

A PARENT/CAREGIVER'S BACKDROP



NORMALIZING YOUR EXPERIENCES AS A PARENT/CAREGIVER

<u>Thoughts</u>

- ******Thoughts of your child dying
- *****Intrusive memories you cannot stop/or control
- *****Thinking you are a bad parent
- ******Thoughts of hopelessness of the future

<u>Feelings</u>

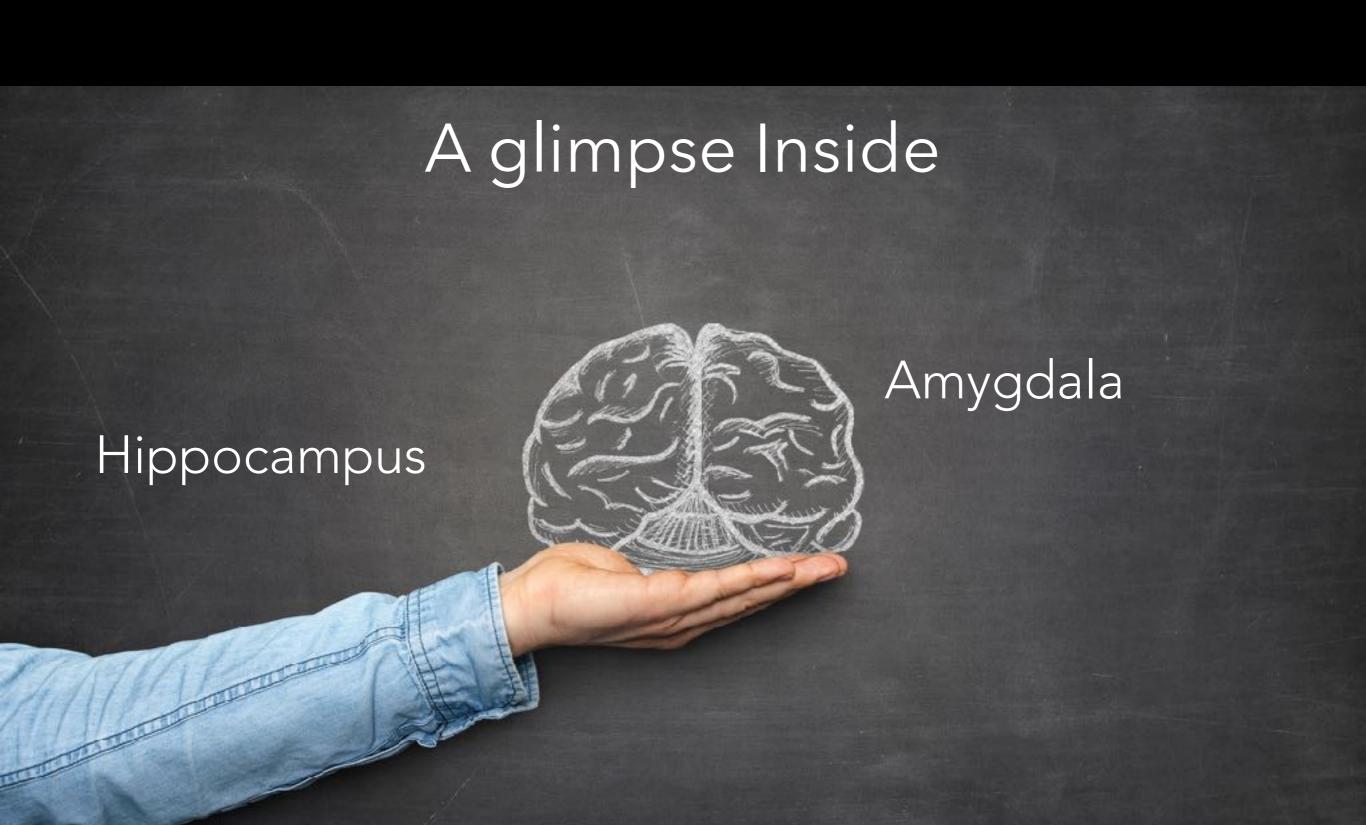
- ******Worrying about your children
- *****Feeling jumpy or on edge
- ******Feeling helpless or scared
- *****Feeling emotionally numb
- ******Overwhelmed with guilt and/or shame

Actions

- **Being more protective of your child[ren]
- **Avoidance behaviours
- *Not eating, sleeping or taking care of yourself
- *****Difficulty maintain relationships
- **Physical symptoms can include: sweating, dizziness and rapid heart rate when reminded of the event.



UNDERSTANDING YOUR BRAIN REMOVES BLAME



What is a normal response after a traumatic experience?

TRAUMATIC STRESS REACTIONS

1. RE-EXPERIENCING 2. AVOIDANCE 3. HYPER-AROUSAL





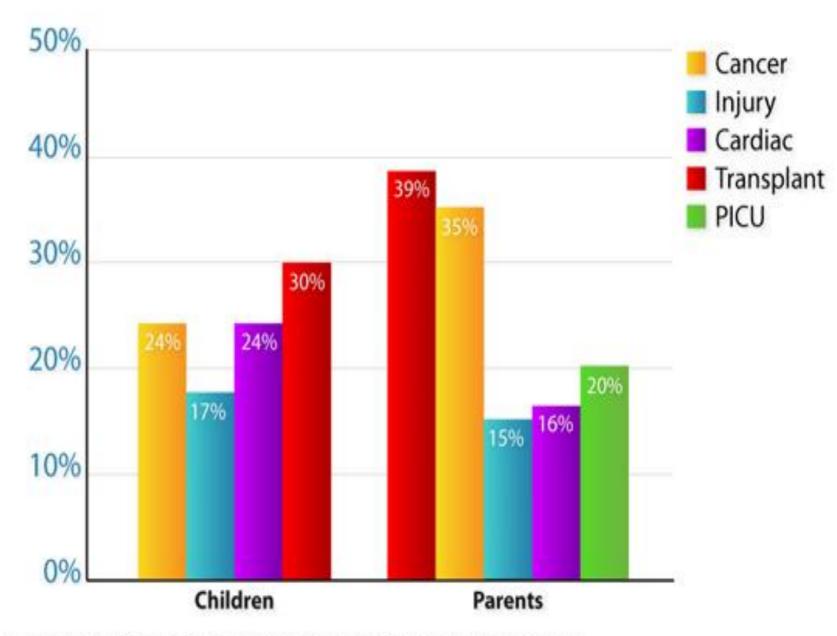
MYTHS ABOUT TRAUMA

- It is BAD Parenting, and not PTSD.
- Kids don't remember what has happened to them if they have no memories.
- Newborns don't feel pain
- An unborn child cannot experience trauma.



Research Findings

Percent of children & parents with significant traumatic stress symptoms after medical events



Summary of research findings from The Children's Hospital of Philadelphia.

Summarized from peer-reviewed research studies, 1999-2009.

Note: Traumatic stress levels in children in pediatric intensive care has not yet been well-documented.



- Seeing sick children
- Being held down
- Knowing about the loss of a child
- Being left alone
- Painful medical procedures and chemotherapy
- Having a noticeable injury or scar
- Exposure to medical equipment that looks scary
- Uncertainty about what will happen next
- Thinking their illness is punishment for something they did wrong
- Fear of death
- Treatment outcomes, such as hair loss and what others will think of them

HOW DO I KNOW WHETHER MY CHILD IS SUFFERING WITH PTSS/PTSD?



Your child/youth's behaviour is a window into how she/he is doing. Listen and watch your child/youth for signs and symptoms.



AGES 5-12 YEARS OF AGE

- May put events of the trauma in the wrong order.
- May think that there were signs of the trauma was going to happen, and may result in them thinking they will see the signs again to avoid future traumas.
- This age-group may not have flashbacks, but may have nightmares.
- Children of this age will show signs in their play. Repeating the story of their trauma over and over without it seeing the story change. They may fit part of their trauma in their daily lives, such as carrying something associated with the hospital.
- Regressive behaviour, such as bedwetting, thumb sucking, diapers
- Problems at school with behaviours

AGES 12-18

- Teens are more likely than younger children or adults to show impulsive and aggressive behaviours.
- Poor concentration and distract easily
- Loss of interest in his or her activities
- Problems at school and/or home
- Problems with peers
- Symptoms of depression, such as numbing and withdrawal
- Thoughts of suicide
- Self-injury
- drugs and alcohol

What should you do?





WHAT CAN HAPPEN?

- Parents often put their own needs aside to care for their child, which can result in increased symptoms and decreased coping with diagnoses and treatment.
- A parent may become overwhelmed with symptoms, have trouble complying with their child's caregiving needs (medications), and may respond inappropriately to health care providers. In addition, it may lead to missed appointments and/or difficulty attending and understanding information during visits.
- It is not until treatment is finished that parents begin to "fall apart." It could actually be two to three years later.
- Maladaptive coping, such as alcohol and/or drugs.



Five Areas of Self-Care During and After Treatment

- 1. PHYSICAL
- 2. LIFESTYLE
- 3. MENTAL AND EMOTIONAL
- 4. SOCIAL SUPPORT
- 5. SPIRITUAL CONNECTION





Learn the facts, signs, and symptoms of PTSS/PTSD.

 Monitor your child's/teen's symptoms (behaviours).

Maintain open communication with teachers.

 See your child's behaviours as a clue instead of s/he is trying to annoy you or frustrate you.

Spend time with your child/teen.

Have your child/teen do extracurricular activities (think outside the box if on treatment).

Access professional help





"Trauma can become vital part of your life-just like stones can support and strengthen the root structure of a tree. Like a tree, you are resilient. With patience and support, your roots can be restored, and your branches will spread again."

UTE LAWRENCE



HELPFUL WEBSITES AND RESOURCES

Circle of Security Website for information about understanding how your attachment relationship as a caregiver/parent has a significant role in the healing of your child/youth. https://www.circleofsecurityinternational.com/for-parents

Eye Movement Desensitization and Reprocessing (EMDR). https://emdrcanada.org

Melissa A. Alderfer, Avital Cnaan, Rachel A. Annunziato, and Anne E. Kazak. "Patterns of Postraumatic Stress Symptoms in Parents of Childhood Cancer Survivors. Journal of Family Psychology. 2005: vol. 19, pp. 430-440.

"Parents of children with Cancer suffer Post-Traumatic Stress Symptoms, during treatment and years later." Published online Aug. 10, 2005. The Children's Hospital of Philadelphia Research Institute.

"Posttraumatic stress symptoms during treatment in parents of children with cancer." Published in the Oct. 20, 2005, Journal of Clinical Oncology (Vol. 23, No. 30: 7405-7410). First author: Anne E. Kazak, PhD, ABPP, the Children's Hospital of Philadelphia.

The Children's Hospital of Philadelphia: http://www.chop.edu/centers-programs/cancer-center/posttraumatic-stress-pediatric-cancer#.VSx7I5TF83A.