

Trauma Proofing Your Kids

FROM THE WORK OF DR. PETER LEVINE



WHAT IS TRAUMA?

“An experience, or pattern of experiences, that impairs the proper **functioning** of the person's **stress-response system**, making it more **reactive or sensitive**”

DR. BRUCE PERRY

“Trauma is an affiliation of the **powerless**. At the moment of trauma, the victim is rendered helpless by overwhelming force.”

The state of powerlessness is characterized by a **loss of safety, meaning and connection.**”

DR. JUDITH HERMAN

“Trauma is not the story of something that happened back then, but the **current imprint of that pain, horror, and fear living inside the individual**”

BESSEL VAN DER KOLK,
M.D

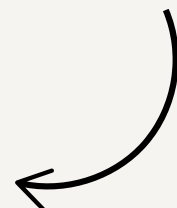
'Trauma is not what happens to you...it is what happens **inside you as a result of what happened to you**'

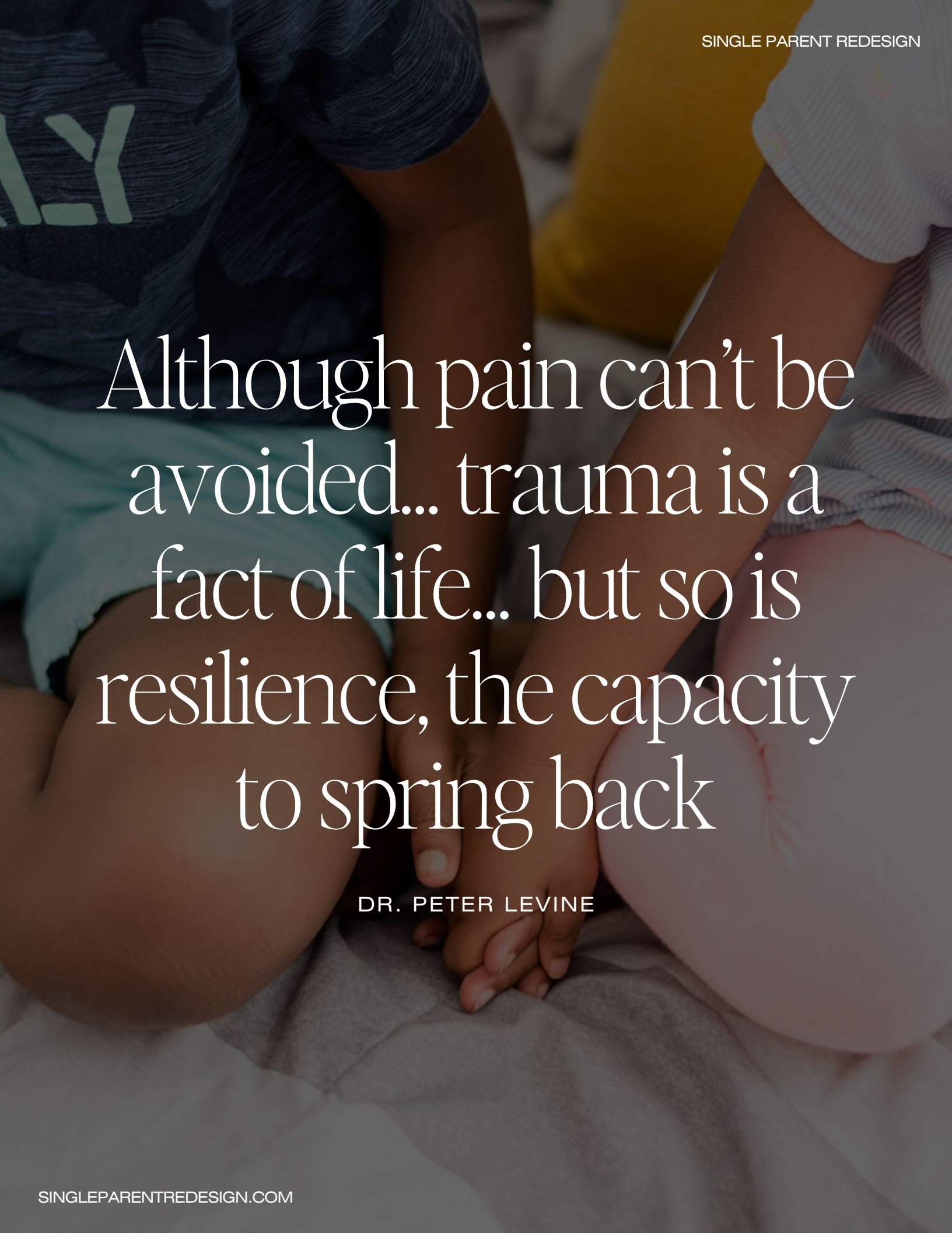
DR. GABOR MATE

“Trauma is not what happens to us, but what we hold inside in the absence of an empathetic witness.”

PETER LEVINE PHD

*our focus
today*






Although pain can't be
avoided... trauma is a
fact of life... but so is
resilience, the capacity
to spring back

DR. PETER LEVINE

GOALS FOR THIS GUIDE

Help our kids move through painful situations by:

- ▶ TRAUMA AS A FACT OF LIFE
- ▶ BUILDING RESILIENCE THROUGH SENSE AND PRACTICING THESE SKILLS AS PARENTS
- ▶ RESTORING RESILIENCE THROUGH PLAY
- ▶ REMEDIES FOR SPECIFIC SITUATIONS
- ▶ STAGES OF DEVELOPMENT
- ▶ SEPARATION AND DIVORCE



EXERCISE: NOTICING SENSATIONS



01 / LISA is hysterical every time her family gets in the car.

When Lisa was 3, she was strapped in her carseat when her families van was rear ended. Her initial symptoms were unusually quiet behaviour coupled with a poor appetite. She regained her appetite and her parents thought she was “over it”.



02/ CARLOS is always late to school and says “I don’t want to feel scared all the time.

Carlos was physically intimidated by an older step brother who was emotionally disturbed. The parents considered it sibling rivalry and no one intervened. When he tried to express his dread, his feelings were dismissed and told to be more tolerant. He fantasized being a wrestler but had no energy for school.



03 / SARAH gets to school on time everyday, but everyday complains of a stomach ache

Sarah, excited for school one year went on a shopping spree with her mother for new school clothes. During this time she was told that her parents would be getting a divorce and that her father would be moving out.



04 / CURTIS tells his mother he feels like kicking other kids, and starts acting aggressively with his brother

Curtis witnessed a drive-by shooting while waiting for school one day. He received some counselling at school, but remained agitated.

EACH CHILD EXPERIENCED TRAUMA

*What they have in common
Is, is that their bodies are stuck
In some way, as though the event
Is still happening*

There were all different situations that felt
overwhelming to the children.

These events left the children
disconnected from their bodies / minds /
spirits.

The younger the child, the more likely they
are to be overwhelmed by occurrences
that may not affect an older child or adult.

This is where their capacity for resilience is
paramount.



When someone is uncomfortable with what's happening to them, the physical responses that give physical advantage become frightening.

For example, a very small child may not be able to run, or for whatever reason, may be incapacitated. We are biologically programmed to FREEZE when fight or flight are impossible.

.

What has been generally misunderstood about the freeze response is that although the body looks inert, the biological mechanism that prepare the body to escape are still on full charge.

Muscles that were poised to action are still in “shock”. There is a feeling of **helplessness but enormous energy.**

This energy lies in wait to finish the action that had been initiated. Any reminder can send the alarm bells racing through the body until it shuts down.



A woman with long brown hair, wearing a grey tiered dress, is seen from behind, holding the hand of a small child. They are walking through a field of tall, dry grass. In the background, there are green trees and a cloudy sky. A semi-transparent white box is overlaid on the image, containing text.

The protection of adults who meets
their children's needs for:

- security
- warmth
- tranquility

are of great importance in preventing
trauma.

Resilience, intelligence and the ability to self regulate
are cultivated by the face to face relationship
between child and care-giver

THE RECIPE FOR TRAUMA

The likelihood of developing traumatic symptoms is related to the level of “shutdown” as well as the residual “survival energy” that was originally mobilized to fight or flee.

Children need support to release the charged state

“TOO YOUNG TO BE AFFECTED”

This myth has been laid to rest. In fact infants and young children are MOST at risk due to their undeveloped nervous, muscular and perceptual systems.

CHILDREN WITH LIMITED MOBILITY

Children with permanent or temporary disabilities are also very much at risk.

WHY ARE WE NOT FREE WHEN THE TREAT IS OVER?


If we sense something that evokes similar body sensations to a previous threat, the emotions are fear and helplessness are evoked, mimicking what happened when the initial danger was present.

RECIPE FOR RESILIENCE

Whether or not a child
bounces back depends on
what happened immediately
after the threat.

THE EXCESS ENERGY THE CHILD
MOBILIZES IN THE “FAILED ATTEMPT”
TO PROTECT OR DEFEND THEMSELVES
MUST BE ACCESSED AND “USED UP”.

This emergency energy doesn't just go away.

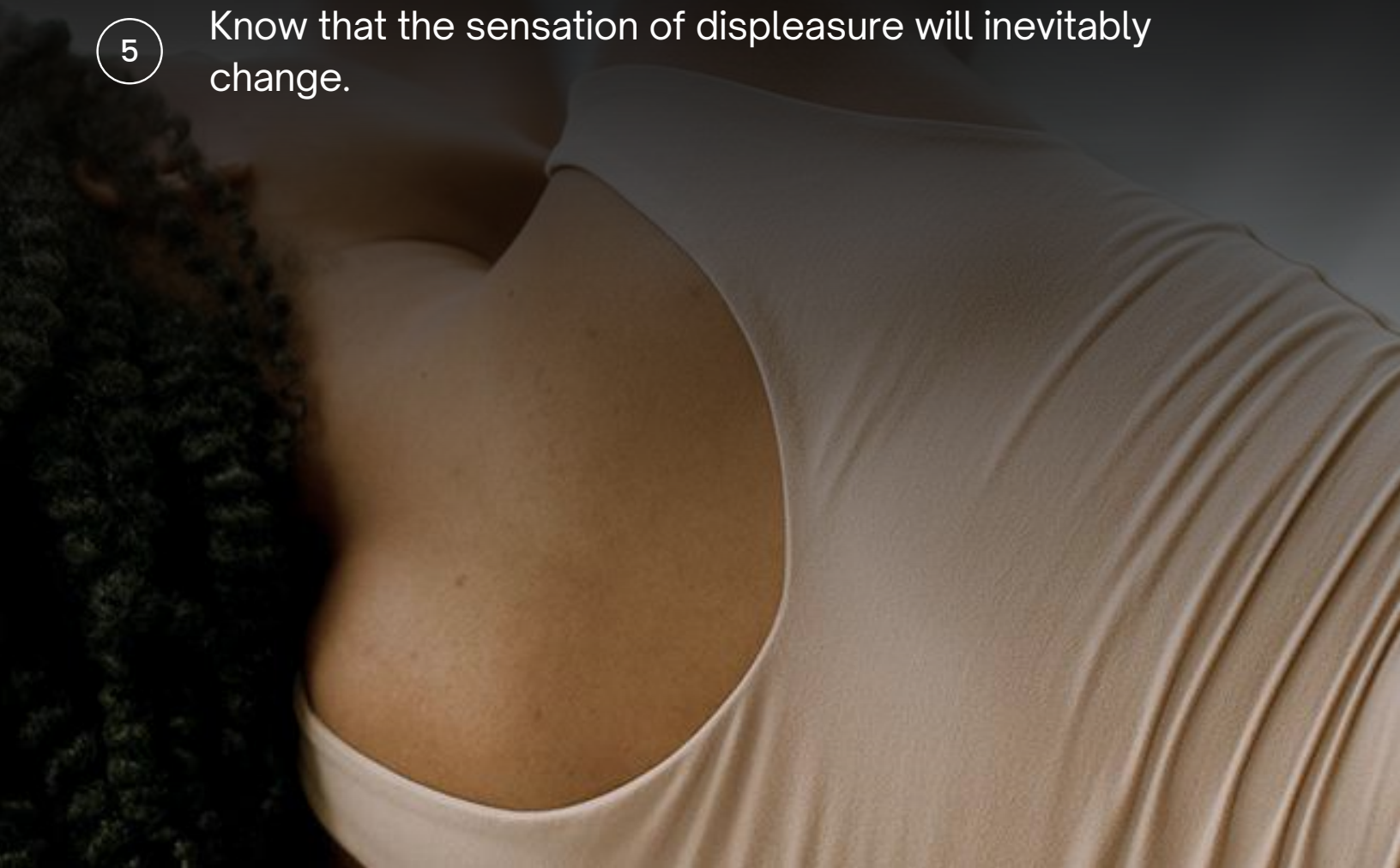
A woman with long blonde hair, wearing a light-colored sweater and a patterned skirt, is holding a young child. They are standing on a sandy beach with a wooden fence in the background. The image is overlaid with a semi-transparent dark grey filter.

A CHILD'S
CAPACITY TO
HEAL IS INNATE.
YOUR ROLE AS
PARENT IS SIMPLE
- TO HELP YOUR
KIDS ACCESS THIS
CAPACITY

DR. PETER LEVINE

CALM is Essential

- 1 Responding initially with fear and anger further frightens your child.
- 2 The most frightening part of an incident as a child is usually the parents' horror reaction.
- 3 Through body language, facial expression and tone of voice, your nervous system is communication with your child's.
- 4 Understand the importance of experiencing both comfortable and uncomfortable sensations.
- 5 Know that the sensation of displeasure will inevitably change.



How the Triune Brain Works

NEOCORTICAL

The “newest” brain is in charge of problem solving, planning and social functioning.

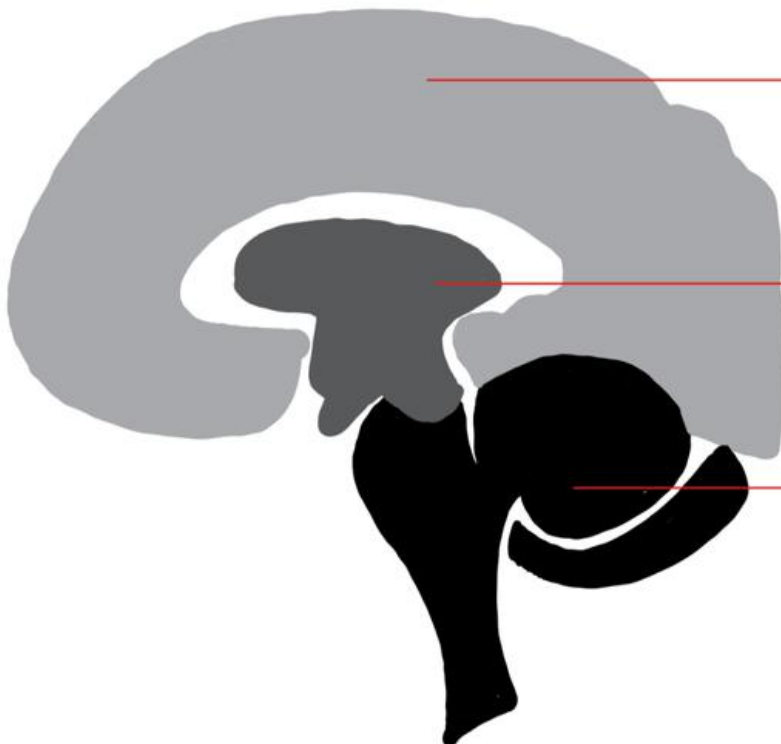
LIMBIC

This is where memories and feelings are processed.

REPLILIAN

This is responsible for survival; basic functioning such as heart rate and breathing.

sensation



The Neocortex

Rational

The Limbic System

Emotional

The Brain Stem

Instinctual

GET COMFORTABLE WITH

The Language Of The Lower Brain That Acts On Our Behalf When In Danger

All it takes is some unhurried time, set aside with no distractions, to pay attention to the way your body feels.

This can be mastered.

Sensations **MUST** be experienced. As we become more instinctual, like animals, we also become more fully human.





You know how it feels...

✓ Lump in the throat

✓ It feels “cold”

✓ “The wind was knocked out of me”

✓ “I just feel numb”

✓ “My heart is racing”

Exercise NOTICING SENSATIONS

01

NOTICE HOW YOU'RE PHYSICALLY FEELING

Pay attention to your breathing. Are you comfortable? Where in your body are you registering your comfort? Are you aware of your heart? Muscle tension? Temperature of skin?

02

NOW IMAGINE A VERY STRESSFUL SITUATION

What feels different now? Where does it feel different? Are you hot? Cold? Hows the heart? Is there anything you feel like saying or doing?

03

ALLOW THE CHARGED UP FEELINGS TO SETTLE DOWN

Think of the image of a snow globe and how the flakes settle. It doesn't help to get all shook up again. Place your feet on the floor to get grounded and direct your attention to something calming.

Your basic sense of well-being is based on your body's ability to regulate itself.

sensations

BUILDING VOCABULARY WITH YOUR CHILD

- COLD / WARM / HOT / CHILLY
- TWITCHY / BUTTERFLIES
- SHARP / DULL / ITCHY
- SHAKY / TINGLY
- HARD / STUCK / SOFT
- RELAXED / CALM / PEACEFUL
- EMPTY / FULL / DRY / MOIST
- STRONG / TIGHT / TENSE

SINCE THE
VOCABULARY OF
RESILIENCE IS
SENSATION,
BUILDING A
SENSATION
LIBRARY IS A
CRUCIAL SKILL

emotions

The diagram is a circular chart with five main segments, each representing a primary emotion. Each segment is color-coded and has a corresponding outer ring of related emotions.

- Happy (Yellow):** Joyful, Free, Cheeky, Aroused, Energetic, Eager, Awe, Astonished, Perplexed, Dismayed, Shocked, Unfocused, Sleepy, Out of control, Overwhelmed, Rushed, Pressured, Apathetic, Indifferent, Helpless, Frightened, Overwhelmed, Worried, Inadequate, Inferior, Worthless, Insignificant, Excluded, Persecuted, Nervous, Exposed, Betrayed, Resentful, Disrespected, Ridiculed, Indignant, Violated, Furious, Jealous, Provoked, Hostile, Infuriated, Annoyed, Withdrawn, Numb, Sceptical, Dismissive, Judgmental, Embarrassed, Appalled, Revolted, Nauseated, Detestable, Horrified, Hesitant, Embarrassed, Disappointed, Inferior, Empty, Remorseful, Ashamed, Powerless, Grief, Fragile, Victimized, Abandoned, Isolated, Inspired, Hopeful, Intimate, Sensitive, Thankful, Loving, Creative, Courageous, Valued, Respected, Confident, Successful, Inquisitive, Curious, Joyful, Free, Cheeky, Aroused, Energetic.
- Sad (Blue):** Lonely, Vulnerable, Despair, Guilty, Depressed, Hurt, Repelled, Awful, Disappointed, Disapproving, Critical, Distant, Frustrated, Aggressive, Mad, Bitter, Humiliated, Let down, Threatened, Rejected, Weak, Insecure, Anxious, Scared, Bored, Busy, Stressed, Tired, Confused, Amazed, Excited, Playful, Content, Interested, Proud, Accepted, Powerful, Peaceful, Trusting, Optimistic, Loving, Creative, Courageous, Valued, Respected, Confident, Successful, Inquisitive, Curious, Joyful, Free, Cheeky, Aroused, Energetic.
- Angry (Red):** Bitter, Mad, Aggressive, Frustrated, Distant, Critical, Disapproving, Disappointed, Awful, Repelled, Hurt, Depressed, Guilty, Despair, Vulnerable, Lonely, Optimistic, Trusting, Powerful, Peaceful, Accepted, Proud, Interested, Content, Playful, Excited, Amazed, Confused, Tired, Stressed, Bored, Busy, Stressed, Tired, Confused, Amazed, Excited, Playful, Content, Interested, Proud, Accepted, Powerful, Peaceful, Trusting, Optimistic, Loving, Creative, Courageous, Valued, Respected, Confident, Successful, Inquisitive, Curious, Joyful, Free, Cheeky, Aroused, Energetic.
- Fearful (Orange):** Scared, Anxious, Insecure, Weak, Rejected, Threatened, Let down, Humiliated, Bitter, Mad, Aggressive, Frustrated, Distant, Critical, Disapproving, Disappointed, Awful, Repelled, Hurt, Depressed, Guilty, Despair, Vulnerable, Lonely, Optimistic, Trusting, Powerful, Peaceful, Accepted, Proud, Interested, Content, Playful, Excited, Amazed, Confused, Tired, Stressed, Bored, Busy, Stressed, Tired, Confused, Amazed, Excited, Playful, Content, Interested, Proud, Accepted, Powerful, Peaceful, Trusting, Optimistic, Loving, Creative, Courageous, Valued, Respected, Confident, Successful, Inquisitive, Curious, Joyful, Free, Cheeky, Aroused, Energetic.
- Surprised (Purple):** Shocked, Dismayed, Perplexed, Astonished, Awe, Eager, Energetic, Aroused, Cheeky, Free, Joyful, Curious, Inquisitive, Successful, Confident, Respected, Valued, Courageous, Creative, Loving, Thankful, Sensitive, Intimate, Hopeful, Inspired, Isolated, Abandoned, Victimized, Fragile, Grief, Powerless, Ashamed, Remorseful, Empty, Inferior, Disappointed, Embarrassed, Horrified, Detestable, Nauseated, Revolted, Appalled, Embarrassed, Judgmental, Dismissive, Sceptical, Numb, Withdrawn, Annoyed, Infuriated, Hostile, Provoked, Jealous, Furious, Violated, Indignant, Ridiculed, Disrespected, Resentful, Betrayed, Exposed, Nervous, Persecuted, Excluded, Insignificant, Worthless, Inferior, Inadequate, Worried, Overwhelmed, Frightened, Helpless, Indifferent, Apathetic, Pressured, Rushed, Overwhelmed, Out of control, Sleepy, Unfocused, Shocked, Dismayed, Perplexed, Astonished, Awe, Eager, Energetic.

Pendulating Between Pleasant and Unpleasant Sensations

UNDERSTANDING THE NATURAL RHYTHM OF EXPANSION
AND CONTRACTION REMINDS THEM THAT NO MATTER
HOW "BAD" THINGS FEEL, RELIEF WILL ALWAYS FOLLOW.

*Knowing this releases you from
helplessness and hopelessness*



Activity!
Make a sensation treasure box

Get comfortable with sensations!

1. Find an empty box to hold about 15 objects.
2. Select items with different textures (a feather, rock, lego, slimy toy, satin etc.)
3. Using a blindfold, ask your child to identify the object based on how it feels.
4. Once identified, ask your child to describe how they feel on their skin
5. Next, have the child compare the weights
6. Ask them to notice the difference they feel in their body and point to where in the body they feel the difference
7. Take turns comparing and contrasting sensations

WHAT WE LEARNED SO FAR

We have learned that with time, safety and awareness, unpleasant sensations do change. Trauma is a result of an incomplete process and know that this process is naturally inclined to complete itself.



TRAUMA PREVENTION: A STEP BY STEP GUIDE

01

CHECK YOUR BODY'S OWN RESPONSES FIRST

Notice your own level of fear or concern. Take a deep breath and notice the sensations in your own body. Repeat until you feel settled. Restoring your calm will increase your capacity to attend to your child. Your composure will greatly reduce the likelihood of frightening your child more.

02

ASSESS THE SITUATION

If your child shows signs of shock (glazed eyes, pale skin, overly tranquil etc.) do not allow them to jump up and return to play. Say something like “honey, you’re safe now. You’re a little shaken up, but I’m here with you until the shock wears off. It’s important to stay still” Communicate in a calm, confident voice,

03

AS THE SHOCK SUBSIDES, GUIDE YOUR CHILD TO THEIR BODILY SENSATIONS

You might notice their colour coming back and breath deepening. They may cry. Then softly ask how your child feels in their body. Then repeat their answer. “You feel ____?” and wait for a response. Then ask more specific questions. “How do you feel in your tummy / arm / leg etc?” Ask about it. This keeps them present in the moment. If they’re too young to talk, have them point to part of their body..

04

SLOW DOWN AND FOLLOW YOUR CHILD'S PACE BY OBSERVATION

This may be the toughest part for the adult and most important for the child. Take your time. Allow a minute or 2 between questions. Remember - calm presence. Look for clues - a relaxed breath, a yawn, a stretch, a smile, or even eye contact.

05

KEEP VALIDATING THE CHILD'S PHYSICAL RESPONSES

Resist the temptation to stop the child's tears or trembling while reminding them over and over - they will be ok. The child's reactions need to stop on their own. Your job is to convey that crying and trembling are healthy responses. Responses like "that's ok" or "just let the scary feelings shake right out of you" are a big help.

06

TRUST YOUR CHILD'S INNATE ABILITY TO HEAL

Remember your primary function is to not disrupt the process. Trust the innate ability to heal and yourself to allow it to happen. You just stay with your child. Don't distract your child and notice when they start looking around with a sense of curiosity. This is called "orienting" and is a sign of resolution.

07

ENCOURAGE YOUR CHILD TO REST

Events are processed during sleep. Don't stir up discussion about the event during this step. Later on though, they may want to. If a lot of energy was mobilized, the release will continue. The resting stage will help the nervous system return to equilibrium. (with a head injury encourage rest, but make sure they are examined before they sleep)

08

HELP YOUR CHILD MAKE SENSE OF WHAT HAPPENED

Later, even the next day, set aside some time to talk about the experience. Begin by asking them to tell you what happened. Children may feel sadness, worry, shame or guilt. Communicate to them that these emotions are OK. You can tell them about a time you or someone else had something similar happen. This will encourage expression. Let your child know that everything they are feeling is accepted by you and that they are worthy of your attention.

If they become upset again, have them attend to the sensations until the distress passes. Play works incredibly well as this stage.

Just like the mending of the bone happens on its own timetable, so does the mending of the child's psyche.

EXAMPLE

A Teen *Is Hit By A* Car

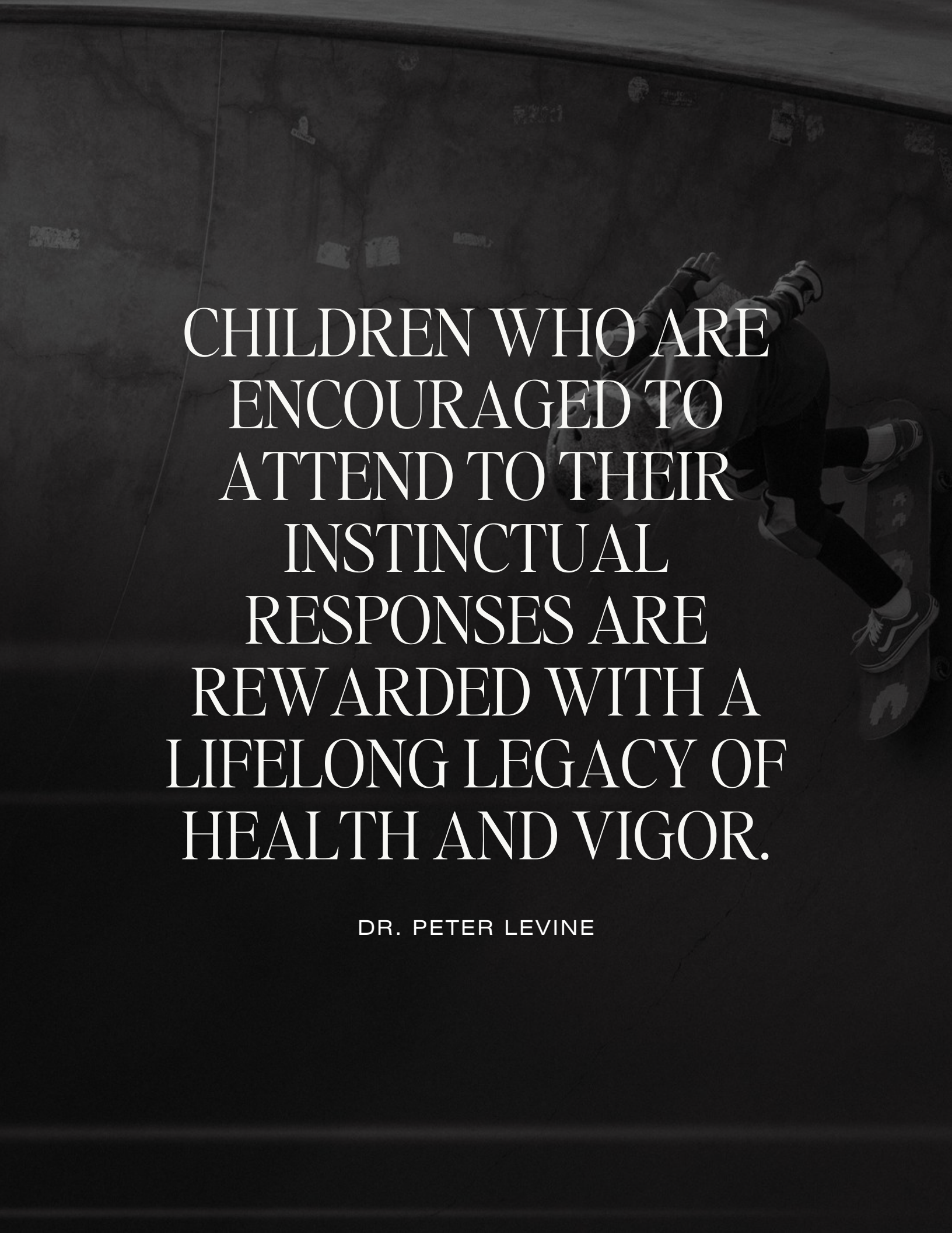
tell the story...



THE CRITICAL IDEA HERE IS THAT
WHEN WE ARE VULNERABLE

*We benefit from
feeling connected
with a calm person*

who is confident of what to do and is able to
convey safety and a sense of compassion.

A black and white photograph of a child on a skateboard, performing a trick in a skate park. The child is wearing a helmet, gloves, and knee pads. The background is a dark, textured wall with some graffiti. The text is overlaid on the image in a white, serif font.

CHILDREN WHO ARE
ENCOURAGED TO
ATTEND TO THEIR
INSTINCTUAL
RESPONSES ARE
REWARDED WITH A
LIFELONG LEGACY OF
HEALTH AND VIGOR.

DR. PETER LEVINE



RESTORING RESILIENCE THROUGH PLAY

*How to help your children through more
traumatic events of abuse, assault or neglect.*

SAMMY'S STORY

SAMMY WAS BECOMING VERY AGGRESSIVE, RELENTLESSLY TRYING TO CONTROL HIS ENVIRONMENT. HE TOSSES AND TURNS WHILE SLEEPING AND IS "IMPOSSIBLE"

6 months earlier, Sammy fell and split his chin open. His parents took him to the emergency room. He was so scared that the nurse couldn't take his vital signs so they strapped him down, immobilizing his torso and legs.

The doctors then restrained his head to suture his chin.

After the ordeal, Sammy's parents took him for ice cream and then to the park. His mom was attentive and all seemed forgotten. The attitude though, started shortly

thereafter.

Dr. Levine and Sammy's parents placed a Pooh Bear on the edge of a chair and had him fall to the floor, like Sammy did. Sammy shrieked and ran outside. This showed the adults that the game was potentially overwhelming.

Sammy's mom reassured him and all the adults prepared for another game. This time, Sammy ran to his room and hit the bed with both arms. Dr. Levine said "mad huh?" After Sammy gave him a nod Dr.



Levine put Pooh under the blanket and asked Sammy to lie next to him. “Sammy, let’s all help Pooh Bear.” Dr. Levine held Pooh under the blanket and asked everyone to help. Sammy watched, but soon went to his mother and said “I’m scared.”

When Sammy was ready to continue all of the adults took turns in being held down with Pooh Bear.

Sammy began trembling but then his chest opened up in a sense of excitement. This was the transition between traumatic re-enactment and healing play.

Each time, Sammy felt became more vigorous as he pulled off the blanket and ran to mom. When it was Sammy’s turn to be help down, he was fearful, but he ultimately accepted the challenge. Bravely he climbed under the blankets, but then he grabbed Pooh, threw the blanket and ran to his mom “Mommy, get this thing off me!” His parents said these were the exact words he said at the hospital.

Each time they went throug the escape, he exhibited more triumph. Instead of running, he jumped excitedly up and down cheering “Sammy saved Pooh!”

The 4 Principles to Guide Play into Resolution

1. LET THE CHILD CONTROL THE PACE

Healing takes place in a moment-by-moment **slowing** down of time. Follow their rhythm.

In Sammy's case, when he ran, he showed he **wasn't ready** for the game. He was **comforted and reassured** that they would all help Pooh together.

When he ran into the room the next time, he communicated that he felt **less threatened**.

3. TAKE SMALL STEPS

You can't move too slowly. You want to see **incremental** differences in the child's behaviour moving toward mastery and resolution. This happened when Sammy ran into the bedroom, instead of outside.

If your child is responding differently, they are moving through the trauma. If this isn't happening, you may be moving too fast. Break it down into **smaller** increments.

2. DISTINGUISH BETWEEN FEAR, TERROR AND EXCITEMENT

Experiencing fear or terror for more than a **brief** moment won't **help the child**.

They take action to avoid this fear. Let them. They may have accessed the fear and made an **empowered escape**.

By running outside, Sammy communicated a way he wanted to control his actions. Active escape is often times **exhilarating**. This is positive, desirable and necessary. Be present with them.

4. BECOME A SAFE CONTAINER

Nature is on your side. Try to avoid feeling scared that "nothing is going to change." Things **WILL** turn out ok. This container surrounds your child with confidence.

Be **patient and reassuring**. Instinctively, the child will want to move through the trauma and rework it. Sometimes, adults with their own trauma are susceptible to this trap. If this is the case, use a professional play therapist.

WHAT'S THE DIFFERENCE BETWEEN TRAUMATIC PLAY AND THERAPEUTIC PLAY?

*Children re-enact events that frightened them.
While they may not be aware, they are deeply
driven by these feelings.*

You want this to look like a step-wise reworking, not just a re-enactment. A sense of triumph and heroism almost always signals the conclusion of a renegotiated traumatic event.

You can set the scene up slowly and deliberately, with the help of a stuffed toy and comforting adults, and allow the child to achieve their goal of “escape”, thereby experiencing a different outcome than the one originally endured.

The goal is always to discharge the residual traumatic energy and complete the process. It's a direct path to resilience, confidence and joy.

Preventing trauma is much easier than healing trauma, especially if the child was betrayed by a trusting adult.



DRAMATIC PLAY CAN
ALSO HELP THEM
CREATE DISTANCE FROM
THEIR PROBLEMS

MINIATURE TOYS
HELP PARENTS
SEE HOW KIDS
REANACT EVENTS

PUPPETS
ALLOW KIDS
TO SAFELY
EXPRESS
THEMSLEVES

Helpful Play



DOODLING
AND
FREEFORM
DRAWING
ENCOURAGES
DIALOGUE

FINGER
PAINTING
HAS A
CALMING
AFFECT AND
CAN ALSO BE
A BONDING
EXPERIENCE

DRAWING CAN
ALSO HELP THE
CHILD FEEL THAT
THEIR CREATIVITY
IS BEING
WITNESSED BY AN
ADULT

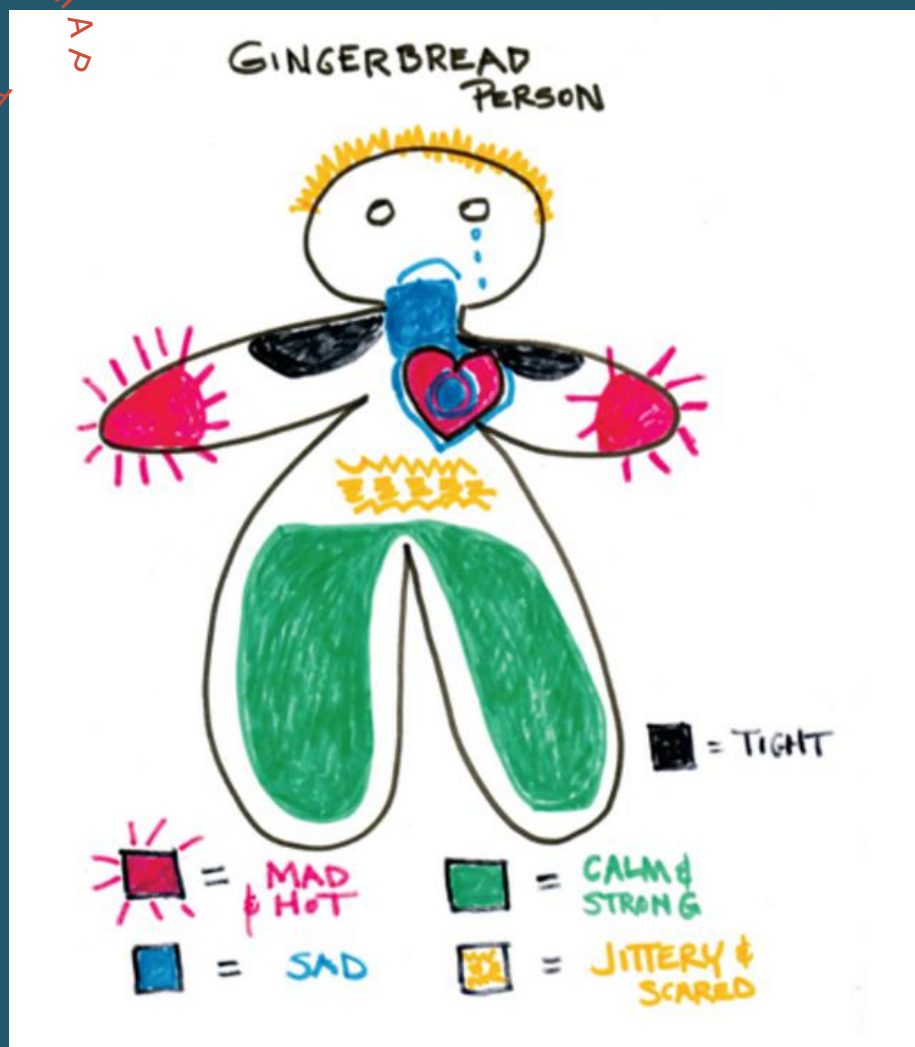
CLAY MODELS
ARE A GREAT
WAY TO
SHOW KIDS
THAT
“THINGS
CHANGE”

SANDBOXES
COMBINES
SENSORY
EXPERIENCES

MAKE A SENSATION *body map*

Kids 7+ can draw a gingerbread style body of themselves and fill in the body map using their own coding key. Be sure to express both comfortable and uncomfortable feelings.

BODY
MAP





*artistic creativity is a safe
way to explore feelings*

Have your child draw something that has happened to them.

Often times, they will include angels, pets or fantasy creatures to help them work through their trauma. The purpose here is to release energy, not art nor accuracy.

ANOTHER TECHNIQUE WOULD BE TO INSTRUCT THEM TO DRAW WHAT THEIR WORRIES FEEL LIKE ON ONE PAPER, AND DRAW THE OPPOSITE (COMFORT, HOPE, PEACE, HAPPINESS ETC.) ON THE OTHER. WHEN FINISHED, THEY CAN SHARE THE SENSATIONS THEY FELT WHEN LOOKING AT EACH ONE.



Past, present and future drawing

This helps your child from feeling STUCK in the past. It's designed to give them a sense of movement of time and assess how they see their future.

Fold a sheet of paper into thirds. Have them label the first column past, the second present and the third, future. Then have them draw 3 pictures in the appropriate columns to represent their life.

If a child's future looks grim, like the past, have them focus on the present. Ask what sensations they feel when they think of the present and watch how they change. If it's unpleasant; help them track these until they release.

Once they feel more tolerable, ask how the sensations for the future again. If they've changed for the better, draw a new future picture. Have them feel these more pleasant sensations. Don't rush this.



REMEDIES FOR



SPECIFIC SITUATIONS

SYMPTOMS ARE A RESULT OF HOW A PARTICULAR SITUATION IS PERCEIVED, ASSIMILATED AND PROCESSED BY THE NERVOUS SYSTEM.

Accidents are inevitable. But with a few tools, parents can be armed to give their children the emotional first aid they need so that the traumatic event doesn't get strongly imprinted in their nervous system.

First Aid for ACCIDENTS AND FALLS

The following guidelines can be used whatever your perception of the severity of the mishap.

- ☐ Attend to **your** responses first
- ☐ Keep your child still and quiet. (if in shock)
- ☐ Model a relaxed, quiet and still demeanor.,
- ☐ **Hold** your child, but not too tightly; place **hand on back**
- ☐ As shock subsides, guide the child to **body sensations**
- ☐ Allow **silence** between questions
- ☐ Look for **cues** the cycle is finished; yawning, stretch etc.
- ☐ **Don't talk** about the incident at this point; later is fine
- ☐ Continue validating the **physical responses**; shaking

The Purpose of Touch for a Child in Shock

01

SAFETY AND
WARMTH SO
YOUR CHILD
KNOWS THEY'RE
NOT ALONE

02

CONNECTION TO
A GROUNDED
CENTERED
ADULT
PRESENCE

03

CONFIDENCE
THAT YOU WILL
HELP THEM
PROCESS BY NOT
INTERRUPTING
THE NATURAL
RESPONSES.

04

TRUST IN YOUR
CHILD'S INNATE
WISDOM THAT
THE BODY IS
WORKING TO
RECOVER AT ITS
OWN PACE.

For a child who's experienced a bad fall, a guided "fall" with a safe landing helps to restore confidence.

The purpose of this type of play is to re-establish the innate equilibrium response. Use soft pillows and begin by gently rocking the child, making it fun by letting them rock you too. Then you can both "fall" together, roll around and have fun.

As the child becomes more relaxed, you can increase the challenge by having the child close their eyes during this "pillow play". If the fear is too intense, you can start with a doll to create a scene that was similar to the actual experience.

Always leave them with the sense that they can succeed, giving them only as much support as they need.



THE PREVENTION OF MEDICAL TRAUMA

telling the story of Teddy and Jeffrey



The Hospital Experience Could be a Source of Trauma



CHILDREN NEED SUPPORT

They don't have the faculty to understand the physical restraints, blinking lights and "masked monsters" while in a drug induced altered state.



EVENTS CAN BECOME INTERNALIZED

This is called "acting in", which shows up as anxiety, inability to concentrate or aches and pains. They can also be "acted out" as hyperactivity or aggressiveness.



THE MEDICAL ESTABLISHMENT IS ONLY NOW STARTING TO "GET IT"

Children may experience the same "nightmarish" symptoms as shell-shocked soldiers from very routine procedures if not supported properly.

How Parents Can Prepare Children for Medical Procedures

BE WITH THEM AS MUCH AS POSSIBLE



Doctors may not want parents to be involved because they may interfere and upset the child. Your presence is helpful ONLY if you are not visibly anxious. You need to reassure comfort, so it's your'e a calm presence, the staff may let you be with your child.

3 PROCEDURES THAT CAN BE PARTICULARLY TERRIFYING TO A CHILD:



- 1) Being strapped down to an examining table (especially in a frightened state)
- 2) Being put under anesthesia without being prepared what to expect
- 3) Waking up in the recovery room with “masked monsters” or alone.

BEFORE THE SURGERY

01

Find a doctor who is kind and playful who will work with the child when they're resistant, not against them.

02

Looks for a hospital with social workers to help kids. Role play is a common program or the children meet the surgeon beforehand.

03

Prepare the child by telling the truth of what will happen. They do better when they know what to expect.

04

If the hospital doesn't have a program, you can dress dolls and play operation at home, going through the steps in advance.

05

Prepare them for the feelings of anesthesia by practicing entering and coming out of an altered state.

06

Make arrangements to be in the recovery room when they wake up if possible. If not, make sure they are prepared by meeting who will be beforehand.

07

Make sure local anesthetic is used in addition to general anesthetic

A photograph of a child's legs from the knees down, positioned in a medical device with black footrests. The child is wearing white socks. A semi-transparent white rectangular box is overlaid on the upper half of the image, containing the title and a numbered list of four points. The background is a clinical setting with grey flooring.

THE DAY OF THE SURGERY

01 Make arrangements whereby you can remain with your child as much as possible before and after.

02 Especially be present (and calm) when preoperative drugs are administered.

03 A child should NEVER be strapped to an examining table or be put under anesthesia when in a terrified state. This leaves a deep imprint in the nervous system.

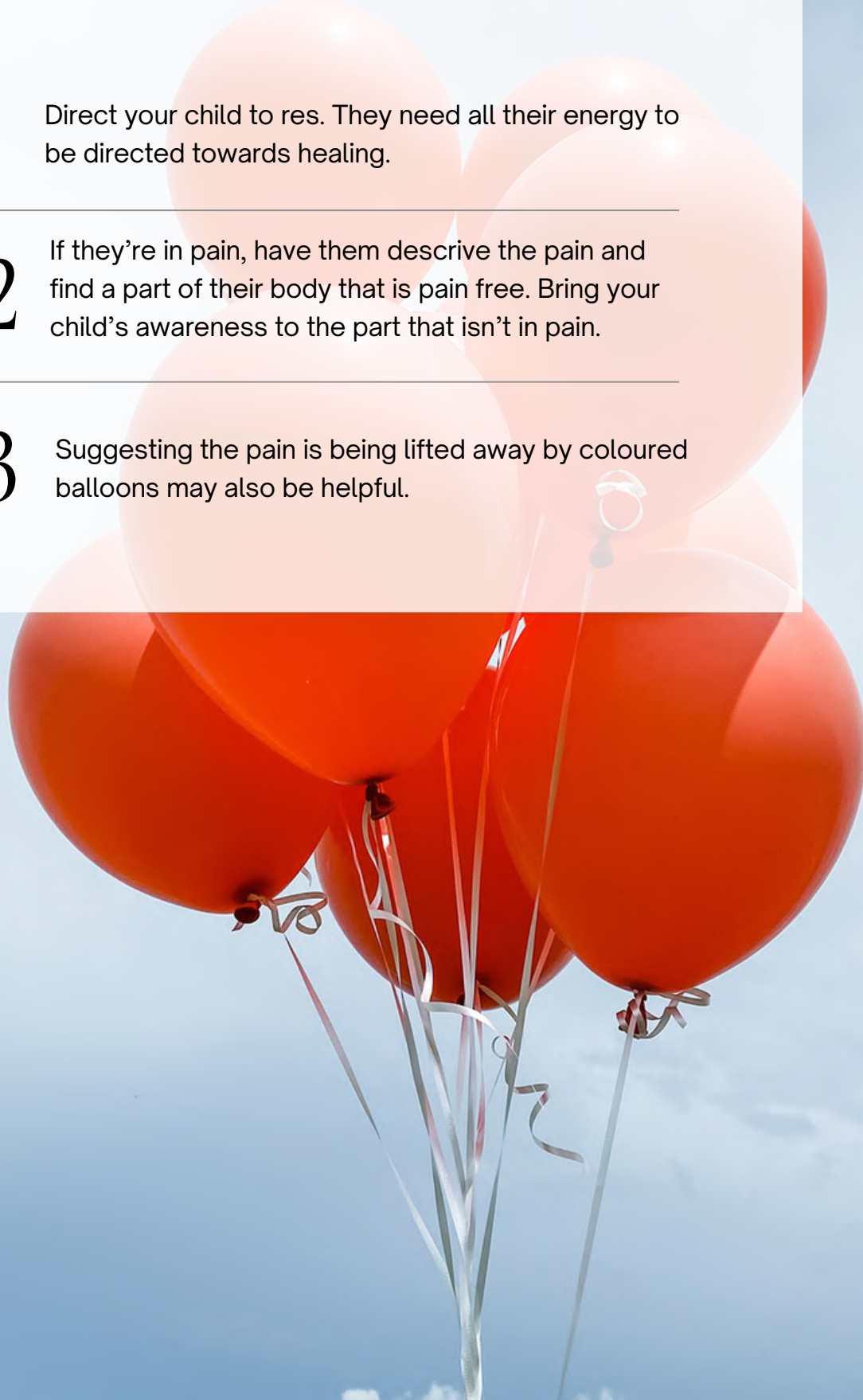
04 Medical professionals should make arrangements for the parents to be in the post-op room when the child is waking up.

AFTER THE SURGERY

01 Direct your child to res. They need all their energy to be directed towards healing.

02 If they're in pain, have them describe the pain and find a part of their body that is pain free. Bring your child's awareness to the part that isn't in pain.

03 Suggesting the pain is being lifted away by coloured balloons may also be helpful.



WHEN THE PROCEDURE IS AN EMERGENCY

01

Once the danger is over and you're with the child in an ambulance, observe and assess your own reactions.

02

Once you're calm, reassure your child that everything will be OK, that the doctors will take great care of them and know exactly what to do.

03

You can distract them by telling a story, bringing a toy or talk about their favourite things.

04

You can explain to them what will happen. For example "the doctor will sew up the cut to make it stop bleeding and will give you a needle to make the pain go away."





BUILDING
CONFIDENCE BY
FOSTERING
HEALTHY
DEVELOPMENT

Responding to your infant

- 1 Infants are the MOST delicate and fragile of creatures.
- 2 Their cries are so compelling because we MUST tend to them immediately.
- 3 We also learn to attune to the intuitively, and know if we need to respond immediately.
- 4 **We must install a sense of safety that bestows readiness for the next stage.**

Your Webinar Title



Responding to your toddler

- ① By 9 months, they are starting to become autonomous and take care of their basic needs.
- ② A 9 month old can stiffen up and push away as if to say “give me a little space!”
- ③ They need to feel the security of adults they can rely on to help ONLY as much as needed.
- ④ **The idea is to give them support to discharge any shock freely but not too much physical holding and squeezing.**

Your Webinar Title



Responding to your 3/4 year old

- ① At this age, they're into everything; pulling tugging. This is when they discover gravity and momentum
- ② They are thought of as "strong willed." The task here is developing initiative, power and mastery.
- ③ When they are overwhelmed, they lose their sense of self. If we shame them, it's all the more dreadful for them.
- ④ If we're overprotective, the child is wounded from the injury, and also for feeling disempowered.
- ⑤ Be there with a calm presence. Resist things like "you poor baby, look what happened!"
- ⑥ Starting at 2, you need to reinforce correction without unhealthy shame. "Do you can't ride into the street and you are never to do that again.... and mama loves you and doesn't want you to get hurt."



Responding to your 5/6 year old

- ① Daughters especially, around this time, fall in love with their dads (as do little boys with their moms)
- ② This is necessary as they learn “flirtatious” repertoire in a safe space.
- ③ When they are overwhelmed, they lose their sense of self. If we shame them, it’s all the more dreadful for them.
- ④ Many times, this is handled poorly, leading to awkward and inappropriate responses.
- ⑤ This awkwardness can squelch any appropriate touch and affection necessary for emotional maturation.



Responding to your teen

- ① Teens who never achieved a sense of self in early childhood may go to extremes to establish distance.
- ② They need guidance at this stage more than ever.
- ③ Parents must support their need for independence, curiosity and discovery.
- ④ Your role is to provide encouragement, safety, choices and guidelines.
- ⑤ Parents need to be parents. Children shouldn't be burdened with taking care of a parent without a partner.

Your Webinar Title



A young girl with brown hair in a bun, wearing a blue dress and purple shoes, stands in a field of tall grass. She is holding a purple and white striped bag. The background shows a sunset with mountains in the distance. The text "SEPARATION, DIVORCE AND DEATH" is overlaid in white serif font.

SEPARATION, DIVORCE AND DEATH

SOMETIMES LOSS IS UNEXPECTED AND TRAGIC. IN SITUATIONS LIKE THESE, GRIEF AND TRAUMA ARE INTERWOVEN.

Where there is trauma there is grief. It's the emotion that undermines loss. With traumatic events, there is always a loss. No matter what was lost, the sense of the world as a safe place is lost.

Grief feels emotional and real.

Shock seems surreal.

GRIEF

- Reaction is SADNESS
- Talking can be a relief
- pain is the acknowledgement of loss
- anger is generally non-violent
- guilt say "i wish I..."
- does not generally attack self-image
- generally does not involve trauma
- healed through emotional release
- reactions diminish over time

TRAUMA

- Reaction is TERROR
- Talking can be difficult
- pain triggers overwhelming helplessness
- anger can become violent
- trauma says "it was my fault"
- disfigures self-image and self-confidence
- involves grief in addition to flashbacks, numbing etc.
- released through discharge and self-regulation
- reactions may worsen over time and develop into health problems

Why is this important? Children who have been STUNNED by separation often suffer silently.

*Children refer to divorce
as "their" divorce.*

When trauma is resolved, kids can get to both living and grieving. When it isn't, they may get stuck living in a fantasy of how it was then - before the terrible thing happened, rather than be in the reality of NOW.

The grieving process is thwarted by a child's traumatic reaction to divorce, death or separation.

The single BEST predictor of children doing well is the presence of an involved, competent, caring adult who has high standards for behaviour. On the other hand, when children are caught in the middle - the crossfire between the parents - that have the worst prognosis for success.





As children grow older and separate from their parents, their unique identity is formed through the mirroring by both parents.

When they lose contact with 1 parent, it's as though that part of them is "bad" or has died - or both.

Since both parents live inside the child, whether or not you wish it were that way or not - it's the way it is.

ALL CHILDREN NEED TO KNOW THAT THEY CAN REMAIN CHILDREN. IT'S COMMON IN SINGLE PARENT FAMILIES THAT CHILDREN ARE FORCED TO GROW UP TOO SOON. WHEN THEY TAKE ON ADULT BURDENS, IT COMPROMISES THEIR SENSE OF SELF.



ANOTHER UNIVERSAL BELIEF OF CHILDREN

They fear that since one parent left, the other one will too.

Children often feel that it was their behaviour had something to do with 1 parent leaving.. They are also more vulnerable to a variety of fears because of their vivid imaginations.

The best antidote, is to make it as convenient as possible, even though you may despise your ex spouse, for the children to see them as much as possible.



IT'S IMPORTANT TO ASK YOUR CHILD HOW THEY FEEL AND THINK

Children don't have language for their emotions, so they act out.

IT'S EASIER TO COMFORT A SAD CHILD THAN AN ANGRY ONE

It's normal to get mad when someone you love leaves. It's important to let children know that mad feelings are normal too.

HOW TO APPROACH TEENS

Teens may want to work through feelings on their own or with peers. Let them know you're available when they are.

CHILDREN NEED TO KNOW HOW THEY WILL BE AFFECTED

They become very afraid when they don't know what's going to happen next. They need to be involved and know how they will be affected.



LIFE WILL GET BETTER

Reassure your child that you are aware of all of their feelings and that you are there to listen, to hold them and to plan ways to make life AMAZING!

When children are dealing with difficulty,
they need to be reminded that it will get better with time.

This is where I had the most trouble.

I NEVER THOUGHT TO ASK "IS MY CHILD IN A STATE
WHERE HE CAN EFFECTIVELY HEAR WHAT I'M
TRYING TO SAY OR TEACH?"



A photograph of a woman and a young girl smiling together. The woman is holding the girl, and both are looking towards the camera. The image is overlaid with a semi-transparent dark grey rectangle containing white text.

We have to take
care of ourselves
so that we can
bring our best
selves.

*This is especially true single
we're all walking around with
our own stuff.*



THE COST OF WISDOM CAN
BE VERY HIGH, AND FOR
MANY, THE PAIN NEVER
GOES AWAY.

THE WISE LEARN HOW TO
CARRY THEIR BURDEN WITH
GRACE, OFTEN TO PROTECT
OTHERS FROM THE
EMOTIONAL INTENSITY OF
THEIR PAIN.

DR. BRUCE PERRY



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