Advice for Parents and Carers Involved in a Community Trauma

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Areas to Consider

- Talking to children about the event
- Developmental regression
- Self care
- You can watch the whole thing in one sitting, or on three separate occasions. It may be overwhelming to watch it all at once, so please make sure that you stop if you need to.
- You can watch alone or with others, but it will probably be most helpful if you watch with other people.
- ▶ There are follow up resources for each part of the video. Please try to use them.
- > We should welcome your suggestions for other areas you'd like to learn about.

Starting Points

- Relationships will be the main vehicle for recovery for all.
- Safety needs to be both implicit and explicit.
- Routine, predictability and familiarity are paramount.
- You will probably be feeling shocked and disoriented because you are living through a critical incident. Thinking will be less easy than usual.

Part 1 Conversations that Matter



Shouldn't we just wait for the child to bring it up?

It we wait for the child to initiate painful conversations, they will probably never happen, and the children are left with unresolved trauma, un-grieved losses and fractured narratives about their lives.

What if it opens up a can of worms?

- This can translate into 'Some things are too dangerous for me to talk about because in my own childhood/life, we don't talk about painful things.' What can be dangerous about a child feeling deeply understood, connected with, encountering compassion, empathy, acceptance? Also, the can of worms is usually already open and the child 'behaves' their feelings through aggressive or withdrawn or neurotic actions rather than articulating their feelings what we call 'communication by impact'.
- But we aren't therapists, what if we do more damage than good?
 - We don't wait for a doctor to clean and dress a wound if our child hurts herself. We must be able to apply emotional First Aid too.

What do children need to talk about?

- The event
- ► The perpetrator
- ► The riots
- Children who have been targeted by rioters
- Radicalisation
- Their own safety
- What will happen to the children who were killed?
- Neurodiversity

Is there anything else children need to talk about?

For Reflection and Discussion

- a) How will you answer questions about the above?
- b) Ask your school or nursery to help to create some scripts and simple Social Stories.

Supportive Conversations

- In light of such hard-hitting, disturbing scenes, it can be particularly difficult for parents and other adults to navigate these difficult subjects.
- How do you explain the events that have taken place in a way that will help them understand, but also not raise alarm or cause anxiety?

Care, Empathy, Honesty and Reassurance

- By approaching the conversation with care, empathy, honesty, and reassurance, adults can help children navigate the difficult emotions surrounding such tragic events.
- Be honest but keep things simple. Use language that is appropriate for the child's age and developmental stage, and avoid graphic details.
- Clarify any misinformation they come across on media, adult/peer conversation, social media and encourage children to talk about their feelings.

Toddlers 2 to 3

- Children this age may not understand the concept of death and are usually more focused on their immediate environment. You might not need to discuss the event unless they've been directly exposed to it. But they do pick up on your emotions.
- Script Example:
 - Child asks: 'Why is everyone sad?'
 - Parent/carer response: 'Something very sad happened. Some children got hurt, and that makes people feel sad. But you are safe, and I am here to take care of you.'

Young children 4 to 7

- Children in this age group start to understand that death is permanent but may struggle with understanding why bad things happen.
- Script Example:
 - Child asks: 'What happened to those children?'
 - Parent/carer response: 'Something very sad happened. Some children were hurt very badly by a person who did a terrible thing. It's okay to feel sad or confused about it. The grown-ups are working hard to make sure everyone is safe.'

For Older Children 8 to 12

- These children have a more developed understanding of death and might hear about the event from peers or media. They may ask more detailed questions.
- Script Example
 - Child asks: 'Why would someone do that?'
 - Parent/carer response: 'It's very hard to understand why someone would do something so terrible. Sometimes, people do bad things that hurt others, but it's important to know that most people are kind and care about keeping others safe. It's okay to feel sad, angry, or scared, and we can talk about those feelings whenever you need to.'

For Teenagers

Most teenagers are capable of understanding complex issues, including violence and fear. They might want to discuss the event in the context of larger social issues, and they may express strong emotions. They may also be likely to think in very black and white ways.

Script Example

- Teen asks: 'How could this happen? Are we safe?'
- Parent/carer response: 'What happened is truly tragic and raises a lot of difficult questions about safety, mental health, and violence. It's normal to feel worried or angry, and those are important feelings to talk about. It's also important to focus on what we can do to stay safe and how we can help others. If you want to talk about this more or find ways to get involved, I'm here to support you.'

Be Honest and Open

- Trying to protect children by withholding information can actually be very damaging because the lack of adult acknowledgement heightens children's sense of confusion and fear.
- Script example:
 - Child asks: 'What if a bad guy comes to my school?'
 - Parent/carer response: 'It's normal to feel scared when hearing about something like this. But our school has lots of grown-ups whose job is to help keep children safe. They have special plans to protect everyone, just like practicing fire drills, and the most important thing is to always listen carefully and follow what grown-ups say to do, to be safe.'

Containing the Child's Painful Emotions

- If you can contain, you can help your child make sense of painful experiences without rejecting them or cutting off from them.
- You resist the temptation to dismiss the feelings by offering platitudes (Don't worry, the adults will sort it out), lectures (I know it's tough for you at the moment, but I won't have you being rude like that!) or moving them into 'happy' feelings (Let's phone and see if Bill wants to come over to play).
- The child will see that you are not threatened or overwhelmed with the intensity of their shock, rage, hate, fear, sadness.

After the Conversation

- Always follow difficult conversations with nurturing, playful, engaging activities.
- 30 Games to Nurture Healthy Attachment with Your Child | Help One Child
- This is a great article for nurturing, playful activities to build trust and feelings of safety. How can you build these into your day, and particularly after difficult conversations?
- And for older CYP
- 10 Ideas for Nurturing Connections: Social Skills in Older Children Manhattan Psychology Group

The Language of Play

- Play is a natural and necessary part of healthy human development. Play allows children a means of expressing experiences and thoughts in a safe way.
- Through play, children can rehearse old and new life skills, resolve traumatic experiences, and build relationships.
- When a child is at risk, or has special needs, and/or has experienced traumatising events, it is even more important that play has a central role.
- Play is a language for children; it's how they process information and make sense of experiences.
- Part of the play process is projection. When a child is overwhelmed or troubled or confused by something in their internal experience, e.g. loneliness, isolation, fear, they use toys, art, role play, imagination etc. to express their feelings.

Why Have the Current Events Impacted Play?

- The stress of traumatic experiences damages a child's ability to engage in childlike play.
- All of us affected by the event, particularly you within the local area will have become more risk averse in our behaviours and many parents have become very over-protective.
- Play deprivation might have occurred for some children for a variety of reasons, such as adults being over- or under-responsive, adult fear of taking children outside of the home.
- Some types of play might have been absent e.g. face-to-face with peers.
- Children themselves are more stressed and stress blocks play behaviours.

Play as the Response to Trauma

- Childlike play does not come naturally to children who have experienced trauma without intervention, trauma does not improve with time, on the contrary it often gets worse: a hypervigilant young child can become an isolated, depressed older child, who, in turn can become a suicidal adult.
- All types of play should be facilitated in all age groups, and in particular a focus on traumaresponsive play is vital. Schools and nurseries have had some support in providing this, so talk to them about it.

Accepting and Non-Judgmental

- It's important to give children the space to play out themes related to the stabbings and civil unrest, and not to disapprove, even if it seems morbid or aggressive.
- Be supportive of their play and stay connected, even if it is painful. This will help to guide your responses to play.
- As long as it's done through play, and the child isn't actually hurting anybody, including themselves, allow for this natural process to help them heal.

Making Sense of Experience, Rehearsing, Controlling Outcomes



Part 2 Developmental Regression

Developmental Regression

- Developmental regression is when a child appears to be going backwards in areas of their development.
- It can be confusing for parents and educators, who expect children to progress to the next stage of development rather then revert back to a previous stage.

Stress and Anxiety

- One of the most common causes of regression is stress and anxiety, and our children are steeped in a flood of these at the moment.
- Regression shows in many different ways such irritability, defiance, clinginess.
- All children, adolescents and some adults too, may regress in times of stress.
- Sleep and potty training regressions are common, but there are many more.

Common Causes of Regression

- Change in the child-care/education routine, e.g. a new baby sitter or childminder; starting nursery, pre-school, school, class.
- The mother's pregnancy or the birth of a new sibling.
- A major illness for the child or a person to whom he or she has a close attachment relationship.
- A recent death, as above
- Loss of a pet
- Marital/relationship conflict or parents' divorce
- An upcoming or recent move to a new house
- Natural disaster or pandemic
- Community trauma

Regression

- bedwetting/'accidents'
- ► tantrums
- thumb-sucking
- crying about minor issues
- wanting to co-sleep, when that's not usual for them
- night-waking
- eating smaller meals, but wanting to eat more frequently

- needing a lot more physical contact, but sometimes not able to tolerate it
- being 'clingy'
- Iashing out
- baby talk/voice
- separation anxiety
- resisting rest/tiredness
- wanting help with things that they normally do independently
- comfort blanket/dummy

A Coping Mechanism

- Regression is an unconscious coping/defense mechanism to deal with anxiety and stress.
- It's also a type of communication, making a statement about where the child is at emotionally and what she or he needs.
- Far from signaling an emotional problem, regression is a normal healthy way for a child to meet emotional needs at a time when life feels overwhelming. It should not be treated as unwanted behaviour, which needs to be corrected.

A Coping Mechanism

- Children usually show regressive behavior to communicate their distress, so addressing the underlying unmet need in the child usually corrects the regressive behavior over time.
- Children may not be consistent and have what we call a 'spiky profile', varying from minute to minute, day to day, depending on triggers and their perception of threat or safely in any given context or environment. This can be even more challenging for parents and educators.

Take-away key tools, techniques and relational activities

Connection

- "The number one thing that will protect children against traumatic experiences— stop their nervous systems from going into fight, flight, or freeze — is their connection to their parents or caregivers," Dr. Rebecca Schrag Hershberg.
- So you are the most important resource in supporting your children through difficult times.

If a child shows regressive behaviours, please do ...

Connection

- Connect through touch, physical proximity, 'islands of intimacy', talking, laughing
- Co-regulate as with a younger child
- Reduce demands
- Increase the child's inner resources through verbal and physical reassurance, as we discussed in Part 1.
- Help with big feelings
- Give extra support in all ways
- Create structure and routine
- Know the signs: aggression, lashing out are signs of regression too
- Use plenty of movement and sensory activities
- Facilitate, scaffold and support play
- In short, increase comfort on all levels physical, social, emotional and thinking (cognitive/intellectual)

Physical Comfort

- Some children have real difficulties identifying their bodily signals because of anxiety and/or regression, so it's really important throughout the day to check their bodily comfort as you may have had to do when they were younger.
- Address the body 'I wonder if you're feeling ... and offer solution: water, tea, biscuit, comfort break, power nap, sweatshirt on/off, open window, movement etc.
 - Fresh water
 - Healthy snacks fruit, nuts, seeds
 - Clean, comfortable clothes, shoes
 - A place to rest
 - Regular toilet visits
 - A den (enclosed space for physical and emotional safety)

Social Comfort

- Regular contact with family and friends
- Limited to what the child can cope with, and not forced
- Postcards to and from people they miss, rather than always through technology
- Advance warnings if anything new is going to happen
- Always monitoring to check that the child is coping

Emotional Comfort

- Children may not have the vocabulary to express themselves when they regress, so they communicate through behaviour.
- They express their feelings through facial expressions, through their body, their behaviour and their play.
- Sometimes they may act out their feelings in physical, inappropriate or maladaptive ways.
- Tune in to their emotions and ask about them: What's good/difficult today?
- Accept their communications non-judgmentally. Don't try to reason or reassure or problem solve. Allow them to notice and experience their emotions because It's much better that sadness, fear and other uncomfortable emotions are expressed in a safe place with a caring and attuned adult.

The Body is a Loudspeaker

The body doesn't lie! It's a loudspeaker for what's going on inside, so listen, watch, be attuned. The child may say she's ok, but is withdrawn, or she's tense and edgy.... There's a mismatch; she say's she's fine but her body says differently. We need to respond then, to the body, not the words, so always tune into body cues rather than verbal communication.

Intellectual Comfort

- When children are stressed, high level thinking may not be possible for anything longer than very short periods so limit school/homework that is academic in nature. School will be aware of this.
- Give short instructions and try to use very clear language.
- Avoid questions or asking the child to explain something, including 'why' he/she has done something

Intellectual Comfort

- ▶ Focus on activities that involve the senses and sharing time together:
 - colouring,
 - drawing,
 - playing cards, darts, dominoes, snooker,
 - playing sports,
 - going for a walk,
 - listening to music,
 - playing chess, and other board games,
 - outdoor activities,
 - craft and messy activities.

Make a big deal of small pains

Case example

- Ten-year-old Jess gets a small cut on her knee, and she screams and sobs, 'overreacting' to a small pain.
- Her coping skills are low, and she has regressed to a much earlier stage of development.
- Cuddle her on your lap, clean the wound gently, apply a plaster. Say: 'I've cleaned it all up now Jess. I know it's hard just now, and even small pains feel really big. How horrible for you. I wonder if it feels so bad because you've been feeling scared and a bit anxious?'

Touch

- Use every opportunity to make physical connection, where possible, as close adult proximity facilitates feelings of safety in children, reducing the possibility that they will go into crisis mode.
- Research shows physical contact with others can reduce the effect of stress.

Endorphins

- When we cuddle, stroke or pat each other, this triggers endorphins, the feel-good chemicals that act in the brain to dull pain, both physical and emotional
- We can partly replace the benefits of physical contact at a distance and trigger the endorphin system by:
 - Laughing, making others laugh (sometimes described as inner jogging)
 - Singing and/or listening to music
 - Eat something spicy
 - Smell vanilla or lavender
 - Group exercise
 - Eat small amounts of chocolate
 - Help someone else
- None of these is as powerful as touch.

Please Don't ...

- Discipline
- Punish/sanction
- Criticise
- Ask the child to be more age-appropriate
- Offer rewards for age-appropriate behaviour

Causes for Concern

- Regressive behaviours continue after stability and predictability have been restored
- > Development has stopped or regressed significantly over a long period of time
- Speech is significantly impacted, e.g. they don't speak in full sentences or are hard to understand
- The child is withdrawn and doesn't interact well with others
- Trouble getting to or staying asleep
- Difficulties following simple instructions
- Behaviour is particularly challenging or aggressive for apparently no reason
- No interest in play or learning

Part 3 Self-Care

A Community Trauma

- 'It takes a village to raise a child.'
- The whole village is in need of attention right now, we are all floundering, we all need to be trauma-sensitive in relationship to self and others.
- If we focus only on the well being of our children, we are in danger of neglecting our own mental health and wellbeing. so we are ending this series of brief workshops with a focus on self, and how we can take responsibility for our own capacity for coping and eventually, recovery.

What are you feeling right now?

- List the feelings you have experienced over the last few days.
- Rage
- Powerlessness
- Confusion
- Fear
- Sadness
- Exhaustion
- Loss
- Grief
- Inadequacy
- Panic
- Do you need to add anything to this list?

Noticing, experiencing, expressing and processing emotions

- It's vitally important that you take time each day to notice, experience, express and process your emotions.
- You may do this alone, maybe keeping an emotions journal. You may share with a friend, family member or colleague, or you may have small support groups within your child's school or nursery, with whom you're watching this video.
- At this early stage, it may be difficult to put into words how you feel, but try.
- Listen to self and others non-judgmentally.

Falling down a memory time-hole

Falling down a memory time-hole

- For some people, those for whom current feelings are related directly to the event – they are experiencing STRESSORS.
- For others those for whom feelings of powerlessness, terror, rage etc. have been previously experienced – they are experiencing TRIGGERS. Falling down a memory time-hole', where past memories of being afraid and out of control, resurface and retrigger us, exacerbating our current feelings of fear and powerlessness.
- This applies to our whole community.

Reflection Part 1

- Are the feelings you personally are experiencing new and unfamiliar, or are they reflecting past feelings of fear and powerlessness? On a personal note, my emotions and bodily sensations are very similar to a tragic event in my own community in 1993, where 12 children and a teacher were killed in a mini bus crash. This means that I am coping not only with my current feelings, but also reliving again the terror, grief, loneliness and confusion that surrounded those days. What is it like for you? Are you connecting with the past as well as the present?
- Spend a little time looking at the What-Are-You-Feeling PDF from Beacon House. It may help you to identify where and how you feel fear/worry/anxiety in your body.

Reflection Part 2

- What are your 'creative coping strategies' at this time: please, attack, withdrawal, disengage? Some of us might be in 'friend' mode; I'm a 'pleaser', so being kind and friendly is my default mode when anxious, sometimes, at detriment to my wellbeing and authenticity.
- For some, aggression and 'fight' is their coping mechanism better to attack than be attacked. For others 'grabbing' is their mode, so panic shopping goods and food, who is afraid of not having enough.
- > Yet others may seek distance from the feelings through eating, drinking, gambling, etc.
- > And other may seek to be the 'Saviour', wanting to take control and 'put things right.
- None of these is right or wrong, so please don't judge yourself. Again, simply try to understand yourself a little more. Is your go-to strategy working for you? Are you switching between modes? How can you ensure that your coping strategies are healthy for you and do not harm others?
- Make a visual representation, maybe a list, diagram, script, poem or poster to record your thoughts and ideas about the above questions and share as much or little as you are comfortable with from this 2-part reflection.

Some Healthy, Adaptive Coping Mechanisms

See your PDF Sleep and Rest

Get enough sleep and ensure you have good sleep hygiene and that you are getting enough rest.

What are you feeling?

See your PDF What are you feeling?

Being curious about self and keeping self in mind

- Trauma as 'disconnection with self' Tanya Maté not the event itself, but the subsequent self-disconnection, maybe through suppression of the memory, not having compassionate connections, immaturity ...
- Take regular time, wherever you are, to be with yourself, check in on your body, emotions and thoughts:
 - How is your breathing? Listen to it; feel it
 - How is your heart beating? Can you feel it? Can you feel it now?
 - How are your aches and pains?
 - How is your sleep and rest?
 - How is your eating? How much are you drinking/exercising?

How will you care for yourself today?