

Why should I be concerned?

- After injury, traumatic stress reactions are common in the first few weeks (over 80% of children report at least one acute stress symptom).
- Stress reactions usually remit with help from family, friends, and through the child's own coping skills.
- However, 1 in 6 traumatically injured children goes on to develop PTSD, and these persistent reactions can impair day-to-day functioning.
- Parents and other family members can also have traumatic stress reactions when a child is injured

What can I do?

Health care providers can screen injured children for traumatic stress reactions and risk factors, and provide anticipatory guidance to prevent or reduce PTSD symptoms. Some children may need a return appointment or a referral to a MH professional — if acute distress impairs their functioning and/or multiple risk factors are present.



Remember these 5 steps: ARE U OK?

1. **Ask** child *and* parent how they are coping since the injury.
2. **Risk** factors – keep them in mind.
3. **Understand** common reactions to trauma.
4. **Offer** anticipatory guidance.
5. **Keep in touch?** (Does this child need follow-up or referral?)

Information Resources:

Center for Pediatric Traumatic Stress
email: cpts@email.chop.edu

National Child Traumatic Stress Network:
<http://www.NCTSN.net>

National Center for PTSD:
<http://NCPTSD.org>

TraumaLink
<http://www.traumalink.chop.edu>

*Developed by the Center for Pediatric Traumatic Stress (CPTS)
at The Children's Hospital of Philadelphia—
A partner in the National Child Traumatic Stress Network.*

CPTS
Center for Pediatric Traumatic Stress
The Children's Hospital of Philadelphia

A PARTNER IN
NCTSN
The National Child
Traumatic Stress Network

Pediatric Injury and Traumatic Stress:

The Physical Injury is Healing, But How is Your Patient Coping?

*Practical information to
help you help them*



The Children's Hospital of Philadelphia®
A pediatric healthcare network

TRAUMATIC STRESS REACTIONS

Re-experiencing

- Intrusive, unwanted thoughts about the trauma
- Nightmares and “flashbacks”
- Distress at trauma reminders

Avoidance

- Avoid things related to the trauma
- Reduced interest in usual activities
- Emotionally numb or detached

Hyper-arousal

- Increased irritability
- Trouble concentrating or sleeping
- Exaggerated startle response - “jumpy”
- Extra vigilant – “on edge”

Other reactions

- New, trauma-related fears
- Somatic complaints (bellyaches, headaches)
- Feeling in a daze or “spacey”



RISK FACTORS

Before the injury:

- previous traumatic experiences
- prior behavioral or emotional problems

At the time of the injury:

- extremely frightened
- exposed to scary sights and sounds
- separated from his/her parents
- more severe levels of pain

FIND OUT HOW YOUR PATIENT IS COPING

ARe U OK?

1 ASK child *and* parent about the injury, their reactions to it and how they are coping.

Say: Tell me a little about what happened. How did you react at first? How are you doing now? (*Ask parent:* Notice any changes in child's feelings or behavior?)

Remember: Listen for ongoing traumatic stress reactions that interfere with day-to-day activities.

2 RISK factors – keep them in mind.

Say: Did your child see or hear anything especially frightening, or were they separated from you? Was your child in serious pain? Has your child dealt with other scary events in the past?

Remember: some factors put children at higher risk for persistent distress. (*See Risk Factors to the left.*)

3 UNDERSTAND common reactions to trauma.

Remember: Some acute distress is common. Encourage use of existing social support. (*See Traumatic Stress Reactions to the left.*)

4 OFFER anticipatory guidance to parents and children. (*See Parent Handout.*)

Help parents and children understand the normal range of reactions

Say to child: After an injury, it's pretty normal to think about it a lot or to feel extra jumpy. This usually goes away over time, but please let someone know if it doesn't. Who can you talk to if you feel this way?

Say to parent: During the first few days after getting hurt, your child might feel confused, upset, jumpy or worried. Many kids feel this way for a little while. Brothers and sisters may also be upset or worried.

Counsel parents to talk with their child and listen to his/her thoughts and feelings.

Say: You can help your child by listening to what s/he has to say about what happened and how s/he is doing now. Gently encourage him/her to share his/her thoughts, feelings and reactions.

Remember: Remind parents that people in the same family can react in different ways.

Help parents help their child get back to normal activities.

Say: It is important for your child to get back to the things that s/he used to do before this happened.

Remember: This may need modification depending on physical limitations from injury.

Acknowledge that parents can have significant reactions, too.

Say: If you feel tense or upset, talking with friends, family, your doctor or a counselor may help. Who can you talk to for support?

Remember: Encourage parents to get support managing their own distress to better assist their child.

5 KEEP IN TOUCH?

Consider: Does this child need follow-up or referral?

If you have concerns, schedule a follow-up visit or phone call within one month to monitor child's progress. If acute stress is impairing day-to-day functioning, refer to a mental health professional.

Say: I'm concerned that (you are/your child is) having these upsetting thoughts and feelings. I'd like to talk with you again in a few weeks to see how things are going. OR It might be useful to talk with a specialist who can help your family more.