

HEALING TRAUMA
*A Pioneering Program
for Restoring the
Wisdom of Your Body*

Peter A. Levine, Ph.D.

Softcover

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Excerpt: How to Help a Traumatized Child

When your child has experienced a traumatic event, remembering these steps will support him or her in resolving the trauma:

Focus on your own reactions. Assuming that there is no imminent danger, take a moment to observe your own internal physiological and emotional responses until *you* settle and have a sense of relative calm.

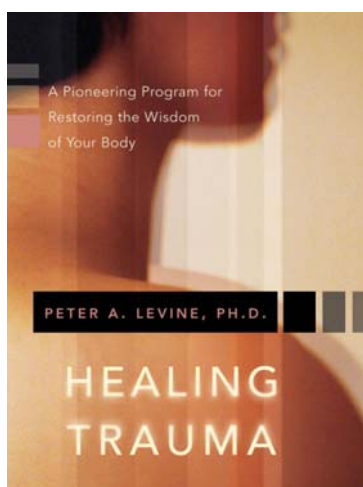
Pay attention to your child's bodily responses and words. Validate your child's bodily responses by not interrupting the trembling, shaking, or tears that are a normal part of coming out of shock. Support these reactions. You can do this by demonstrating your acceptance through words and/or touch. For example, put one hand on your child's shoulder, arm, or middle of the back. Use a reassuring voice to say a few words, such as, "That's okay," "It's all right to cry" (feel angry, and so on), or "Just let the shaking happen."

Be there for the child. After the trembling, shaking, or tears stop, validate your child's emotional responses. Let him or her know that whatever they are feeling is okay and you will stay and listen to him or her. Resist the temptation to talk them out of fear, sadness, anger, embarrassment, guilt, or shame in order to avoid your own uncomfortable feelings. Trust that your child will move these feelings, supported by your acceptance of his or her authentic self.

Revisit the experience later. When helping your child move through symptoms developed from an earlier experience, you can use drawings, stories, and play to elicit movement of residual trauma energy that may be stuck. Generally the adult needs to tell the story of what he or she believes happened, then invite the child to add their version. Sometimes it is best to use a different name for the child in the story. This may help initially to give needed distance from the event. You may also want to reintroduce your child to ordinary objects or experiences that remain "charged" because they in some way remind the child of the incident that overwhelmed them.

After an automobile accident, for example, the infant's or toddler's car seat could be brought into the living room. Holding the infant in your arms, or gently walking with the toddler, you can gradually move toward it together and eventually place the child in the seat. Go slowly. The key here is to take baby steps, watching and waiting for responses such as stiffening, turning away, holding the breath, or heart rate changes. With each gentle approach to the avoided or fear-provoking encounter, the same procedure outlined above can be used as a guide.

The idea is to make sure that your pacing is in tune with your child's needs so that not too much energy or emotion is released at once. You can tell if this is occurring if the child seems to be getting more wound up. Calm your child by offering gentle reassurance, touching, holding, or rocking.



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Use play for healing. Puppets, dolls, or miniature toy figures can also be useful in assessing if any trauma indications exist, and can help your child move through them. For example, when a child's physical body has recovered after surgery, a miniature bed and play figures that include a child, mom, dad, doctor, and nurse can be given to the child to play with. Watch your child's reactions closely. With the suggestions you've learned in this chapter, gently guide your child to sense his or her body's reactions and release any uncomfortable feelings.

How Can I Tell If My Child Has Been Traumatized?

Any unusual behavior that begins shortly after a severely frightening episode or medical procedure, particularly with anesthesia, may indicate that your child is traumatized. Compulsive, repetitive mannerisms — such as repeatedly smashing a toy car into a doll — are an almost sure sign of an unresolved reaction to a traumatic event. The activity may or may not be a literal replay of the trauma. Other signs of traumatic stress include:

- Persistent, controlling behaviors
- Regression to earlier behavior patterns, such as thumb-sucking
- Tantrums, uncontrollable rage attacks
- Hyperactivity
- Tendency to startle easily
- Recurring night terrors or nightmares
- Thrashing while asleep
- Bed-wetting
- Inability to concentrate in school, forgetfulness
- Excessive belligerence or shyness, withdrawal or fearfulness
- Extreme need to cling
- Stomachaches, headaches, or other ailments of unknown origin

To find out whether an uncustomary behavior is indeed a traumatic reaction, try mentioning the frightening episode and see how your child responds. A traumatized child may not want to be reminded of the predisposing event, or conversely, once reminded, will become excited or fearful and unable to stop talking about it.

It's also important to realize that children who have outgrown unusual behavior patterns have not necessarily discharged the energy that gave rise to them. The reason traumatic reactions can hide for years is that the maturing nervous system is able to control the excess energy. By reminding your child of a frightening incident that precipitated altered behaviors in years past, you may well stir up signs of traumatic residue.

Reactivating a traumatic symptom need not be cause for concern. The physiological processes involved, primitive as they are, respond well to interventions that both engage and allow them to follow the natural course of healing. Children are wonderfully receptive to experiencing the healing side of a traumatic reaction. Your job is simply to provide an opportunity for this to occur. A few minutes spent with your child in an appropriate way can not only minimize the chance of lasting effects, but actually make the child more resilient to life's stresses and later extreme events.