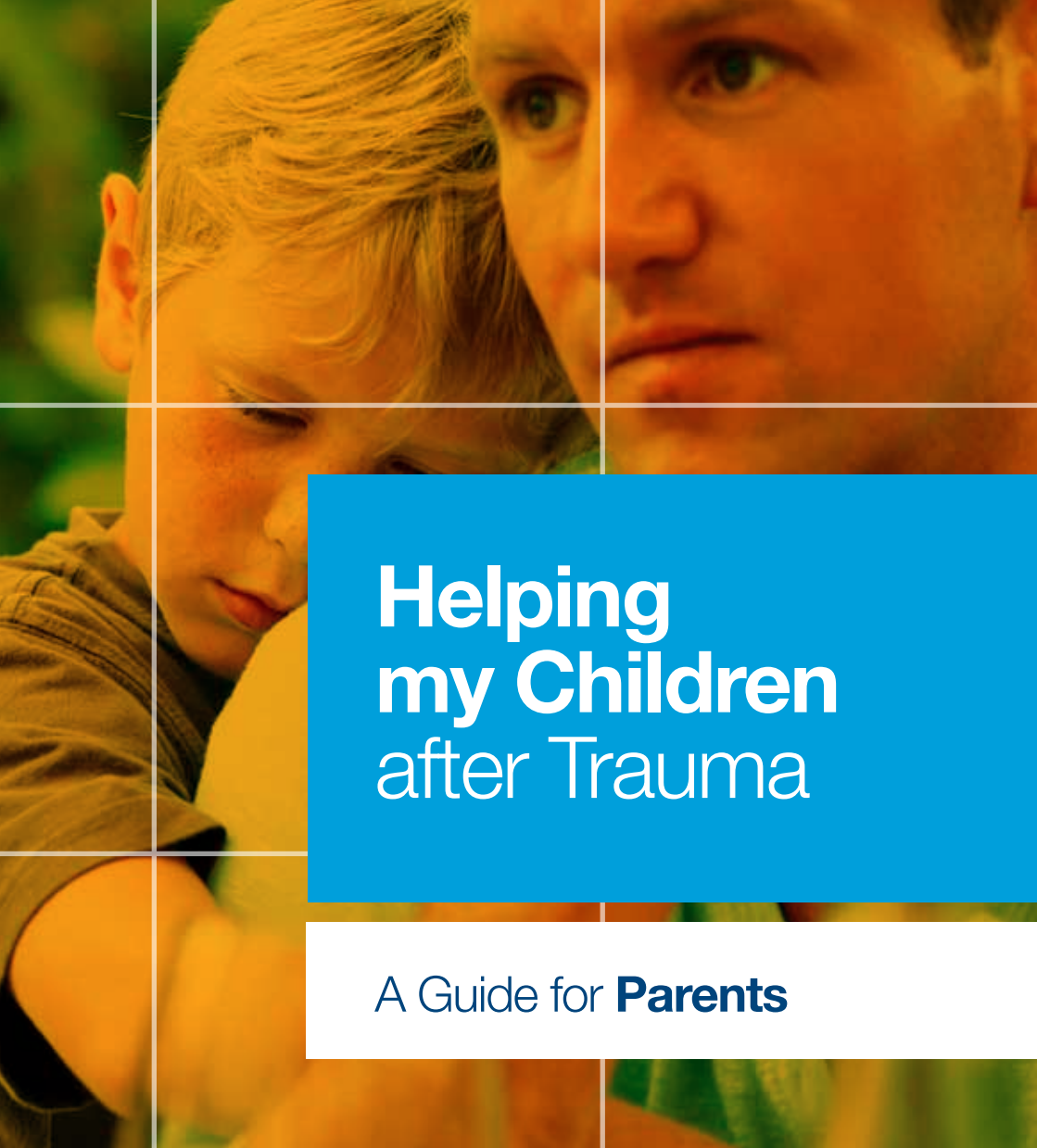




Australian Centre for
**Posttraumatic
Mental Health**

Promoting recovery after trauma



Helping my Children after Trauma

A Guide for **Parents**

A parent's own coping style and mental wellbeing can have a big influence on how well a child or adolescent recovers from a traumatic event. As a parent, it is therefore very important that you look after yourself first and seek help as early as possible if you are struggling to cope.

If your child is still having problems four weeks after the event, seek professional support for them.

What is a traumatic event?

Any event in which a person is exposed to actual or threatened death, serious injury, or sexual violence has the potential to be traumatic.

Exposure to such events can occur in different ways:

Children aged 6 years or younger

- directly experience the event
- witness, in person, the event as it occurs to others, especially primary caregivers
- learn that the event occurred to a parent or caregiver

Children/adolescents older than 6 years

- directly experience the event
- witness, in person, the event as it occurs to others, especially primary caregivers
- learn that the event occurred to a close family member or close friend

These types of events are relatively common; by the age of 16 years more than two thirds of children will have experienced at least one.

Not all young people exposed to such events will develop significant psychological problems, therefore the preferred term is *potentially traumatic events* (PTE). Many young people will recover with the help of good family and social support, but between 10-30% of young people may go on to develop posttraumatic stress disorder (PTSD) or another mental health problem.



By the age of 16 years, more than two thirds of children will have experienced exposure to at least one traumatic event.

Common problems

Common emotional and behavioural problems that may develop in children and adolescents who have experienced a traumatic event include:

All ages

- sleep problems
- irritability, anger, aggression
- concentration and memory problems
- hyper-alertness
- depression
- general anxiety
- separation anxiety
- development of specific trauma-related fears (the link may not always be obvious)

Preschool-aged children

- temper tantrums
- difficult and challenging behaviour
- regression in or loss of previously mastered developmental skills (e.g., speech, toileting)
- new fears which are not associated with the traumatic event (e.g., fear of going to the toilet alone)

Primary school-aged children/adolescents

- new awareness of own mortality
- survivor guilt
- substance use

What is posttraumatic stress disorder (PTSD)?

Posttraumatic stress disorder is a set of reactions that can develop in some people after they have been through a traumatic event.

There are four main types of symptoms:

Re-living the traumatic event through unwanted memories, vivid nightmares, flashbacks, or intense reactions such as heart palpitations or panic when reminded of the event. Children under six years of age may engage in repetitive play that re-enacts the event.

Feeling wound up – having trouble sleeping or concentrating, feeling angry or irritable, taking risks, being easily startled or constantly on the lookout for danger. In children under six years, this may involve verbal or physical aggression towards people or objects, or increased temper tantrums.

Avoiding reminders of the event such as activities, places, people, thoughts or feelings that bring back memories of the trauma.

Having negative thoughts and feelings such as fear, anger, guilt, or feeling flat or numb a lot of the time. Loss of interest in day-to-day activities and feeling cut off from friends and family can also occur. Children under six years of age may become socially withdrawn and less interested in play; they may become more serious, laugh less and appear sad or down.

PTSD often develops alongside other mental health conditions

Preschool-aged children

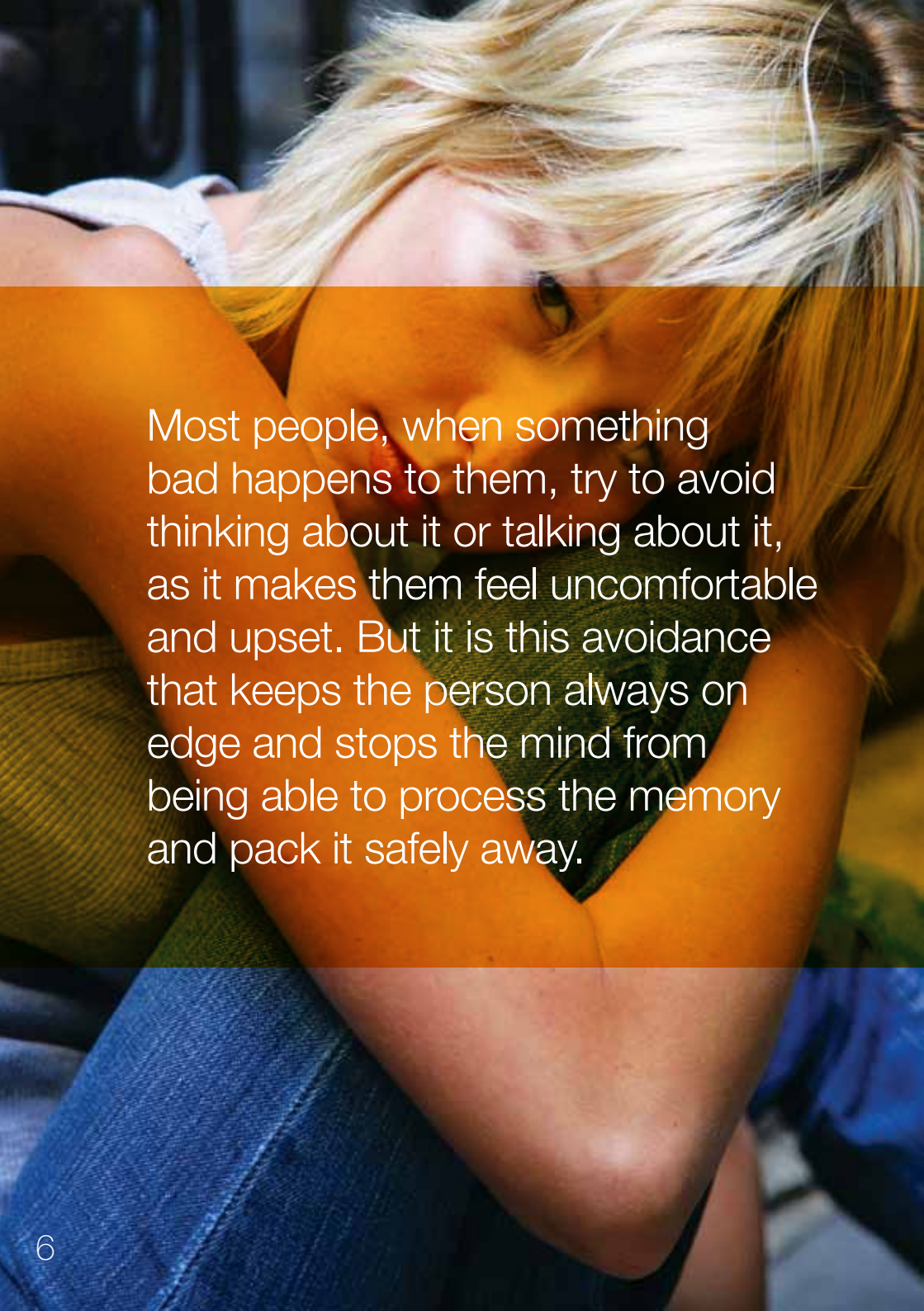
- oppositional defiant disorder
- separation anxiety disorder
- attention deficit hyperactivity disorder
- major depression
- specific phobia

Primary school-aged children

- anxiety disorders
- major depression
- attention deficit hyperactivity disorder
- specific phobia

Adolescents

- anxiety disorders
- major depression
- suicidal thoughts or self-harm
- substance dependence



Most people, when something bad happens to them, try to avoid thinking about it or talking about it, as it makes them feel uncomfortable and upset. But it is this avoidance that keeps the person always on edge and stops the mind from being able to process the memory and pack it safely away.

Treatment for PTSD

The recommended treatment for children and adolescents diagnosed with PTSD is a ‘talking therapy’ known as trauma-focussed cognitive behavioural therapy (TF-CBT).

This has been found to be helpful for children of early primary school age and older. Naturally, the way the treatment is provided needs to be tailored to the age and developmental stage of the individual child or adolescent being treated.

Trauma-focussed therapy works by gently supporting and encouraging the person to start to talk about the traumatic event in a way that is safe and allows the mind to pull all the information together, sort through it, make sense of it, and then store it away in a more organised way. This treatment also teaches the person skills to better manage their emotional responses.

If you are concerned that your **pre-school child** has posttraumatic stress disorder, you should discuss it with your doctor with a view to seeking a referral to a specialist in the mental health care of infants or very young children.

As a parent you can assist your pre-schooler by:

Repeatedly reassuring them that they are safe, and that the traumatic event is over.

Keep to old routines as much as possible. Be consistent in your responses and interactions with your child and ensure that you are managing your own distress well.

Provide opportunities for your child to talk about what happened and how they are feeling - but only if they want to.

Encourage them to play, draw or use other creative activities to help express themselves.

A Parent's Story...



It has been 12 months since the accident and we are slowly adjusting to the changes in our lives.

Ben, my husband, still needs physiotherapy twice a week, and has been on restricted duties at work. My skin grafts are healing but still need daily attention, and I can't lift heavy items or do things as quickly as I used to. Thankfully, the kids weren't hurt and can help Ben and me with chores around the house.

I know kids are tough and I thought both my boys were doing OK. Jack, the youngest, is 8 years old. He was very quiet and withdrawn for the first few months, but he seemed to be getting back to his old self until 8 weeks ago when he started wetting the bed and having nightmares. Tom, who is 15, has been pretty moody and hard to be around since the accident. Lately, it's been like walking on eggshells with him – never quite sure when he will explode. Life at home has become very stressful. I had a chat to my GP about what might be going on and she wondered whether they might be showing signs of posttraumatic stress disorder. She gave us a referral to a counsellor who is trained in working with children and adolescents who have been through a traumatic event.

The counsellor diagnosed Jack with PTSD, and Tom with depression. I was shocked. I guess Ben and I had been so caught up in our own recovery that we didn't notice how difficult it was for the kids. I just thought that because they weren't physically hurt they would be OK. But the counsellor pointed out that if parents are struggling then kids usually struggle too.

She reassured me that there are good treatments available that have a high chance of helping the kids get back on track. She recommended that they start with a talking therapy called trauma-focussed cognitive behavioural therapy.

Jack and Tom have now each had 6 sessions of counselling and are doing much better. They are fighting less, talking to each other more, and both appear much happier. Jack's nightmares are even beginning to settle down.

*The counsellor suggested that Ben and I would be better able to support the boys if we also talk through our experiences with a counsellor, so we have been having our own sessions as well. **It is a great relief to be able to speak to a neutral person about what we have been through.** I am able to discuss things that I haven't felt comfortable talking about with Ben or friends and family.*

*The boys' counsellor told us that it is really important to keep in contact with their school. Their teachers will be able to let us know how they are coping, and we can keep them informed about how the boys are recovering. The teachers can also provide support to the boys when we are not around. The counsellor gave us some really useful tips on how to best support the boys and told us about some great tip sheets available on websites. **So now we have been able to help the boys set up self-help plans with things they can do when they are feeling upset or unsafe.***



How do I get help for my child?

If you have concerns about your child's recovery, the first thing you should do is sit down and talk to them about how they are feeling.

Encourage them to talk openly about how they have been feeling since the trauma. Try to get an idea about any worries they may have or difficulties they are experiencing. Provide comfort and support and let them know that lots of people struggle with unwanted thoughts, feelings and memories after a traumatic event. But also let them know that there is help available.

Take your child along to your GP and have them speak to the GP about what is troubling them.

If your GP is concerned that your child may be suffering from PTSD or another trauma-related problem, he or she can arrange for a referral to a child and adolescent counsellor who specialises in helping children who have been affected by a traumatic event.

The counsellor might be a psychologist, a social worker, a mental health nurse, a psychiatrist or another type of mental health worker.

Usually the counsellor will begin with a thorough assessment of your child's behaviour and emotions. This will involve speaking to you and your child, and perhaps other family members as well as your child's teachers. The counsellor will also want to know how other family members are coping.

The counsellor should explain the diagnosis and the treatment options available to you and your child in words that you both understand, so that you are informed about how and why a treatment can work, and feel ready to participate in it.



When choosing a counsellor for your child, it is OK to discuss the following points.

- **Ask to see their qualifications** and ask if they have had extra training in working with children and adolescents, and particularly in trauma-focussed therapy for children and adolescents.
- **Ask if you will be involved in your child's counselling sessions.** (It is usual for the parents to be involved in at least some of the sessions so that they can help the child implement some of the strategies at home and support them through the therapy process.)
- **Once the counsellor has made a diagnosis, ask if you and your child will be involved in deciding on the best treatment plan.** It is important that you are both actively involved in deciding what will work best.

Things I can do to help myself

Use this to help your child develop a self-help plan.

Here are some simple strategies that you can teach your child to use to calm themselves when they are feeling upset.

1. Talk about my problem with a friend or trusted adult
2. Hang-out with my friends
3. Listen to my favourite music
4. Ask a trusted adult or a friend for a hug
5. Do some exercise with a friend or family member (running, dancing to music, riding my bike, going for a walk)
6. Make something by drawing, painting, sewing, knitting or cooking
7. Have a warm bath
8. Do a quick relaxation exercise
9. Write in my diary
10. Use positive self-talk

Positive self-talk

Sometimes the thoughts in our heads make us feel happy, but sometimes they can make us feel sad, angry, worried or stressed. Positive self-talk helps to chase these unhelpful thoughts away so we can feel less stressed. If you are thinking about something horrible that happened, or are worried that something awful might happen, try using positive self-talk to make you feel better.

I am safe now.

I was strong to survive that.

I have people who can help me.

I have done a lot of things well before - I'm sure I can again!



Quick relaxation exercises

Calm breathing

1. Sit in a chair or lie on the floor
2. Take a breath in through your nose and count to 3 and imagine a soothing colour
3. Breathe out through your mouth and say the word 'calm' to yourself
4. Repeat this 10 times

Imagine a happy place

1. Imagine a calm and happy place
2. Tell yourself what you can see, hear, smell and feel in this happy place
3. Practise your calm breathing whilst you are picturing your happy place

Quick muscle relaxation

1. Hold your arms above your head – feel the tension in them – now drop your arms down by your side and feel them relax
2. Practise tensing and then relaxing muscles in your hands, legs, face, and stomach, and wherever else you feel stress

Help your child to select a few things from these lists and try them out.

Where can I find more information?

Where can I find more information and start getting help?

Your doctor can be a good starting point when seeking help.

He or she can help confirm what is going wrong and refer you to the right organisations and practitioners.

For immediate assistance call Lifeline on 13 11 14

for confidential 24-hour counselling and referrals.

Useful information and resources are also available through the following organisations.

Trauma and posttraumatic mental health

The Australian Centre for Posttraumatic Mental Health (ACPMH) provides information and useful resources about posttraumatic mental health, for practitioners and people directly affected, at www.acpmh.unimelb.edu.au.

Alcohol and other drugs

The Australian Drug Information Network (ADIN) gives comprehensive information and a list of resources available across Australia at www.adin.com.au. The Alcohol and other Drugs Council of Australia (ADCA) can provide you with the number of an information service in your state or territory at www.adca.org.au.

Asylum seekers, refugees and migrants who have experienced torture and trauma

The Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) has a list of agencies that provide support, advocacy and treatment at www.fasstt.org.au.

Carers

Carers Australia offers information, resources and access to support groups at www.carersaustralia.com.au or call 1800 242 636.

Children and young people

Kids Helpline offers web-based, email, or telephone counselling for children and young people aged 5 to 25 years. Call 1800 55 1800 or visit www.kidshelp.com.au.

Information on a range of mental health and related issues that affect teenagers and young adults is available from ReachOut at au.reachout.com.

Information on trauma and mental health, where to get help, and online support is available from headspace, the National Youth Mental Health Foundation. Visit www.headspace.org.au.

Children of parents with a mental illness

The COPMI resource centre provides information, resources and access to services at www.copmi.net.au.

Depression and anxiety

Several organisations offer access to information, resources and services, including beyondblue at www.beyondblue.org and the Clinical Research Unit for Anxiety and Depression at www.crufad.org.

Disasters

The Red Cross has information, advice, and resources for kids, teenagers, teachers, and parents. Visit aftertheemergency.redcross.org.au.

Domestic violence and sexual abuse

The Domestic Violence & Incest Resource Centre is a statewide Victorian service that can provide the name and contact details of agencies and support groups throughout Australia at www.dvrcv.org.au.

Immigrant women's domestic violence services

There are several services in each state and territory. See www.iwdvs.org.au or www.speakout.org.au for a list of services throughout Australia.

Parents

Parentline provides telephone counselling to parents and carers of children aged 0 to 18 years. Visit www.parentline.com.au or call 13 22 89.

Information on how to talk to children and teenagers about their problems and where to find help, as well as online and telephone support, is available through headspace at www.headspace.org.au/parents-and-carers.

Psychologists

The Australian Psychological Society has a register of psychologists and lists their speciality at www.psychology.org.au or call 1800 333 497.

Sexual assault

The Australian Centre for the Study of Sexual Assault has a list of the main sexual assault services in Australia at www.aifs.gov.au/acssa/crisis. All states and territories have crisis lines listed in the front page of the White Pages.

Veterans and their families

The Department of Veterans' Affairs can provide information and referral advice at www.dva.gov.au or on 1800 555 254. The Department can provide the phone number of the Veterans and Veterans Families Counselling Service in your state and territory.

Victims of crime

A list of victim support hotlines in each state and territory, as well as information about other relevant services throughout Australia, is available at www.victimsupport.org.au.

Vocational rehabilitation

www.crsaustralia.gov.au

This guide is a companion document to the *Australian Guidelines for the Treatment of Acute Stress Disorder and Posttraumatic Stress Disorder*. The Guidelines were approved by the National Health and Medical Research Council, July 2013.

The complete Guidelines, a brief summary booklet, and resources for people affected by acute stress disorder or posttraumatic stress disorder, are available online: www.acpmh.unimelb.edu.au

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