

Post-Traumatic Strike Disorder in Children

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Abstract:-

Post-traumatic stress disorder (PTSD) is a reaction to the traumatic events and situations experienced by the individual, as many who experience these events recover, but some of them continue this effect for several years, leading to what is known as PTSD.

The aim of this study is to introduce the concept of PTSD in children through a description of the causes and stages that this disorder is going through, as well as to help in adding a theory about these disorders to those interested in childhood and to raise a problem in all its aspects at all ages. The study concluded that how to diagnose a trauma disorder in children and to know the symptoms and appropriate treatment methods

Keywords: Post-Traumatic, Strike Disorder, Children.

المخلص :-

يعتبر اضطراب ما بعد الصدمة (PTSD) رد فعل للأحداث والمواقف الصادمة التي يتعرض لها الفرد، إذ يتعافى العديد ممن يتعرض لهذه الأحداث ولكن بعضاً منهم يستمر معه هذا التأثير لعدة سنوات مما يؤدي لما يعرف به اضطراب ما بعد الصدمة .

هدف هذا المقال للتعريف بمفهوم اضطراب ما بعد الصدمة عند الاطفال من خلال الوصف الأسباب والمراحل التي يمر بها هذا الاضطراب ، كما هدف للمساعدة في اضافة نظرية حول هذه الاضطرابات للمهتمين بالطفولة واستثارة مشكلة من كافة جوانبها في جميع المراحل العمرية .

وخلصت الدراسة الى كيفية تشخيص اضطراب الصدمة النفسية عند الاطفال ومعرفة الاعراض وطرق العلاج

المناسبة .

كلمات مفتاحية : اضطراب، ما بعد الصدمة ، الاطفال .

Introduction:-

The term Post-Traumatic Strike Disorder (PTSD) appeared after the end of the Second World War, as it did not exist in the terminology of psychiatry before 1980, after observing a set of psychological symptoms in some soldiers during their participation in the war. The same symptoms were observed for those who were tortured, killed, threatened, or witnessed massacres and rape. The term was given to those who showed these symptoms after being exposed to natural disasters that are shocking from floods, earthquakes, volcanoes and fires that threaten the lives of people and their tolerance, resistance and coexistence.

The fourth diagnostic and statistical guide issued by the American Psychiatric Association (DSM IV) identified the following symptoms of shock as "traumatic", and the psychological symptoms were called as Post-Traumatic Strike Disorder (PTSD).

Also, the person who has been subjected to shock is affected by the symptoms for several months and sometimes many years and the effect includes the compatibility, performance, and activity, especially with increased pressure or exposure to similar events (Schiralidi, 1999).

Traumatology is the scientific and applied study of the direct and long- psychological social effects of stressful events and the factors influencing it (Abdel-Khaleq, 1998). The post-traumatic strike is closely related to human cruel and illogical acts.

Children are the most vulnerable and fragile to face danger and horror, especially since they have never been prepared or prepared for, and do not have the religious background and culture of adults, which gives shocking events a meaning that may reduce the size and quality of their vulnerability. Children lack the cognitive abilities that enable them to absorb the dangers and traumatic experiences they face, to assess their interests, to meet their own needs and to protect their rights. Also, they lack the ability to verbalize what they suffer from watching and confronting the exploitation and harm they encounter (Shami, 2010).

The researchers believe that the priorities that should be of interest to scientific studies are the psychological effects of war on children and young people because these effects leave long-term effects and difficult to overcome (Salih and Atta Al-Manan, 2008).

Psychological schools agreed that growth is a continuous, connected, and integrated movement. Each stage is affected by the previous stage and affects the following one.

The individual absorbs individual and social experiences, learns the skills, values and positive attitudes toward himself, his country, and his religion, which necessitates meeting the basic needs and responding to the requirements of growth treatment and adherence to rights, and the appropriate conditions for life. The failure to meet those needs. Deprivation of the necessary conditions lead to a high poor compatibility and suffering from psychological and social strikes with inadequate efficiency and effectiveness in personal and social roles. (Abdel-Majid, 2008).

Zahra (2005) believes that the child- self is aware of his Beijing and others, grow and interact with his environment to develop a positive concept the child needs security, stability, and belonging to a family, brought up and study comrades, in an atmosphere full of his needs for love and mutual appreciation, entertainment, and practicing self-discovery activities. The child also needs parenthood care, freedom, exploitation, self-respect, play, and the exploitation of potential energies to affect his environment

Abdel-Majid (2008), explained that experience is one of the most important sources of self-building and its effectiveness in facing the pressures and challenges to the safety of its health. The positive experience gained by the group, and the acquired skills and characteristics lead to the integration and balance of individual and collective personality in a way that achieves compatibility with the growth requirements for individuals and groups, and with the issues of the world contemporary. This enables them to preserve the land, the homeland, the curriculum, the individual and community entity and their stability and cultural witnesses.

The study problem and question:

The problem of the current study is summarized to answer the main question: "Do the traumatic events that the individual is exposed to in childhood cause mental disorders and problems in the life of the individual?"

The study objective:

The aim of this study is to introduce the concept of PTSD, its classification, avoidance, effects on children, factor leading to positive results and treatment.

The study importance:

The results of the study can help in adding a theory about these disorders to those interested in childhood and to raise a problem in all its aspects at all ages.

Methodology:

The study used descriptive methodology of the causes and stages that PTSD is going through.

Classification of PTSD

PTSD may occur if (Kaplan and Sadok 1994):

1- When a person is subjected to a traumatic situation or has had experience other than to watch, or face situations or events in which death, threat or serious harm is a threat to the physical integrity of the person or others. The experience of the person also included responding with extreme fear, resignation and a sense of helplessness, all expressed by the child with the emergence of turbulent behavior.

2-Repeated repetition of painful situations in a stressful form of mental images, ideas, or perceptions which are expressed by the child acting games, in addition to disturbing dreams and frightening behavior or the feeling that the event will return again. But some feel severe psychological pain when they exposed to internal or external stimuli symbolize or resemble the aspects of the traumatic event, such as seeing blood or hearing a loud voice which leads to a physiological response as the speed of breathing, heartbeat, dizziness, muscle stiffness, or sweating when hearing a fireworks or seeing a fire .

Avoidance of three or more of the following: -

1. Avoid activities and places and all those who raise the memory of trauma
2. Avoid thoughts, feelings, and discussions that are related to shock
3. Inability to recover an important aspects of the shock
4. Lack of willingness to participate in core activities.
5. Avoid others and alienated felling.

6. Lack of ability to enjoy feelings of love.
7. The person may feel guilty and blame himself as living while others are died, and he did nothing to save them.
8. Negative outlook for the future, expectation of not getting a job, marriage or having children.

Usually the acute disorder symptoms last for less than three months, and the symptoms are more than three months for the. Other symptoms appear after six months.

This case is diagnosed if there is evidence of the event, and the clinical manifestations are clear and there is evidence with remembering the event through disturbing dreams and memories, or occurrence of avoidance and numbness in the feelings or mood disorder and behavior. All of these factors help in diagnosis and are not important.

The tenth International Classification of the mental disorder classified (PTSD) as neuro and disorder related to physical stress. Also, is classified under the subcategory of reactions to acute stress and arrhythmias. It is classified by the Fourth Diagnostic and Statistical Guide of Mental Disorders as one of anxiety disorders (Al-Mafraji and Al-Shehri, 2008).

Effects of PTSD on children: -

1-The impact of the tragic events is according to the person capacity, his culture and the ideological aspect of him, knowing that the absorption and appreciation of children of traumatic events has specific capabilities when their cognitive, religious and cultural aspects have not yet matured.

2-Children have a special image of their families and relatives. They should be cared and loved by the community around them .But this image is distorted by the war and conflicts which is leads to post-traumatic stress disorder (Qouta, 2011).

Post-traumatic stress disorder results: -

The trauma of the human act resulted from the aggression, torture and rape of more than natural disasters, especially when the accumulated experience repeated they affects the psychological construction, especially on children and instill in them feelings of violence , tension , hatred, and they be more susceptible to depression , anxiety , sleep disorders , whispers , shifted symptoms of hysteria , involuntary urination, and adaptation disorders With delayed psychological growth as well as post-traumatic stress disorder.

The studies confirmed that 30% are cured, 40% continue to suffer from some minor symptoms, and 20% suffer from less severe symptoms. The remaining 10% remain as they are, or more deteriorating (Kaplan and Sadok, 1994).

Factors leading to positive results:

1-The competence and strength of personality before the disease and the lack of mental illness, in addition to the sufficient enjoyment of social support.

2-We find that the result is very bad for children and the elderly because of their poor compatibility skills specially when it accompanied by disintegration of family and society. Also, it is bad when there is a the lack of cohesion in the main family and the existence of the extended family and its interrelationship with the main family, also the interaction of the neighborhood or the village and the city, the existence of a network of communication, support where crises and shocks are collectively received, because of the population, social, geographic and religious interaction and communication. Also, by achieving the satisfaction of the needs of required society needs and individuals. (Al-Mafraji and Al-Shehri, 2008).

Post-traumatic stress disorder: -

A person who has the ability to be traumatized by dependence and negativity, poor self-confidence, poor skills and will, limited education and tolerance threshold, long or permanent suffering from psychological and social problems and negative and painful experiences such as being abducted, tortured, abused or compulsorily involved in acts of war, Or commit crimes. In addition to the weakness or absence of support, the existence of a family history, and the existence of biological or genetic factors.

There are differences in people's reactions to traumatic events. Some people experience symptoms after days or weeks, others show up after months, others appear years later, and some do not. Symptoms sometimes appear on a gradual basis, may appear abruptly, and may appear and disappear. The probability of a child being affected by the disorder depends on the severity of the accident, the child's proximity to it, the extent of his participation in it, and therefore what he sees from the destruction, disaster and terror, and the consequent loss of personality for him (Chalabi, 2004)

Treatment of PTSD: -

Early detection and treatment of the disorder is a main factor in reducing the impact of the disorder on the child's personality, performance, and in changing his life for the better. The therapist should also be permanently available and trained to deal with children. On the other hand, assistance for children begins with:

- 1- Children should be apart from the place of conflict to safe places.
- 2-Develop children's awareness of what they suffer, and develop their motivation to meet their needs for treatment and participate in it effectively, self-care, and communicate with their families and their community.
- 3-Integrating the child in the exercise of the identities and group activities that provide support and enable him to vent, discharge, and distracted from the thoughts and feelings disturbing.
- 4- Establish an effective relationship that allows the child to describe what happened through his own language and point of view.to express his current feelings, to talk about what he has done to protect himself and what he will do to protect himself in the future.
- 5- Training the child to be relax in different types to stop tension and anxiety.

There are a range of an effective guidance and therapeutic methods to choose the most appropriate ones: -

- 1-Cognitive counseling and therapy for cognitive reconstruction, with the assistance of the child, to recognize, refine, challenge and the irrational, unsettling and negative ideas of trauma and to develop positive motivation to act on positive ideas and absorb shocking experience in the light of its simple cognitive construction.

2-Behavioral cognitive therapy and guidance, using different techniques such as immersion, modeling, control of hypotheses, labeling, symbolic signs, mutual agreements, and child education problem solving skills.

3-Psychological drama and art therapy, painting and play.

4-Self-exploration and development of a positive concept.

5-Emotional relaxation.

6-Social religious counseling and treatment.

7-Crisis guidance, use of hotline and electronic help, international humanitarian treatment, and the psychotherapy, social, religious, and education integrated treatment. (Adel, 2000, Abdel-MJaid, 2002).

Conclusion:-

This study aimed to identify the PTSD in children, concerned with the detection of the dimensions of PTSD in children, its classifications, effects and post-traumatic pain. The researcher followed the descriptive analytical approach and concluded the importance of the treatment mechanism for PTSD in children.

The study focus on providing psychological needs for children, early intervention after trauma, and helping children to express their feelings through play, art, expressive, psychological, and analytical treatment in children's willingness to adapt and psychological harmony. Also, attention to that aspect restores children's feelings of safety and solves the problems raised by their memories of the accident.

The study recommends the following: Promote development and prevention programs to avoid disturbance, Caring for children and developing their life skills, Raising awareness of the danger of shocks to which they are exposed and their future and avoiding their effects, Carry out follow-up studies and research on the psychological and social disorders of children and their relationship to the variables of domestic violence, child crime, alternative families.

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