

**ASSESSING THE EFFECTIVENESS OF SCHOOL-BASED
INTERVENTION PROGRAM IN REDUCING POST-TRAUMATIC STRESS DISORDER
SYMPTOMS AMONG TRAUMATIC CHILDREN IN SOUTH-SOUTH, NIGERIA**

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ABSTRACT

Background: Posttraumatic stress disorder (PTSD) is a mental public health problem. It can affect people of all ages. A child with PTSD keeps having scary thoughts and memories of a past event. They find the event terrifying, either physically or emotionally. The symptoms of PTSD may start soon after a stressful event. Or they may not happen for 6 months or longer. Some children with PTSD have long-term effects. They may feel emotionally numb for a very long time. PTSD in children often becomes a long-term (chronic) problem. PTSD may be accompanied by: depression, substance abuse and anxiety. Hence, the study aimed to assess the effectiveness of a School-Based Intervention Program in Reducing PTSD symptoms among traumatic Children in South-south Nigeria

Method: The study was a descriptive review that used quantitative reasoning to x-ray and assess the effectiveness of a School-Based Intervention Program in Reducing PTSD symptoms among traumatic Children in South south. A descriptive analysis/review was done and presented in a

narrative format to assess the effectiveness of a School-Based Intervention Program using a robust search strategy and literature review and making recommendations.

Results: PTSD can be handled pharmacologically and non-pharmacologically. Treatment depends on the child's symptoms, age, and general health. It also depend on how bad the condition is.. Early diagnosis and treatment are very important. It ease symptoms and enhance the child's normal development. It also improves the child's quality of life. The option available may include: Cognitive behavioral therapy. A child learns skills to handle their anxiety and to master the situation that led to the PTSD. Medicines for depression or anxiety. These may help some children feel calmer as recovery from PTSD varies. Some children recover within 6 months. Others have symptoms that last much longer. Recovery depends on the child's inner strengths, coping skills, and ability to bounce back. It's also affected by the level of family support. Parents play a vital role in this regard. These measures help prevent PTSD in children.

Recommendations: Encourage prevention programs in your community or local school system. Create one if none exist. Decrease the impact of unavoidable disasters, by practicing disaster response drills in homes and schools and inculcate a positive culture of caring for children with PTSD.

Conclusion: The study provided evidence-based support for the effectiveness of school-based intervention programs in reducing PTSD symptoms among children who have experienced trauma. The development of policies and programs aimed at supporting traumatic children, and a comprehensive plan in the implementation of effective school-based programs is highly essential to cater for children with PTSD symptoms. For schools with non-existence of intervention programs in reducing PTSD symptoms among children, provision should be made to set up this very important program since PTSD is of mental public health importance.

Keyword: Post-traumatic, children, school-based intervention

LITERATURE:

Background: Post-traumatic stress disorder (PTSD) is a significant mental health condition caused by exposure to extremely traumatic circumstances. PTSD as a real disorder that develops when a person has experienced or witnessed a scary, shocking, terrifying, or dangerous event. Childhood trauma can lead to the development of PTSD, which can negatively impact academic performance, social relationships, and overall well-being. School-based intervention programs offer a promising approach to addressing PTSD symptoms in children. These stressful or traumatic events usually involve a situation where someone's life has been threatened or severe injury has occurred. Children with PTSD may feel anxious or stressed even when they are not in present danger. These stressful or traumatic events usually involve a situation where someone's life has been threatened or severe

injury has occurred (WHO, 2024). All children may experience very stressful events that affect how they think and feel. Most of the time, children recover quickly and well. However, sometimes children who experience severe stress—such as from an injury, the death or threatened death of a close family member or friend, or violence—will be affected long-term. The child could experience this trauma directly or could witness it happening to someone else. When children develop long-term symptoms (longer than one month) from such stress, which are upsetting or interfere with their relationships and activities, they may be diagnosed with post-traumatic stress disorder (PTSD). Health, N. C. C. F. M. (2015)

PTSD could happen after living through or seeing a traumatic event, such as war, a natural disaster, sexual assault, physical abuse, or a bad accident. PTSD makes a child feel stressed and afraid after the danger is over. It affects life and the people around the child. PTSD starts at different times for different people. Signs of PTSD may start soon after a frightening event and then continue. Other people develop new or more severe signs months or even years later. PTSD is often related to the seriousness of the trauma, whether the trauma was repeated or not, what the individual's proximity to the trauma was, and what their relationship is with the victim or perpetrator of the trauma. To be considered for PTSD, signs and symptoms must last more than a month and be severe enough to interfere with school, work, or relationships. PTSD can happen to anyone, even children.

Aim: The study aimed to assess the effectiveness of a School-Based Intervention Program in Reducing PTSD symptoms among traumatic Children in South south Nigeria

Objectives:

1. To assess the effectiveness of a school-based intervention program in reducing PTSD symptoms among children who have experienced trauma.
2. To examine the impact of the school-based intervention program on academic performance and social relationships among traumatic children.
3. To assess the effect of mental and emotional stress risk of post-traumatic stress disorder in childhood

Search Strategy:

A combination of simple and advanced search was carried out during the review of this topic.. Simple search involved the use of keywords to perform a search using databases/ search engines like Google, Google scholar, Pubmed, and Research Gates. The search technique included the use of

Boolean operators and phrase searching. Key words from the title were inputted to Pubmed and their MeSH (Medical Subject Headings) terms obtained. Using the MeSH terms, the listed data bases were searched by inputting the keywords such as post-traumatic AND childhood, PTSD effect AND children.

Thoughtful article about the effectiveness of a school-based intervention program in reducing PTSD symptoms among children who have experienced trauma is essential for raising awareness, comprehending its complexity, and arguing for protection. By putting an emphasis on early intervention and preventative techniques, raising awareness and promoting conversations help to create a safer environment for kids. Sukhmanjeet Kaur Mann; Raman Marwaha; Tyler J. Torrico. (2023).

Symptoms of PTSD may last months to years. PTSD symptoms may include:

- Flashbacks, or feeling like the event is happening again
- Trouble sleeping or nightmares
- Feeling alone or detached from others and parents
- Losing interest in activities
- Having angry outbursts or other extreme reactions
- Feeling worried, guilty, or sad
- Frightening thoughts
- Having trouble concentrating
- Having physical pain like headaches or stomach aches
- Avoidance of memories, thoughts, or feelings about what is closely associated with traumatic events
- Problems remembering what is taught in school
- Negative beliefs about themselves or others
- Irritability
- Feeling very vigilant
- Startling easily
- anxiety, depression, and substance use

Post-traumatic stress disorder (PTSD) can have many effects on children, including:

- Emotional distress

Children with PTSD may experience extreme emotional distress when reminded of the traumatic event. They may feel fearful, anxious, apathetic, or depressed.

- Re-experiencing the trauma

Children may relive the trauma through nightmares, flashbacks, or intrusive thoughts. Flashbacks can be triggered by something associated with the trauma, such as a sight, sound, smell, or feeling.

- Avoidance

Children may avoid places or situations that remind them of the trauma.

- Physical symptoms

Children may experience physical symptoms such as headaches or stomachaches.

- Behavioral changes

Children may become irritable, aggressive, or violent. They may also act younger than their age, such as thumb-sucking or bedwetting.

- Academic difficulties

Children may have problems in school or difficulty concentrating.

- Mental health risks

Children with PTSD are at higher risk for other mental health problems such as depression and anxiety. They may also have suicidal thoughts.

- Long-term effects

Trauma during childhood can lead to permanent brain impairment and increase the risk of psychiatric disorders, health risk behaviors, and physical health conditions in adulthood.

PTSD is diagnosed when symptoms persist for more than a month and negatively affect the child's life. Children with PTSD may need therapy and medicine hence, the need to assess the effectiveness of a School-Based Intervention Program if exist so as to reduce PTSD symptoms among them.

Gaps in assessing the school-based intervention: Considering the symptoms and effect of PTSD on a child, author is perplexed if the school- based intervention of PTSD if existed in some school

is actually being implemented so that children can benefit from the lofty program. Treatment goals may be appropriate, but a more detailed assessment of the School-Based Intervention Program might be more effective. The author suggested a directive and active PTSD intervention, ensuring a time limited, skill-based, and goal-oriented session. Essential medications and intervention strategies may be listed, including anxiety management therapy (AMT) to address the child's anxious behavior, including all necessary adjunct services, and the suggested prognosis that reflects the possible outcomes. Overall, the school authority directive, affirmative/proactive and active approach to PTSD treatment, enhanced training to staff on the need to pay close attention to children with exhibited symptoms of PTSD may be appropriate: This will ensure educational interventions, significantly improve knowledge and practice of children with PTSD and hence, integrating comprehensive training program into school curriculum. This will help address many of the knowledge gaps currently observed in the management and treatment of children with PTSD (WHO, 2024).

Recommendations:

Moving forward, a multi-faceted approach is necessary to entrench an effective PTSD reporting system in Nigeria and the need to assess the effectiveness of a School-Based Intervention Program if it exists so as to reduce PTSD symptoms among children.

This approach should include:

1. Comprehensive education and training programs for healthcare professionals at all levels, integrated into curricula and ongoing professional development.
2. Strengthening of the regulatory framework, with a focus on improving communication between regulatory bodies and healthcare providers.
3. Investment in technological infrastructure to facilitate easy and efficient reporting system. This will advance the development of user-friendly electronic reporting systems and ensuring that healthcare institutions have the necessary resources to prioritize and support management of children with PTSD.
4. Public awareness campaigns to engage parents and children as active participants in the pharmacovigilance process of caring for PTSD cases.

5. Regular monitoring and evaluation of the pharmacovigilance system using standardized indicators to guide continuous improvement.
6. Early diagnosis, assessment and treatment of children with exhibited symptoms of PTDS as PTSD may need therapy and medicine

Conclusion:

The study provided evidence-based support for the effectiveness of school-based intervention programs in reducing PTSD symptoms among children who have experienced trauma. The study will inform the development of policies and programs aimed at supporting children who have experienced trauma. A comprehensive study on entrenching an Adverse effect of assessing PTSD in children in the country is needed and may reveals a complex landscape of challenges and opportunities. While there is a basic understanding of the importance of PTSD management and protocol, the actual implementation remains suboptimal, with consistently low reporting rates across various healthcare settings. Some schools may not have school-based intervention programs to cater for children with PTSD symptoms. However, the research also uncovers promising developments and opportunities for improvement.

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