TRAUMA IN CHILDREN

RESILIENCE IN CHILDREN

Resilience is the ***ability to thrive in the face of difficult circumstances***. Resilience is likely to develop from both internal and environmental factors:

1. **Loving close relationship with a supportive and 'available' caregiver.**

2. **A stable, supportive family environment that provides structure, clear rules and good supervision.**

3. **Emotional support outside the family eg. Community, religious leaders, teachers or peers.**

4. **Some school environments are more effective than others.**

5. **Role models who display good problem solving skills – who have survived adversity themselves.**

INDICATORS THAT A CHILD HAS BEEN TRAUMATISED

Parent

- Sudden change in child's behaviour or personality
- Display typical symptoms of traumatisation
- Physical signs (blood, bruises)
- Other adults may inform them
- Child discloses

Teacher

- Student takes the teacher into their confidence
- School performance suddenly deteriorates
- Child discloses in a writing assignment or class discussion
- Sudden change in classroom behaviour

DEVELOPMENTAL STAGES IN CHILDREN

INFANTS & TODDLERS (younger than 2)

- Totally dependent on adults for survival
- Reciprocal relationship with caregiver
- Between 10 to 18 months infants learn to separate as they start to crawl and move away from the mother but constantly look back and return for reassurance.
- In the first 2 years of life development is extremely fast
- Parents & caregivers need to be firm and consistent about acceptable behaviour and should also encourage independence.
- Although, they begin to share they are reluctant to do so.

TRAUMA SYMPTOMS CHECKLIST

- Increased crying, irritability and needing attention
- Regression: the child loses skills that have been developed (speech, bladder, motor skills like walking/sitting etc)
- Eating problems
- Disrupted sleep
- Child is jumpy and easily startled
- Reluctance to be separated from caregiver, exhibits clingy behaviour
- Child is less responsive to stimulation and attention
- Child may become anxious if they are in contact with someone who reminds them of the trauma
- At the older end of this group, the child's play involves aspects of the trauma

PRE-SCHOOL CHILDREN (2 to 6)

- Completely ego centric
- Parents are still central figures in their lives
- Focus is almost entirely on 'the family'
- Start to distinguish between fantasy and reality and play games which involve both roles
- Can co-operate and share but cannot display empathy
- Inability to reason causes them to misunderstand/misinterpret events
- Believe their thoughts and wishes will come true
- Everything is alive
- Everything is intentional and for a reason
- Start to become socialised.
- Start to work towards independence
- Anything bad is a punishment!!

TRAUMA SYMPTOMS CHECKLIST

- Child may experience distressing, intrusive memories of the trauma
- Child may tell the story of the trauma over and over again. Child may misunderstand or fantasises about different aspects of the trauma
- The child may fear anything that is a reminder of the trauma, or may worry that the trauma may happen again. The child may also be more fearful than usual
- Child is jumpy and easily startled
- Anxiety about separating from caregivers, clingy behaviour – may follow parents around or refuse to leave parent to attend playschool
- Regression – child loses skills that have been developed. May revert to bed wetting, thumb sucking or asking for a bottle
- Post traumatic play – the child may involve friends in this play
- Behavioural problems – child may suddenly display difficult behaviour at home or school and may have difficulty in relating to friends
- Child is withdrawn or unusually quiet
- Loss of energy or interest in activities the child usually enjoys
- Eating problems
- Sleep disturbances – nightmares, screaming, sleep walking, fear of going to sleep. Child may want to sleep with parents.
- Somatising – child may report physical symptoms like headaches, stomach aches which have no medical cause
- Forgetful, poor memory for tasks
- Irritable or aggressive behaviour – the child may be physically or verbally aggressive with parents and/or friends and destructive with toys

PRIMARY SCHOOL CHILDREN (7 to 12)

- Become less egocentric and begin to think more rationally and logically
- Able to reason and follow rules
- Able to concentrate
- Capable of complex motor tasks
- Begin forming relationships **outside** of the family and begin to empathise
- Start to identify with, imitate and form relationships with other adults
- Idealised relationship with same sex parent
- Relationships with peers become very important
- School is a **very important** environment

TRAUMA SYMPTOMS CHECKLIST

- Child may experience intrusive thoughts about the trauma
- Child may tell the story of the trauma over and over again
- Child may experience guilt for things they did or did not do during the incident
- Fear – the child may fear anything that is a reminder of the trauma. May also be generally more fearful than usual
- Child is jumpy and easily startled
- Regression – child loses skills that have been developed and behaves like a younger child.
- Post traumatic play which involves siblings or playmates
- Problems at school – schoolwork may deteriorate or child may become disruptive in classroom
- Difficulty concentrating and coping with schoolwork, forgetful and poor memory
- Behavioural problems – child may suddenly display difficult behaviour at home or school and may have difficulty in relating to friends
- Sleep disturbances – nightmares, difficulty falling or staying asleep and reluctance to sleep in own room
- Child eats too much or too little
- Somatising – child may report physical symptoms like headaches, stomach aches which have no medical cause

ADOLESCENTS (13 to 18)

- Make the transition from child to adult
- Main task is to form their identity and their image of themself as a unique person with a sense of purpose
- Usually have very distinctive clothes and teenage specific activities
- Experiment with ideologies and different beliefs – may result in membership of different 'groups'
- Period of very rapid physical change – accompanied by fear, vulnerability and confusion
- Experience first sexual feelings
- Aware of 'responsibility'
- Abstract, conceptual and future orientated thinking develops
- Sentimental

TRAUMA SYMPTOMS CHECKLIST

- Intrusive and distressing memories about the trauma. In some cases this is very strong and they have a sense that they are reliving the trauma
- Revenge fantasies
- Fear – recurrence of the trauma or future traumas. Also more fearful and anxious in general
- Hyperarousal – jumpy, easily startled or frightened
- Acting out – they engage in reckless or risk taking behaviour (truancy, reckless driving, drinking, casual sex)
- Feelings of shame, guilt or humiliation
- They may become overly active or withdrawn and disinterested
- Increased or decreased appetite
- Sleep disturbances – wanting to sleep all the time, insomnia or nightmares
- Feelings of helplessness – sense of being out of control and powerless
- Mistrustful, negative views of people and the future
- Adolescents may regress and lose some independence and become dependent on parents
- Running away from home
- Depressed feelings and thoughts of suicide
- Increased irritability and aggression, including arguments with parents
- Difficulty concentrating, poor memory and forgetfulness

THE POWER OF DRAWING

- Drawing is a psychomotor activity. Because trauma is a sensory experience, not a cognitive experience, intervention is necessary to trigger those sensory memories. Drawing triggers those sensory memories when it is trauma focused. It also provides a safe vehicle to communicate what children (even adults) often have few words to describe.
- Drawing engages the child/adult in the active involvement with their own healing. It takes them from passive to an active, directed, controlled externalisation of the trauma and its reactions
- Drawing provides a symbolic representation of the trauma experience in a format that is now external, concrete and therefore manageable.
- The paper acts as a container of that trauma
- Drawing provides a visual focus on details that encourage the client via trauma specific questions, to tell his story and to give it a language so that it can be reordered in a way that is manageable
- Drawing also provides for the diminishing of reactivity (anxiety) to trauma memories through repeated visual re-exposure in a medium that is perceived and felt by the client to be safe

TRAUMA SPECIFIC QUESTIONS

In addition to drawing, trauma-specific questions are used to help in the telling of the story and detailing with reactions experienced. Questions are directed to trauma themes and focus on trauma sensations and are also directed to the details of the trauma incident itself. These are some examples:

- What do you remember seeing or hearing? *Relates to the overall sensory imploding of detailed components of the traumatic incident*
- Do you sometimes think about what happened even if you don't want to? *Deals with intrusive thoughts*
- Do certain sounds, sights or smells sometimes suddenly remind you of what happened? *Refers to startle reactions*
- What would you like to see happen to that person (or thing) that caused this to happen? *Deals with anger and revenge*
- Do you sometimes think it should have been you instead? *This is an accountability/guilt question*

Throughout the process questions need to be specific to the theme being addressed.

The concreteness of the questions will keep the child focused on the specific theme and encourages the narrative (story) to be told with significant attention to detail.

Details are critical to helping establish a sense of control and provide the counsellor with the information needed to help the child find relief.

Multiple questions are asked because the specific trauma reference may be worry, not anger or revenge.

The child's trauma reference may be about the hurt experienced at a sensory level not the physical level – *check for somatisation*

PARENT INVOLVEMENT

- Parents are CRITICAL to their child's ability to recover from a traumatic experience. Parents are usually the single most important support for school age children following a disaster.
- An unstable parent creates an unstable child – a traumatised adult often finds it difficult to help their traumatised child.
- "Most children are amazingly resilient as long as they have caregivers that are emotionally **available**" – van der Kolk (1996)
- Parents often under estimate the impact trauma has on their children. This is partially due to not understanding of how trauma is different to grief and how it manifests in children
- The intervention with the child should be very structured and it is often best to have a first session with the parent on their own, to obtain factual information about the trauma and to identify changes in the child's behaviour, mood, emotions, relationships and performance since the trauma. The parent also needs to be educated on what trauma is and the ways in which to be helpful during the intervention process.

WHAT CAN PARENTS DO FOLLOWING A TRAUMA?

1. ***Establish a sense of safety and security***
   - It is essential that children feel protected, safe and secure in the aftermath of trauma. Ensure that all basic needs are met, including love, care and physical closeness. Spend extra time to let children know that someone will nurture and protect them, they need a lot of comforting and reassurance

2. ***Listen actively to your children***
   - Parents may underestimate the extent of the trauma experienced by their children. It is often not as important WHAT you say but rather that you LISTEN with empathy and patience. Sometimes children may be reluctant to talk about the traumatic event and if so, it may be more helpful to ask them what they think other children may have thought of or felt about the event. Also, it is usually easier for children to tell you WHAT happened before they can discuss their FEELINGS about the trauma. Sometimes children want to tell their parents the trauma story over and over – let them, retelling is part of the healing process!

3. ***Help your children express all their emotions***
   - It is important to talk to your children about the tragedy – to address the suddenness and irrationality of the disaster.
   - Re enactment and play about the trauma should be encouraged. It is helpful to ensure that children have time to paint, draw or write about the event. Provide toys that enable children to work through the trauma eg. Ambulance, police car, fire extinguisher, doctors kit etc. imagining alternate endings to the disaster may help empower your children and allow them to feel less helpless in the aftermath of the tragedy

4. ***Validate your children's feelings***
   - Help children understand that following a trauma all feelings are acceptable. Children will probably experience lots of feelings which could include shame, rage, anger, sadness, guilt, pain isolation, loneliness and fear
   - Help your children understand that what they are experiencing is normal and to be expected

5. ***Allow your children to regress as necessary***
   - This is important for them to "emotionally regroup" in a safe place. For example, your child may ask to sleep in your bed with the lights on or you may need to drive them to school and walk them to the class room.
   - Previously developed skills may disappear or deteriorate. Bed wetting or thumb sucking may re-appear! Aggression and anger in a previously passive child.
   - Be patient and tolerant and NEVER ridicule them, remember that regression following trauma is temporary and as soon as they feel strong enough to cope they will abandon their 'comfort' ways.

6. ***Help children clear up misconceptions***
   - Help correct misunderstandings regarding the cause of the trauma especially where they relate to inappropriate guilt, shame, embarrassment or fear. (eg, God struck my sister dead because he was angry with her, I should have been able to save my brother from the bad people etc)
   - Educate yourself about trauma and crisis
   - The more you know the more empowered you are to help your child

7. ***Help predict and prepare***
   - If your child needs to go to a funeral, hospital carefully explain what will happen at each step of the way. Allow them to ask all kinds of questions.

8. ***Arrange support for yourself and your family***
   - You may need extra emotional support during this time so seek it from the necessary source (medical, religious affiliations, psychological) Take good care of yourself and ensure that you have time for pleasurable experiences to establish a sense of normalcy and continuity.
   - Communicate with the school and the staff about what happened
   - Most teachers will be understanding and are able to provide additional support both educationally and emotionally. They can also provide information to doctors or therapists if necessary.
   - Affirm that your children are capable of coping and healing after a traumatic event
   - Plant 'emotional seeds' that express your confidence in your child's ability to heal. Remember that the messages that you give your child have incredible power!

DEBRIEFING MODEL FOR TRAUMATISED CHILDREN

OPENING

1. INTRODUCTION

"Do you know why you are here" (explain to them if they say no). Ask them superficial questions to make them feel less anxious about being here.

2. DRAWING

"Draw any picture that you can tell me a story about". Reassure them that the quality is not important and allow them to draw the picture in silence.

3. STORY

Ask the child to tell you the story. Allow them to present it spontaneously and be patient as you wait for the details. Ask them to elaborate whilst encouraging spontaneity. Be interested and curious about the drawing.

4. TRAUMATIC REFERENCE

Look for the link with what has actually happened to the child eg. "Maybe you also had a happy family before this happened"

TRAUMA – RELIVING THE EXPERIENCE

5. ACTUAL EVENT

Ask the child to tell you what actually happened. They may use drama/art/words. Reflect on feelings, what she saw, what she felt, where she felt it? (Perceptual experience)
Support their emotions empathically

6. WORST MOMENT

Ask the child what their worst moment was. Reflect feelings.

7. COPING WITH THE EXPERIENCE

Ask the child who they perceive to be guilty? Clarify reality
How come it happened? What would make someone do something like this?

8. INNER PLANS OF ACTION

"I'm wondering if you're thinking if there's something you could/should have done to stop it?" - reveals self blame.
Appraise options and identify mastery.

9. RETALIATION

"How should he be punished?" "How would you like to punish him?" (Reinforce that feeling this is ok but doing this is not – has consequences)
Also be realistic about our system, which often fails victims. DON'T MAKE HOLLOW PROMISES OR GIVE FALSE HOPE!

10. COUNTER RETALIATION

Fears of retaliation by perpetrator – establish what fears the child has and take them seriously. Eg – I am scared to go to the shop. I can't go down the passage alone.

- which are real?
- safety plans? "what will help this feel safer for you?"
- agree to involve adults i.e. agree to talk to mom about safety plans

11. CHECKLIST

- Previous trauma
- Any traumatic dreams/thoughts
- What are the things you worry about when you leave here? (mediate/deal with practically)
- How are you feeling now?

CLOSURE

12. REVIEW PROCESS

- Evaluate and ask the child what was helpful and what wasn't

13. VALIDATE EXPERIENCE

14. ACKNOWLEDGE COURAGE

15. OUTLINE WHAT WILL HAPPEN NOW

16. ANTICIPATE/PREPARE FOR POSSIBLE TRIGGERS AND ENCOURAGE USE OF SUPPORT

17. FOLLOW UP – MAKE YOURSELF AVAILABLE TO THE CHILD IF THEY WANT TO TALK AGAIN.

*NB - REFER IF THE CHILD NEEDS MORE HELP