Note to Parents and Caregivers

As a parent or caregiver of a child who has been through a traumatic experience, you may be wondering why your child is acting differently, what he is feeling and thinking, and how he can recover. Unfortunately, many children do not talk about their experience. They have difficulty describing it or are confused about what happened. They may feel ashamed, guilty, or anxious when thinking or speaking about the experience. Or they may be afraid that the listener may react negatively. Children who have been physically or sexually abused may also fear revenge from the perpetrator either to themselves or to someone in their family. If the abuser was a family member, the child may worry about the breakup of the family.

Healing Days is intended to help a child talk to her therapist or to her parent or caregiver. With an adult, young readers will read about other kids who have also had traumatic experiences and may identify with those kids' similar feelings, thoughts, and behaviors. Readers will also be introduced to some of the techniques that are used in therapy and can follow along as the children in the book are assured that they not to blame for their traumatic experience and that they are not bad because of what happened.

Before reading *Healing Days* with your child, you may want to review this note. It has been written for parents and caregivers and will explain what is known about trauma, how it may affect young children, and what types of support can help your child recover.

Effects of Trauma

Most therapists define trauma as an event or situation that is experienced as threatening to one's life or bodily integrity, and overwhelms one's ability to cope with the intense negative feelings experienced at the time. Physical abuse, sexual abuse, severe neglect, abandonment, death of a parent, severe bullying,

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witnessing domestic violence, exposure to community violence, and natural disasters are all considered traumatic for young children. Such traumatic events can be a one-time incident, a repetitive event, or an ongoing experience extending over years. It may not always result in bodily injury, but it always results in physiological and psychological distress.

The "Fight, Flight, or Freeze" Response

Research has shown that people, like animals, when faced with extreme danger, react physically with changes in their hormones, blood flow, muscles, heart, bladder, gastrointestinal tract, eyes, skin, and other parts of the body. These changes make up the "fight, flight, or freeze" response. For our ancestors, the "fight, flight, or freeze" response increased the chance of survival by priming the body to fight off an aggressor, to run away, or to become immobile and block out painful feelings and thoughts as much as possible.

When faced with trauma, children feel intensely frightened, vulnerable, helpless, and confused. Their bodies react physically with the "fight, flight, or freeze" response. If the trauma is caused by another person, as in the instance of physical or sexual abuse, children are often physically smaller and weaker and in positions of less power and authority than their abusers, making it difficult if not impossible to fight or to run away. Similarly, children who witness domestic violence, community violence, or a natural disaster often feel helpless or unable to intervene or escape. Children who have no alternative but to remain in the dangerous situation may react with the "freeze" response and disengage from what is happening to them by numbing their feelings, distracting themselves, and focusing inwardly.

Longer-Term Effects of Trauma

Just as children show a range of immediate behavioral and emotional responses to trauma, the after-effects of trauma are experienced in a variety of ways.

Hypervigilance. In many cases, children continue to be hypervigilant—anxiously and excessively alert to possible danger—for a period of time after the trauma. This hypervigilance requires a great deal of emotional energy and leaves the child with less energy and motivation for other things like playing, learning, and developing and sustaining friendships.

Distraction or lack of focus. You may notice that your child is more distractible than before the trauma when she plays. She may be more restless and move from one activity, toy, or game to another more quickly than before. If your child is school-aged, she may have more difficulty concentrating on schoolwork and after-school activities, such as music lessons and sports, than she did before the trauma. She may lose interest in activities that she previously enjoyed. She may also be less motivated to work on her schoolwork, as well as more easily frustrated by it, resulting in a drop in her grades.

Increased anxiety. Trauma often results in an overall increase in anxiety. In young children, anxiety can manifest as increased irritability; temper tantrums; crying; clinging; immature or regressed behavior, such as loss of toileting skills and language skills; sleep disturbances; and physical complaints such as stomachaches.

Avoidance. Frequently, traumatized children avoid situations that in some way remind them of the trauma. Memories of the trauma can be triggered by sights, sounds, textures, smells, dates, times of day, and other characteristics of the traumatic incident. For example, if your child's trauma occurred at night, he may become anxious when evening approaches, be fearful of the dark, or have difficulty settling into bed and falling asleep. If the traumatic incident took place in the bathroom, your child may refuse to use the toilet and may start having accidents. If the trauma took place at school, your child may be reluctant to attend school and settings similar to school, such as daycare. If the trauma was caused by another person, as in the case of physical or sexual abuse, your child may become fearful of people who remind him of the perpetrator.

It is also not uncommon for children to avoid being in a room alone. You may find that your child follows you from room to room. She may cling to your side when you leave the house. It may be difficult to determine what is triggering your child's behavior. Avoidance might be limited to some specific settings or situations, or may be quite extensive, as with children who refuse to leave home or their parent's side.

Nightmares and flashbacks. Often, children re-experience the traumatic experience in the form of vivid nightmares, flashbacks, or altered states of awareness. Your child may be well-adjusted during the day, but fear going to bed or wake up screaming due to nightmares. Your child may also experience flashbacks. A flashback—a very vivid mental re-living of the trauma—can occur unpredictably or can be triggered by something in the environment. In general, flashbacks are very frightening and disruptive. Similarly, it is not uncommon for children who have been abused to hear the voice of their abuser talking to them.

Emotional numbing and distancing. Children who have experienced trauma may, without their awareness, numb their feelings and distance themselves from what is going on externally to avoid feeling overwhelmed by emotions and thoughts. They may appear to be "spacey," withdrawn, inattentive, forgetful, or non-compliant.

Changes in self-image and feelings of shame. It is not uncommon for the child's self-image to be affected by trauma. A child may feel that he is weak and lacks courage, believing that if he were stronger and braver, he would have been able to stop the traumatic incident. In the case of abuse, particularly sexual abuse, children sometimes feel that their bodies are damaged or unclean. They may experience shame and guilt for what happened. Children who have been abused by someone of the same sex may worry about their sexual identity. It is common for children to think that others are aware of what happened or that they look different as a result of their trauma. They may become quite self-conscious as a result, and even avoid social situations, thinking that others are looking at them or laughing at them. In addition, children who act out either aggressively or sexually following trauma typically receive negative feedback from family members, teachers, and peers, further compromising their self-image and self-esteem.

Ambivalence toward the abuser. Children who experience trauma at the hands of another person, such as physical abuse or sexual abuse, generally experience betrayal and a loss of trust, particularly if their abuser was a parent or other family member on whom they were dependent. Children are dependent on their parents for their very survival and expect their parents to care for and protect them. If the parent inflicts intentional harm, the child's sense of safety and security collapses. They may lose their sense of the world as good. Very often, the child is left with a confusing mix of feelings or ambivalence about the abusive parent. Children who have been abused by a parent often feel a mix of love, fear, and anger towards them.

Aggression or self-harm. Some children who have experienced intentional hurt by another individual, or a lack of protection by caregivers, begin to behave more aggressively. They assume that others intend to hurt them, feel vulnerable, and are determined to protect themselves. Due to their feeling of helplessness during the trauma and their lingering sense of vulnerability after the trauma, children may have a need to master the traumatic situation and be in control. They may incorporate aspects of the traumatic experience when playing with toys, stuffed animals, or dolls. For example, a child who was physically abused may take two toy trucks and repeatedly smash them together. A child who has experienced sexual abuse might repeatedly have one doll jump on the abdomen of another doll. However, sometimes children will attempt to be in control by reenacting what was done to them on other children. Thus, traumatized children may physically aggress or interact in sexually inappropriate ways with their peers or siblings, putting into action what they had experienced passively. Some children intentionally harm themselves for reasons that might include a desire to feel in control.

Repeated or Prolonged Trauma

The impact of trauma on a child's behavior and development is significantly greater if the child is exposed to repeated or prolonged trauma early in childhood, as opposed to a one-time incident that occurs later in life. This early repeated trauma is sometimes referred to as "complex trauma" or "developmental trauma." Prolonged and severe stress in the early years of life has been found to have an effect on the brain and nervous system, impacting many aspects of childhood development. Fortunately, with the help of therapy, some of these physiological changes can be reversed.

When trauma occurs early in life, particularly if it involves a parent or family member upon whom the child is dependent, the child has difficulty establishing and maintaining trust in his caregivers. He may have difficulty forming an attachment, and may not trust that his needs will be met or that he will be protected from danger in the future. He may develop a very negative view of people, and have difficulty with relationships, at present and in the future. Along with this negative view of people, the child may develop a pessimistic view of the world and life in general.

The establishment of a secure attachment to a parent or caregiver occurs hand-in-hand with the development of emotional regulation. When children have difficulty forming an attachment, they also have difficulty learning to regulate their emotions. They are prone to temper tantrums, meltdowns, mood swings, and other disruptive behaviors.

Children who have experienced repeated or prolonged trauma are even more dependent on the "fight,

flight, or freeze" response than children who have experienced a one-time traumatic event. Their bodies are constantly on high alert and primed to react to danger. Thus, some children react aggressively to even the smallest of social stressors (the "fight" response). Similarly, some children are avoidant of even the slightest challenges, social situations, and activities (the "flight" response), while still other children continue to experience emotional numbing and withdraw from the world around them (the "freeze" response). The child's often unconscious focus on survival prevents her from reaping the benefits of schooling, friendships, and other childhood activities.

Recovery from Trauma

Children vary in their ability to recover from trauma. There are some factors that increase a child's ability to recover, such as a supportive environment, a secure attachment to a parent or caregiver, and the ability to ask for and accept help from others. In contrast, children who have experienced prior adversity, including neglect or long-term abuse, or who have insecure attachments to parents or caregivers, may be less resilient. In any case, consultation with a licensed psychologist or psychotherapist can help the child recover and guide parents or caregivers to assist in the child's recovery.

What to Expect in Therapy

The overall goals of therapy are to: 1) reduce the child's emotional distress, and 2) help her get back on track so that she can reach the normal developmental milestones in childhood. These milestones may include emotional control and regulation, self-control, toilet training, academic abilities, and social skills.

The exact focus of therapy will depend on an individual child's needs. The therapist assesses the child's problem and needs before beginning therapy. As the parent or caregiver, the therapist may ask you about the child's developmental history and his behavior before and after the trauma. The therapist will work with you to set specific goals for therapy and evaluate progress.

As the parent or caregiver, you also will be encouraged to meet with your child's therapist, either in separate sessions or together with your child. As an adjunct to individual therapy, older children may sometimes participate in group therapy with other children who have had similar traumatic experiences. While therapists vary in their approach to working with young children, they generally employ a combination of play, therapeutic activities, and talking with the child.

Play. For most young children, play is a helpful form of treatment. Play can be non-directed, which means the child is allowed to choose from an array of toys in the therapist's office and play in whatever way she chooses (within certain limits that include personal safety and safety of others in the office). Play can also be directed by the therapist. For example, the therapist might invite the child to play with specific puppets and put on a puppet show, to play with toy figures in a sand tray (a small sandbox), to draw specific pictures, or to play a therapeutic board game. The way the child plays can give the therapist valuable information about the child's feelings, relationships with others, and her understanding of the traumatic events that occurred. Play is also a way for a child to work through feelings and develop a sense of mastery over a situation in which she previously felt helpless or not in control.

Therapeutic activities. The therapist may also use therapeutic activities, such as reading a book on a special topic relevant to the child, completing pages in a workbook, role-playing a scenario, or practicing a new emotional regulation technique. While the child plays or completes activities, the therapist may make comments, ask questions, and solicit conversation. The therapist balances talking with playing and other activities based on the child's developmental level and his ability and willingness to talk.

Trauma-focused cognitive behavioral therapy. One form of therapy that has been found to be particularly helpful in working with children who have experienced trauma is called "trauma-focused cognitive behavioral therapy." This type of therapy includes teaching the child and parent about the effects of trauma on emotions and behavior, developing and practicing effective coping skills, and providing a safe and supportive environment for the child to talk about her trauma experience. During the process of therapy the therapist is able to correct any of the child's beliefs that may be distorted or incorrect, and put into perspective negative or exaggerated thoughts. As part of the therapy the child develops a spoken, written, pictorial, or other form of personal story of the trauma. The primary caregiver plays a critical role in trauma-focused cognitive behavioral therapy by being present at certain sessions to hear the child's narrative; acknowledge the child's emotional pain, as well as her bravery; mend any breaches in relationships; and talk about safety in the future. Parents are also helped to handle their own distress regarding the trauma.

While some therapists prefer one type of treatment over another based on their training, their experience, or the emotional needs of the individual child, many therapists use an approach that combines play therapy, therapeutic activities, and elements of trauma-focused cognitive behavioral therapy.

How Parents and Caregivers Can Help

A traumatized child can only heal if he is no longer in danger. It is therefore critical that your child is currently in a place that is physically and emotionally safe. To be emotionally safe, an environment should be free from teasing, threatening, bullying, arguing, and hurtful criticism. You may want to inform your child's teachers and daycare providers of the trauma your child has experienced so that they can help your child feel safe.

Provide structure. To enhance a child's sense of safety and security, it is important to provide her with consistency, predictability, and structure. If at all possible, help your child return to her daily schedule, and provide her with advance notice of any changes. It is also helpful to set clear and developmentally appropriate expectations for behavior, as well as fair, non-physical consequences for misbehavior. Having fair and appropriate family rules that apply to all members of the family will also contribute to your child's feelings of stability. Your child's therapist will be able to help you determine what rules are reasonable and developmentally appropriate for your child.

Educate your child about good touch and bad touch. Whether or not your child's trauma was sexual abuse, it is important to educate him regarding good touch and bad touch. Let him know that if he feels uncomfortable, he can refuse to go along with what an adult or another child asks him to do. There are a number of children's books that address this topic in a developmentally appropriate and non-frightening way.

Come up with a safety plan. Having a safety plan will help your child feel safe and empowered. While reassuring your child that she is now in a safe place, discuss how to get help if she ever feels frightened or threatened in the future. Together, determine which trusted adults she could call or go to. If your child can read and write, compose a written "Safety Plan" together. If your child is very young or unable to read and write, use drawings to illustrate the plan.

Monitor your child's media intake. It is important to minimize, or preferably prevent, your child's exposure to frightening, violent, and sexually explicit television shows, movies, video games, and websites. Although your child may say that he "likes" scary or adult movies or television programs, watching these may re-traumatize him. Even witches and monsters in some children's movies and television shows can be frightening to children, so it is advisable to screen what your child is watching. In addition, it is important to monitor your child's exposure to the internet and computer games by keeping the television and computer in a common area of the house.

Create a calming bedtime routine. It is a good idea to create a calming bedtime routine, especially if your child is having difficulty falling asleep, is having nightmares, or is waking up in the middle of the night. Keep the routine consistent, so your child knows what to expect every night. Some children like to pick out a few stuffed animals or dolls to sleep with, have a parent or caregiver read them a story or chapter from a book (pick one that is pleasant and not scary), turn on a nightlight, tuck them into bed, give them a hug and kiss, and say "good-night." Develop a routine with your child, asking her what she thinks would be soothing and helpful.

Teach your child about emotions. If your child is in therapy, it is likely that emotional regulation will be a focus of his sessions. As a parent, you can help your child with his emotional regulation in several ways. The very young child, or the older child who has a limited vocabulary, may need help identifying basic and eventually more nuanced emotions. You can use drawings and magazines to illustrate. You can also ask your child what feelings are conveyed in the facial expressions of people on television or in the movies. Teach your child to understand that all emotions, even the negative ones, are normal and exist to provide him with feelings that can give him information about what's going on around him.

Practice coping techniques. You can reinforce the coping techniques taught in therapy by practicing these skills at home. Your child needs to know that she has the ability to calm and soothe herself when feelings start to become too intense. Two techniques described in *Healing Days* that are often helpful are deep breathing and muscle relaxation. You can practice these along with your child. Activities such as yoga and tai chi that help with breathing awareness, concentration, and self-control, may also be helpful. Your child may be able to think of other activities that are soothing for him personally, such as coloring or listening to quiet music. As a way of reminding your child of the coping techniques that he has practiced, you can design a "Feel-Good Plan" that lists or illustrates a few of your child's preferred coping skills. Perhaps most importantly, you can help your child with emotional regulation by modeling it. You may also want to highlight what you are doing by verbalizing aloud that you are choosing to calm yourself instead of reacting to whatever is bothering you.

Be a source of comfort and support. Parents and caregivers can play an important role in their child's recovery from trauma by giving comfort and emotional support. Be available to your child emotionally as well as physically to listen calmly when she wants to talk about the trauma, but not to pressure her to talk. Take what your child says seriously, communicate to her that you are taking it seriously, and answer her

questions honestly. At every opportunity, remind your child that she is brave for telling and that she is not to blame. Your child's traumatic experience may evoke strong feelings or reactions from you, particularly if you yourself have experienced a similar trauma in your lifetime. If this is the case, it might be helpful to speak to a professional about the best way to handle your reactions in order to be as supportive of and helpful to your child as possible.

Children heal, develop, and thrive on trusting, caring, and dependable relationships with others. As your child's primary caregiver, build upon your relationship with your child, even if it is currently a good one. Make your relationship stronger by showing that you care, that you respect your child's feelings and thoughts, that you can be depended on for nurturance and support, and that you love him even through the hard times. Together you and your child's therapist can help restore and build your child's sense of trust, security, self-worth, confidence, and optimism, so that he can move beyond the trauma and live a full and rewarding life.

Helpful Resources

Books for Children

Aboff, M. (2003). ***Uncle Willy's tickles: A child's right to say no***. (2nd ed.). Washington, DC: Magination Press.

Introduces the young child in a developmentally appropriate way to the concepts of "your body belongs to you" and "comfortable and uncomfortable touches." It models for the young reader that it is right to tell about any uncomfortable touching and to say "no" to unwanted touches. Through the story line it illustrates that unwanted touches can come from anyone, even relatives and people who are friendly and well liked. The Note to Parents at the end of the book is very informative as well.

Cain, B. (2001). ***Double dip feelings: Stories to help children understand emotions***. (2nd ed.). Washington, DC: Magination Press.
A children's book about ambivalent feelings. This is helpful when a child is struggling with conflicting feelings, such as love and hate, towards an abuser.

Girard, L. (1984). ***My body is private***. Chicago, IL: Albert Whitman.
An informative and direct book about sexual abuse for older school-aged children. In it a mother teaches that specific parts of the body are private. While reassuring that it is unlikely to happen, the book addresses the reality that unwanted touching (and other inappropriate sexual behavior) can come from teachers, babysitters, and family members, as well as strangers. It gives good basic advice to the child about what to do and who to tell, just in case.

Holmes, M. (2000). ***A terrible thing happened***. Washington, DC: Magination Press.
A gentle book for young children who have witnessed violence, accidents, and natural disasters, on dealing with common feelings and behaviors, and meeting with a therapist.

Jessie. (1991). ***Please tell: A child's story about sexual abuse***. USA: Hazelden.
Written by a young girl in therapy who was sexually abused by an extended family member.

O'Neill, C. (1993). ***Relax***. Auburn, ME: Child's Play.
A book for children that describes common situations that may cause children to feel tense and introduces a variety of child-friendly relaxation techniques.

Spelman, C. (2000). ***When I feel angry***. Morton Grove, IL: Albert Whitman.
A book that helps young children differentiate between feeling angry and acting angry, and offers helpful anger management techniques.

Spelman, C. (2002). ***When I feel scared***. Morton Grove, IL: Albert Whitman.
A book that helps young children identify and acknowledge anxiety and fear, and become more confident in tolerating and managing these feelings by developing coping skills.

Spinal-Robinson, P., & Easton Wickham, R. (1992). ***Flip flops: A workbook for children who have been sexually abused***. Notre Dame, IN: Jalice.
To be used in conjunction with a therapist. Provides helpful activities for coping with feelings, thoughts, self-esteem, and other issues following sexual abuse.

Books for Caregivers and Professionals

Gil, E. (2006). ***Helping abused and traumatized children: Integrating directive and nondirective approaches***. New York, NY: Guilford.
A book for therapists working with young trauma victims. Discusses a variety of treatment approaches, as well as the usefulness of integrating play, expressive, and trauma-focused cognitive behavioral therapies.

Gil, E. (Ed.). (2010). ***Working with children to heal interpersonal trauma: The power of play***. New York, NY: Guilford.
Includes articles on post-traumatic play with many illustrative case studies and examples.

Heineman, T., & Ehrensaft, D. (2006). ***Building a home within: Meeting the emotional needs of children and youth in foster care***. Baltimore, MD: Brookes.
A book for caregivers and professionals addressing the needs of children in the foster care system and of adopted children who have experienced complex trauma. Useful for caregivers and staff working in group care and residential care.

Osofsky, J. (Ed.). (2004). ***Young children and trauma***. New York, NY: Guilford.
A collection of articles for professionals and caregivers on trauma. Informative chapters on the impact of trauma on attachment and self-regulatory systems of very young children. Useful chapters for those working with children in pediatric settings, and the court and welfare systems.

Osofsky, J. (Ed.). (2011). ***Clinical work with traumatized young children***. New York, NY: Guilford.
A collection of helpful articles for professionals and caregivers on the impact, evaluation, and treatment of trauma in infants, toddlers, and preschoolers. Special topics include childhood trauma related to natural disasters, military parent deployment, and substance abusing parents, as well as vicarious traumatization and self-care for individuals working with traumatized children.

Putnam, F. (1997). ***Dissociation in children and adolescents: A developmental perspective***. New York, NY: Guilford.
A useful book for professionals who would like a better understanding of dissociation in children including diagnosis, effects, and treatment.

Siegel, D. (2003). ***Parenting from the inside out***. New York, NY: Tarcher.
A helpful book for parents that explains how our own histories influence the way we parent children and react to their emotional distress. Also useful for therapists working with parents and caregivers.

Silberg, J. (2013). ***The child survivor: Healing developmental trauma and dissociation***. New York, NY: Routledge.
A book that describes practical approaches for professionals dealing with children who have suffered from severe early trauma and have symptoms of dissociation. It is also accessible reading for parents and caregivers.

Webb, N. (Ed.). (2006). ***Working with traumatized youth in child welfare***. New York, NY: Guilford.
Useful for professionals working with children who have experienced developmental trauma and are in the foster care system. Includes helpful chapters on understanding how early and prolonged adversity affects the developing brain, and on the range of trauma treatment approaches.

Websites for Caregivers and Professionals

Child Trauma Academy, ***http://www.childtrauma.org***
A useful website for professionals and caregivers with articles by Bruce Perry, MD, on child development and maltreatment; bonding and attachment in maltreated children; the effect of neglect and abuse on children's neurological, cognitive, and social/emotional development; and more.

Child Welfare Information Gateway, ***http://childwelfare.gov/pubs/trauma***
A website for caregivers and professionals that includes useful information on parenting children who have been sexually abused, such as establishing family guidelines for safety and privacy, and the use and effectiveness of trauma-focused cognitive behavioral therapy for sexually abused children.

National Child Traumatic Stress Network, ***http://nctsn.org***
A website with a wealth of information for professionals and caregivers about the various types of childhood trauma including abuse, domestic violence, medical trauma, neglect, complex trauma, natural disasters, school violence, and traumatic grief. Includes reading lists of books and articles related to child traumatic stress compiled by experts in the field.