

7. Protect the child

Do not hesitate to cut short or stop activities which are upsetting or re-traumatizing for the child. If you observe increased symptoms in a child that occur in a certain situation or following exposure to certain movies, activities and so forth, avoid these activities. Try to restructure or limit activities that cause escalation of symptoms in the traumatized child.

8. Give the child choices and some sense of control.

When a child, particularly a traumatized child, feels that they do not have control of a situation, they will predictably get more symptomatic. If a child is given some choice or some element of control in an activity or in an interaction with an adult, they will feel safer, comfortable and will be able to feel, think and act in a more 'mature' fashion. When a child is having difficulty with compliance, frame the 'consequence' as a choice for them-- "You have a choice- you can choose to do what I have asked or you can choose..." Again, this simple framing of the interaction with the child gives them some sense of control and can help defuse situations where the child feels out of control and therefore, anxious.

9. If you have questions, ask for help.

These brief guidelines can only give you a broad framework for working with a traumatized child. Knowledge is power; the more informed you are, the more you understand the child, the better you can provide them with the support, nurturance and guidance they need. Take advantage of resources in your community. Each community has agencies, organizations and individuals coping with the same issues. They often have the support you may need.

The more threatened the individual, the more 'primitive' (or regressed) becomes the style of thinking and behaving. When a traumatized child is in a state of alarm (because they are thinking about the trauma, for example) they will be less capable of concentrating, they will be more anxious and they will pay more attention to 'non-verbal' cues such as tone of voice, body posture and facial expressions. This has important implications for understanding the way the child is processing, learning and reacting to a given situation. A traumatized child is often, at baseline, in a state of low-level fear – responding by using either a hyperarousal or a dissociative adaptation – the child's emotional, behavioral, and cognitive functioning will reflect this (often regressed) state.

~ Ally Jamieson, M.S.W.

Special Considerations for Parents, Caretakers, & Teachers July 2008

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Special Considerations

For Parents, Caretakers, and Teachers

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9 Ways You Can Help Children Impacted By Trauma...

1. Do not be afraid to talk about the traumatic event.

Children do not benefit from 'not thinking about it' or 'putting it out of their minds'. If a child senses that his/her caretakers are upset about the event, they will not bring it up. In the long run, this only makes the child's recovery more difficult. Don't bring it up on your own, but when the child brings it up, don't avoid discussion, listen to the child, answer questions, provide comfort and support. We often have no good verbal explanations, but listening, not avoiding or over-reacting, to the subject and then comforting the child will have a critical and long-lasting positive effect.

2. Provide a consistent, predictable pattern for the day.

Make sure the child knows the pattern. Try to have consistent times for meals, school, homework, quiet time, etc. When the day includes new or different activities, tell the child beforehand and explain why this day's pattern is different. Don't underestimate how important it is for children to know that their caretakers are 'in control'. There is no expectation of perfection, however, when caretakers are overwhelmed, irritable or anxious; simply help the child understand why, and that these reactions are normal and will pass.

3. Be nurturing, comforting and affectionate, but be sure this is in an appropriate 'context'.

For children traumatized by physical or sexual abuse, intimacy is often associated with confusion, pain, fear and abandonment. Providing 'hugs', kisses and other physical comfort to younger children is very

important. A good working principle for this is to provide this for the child when he/she seeks it. When the child walks over and touches, return in kind. The child will want to be held or rocked, go ahead. On the other hand, try not to interrupt the child's play or other free activities by grabbing them and holding them. Further, be aware that many children from chronically distressed settings may have what we call attachment challenges. They will have unusual and often inappropriate styles of interacting.

Do not tell or command them to 'give me a kiss' or 'give me a hug'. Abused children often take commands very seriously. It reinforces a very malignant association linking intimacy/physical comfort with power (which is inherent in a caretaking adult's command to 'hug me').

4. Discuss your expectations for behavior and your style of 'discipline' with child.

Make sure that there are clear 'rules' and consequences for breaking the rules for both you and the child. Make sure that both you and the child understand beforehand the specific consequences for compliant and non-compliant behaviors. It's never too late to collaborate on a contract with a child, and might be a wise strategy for decreasing tensions during the adolescent years.

Be consistent when applying consequences. Use flexibility in consequences to illustrate reason and understanding. Utilize positive reinforcement and rewards. Make sure to consequence yourself when you break agreed upon rules, otherwise a "double-standard" or disregard for agreed upon rules is modeled.

Avoid any and all physical discipline.

5. Talk with the child

Give children age appropriate information. The more the child knows about who, what, where, why and how the adult world works, the easier it is to 'make sense' of it. Unpredictability and the unknown are two things which will make a traumatized child more anxious, fearful, and therefore, more symptomatic. They may be more hyperactive, impulsive, anxious, aggressive, and have more sleep and mood problems.

Without factual information, children (and adults) 'speculate' and fill in the empty spaces to make a complete story or explanation. In most cases, the child's fears and fantasies are much more frightening and disturbing than the truth. Tell the child the truth - even when it is emotionally difficult. If you don't know the answer yourself, tell the child. Honesty and openness will help the child develop trust.

6. Watch closely for signs of:

- ♥ **RE-ENACTMENT**
(e.g., in play, drawing, behaviors)
- ♥ **AVOIDANCE**
(e.g., being withdrawn, daydreaming, avoiding other children)
- ♥ **PHYSIOLOGICAL HYPER-REACTIVITY**
(e.g., anxiety, sleep problems, behavioral impulsivity)

All traumatized children exhibit some combination of these symptoms. Many exhibit these symptoms for years after the traumatic event. When you see these symptoms, it is likely that the child has had some reminder of the event, either through thoughts, sensory perceptions and/or experiences. Try to comfort and be tolerant of the child's emotional and behavioral actions or inactions. These symptoms will wax and wane-sometimes for no apparent reason. The best thing you can do is to try to observe patterns in the behavior.