

Part 2: Red Flags of Post-traumatic stress reactions in very young children

Brought to you by the PTSS team (KKH) • DECEMBER 2019

RECAP PART 1:

Young children are extremely vulnerable to experiencing events that may be potentially traumatic to them, and they can develop Post-Traumatic Disorder (PTSD) too. In view of developmental considerations and different ways PTSD manifests in very young children, an age-related subtype of PTSD for preschool children, Posttraumatic stress disorder children 6 years and younger, was proposed and published in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition¹.

Red flags of post-traumatic stress reactions in very young children

For young children, commonly understood symptoms of trauma, such as intrusive thoughts and changes in cognitions, may not be as salient due to their developmental stage and communications. Therefore, there is a focus on behavioural observations of changes after a child experiences a potentially traumatic or stressful event.

Some of these behavioural red flags are:

- Increased separation anxiety;
- New onset of fears not related to trauma (e.g. the dark, going to the bathroom alone);
- New aggressive and oppositional behavior; and
- Regression in developmental skills (e.g. verbal skills, dressing skills, and toileting).

Picking up red flags of post-traumatic stress reactions in very young children

People who work with children on a regular basis, such as in childcare and family service centres, may need to gather information to help in decision-making about suitable responses and referrals to services. Picking up trauma-related symptoms early in very young children can enable the child to access appropriate services as soon as possible, which can benefit the child's development.

The following are some tips on picking up trauma-related symptoms in very young children:

1. Gather information from different sources

As young children have limited verbal skills to communicate, information should be gathered from different sources besides the child, such as parents/ caregivers and the school, where possible.

2. Use different methods to gather information

Different ways could be used to gather information to get a fuller picture of the child's presentation. As young children have limited verbal skills to communicate, the use of creative methods, such as drawing and toys, may be used to aid their communication and gather information from young children themselves. Interviews or questionnaires can be administered with parents/ caregivers.

3. Gather information about trauma exposure and presence of PTSD symptoms

It is important to understand about the child's previous exposure to possibly traumatic events and check for presence of PTSD symptoms, especially so for children presenting with disruptive behavioural disorders (e.g. Oppositional Defiant Disorder [ODD], Attention Deficit Hyperactive Disorder [ADHD]), as very young children have limited verbal skills and may communicate the trauma and its impact through behaviours. For professionals, it can be useful to assess for comorbid conditions and other trauma-related symptoms, using tools such as the Diagnostic Infant and Preschool Assessment (DIPA)⁶.

4. Use the DSM-5 subtype for children 6 years and younger and appropriate measures with younger children

Besides using the DSM-5 subtype for children 6 years and younger as a guide, the use of an appropriate measure, such as the Pediatric Emotional Distress Scale (PEDS)^{7,8} and the Trauma Symptom Checklist for Young Children (TSCYC)^{2,3,5}, can be helpful in identifying other red flags of post-traumatic stress reactions in young children that are not covered in the DSM-5 subtype criteria.

5. Consider parent-child relationship

As the quality of attachment with the caregiver can impact a child's symptoms, the impact of trauma must be considered within the context of the parent-child relationship. The assessment should include asking about any symptoms that the child's caregiver may be experiencing.

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