# Trauma-related distress

## Presenting Problem:

A concerned PCP contacted the Wisconsin Child Psychiatry Consultation Program (WI CPCP) regarding a 12-year-old child who sustained burn injuries to the arms and hands after tripping and falling into a smoldering campfire. The burn treatment and wound care went well, but the patient showed increased mood and behavioral dysregulation as the summer ended. This included significant oppositional behaviors and school refusal at the start of the school year. The patient demanded that the family switch to homeschooling and exhibited repeated, significant outbursts and rage when the family refused.

The PCP asked the patient about specific concerns related to returning to school. The patient expressed that the activity restrictions associated with medical recovery from the burn injury eliminated much of the fun of summer, which was now over. Additionally, the patient was worried that classmates would ask repeated questions about the burns or make fun of the scars on the patient's hands and arms.

The family requested a therapy referral, but the wait time was four months. The PCP emailed the WI CPCP requesting behavioral strategies to address these concerns in the meantime.

## Consultant's Response:

This case highlights how emotional and behavioral sequelae can present weeks or even months after a traumatic injury. This can negatively affect functioning at home, at school, or with peers, but long wait lists for therapy preclude the immediate attention that is required. Medications often are either not desired by patients and families or not appropriate for the management of trauma-related emotional and behavioral symptoms. In this case, the following WI CPCP recommendations were offered:

1. **Acknowledge the child's distress:** Validate the child's concerns and emphasize the goal of ensuring they feel emotionally safe and supported.
2. **Develop a support network:** Work with the family to identify trusted individuals at home, at school, and within the community on whom the child can rely.
3. **Incorporate enjoyable activities:** Suggest scheduling activities the child enjoys both inside and outside of school to create positive experiences throughout the day.
4. **Prepare for social interactions:** Encourage the family to develop "scripts" for the child to use when responding to questions about the injury. This helps the child maintain control over what they share and practice self-advocacy.
5. **Highlight positive aspects of school:** Identify parts of the school experience that the child enjoys, whether it's spending time with friends, participating in extracurricular activities, or connecting with a trusted teacher or counselor.
6. **Create a gradual return plan:** Suggest an informal support plan to ease the child's return to school, such as having check-ins with a teacher or counselor or gradually increasing school attendance over two to three days to build confidence.
7. **Provide positive reinforcement:** Encourage the family and school staff to offer reassurance and celebrate the child's progress as they resume daily activities.

In this case, the child and family expressed greater confidence in their ability to manage this situation after having a conversation with the PCP.