

## Reactions to Trauma - Information for Families

People can be involved in traumatic situations at any stage of their lives. For adults this is a distressing experience and one that we all hope will never happen to us, but for children traumatic situations can lead them to experience things that are not only distressing but that they have never even heard about or thought about before.

Everybody's reaction to trauma is different. For everyone it is upsetting and frightening and most children experience some of the symptoms below.

Common reactions include:

- Sleep disturbance
- Nightmares
- Concentration problems
- Memory problems
- Unwanted and upsetting thoughts popping into their mind
- Feeling as though they are reliving the event
- Being more worried about other dangers
- Finding it hard to separate from parents/carers/others
- An increase in worries and fears
- Physical sensations of anxiety or panic
- Feeling tense and on guard when out and about
- Being more jumpy
- Irritability
- Depression or low mood
- Numbness or refusal to believe it has really happened
- Physical complaints such as headaches or stomach aches
- Regressive behaviours

Most children will have some of these effects when they have been involved in a trauma.

These symptoms usually gradually settle over time. However, about a third of children may need some extra help to come to terms with what has happened.

### **It's good to talk.....**

Some people feel the need to talk about what happened to them. Other people cannot bear to talk about it and push memories of the event away. Talking is part of the natural healing process.

When a traumatic situation happens our brains struggle to process the information that is around at the time as we are more focused on surviving the situation. This means that after a trauma our brains have a wealth of information, thoughts, sounds, sights, smells etc that have not been processed and turned into memories. It is this information that our brains need to make sense of over the coming weeks and months to allow us to see the trauma as a memory rather than a current event.

Talking helps our brains begin to make sense of what has happened and to form logical memories. Children need to be given space and time to talk about what has happened in as much detail as they like. Children may act out the events in play or may draw the events. Nightmares are also common. This is all part of the healing process as it is a child's way of trying to make sense of what has happened. Children may ask questions about the event. Try and answer these as honestly but as sensitively as possible. Your child may need to have help to construct the story of what has happened. You can help them do this by giving them information, correcting misinterpretations, filling in gaps in their knowledge and answering their questions. Ensure this is age appropriate but don't avoid details your child may be recalling naturally. Try and help them practice what they might say to others if they ask questions and help your child recognise that although bad things do happen they do not happen everyday, therefore they do not need to be scared.

However, children are very quick to pick up whether people around them are uncomfortable about this and they learn not to talk – even if they need to. Sometimes parents find it hard to listen to children's experiences and try to distract the child or to take the child's mind off what's happened. Sometimes children are told 'don't think about that – think of something nice'. This is unlikely to be helpful as talking is a necessary part of healing. This can be difficult for parents, particularly if they were also involved in the trauma and are struggling to cope with their own reactions to it. In this case it may be necessary for parents to seek help themselves, so they can in turn help their children.

Research has shown that children who talk about what has happened to them cope better in the long run. It is important that this is with friends and family in the first instance.

### **What if my child can't bear to talk about it.....**

When terrible things happen, our brains struggle to make sense of them. To try and make sense of the experience the brain tries to re-live it. It does this in the form of unwanted thoughts or images that pop into your mind, flashbacks of the event and nightmares. Younger children often re-live the experiences through play. The point of this re-experiencing is to try and make sense of what has

happened. This process is natural and necessary. Unfortunately it is also really difficult and horrible.

The memories can cause huge distress and anxiety and often they seem to be about the worst part of the trauma. They also often leave the person feeling like the trauma is happening in the here and now. Some people just feel they cannot bear the memories, so when they get thoughts or images they try and block them out. They also try and avoid doing things or going to places that might trigger the memories. This is understandable, but unfortunately blocking out the memories blocks the healing process. It's like putting a plaster over a dirty cut. Underneath the plaster the cut is still a mess.

If the natural healing process is blocked people may find it hard to move on from the trauma. People can get 'stuck' in a cycle of constantly re-living the event without being able to move on from it.

### **Why do people have to re-live trauma – once was bad enough!**

Re-living the trauma is the brain's way of processing what has happened. Your child may struggle to make sense of what happened because nothing in his or her life so far has prepared her for something so awful and shocking. By re-living the event a child finally finds a way of dealing with it. At that point the event becomes a horrible memory, rather than a 'here & now' event, and people can start to move on.

### **How can I tell if my child is 'stuck'?**

By 3-6 months after a trauma most people are beginning to get some relief from the symptoms listed above. It might be helpful to keep a diary of symptoms like nightmares so you can see if things are getting better. For example, nightmares might have reduced from every night to 3 X per week, flashbacks from 4 X a day to 1 X per day etc. These improvements might be easy to miss because your child is still experiencing so much distress. A diary can reassure you that they really are making progress. Sample sheets are at the end of this leaflet.

If, however, there are no improvements in these symptoms after more than 3 months, or if things are actually getting worse, it may be time to ask for help. If there are no improvements after 6 months it is advisable to ask for help.

Post Traumatic Stress Disorder (PTSD) is the term used to describe ongoing symptoms following a trauma. It would be diagnosed following an assessment at your local CAMHS service and is not made until at least 3 months after the trauma. PTSD is treatable and if a diagnosis is made you will be offered treatment at your local CAMHS.

## **It was fine at first.....**

Sometimes people have a delayed reaction to the trauma. The symptoms described above can strike at any time after an event, even if at first you did not have symptoms. People who seem to be coping perfectly well with things that would be expected to cause trauma sometimes have problems later.

## **How can families help?**

It is important that families recognise how much their children need to talk about what happened. They need to be strong so that children feel safe expressing themselves, even if the things they are saying are hard to hear. They also need to be patient because children may need to talk about it over and over again. Be led by the child. Let them know you are happy to talk about it with them but don't force them to talk about it. Help your child see that this process is only for a short while and that over time they will no longer feel the need to talk about it and it is normal to begin to forget.

It is also okay to continue with everyday life and to encourage your child to resume school and activities as this will give them a sense of continuity and stability.

If the trauma has left the child or loved one with a loss or injury the process will inevitably be more distressing. Grieving for loved ones or life as it was takes time and has many phases. It is alright for your child to see your sadness at any loss but it is also important that they are given the message that you and they can and will move on from this with time. Young children may not realise that the person who has died is not coming back. Although older children may realise this they may also try and make themselves and others believe that the person is coming back as this is what they would wish to happen. Try and be patient, you may need to keep explaining this to your child.

It is also usual for those involved to feel other emotions such as guilt and anger. Be wary of allowing your child to hear too much about legal proceedings or other consequences of the trauma. Children often misinterpret adult-type information and can end up believing they are responsible. It is fine to reassure your child they are not responsible for the incident or the pain of others and to help them refocus on their life.

Families can be very helpful in helping children face up to anxiety and stop avoiding things. Together you could draw up a list of all the things you are avoiding and deal with them one at a time. Start with the easiest to give you confidence and reward any time they face their fears.

## **How might a therapist help?**

If people get stuck they may need a therapist to help them move on. There are many avenues of support in the local area. Your child's school might have a counsellor, there are local agencies that provide counselling and there is specific counselling available locally for children of cancer sufferers and for children who have experienced bereavement.

However, if you are concerned your child is still re-experiencing the trauma or is very anxious or low in mood it would be useful to seek a referral to your local CAMHS team. If people do not access the appropriate treatment they can continue to experience symptoms for years. Your GP or school nurse can make this referral for you. The professionals there can help you think about what level of help would be best for you and your child and are able to offer specific treatments for anxiety, depression and trauma.

The treatment for trauma/PTSD will take a number of sessions and your child may need to miss school for a few weeks to allow them to access regular sessions. CBT (Cognitive Behavioural Therapy) is the evidenced based treatment for PTSD. However, it might be more appropriate for you, your family or your child to access other interventions, such as Family Therapy, Play Therapy or Psycho-dynamic Psychotherapy.

## **What does trauma focused CBT entail?**

The therapist will start by helping you and your child make sense of what has happened and of what is happening now. This will help everybody make a plan as to the best form of treatment. Initially treatment will focus on ways to re-engage with life and ways for your child to manage difficult emotions. If your child is still re-experiencing the event, or if they are blocking the memories of it, part of treatment will need to entail helping them talk about this in detail. This is to ensure that the natural processing takes place. People can get worried that this will re-traumatise the child. However, your child is thinking about these distressing events anyway and without this process the flashbacks and nightmares will not abate. During these sessions you will be the best placed person to support and encourage your child. Treatment for trauma is a bit like going to the doctors to have an infected wound cleaned. Initially it might hurt a bit (but usually not as much as you were expecting) and it might need a couple of treatments to get it thoroughly cleaned. However, after time the wound will begin to heal and this time it will heal cleanly.

Sometimes separate treatment is also required for anxiety or depression. Your child's therapist will be able to provide this for you as part of your treatment sessions.

If you have been affected by the trauma you may find it hard to support your child. You could ask someone to help you do this, but evidence shows that if adults seek treatment for their own PTSD their children's recovery is better.

### **When to ask for further help?**

Evidence shows that professional help in the very early days or weeks after a trauma should involve offering you and your child advice and support to understand normal reactions following a traumatic event and to help with gaining access to any specific support agencies. At this time specific trauma focused work is not recommended. However, if your child is continuing to experience high levels of distress after 3 months (earlier if the trauma was particularly severe) then you may consider approaching your GP for a referral to a specialist service (CAMHS).

While sadness, confusion, sleep disturbances, irritability, anger and a reluctance to go out are often part of a reaction to trauma, they may also be signs of anxiety or depression. If you are worried that your child is becoming depressed, then ask your GP for advice. If at anytime you become worried your child might be so distressed they are at risk of harming themselves you should seek urgent advice and support from your GP or if you are seriously concerned from your local Emergency Department.

Kristina Ivings and Jenni Willbourn 2013

**Weekly Diaries**

	Mon	Tues	Weds	Thur	Fri	Sat	Sun
Nightmares							
Flashbacks							
Distressing memories							
Fears							

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Nightmares							
Flashbacks							
Distressing memories							
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Nightmares							
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