

# ***CO-REGULATION helps the child learn SELF-REGULATION***

## **HOW A CHILD REACTS TO TRAUMA**

Following traumatic experiences, a child attempts to:

1. Restore their pre-traumatic world – e.g. insists upon seeing their parent(s) as they want them to be (idealized), not as an abusive, cruel, cold or neglectful person.
2. Make sense of the traumatic event(s), usually by taking the blame and seeing it as being “MY FAULT” - e.g. *If I was not so naughty... If I had been good...* and perhaps make sense of events by seeing what happened as punishment. They may assign the source of their punishment to the parent who hurt them or they may assign it to God. This allows them to see their parents as still being OK – they need to maintain this connection to their parents as OK if at all possible. This is why they will take the blame on themselves rather than assign it to their parent(s), even when abused and neglected.
3. Seek answers and comfort – sometimes by pushing the inner blame away from themselves in a defiant and rebellious way – *I don't want to carry this feeling of being bad! ... I want to feel good about myself!... I want to feel I am OK!*

## **HOW A CARER NEEDS TO RESPOND**

If the adults around the child are also feeling distressed and out of control, and are agitated, harsh or threatening, or even unengaged or disinterested, the child's alarm will escalate. They need calm, warm, engaged people around them so they can feel safe and calm inside. They need to hear a gentle, reassuring tone of voice, see an engaged facial expression with smiling eyes they can look into and see the carer is not annoyed with them.

When we adults do not know what to do to help the child, we sometimes feel annoyed by their behaviour and we cannot stay in a calm state around them. People can say things like – *when he acts that way he pushes my buttons and makes me angry.*

This means my feelings are triggered and I need to remember to:

**N**OTICE – the triggered feelings in me

**I**NTERRUPT – my reaction pattern

**C**HOOSE – to respond, not react

**E**NGAGE – with all the feelings - rage, fear ...with empathy & compassion

**R**ESPOND – rather than react

If we can do this, we can **self-regulate**. When we can **self-regulate**, we are able to stay emotionally present and available to a distressed child *and* do the work of **co-regulating** their distressed feelings with them. This helps the child learn how to **self-regulate** through your example and by internalizing the memory that they can experience changes in feelings - from high alarm states of emotional distress, to a calm state of mind.

When we can **self-regulate** and **co-regulate** we can provide a **safe place** and be a **therapeutic carer**.

## **WHY THE AUTHORITARIAN APPROACH DOES NOT WORK**

**– or, why you can't just tell them to stop!**

The traditional method is effectively one of shaming the child into appropriate behaviour through disciplining and punishing them. *This is an authoritarian system which uses power over the child to get them to submit, and behave the way we want them to – and it often does not achieve the outcome we intended. They do not feel accountable for their behaviour, they feel resentful!*

This traditional method uses *conditional* rather than *unconditional* loving concern for the child. We are effectively saying to the child *“be who I want you to be, don't be who you are”* and it asks the child to participate in a relationship that feels unsafe to them and so there is little capacity for them to develop trust.

This method does not work because it does not validate the child's perspective, feelings or emotions. In fact it threatens them. They often feel their emotions have been discounted, their freedom restricted and they feel abandoned, once again. So they continue to feel unseen, unheard, unsafe and even re-traumatised.

This method meets resistance with resistance and you end up with WAR!

## **THE THERAPEUTIC CARER RELATIONSHIP = Compassionate accountability**

The Therapeutic Carer Relationship strengthens and builds a connection between the Carer and the child and uses that connection to teach personal responsibility. It is about the quality of the relationship. The child needs to heal, and the Carer's work is not to fix the child or their problem behaviour, the Carer needs to have faith in the child's capacity to heal themselves - if they are given the tools of:

1. a safe place
2. a warm trusting relationship
3. empathic co-regulation.

## THE THERAPEUTIC CARER'S ROLE – and how to do it ...

The wish to provide therapeutic care for traumatised children needs to be motivated by compassion and wisdom – not all children will respond to exactly the same methods. Each child needs at least one person who is prepared to try to understand them, their behaviour and their needs and make the effort to try and provide them, to the best of their ability. **THE CHILD KNOWS WHEN SOMEONE IS GENUINELY MAKING THIS EFFORT** (even when the child is showing anger back). It may be that the child is not yet able to trust any promise of sustained connection (to trust, means being vulnerable).

Their experience is often – *Trust? no one has ever shown me what that means.*

**1. Talking about traumatic events** – If a child is thinking about their traumatic experience/s, they do not benefit from being told **not** to think about it. They need to have their thoughts and feelings about it received and heard and be able to talk about it. When they bring it up on their own, **just listen**, knowing you do not need to fix their pain, nor help them to forget it. They need to feel it – when they are ready. They may do this in small bites, visiting it over and over again until it becomes 'safe enough' to engage the feelings and not be overwhelmed by them. Immediately after a trauma, the child's brain is unlikely to be available to hear what you say or to talk about it themselves. They may still be in the high stress state of 'shut down'. This is a 'coping strategy' or defence mechanism which is being used unconsciously by the child to protect themselves against feeling their pain.

**2. How to talk about traumatic events** – Answer questions to the best of your ability in a way that provides comfort and support. Remember, most children need to feel their parents are not *bad* and they themselves are not *bad*. All behaviour can be understood as reactions to stress, fear, anxiety - and not knowing how to get to a *calm* state of mind. Help the child make sense of it if you can - and sometimes there is no way of explaining what has happened. Be present with them, calmly receive their feelings and help them with "*it was not your fault*" where that seems relevant. Use age appropriate language. Even when a child will not talk of the event they are still continuing to "re-experience" it. In their play, drawing or words it may be acted out over and over again. They may ask the same question about something, over and over again. It can be annoying – however, if you understand that they are not doing this 'to you', rather, they need something they do not have. They need some form of reassurance. Knowing this may make it easier to stay on track with them, without annoyance, and just keep offering the response that seems to best meet their need for connection and comfort. After many episodes of revisiting the traumatic events in their mind, they will eventually find a way of processing their experience - at their developmental level - they then may need to revisit it again and again as they grow older, often needing to reprocess it at each new developmental stage.

**3. Should others have information about the child's traumatic experiences?** – Yes, teachers, carers, counsellors, even perhaps other children who have regular contact with the child, need to know - in age appropriate language and without crossing the boundaries of the child's need for privacy, that the child has experienced distressing events. Enough information needs to be given to help those around the child know they need to be kind and understanding. It may also be necessary to help people understand the long lasting impacts of trauma on the brain and tell them it is not appropriate to be saying, *it's time you got over that!* All behaviour has meaning – be observant, patient, tolerant, sympathetic. They have been terrified and hurt.

**4. When do we need to get other support for a traumatized child?** - If a trauma is still impacting on an otherwise healthy child's behaviour beyond 3 to 6 months after the traumatic event, the child needs professional therapeutic help. The indicators of this include re-experiencing, avoidance, fearfulness, sleep problems, nightmares, sadness or persistent post trauma mood change which doesn't lift, marked changes in school performance, patterns of play or loss of interest in activities. In many cases, a form of post-trauma symptoms can last for years and may develop into post traumatic stress disorder (PTSD). This means the child needs the attention of mental health professionals.

**5. How do children understand traumatic events?** - They put themselves at the centre of their experience – this is just naturally what a child does. They will even blame themselves when they are sexually abused or a parent dies suddenly of a heart attack. A child will blame themselves for causing this, even when a parent dies miles away. When bad things happen, the child assumes they are to blame. A young child will think *"If I'd been good, mummy wouldn't have gone away"*, *"God was mad at me so he took my daddy"* etc.

Adults often assume a child knows they did not cause the event and so this mistaken causal thinking pattern in the child may never be addressed. Be clear, gently explore the child's beliefs about causes. A child's capacity to cope with trauma is directly linked to their ability to understand it. They need to know there are some things even adults just don't understand and we don't have to blame ourselves. All of us try to make sense of our experience, if we can. This is like having a map for our journey and being able to find where we are on the map.

**6. What behaviours can come from traumatic event experiences?** - Irritability, tiredness and regressions to earlier 'baby-like' behaviours are often seen (plus changes mentioned at 4). The more traumatic the events which disrupted or traumatized the child, their family and their community, the more severe their symptoms. Disruption or loss of attachment relationships, family, or our normal daily routines, even where these were not secure or happy, is the most traumatic experience for any of us, yet symptoms may not show up for weeks or months after the trauma is experienced. This can be confusing for everyone – especially if we do not make a connection between the traumatic events and the behaviours.

## REMEMBER....

- Do not be afraid to talk about the traumatic event if the child brings it up themselves.
- Provide a reasonably consistent, predictable routine or pattern for the day. This establishes a safe place for the child where they know what is expected of them and they understand if they don't do what is reasonably expected of them they will need to take responsibility for this – and, if they do not, they will learn best through your addressing the causes of the behaviour, not through shaming or punishing.
- Be as nurturing, comforting and appropriately affectionate as the child invites/ allows you to be. Remember, for them, touch may be linked to abuse and abandonment.
- Try not to interrupt the child's safe play activities suddenly - warn them first.
- Try not to 'command' them in ways that link your power over them with your provision of any affection or treats you may wish to offer them. Rather, try to move to a relationship based on inviting them to interact with you; with them being given the option to freely accept or refuse the invitation - and either way - still be ok with you.
- Give them lots of information about how the world works, where you are going and why, especially on the first experience of something new. Unpredictability and the unknown are anxiety producing for a traumatized child. No surprise parties!
- Tell the child the truth if they ask a question you do not know the answer to, honesty builds trust and you can make finding the answers an adventure you do together.
- Watch for signs of re-enactment – eg avoidance (of other children, withdrawn, daydreaming) or hyperactivity (speedy, agitated, anxious, sleep problems, impulsivity).
- Protect the child – cut short or stop activities that seem upsetting or re-traumatizing. Notice if symptoms escalate following particular styles of movies or contacts and do what you can to limit these. Obviously, this cannot apply to contacts with the child's family. This will always be a problematic issue for Carers and the therapeutic nature of your relating style around these contacts will be very important to the child! Remember the child needs to be allowed to maintain an ideal parent even if their ideal bears no relationship to your experience of the real parent. This is the child's task over the course of their adolescent and adult life to separate the ideal from the real and come to understand the impact of their parent's behaviour on them, in their own terms. Your demonstration of an alternative way of behaving will help more than anything else!
- Offer the child some choice and some element of control in an activity with an adult. This will help them feel more safe and more comfortable, which helps them grow their capacity for feeling their feelings, noticing what they think, and for learning how to become more authentically themselves, more mature, autonomous and independent.

## A Therapeutic Care Scenario

Carer: *Its time for you to do your chores Tina.*

Tina: *Refuses and becomes verbally aggressive, swearing at you.*

Carer: *Hey - Tina - what's the problem? (your tone of voice is soft, gently enquiring and caring)*

Tina: *I just want to get out of here!*

Carer: *Help me understand what's going on for you – what's happening?*

Tina: *I just want to run!*

Carer: *OK I hear that - how does that feel?*

Tina: *I don't know! – I just miss my family – I feel like running away!*

Carer: *Oh darling – yeah – Sounds tough...*

*What can I do to help you with this?*

Tina: *I don't know – nothing – leave me alone! (angrily) - I feel so sad... ( She is crying now)  
I'm afraid I'll never get to go home - and I'll never have a normal life...*

*I don't know what to do...!*

Carer: *Thanks for telling me how you're feeling – it's really hard for you, I get that.*

This conversational engagement with feelings being shared and received (not argued with, just heard) goes on for a further 15 minutes. They do not have to talk all this time - never underestimate the value of simply being present and listening! It is okay just to be with each other, to allow Tina to feel some connection with you simply through sharing and having her feelings heard. If Tina wants to be hugged or held, she will let you know, and - you could invite her to let you know if she has wanted hugs before from you – “*Would you like a hug?*” - as long as you can make it OK by you, and safe for her, whether she says yes or no. This is not the time to go off in a huff because she doesn't want a hug! By being able to stay calm yourself and simply be present for her, healing shifts can occur in her. Lots of this sort of interaction will be needed over a period of months, or years, do not lose patience – it will help. New neural pathways are being built by Tina. New habits take time to learn and old patterns are very strong when they are laid down over years and complex trauma impacts have impaired the normal structure and function of the brain. Healing takes time and many therapeutic engagements.

After a while, and maybe a cup of tea for you and a drink of something for Tina, if she wants it, ask Tina if she is OK now to start on her chores. You could also offer to do something together with her - to get her started. While you are doing this chore together, give her some feedback that feels real – something like, “*Hey, you're doing a great job there – well done.*”, or if she likes a bit of rye humour, “*I'm glad you didn't run away, I couldn't have done it that well without you!*” or if it is not going to feel like a burden to her to have your feelings imposed on her, “*I don't want you to run away – I would be really worried about you if you did - and I'd miss you heaps!*”.

Later – when the chores are done and she is calm, invite her to talk through what happened earlier. Let her know her behaviour in talking to you in that may be understandable, however, it was not okay. Use an assertive “I-message”, for example, “*You know when you were upset when I asked you to do your chores earlier, your language was rude and your tone of voice was really harsh and unkind. I felt really confused and didn't understand why you were talking to me like that. It was upsetting. I get now that was because you were unhappy and you had some strong feelings bottled up inside you – I wonder, can you get that talking to me, or anyone, in that tone of voice and using swear words is not a great way to deal with your feelings?*”. Let her hear, do not demand an answer or an apology – the seed is planted, she will think about it. If she doesn't want to talk about it – ok – just say something like, “*the next time you are feeling overwhelmed by such strong feelings – I really hope you will feel safe to come and talk about it – rather than trying to keep it all inside and then acting out like that – that was unacceptable*”.

Invite her to tell you what other ways she might have handled the situation. This gives her the opportunity for reflection and for gaining insight and developing mastery over her emotional reactions. This is an example of co-regulation and of Therapeutic Caring.

**The child needs to know - what is Acceptable and - what is Unacceptable behaviour?**

Take some time to play with this activity - with a large sheet of paper and crayons or textas.

Draw a circle in the middle of the page – and a large circle outside and around the inner circle.

Put a green tick ✓ in the inside circle – that means these behaviours are OK, they are acceptable. Put a red cross X in the outside circle – that means these behaviours are NOT OK, they are unacceptable.

Ask the child to think of things go in the inner circle – get them to draw a symbol for this and either of you write the name for it. Or you can have fun making a list and then cutting out pictures from magazines or drawing pictures representing each behaviour.

Then do the same for the outside circle of NOT OK behaviours.

Keep it concrete! Not too much of the “be polite” or “don’t be rude” - these are hard to pin down, and will often be the cause of problems when one person feels they are justifiably hurt or wounded, or not being listened to - they are not being “rude”. Or they do not want to be “polite” in the way some adults require “politeness rituals” to be performed. They want to be more relaxed and casual – and that is okay in their circle of friends. Think of actions, and names for tones of voice - like “cranky” or use the child’s words “being horrible to...”.

Ask the child for the words /symbols and start with a few things and then put it up on the wall somewhere.

Then, when something happens, that is acceptable and you want them to notice this behaviour, or not acceptable to you – think about how to get it on the sheet. *“That seems like a new behaviour to put on your sheet – what do you think? What is a picture for that, what would you name that?”*.

The importance of this activity is that the child learns there are  
ACCEPTABLE BEHAVIOURS and UNACCEPTABLE BEHAVIOURS  
... and it is the behaviour, it is not them, that is unacceptable !

If there are behaviours like swearing to yourself when you hurt yourself accidentally *“you stupid bugger”*, and swearing at others *“You stupid bugger!”*, which you agree are yellow light behaviours => *“I need to stop and think about it, sometimes it might be OK, sometimes NOT OK – it depends n the context”*.

**Behaviour which depends on the context for being OK or NOT OK** – add a middle ring and use a yellow question mark ? here or colour it yellow.

Do not let it all become over complex – this middle ring is more for older children when they need further levels of sophistication included and when not everything fits into the **OK** or **NOT OK** structure. It is good to allow there are some “grey” areas in life where we need to put on our reflection caps and think it through. In this section write: *Is it kind, is it fair, does it show you care?*

Remind the child this applies to their behaviour towards themselves as well as towards others. This allows a discussion of the possibility of hurting your self, even of abandoning your self, with your thoughts and behaviours. It is a way to talk about not being so hard on yourself – not beating up on yourself when something painful happens. Children know bad stuff happens, we cannot control some things, we make mistakes, we get into conflict – AND – sometimes this can turn out to be a positive, we can try to work it out, we can learn new things and - we can self sooth.

Talk about how you self sooth and calmly, consistently be ready to share the soothing work with a child in distress. Then they learn how to do it. Remember when they are acting in ways that are unacceptable – their behaviour usually means: *“I am distressed, I am enraged, something unfair or too hard for me is happening and I don’t know how to contain it”*.

And remember they are not ‘doing it to you’ – they are feeling overwhelming feelings and acting those feeling out. Hold onto your own distress – stop yourself moving from distress > annoyance > shutting it down > WAR! Come back to your centre and calm yourself, warmly engage and check out: *what’s happening, help me understand?*