

# HEALING PRINCIPLES FOR WORKING WITH CHILDREN IN TRAUMA

## Applying Research and Best Practices to Working with Children who have Undergone a Traumatic Experience

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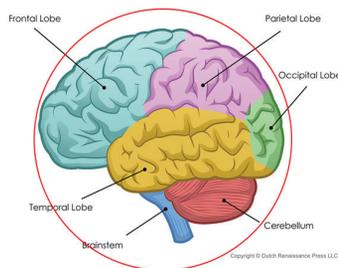
Dr. Bruce Perry is a leading expert in child trauma. In one of his books he wrote the most important thing he had learned was that “it doesn’t take trained therapists to heal a child. It is the ongoing, daily interactions with loving, emotionally responsive and caring adults.” – That includes teachers, mentors, neighbors.

### Trauma

- Perception of the event matters - “this is stressful” versus “I am going to die”
- Acute Trauma – One-time event
- Chronic Trauma – Ongoing trauma
- Children who already had a history of trauma (neglect or abuse, living with domestic violence, living in community violence) will have less coping skills to deal with an acute trauma

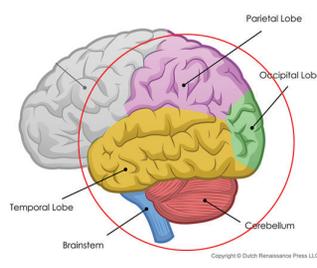
### What is happening in the brain?

- Calm - we have access to our logical brain
- Alert - we have less access to our logical brain
- State of fear - we have no access to our logical thinking and we respond with survival behaviors



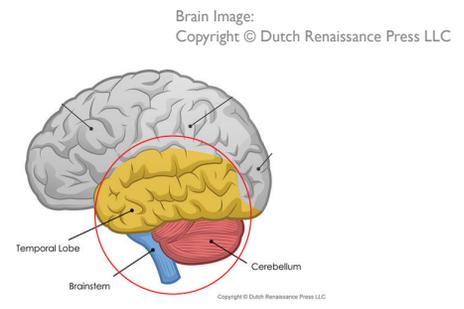
### CALM BRAIN

Access to all parts of the brain



### ALERT BRAIN

Less access to logical parts of the brain



### FEAR BRAIN

NO access to logical thinking, respond with survival behavior

### What does a child stuck in fear look like?

- Bad Behavior
- Altered brain chemistry
- Shuts off the cortex, which is thinking
- Suppresses the conscience and makes a child unable to discern the needs of others
- Set up protective strategies - manipulation, aggression, control, violence, and triangulation

### What can we do? Maximize Felt Safety

Removing the threat doesn’t mean that a child will feel safe. It is imperative that we help children return to a state of felt safety. Remember, unless a child feels safe, they don’t have access to their entire brain.

Also, the parents of children have experienced the same trauma. They may have less access to their entire brain and may not be able to be entirely emotionally available to their children. This makes other adults in the lives of children all the more important.

### Support Healthy Brain Chemistry

Hydration, Nutrition, and fun physical activity every two hours.

### Use Safe Touches

Always ask first before you touch a child you don’t know well. “Can I touch your shoulder?” Safe touch reduces heart rate and blood pressure. It curbs the stress hormone of cortisol and helps facilitate food absorption and digestion.

## **Make it Safe to Talk**

We can be safe adults by:

- Using soft eye contact
- Maintaining calm facial expression
- Maintain a calming tone of voice
- Get down on their level (kneel)

It's critical that children talk about their experience as soon as possible. Ideally, that would be within 72 hours, but as long as it happens we can predict a better healing process.

Ask about how they are feeling, not what they are thinking:

- How did you feel when you first heard there was a hurricane coming?
- How did you feel when you had to leave your house?
- Give them time to get in touch with their own feelings.

Research shows that assigning a label to what we feel can help calm the emotion. We call this "Name it to Tame It."

We want to talk to children to help them begin to tell their story of what they experienced. When they put the events into order together (a left brain activity) with the emotions (a right brain activity) it helps their brain make sense of what has happened and facilitates healing.

While you're hearing a difficult story, it's important to control your emotional reaction and remain calm. Your state of being calm can help influence the child to feel more calm as well.

## **Make the day predictable**

If you can, return routine to a child – especially at bedtime. Simple - familiar stories, music, family rituals - reconnecting with familiar people will help support the child to access coping skills and move forward.

## **Prepare the child for transitions**

Empower them with information and time to prepare for upcoming changes. Give them pictures of what their school will look like, where they will be going for resources...

## **Recognize Hot Spots**

Children may become anxious or upset when they are triggered and reminded of how scary the hurricane was. It could be just seeing the weather forecast or rain clouds in the sky, maybe even when they sit down to eat the same meal they were eating when they had to evacuate. You'll want to ask them, what happened just now? What are you feeling? Again the same principle of "name it to tame it" applies.

## **Ideas for helping children regulate themselves:**

- Pressure points – Magic Mustache
- Deep breathing activities, for example soup bowl
- Calm the nervous system through wall push-ups

## **How do we stay emotionally responsive and caring?**

*"Self care is never a selfish act, it is simply good stewardship of the only gift I have, the gift I was put on earth to offer others."* – Parker Palmer

## **Form small groups to debrief – adults need to label their emotions as well:**

### **We should pray for each other and ask each other:**

- What was the most difficult story you heard this week?
- In what way did it affect you emotionally?
- Any delayed emotional or physical reaction once you got home. Like sleeplessness or appetite changes
- Have your experiences changed your understanding of God? If so, in what way?
- Who is a trusted friend with whom you can share difficult emotions?
- Did any of the stories you heard trigger any of your past traumatic experiences? If so, in what way? Have you shared this with anyone?

### **If we don't practice self care, we are vulnerable to:**

- Potential for re-traumatization (if you have a history of trauma)
- Secondary trauma – becoming traumatized through hearing and seeing hard stories
- Compassion fatigue - overwhelmed with stress from working with traumatized children. This will affect physical health, interpersonal relationships, sleep.