

**RAISING CHILDREN WHO REFUSE TO BE RAISED:  
PARENTING AND THERAPY INTERVENTIONS  
FOR THE MOST DIFFICULT CHILDREN**

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## **Chapter 2 - Childhood Trauma and the Aftermath**

Childhood trauma is one of the most insidious disabling experiences a human being can experience. At a time when a child experiences complete dependence and vulnerability, they reach out for protection and nurturance and find the opposite. For the rest of their life, vulnerability will be associated with terror. Trauma inflicted by a primary care provider, usually a parent, appears to produce the most lasting scars. After nearly three decades of working with abused children, it seems that neglect and other types of abuse by a parent are far more lasting and serious for a child than more substantial abuse by most anyone else. I have found it odd that neglect seems to play a disproportionate role in behavioral and emotional disturbances when compared to substantial physical and at times even sexual abuse. But from one perspective, this makes some degree of sense. Physical abuse is scary and painful, but neglect can be more emotionally damaging in that it creates the ongoing question of whether one's basic survival needs will be met. Faced with a bruise or burn and survival itself, what would you prefer? Neglect appears to be a betrayal of confidence in a care provider that can have intense long term impact on an individual's ability to truly count on or have confidence and belief in another human being.

It is likely that as far back as one can go in the history of humans, trauma has been an important factor. It is hard to imagine that an unexpected encounter with a saber tooth tiger did not leave a lasting impression on Homo Erectus, that is if the human was lucky enough to get the better of the encounter. It appears clear from physiology that the internal stress response was important for survival enabling the "fight or flight" response.

It also appears that as long as humans have been on the planet, they have been busy warring with other humans. Undoubtedly war also made lasting impressions on at least some warriors, although the understanding of trauma produced by war is a relatively recent occurrence. At the same time, it appears to have always been the case that some external experiences may produce little lasting trauma for one person, but may incapacitate another person. The study of trauma and its effects on people first began due to pervasive effects of world wars. But after decades of study, it is still somewhat of a mystery how some soldiers are able to come through the horrors of war with little or no significant trauma, while others have been forever scarred by the experience. One potential explanation for this is how the individual cognitively processes the experience. One of the essential clinical criteria for traumatic stress is the experience of a profound or life threatening event. Therefore it appears that if the individual does not define and thus experience the event as traumatic, it may not produce the same stress response, or be stored in the mid brain in the way we now know traumatic experiences are remembered. The ability of humans to use their cognitive abilities to define their external and internal experience can literally define their reality. For example, thrill seekers or proponents of "extreme" sports pursue the rush of experiences others would be traumatized by. The experience of whitewater rafting can be very frightening to one person and thrilling to another. Although the same

physiological experience, the cognitive process defines the meaning and long term significance of the situation.

A number of years ago Michael Reaves, a psychiatrist with significant experience with post traumatic stress disorder in war veterans, and I collaborated in a review of the similarities and the differences in PTSD in war veterans and in young sexually abused children. The results were shared at the annual conference of the Society for Traumatic Studies in Los Angeles. We were somewhat surprised that there were far more similarities than differences between veterans and children. However, there was one defining difference, most of the children did not have a cognitive paradigm to define their experience, where most of the veterans did. This tended to result in children viewing their experience as random and unpredictable and from an egocentric position (they were the personal target of the abuse). Therefore since the event could reoccur at anytime, the experience as never really over, times of non-abuse were merely interludes before the next episode. The child had an experiential open wound. As bad as war can be, the veteran at least to some degree has a context to place the experience and cognitively knows that they leave the war behind when they return home. But where does the child go to escape trauma that occurs in their home, often at the hands of a parent? Unlike veterans who had life experiences before the experience in war to compare it with, some young children know only a world with trauma ever present.

The point being made here is that the ability of an individual to be aware of their physiological and emotional state, and more importantly to cognitively define the meaning of external and internal experience, are keys to solving the puzzle of trauma and its effects on children.

### **The Challenge for Therapists**

With a few exceptions the potent aspect of psychotherapy is the therapeutic relationship with the client. When working with children who have experienced trauma, a relationship is very important. However, knowing how to form a bond with a traumatized child and knowing when a bond has been formed can be more complex than may be anticipated.

A relationship can be defined as a mutual connection between two people where social and emotional needs are met and no one is used or abused. With this definition in mind, forming a relationship with a traumatized person, particularly a traumatized child, can be a mine field. The most common mistake of inexperienced therapists is to believe a relationship has rapidly developed, when they are actually far from it. Forming a bond with a traumatized child is actually not the first rung of the therapeutic ladder like most others therapeutic alliances. It is actually one of the top rungs. Keeping in mind the fact that traumatized children remain in the "war zone" of potential abuse in their minds, a number of steps must occur to form the foundation of a true relationship. In my work I have found the Building Blocks of Treating Emotional Disturbance a useful road map.

### **Safety**

The internal question of the child is "will I be safe in a non-violent environment where my basic needs are unconditionally met?" Of course the child is seldom consciously aware of this question. They more likely assume they are not safe and thus are hypervigilant and suspicious of the people around them and the next potential source of abuse. Even if the child believes that you will not be the next abuser, they must determine that you will be able to protect them from their former or future sources of abuse.

## **An environment that communicates safety to an abused child has several essential characteristics:**

**Non-violence** - all aspects of the environment must be free of signs or hints of violence. This includes the presence of someone who wants to take you where you don't want to go (how a child might view a prying therapist). The energy from individuals must be for the most part calm, supporting and understanding. The child must experience room to be him or herself, the space and time to share what they want to share, and in the way they choose to share (seldom initially with words).

A suggestion I make is to consider the physical environment of your therapy space. Most therapists are aware of child friendly signs such as furniture that is comfortable and sized for children, as well as pictures, objects, and games that interest the child. Less often do therapists consider that closing the door to the office during the initially stages of therapy can be very threatening to the child. It can also make a difference if the therapist sits or stands between the child and the door, perhaps viewed by the child as blocking an escape route. I suggest that doors remained open at least a crack, and insure that the child knows they can exit the room even though they may never feel a need to.

A non-violent environment lets the child know that being who they are is not upsetting to the adults around them, because they know what happens when adults get upset. Although this may not be obviously, an abused child will carefully read the energy of the therapist and his/her hypervigilance will signal if the therapist is pleased or displeased with what is going on. This will then be personalized to the therapist being displeased with him/her.

Touching the child client is a complex issue and one that must always be considered individually. I would not say to avoid touch, but how and when you touch the child is important. Often abused children have an approach avoidance reaction to touch. On a deep level they like touch and it fulfills a basic need. On a protective level, they are weary of touch and often attribute incorrect meaning to it. The best course of action is to signal the meaning of supportive friendly touch with your energy. Your words will mean very little, so always communicate the fact that you are a safe person with your energy not your words. Abusers often tell the child one thing and the abuser's actions tell a very different story. Do not be reluctant to set some physical boundaries using physical touch. For example, if the child becomes destructive of property in the office, calmly and firmly step in and stop the behavior. Or if the child begins to hurt himself or herself, again calmly hold the child to prevent any harm. It is through this physical touch that the child learns that you are powerful enough to protect them from others and from themselves.

These children will be looking for any inconsistency in you and may react strongly when they find it. This can come as a surprise when the child is very upset when you see them at 9:05 when you said "I will see you at 9." Therapist often wonder how such a minor issue becomes major, and one of the answers is that the child is looking for the next characteristic of a safe environment--predictability.

**Predictability** - To an abused child, when things happen that they did anticipate and do not understand, their reaction is generally negative. Knowing their world and anticipating events are one of the few factors that reduces hypervigilance, which takes a great deal of stressful energy. A person cannot be safe if they are anticipating something bad happening at any time. In therapy predictability means having a routine: not changing appointments frequently, having a familiar and consistent place, and greeting the child with consistent supportive energy. If the process is going to change, leave sufficient time to help the child understand the change.

Remember, to many of these children, if it is different, it is bad. Having a session opening and closing 'ritual' of some kind may help with predictability. In this way, the child is reminded at the beginning of the session that this is the place where good things have happened, and at the end they are warned that we are about to finished for this time.

**Boundaries** - Physically and sexually abused children have experienced that their most basic boundaries have been violated. Adults have not respected limits on physical punishment by inflicting pain and injury. Sexual abuse has violated their most intimate and private spaces. Establishing boundaries does not just mean that you respect the child's space by asking for a hug or asking permission to touch them. It also means that you require the child to respect your space and follow basic rules in the office. Being open and supportive as a therapist does not mean letting the child do what they want. The child learns that there are rules that will be enforced, and this provides an important element of safety. The child may intrude on the therapist's space and in a counterintuitive way, unless the therapist establishes and maintains his/her space, the child will not feel safe. Some sexually abused children have been taught to offer themselves sexually and to act seductively. If you do not establish this boundary, you are not protecting the child's space which adults have taught the child not to protect for themselves.

There should always be rules in the therapy office. An essential one is no violence, which includes targeting people or things. There is a difference between and child expressing anger by pounding a doll identified as an offending parent, and the child trying to destroy the doll as an aggressive act. There will probably be places in the office that are off limits, such as client files on your desk. There will often be items in the office that are not available to play with or even touch, such as art work or the therapist's personal property like a purse or brief case. Unlike some who suggest not having items in the therapy room that are off limits, I would suggest having such items to show that there are limits that will be enforced. Limits and rules that are respected and taken seriously provide a sense of boundaries to an abused child.

## **Security**

The next step in the journey toward relationship is being secure in the people and the environment around the child. In therapy, building security means having consistent aspects of the counseling process the child can count on. Change will often be met with resistance and usually with suspicion. If there is a change in the day you are to meet the child or even the time of day, it is generally best to let the child know well in advance. Circle the new date on a calendar and let the child take it with them. Just the fact that you take the time to let him or her know helps with the need for security.

The other essential aspect of security is structure. As a general rule, the more anxious the child, the more structure he or she needs. Structure is important not only for children but for adults in the therapy process. Part of the structure of therapy are the rules. Overall, the best way to enhance security is through consistent structure in the therapy process.

## **Acceptance**

Hypervigilant children are extremely aware of the reaction adults have to them. They know that as a therapist, you are an important person in their life. How you respond to them in large and small ways will be greatly amplified by them. It is not unusual for the child to believe that anytime you are displeased with something they have done and you mentioned it, you were "yelling at them." The important point of acceptance is that there is a differentiation between the behavior and the child. Do not assume the child understands this distinction if, for example, you

correct the child's behavior for perhaps violating one of the therapy rules. It is important each time to correct the behavior but letting the child know that you believe in him/her and his/her ability to abide by the rule in question.

Consider your therapy style. Do you reward children when they easily share with you, and subtly punish those who withhold from you? Many years ago, I was asked to meet individually with an eleven year old female who was having problems with family members, peers and her teacher. She managed to go the entire first session without saying a word to me and in fact would not look in my direction. This became a challenge for me, and the next session I was prepared for the silent treatment. However, after several weeks of all my tricks to even have the child look at me, I received the same response from her--no response. I met with her parents and told them nothing was working. Shocked at my assessment, they had just the opposite point-of-view. They explained that from the first session, the vast majority of the problem behaviors had disappeared and they pleaded with me to keep doing exactly what it was that was making such a huge difference. I nodded knowingly, and agreed to continue despite being confounded by such a strange therapeutic relationship. Over the next ten sessions, I continued a variety of strategies and on one occasion I even brought in a newspaper and began to read it to the child. After fifteen sessions, that in my experience were all one way communication, we terminated the therapy a huge success with all problem behaviors gone at both home and school. However no matter what I did, this child never once acknowledged my presence in the room, said not a word to me, or even said good-bye when we terminated. To this day, if I can believe that our time together had anything to do with her behavioral turn around, my only theory is that she felt accepted by me even though she ignored me the whole time. Despite this, I continued to be there for her. To her, our time was hers to do with what she wanted, even if that was ignoring me. I thought about calling it newspaper therapy and going on the lecture circuit, but I knew some graduate student would ask how it worked and I wouldn't know how to answer.

Abused children always have dark secrets about the abuse. You may think you know from the file what they have been through, but at best you know some of the external facts. There is always more that the child went through, not to mention how they experienced it on the inside. Part of the therapy process is providing the child a place to communicate their experience in their own way. If they chose to let you in on their dark secrets, it is essential that you hear them out without strong reaction on your part. Unless you can hear about terrible abuse without reacting, the child may not sense that you can handle and accept what they have been through. Some children provide small details and gauge your reaction. If you have a strong reaction, "O you poor thing, that must have been terrible," the child will assume you can't handle the rest. Other children may exaggerate some details to see if you can handle it. The best course of action is to remain interested but not emotionally react. To the child, if you cannot handle their secrets, how can you accept "what they have done." One of the aspects of abuse that weighs on children is that they have been involved. Their behavior caused mommy to hit them, or it was their body that made daddy come in late at night. To many children, they were actively involved in the abuse, even if the opposite is true.

Throughout the process of therapy, continue to reflect to the child the strengths you see in them. Do not ask them to acknowledge these strengths, it is likely that they will not agree with you. However, this is a way that you can mirror back to the child aspects of him/her that you value. This process can strengthen the child feeling your acceptance.

## **Belonging**

To a child who does not feel that they belong anywhere, the challenge is to help them feel like

they belong in your office. You will need to find individualized ways to accomplish this. It may mean that the child keeps one of their belongings in your office while you work together, or it could be that the child likes the toys placed in certain ways. You may ask to put some of their art on your wall, or ask if they would like to make any changes in the room while they are there. Whenever possible, I attempt to externalize the goal I am trying to achieve in therapy. In this case, the interpersonal experience of belonging can be externalized by a tangible symbolic representation that has meaning to the child.

## **Trust**

By this point in the relationship building process, you may be thinking that surely the child knows you are there for them and a relationship has been established. But consider that some sexually abused children were the objects of grooming by the offender for six months or even longer. It only makes sense that many of the methods you use to gain a child's trust may have also been used by an offender to gain trust as well. Once I was facilitating a group for children who had been sexually abused. It was the first session and afterward I noticed an upset parent ushering her two children who were new to the group into their car. I intercepted them to hear the mother's angry tears that the children's offender had said and done many of the same things we were doing in group, and how was she to know if this would have a different result. I simply said, you will know because you can be here the entire time. Unlike some children's groups, I have always made it available to parents. Knowing they can come is often enough security that they don't feel a need to be there the whole time. In the therapy process, trust is not only an issue with the child, it is also important between therapist and parents as well.

Other aspects of trust can be enhanced by giving the child straight information. It may seem odd but trust can be built particularly by being honest in giving bad news to the child. Trust is built by being firm and enforcing boundaries previously discussed. Trust is also strengthened when the child experiences you as consistently the same person each time they meet with you. Abused children are used to adults who are unpredictable, which raises their stress and often spells trouble for them because they cannot anticipate when they may be hurt next. To build trust, accept the child's reactivity and let them know you expect them to need reassurances along the way.

I am often asked how long this process takes to develop a relationship, managed care does not give you fifteen sessions to form a relationship and thirty more to address the problem areas. It is difficult to put time frames on such a complex process, but the relationship building and therapy are not separate steps. In the graph of Building Blocks of Treating Emotional Disturbance, there are time lines mentioned that I have found in my work. You will quickly see that in fact the time mentioned (for relationship it may take six months) does not fit into the managed care paradigm. Some medical and psychological issues can be addressed with Band-Aids, others cannot. Trauma work does not easily fit the managed care mind set.

## **And Finally... Relationship**

Now that you have taken this journey with the child and sufficient time has expired that each of the building blocks have been climbed by both of you together, in my mind the word relationship can begin to be accurately used to describe what you have with your young client. If you are saying to yourself, I can do it much quicker with my kids, I would ask you to reconsider your position. Does the child give you what they think you want to hear? Does he act the way you let him know you want him to act? Does she comply out of anxiety? Does she share scary things when she would rather not? If any of this is true then what you have does not meet the definition

of relationship where there is a mutual bond, with room for both people and no one is used, not even for therapeutic reasons. This is much of therapeutic value that you have accomplished on the way to a relationship, but don't believe you have arrived at a relationship until you actually have.

### **Other Issues In Treating Traumatized Children**

We come from a culture that measures everything. Even psychology gives more credence to measurement or quantitative rather than qualitative analysis. In this culture of measuring everything, we attempt to quantify trauma with less than helpful results. The nature of trauma is not in the external event but in the internal meaning and experience of the event. A common mistake of professionals in law enforcement and psychology is to consider the seriousness of the external event. Unless you know the meaning of the event to the child, you will not know the level of the trauma. It is common to have one child go through profound abuse and at times be less haunted by it than another child whose abuse appears on the surface to be much less significant. Do not attempt to measure the seriousness of abuse, it will only predispose you to a belief about how the abuse has translated into trauma. The problem with your belief is that you may be accurate 50% of the time, which could be achieved by guessing. The importance of a traumatic event is solely in the eyes of the person who went through it. Put your energy into learning how traumatized children tell you about their pain, and pain is an internal experience with at times little to do with external events.

Some therapists confuse support with emoting for the child, or confuse sympathy for empathy. As in medicine, the first dictum is "Do no harm." In trauma therapy this starts with don't make the problem worse with mistaken signs of emotional support through sympathy. Remember the child's trauma is in part based on the meaning they ascribe to the event. Don't make statements that are very appropriate in other therapy situations, such as "that must have been terrible for you," or "I bet you felt very alone." Let the child let you know by words or symbolic communication what it was like for them. As a therapist, your words are not the only important communication to the child, your energy and your non-verbal messages are very important as well. You must learn to hear about abuse and not let your face tell the child it is hard for you to listen to his/her story. Many abused children will protect you from further details if they believe it is difficult for you. Particularly in the early stages of treatment, learn to listen to the child as you were listening to the weather report, and leave your meanings of the event to yourself. This can help avoid the child learning to consider the abuse more impactful than they first thought.

It should be clear by now that it is important not to rely on words as the primary communication. Children often do not have words to describe events or experiences even if they wanted to let you know in words. There are many symbolic methods of communication that children are more comfortable with and may even enjoy. These include play, art, stories, movement, sand tray work, and puppets. There are professional trainings offered for these methods, which can be important aspects of the therapist's bag of tricks. One of the roles I played for years was to work with children who would not open up to child protective service workers, and particularly to law enforcement officers. I quickly learned that if I approached the child as the investigators did, I would likely end up with the same results. So my first job when meeting the child was to establish a method of play. When young children interact with peers and adults, they often do so with toys. One of the most effective toys in my office turned out to be a large plastic alligator, which had a mouth that opened. Seldom did the child hold back when I spoke through the alligator as I opened its mouth. The children were usually fascinated and spoke freely to "Ally." I would not have chosen this rather fierce looking toy, but it was the only toy handy one time and it was just odd enough that it worked very well, so I used it often.

There is no question that law enforcement and child protective service workers have difficult and unenviable jobs. However, I do have a problem with some aspects of typical investigations, and that is the goal is not to help the child, it is to get something from the child, in this case information. Many investigators believe that putting together a good forensic case does help the child. My clinical experience is that investigations and court cases do as much harm as good for the child. Don't confuse what we in our society want (justice or revenge, depending on your perspective) from what the child wants, which is generally to be left alone and to forget bad experiences. Done poorly an investigative interview can definitely be further traumatizing, and be experienced by the child as just another adult using him or her for their own purposes. Actually the investigator is in fact using the child for information. Some would defend investigators by saying their job is to get the facts. Perhaps so, but it is important that therapists not go in search of facts and miss the child. Seldom are facts important in trauma therapy. For this reason it is very important that therapists not do what investigators do, which is to ask the child to open up and be vulnerable when it is not clear the child feels protected and supported when you aren't around. We should never ask the child to let down her defenses if she will need them when we leave. It may take you some time to determine how supported the child feels in their living situation before beginning to encourage them to open sensitive doors to personal trauma.

### **How Abused Children Think**

It is helpful for parents from time to time to remember back to their own childhood. Not so much in your thoughts but in your emotions. The time of childhood is not primarily a time of thinking, but a time of sensing and feeling. As children, we remember things based on our senses, not thoughts. We remember our home town by the way it smells, we remember times of our lives by sounds and music. Some forms of touch remind us of positive memories, and others less positive. It is not always clear to adults why there is a preference for one texture over another or why most people have aversions to things that they are not sure why. The probable causes of such internal "set points" are childhood experiences that your body remembers, but your conscious thoughts do not. When adults remember back to their childhood, it is difficult because they have cognitively attempted to make sense of this time in their life--where they lived, was it a good time or bad time, where they lived at what age, what grade in school, what defining events were going on either in the family or in the world. However, this is not going back to childhood, this is using the documentary approach to looking back in a linear way. To be a child is to see, feel, touch and taste the world without it all making a meaningful whole. If we are able to do this as adults, we have a chance to touch the experience of terror at being lost in the department store when you believe you will not be found. You may remember a pet dying and feeling the deepest level of loss as if you will not recover. Children do not feel half way, they only learn to do this as they grow up. When the child doesn't get what she wants, it is the end of the world right then. Children live in the now, and in their feelings not their thoughts. Fortunately all adults have had experience as children, but unfortunately adults seldom are able to truly recall what it was like.

Adults have a variety of ways to make their lives routine. Routines or rituals are ways that people make sense of the world, and provides them with some sense of understanding, and therefore control. All cultures have rituals that are designed to communicate to the members of

the group that life is not random and without meaning. We can make sense out of it through defining our experience in certain ways. One of the truly innocent aspects of a child is to watch him or her experience something for the first time. The toddler who tastes the lemon, the excitement of going to the zoo and seeing all the creatures up close. Our treatment program is 50 miles from the ocean, and on every trip to the beach we seem to have a child who has never seen the ocean. I remember one eight year old child who stared at the Pacific for the first time and said "I didn't know it was so big." Of course there is no way to let the child know how truly big the ocean really is because he has no frame of reference for this understanding. This experience of just letting the world in is a quality we both teach children to move on from, and one we admire at the same time. However, as adults we believe that experiencing things as if for the first time is just not functional for living. Living this way would distract us from our work, or the serious content of daily life. Spiritual systems would disagree. In Christianity the Bible admonishes that "unless you become as a little child you cannot enter the kingdom," and in Buddhism there is the concept of "beginner's mind" which is to experience everything as if you are a beginner doing something for the first time.

Children must rely on adults to provide this security of understanding the context and meaning for them. If a child is unfortunate enough to be raised by an adult who is randomly abusive, the world becomes a frightening war zone for the child, and the enemy is not just the abused adult but potentially all adults. Abused children take the childlike qualities of experiencing the world one step farther than other children. Their survival instincts are heightened by abuse, because abuse, particularly by a care provider, tells the child that it is essentially up to him or her to survive. This complex situation combines the experience of going through life leading with one's feelings and experiences (seeing foreground without seeing background), and the hypervigilance of being on guard against threatening experiences and people. Without the ability to explore the world within the context of the safety of a protective adult, abused children go through the world often avoiding experiences, people, and places rather than exploring them. What this does to children is to rob them of the innocence of childhood. There is no question that they are a chronologically and maturationally a child, but they cannot afford to let life happen to them without insulating themselves, and essentially assuming the role of self-protection. This creates anxious, hypervigilant, moody, easily irritated, demanding, controlling, rageful, reactive and all the other symptoms of abused children.

Within the context of this complex issue of how children experience the world, it is still helpful to know what abused children are thinking. Because of the factors discussed above, these children will flip from thinking to feeling frequently. Triggers in their environment can suspend their basic thought processes instantly, and primitive reactions take over. Although some professionals believe that there are certain types of children characterized by explosive tendencies, I have not found this to be the case as much as I have seen the switch from reactive emotions to cognitively mediated behavior more apparent in some children than others. There is generally a reason for this pattern, and it is the presence of trauma in the child's life.

In describing the internal process of abused children, I am reminded of the six year old boy who was taken to the "adoption faire" by his caseworker. This was an event where prospective

adoptive families and children available for adoption were brought together to meet and do a variety of activities designed to have families look for children they were interested in (by the way, a concept I have never supported). The afternoon was filled with food, fun, balloons and games. When he returned to our program, I asked him how the party was for him. He said it was OK, but the adults kept getting too close to his private parts. This assessment of the event would never have been considered by the organizers, his caseworker, or any of the parents at the event. However, knowing the inner experience of this sexually abused child, puts the many encounters and hugs lovingly given by adults at the party, into an entirely different perspective--his.

Abused children get stuck in certain patterns, not unlike adults as well. The child defines her situation in primitive terms (more precisely feelings) of good and bad. It is good to go now, it is bad to wait five minutes. Enough is not a developed concept--enough food, enough TV, enough attention. In Gestalt terms, the child does not place the foreground in the context of the background. Therefore this moment is the defining event in her short life, if you said yes the last ten times, the fact that you are saying no this time, is all that matters. The child does not experience continuity, your love for him must be proven every day with every action. Since survival is ingrained in the base brain, getting, grabbing, taking and consuming are much more developed than any signs of waiting, delaying, or letting someone else go first. In a precognitive way, the child needs to get to the drinking fountain first because he cannot be sure that there will be water left when it is his turn. If that seems silly, watch adults leave a stadium after the game or try to get out of the church parking lot as if Godzilla was expected at anytime. Because now is all a child experiences (foreground), the fact that there has always been more water in the drinking fountain does not enter into the internal process that drives the child's choices and behavior.

Abused children do not experience their own controlling and demanding behavior as a problem. They experience any barriers to their needs and wants being met as problems. In other words, adult who set limits are experienced as threats. In a type of reverse logic, safe adults become the biggest targets for their wrath. This occurs because unsafe adults are to be watched and avoided, if possible. And it is safe adults who make it possible to express what they really feel, which is generally negative towards adult who set boundaries and limits. This appears to be true for parents and therapists, and whoever takes the time to enter and try to understand the world of an abused child. These caring sensitive adults will often be rewarded with hostility and at times aggression from the child.

The therapist has two primary roles with traumatized children: first, establishing a safe place for children to explore their exterior and interior world as they wish, and second, to become a therapeutic coach to the people who can make the most healing difference in the situation--the parents.

I have already covered a number of issues concerning the role of creating a safe place. It is important to remember to individualize every case: learn the language of the child, don't ask him to let down his protections unless he is currently in a supportive environment at home, don't be

in a hurry, and don't mistake manipulation and the child following your lead, for a true relationship.

The second role deserves some attention--that of being a "coach" to the family. Therapists often overestimate the importance of what they do, and under estimate the impact they could have on the environmental scene. Too many therapists opt for seeing the child alone as the treatment of choice for young abused children. They believe they can create the conditions necessary for the child's healing during an hour every Wednesday morning at eleven. This type of thinking is generally overestimating the effect they will have. Opting to work with the child, who is the one who has been traumatized, and not working with the parents, is overlooking the opportunity for maximum therapeutic impact. But isn't it the child who needs the therapy not the parents? Correct, so save your therapy for the child, and with the parents learn how to be a good therapeutic coach.

The role of a coach is rather specific. No one would assume that Michael Jordan or Mia Hamm don't know what to do in the stadium. However, it takes the coach to bring out the best in the athlete. The coach never goes onto the field, but they do send in plays and provide external eyes for the athlete to see themselves and how they can improve. A therapeutic coach is very similar. They know that it is the parents who must play the most important role in the child's healing, because parents create the environment that will either support or further traumatize the child. Even if the parents are not particularly skilled at parenting, they deserve the chance to improve through your coaching, and the child also deserves to have more skilled parents.

The coach assesses the family environment and makes important adjustments. Like other coaches, therapeutic coaches look in from the outside and call in a play. Therefore the family must agree in advance to the arrangement of relying on the therapist as coach. Most parents are very eager to help, if they know what to do, and know that, in fact, what they are doing is helpful to the child. As has been explained, it can be very complex to understand what the child needs and living with the counterintuitive aspects of the role the child's thinking. Without a coach, few parents are prepared to do their best job as a therapeutic agent for the child. Many parents resist "therapy," but few will resist an experienced coach who will help them be better at accomplishing this extremely difficult task. The tone of this book is coaching. I do not assume that therapists do not know their business, or that parents do not know their own child; but I do believe that focusing attention on specific issues can improve the quality of therapy and parenting.

The final point for therapists is when to get help with a case. Too many inexperienced therapists believe that asking others for help is a sign of a lack of competence or confidence, when the opposite is true. All the best therapists know when to seek some coaching for themselves because they, like all world class athletes, understand some outside input can often improve their understanding and their performance. It is a good idea for all therapists to have a supervisor either in the form of an individual or a group of peers who provide group supervision. The supervisor does not need to be more experienced or more knowledgeable, they just need to have the value of an objective third party perspective. It is amazing how clearly we can see

how others can improve, and how difficult it is at times to know what to do when we become stuck. Therefore, the answer to when should the therapist seek external input and coaching is frequently.

## **Parenting the Traumatized Child**

Although the role of being a therapist can be challenging, it cannot compare to the difficult of being the parent of a traumatized child. Among other differences, if a therapist believes she is not accomplishing the treatment goals, she can refer to another therapist. A parent who believes she is not getting through to a child cannot refer the child to another parent. It is the parent's role to provide, to teach, to understand, to admonish and discipline, to provide structure, to play and have fun with, and to nurture the child. At times, some of these tasks feel mutually exclusive. Many times the child seems to be doing his/her best to obstruct the process rather than cooperate and work with the parent. This is the reason for the title of this book. The parents of the majority of children have a huge job on their hands, but the parents of traumatized children have the same job under much more difficult circumstances.

The Building Blocks for Treating Emotional Disturbances were discussed in the last section in relation to the role of therapists. It will be important to revisit these areas in regard to the role of the parent. A number of characteristics and examples of children will be mentioned. Some might sound extreme and worse than what you face in your home. If so, appreciate this fact because some children are every bit as challenging as my examples, and some children even more so. Not all the characteristics mentioned will be true for all children. But I trust that you will find examples that sound like your little darling at home, who has you reading this book and who is making you earn your parenting stripes. You will notice that additional building blocks have been added to the parent's task.

## **Safety**

It is typical for traumatized children years after their abuse has ended to continue to, at least subconsciously, wonder when they will be abused again. It is also common for these children to overreact to limits or discipline, and at times to claim you are abusing them. It is true that in life we usually find what we are looking for, if not in reality than at least in our own mind. Abused child continue to experience abuse when there is none. They have an inner radar that sizes up adults in their world. An oddity about traumatized children is that they do not always avoid such adults. At times their protective method is to get on the good side or make friends with an individual they find threatening. A fact that may be hard for some to accept is that in more severe abuse cases, children will frequently pursue abuse and act in ways to recreate previous traumatic events. It is as if their world is one where abuse is ever present, and rather than be anxious about from whom and when the next abuse will come, they get it over with. Another pattern of abused children is to escalate their behavior until they become dangerous to others or to themselves, and need adults to prevent harm by holding them. When protecting the child becomes physical, it is at this point the adult will often be rewarded by the child with being called an abuser. After two decades of this experience and sufficient understanding to know better, it is

still difficult for me to be holding an out of control child as they scream that I am hurting and abusing them. Although this experience may be frequent enough for my mind to understand what is really happening, it remains upsetting to my body and my emotions and never becomes routine. Perhaps it is good not to become hardened to this experience.

Another aspect of demonstrating to the child that the environment is safe, is to demonstrate the ability to contain the child's explosions (or implosions). Although the adult will usually be punished by the child (biting, scratching, kicking, or calling you things like an abuser), these children must test whether you can handle violence situations. It is another example of counterintuitive logic, that children are anxious about violence so they become violent to see if they are safe. When this happens, it is the adults job to take charge of the situation and not to let the child hurt anyone or anything. Frequently abused children will resort to damaging or destroying their possessions, often their favorite things. Some adults let this happen to have the child learn from logical consequences. Don't do this. When the child tests you by pushing the limits of violent and destructive behavior, use this opportunity to demonstrate your ability to maintain a safe environment, as well as your ability to protect the child while staying calm yourself. This is the quickest way to stabilize the present situation and resolve the need for further testing of this type. Understand that when abused children attack you or others they may be less motivated by a desire to hurt you (regardless of what they look like or say) and more interested to see if you can keep them and others safe. Strong adults who stay in control of themselves and the situation, receive much less testing from children.

A safe environment is one where the child's basic needs will be met. Particularly for children who have experienced neglect, they are constantly concerned that there will be insufficient food, their clothing will be less than what they need, and other basic needs will go unmet, creating stressful vigilance. It is not unusual for one of these children to hoard food years after there has been any sign of neglect. This comes from the child's unconscious belief that this meal may be their last, so stock up and at times take some with you.

Safety is communicated from messages throughout the environment. To have ensured a message of safety, consider any forms of violence in your world such as movies and entertainment, verbal interchanges, playful expressions, and how pets and animals are treated. In our treatment program, we have always served a meatless diet, not because we are vegetarians, but because we need a ranch that is safe for the children and for chickens and other animals as well. On a family farm like ours, children tend to have a better idea where the milk and the meat come from. Although the typical American household is desensitized to violence, such as hundreds of violent incidents on prime time TV each night, do your best to consider any messages of violence in your home. If "Lethal Weapon 8" or horror movies are your style, at least talk to your children about the different between real and pretend, although you will probably not be very successful.

Safety also requires clear guidelines and rules. Make sure that your household has clear and specific rules. This helps provide a structure that is critically important for abused children. Start with firm limits, you can always back off later. When in doubt err on the side of firm structure.

Children will let you know with their calm energy when exterior structure can be loosened, and their own inner structure is ready to take over.

A final point on safety is to avoid punishment, discipline, or consequences that get too close to basic needs. For example, it is not advisable to consequent a previously neglected child with the loss of food, such as being sent to bed during dinner. Although they will survive with fewer calories on a particularly day, you need to consider what this may do to their inner anxiety. Some parents will lock a constantly intrusive child out of the house to get some space. While the frustration of the parent can be understood, it should be clear why this may have counterproductive results, with the child's anxiety likely producing more intrusiveness. To have a safe environment, all basic needs must be met unconditionally, regardless of the child's behavior, attitude, or cooperation.