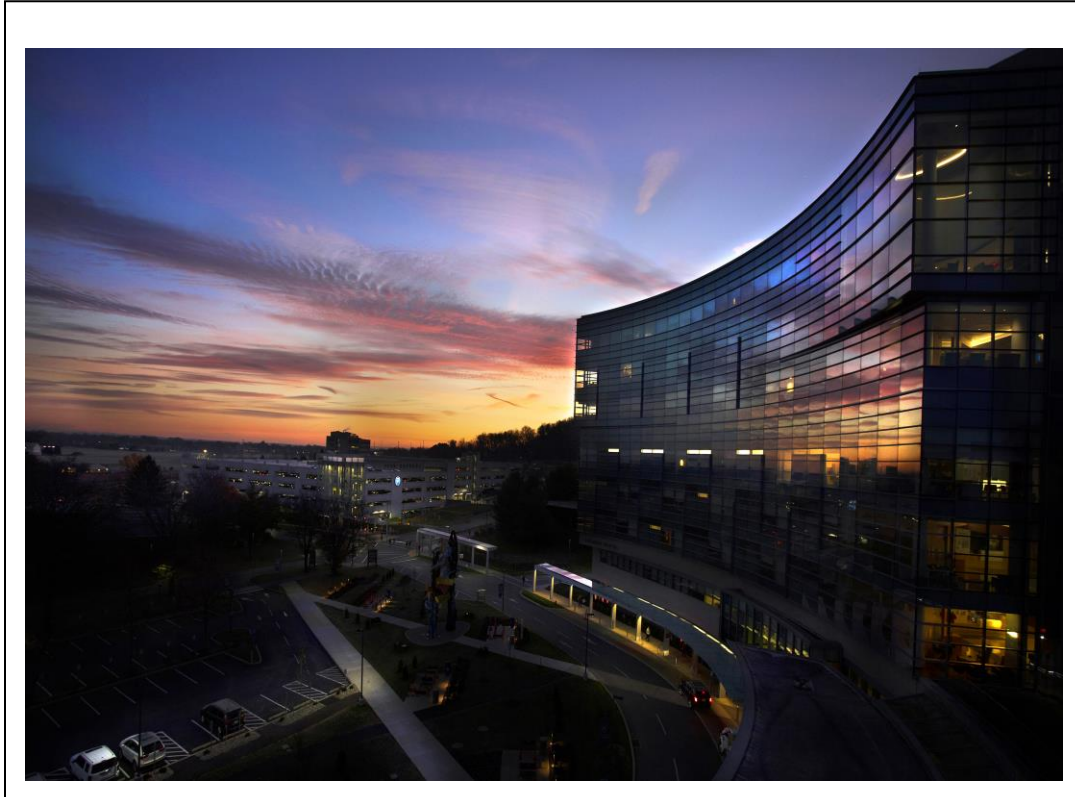


# Pediatric Trauma Survivors, Families and Friends



This handbook has been developed for you by the Pediatric Trauma Program at Penn State Health Children's Hospital (PSCH) in collaboration with the Trauma Survivor Network (TSN) of the American Trauma Society. We hope this information will help you and your loved ones during the hospital stay.

At the back of this handbook there is room for you to take notes and to write down questions for the hospital staff. You can use this to make sure you get all your questions answered.

We also encourage you to visit the TSN website at [www.traumasurvivorsnetwork.org](http://www.traumasurvivorsnetwork.org) to learn about the services this program provides. You can also use this website to keep your friends and family informed during your child's hospital stay.

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# ARRIVAL

## 1. WELCOME TO PENN STATE HEALTH CHILDREN'S HOSPITAL

### WE ARE HERE TO HELP

**It is hard to see your child in pain – either physical or emotional.**

Trauma is an event that we do not expect. A sudden injury, a painful event, a hospital stay. Recovery can cause many different emotions. You may feel confused, overwhelmed, and scared by all that is happening. You may feel emotional or physical pain when overwhelmed. You are not alone.

**ASK QUESTIONS and give us your thoughts.**

We want to provide care that meets the needs of your family – as well as what your medical team feels that your child needs. As a caregiver, you can partner together with us. This means you will be part of decision-making for your child. Your input and questions are important because you know your child best.

**Use this book to keep track of information.**

We encourage you to write things down, if it would help. **Every** member of the hospital staff is here to help you.

## 2. HOSPITAL RESOURCES

**Ask your nurse for help obtaining all of the information below:**

**CALL for information:** \_\_\_\_\_

**Unit phone #** \_\_\_\_\_

**My room phone #** \_\_\_\_\_

**My room #** \_\_\_\_\_

Ask your nurse how you can stay connected and get updates from home by setting up a Cub Code or identification code.

**How to get around: Take the elevators to 1<sup>st</sup> floor.** These are the only elevators to access to the Children's Hospital. All units are locked for everyone's safety.

- Children's Hospital entrance: Turn left – you are at the Children's Hospital entrance.
- Children's Hospital cafeteria: Turn right– the Tree House Cafe is directly in front of you.
- Starbucks is just past the Tree House Cafe entrance, on the right.
- Cancer Center Pharmacy: Turn left – follow around past the Children's Hospital entrance/check-in and past the main hospital entrance/check-in. The pharmacy pick-up is straight ahead just off the main hospital entrance.
- Surgery waiting area: Turn right, past Tree House Cafe, past Starbucks and into the main hallway. Turn left down main hallway. Mid-way down the hallway, turn left to the Surgery Waiting area. Gift shop is in this area.
- Main hospital cafeteria: Turn right, past cafeteria, past Starbucks and into the main hallway. Turn left down main hallway and follow straight to the Penn State LION statue.

### **Hospital entrances:**

- Where you enter may change depending on the day and time that you come to the Children's Hospital.
- When the Children's Hospital entrance is locked, you will need to use the main Medical Center entrance to access the Children's Hospital.

**Arrival at the hospital emergency department (ED):** check in at the ED registration area.

## **3. WHAT TO EXPECT**

### **First, finding out what is wrong and deciding what to do next**

Trauma care at the hospital may begin in the ED. There are doctors and nurses that are dedicated to care for pediatric patients in the ED. Your child may need:

- An exam to find life-threatening injuries
- X-rays, ultrasounds, or perhaps a CT scan to better understand injuries.
- Lab work, intra-venous fluids, medication, or blood products
- Transfer to the operating room (OR) for surgery
- Admission to the hospital

### **Why your child may have a “fake” name**

The hospital may assign something called a “trauma name” to your child when he/she first arrives. These names may be “Trauma Wellsboro” or “Trauma Anchorage”. This helps the emergency medical teams to act quickly. It also helps them to correctly match any labs or reports with your child. Keeping your child safe and providing the best emergency care are important to each member of your child's healthcare team.

### **Daily rounding on each unit**

Every day, several teams may “round” on your child. This may include the trauma team, critical care team, and other patient care teams. They will introduce themselves, perform exams, check progress, and plan your child's care. This time is valuable for everyone involved in the care of your child. We encourage you to ask questions and take part in discussions of your child's medical care and goals.

## **4. FAMILY AND FRIEND SUPPORT**

Comforting visits from friends and family help most children in the healing process. We encourage you to be here as much as you are able, ask questions, and meet with your child's health care team. You will begin to learn how to take care of your child before preparing to go home.

### **Help Maintain a Restful and Healing place**

While you are here, please talk in a quiet voice to show respect for other children and families. We count on your help to maintain a healthy place for all patients and their families.

Be sure to continue taking any medicines that your doctor has prescribed for you. Take breaks. Go for a walk around the hospital campus. Getting plenty of sleep and eating regular meals helps you think better, keep up your strength and prevent illness so you can be there when you are needed. Ask your care team about getting food.

## YOUR CHILDS STAY

### 5. WHO'S WHO ON THE PEDIATRIC TRAUMA TEAM

- **Advanced Practice Providers (APPs)** are nurse practitioners and physician assistants. They are medical professionals with advanced training. They work with the trauma team to take care of your child. They perform assessments, order tests, medications, and will talk with you and the entire team about any changes in a child's care.
- **Art Therapists** receive special training in how to use art media in a healing relationship to connect the mind and body to support coping and self-expression. Goals of Art Therapy sessions include reducing stress and anxiety, overcoming and gaining control, teaching resiliency and self-awareness, and providing safe outlets for expression of feelings and experiences that may be hard to talk about with words alone.
- **Care Coordinators** work closely with the therapy and medical teams to coordinate discharge equipment and homecare needs.
- **Chaplains** provide emotional and spiritual support, helping families use their belief systems during times of great stress. Chaplains help families to connect their religions/spiritual practices to the child's plan of care. Spirituality and faith may give you strength or comfort in coping with your child's illness, trauma, or loss.
- **Child Life Specialists** provide education to your child related to their health to enhance coping. They are trained in the age-related impact of illness and injury and work to decrease the psychosocial effects. Child Life Specialists provide activities to meet the social and emotional needs of children.
- **Counseling and Psychiatry** services are available through the Child and Adolescent Psychiatry Consult team, which is psychiatrists, APPs, and licensed counselors. There are many reasons why the psychiatry consult team may be involved in the care of your child: your child having difficulty coping with treatments in the hospital or your child having major and impairing distress after an injury. They perform evaluations, may recommend medication, and provide therapeutic support and intervention during hospitalization. Additionally, they make recommendations for continued care after discharge, if needed.
- **Critical Care Attending Doctor** works with the trauma surgeon to ensure that your child receives the care he/she needs while in intensive care.
- **Dietician** offers care and support to ensure that your child has the nutrition needed to heal and grow.
- **Music Therapists** use live music to support healing of the whole person through a healing relationship. That is, using music to help children feel well and calm and guide them to find ways to cope with physical and emotional responses to injury/illness.

- **Nurses (RN)** provide the day to day care treatment, and aid in the recovery of your child. They talk with the doctors and APPs to manage your child's care. Nurses are here as your resource and advocate.
- **Occupational Therapists (OT)** work with children on the skills needed to complete age-based activities of daily living (ADLs). Some of these activities include play, bathing, dressing, grooming, toileting, and safe travel. Treatments may focus on fine and gross motor skills, vision, balance, sensory exploration and thinking. OTs will also work with you as their caretaker on how to best help your child develop these skills
- **Pediatric Surgery Trauma Surgeons** are responsible for managing your child's care and performing surgery if needed. If necessary, they may consult with other doctors to provide the very best care for your child.
- **Physical Medicine & Rehabilitation Doctor (PM&R)** is also known as a physiatrist. This doctor specializes in the diagnosis and treatment of children with physical and/or cognitive losses that impact development and daily routines. Physiatrists are trained in rehabilitation of neurologic conditions, the diagnosis and treatment of musculoskeletal conditions (including sports and job-related injuries), and the long-term treatment of children with disabling conditions. They help to prevent problems resulting from these disabilities. Physiatrists lead teams to rebuild and restore your child's functions (physical, cognitive, psychological, social, occupational, and vocational) after injury, and resume their highest potential.
- **Physical Therapists (PT)** help children to regain their strength, coordination, and movement.
- **Radiology Technicians** may take an x-ray, CT scan or MRI of your child. They will send these pictures to the radiologist who will notify your child's doctors of the results.
- **Residents** are licensed doctors who are getting more training in a specialty. They provide patient care and keep the attending doctor informed of each patient's progress.
- **Respiratory Therapists (RT)** provide breathing support and treatments.
- **Social workers** provide support and resources to families during the hospital stay. They can help deal with difficulties in care, and refer to community resources that will help prepare discharge plans.
- **Speech Therapists (ST)** help your child regain the ability to speak or communicate, if an injury has impacted this ability. They may also assess swallow and oral function.
- **Trauma Coordinator and Trauma Survivor Network (TSN) coordinator** helps your medical team provide the right medical and psychological care at the right time, and works to help you understand the medical diagnosis and care. As TSN coordinator, he/she helps to connect children and families to TSN services currently offered at your hospital, both in the hospital and after discharge.

## 6. AGE APPROPRIATE WAYS TO HELP CHILDREN COPE

### HELPING YOUR CHILD WITH AN INJURY

How you talk to your child about his/her injury should depend on your child's age. Ask what questions your child has. Seek to understand what he/she may be thinking about. You may have questions about how to talk to your child about his/her injury. If so, speak with the Child Life Specialist.

#### Ages 3 or younger

- **What your child may be thinking:** Your child's greatest fear at this age is being separated from their caregiver.
- **How you can help:** Stay with your child as much as possible or identify a familiar caregiver to stay with him or her. Provide items that are normal for them such as blankets, toys, or music.

#### Ages 4-6

- **What your child may be thinking:** Children at this age fear changes and pain to their body. He/she may feel guilty and think his/her thoughts or actions caused the trauma.
- **How you can help:** Allow the child to share what they recall and for him/her to ask questions over and over. It may be helpful to allow them to act or play out the event. Help your child identify emotions and reassure them that he/she is safe and did not cause the accident.

#### Ages 6-12

- **What your child may be thinking:** Children of this age may worry about losing control or bodily function as well as injury to their bodies. They may have increased anxiety about pain and anesthesia.
- **How you can help:** A child's fears and fantasies may be more frightening, therefore be honest and open to discussion. Don't deny that there will be pain after an operation. Explain that although it may hurt for a while, hospital staff will help him/her to feel as comfortable as possible. Remind him/her that it will get better, you are there for them, and they are safe.

#### Teenagers

- **What your child may be thinking:** Teenagers may hesitate to ask questions or talk about the event and their feelings around it. Although they are not talking about it, it does not mean they are not thinking about it.
- **How you can help:** Encourage your teenager to ask questions or share their feelings. Include your teen in discussions about the care plan so that they feel more in control.

#### Children with Special Needs

Some children have special needs. This means they may face certain challenges with their bodies, emotions, and/or the way they can learn. So, they may need special kinds of help. As a concerned adult in a child's life, it is important to talk to children in a way that helps them feel safe. Here are some ideas:

- Simplify the language you use and expect to repeat things often.
- Make information to suit your child's strengths. For instance, a child with language disability may better understand information using visual materials.



- First understand your child’s usual reactions to a stressful situation. This will help provide you with cues to help assess how they are coping following a trauma and if they need additional support to help cope with the event.

### Ways to Help All Kids After a Traumatic Event

- **Help your child feel safe.** All children, from toddlers to teens, will benefit from positive touch – extra cuddling, hugs, or just a reassuring pat on the back. It gives them a feeling of safety.
- **Share information about what happened.** It’s always best to learn the details of a traumatic event from a safe, trusted adult. Children look to adults for comfort after traumatic events. Be aware of the tone of your voice, as children quickly pick up on anxiety. Be brief and honest and allow children to ask questions. Don’t guess that kids are worrying about the same things as adults.
- **Maintain routines as much as possible.** When there is chaos and change, routines help children to see that life will be okay again. Try to have regular meal times and bedtimes.
- **Help children have fun.** Encourage kids to do activities and play with others. This gives them a sense of normal and an outlet for expression they are familiar with.
- **Prevent or limit contact to news reports or social media.** This is important with toddlers and school-aged children. Seeing upsetting events on TV, or listening to them on the radio can make them seem like they may never end. Children who believe bad events can come to an end can more quickly recover from them.
- **Understand that children cope in different ways.** Some might want to spend extra time with friends and relatives; some might want to spend more time alone. Let your child know it is normal to feel anger, guilt and sadness, and to express things in different ways. For example, a person may feel sad but not cry. Give suggestions and demonstrate healthy coping skills.
- **Listen well.** It is important to understand how your child views the event, and what is confusing or troubling to him or her. Do not lecture. Just be understanding. Let kids know it is OK to tell you how they are really feeling at any time.
- **Acknowledge what your child is feeling.** If a child admits to a concern, do not respond by saying “Oh, don’t be worried.” That may make a child feel embarrassed or shamed. Simply confirm what you are hearing: “Yes, I can see that you are worried.”
- **Remember that it’s okay to answer, “I don’t know.”** What children need most is someone whom they trust to listen to their questions, accept their feelings, and be there for them. Don’t worry about knowing exactly the right thing to say. After all, there is no answer that will make everything okay.
- **Realize the questions may persist.** As they recover, their body and thoughts may change. So, children may have questions at different times. Let them know you are ready to talk at any time. Children need to manage information on their own timetable. And, questions might come out of nowhere.
- **Encourage family discussions about the death of a loved one.** When families can talk and feel sad together, it’s more likely that kids will share their feelings.
- **Do not give children too much responsibility.** It is very important not to burden kids with tasks or give them adult ones. This can be too stressful for them. Instead, for the near future, you should lower rules for household duties and school demands. It is good to have kids do at least *some* easy chores – just not too many.



- **Help children relax with breathing or mindfulness exercises.** Breathing becomes shallow when anxiety sets in. Deep belly breaths can help children calm down. You can hold a feather or a wad of cotton in front of your child's mouth and ask him to blow at it, exhaling slowly. Or you can say, "Let's breathe in slowly while I count to three, then breathe out while I count to three." Place a stuffed animal or pillow on your child's belly as he lies down and ask him to breathe in and out slowly and watch the stuffed animal or pillow rise and fall.
- **Watch for signs of emotional trauma.** Within the first month it is common for kids to seem okay. Or some may seem generally cranky or clingy. But, after the shock wears off, kids might have more symptoms. This may especially happen with children who have seen injuries or death, lost family members, or have had earlier trauma in their lives.
- **Know when to seek help.** Anxiety and other issues may last for months. But, seek help from your family doctor or from a mental health professional, right away, if any of the following things happen: the anxiety or other issues do not decrease, or your child starts to hear voices, sees things that are not there, becomes excessively worried, has temper tantrums, or hurts himself or others (e.g., head banging, punching or kicking).
- **Take care of yourself.** You can best help your child when you help yourself. Talk about concerns with friends and relatives. It might be helpful to attend or get help from a TSN support group. If you belong to a church or community group, keep being a part of that group.
- **Try to eat right, drink enough water, stick to exercise routines, and get enough sleep.** Physical health helps protect against emotional overload. To reduce stress, do deep breathing exercises. If you suffer from severe anxiety that prevents you from your daily work, seek help from a doctor or mental health professional. If you don't have access to one, talk with a religious leader. Recognize your need for help and get it. Do it for your child's sake, if for no other reason.

## HELPING YOUR CHILDREN WHO ARE NOT INJURED

It can be hard to explain injury and traumatic events to children. Sometimes, children have been present and seen their sibling's injury. Sometimes, children have not seen the injury, but they have heard small pieces of information and want to know what happened. Caregivers can take simple steps to try to understand what the child may be feeling and to help explain the current situation in age appropriate words.

Consider your child's age, personality, and relationship to the injured child. Children with a sibling in the hospital often express feelings of loneliness, jealousy, and being ignored. Here are some examples of what siblings might be feeling and may have trouble expressing:

- **Toddler (1-2):** Wondering where their sibling is and missing him or her.
- **Preschool (3-4):** Missing their sibling and caregivers. Wondering when mommy and daddy will come home. Children at this age and through age 7 may have "magical thinking" which leads them to believe they caused the medical event to happen.
- **School age (5-7):** Not understanding why they can't see their sibling and feeling angry or sad that they cannot go to the hospital to visit especially if they are too young.

- **School age (8-11):** May feel jealous or angry about the attention that their sibling is receiving.
- **Pre-Adolescence (12-14):** Confused and worried about the well-being of their sibling, but unable to deal with other children asking questions.
- **Adolescence (15-18):** Feeling their needs are being ignored when other adults ask how their *sibling* is doing, but not how *they* are feeling or how they are coping with this difficult time. Siblings may also have feelings of guilt about being the “healthy one” and wondering “why not me?”

**What to watch for:** Listed below are some behaviors you may want to watch for. If these concerns go on for more than a few weeks or distress your child, reassure your child that he or she is not alone and seek help from a mental health professional.

**Behaviors you might see in younger children:**

- Clinginess to caregivers
- Temper tantrums
- Doing things again that they had grown out of, like bed wetting
- Trouble sleeping, having nightmares or being afraid of the dark

**Behaviors you might see in older children and teens:**

- Wanting to be alone or to be with you all the time
- Being easily overwhelmed, jumpy or irritable
- Changes in behavior, more sensitive or quiet, or talking back, getting into fights
- Trouble sleeping or having nightmares
- Missing friends or feeling left out
- Problems in school
- Changes in eating or sleeping habits

### Helping All Children After a Sibling’s Traumatic Event

While your child is in the hospital, there are several steps you and other caregivers can take to support your child’s siblings. The Child Life Specialist on your healthcare team can also be a great resource for both caregivers and siblings. **Talk to your children.**

- **Children need to know that it is okay to talk about their feelings,** and that they will get support and comfort when they need it. Some children avoid telling their caregivers what they're worried about because they think that it will add to their caregivers' stress. Many children know or have overheard some of what's going on with their brother or sister. It is helpful to tell children to share their feelings and worries with you, and to ask you any questions they may have.
- **Answer questions honestly.** Answer your children's questions honestly, directly, and simply. It's okay if you don't have an answer. You can always check with your healthcare team. Talk about what is happening by using words that your children can understand. Check to make sure that the meaning of the words you use is clear to your children, especially medical words.

- **Try to be patient and give everyone time to adjust.** Members of the same family can have very different responses and need time to adjust to the changes. Talk as a family about how this affects everyone.
- **Keep to everyday routines.** Trying to keep to some everyday routines can help things feel more normal at home. Having regular routines (e.g. meals and bed times, chores) and activities give siblings things to expect and look forward to.
- **Set limits as usual.** It can be tempting to relax family rules to help siblings feel special or to make up for hard times. However, it is often better to keep most of your family rules and expectations the same.
- **Help your other children understand what is happening.** Serious illness or injury can be confusing and scary for a sibling. Children have active imaginations and they can get the wrong idea about what is happening. Ask questions to figure out what your child knows and give information in clear, age-fitting ways.
- **Encourage your other children to share their feelings.** There are many ways to share feelings (talking, drawing, story-telling, hugging). And, there are different times (dinnertime, bedtime) and places (in the car, at home, in the hospital). Help siblings name their feelings, such as being sad, scared, angry, jealous, or guilty. Share your own feelings. And be a good listener, even if what they have to say is hard to hear.
- **Spend time with your other children.** It is important to care for your ill or injured child. But, remember that your other children miss you. Try to make plans to spend one-on-one time with your other children. If you are away a lot, call regularly so you can keep in touch.
- **Help siblings feel involved.** Allow them to be a part of their sibling's care. Plan a visit to the hospital and introduce them to the healthcare team. Let them choose which toys and games to take to the hospital. And make sure you let them know how much you appreciate the extra things they do to help.
- **Help them keep in touch.** If their ill or injured sibling is away, find ways to help your other children keep in touch. Make cards, write letters, draw pictures, make videos or arrange for video chats, and record a sibling reading a bedtime story. If possible, let them visit their brother or sister in the hospital.
- **Encourage siblings to have fun.** Often siblings feel guilty about wanting to have fun. Remind them that it is okay for them to do the things they enjoy, like spending time with friends, hobbies and after-school activities.
- **Seek help.** If your other children seem to be stressed, talk to your child's doctor and get help from a mental health professional.

### Prepare your children for a visit to the hospital.

- **When, where, how:** Talk to them about visiting the hospital. Explain when you will visit, where the hospital is, and how you will get there. It is better to talk to them about things than to have them imagine what might be going on.
- **How long:** Explain how long you will be visiting at the hospital.
- **How things will look:** Talk to them about what they will see such as medical equipment or how their brother or sister will look. Pictures can help.
- **Possible fears:** Tell them it's okay to feel nervous or scared.
- **Possible feelings:** Help them handle and express their feelings.
- **Possible questions:** Ask them if they have any questions or worries about the visit.
-

## 7. MENTAL HEALTH INFORMATION AND AWARENESS

### COPING FOR CAREGIVERS

#### **Try to be kind to yourself.**

It's important for caregivers to use their own coping skills while a child is in the hospital. You may be learning to adjust to a difficult experience. You may be extra busy. You may feel tired and overwhelmed. So, it is not always easy. But try your best to stay healthy for yourself, your family, and for your child. Here are some healthy coping behaviors for you to stay strong for yourself and for your child.

- **Try to eat healthy foods-** Eat well. Drink plenty of water.
- **Try to exercise-** Take a walk outside of the hospital.
- **Try to get enough rest and sleep-** Know your limitations. Ask a friend or family member to stay with your child so you can have a break, take a shower, and get some rest.
- **Connect with TSN Services-** Read Stories from Survivors and Family/Friends at [www.TraumaSurvivorsNetwork.org](http://www.TraumaSurvivorsNetwork.org) and connect with TSN on social media. Talk with your TSN Coordinator about any TSN services that may be available at your hospital.
- **Ask for help managing home life-** Ask a friend or family member to oversee having meals provided, babysitting, house cleaning, paying monthly bills or any other tasks that may need to be done while you're at the hospital.

#### **Know that as you help your child, you can help yourself, as well.**

- **Keep track of your child's progress-** Write down questions to ask the medical care team, learn about your child's injury, and make a daily log of your child's progress. Focus on one day at a time. This can help you to cope.

**Ask for help with your child's care-** Choose a relative or friend to make calls and to share updates about your child's progress in the hospital. Speak with the Social Worker, TSN Coordinator, or the Chaplain on your healthcare team

### EMOTIONAL RECTIONS TO TRAUMA

After a traumatic event or injury, it is common for children and adults to feel a range of stressful emotions. For some people, these feelings of distress resolve over time. For others, these reactions may hold steady or even increase. It's important to know the warning signs and to seek help from a mental health professional to aid in the healing process.

If you or your child are having any of these symptoms, you are not alone. There is hope after trauma. Talk with the Social Worker or TSN Coordinator on your healthcare team.

They can lead you to local counseling resources, support groups, and peer to peer support for adults and kids.

#### **What Is Acute Stress Disorder?**

Acute stress disorder involves symptoms that last from 3 days to 1 month after one or more traumatic events. Symptoms may begin after someone experiences or sees an event involving a threat of or actual death, serious injury, or physical harm to the person or others. Symptoms fall into five categories: intrusion, negative mood, dissociation, avoidance, and arousal.

- **Intrusion symptoms** (painful memories of the trauma or recurrent bad dreams)
- **Negative mood** (feeling unable to have positive emotions such as happiness or love)
- **Dissociative symptoms** (time slowing, seeing oneself from an outsider's perspective, being in a daze)
- **Avoidance symptoms** (avoiding memories, thoughts, feelings, people, or places linked with the trauma)
- **Arousal symptoms** (having a hard time falling or staying asleep, more easily irritable, problems with concentration or focus)

People with acute stress disorder may also experience a great deal of guilt about not being able to prevent the trauma. Or, they may feel guilt for not being able to move on from the trauma more quickly. Panic attacks may occur in the month following a trauma. Children with acute stress disorder may also feel anxiety related to being away from caregivers.

**Only a mental health professional can diagnose Acute Stress Disorder, but if you or a loved one notices any of these symptoms, it may be a sign that professional help is needed.**

### **What Is Posttraumatic Stress Disorder (PTSD)?**

PTSD is a type of anxiety that occurs in response to a traumatic event with symptoms that are present for at least 1 month or longer. PTSD was first termed in war veterans. After years of research, we know that PTSD may happen after going through or seeing traumatic events that can happen in everyday life.

After a traumatic event, people may have some PTSD symptoms. But, that does not always mean they have a PTSD diagnosis. PTSD can be diagnosed and treated by a mental health professional who measures a person's symptoms over a certain length of time. There are 3 types of PTSD symptoms:

#### **Hypervigilance**

- Having a hard time falling asleep or staying asleep
- Feeling irritable or having outbursts of anger
- Having a hard time concentrating
- Having an overstated startle response

#### **Re-experiencing**

- Having recurrent memories of the event
- Having recurring dreams about the event
- Acting or feeling as if the event were happening again
- Flashbacks of the event
- Feeling distress when exposed to cues that are like the event

#### **Avoidance**

- Avoiding thoughts, feelings, chats, or activities,
- Avoiding places or people that are reminders of the event
- Less interest or being involved in activities that used to be important
- Feeling detached; numb, not able to feel

#### **Changes in mood and thinking**

- Feeling grumpy or sad more often
- Having a hard time remembering what people tell you
- Having a hard time remembering what you read
- Unable to do schoolwork
- Thoughts of suicide or thinking things would be better if you weren't around
- Having negative thoughts about yourself, or other upsetting thoughts
- Losing interest in things you have always liked to do

**If you or your child experience any of these symptoms, you are not alone. Contact a mental health professional for support.**

### **Grief and Loss**

**At some point in your healing process, you and your child may feel grief and loss, not due to the loss of a loved one, but due to the loss of activities your child once enjoyed.** Your child may miss friends from school or a team, physical activities such as dance or sports, or simply the way life “used to be” before the traumatic injury occurred.

**If there was loss of a loved one at this time, you and your child may react to this loss with different emotions at different times.** Your child may be aware of death from stories, movies, or even a friend who lost a pet or a loved one. But, this loss of someone close may be new for your child, and your child may have many questions.

Grief or loss takes time to adjust and to transition to a new normal—to life after the loss of a loved one or life after a traumatic injury. Caregivers cannot take away their child's pain of grief and loss. But, caregivers can help show and support healthy coping skills to work through the grieving process and adjust to a new normal moving forward.

### **Things to Remember to Help Your Child Heal:**

- **Your child may grieve and cope differently than you do.** Changes in moods, from crying to playing, may be how your child is coping from feeling overwhelmed.
- **Your child may regress to younger behaviors.** Your child may start wetting the bed again or talking with “baby talk”.
- **Encourage your child to express feelings.** Your child may not be able to express his or her emotions through words. You can help express feelings by drawing pictures, building a scrapbook, looking at photo albums, or telling stories.
- **Focus on answering your child's questions with words and information they can understand.** Young children may not understand that death is final, and question when the loved one is coming back. Older children may understand death differently, and have questions. Answer your child's questions honestly with words that best fit for their age. Try not to overwhelm your child with too much information.
- **Be direct as you explain death to your child.** Children often hear each word literally. So, hearing that someone “went to sleep” may cause them to be afraid of bedtime. Use words that are clear and direct. Provide honest answers to their questions with age-appropriate information.
- **Talking about Heaven or an Afterlife depends on your personal and religious beliefs.** If you have beliefs about life after death, sharing those beliefs with your child can help bring



comfort. Even if your beliefs do not include an afterlife, you can still comfort your child in sharing that your loved one can live on in the hearts and minds of family and friends. You can also help your child draw or find a printed picture of your loved one.

- **Attending the funeral is a personal decision for you and your child.** While some children can feel more closure by attending the funeral, other children are not ready for such a strong experience. Do not force or pressure your child to attend. If you and your child both agree to attend, prepare your child with what he or she can expect to see and hear. Even if your child does not attend the funeral, you can help your child experience closure by planting a tree, sharing stories, or releasing balloons to honor the loved one who died.
- **Your child may imitate how you are grieving.** It is important to show your emotions because it shows how to express your feelings. However, explosive or uncontrollable reactions do not model healthy coping for your child.
- **Routines can bring comfort in a stressful time for your child.** You may need some time alone. If so, ask a friend or relative who can help keep your child's daily routines as much as possible. It is important that your child can grieve the loss of the loved one. But, it is also important for your child to understand that life does go on. The sun *will* come up tomorrow morning.
- **Finding Professional Support for you and your child can be helpful.** If you feel you or your child is unable to cope with this grief and loss, contact a mental health professional. It's OK to ask for help.

## DISCHARGE

### 8. AFTER THE HOSPITAL: PLANNING FOR DISCHARGE

#### MAKING A PLAN

**Dealing with feelings:** As you plan to go home after the hospital, you and your child may feel many different feelings day to day. You may feel happy or hopeful, or you may feel nervous or exhausted. During this change to a new phase of recovery, remember that you are not alone. Talk with your healthcare team to help you prepare for this next step in the healing process.

**Arranging for specialized care:** Many children need specialized care after they leave the hospital. This may include:

- Medical equipment
- Mobility devices
- Transportation Needs
- Nursing care
- Physical therapy
- Occupational therapy
- Speech therapy
- Rehabilitation Services



**Who can help:** The Social Worker or Clinical Care Manager on your healthcare team will work with you to plan for a safe discharge from the hospital. They may talk with your insurance company to see what benefits are available. They can also help you arrange for services after discharge. If you do not have health insurance, a social worker or financial counselor can help you apply for assistance.

## 9. AFTER THE HOSPITAL: PLANNING FOR SCHOOL

**Moving from being at the hospital to being back in school can go smoothly with good planning and collaboration. A return-to-school plan supports both medical and school needs, and sets the student up for success.**

### Preparing You for Your Child's Return to School

- **Talk with the hospital team.**
  - Before leaving the hospital, speak with your child's providers about any suggestions they have about school.
  - Obtain a school note with medical restrictions and recommendations.
- **Contact the school.**
  - Identify who is part of the school team including the nurse, teachers, guidance counselor, and other school staff.
  - Inform the school team that your child has been hospitalized.
  - Share your child's diagnosis, current symptoms, and any school recommendations offered by the medical staff.
  - Be sure to give the nurse any school notes from the medical team.
  - Discuss the date of when your child plans to return to school and concerns you have.
  - You may want to request a meeting to (1) determine your child's needs and (2) create a return-to-school plan.
- **Discuss healthcare needs at school.**
  - Let the school nurse know that your child may need regularly scheduled rest breaks as they transition back to school.
  - Provide any medication that the nurse will need to administer during the school day.
  - If your child has mobility issues, discuss how they will move about the school and if they will need help during emergency drills.
- **Try some homework.**
  - Have your child begin to work on schoolwork prior to their return to the school if permitted by your child's providers.
  - Working for short periods of time with frequent rest breaks will allow your child to see how they feel when completing work.
  - Provide reassurance and assistance when needed.
  - Work with the school team to see what work can be reduced or excused.

## Preparing Your Child to Return to School:

### Helping Your Child Cope

- **Get back to a routine as much as possible.** Start with establishing a daily routine at home. Talk with your child about the routine to expect at school.
- **Maintain your expectations.** Your child may continue to have difficulty with thinking such as problems processing information quickly and recalling information. Understand that these symptoms are outside of your child's control and provide them with positive feedback for even small accomplishments.
- **Be aware of signs that your child may need emotional support.** Your child may be unable to function due to feelings of intense sadness, fear, or anger. If so, contact a mental health professional. Your child may have distress that appears as physical ailments, such as headaches, stomach aches or extreme fatigue.
- **Help other kids understand what happened.** Young children may feel more comfortable returning to their classroom if the teacher or child's parent talks to their classmates about their experience and recovery. Discuss this with your child's teacher.
- **Reassure your child about safety.** Ask your child what worries he or she might have about returning to school. And, share what trusted adults at home and at school are doing to help.

### Once Your Child Returns to School:

- **Check in with your child regularly.** Talk to your child about how school is going. Be supportive and remind them that they are still recovering. If their symptoms worsen in the school environment, be sure they are taking frequent rest breaks and that they have a manageable workload. If they are feeling overwhelmed, communicate this with the school team immediately.
- **Continue to communicate.** It will be important for parents/guardians to stay in touch with the school team throughout the recovery. Check in regularly with the school team through a group email and update them on your child's symptoms and how the school plan is working. Ask if the school team sees any concerns that should be communicated to the medical team. High school students may also want to update their teachers on their own and they should be encouraged to do so.
- **Encourage self-advocating.** Encourage your child to talk with their teachers when they are not feeling well or are struggling to complete work.
- **Modify the plan.** The return to school plan will need to be adjusted over time. Gradually remove accommodations when your child no longer needs them. If the plan is not working, meet with the school team and discuss how to modify the plan.

## Recovery

### 10. SUPPORTING YOUR CHILD IN RECOVERY

#### Healing Is a Process

- **Communication:** Try to pick-up on your child's feelings and the effect trauma may have had on your child. Use supportive words and thoughtful questions to help you and your child to better understand each other. Use words like, "I believe in you," and "I will be here to help," and "we will do this together!"
- **Safety:** Your child's need for safety and for your support is important in healing from a traumatic experience, even if your child seems to "push you away."
- **Comfort:** Your child may temporarily backslide after a trauma to seek comfort. He or she may, suck their thumb, or want to sleep in your bed. He or she may also start to wet the bed again.
- **Reassurance:** Your child may think about an event in a different way than you may expect. Ask your child open-ended questions, like "What do you think about . . ." "What happened next?" Encourage your child with *active listening*. This means you would do the following things: You would pay close attention. You would hold back from making any judgment. You would say what you think you have heard to be sure you understand what your child has said. You would ask questions, if needed, to clarify anything you feel you missed. And, you would repeat what you think you heard and ask your child to do the same.

### 11. SUPPORT FOR CAREGIVERS

#### What Is Caregiver Fatigue?

Caregiver Fatigue or Caregiver Burnout is a state of physical, emotional, and mental exhaustion that may be accompanied by a change in attitude -- from positive and caring to negative and unconcerned. Burnout can occur when caregivers don't get the help they need, or if they try to do more than they are able -- physically, mentally, financially, etc.

It is important for you to stay aware of how you are feeling. Many caregivers feel guilty if they spend time for themselves rather than with their ill or injured children.

Caregivers often are so busy caring for others that they tend to ignore their own emotional, physical, and spiritual health. The demands on a caregiver's body, mind, and emotions can easily seem overwhelming, leading to fatigue and hopelessness -- and, ultimately, burnout.

**Symptoms of Caregiver Burnout are like the symptoms of stress and depression, and may include:**

- Withdrawal from friends, family, and other loved ones

- Loss of interest in activities previously enjoyed
- Feeling blue, irritable, hopeless, and helpless
- Changes in appetite, weight, or both
- Changes in sleep patterns
- Getting sick more often
- Emotional and physical exhaustion
- Irritability
- Feelings of wanting to hurt yourself or the person for whom you are caring

**If you feel thoughts of harming yourself or your child, contact a crisis line without delay. The National Suicide Prevention Lifeline has counselors available 24 hours a day, 7 days a week. Call 1-800-273-8255.**

### **Ways to Avoid Caregiver Burnout**

**Here are some steps you can take to help prevent caregiver burnout:**

#### **1. Helping your child**

- **Educate yourself about your child's injury** to be more effective in how to care for your child.
- **Be realistic about your child's injury and recovery.** Recognize when your child needs professional help.
- **Set realistic goals for you and your child.** Accept that you may need help with caregiving and ask others for help with some tasks.

#### **2. Helping yourself**

- **Stay as healthy as you can.** Try to by eat right, exercise, and get the sleep you need.
- **Allow other trusted family and friends to stay with your child.** This will help to give yourself a break.
- **Set aside time for yourself, even if it's just an hour or two.** Taking care of yourself is not a luxury. Self-care is necessary for caregivers to stay strong.
- **Develop new tools for coping.** Remember to lighten up and highlight the positive. Use humor to laugh and help deal with everyday stresses.
- **Stay aware of your feelings.** Having negative feelings -- such as frustration or anger -- about your duties or the person for whom you are caring is normal. It does not mean you are a bad person or a bad caregiver. At the same time, it is important to stay aware of how those feelings can affect your mood and your actions.
- **Find someone you trust.** It could be a family member, friend, co-worker, or neighbor. Talk him or her about your feelings and frustrations.
- **Know your limits and be honest with yourself.** Recognize and accept that you can have caregiver burnout.
- **Talk to a mental health professional, if needed.** This can give you needed support.
- **Join a caregiver support group or talk to your TSN Coordinator about TSN services available for family members.** Share your feelings and events with others

in a similar situation. This can help you manage stress, locate helpful resources, and lessen feelings of frustration and isolation.

- Check out Penn State Hershey's TSN webpage for additional resources.



NOTES:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

## MEDICAL INFORMATION

Visit [www.traumasurvivorsnetwork.org](http://www.traumasurvivorsnetwork.org) for survivor resources. Look for the **traumapedia**, which helps to explain medical terms and injuries.

Ask your medical team (doctor/nurse) to write down and explain your child's injuries:

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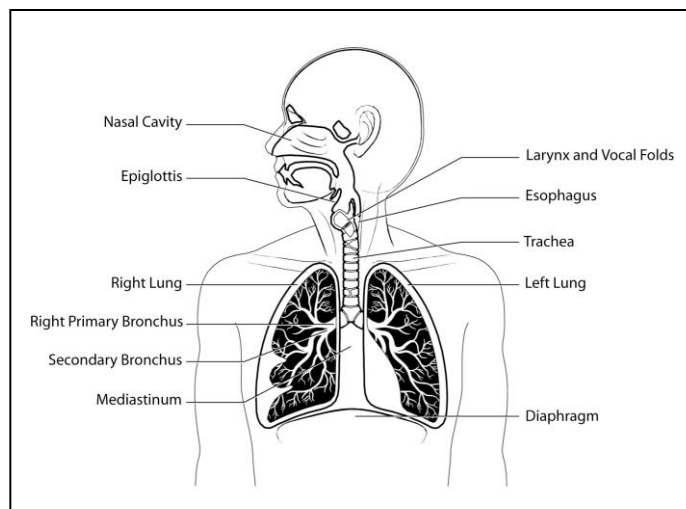
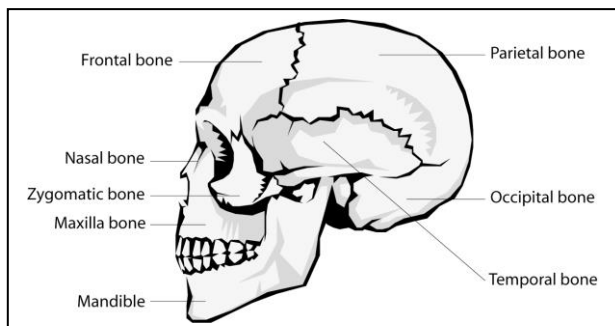
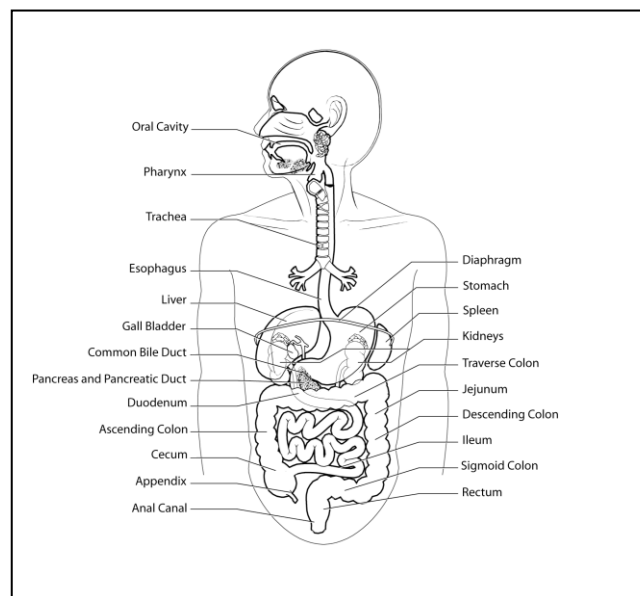
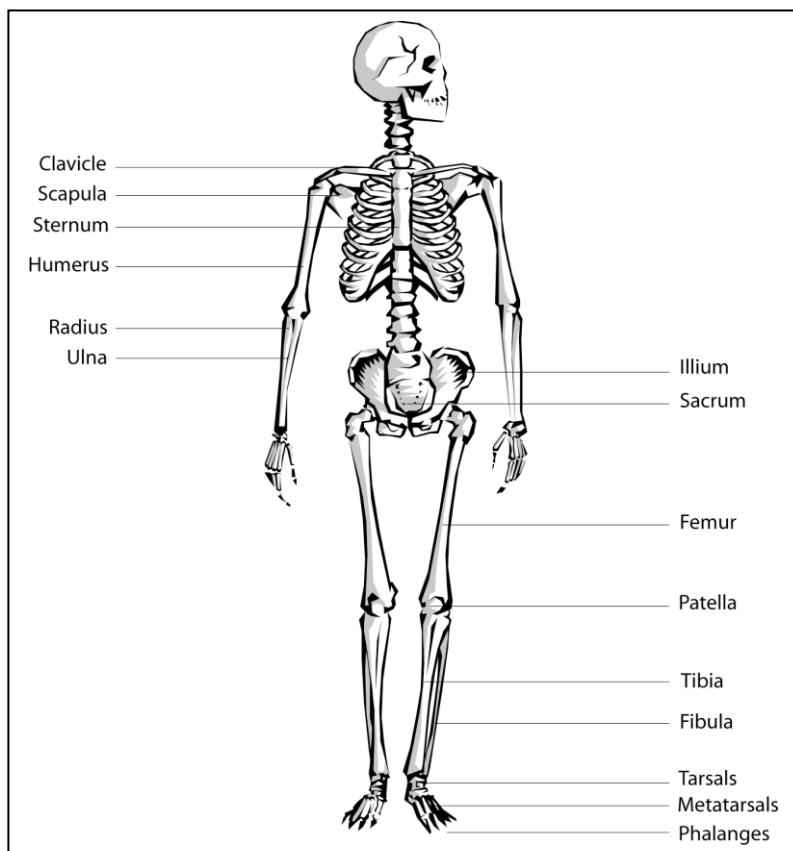
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## Word Search

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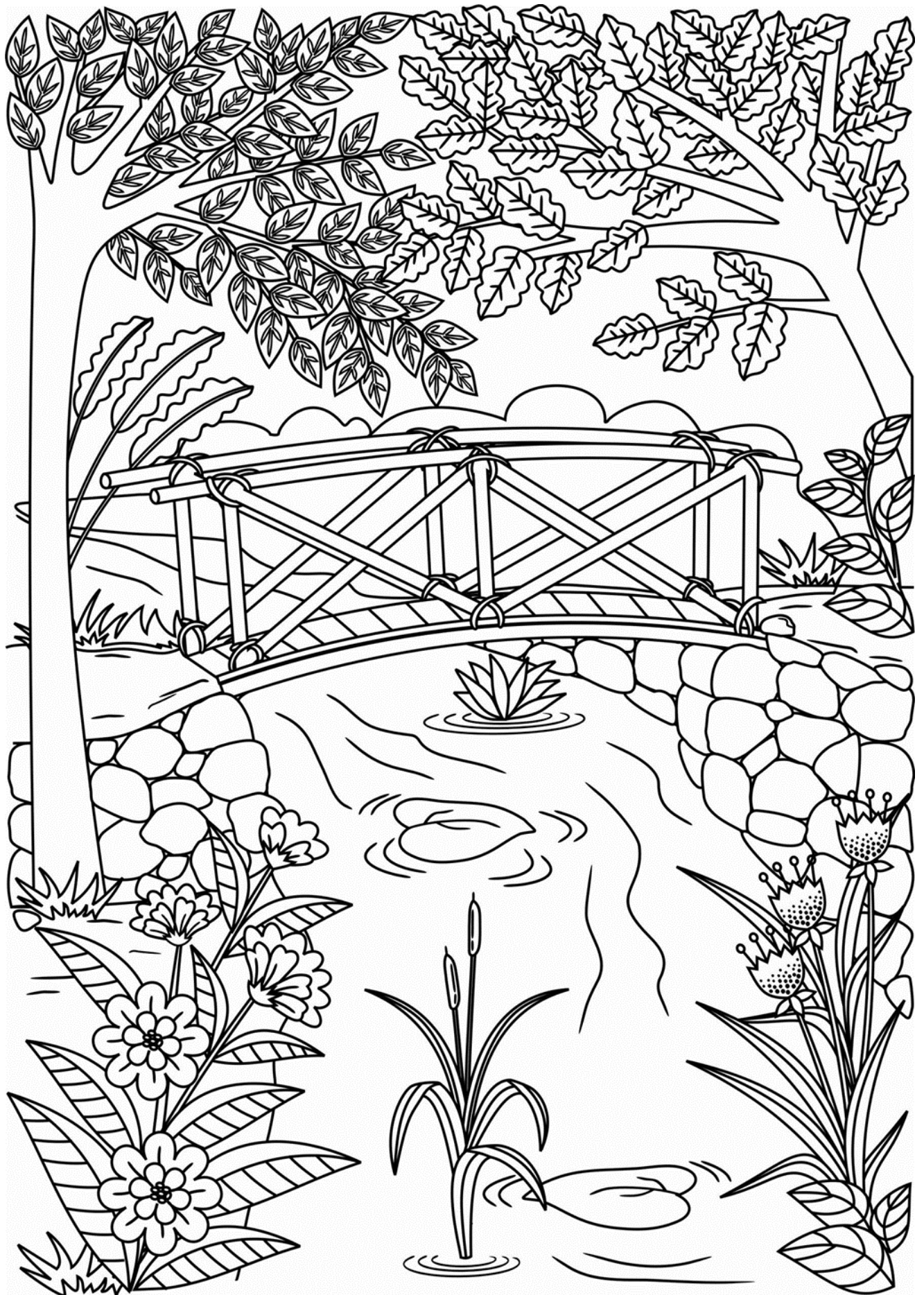
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MUSIC  
 NATURE  
 ORGANIZE  
 PAINT  
 PEACEFUL

PRAY  
 READ  
 SING  
 SWIMMING  
 YOGA

Create Your Own Puzzles at [www.CreateWordSearchPuzzle.com](http://www.CreateWordSearchPuzzle.com)

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**What ATS Is:** The American Trauma Society (ATS) is a national leader for trauma care and injury prevention. We have been an advocate for trauma survivors for the past 50 years.

**What We Do:** Our mission is: Saving Lives. Improving Care. Empowering Survivors.

**For more information:** Visit [amtrauma.org](http://amtrauma.org)

**Connect with ATS:** On Facebook, Instagram, Twitter, and LinkedIn.



**What TSN Is:** The Trauma Survivors Network (TSN) is a program of the American Trauma Society.

**What We Do:** The TSN offers support services to survivors and their families together with local trauma centers. The TSN helps trauma survivors and families to: Survive. Connect. Rebuild.

**For more information:** Visit [TraumaSurvivorsNetwork.org](http://TraumaSurvivorsNetwork.org)

### **Developed for You**

This handbook is provided as a public service by the American Trauma Society and the Pediatric Trauma Program at PSHCH. The handbook is based on a Trauma Handbook developed by the Inova Trauma Center at the Inova Fairfax Medical Campus in Falls Church, Virginia.