

CAREGIVER

INFORMATION PACKAGE

A resource for caregivers of children and adolescents who have experienced a medical accident, injury or illness.

AGES 0–17

WELCOME

Welcome to the caregiver information package, designed for caregivers of children and adolescents who have experienced a medical accident, illness or injury. This was created as part of the medical trauma resilience and wellbeing program, led by Embrace @ Telethon Kids Institute. Embrace is WA's first research collaboration devoted to the mental health of infants, children and young people ages 0-25. You can access more info through our website at embrace.telethonkids.org.au.

A BIT ABOUT THE RESOURCE

This resource was designed in hopes to help you and your child live a happy and healthy life after the experience of a medical injury or illness. It has been created to allow you to learn more about medical trauma through trauma responses, and potential thinking patterns and behaviours following this trauma. As each recovery journey is different, some of the content within these pages may not be directly relevant to you. For this reason, we have organised this resource in a way that allows you to read the information and choose what you believe is relevant to you and your child's experience.

This may help you follow your child's progress after medical trauma, and learn some helpful tips for yourself along the way! Let us explain.

WHAT SHOULD I EXPECT?

Within this package, each colour pertains to a different content section that you may find relevant to your experience. Each section provides a broad overview of why you may engage in the content, how it will help your child, how you might help your child in their recovery, and information to support you.

Our hope is that this resource will help you and your child walk on a similar recovery pathway while learning skills to support your resilience and wellbeing. Across this experience please remember - you know your child best. If you feel additional supports are required for yourself or your child, please seek this support. Below is some guidance on what to do if you feel this is necessary.

We hope this resource helps to support you and your child throughout their experience of medical trauma, and helps to enhance both of your wellbeing.

CAREGIVERS

- Access your **General Practitioner** — Request a Mental Health Care Plan to see a mental health professional or ask for a referral pathway suitable to providing the support you require
- **Ngala Parenting Line:** (08) 9368 9368 or 1800 111 546 (for regional callers)
- **Men's Shed** (for male caregivers: 1300 550 009 or mensshed.org)
- **Mensline Australia:** 1300 789 978 (for male caregivers)
- **Beyond Blue:** 1300 224 636
- Speak to your support network — ask for help from family and friends.

CHILDREN

- **Kids Helpline:** 1800 551 800
- **headspace:** 1800 650 890

URGENT SUPPORT

- **Emergency:** 000
- **Lifeline:** 13 11 14
- **Suicide Call Back Service:** 1300 659 467
- **Mental Health Emergency Response Line:** 1300 555 788 (Metro), 1800 676 822 (Peel), 1800 552 002 (Country)

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#1

Introduction





Every child responds differently to accidents, injuries, and illness, however there are some common differences that many children experience in their recovery journey. Depending on the type of accident, injury, or illness that your child has experienced, this may include moving through various stages of healing that produce different ways of responding. Being aware of these processes can help you to best support your child.

An abstract painting with vibrant, overlapping colors including blue, yellow, red, green, and white, creating a textured and energetic composition.

TRAUMA RESPONSE








When faced with a threat, our automatic response is to fight, flee, or freeze. This is more commonly known as the “fight or flight” response. This occurs because in moments of danger, a "survival alert system" is activated in our brain which brings about one of these responses in our body. This mental alert prepares our body to either confront the threat, run away or escape the threat, or freeze and preserve our safety. While this may be useful when danger is present, some children continue to experience this fight, flight, or freeze response in the absence of danger. Experiencing this response can be distressing for children, especially when they don't know why it is happening. An example of when this may occur is during a reminder of their accident, injury or illness.

REMINDERS OF THE ACCIDENT, INJURY OR ILLNESS

-  While some children successfully process their accident, injury, or illness, some can face challenges and experience heightened stress when reminded of their experience.
-  Reminders can be prompted by feelings, thoughts, memories, and senses.
-  The brain is not designed to tell the difference between perceived and actual threat. This means that reminders of an accident, injury or illness can result in discomfort or distress for a child because their brain is interpreting the reminder as a real threat to their safety.
-  When experiencing a reminder of their accident or illness, a child's survival alert system can be activated and the "fight or flight" response can be reproduced despite the absence of a real threat. This can result in a child feeling as though they are re-experiencing the accident, injury or illness in the here and now.

WHAT CAN YOU DO TO HELP?

There are many things that you can do right now to support your child in their recovery journey.

-  Let your child know that there is no "right" or "wrong" way to feel after a medical accident, injury, or illness.
-  Convey and reassure your child of their safety.
-  Allow your child to ask questions — if you don't know the answers, be honest.
-  Let your child know that you are available to listen to them and that they will always be accepted in their expression.
-  Encourage your child to talk or express their thoughts/feelings in creative ways.
-  Model coping strategies (i.e., problem-solving and emotional check ins) for your child; taking care of yourself will help your child how to take care of themselves.
-  Practice coping strategies with your child.

Reinforcements to support your child

Reinforcements are useful when supporting your child in their recovery journey. They will help your child to understand helpful ways to communicate, behave, and interact with their surroundings, which will assist in their overall health and wellbeing. As a caregiver, your engagement in this process will help your child to progress. Below are some guidelines on reinforcements to support your effective involvement in your child’s journey.

WHAT IS A REINFORCEMENT?

A reinforcement is something you can do to strengthen the probability of a desired behaviour happening again, or an undesired behaviour happening less. There is no universal suggested reinforcement — a reinforcement must be meaningful to your child. Speak to them about what they want to gain a sense of what motivates them. For example, this might be verbal praise (i.e., "great

job"), activity based (i.e., "you can go and play Lego with your friends now"), affection based (i.e., cuddles), or attention based ("we can watch a TV show together"). Each child is different. Identifying reinforcements ahead of time can be helpful, because then you can easily provide them to your child when they are behaving in a desirable manner.

EXAMPLES OF REINFORCEMENT



PRAISE

Clapping/cheering

Positive verbal comment on your child’s behaviour
“You have put so much effort into your drawing, I am very proud of you”

Thumbs up/high fives



ACTIVITY

Playing a game together

Extra time playing

Getting more “virtual time” on the computer/TV/phone



AFFECTION

Hugging

Cuddling

Clapping/cheering



TANGIBLE

Food

Toys/stickers

Games

HOW DO I PROVIDE A REINFORCEMENT?

Knowing how to reinforce your child is just as important as knowing what to reinforce them with. If there is a specific activity that you want to reinforce (i.e., a desired response from your child) it is important to be clear around the details of the reward. Talk to them about the behavior that will receive the reward, when the reward will be provided, and what the reward will be (i.e., reward: going to the park for 15 minutes, behaviour: for doing 5 minutes of breathing practice at 5:30pm, reward time: after you finish your breathing).

WHEN DO I PROVIDE A REINFORCEMENT?

It is important not to bribe your child with the reward of a reinforcement or provide a reinforcement before or during an activity. A reinforcement should be provided immediately after the desired behaviour has occurred. If you don't reinforce the behaviour regularly then your child is less likely to keep doing the behaviour — be consistent! When providing a reinforcement, you should also describe why you are providing it. For example: "We can now go to the park because you finished your 5 minutes of breathing practice!".

Predictability and consistency are key! A reinforcement should be provided each time the desired behaviour occurs to support it in becoming a regular habit. It is vital that you always follow through on providing the reinforcement if your child completes the desired behaviour.

CAN I REMOVE A REINFORCEMENT?

It is important that you do not remove a reinforcement once it has been provided to your child. If your child misbehaves during or after an activity that is receiving a reinforcement, discipline them in another way, but do not take away their reinforcing activity. For example, let's say that your child is receiving a reinforcement of going to the park after completing uncomfortable wound care. If your child misbehaves after the wound care has taken place, consider another discipline, such as a time-out, and be sure to go to the park with your child.

HOW DO I PROVIDE A PRAISE REINFORCEMENT?

Praise is a vital reinforcement for children, and there are certain ways to provide it! When you praise your child, be specific! Praise their behaviour and acknowledge the outcome of their behaviour. For example, non-specific praise may look like "Great job", whereas specific praise may look like "Great job at playing quietly while I was on the telephone. You really helped Mummy to concentrate.". When providing a praise reinforcement, do not over exaggerate or pretend to feel emotions that you do not feel- always be realistic and express from a place of authenticity.



ANYTHING ELSE?






Sometimes when we experience stress, we more readily notice when our children are behaving undesirably. In these situations, the ratio of disciplinary actions or comments can outweigh that of praise actions or comments. Because of this, it is important to make a conscious effort to seek out instances when your child is behaving well (even in minor ways!)- and reward them when they are! For example, if your child places the dishes into the sink, you could praise them with "You put your dishes into the sink, that was really well done and helped Mummy and Daddy to clean up."

Small repeated rewards (such as parental praise) across a day have more of a reinforcing impact on a child than that of large infrequent rewards (i.e., a child receiving a "big" reward once a week for behaving well across the week).

SUMMARY

Reinforcements are useful when supporting your child in their recovery journey. They will help your child to understand helpful ways to communicate, behave, and interact with their surroundings, which will assist in their overall health and wellbeing.

Here are some other general tips and tricks to help your child to build resilience through reinforcement!

-  Clearly describe the behaviour you want to encourage — leave any guess work out of it!
-  Tell your child what you want, as opposed to what you don't want. As a rule of thumb, a child should receive five positive reflections ("I like seeing you do...") for every one negative reflection (i.e., "I don't like that you're doing...").
-  Model the behaviour you would like your child to perform. Children learn through observation, so if you are doing something, they will be more inclined to do the same!
-  For most children, negative attention is still attention — which is better than no attention! Try to be calm when your child is doing something that you would like to see change and instead, be elevated and respond with praise when they are doing something that you would like to see continue (i.e., rather than saying "don't do that!" when your child is playing rough with their toys, say "I really like how you are playing so calmly and softly with your toys today" when they are playing with their toys as you would like them to).
-  When commenting on a behaviour you want to adjust, use a "sandwich approach". Comment on a positive behaviour that your child is demonstrating, discuss the problem behaviour that you would like to see change, and end with another positive quality or behaviour that your child is already demonstrating.

#2

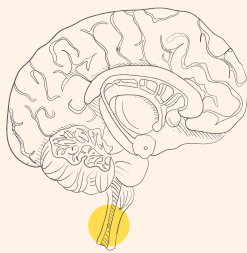
What is medical trauma?

A traumatic event is an incident that causes someone a significant amount of stress. Traumatic events vary in severity and many people who experience a traumatic event go on to live very normal lives. When a child experiences a situation involving a medical accident, injury or illness, this can be called a medical trauma. This does not mean that your child is traumatised! It simply means that it is important to help them to heal from the stress that their accident, injury or illness may have caused.

TRAUMA & THE BRAIN

On a normal day, our “feeling”, “thinking”, and “survival” brain communicate with one another to maintain our safety. In the presence of trauma, this communication system is disrupted by the activation of a survival alert system. When this alert is activated, the “thinking” brain is cued to shut down, as thinking can be too slow of a process to be helpful for survival.

What is important to know is that the survival alert system can also be activated by trauma reminders or “triggers” (senses, feelings, and thoughts related to the traumatic experience) that are unique to your child. Despite not being in genuine danger, the brain can misinterpret a trigger as occurring in the here and now and cue the survival alert system. With this system activated and the “thinking” brain offline, important aspects of learning, problem-solving, memory, and decision making can be shut off.

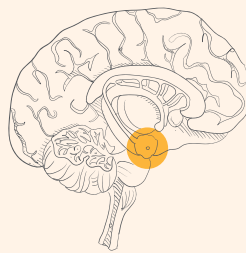


SURVIVAL BRAIN

Exists in all reptiles and mammals.

Controls basic functions for survival, such as breathing and your heartbeat.

Receives messages from the body, the feeling brain, or the "thinking" brain to change breathing or heart-rate in order to survive.

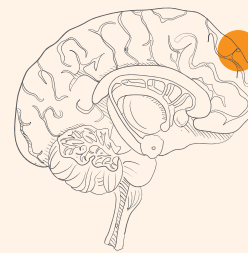


FEELING BRAIN

Exists in all mammals.

Uses emotions and the 5 senses to take in information and quickly figure out what we need.

Helps us respond to loud sounds ("What's going on? Do I need to seek safety?") and to our emotions ("I feel upset; did someone hurt my feelings?").



THINKING BRAIN

Exists in all humans.

Helpful for problem-solving, memory formation, and learning.

Not essential for survival.

Works more slowly than the other two parts of the brain.

Goes offline if we need to act quickly for survival or if we are too frightened or stressed to make sense of what's happening.

For example, imagine you step into the street and then see a car coming. Your heart rate increases and you automatically jump back out of the way. That's your survival brain communicating with your body to keep you safe!

With the example of the car in the street, the feeling brain will sense (using sound, peripheral vision, etc) that a car is coming and tell the survival brain "Get moving!". It would be much too slow to think "Oh, is that car coming too quickly?"




It's not helpful to think about a car coming towards you quickly. It takes too much time to think; you need to act! This part of the brain will shut down so that the other more instinctual parts of the brain can be in charge. It will come back as soon as the other parts of the brain and body tell the "thinking" brain we are safe.

Reference: *Trauma and the Brain*. The Regents of the University of Michigan. <https://storage.trailstowellness.org/trails-2/resources/trauma-and-the-brain.pdf>

RESPONSE TO TRIGGERS

When children experience triggers, some can face difficulty verbally communicating their thoughts and feelings. In the absence of verbal communication, many children instead communicate through their behaviours and often express around uncomfortable physical sensations. For children who have experienced a medical trauma, behaviour can be impulsive and emotion driven- that is, not a lot of thinking goes behind it. Nonetheless, all behaviour is a form of communication. If your child is acting out in aggression, for example, perhaps they are uncomfortable, stressed, or uncertain. Give consideration to what they are trying to express.

The below table is an example of how a child may be indirectly expressing thoughts and emotions related to their medical trauma.

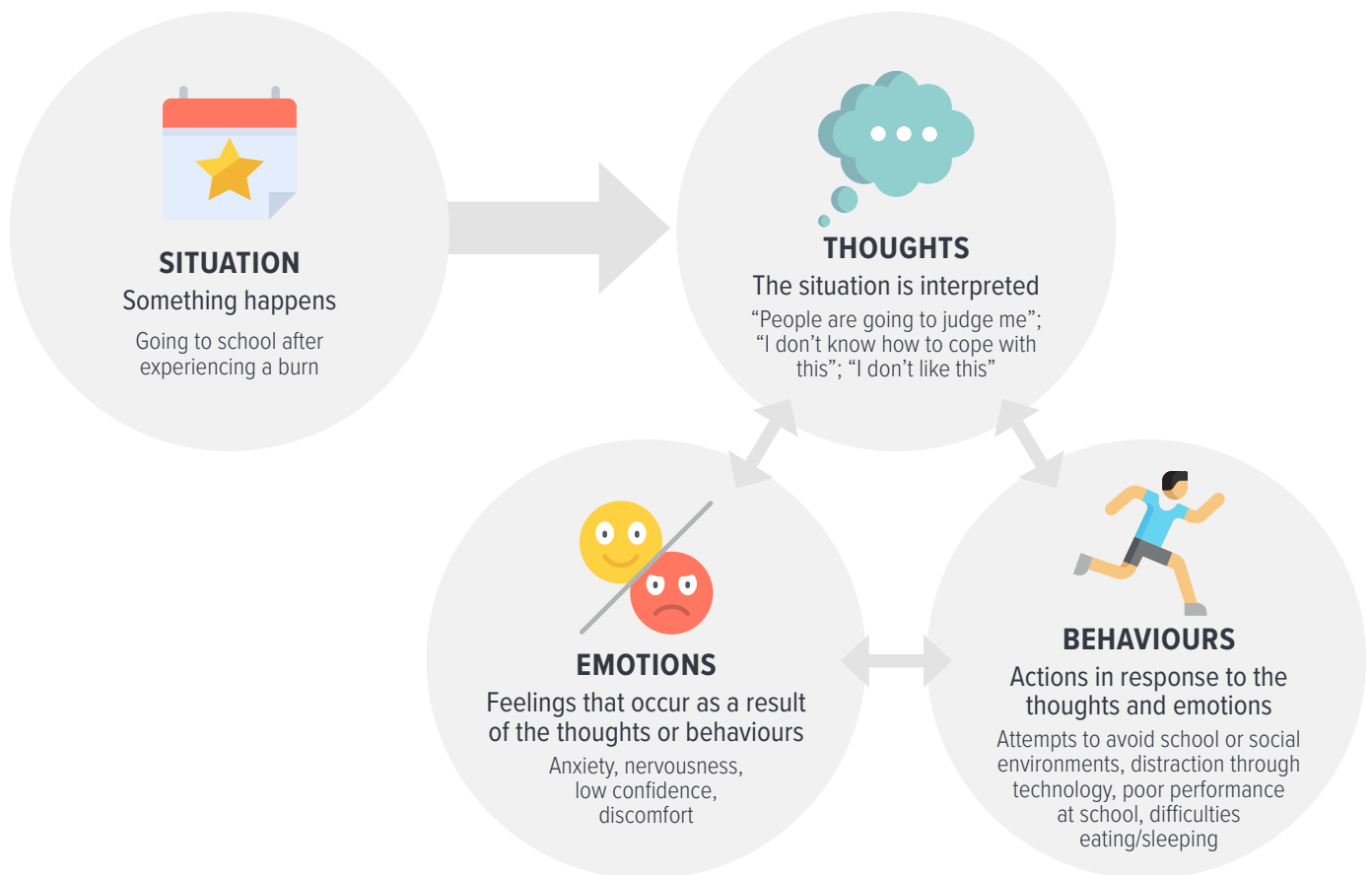
RESPONSE	COMMON THOUGHTS	COMMON FEELINGS	RESPONSE
FIGHT 	"It's all your fault"	Anger, rage	Talking back to adults, storming out, showing aggression or defiance, blaming others
FLIGHT 	"I've got to get out of here"	Nervous, anxious, overwhelmed, fear	Leaving classrooms unexpectedly, spacing out or seeming not to listen, missing class, being distracted, hypervigilance or over alertness
FREEZE 	"I can't do this"	Panic, overwhelm, numbed-out, helplessness, hopelessness	Giving up quickly, spacing out, seeming not to listen, showing frustration or overwhelm, showing a lack of emotions

Fortunately, we can help children to develop awareness and skills that help to rewire their survival alert system and bring their "thinking" brain back online. The first step of this process is to learn about the "cognitive behavioural therapy" or "CBT" model.



THE CBT MODEL

From a CBT perspective, there are three parts that make up our personal experiences — our thoughts, feelings, and behaviours. The CBT model below demonstrates this, highlighting that the way we interpret a situation will determine how we feel about it, which will influence the way we think and respond to it! So, it is **not the situation** itself that causes our emotions, **but our interpretation** of it.



The CBT cycle is important as it highlights two ways that we can reactivate the "thinking" brain when our survival alert system is activated — through our thoughts and behaviours!



CONTROLLED BREATHING

When the survival alert system is cued, our body responds by engaging our autonomic nervous system- in other words, an automatic system that is designed to regulate our emotions, responses, and bodily processes. When children face difficulty regulating their emotions, they can develop overly sensitive autonomic nervous systems. This means that their survival alert system is triggered much faster than that of others.

As part of the “fight or flight” response, our autonomic nervous system changes our breathing pattern. Our breaths become shorter, shallower, and we often struggle to breathe through our diaphragm. This breathing pattern disrupts our ability to absorb oxygen and contributes to keeping us in a survival mode. Fortunately, we can deliberately change our breathing pattern and breathing rate, and this is one way to reduce the activation of our autonomic nervous system and inform our survival alert system that we are not in danger.



BREATHING RETRAINING

While temporary overbreathing and hyperventilation are not specifically dangerous (it's even used in medical testing!), continued over breathing can leave you feeling exhausted and on edge. This means that you will be more likely to respond to stressful situations with anxiety and panic.

Gaining control over your breathing helps to quieten the survival alert system and involves slowing your rate of breathing and changing your breathing style. The following steps show you how to do this.

- 1 Ensure that you are sitting on a comfortable chair or laying on a bed.
- 2 Take a breath in for 4 seconds (through the nose if possible).
- 3 Hold the breath for 2 seconds.
- 4 Release the breath over 6 seconds (through the nose if possible), pause slightly, and breathe in again. Repeat this process.
- 5 Practise, practise, practise!

SUMMARY

After a medical trauma, some children have trouble balancing their emotions, behaviours, and thoughts — particularly in the presence of triggers. Controlled breathing is one practice that can help a child (before, during, or after a trigger) to calm their autonomic nervous system and move them out of a “survival mode”. With practice, this skill can play a key role in helping your child to foster a healthy sense of wellbeing.

#3

Why are thoughts important?

Every hour our brains are generating thousands of thoughts to help us to interpret the world around us. Thoughts help us to function — for example, by assisting us to plan, act, and evaluate. As previously explained through the CBT model, thoughts can also impact on how we feel. If we are feeling joy, it is likely that we are having positive thoughts about an experience. If we are feeling anxious, it is likely that we are having unbalanced thoughts about an experience.

Some children who have experienced a medical trauma may experience difficulties balancing their thoughts, often unknowingly thinking in ways that supports continued activation of their survival alert system. For this reason, building awareness into thought processes is an important aspect in the recovery journey.

THINKING ERRORS

Everyone falls into ways of thinking that can be unhelpful for them at times. There are actually 10 common unhelpful thinking patterns (called thinking errors or unhelpful thinking styles) that so many of us fall into parents and children alike!- that they have their own names



.....

It can be useful to know which unhelpful thinking styles you adopt, as this can assist you in examining your thoughts!



BLACK AND WHITE THINKING

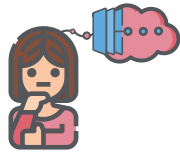


Sometimes called “black and white” thinking or “thinking in extremes”

If I do not pass this test, I am a failure

If I don't do this perfectly, I don't want to do it at all

MENTAL FILTER



Only paying attention to certain types of evidence. Most commonly, evidence that is negative over positive, or showcases our failures but not our successes.

When I was giving my presentation one person in the audience was on their phone. It must have been boring, I must have presented terribly.

MIND READING/ FORTUNE TELLING



Mind reading: Making negative predictions about what others might be thinking.

Fortune telling: Making negative predictions about the future that are not based in evidence.

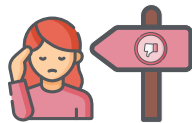
EMOTIONAL (OVER LOGICAL) REASONING



Using your feelings to guide the truth value of your thoughts.

I feel worthless, therefore I am worthless.

LABELLING



Assigning unhelpful labels to ourselves or others.

I am lazy

They are dumb

I'm worthless

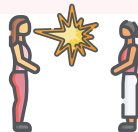
OVER-GENERALISING



Seeing patterns or making broad conclusions based upon a few events.

Sakina drops her ice cream on the floor and concludes, "nothing good ever happens to me."

MAGNIFICATION (CATASTROPHISATION) & MINIMISATION



Exaggerating or blowing things out of proportion (magnification), or shrinking the importance of something so it seems less significant (minimisation).

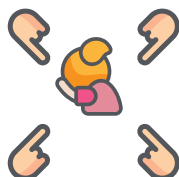
BEING CRITICAL



Over using words that can make us feel guilt/shame/like a failure. Words like: “should”, “must”, “ought”.

You should have done better.

SELF-BLAME



Taking responsibility or blaming yourself for something that you do not have complete control over or taking the things people say as a personal attack.

I let my child go to soccer training, and they got hurt. It is all my fault.



HOW TO EXAMINE YOUR THINKING

It can be useful to examine our thoughts as unhelpful thinking patterns often occur without us knowing! By bringing our thoughts into our awareness and examining them, we can evaluate how helpful and accurate they really are. Below is a simple thinking skills activity to help you or your child examine and evaluate your thought patterns.

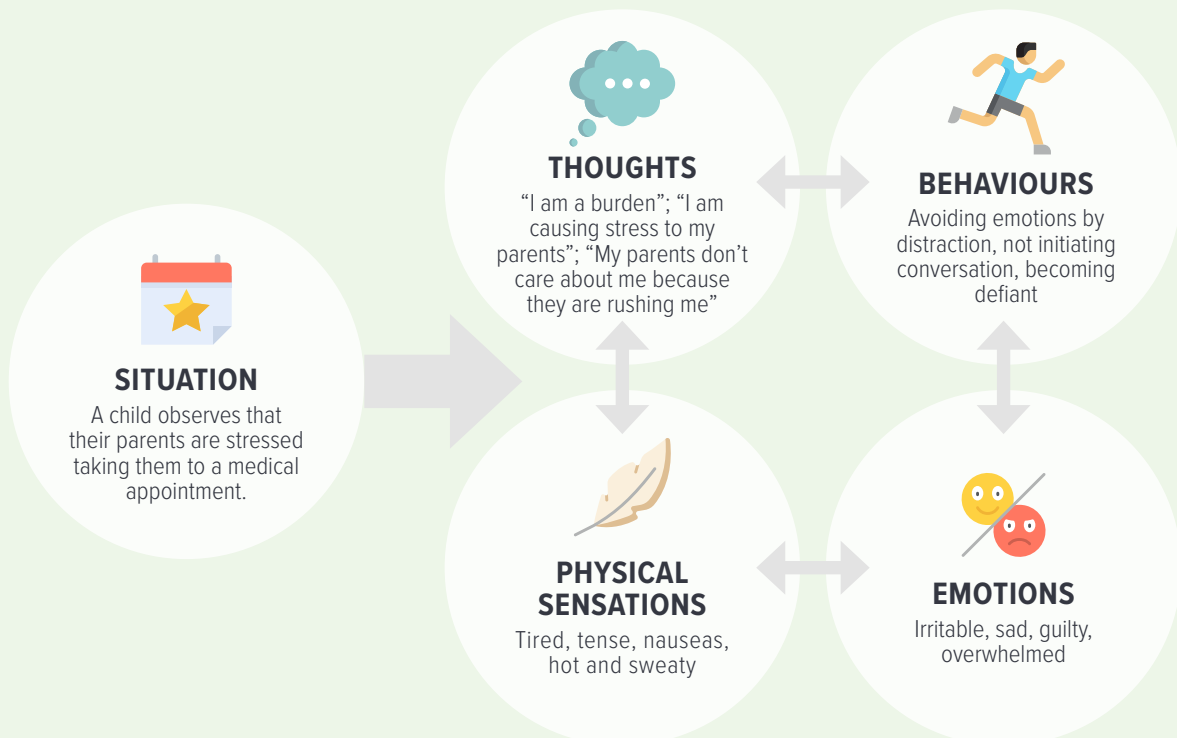
When learning to examine your thinking there is a simple rule of thumb — do your ABC's.



The "A" in this model stands for activating event. This is your starting point. Think about a time when you felt a strong emotion and document the situation as it would have been seen through the lens of a video camera (only what is observable and fact).

The "B" in this process stands for beliefs (and includes thoughts!). This step can be a bit challenging — lots of people complete step "C" first to help them. When you complete this step ask yourself: "What was going through my mind at the time?". **A quick tip: A feeling is one word, a thought is anything more than one word!**

Finally, the "C" in this model stands for consequences. Write down how you responded to this situation — document your actions, behaviours, and any physical sensations you felt.



By moving through this process, you are building awareness around your thoughts, feelings, and behaviours. From here, it is useful to examine the impact that these thoughts and beliefs may be having on your behaviours and emotions. Consider whether the thought is true, whether it is helpful, and whether it is balanced. Here are some prompts that might help:

- Are there any other ways of viewing the situation?
- Does it help me to think this way?
- If I was not feeling this way and was instead feeling (think of a helpful emotion — calm, content, happy, balanced), how would I view this situation?
- Is this thought fact or opinion?
- Realistically, what is the likelihood of that outcome occurring?
- What is the evidence against the reality of this thought?
- How might someone else view the situation?
- Is this thought old or new? If it is old, has it helped me in the past?

This process helps to build insight into the relationship between your thoughts and emotions and can help to balance any unhelpful ways you might be interpreting a situation.

SUMMARY

When a child has experienced a medical trauma, this can shift a healthy stress response into a survival alert response. Your child may have a big response to a seemingly normal experience (to you or others). Alongside this response may be unhelpful thinking patterns and interpretations of themselves and the world around them.

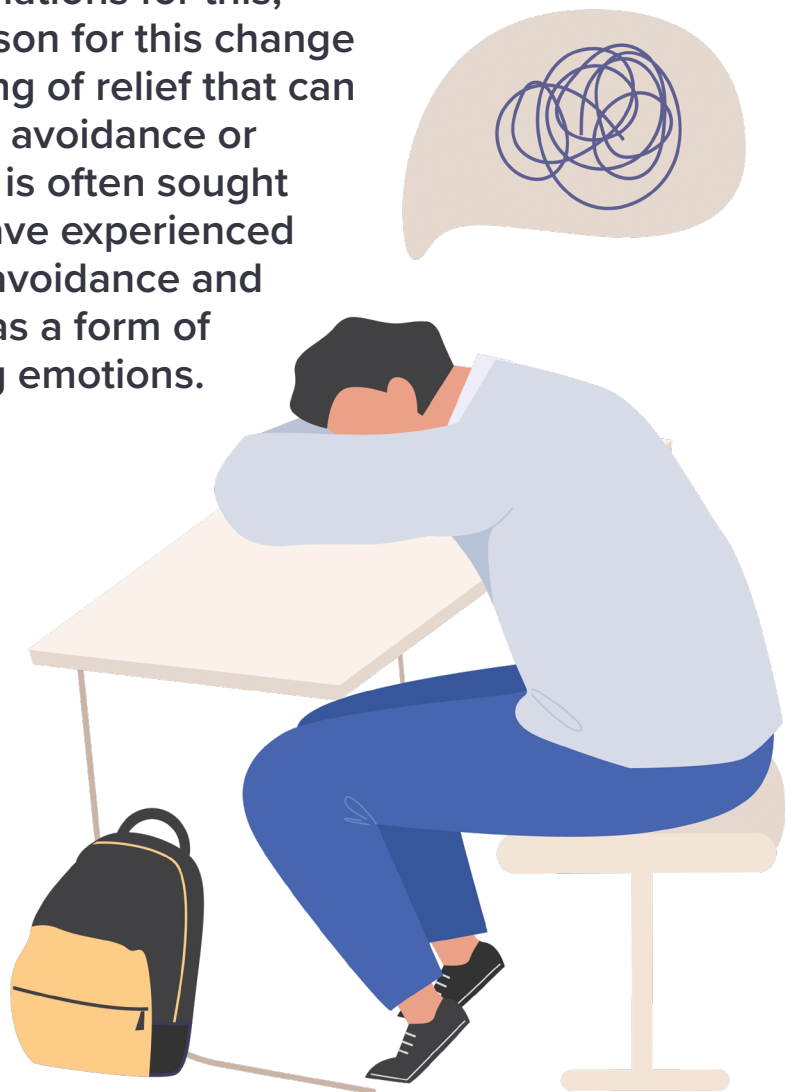
"If you identify certain situations that bring about strong emotions or behaviours in your child, it can be helpful to think about the **"A"** and **"C"** in the ABC model. After this, it may be useful to talk to your child about their experience to understand their **"B"**. With this insight, you can help your child by implementing coping strategies before, during, or after similar experiences. Supporting your child to learn their thinking ABC's can also assist them to self monitor and implement their own coping techniques- with this bolstering their resilience and wellbeing!

#4

Avoidance and withdrawal

After a medical trauma, it is not uncommon for a child's normal routine to be disrupted or for them to become less active or social. Routine disruption can occur because of medical and outpatient appointments, and reductions in activities and social outings may be required to support a physical recovery process. However, in some circumstances after physical recovery, children can display out of character changes in their desire for positive activities.

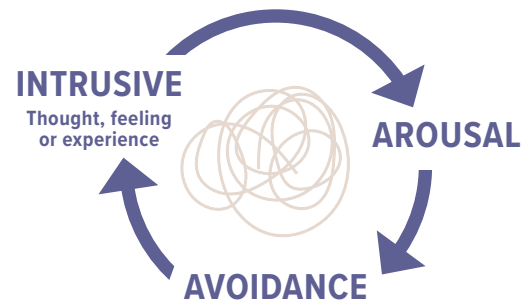
There are various explanations for this, however a common reason for this change in behaviour is the feeling of relief that can be experienced through avoidance or withdrawal. This feeling is often sought after by children who have experienced a medical trauma, with avoidance and withdrawal being used as a form of protection from their big emotions.



AVOIDANCE & WITHDRAWAL: A PROTECTIVE FUNCTION?

After a medical trauma, a child may have a sensitive autonomic nervous system. This means that their survival alert system may be activated faster and easier than that of others. In many cases, trauma reminders or triggers can activate this survival alert system and result in a child experiencing uncomfortable mental, emotional, and physical responses.

This can be an unpleasant and confusing experience for a child, and many children learn that it can be prevented through avoidance or withdrawal efforts. By avoiding or withdrawing from triggers, the child's survival alert system is not activated as frequently, and they are rewarded with the short-term relief this provides.



Though relief is provided in the immediate term, this approach can have longer-term consequences. Avoidance and withdrawal behaviours prevent a child from coping with their trauma reminders in a healthy way, which keeps their nervous system overactive and their survival alert system easily triggered. This can have negative impacts on things such as relationships, health, motivation, and energy levels.

	BEHAVIOUR	SOCIAL	MENTAL
AVOIDANCE	<ul style="list-style-type: none"> Refusing to go somewhere (i.e. school) Not engaging in previously enjoyed activities Sleeping excessively 	<ul style="list-style-type: none"> Not wanting to see their friends Not wanting to leave the house Refusing to see someone in particular/ go somewhere in particular 	<ul style="list-style-type: none"> Refusing to talk about their medical trauma Avoidance of certain places that resemble elements of their trauma
WITHDRAWAL	<ul style="list-style-type: none"> Not listening or taking in information Excessive use of technology 	<ul style="list-style-type: none"> Isolating in bedroom Not speaking without being spoken to 	<ul style="list-style-type: none"> Daydreaming “Zoning out”

BEHAVIOURAL ACTIVATION

Behavioural activation (choosing, increasing, and scheduling in activities) and managing routines are valuable techniques that can help with avoidant and withdrawal tendencies in children who have experienced a medical trauma. Using these techniques can disrupt the avoidance cycle that keeps the autonomic nervous system on high alert. They do this by increasing the opportunity for exposure to positive situations, supporting a sense of achievement and reward, aiding in the development of healthy coping skills, and building mental resilience.

With behavioural activation, it is important to start with small and easily achievable behaviours. To do this, choose an activity and break it down until one of the tasks is realistically achievable — as activities are accomplished, they can be built upon. If aiming to achieve frequency in a behaviour (i.e., doing something five times) presents challenges, it can be useful to aim for duration in a behaviour (i.e., doing something for five minutes) instead. See the example for some steps that might be implemented with a child who has experienced a burn injury and is triggered by the environment of their burn.



MEDICAL TRAUMA

A hot water burn sustained from a saucepan falling from the stovetop in the kitchen



BEHAVIOUR (AVOIDANCE)

Distress when in the kitchen (i.e., crying, shortness of breath, thoughts that they will get hurt)



GOAL

No crying and screaming when near and in the kitchen



BEHAVIOURAL ACTIVATION BREAKDOWN

- Practice deep breathing while thinking about walking into the kitchen
- Walk past the kitchen door once per day while practicing deep breathing
- Walk to the kitchen door and stop outside of the door, shutting down eyes and practicing deep breathing for one minute.
- Walk into the kitchen and sit at the table practicing deep breathing for one minute.

SUMMARY

After a medical trauma, some children will avoid experiences to minimise uncomfortable feelings related to their trauma. Behavioural activation is a gradual step-by-step approach to help your child cope with their emotions instead of running away from them. This helps them understand that the avoided situation does not place them in genuine danger, reducing the likelihood of their survival alert system being activated when presented with the situation. A child's social support network is key in their recovery process; the more activities that involve others and help them feel connected, the better!

#5

SUMMARY

Your child might find it useful to tell their story, and in doing so this process can help your child communicate their experience with others, minimise the reactions they have to triggers, and increase their confidence around the event.

What is trauma narration?

After a medical trauma, a child may develop patterns in their thoughts or behaviours that inadvertently maintain a heightened stress response or easily activated survival alert system. A common example of this is the avoidance of people, places, situations, or thoughts that remind them of the incident. This behaviour removes the short-term emotional discomfort associated with the reminder, however in the long-term, prevents a child from learning how to cope with stressful situations. This approach also means that the feelings and responses associated with triggers remain, as the brain isn't getting the opportunity to learn that triggers are not genuinely threatening the child's safety. One helpful exposure technique that reduces avoidance and the emotional intensity associated with triggers is the development of a trauma narrative.

TRAUMA NARRATION

A way that some people process trauma is by creating a story about their experience—this is sometimes called a "trauma narrative". Developing a trauma narrative (whether in words, pictures, or other creative forums) can have positive impacts on people who have experienced trauma, as it can support emotional processing, reduce the strength of triggers, and help the person to communicate their experience with others.

Some children face difficulties communicating around their medical trauma or responding to questions about their injury. When developing a trauma narrative, children move through a process of mentally organising their experience and are supported to identify the strengths that have assisted them across their

recovery journey. This can help children to feel confident and capable in sharing their story with others, and can also enhance their sense of resilience.

Creating a trauma narrative can also have a positive effect on a child's survival alert system. When developing a trauma narrative, children are safely and frequently exposed to memories of their injury, accident, or illness. This safe and repeated exposure teaches the child's survival alert system that the memories do not pose a genuine danger to the child's safety. With time, this reduces the avoidance and intensity of a child's response to their triggers, and reduces how easily their survival alert system is activated.

#6

What is coping?

Coping is something that we all do to restore balance when we are facing an internal (mental) or external (situational) difficulty. There is no “one-size-fits-all” approach — coping looks unique from one person to the next, with different strategies suiting different personalities and needs. Children who have experienced a medical trauma demonstrate resilience by coping with various aspects of their experience. For example, they often unknowingly implement strategies to cope with the shock and physical pain associated with the incident, and apply different strategies to cope with the physical changes and lifestyle adjustments associated with their recovery.

HEALTHY VS. UNHEALTHY COPING

Some coping techniques don’t contribute to our wellbeing and can disadvantage us in the long-term — these are called unhealthy coping mechanisms. For children who have experienced a medical trauma, unhealthy coping often presents as avoidance and/or withdrawal. The main characteristic of an unhealthy coping mechanism is that it produces a stress-relieving effect in the immediate term, but does so at the sacrifice of longer-term wellbeing.

Healthy coping mechanisms on the other hand, are those that support longer term wellbeing—sometimes at the sacrifice of immediate term comfort. Examples of healthy coping include problem-solving, behavioural activation, and thought evaluation.

COPING WITH A MEDICAL TRAUMA

Children who have experienced a medical trauma are required to cope with a variety of internal and external experiences, so it is important to support them in developing a healthy coping toolkit. See below for some common experiences a child with a medical trauma might need to cope with.

COMMON EXPERIENCES
Distressing memories
Flashbacks in the presence of trauma reminders
Difficulty concentrating
Negative self-evaluation
Changes in appearance
Dreaming of the incident
Worry that is challenging to control
Difficulty sleeping
Social changes
Increased startle (fight or flight) response

HOW DO I FOSTER HEALTHY COPING?

Developing insight into how your thoughts, behaviours, and emotions interact with one another will give you clues into the type of coping style you currently adopt. Think about times when you have approached and overcome a stressful situation- what did you do? Develop a mental (or physical!) "toolbox" of your coping skills and consider: Are they helpful? When are they the most useful to apply? If withdrawal or avoidance is present, develop a hierarchy of "steps" that you can take to steadily approach an experience rather than avoid or withdrawal from it. Remember — the goal is long-term wellbeing over short-term relief. Set yourself up for success.

The type of coping strategy that someone uses changes depending on the situation. Some common characteristics that determine someone's coping strategy include how in control they feel, how urgent the problem is, and how they want to feel afterwards (i.e., is the goal to release energy, improve mood, or self-soothe?). Here are some healthy coping strategies that a child may benefit from applying after a medical trauma.



MENTAL

Read a book or magazine • Talk to a friend • Google colouring sheets • Do a puzzle • Investigate your thoughts • Do a craft • Play a board game • Try or learn something new



PHYSICAL*

Make a cubby house • Ride a bike or scooter • Jump on a trampoline • Go for a walk • Play with your siblings or pet • Play with slime • Blow bubbles • Explore nature • Climb a tree



EMOTIONAL

Listen to music • Meditate • Sing • Dance • Tell your feelings to your teddy or someone you are comfortable with • Use affirmation cards • Write a letter • Smile and laugh • Hug a loved one • Take a look at photographs • Watch a movie or show that makes you feel good • Play with your siblings or friends



SPIRITUAL/ RELIGIOUS

Guided meditation • Deep breathing • Journaling • Practice mindfulness throughout the day • Be in nature • Listen to music • Visualise a peaceful place

*Dependent on the physical recovery and capacity of your child.

SUMMARY

Everybody copes differently with stress, however some coping approaches are better for us in the long-term. By supporting your child to identify and incorporate healthy coping strategies into their lives, you are helping them to feel confident and capable of responding to stress. The same goes for you! By accessing your own support systems (i.e. family, friends, mental health professional/s) and engaging in enjoyable activities (i.e. social outings) you bolster your resilience and send a message to your child that they can do the same. So remember, healthy coping is a key skill that will assist your child in their recovery journey and if you are coping, your child will cope better too.

#7

Appearance concerns

For some children, a medical trauma can result in a change to their physical appearance. While most children learn to accept the changes resulting from their medical accident, injury, or illness, some children face difficulties in their adjustment and recovery journey. Difficulties can be related to appearance concerns, which refers to how physically comfortable, confident, and attractive someone sees themselves to be.

WHAT CONTRIBUTES TO APPEARANCE CONCERNS?

For some children, observing the reactions of others can be one of the most difficult experiences after the physical discomfort caused by a medical injury or illness. Reactions can drive fears of rejection and exclusion and can contribute to experiences of self-rejection, low self-esteem, and excessive self-focused attention.

The intensity and regularity of someone's appearance concerns are impacted by their thinking and behaviour. For example, when we are worried about something, it is human nature to focus on it more. We might even find it hard to shift our attention away from the thing we are worrying about. With our attention so caught up in these thoughts, it becomes very difficult to be mindful and present in everyday activities and situations. This can lead to a common behaviour that heightens and maintains the intensity of appearance concerns — safety behaviours.

WHAT ARE SAFETY BEHAVIOURS?

Safety behaviours are subtle actions that people engage in to avoid a feared internal (mental) or external (social or situational) experience. When a situation cannot be avoided in its entirety, safety behaviours can provide the short-term relief that may have otherwise been sought through avoidance. For children who have a visible change resulting from a medical trauma, safety behaviours often revolve around ways to reduce their feelings of discomfort in relation to their appearance.

A safety behaviour can often be identified by the "**only if**" or "**only when**" characteristic. For example:



I will go to the shops **only if** dad goes with me (because then I can hide my face by looking at the floor, so people don't see me).



I will go to the shops **only when** it isn't busy (because that will reduce the amount of people that will make negative comments about me).



I will go to the shops **only if** I can wear something that covers my scars (otherwise everyone will stare, and I won't be able to cope).

Children who have experienced a medical trauma develop and implement safety behaviours as a way to protect themselves. Like other forms of avoidance, safety behaviours reduce the likelihood of the survival alert system being activated. This provides relief in the short term, but does so at the expense of maintaining the activation of this system in the long-term.

HOW DO I IDENTIFY A SAFETY BEHAVIOUR?

Children often develop and apply safety behaviours without being aware of doing so. To support your child across their recovery journey, identifying safety behaviours can be a useful skill. The below prompts will help you to do this:



Be mindful that a safety behaviour is not about **what** action is being performed, it is about **why** the action is being

performed. For example, someone may wear headphones on the bus because they like listening to music (not a safety behaviour). Another person may wear headphones on the bus because they think "If someone tried to speak to me, I wouldn't know what to say and I would get embarrassed" (a safety behaviour). So, the reason the person is wearing the headphones is different, and this is what determines whether or not it is a safety behaviour.



Take notice of the things your child avoids doing or has resistance towards, and use open ended questions (questions that cannot be answered by "yes" or "no") to enquire around why they are avoiding them.



If you notice that your child has a reliance on a caregiver, sibling, or friend, ask your child how they would feel if they were required to be in a similar situation without this person. If they display significant resistance, the person is likely a safety behaviour.

SUMMARY

Sometimes children can develop ways of thinking and behaving that inadvertently maintains or strengthens the emotional discomfort they feel around their medical trauma. An example of this is through the use of safety behaviours. If your child is using safety behaviours, it is recommended that you start a behavioural activation process (refer to page 20) that gradually exposes them to components of the experience they are trying to avoid or withdrawal from. Slowly build up your child's confidence by breaking down the experience into smaller elements and reward them for each of the small wins. By repetitively and gradually increasing their exposure to elements of the experience they fear, your child's reliance on safety behaviours will reduce, and their resilience and healthy coping skills will strengthen.

#8

Problem solving: What is it?

At any moment we may be presented with a problem that can interfere with our emotional and behavioural functioning. Problems can vary in complexity and to restore balance, we must undergo a process of problem-solving. Problem-solving is a practical and constructive process that supports someone to identify a problem, and then construct and resolve the problem through the evaluation of different solutions.

There is no universal approach to problem solving. For many, problem-solving occurs “on the fly” and is a relatively unconscious process. For others, problem-solving requires more conscious attention and is done in advance of a situation occurring (i.e., through planning). While everyone engages in different problem-solving strategies, children who have experienced a medical trauma may experience disruptions to their problem-solving processes and may confuse worrying with problem-solving.

WORRYING VS PROBLEM SOLVING

Worrying and problem-solving are both mental processes, however the nature of these processes differ in that worrying is unconstructive and problem-solving is constructive.

Worrying is a misguided attempt to reduce anxiety, providing an illusion of control and involving unhelpful ways of thinking. Worried thoughts are often repetitive, focus on things that have not happened, involve a pattern of catastrophising (thinking about worst case scenarios), and do not produce solutions to the circumstances that are being worried about.

In contrast, problem-solving is a deliberate process that involves a series of mental and behavioural steps that are undertaken to prevent, resolve, or lessen the likelihood an undesired outcome. Problem solving enables us to have some control over our environment, builds resilience, and helps us to reach our goals. This differs from worry because it is a helpful strategy to reduce stress and involve an active change to the circumstances that are concerning someone.

HOW SHOULD I PROBLEM SOLVE?

There is no “right” way to problem-solve — every problem has several solutions based on the challenges it presents to the person. There are, however, some helpful questions and considerations that you can ask yourself when problem-solving.

1

IDENTIFY THE PROBLEM

What is the problem and why is this a problem for you? When identifying the problem, state it as clearly as possible and in terms of the facts (separate fact from emotion).

2

IDENTIFY IF THE PROBLEM IS RELEVANT & CONTROLLABLE

Is this a problem that you have control over, or is it primarily something that is happening between other people or to someone else? Is this problem a likely prediction of something that will occur in the future, or it a worry?

3

GENERATE ALL POSSIBLE SOLUTIONS

List down all possible solutions before evaluating their quality and how likely they are to happen.

4

EVALUATE YOUR SOLUTIONS

When evaluating solutions, list them in terms of their advantages and disadvantages (which includes their practicality and likelihood of success) and from here, pick one or two that are best suited.

5

DEVELOP A PLAN

After deciding on the solution, develop a plan. Ensure this plan captures the actions required, people involved, and time frames for completion.

Children who have experienced a medical trauma often worry about anticipated uncomfortable situations, particularly if they represent or cue a reminder of their incident. Problem solving with your child around the situations that may cause them stress can reduce their worry, help them to feel prepared, and model a process that they can replicate in the future. This can support their resilience, sense of control, and skills in resolving future challenges.

SUMMARY

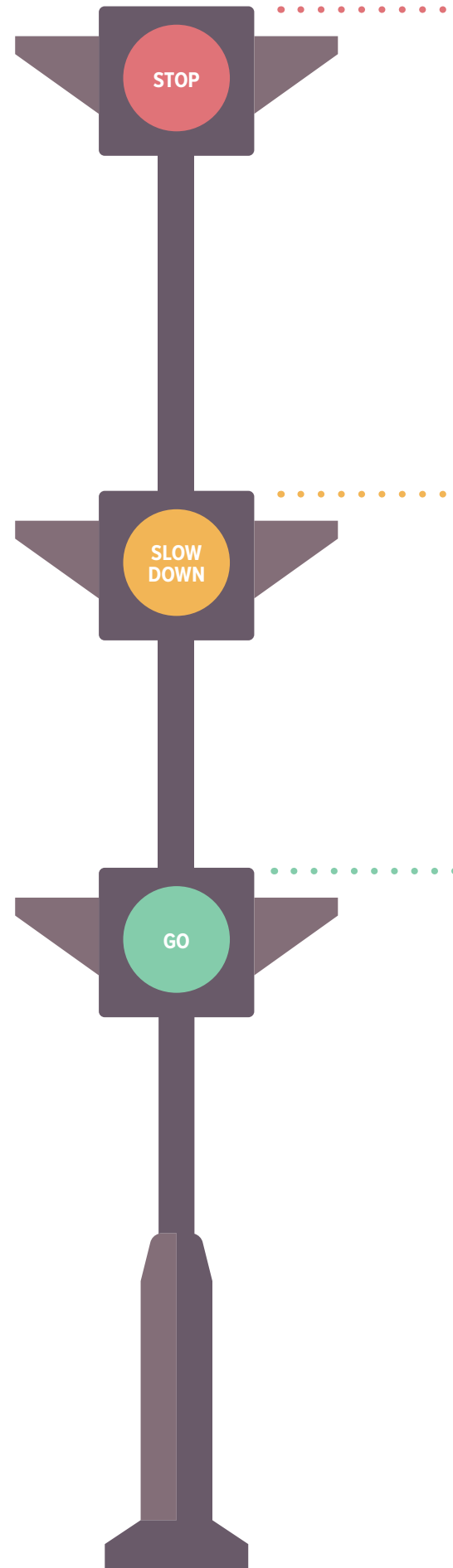
At any point we could be presented with a problem that requires a solution. While there is no “correct” way of problem solving, if we are deliberate in our approach to finding a solution to something, we feel less stressed and more confident in ourselves. By helping your child to develop problem-solving skills, you will be building their independence, self-worth, and self-esteem — this is vital in their recovery journey.



#9

What should I look out for?

It can be challenging to care for a child who has experienced a medical injury, illness, or accident. Predictable routines are disrupted, new demands are placed into your schedule, and you are supporting a recovery journey with your child. Because of this, the way you and your family system cope might change and be challenged- this is not unusual! The best way to support your child's resilience and wellbeing in their recovery journey is to have a united front with your significant other and/or within your family system. If you are facing challenges with this, it is important to seek additional support to assist you.



The below traffic light system provides some examples of the experiences that may occur when your family system is coping well, and some of the experiences that may occur when your family system requires some additional support. This may afford you the opportunity to reflect on whether any of these relate to your own family, or if your own experiences can fit within these categories.

- Completing most activities for your child because you are fearful of them getting hurt, even when the likelihood of this is low (this is called overprotection or overcompensation).
- Being hyper-focused on the possible risks in the environment that may hurt your child and being unable to stop thinking about them.
- Not having a united front with your significant other: Having an inconsistent approach and relaying different messages to your child (i.e., Mum relaying one thing, and Dad relaying the opposite).
- Engaging in blaming behaviours (i.e., blaming your significant other for the accident, injury, or illness, or the problems arising from this).
- Ongoing and unresolved conflicts with your child or significant other (even those unrelated to your child's accident, injury, or illness).

- Completing some activities for your child because you are fearful of them getting hurt, even when the likelihood of this is low (this is called overprotection or overcompensation).
- Feelings of guilt or responsibility that are ongoing, hard to turn off, and impact you frequently.
- Difficulties problem solving without conflicts arising with your significant other.
- Being reactive with your child (i.e., This may look like saying you are busy in a firm tone and telling them to play alone, which does not offer them time to process with you).

- Having a united front with your significant other: Having a consistent approach and relaying the same messages to your child (i.e., Mum and Dad saying the same thing, not different things).
- Communicating your feelings and experiences with your significant other (i.e., "I am feeling a bit pressured right now, would you mind supporting me by putting Indi to bed?")
- Communicating clearly with your child (i.e., use "I feel" statements, present information in a calm voice, comment on your child's behaviours and not your child. For example, I can see the frown on your face and have noticed that you're moving around a lot- maybe you're a little bit unsettled right now. Can Mum or Dad do anything to help you?")
- Being available and accessible for your child (i.e., This may involve not presenting as "stressed" or "busy" when around your child, as this may stop them from feeling like you have time for them).
- Allowing your child to take developmentally appropriate risks (i.e., This may look like engaging in rough and tumble play with peers or leaving the house independently).

SUMMARY

Thank you for reading the medical trauma resilience and wellbeing resource.

This resource has explained medical trauma, explored the various ways children may respond to a medical trauma, and provided you with some practical strategies and skills to minimise the negative impacts of a medical trauma on yourself and your child.

Our hope is that this resource has provided you with skills and knowledge that will help your family to move forward and your child to experience a happy, healthy life. Always remember — you know your child best. If you believe your child requires additional support after this program, please refer to the support services on page 2.

WE WISH YOU WELL ON YOUR JOURNEY.

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