



IDENTIFICATION OF PTSD AMONG ADOLESCENTS IN MEERUT CITY

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ABSTRACT

Post Traumatic Stress Disorder (PTSD) is a severe anxiety disorder that can develop after exposure to any event or events that result in psychological trauma. Its symptoms can affect every life domain – physiological, psychological, occupational and social. The present study has been done to identify PTSD among adolescents. The study was conducted on 3175 adolescents of schools from Meerut city. Tool used for data collection was Trauma screen + Child PTSD symptom Scale (Foa et al, 2001). SPSS version 20.0 for windows was used to analyze and interpret the data. The data were analyzed by frequency, percentage, Mean and SD. The result revealed that out of 3175 adolescents, 51.6 per cent of Adolescents diagnosed with PTSD whereas 48.3 per cent were diagnosed with Non PTSD. The most traumatised events experienced by adolescents were death of someone close, accident or injuries.

KEYWORDS : Adolescents, Post Traumatic Stress Disorder, Traumatic events

INTRODUCTION

PTSD, or post-traumatic stress disorder, is an anxiety problem that develops in some people after extremely traumatic events, such as combat, crime, an accident or natural disaster.¹ According to DSM – IV- TR, “an individual experienced, witnessed, or was confronted with an event or events that actual or threatened death or serious injury, or threat to the physical integrity of self or others.”² The symptoms of PTSD can arise suddenly, gradually or come or go over time. Several studies have documented occurrence of trauma in adolescents with full blown Post Traumatic Stress Disorder. Adolescents are at high risk of experiencing traumatic events.³ In America it was found that 14.5 per cent of those who experienced serious trauma developed PTSD.⁴ In another research roughly one in four adolescents experienced a traumatic event by the age of 16. Out of these adolescents, 28 per cent experienced two or more traumatic events by the age of 16.⁵

METHOD AND MATERIAL

Descriptive research design was used to describe the characteristics of population being studied. In the present study survey method was used by employing cross sectional approach to identify the level of PTSD among adolescents. Meerut city has been selected as the locale for the research study. Thirty schools (13 government and 17 private schools) were included into research study. Students of classes 8th to 12th were selected as sample population. The final sample size comprised of 3175 adolescents.

TOOL USED

The tool used for the study was Trauma screen + CPSS.

Trauma screen and Child PTSD Symptom Scale:

The tool was developed by Foa, Johnson, Feeny, and Treadwell in the year 2001. The tool has two parts.

Part -1 Trauma Screen:

The trauma screen questionnaire consists a list of certain stressful or scary events that sometime happen to children or adolescents. The respondent had to response in 'Yes' or 'No'. This part of the tool is not to be scored.

Part -2 Child Post Traumatic Symptoms Scale

It is designed to assess the severity of Post Traumatic Stress Disorder among children and adolescents of 8 to 18 years of age. The tool was developed by Foa, E. B., Johnson, K. M., Feeny, N. C., & Treadwell, K. R. in the year 2001. The tool was the adaptation of PTSD symptom scale

of Foa, Riggs, Dancu, Rothbaum (1993). The tool was further divided into two parts, part one consist of 17 items which measure the type and frequency of PTSD symptoms. While part two consist of 7 items which measure the functional impairment these symptoms cause. It takes approximately 20 minutes to administer as interview measure and 10 minutes to complete as self-report.

Scoring:

In the first part of the questionnaire scoring are based on 3 point likertscale, the respondents are asked to fill in the number (0 to 3) that best describes how often the problem has bothered(him/her) in last two weeks the score range from 0 to 51 the higher the score, severe is the PTSD symptoms. The clinical cut off is 15 or greater is appropriate for diagnosing PTSD. Part two scored dichotomously as absent (0) or present (1), the total score range is 0 to 7. The higher score indicating greater functional impairment.

Psychometric property:

Internal consistency ranged from .70 - .89 for the total and subscales symptom scores. Test-retest reliability was good to excellent (.84 for the total score, .85 for re experiencing, .63 for avoidance and .76 for hyper arousal).

RESULTS

a) Assessment of prevalence of traumatic events among adolescents

Although not much research are available on the life time prevalence of PTSD among adolescents in general population but very little effort had been made to measure the traumatic events experienced by the adolescents. The present study explored the traumatic events experienced by adolescents and the results are presented in table 1.

Table1: Frequency and percentage distribution of adolescents who experienced traumatic events

S.No	Traumatic events experienced by adolescents	Frequency N= 3175	Percent age
1	Serious illness	864	27.21
2	Accident or injury	2759	86.95
3	Robbed	2349	74.09
4	Beaten up in family	1968	62.03

5	Beaten up by someone outside family	606	19.18
6	Someone from family beaten up	361	11.43
7	Someone beaten up	525	16.53
8	Touching your private parts by someone	857	27.0
9	Forced or pressuring sex	159	5.0
10	Someone close dying suddenly	2781	87.61
11	Attacked or hurt badly	562	17.78
12	Seeing someone attacked or killed	1447	45.63
13	Scary medical procedure	314	9.95
14	Communal riots	98	3.15

Values in parenthesis denote percentage

Table 1 depicts the frequency and percentage value of some stressful or scary events that sometimes happened or were experienced by the adolescents and found them traumatic. Out of the 14 listed events maximum number of adolescents (87.61%) experienced death of someone close as the most traumatized event followed by accidents or injury (86.95%), robbed (74.09%), beaten up in family (62.3%) whereas, the least experienced events were communal riots (3.15%), forced or pressuring sex (5%) and scary medical process (9.95%). The experiences of these traumatic events cause adolescent to feel afraid about their or someone else death, helpless and ashamed or disgusted.

Similar findings are quoted by Ditte J. Rasmussen et al (2013) on 9th grade students from Pune city the most traumatic events experienced by the 9th graders were death of someone close (41.4%), traffic accidents (39.2%), serious illness (27.5%), witnessing the injury or killing of others (18.5%) and coming close to being injured or killed (18.2%).

a) Identification of adolescents with PTSD and Non PTSD symptoms :

Adolescents who live through a trauma displays number of different symptoms in various level of severity. Symptom severity depends on familial support and adolescent's proximity to the event. Some of the symptoms of PTSD are easy to identify while others are more challenging to understand. According to the current study higher number of adolescents bothered with the nightmares and bad dreams, they also face problems in concentrating, trouble falling or staying asleep, not feeling close to people and they also feel that future plans will not come true. These troubling thoughts cause functional impairment to adolescents by interfering with saying prayers, doing chores, friendships, hobbies, schoolwork, family relationships, and general happiness.

The investigator has made an effort to identify and diagnose adolescents with PTSD and Non PTSD groups on the bases of symptoms exhibited by the respondents. The respondents who scored more than 15 were categorized as PTSD group and respondents who scored below 15 were categorized as Non PTSD group.

Table 4.2.1 lucidly shows the frequency and percentage distribution of adolescents under the category of PTSD and Non PTSD.

Table 2: Identification of PTSD and Non PTSD among adolescents

S. No.	Score range	Category	N=3175 Frequency (%)
1.	Below 15	Non PTSD	1534(48.3)
2.	15 - 51	PTSD	1641(51.6)

Values in parenthesis denote percentage

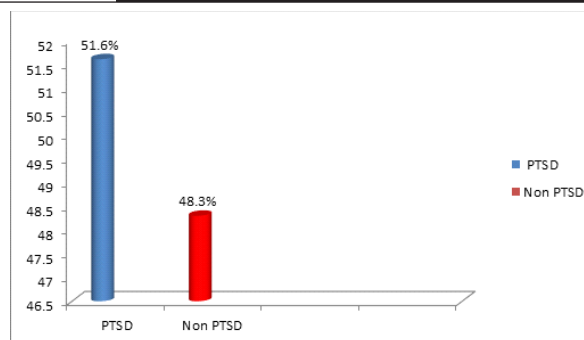


Fig. 1 Identification of PTSD and Non PTSD among adolescents

Table 2 reflects that 1641 adolescents (51.6 %) were diagnosed with PTSD whereas 1534 adolescents (48.3%) falls in the category of Non PTSD.

The presented frequencies show that large population of adolescents was diagnosed with PTSD who experienced traumatic events which lead them to trauma and can further develop into PTSD. Thus, it is visible that there is a need to address PTSD as a problem among adolescents. Concerned authorities such as school authorities, counselor, teachers and parents should make appropriate efforts in the way of curing the adolescents suffering with PTSD. If it goes unnoticed, general symptoms of PTSD may further become serious and develop into full blown PTSD which is a cause of clinical concern.

CONCLUSION

The findings of the present study identified that 51.6 per cent of adolescents diagnosed with PTSD, experience traumatic events like death of someone close, injury or accidents followed by beaten up in family.

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