

CAREGIVER

INFORMATION PACKAGE

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

AGES 0–17

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.



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.

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

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

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?"

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.

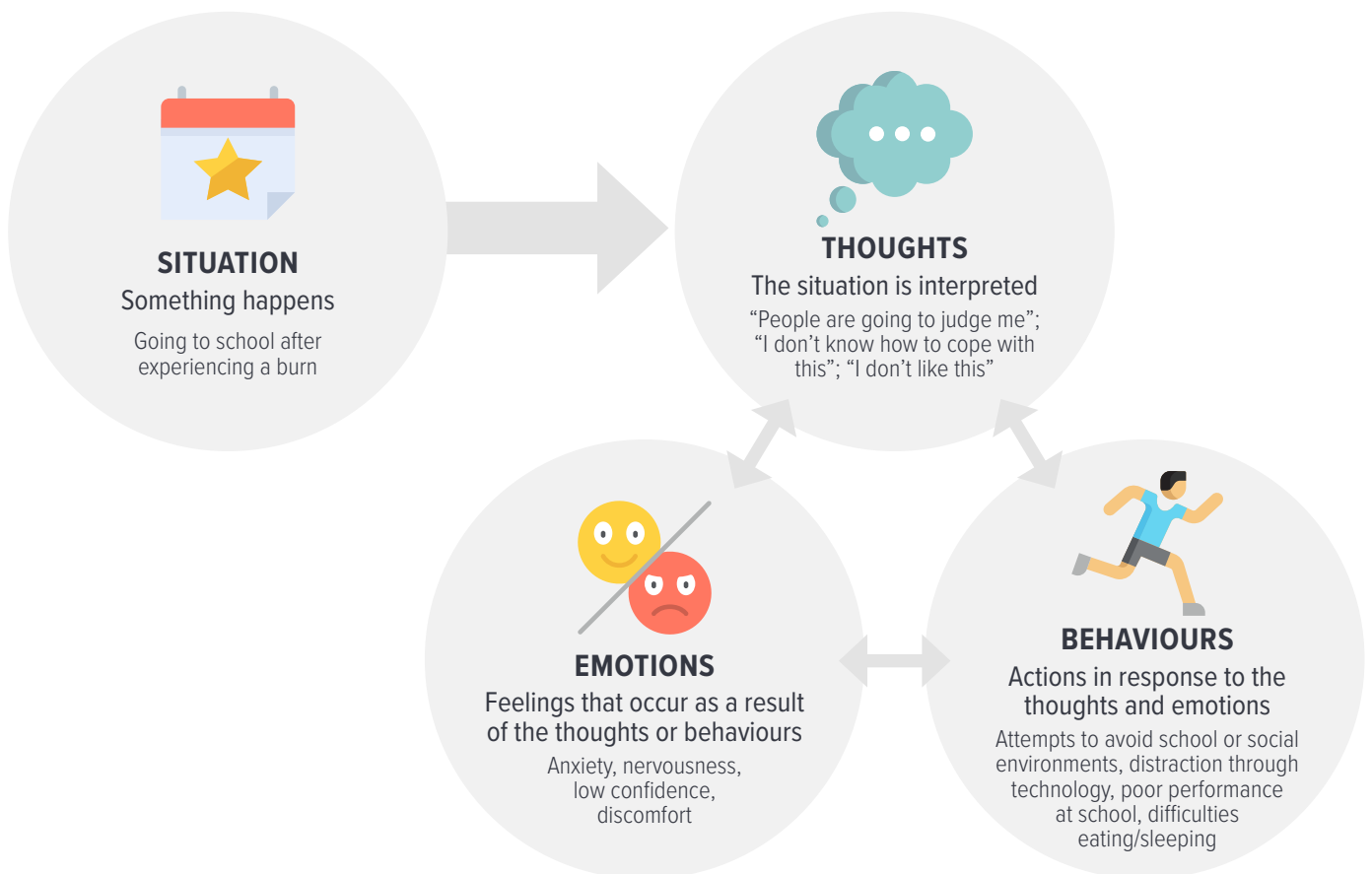
MEDICAL TRAUMA & THE BRAIN

On a normal day, our "feeling", "thinking", and "survival" brain talk to each other to keep us safe. In the presence of trauma, this communication system is disrupted by a survival alert system. When this system is activated, the "thinking" brain shuts down, as thinking can be too slow to be helpful for survival.

It is important to know 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 actual danger, the brain can misinterpret a trigger as occurring in the here and now and fire up the survival alert system. With this system activated and the "thinking" brain offline, important parts of learning, problem-solving, memory, and decision making can be shut off.

THE COGNITIVE BEHAVIOURAL MODEL (CBT)

Fortunately, we can help children to develop awareness and skills that help to rewire their survival system and bring their "thinking" brain back online. From a CBT perspective, there are three parts that make up our personal experiences — our thoughts, feelings, and behaviours. The CBT model 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!



RESPONSE TO TRIGGERS

When children experience triggers, some can face difficulty talking about their thoughts and feelings. When finding it hard to talk, many children instead communicate through their behaviours and often express uncomfortable physical sensations. For children who have experienced a medical trauma, behaviour can be impulsive and emotion driven – not a lot of thinking goes into it. Nonetheless, all behaviour is a form of communication. If your child is acting aggressively, for example, perhaps they are uncomfortable, stressed, or uncertain. Try and understand what they are trying to express.

This table shows how a child may be 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

WHAT TO LOOK OUT FOR IN YOUR CHILD...

It can be hard to care for a child who has experienced a medical injury, illness or accident. Routines are disrupted, new demands are placed on your schedules, and you are supporting the recovery of your child. Because of this, the way your family copes might change and be challenged – this is not unusual. The best way to support your child's resilience and wellbeing during recovery journey is for your family to present a united front.

Some ways you might recognise your child is experiencing trauma following their injury are:

- Avoiding school, not wanting to see friends or refusing to talk about their injury
- Not listening or taking in information, isolating themselves or daydreaming
- Avoiding experiences related to their burn, for example, hot water for a scald injury
- Displaying impulsive and emotion-driven behaviour.



WHAT CAN YOU DO AS A PARENT TO HELP?

1

Let your child know that there is no "right" or "wrong" way to feel after the burn injury.

2

Reassure your child of their safety.

3

Allow your child to ask questions. If you don't know the answers, be honest and try to find the answers together.

4

Let your child know that you are available to listen to their concerns.

5

Encourage your child to talk or express their thoughts and feelings in creative ways.

6

Model coping strategies (i.e. problem solving and emotional check-ins) for your child; taking care of yourself will help your child learn how to take care of themselves.

7

Practice healthy coping mechanisms like problem solving and emotional check-ins with your child.

SUPPORT FOR CHILDREN

Kids Helpline: 1800 551 800

Headspace: 1800 650 89

URGENT SUPPORT

Emergency: 000

Lifeline 13 11 14

Suicide Call Back Service: 1 300 659 467

Mental Health Emergency Response Lines:

Metro: 1300 555 788

Peel: 1800 676 822

Country: 1800 552 002

SUPPORT FOR CAREGIVERS

Access your GP: Request a Mental Health Care Plan
Ngala Parenting Line: (08) 9368 9368 or 1800 111 546
(for regional callers)

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

Embrace



embrace.telethonkids.org.au