

Upside-Down Traffic Light



REASON

RELATE

REGULATE



HAND MODEL OF THE BRAIN



At the base of your brain, represented here by your wrist, is the brain stem. It's responsible for basic things like breathing and keeping your heart pumping.



Your thumb, folded in, sits in the middle, just like the amygdala in the brain. The amygdala is responsible for sensing danger and telling the brain + body.

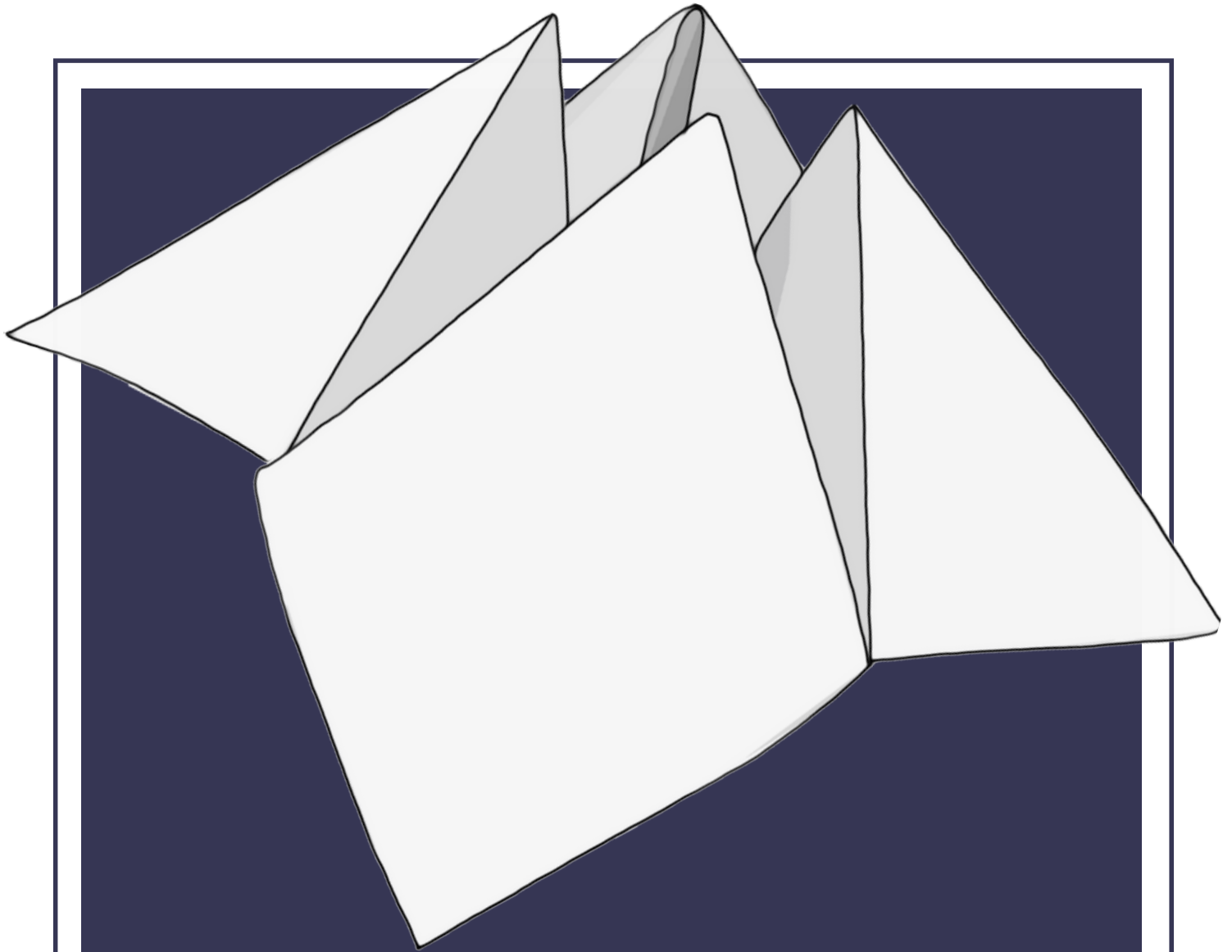


Your fingers are like your pre-frontal cortex- that's the part of the brain that helps us manage emotions and make complex decisions



When fear, danger, or intense emotion overwhelm our amygdala our prefrontal cortex goes offline and we "flip our lid." That's why sometimes it is so hard to make thoughtful decisions when we are very upset.

When brains are overwhelmed like this, they need a break to reflect and reconnect.



THE RELATIONAL REGULATION GAME

CHOOSE YOUR FORTUNE TELLER AND PLAY TOGETHER



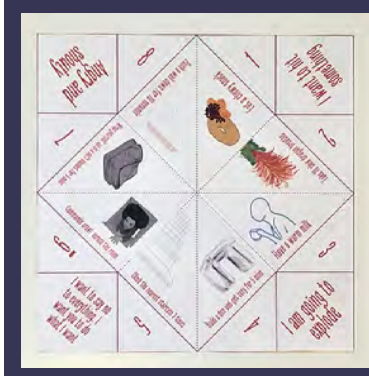
Beacon House

Therapeutic Services and Trauma Team

www.beaconhouse.org.uk

RELATIONAL REGULATORY GAME INSTRUCTIONS

1. PRINT AND CUT OUT THE FOUR SQUARES



2. LAY SQUARE FACE UP



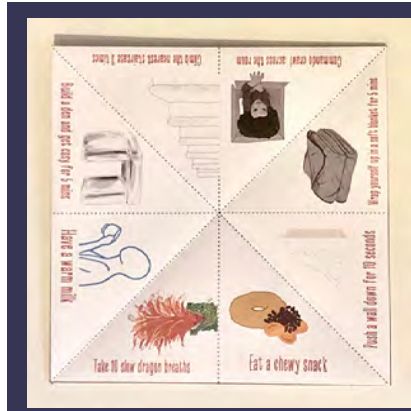
3. FOLD IN HALF THEN HALF AGAIN TO CREATE A SQUARE



4. UNFOLD AND LAY FACE DOWN. THEN FOLD A CORNER TOWARDS THE MIDDLE CREATING A TRIANGLE



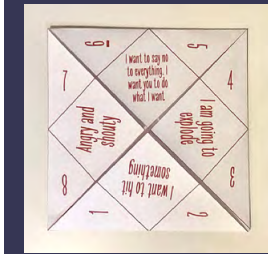
5. FOLD ALL FOUR CORNERS IN TO THE MIDDLE



6. TURN OVER



7. FOLD ALL THE CORNERS INTO THE MIDDLE SO THE NUMBERS ARE ON TOP



8. TURN OVER AND FOLD IN HALF TO MAKE A RECTANGLE



9. PLACE YOUR FINGERS INTO THE CORNERS AND GENTLY PUSH OUT. THIS IS YOUR FORTUNE TELLER

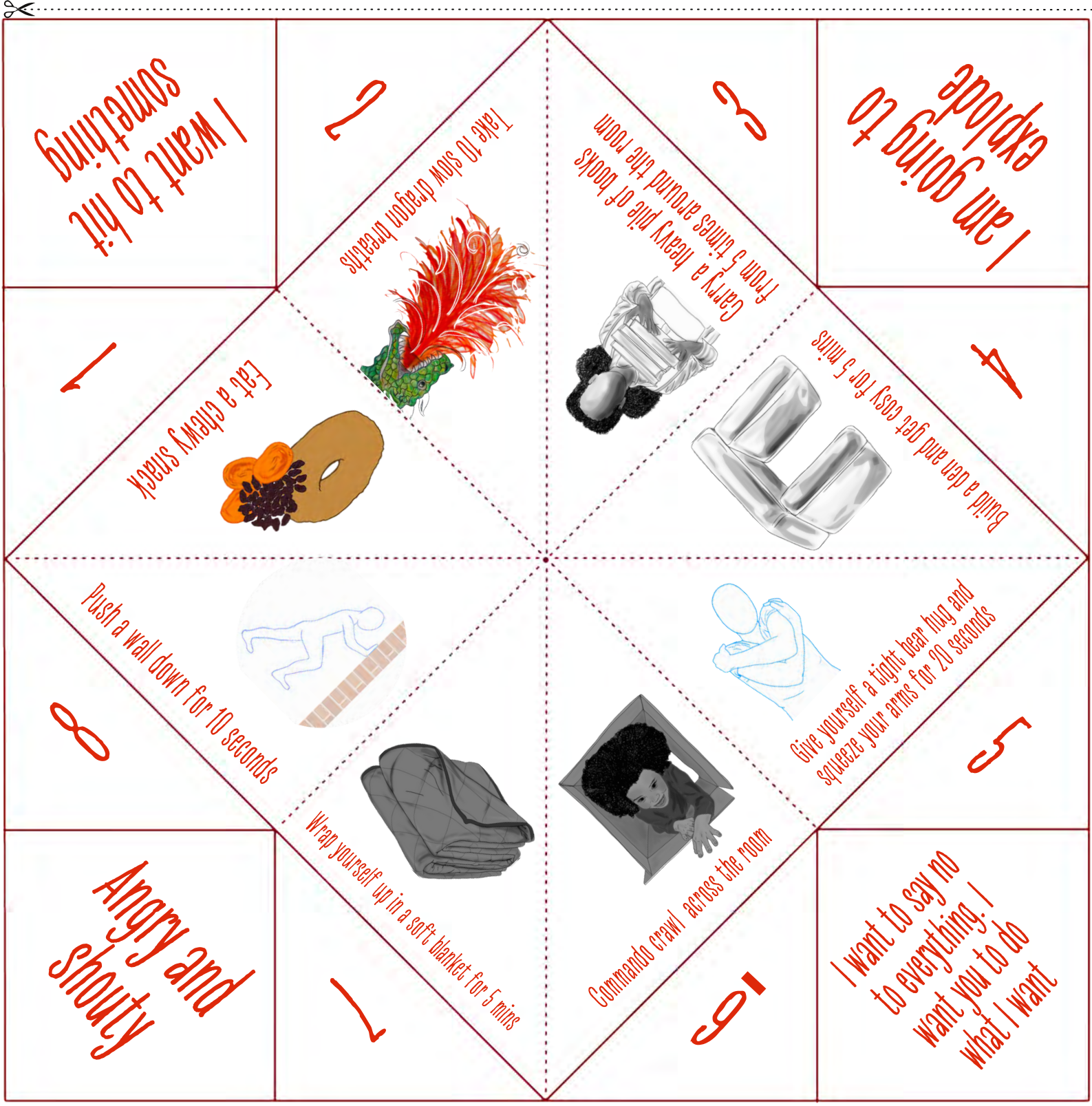


PLAYING THE GAME (BEFORE PLAYING MAKE SURE YOU CAN ACCESS EVERYTHING NEEDED TO PLAY THE GAME)

1. ASK THE PERSON TO PICK HOW THEY ARE FEELING - YOU CAN HAVE ALL FOUR OPTIONS READY FOR THEM TO CHOOSE FROM OR SELECT THE ONE YOU FEEL IS RIGHT
2. PLACE YOUR FINGERS INTO THE POINTS AND OPEN THE FORTUNE TELLER
3. ASK THEM TO PICK A NUMBER AND OPEN AND CLOSE THE FORTUNE TELLER THE NUMBER OF TIMES THEY HAVE CHOSEN
4. ASK THEM TO PICK ANOTHER NUMBER AND REPEAT
5. ASK THEM TO PICK ANOTHER NUMBER AND THIS TIME OPEN UP THE FLAP THE NUMBER IS ON - CARRY OUT THE REGULATING ACTIVITY **TOGETHER**
6. PLAY AS MANY TIMES AS YOU FEEL IS RIGHT FOR THE INDIVIDUAL, AS USUAL BE LED BY WHAT THEY CAN TOLERATE

Relational Regulation Game: Fight

✂



1 I want to hit something

2 Take 10 slow dragon breaths

3 Carry a heavy pile of books from 5 times around the room

4 I am going to explode

5 Build a den and get cozy for 5 mins

6 Give yourself a tight bear hug and squeeze your arms for 20 seconds

7 Commando crawl across the room

8 Angry and shouty

9 I want to say no to everything. I want you to do what I want









10 Push a wall down for 10 seconds

11 Eat a chewy snack

12 Wrap yourself up in a soft blanket for 5 mins



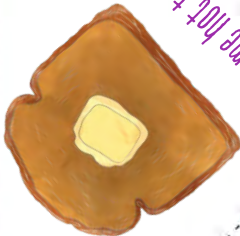












Relational Regulation Game: Flight

✂

<p>I want to run away and hide</p>	<p>2</p> <p>Take 10 slow dragon breaths</p> 	<p>3</p> <p>Have a warm milk</p> 	<p>I want to be super busy</p>
<p>1</p> <p>Eat a crunchy snack</p> 	<p>4</p> <p>Build a den and get cosy for 5 mins</p> 	<p>5</p> <p>Climb the nearest staircase 3 times on your hands and knees</p> 	<p>I want to clench my fists and scream</p>
<p>8</p> <p>Play tug of war</p> 	<p>Hug a soft teddy for 5 minutes</p> 	<p>9</p> <p>Do 10 SLOW jumping jacks</p> 	<p>I want to talk in a funny voice and be loud</p>

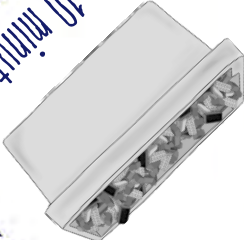



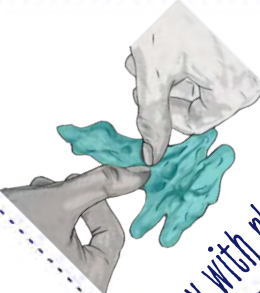
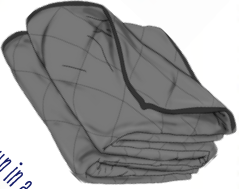

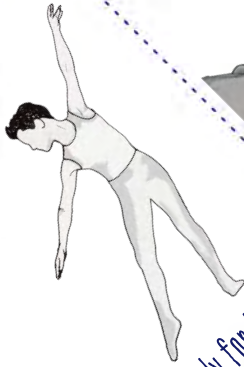
Relational Regulation Game: Freeze

✂

<p>I feel confused and forgetful</p> 	<p>Take 10 slow dragon breaths</p> 	<p>Have some hot toast and a warm milk</p> 	<p>I am keeping a close eye on everything that is going on in the room</p> 
<p>Watch a funny youtube video or cartoon</p>  	<p>Push a wall down for 10 seconds</p> 	<p>Roll yourself up like a sausage roll</p> 	<p>Have a dance party for 5 minutes</p>  
<p>Wrap up in a warm towel for 10 mins</p>  	<p>Dig in mud or sand or lentils</p> 	<p>I am being a bit clumsy today</p> 	<p>I am day- staring into space</p> 

Relational Regulation Game: Collapse

✂

<p>I want to be alone, please ignore me</p>	<p>2</p> <p>Play Lego for 10 minutes</p> 	<p>3</p> <p>Have a hot chocolate</p> 	<p>I feel unhappy and low</p>
<p>1</p> <p>Eat a crunchy snack</p> 	<p>4</p> <p>Lay on your belly and try like a superman, hold it for 10 seconds</p> 	<p>5</p> <p>Play with play-doh for 10 minutes</p> 	<p>6</p> <p>Wrap yourself up in a soft blanket and watch TV for 10 mins</p> 
<p>7</p> <p>Wrap up in a warm towel for 10 mins</p> 	<p>8</p> <p>Rock, sway and stretch gently for 5 minutes</p> 	<p>9</p> <p>I can't think</p>	<p>10</p> <p>I can answer yes or no but nothing else</p>

Dan Hughes' PACE Model

PACE is an approach of four personal qualities which allowing adults to support a child's develop their own self-awareness, emotional intelligence and resilience. Over time, and with practice, a child will gain strong tools to better understand and regulate their emotions.

Key to this approach is a deep respect for the child's own experiences and their inner life. When an adult engages in this work we provide a supported space within which children hone and develop their own thinking skills. We help children to reflect upon, understand and then manage their emotions more skilfully. ``

PACE stands for **PLAYFULNESS, ACCEPTANCE, CURIOSITY, EMPATHY.**

Playfulness – an open, ready, calm, relaxed and engaged attitude.

'When children laugh and giggle, they become less defensive and more reflective. Playfulness can help keep it all in perspective... It can also diffuse a difficult or tense situation when the parent has a touch of playfulness in his or her discipline.'

Acceptance – unconditionally accepting a child makes them feel secure, safe and loved

'Actively communicating to the child that you accept the wishes, feelings, thoughts, urges, motives and perceptions that are underneath the outward behavior. It is about accepting, without judgment or evaluation, her inner life. The child's inner life simply is; it is not right or wrong. The parent may be very firm in limiting behavior while at the same time accepting the motives for the behavior.'

Curiosity – without judgement children become aware of their inner life

'Curiosity involves a quiet, accepting tone that conveys a simple desire to understand the child: "What do you think was going on? What do you think that was about?"'

Empathy – a sense of compassion for the child and her feelings

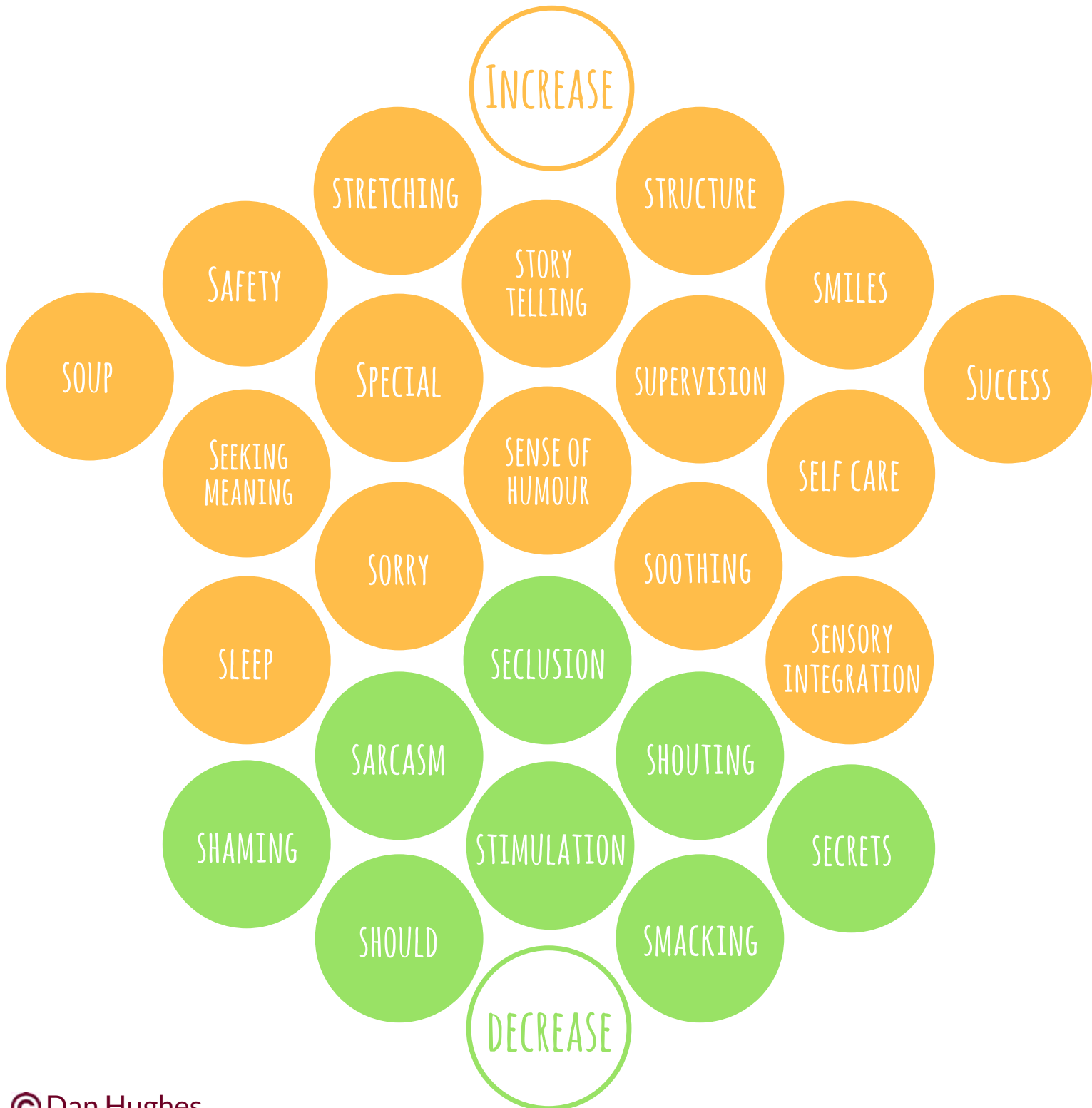
'The adult will stay with the child emotionally, providing comfort and support... The adult is also communicating strength, love and commitment, with confidence that sharing the child's distress will not be too much. Together they will get through it.'

More information can be found at <https://ddpnetwork.org/about-ddp/meant-pace/>

Pace can be used by any adult to validate, explore and understand children's feelings. It is an approach which limits shame, promotes compassion and brings a sense of mutual support, strength and resilience. When an adult spends time and demonstrates an interest in a child's inner life the adult contains and regulates the child's emotions, eventually the child will learn to do this themselves.

DAN HUGHES' 24 S'S

A guide for raising your troubled or sensitive child



Mindfulness Everyday

Mindful Parenting

Family Tool Kit



For more information, please visit
MindfulnessEveryday.org/mindfulparenting.html



WHAT IS IMPRINTING?



An Interesting Fact:

When born, animals such as ducks' bond to the animal or object it meets at birth; this is called imprinting, a phenomenon that has an intense effect on the animal's overall development and mental state. Like in ducks, imprinting can occur with humans shortly after birth or within the few months of life—most commonly with a parent.

Jon Jaehnig

Mindfulness for Families



Mindful Parenting - Skill for being with the Ups and Downs of Life Curriculum Authors

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For more information on educational programs and materials, please contact us at info@mindfulnesseveryday.org

*Mindful Parenting provides
Stress Reduction & Life Strategies for parents, based on the principles of the MBSR (Mindfulness-Based Stress Reduction) Workshop program created by Jon Kabat-Zinn at the University of Massachusetts Medical Centre in 1979.*

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MINDFUL FAMILY TOOL KIT

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WHAT IS MINDFULNESS?

Definitions of Mindfulness

Mindfulness is the awareness that arises from paying attention in a particular way, on purpose, to the present moment, with non-judgment.

Jon Kabat-Zinn

Mind Full or Mindful?



**Mindfulness is paying attention to the here and now,
with kindness and curiosity.**

Amy Saltzman, M.D.

MINDFULNESS FOR FAMILIES

Mindfulness can be fun!

Here you will find inclusive ways to bring Mindfulness practice to your family life. This is a tool kit if you will, of all ages Mindfulness practices. Please adapt and make them your own, in a way that suits your family.

Bring Mindfulness to all of your life with your children. Remembering the key is to take your oxygen before embarking on anything. Simply pay attention to your breath and your body and add Mindfulness before reacting.



MINDFUL PARENTING TIPS

1. Be Present (Are you thinking about the past or worrying about the future? What is happening RIGHT HERE, RIGHT NOW)
2. Practice Compassion (For yourself, children and others)
3. Beware of Thought (Thoughts are not always Facts)
4. Acknowledge what you are feeling - emotions (Name It to Tame It)
5. Be Aware of Breath (Vagus Nerve – Deep Breath relaxes the body)
6. Be Aware of Body (Body Scan: Befriend Gravity)
7. Accept Things as They Are (Respond vs. React – it is what it is)
8. Be Mindful of Technology (Turn it off, all of it, sometimes)
9. Acknowledge Transitions – *Transitions are the spaces between moments. Transitions are not just about getting you ready for the next experience; they are the experience.*

1. MINDFULNESS BOX

Create a little chest or box at home that your son or daughter can keep mindfulness reminders. It can be a safe space they go when they are feeling upset. A mindfulness chest can hold things like:

- Papers with instructions on Figure 8 and hand practices
- Stones or pebbles they have gathered to practice with
- A little bell they ring to remind them of listening
- A jar of sparkles and water
- Mindfulness Art work
- Mindfulness booklet

2. MINDFULNESS BELL

Find a place in your home to have a bell that is available for anyone to ring. When it is rung, everyone in the home pauses for 3 breaths. Stop whatever you are doing, and just feel the sensations in the present moment. It takes a while to get everyone into the flow of the Mindful Bell, so be patient. Just having the bell in the hallway or a corner of a room can be a reminder for the family to be more mindful.

3. FAMILY MINDFUL ART

Take some time to do art with your son or daughter. You can play some relaxing music while you do so, and feel the breath in your body as you close your eyes and draw lines together; breathing in draw one line, and on the outbreath, draw in another direction. Colour them in and you can discuss what you find when you look at the art. Hang it on the wall as a beautiful reminder of your breathing.

4. GRATITUDE ACTIVITY

A nice easy activity you can do at meal time, before bed, or whenever you like. Research shows that practicing the 3 E's of Gratitude get results and help people improve wellbeing. Children can keep listing things and people they are grateful for. It doesn't have to be just one. Encourage them to *feel* how it feels to be grateful – where in the body do they feel it.

1. Exercise Gratitude: Do it **everyday**, just like physical exercise
2. Emote Gratitude: Mindfully feel the **emotions** (sensations associated with gratitude)
3. Express Gratitude: **Tell** it to people in your life, like your family

5. BLOWING BUBBLES BREATHING

Have some fun and get out the bubbles. This is a great way to help younger kids (and adults) get in touch with the feeling of the outbreath. Breathe in deeply and feel your sensations as you breathe out fully while you blow bubbles.

6. INFINITY SYMBOL BREATHING

Trace your finger along the inside of this infinity symbol. Starting with your finger in the centre, take a slow breath in as you move along one side of the symbol, and when you cross over to the other side, allow your breath to gently exhale. Follow this breathing pattern while you trace the symbol as many times as you like (Mind Up Curriculum, 2014). You can also practice infinity symbol breathing by holding your finger in front of you, and tracing an infinity symbol with your finger in the air.



7. COUNTING OCEAN BREATHS FOR SLEEP

Some people count sheep to help concentrate the mind, relax the body and fall asleep. Try counting your breaths to help you fall asleep. Start at one, and each time you lose track, just start over at one again. Allow each breath to feel full like the ocean tide coming and going naturally.

8. BREATHING BUDDIES

For young children, and instruction to simply “pay attention to the breath” can be hard to follow. A “breathing buddy” exercise can be more accessible: Each student grabs a stuffed animal, and then lies down on their back with their buddy on their belly. They focus their attention on the rise and fall of the stuffed animal as they breathe in and out.

9. FIVE FINGERS BREATHING

Breathe in slowly and fully tracing up your finger, and out as you trace down the other side beginning with your thumb and continuing with each of your other fingers. As you follow the outline of your hand you will feel your body calming.

10. STONE BREATH

Collect some small to medium sized stones for practice with. Lie on your back and place the stone on your belly. Allow yourself to feel the stone rising and falling on your belly, just like a little boat in the ocean gently rises and falls with the movement of the ocean.

11. MINDFUL EATING

mindful eating

Here are a few tips you can try at home:





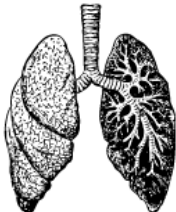

-  1 Always try to sit down at a table to eat.
-  2 Before you sit, clear any clutter that may be on the table.
-  3 Set a place for yourself, even if you are eating alone.
-  4 Use tableware and utensils that appeal to you.
-  5 Take a moment to adjust the lighting so it feels pleasant to you.
-  6 Consider playing some soft, relaxing music while you eat.
-  7 Try to minimize multitasking while eating.

12. MINDFUL WALKING ACTIVITY

Walking meditation is a grounding and steadying mindfulness activity that gives your child access to something that she can do anytime and anyplace when she needs to tune in to her own body and mind. It is a simple but supportive practice. The repetitive movement is soothing, and for many children the movement helps to quiet their minds. This is best done without shoes on.

- Standing like a mountain, tall and strong, with your feet hip-width apart, grounded, with your feet making contact with the earth and your head elevated to the sky.
- Beginning the practice by taking 3 long, slow breaths.
- Noticing how your feet feel making contact with the ground. Moving your weight around a little to see how it feels. Leaning forward and backward, then from side to side. Then finding your center—the place where you are balanced and most strong.
- Beginning to take a slow walk, between 5-10 steps – you do not need a lot of room to do this. Just walking a short path in any room and then turning around and walking back to where you started. Or, you can do this outside in a safe place (grass is wonderful).
- Not looking at your feet, just feeling your feet as they make contact with the surface you are walking on. Your feet know what to do.
- Noticing how your feet feel as you walk. What is the sensation like in your heels? In your toes?
- After a few moments, start to notice what walking feels like in the rest of your body. What happens in your legs and hips when you walk? What about your arms? Can you feel walking in your neck and your face?
- You can experiment with the pace, trying slow walking to medium pace.
- If your mind starts to wander while you are taking your walk, that's no problem. Just noticing where it is wandering to and then gently bringing it back to how your body is feeling during your walk.
- When you are ready to finish your mindful walk, come back into mountain position just like you started. Taking a long slow breath and perhaps sending some gratitude to your feet and legs for supporting you.

13. MANAGING TEST ANXIETY

Managing Test Anxiety		Core Breathing Practice
1. Sleep		<p>Let's begin by sitting down in a comfortable position and closing your eyes, if that is comfortable for you, or looking down at your hands. Let's begin by paying attention to your breathing. Taking calm, slow breaths, gently breathing in through your nose, and then letting go of each breath. Keeping your shoulders relaxed, picture the air coming into your body and going out again. If your mind wanders, as it will, gently and kindly bring your attention back to noticing your breath. Feeling your belly rising and falling, keeping it soft and relaxed. When you are ready, opening your eyes slowly and taking another slow, deep breath with open eyes. Take a minute to notice how you feel now.</p> <ul style="list-style-type: none"> • What did you notice about your breathing? • Did you notice if your attention wandered from the breath? • Were you able to bring it back to noticing your breathing?
2. Listen to Music		
3. Laughter		
4. Talk to a Friend or Adult		
5. Practice a Relaxation Technique – Deep Belly Breathing		
6. Exercise		

14. SUGGESTED MINDFULNESS PARENTING ONLINE RESOURCES

Mindfulness Everyday	Resources for children and their parents	Mindfulness Everyday
Mindfulness Everyday YouTube Channel Mindful Families Playlist	Videos on Mindful Parenting	Mindful Families - YouTube
Mindful Families	A Toronto based resource for people interested in exploring mindfulness - for parents, children and families with mindfulness practices, songs, stories and resources (some for download)	Home (mindfulfamilies.ca)
Reaching IN Reaching OUT	Resiliency Resources for Parents	Reaching IN Reaching OUT : Resiliency Resources : Resources for Parents (reachinginreachingout.com)
Kids Have Stress Too	Free Parent Booklet and Handout downloads.	Kids Have Stress Too! (psychologyfoundation.org)
With Equal Step	Works with parent groups, educators and community agencies, building the capacity of parents to support their children's learning.	About With Equal Step
Mindfulness for Teens – Discovering Your Inner Strength	Provides information, tools, and resources for teens.	Mindfulness for Teens Home - Mindfulness for Teens
Stressed Teens	Stressed Teens Course Offerings for Teens, Parents, and Professionals.	Stressed Teens
Stop Thinking Breathe App	With a little practice, you can create your own personal force field of calm and peace.	Stop, Breathe & Think (stopbreathethink.org)
Sounds True	A website that sells a wide variety of CDs and downloadable resources on mindfulness.	Sounds True

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NINETEEN SOMETHINGS TO SAY TO CHILDREN

- 1. I love you! There is nothing that will make me stop loving you. Nothing you could do or say or think will ever change that.**
- 2. You are amazing! I look at you with wonder! Not just at what you can do, but who you are. There is no one like you. No one!**
- 3. It's all right to cry. People cry for all kinds of reasons: when they are hurt, sad, glad, or worried; when they are angry, afraid, or lonely. Big people cry too. I do.**
- 4. You've made a mistake. That was wrong. People make mistakes. I do. Is it something we can fix? What can we do? It's all over. You can start fresh. I know you are sorry. I forgive you.**
- 5. You did the right thing. That was scary or hard. Even though it wasn't easy, you did it. I am proud of you; you should be too.**
- 6. I'm sorry. Forgive me. I made a mistake.**
- 7. You can change your mind. It's good to decide, but it is also fine to change.**
- 8. What a great idea! You were really thinking! How did you come up with that? Tell me more. Your mind is clever!**
- 9. That was kind. You did something helpful and thoughtful for that person. That must make you feel good inside. Thank you!**
- 10. I have a surprise for you. It's not your birthday. It's for no reason at all. Just a surprise, a little one, but a surprise.**
- 11. I can wait. We have time. You don't have to hurry this time.**
- 12. What would you like to do? It's your turn to pick. You have great ideas. It's important to follow your special interests.**
- 13. Tell me about it. I'd like to hear more. And then what happened? I'll listen.**
- 14. I'm right here. I won't leave without saying good-bye. I am watching you. I am listening to you.**
- 15. Please and Thank You. These are important words. If I forget to use them, will you remind me?**
- 16. I missed you. I think about you when we are not together!**

17. **Just try. A little bit. One taste, one step. You might like it. Let's see. I'll help you if you need it. I think you can do it.**

18. **I'll help you. I heard you call me, here I am. How can I help you? If we both work together, we can get this done. I know you can do it by yourself, but I'm glad to help since you asked.**

19. **What do you wish for? Even if it's not yet time for birthday candles and we don't have a wishbone, it's still fun to hear about what you wish for, hope for, and dream about**

-- Author Unknown



You want the best for your child, and are trying to keep them safe and healthy while they grow. Still, it's hard being a parent, and it's even harder when your family has experienced violence. There are simple ways to connect with your child and help them to feel loved.



You might be a child's parent or guardian, their regular caregiver, or someone who frequently sees and cares for them. No matter who you are to the child, you can be someone they trust and rely on.



If you are worried about your child, things seem to be getting harder, or you need more help, take a look at the resources below.

National Domestic Violence Hotline

1-800-799-SAFE (7233) | TTY 1-800-787-3224

Childhelp Hotline

1-800-422-4453

Sexual Assault Hotline

1-800-656-4673 (HOPE)

Teen Dating Abuse Resources

1-866-331-9474 or Text LOVEIS to 225-22

Promising Futures

www.PromisingFuturesWithoutViolence.org

Futures Without Violence

www.FuturesWithoutViolence.org



The Magic of Everyday Gestures:

8 Ways Parents and Caregivers Can Support Children Healing from Trauma



Promising Futures

Best Practices for Serving Children, Youth, and Parents Experiencing Domestic Violence

Everyday gestures can make a big difference in your child's life.

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8

Everyday Gestures

1. **Play with your child and enter their world.** Find activities that you can do together, like reading stories, playing video games, playing pretend, or playing sports.

2. **Listen to your child** to help them feel seen, heard, and valued. Show them you are listening by bending down to their level, making eye contact, and putting down your phone.

3. **Be your child's cheerleader.** Tell your child what you love about them. Inspire your child to discover activities that interest them, like sports, art, music or theatre.

4. **Comfort your child** when they feel scared or overwhelmed, and practice techniques such as taking deep breaths and counting to ten. Help your child find other people and places that help them feel safe and supported.

5. **Talk to your child about their feelings.** Help them to be able to label their emotions by using a feelings chart, and model healthy ways to express feelings. Ask your child about events from their day and how they made them feel.

6. **Create calm and predictable environments.** Help your child know what to expect whenever possible by creating habits and routines. Ask yourself, what rituals would work for my family each day to make it more predictable?

7. **Set clear rules and expectations** about your child's behavior and use positive reinforcement whenever possible. Clear rules might include "no name-calling" and how often they can watch TV. Reward your child's efforts to follow family rules.

8. **Create a network of support** for you and your child, and be a support for other parents. At some point, we all need to ask for help. Whether you're helping someone else or needing it yourself, it's good to know what health, counseling, and recreation resources are part of your community.

Care for yourself, too!

Remember to take care of your own health and wellness so you can be there for your child. When life gets hectic, it can be hard to focus on your health. Whenever possible, take care of yourself by getting enough sleep, eating well, exercising, and going to the doctor regularly.

Focus on your healing. Hard parts of our lives can affect our health, relationships, and parenting in ways that aren't always obvious. Reach out for help — coming back from your own bad experiences will make it easier for your child to do the same.



How to nurture a child's mental health



Actively listen before offering your advice

Be patient

Share your feelings and validate theirs

Tell the truth

Model healthy behavior

Surround them with healthy adults

Be consistent and follow through with what you promise

Teach them how to be safe

Believe them and in them

Use open ended questions

Have scheduled family time

Limit electronic time for everyone

Reach out and hug them

Practice relaxation exercises together

Model forgiveness

Respond calmly when their emotions are elevated

View their behavior as a window to their needs and feelings

Make play and exercise a requirement

Recognize positive choices

Be present

Set and respect boundaries

THE TRUNCATED RESPONSE

WHAT IF THE FIGHT OR FLIGHT BEHAVIOURS YOU SEE ARE ACTUALLY A RESPONSE 'STUCK' IN THE NERVOUS SYSTEM?

"A PERSON WHO ENCOUNTERS DANGER AND IS ABLE TO FULLY EXPRESS APPROPRIATE DEFENCE RESPONSES MAY HAVE NO LONG-TERM CLINICAL EFFECTS.

HOWEVER, A PERSON WHO HAS HAD HIS OR HER RESPONSES OBSTRUCTED WILL FIND THAT THE ENERGETIC RESIDUES OF THESE LATER BECOME UNWELCOME INTRUDERS ON HIS OR HER AWARENESS."

(CARRIGAN, 2014)

THE COMPLETED FIGHT/FLIGHT RESPONSE



IMAGINE A TEEN WHO IS WALKING ALONE LATE AT NIGHT, HE IS APPROACHED BY TWO OLDER TEENS WHO TRY TO ATTACK HIM.

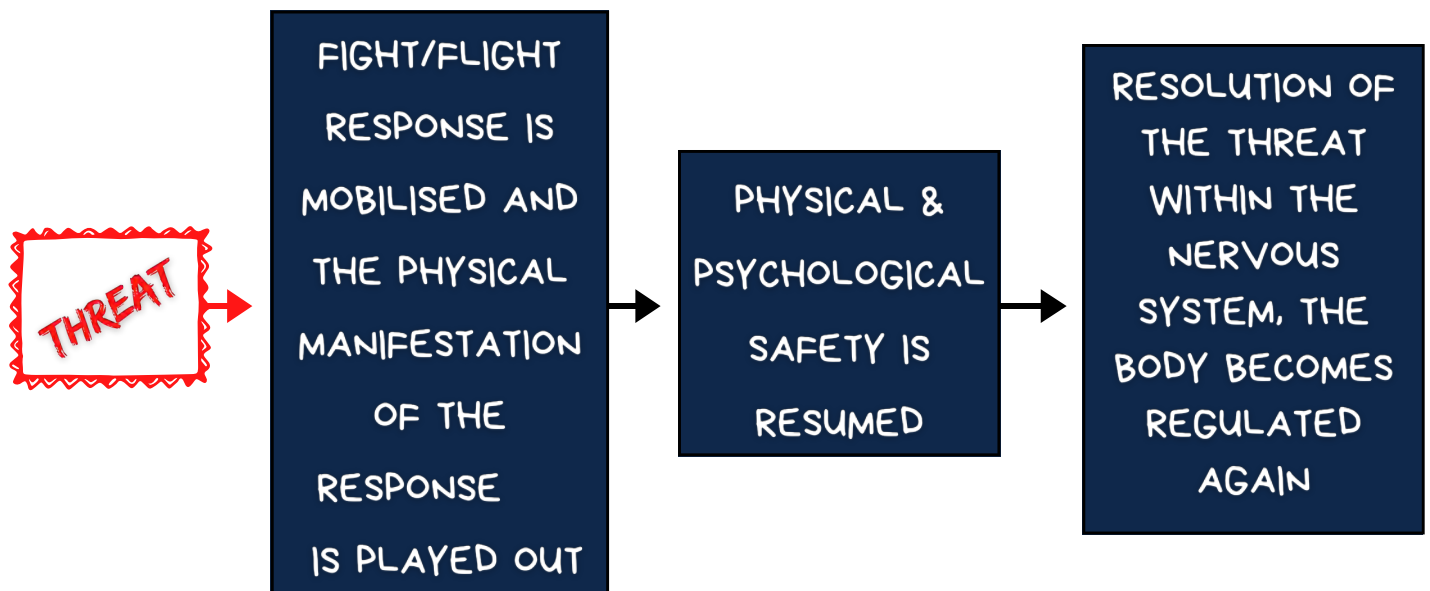


THE TEEN GOES INTO FIGHT MODE AND IS ABLE TO FIGHT OFF HIS ASSAILANTS WELL ENOUGH THAT HIS FLIGHT RESPONSE IS ABLE TO KICK INTO ACTION AND HE IS ABLE TO RUN AWAY.

HERE HIS SURVIVAL RESPONSES WERE ACTIVATED AND EFFECTIVE. HIS NERVOUS SYSTEM WAS ABLE TO COMPLETE THE FIGHT AND FLIGHT SURVIVAL RESPONSE.



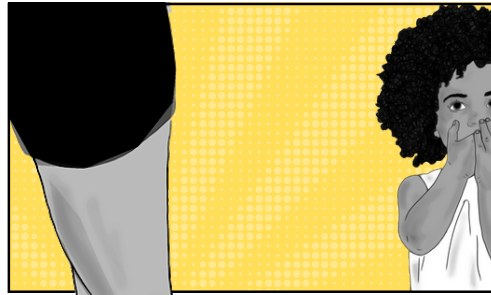
THE TEEN IN THE EXAMPLE HERE WILL OF COURSE NEED SOME SUPPORT AFTER THE ATTACK, HOWEVER, HIS SURVIVAL RESPONSES HAVE BEEN COMPLETED AND THEREFORE DO NOT GET STUCK IN HIS NERVOUS SYSTEM. THE COMPLETED RESPONSE IS AS FOLLOWS:



THE TRUNCATED FIGHT/FLIGHT RESPONSE



NOW IMAGINE A YOUNG CHILD WHO IS REGULARLY PHYSICALLY HIT AND KICKED BY A PARENT.



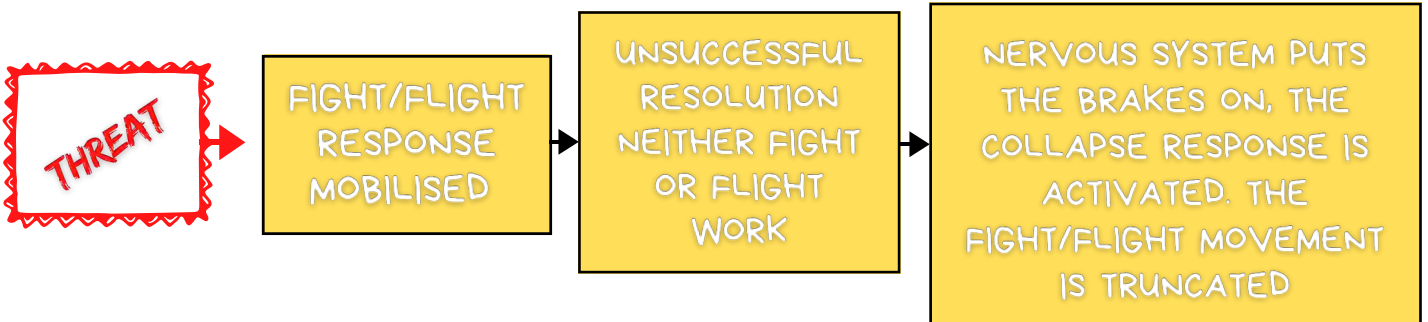
THE CHILD'S FIGHT MODE KICKS IN BUT THE URGE TO FIGHT IS NOT SAFE OR EFFECTIVE, THE PARENT IS TOO BIG AND STRONG. THE FIGHT MODE IS TRUNCATED - IT IS STOPPED.

THE FLIGHT RESPONSE IS ALSO ACTIVATED BUT SHE CANNOT FLEE, SHE IS TRAPPED. THE FLIGHT RESPONSE IS ALSO STOPPED.



FOR THIS CHILD, THE ONLY SURVIVAL MODE THEY NOW HAVE AVAILABLE TO THEM IS TO SHUT DOWN INSIDE - TO GO INTO COLLAPSE. THE TRUNCATED FIGHT AND FLIGHT RESPONSES ARE STUCK, UNFINISHED, IN THE CHILD'S NERVOUS SYSTEM.

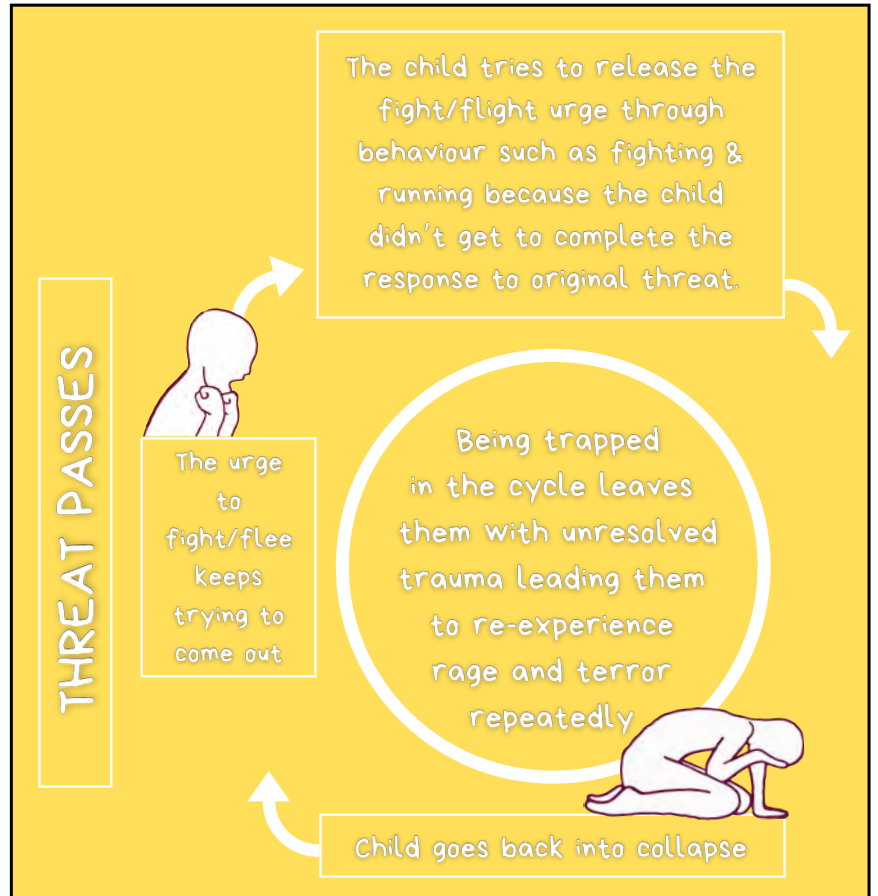
THE INCOMPLETE RESPONSE IS AS FOLLOWS:



THE URGE TO COMPLETE THE TRUNCATED RESPONSE

STUCK ON A LOOP, CHILDREN WHO HAVE NOT BEEN ABLE TO FIGHT OR RUN AWAY FROM DANGER MAY FIND THEMSELVES WITH AN OVERWHELMING BODY URGE TO COMPLETE THE TRUNCATED RESPONSE. AS THEY GROW OLDER, THEY MAY CONTINUALLY HAVE THE URGE TO FIGHT OR RUN AWAY. THEIR NERVOUS SYSTEM IS CONSTANTLY TRYING TO REPAIR THE EARLY EXPERIENCE BY COMPLETING THEIR TRUNCATED RESPONSES.

PHYSICAL VIOLENCE IS ONE OF MANY EXPERIENCES WHICH MAY CREATE A SITUATION WHERE A CHILD'S SURVIVAL RESPONSE IS TRUNCATED. THE TRUNCATED RESPONSE MIGHT ALSO COME ABOUT FOR CHILDREN WHOSE EMOTIONAL NEEDS ARE NOT MET OR WHO ARE FACING ANY OTHER TYPE OF THREAT.



HOW CAN WE HELP A CHILD TO SAFELY COMPLETE THEIR TRUNCATED RESPONSE?

AS ADULTS WE ARE UNDERSTANDABLY DRIVEN TO PREVENT CHILDREN FROM SEEING THROUGH THEIR URGES TO FIGHT OR FLEE – AFTER ALL IT CAN LOOK LIKE 'PROBLEMATIC, DANGEROUS BEHAVIOUR', SO WHAT CAN WE OFFER TO SUPPORT A CHILD TO SAFELY COMPLETE THEIR TRUNCATED RESPONSE? YOU COULD TRY REGULAR:

- RUNNING
- GO KARTING
- MARTIAL ARTS
- BOXING/WRESTLING
- SKATEBOARDING
- DRUMMING
- SWIMMING
- CYCLING
- RUGBY
- DANCING



PROVIDING REPETITIVE, REGULAR MOVEMENTS THAT SAFELY SEE THROUGH THE FIGHT/FLIGHT URGE THAT IS STUCK IN THEIR NERVOUS SYSTEM CAN, OVER TIME, HELP TO COMPLETE THE TRUNCATED RESPONSE.

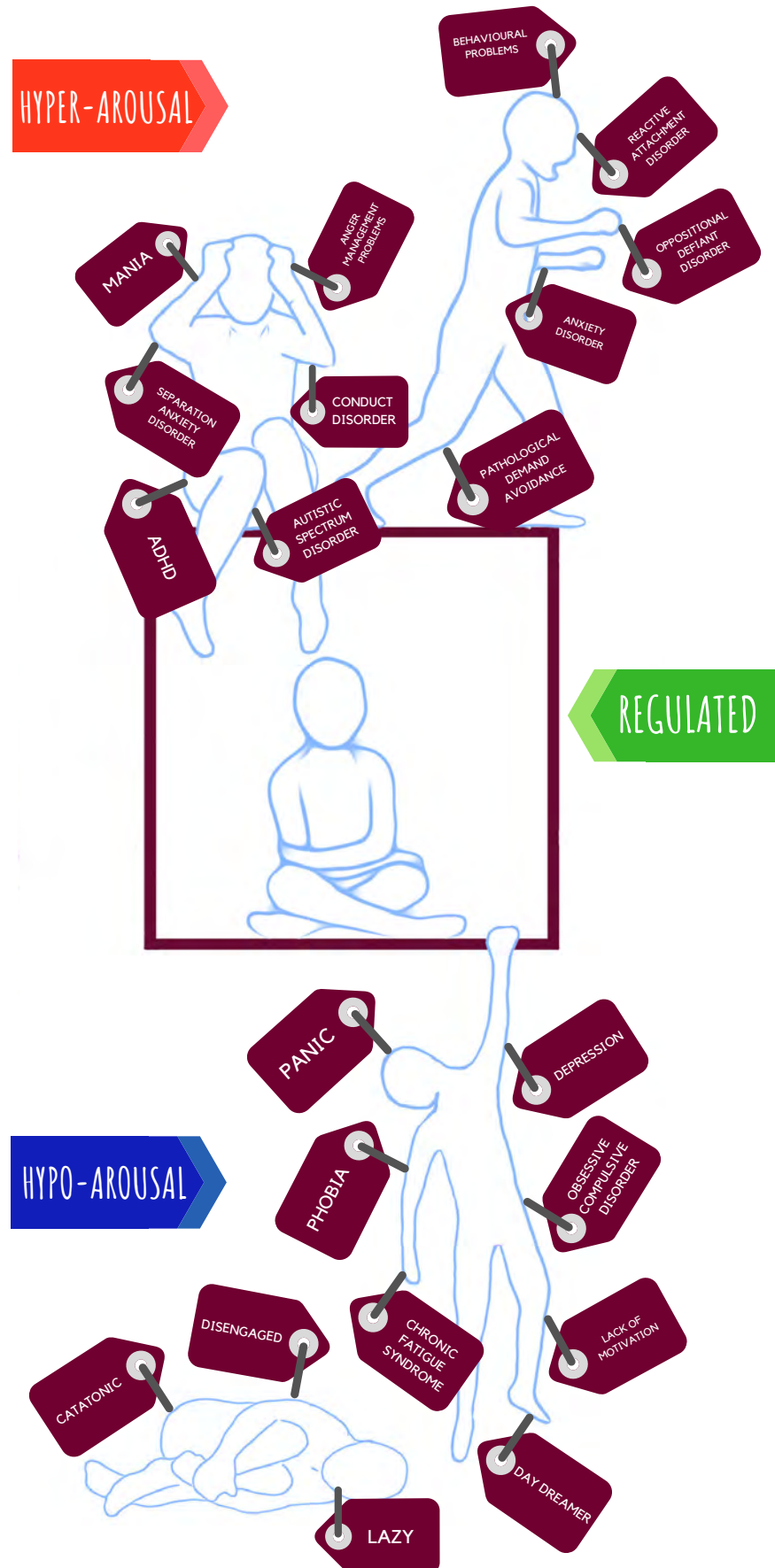
OTHER TOP TIPS INCLUDE:

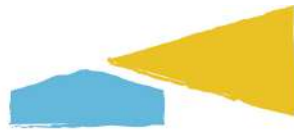
- IN THE HEAT OF THE MOMENT OF FIGHT OR FLIGHT, OFFER THE CHILD A SAFER ALTERNATIVE (E.G. TAKE THEM FOR A WALK AROUND THE PLAYGROUND OR GARDEN)
- SHOW EMPATHY FOR THE PART OF THE CHILD THAT WANTS TO FIGHT OR FLEE ("I CAN SEE YOUR BODY REALLY FEELS THE NEED TO PUSH OTHERS AWAY, THAT MUST BE HARD FOR YOU")
- STAY IN CONNECTION ("I'M HERE, I'M WITH YOU")
- DELIVER CONSEQUENCES WITHOUT SHAME OR ANGER ("IT'S TOUGH TO BE MISSING OUT BECAUSE OF WHAT HAPPENED, I CAN SEE THAT. HOW ARE YOU WITH THAT?")
- NORMALISE THE URGE ("LOTS OF CHILDREN WHO HAVE HAD STRESSFUL THINGS HAPPEN TO THEM FEEL THAT THEIR BODY WANTS TO FIGHT OR RUN AWAY")

WHAT IF... IT WAS A SURVIVAL STRATEGY BEHIND THE LABEL?

Young people whose needs were not met naturally find ways of adapting to the adults around them. They develop 'survival behaviours' which usually fall into fight/flight (hyper-arousal) or freeze/collapse (hypo-arousal) responses and always function to protect them from perceived harm.

Mental health services are often organised around psychiatric diagnostic labels. For traumatised children, their survival behaviours are vulnerable to being misunderstood; mis-diagnosed and therefore, treated with interventions targeting the outward symptoms, rather than the hidden unresolved trauma.





Beacon House
www.beaconhouse.org.uk

Developmental Trauma **Close Up**



UPDATED JANUARY 2020

Authors:

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www.beaconhouse.org.uk/useful-resources/



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Summary

This article has been written for parents, carers, friends and family of children who have experienced early loss, trauma and attachment disruption. It has also been written for professionals who are working hard to support or teach vulnerable children, but who often feel disarmed and at a loss with how to effectively help the profound and complex difficulties they observe. Last but not least, this article is for adults who experienced loss or trauma during their own childhood, and who may find that the information here deeply resonates with their own life story. We will draw on current evidence and thinking to re-frame the 'problems' often seen in these children as 'wise adaptations' to the lessons that life has taught them. We will unpick and explain the spectrum of challenges traumatised children face, known as 'Developmental Trauma', and share ideas for how to help the repair of early trauma.

This article takes a close up look at Developmental Trauma where we explore:

- *Who might experience Developmental Trauma?*
- *What does Developmental Trauma look like?*
- *What can parents/carers and professionals do to help?*



Why is this article important?

Our experience of working with children who have suffered early trauma and loss is that they are often misdiagnosed and misunderstood by professionals, friends and family who have the best interests of the child at heart, but who don't yet know about the impact of early trauma.



Labels of being 'naughty', 'autistic', 'ADHD' or 'behavioural problems' often lead to adult responses which, at times, can hold back the child from progressing and developing. This article aims to help adults around the child to understand their behaviour and their hidden needs from a 'trauma-informed' perspective.

Who can suffer developmental trauma?

We hear many parents and carers tell us that their child was too young to remember the traumatic events in their early life; or indeed that their child was removed from their birth mother within days of being born and placed with loving and safe foster carers. We also often see professionals not paying attention to a child's early adversity because there is a common belief that early adversity is not related to current problems, particularly if the problems do not look like typical trauma or the individual does not see themselves as having been through trauma. The child's complex and challenging behaviours as they grow up can then become quite a mystery, and can lead to very high levels of distress within families, hopelessness in professionals and unmet needs in young people that can lead them to be at risk.

The story of **who suffers trauma** paints a very different picture. Pioneering research has shown us with robust neuro-scientific evidence **that unborn babies can suffer trauma to their developing mind and body when they are in the womb**; for example, if their birth mother:

- Was in a violent relationship with a partner, friend or family member
- Used alcohol and substances
- Has a history of trauma herself
- Suffered serious mental health problems or toxic stress

Research has shown us that a history of severe trauma in the parents can even change the unborn baby's genetic makeup¹; and trauma during pregnancy means that the baby is born hardwired to be over-sensitive to life's stresses².



Who can suffer developmental trauma? (cont)

Experiences that happen during pregnancy or within the first four years cannot be explicitly remembered by the individual, however, research is very clear that it these very experiences which shape our later development and well-being. The body remembers, even when the mind cannot.

Early trauma can arise from things happening that shouldn't have happened (e.g. abuse, separation, medical interventions), and from things that didn't happen that should have happened (emotional and physical neglect). Neglect is often invisible, because children whose parents are emotionally unavailable and cold for example, do not know any different and have no 'incidents' to disclose to adults.



It's not all about what happened



Recent research by Dr Bruce Perry³ and his team has shown us that the experience of early loss and trauma does not dictate a child's future, in isolation from other important factors. In other words, there are other very influential experiences which can buffer the impact of early adversity. In particular, the presence of safe and available adults at the time of the trauma.

The age of the child when the trauma(s) occurred also influences the impact on their later well-being.

Adversity, stress and loss in the **first 8 weeks of a baby's life** has the most influence on their later well-being.

More influential for the child than their early trauma, is the quality and quantity of their safe relationships. This is a very hopeful message from the research.

What is Developmental Trauma?

Developmental Trauma is the term used to describe the impact of early, repeated trauma and loss which happens within the child's important relationships, and usually early in life.

Common stories include:

- A baby or child relinquished by birth parents
- A baby or child removed or relinquished from birth parents because they have been physically/sexually/emotionally abused
- A baby or child who has been neglected
- A child who lives between harmful birth parents and safe friends/family over a long period of time
- A child removed at birth and who goes on to experience multiple adverse experiences, such as death of a carer; bullying; physical illness.
- A child living with a safe and loving family, but who suffers sexual abuse from outside the family from a young age
- A baby or child removed from safe foster carers placed into a safe adoptive family
- A child who experienced severe health problems and multiple medical interventions

4 & 5

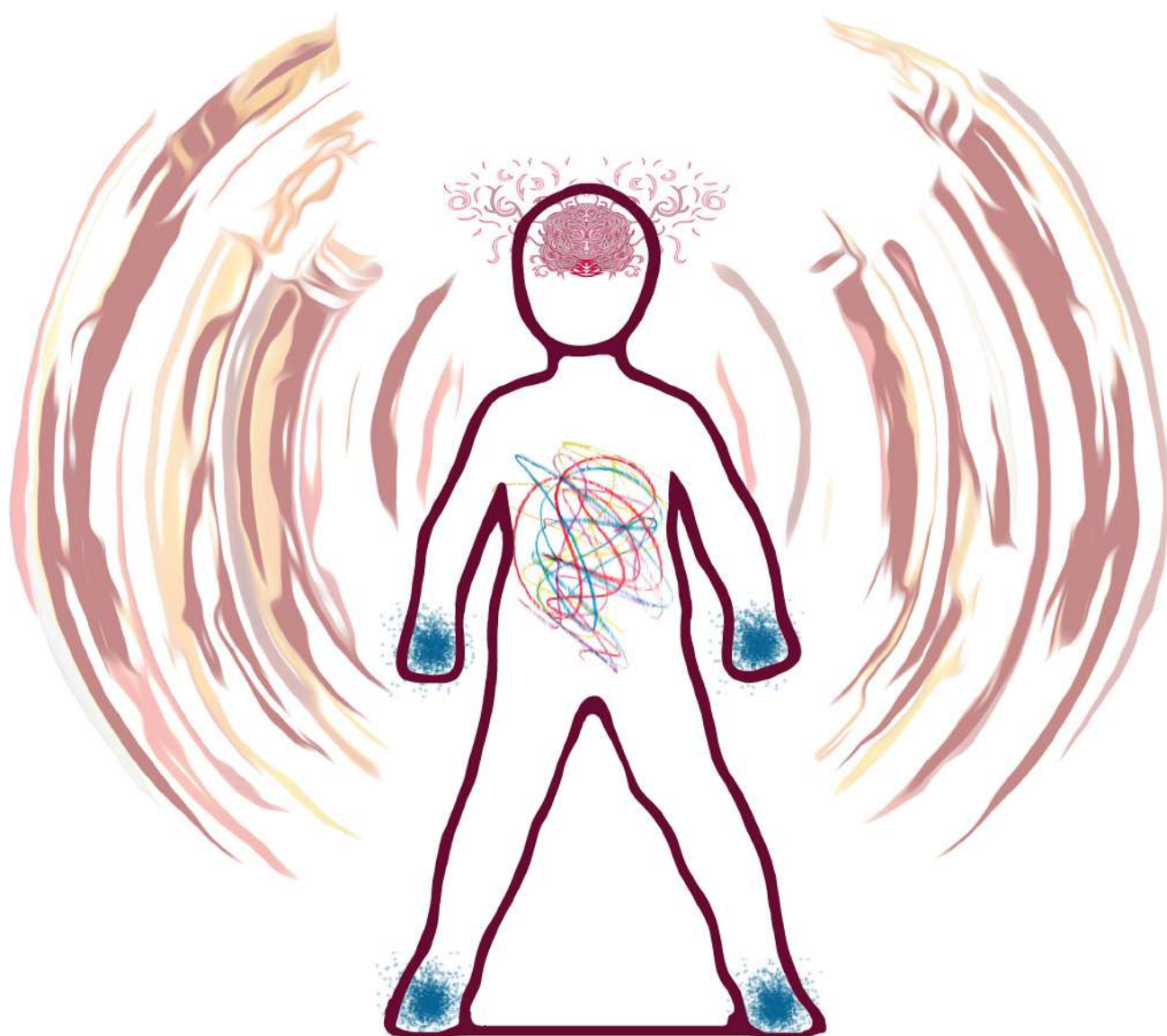
A psychiatrist, Professor Bessel Van der Kolk, showed us that early trauma creates an 'assault' on the child's development over time. Not only do traumatised children develop a range of unhealthy coping strategies which is how they adapted to threat, they also do not develop the essential daily living skills that children need, such as being able to manage impulses, solve problems or learn new information.

The bottom line is: a child who does not feel safe primarily 'lives' in their fight/flight/freeze/collapse responses in order to survive the real or perceived danger they face.



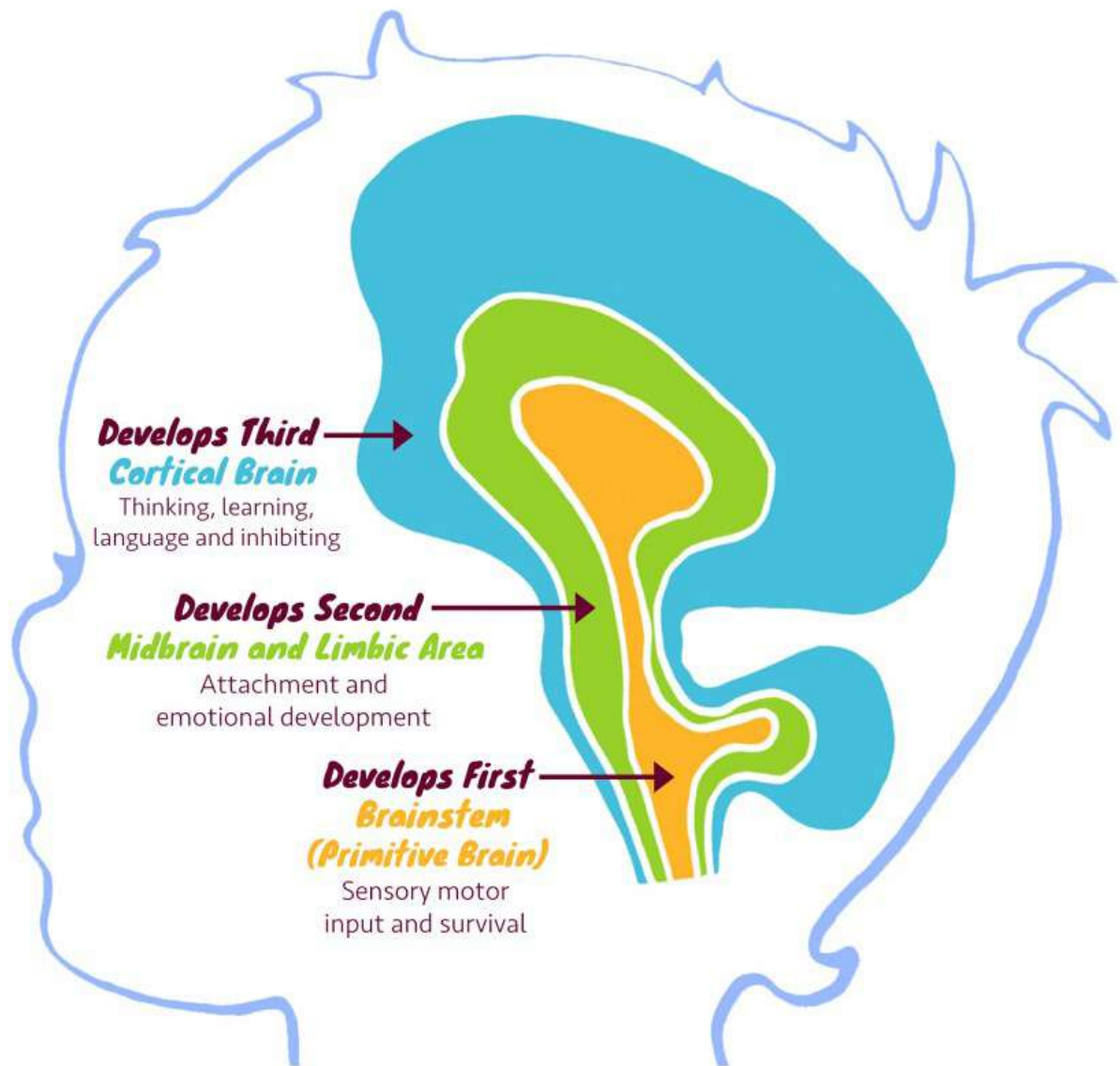
What is Developmental Trauma? (cont)

One problem for traumatised children is that when they transition into a safe environment, the survival responses do not turn off. The child is continually in survival mode, and even small, everyday things (like moving from one classroom to the next or a slightly raised voice) signal 'life or death danger'. As our previous article explained, (*The Repair of Early Trauma: A Bottom Up Approach*) the traumatised child is developmentally stuck in their primitive brain, and very little information can get passed up to the higher parts of their brain where rationalising happens. All their resources are 'used up' on staying alive physically and staying in the minds of their adults. This means there is little left over for the development of 'luxuries' such as processing and retaining new information; reasoning; sharing with siblings or peers; empathy or a sense of the intentions of adults as being positive or even neutral.

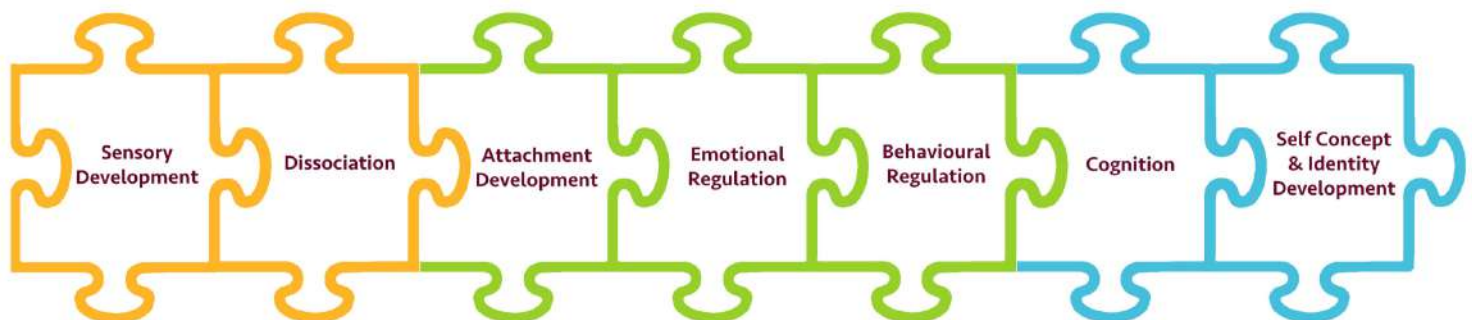


The seven impacts of Developmental Trauma

There are seven areas of impact that we see in children who have experienced Developmental Trauma. These can be mapped on to the order in which the brain develops, in other words, from the bottom of the brain (the brainstem) up to the top (the cortical brain).



The seven pieces of the Developmental Trauma puzzle are:



Dissociation is caused when the three areas of the brain disconnect from each other, which results in the primitive brain shutting down as a way of protecting the self from harm.

1. Sensory Development

Infants and toddlers have not yet developed language to make sense of their experiences. All of their memories are therefore **sensory memories**; and the baby operates mainly out of their brainstem – the bottom part of the brain which is responsible for basic functions such as heart rate, temperature and behaviours which aim to keep them alive.

Memories before language are known as ‘implicit’, which means that while the child cannot later recall and talk about them, their body has stored the memories in its sensory systems. Because traumatised children are stuck in ‘fear mode’ as they grow up, their hyper-vigilance to signs of danger reduces their ability to filter out "irrelevant" sensory experiences such as background sights, sounds and textures. This can mean that the child’s sensory system becomes overloaded and overwhelmed, and they feel there is danger imminent, even when they are completely safe.

When a traumatised child is feeling stressed, they may have a sensory flashback which means that they re-experience the **bodily feeling of immediate danger**, with no way to make sense of it or communicating it verbally as the memory has no language ‘attached’ to it.

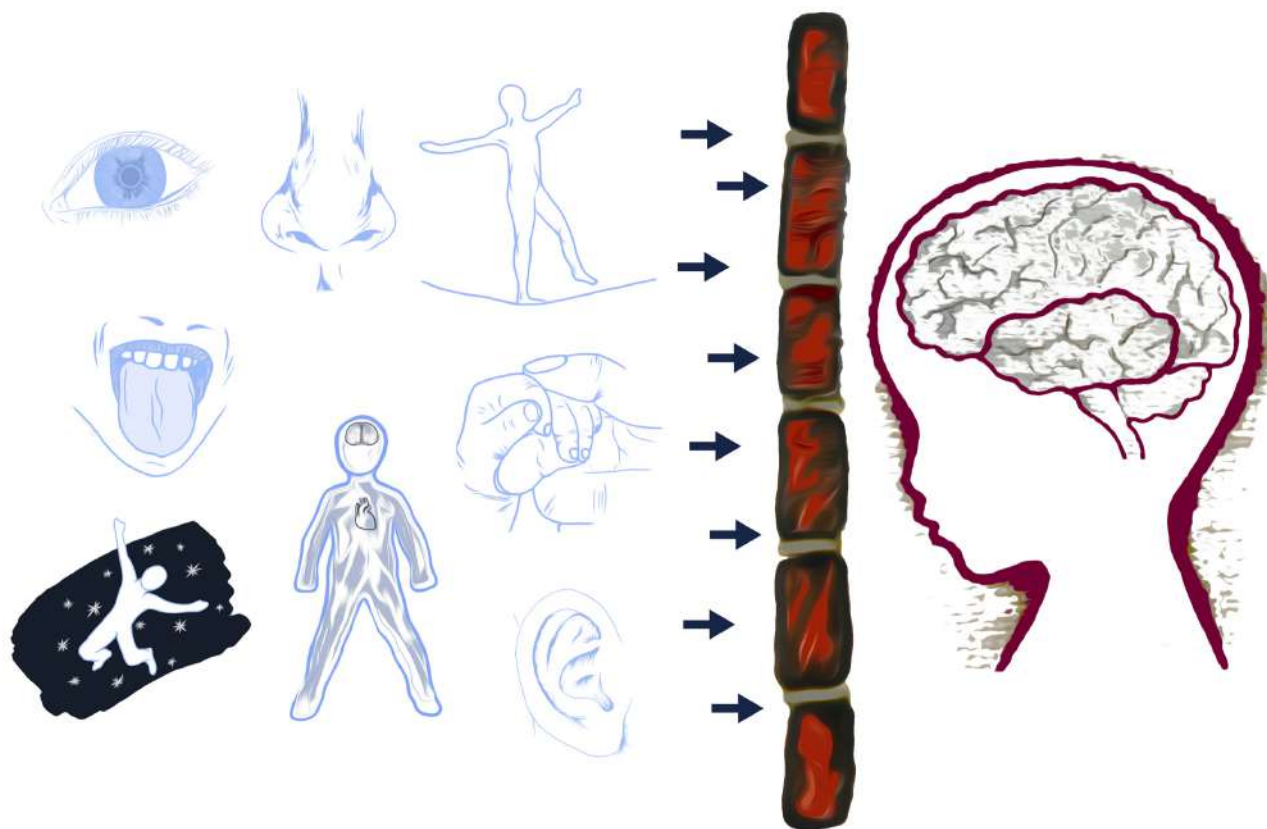


Sensory Development (cont)

Children will often either over respond or under respond to incoming sensory information because their brain cannot find the 'middle ground' of working out what information is needed, and what information means 'danger'. They may also struggle to know how much force to press on things; find it hard to recognise the nature of textures (e.g. rough, smooth, heavy, light) and they may struggle to find good balance and co-ordination.

In summary, many traumatised children with sensory problems cannot regulate their fear response or their body's reaction to fear; nor can they regulate their primitive bodily functions like heart rate and temperature.

We have written a comprehensive article on the relationship between attachment, trauma and sensory processing difficulties which is available to download at: www.beaconhouse.org.uk/useful-resources/



SIGNS OF SENSORY PROBLEMS AT HOME

- Strong dislike for certain foods & textures
- Strong dislike for touching or overly tactile
- Sucking, biting, chewing to self-sooth
- Avoidance of routines such as tooth brushing
- Jumpy, restless and alert, even when safe
- Difficulty knowing when they are hot/cold; hungry/full or when they need the toilet

SIGNS OF SENSORY PROBLEMS AT SCHOOL

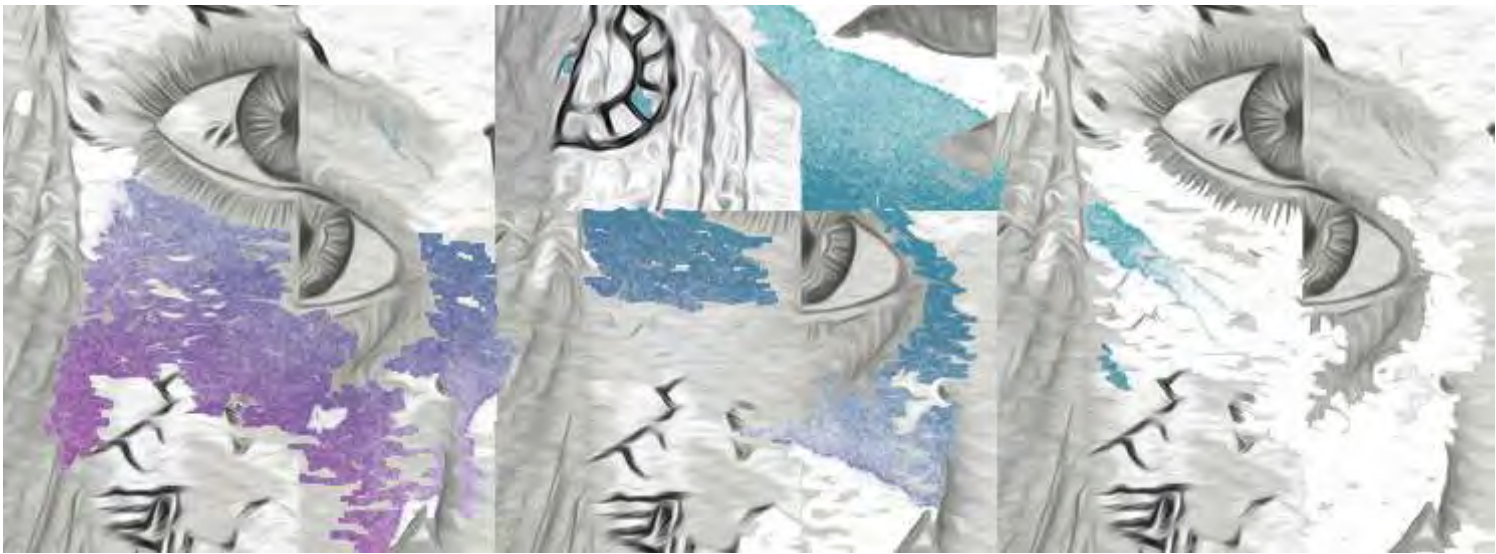
- Difficulty with concentration & attention
- Overwhelmed by noisy busy classrooms
- Difficulty throwing and catching a ball
- Difficulty with co-ordination and balance
- Poor handwriting and pencil grip
- Shutting down/zoning out frequently throughout the day

2. Dissociation



Dissociation is a survival mechanism, and one that is so often overlooked in traumatised children. Imagine a child who is being physically abused by a parent – in that moment of violence they cannot fight back and nor can they physically run away, *but they can escape in their mind*. All humans have a natural ability to mentally ‘leave the room’ when their trauma is utterly unbearable. Babies and toddlers dissociate when they are in danger or when their experience is intolerable. Dissociation is vital for infants and children who are suffering frightening things, it enables them to keep going in the face of overwhelming fear.

Dissociation is a separation or disconnection between thoughts, feelings and behaviours; and a separation between the mind and body. It is the mind’s way of putting unbearable experiences and memories into different compartments. For example – a child may remember a traumatic event but have no feelings attached to the memory; or may show challenging behaviour but have no memory behind the behaviour; or suffer a stomach ache but feel no anxiety underneath it. These different parts of the child’s experiences are of course connected, but they learn to survive by becoming unaware of the connections.



In Developmental Trauma, the child often continues to dissociate even when they are no longer in danger. Their brain cannot turn it off. Because memories are fragmented into lots of little pieces by dissociation, children can often have a flashback to a memory, a feeling, a behaviour or a physical pain with no understanding of why or what triggered it. This can feel disorienting and confusing for the child – all they know is that they feel in immediate danger.

The more frightening the child’s traumas were, the more likely they are to dissociate; and children in ongoing danger will develop more and more sophisticated ways to dissociate.

Dissociation (cont)

Psychologists have found that there are different types of dissociation, and each one gives the child unique experiences. Here are some examples:

Amnesia

- No memory of long periods of time in their childhood
- In day to day life, the child may have memory lapses for seconds, minutes or hours of time

Derealisation

- A feeling that everything around them is unreal, like they are in a dream
- Feeling as if other people are not real, or that they are like robots.

Depersonalisation

- Having an out of body experience and looking down on themselves from above
- Feeling disconnected from their body as if their body belongs to someone else
- Feeling as if they are floating away

Identity Confusion

- Speaking in different voices with different ages
- Feeling as if they are losing control to 'someone else' inside them
- Acting like different people from moment to moment
- Feeling as if there are different people inside them

Children are usually not aware that they dissociate or 'zone out', and they cannot put into words what is happening. From their perspective, their experiences are the same as everyone else's. Dissociation leads to a range of behaviours which can often be misunderstood by adults as day-dreamy, being a liar, or problems with concentration. ***In fact, dissociation is the child's brain keeping them safe by momentarily removing them from perceived threat in their day to day life.***

SIGNS OF DISSOCIATION AT HOME

- The child appears as if s/he is not listening to requests from the parent
- Rapid regressions in age-level behaviour, e.g. suddenly acting like a baby.
- Normal punishment and consequences for misbehaviour do not work, as the child cannot learn from their experiences
- Voice hearing
- Relationships are so changeable it is hard to keep up for the adults
- Denying behaviour which adults know they have engaged in

SIGNS OF DISSOCIATION AT SCHOOL

- Frequent 'day dreaming' & lack of focus; leading to under achievement
- Abilities to read, write, learn change drastically from one task to the next
- The child is forgetful or confused about things s/he should know, such as friends' names
- Confusion about day and time
- They get back homework that they have no memory of doing
- Voice hearing
- Sometimes seems very young for their age

3. Attachment Development

Children who start life in a frightening or neglectful environment, or who are removed at birth, adapt to their environment, and thank goodness they do. Children learn, from as early as a few months old, that certain behaviours (like crying or sleeping) keep danger at bay; and other behaviours increase the chances of danger. They therefore develop a range of **attachment strategies**. Attachment strategies are there to (1) prevent harm and danger but also to (2) keep a parent/carer as close as possible even if the parent/carer is also the danger, whilst not allowing them too close.

6

A pioneering Clinical Psychologist, Dr Patricia Crittenden, has shown us that all children are very instinctive and wise at organising their behaviour around the danger. Crittenden has taught us that: **Attachment is not the problem. Danger is the problem – attachment is the solution.**

Traumatised children tend to develop one main attachment strategy, which could be either Insecure Avoidant or Insecure Pre-occupied. Here's what these terms mean:

Avoidant children: These children learn early on that showing their feelings and having needs brings on danger or makes their parent/carer withdraw. They learn the mantra "To keep safe and to keep others close, I must hide my emotions and look as if everything is okay". Inside they feel frightened, vulnerable, worthless, grieving and hopeless but on the outside they often seem bright, fine, competent and often even the 'clown of the class'. These children are often not a concern to parents/carers and teachers until later childhood because they do not show 'behavioural problems', until they are triggered by something stressful or a developmental milestone and then they emotionally 'fall apart'.



Pre-occupied children: These children learn early on that showing feelings and 'big behaviours' is the only way to get noticed, and keep parents/carers nearby. They learn the mantra "To keep safe and others close by, I must exaggerate my behaviour and emotions and I must be angry/upset for as long as possible as if I lose my parent/carer I don't know when I will get them back again". Inside these children feel petrified, anxious, worthless and unlovable; on the outside they appear rageful, aggressive, hostile, disruptive and rude. These children bounce from one irresolvable crisis to the next. To have an adult solve the crisis would be too frightening, as it means the adult might disappear. Children who use this strategy are often successful at disarming the adult's angry response by becoming vulnerable or needy.

Attachment Development (cont)

Dr Crittenden tells us that there is no such thing as a disorganised attachment - children always organise their behaviours around danger. Some children swing between the Avoidant Strategy and the Pre-occupied Strategy, depending on what works best in that particular environment. Although this can appear disorganised, it is in fact **highly adaptive**.

This can explain why so often the school sees one part of the child and parents/carers see another part, which can be very confusing for both sides.



SIGNS OF ATTACHMENT INSECURITY AT HOME

- Avoidance of emotional intimacy or emotionally over-spilling
- Feeling 'hard to reach', emotions are bottled up and the child is hard to read
- The parent/carer feels exhausted with the unrelenting demands, crises and emotional needs of the child.
- Boundary setting can trigger a big reaction or non-compliance in child
- Episodes of distress or anger last much longer than expected
- Separations trigger anxiety or anger in the child
- The child is controlling of his/her parents and siblings

SIGNS OF ATTACHMENT INSECURITY AT SCHOOL

- Difficulties processing new information
- Under performance or over-dependence on academic perfection
- Difficulties planning, organising and completing tasks
- Struggles with transitions, loss and change
- Big reactions or zoning out for reasons not obvious to others
- Difficulties in friendships
- Find it hard to ask for help or the child is always needing help
- Over compliance of disruptive behaviour in class

4. Emotional Regulation

'Emotional regulation' is a skill that children learn in their early childhood. It means that by the time they are around ten years old they know how to (a) notice they are having an emotional reaction (b) know what emotion it is (c) express it in a healthy and clear way and finally (d) manage the emotion well so that they start to feel calm.

Babies and toddlers cannot regulate their emotions, they rely on their parent/carer to 'co-regulate'. This means that the way the parent/carer responds to the child's emotions regulates the emotions **for them** which trains their brain how to respond to emotions in the future. Through this co-regulation, babies learn 'my feelings are okay; my feelings are manageable; my feelings won't kill me, my feelings don't push others away'.



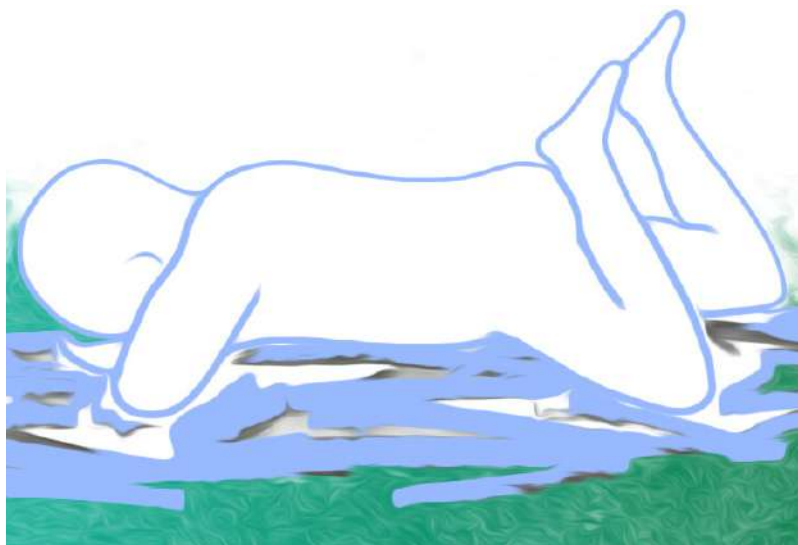
Imagine now, a baby or toddler whose crying is repeatedly met with being hit, ignored, mocked or by panic in the parent. Instead of being soothed, they learn 'my feelings are dangerous, they hurt others, they hurt me'. This then becomes their "rule for emotions" which they may well carry through life.



Emotional Regulation (cont)

In children who move frequently between carers or who have harmful parents, the part of the brain that is responsible for emotional regulation does not develop as it should do – **it gets stuck in the toddler phase of emotional regulation where they can't do it alone and they need adults to co-regulate for them.** In children with Developmental Trauma - be they 7, or 9 or 15 years old, at times their brain's ability to regulate their emotions is quite literally the same as a 3-year-old's. The child cries, shouts, sulks, stomps their feet, slams doors, bites, hits, runs away, explodes with no warning, over-reacts to small things and more!

This helps us to see why these children are often described as 'naughty' or 'attention seeking', because to others all that can be seen is the toddler-like behaviour. The emotional need is hidden. If teachers and parents/carers can respond to the child's emotional age (not their actual age) then the child can be co-regulated and learn the skill over time that they missed out on.



It may be helpful to think of them as 'attachment seeking' instead of 'attention seeking'.

Children who have poor emotional regulation often turn to unhealthy regulation coping strategies, which will wax and wane as they grow into adolescence. These might include thumb sucking, head banging, skin picking, self-harming, drug and alcohol misuse and sexual encounters. These 'challenging behaviours' function to either 'wake them up' out of feeling dead inside, or 'bring them down' from high levels of anxiety. These attempts to regulate their feelings might also lead them into situations of risk, such as making them vulnerable to exploitation by others.

SIGNS OF EMOTIONAL DYSREGULATION AT HOME

- Prolonged meltdowns over small things
- Lots of arguments as the child cannot see things from their parents' perspective
- Very limited empathy for others
- Frequent child to parent violence
- Tearfulness and clingy behaviours at separation
- Bedtime routine is prolonged and painful
- In teens – self harming, drug use, promiscuity

SIGNS OF EMOTIONAL DYSREGULATION AT SCHOOL

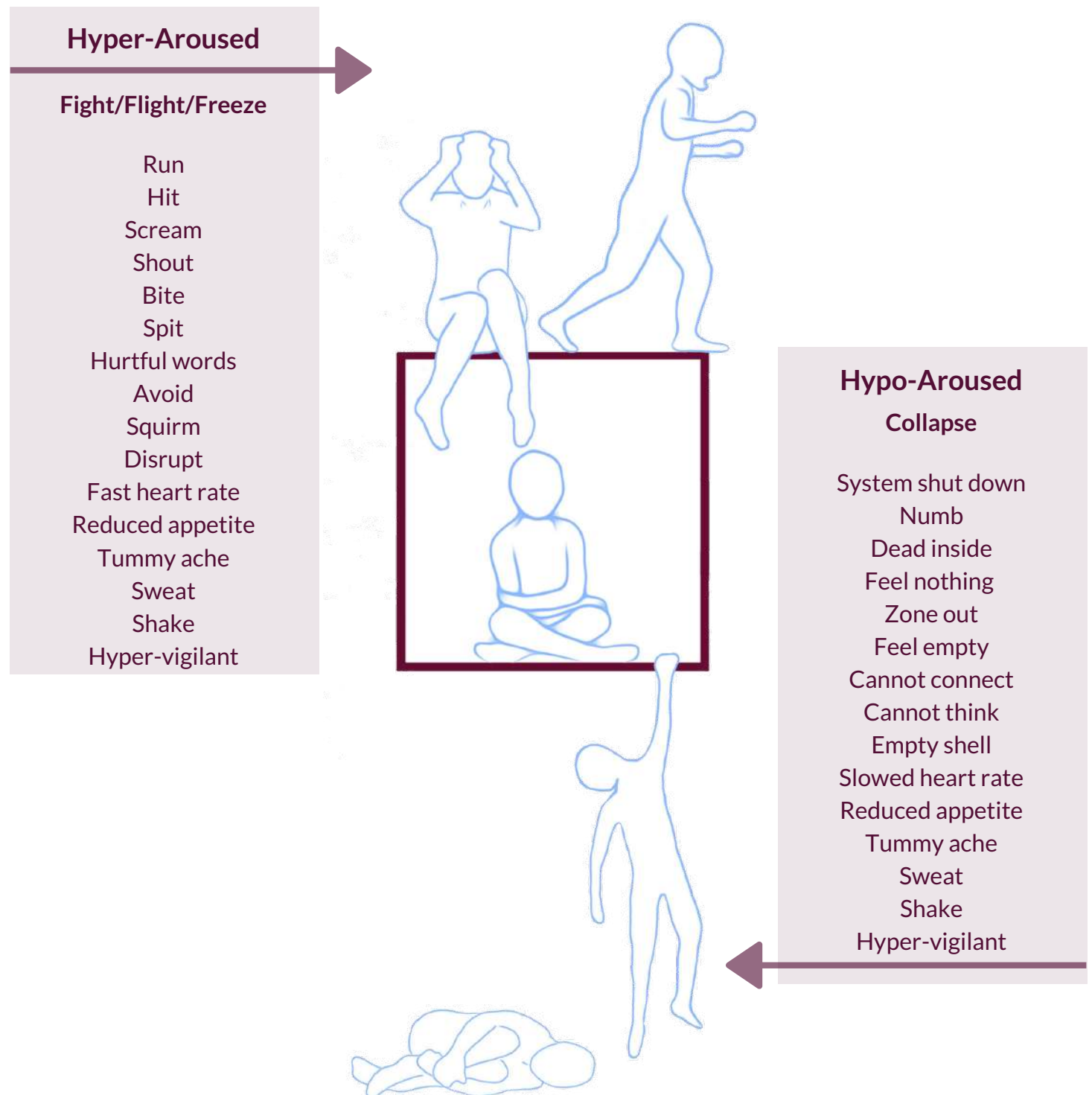
- Outbursts of anger or distress at small events such as a change in activity
- Immaturity in friendships – jealousy, possessiveness, struggles to share
- Too emotional to take on board new learning
- Tearfulness and anxiety at drop off
- Over-dependence on adults
- Rule breaking
- Aggression, running off and hiding

5. Behavioural Regulation

7 & 8

Every individual has what is known as a 'window of tolerance'. This means that there is a state of physical and emotional arousal that is tolerable and bearable, and when a child is within his or her window of tolerance, she or he can think, learn, love and relax.

For traumatised children, small 'every day' things (like a parental request to brush their teeth, or a change of one classroom to the next) spirals them out of their window of tolerance. Traumatized children then swing into being hyper-aroused (overly aroused) or hypo-aroused (under aroused).



Behavioural Regulation (cont)

You can expect traumatised children to be over or under aroused for most of the time and, in either state, their behaviour is out of their hands; they simply cannot control it no matter how hard they try. Their brain is not wired in the same way as their peers and they do not have the ability to switch off behaviour. They are in automatic survival mode and they cannot think, reason or rationalise when feeling under threat.

Children who are overly-aroused are in fight/flight/freeze. They run, hit, scream, shout, bite, spit, say hurtful words, avoid, squirm and disrupt. If they are in freeze, they might appear overly-compliant or very quiet. The brain says, "I'm in danger" and their body responds. Under-aroused children experience 'system shut down' (known as 'collapse'). They go numb, dead inside, feel nothing, zone out, feel empty, cannot connect and cannot think. They are like an empty shell. For children who are over-aroused – their heart rate is going as fast as a soldier in battle; their appetite is reduced; they sweat and shake and their muscles are primed to run or remain invisibly still. For children who are under-aroused, their heart rate drops and their breathing slows right down. It's as if their body 'feigns death' in the hope that the danger will pass them by.



It can be helpful to remember that at the core of a trauma experience, is a loss of control. If children could stop their abuse, or the removal from their mother for example, then they would. Traumatized children become experts at regaining the very control that they lost. Controlling behaviours often cause big challenges for adults.

While the child does not know it, they are so often trying to resolve their primal feeling of being helpless in a dangerous world.

SIGNS OF BEHAVIOUR DYSREGULATION AT HOME

- Lying, stealing, hoarding
- Over-eating or under-eating
- Aggression or lethargy (often seen as laziness)
- Unresponsive to day to day requests (often seen as non-compliance)

SIGNS OF BEHAVIOUR DYSREGULATION AT SCHOOL

- Lying, stealing, hoarding
- Disruptive in class
- Restless, fidgety, moves about the classroom lots
- Slowed down, unresponsive

6. Cognition

Chronically traumatised children often struggle with under-developed cognitive skills, which means the child's ability to do things like plan ahead, problem solve, organise themselves and learn from mistakes is compromised.

This is because they are often 'stuck' in their brainstem or limbic brain, and use up all their resources trying to stay safe and work out whether adults can be trusted or not. This leaves little resources for the 'higher brain' skills which are needed for good cognitive functioning.

Many children who have suffered early trauma appear to not fit this picture. In other words – they are bright, focussed and achieve well academically. Often these children are actually pre-occupied with success and achievement because they feel that being loved is dependant on it; and yet what they do struggle with is emotional intimacy and emotional literacy. Being able to articulate emotions and make decisions that are good for them is tough, even though they are academically successful. Recent research by Hambrick³ and her team has shown us that for children who experienced early trauma – the gap in learning and well-being between them and their peers widens over time. In other words, a child may seem 'fine' in early childhood but as they reach key developmental milestones (such as transitioning school) they struggle in a number of profound ways. This is because the skills needed to master the developmental milestone are built on fragile and missing neurological foundations.



Children with chronic trauma often struggle with a range of problems, which can include:

POOR COGNITIVE SKILLS AT HOME

- Unable to learn from mistakes
- Cannot organise themselves for the morning and evening routines
- Forget complicated instructions
- Cannot be reasoned with
- Black and white thinking
- Ego-centric – can only see the world from their own perspective

POOR COGNITIVE SKILLS AT SCHOOL

- Difficulties problem-solving
- Struggles to complete a task
- Unable to process information quickly
- Cannot remember new information
- Cannot put into words what they are thinking
- Poor ability to read social cues
- Cannot organise their belongings

7. Self Concept & Identity Development

Our self-concept starts forming from the very first messages we received about ourselves from the adults in our lives, and it grows from there. If children get the message that they are not worth keeping safe, that they are disposable or that their crying pushes others away; their self-concept will reflect this.

Children who have suffered early trauma often live with a very deep sense of being 'bad' and 'unwanted', and this becomes their template for how they see themselves, and how they think others see them. No matter how many times they are told that they are wanted and loved, while their head might know this – their heart is stuck in trauma-time. Accepting that they are lovable and worth keeping safe can take a very long time.

Chronically traumatised children often feel confused and lost. They don't feel they belong with anyone or anywhere and are often in search of some validation from others that they are deep down okay.

This can make them very vulnerable to being exploited in relationships or present as 'social butterflies' flitting between friends and groups to try and to fit in. Children with a poor sense of identity struggle to know simple things like what they like, what they enjoy, what they want to do, who they like and dislike, and what they want for the future. Knowing 'what I'm like' is probably something that many of us take for granted, but for traumatised children that sense of 'me' just is often not there.



SIGNS OF POOR SELF CONCEPT & IDENTITY DEVELOPMENT AT HOME

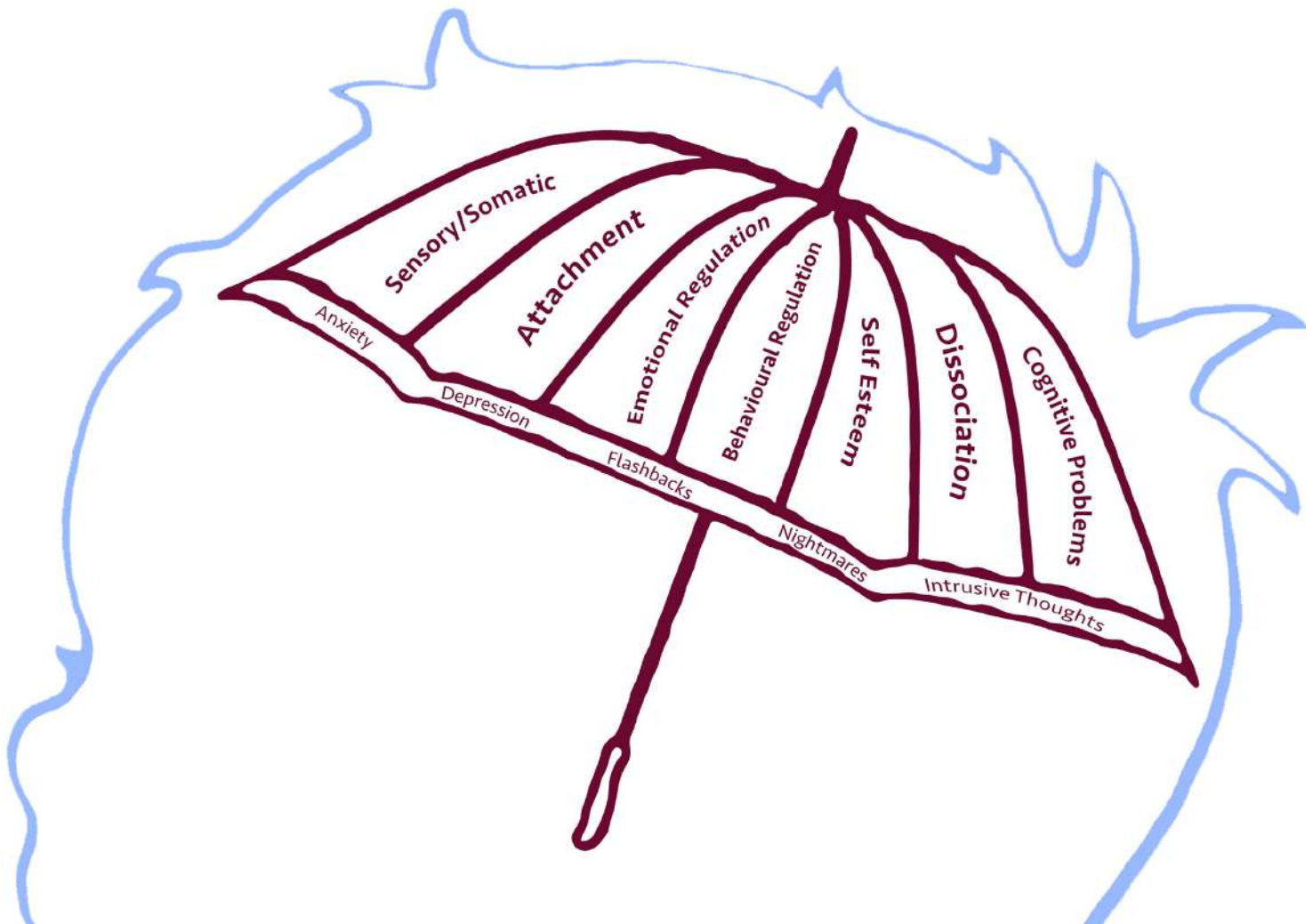
- Not feeling worthy of accepting love and nurture
- Becoming upset at small 'tellings off'
- Becoming jealous when their parent/carer pays others attention
- Saying "I'm stupid" or "everyone hates me"

SIGNS OF POOR SELF CONCEPT & IDENTITY DEVELOPMENT AT SCHOOL

- Being knocked back easily
- Becoming upset at failure
- Self doubt and self criticism
- Not trying for fear of failure

Mental Health

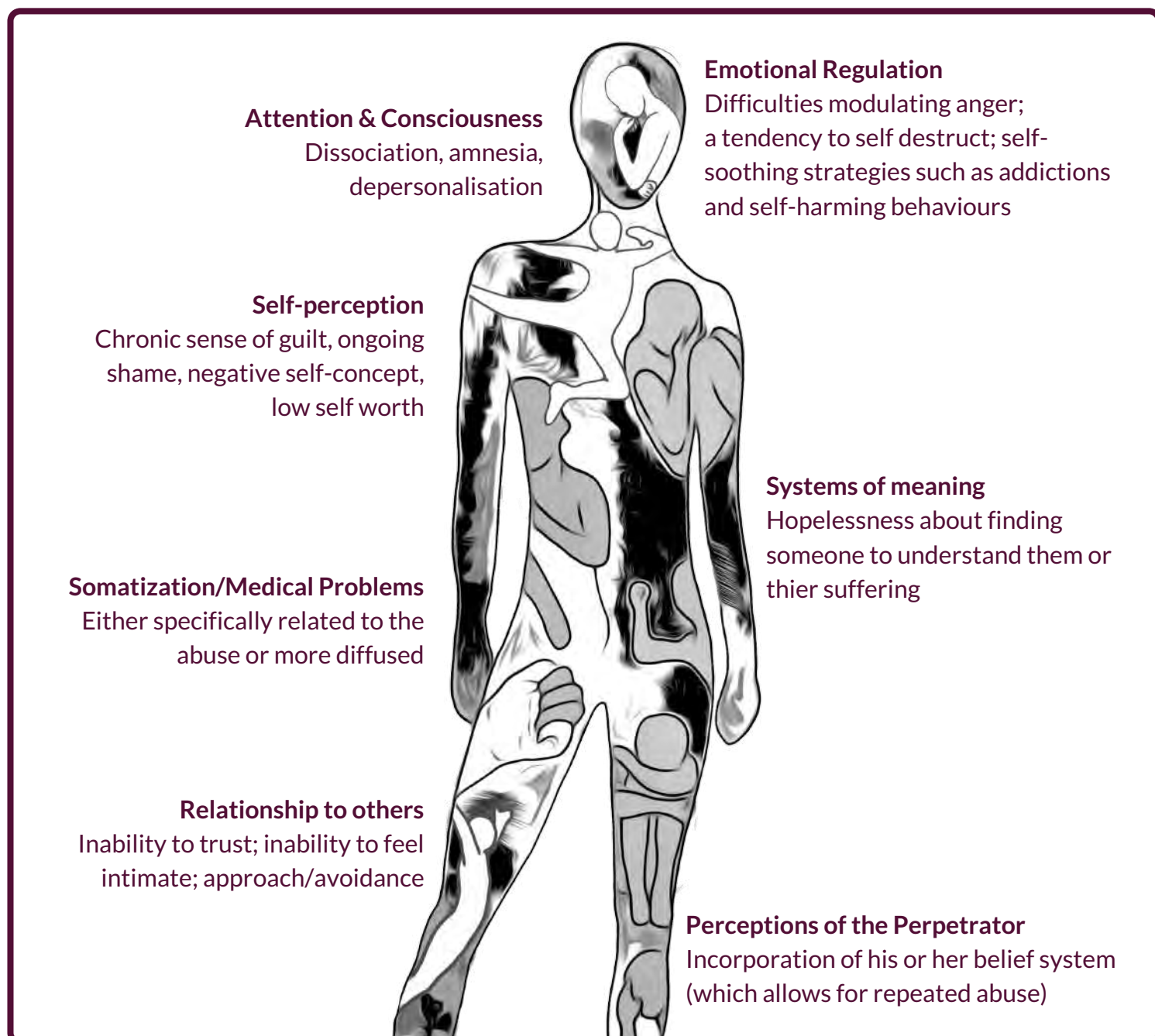
Developmental Trauma is an umbrella term for these 7 areas of impact.



As well as these developmental difficulties the child can also experience discrete mental health difficulties, often connected to episodes of anxiety, depression, and specific traumatic symptoms (e.g. flashbacks, intrusive thoughts, nightmares). So often these symptoms are understood and treated as isolated 'anxiety' or 'depression'; however, for chronically traumatised children this does not tend to be an effective way to address their difficulties. **Seeing mental health difficulties as part of an overall picture of Developmental Trauma is the key.**

When a Traumatized Child Becomes an Adult

The difficulties described here under the umbrella of 'Developmental Trauma' of course do not disappear when the individual becomes a young adult. Adults who have experienced childhood trauma very often continue to struggle with profound difficulties in ways that map onto the 7 areas of impact in Developmental Trauma. The image below shows the ways in which adults can carry the impact of their trauma, which is often described as Complex Post Traumatic Stress Disorder (C-PTSD).



As with children, there are a number of effective therapy approaches which (when offered in the right sequence by a specialist in Complex Trauma) can enable the adult to heal and repair their early wounds.

The Good News!

Dr Allan Schore,⁹ a pioneering psychologist, is very clear that as Developmental Trauma happens within key relationships, it can also be repaired within relationships. "Relationships heal relationship trauma", is a brilliant quote from Dr Karen Triesman.¹⁰

Dr Bruce Perry,¹¹ another innovative researcher in the area of abuse and neglect, has told us that Developmental Trauma can be repaired - if the right intervention is offered at the right time, in the right order and over a long period of time.

Children are resilient and adaptable, and neuro-science and interpersonal neurobiology is showing us all the time that the brain is flexible and open to being re-sculpted if given the opportunity.



What can I do as a parent/carer?



In this next section we will look at the following ideas for how parents/carers can help themselves and their child:

- Survival/Self Care
- Safety & Mastery
- Regulation of Emotions
- Calming or Alerting the Brainstem
- Repair
- Connection
- Going Backwards To Go Forwards
- Understanding and accepting that all behaviour is a communication
- Working towards the right balance of nurture and structure for your family
- Share this information with friends, family and school
- Seek help as early as possible
- What therapy or support works best and why?

Survival/Self Care

The most important first step for parents/carers is to take care of themselves and each other. We know that this sounds much simpler than it is in practice. A good way to start is to take a look at all your demands and all your resources. If they are out of balance with demands outweighing resources, re-balancing can happen by reducing demands, increasing resources, or a bit of both.

What this looks like in practice will differ for every single parent and family and might take some time to achieve. Can you choose not to feel guilty if, instead of doing chores while your child is at school, you read a book, go for a walk or have a coffee with a friend? Can you set aside the fact that you are perfectly capable of doing the ironing/gardening and instead see if you can afford to pay someone else to do it or ask someone for help? Can you prioritise the time to fit in a guilt-free yoga class or walk around the block three times a week? Caring for a child with trauma can lead to blocked care, secondary trauma and PTSD in the adult. **It is not selfish to look after yourself and to prioritise your needs. If you are okay, then your family can be okay too.**

Parent/carer self-care is like laying down the foundation blocks for the family.



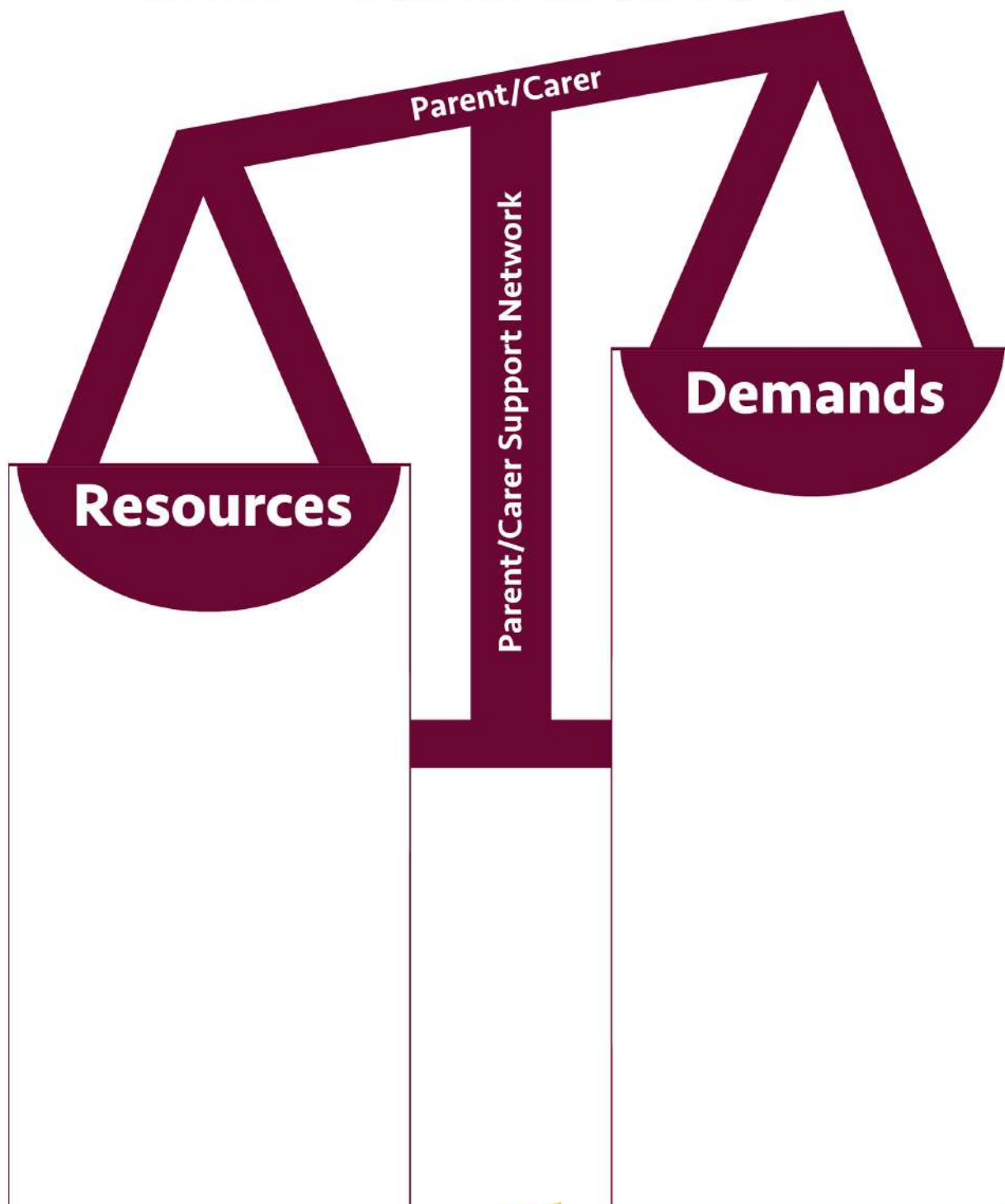
Survival/Self Care (cont)

Demands vs Resources

What does that look like for you?

Take a look at all your demands and all your resources, are they out of balance?

Do your demands outweigh your resources? Can you create a better balance by reducing demands and increasing your resources, or even a bit of both? What this looks like in practice will differ for every single parent and family and might take some getting used to.



Safety & Mastery

Helping children who have had traumatic early starts to develop a sense of safety, pleasure and mastery are the first goals according to the Psychiatrist, Van der Kolk.

And so, growing opportunities for your child and you to enjoy even a moment together and to notice and talk with each other about the enjoyment is a great way to help them heal.

Again, this is easier than it sounds!

How much both you and your child can tolerate will change from day to day, month to month and that is only natural.

We're not talking a day at Thorpe Park here, more a joint laugh at the TV or YouTube, throwing stones into the sea, trying to sing karaoke (it's funnier the worse you are!) or remembering fun times you've had together in the past.

It may be worth keeping a note of your 'joy' moments to authentically remember through tricky periods.



We can think of these as 'joy moments' and they keep both parent/carer and child going in terms of finding togetherness rewarding enough to risk keep doing it.

Regulation of Emotions

It can be helpful to understand that part of your role as a therapeutic parent/carer to a child with Developmental Trauma, is to regulate your child's big emotions for them.

By observing and trying different things out, in time, you can discover which strategies and activities help to calm your child, and which help to 'wake them up' from being shut down.

All of these strategies take practice, patience, and persistence; and you will find that no one strategy works every time your child needs regulating.

Having a multiple selection of strategies and activities that work for your child in their various environments e.g. home, school, park, friend's house, is very helpful.

The chart below gives you some regulatory ideas, however, there will be many more you can use by observing what works for your individual child.

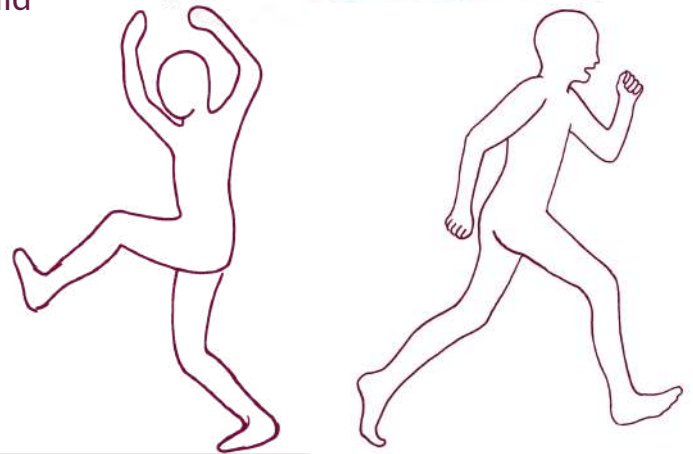
<p>Spotting Fight</p> <ul style="list-style-type: none"> Disrespectful, disregarding of others, pushing away friends, family members Argumentative, angry and aggressive, shouting, loud, noisy, confrontational Unable to follow house rules Immature, unable to concentrate on one thing Hot and bothered Lie or blaming Controlling, demanding, inflexible 	<p>Regulating Fight</p> <ul style="list-style-type: none"> Deep breathing Really chewy foods Hanging, swinging, climbing Warm bath with lots of bubbles Warm milk or hot chocolate Hot water bottle Super soft blanket/toy Give me an 'important' task Create a safe space where I can go to self soothe Keep me safe 	<p>Spotting Flight</p> <ul style="list-style-type: none"> Hyperactive, manic, chaotic, silly, baby talk, silly voices, loud, disruptive, clumsy, bumping into people Aggressive, threatening, stiffening up, clenching fists Running away escaping, disappearing, hiding Can't cope with free play or follow house rules Keeps super busy Needing to get to car, home, school, park first 	<p>Grounding Flight</p> <ul style="list-style-type: none"> Keep me close by Deep breathing Tell me I'm safe Hanging Lap/Shoulder Pads Give me a familiar and easy chore Crunchy foods e.g. carrot sticks Happily and patiently find me Create a safe space for me to hide in Tug of war Warm milk or hot chocolate Hot water bottle and soft blanket/teddy
<p>Spotting Freeze</p> <ul style="list-style-type: none"> Bored, not interested. Distracted, not listening, day dreaming, staring into space Confused, forgetful Clumsy Subject change, talking about something else Not moving to where they've been asked Scanning the room Wide eyed, dilated pupils 	<p>Grounding Freeze</p> <ul style="list-style-type: none"> Stay with me, don't leave. Wonder where I've gone and invite me back. Tell me I'm safe. Watching TV Deep breathing Spinning on a swing, climbing, hanging, rolling or cycling down a hill, jumping on a trampoline Digging in mud or sand Hot chocolate and toast Warm bath and warm towel Soft blanket/teddy 	<p>Spotting Collapse</p> <ul style="list-style-type: none"> Unhappy, low mood Alone, withdrawn, removing myself Fidgety but not disruptive, anxious. Never questioning or asking questions. Yes or no answers - doing just enough to avoid being noticed, unable to think. Never drawing unnecessary attention Quiet and passive, compliant Easily bullied 	<p>Grounding Collapse</p> <ul style="list-style-type: none"> Lap/Shoulder Pads Playing with lego or play-doh Give me small repetitive things to do Tell me I'm safe, spend some quiet time with you Hot chocolate and a crunchy biscuit Deep breathing Swinging Soft blanket & TV Warm bath and a warm towel Warm pyjamas

Calming or Alerting the Brainstem

The Neurosequential model teaches us that children who are swinging between fight/flight/freeze/collapse often benefit from activities which either calm high levels of arousal or 'wake up' the under-arousal state. Bruce Perry talks about the need to weave into a child's daily life activities which are:

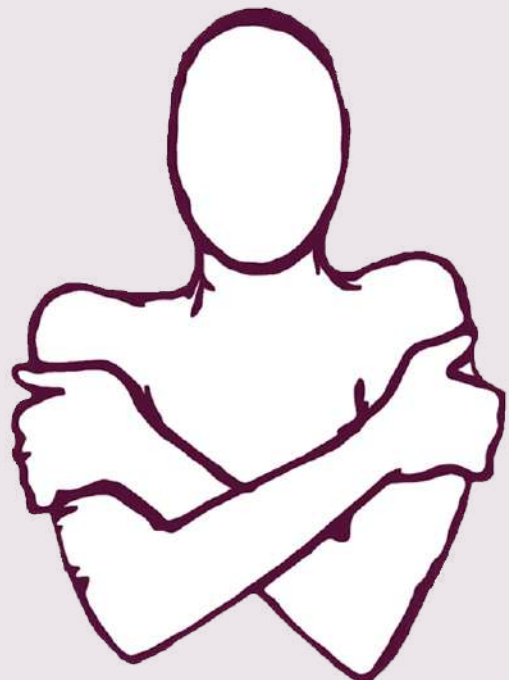


- Relational (offered by a safe adult)
- Relevant (developmentally-matched to the child rather than matched to their actual age)
- Repetitive (patterned)
- Rewarding (pleasurable)
- Rhythmic (resonant with neural patterns)
- Respectful (of the child and family)



Examples of brainstem calming activities include:

- Drumming
- Dancing
- Trampolining
- Swinging forward and backward on a large gym ball
- Walking, running, hopping
- Tapping
- Breathing rhythmically
- Singing/rapping

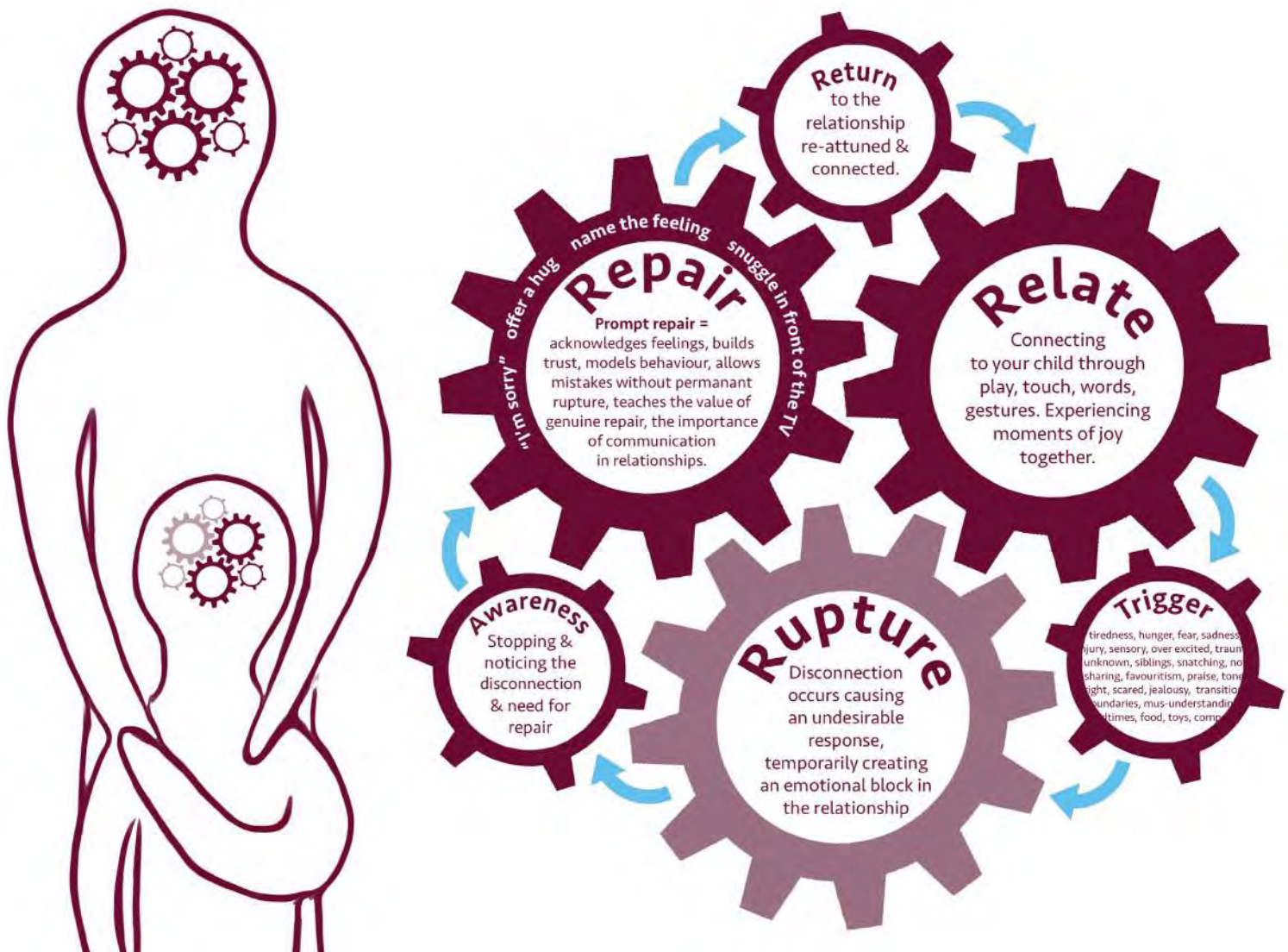


Repair

Prioritising the *repair* part of the attachment cycle is another important way for parents/carers to support healing in their children. As the psychologist, Dan Hughes would say, “you make a mistake, you fix it”¹². Being confident that you can continually ‘fix your mistakes’ can be very freeing for parents and children and facilitates safe risk taking in future.

It’s something that securely attached children and adults can usually manage, even if the mistake is a big one. Children who haven’t developed the sense that making mistakes won’t permanently jeopardise the relationship often respond with a defensive shame response instead.

Having parents/carers who can compassionately say “it’s okay, things went wrong, I said something I shouldn’t have, you said something you shouldn’t have, I still love you”; models the message of “no matter what” that early traumatised children are still learning.



Connection



For any therapeutic parenting strategy to work, some kind of connection and attunement must be present within the relationship. However, connection can be challenging as it can be rejected - and often is by children who have had early experiences of inconsistent or unsafe relationships. Therefore we might start with developing a connection in a way that feels tolerable to both child and adult. Developing or repairing a connection can start at a distance and move in over time as attunement and trust grows.

Connection From A Distance

Show them you are holding them in mind even when they are not with you

- A note in their bag: this could be a loving thought about them, a drawing, a poem, a silly joke - or a mixture. Give them blank note cards so they can give you a note too.
- Surprise them for no reason with their favourite biscuit/cake/snack in their lunch box.
- Text/WhatsApp message: simply let them know that you're thinking of them - or even just send a silly picture.
- Play a 3 word story game over text: Create a story together 3 words at a time. Take turns adding 3 words at a time to create a silly story.
- Have a special ring tone on your phone and let them know it belongs to them.
- Buy them a photo keyring to put on/in their bag - let them know it's because you want them to know you are always thinking of them.
- Reverse a baby monitor and put it in their room so they can hear/see you as they go to sleep.
- Spray your scent on to the sleeve of their uniform or let them use your moisturiser before school.
- Draw a symbol on their hand and yours, every time you press it it sends a virtual hug/kiss/love to the other person.

Tolerable Nurture

Connecting with a child who perhaps has been rejecting/violent towards you can be daunting.

Tolerable nurture offers re-connection in a manageable way and shows them you are holding them in mind - even if you are in a different room!

- Sitting next to them to watch a film/TV.
- Playing on their games system with them.
- Touching their hand/shoulder/back briefly when they are eating dinner.
- Putting recent photos up of you together in every room.
- Visible/explicit memory box of the things they have made, copies of nice texts that they have sent you etc, kept in this special place.
- Spontaneous home disco/karaoke.
- Go swimming and dive for weights together.
- Sing happy, loving songs from another room and change a key word to include their name.
- Co-create a bucket list of manageable mini dates you want to do together and surprise or schedule this in at various moments.
- £5 gift challenge. Each of you has £5 and 1 hour to find a gift for each other, it ends with hot chocolate and gift giving.
- Mutual face painting/make up/nail painting.

Going Backwards To Go Forwards

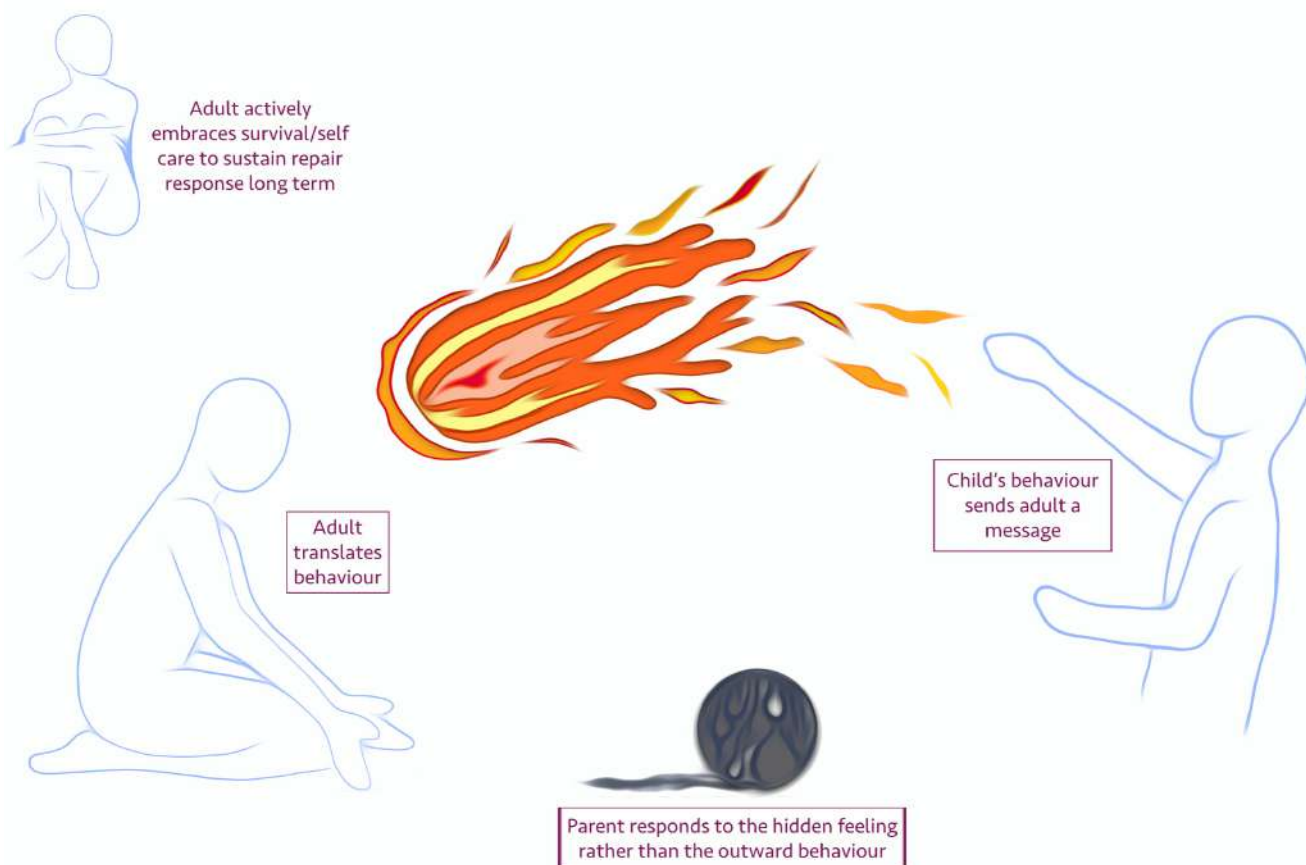


It can be disheartening when you feel like you have had a significant shift in your relationship with your child and then it all seems to fall apart again. In fact, this is normal and not a step backwards at all. There will be significant developmental gaps in your child's foundations that need to be filled before or alongside them making progress in skills that are typical for their actual age.

It can be helpful to think of your child as their emotional age not their actual age. Think about what toddlers need (predictability, cuddles, nurture, play, co-regulation, appropriate stimulation, help with social relationships) and offer that to your child when they are 'dysregulating'.

Understanding and accepting that all behaviour is a communication

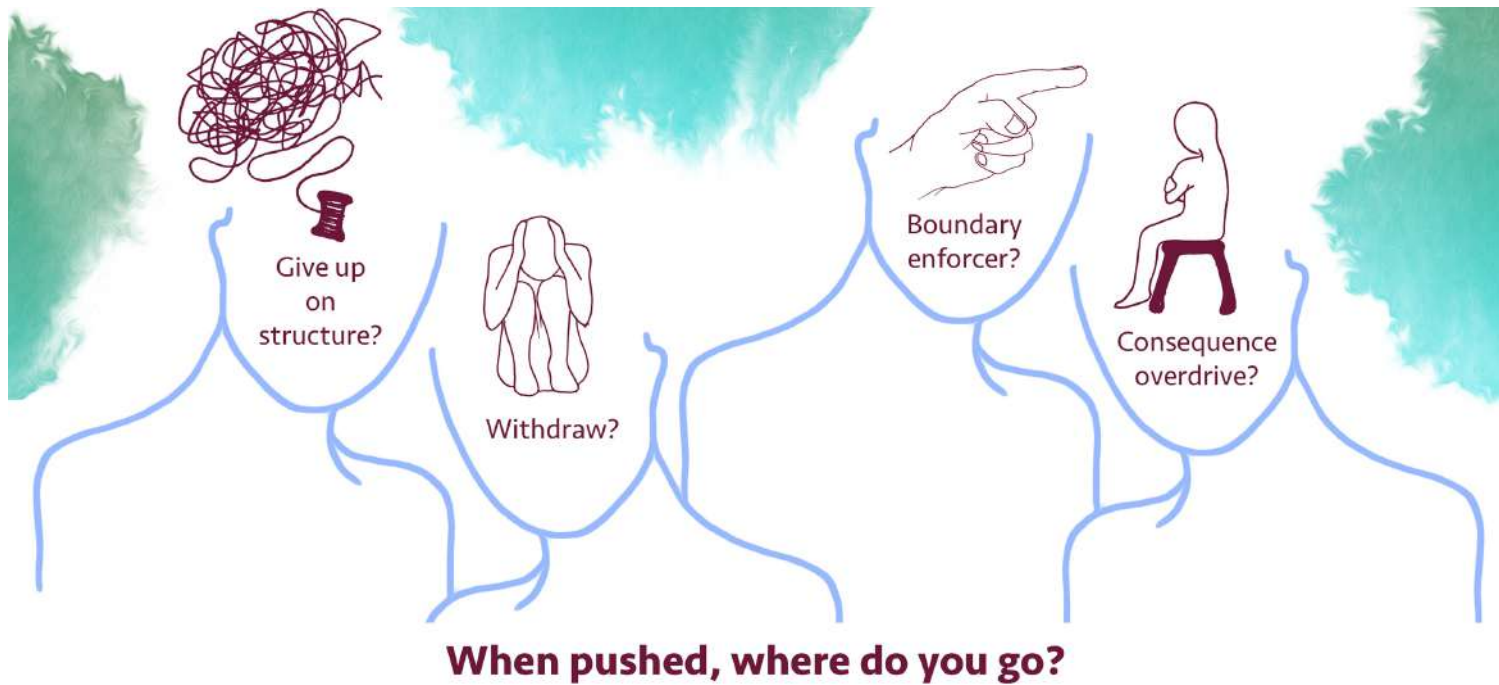
When children feel right they can behave right; however this takes some time. As the adult in the relationship, if you can help them make sense of their behaviour by naming the underlying hidden feeling, and responding to them in a calming and safe way; then over time, you are repairing their trauma. Parents need good self-care to keep up this tough but important task! A really great book which explains more about parenting strategies like this is Dan Siegel's "Whole brain child".



Working towards the right balance of nurture and structure for your family

Children who have had chaotic starts in life usually need high levels of both nurture and structure. This is to support their sense of life and relationships as predictable and consistent and that others are kind or at least neutral.

There are lots of ways of achieving this in practice but knowing where you 'go to' when stressed is an important part of the picture.



For example, when you feel pushed to the limit by your child's challenges, lies or withdrawal - are you more likely to give up on structure and withdraw yourself or go into boundary and consequence over-drive? What about your partner?

Knowing where you go is a first step to staying connected when times are tough.



Share this information with friends, family and school

It can often feel very isolating for parents/carers who are struggling with the fall out of Developmental Trauma in their child. Others often misunderstand the child as 'naughty' because they do not yet understand the brain science behind early trauma. If you feel able to, share this article with school, friends and family so that they can begin to understand your child in this way too. Having a shared view rather than opposing views can help to build bridges in the network of adults around the child and begin to repair Developmental Trauma.



Developmental Trauma Close Up

Download: <http://beaconhouse.org.uk/useful-resources/>

Seek help as early as possible



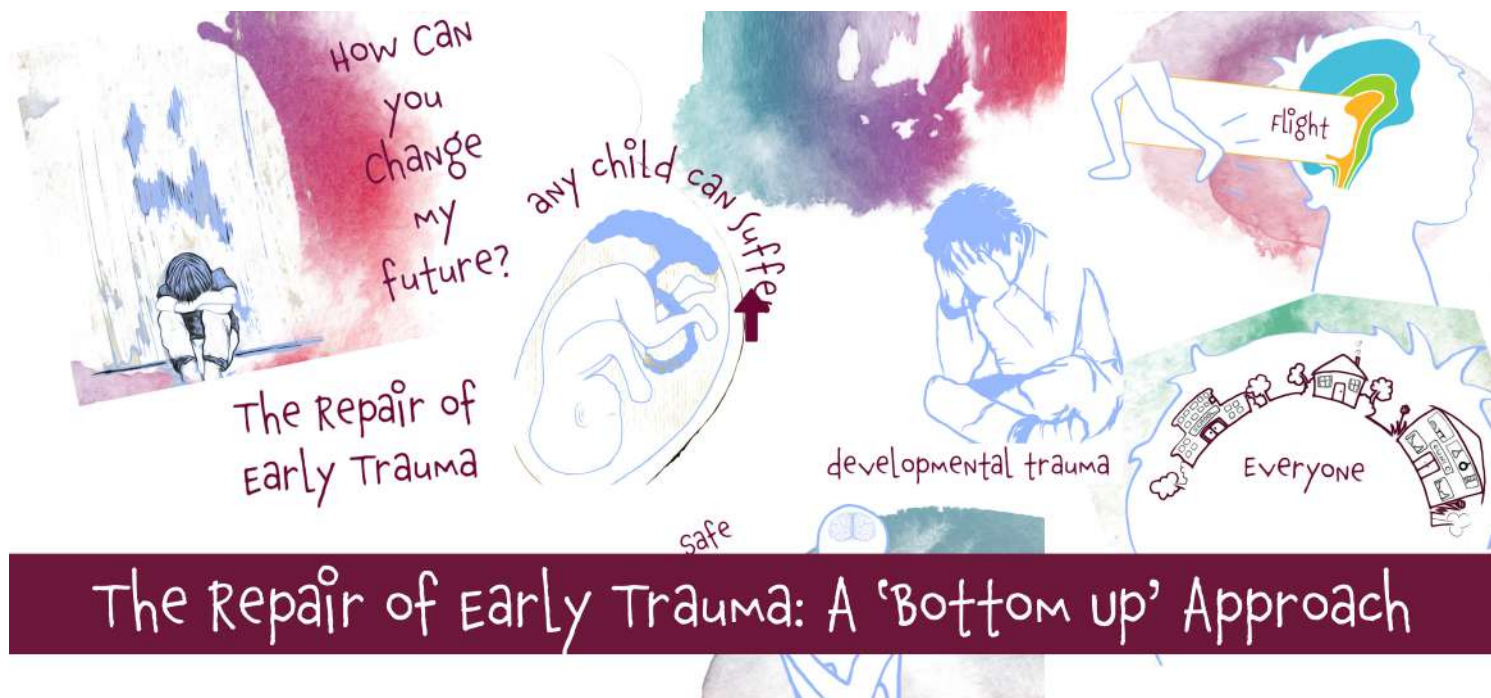
Therapeutic intervention can help at any point in the child's life, so if your child is now a teen or even heading towards early adulthood, don't despair. Interventions are still helpful, it is never too late. Having said this - the earlier support is offered the better. Don't sit and wait, if you feel that your child is struggling then seek out specialist support as soon as you can. Prevention is better than crisis response for the child and their adults.

What therapy or support works best and why?

The first task for children who have had traumatic experiences in early childhood is to establish safety. For many who access therapy this goal has been at least partly achieved already in the context of a stable, loving and attuned family placement, adoptive or foster home or a therapeutic residential home.

Because we are talking about development as the casualty of the trauma, it is essential that we start at the foundations and work our way up. Careful and detailed assessment arriving at a formulation of what happened when; what impact did it have then and what is the effect now is therefore the first step.

At Beacon House, our assessments and therapeutic approach are informed by the Neurosequential Model (Bruce Perry)¹¹.



For further details on the Neurosequential Model, watch our animation, download the article and free resources please click here:
<http://beaconhouse.org.uk/useful-resources/>

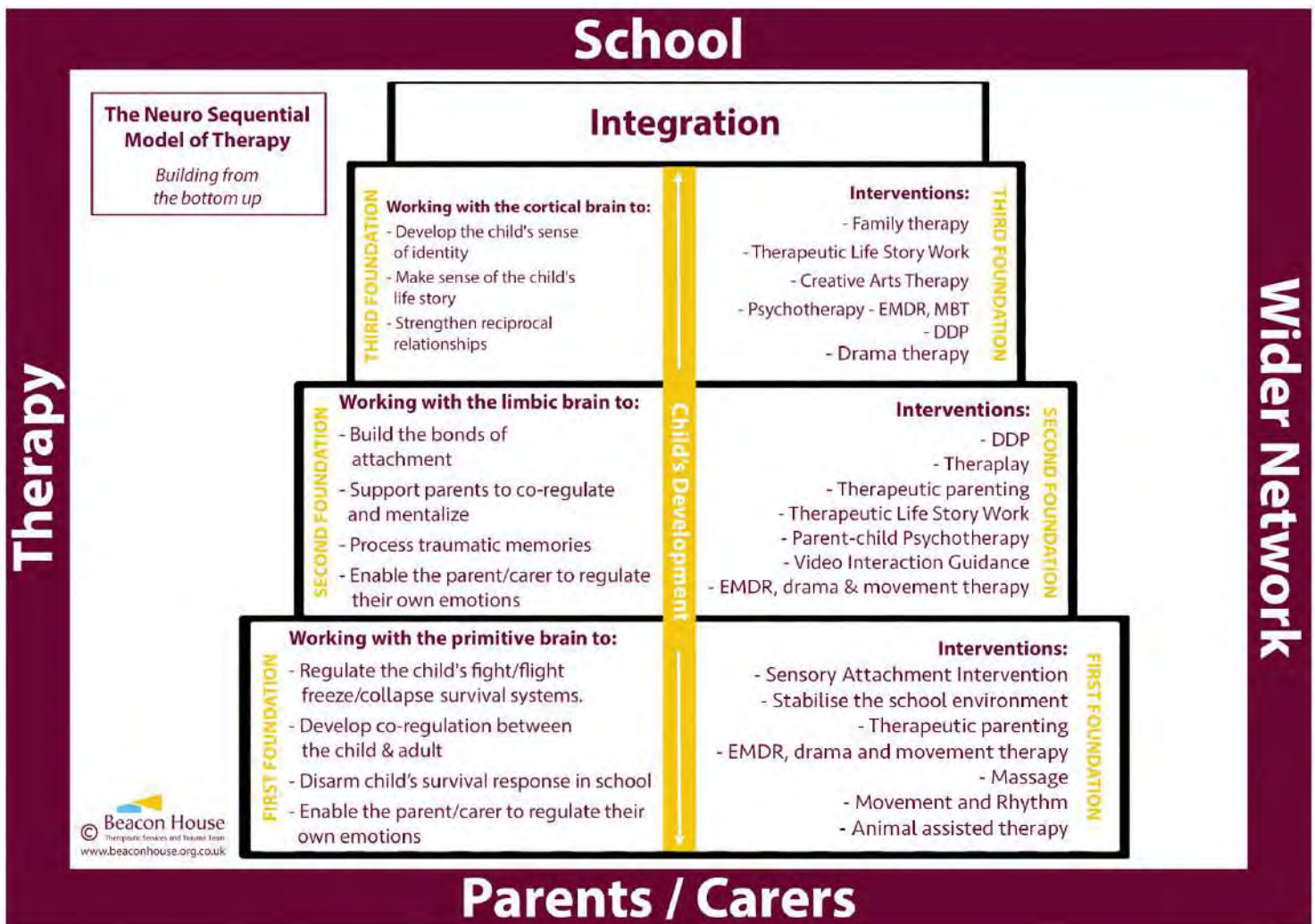
Like the developmental period from 0-3, the therapeutic model will sometimes involve a process of work over 3 years. This will include gaps for children and families to consolidate progress and have a break from the sometimes intense work of therapy.

What therapy or support works best and why? (cont)

The Neurosequential Model states that work with children whose development has been compromised through traumatic experiences, attachment disruptions and other complex factors often need to start by intervening at the level of the 'primitive brain' and supporting stabilisation and sensory regulation.

The next phase, once children (and parents/carers) are stable and more able to regulate, is work connected to limbic and mid-brain functions – attachment, mentalization and emotional regulation; and then the third and final phase would be those working with the cortical brain, aiming to promote sense making, identity formation and cognitive processing of emotional information.

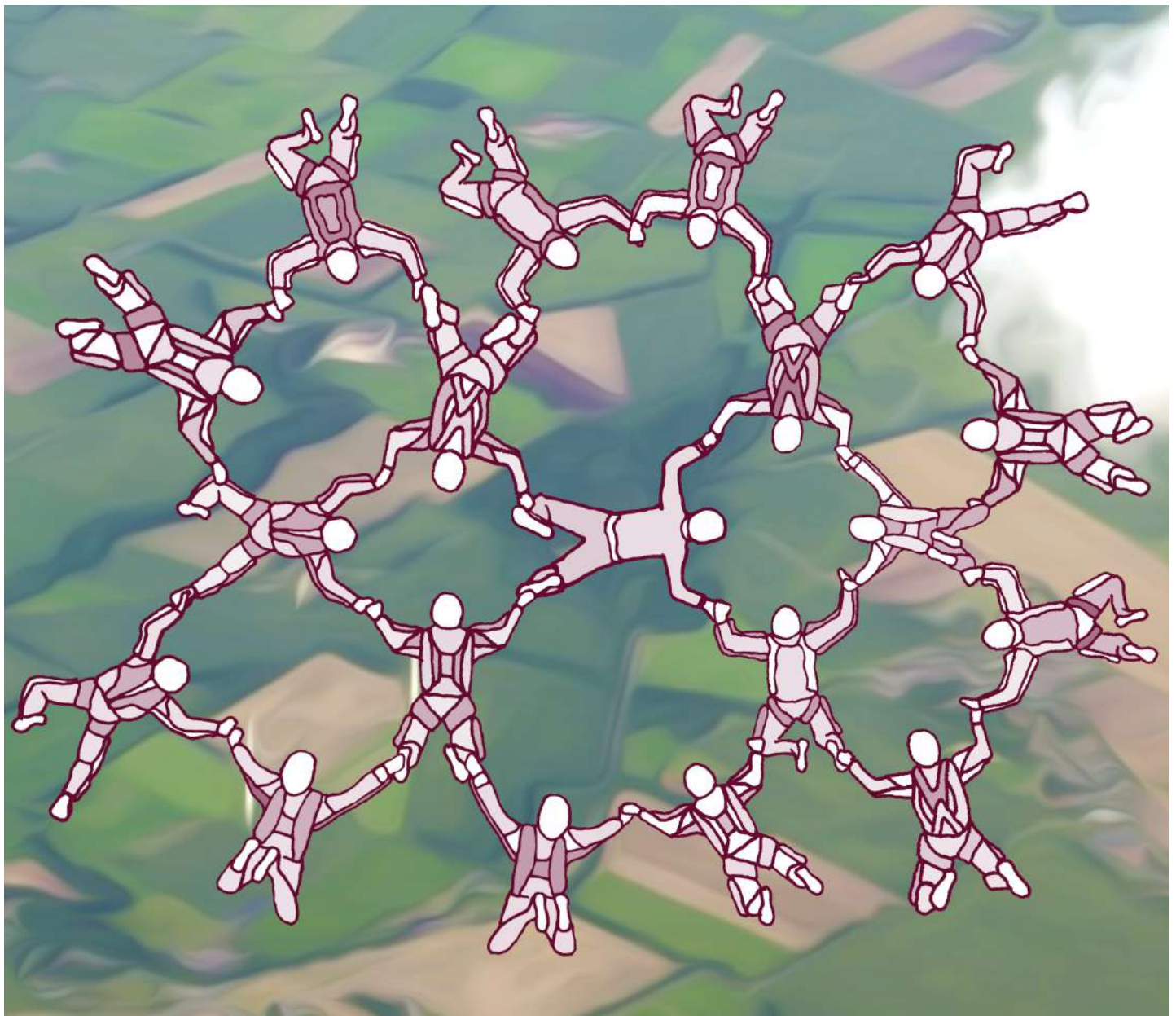
Different therapies are good for working with different areas of brain development. Our diagram here explains this a little more:



Finally...

This is, above all, an article of hope.

We know that with permanent, safe and loving parents/carers, a sequenced therapy programme and a therapeutic web of support - combined with a sensitive school environment and plenty of room to make 'mistakes and poor choices' - traumatised children can, and do, flourish.



About the authors

If you would like to reference this article, please use the following credit:

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Beacon House Therapeutic Services and Trauma Team
(www.beaconhouse.org.uk/useful-resources) Version 2, January 2020

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2. Cognitive Neuroscience Society; Prenatal stress changes brain connectivity in-utero: New findings from developmental cognitive neuroscience. (2018, March 26).
3. E. Hambrick, T. Brawner and B.D. Perry: Timing of Early Life Stress and the Development of Brain-Related Capacities, Behavioural. Neuroscience., 06 August 2019
4. Bessel van der Kolk: Developmental Trauma Disorder: Towards a rational diagnosis for children with complex trauma histories (*undated, found online www.traumacenter.org/products/pdf_files/preprint_dev_trauma_disorder.pdf*)
5. Bessel van der Kolk; The Body Keeps the Score, Mind, Brain and Body in the Transformation of Trauma (Penguin 2015)
6. Patricia Crittenden; Raising Parents (Routledge, 2015)
7. Daniel Siegel; The Developing Mind: How relationships and the brain interact to shape who we are (Guildford Publications, 1999)
8. Pat Ogden; Trauma and the body: a Sensorimotor Approach to Psychotherapy (Norton, 2006)
9. Allan Shore; Affect regulation and the origin of self (Psychology Press and Routledge Classic Editions, 2015)
10. Karen Treisman; Working with Relational and Developmental Trauma in Children and Adolescents (Routledge 2016)
11. Bruce D Perry – Applying principles of neurodevelopment to clinical work with maltreated and traumatised children (in Nancy Boyd Webb: Working with traumatised youth in child welfare, Guildford Press, 2005)
12. Daniel Hughes, Kim Golding & Jill Hudson Dyadic Developmental Psychotherapy: Healing Trauma with Attachment-focused Interventions for Children and Their Families. New York: Norton. (2018).

Where to find out more

If you would like to find out more about **Developmental Trauma** and how to heal early wounds, please take a look at the following books and resources:

BOOKS

- A Therapeutic Treasure Box for Working with Children and Adolescents with Developmental Trauma: Creative Techniques and Activities (Therapeutic Treasures Collection) by Dr Karen Triesman
- Inside I'm Hurting: Practical Strategies for Supporting Children with Attachment Difficulties in Schools by Louise Bomber
- The Kids' Guide to Staying Awesome and In Control: Simple Stuff to Help Children Regulate their Emotions and Senses. Lauren Brukner
- Attachment in common sense and doodles: A practical guide by Miriam Silver
- The Simple Guide to Child Trauma Betsy De Thierry
- The Whole-Brain Child: 12 Proven Strategies to Nurture Your Child's Developing Mind by Dr Tina Payne Bryson and Dr. Daniel Siegel, 2012
- Brainstorm: the power and purpose of the teenage brain by Daniel Siegel, 2014
- No-Drama Discipline: the bestselling parenting guide to nurturing your child's developing mind (Mindful Parenting) by Daniel J. Siegel & Tina Payne Bryson (2015)

BOOKS FOR YOUNG PEOPLE

- Help I've got an Alarm Bell Going off in My Head! By KL Aspden
- The Mermaid Who Couldn't: How Mariana Overcame Loneliness and Shame and Learned to Sing Her Own Song by Ali Redford
- The Boy Who Built a Wall Around Himself by Ali Redford
- A Terrible Thing Happened by Margeret M. Holmes
- Today I'm a Monster by Agnes Green
- The Scared Gang books and Cards by Eadaoin Bhreathnach
- Listening to My Body: A guide to helping kids understand the connection between their sensations (what the heck are those?) and feelings so that they can get better at figuring out what they need by Gabi Garcia
- A Niffleloo Called Nevermind: A Story for Children Who Bottle Up Their Feelings by Margot Sunderland
- Elfa and the Box of Memories by Michelle Bell and Rachel Fuller

Where to find out more (cont)

WEBSITES

- www.innerworldwork.co.uk
- www.safehandstinkingminds.co.uk
- www.childtrauma.org
- www.childmentalhealthcentre.org
- www.traumasmart.org
- www.developingchild.harvard.edu
- www.northstarpaths.com
- www.pac-uk.org
- www.celandt.org
- www.fabparents.co.uk
- www.acamh.org
- www.nctsn.org
- www.adultadopteesupport.org
- www.albertafamilywellness.org
- www.annafreud.org
- www.familyrelationsinstitute.org
- www.attach.org
- www.seasinternational.org
- www.childreninscotland.org.uk
- www.thetraumatheapistproject.com
- www.ptsduk.org
- www.besselvanderkolk.net
- www.traumacenter.org
- www.theactgroup.com.au
- www.istss.org
- www.drdansiegel.com
- www.birthtraumaassociation.org.uk
- www.janinafisher.com
- www.sensorimotorpsychotherapy.org
- www.estss.org
- www.youngminds.org.uk
- www.ukpts.co.uk
- www.emdrassociation.org.uk
- www.childmind.org
- www.apa.org
- www.complexttrauma.ca
- www.aimh.org.uk
- www.rip.org.uk
- www.70-30.org.uk
- www.trauma.jbsinternational.com
- www.acesconnection.com
- www.thenationalcouncil.org

SIGNS OF DEVELOPMENTAL TRAUMA AT HOME & SCHOOL

When children experience early loss, separation, abuse or neglect their brain development is affected in significant ways. They often experience what is known as Developmental Trauma, which means their development has gone off track and they cannot behave, feel, relate and learn like other children their age. Developmental Trauma can be repaired with a holistic, 'bottom up' approach; with safe and sensitive relationships with adults being central.

SIGNS OF SENSORY PROBLEMS AT HOME

- Strong dislike for certain foods & textures
- Strong dislike for touching or overly tactile
- Sucking, biting, chewing to self-sooth
- Avoidance of routines such as tooth brushing
- Jumpy, restless and alert, even when safe
- Difficulty knowing when they are hot/cold; hungry/full or when they need the toilet

SIGNS OF SENSORY PROBLEMS AT SCHOOL

- Difficulty with concentration & attention
- Overwhelmed by noisy busy classrooms
- Difficulty throwing and catching a ball
- Difficulty with co-ordination and balance
- Poor handwriting and pencil grip
- Shutting down/zoning out frequently throughout the day

SIGNS OF ATTACHMENT INSECURITY AT HOME

- Avoidance of emotional intimacy or emotionally over-spilling
- Feeling 'hard to reach', emotions are bottled up and the child is hard to read
- The parent/carer feels exhausted with the unrelenting demands, crises and emotional needs of the child.
- Boundary setting can trigger a big reaction or non-compliance in child
- Episodes of distress or anger last much longer than expected
- Separations trigger anxiety or anger in the child
- The child is controlling of his/her parents and siblings

SIGNS OF ATTACHMENT INSECURITY AT SCHOOL

- Difficulties processing new information
- Under performance or over-dependence on academic perfection
- Difficulties planning, organising and completing tasks
- Struggles with transitions, loss and change
- Big reactions or zoning out for reasons not obvious to others
- Difficulties in friendships
- Find it hard to ask for help or the child is always needing help
- Over compliance or disruptive behaviour in class

SIGNS OF EMOTIONAL DYSREGULATION AT HOME

- Prolonged meltdowns over small things
- Lots of arguments as the child cannot see things from their parents' perspective
- Very limited empathy for others
- Frequent child to parent violence
- Tearfulness and clingy behaviours at separation
- Bedtime routine is prolonged and painful
- In teens – self harming, drug use, promiscuity

SIGNS OF EMOTIONAL DYSREGULATION AT SCHOOL

- Outbursts of anger or distress at small events such as a change in activity
- Immaturity in friendships – jealousy, possessiveness, struggles to share
- Too emotional to take on board new learning
- Tearfulness and anxiety at drop off
- Over-dependence on adults
- Rule breaking
- Aggression, running off and hiding

SIGNS OF DEVELOPMENTAL TRAUMA AT HOME & SCHOOL (CONT)

SIGNS OF BEHAVIOUR DYSREGULATION AT HOME

- Lying, stealing, hoarding
- Over-eating or under-eating
- Aggression or lethargy (often seen as laziness)
- Unresponsive to day to day requests (often seen as non-compliance)

SIGNS OF BEHAVIOURAL DYSREGULATION AT SCHOOL

- Lying, stealing, hoarding
- Disruptive in class
- Restless, fidgety, moves about the classroom lots
- Slowed down, unresponsive

SIGNS OF DISSOCIATION AT HOME

- The child appears as if s/he is not listening to requests from the parent
- Rapid regressions in age-level behaviour, e.g. suddenly acting like a baby.
- Normal punishment and consequences for misbehaviour do not work, as the child cannot learn from their experiences
- Voice hearing
- Relationships are so changeable it is hard to keep up for the adults
- Denying behaviour which adults know they have engaged in

SIGNS OF DISSOCIATION AT SCHOOL

- Frequent 'day dreaming' & lack of focus; leading to under achievement
- Abilities to read, write, learn change drastically from one task to the next
- The child is forgetful or confused about things s/he should know, such as friends' names
- Confusion about day and time
- They get back homework that they have no memory of doing
- Voice hearing

POOR COGNITIVE SKILLS AT HOME

- Unable to learn from mistakes
- Cannot organise themselves for the morning and evening routines
- Forget complicated instructions
- Cannot be reasoned with
- Black and white thinking
- Ego-centric – can only see the world from their perspective

POOR COGNITIVE SKILLS AT SCHOOL

- Difficulties problem-solving
- Struggles to complete a task
- Unable to process information quickly
- Cannot remember new information
- Cannot put into words what they are thinking
- Poor ability to read social cues
- Cannot organise their belongings

POOR SELF CONCEPT/IDENTITY AT HOME

- Not feeling worthy of accepting love and nurture
- Becoming upset at small 'tellings off'
- Becoming jealous when their parent/carer pays others attention
- Saying "I'm stupid" or "everyone hates me"

POOR SELF CONCEPT/IDENTITY AT SCHOOL

- Being knocked back easily
- Becoming upset at failure
- Self doubt and self criticism
- Not trying for fear of failure

“

He knows now that he can talk to me, he can come to me, he can trust me.... And he really truly believes that; in the beginning, he didn't. Big difference to the little boy who was afraid.”

Anonymous Caregiver

CPP May Help When

- Children have been through scary or painful events such as loss of a loved person, separation, serious medical procedures, abuse, or violence at home or in the community
- Children show difficult behaviors
- Children have a change in placement or caregivers
- Family members have physical health or mental health difficulties
- Caregivers would like help with parenting and improving parent-child relationships

“

In time we started to see...it's ok we can trust people, to be honest in therapy, to talk about the bad things that happen, to feel...our sparkle inside that we thought we lost; with help we are finding out just how bright our sparkle really is.”

Anonymous Caregiver



For more information about CPP visit:
childparentpsychotherapy.com



ChildParent
Psychotherapy



Our Mission

Providing services that help young children and families recover and heal after stressful and traumatic events



What is CPP?

Therapy for young children from birth through age 5 and their parents/caregivers

- Supports family strengths and relationships
- Helps families heal and grow after stressful experiences
- Respects family and cultural values



What Happens During CPP

We work together in three stages:

1. Getting to Know the Child & Family

We spend time meeting alone with parents/caregivers to understand the family's

- Needs and challenges
- Strengths and values
- History and experiences

If needed, we connect families to resources and services

We make a plan for how CPP will help your family

2. Addressing Families' Needs

We usually meet once a week with the parent/caregiver and child

If old enough, we first help children understand

- Who we are
- Why they are coming
- What we will do together

We often use toys because young children show feelings and thoughts through play

We may meet alone as adults

We help parents/caregivers and children to

- Understand each other
- Talk and play about difficult experiences
- Respond to difficult feelings and behaviors
- Create a family story that leads to healing

3. Wrapping Up & Planning for the Future

We celebrate changes families have made

We talk about how parents/caregivers made changes happen

We consider how endings and goodbyes may bring up different feelings

We talk about what will be needed in the future



CPP Studies Involving Diverse Families Show

Improvements in Children's

- Mood
- Problem behaviors
- Learning
- Trauma symptoms
- Biological stress response (cortisol)

Improvements in Parents'

- Mood
- Parenting stress
- Trauma symptoms
- Partner relationship

Improvements in Parent-Child Relationship Quality

“

You are the only one that explained how trauma is affecting my daughter and I'm so grateful.”

Adoptive Mother to her CPP Therapist