

A Public Health Approach: The Effect of Post-traumatic Stress Disorder on Adolescents

Nicolette Wickes, Blake Johnson, Janson Garman, Shiva Rodrigues, Mariam Alhajji and Kanza Shamim*

Department of Public Health, Indiana University School of Medicine, United States

*Corresponding Author: Kanza Shamim, Department of Public Health, Indiana University School of Medicine, United States.

Received: March 21, 2021

Published: May 07, 2021

© All rights are reserved by **Kanza Shamim, et al.**

Abstract

PTSD (Post Traumatic Stress Disorder) is a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock. Historically, PTSD has been more widely associated with military and other types of trauma; however, adolescents are also a major population that suffer from this disorder. Children as young as six years old can start to develop symptoms of PTSD (Tull, 2013). Adolescents can experience this specific disease differently and may express uncommon symptoms that may lead to worse cases or further psychological harm (ADDA, 2015). The goal is to explore the problem, causes and effects, treatment, and implementation for awareness of PTSD among teens. PTSD is a tricky disease as there is no set event or biological indicator that someone will be afflicted with this treacherous disorder, meaning that the trigger varies from patient to patient. Childhood PTSD can be worse than that of an adult. Children's minds are not fully matured until the age of twenty-five and the initiating trauma could cause cognitive developmental issues further into their life (Campellone, Fetterman, Turley, N.D.). A public health approach to this ever-growing issue can be addressed in many different ways, through creating awareness of the situation, providing care for those in need, and by promoting safe households. Early action, with this type of impacting disease, is the best type of action.

Keywords: PTSD; Teenagers; Disease; Mental Health; Treatment

Introduction

Background

Post-Traumatic Stress Disorder (PTSD) consists of episodes of intense feelings related to a past traumatic event [1]. These episodes are brought about by triggers specific to the individual, and to the traumatic event. Common triggers are smells and noises that are similar to the ones experienced during the trauma [2]. PTSD is a common disorder that is normally thought to be associated with traumas related to the military such as combat, but a study done by the American Psychological Association in 2019 revealed that fifty-eight percent of adolescents that were screened came back positive for PTSD (American Psychological Association, 2019). Barends Psychiatric Practice performed a research analysis of PTSD resulting in forty-three percent of children will experience a traumatic

event, and of that, six percent of girls and fifteen percent of boys will develop severe PTSD [3]. This alarming number reveals how much more common it is for PTSD to affect more than just adults who are military veterans. This study also highlights the extent to which this public health issue needs to be addressed. Children are the future workforce, therefore, any problems associated with their physical and mental well-being should be a priority.

Problem

The problem of PTSD in adolescents is one that needs to be brought to the attention of the public. The number of people with knowledge about this disorder is less than it should be considering the significant number of individuals that are affected. There is a possibility that a traumatic event does not develop into PTSD, however, to avoid getting this disorder an individual has to be open

with family and friends, not avoiding the trauma, and talking about the experience [4]. Most people aren't aware that doing things as simple as talking about the trauma could help prevent the onset of PTSD, which is why it is important that the public become knowledgeable about not only what this disorder is itself, but also characteristics associated with the different parts of it.

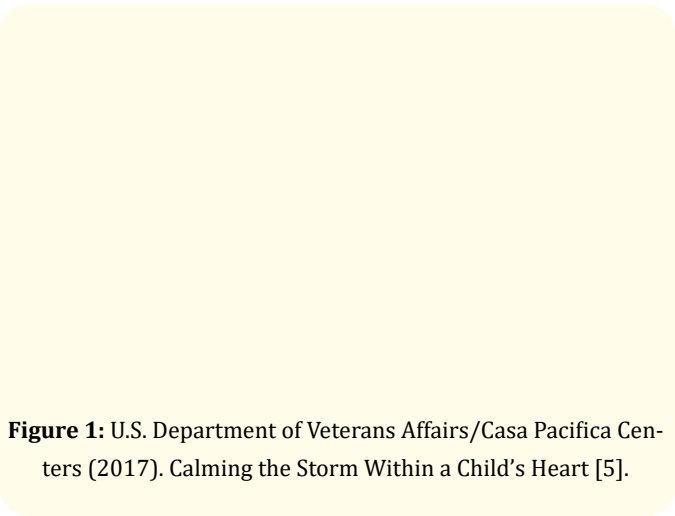


Figure 1: U.S. Department of Veterans Affairs/Casa Pacifica Centers (2017). Calming the Storm Within a Child's Heart [5].

This image shows the extent of different traumas that children can be exposed to, and how many different types there are.

Solution

Spreading knowledge about PTSD at a young age will help increase the number of people who understand what PTSD really is. There have been steps taken in the past to bring awareness to this topic. In 2010, June 27th became known as National Post-Traumatic Stress Disorder awareness day, and 4 years later the entire month of June was dedicated to it [6]. There needs to be more steps taken today to further the understanding of what this disorder really is, and how it affects adolescents. The objective of this analysis will expand on the ideas covering the problems, etiology, treatments, and implementation associated with PTSD in adolescents.

Outline

PTSD can be a result of different types of trauma. In adolescents, the most common trauma is neglect, followed by physical abuse as the second most common cause, however, there are numerous other types of trauma that can also result in PTSD. Such traumas include loss of loved ones, car accidents, mental or emotional sexual abuse, and natural disasters (PTSD: National Center for PTSD, 2018). As previously mentioned, the brain is not fully developed

until the age of twenty-five, so experiencing these kinds of trauma at such a young age can alter multiple parts of the brain. Areas of the brain that are specifically altered by PTSD include the hippocampus, ventromedial prefrontal cortex, and the amygdala [7]. These apportions of the brain are responsible for memory, emotion and fear, and multiple other characteristics associated with planning and behavior. Any imbalance or alteration of these areas can result in undesirable side effects such as those associated with PTSD.

Similar to other disorders, different treatment options are available for PTSD depending on the severity of the trauma, the longevity of the time dealing with the symptoms without treatment, and the individual. Some people who suffer from this disorder are able to find relief through support from family and friends, and some only have symptoms for a short period of time [1]. However, many other individuals need to get professional help in the form of therapy. There are different therapies available for people to choose from, as some may work better in treating different people depending on the traumatic event. Such therapies include but are not limited to cognitive processing therapy, prolonged exposure therapy, and group therapy [1]. Due to how underdeveloped the adolescent mind, it is vital that they be treated to prevent the worsening of symptoms since PTSD has the ability to worsen over time if not treated. Medication is also used to help lessen the extremity of symptoms and is sometimes paired with therapy to get the best results. The chart below signifies the effect that treatment can have on helping adolescents with PTSD [8].

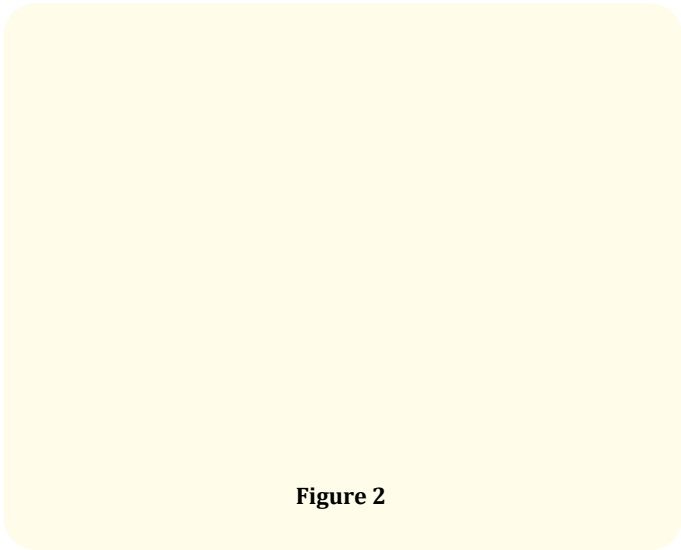


Figure 2

The effects of PTSD can vary from person to person as well as from trauma to trauma. Some adolescents might have experienced a traumatic event than others, which could cause symptoms and triggers to be worse. Similar to adults, children experience specific symptoms of PTSD that include re-experiencing of the original trauma, avoidance of traumatic reminders, and numbing of emotional responses [9]. However, it has been found that children experience other symptoms including regression, new fears or reappearance of old ones, and separation anxiety [9]. These symptoms are just a few examples, as the triggers are specific to the trauma experienced.

Another topic that will be addressed is implementation. Most of the public is unaware of the problems associated with PTSD, and some don't even know what it stands for. There are numerous stereotypes surrounding this disorder due to a lack of knowledge. Educating the public on this disorder, and more specifically that adolescents are frequently affected, is important because it can increase the chances of catching and diagnosing the disorder before it gets to a dangerous level. It is hard to tell whether or not someone suffers from this disorder just from looking at them because it is a mental disorder not a physical one, which makes spreading awareness even more vital. There are different triggers for those who have this disorder and knowing how to react to someone who is having symptoms could help treat them. PTSD is not necessarily a permanent disorder if it is treated in time, but it may take time to overcome the difficulty associated with trauma. This concern should not be a worry of only those families affected, but for everyone, as these children are the future of society. The purpose of bringing this issue to light, is to communicate the severity of adolescent PTSD and the characteristics associated with it in hopes of educating the general public on a disorder that is commonly misunderstood and frequently overlooked.

What is PTSD within adolescents

Post-Traumatic Stress Disorder is held to be a mental health problem whose precursor is a traumatic stressful event [10]. While it is a disorder expected to majorly affect the ageing group of people, PTSD is also prevalent among people in groups ages 15 and 21. PTSD has multiple causes and effects that are worth analyzing in this group of individuals. There is currently no black and white precursor to this rapidly growing disease, which makes it one of the hardest to problems to medically address. Something that most people don't associate with a mental illness like this, is that there

is not just one victim, especially in the case of children. Parents, grandparents, other family, caregivers can all be affected by their child's PTSD too. This ailment is quickly growing, without much knowledge to the public. These victims should not have to suffer alone without help.

PTSD as a problem

Adults are negligent to the fact that children see and understand a lot more than what they might think. Children may witness parents argue and even get physical and it can scar them for a very long amount of time, possibly lifelong. Post-Traumatic Stress Disorder can easily be diagnosed in kids who have witnessed events of high stress including, death in a family, accidents, and even witnessing domestic abuse. They can also obtain PTSD after experiencing physical altercations such as sexual abuse, physical abuse, and even after experiencing maltreatment (CDC, 2019). It is shown that kids do in fact recover quickly and most of the time do not have long stints of PTSD like symptoms (CDC, 2019). This may be a result of the continual growth of their mind and body or even due to the fact that they are more easily distractible than adults are.

There are numerous problems that accompany having PTSD. One of these problems is that a lot of the time the children will have night terrors and sleep problems due to their traumatizing event (CDC, 2019). It is imperative that children are able to get at least 8 hours of sleep so that their bodies can continue to grow at a healthy rate and their minds develop properly during sleep. With the child being exhausted from less sleep they may turn to falling asleep in school or other activities which could start to affect their social lives. Another problem that children may have to deal with is becoming very upset when something reminds of a certain event or if someone mentions the act towards them (CDC, 2019). This experience can also cause the child to be wary of certain people or always be anxious that possible events may occur another time. Continuous stressors such as these can cause negative impacts on the social lives of those children that are affected by these experiences. They may not feel like they can trust other people and will not want to interact with others. Children who are witnesses to a closely related family member's death tend to have higher chances of suffering from PTSD. Whether it is surviving a car wreck while other family members involved did not, or witnessing parents having a heart attack or other illness-related death. These are just a couple of prime examples of what can cause a child to have traumatic disorder symptoms [9].

Being a parent includes a responsibility to recognize the signs and symptoms of their children. Once they are aware that their child seems to be suffering from PTSD, they have to get the child the help they need as soon as possible. A major way for a faster recovery partly depends on how much support the family gives them after the affecting event [11]. There are many ways that parents can try and prevent traumatic events from happening such as trying to start up prevention programs in their communities or schools to help show kids how to avoid physical or sexual altercations with adults or even other kids. Another option is to make sure that kids learn how to say "No" to possible suspects that could inflict harm [11]. As a parent, any way they can try and prevent bullying or even try working on injury prevention would be a huge help towards their child. Parents need to always remember not to wait until the last second to call a healthcare provider. This is very important if the child starts to get out of control or if they ever start to experience the symptoms of depression. Sometimes just being there and trying to be supportive is not enough, professional help may be required.

Causes of PTSD

From its definition, PTSD flows from a traumatic stressful event. However, traumatic event is not the sole cause of PTSD, other causes exist. The factors can be dichotomized into pre-event, during and post-event factors [11]. Pre-vent can be described as risk factors and includes in the first instance gender, it has been noted that female as opposed to male gender is likely to experience traumatic events; secondly, ethnic and cultural background of an individual, it has been reported that persons from minority backgrounds, on account of constant stigma and discrimination are vulnerable to PTSD [11].

Figure 3: Optivida Health (2019).

Post-traumatic stress disorder

During the occurrence of a traumatic event, PTSD may result because of a number of factors. Firstly, the nature of traumatic event in question can be a string contributor to the disorder. Scientific data reveals that events that touches on the personal safety of an individual or their family members such as sexual abuse, torture, and family violence are bound to cause PTSD [11]. Secondly, Smith also asserts that the severity of the event is a causal factor, he explained that where an individual faces severe physical injury/pain or if they witness a horrific event meted upon a member of their family PTSD is likely to result. Another contributor to PTSD is the longevity of the traumatic event, a victim who is exposed to a continuous and long period of a traumatic event is highly likely to suffer PTSD as the longer the even the longer its stay in mind [11]. Lastly, the closeness of the victim to the traumatic event also contributes to PTSD: victims who have personal and close interaction with event are likely to experience PTSD [11].

Post-event factors include the following: Firstly, is the frequency or recurrence of events similar to traumatic event initially experienced; repeated occurrence of events reinforces them in the memory negatively impacting ability to get over or delete from the mind horrors experienced (Smith). The second factor is exposure to persons or situations that remind victims of traumatic events that they experienced; this has been reported to deprive victims of healing opportunities as they are indirectly taken back to their earlier experiences and their minds refreshed of the same [10]. Another factor is the social support that the victim of traumatic events is accorded; those not accorded serene healing environments are likely to experience PTSD as opposed to those victims whose families are supportive of their healing processes [10]. Lastly is emotional intelligence that a victim of traumatic event exhibits; whereas those with high emotional intelligence have coping skills hence are unlikely to experience PTSD, those with low emotional intelligence are likely to face PTSD [10].

Effects of PTSD

PTSD has a number of effects and consequences which its victims face or experience. Firstly, they are often distressed and compelled to relive the horrors of their experience [11]. Secondly, according to Stanford Children's Health, they are often scared and unable to sleep normally or even sleep at all. Thirdly, they undergo depression (Smith). Another effect is that they are more often than not ill-tempered. They are also often agitated and responsive just in case of the reoccurrence of traumatic event even when it is not imminent but illusive [11].

Children between the ages of 15 and 21 who suffer from PTSD are bound to manifest changes in their likes and dislikes: inevitably they may be attracted to things that they previously detested. These children may feel withdrawn and unable to keep up with normal concentration levels that is becoming of their character. As for those who are victims of sexual abuse, they may shy away from getting into romantic and intimate relationships [11]. Another common effect of PTSD on children of his age is that they may experience emotional numbness. Instead of expressing themselves freely, they resort to stay calm or hide their emotions as a sign of surrender to most of what is happening around them. Teenagers suffering from PTSD are likely to act impulsively or aggressively. The Stanford Children's Health notes that some are likely to exhibit violence tendencies albeit unnecessarily. This category class of children is also likely to avoid and shun people and situations that remind them of traumatic events irrespective of how material they are or may be to their lives.

Adverse PTSD could affect the child's development, and, in the process, they may exhibit underage tendencies that do not conform to their age and growth levels. Those that are still schooling are likely to record low level knowledge intake which negatively impact their interactions and results in school [11]. In fact, PTSD among children between 15 and 21 causes such to have trouble at school. The concentration levels are very low, and the students are disturbed by the situation as their cognitive ability is also blurred. Reasoning is impaired and the results is that these students do not grasp that which is taught in class and thus end up failing in their classwork. Lastly, some of these children between the ages of 15 and 21 are likely to feel a sense of unworthiness and the belief that their death is imminent. Thus, it is imperative to seek medical attention as soon as possible to mitigate the adverse effects of PTSD.

Treatments for PTSD victims

Doctors can employ a number of treatment strategies to treat PTSD among this age group of children. For most PTSD victims, the only concern they have when diagnosed is which measures can they take to suppress their suffering or even cure it so they can live normal lives. Although there are many treatments to handle PTSD, there isn't enough time to go into depth on each one. Rather than do that, this portion of the paper will focus on a couple of unique and intriguing methods on coping with PTSD. As was stated previously PTSD is made up of episodes of intense and vivid feelings in correlation to an event in that persons' life that was traumatic.

The four methods that shall be introduced will be drugs, such as anti-depressants, cognitive therapy, stress inoculation therapy, and EMDR.

Coping method 1: Drugs/medication

A common and quite efficient treatment for PTSD victims is prescribing medication. A drug type that would help with PTSD and the anxiety that comes with it, would be antidepressants. Considering that there a different types and different doses of antidepressants, there needs to be a specific one used when dealing with PTSD. According to the British Journal of Psychiatry, "In selecting a benzodiazepine drug, the doctor will want to know that a patient is unlikely to abuse medication and also will need to make certain that the drug does not induce depression, a disorder which is often associated with PTSD. Benzodiazepines can be useful adjuncts to antidepressant treatments when there is persistent free-floating anxiety. Care should be taken lest benzodiazepines release impulsive or antisocial behavior" [12]. As stated in the quote this drug will help with PTSD but the patients who are taking it must fit a criterion. The people that fit the criteria are those who have a lesser chance of getting addicted to the drug. This drug is only meant to help relieve the stress and is not exactly meant to be long-term. For those that are not benefited by a drug such as an antidepressant there are other options such as cognitive therapy. Professionals try to steer-clear of using medication especially with children because of their unknown adverse effects. Medication is thought of as a last resort option.

Coping method 2: Cognitive therapy

With cognitive therapy one can further develop the relationship between one's feelings and emotions. A better explanation of what cognitive thinking is stated by the American Psychological Association, "For example, altering a person's unhelpful thinking can lead to healthier behaviors and improved emotion regulation. CBT targets current problems and symptoms and is typically delivered over 12-16 sessions in either individual or group format" (APA, 2017). This type of treatment is considered the go-to path when dealing with PTSD and is probably the most effective long-term treatment as it helps one train their mind and deal with situations differently and more comfortably. As well as being the most successful treatment it is also one of the treatments that takes the most commitment. The specially trained psychologists focus on the emotions and sensory aspects that the patient experiences with

the traumatic event. Yet, they must ensure that this is done in a safe manner and is planned to the extent that the patient is comfortable in what they reveal. CBT is used to have patients re-evaluate their thoughts and assumptions in order to identify distortions in their thoughts (APA, 2017). The goal is to have the patient not overgeneralize, jump to conclusions, or shut themselves off from the world around them. The biggest issue the clinician has to be aware of are, flashbacks. Flashbacks are the most common and most dangerous type of recall for someone struggling with PTSD. All in all, cognitive therapy can be very effective in treatment, yet challenging at the same time.

Coping method 3: stress inoculation therapy

This treatment is very similar to cognitive therapy as it both consists of training one's mind. The difference would be based on the person. Each person dealing with PTSD develops a different trigger. Triggers based on thoughts, emotions and feelings would most likely be best treated through cognitive therapy. Whereas stress related triggers are best treated through stress inoculation therapy. According to the Society of Clinical Psychology, "Stress Inoculation Training involves teaching coping skills to manage stress and anxiety. This may include training in deep muscle relaxation, cognitive restructuring, breathing exercises, assertiveness skills, thought stopping, role playing, and guided self-dialogue" (Society of Clinical Psychology, 1999). This type of therapy is more physical and is very helpful for those whose triggers are stress related.

Coping method 4: eye movement desensitization and reprocessing (EMDR)

EMDR was first tested by Dr. Francine Shapiro in 2001 to examine distress from traumatic memories. It was found as an adaptive resolution within the patients in their response to triggers regarding their individual events. "During EMDR therapy the client attends to emotionally disturbing material in brief sequential doses while simultaneously focusing on an external stimulus" [13]. Over the years it has been found that by doing this type of treatment manipulated the associations that go along with the traumatic event. These new associations allow the patient to complete new information processing, elimination of emotional distress that follows traumatic episodes, and the development of new cognitive insights. By taking on the past, present, and future, the clinician can hide those undesired memories and trauma that the patient struggles with.

These treatments are proven successful and can help millions of people who suffer from Post-Traumatic Stress Disorder.

Implementation

Implementation of the above treatments is usually the hardest part of making a successful change and bringing awareness to a subject. But it does not need to be that way. In this case the largest obstacle is the perception and education surrounding this illness. What needs to be addressed along these lines is the fact that there should be people who are knowledgeable on the subject and can help as well as knowing that there is a treatment and that there should not be a stigma around asking for it.

Most people do not know or realize that adolescents can develop PTSD just as our soldiers do. The first step is to bring awareness to the fact that there is an underlying issue. This can be accomplished by informing those who see the kids the most, school workers. Most teachers and school social workers are trained to look for specific signs and symptoms that their students are exhibiting. But what for what they are looking for is tunneled, they only seem to look for certain issues such as, abuse or being bullied. The goal is to add another tool to their belt of helpfulness, the tool of recognizing the symptoms of Post-Traumatic Stress Disorder. Children's well-being should be at the top of everyone's concern list and for these caregivers, it is. Most teachers refer to their students as "their kids", so they need to have the necessary education to make sure they are cared for in that way.

The next step in acknowledging the issue at hand, is knowing that there is treatment available and to break the stigma surrounding asking for it. Asking for help doesn't mean that someone is weak or lesser than others. Once it is established that a child is suffering from PTSD the parents should be encouraged to seek the appropriate help, because there is help. There are specially trained child psychologists for this very situation. Some might say that cost may be an issue, but most insurances cover mental health assistance as part of their plan. What they also have to look at, is that these are children who are disabled. They are the future leaders and primary workforce of society. There should be no shame in asking for help especially in intense situations like what these kids are going through. The help they receive as kids could prepare them for the future as well as eliminate symptoms, so they don't have to go through the struggles their entire life. This problem is

not just a present, in the now, problem, if not treated it will lead to a long term, forever problem [14-18].

Conclusion

PTSD is widely known and associated with veterans, but many people don't realize that adolescents can develop it too, actually easier. These children can be impacted for the rest of their lives, and it's not just the individual but the family as well. It needs to be brought to light that these families are not alone and that there are ways that they can be helped. With many treatment options the children that endure from this horrid disease can be helped. No one should have to go through what these victims do, but it is a fact that this disease is not preventable nor easily diagnosed. Post-Traumatic Stress Disorder can be managed and there is hope for those kids who suffer. If we work together as a concerned society, we can tackle this disorder. This is a Public Health problem, not an individual problem.

Bibliography

1. Parekh R. "What is post-traumatic stress disorder?" American Psychiatric Association (2017).
2. Irvine H. "The most common PTSD triggers-and how to manage them". Explore Health (2018).
3. Post-Traumatic Stress Disorder Statistics of Europe, USA, Treatment and more. Barends Psychiatric Practice (2014).
4. Kissen D and Lozano M. "How to prevent trauma from becoming PTSD". Anxiety and depression association of America.
5. U.S Department of Veterans Affairs. "How common is PTSD in children and teens?" PTSD: National Center for PTSD (2018).
6. Hewitt AA. "Raising the awareness of child traumatic stress". *Psychology Today* (2017).
7. Wlassoff V. "How does post-traumatic stress disorder change the brain?" *Brain Blogger* (2015).
8. Warenik B. "Helping clinicians reduce childhood trauma and heal the future". *Cambia Health Foundation* (2018).
9. Kaminer D., *et al.* "Post-traumatic stress disorder in children". *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)* 4.2 (2005): 121-125.
10. Smith Kathleen. "PTSD in Children and Adolescents". *Psycom* (2019).
11. Stanford Children's Health. "Posttraumatic Stress Disorder (PTSD) in Children" (2019).
12. Davidson J. "Drug Therapy of Post-traumatic Stress Disorder". *British Journal of Psychiatry* 160.3 (1992): 309-314.
13. Department of Veterans Affairs and Department of Defense. VA/DoD Clinical Practice Guideline for the Management of Post-Traumatic Stress. Washington, DC (2017).
14. Childhood PTSD - Calming the Storm within a Child's Heart. Casa Pacifica Centers for Children and Families (2017).
15. Cognitive Behavioral Therapy (CBT) (2017).
16. Post-traumatic Stress Disorder in Children (2019).
17. Stress Inoculation Training for Post-Traumatic Stress Disorder.
18. Selwyn CN., *et al.* "Recognizing the hurt: Prevalence and correlates of elevated PTSD symptoms among adolescents receiving mental/behavioral health services in primary care". *Psychological Services* 16.1 (2019): 58-66.

Assets from publication with us

- Prompt Acknowledgement after receiving the article
- Thorough Double blinded peer review
- Rapid Publication
- Issue of Publication Certificate
- High visibility of your Published work

Website: www.actascientific.com/

Submit Article: www.actascientific.com/submission.php

Email us: editor@actascientific.com

Contact us: +91 9182824667