist attack on the United States. Two airliners crashed into the World Trade Center, and one struck the Pentagon. There were reports of people jumping out of the World Trade Center to their death. As adults, many of us gathered around televisions and radios seeking information and discussing the tragedy with our friends, family, and co-workers. But how should we speak to our children about this event? Should we shield them from such horrors or talk openly about them? How can we help children make sense of a tragedy that we ourselves cannot understand? How will children react?

[Child Sexual Abuse](#)

Child sexual abuse includes a wide range of sexual behaviors that take place between a child and an older person. These sexual behaviors are intended to erotically arouse the older person, generally without consideration for the reactions or choices of the child and without consideration for the effects of the behavior upon the child. Behaviors that are sexually abusive often involve bodily contact, such as in the case of sexual kissing, touching, fondling of genitals, and oral, anal, or vaginal intercourse.

[Advocating for your child.](#)

When parents or teachers suspect that a child may have an emotional problem, they should seek a comprehensive evaluation by a mental health professional specifically trained to work with children and adolescents.

[The continuum of care for children and adolescents](#)

Communities provide different types of treatment programs and services for children and adolescents with mental illnesses. A complete range of programs and services is called the continuum of care. Not every community has every type of service or program on the continuum.

Some psychiatric hospitals and other organized systems of care now provide many of the services on the continuum. When several of the services are provided, the organization may be called a health care system.

[Helping children after a disaster.](#)

A catastrophe such as an earthquake, hurricane, tornado, fire, flood, or violent acts is frightening to children and adults alike. It is important to acknowledge the frightening parts of the disaster

when talking with a child about it. Falsely minimizing the danger will not end a child's concerns. Several factors affect a child's response to a disaster.

[Posttraumatic stress disorder \(PTSD\)](#)

A child's risk of developing PTSD is related to the seriousness of the trauma, whether the trauma is repeated, the child's proximity to the trauma, and his/her relationship to the victim(s).

[Being Prepared: Knowing where to find help for your child](#)

Parents are often concerned about their child's emotional health or behavior but they don't know where to start to get help. The mental health system can sometimes be complicated and difficult for parents to understand. A child's emotional distress often causes disruption to both the parent's and the child's world. Parents may have difficulty being objective. They may blame themselves or worry that others such as teachers or family members will blame them.

[Being Prepared: Know When to Seek Help for Your Child](#)

Parents are usually the first to recognize that their child has a problem with emotions or behavior. Still, the decision to seek professional help can be difficult and painful for a parent. The first step is to gently try to talk to the child. An honest open talk about feelings can often help. Parents may choose to consult with the child's physicians, teachers, members of the clergy, or other adults who know the child well. These steps may resolve the problems for the child and family.

[How Do Young Kids and Teens Respond to Trauma? Is Posttraumatic Stress Disorder \(PTSD\) a Concern?](#)

There is a wide range of emotional and physiological reactions that children may display following disaster. Based on previous research we know that more severe reactions are associated with a higher degree of exposure (i.e. life threat, physical injury, witnessing death or injury, hearing screams, etc), closer proximity to the disaster, history of prior traumas, female gender, and poor parental response and parental psychopathology.

Advocacy Organizations - PTSD

The National Center for PTSD

<http://www.ncptsd.org/>

The National Center for PTSD is a world leader in research and education programs focusing on PTSD and other psychological and medical consequences of traumatic stress.

International Society for Traumatic Stress Studies (ISTSS)

www.istss.org

The International Society for Traumatic Stress Studies (ISTSS) the world's premier trauma organization dedicated to trauma treatment, education, research and prevention. Through this organization, professionals share information about the effects of trauma, seeking to reduce traumatic stressors and their immediate and long-term consequences.

American Psychological Association

750 First St., NE
Washington, DC 20002
Phone Number: 202-36-5500
www.apa.org

National Institute of Mental Health

6001 Executive Blvd., Room 8184 MSC 9663
Bethesda, MD 20892-9663
Phone Number: 301-443-4513
FACTS ON DEMAND: 301-443-5158
www.nimh.nih.gov

PTSD Related Web Links

Gift from Within

<http://www.giftfromwithin.org>

Gift from Within is a private, non-profit organization dedicated to those who suffer post-traumatic stress disorder (PTSD), those at risk for PTSD, and those who care for traumatized individuals. They develop and disseminate educational material, including videotapes, articles, books, and a resource catalog.

The Posttraumatic Stress Disorder (PTSD) Alliance

<http://www.ptsdalliance.org/>

The Posttraumatic Stress Disorder (PTSD) Alliance is a group of professional and advocacy organizations that have joined forces to provide educational resources to individuals diagnosed with PTSD and their loved ones; those at risk for developing PTSD; and medical, healthcare and other frontline professionals.

The Sidran Institute

<http://www.sidran.org/>

The Sidran Institute is the nation's leading provider of traumatic stress education, publications and resources. It is a national non-profit organization dedicated to supporting people with traumatic stress conditions, providing education and training on treating and managing traumatic stress, providing trauma-related advocacy, and informing the public on issues related to traumatic stress.

PTSD Related Books and References

[PTSD in Children and Adolescents](#)

by Spencer Eth (Editor), Jerald Kay (Editor), Katharine A. Phillips, Viven K. Burt

St. Vincent Catholic Medical Centers, New York, NY. Offers clinicians a complete review of Post-Traumatic Stress Disorder in children and adolescents. Coverage includes evaluation, assessment methods and child trauma in relation to adult PTSD

[Trauma in the Lives of Children: Crisis...](#)

by Kendall Johnson, Charles, Ph.D. Figley, Charles R. Figley

This is an invaluable source for educating professionals and families about helping children regain security in times of trauma. Using a solutions-based interdisciplinary approach, this illustrated book explains how children react to specific types of trauma and how to work with a traumatized child. The nationwide movement toward School Crisis Response Teams, the DSM-IV's new category for post-traumatic stress, and the use of EMDR for treatment is covered.

[Coping With Trauma: A Guide to...](#)

by Jon G. Allen

Traumatic experience is alarmingly prevalent; few people escape its direct or indirect effects. Dr. Allen, Senior Staff Psychologist with the Trauma Recovery Program at The Menninger Clinic, has written this book to help laypersons understand the complex and often bewildering impact of traumatic experience.

[Treating Traumatized Children: New...](#)

by Beverly James

Clear, insightful guidance for assessment and treatment of children who have been traumatized by physical and sexual abuse, disaster, divorce, witnessing violent events. Annotation copyright Book News, Inc. Portland, Or.

[Waking the Tiger : Healing Trauma : The...](#)

by Peter A. Levine, Ann Frederick (Contributor)

[I Can't Get over It: A Handbook for...](#)

Matthew J. Friedman M.D. Ph.D.

A condensed jargon-free review of Post Traumatic Stress Disorder, a mental condition that often results from experiences such as accidents, rape, sexual abuse, domestic violence, military combat, or natural disaster. Consumers can quickly know what is involved in making an accurate diagnosis, what symptoms mean, and which treatments are proven most effective.

[Post Traumatic Stress Disorder: The...](#)

by Glenn R. Schiraldi

For the millions who suffer from the effects of a traumatic experience, this book offers help and hope and provides the diverse elements needed for lasting recovery.

[Post-Traumatic Stress Disorder Sourcebook](#)

by Mary Beth, Ph.D. Williams, Soili Poijula, Lasse A. Nurmi

Post-traumatic stress disorder is an extremely debilitating condition that can occur after exposure to a terrifying event or ordeal. In The PTSD Workbook, readers determine the type of trauma they experienced, identify their physical, mental, and emotional symptoms, and learn effective techniques and interventions to overcome them. They start with the exercise best suited to relieve their worst symptom then progress to less troubling symptoms, picking up key information about PTSD along the way.

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[Children and Trauma : A Guide for...](#)

by Cynthia Monahan

Children and Trauma teaches parents and professionals about the effects of such ordeals on children and offers a blueprint for restoring a child's sense of safety and balance. Cynthia Monahan, a child psychologist who specializes in the treatment of psychological trauma, offers hope and reassurance for parents.

[When Nothing Makes Sense: Disaster,...](#)

by Gerald Deskin, Greg Steckler (Contributor)

Learn to identify, heal, and manage children's crisis-related stress.

[The Scared Child : Helping Kids Overcome...](#)

by Barbara Brooks (Author), Paula M. Siegel (Author)

There are many traumatic experiences that cause a child to become scared—from divorce to the death of a loved one, from natural disasters to abuse. Even a disturbing news event that a child only sees on television or hears about but does not experience, such as the Oklahoma City bombing or the classroom massacre in Scotland, can make a child fearful or sad. No matter what causes the situation, childhood trauma is common and should be dealt with quickly and effectively.

[Attachment, Trauma, and Healing:...](#)

by Terry M. Levy, et al (Paperback - August 1998)

Attachment is the deep and enduring connection established between a child and caregiver in the first few years of life. It profoundly influences every component of the human condition: mind, body, emotions, relationships, and values.

[Straight Talk About Post-Traumatic...](#)

[PTSD in Children and Adolescents](#)

Offers clinicians a complete review of Post-Traumatic Stress Disorder in children and adolescents. Coverage includes evaluation, assessment methods and child trauma in relation to adult PTSD. Softcover. DNLM: Stress Disorders, Post-Traumatic--diagnosis--Child

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