

AUGUST 23, 2016

WHEN PEOPLE DON'T GET IT!

RAISING CHILDREN WITH REACTIVE ATTACHMENT DISORDER

Source: Institute for Attachment and Child Development

If you're raising a child with developmental trauma (a.k.a. reactive attachment disorder or RAD) in a way that meets his needs, you're likely getting lots of eyebrow raises. Your friends may think that you're too hard on your child. Your parents might say she is just a "normal kid" and you're doing it all wrong. Your child's therapist might tell you to take parenting classes. You might just want to throw your hands up and shout, "No one gets it!"

You're right—most people don't get it. Kids with developmental trauma aren't like all other children. They have different needs than their peers who were raised by healthy adults from birth. Therefore, they need a different kind of parenting.

WHAT DOES NOT WORK FOR CHILDREN WITH DEVELOPMENTAL TRAUMA:

- **Behavior modification (i.e. chore charts, rewards such as stickers, etc.)** – Even if children with developmental trauma learn how to navigate behavior modification systems temporarily, their positive behaviors don't stick. We typically see this in residential treatment centers that rely on behavior modification or in homes where parents don't yet understand therapeutic parenting strategies.

Why doesn't behavior modification work? Children who were abused and neglected in early childhood do not trust adults. [CONTINUE READING](#)

A LETTER TO MY CHILD'S TEACHER ABOUT RAD

A [SAMPLE LETTER](#) for parents to distribute to educators regarding RAD and how it impacts a child's school year.

PROTECTING YOUR CHILDREN: ADVICE FROM CHILD MOLESTERS

(This information was developed and written by child molesters in treatment at The Center for Behavioral Intervention in Beaverton Oregon.)

- Learn who is the typical child molester
- Learn how child molesters gain access to your child
- Learn why child molesters don't always get caught
- Learn the warning signs & prevention tips

[VIEW PUBLICATION](#)

10 Things About Childhood Trauma Every Teacher Needs to Know

Blog: WeAreTeachers.com

With grief, sadness is obvious. With trauma, the symptoms can go largely unrecognized because it shows up looking like other problems: frustration, acting out, difficulty concentrating, following directions or working in a group. Often students are misdiagnosed with anxiety, behavior disorders or attention disorders, rather than understanding the trauma that's driving those symptoms and reactions.

For children who have experienced trauma, learning can be a big struggle. But once trauma is identified as the root of the behavior, we can adapt our approach to help kids cope when they're at school.

[CONTINUE READING](#)

[ADDITIONAL RESOURCES FOR PARENTS & TEACHERS](#)

THE TRUTH ABOUT PTSD IN CHILDREN

For the first 52 years of my life, I had no idea children could struggle with post-traumatic stress disorder (PTSD). But in 2008 when my son, age 26, was diagnosed with this mental illness, I learned the truth. PTSD in children is real, and my son had been living with it for 26 years. His PTSD began when he had surgery less than a day after he was born.

"He won't remember," the doctors told us. But, deep in his implicit memory, our son did remember. And though he's gone through successful treatment and has learned to cope with the memories of the trauma he experienced as an infant, those memories will always be with him. He will never forget them.

The truth about PTSD in children won't let me rest. So this year I'll be conducting IFAPA training workshops to educate and equip parents caring for traumatized children. Because even though I and many others speak about PTSD in children frequently, too many children with PTSD go undiagnosed. That is the sad truth about PTSD in children.

But the truth gets even sadder. The truth is that many children are correctly diagnosed with PTSD, but they aren't treated for a variety of reasons. Many parents can't find qualified trauma therapists. They delay treatment because they think they can't afford it. The sad truth is that our children can't afford not to be treated.

"But," I often say to parents, "if your son fell out of a tree and broke his leg, would you wait to go to the ER until you could afford it? Or, if the doctor said your daughter had diabetes, would you wait to begin insulin therapy until you had the money in hand?"

This tendency to delay mental health treatment points out another sad truth. Our society doesn't take mental illness or its treatment seriously enough. A broken brain isn't as visible as a broken leg. A wounded mind doesn't ache the same way a wounded hand does. So our society doesn't make mental illness in children or adults a priority. Sadly, many government entities don't either.

The truth is that the treatment of children with PTSD should be a top priority in the foster care system. Because when children with PTSD become a priority, lives are changed. PTSD in children is highly treatable, even in kids as young as 3 years old. Those who receive effective treatment shortly after traumatic events often recover with no ill effects. Early treatment prevents complications of untreated trauma later in life.

That's the positive truth about PTSD in children. That's the reason I'll be in Cedar Falls on September 10 and in Sioux City on October 22 to lead IFAPA training workshops. Will you join me?

*Jolene Philo speaks nationally about trauma and PTSD in children at hospitals, schools, foster care gatherings and special needs conferences. She hosts a nationally known blog, DifferentDream.com and is the author of *Does My Child Have PTSD: What To Do When Your Child Is Hurting from the Inside Out?* (Familius, 2015), as well as several other books about parenting and caregiving.*



A Guide to Trauma and PTSD in Children

PTSD is a reality for children in foster care. To advocate effectively on their behalf, foster and adoptive parents must understand how trauma affects children throughout their lives. This workshop debunks popular myths about childhood trauma, examines the connection between it and other mental disorders, and discusses how trauma affects children's brains. It also examines causes and symptoms of PTSD and reviews effective methods for treatment and prevention. Participants receive an extensive resource list and are encouraged to participate in the question and answer period at the end.

CEDAR FALLS

Sept. 10, 2016 (9am-12:15pm)

SIOUX CITY

Oct. 22, 2016 (9am-12:15pm)

You Can't Push My Buttons Anymore: Resolving Your Own Trauma so You Can Effectively Parent Traumatized Children

All of us carry unresolved trauma from childhood into our adult lives. This workshop begins with a look at recent research about how a parent's mental health impacts children and how early memories are formed. It then explores the components of the Instinctual Trauma Response model to explain how and why children and adults respond to unresolved trauma (aka: hot button issues). This information is correlated to the parts of the brain involved in responses to trauma. The rest of our time will be spent exploring ways to prevent ruptures in parent/ child relationships, ways to repair ruptures when they occur, ways for parents to practice self-care, and when to seek professional help.

CEDAR FALLS

Sept. 10, 2016 (1:15pm-4:30pm)

SIOUX CITY

Oct. 22, 2016 (1:15pm-4:30pm)

[REGISTER ONLINE](#) OR CALL 800-277-8145

VIEW OUR FALL TRAININGS