

Children must exhibit
"disorganized or
agitated behaviors"
but



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Children must exhibit "disorganized or agitated behaviors" but the diagnostic criteria tend to be objective and is very open to interpretation. PTSD is very commonly overlooked or misdiagnosed by something different. For children ages, 6 years and younger symptoms of PTSD must be present for a minimum of one month before a diagnosis can be made. Symptoms can include distressing memories of the event, dissociative reactions in which the child feels or acts as if the traumatic event were recurring, in other words, flashbacks.

Avoidance of activities, places or people that arouse recollections of the events and frequency of negative emotional states such as fear or shame. G1 Furthermore, the experienced trauma does not necessarily mean someone will develop symptoms significant enough to meet the diagnostic criteria G2 for post-traumatic stress disorder, however, it is very common that children do exhibit some of these symptoms associated with trauma exposure even when their symptoms are not quite intense enough to meet the diagnostic threshold. Symptoms of trauma can manifest in many ways, in early childhood trauma exposure often can trigger a regression and development. For example, a child who is a good sleeper may have difficulty falling asleep.

A child who is previously potty trained may begin to have frequent accidents. Many children will develop a sense of separation anxiety and find it difficult to separate from the primary caregiver. Somatic complaints such as headaches or stomachaches are also very common in children who have experienced trauma. Other common symptoms in children who have experienced traumatic events can include frequent nightmares, restricted range of affect

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and symptoms of increased arousal such as difficulty falling asleep, difficulty concentrating and increased irritability. In addition, many of these symptoms during childhood can occur completely unrelated to trauma exposure.

A challenge of infant and early childhood mental health is to gather enough information to get a complete picture of what is really going on for the child and to accurately diagnose and provide appropriate treatment. The Diagnostic and statistical manual for mental disorders 5th edition (DSM 5), categorizes PTSD as a "trauma and stressor-related disorder" that happens when the symptoms of an acute stress response persist for over a month. The main symptoms are psychological ones, for example, someone might re-experience their trauma through nightmares, these can also lead to behavioral changes, someone might start to avoid the environments and situations that remind them of their trauma and feel a sense of hypervigilance where they are constantly on guard or exaggerated responses to these triggers. These behaviors can lead to trouble sleeping and general irritability which can lead to angry outbursts. However, these patterns are different among children who are less likely to show distress but instead they might use play to express their memories, or sometimes acting out scenes that trouble them. Children who are exposed to extreme trauma during childhood are more likely to respond to other traumas faced in their adult life.

According to the DSM-5 (2013), a diagnosis of PTSD for children over age 6 as well as adults involves four core features that persisted longer than 1 month. The prevalence of PTSD symptoms is appreciably greater in children who are exposed to life-threatening events or

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prolonged interpersonal trauma than children who are exposed to less severe trauma (Mash & Wolfe, 2016). G9 G10 G11