



A Caregiver's Guide



CHILDREN'S
Legacy Center

ChildrensLegacyCenter.org
(530) 768-1880

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Children's Legacy Center

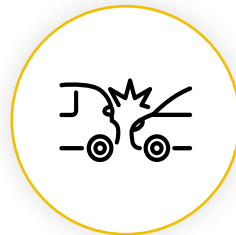
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Symptoms of Traumatic Stress



What Is Child Traumatic Stress?

Child traumatic stress refers to the physical and emotional responses of a child to events that threaten their life or physical body or someone critically important to them (such as a parent or sibling).



Exposure to a single traumatic event that is limited in time is called an acute trauma. An example could be an auto accident, a gang shooting, a sexual assault, or a natural disaster.



Chronic trauma refers to repeated assault on the child's body and mind. Examples are chronic sexual or physical abuse, severe neglect, or exposure to ongoing domestic violence.

Generally, traumatic events overwhelm a child's capacity to cope and can induce intense physical and emotional reactions. These responses to the trauma can be just as threatening to the child's physical and mental sense of safety as the event itself.

These reactions can include

Physical sensations (rapid heart rate, trembling, dizziness, or loss of bladder or bowel control)

Horror, terror

Intense fear

Helplessness

Disorganized or agitated behavior

How Do Children Experience Trauma?

For some children, child traumatic stress may manifest in ways that can impair the child's ability to relate to others, to succeed in school, and to control their emotions and behaviors. Several factors influence how a child experiences and reacts to traumatic events.

A child's response to trauma is also shaped by the extent to which their support systems are disrupted during and after the trauma. For instance, being separated from non-offending caregivers during or after the trauma can often affect a child's reaction.

Other factors that can influence a child's response to trauma include the following:

A child's reaction to trauma can vary depending on...



the number and severity of traumatic episodes



the period of exposure to the event(s)



proximity to the event: it happened to a friend or family member or the abuse was by a close family member or friend



the event's personal significance for them

01.

The child's age and developmental stage

02.

Preexisting behavioral health conditions and past experiences with trauma

03.

The child's perception of the danger faced

04.

Whether the child was a victim or a witness

05.

The child's relationship to the victim or perpetrator

06.

Parental behavioral health conditions including substance use and distress

07.

The adversities the child faces in the aftermath of the trauma

08.

The presence/availability of adults who can offer help and protection

09.

Interactions with first responders and other helping professionals

10.

Genetics and individual personality traits

Developmental Differences in a Child's Response to Trauma

The child's experience of and response to trauma can be affected by multiple factors and situations. Research has found that there are some common age-related patterns of response to trauma.

Preschool Children

- Preschool children often have a difficult time adjusting to change and loss.
- They often feel helpless and powerless and are unable to protect themselves. Children in this age range are still developing the skills necessary to cope with stressful situations. They are dependent on the protection and support of caregiving adults.
- Preschool children tend to be strongly affected by the reactions that their parents or caregivers have to the traumatic event. The more severely their parents or caregivers react to the event, the more likely children are to show traumatic stress-related difficulties.
- It is common for traumatized preschool children to show regressive behaviors. This means they might appear to lose skills or behaviors that they had previously mastered (e.g., bladder control) or that they might revert to behaviors they had previously outgrown (e.g., thumb sucking).
- Similarly, traumatized preschool children often become clingy and may be unwilling to separate from familiar adults, including teachers.
- They may also resist leaving places where they feel safe (e.g., their home or classroom), or be afraid to go places that may trigger a memory of a frightening experience.
- Significant changes in eating and/or sleeping habits are also common, and these young children may complain of physical aches and pains (e.g., stomachaches and headaches) that have no medical basis.
- May exhibit an increase in tantrums, anger, or crying outbursts.



Developmental Differences

Additional behaviors that traumatized preschool children may show include:

Crying, whimpering, screaming

Trembling

Moving aimlessly

Speech difficulties

Magical thinking related to trauma (e.g., “. . . and then I jumped out the window and flew away.”)

Appearing to be frozen

Irritability

Repetitive reenactment of trauma themes in play or other activities

Fearful avoidance and phobic reactions

Elementary School-Aged Children

- Elementary school-aged children may also exhibit regressive behaviors such as asking adults to feed or dress them.
- They may report unexplained physical symptoms, just as traumatized preschool children do.
- Elementary school-aged children can more fully understand the meaning of a traumatic event, and this can result in feelings of depression, fear, anxiety, emotional “flatness,” anger, or feelings of failure and/or guilt.
- Because of these feelings, school-aged children may withdraw from their friends, show increased competition for attention, refuse to go to school, or behave more aggressively.
- They may also be unable to concentrate, and their school performance may decline.

Although elementary school-aged children understand what occurred more fully than do younger children, they are not always able to understand why the traumatic event occurred, and often blame themselves.

Therefore, elementary school-aged children may be preoccupied with the details of the event and want to talk about it continually or may act it out in play. Repetition of the event is one way children subconsciously attempt to come to terms with what they experienced.

Additional behaviors that traumatized elementary school-aged children may exhibit include:

Poor concentration and other behaviors commonly seen in attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)

Fear of personal harm, or other anxieties and fears (e.g., fear of the dark)

Eating difficulties

Attention-seeking behaviors

Nightmares and/or sleep disruption

Bedwetting

Irritability

Trauma themes in play/art/conversation

Developmental Differences with Adolescents

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| Traumatized adolescents may exhibit some behavior changes also seen in other age groups. For example: | Seek attention from parents, caregivers, and teachers | | Withdraw from others |
| | Avoid school | Report vague physical complaints | Experience sleep difficulties |
| | Show regressive behaviors, such as an inability to handle tasks and chores that they had formerly mastered | | |

Adolescents

- Teens tend to place more importance on peer groups, rebel against authority, and feel immune from physical danger. These inclinations can complicate the adolescent's efforts to come to terms with traumatic events.
- Adolescents may isolate themselves, resist authority, and/or become highly disruptive.
- Youth may experiment with high-risk behaviors such as substance use, promiscuous sexual behavior, or other at risk behaviors such as driving at high speeds or picking fights.
- They may be reluctant to discuss their feelings or even deny any emotional reactions to the trauma (in part because adolescents typically feel a very strong need to fit in with their peers).
- Sometimes teens fantasize about revenge against those they feel/know/believe caused the trauma.
- Often teens feel extreme guilt if they were not able to prevent injury to self or others.

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| Teens may show traumatic responses like those seen in adults, including: | Depression | Suicidal thoughts |
| | Avoidance of reminders of the trauma | |
| | Emotional numbing | Flashbacks |
| | Difficulties with peer relationships | |
| | Nightmares | Reject help |

In addition, traumatized adolescents may begin to exhibit:

- "Pseudo-mature" actions, such as getting pregnant, leaving school, or getting married
- Delinquent and/or self-destructive behaviors
- Shame about feeling afraid and vulnerable
- Abrupt changes in or abandonment of former friendships
- Changes in school performance
- Detachment and denial



How Caregivers Can Help

01.

Enhance your child's coping abilities by doing the following: Reinforce that your child should be kind to themselves and that there are reasons why they aren't feeling the same as before. Teach them to pause, reset, and nourish themselves. Find family activities, including cultural and religious practices, that can be done together (e.g., dance night, trying new recipes, walking, game night, spending time with out-of-town relatives virtually). Help create a routine for everyone in the family, which includes time for self-care and quiet.

02.

Be patient. There is no set timeframe for healing. Some children recover quickly, and other children recover more slowly. Try not to push them to "just get over it" and let them know not to feel bad or guilty about any feelings they may have. Attempt to normalize feelings.

03.

Maintain regular home and school routines to support the process of recovery.

04.

Take care of yourself. Having a traumatized child/adolescent in your care can be very challenging. It is important to take breaks from caregiving to care for yourself. This may include having therapy sessions to discuss your adult feelings as well. Self-care examples are taking time to read a good book, go on a walk, or take a relaxing bath.

05.

Remember your child's/ adolescent's brain has been flooded with stress hormones and may be emotionally reactive, forgetful, and/or "spacey." They are reacting to the impact of trauma and their behaviors are not personal toward you.

06.

Spend time engaging your child/adolescent in regular conversation.

07.

Assure the child/adolescent of their safety at home and at school. Talk to them about what you have done to make them safe at home and what the school is doing to keep students safe.

08.

Allow the child/adolescent to express their fears, fantasies, concerns, and feelings verbally and through play. This is a normal part of the process.

09.

Reassure the child that they are not at fault or responsible for what happened. Youth often blame themselves for things beyond their control. Remind them the fault lies with the perpetrator.

10.

Ask for repetitive help for both you and your child/adolescent from supportive people.

11.

Check in with child/adolescent regularly and remind them that you are there to support them.

12.

Consult with a qualified behavioral health professional for the child/adolescent, yourself, and the immediate family. Then utilize tips for managing the behaviors and feelings of the child/adolescent.



Stress Relief Activities

Traumatic events can impact the entire family. Traumatic Stress manifests in many ways, but there are also many ways to manage and lessen negative outcomes from this stress. Here are some ways to help regulate emotions, reduce anxiety, and rebuild the feelings of safety by spending time together and connecting.

These activities can benefit both the caregiver and child, together and separately. As a caregiver, find time to recharge using these tips. Then with your child/adolescent, encourage them to choose an activity to do together with you. You may also ask if they have ideas of their own. Try a variety of activities to see which fits the situation and child’s personality/needs best. Creating a routine that includes taking part in these activities together can build trust and the feelings of safety.

Activities to Try



Play with animals



Go on outings



Gardening



Go on a walk and talk

Indoor Activities

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| Write a story or make up a story together | | Relax together |
| Journal feelings | Make a blanket fort | Dance |
| Doodle | Yoga | Knitting, needlepoint, or crocheting |
| Listen to music together | | Sing/Play music together |
| Read books | Make silly videos | Meditation |
| Play with playdough or clay | | Tell jokes and laugh |
| Hug and comfort | Paint/Coloring | Play boardgames |
| Exercise | Breathe together – long slow deep breaths | |
| Try new recipes | Work on a puzzle | Scrapbooking |
| Make a collage by cutting pictures out of magazines | | |

Outdoor Activities

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| Play catch | Movement games (hide & seek, Simon says) | |
| Water activities | Blow bubbles | Build something |
| Maintain routines and mild structure | | Play in the dirt |





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