

Trauma – What to Do? To prevent you from feeling helpless anymore

Information for anyone dealing with traumatised children or adolescents

Englische Ausgabe der Broschüre: Trauma – was tun?

Damit Sie sich nicht mehr so hilflos fühlen müssen

Informationen für alle, die mit traumatisierten Kindern und Jugendlichen zu tun haben

Trauma – What to Do?

Herausgeber: Unfallkasse Berlin
Umsetzung: GMF, Essen | Stand: Oktober 2020

Autorin: Monika Dreiner, Dipl.-Psych., Analytische
Kinder- und Jugendlichentherapeutin, Psychologische
Psychotherapeutin, www.ztk-koeln.de

Die Texte dieser Broschüre sind urheberrechtlich geschützt. Jede Vervielfältigung im Ganzen oder in Auszügen bedarf der vorherigen schriftlichen Genehmigung. Dafür wenden Sie sich bitte an info@ztk-koeln.de

Dieses ist eine englische Übersetzung der Broschüre
„Trauma – was tun? Damit Sie sich nicht mehr so hilflos
fühlen müssen – Informationen für alle, die mit trauma-
tisierten Kindern und Jugendlichen zu tun haben“

Dear parents,

In the course of our work with traumatised children, adolescents and their parents at the trauma outpatient clinic, we have been asked about written information time and again. The parents wanted something they could read in peace and quiet at home. This brochure is now intended to fill this gap. In these pages you will find the main information on the topic of “trauma with children and adolescents”.

Please observe

This brochure can and must not be used as a substitute for any necessary personal counselling, therapy or medical treatment.

As a basic rule

If a child is traumatised, the whole family will be affected even if not all family members experienced the stressful situation.

Children and adolescents are not machines. Everyone reacts differently. What is good for one child and helps another may irritate another child. The most important thing is that you observe your young/adolescent child. Look closely to see what is good for them. If you are affected too much yourself, please make sure that you also receive the necessary support even if you did not even experience the situation yourself!

Do not hesitate to consult a specialist or a therapist trained in trauma treatment. The reactions and behaviour after a psychological trauma can look very bizarre and crazy and trigger additional anxiety.

Psychological traumas occur in situations that overwhelm the psychological coping system

Anyone can suddenly and unexpectedly find themselves in a situation that is so stressful that they feel helpless and powerless. Life seems to stand still, nothing seems to work anymore and any means and ways fail that used to help deal with difficult situations. Such a situation that overwhelms the mental coping system is called a mental or psychological trauma.

This may be, for example, a car accident that you observe or are involved in yourself. Likewise, the destruction of your own home by a fire – or other forces of nature – can be traumatic. The same applies to sexual abuse and maltreatment.

Not every stressful situation is traumatising for everyone

Nevertheless, not every stressful event is a psychological trauma for everyone, which means that if, for example, three people experience the same stressful situation, one person will usually need no help at all, another person will need a little support or counselling and only one person will need therapy. People have more or less good self-healing powers, which sometimes need a little push and sometimes are actually

insufficient. Everyone knows this situation from a cold. Sometimes you may not have any problems and on another occasion you may become seriously ill and even get pneumonia or, then again, you may only have a little cough and nothing else. Help, support and therapy mean, among other things, activating the self-healing powers.

Children and adolescents need empathetic adults

Children and adolescents need special protection. They depend more or less on the help and support of adults anyway, depending on their age. It is therefore important that, after a traumatic event, children and adolescents are accepted and understood by their parents, family, teachers at kindergarten or school and, most important of all, also by

their friends. They need a sense of security and comfort and want to be accepted and understood with all their incomprehensible emotions, thoughts and sensitivities

A psychological trauma influences the function of the brain in the sense of self-protection

Furthermore, traumatising experiences trigger changes in the function of the brain in people of all ages. They may be temporary or – depending on the severity of the trauma – persist for a while. This is how it works: in an extremely stressful situation, the brain ensures that first and foremost all the functions that are necessary for survival work well. This includes, for example, that we - like our ancestors and animals - can either run away quickly, put up a fight or play dead so as not to be discovered. A chain of reactions in the brain ensures that stress hormones are increasingly released into the blood stream. Then the blood pressure rises, the heart beats faster and breathing is shallow and fast.

The prevailing emotion is a feeling of fear and threat. Imagine, that in order to save your life, you would have to run away from a dangerous situation very quickly. In this case it would be more important to run fast than to observe the beauty by the wayside. Fear virtually prevents the latter.

Forgetting as means of protection

In the brain, things get mixed up. People in life-threatening situations often find it difficult to look or listen exactly or feel or smell. When the danger (e.g. an apartment fire) is over, they may remember the smell of the fire very well, but not exactly what happened and how it happened. Someone might not initially even remember the event at all until arriving safely at the hospital. Total oblivion is called amnesia. Amnesia is a means of protection against the memory of a terrible experience. If your child says, for example, that they do not know how the accident could have happened or how it took place, it may well be that the child is protecting themselves from the stressful memory by forgetting (amnesia) and not being stropky or stubborn.

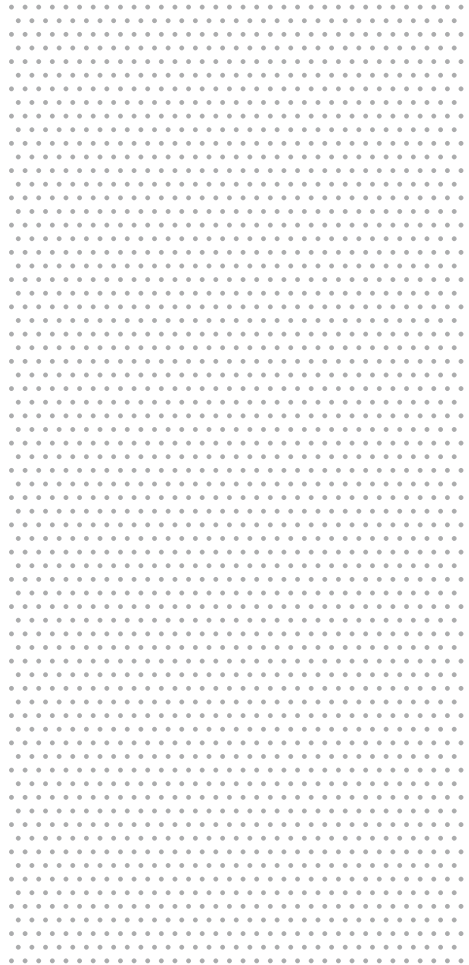
Avoidance as means of protection

Another means of protection against remembering or the experience reoccurring is to avoid anything that might cause such a situation again. If the accident happened on the way to school, for example, the child could try to prevent the accident from reoccurring by not going to school. In this case, this is hardly “truancy”, but rather the child’s attempt to protect themselves.

Constant alertness as means of protection

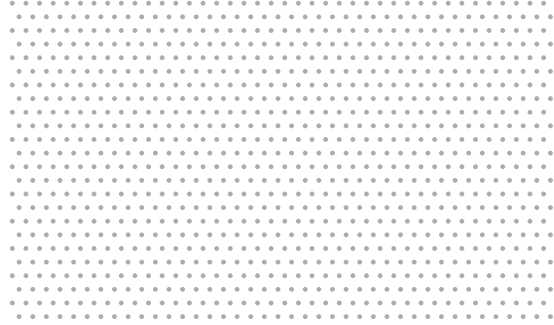
Another way to protect yourself is to be constantly on guard, always extremely alert. This extreme alertness may prevent the child or adolescent from falling asleep and/or sleeping through the night. Children and adults wake up time and again, and can often not

immediately fall back to sleep again. Children often have nightmares at night, screaming in their sleep at night. In the morning they do not feel rested, cannot concentrate on their work/school and become aggressive.



Difficulties in concentration show up at school

But even without sleeping problems, it is difficult to pay attention everywhere at the same time while, for example, learning English vocabulary. Learning is often very difficult for the children and adolescents. They cannot concentrate properly and find it harder to remember something new. Children/adolescents may therefore get worse marks after a bad event at school



Unexpected images appear in the memory

Unfortunately, the confusion in our brain does not allow us to forget the terrible experiences very quickly. Part of the event – an image, a smell, a sound or a bang – may suddenly and unexpectedly reappear in our memory. For those affected, it is as if they were reliving everything again in this moment, even if nothing is happening at all. They become afraid, panic and run away accordingly. In such situations, the behaviour of children/adolescents cannot be understood at all from within the situation. For example, a child who has experienced a serious apartment fire may panic when someone lights up a cigarette.

Memory images can suddenly appear in the evening before falling asleep, or as nightmares at night. In order to maintain control over the images and feelings, children/adolescents may consciously or sub-consciously prevent themselves from falling asleep even though they are actually very tired.

As you can see, there are a number of patterns of behaviour and experiences that can make it difficult for children and parents to return to their daily routines after a terrible traumatic experience and pick up from the point where the trauma interrupted everyday life.

Processing a traumatic experience takes time

Nowadays we know that we need time until we (body, brain and soul) find our way back to everyday life. It is therefore important for parents, grandparents, teachers and friends of the children/adolescents to give them time to process what they have experienced. The following periods of time can be taken as rough reference points for processing:

- In the first 10 to 14 days the children and adolescents are in a kind of state of shock. Everything is mixed up and nothing is the way it was before. During this time it is important that children and adolescents have contact with familiar people. A crisis intervention may be helpful to the whole family, because everyone is affected somehow.
- In the subsequent phase, which can last up to half a year or more, children and adolescents process what they have experienced. All trusted persons can help the child/adolescent to forget what they have experienced. However, the help should always be discussed with the child/adolescent. What outsiders think is often exactly what is not helpful. For example, well-intentioned questions such as “How are you?” or “Tell me what happened?” may achieve exactly the opposite. Counselling may be a way of helping the child/adolescent and their family. However, if the symptoms are too severe or do not get better, it may be advisable to consult

a therapist who is familiar with the treatment of trauma-related illnesses already at this point of time.

- After about half a year, it will become clear whether a child/adolescent and their family have processed a traumatic experience. If there are still severe symptoms, professional help should be urgently sought.

Children and adolescents react differently depending on how long ago the trauma occurred. These reactions, however, also depend on how bad the event was for the person affected. If a child has lost an important person from their life (parents, grandparents, siblings, friends), they usually experience this more severely than, for example, a car accident with damage to the car body. The same is also true if the child/adolescent or an important person has been injured themselves.



Children need age-related and developmental support

In order to process a trauma, it is very important that the main people are able to take good care of the child/adolescent. Just like in everyday life, “how to take care of a child/adolescent” varies depending on their age. I would therefore like to name some frequently observed behaviour patterns, ailments and symptoms for the different age groups and also give you some advice on how to support your children.

You can observe the ailments, symptoms or observable behaviour patterns described on the following pages partially or more or less completely but not necessarily for both children and adolescents at the same time.

Important

These abnormalities may also occur in connection with other clinical pictures. Whenever you are not sure, you should consult a specialist, a corresponding child and adolescent therapist or a paediatrician.

Infants and young children

In this age group you can observe the following:

- Uneasiness
- Crying and whining, especially when the trusted person is not around
- No desire to drink and eat properly
- Sleeping difficulties, crying while asleep without waking up
- The child clings to the parents
- Screaming when a stranger looks at or talks to the child
- Becoming rigid and stiff and/or trembling

It is helpful to speak to your child in a calm manner. By talking to them and making physical contact you show them that they are not alone and that you are there to protect them. A familiar environment and daily routine will help your child and the family to find their “normal” daily routine again.

The physical tension and feelings of threatening and anxiety of the parents are transferred to the child. Therefore, take good care of yourself and seek help yourself if necessary. When you are more relaxed again, your child will sense this and will be able to become calmer.

If you have the impression that your child might be in physical pain, it is *essential* you take your child to a paediatrician.

You will notice how the symptoms change and become fewer once your child and family are able to cope with the terrible experience. A specialist or child and adolescent therapist can help you if the symptoms become worse or persist.

- The child has nightmares at night, screams without waking up properly.
- The child suddenly stops in the middle of playing, walking, talking etc. and cries, becomes aggressive or does not react to you talking to them for no apparent reason.
- The child is whiny and whinges.
- The child trembles or becomes completely stiff.

The child sees images of the event “in their mind’s eye”. They experience memory images. They are not being stroppy, stubborn or naughty. Do not necessarily try to wake up the child. Calm them down in a way that is familiar to you and the child.

- The child no longer plays as usual or alone.
- They no longer want to go to kindergarten and are no longer interested in meeting playmates.
- They are aggressive towards other children or withdraw completely.

Children try to take care of their own safety as well as they can in their respective age. They may assume that nothing bad will happen to them if they stay in a familiar environment (as long as they are safe).

Do not force your child, but encourage them to try and see if they are interested in going to kindergarten again. Often it is very helpful to feel safe in the familiar environment of the family for a few days after the event.

- The child is afraid to go to the toilet on their own, dirties or wets themselves or speaks baby talk.

Kindergarten age

In this age group you can observe the following:

- The child repeats parts of the event time and again while playing (e.g. it crashes two toy cars against each other time and again in the event of a car accident) or draws the same pictures of the event time and again.

Allow your child to draw or play. Do not criticise them. The child is simply trying to cope with the situation in their own way.

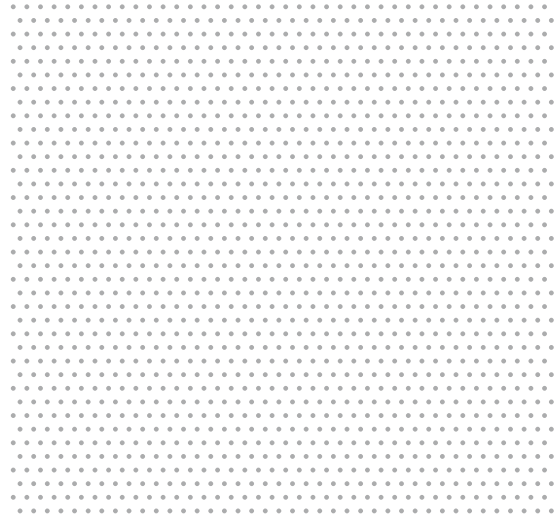
- The child does “not eat properly” (= as usual), either too little or too much.
- The child “clings to their mother/father”.

These are also attempts by the child to put their life back in order. It does not help to punish or scold them. Making oneself temporarily small may be a way to return to everyday life.

- The child is frightened “by every little thing”.
- The child is physically restless and constantly runs around.
- They cannot fall asleep and wake up time and again at night and cry, or they start to sleepwalk or only want to sleep with their parents.

These reactions are normal consequences of the enormous stress. Your child cannot simply “switch off”. The “normal” reactions will return when the stress subsides.

If your child processes the experience well, the symptoms and behavioural disorders will become fewer and fewer. Encourage your child to live as they did before the event without applying any pressure. As soon as you notice that the symptoms or abnormalities become worse, it is advisable to seek professional support for the family.



Primary school children

Children at this age already think a lot about life and death and the future and about themselves. This makes it possible to discuss things and talk more with the children than with the younger ones. But it also may be more difficult to experience and understand the fantasies and thoughts of the children.

At this age you can observe the following:

- Drawing or re-enacting the experienced situation, sometimes in great detail.
- Complaining that they “cannot get” images, thoughts, memories of the traumatising situation “out of their head” or that they “constantly reappear”, especially in the evening before going to bed.
- Pausing and staring into space, not reacting when talked to, apparently not listening, being elsewhere in their thoughts.
- Having nightmares and fear of the dark.

These involuntary memory images are quite normal reactions to a terrible experience. They will disappear once the child has processed the experience.

- The child refuses to go to school.
- They withdraw from their friends and prefer to be alone.
- They can no longer be alone, are clingy again.
- They are very aggressive and short-tempered at home and/or school.
- Hobbies do not seem to interest them anymore.
- The child seems unhappy and ruminates, doubts themselves and the whole world.
- They speak “baby talk” again, suck their thumb again and cannot sleep alone.
- Their eating behaviour is not as usual: either too little or too much.
- The child complains about various pains, which sometimes change, such as stomach, head and foot aches, although no physical illness is diagnosed.

By avoiding things and “making themselves small”, the child tries to give themselves security and control over their life. It may make sense to temporarily excuse a child from school directly after a traumatic experience. However, some children find it easier to distract themselves from the stressful memories through school and their friends. It is helpful, by large, to keep to the usual “everyday routine”. This also includes the small duties of the children. Any physical pain may have to be examined by a paediatrician!

- The child is very restless, finds it hard to sit for a while and runs around constantly.
- It cannot concentrate well at school and when doing its homework.
- They find it difficult to learn and forget things quickly although they have no difficulty in keeping some tiny details of the stressful event.
- Performances at school become worse.
- The child has difficulty falling asleep and dawdles in the evening to delay going to bed.

The child tries to protect themselves with extreme alertness. They are constantly alert wherever they go in case there is anything that could indicate a recurrence of the terrible event. This behaviour also diminishes once the trauma has been processed.

It may make sense to inform the teacher about the experienced trauma. Very often traumatised children do not learn well in the period immediately after the trauma, but this does not mean they are lazy or stupid!





Children and adolescents at secondary schools

The symptoms basically become more and more similar to those of adults.

At this age, adolescents can usually name their feelings and thoughts, but do not like to talk about them. This corresponds to their age and the stage of development in which they are slowly separating from their parents. Adolescents demand less and less help and try to solve problems themselves or with friends. A traumatising experience puts them in a difficult situation. They feel that this experience is so stressful that it is difficult for them to find a solution on their own and they are often ashamed about this. On the other hand, they are also ashamed of actually needing help, which makes them feel powerless. Their parents are often “the last people” from whom they would like to accept help. This would mean the cool, strong adolescents have become “wimps”, which they have to deny to prevent them from feeling even more ashamed.

Symptoms may be:

- Memory images (= intrusions), memory sounds, feelings and smells, nightmares, strange body sensations, blackouts, memory gaps
- Fears that did not exist before
- Refusal to attend school, withdrawal from friends
- Refusal to participate in family life
- Depression, feeling of loneliness, brooding about the meaning of life, death and the future
- Increased irritability up to violent aggressive breakdowns (“tantrums”)
- Self-injuring behaviour (scratching, cutting, beating)
- Self-soothing attempts with alcohol, medication, drugs
- Physical symptoms such as headaches, stomach aches, dizziness, fainting
- Changed eating behaviour: too little or too much
- Problems going to sleep, waking up in the middle of the night
- Persistent tiredness or “fired up” behaviour
- Nightmares
- “Inner restlessness”, “unable to switch off”
- Concentration and learning difficulties

It is not necessarily the case that all listed symptoms are present at the same time. Symptoms may appear today, disappear tomorrow and return the day after tomorrow, or new ones may appear.

As parents, you can also help adolescents by acting as a good role model and seeking help whenever necessary. In many cases, friends or “external” specialists are more likely to have access to the adolescents than their own parents. Parents may feel insulted by this and find it hard to bear. However, there is no intention to offend the parents. For the adolescents, it is often the only way to avoid losing face and shattering their already shattered self-esteem even more.

However, if the adolescents needs are taken into account, it is still possible to have a helpful conversation with them about what they experienced. As long as the adolescents feel that they can decide for themselves when and how much they want to talk about

it, they are more likely to open up and accept the support offered by their parents. If they feel interrogated, they will tend to shut themselves off, “close down” and reject all parental efforts.

Important

Finally, the following is important: In a family in which a family member or the whole family has experienced a traumatic situation, the whole family always bears a great burden. As difficult as this may be, with the necessary support all those affected will be able to find their place in life again.

The role of the accident insurance fund after traumatic experiences at school

The accident insurance fund controls and finances the specific follow-up care

In particular the police and rescue services are in demand in the acute phase following a traumatic event.

The psychological strain on the children is great. The family or professional counselling services can provide support and help when coming to terms with a traumatic experience. The accident insurance fund (UK) is one of the key players in the second phase, which concerns the specific and controlled networking and coordination of existing assistance systems and the provision of additional care services.

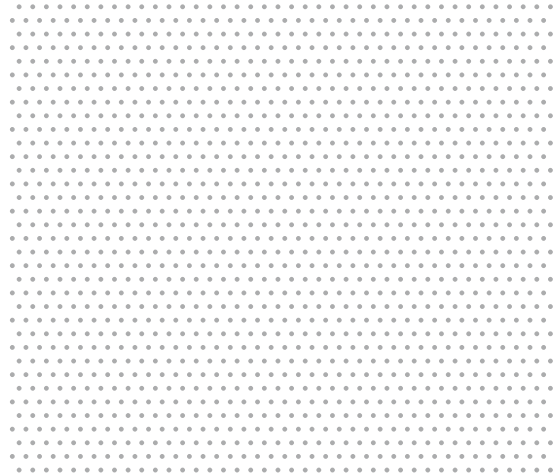
The UK is the statutory accident insurance for, among others, pupils in the Federal State of Berlin. If your child has been exposed to a traumatic event while attending school and you realise that you would like to seek professional medical or therapeutic help, the UK guarantees local, professional and interdisciplinary mid-term and long-term psychological follow-up care for all of its members.

The main objective of crisis intervention is to prevent long-term psychological, including chronic, impairments. The UK uses all appropriate means of medical, educational or vocational and social rehabilitation to prevent them. An important criterion for successful interdisciplinary medical care is an early assessment of the need for medical follow-up care by the professional partners of the accident insurance fund. These partners provide

help for optimal follow-up care and ensure the necessary exchange of information with the accident insurance fund. Furthermore, especially with a large number of potentially traumatised children, it is necessary that schools cooperate closely with the UK and forward the names and data of the affected children to the UK at an early stage.

The accident insurance fund provides compensation for any permanent damage to health

Even with good follow-up care, follow-up treatment may be necessary over long periods of time. If permanent physical or mental damage to health is sustained as a result of the event, the accident insurance fund will pay compensation in the form of a pension under certain conditions. The phase of medical, occupational and social rehabilitation is supported by financial allowances.



Unfallkasse Berlin

Culemeyerstraße 2

12277 Berlin

Telefon 030 7624-0

Telefax 030 7624-1109

unfallkasse@unfallkasse-berlin.de

 www.unfallkasse-berlin.de