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Birth to 12 Years



This manual is dedicated to my mother and father, Betty and Bill,  
and my adopted grandmother, P.J., who taught me about  
compassion, love, courage and hope for the future.



*BIRTH TO AGE 12 YEARS*

*Helping Children Cope with Traumatic Stress*

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*Taming the  
Dragons*

Created by Susan F. Delucchi



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2<sup>nd</sup> Edition Revised

## Contents

<i>Crisis in the Crib.....</i>	<i>5</i>
<i>Fear Factor.....</i>	<i>6</i>
<i>.....</i>	<i>7</i>
<i>Arousal Continuum – Calm, Alarm, Fear, Terror.....</i>	<i>7</i>
<i>Adverse Consequences .....</i>	<i>8</i>
<i>Making Sense Out of Your Senses.....</i>	<i>10</i>
<i>Triggers.....</i>	<i>10</i>
<i>Transitions .....</i>	<i>10</i>
<i>Becoming a Behavior Detective .....</i>	<i>11</i>
<i>Behaviors, Needs, Symptoms, Discipline Chart .....</i>	<i>12</i>
<i>Behavior and Age Appropriate Quick Fix Activity.....</i>	<i>15</i>
<i>Cues for Caregivers .....</i>	<i>21</i>
<i>Emergency Techniques .....</i>	<i>22</i>
<i>Changing the Child’s Environment.....</i>	<i>22</i>
<i>Creating a Safe Space .....</i>	<i>23</i>
<i>Techniques for Communication .....</i>	<i>23</i>

<i>List of Actions to Take:</i> .....	24
<i>Does your body...</i> .....	25
<i>Are your emotions. . .</i> .....	26
<i>Mind Control - Does your mind . .</i> .....	27
<i>Senses -Our five senses are our body's "detectives"</i> .....	28
<i>Feeling Groovy...</i> .....	30
.....	30
<i>Recipes</i> .....	31
<i>How to Swaddle a Baby for Security</i> .....	32
<i>Transition Charts</i> .....	32
<i>Monster Repellent Recipe</i> .....	33
<i>Behavior Detective Chart</i> .....	34
<i>Resource Link, Books, Studies</i> .....	34
<i>Adult Emotions Chart</i> .....	38



## Crisis in the Crib

*The impacts of trauma on young children are physiological, emotional and far-reaching.*

Attachments shape the brain in infancy and childhood. These experiences greatly influence the development of a child's mental, emotional, intellectual and physical processes. These social connections evolved to ensure infant safety and survival. Attachments occur when the parent or primary caretaker communicates in non-verbal ways that are understood by the baby (the child cries and the adult responds by holding the child). The infant forms a bond of trust and develops a sense of safety with the adult that makes the child feel that his needs are felt, known, and understood.

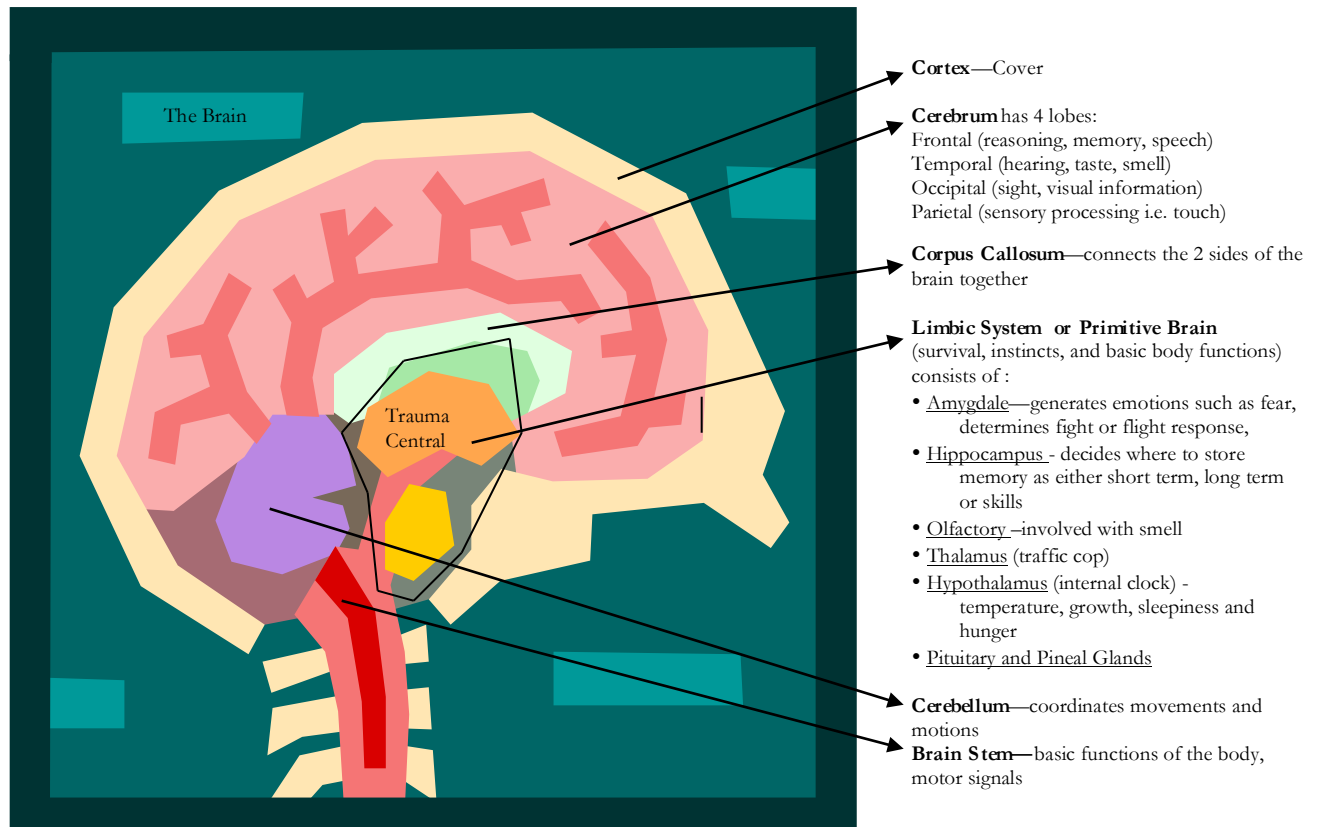
## HELPING CHILDREN COPE

After a traumatic episode, establishing a feeling of personal safety and re-attaching to their caregiver are the first steps that the child must take to diminish the effects of the event. Sometimes infants are unable to communicate their needs, or caretakers who love the child may be so stressed or overwhelmed so that they fail to recognize and respond to their child's cues. These situations may contribute to a failure to bond or an inability to re-attach when the link between baby and caregiver has been severed.

Infants and children are vulnerable to traumatic stress as surviving victims, witnesses, or peers of victims. Traumas may range from physical, sexual or emotional abuse, neglect, caregivers who are mentally ill, drug addicted or alcoholic, witnessing domestic violence, loss of a parent to death, abandonment or divorce, incarceration of a family member, natural disasters, house fires, kidnapping, removal to foster care, neighborhood violence, medical procedures to critical injuries resulting in physical, emotional, or behavioral symptoms in infants and young children.

## Fear Factor

Experiencing trauma is both psychological and brain-based. Humans *automatically* react to fear physically, mentally, and behaviorally. During trauma there is a biochemical and physiological response to the threat of loss of life or limb. The reaction is caused by chemical changes produced by the amygdale in the brain. The amygdale is located close to the hippocampus in the primitive portion of the brain and modulates the reactions related to survival. The limbic (primitive) system of the brain is in control.



When we are under threat, changes occur in our mental state, our thinking, and our physical being. The physical response to fear may include increased heart rate, blood pressure, or

respiration, a release of stored sugar, an increase in muscle tone, hyper-vigilance, and tuning out of all non-essential information in preparation for the freeze, fight, or flight response. Triggers, mental reminders of the event, may produce a physical result even though the danger has long since passed. The more threatened we feel, the more regressed our thinking and behavior becomes.

### Freeze



### Fight



### Flee

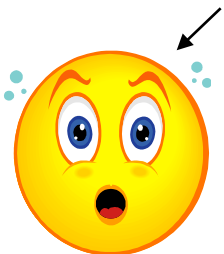


### Arousal Continuum – Calm, Alarm, Fear, Terror

Calm—I am watching a comedy on the television in my upstairs bedroom.



### Flee



Alarm—I hear a noise downstairs in my empty house. It could be the dog moving about.



Fear—I can hear someone walking on the first floor.



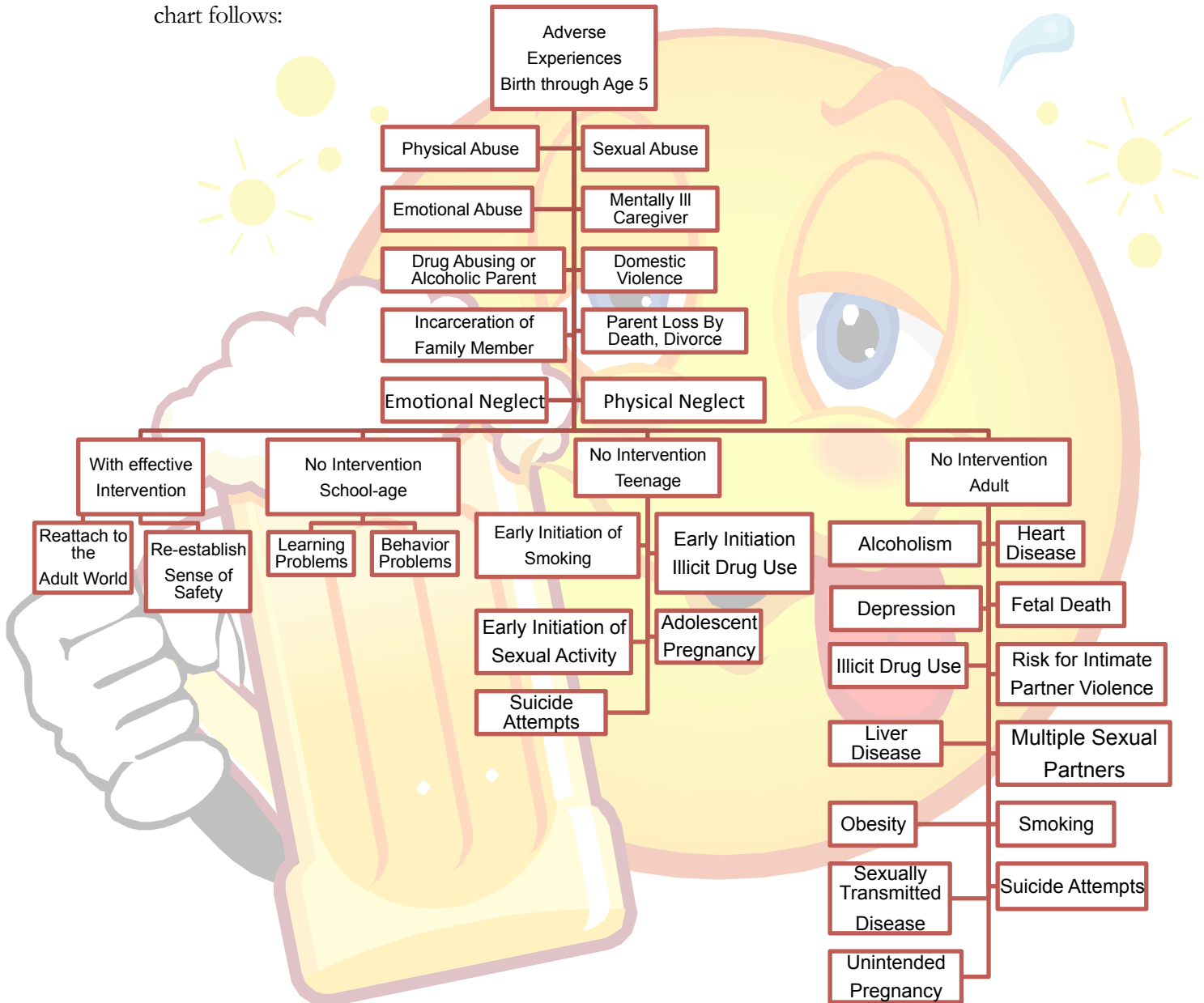
Terror—I can hear footsteps on the stairway and the turning of the knob on my bedroom door.





## Adverse Consequences

If trauma is not dealt with in the early years, the consequences of these stressful events may be lifelong. Dr. Bruce Perry has determined that trauma impacts brain development in early childhood and may influence the child's ability to learn. Dr. Vincent Felletti has completed a study for the Center for Disease Control on Adverse Childhood Experiences that directly links numerous adult social, emotional and physiological consequences to early childhood trauma. A chart follows:





## Making Sense Out of Your Senses

### *Listen to Your Body's Signals*

Smell is the only sense that is located in the primitive part of the brain. Fragrance becomes memory whether it is pleasant or unpleasant, comforting or discomforting. Scents of a particular trauma can rekindle recollections of the event. Inhalation of different odors provides reminders to the brain which provoke a variety of emotions as do other sensory prompts. It takes only seconds for the effects of inhaling a scent to begin as the nose sends a chemical message to the limbic part of the brain which resends it to other parts of the body. Other senses act as memory initiators as well.

## Triggers

After a trauma children may re-experience the incident in their minds. Triggers are subconscious reminders of the event. Any of the following prompts including sound, smell, sight, touch, movement, situations (being afraid or helpless,) stories or conversations, or media exposure may cause physical or emotional distress in an infant or young child. Be aware of the child's specific triggers, and pre-plan a strategy to help the child when re-living the experience occurs.

## Transitions

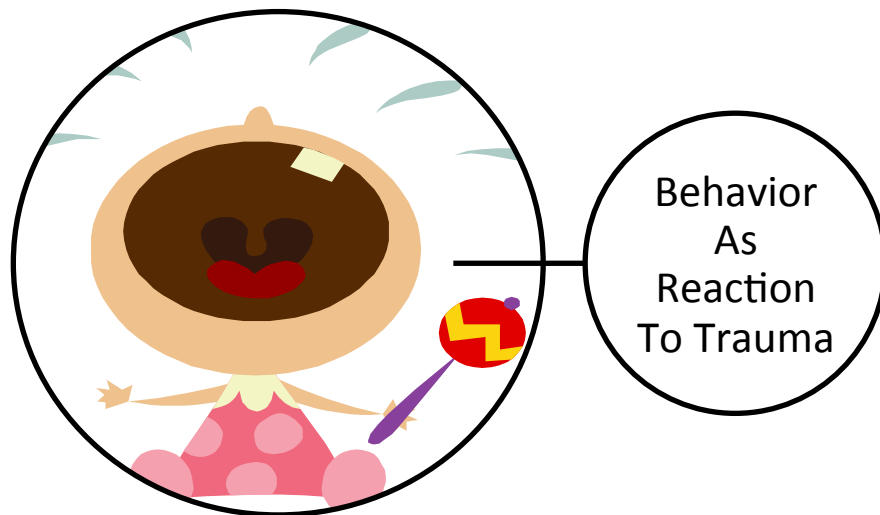
Everyday transitions, such as getting dressed, moving from playtime to mealtime, leaving school or child care at the end of the day, and bedtime are some of the situations that can present challenges. Asking a child to stop their activity before they are ready may trigger a tantrum or other forceful expression of anger. Be aware that transition times may be extremely stressful for traumatized children. Children under stress may have extreme reactions that include throwing fits or turning inward in an effort to protect themselves from their overwhelming feelings. A child who bites, for instance, is usually one who doesn't like others invading his space. Show children acceptable ways to handle their frustration and help them make transitions as smooth as possible.



## Becoming a Behavior Detective

*After trauma many new behaviors may appear or existing negative behavior may intensify.*

**A**n understanding of typical behaviors that are a reaction to trauma can help caregivers develop a plan of intervention for the infant or young child. Listed below are categories of behaviors that many children develop as a reaction to trauma.



### •Birth to Age 3 Symptoms

- Aggression
- Frustration
- Fear
- Hyperarousal
- Regression
- Sleep Difficulties
- Whining and Crying

### •Age 3 to Age 6 Symptoms

- Anger
- Clinging
- Fear
- Reenactment
- Regression
- Sleep Issues
- Temper Tantrums

### •School Age Symptoms

- Avoidance
- Clinging/Regression
- Decrease in School Performance
- Difficulty Trusting
- Diminished Interest In Activities
- Guilt
- Hypervigilance
- Reduced Impulse Control
- Reenactment
- Sadness
- Separation Anxiety
- Sleep Disturbances

# Behaviors, Needs, Symptoms, Discipline Chart

<i>Typical Chronological Behaviors, Needs, Trauma Symptoms, and Appropriate Discipline</i>				
Age	Age Appropriate Behavior	What the Child Needs At Each Stage of Development	Age Appropriate Trauma Symptoms	Techniques for Disciplining Non-Trauma Related Behavior
<b>Birth to Six Months</b>	The child attaches to his primary caregiver, he cries; he may develop stranger anxiety	The child needs love, protection, nutrition, physical care, change of scenery; a parent can never spoil a baby by too much attention.	Aggression Fear Regression Whining Crying Hyper-arousal	Remove harmful things from baby's environment; Use "no" in moderation – he does not understand what it means.
<b>Six Months to One Year</b>	The child views everything as a toy and continues to put things in his mouth; he may develop separation fears	The child needs love, a child proof environment and close supervision	Frustration Sleep Difficulties	Remove and substitute. Move the child away from the problem and switch to another activity. Continue to use the word "no" sparingly; begin to use "I" messages.
<b>One Year to Eighteen Months</b>	The child develops affection for and trusting relationships with family members and adults outside the family; He touches and tastes everything that is new; he likes to see what will happen when he explores his environment; he begins to develop autonomy; he does not understand the word "don't;" and he may start inappropriate biting during teething.	The child needs love, a safe environment, firm limits, close watching, gentle correction, and encouragement		Do not expect the child to obey. Distract him from undesirable activities using a firm voice. Do not yell or hit. Physical punishment is not understood. Ask him to help clean up messes with your assistance.
<b>Eighteen Months to Two Years</b>	The child is into everything; he may refuse to let adults feed him; he may wake during the night; he often disobeys and may run away from adults; he may have temper tantrums and refuse to cooperate by saying "no" or pulling	The child needs a few rules, but forgets the old rules when given a new one. Give the toddler more love during this difficult stage.		Look into the child's eyes when giving directions; speak clearly, using the same simple words each time; praise the child when he acts in a positive way.

	away; he can indicate his needs; he may make demands; his biting can continue to be a problem			
<b>Two Years</b>	Although the child establishes autonomy, he is never sure whether to be independent or separate; the child wants to make his own decisions and the adults in his life never know what to expect; he starts to learn the rules; he shows pride at being “good” and embarrassment at being “bad;” the child says “no” even when he means “yes;” he begins to imitate social roles and exhibits parallel play with other children; he may have temper tantrums when frustrated or tired; he may need bedtime rituals and often calls parents back after being put to bed; the child may regress when he gets tired or run from adults when under pressure; temper tantrums may increase and are used for attention and control;	The child needs patient, kind, firm adults. Parents must be smarter, not tougher or more out of control than the two year old. The child needs limited choices. Give him “either” “or” messages.		Try to understand things from the child’s viewpoint and then help the child adapt; separation from disruptive activities is the best tool; work on one behavior at a time. Ignore attention getting misbehavior; avoid useless power struggles; use time out’s sparingly or share the time by sitting side by side.
<b>Three Years</b>	The child likes to do things by himself; his favorite expression may be “I can do it all by myself;” he may whine a lot or develop sudden fears and phobias; he resists naps, but still needs them; he may refuse to hold his parent’s hand, but wants to help adults do things.	The child needs patience. A 3 year old is a baby that looks like a child. Do not force him to act older than his maturity level. Create an enabling environment for him so that he can succeed.	Anger Fear Regression Temper Tantrums Clinging Reenactment Sleep Issues	The child wants to be good. Help him by telling him what you expect before he misbehaves. He needs honesty from adults. Do not treat his mistakes like crimes. Treat his accidents as learning experiences. Try rewarding the child for good behavior, not punishing for bad actions.
<b>Four Years</b>	He thinks he is older than his chronological age; he may mix fantasy and	The child needs social opportunities in small play groups, props for		Four year olds seem big but are still just babies when stressed

## HELPING CHILDREN COPE

	reality. He may act in a stubborn manner or ask “why” in order to argue. He may refuse to nap and thinks of all kinds of ways to avoid bed time; He may have bad dreams or everyday stress may cause stomachaches. .	pretend play, art materials, and lots of tolerance.		or tired. Continue to give the child lots of affection even if they don’t want it. Don’t argue with a four year old. Teach the child the consequences for misbehavior, then apply the consequences. Be realistic and be consistent.
<b>Five Years Old</b>	The child investigates everything; He may make up the rules as he goes along; Even though he may seem responsible, he cannot be left alone. He feels pride in accomplishment.	The child needs lots of sleep and positive attention for good behavior. He also needs to learn how to cooperate.		Connect privileges directly to responsibilities. The consequences should be very clear for misbehavior.
<b>Six Years Old</b>	The child is fiercely independent and is obsessed by rules; he may tattle to adults to let them know that he knows the rules; he may have temper tantrums; usually his worst behavior is with his mother.	The child hates to be babied. He needs responsibility for self-care.	Avoidance Decrease in school performance Diminished interest in activities Hypervigilance Reenactment	Involve your child in finding a solution to problem behaviors. Ask him what he thinks should happen when he misbehaves. Teach him about consequences by consistently applying the solutions that he has suggested.
<b>Seven Years Old</b>	The child complains all the time; All he thinks about is playing; he may feel mistreated by everyone; he cares about what others think about him.	The child needs adults to listen without solving their problems and not to over-react.	Separation Anxiety Clinging Regression Difficulty trusting Guilt	Allow your child to “redo” their action. If the child sasses or snaps, give him a chance to say what he wants in a more respectful way. This keeps the situation from escalating.
<b>Eight Years Old</b>	The child demands attention from adults, but wants adults to think the way they do; he may be overly sensitive to the approval or disapproval of adults; he often fights with his mother; he sees every situation as black or white; he may believe that all rules are black and white; he may have trouble playing with peers;	The child needs recognition, encouragement, structure, and techniques to reduce stress.	Reduced impulse control Sadness Sleep disturbances	Set clear simple limits. Stick to the limits. Do not give in to begging. Ask your child to convince you if you are unsure of something

	he may prefer to play exclusively with the same sex; he may cry when tired and have stomachaches when worried.			he wants. Complete chores before starting the fun activities. Do not be afraid to disappoint your child, accepting disappointment teaches coping skills needed to deal with emotional stress. Let children work for what they want.
<b>Nine Years Old</b>	The child fiddles with things and is awkward; his friends are more important than his mother; he rebels against too many directions and direct orders; he may think that all adults are stupid.	The child needs to learn to cooperate and opportunities to be in charge of himself.		
<b>Ten Years Old</b>	The child accepts his parent's wishes and usually obeys; he learns to disobey in small rebellious ways; he may see rules as flexible and make excuses for all misbehavior; he demands that his friends keep their promises.	The child needs space and opportunities to make decisions. He must be held accountable for the results of choices.		
<b>Eleven to Twelve Years</b>	Peer pressure is intense; the child wants guidance from his parents but not lectures; his body changes cause embarrassment and self-consciousness; he develops strong friendships; he is embarrassed to be seen in public with his parents; he begins to understand how others feel; he wants to make his own decisions or choose his own friends.	Teach by example. Listen to the child. Build a relationship based on respect and caring. Spend time together. Don't try to control the pre-teen, control the consequences. Give him a major responsibility for some part of family life. Make him feel useful and necessary. Talk plainly about sex, drugs, and the future.		

## Behavior and Age Appropriate Quick Fix Activity

**Fear** — a common reaction following trauma. Infants and toddlers are especially prone to emotions and behaviors related to fear because of their limited understanding of life events. Clinging to parents occurs because of a need to feel safe and protected. It is not uncommon for a child to want to be held constantly for reassurance that they will not be abandoned. Normal preschool age fears may be intensified after a traumatic experience. Fear of the dark, thunderstorms, death, separation and strangers may become obsessive.

Birth to 5 Activity: If at all possible, keep the child with you. When you must leave the child with someone else, spend a few minutes helping the child transition to the new situation. Explain when you will return in terms of the child's understanding (i.e. after your nap, after lunch, etc.) Take comfort items to leave with the child such as their favorite stuffed toy, pacifier, or their favorite blanket. When the child seems comfortable in an activity, quietly leave. Infants may react positively to being swaddled (wrapped in a receiving blanket).

School-age Activity: Reassure the child by making it clear that you do not expect him to take responsibility for his own safety. Do not ever tease him or let anyone else mock his fears. The child is experiencing imagination in everything that he does, which makes him liable to all kinds of “supposing” thinking. He overhears adult conversation and may misinterpret what is said. Children at this age may have only a vague grasp of the difference between fantasy and reality. Be aware that the child is present and listening.

**Hyper-arousal** - Infants and toddlers may have startle reactions to noises which remind them of their traumatic experiences. Sudden movements can also trigger startle reactions.

Birth to 3 Activity: Play calming music in the background of the room. Choose instrumental music with a slow tempo that is soft and flowing. Select music that is simple. Avoid music with frequent changes of rhythm and pace. Play familiar music. Familiar music gives immediate comfort and is more soothing than unfamiliar music. Calming music creates a peaceful atmosphere for the child.

**Aggression** - Temper tantrums, kicking, biting, screaming, and lashing out are ways that an infant or toddler may respond to a traumatic event. Behaving in this manner expresses the frustration, fear or confusion that the child may feel but is not able to express verbally.

Birth to 3 Activity: Outside physical activities encourage ambulatory children to work out aggression. Running a race, safe climbing, blowing bubbles, or jumping can help the child calm himself. Preplan activities that are seasonally appropriate that the child can do with large motor skills. If the child does not have a safe outside area at home, take the child to the closest local park for daily physical activity.

**Sleep Difficulties** - Children may experience nightmares, fear of sleeping alone or in the dark, or night terrors, even if they did not suffer these behaviors before trauma. Disrupted sleep patterns may include difficulty falling asleep, staying asleep, or sleeping excessively. Nightmares, night terrors, bed-wetting and sleepwalking all contribute to sleep deprivation. Distressing dreams are reenactments of the trauma that may occur repeatedly for many nights and interrupt sleep.



Birth to 3 Activity: Try to follow the same routine with the child when you put them to bed for the night. A warm bath, a drink of warm milk, a soothing story (not fairy tales or books with scary characters,) soft music or a lullaby can help the child fall asleep. If the child awakes at night, try the same routine (excluding the bath.) If the child still cannot get to sleep, sit with them for a while rocking and comforting them. Sometimes loosely wrapping the child in a soft blanket will help. Children who are afraid of the dark may respond to a small night light in their room.

3 to 5 years Activity: Get to the child quickly when he cries out. The sound, sight or touch of you will reassure him immediately. Children experiencing night terrors are in a twilight sleep (neither awake nor asleep), sitting up, eyes open. The child may be angry or desolated. He/she is not conscious. Put all the lights on. Don't argue with the child—just reassure him. The child is not responsible for anything he says. Don't do anything to awaken a child who stays in bed. If you must awaken the child, just tell him he had a bad dream and attend to any needs.

School-age Activity: Get to the child quickly when he awakens at night. The sight of you will reassure him immediately. Ask the child what is bothering him. Make simple and definite reassurances to the child. If the child cannot stand to be alone, try finding “company” for him in the form of a bowl of goldfish, a clock with a face that moves with each tick, a special lampshade on a night light, or a photograph of his family.

**Easily frustrated** -Infants and toddlers may become easily frustrated when there are sudden, unexpected changes in their environment or when people that they trust no longer seem trustworthy or reliable. Frustration is a behavioral manifestation of anger and terror.

Birth to 3 Activity: Plan activities for your child that are behind his/her developmental level or tasks that have already been mastered and are no longer challenging. In addition, remember that physical play uses up energy and relaxes the child from the stress of thinking and control when their play uses only hands without the rest of the body.

**Regression** -Mastering newly discovered skills may be interrupted after a traumatic event. Retreating to a safer time is the child's way of coping with the pain that they feel. A toddler with some verbal skills may suddenly not speak or one who is toilet trained may begin soiling his pants.

Birth to 5 Activity: Accept that the child is not devious but retreating to a safer time. If the child's toilet training regresses, do not embarrass or humiliate the child. Take care of the event in a positive, matter-of-fact manner, and encourage the child to try again next time. If the child is mute, continue to speak to them, encouraging response, even if they do not respond. Communicate with them in other ways (holding, cuddling, eye contact, and singing.) When they are ready, they will begin to speak again. In the meantime they continue to absorb all that is going on around them. Try offering the child extra company and cuddling rather than obliging the child to return to self-soothing like thumb-sucking.



**Whining and Crying** - Children may become irritable, dependent, cranky, and overwhelmed after a traumatic event. Excessive crying and fussing is common, and the child may be difficult to soothe. Children at this age are unable to regulate their emotions and their behavior can be very trying for their parents who may also be distraught.

Birth to 3 Activity: Distraction is the best method to control whining and crying. Preplan some activities that your child enjoys that you can put together quickly when this behavior happens. Bubble blowing, water play, finding hidden objects in a sand jar, play doh, and finger painting are all good distractions. It is also very important to take care of yourself. Ask a friend to take over the activities so that you can have a quick break for a cup of tea, a warm shower or bath, or any other activity that you find calming.

**Reenactment of the Incident** - Preschoolers often reenact aspects of their trauma through repetitive play in an attempt to gain control over their experiences and to develop a sense of relief. This type of play is very distressful, and the more they play, the more helpless they feel. A traumatized child may pretend that they are reliving the event. Although they may act as though they are having fun, they may be quite distressed. They are attempting to gain control over a situation that has left them feeling helpless.

3 years to School-age Activity: Redirect the child's play to an activity that requires cognitive thinking. Playing sorting or grouping games, or filling and emptying containers are good pastimes. Join in the play as a partner. Offer casual demonstrations and suggestions, but let the preschooler be the play-leader. Cognitive thinking moves the brain from the right (emotional) to the left (processing) side. The same type of game in an older version works well for school-age children.

**Clinging and Insecurity** - Children need the reassurance that caring adults in their lives are not going to abandon them or leave them to fend for themselves. They need the adults in their world to restore their sense of security. School age children may regress after trauma. They may want to hold onto a security object that they used when they were younger such as a blanket or stuffed animal. They may refuse to let their parents out of their sight, fearing that they may not see them again. Children may return to thumb sucking, bed-wetting, and soiling accidents. This is the child's way of coping with a negative experience.

3 to 5 years Activity: There are a great many things which the child cannot understand or cope with. Help him develop a sense of control by joining in the decision-making process. Allow the child to make choices about clothing, meals, activities or anything that is age appropriate. If he wears brown socks with blue pants and an orange polka-dot shirt to preschool, no one will care, and it will give him a sense of power over his life.

School-age Activity: As the adult, accept that the child needs to retreat to a safer time. If the child's toilet training regresses, do not embarrass or humiliate him. Take care of the event in a positive, matter-of-fact manner, and encourage the child to try again next time.

Try offering him extra company and cuddling rather than forcing the child to return to younger self soothing behaviors like thumb-sucking. The child may temporarily need the comfort of an old blanket or stuffed animal. He will give them up when he is emotionally ready.

**Anger** - Trauma that is difficult to understand may leave the preschooler or young child feeling angry. Anger is a very strong manifestation of terror. The anger often leads to aggression.

3 to 5 years Activity: When a child uses physical aggression, suggest another way to vent anger such as pummeling a cushion or special pillow. Encourage him to use other harmless signs of anger like seeing how loud he can shout. When a child employs words to convey his anger, he is showing great control instead of using physical attack to express himself. At this age his own fury frightens him, and he is very unsure about how great his power really is. He wants his parent to help him keep control when he feels his powerless to control himself.

**Temper Tantrums** - Because preschoolers have limited vocabulary, they may resort to temper tantrums rather than verbally expressing how they feel.

3 to 5 years Activity: The first step for the parent is to help the child release the frustration that he is feeling in a constructive fashion. Using physical activity and large motor skills such as running a race, climbing, blowing bubbles, or jumping can help the child calm himself. The parent should look for reoccurring triggers that cause the child to lose control. Help the child by managing the environment to avoid the triggers.

**Separation Anxiety** - Children may refuse to leave their parents, fearing something horrible might happen to their mother or father such as illness, disaster, or death. This is a typical fear for most school-age children, however, it is intensified in those who have experienced a trauma. Separation anxiety may lead to avoiding social activities or not wanting to go to school.

School-age Activity: Write down a daily schedule for the child. Explain what you will be doing while he is at school or away from you and when you will return. Assure the child that you will be safe when you are apart. Try to follow the schedule as closely as possible.

**Guilt** - Children may blame themselves for the traumatic event, or they may feel guilty for not offering assistance, for having survived when others did not, or for somehow having done something that caused others harm.

School-age Activity: Explain to the child that he is not responsible for what happened. It is an adult responsibility to act in a crisis or emergency. He is too young to have prevented or precipitated the event.

**Diminished Interest in Activities** - Children may feel depressed, overwhelmed, anxious, or confused which can result in a lack of interest in activity. Things that they may have enjoyed may no longer be of interest.

School-age Activity: Encourage the child to participate in small ways. If the child previously enjoyed out-of-doors activities, watch them on television with him. If the child had an interest in arts and crafts, borrow library books with projects that might inspire him.

**Reduced Impulse Control** - Children may behave impulsively by lashing out, fighting, or destroying property. If they have witnessed others out-of-control, they may question whether or not they can keep themselves in control.

School-age Activity: When a child uses physical aggression, suggest another way to vent anger such as pummeling a cushion or special pillow. Encourage him to use other harmless signs of anger like seeing how loud he can shout or running as fast as he can around the yard. Praise the child when he uses words to convey his anger. He is showing control instead of using physical attack to express himself. The child wants his parent to help him manage his feelings when he feels he is powerless to restrain himself.

**Physical Complaints** - Medical symptoms can be caused by extreme stress and can include headaches, dizziness, stomach pains, difficulty breathing, and other complaints.

School-age Activity: First, rule out any medical issues by having the child examined by his pediatrician. Even if the child's complaints are not caused by physical illness or injury, they are still very real to him. Treat the child with sympathy and try to understand the trigger that caused his stress reaction.

**Avoidance/Intrusive Thoughts** - Intrusive thoughts, images and sounds are triggered by environmental reminders. Children may try to avoid anything that reminds them of their traumatic experience. This may hamper their daily activities, memory, friendships, or school performance. It may leave children feeling separate and alone.

School-age Activity: Tell the child that you understand that it is hard to think about what happened. Encourage the child to convey his thoughts in a journal. Provide art supplies so that the child can express himself creatively. Keep a "portfolio" of the artwork for the child to review when he is ready.

**Hyper-vigilance/Fear of Future Trauma** - Children may be on their guard, prepared for the next traumatic incident. They may be easily startled, nervous and jumpy. Fear may become an obsession, occupying the majority of their time.

School-age Activity: Create a safety plan with the child to help alleviate his fears. Talk about the traumatic event and plan what the two of you can do to prevent the same thing happening again. Develop a safe spot at home for reassurance. A comfortable chair with a special blanket, stuffed animal and pillow can be a place of retreat when the child becomes

overly anxious.

**Sadness/Sense of Foreshortened Future** – The child may have suffered a great loss and feel very lonely. Withdrawal, tearfulness, and loss of interest in activities may occur. They may feel insecure about their future, sometimes trying to tempt fate by engaging in reckless and dangerous behavior.

School-age Activity: Become aware of what triggers the child's depression and help the child find non-destructive ways to soothe himself during these times. He might have a favorite movie or CD that changes his mood. Sometimes soaking in a bath with rose or geranium scent will relieve depression.

**Difficulty Trusting** – Children may perceive the world as an unsafe place. Their sense of security and trust may have been altered by their adverse experiences and may be difficult to reestablish.

School-age Activity: Never disappoint your child by not fulfilling promises. If plans MUST change, explain as clearly and completely as possible, and give the child an alternative. "We can't go to the park today because I have to take Aunt Mabel to the hospital, but I will take you tomorrow." Be sure to follow through with the alternative.

**Decrease in School Performance** – Problems at school may manifest for the child who has suffered a traumatic experience. The child may not be able to retain what he has learned, he may behave inappropriately in class, he may have difficulty getting along with other students, or he may have trouble completing his assignments. Difficulty concentrating or lethargy may also result for the traumatized child.

School-age Activity: Talk to the child's teacher about what has happened to him. Strategize with her about how the two of you can work to keep the child from falling too far behind in his work. Do not overly pressure the child. Encourage him when he is able to complete his assignments on time.

## Cues for Caregivers

*Children have bad days just like the adults in their life. It is up to their caregivers to help them through the difficult times.*

**W**hen infants or young children have a meltdown, it is usually explosive and requires immediate attention. As a parent or caregiver it pays to be prepared for this eventuality when children have undergone severe stress or trauma.





## Emergency Techniques

A good way to cope with anger is by doing something physical. You can also calm anger by using the five senses (touch, smell, taste, sound, sight.) Squeeze play doh, splash in the water, run, listen to soothing music, paint or draw a picture, tense and relax muscles, eat a healthy snack. Other suggestions:

1. Deep breathing – Breathe in through the nose, out through the mouth.
2. Hugging the child – Model deep breathing as you apply gentle pressure between the shoulder blades (helps relieve stress).
3. Blow out a candle – Hold your finger in front of the child and have them pretend to blow out the candle (it is hard to cry and blow at the same time).
4. Blow bubbles – Keep a bottle of bubbles on hand, or make them with dishwashing soap and water (see recipe card)
5. Massage – If the child does not have an issue with touch, massage the child's neck and arms. The use of lavender scented lotion is calming during the massage.

## Changing the Child's Environment

Recreating the way that the caregiver responds to the infant or child can make an enormous difference in the child's behavior. Some techniques for working with children are included below:

1. Focus on the positive by reinforcing positive behaviors throughout the day. Use "I" messages rather than "you" messages - "I like the way you put that toy away," "I think that you did a very good job on that picture," "Thank you for playing so well with your little brother."
2. Tell the child what to do instead of what not to do – "Walk around the puddle," "Please get in the car on the passenger side," "Put your clothes in the hamper when you take them off to get ready for bed."
3. Avoid using too much language – "It's time to get in the car."
4. Warn the child about upcoming changes or transitions, thus preparing the child and
5. reducing anxiety. Create a "now" and "then" chart.
6. Use visual schedules and reminders.
7. Teach the child to calm himself, and model the behavior.
8. Be aware of sensory overload - help the child create a safe space where they can regain control. Do not use the same space for "time out" punishment.

## Creating a Safe Space

- Cozy corner or quiet place
- Beanbag chair, a small rug, or a group of pillows
- CD player with soothing music
- Photos of family members
- Stuffed animals
- Soft blanket
- Paper and crayons or markers
- Trauma bag or I Spy book.



## Techniques for Communication

1. Get on the same level as the child, make eye contact;
2. Use a firm but gentle voice;
3. Empathize with the child;
4. Help them use "I feel" statements - I feel \_\_\_\_\_ when \_\_\_\_\_ because \_\_\_\_\_, and I want \_\_\_\_\_.
5. Help them use their words effectively – "Ask if you need help," Say to John, "May I please play with you?" or "Tell your friend, 'I won't play with you if you hit me.'"







### **List of Actions to Take:**

- Respond as quickly as possible to the child's distress by showing interest in what he/she is feeling.
- Listen to what the child is saying with his/her words or actions.
- Take the child's feelings, especially fear and anger, seriously.
- Talk to the child privately.
- Relax and be as low key as possible when helping to calm a child down.
- Restate what the child is saying back to him/her to make sure that you understand your child's concern.
- Provide outlets like physical activity, a quiet corner or art work for your child's strong emotions.
- Do not personalize the situation. You are not a "bad" parent and the child is not a "bad" child.
- Comfort the child with extra hugs, holding on your lap or soothing at bedtime. Infants may need more rocking.
- Be there for your child. Nothing is more reassuring than your presence and care.



## Does your body...

- Feel tired all the time?



- Break out in a rash?



- Have difficulty breathing?



- Have trouble sleeping?



- Have tense muscles and sweaty hands? Tremble?



- Feel hungry all the time?



# Puzzled?

## Are your emotions. . .

Irritable?



Angry?



Worried?



Sad?



Frustrated?



Not able to laugh?

## Mind Control - Does your mind ...



Have difficulty concentrating?

Have trouble remembering?



Have a hard time making decisions?



Have racing thoughts?





**Senses -Our five senses are our body's “detective”**

Sight



Taste



Sound



Touch



Smell





Can You Find...an artist, a pirate, a green beret, a surgeon, a policeman, Uncle Sam, a king and a queen, a cowboy and a cowgirl, a graduate, a wizard, a man from Scotland, a man in construction, and a man in love?

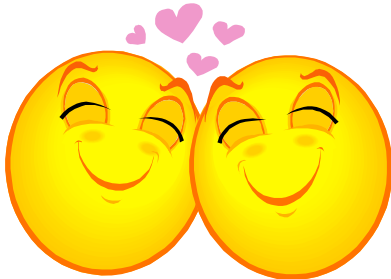
## Feeling Groovy...

The best way to make yourself feel better is to do things that make you happy!



Make a plan ahead of time, so that you will be ready to take care of yourself.

## Find a friend to talk to...



## Exercise...



## Relax...





## Recipes

### Amazing Bubbles

Joy or Dawn detergent

Cold water

Glycerin (optional, at drugstores)

Mix 1/2 cup detergent with 5 cups water. Stir. Add 2 T. glycerin (if available) for longer lasting bubbles. Dip your bubble wand into the solution and wave it in the air. Wands may be made from wire coat hangers, pipe cleaners, hoops, or anything that is thin and has an open loop in its shape.

### Face Paint

Corn Starch

Water

Cold cream

Food Coloring

Mix 1 t. corn starch, 1/2 t. water, 1/2 t. cold cream together in a small cup. Add two to three drops of food coloring to the cup. Stir. Use a small paint brush to paint a design on the child's cheek. Be aware of any allergies that the child might have to corn products, cold cream or food coloring.

### Finger Paint

3 T. sugar

Dish detergent

1/2 c. cornstarch

2 c. cold water

Food coloring

Mix the sugar and cornstarch together in a sauce pan. Add the water and mix again. Cook over low heat, stirring constantly for about 5 minutes. Remove from the stove, cool, and pour into four cups. Add different colors of food coloring to each cup. Be aware of any allergies that the child might have to corn products or food coloring.

### Play Dough

1 cup white flour

1/2 cup salt

8-10 drops food coloring

2 T. vegetable oil

1/2 cup water

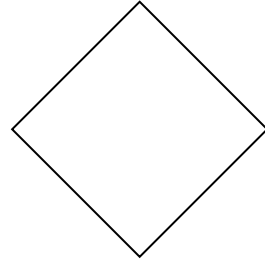
1 t. alum (try the drugstore)

Add food coloring to the water. Mix together all other ingredients. In the bowl add the colored water a little at a time until it feels like dough. You do not have to use all the water. Put the dough in a plastic zip lock bag and store in the refrigerator.

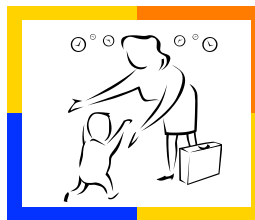
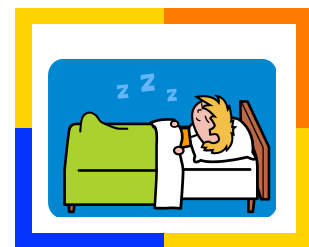


## How to Swaddle a Baby for Security

- Put Blanket on angle to form a diamond shape.
- Fold down top corner of blanket
- Wrap across body and tuck under baby's right side
- Fold bottom of blanket over baby's feet and legs
- Tuck blanket under baby's left side.



## Transition Charts



Using common images like those above, create cards that the child can put up on the refrigerator in sequence - First we take a bath, then we go to day care, then Mommy will come and pick you up. Cards like these give the child a sense of control over the day. He can visually see what is going to happen next. For older children who have a greater understanding of time, a calendar can be created with visual cues marking special life events like the days he goes for visitation, medical appointments, counseling or other potentially fear producing meetings.





## Monster Repellent Recipe

This recipe leads to a soothing and softly aromatic room mist that your child can use to *repel* monsters, the boogie man and any other scary creature lurking in his/her mind, underneath the bed, in that dark closet or in the cold, creepy basement. This spray helps to give your child control over these scary creatures. It will also gently help to combat your child's fears and anxieties and can help sooth him/her to sleep. Its gentle aroma can also help to calm adult anxieties and fears.

**Ingredients:** 3.5 ounces of Neroli Hydrosol and a 4 oz. clean spray bottle with a fine mist setting

**What is Neroli Hydrosol?** Neroli Hydrosol is the water that remains after Neroli Essential Oil is distilled. Neroli Hydrosol has a light, floral aroma that is pleasing to most children. It is generally regarded as safe to use and has the added benefit of helping to promote a sense of calm and relaxation.

**Directions:** Fill the spray bottle with 3-4 ounces of Neroli Hydrosol. Make a fun looking "Monster Repellent" label, and place it on the bottle. Include safety precautions on the label.

**To Use:** Assess if your child can safely use this spray on his/her own. If you have any doubt, use the spray for your child before bedtime and anytime he/she sees or hears a monster. Tell your child about the Monster Repellent and how it "works." Teach your child that the Monster Repellent must be sprayed away from himself/herself and away from other people, pets, plants, furniture, food or beverages. To conserve the Monster Repellent and ensure that your child doesn't spray too much, tell your child that it only takes 1-2 mists to repel monsters.

## Behavior Detective Chart



Name of Child:

Describe the Behavior (type, how often, how long, how intense, what the child does):

Purpose (what is the child saying, what does the child get by the behavior, is it working or not working):

Triggers (time of day, setting, activity, people involved):

Name of Reporter:

Date:

## Resource Link, Books, Studies

### DVD's

Wounds That Won't Heal: The Adverse Childhood Experiences Study; 30 minutes; Cavalcade Productions, P.O. Box 2480, Nevada City, CA 95959, (800)345-5530.

Understanding Self Injury; 30 minutes; Cavalcade Productions, P.O. Box 2480, Nevada City, CA 95959, (800)345-5530.

Trauma and Dissociation In Children I: Behavioral Impacts; 42 minutes; Cavalcade Productions, P.O. Box 2480, Nevada City, CA 95959, (800)345-5530.

STRESS: Portrait of a Killer; National Geographic; 60 minutes; Warner Bros.

Domestic Violence and Childhood Trauma; 29 minutes; Magna Systems, 95 West County Line Road, Barrington Il. 60010, (800) 203-7060; [magna@rsmi.com](mailto:magna@rsmi.com).

Identifying and Responding to Childhood Trauma II, 29 minutes; Magna Systems, 95 West County Line Road, Barrington Il. 60010, (800) 203-7060; [magna@rsmi.com](mailto:magna@rsmi.com).

Understanding Childhood Trauma: Identifying and Responding to Childhood Trauma in Ages 6 to Adolescence; 29 minutes; Magna Systems, 95 West County Line Road, Barrington Il. 60010, (800) 203-7060; [magna@rsmi.com](mailto:magna@rsmi.com).

Trauma Treatment – Psychotherapy for the 21<sup>st</sup> Century; Master Clinician Series; 3 Disc Set; 3 hours, 35 minutes; [www.trauma101.com](http://www.trauma101.com).

Bessel A. van der Kolk, M.D. & Judith Herman, M.D.: The Impact of Early Life Trauma; 1 hour, 10 minutes; Premier Education Solutions; [www.pesi.com](http://www.pesi.com).

Stress and Your Body, Professor Robert Sapolsky, Stanford University; The Great Courses, 4840 Westfields Blvd. Suite 500, Chantilly, VA 20151-2299, (800)832-2412; [www.thegreatcourses.com](http://www.thegreatcourses.com)

Kids.calm: Childhood Stress, Films Media Group, P.O. Box 2053, Princeton, NJ, 08543; (800)257-5126; [www.meridianeducation.com](http://www.meridianeducation.com).

Applying the Science of Early Childhood Development to State Policy and Practice; Scientist Q&A and Robert F. Anda, M.D., M.S., 1 hour, 10 minutes; casey family programs.

Parent Programs Preview; 20 minutes; The Incredible Years, 1411 8<sup>th</sup> Avenue West, Seattle, WA 98119, (206) 285-7565.

**Internet Sites:**

[www.acesconnection.com](http://www.acesconnection.com); ACEs Connection is a social network that accelerates the global movement toward recognizing the impact of adverse childhood experiences in shaping adult behavior and health, and reforming all communities and institutions -- from schools to prisons to hospitals and churches -- to help heal and develop resilience rather than to continue to traumatize already traumatized people.

[www.nctsn.org](http://www.nctsn.org); National Child Traumatic Stress Network.

[www.childtrauma.com](http://www.childtrauma.com); Child Trauma Institute.

[www.childtrauma.org](http://www.childtrauma.org); Child Trauma Academy

[www.tlcinstitute.org](http://www.tlcinstitute.org); National Institute for Trauma and Loss in children

[www.childrensresponsecenter.org](http://www.childrensresponsecenter.org); Children's Response Center, Seattle, WA

[www.traumaresources.org](http://www.traumaresources.org); Santa Barbara Graduate Institute;

[www.acestudy.org](http://www.acestudy.org); The Adverse Childhood Experiences (ACE) Study

[www.nctsn.org](http://www.nctsn.org); Information Resource Tools. Knowledge Bank Index to web resources on child trauma, featuring NCTSN products; Measures Review Database Reviews of measures examining trauma

**Publications:**

Treating Trauma and Traumatic Grief in Children and Adolescents, Judith A. Cohen, Anthony P. Mannarino, Ester Deblinger, 2006.

Understanding Children's Drawings, Cathy A. Malchiodi, 1998.

You've Got Dragons, Kathryn Cave, Nick Maland, 2003.

The Blue Day Book for Kids, Bradley Trevor Greive, 2005

Young Children and Trauma, Intervention and Treatment, Joy D. Osofsky, 2004

Don't Hit My Mommy! Alicia F. Lieberman, Patricia Van Horn, 2005

The Body Keeps the Score, Brain, Mind, and Body in the Healing of Trauma, Bessel Van Der Kolk, M.D., Viking, 2014



## Adult Emotions Chart

