



Sleep Talk™ for Children

Promoting emotional resilience
following the **Black Saturday** bushfires

Presentation by

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About me.....



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Intended learning objectives

1. Review statistics pertinent to the Black Saturday fires.
2. Discuss the impact of trauma on children.
3. Explore the Sleep Talk TM for Children process.
4. Discuss the Sleep Talk TM for Children pilot study with families affected by the Black Saturday fires.



The Black Saturday Fires

- ❑ On 7 February 2009, Victoria experienced the worst bushfires in the nation's history.
- ❑ This day become known as Black Saturday.



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The Black Saturday Fires



**Temperatures in
Melbourne
reached 46.4°**

**Wind speeds
>100km/hr**

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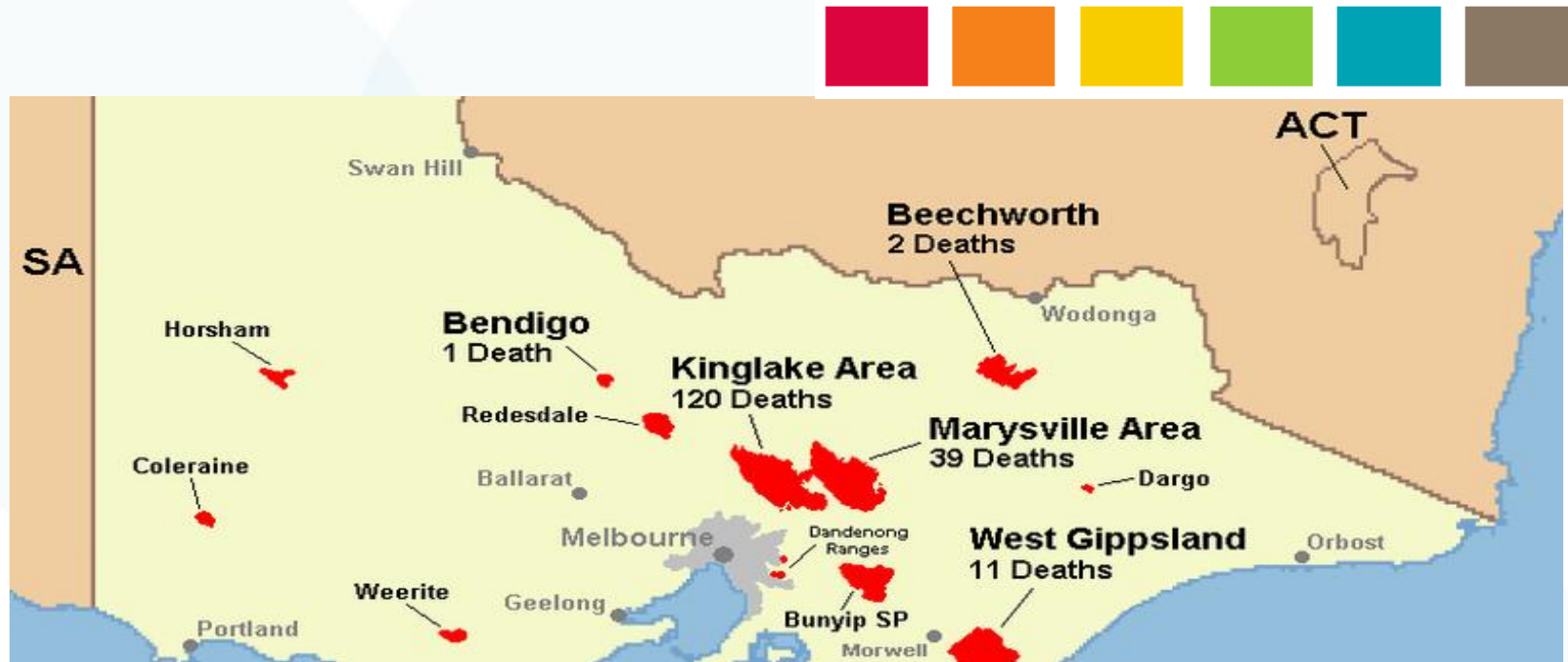
173 people died

Over 80 communities devastated

7,562 people displaced

Over 3,500 structures destroyed

**A "conservative" estimate of the
total cost of the Black Saturday
bushfires of A\$4.4 billion**



The Black Saturday Fires

- ❑ The major fires occurred in 14 different geographical regions and burnt an area of over 430 000 hectares
- ❑ As many as 400 individual fires were recorded on 7 February



- It was estimated that the amount of energy released during the firestorm in the Kinglake-Marysville area was equivalent to the amount of energy that would be released by 1,500 atomic bombs
- Most bushfire victims either died, or survived with minor injuries.





The Black Saturday Fires

Year	Disaster	Location
1899	Cyclone Mahina, Cape York, Qld	> 400
2009	Victorian bushfires	173
1852	Gundagai floods, NSW	89
1983	Ash Wednesday bushfires, Vic and SA	75
1939	Black Friday bushfires, Vic	71
1974	Cyclone Tracy, Darwin, NT	64
1967	Tasmanian bushfires	62

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The Black Saturday Fires

Year	Location	Deaths
1871	Peshtigo, Wisconsin, USA	1200
1918	Cloquet, Minnesota, USA	453
1894	Hinckley, Minnesota, USA	418
1881	Thumb region, Michigan, USA	282
1997	Sumatra, Kalimantan, Indonesia	240
1916	Matheson, Ontario, Canada	233
1949	Landes region, France	230
1987	Greater Hinggan, China	213
2009	Victoria, Australia	173
1825	Miramichi, New Brunswick, Canada	160

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The Black Saturday Fires

The task of responding to a tragedy of this scale was massive, unprecedented and challenging.



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Trauma and children

The number of children thought to have been profoundly affected by the fire has been conservatively estimated at 10,000

(Christine Nixon cited in Davies, 2010)



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How do children respond to trauma?



- Trauma occurs when a person is exposed to frightening and overwhelming circumstances to which they cannot give meaning.

(Caruana, 2010)

- Unfortunately, there is no way of knowing exactly how each child will react.

(Kenardy et al, 2010)

Differences in perceptions of threat

Parents/adults	Children
Threat to own or child's life	Separation from parent
Injury	Injury to self
Loss of property	Injury or loss of parent
Loss of business	Loss of parent
Loss of pet	Loss of favourite things
Loss of community	Disruption to routines

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Trauma in children



Many children are resilient in the face of a traumatic event

Kenardy, 2010

However, they just don't heal themselves

Chris Hall

CEO Australian Centre for Grief and Bereavement

"It's actually worse now"

(Munro, 2010)

"The worst thing is that when people ask Mum how are the kids, she always says they're fine. I have to walk out because they're NOT fine. She doesn't even know."

(Miletic, 2010)

"The fire is always in my mind"



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"We have for the first time a large population of children who are tuned into danger, death, terror, annihilation and their world is changed for ever,"

(Gordon, cited in Davies, 2010)

Children and trauma

- ❑ **Whether lasting seconds, minutes, or hours, the “death encounter” is the most intense and highly arousing event that can be conceived (Gordon, 2005).**
- ❑ **Of the 173 people who died, 23 of these were children**
- ❑ **There are the 20 children under the age of 18 who lost either one or both parents on Black Saturday**
- ❑ **At Whittlesea Secondary College one in three of the 830 students knew someone who died that day**

Lessons learned from Ash Wednesday 1983



- ❑ One of the most severe symptoms in children was an extreme phobia to weather, which today still triggers nightmares and flashbacks (Gordon, cited in Davies, 2010)
- ❑ One third of children studied were found to have a continuing preoccupation with their exposure 2 years after the event. (McFarlane, 1987b).
- ❑ One third of children exposed to the fires could suffer post-traumatic stress disorder symptoms in 20 years' time. (McFarlane & Van Hooff, 2009)
- ❑ It can take 7 years for communities to rebuild. (Gordon, cited in Davies, 2010)





Sleep Talk™ for Children

Aim

To evaluate a pilot study utilising the *Sleep Talk™ for Children* process to promote emotional resilience in children following the black Saturday fires.



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Sleep Talk™ for Children

Intervention

Sleep Talk™ for Children Process



Sleep Talk™ for Children is a process which accesses and communicates important messages to a child's *subconscious* mind whilst asleep, effecting changes in behaviour management, reducing stress, trauma and anxiety and promoting emotional resilience and positive self image.

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Sleep Talk TM for Children

- ✓ Empowers parents to assist their children develop emotional resilience and positive self image.
- ✓ It is the parents themselves that learn and implement the Sleep Talk TM process with their children.
- ✓ Suits children of all ages from about 1 till early teens.
- ✓ Non-intrusive, ethical and safe with lasting benefits.
- ✓ Appropriate for any child.
- ✓ The process is simple to learn and is non-invasive
- ✓ Takes parents a few moments each night
- ✓ Sleep Talk TM allows the child to awaken from sleep with a new and positive mind set.
- ✓ The down line ramifications of change affect the entire family

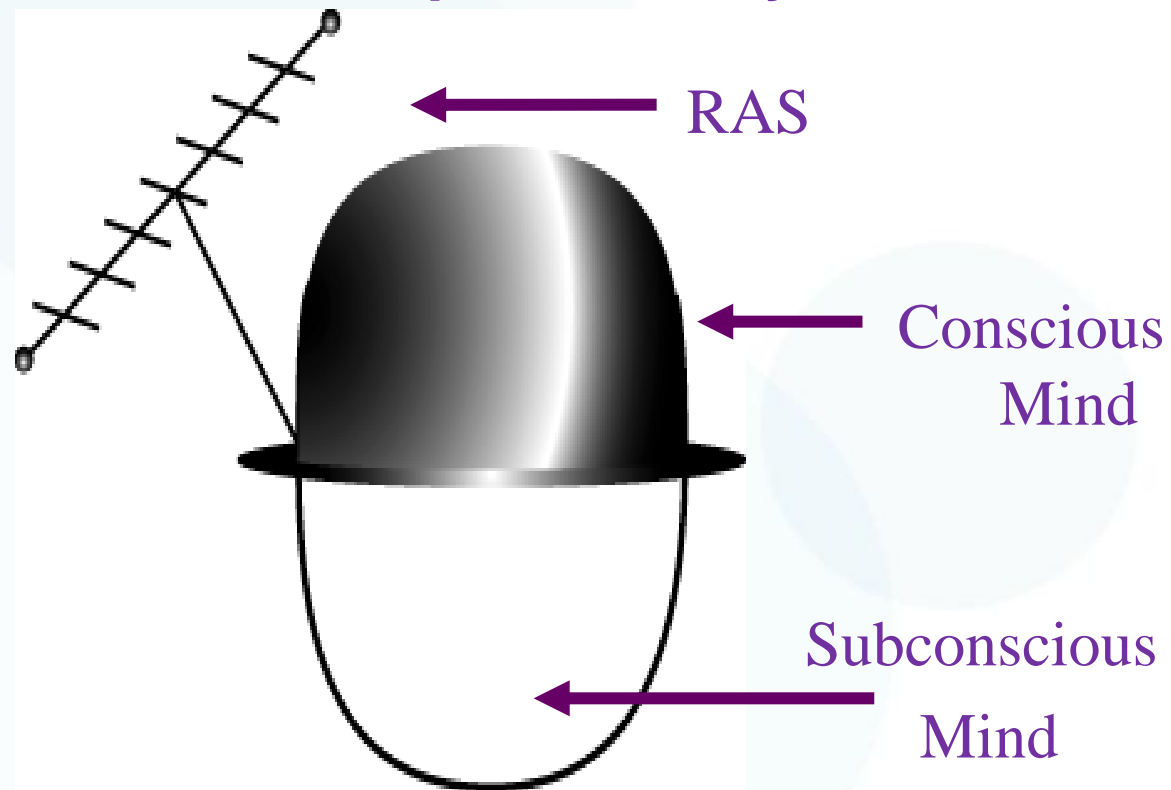
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Sleep Talk™ for Children

Whilst asleep, the conscious mind rests, but the subconscious mind always has a level of awareness due to the Reticular Activating System (RAS)

The Top Hat theory



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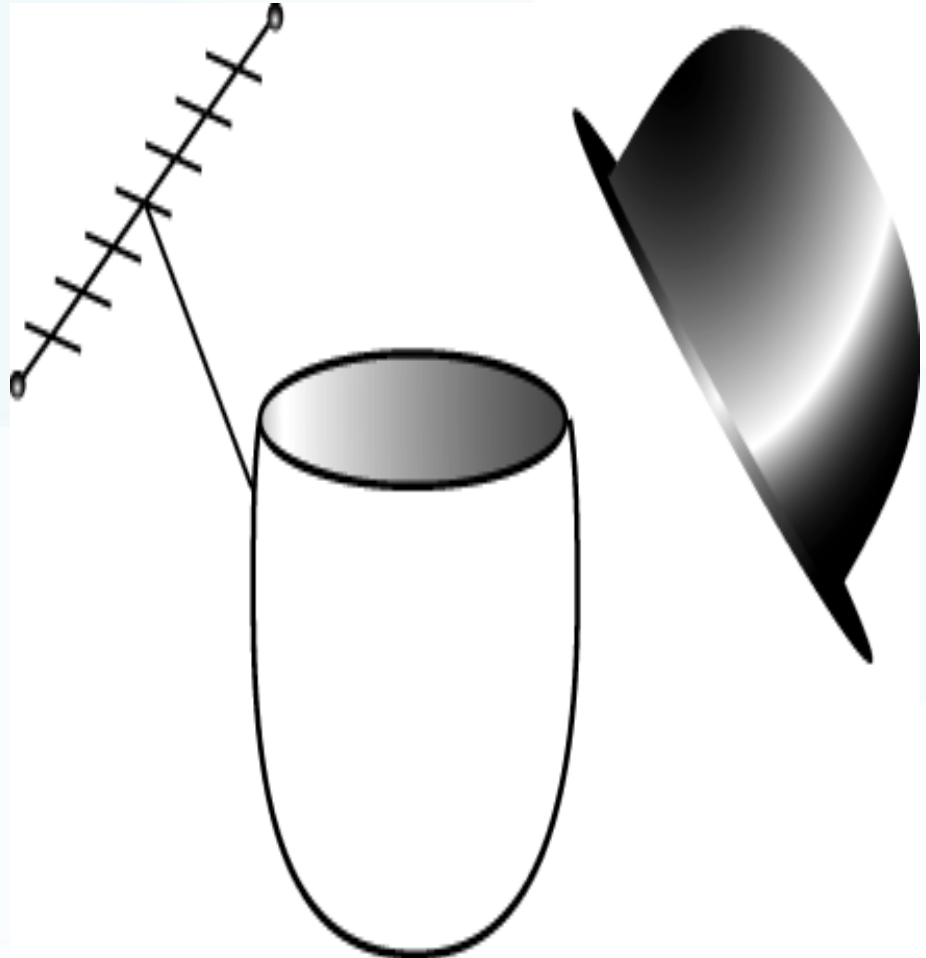
Sleep Talk™ for Children

For Sleep Talk™ to be effective, parents are taught to engage the correct brain wave frequency of the sleeping child.

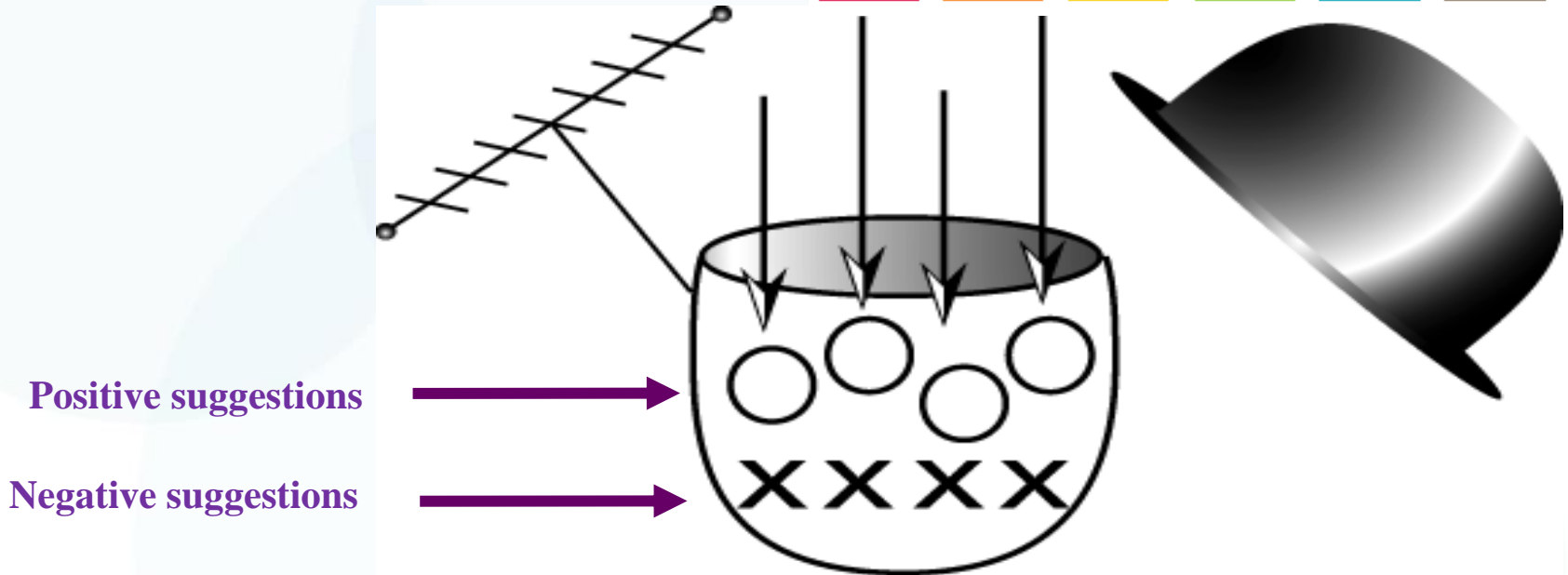
The ideal level seems to be between Alpha and Delta.

Child's conscious mind is directed to stay asleep – the Top Hat is removed.

This allows communication with the subconscious mind via the mind's antenna. (RAS)



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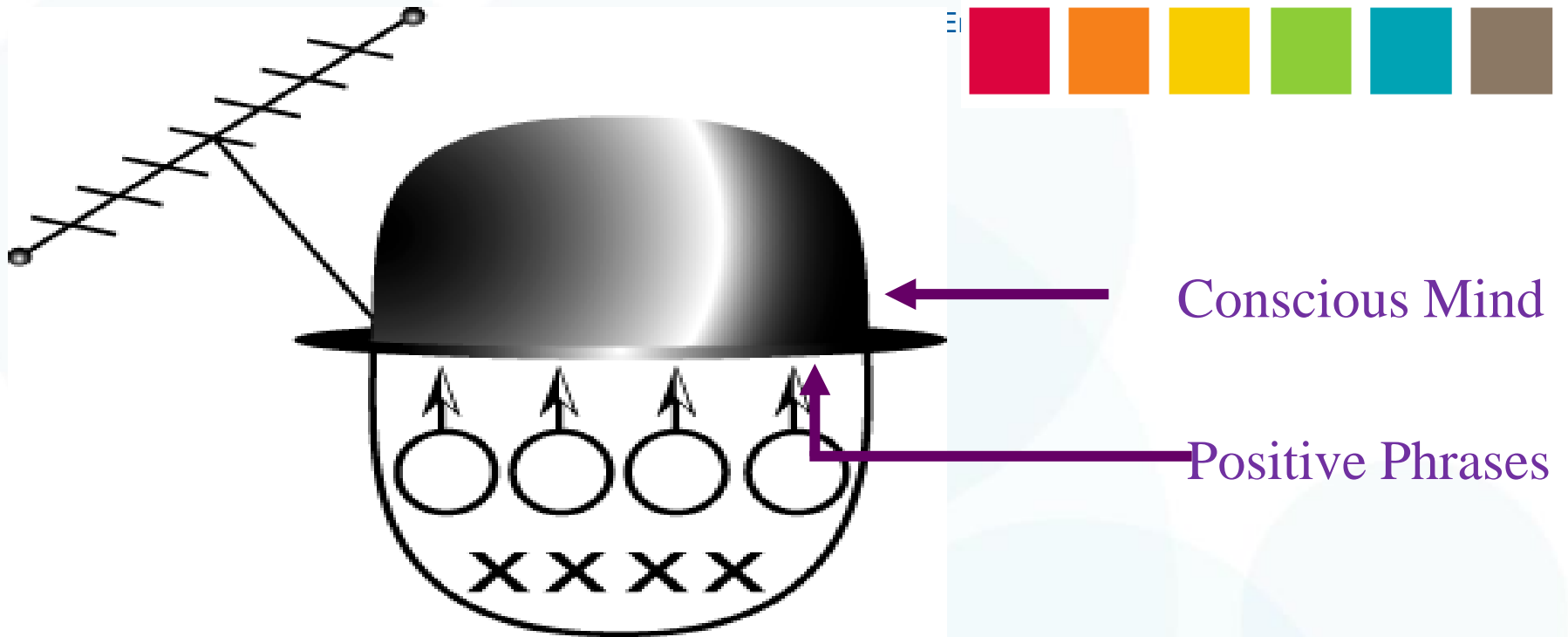


Sleep Talk™ for Children

The Sleep Talk process enables you to talk directly to the child's subconscious mind via the mind's antenna (RAS) without conscious interference.

When presented in this manner, the positive phrases will be accepted by the subconscious mind

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Sleep Talk™ for Children

On the completion of this process, the child's brainwave is returned to its normal sleeping pattern, i.e. put the Top Hat back on.

The child awakes with the positive suggestions available in consciousness

Overtime, the positive suggestions dominate negative belief patterns

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Sleep Talk™ for Children

Method

Families concerned regarding children's response to fires invited to participate via Yarra Valley Practitioner Program (YVPP)

19 families recruited and initial evaluation of 36 children.

4 meetings of 90 minutes duration over a 4 month period with reevaluation to measure perceived progress as a response to the *Sleep Talk™ for Children* process.

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Sleep Talk™ for Children

Measurement

“Where does my Child stand now”
Document



Child Name		V' Poor	Poor	O.K	Good	V' Good	Excel	N/A	0-10
	1.1	General Energy							
	1.2	Interest in sport							
	1.3	Energy in the morning							
Physical	1.4	Level of physical ability							
	1.5	Eating habits							
	1.6	Co-ordination							
	1.7	Speech							
	2.1	Reading							
	2.2	Writing							
	2.3	Attitude to crèche/kinder/school							
Academic	2.4	Confidence in study							
	2.5	Maths							
	2.6	Dealing with peer group pressure							
	2.7	Level of concentration							
	2.8	Creativity							
	2.9	Extra activities eg. Music-dance							
	3.1	Ability to make friends							
	3.2	Communicating with others							
Behaviour	3.3	Sharing with others							
	3.4	Acceptance of others							
	3.6	Giving affection							
	3.7	Socially acceptable behaviour							
	4.1	Level of anxiety							
	4.2	Able to deal with issues							
	4.3	Nervous habits (nail biting-speech)							
Emotional	4.4	Ability to remain calm							
	4.5	Ability to deal with anger							
	4.6	self-esteem							
	4.7	Day to day happiness							
	4.8	Level of fear/ school/ people/rain							
	4.9	Level of personal confidence							
	5.1	Sleeping habits							
	5.2	Ability to cope without parents							
Home	5.3	Co-operation							
	5.4	Ability to work alone							
	5.5	Behaviour towards parents							
	5.6	Behaviour towards siblings							

Comments: * Identifies areas to be addressed

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Outcomes

16 families completed pilot study with evaluations of 28 children completed.

Improvement reported in 100% of children involved in this process in one or more domains.

High parental satisfaction

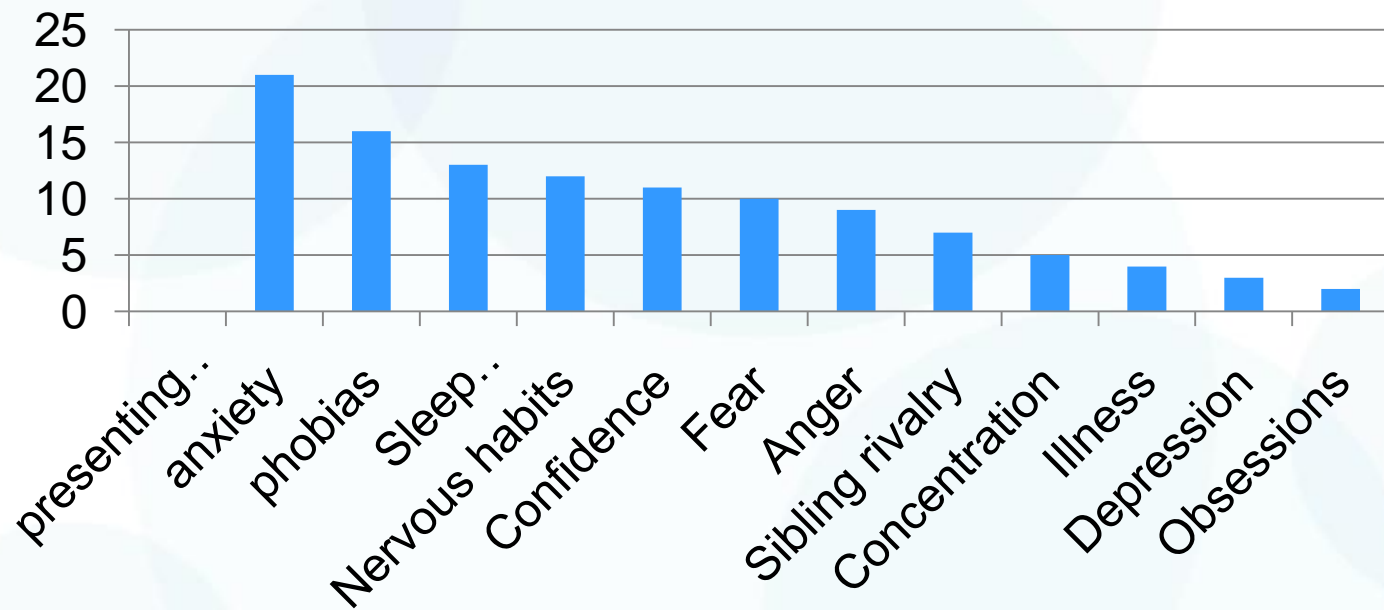
Belief that it worked

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Response to intervention

Presenting Problems



Average number of presenting
problems per child = 4

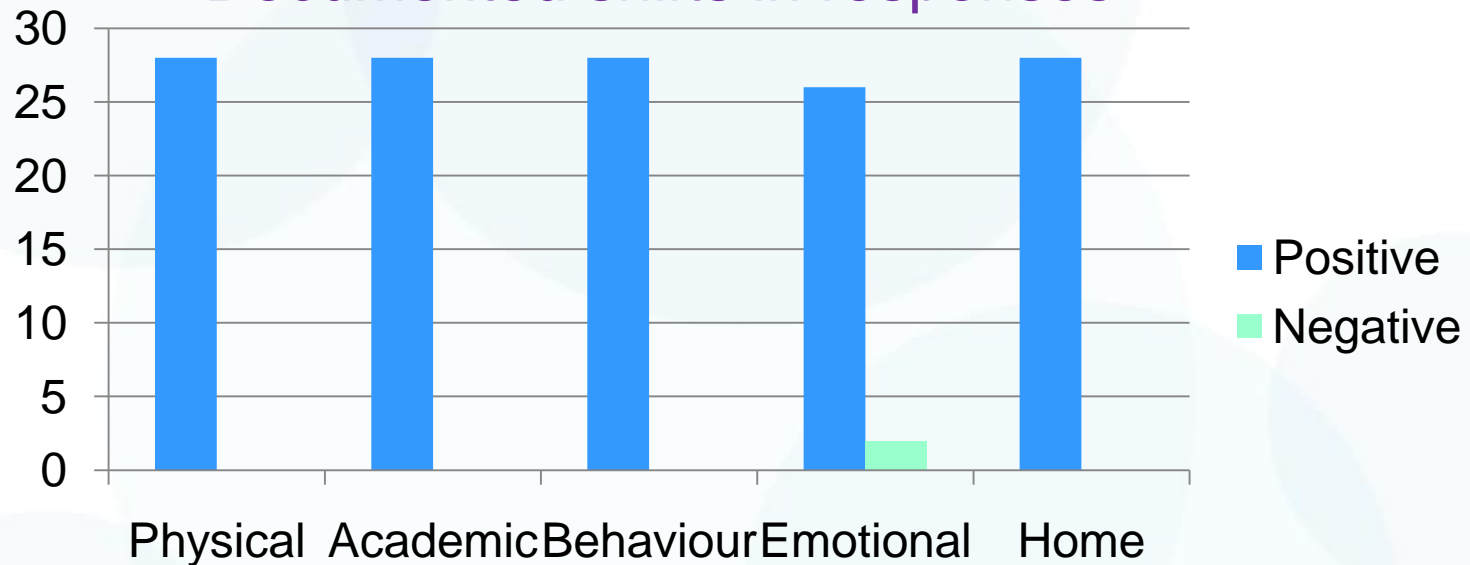
Average age = 6.5 yrs

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Response to intervention

Documented shifts in responses



***Sleep Talk™ for Children* case histories demonstrated a positive response with *improvement reported in 100% of children* involved in this process in one or more of the physical, academic, behavioural, emotional and home domains.**

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Response to intervention

Where does my child stand now

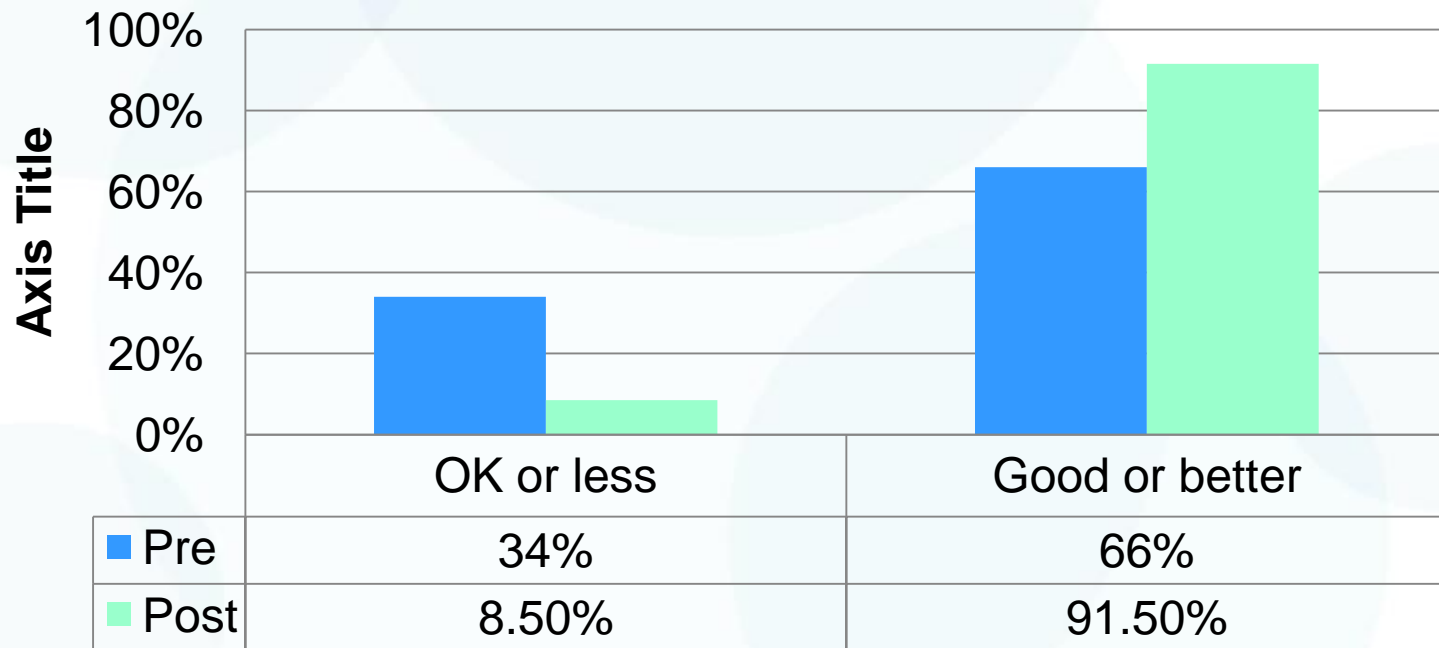


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Response to interventions

Where does my child stand now



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Parental satisfaction

- Evaluations revealed parents reported satisfaction with being able to actively contribute to the healing process with their children.
- Parents also felt that the delivery of the *Sleep Talk™ for Children* process each night contributed to a sense of regaining control over their lives, therefore, contributing to their own healing process.
- Belief that the Sleep Talk for Children process directly responsible for improvements demonstrated in their children.



“These are the nicest words I have said to anyone in a long time”

“Thankyou for giving my child back. I had begun to think maybe I had lost him to the fires.”

Case study – 8 year old boy who evacuated but lost everything



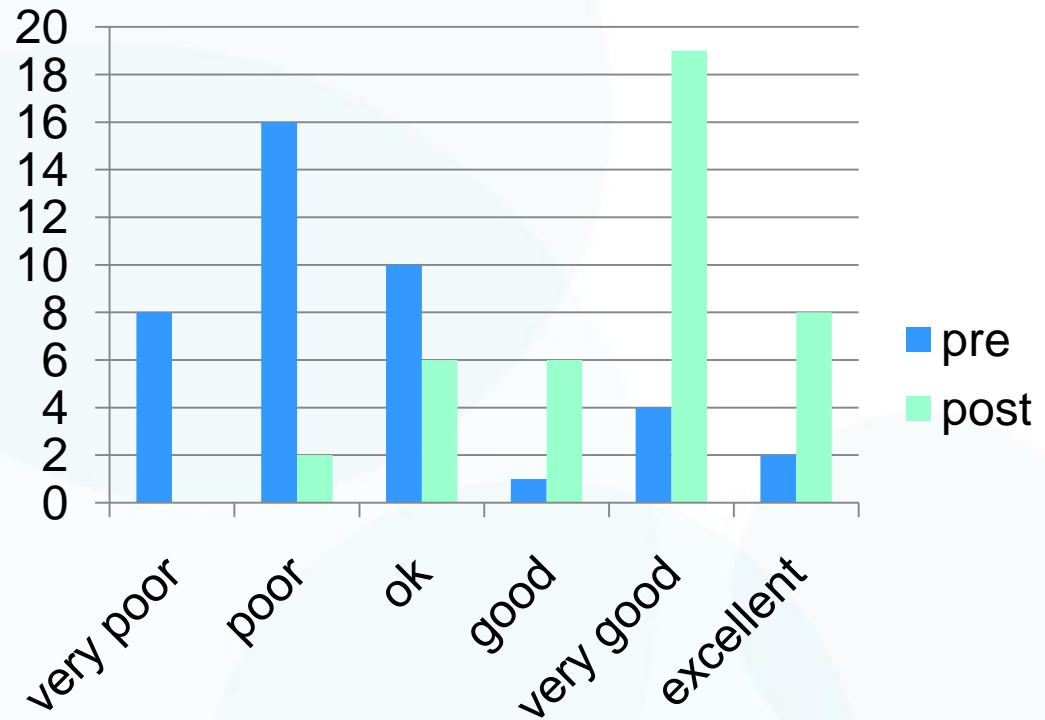
Summary of issues

- Poor energy – struggles getting up morning
- Not swallowing solid food.
- Mouth ulcers.
- Lost interest in sport, school and reading
- Unmotivated
- Difficulty concentrating.
- Mood swings
- Needing to sit with teacher.
- Started thumb sucking.
- Stuttering/broken speech
- Separation anxiety
- Uncomfortable receiving and giving affection
- Withdrawn from friends.
- Picking arguments with brothers and children school.
- Nightmares.
- Will not play outside or ride bike.
- Fearful of “smoke” and wind
- Not talking!

Case study – 8 year old boy who evacuated but lost everything

3 month evaluation

- Thumb sucking gone.
- Nightmares stopped
- Singing in mornings
- “Smoke” not concerning him as much
- Speech returned to normal
- Mouth ulcers cleared
- Appetite improved and making healthy choices.
- Eating normally.
- Sleep improved
- Excited about sport.
- Moods stabilised and much calmer.
- Playing outside again.
- Waking in the morning singing.
- Sibling rivalry and friendships improved.
- Giving cuddles
- Talking to mum – missing dog



“ You are safe”

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Case Study – 12 year old boy unable to evacuate.

Summary of Issues

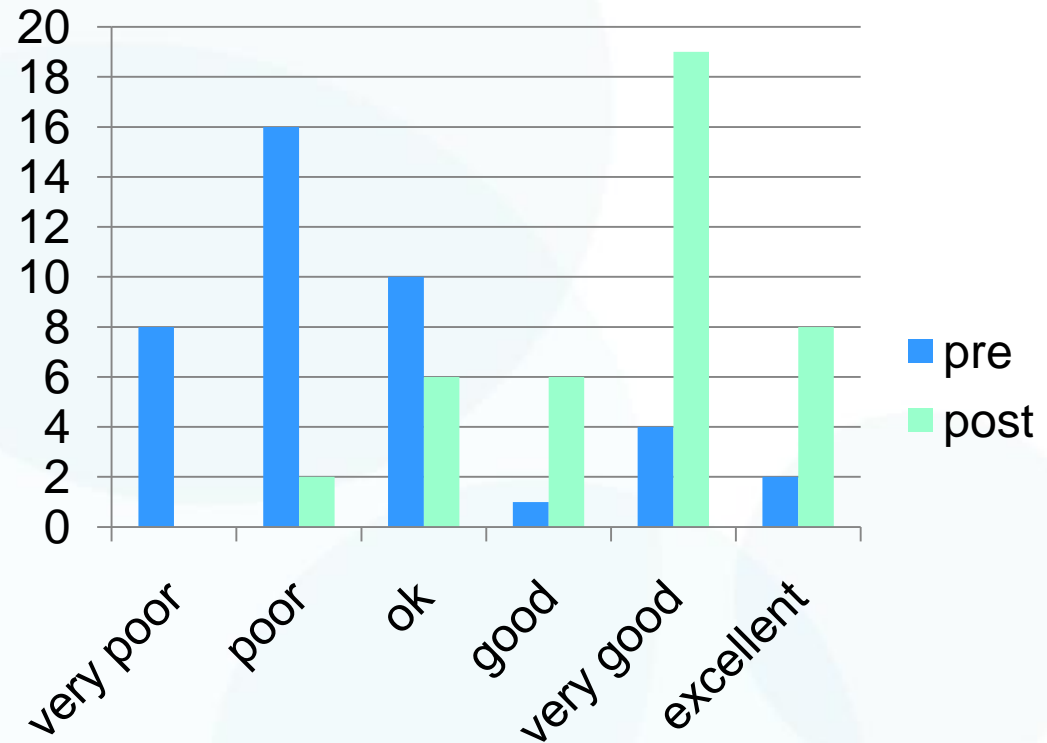


- Anger towards mother
- Normally very affectionate boy but now at home misbehaves, doesn't listen, talks back, makes faces, yells, tantrums.
- Extreme and unpredictable mood swings.
- Started nail biting
- Refuses to go to sleep.
- Does not want to be away from parents.
- Lacking confidence school
- Mumbling despite previous great speech.
- Stopped writing stories
- Not talking

Case Study – 12 year old boy unable to evacuate.

3 month evaluation

- Changed child.
- Happier and not angry as much.
- 100% improvement towards mum.
- Nail biting stopped.
- Speech normalised.
- Talking and writing again.
- Occasional sleep issues but not refusing.



“You are safe, calm and in control”



Case study – 6 year old girl evacuated to town centre.



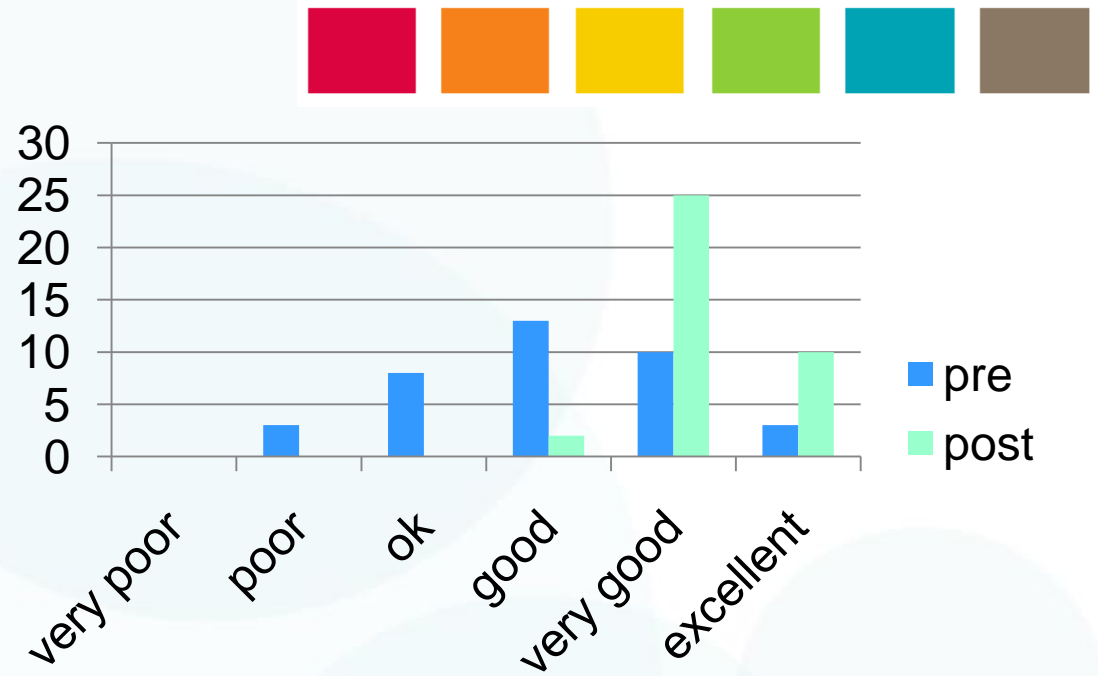
Summary of Issues

- Being rude
- Disinterested
- Speaks grumpily
- Angry!
- Waking up crying
- Scared of the dark and wind
- Thumb sucking
- School work slipping
- Pretending to be sick to miss school
- Separation anxiety
- Being forced to eat
- Refusing to take part in extra school activities
- Lacking confidence

Case study – 6 year old girl evacuated to town centre.

3 month evaluation

- Much happier
- No longer scared of dark or wind
- Thumb sucking stopped except for when very tired.
- Sleeping issues resolved.
- Energy and level of interest improved.
- Still issues with eating
- Back at activities
- Confidence improved



“You’re confident, calm and happy”



Case study – 9 year old boy did not evacuate



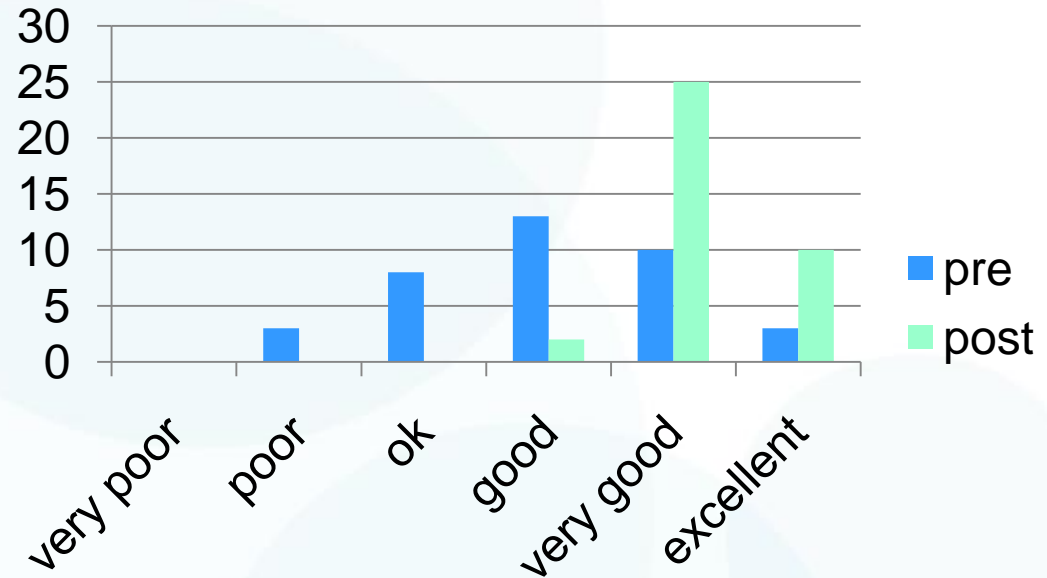
Summary of issues

- Forgetful
- Difficulty concentrating
- Poor energy
- Poor attitude to school
- Disinterested
- Anxious
- Angry
- Not willing to share
- Mood swings
- Scared of the dark, wind and smoke
- Started bed wetting

Case study – 9 year old boy did not evacuate

3 month evaluation

- Much calmer
- No longer forgetful
- Sleeping better
- Anxiety improved
- No longer wetting bed.
- Noticed no longer worried about smoke
- Able to reason with parents better
- Displaying more interest, energy and effort
- Better with brother – sharing more



“You are safe, calm and it’s ok”

“Whatever the day brings, you remain calm, positive and in control of your thoughts and emotions”



Conclusions

1. The **Goulding Sleep Talk™ for Children** program is a safe, effective and easy process that can be utilised to promote emotional resilience in children who have experienced stress, anxiety and trauma.
2. **Sleep Talk™ for Children** empowers both the parent and child, improving the bond and communication between them, therefore helping to stabilise the family unit.



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Sleep Talk™ for Children

- Statistical analysis
- Validated tool
- Parental self report
- Control group
- Randomisation

Limitations



- Extended process for trauma.
- Working with mothers exposed to trauma.
- Working with fathers exposed to trauma.
- Working with groups.

Lessons learned





Acknowledgements



Joane
Goulding



YVPP



Victorian
Government

**It's not what we leave to our children that matters;
it's the knowledge that we leave within their minds**

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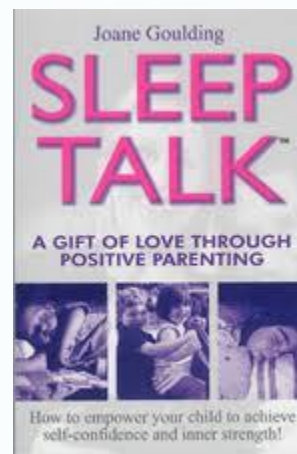
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Further information

<http://www.gouldingconsultants.com/>



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