

childPSYCH News

A newsletter for professionals and parents

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APS Psychologists



Special points of interest:

- We have a NEW learning centre! Call us now for more information
- At *childpsych* only psychologists who are registered teachers and/or Educational Psychologists will write the report on learning difficulties
- To unsubscribe from this newsletter at any time, either email or call *childpsych*

Children's Reactions to Traumatic Events

An event is defined as traumatic if; person experiences, witnesses or is confronted with an event that involves actual or threatened death or serious injury to self or others and their response involves intense fear, helplessness or horror. In children, this may be expressed instead by disorganised or agitated behaviour.

Following the recent flood events throughout South Eastern Queensland and Cyclone in North Queensland it is important to understand the potential impact on our children. Children are not always able to express complex feelings in the same direct way that adults do and therefore do not often show the same reactions to stress as adults. It is therefore very important to look out for changes in children's behaviour that suggest they are unsettled or distressed.

Psychological First Aid

In the immediate aftermath of trauma psychologists monitor a **person's mental state** and screen for emerging symptoms of Acute Stress Disorder or Post Traumatic Stress Disorder. Psychologists will encourage a person to attend to their practical needs initially and promote the use of existing coping strategies and social supports. It is important for both adults and children to return to a normal routine as soon as possible to reinforce stability and certainty following a traumatic event.



There are various treatment approaches used to assist children to overcome anxiety related to a traumatic incident.

Therapy

Generally, if behaviour changes and symptoms continue in the 2 weeks following the traumatic event Psychologists will further assess ongoing issues and develop a treatment approach to overcome the effects. Continuing symptoms may include, distressing or unwanted memories of the trauma, avoidance of reminders or memories and nightmares. Parents should be alert to any significant changes in sleeping patterns, eating habits, concentration, mood swings or frequent physical complaints without apparent illness.

There are various treatment approaches used to assist children to overcome anxiety related to a traumatic incident. Psychologists will tailor approaches depending on a **child's specific symptoms, the traumatic event and their age**. Some approaches include play therapy with young children, behavioural interventions and Trauma Focused Cognitive Behaviour Therapy.

There are 10 tips from Save the Children Fund's years of experience that can be used as a guide for parents and other adults to support children. The relevancy of different tips will vary depending upon a child's previous experience, age and their individual perception of the event.

Ten tips on how to help children cope with disaster

1. Turn off the TV. Watching television reports on disasters may overwhelm younger children. They may not understand that the tape of an event is being replayed, and instead think the disaster is happening over and over again. Overexposure to coverage of the events affects teenagers and adults as well. Television limits should be set for both you and your children.

Listen to your children carefully. Before responding, get a clear picture of what it is that they understand and what is leading to their questions. Emotional stress results in part when a child cannot give meaning to dangerous experiences. Find out what he or she understands about what has happened. Their knowledge will be determined by their age and their previous exposure to such events. Begin a conversation to help them gain a basic understanding that is appropriate for their age and responds to their underlying concerns.

Continue over...

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3. Give children reassurance and psychological first-aid. Assure them about all that is being done to protect children who have been directly affected by this crisis. Take this opportunity to let them know that if any emergency or crisis should occur, your primary concern will be their safety. Make sure they know they are being protected.
4. Consider getting professional help. For children directly affected by a traumatic event -such as children who have lost a loved one, their belongings, home or a friend - parents should consider counselling. Other children may also be affected by the images they see and stories they hear.
5. Expect the unexpected. Not every child will experience these events in the same way. As children develop, their intellectual, physical and emotional capacities change. Younger children will need their parents to interpret events, while older children and teenagers will get information from a variety of sources which may not be as reliable. Understand that older teenagers, because of their greater capacity for understanding, may be more affected by these stories. While teenagers seem to have more adult capacities to recover as well, they still need extra love, understanding and support to process these events.
6. Give your children extra time and attention. They need your close, personal involvement to comprehend that they are safe and secure. Talk, play and, most important, listen to them. Find time to engage in special activities for children of all ages. Read bedtime stories and sing songs to help younger children fall asleep.
7. Be a model for your child. Your child will learn how to deal with these events by seeing how you deal with them. Base the amount of self-disclosure on the age and developmental level of your children. Explain your feelings but remember to do so calmly.
8. Watch your own behaviour. Make a point of showing sensitivity towards those that are affected by the disaster. This is an opportunity to teach your children that we are all part of one world and that we all need to help each other.
9. Explain your feelings but remember to do so calmly. Watch your own behaviour. Make a point of showing sensitivity towards those that are affected by the disaster. This is an opportunity to teach your children that we are all part of one world and that we all need to help each other.
10. Encourage your child to do volunteer work. Helping others can give your child a sense of control, security and empathy.

Extended Time on Assignments for children with ADHD

Children with AD/HD have what's called a "neurodevelopmental disorder". As a neurodevelopmental disorder, AD/HD is the result of problems with cognitive processing related to such things as short term memory and speed of processing. Many AD/HD students have problems with "getting ideas on paper" and other aspects of written language. It should come as no surprise then, that such AD/HD children will often be diagnosed with a Disorder of Written Expression (dysgraphia). In other words, in addition to having an attention disorder, many AD/HD children will have a learning disorder as well.

In primary school some AD/HD children with a Disorder of Written Expression will refuse to write or become easily frustrated. In high school, these same students may fail to hand in assignments or begin to have greater problems with completing essay's in exams. These AD/HD students are then at risk of under performing in school. Consider the highly intelligent child with AD/HD who



has a disorder of written expression – they may have all the knowledge necessary to write a quality essay for their economics exam but may fail to finish in the allocated time. The result is a poor grade. So it is logical to conclude that "extra time" on the exam would have allowed our student to really show what he knew. Academic accommodations is the term used to describe allowances educators make for students with learning disorders. These accommodations can be extra time on exams, having the question read, and modified assessment tasks.

So, do academic accommodations work for AD/HD students? A recent research study involving age 9 – 12 year olds with AD/HD found that

extra time AD/HD children did worse! It appears that with the extra time, the students did not necessarily perform and more efficiently than if they had the same time limits as their non-AD/HD peers. It is important however to take note that this research was on AD/HD children without a learning disorder. Certainly research on children with a Disorder of Written Expression has shown significant improvements in test scores when extra time and/or having the question read to them was given.

These results suggest that it is important to evaluate an AD/HD child for a possible learning disorder when they are in primary school and as they prepare to enter high school. AD/HD children with learning disorders can benefit from academic accommodations. In our clinic we frequently see unidentified, subtle written language disorders, in children with ADHD.