Post Traumatic Stress Disorder (PTSD)

When someone experiences traumatic events or situations that harm their mental health frequently or are continuous, this can cause significant damage to their mental health and lead to them experiencing significant mental health problems, trauma or Post Traumatic Stress Disorder (PTSD).
Trauma can be thought of as psychological injury – an event or series of events that damages or harms a child or young person even though the severity and length of time exposed to that harm may vary widely.
Like a physical injury, traumas can be;

- Minor – a stressor that is easy for the child or young person to deal with (teasing that they can dismiss)
- Moderate – a stressor that requires additional time and intervention to overcome (bullying that leads to social anxiety and doubt)
- Severe – a stressor that results in chronic illness, reduced functioning and an altered life course (extreme emotional abuse that leads to significant depression, Seasonal Affective Disorder (SAD) and drug abuse). Like physical injuries, traumas can be severe (a single incident) or chronic (relentless teasing, repeated childhood sexual abuse).

Manifestations of PTSD

The National Child, Traumatic Stress Network, states that 'children who suffer from child traumatic stress are those who have been exposed to one or more traumas throughout their lives and develop reactions that persist and affect their daily lives after the events have ended. Traumatic reactions can include a variety of responses, such as intense and ongoing emotional upset, depressive symptoms or anxiety, behavioural changes, difficulties with self-regulation, problems relating to others or forming attachments, regression or loss of previously acquired skills, attention and academic difficulties, shock, confusion, shame, self-blame, withdrawing from others, nightmares, difficulty sleeping and eating, and physical symptoms, such as aches and pains. Older children may use drugs or alcohol, behave riskily, or engage in unhealthy sexual activity.
Traumatic experiences can initiate strong emotions and physical reactions that can persist long after the event. Children who experience an inability to protect themselves or who lacked protection from others to avoid the consequences of the traumatic experience may also feel overwhelmed by the intensity of physical and emotional responses.'

Risk Factors

For Neurotypical (those who do not have ND conditions) children and young people, these events usually need to be either quite severe or ongoing for them to be traumatised by it (such as physical, sexual, or psychological abuse and neglect, sudden or violent loss of a loved one, etc.)
ND children and young people are vulnerable to mental health problems due to the considerably higher frequency of events (such as listed at the beginning of this section), emotional understanding or regulation difficulties, as well as being, potentially, highly sensitive to the fact that they feel different or are rejected by their peers.

'What it's like to go around your whole life in a world where you have 50% less input than everyone else because you have social deficits. Or feeling constantly overwhelmed by sensory experience – feeling marginalised in our society because you're somebody with differences' – Connor Kerns Professor of Psychology focusing on Autism Spectrum Disorder, childhood anxiety and stress-related disorders in children with and without ASD.
Research has found that ND children and young people encounter several different daily stressors relating to their diagnosis that may affect their emotional functioning. Poor emotional regulation increases the risk of developing traumatic stress and other negative psychological outcomes, which, in turn, intensifies already impaired emotional regulation. This cycle reduces the child or young person's ability to cope with future stressors, which they may increasingly experience, in part, due to their growing psychological instability and social dysfunction (Turner et al. 2010)

The risk of developing PTSD is more significant for those with complex or repeated traumatic events than single traumatic events. This can present in many ways; hypervigilance and anger, recurring nightmares and other sleep issues, or lead to depression, persistent fear, aggression, irritability or difficulty concentrating or remembering things. It can also intensify ND characteristics, i.e. regression of skills, increased communication issues, increased anxiety and meltdowns, reduced emotional regulation, etc.

Diagnosis of PTSD

Trauma and PTSD can be challenging to identify or diagnose in ND children and young people, especially with ADHD. The difficulties and symptoms experienced with trauma and PTSD are already characteristics of their diagnoses, such as;

- Difficulty concentration
- Poor memory
- Irritability
- Hyperarousal (where their body kicks into high alert or Fight/Flight quickly)
- Emotional regulation difficulties
- Sleep issues

- Anxiety
- Poor communication skills
- Impulsiveness
- Restlessness
- They can react to things with anger or aggression

When it is identified, it is essential that the therapist or professional treating your child or young person's trauma, PTSD, or mental health problems, has a working knowledge and understanding of their diagnosis and how they need to be supported.

Management of PTSD

For treatment to be successful, the ND child or young person needs to feel safe and comfortable. Their needs (sensory, distractions, comfort, level of demands placed on them, not wanting to make eye contact, etc.) must be met during the sessions or their anxiety and inability to regulate their sensory needs/overwhelm or emotions will prevent them from taking in what is being said to them. They will perceive the environment or professional as being 'unsafe' or pose harm to them (mental or emotional).

Many ND children and young people, Autistics especially, may have a lot of reluctance and fear of mentally revisiting a traumatic event/series of events as they may experience that trauma in a nearly tangible way. They may be visual thinkers (everything they think about is like a film playing in their head); it would be like they are back in that situation; feeling the same emotions, hearing and smelling the same things, seeing it play out in their head like an instant replay. Their reluctance and fear may be greater than knowing that the therapy/treatment will help them. If this is the case, the professional needs to find a different approach that respects the child or young person's needs and fears.