

Posttraumatic stress disorder in disaster affected schools

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Posttraumatic Stress Disorder in Disaster Affected Schools I. Vicarious Traumatization Teachers working with who have experienced trauma need to be careful to help themselves so that they can continue to help their students. This is particularly important when the teacher is working in a post-disaster arena like that described in "I Had to Teach Hard." Teachers dealt with classrooms full of students who had suffered trauma as a result of Hurricane Katrina. This in turn created a situation where the teachers' jobs became more difficult and, as one teacher expressed, it became important to make sure that work and home life remained separated. Such separation may help stop vicarious traumatization, but it cannot stop it completely. Vicarious traumatization "is an inevitable process for those engaged in trauma work" (TSICAAP). Vicarious traumatization, or VT, is a negative effect on a trauma worker caused by "empathic engagement with survivors' trauma material" (TSICAAP). In the case study, teachers were given very limited tools to help them work with the surviving students. In one instance the tools consisted of a one-time teacher training without follow-up. At no time was it apparent that school districts were conscious of the VT amongst their staff, nor that they took any steps to help teachers deal with the added stressors of a post-disaster crisis. This was a mistake. Japan seems to have learned something from the errors of the United States. In the wake of the recent tsunami that devastated many areas of their country, schools are reopening with an eye to identification and treatment of PTSD in both students and teachers. The reopening of schools is being accomplished with an eye to therapy and counselors are available for everyone involved (Fackler). This means that Japan, unlike in the aftermath of Hurricane

Katrina, is vitally aware of both PTSD and VT. II. Diagnosis and Treatment

Adolescents who are demonstrating self-medicating and self-destructive behavior shortly after a major disaster are likely suffering from some type of trauma related disorder such as PTSD. Before treatment can be given, however, it is necessary to properly diagnose the disorder. The Diagnostic and Statistical Manual, Fourth Edition provides the basic differential criteria to identify PTSD. Furthermore, a study conducted after the bursting of a dam in West Virginia found that age, gender, and parents all affect an individuals' likelihood for developing PTSD symptoms. Specifically, a parent's reactions to the disaster helped the youth to understand the nature of the disaster and respond more concretely to the actual stimuli experienced (Green et al, 946).. Assuming the adolescent does have PTSD, then a course of treatment similar to that outlined in " I Had to Teach Hard" should be followed, with certain additions. Parents, where available, should be involved with the youth's treatment, particularly when discussing or writing about the youth's responses and fears that touch ont he family unit. Parents should also be educated about the symptoms, treatment, and expected outcomes throughout the therapy process. Talking, writing, and other cognitive behavioral therapy techniques are effective. Another possible treatment to consider is " reprocessing" through Eye Movement Desensitization and Reprocessing. EMDR is a technique where children relate negative memories and associations while performing a repetitive movement like eye-scanning or hand tapping. This movement is then subsequently performed while focusing ont he positive aspects of the memory or positive associations (Chemtob et al, 103). This technique effectively allows the youth to

reprogram the movements which led to the re-experiencing aspect of PTSD. Using all the techniques available it is hopeful that the underlying disorder can be corrected and the self-medicating and self-destructive behaviors can be successfully addressed. Reference List Fackler, M. Town torn by tsunami sees reopened school as a therapeutic step. (2011, May 11). New York Times, p. A9. Chemtob, C. M., NAKashima, J., & Carlson, J. G. (2002). Brief treatment for elementary school children with disaster-related posttraumatic stress disorder: a field study. *Journal of Clinical Psychology*, 58(1), 99-112. Green, B. L, Korol, M., Grace, M. C., Vary, M. G., Leonard, A. C., Gleser, G. C., & Smitson-Cohen, S. (1991). Children and disaster: age, gender and parental effects on PTSD symptoms. *Journal of the American Academy of Child and Adolescent Psychiatry*, 30(6), 945-951. Traumatic Stress Institute / Center for Adult & Adolescent Psychotherapy. (2011). Research. Retrieved May 23, 2011, from <http://tsicaap.com/research.htm>.