

When Big Bad Things Happen to Little People: Helping Children Overcome Trauma

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Some times growing up isn't easy to do. Children may experience trauma that permanently alters the course of their lives, such as the death of a parent, chronic illness, abuse, parental divorce, violence, or natural disasters. Trauma often leads to developmental delays, withdrawal, depression, anxiety, rage, social isolation, separation anxiety, or identity disruption.

Traumatized children do not always look like traumatized adults. Many parents look for signs of grief or depression, expecting to see tears and long periods of sadness. But children are often more actively depressed than adults. Whereas adults isolate themselves by hiding in their rooms or staying in bed, children isolate themselves by pushing away love ones, or behaving in a manner that is sure to earn rejection. Truth is, most children simply do not have the capacity for long-term emotions. Childhood grief is rarely a period of prolonged sadness. Their feelings are "child-size" not "adult-size."

Traumatized children do not always approach life with extreme fear. They do not fully understand concepts like death, fate, or loss. Things do not always mean the same thing to children. Traumatized children are more likely to show signs of fear through disruption in appetite, social relations, and school performance. Others may become overly afraid of doing the wrong thing. Some traumatized children, instead of becoming more withdrawn and sullen, may even become hyperactive to the point where they are mistakenly labeled with an attention deficit disorder (ADD)! Their life may be just too much to pay attention to.

When faced with a totally incomprehensible trauma, some children are utterly overwhelmed for



a brief while by their adult-sized feelings. But many children will not show signs of disturbance for months, even years later.

Julie, a nine-year old child came to see me as she was found by her foster mother standing in a second story window threatening to throw herself out. Julie experienced multiple attachment interruptions as a child as she was removed along with her siblings from her parents' care as a result of chronic abuse and neglect. One time when she was six-years-old, her father beat a stepchild to death in the same bedroom in which she was sleeping. She was sent to counseling for one year until she showed to be stable and free of childhood depression or fear. But when at nine, she reached the capacity to have mixed emotions, she started to simultaneously experience love and hate for father. She had discovered that the world was a hostile, harsh place where needs were rarely met. To love somebody meant forgetting murder. When she loved her mom and dad, she also missed them more. For Julie family connections led to a legacy of pain. The intensity of the emotions drove her to the window.

Children do not always want to talk about it. Adults process their trauma by telling and retelling their story until the tragedy loses its sting. Children do not have the words to talk through such trauma, but rely much more on art, play and activity to unravel the effect of trauma on their lives. Instead of telling and retelling many children will draw picture or make up games to play and replay the traumatizing events. Art and play help us find a beginning, middle, and end to the story. One child who survived the murder of his mother and being with her body for over 24 hours, replayed the event of capturing her mother's murderer 15 times in one brief therapy session.

Counselors rely on this propensity for replay by designing games that allow the child to work through the trauma. One game frequently played with children of post divorce wars is Two Home, where children learn to play with the new constellation of their binuclear (two home) family. One brother and sister that I worked with built a mobile home so that they would not move between houses, but so that they could always have their home when they were with their mother or their father.

Some replays get ugly. Many children enact elaborate revenge fantasies. One six year old replayed a game over and over where his perpetrator was thrown into a Lincoln-log cabin without windows or doors, but full of play-doh snakes. Less extreme examples of ugly replays are the torturous pictures children draw of their abusers, replete with knives, nooses, bullet holes, and pool of blood. Such play is not funny. But it helps the child make sense of senseless trauma. It sometimes takes away the sting.

Following trauma many children become hypervigilant, even paranoid. One child who was hit by a taxi, became alarmed whenever he saw a yellow car. Traumatized children constantly scan their surroundings for signs of danger. One girl, Andi, had few memories of her childhood other than those spent hiding underneath the bed to

avoid being abused. When authorities removed Andi from her abusive parents and placed her with her maternal grandparents, Andi refused to leave the grandparents' bedroom, insisting on sleeping on the floor close to her most secure place under the bed.

Neurobiologists tell us that trauma permanently alters the chemistry of our brain, resulting in increased states of arousal and lower threshold for re-traumatization. This altered neurochemistry can also result in "psychic numbing" where the child enters a state of shock, that some think is brought on when the brain floods the system with endorphins. Thus, the brain may actually create its own tranquilizer when trauma is too overwhelming. But such numbness may continue long after the trauma or it may be triggered later by things that remind the child of the trauma.

Trauma victims suffer nightmares and intrusive memories of the incident. Many parents do not realize what triggers their children's flashbacks. Adults memories are often triggered by something tangible, like an empty easy chair triggering memories of a parent who died. For children a flashback may follow something less obvious, such as the fact they no longer go home to the same neighborhood, are no longer read stories the same way at bedtime, or the fact that in the darkness of night they no longer feel the comfort of a deceased parent. Parents may not understand why their children are reacting to a traumatizing flashback with fear, rage or sadness, and the child may not be able to trace the trigger.

I worked with one middle school girl who was raped by two men around Thanksgiving. Whenever Thanksgiving would roll around, she would become severely symptomatic. Another boy I worked with was abandoned by his parents in the care of strangers in Colorado. He had a full-blown episode of post-traumatic stress ten years later when his mother left him alone in the hospital and smashed the room to pieces.

Some parents traumatize their children because the parents themselves are victims of trauma and they grow fearful their children are turning into perpetrators. One such youth, Mark, a three year old, was brought to see me as his mother could not handle his rages. The mother had been beaten as a child and was worried that she might lose control and start beating the boy every time he threw a tantrum. Furthermore, when she sent the boy to see his father (her exspouse) she feared that he was beating the boy. She found the three year old scratching his butt and asked him what was going on. When the boy replied something about "butt" and "pee-pee" she decided that her exspouse had sexually molested their threeyear-olds. She took him to the emergency room doctor who found no indication of this sexual abuse, who in turn referred the two to me as the doctor felt that the mother's severe response was out of proportion n with the child's act of scratching his butt. We explored her own history of trauma and sexual abuse and it helped her let her son go back to enjoying his safe childhood.

Many children feel to blame for the bad things that happened to them. This is particularly true of small children who tend to be rather concrete thinkers. One four year old felt he had killed his grandmother, because he failed to get her a glass of water quick enough when she collapsed of a heart attack. He ran to get the water, but by the time he returned grandma had already been loaded into the ambulance. He told me he killed Grandma because he did not get her the water fast enough.

A nineteen year old girl, Judy, was brought to family counseling by her mother as Judy had become extremely wild, abusing hard drugs and sleeping around. I discovered that when Judy was fourteen, she was sexually assaulted by a thirty-year-old man who took her in the backroom of a local bible conference and caressed her privates. Judy felt that she was responsible for the sexual assault as she was curious enough to go with the

man into a backroom. I asked her to bring in a photograph of herself when she was fourteen. Looking at the picture, not only did she decide that she had no role in the assault, but that indeed the man was guilty of rape. She turned the man in and he is currently serving a 15 year prison sentence for his role in the trauma.

Because of their concrete thought processes many children continue to entertain fantasies of reunion or magical solutions to a traumatic event. Children often believe they can undo the trauma, long after the reality of the trauma seems self-evident to the adults in their life. One child wondered if her mother would pick her up at after the counseling appointment in which the mother's tragic death had just been discussed.

Parents and others who want to help their children overcome trauma can do the following ways:

1. Help your child reconstruct what happened and reprocess the traumatic experience. The child needs to correct distortions, misattributions, or false thoughts of being able to do anything about overwhelming tragedy. Most tragedy is simply beyond human control. Use art and play as well as talk. When the trauma is relived make sure the story has a beginning, a middle, and an end.
2. Encourage the traumatized child to learn to recognize reminders of the trauma. The goal is not to eradicate the memories of the trauma nor to avoid and overreact rigidly to reminders, but rather to place the trauma in perspective and regain control over life experiences. The child should come to distinguish between remembering and reliving of the trauma. Just because it feels like the trauma ll over again, does not mean that it is the trauma all over again. Help the child know triggers and the specific emotions triggered. fear, sadness, anger, and others. Better still, it helps to reduce the number of triggers in their environment.
3. Parents should minimize life changes following trauma when it is important for children to get

security and comfort from that which is familiar, routine, and predictable. Traumatized children can be re-traumatized by too much change.

4. Help the traumatized child respond to threat realistically, rather than with exaggerated or constricted responses. The child needs to get back to normal levels of arousal rather than remaining too hypervigilant or becoming too numb.

5. Children need to know what to do with "adult-sized" feelings. Most particularly they need to learn what to do with the heightened anxiety, sadness, and anger they may experience. Teach the child not to hide from their emotions but to fully experience feelings. The child needs to be able to name the feeling and assess how intense it is. Your child should know how long each emotion lasts. Help your child self-soothe and regulate intense emotion. Teach your child to behave well, even when the child is experiencing fear, sadness, or rage. Anger does not automatically lead to violence. Your child should regain creative control of how each emotion is acted out.

6. Encourage your child to turn to others for support when they are being overwhelmed by memories and feelings about the trauma. It helps to help others. It helps to be helped.

7. Likewise, it is wise to help a child build new attachments, including friendships and hobbies. Traumatized children frequently become little "porcupines" or hid in their "turtle shell" and it may take a little parental coaxing to live and love again following a great tragedy. Parents may need to see that their child's need for social skills training is being met at school or in counseling. Furthermore, parents need to reintegrate their child into the school, making sure that accommodations are made during the times when they re-experience trauma (that is during times when they experience the worst post-traumatic stress).

8. Traumatized children need parental support to negotiate developmental issues. Tragedy makes it

hard for the child to grow and make up missed opportunities. Parents can attend to these developmental tasks and help the child to address them.

9. Parents should consider periodically taking the child to counseling. Typically treatment with children goes pretty quickly as children respond rapidly to counseling. But traumatized children need different things at different stages of development. Hence, while the trauma may be resolved at one point, the child may need to work it through again at another stage of development. Parents need to seek out counselors familiar with art, play, and family counseling.

10. Help the child move from a victim identity toward a sense of constructive engagement in daily life and future goals. Help the child gain mastery. While trauma may be random and senseless, life is typically more predictable and meaningful. Enhance the child's courage when approaching the memories and reminders of the trauma. Encourage the child to integrate the life experience into a healthy survivor identity.

11. Above all else, parents should play with their children. Parents can structure the play to be challenging, interactive, and nurturing. Most children will get more out of the shoulder-to-shoulder interaction of a few minutes of play than hours of talk and lectures. Playing together can be healing together.

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