

APPENDIX B

Caregiver Educational Materials and Worksheets

CAREGIVER EDUCATIONAL MATERIALS

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- Understanding Triggers** 250
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- Learning Your Child’s Language** 253
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- Understanding the Trauma Cycle** 258
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Introduction: Children and Trauma

WHAT IS TRAUMA?

Many different things may be called “traumatic.” *Trauma* refers to experiences that are overwhelming and may leave a person feeling helpless, vulnerable, or very frightened.

Trauma may include specific types of events, such as being in an accident or experiencing a natural disaster like a hurricane or an earthquake. Trauma may also include *ongoing stressors*, such as physical or sexual abuse.

For children, trauma is often about more than physical harm. For instance, separation from a caregiver, emotional neglect, and lack of a stable home (such as living in many different foster homes) are often very traumatic.

HOW DOES TRAUMA IMPACT CHILDREN?

Children who have experienced ongoing trauma may have many different reactions. Children may:

- Develop an expectation that bad things will happen to them.

When children have many bad things happen, they may come to expect them. They may overestimate times when they are in danger, or be fearful or withdrawn even in situations that feel safe to other people.

- Have a hard time forming relationships with other people.

Trauma often involves children being hurt by others and/or not being protected by others. When early relationships are not consistently safe, children may develop a sense of mistrust in relationships.

- Have difficulty managing or regulating feelings and behavior.

Traumatic stress is overwhelming, and children are flooded by strong emotions and high levels of arousal. Children may feel like they are unable to rely on others to help them with these feelings—for instance, they may believe no one is safe; they may worry that other people will think they are bad; and so on.

Without tools, children may try to overcontrol or shut down their emotional experience; may try to manage feelings and arousal through behaviors (such as being silly or getting in fights); or may rely on more dangerous overt methods (such as substance abuse or self-injury).

- Have difficulty developing a positive sense of themselves.

Children who experience trauma may feel damaged, powerless, ashamed, and/or unlovable. It is often easier for children to blame themselves for bad things happening, than to blame others. Over time, children may develop a belief that there is something wrong with them.

Understanding Triggers

THE BODY'S ALARM SYSTEM

We all have a built-in alarm system that signals when we might be in danger. Evolution has helped human beings to survive by creating efficient systems in our brain that recognize danger signals and prepare us to respond. We become particularly efficient at recognizing signals that have been associated with past danger experiences. In the human brain, this system is known as the *limbic* system.

NORMATIVE DANGER RESPONSE

When our brain recognizes danger, it prepares our body to deal with it. There are three primary ways that we can respond to something dangerous: We can FIGHT it, we can get away from it (FLIGHT), or we can FREEZE.

What we choose to do often depends on the type of danger. So, for example:

- A large dog begins attacking your dog. You are bigger than the threat and motivated to help your dog. Response? FIGHT
- You are standing in the street and hear the squeal of brakes. You realize a car is speeding toward you. Response? FLIGHT
- You are a small child being hit by your father. You are not big enough to fight him, and not fast enough to run away. Response? FREEZE

Note: The "freeze" response is often the least understood and/or talked about, but may be the response most accessible to young children. It is a survival response that is used when someone cannot fight the danger and cannot physically escape it (and, in fact, doing either one might increase the danger). The only option, then, is to become very still, try not to be seen, and at times, to mentally escape.

THE DANGER RESPONSE AND AROUSAL

When the brain labels something in the environment as dangerous, it must rapidly mobilize the body. The brain initiates the release of chemicals that provide our body with the energy needed to cope with danger (for example, to run from the car, or to fight the attacking dog). The brain is remarkably efficient—within milliseconds of perceiving danger, the body's arousal level goes up, sensory perception shifts, and "nonessential functions" (such as digestion) shut down. Interestingly, higher cognitive processes—such as logic, planning, and impulse control—are considered *nonessential* in the face of danger. (Think about it—if a car is speeding toward you, do you want to be *thinking*, or do you want to be *running*?)

It is important to understand that this sequence will be initiated, whether the danger is *real* or simply *perceived*.

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THE OVERACTIVE ALARM

Typically, when the danger signal first goes off, the “thinking” part of our brain evaluates the immediate environment. If there is no apparent danger (for example, it’s a “false alarm”), the alarm system is shut off, and we continue with previous activities. For example: You are walking up a busy street and hear a car backfire. Within moments of your initial startle response, your brain will activate the sensory systems that scan your environment, assess the cause of the noise, and label it as nonthreatening. Almost immediately, you are able to continue on your way.

For some people, however, the brain’s danger signal goes off too often. This generally occurs when there has been repeated danger in the past (remember, the more our brain engages in any activity, the more efficient it becomes at that particular activity). Children who have experienced repeated or chronic trauma often have *overactive alarms*—they may perceive danger more quickly and/or may label many nonthreatening things as potentially dangerous.

Consider again the example used above—you are walking down the street and a car backfires. Now imagine, however, that you have been in combat or have lived in an area that has frequent gunfire. As soon as the noise occurs, your body immediately prepares for danger. In this scenario, your “thinking brain” is less likely to get involved—or to take the time to assess whether the danger is real or not. This is because in the past, waiting would have put you at risk for being shot. In order to keep you safe, then, the “thinking brain” stays out of the way and lets the action brain take over. This overactive alarm is therefore adaptive—in times of actual danger, it kept you alive, but in the present, it may cause you to react too strongly to things that may really be safe.

WHAT TRIGGERS THE ALARM?

False alarms can happen when we hear, see, or feel something that reminds us of dangerous or frightening things that happened in the past. Those reminders are called “TRIGGERS.” Our brain has learned to recognize those reminders because in the past when they were around, dangerous things happened, and we had to respond quickly.

Different children have different reminders. For instance, for a child who has witnessed domestic violence, hearing people yell or watching adults argue might activate the alarm. For children who have not received enough attention, feeling alone or scared might turn on the alarm.

Often, these reminders, or triggers, are subtle. For example, trauma is often associated with unpredictability, chaos, or sudden change. As a result, even subtle changes in expected routine may activate a child’s danger response.

Common triggers for traumatized children include:

- Unpredictability or sudden change
- Transition from one setting/activity to another
- Loss of control
- Feelings of vulnerability or rejection

(cont.)

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- Confrontation, authority, or limit setting
- Loneliness
- Sensory overload (too much stimulation from the environment)

Triggers may not always seem to make sense. For instance, some children may be triggered by positive experiences, such as praise, intimacy, or feelings of peace. There are many possible reasons for this. For example:

- A child who has experienced previous losses, rejection, or abandonment may be frightened or mistrustful of positive relationships.
- A child who has received praise or bribery while being sexually abused may fear ulterior motives.
- A child who has experienced consistent chaos may find calmness or routine unsettling.

It is important that children learn to tolerate these positive experiences, but it is also important for caregivers to be aware of the potential for distress.

HOW DO YOU KNOW YOUR CHILD HAS BEEN TRIGGERED?

The primary function of the triggered response is to help the child achieve safety in the face of perceived danger. Remember, there are three primary danger responses available to human beings:

FIGHT FLIGHT FREEZE

What do these look like in children?

FIGHT may look like:

- Hyperactivity, verbal aggression, oppositional behavior, limit testing, physical aggression, "bouncing off the walls"

FLIGHT may look like:

- Withdrawal, escaping, running away, self-isolation, avoidance

FREEZE may look like:

- Stilling, watchfulness, looking dazed, daydreaming, forgetfulness, shutting down emotionally

Emotionally, children may appear fearful, angry, or shut down. Their *bodies* may show evidence of increased arousal: trembling, shaking, or curling up.

Look for moments when the intensity of the child's response does not match the intensity of the stressor, or when a child's behaviors seem inexplicable or confusing. Consider—might your child's alarm system have gone off?

Learning Your Child's Language

IT'S NOT WHAT I SAY . . .

Trauma can impact children's ability to understand, tolerate, and manage feelings. Even minor stressors can act as **triggers** that flood children with emotion. Often, children do not even know what it is that is upsetting them—only that there is a strong, bad feeling inside of them, and that *something* needs to happen to make it go away. In the face of these overwhelming feelings, and without strategies to cope with them, children will simply *react*: They work out the distress with their bodies and their actions.

Often, the only thing harder than dealing with feelings is talking to other people about them—especially for children who don't know themselves what they are feeling, or why they are feeling it. Furthermore, for children who have been hurt in the past by other people, or who did not have their needs met early in life, reaching out for help may feel dangerous or frightening.

WHAT I'M TRYING TO SAY IS . . .

Most children communicate to some degree through behavior; the ability to use words to share feelings and experience grows naturally over the course of development, particularly as caregivers use their own words to reflect back experience. Consider these examples:

A 4-year-old returns home from preschool. She is quieter than usual, and when her mother asks if she wants to play, she shakes her head and curls up in a chair. Her mother sits next to her and says, "You're so quiet today. Do you feel sick?" The child shakes her head.

A 10-year-old comes home from school and slams the door. He throws his bag onto the kitchen table and says, "I'm never riding that stupid bus again!"

A 15-year-old has been nervous about her first date. She spends an hour in her room, trying on clothes, then finally comes downstairs, tearful. "Everything looks so stupid on me—I'm not going!"

Most caregivers are familiar with situations such as these, and—even if the precipitating event isn't yet known—will quickly recognize that feelings are driving these behaviors. Through their own words or actions, caregivers help children name and work through the emotion-inducing life events that they experience day to day.

The experiences driving traumatized children's behaviors may be less obvious, and the feelings may be bigger, stronger, or more sudden, but at core, the emotions are the same: fear, sadness, anger, anxiety, and even joy.

(cont.)

TUNING IN

Attunement is the ability to "read" (understand) your children's cues and respond in a way that helps them manage their emotions, cope with distressing situations, and/or make good choices. When a caregiver is attuned, he or she can respond to the emotion underlying a child's actions, rather than simply reacting to the most distressing behavior.

Consider two different scenarios for one of the above examples:

A 10-year-old comes home from school and slams the door. He throws his bag onto the kitchen table and says, "I'm never riding that stupid bus again!"

Scenario 1: His mother is going through mail in the kitchen and looks up as he enters the house.

MOTHER: How many times have I told you not to slam that door!?

CHILD: (*Kicks his bag.*) What's the big deal—it's just a stupid door!

MOTHER: That's it—if you can't be polite, you can just go to your room!

Scenario 2: His mother is going through mail in the kitchen and looks up as he enters the house.

MOTHER: Whoa—you seem pretty mad. Did something happen on the bus?

CHILD: (*Looks down, kicking his bag gently.*) Stupid bus driver hates me—he won't let me sit with my friends. I'm not riding it anymore!

MOTHER: (*Pulls out a chair.*) C'mere—why don't you tell me what happened, and we'll see if we can figure it out?

In the first scenario the child's mother responds to the behavior—slamming the door—and the emotion escalates, leaving both mother and child frustrated. In the second example the mother responds to the emotion—anger? frustration?—and provides the child with support, calming the situation.

Most situations aren't quite this straightforward, and no caregiver can be attuned at all times. The goal is not to be the "perfect parent," but to try—more times than not—to understand the feelings driving children's behavior.

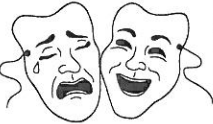







PUTTING ON YOUR DETECTIVE HAT

Attunement requires caregivers to be "feelings detectives." Every child gives cues that help signal what might be going on.

Learn your child's individual communication strategies. Pay attention to the following areas and consider: How does your child look when he/she is angry? Sad? Excited? Worried? For each of these emotions, ask yourself the following questions:

(cont.)

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 <p>Facial expression</p>	<p>What does your child show on his face? This may include intense expressions, but may also include a lack of expressiveness.</p>
 <p>Tone of voice</p>	<p>Does your child's voice become louder? Softer? Higher-pitched?</p>
 <p>Extent of speech</p>	<p>Does your child suddenly have more to say than usual? Does she become quiet? How pressured (in a rush) is her speech?</p>
 <p>Quality of speech</p>	<p>Do your child's words become disorganized? Is he rambling or having a hard time getting words out? Do his words seem more babyish or regressed than usual?</p>
 <p>Posturing/muscular expression</p>	<p>What does your child's body look like? Is she curled up? Are her fists clenched? Are her muscles tense or loose? Is her posture closed or open?</p>
 <p>Approach versus avoidance</p>	<p>Does your child become withdrawn and retreat? Does he become overly clingy? Does he seem to want to do both at the same time?</p>
 <p>Affect modulation capacity</p>	<p>Does your child seem to have a harder time than usual being soothed, and/or self-soothing? Does she start to need more comforting from you or someone else? How receptive is she to comfort—does this change in the face of stress?</p>
 <p>Mood</p>	<p>Does your child's mood overtly change? For instance, is he normally even-tempered, but becomes more reactive in the face of intense emotion? If so, pay attention to signs of moodiness—it can serve as a warning sign that something is going on.</p>

(cont.)

NOW WHAT?

When your detective skills tell you that something is going on with your child, it's time for action. But what kind of action? Often, we rush to solve children's problems for them or try to help them "solve" things themselves. Sometimes, though, the most important action is simply to be there, to provide support, and to help children name, understand, and regulate their feelings. Only after doing that can children move toward solving problems.

Consider a possible example from your own life: You've had a hard day, your boss is irritating you, people are making demands, and you come home ready for a little sympathy. Your spouse notices that you are upset and asks what is going on. You begin to unload: "My boss is so unreasonable! Can you believe he asked me to . . ." Your spouse listens to your story, then shrugs, and says, "Well, you could have . . ." (or "Why don't you just . . . ?").

Do you feel more frustrated, or less?

Most of us want someone to *listen* to us before they solve our problems or tell us what we could have, should have, or what *they* would have done. When people listen to us, understand us, and give us empathy, it validates our experience, shares the burden, and often, helps us begin to feel better.

The following five rules/steps for reflective listening can help caregivers (or partners in any type of listening situation) become better listeners.

Reflecting Listening Skills for Caregivers

Step	Description
1. Accept and respect all of a child's feelings.	There should never be a hidden agenda to "change" the child's feelings. A child feels what he/she feels. We may not like the child's <i>behaviors</i> , or we may not completely understand the reaction, but it should always be okay to be mad, or sad, or excited.
2. Show your child that you are listening.	Use active listening skills: Use eye contact, nod your head, respond verbally, etc. Don't interrupt too much or take over the conversation. Use all the techniques that you like someone to use when they are paying attention to <i>you</i> .
3. Tell your child what you hear him/her saying.	Reflect back what you hear. Validate the importance of the situation to the child (even if you, yourself, do not think it was that big of a deal): <i>"So, you didn't think your teacher was listening to you? Wow, that must have been really hard."</i> Ask questions if you're not sure what part affected the child.
4. Name the feelings.	Reflect back the child's feelings. If your child doesn't state a feeling, offer a guess (name at least two possibilities), but be prepared to be wrong: <i>"You seem kind of worried or maybe angry. Is that right?"</i>

(cont.)

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	<p>Name the cues—<i>why</i> do you think the child seems worried or angry. Always allow the child to correct you. If your child denies any feelings at all, let that be okay, but then either</p> <p>1. Name the behaviors:</p> <p><i>"Okay, maybe you're not mad, but you're throwing your things around and yelling. What do you think might be going on?"</i></p> <p>Or</p> <p>2. Normalize feelings in general:</p> <p><i>"Okay, maybe you're not mad, but I can understand how someone might feel really mad or upset if someone wasn't listening to them."</i></p>
5. Offer advice/suggestions/reassurance/alternative perceptions <i>only</i> after helping the child to express how he/she feels.	<p>Don't jump to problem solving until you've taken the time to listen to what your child has to say. Validate the feelings and the situation <i>first</i>, then collaborate with your child to come up with a solution, if appropriate. Keep in mind that solutions may simply be about how to express and cope with the feeling. If a child rejects your attempts at help, let him or her know that the offer stands:</p> <p><i>"It's okay if you don't want to talk about it right now, but if you start to feel like it, you can come find me."</i></p>

Understanding the Trauma Cycle

	Youth	Parent/Caregiver
Cognitions	"I'm bad, unlovable, damaged." "I can't trust anyone."	"I'm ineffective." "My child is rejecting me."
Emotions	Shame, anger, fear, hopelessness	Frustration, shame, anger, fear, worry, sadness, hopelessness/helplessness
Behavior/Coping Strategies	Avoidance, aggression, preemptive rejection	Overreacting, controlling, shutting down, being overly permissive
The Cycle	"I'm being controlled; I have to fight harder."	"He keeps fighting me; I better dig in my heels."

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Praise and Reinforcement

Teaching Points	Trauma creates significant distress that impacts individuals and their families. Over time, it is not uncommon for a negative pattern to develop, in which family members focus almost exclusively on difficulties, stressors, and symptoms.	
	When overwhelmed by distress, there may be a loss of awareness of the positives. Children (and their caregivers) may begin to identify primarily with the "bad": "I'm a bad kid." "I'm a bad parent."	
	This pattern may lead to feelings of helplessness and/or hopelessness: " <i>This will never change!</i> "	
	The use of positive praise and reinforcement can . . . <ul style="list-style-type: none"> • Increase positive interactions with your child • Increase desired behaviors • Increase attunement • Increase felt safety • Build self-esteem and self-efficacy for both child and caregiver • Increase feelings of child and caregiver mastery 	
	Praise and reinforcement must be a conscious choice. Surprisingly, the good things are often <i>much</i> more difficult to notice than the hard ones! Noticing the positives often requires effortful focus and selection of behaviors to target.	
Selecting Targets	Don't praise everything.	Be selective. If you praise everything you see, it will feel false to you and to your child. Pick things that are tangible, that are important, that are goals, etc., and focus on those.
	Start small.	Start by picking one behavior to notice. Try to tune in to it and praise it whenever it appears. Track your use of praise.
	Choose behaviors that are desired, and that (at least occasionally) occur.	Specifically select targets based on those behaviors that you are trying to increase. For instance, if tolerating frustration without tantruming is an important goal, then any sign that your child is doing this should be noticed and reinforced. Try to specifically link the praise to the behavior or effort. For example, don't just say "Good job." Instead say something like this: "Wow, I'm so proud of you. I just told you that you had to wait a few minutes before we went outside, and you said okay. I know that can be hard, and I'm really proud of how you handled it."
		Remember: Choose your targets wisely. If the initial target is the one thing the child never does, neither you nor your child will experience success.
	Redefine "success."	Think step by step rather than hoping for overnight success. If the ultimate goal is for the child not to punch a wall when angry, for instance, then reinforce the first time the child yells and screams but doesn't punch.
	Go beyond "being good."	Praise should not always be linked to actions. Praise is not just about shaping behavior, but about fostering a positive sense of self. Try to reinforce your child's qualities and efforts.

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Examples of Praise Statements	Behavior related:	"You did a really good job finishing your homework."
		"I like how well you're sharing with your sister."
		"I feel so proud when you find safe ways to tell me what you're feeling."
	Effort related:	"I can see how hard you're working at that."
		"Thank you for trying to compromise, even though it's hard."
		"I can see how frustrated you are, and I'm really proud of you for not yelling."
	Child qualities:	"I'm so proud of how kind you are."
		"You're so adventurous—I think it's great!"
		"What a great sense of humor you have."
	Open-ended:	"You're such a great kid, I have such fun being with you."
		"I love it when we play games together."
		"It made me so happy to see you smile yesterday."
Responding When Children Are Triggered by Praise		
Don't take it personally.	Be aware that praise may be a trigger. If your child responds negatively to being praised, try not to take it as a personal rejection.	
Hang in there.	For many children, part of making meaning about trauma includes self-blame. Praise and reinforcement won't lead to immediate change in this. Try to build tolerance for the emotions (for example, shame, guilt, frustration) that go along with witnessing negative self-statements by your child.	
Don't argue it.	It is okay to stand by your praise <i>without</i> arguing. Keep your response simple. For instance, if you tell your child that you are proud of him/her, and your child rejects it, your response might be: "Well, I'm feeling proud of you, but it's okay for you to feel however you want."	
Stay tuned in to child emotions.	If a child begins to escalate, use your attunement skills to name and respond to the underlying affect. For instance, "I can see that was kind of scary for you to hear. Would a hug help you feel better?"	
Keep it concrete.	If your child seems to reject global praise (for example, "You're such a great kid"), then keep your praise concrete. Link it to specific behaviors or actions. For instance, "I really like the way you used green in that picture." It may be easier for some children to accept specific praise than global praise.	

Trauma Considerations with Limit Setting

<p>Reduce the need for limits.</p>	<p>Children who have experienced trauma often feel the need to be in control. Power struggles can be avoided by providing limited choice (for example, "You can do your homework in your room or at the table. Which would you like to do?"). This kind of choice provides the child with the <i>illusion of control</i>, while allowing the caregiver to maintain limits around the behavior.</p>
	<p>Use your attunement skills to determine the reason behind your child's noncompliance. Learn to tell the difference between when your child feels overwhelmed by a task and times he or she is just refusing to do it. Try the following:</p> <ul style="list-style-type: none"> • Ask the child what he/she is feeling, and/or name what you are seeing. For example: "You seem really upset by having to clean your room. What do you think is making you so upset?" • Break large tasks into smaller ones. • Offer to help.
	<p><i>Compromise.</i> Define for yourself which rules are essential, and on which you are willing to compromise.</p>
<p>Choose your moments.</p>	<p>When traumatized children are in a high state of arousal, they are unable to tap into higher cognitive functions such as logical thinking, problem solving, planning, anticipating, delaying response, etc.</p>
	<p>When children are very emotional or overly energetic, try to do the following:</p> <ol style="list-style-type: none"> 1. Name the unsafe behavior, if any. 2. Help the child to use coping skills for managing energy and/or emotions (including caregiver support), as necessary. 3. Apply limits only after the child has calmed down.
<p>Be aware of triggers.</p>	<p>All types of limit setting can act as triggers. Time-out and ignoring can trigger fears of abandonment and rejection; setting limits and consequences can trigger fears of punishment, authority, and vulnerability. Although caregivers should not avoid the use of limits for these children, it is important that caregivers are aware of the possible impact. This impact can be minimized by:</p> <ul style="list-style-type: none"> • <i>Always naming the rationale for a limit</i> and linking it to the behavior (rather than to the child). • <i>Always naming the boundaries around the limit</i> (e.g., length of time in time-out, amount of time privilege is lost). • <i>Moving on.</i> Caregivers should not continue to scold, bring up the behavior, or express a lot of emotion after setting the limit and carrying it through. Caregivers should let the child know, explicitly, if necessary, that they still love them. • <i>Making adaptations to limits for specific triggers</i> (e.g., a child who has been previously punished by being enclosed in a small space might have time-out sitting in a nearby chair, rather than in another room).

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Building Daily Routines

Morning	The morning transition is often difficult for everyone, but particularly when families are coping with stress. Think about whether you and your family have a consistent morning routine. If not, are there ways to make the morning process more consistent?
Mealtimes	Meals are often a great opportunity for communication and a place for family together time. For children (and their caregivers) family meals can build social skills, turn taking, manners, and interest in each other's activities. Consider building family meals into your daily routine, as often as possible. <ul style="list-style-type: none"> • <i>Note:</i> Food choice is a common place for children to exert their need for control. Try to avoid power struggles. Find a middle ground between too much flexibility and too much control. For instance, provide a predictable alternative (e.g., child can eat family meal or eat a peanut butter and jelly sandwich).
Play	Play is a child's natural means of expression. Try to find time to play with your children. Consider building time into the week for "family play" as well as solitary and peer-to-peer play. <i>Although often mistakenly considered less important than chores, homework, etc., play is a crucial part of healthy development.</i> In addition, play also provides a forum for socialization and skill building. <ul style="list-style-type: none"> • Together time should <i>not</i> be tied to rewards or consequences (e.g., "If you don't clean your room, you don't get to spend time with Mom"). For children with histories of neglect and abandonment, in particular, this can be triggering. • Try to build one-on-one time with each child in the family, as well as full family time.
Chores	Chores help to build a sense of responsibility and self-efficacy. Of course, chores should be age-appropriate, but it is okay for even very young children to expect to be responsible for certain (however small) chores. This distribution of chores builds in the idea that all family members are integral to the successful functioning of the family, and that the child makes an important contribution. Try to develop child-appropriate and realistic daily expectations.
Homework	School achievement and success are important areas of competency building for children. Caregivers can contribute here by emphasizing the importance of homework, providing an appropriate environment to support homework completion, being available to offer help or encouragement, and emphasizing effort over success.
Family Together Time	It is important to build into family daily routines a formal or informal time for caregivers and children to come together to share experience. For instance, some families may consider holding a weekly "family meeting" in which to share significant events; it could be incorporated into mealtime, bedtime, etc. Regardless of the forum, it is important that family members have opportunities to share experience on a routine basis.

(cont.)

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Building Daily Routines (page 2 of 3)

EXPANDED EXAMPLE: BEDTIME ROUTINES

Teaching Points	Bedtime is often a difficult time for children and adolescents who have experienced trauma, particularly those whose abuse occurred at a similar time or in the place where they are now expected to sleep.	
	For children whose arousal is high during the day, it may be hard for them to calm their bodies in preparation for sleep.	
	Bedtime routines help children decrease their arousal and learn to transition into sleep.	
Things to Consider	<ul style="list-style-type: none"> • <i>Develop a consistent bedtime routine.</i> Have your child put on pajamas, brush teeth, have quiet time, etc. Pay attention to the location where your child is sleeping; try to help your child sleep in the same place each night. • <i>Trouble-shoot.</i> How can you keep bedtimes and their routines as consistent as possible? What might (or sometimes does) interfere with a regular routine? Think about how you will handle this. • <i>Identify nighttime boundaries and ways to cope with nighttime fears.</i> For example, what will you do if your child awakens during the night? Try to be consistent in follow-through. • <i>Minimize your child's engagement in highly arousing activities near bedtime.</i> Decrease your child's involvement in activities such as video games, overstimulating television shows, loud music, active play, etc. 	
General Activities	Nurturing	Read a story, cuddle, or listen to soft music together.
	Bathing	Have your child take a bath or shower about an hour before bed; this may help bring down arousal. Pay attention to issues of privacy, boundaries, and the possibility of this area being a trigger.
	Safety check	Help children feel safe. Leave on a night-light, hang a dream catcher, check under beds or in closets, rub on "no-monster" lotion, etc.
	Relaxation/quiet time	Allow child to read, listen to quiet music, etc.
Bedtime Routines: Developmental Considerations	Early Childhood	<p>Routines at this age should include the caregivers. Nurturing activities (e.g., reading a bedtime story) are a good way to build attunement and relax the child.</p> <p>Night is a time when generalized fears often emerge. Predictable nighttime routines are particularly important during this developmental stage.</p>

(cont.)

Building Daily Routines (page 3 of 3)

	Middle Childhood	<p>Although children at this age will desire greater independence, bedtime is a natural place for nurturance, and traumatized children may show some developmental regression around bedtime.</p> <p>Developmental changes may shift the mechanics of bedtime: for example, caregivers may now read <i>with</i> their child instead of <i>to</i> him/her; may include independent activities (child brushes teeth, showers, gets into pajamas) as well as together time (caregiver enters room to say "good night").</p>
	Adolescence	<p>Balance is very important at this developmental stage. The important areas to balance include:</p> <ul style="list-style-type: none">• <i>Independence versus nurturance</i>: Adolescents need privacy. However, like younger children, they may also experience developmental regression around bedtime. Check in with your teen before bed—does he/she want a hug good night? Etc.• <i>Flexibility versus limits</i>: Although adolescents are independent, don't lose sight of the need for limits. Maintain expectations around bedtime (e.g., must be in room by 10:00 P.M.), but allow flexibility (e.g., can have quiet time—read, listen to music—and turn off lights when ready).

Supporting Modulation

Consider a scenario in which your child's emotion escalates.

Steps toward supporting modulation:

1. **Be attuned:** Notice the feeling (tune into the energy).
2. **Keep yourself centered:** Check in with yourself.
3. **Ask yourself:** Where is your child's energy? Where does it need to go (up or down)?
4. **Reflect (simply) what you're seeing** (e.g., "I can see you just got really mad. Let's see if we can calm it down a bit so we can talk.").
5. **Cue child in use of skills** (e.g., breathing, sitting quietly, calming down space, stress ball).
6. **Reinforce use of modulation skills** (e.g., "I'm really proud of you for trying to calm down your energy").
7. **Invite expression/communication** when child is calm.

Tuning In to Yourself

Situation: _____

Using the following questions as a guide, write down observations about yourself during difficult interactions or situations. Fill in any additional observations at bottom.

Domain	Prompt Questions	Caregiver Observations
Body	What are you experiencing in your <i>body</i> ? Pay attention to cues such as heart rate, breathing, muscle tension, temperature, and feelings of numbness or disconnection.	
	What warning signs does your body provide of "losing control" or hitting a danger point?	
Thoughts	What do you <i>think</i> in this situation? Consider both thoughts about yourself (e.g., "I can't handle this," or "I should have _____") and thoughts about your child (e.g., "He's doing this on purpose," or "She'll always be this way").	Thoughts about self:
		Thoughts about child/adolescent:
Emotions	What do you <i>feel</i> in this situation? Consider anger, guilt, shame, sadness, and helplessness.	
Behavior	What do you <i>do</i> in this situation? Do you freeze? Withdraw? Dig in your heels? Scream?	
Other	What else do you notice about yourself? Consider your ability to cope with emotion, ability to use supports, unhealthy (or healthy) coping responses, etc.	

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Taking Care of Yourself

Situation: _____

Use the following techniques for ideas and consider possible self-care strategies you might apply in difficult or challenging situations. Fill in any additional ideas at bottom.

Self-Care Strategies		
Technique	Tips	Might this technique work in this situation? Describe when and how you might use this:
Deep Breathing	When? <ul style="list-style-type: none"> • Well, hopefully always! • Particularly when faced with surging or intense emotions How? <ul style="list-style-type: none"> • In through the nose, out through the mouth • Through the diaphragm, not your chest or shoulders • Pair with a calming visual image, verbal mantra, or saying 	
Muscle Relaxation	When? <ul style="list-style-type: none"> • When the tension is building up . . . • As an alternative focus for energy (instead of exploding) How? <ul style="list-style-type: none"> • As big or small as you want it to be • Under-the-table methods (tense and release) • Progressive muscle relaxation 	
Distraction	When? <ul style="list-style-type: none"> • Dealing with a problem you can't solve immediately. • Caught in a negative mental thought cycle. How? <ul style="list-style-type: none"> • <i>Self-soothe</i>: Consider your five senses. • <i>Find alternatives</i>: Switch activities. 	

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Taking Care of Yourself (page 2 of 2)

Technique	Tips	Might this technique work in this situation? Describe when and how you might use this:
Self-Soothing	<p>When?</p> <ul style="list-style-type: none"> • As an ongoing tool, to prevent stress build-up • When you want to pamper or reward yourself • When you are upset or stressed and need to calm down • When you are feeling disconnected and need to reconnect <p>How?</p> <ul style="list-style-type: none"> • <i>In-the-pocket techniques:</i> Carry small objects that feel soothing or pleasurable; consider all five senses (e.g., a pleasant lotion, a small stone or piece of velvet, a picture of a favorite place). • Identify and incorporate pleasurable activities into daily routine (e.g., a long, hot bath; going for a walk; listening to music). 	
Time-Outs	<p>When?</p> <ul style="list-style-type: none"> • In the moment, to delay a negative response • Preventive, as an ongoing measure to “charge the batteries” <p>How?</p> <ul style="list-style-type: none"> • In the moment: For example, go for a walk, go to your room, go to the bathroom. • Preventive: Build in self-care time daily/weekly/monthly. 	
	<p><i>Ask yourself:</i> Is this a safe situation in which to take a time-out?</p>	
Other techniques?	<p>What other techniques can you think of? Describe when and how you might use these techniques:</p>	

Learning Your Child's Emotional Language

Emotion: _____

Using the following questions as a guide, write down "clues" that tell you that your child is experiencing the selected emotion. Fill in any additional clues at bottom.

Domain	Prompt Questions	Caregiver Observations
Facial expression	What does your child show on his/her face?	
Tone of voice	Does your child's voice become louder? Softer? Higher-pitched?	
Extent of speech	Does your child suddenly have more to say than usual? Does he/she become quiet? How pressured (in a rush) is his/her speech?	
Quality of speech	Do your child's words become disorganized? Rambling? Stilted? Regressed?	
Posturing/muscular expression	What does your child's body look like?	
Approach versus avoidance	Does your child become withdrawn? Clingy? Both?	
Affect modulation capacity	Does your child seem to have a harder time than usual being soothed, and/or self-soothing?	
Mood	Does your child's mood overtly change?	
Other?	What other "clues" are there that your child is experiencing a given emotion?	

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What Does Your Child Look Like When Triggered?

It may be hard to identify a specific trigger, but you can learn to read signs that your child is showing the danger response

Fight Response:

Description: Signs of high arousal levels, which often appear sudden: for example, irritability, swearing, sudden anger, hyperactivity

Your child's behaviors that may indicate "fight":

Flight Response:

Description: Physical withdrawal or escape: for example, avoiding contact with others, isolating self from friends or family, refusal to do homework

Your child's behaviors that may indicate "flight":

Freeze Response:

Description: Shutting down or disconnecting from experience: for example, child looks numb; blank stare; child appears dazed

Your child's behaviors that may indicate "freeze":

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Identifying Your Child's Triggers

Name: _____ Date: _____

Example of Trigger

May Remind Child of . . .

1. Hearing people yell in loud tone of voice

Times when child was yelled at a lot

2. Feeling alone or being ignored

Times when child did not get enough attention when he/she was little

3. Smell of smoke

A bad fire

4. _____

5. _____

6. _____

7. _____

8. _____

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