

NOVEMBER 06, 2018

Adventures in Therapeutic Strategies for Traumatized Children and Their Stinky Parents!

The whole family has been “cooked”. We are wildly flopping our noodle arms around the room and bobbing along on freshly noodled legs. My family of spaghetti is dancing around the therapist in a freshly cooked state *with* their therapist. God bless her!

Our whole family is learning and practicing coping skills to help with “big feelings.” Because of past trauma and PTSD, our children can quickly become dis-regulated. Once their “fight-or-flight” response is triggered, they can become dangerous to themselves and the rest of the family. Our goal is to catch their escalating emotions and intervene before they get to this point.

My husband and I will often start a coping skill while the child is dis-regulated and hope they will join in. We can often sense when an outburst is brewing long before they even know that their feelings are beginning to take over the “driver’s seat.” I am, by no means, a therapist or a neurologist. I will, however, try and paraphrase the experts as I show you some of the things we have learned. [Here are some of the calming strategies we have tried.](#)

HELP! MY CHILD RUNS AWAY!!

Any parent whose child runs away can feel scared and frustrated. Children run away for a variety of reasons. Many parents struggle to identify warning signs and how to prevent it.

[LEARN MORE](#)

THERAPLAY ACTIVITIES:

[A WINDOW INTO ATTACHMENT](#)

Written By: Dafna Lender - The Theraplay Institute

Why is Theraplay effective for healing children’s attachment issues? The key is not the activities. The activities are just the vehicles that facilitate connection. The key is that we lend the child, and teach the parents to lend their child, our *whole selves* to help them organize into healthier, happier people. How does this happen?



Theraplay changes a child’s implicit relational knowing, which is a person’s non-conscious expectation of what will come from interacting with another human being. The patterns of interactions between a parent and child are established during infancy when a parent responds in an attuned way (or not) to the baby’s signal turn. These patterns turn into schemas that are neurologically “set” in the brain over the first three years. The more they are repeated, the more they are reinforced. These repeated schemas in the brain turn into a child’s internal working model in relation to attachment figures. Most of the children we work with have insecure attachment patterns. In Theraplay, we are giving the child interpersonal experiences that are non-congruent with their (insecure) internal working model, thereby challenging their brain to develop new, healthier implicit relational knowledge of what it’s like to be in a relationship.

[CONTINUE READING](#)



WHEN SAD LOOKS MAD

Many times, children from hard places tend to act mad, when that is not what they are feeling at all. Why is that? The answers are really quite obvious when we remember where they came from.

A child, who has lived for an extended period of time absent of the love and care of a family, generally did not have a caring adult in their life that helped them to identify and express their feelings. Even if a child from a hard place did have the ability to name their feelings, the adults in their lives generally did not have time to listen and validate the child's feelings. Feelings became confusing and scary things that the child developed mechanisms to avoid. One of these coping mechanisms is to turn sad into mad.

When something happens to a child from a hard place that makes them feel sad, they feel overwhelmed and out of control. Sadness reminds them of the feelings that accompanied their lives when they were abandoned, abused, or neglected. In order to protect themselves from these feelings, they will often turn sad feelings into mad feelings. Whereas feeling sad makes them feel victimized and scared, feeling mad, makes them feel strong and in control. And, strong and in control feels much safer than victimized and scared.

CONTINUE READING

FETAL ALCOHOL SYNDROME

Cause and Prevention

FASDs are caused by a woman drinking alcohol during pregnancy. Alcohol in the mother's blood passes to the baby through the umbilical cord. When a woman drinks alcohol, so does her baby.

There is no known safe amount of alcohol during pregnancy or when trying to get pregnant. There is also no safe time to drink during pregnancy. Alcohol can cause problems for a developing baby throughout pregnancy, including before a woman knows she's pregnant. All types of alcohol are equally harmful, including all wines and beer.

To prevent FASDs, a woman should not drink alcohol while she is pregnant, or when she might get pregnant. This is because a woman could get pregnant and not know for up to 4 to 6 weeks. In the United States, nearly half of pregnancies are unplanned.

Since fetal alcohol syndrome covers a wide **range of problems**, there are many possible symptoms. The severity of these symptoms ranges from mild to severe, and can include: a small **head**, a smooth ridge between the upper lip and nose, small and wide-set **eyes**, a very thin upper lip, or other abnormal facial features.

What are 5 signs and symptoms of FASD?

A person with an FASD might have:

- Abnormal facial features, such as a smooth ridge between the nose and upper lip (this ridge is called the philtrum)
- Small head size.
- Shorter-than-average height.
- Low body weight.
- Poor coordination.
- Hyperactive behavior.
- Difficulty with attention.
- Poor memory.

Frustration is an easy trap for parents to fall into.

A key for escaping this trap is focusing on the person you can "control" -- yourself -- and learning how to engage and respond differently in order to influence the person you can't control -- your child.