



## Management of Stress Disorder in Children

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### DESCRIPTION

In children and adolescents, Posttraumatic Stress Disorder (PTSD) develops as a result of a child's exposure to one or more traumatic events, such as death, significant injury, or sexual violence. The victim may witness the event, learn about it from intimate family members or friends, or be exposed to aversive elements of the event repeatedly or intensely. Physical or sexual assaults, natural disasters, and accidents are all examples of potentially traumatic experiences.

Single-incident trauma (such as being in a car accident or being beaten up) has a different effect than persistent trauma (such as child abuse). Sexual assaults have far-reaching effects on the victim's psychological functioning and development, in addition to the symptoms of PTSD.

Other than PTSD, many people who experience traumatic events have depression or anxiety symptoms. Even if a person has some PTSD symptoms but not enough to meet the diagnostic criteria, they are nonetheless negatively affected. It's worth considering the diagnosis of Unspecified Trauma and Stressor-Related Disorder.

Approximately 15% to 43% of children experience a traumatic event. PTSD affects 3% to 15% of these children's females and 1% to 6% of their male counterparts. Interpersonal violence is associated with greater rates of PTSD. Higher-intensity incidents are more likely to cause PTSD.

### Signs and symptoms

The most common symptoms of PTSD include the following:

- Reexperiencing the trauma (nightmares, traumatic play, flashbacks)
- Evasion of traumatic triggers, memories and situations that remind the child of the traumatic event
- Overstated negative beliefs about oneself
- Determined negative emotional state or failure to experience positive emotions
- Feelings of detachment from people

- Failure to remember part of the traumatic event
- Sleep problems
- Irritability

Children may reexperience traumatic events in many ways, such as:

- Flashbacks and memories
- Behavioural reenactment
- Reenactment through play

The early aims of treatment for children with PTSD are as follows:

- Offer a safe environment
- Reassurance, emotional support, nurturance
- Attend to urgent medical needs

Psychological therapy for PTSD in children includes the following:

- Helping the child gain a sense of safety
- Addressing the multiple emotional and behavioral problems that can arise

Nonpharmacologic forms of therapy include the following:

- Cognitive Behavioral Therapy (CBT), especially Trauma Focused CBT (TF-CBT)
- Dialectical Behavior Therapy (DBT)
- Relaxation techniques (eg, biofeedback, yoga, deep relaxation, self-hypnosis, or meditation; efficacy unproven)
- Play therapy

### CONCLUSION

Because of its role in prosocial conduct and moral development, empathy is an important human ability. Empathic deficits, particularly affective empathy, are regarded to play a key role in psychopathic personality. Empathetic abilities have typically been investigated using behavioural methods in the social and behavioural sciences, but recent neuroscience research has begun to provide light on the brain basis of empathic processing in connection to psychopathy.

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