



Coping with medical traumatic stress

A guide for supporting families with babies and young children



Queensland
Government

Contents

Frankie's Clubhouse acknowledges that families come in many forms. For the purposes of easy reading, the term 'parent' or 'caregiver' is used throughout this booklet to describe carers who have taken on the primary or shared responsibility of raising the child (this encompasses biological, adoptive, foster and kinship carers).

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Disclaimer: This information has been produced by healthcare professionals as a guideline only and is intended to support, not replace, discussion with your child's doctor or healthcare professionals. Seek medical advice, as appropriate, for concerns regarding your child's health.

What is medical traumatic stress?	2
Common reactions in babies and young children	3
Trauma reminders	5
Supporting your child.....	6
Connection.....	6
Routine	6
Identify emotions.....	7
Processing the event	8
Targeted strategies	10
Seek extra support.....	11
Medical traumatic stress: caregivers.....	12
Impact of medical trauma on caregivers over time ...	13
Common parenting responses.....	15
Looking after yourself.....	16
Connection.....	16
Routine	16
Identify emotions.....	16
Targeted strategies	17
Seek extra support.....	17
Recommended resources and support options.....	18

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We acknowledge and pay our respects to Aboriginal and Torres Strait Islander Elders past, present and emerging.

My child has had an illness, injury, invasive medical procedure or hospital admission. What can I expect?

Having an illness, injury, medical procedure or hospital admission can be physically and emotionally difficult for children and their families. They might go through many potentially frightening or life-changing experiences during and after a medical event, such as:

- traumatic event/s leading to hospital admission (e.g. injury or acutely unwell)
- painful or invasive procedures
- fear or uncertainty about child's prognosis or ongoing wellbeing
- a sense of life threat
- separation from family members
- unfamiliar medical environment (sights, sounds, smells, taste)
- seeing other patients in pain or having procedures
- visible changes in appearance or mobility
- ongoing management of illness/injury.

Young children and caregivers might find different aspects of the experience stressful. For example, caregivers may worry about the long-term effects of the illness.

Children, however, may be more scared about separating from their caregiver/s, sibling/s or pet, the bright lights and noises or painful medical procedures.

Babies and toddlers are particularly vulnerable during overwhelming medical events. This is because they don't yet have the skills to understand their injury, illness or treatment, talk about their feelings, or cope with pain and strong emotions. They need their caregivers and treating medical team to help them feel safe and secure.



What is medical traumatic stress?

Medical traumatic stress refers to the physical and emotional responses of babies, children and their families to pain, injury, serious illness, medical procedures, and invasive or frightening treatment experiences and hospitalisation. ([NCTSN, 2003](#))

Medical stress can be mild or severe and affects children in different ways depending on their age and past experiences. Some things can make a child more likely to feel stressed, like how often they need medical care, how big or painful the treatments are, and if they've been through tough situations before. Other factors, like the child's personality, how well they understand what's happening, and how well parents or caregivers are handling stress, can also play a role. Medical stress can change over time during a child's treatment, sometimes getting worse, sometimes getting better, and it can have long-term effects if not properly supported.

Most children and families feel stressed and overwhelmed straight after an injury or diagnosis, or at the start of medical treatment. This often resolves on its own. For other children and families, medical stress might continue for longer, but with the right support, they can feel more confident and less stressed over time.

This booklet provides an overview of the common emotional and physical reactions babies and young children may experience. It explains how long these reactions typically last and offers practical advice on how parents and caregivers can support their child in coping with the experience. Additionally, it recognises that parents may also be affected by their child's medical event/s and emotional responses. To assist you, the booklet includes information on common parental reactions and offers helpful strategies for managing during this challenging time.

Common reactions in babies and young children

Children of all ages present with a similar pattern of medical traumatic stress symptoms. However, the way babies, toddlers and preschoolers experience medical trauma and communicate their distress varies across different developmental stages. Babies and young children have limited words to express their feelings, but their behaviour and physical reactions can give us important clues about how they are affected.

Babies

In their first year of life, babies are just starting to learn to communicate, think, move, express emotions and more. The most important thing in a baby's world is a strong bond and connection with their caregivers. They need their caregivers to keep them safe, provide comfort, food, sleep and stimulation, notice signs of pain and distress, and provide comfort. The major clues of distress in babies are changes in their relationship with their main caregiver and changes in their usual rhythms of sleeping, playing and feeding.

Signs of medical traumatic stress

Emotional signs

Emotional distress:
crying inconsolably, appears fearful or scared

Hard to soothe:
unsettled, cranky, irritable

Separation anxiety:
distress at separating from caregiver, inconsolable after separation

Lack of joy:
smiles, giggling, reduced before smiling

Appears 'numb' or frozen

Behavioural signs

Clinginess:
wants to be with caregiver all the time, refuses to go to others

Regression:
delay in developing skills or meeting milestones, or slipping backward in skills (e.g. smiling, babbling, sitting, crawling)

Withdrawn behaviour:
less interest in play, smiling and coo-ing, avoids eye contact, resists touch

Physical signs

Exaggerated startle:
alarmed by sounds or light, startled look

Exaggerated body movements:
arching back, frantic arm and leg movements, tense

Sleeping changes:
difficult to settle, more frequent waking, not napping, sleeping too much, resists touch

Feeding or appetite changes:
fussy feeding or more/less frequent feeding



Toddlers

Important developmental tasks for toddlers include learning how to feed, dress, and toilet themselves. They are also learning how to communicate and cope with big feelings. They are still highly dependent on their caregivers to help them feel safe, to understand their experiences, and to cope. Toddlers are becoming aware of how others think and feel and are highly sensitive to how family members and healthcare providers respond to their injury/illness. Toddlers typically express their distress through behaviour.

Preschoolers

Preschoolers are developing their thinking skills, but can still show confusion, misunderstanding or magical thinking about their medical experience (e.g. ‘needles are punishment for being bad,’ ‘I can make this illness go away with my superpowers’). Confused or inaccurate memories can increase fears about the event. Preschoolers still need support from their caregiver to understand their thoughts, feelings, and to manage pain and distress. Preschoolers still mostly show distress through behaviour, but also in thinking such as worrying.

Signs of medical traumatic stress in toddlers and preschoolers

Emotional signs

Fearful, scared or anxious

Cranky, irritable, angry

Sad, flat, withdrawn

Separation anxiety: distress at separating from caregiver

Lack of joy: smiles, excitement

Loss of confidence

Behavioural signs

Clinginess: wants to be with caregiver all the time, won't even play with others, refuses to go to kindy/school

Challenging behaviour: defiance, tantrums, emotional meltdowns, wants things right away

Aggression: hitting, biting, kicking

Avoidance: of reminders, feared places, activities

Reassurance seeking: physical (e.g. more hugs) or verbal (e.g. repeatedly saying “I love you”)

Developmental regression: slipping backward in skills (e.g. toileting accidents, baby talk)

Withdrawn: less interest playing, doing favourite activities, engaging with others

Continually talks or asks questions about event*

Drawing, playing games, telling stories about event*

Physical signs

Exaggerated startle: easily startled, jumpy

Body signs: racing heart, rapid breathing, shaking or trembling

Sleeping changes: refusal, taking longer to fall asleep, night waking, procrastinating at bedtime

Complains of aches and pains: headaches, tummy aches, sore throat, sore muscles, ‘too sick’ to go to kindy/school

Eating or appetite changes: eating less/more

Hyperactivity: difficulties sitting still, impulsive

Cognitive signs

Distressing memories or thoughts about the event or parts of the event (might be inaccurate)

Nightmares: about the event or unrelated

New fears: of animals, objects, situations








Difficulty concentrating or paying attention

Worries: of something bad happening to themselves/others, returning to hospital, getting sick/hurt again, on the lookout for things that might be dangerous*

* Symptoms more commonly seen in preschoolers

Trauma reminders

Reminders related to child's injury/illness, hospital admission or certain medical procedures can elicit distressing memories, worries or other emotional reactions. Reminders can be external (sensory experiences such as sights, sounds and smells) or internal (such as bodily sensations or emotions).

Trauma reminder examples		
Sights	People in face masks, protective clothing, scrubs Rescue vehicles (e.g. ambulance, fire engine, police) Hospitals Certain colours (e.g. red shoes, blue glasses) Objects or parts of objects (e.g. medical equipment)	
Smells	Hand sanitiser Disinfectant Medication General anaesthetic mask	
Sounds	Sirens (ambulance, fire engine, police) Alarms Beeping machines	
Tastes	Food eaten during their hospital stay Flavour that reminds them of medicine	
Physical	Water or food temperature Baths Needles Other ongoing physical treatments	
Bodily sensations	Hunger Pain Racing heart Feeling unwell (e.g. respiratory symptoms) Tiredness Feeling restricted (e.g. tight sheets, tight cuddles)	
Emotions	Feeling abandoned or alone Anxiety Feeling powerless Anger/frustration Sadness/grief	

It is also possible that you or other family members are affected by the same or different trauma reminders. Can you relate to any of the above as well?

Supporting your child



Connection: Strengthen relationships to help your child feel safe, secure and loved

Caregivers often don't realise how valuable they are in helping their children cope after medical trauma. Children learn how to regulate their emotions through co-regulation with their caregivers and this is particularly important during times of stress. Try the following strategies:

- Respond warmly and consistently when your child seeks your attention or expresses a need.
- Focus on being close, spending special time together and doing things that your child finds fun or soothing.
- Give lots of physical comfort.
- Have fun doing something you all enjoy together as a family.
- Limit separations where possible while your child is in hospital and still recovering once they have returned home.
- Help your child to connect with other important family members or friends.
- Provide extra support and connection at bedtime when children often feel vulnerable.
- Support your child to make choices and decisions (e.g. choosing their clothes or which book to read at bedtime). Children often feel helpless during a difficult medical journey – making choices can help provide or restore their sense of power, control and security.



Routine: Maintain or create family routines and clear expectations

Young children can feel more safe and secure when their environment is predictable, consistent, familiar and they have clear guidelines on how to behave.

Return to normal family activities where possible (e.g. read a book before bed, walk the dog).

Encourage regular sleep, eating and play routines. This may be tricky if you are still in hospital. Look for ways to create a predictable routine where possible (e.g. calling Dad to read a book over FaceTime, saying good night to hospital objects in room).

Maintain rules or expectations you had for behaviour before the event (e.g. say please and thank you, use gentle hands and feet, brush teeth).



Supporting your child *continued*



Identify emotions: Help your child to name their feelings

It isn't always obvious what might be upsetting your child. This is even more challenging if they cannot explain how they are feeling. Being aware and responsive to your child's emotions helps them feel understood and helps you notice any early warning signs before they intensify. Sometimes, difficult behaviours in children are signs of emotional distress.

- Notice what's happening immediately before the difficult behaviour or emotional meltdown. Have they been reminded of their experience (e.g. smelling hand sanitiser reminded them of hospital, feeling restricted by a car seat, or tight blankets reminded them of being held down for needles etc.)? Consider if this behaviour could be a trauma symptom.
- Help your child learn names for different emotions (try [Frankie Feelings Cards or poster](#) or read books about emotions).
- Be a role model – name your own feelings and show your child how you cope when you have big feelings.
- Talk with your child about how to notice anxious or angry feelings in their body (e.g. feeling hot, heart racing, tense muscles, feeling 'sick' in tummy). If old enough, encourage them to talk with you if they notice these body cues.
- Look out for early warning signs – try to react before the emotion escalates (e.g. distract with another activity, help your child with the thing they're finding frustrating). Can you identify a reason for their behaviour? What are they needing in this moment?
- When your child is anxious, fearful, or angry, stay calm and describe the feelings you are observing. Validate their feelings and let them know it's okay to feel scared or worried.
- Remain calm, clear, but firm when responding to challenging behaviours.
- Avoid the temptation to try to 'fix' or 'distract' from the uncomfortable feelings immediately. Instead, stay with them to quietly support them until they have calmed down (e.g. "I can see you are feeling really upset at the moment – I'll stay with you until you feel calm and then we'll work it out together.")
- If needed, prompt them to use a coping strategy to help them calm down ([Frankie Feelings Cards or poster](#) may help with this). They may need help to express anger and other big feelings in other ways (e.g. mashing clay, squeezing a pillow, running around outside, listening to music).
- Sometimes it's best not to react to minor misbehaviour (e.g. whining, grumpy behaviour). Increasing quality time and connection with your child when they're behaving appropriately is more helpful over time.



Supporting your child *continued*



Processing the event: Talk, read and play with your child to help them understand and make meaning of their experience/s

Many parents feel cautious talking about their child's injury, illness, hospital admission or treatment, fearing it will upset their child. However, children need these conversations to help them make sense of their experiences and feelings. It's important to find language that suits your child's age. Even if your child doesn't speak yet, or has only a few words, it's still important to discuss what's happening.

Before starting a conversation

- Check in with how you are feeling before you open the conversation.
- Stay calm and positive. Children look to their caregivers for clues about how to feel. When they look to you, they're asking, "How worried should I be?" Use your face, voice, body and behaviour to show, "We got through it, and we'll be okay."
- Be mindful to let your child take the lead in talking about the event. Don't pressure them to talk if they're not ready.

Talking about what happened

- Stick to the facts and use simple words to explain what happened to your child.
- Explain what the adults around them are doing to take care of them. It may be helpful to explain the role of different staff members at the hospital and explain how the medical procedures they are having will help them to get better.
- It's normal for your child to ask the same questions repeatedly. Consistent, patient answers will help them process what happened.
- Answer their questions simply and honestly, using language that suits your child's age and understanding.

- Sometimes, children may believe incorrect information related to their experience, or interpret events differently to adults. They might think "This happened because I was bad" or "Going to hospital means I will be sick forever". They may use magical thinking (e.g. "I will use my superpowers to make my sickness go away") to try to make sense of the event and regain feelings of control. Stick to the facts about what happened.
- Correct any confusion your child is experiencing. Give simple, accurate information (e.g. "I needed to hold you tight so the doctor could give you the medicine you needed," or "No, the doctor wasn't trying to hurt you. She was giving you medicine to help you get better").
- Try to prevent your child from hearing serious conversations about the severity of their injury/illness.
- Focus on strengths your child showed and positive coping strategies they used (e.g. "You did so well using your deep breathing to stay calm while the doctor was listening to your heart").



Supporting your child *continued*



Processing the event: Talk, read and play with your child to help them understand and make meaning of their experience/s

Discussing thoughts and feelings

- Encourage your child to talk about their thoughts and feelings (e.g. “How have you been feeling since you went to hospital?”).
- Help your child name their feelings (e.g. “You thought it was going to hurt? Sounds like you felt worried, or scared.”).
- Acknowledge what your child is communicating (either in words or behaviour) by repeating or paraphrasing (e.g. “You really didn’t like the needles, did you?”).
- Focus on how the medical procedures were intended to make them feel better and highlight the strengths your child showed during challenging events (e.g. “I know you didn’t like the needle in your arm, but that medicine made you better,” “You were very brave when you were telling your friends about what happened!”).
- Point out your child’s helpful coping behaviours in a child-friendly way (e.g. “When you were feeling scared, you asked Daddy for a cuddle to help you feel better. That’s something you can do any time you feel scared.”).



Using books, games, play and creative expression

Reading children’s books about difficult experiences and feelings is a great way to start conversations with your child and to gain more insight into anything they are struggling with.

There are also many child-friendly books and videos available to help explain factual information about health conditions, medical procedures and the role of medical helpers (e.g. *Medical School for Kids* books, *ABC’s Everyday Helpers* series).

Encourage your child to play, draw and use other creative activities to talk about what happened and express their thoughts and feelings.



Supporting your child *continued*



Targeted strategies: Teach your child skills to help them cope with emotional distress and encourage positive behaviour

Self-care

Young children respond best after a medical trauma if their parents are coping well. It is important to also take good care of yourself during this time as well. See the tips for 'Looking after yourself' on page 16 of this guide. Model how you use coping strategies when you have big feelings. Show them in words and actions (e.g. "I feel worried right now. I'm going to do some deep breathing!")

Prepare for transitions and separations

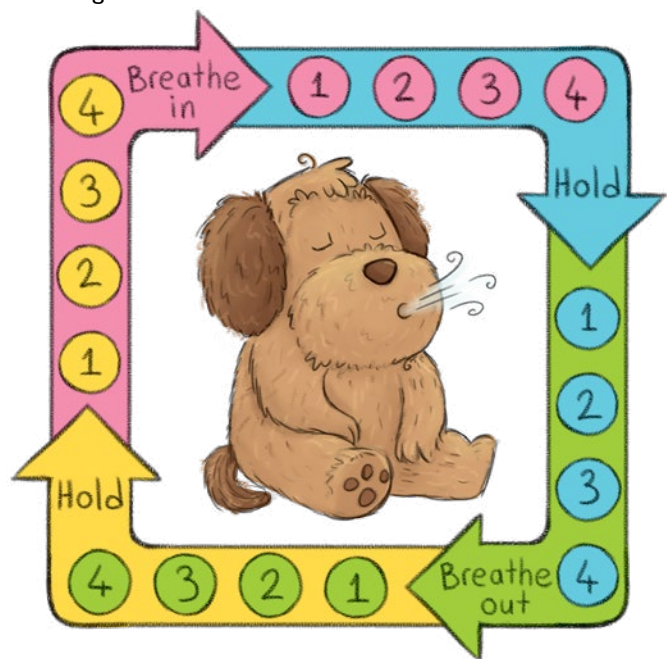
Separations can be very tricky for young children after a traumatic event. It can also be hard for parents.

- Tell your child in advance when you are going to be apart from them.
- Explain where you are going, why, when you'll be back, and who will be caring for them in ways they can understand (e.g. "I am going to the shop. Poppy will take care of you, and I'll be back by lunchtime").
- Try to maintain a physical connection while you are gone (e.g. draw a heart on their arm, spray some perfume on their wrist, leave them something of yours they can return later).
- Keep your promises. Your child's trust and independence will increase as they learn that you always return when you said you would.

Teach relaxation and mindfulness

Teaching children relaxation techniques while they're feeling calm can improve their health and wellbeing and provide a tool they can use to calm bodies, relieve stress and regulate emotions. Regular relaxation practice is important to get the benefits. Scan the *Relaxation and mindfulness* QR code at the end of this guide for more information on techniques like:

- Deep breathing, progressive muscle relaxation and guided imagery.
- Mindfulness and meditation.
- Yoga.



Soothing activities that engage different senses (smell, touch, sound) can also help children to calm down or relax. Try things like massage, warm baths, comforters and playing music.

Supporting your child *continued*

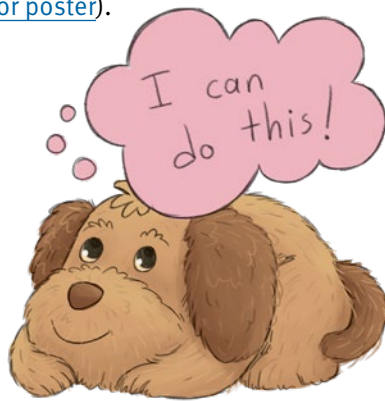


Targeted strategies: Teach your child skills to help them cope with emotional distress and encourage positive behaviour

Help them cope with feared situations

You may have noticed that your child has more worries or fears since the illness or injury.

- Help your child identify strategies they can use when they feel upset, angry or overwhelmed (try [Frankie Feelings Cards or poster](#)).
- Encourage your child to come up with their own coping strategies, “What would help you feel better right now?”, “What usually helps you feel better?”, “What could Frankie do to feel better?”



- Instead of avoiding feared situations, see if there are ways to modify them so they’re more tolerable. Gradually encourage them to do things they may feel frightened or anxious about. For example, break down a feared situation into small steps and work through it. Wait until your child can cope well with each step before moving on to the next.
- Give your child lots of praise and support for the things they are doing well, no matter how small (e.g. “I know you felt sad when I left this morning, but Nana said you did some painting after I left! I’m proud of you!”).



Seek extra support: Sometimes no matter how well parents support their child, professional advice is needed to help

You know your child best. If you’re concerned, you can seek advice from your child’s health care team, early childcare educator or teacher, GP or paediatrician, child health nurse or community health centre, community mental health service, or a specialist mental health professional (e.g. psychologists, psychiatrists, social workers, occupational therapists).

For more information about supporting young children after stressful events, **scan the QR code** or [watch an animation on YouTube](#).



Your child might need some extra help if their symptoms are:

- increasing or getting worse
- different to their normal behaviour or uncommon behaviours for their age (e.g. temper tantrums, toileting accidents)
- impacting their medical care
- affecting their daily activities (e.g. playing, having a shower or bath, sleeping and eating, going to daycare, kindy or school)
- affecting their relationship with you or others (siblings, family, friends etc).

Medical traumatic stress: caregivers

Medical trauma can have an enormous impact on the emotional and physical wellbeing of caregivers and other family members. A wide range of reactions are common and normal within the first few weeks.

Distressing memories

Nightmares

Avoiding reminders

Watchful, on guard

Trouble sleeping

Feeling guilty

Attention difficulties

Worrying

Easily startled

Irritable

Tearful

Anxious

Distressed by reminders

Numb or detached

Appetite changes



Impact of medical trauma on caregivers over time

Post-traumatic stress disorder (PTSD), anxiety and depression

Most caregivers report a reduction in medical traumatic stress symptoms once things start to return to normal.

However, there are many potentially traumatic medical events that caregivers experience, including witnessing their child get injured or become acutely unwell, perceived life-threat, and watching helplessly as their child has difficult or painful treatment.



Over time, caregivers often have the challenge of supporting their child physically, emotionally and financially, managing their own fears and worries, all while juggling their normal daily responsibilities. Meeting all the new demands and tasks that arise after a medical event can be exhausting.

Seek support if you are concerned with how you are coping with all of the extra demands

Without the right support, caregivers can develop PTSD, anxiety and/or depression. This can make it even more challenging to support the child and family's recovery. It is therefore important for everyone that you seek professional support if you are concerned with how you are coping with your child's injury/illness and medical treatment.

Guilt

Feelings of guilt are very common amongst caregivers after medical trauma.

Caregivers want to protect their children, and when they can't, they often blame themselves or others and experience a sense of powerlessness. You might find yourself repeatedly thinking about what you could have done differently to prevent the injury/illness or how you could have coped better to support your child during their medical treatment.

Additionally, during stressful periods, partners may blame the other caregiver which typically increases the guilt experienced. Guilt and blame can affect confidence, wellbeing, family relationships and parenting behaviour.

It can help to remind yourself of the following:

- Caregivers tend to overestimate their ability to have predicted or prevented the injury/illness or to have stayed calm and in control during intense stress.
- Even if a caregiver could have predicted or prevented the injury/illness, it is not helpful, for them or the child, to focus on what they should or shouldn't have done.
- You and your child experienced a stressful, difficult, and scary situation. You did the best you could with what was available to you at the time.
- Our logical thinking brain regions are often inactive during times of immense stress, making decision-making harder.
- You have more knowledge available to you now than you had during the event, so it's natural to have learned things that you might do differently now.

Acknowledge the guilt you are feeling, explore it and share it with others who understand and support you. Focus on all the good things you are doing now to support your child



Loss and grief

Loss and grief are terms commonly associated with the death of a loved one. However, feelings of loss and grief are also commonly experienced by caregivers whose child is diagnosed with a chronic health condition or has suffered an injury with lifelong implications (e.g. permanent scarring, disfigurement or impaired functioning).

It's important for caregivers to recognise these emotions as a natural part of the grieving process and to acknowledge and validate these emotions rather than suppress them. It is also important to understand that the grieving process is unique for everyone and constantly evolving. Not every stage is experienced or can occur in a different order and at different times across the child's medical journey and development (e.g. discharge from hospital, following surgery, when the child reaches important milestones).



Grief and loss can manifest as various emotions across different stages of the grieving process and child's medical journey:

Denial shock and disbelief are typically experienced initially as caregivers struggle to accept the reality of the diagnosis/injury

Anger and frustration can be directed towards the situation, medical professionals, other family members or themselves

Bargaining can occur as caregivers try to find other solutions to help their child get better and can come from feelings of helplessness, guilt and self-blame

Depression is the stage where caregivers start to grieve the loss of the 'normal' life they had envisioned for the child and family (e.g. hopes and dreams, ability to participate in certain activities, appearance). Anxiety and fear about the child's future health, quality of life, and family's ability to cope can also be overwhelming. Social interactions may become limited and relationships strained due to caregiving demands. Other feelings include intense sadness, mourning, emptiness, isolation and loneliness

Acceptance is the typical last stage of a straightforward grief journey where caregivers are able to accept the reality of the situation and find ways for the child and family to adjust and adapt over time

Connecting with trusted friends, family, health professionals and/or support groups can help with working through these emotions, reduce feelings of isolation and support positive coping during the grieving process

Common parenting responses

Becoming more protective

Many caregivers report being more protective of their child (or whole family) following a traumatic event.

This can look like:

- keeping child close or avoiding separation (e.g. not sending to daycare or grandparent's house)
- giving lots of attention, reassurance or affection (e.g. repeatedly saying things like "You are ok", "I love you" "This isn't going to hurt" "Be careful" offering more hugs and kisses than usual)
- watching them more closely than usual (worrying excessively about bad things happening to them or being constantly on the lookout for illnesses/injuries).
- constantly checking in about how the child is feeling (e.g. "You look worried, is something wrong?" "Do you feel sick?").

You are OK

This isn't going to hurt

I love you

Be careful

These are understandable responses and can help children and caregivers regain a short-term sense of safety. However, over time, these changes can send the message that 'things are not ok' or the 'world is not safe' and children stop learning they can do things on their own. This can unintentionally increase anxiety over time. After a scary medical experience, the challenge is working out how to balance the need to protect your child from danger whilst also letting them explore, problem solve, gain independence, and learn from their mistakes.

You can help support your child's resilience, confidence and sense of safety by encouraging your child and family to return to normal activities and routines (when possible). Watch out for signs of illness or emotional distress but manage any unhelpful or unrealistic thoughts about things that can go wrong. If you continue to find this challenging, reach out for more support

Avoiding conversations and reminders

It is also common for caregivers to avoid conversations with their child about the medical experience and/or allow their child to avoid things that make them upset or anxious (e.g. doctor's appointments, wound care, physical exercises, returning to school). Caregivers often believe they are doing the right thing because it is hard to see their child's distress and worry it could make things worse. It may also be because it is painful for the caregiver to be reminded about the event. The short-term benefit is the child/caregiver's distress is temporarily reduced. However, allowing children to avoid things that might cause distress, unintentionally helps to maintain or increase medical traumatic stress and anxiety over time.

You can help your child by providing opportunities to talk about what happened, being mindful to not model avoidance, providing comfort and praise without focussing on fearful behaviour and supporting children to do things they find difficult.



Looking after yourself

Caregivers often don't realise how valuable they are in helping buffer their child from stress. Managing your own stress means you can be more emotionally available and effective in supporting your child and other family members. Whilst it can feel impossible to prioritise, it is essential that you also look after your own mental health and wellbeing. Self-care looks different for everyone. Focus on implementing strategies from the following five key areas that you know you will enjoy and can make work for your current situation. Self-care doesn't have to be time-consuming. Small, consistent efforts can significantly improve overall well-being and resilience.



Connection: Strengthen your social support network

Social support is one of the most important protective factors for people after a traumatic event. It can be helpful to talk to and connect with your friends and family. Talk to your partner or friends about how you are feeling. Ask to connect with other families who are going through similar things

and support networks or organisations that support people like your family. Talking is part of the natural healing process. Accept support that is offered if it is helpful and well-intended. Talk to hospital staff members about how you are feeling and find out about what support options they have available.



Routine: Maintain or create routines

Try to keep some simple, healthy, routines in your day. Routines help us to feel in control and can boost our mood. This could be sticking to consistent sleep times, taking part in enjoyable exercise or gentle movement, eating nourishing food regularly across the day, or gratitude

journaling. Movement, especially if it involves exposure to sunshine, is a great way to get rid of anxious physical energy and can help improve mood and sleep. Try to avoid things that don't make you feel good afterwards (e.g. excessive caffeine or alcohol).



Identify emotions: Pay attention to your emotional responses

As much as we would like to protect our children from everything and handle all situations perfectly, it's unrealistic to expect this of yourself or any caregiver. During stressful times, it's common for parents to experience stress and anxiety following their child's traumatic medical event. You might feel like you aren't coping as well as you think you should and worry how this may affect your child. The reality is that we all cope as best we can, and how we cope will change as time

progresses. The important thing is to remember your strengths as a caregiver, and to use your existing coping strategies and supports. Think about what you've been doing well (no matter how small!) and try to be realistic about what you can do. Congratulate yourself on small achievements. If you notice your emotional responses are becoming stronger and affecting your daily life, try some of the recommended coping strategies below or seek extra support.



Targeted strategies: Try positive coping strategies

Learn grounding techniques

There are some general strategies that may help you if you notice that you are experiencing a sudden increase in distress or anxiety when talking or thinking about your child's medical event. Deep breathing, square breathing, and the 5-4-3-2-1 grounding exercise can be useful in the moment of high distress or anxiety. Scan the *Relaxation and mindfulness* QR code in the back of this booklet to access more information online.



Try coping statements

When parents and caregivers feel stressed over a traumatic medical event, it is common for them to think “I can't do this”, “It's all my fault”, “My child will never be the same again”. These thoughts are normal but can have a big impact on the way you feel and move forward. If you notice yourself having an unhelpful thought or having an

unpleasant feeling, try accepting the thought or feeling as it is. You can then replace the unhelpful thought with helpful coping statements that you can say to yourself. Examples include: “I can take small steps to manage this”, “I am strong enough to handle this”, “Doing something to help relax me will be good for me and my family”, “This is tough, but we can deal with this, and help is available”, “It will be okay in the long run”.

Practice relaxation, meditation and mindfulness

It can be helpful to incorporate mindfulness, meditation or relaxation techniques into daily routines to help manage stress, improve sleep, and promote feelings of wellbeing. Scan the *Relaxation and mindfulness* QR code in the back of this booklet to access more information online.

Take time out to do enjoyable activities

Taking time to relax can be as simple as talking to a friend, going for a walk, reading a book, taking a bath, having a coffee in the sun, listening to music, or watching TV.



Seek extra support

It's normal for parents to feel (and show) signs of stress in the first few weeks after a child's injury, illness or hospital admission. These signs usually improve once the child starts getting better. If you are concerned talk to the staff at the hospital, your GP or a mental health professional (e.g. psychologist or social worker). They can help you access additional support.

Seek some professional advice if you notice:

- stress symptoms are continuing after the first few months of the event or are getting worse.
- stress symptoms are stopping you from doing your normal daily tasks.
- your distress is affecting your relationship with your child, family or other people.
- you're concerned your own stress symptoms are interfering with your child's recovery.

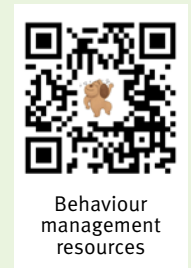
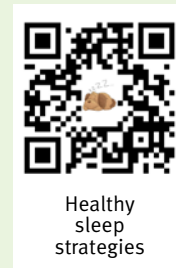
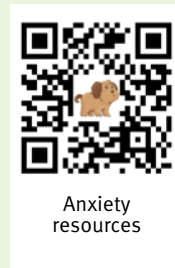
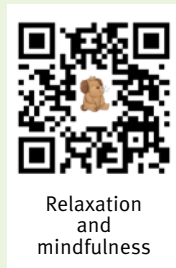
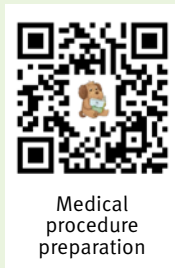
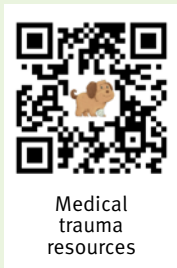
Recommended resources and support options



The Frankie's Clubhouse website (childrens.health.qld.gov.au/frankies-clubhouse) is the best way to access up-to-date information and contact details for the following support options and resources:

- Helplines
- Frankie specific resources (i.e. storybooks, tipsheets, animations)
- Online resources to support mental health and wellbeing
- Online anxiety and parenting support programs
- Community mental health support options

Recommended resources for specific areas





Queensland
Government

www.childrens.health.qld.gov.au



childrenshealthqld



queenslandchildrenshospital