

Trauma & Recovery a recommended protocol for children and the Education System

Based on the BASIC PH model

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BASIC Ph recommended post-trauma interventions Individual and group methods for the three stages of recovery from crisis induced trauma

The following strategies are grouped into the three stages of healing suggested by Herman, integrating **BASIC Ph coping resource and coping skills**. The channels that are employed in each activity are marked in the attached legend.

Legend:

B - belief Systems

A - affect

S - Social support

I - imagination, fantasy & creativity

C - Cognition

Ph - physical channel: body-mind connection and behavior.

First stage: physical and psychological safety and security

Create your SAFE space in colors, shapes and lines (Ph, I, A coping channels)

Find a comfortable place, sit or lay down. You may close your eyes or leave them open. Soon I'm going to take you on an imaginary trip to a very special safe and reassuring place.

At the end of the trip - you'll open your eyes and draw your impressions of this SAFE place. Now with eyes open or closed, go inside into some place you like a place where you feel good you feel reassured and comfort. It can be outside or inside, in the wood, by the sea or in a house or castle. It's your own private space. You can get a sense that space - where your body is, and the air that's around you. It's a nice place to be, because it's yours. Notice what's going on in your body. Notices if you're tense anywhere. Don't try to relax these places where you might be tight and tense. Just notice them. Run down your body from head to toes and take notice. How are you breathing? Are you taking deep breaths or are you breathing with small, quick ones? Take a couple of very deep breaths now. Let the air out with some sound. Do it again.

Now **imagine this fun place where you feel protected & loved, where you belong and enjoy**. You may have been there before, or you may create this place in your fantasy. In your mind's eye - look at the place, at the colors and shapes, listen to the sounds. Watch who else is there? Notice what is it that gives you this safe comfortable and reassuring feeling.

When you open your eyes - please draw your "safe place" in colors shapes and lines.

Adapted from Oaklander (1978).

Another option of the safe space are the therapeutic cards (Lahad 2000) where the child is encouraged to pick a card, from the 44 SAGA and 70 Habitat therapeutic cards, depicting a safe space. The child is then asked to put that card on a white piece of A4 paper and with crayons to create the surroundings of that card. Thus, making the "neutral" card into a personal one. For auditory kids – finding a soothing music and listening to it from inside or on a real cassette can be the starting point later to be depicted on a paper with colors shapes or lines.

1. Brain-Body Connection

NOT TO WORRY! HOLD YOUR POSITIVE POINTS! (Ph coping channel)

Whenever you feel under pressure, hurt or shocked, take the emotional edge off by holding your Emotional Stress Release Points, also called Positive Points in Brain Gym. Emotional Stress Release was first presented in **Touch For Health** in the early 70's, and involves holding the neuro-vascular holding points that balance both the Central (mental) and Stomach (digestive) energy meridians.

1. Put your fingertips gently on your forehead, above your eyebrows.
2. Tug up slightly on the skin, while you think through your problem, pre-rehearse a successful outcome, or talk it out.

The energy in your hands is enough to keep blood and warmth in your front brain, and stops the classic stress response (flow of blood from front brain to back survival centers) right in its tracks. Now you can perceive new ideas, and make creative choices in the light of what you already know, even when you're stressed.

Combining Mental Rehearsal with Positive Points creates a rocket trajectory to excellence. Mental rehearsal has already been proven effective by athletes, sports coaches, educators and psychologists. As already mentioned, new brain research supports the idea that what we imagine is as real to our brain as what we have actually experienced. Thinking fires off the same circuits as doing. Adding Positive Points to mental rehearsal assures we are programming our imagined action in as a whole-brained, integrated activity, with full power in the frontal lobes!

Stress releasing the past:

This technique can be used to defuse the stuck circuit lock triggered by any stressful memory or fear. All you need do is to hold your Positive Points while you remember the incident, until you notice yourself feeling more relaxed. Next, reframe the outcome by imagining as many changes as possible to the old stressful memory, and visualizing a positive outcome with as much sensory detail as possible to create the new "reality" you deserve. Make it up,

if you have to! You hopefully break the hold of the old memory, by adding in new information. De-fuse the bad, so you can keep front brained when you think of it, and infuse the good, to lay down positive neural "memory" traces.

Stress releasing the future:

Hold your Positive Points while you visualize an upcoming challenge--a presentation, an exam, an interview, a race (any situation where you want to be calm and focused)-from beginning to end. Anticipate everything that could happen, good or bad. See yourself handling all possibilities with coolness and grace. See your successful completion with as much sensory detail as possible. Awareness of colors, sounds, smells, tastes and body sensations which occur while holding your Positive Points activate more areas of the brain which could be tied into a circuit lock.

Promislow Sh. (2000) Brain-body connection p. 85-86

2. Unfreezing the body-mind (Small tasks homework) (Ph coping channel)

When the crisis is over, the mind-body shock may stay on indefinitely. Some children may be fixated on one repetitive action, thought, movement or play, in an attempt to restore what existed before the crisis. But this is the one solution we cannot offer. One of the things we can do is help the child to find an alternative mode of behavior that will restore his sense of security. Alternatives don't mean solutions, but a way to feel safe again in the daily routine, one step at a time.

Kfir, N. (1989)

Fulfilling small tasks as "homework" is very useful for children who are stuck, frozen in the shock of the trauma or show compulsive-repetitive behavior. It can be done in the form of small tasks that are manageable. Sometimes it is necessary to introduce control in the situation by authoritative assignments, actions, and supervision. Each small task that is fulfilled is marked by the parents or therapist as an achievement .

Activity: Choose an activity you used to like before the event that makes you feel physically and/or mentally comfortable.

Choose a good time and place to engage in this activity.

Keep doing it for a whole week.

Relaxation

Any form of relaxation is part of the safety and security stage. There are various techniques to teach children relaxation using action as much as using guided imagery or "focusing"

methods. Relaxation is crucial in the healing process as a "safety valve" before embarking into the re experience phase. Whenever the child feels overwhelmed or over aroused (in some terminologies over engaged) the therapist should remind her to "activate" the relaxation technique she was trained to use. Over engagement may result in some cases in "dissociation" or "flooding" experience which we would like to avoid. If such phenomena happen the therapist should encourage the child to open her eyes if she closed her eyes earlier, to talk in the past tense, to look at the therapist and to reduce the SUDs by exercising the relaxation.

Future positive sight

At this point' we sometimes deal in a direct manner with traumatized children asking the child to "***draw a picture of the worst thing in her life and the nicest thing in her life***" encouraging the child to create a dialogue between these two aspects known also as "me & not me" in order to bring about a positive picture or at least a mutual recognition between these two otherwise very antagonistic aspects. The purpose of this exercise is to support and "give permission" to "invite" the very loaded issue of positive "nice" things back into the life of the traumatized child who so often feel guilty, unworthy and not adequate if expecting positive things in view of the terrible incident. At the same time one must acknowledge the bad things. The idea of co-existence of these two aspects is crucial in our mind to their ability to integrate the trauma as part of continuous story.

Stage 3 Reconnection - Future perception (I, C coping channels)

Where would you like to be in a year time?

Close your eyes and let your body relax. Let your mind drift with your imagination into the Future. Try to imagine the place you wish to be in a year time. Is it the same place you are now in? Is it different? Describe this place. Pay attention to the surrounding; observe it carefully: Are there any unusual things? What catch your attention? What is important for you? How do you feel there? Who is around you? How do you feel about them being there? What do you expect of them?

What do you do there? Are you still doing the same things that you are doing now? What is making you enthusiastic awakens you? In what sense is your place different that your current place? Is it a place you really want to be in? Do you know how to get there? Did the exercise helped anyway to clear your goal? What do you take from it to the ***present?***

Reframing trauma through personal narratives (I, C coping channels)

Wall and Levy (1996) present a unique approach to working with families and children. Children who suffer the death of a significant other because of homicide, or who witness a homicide, often withdraw and become rude and argumentative and their trust in human relationships may be shattered. By suggesting the use of narrative theory as part of an intervention, Wall and Levy move beyond the usual alternatives associated with working with victims. Although their specific focus is on helping clinicians apply *narrative theory* as a way to mitigate the impact of homicides on children, families, and communities, their approach may be useful in other contexts. "Narratives are considered to be symbolized accounts of actions that have temporal dimensions. Narratives are not literal accounts of events, since they incorporate the narrator's perspective and evaluation . . . ***Narratives are used to evaluate the past in the light of the present, as models to guide current behavior, as well as to anticipate future events and experiences.*** (p. 404) Children who construct coherent narratives are typically those able "to maintain a sense of personal meaning when confronted by unpredictable events and adversity," whereas those who construct incoherent narratives may reveal their "lack of interpersonal security, self-fragmentation, and a loosening of ties to a social environment (p. 405). One of the goals of an intervention employing narrative is to help children develop narrative coherence by the caregivers paying attention "to both the structure and content of the narratives and their potential to provide avenues for enhancing a sense of self-efficacy" p. 405). The authors describe an in-depth case study of how to use this intervention with a nine year old African-American child who survived the death of his brother, a victim of gang violence. "Through constructive social action," such as using community resources to help the child cope with the situation and reinforce the notion that the family is imbedded in a socially supportive environment, "clients can transform the homicide from a senseless event into one in which they imbue meaning. By engaging in constructive action, one can honor the memory of the victim and ensure the integrity of the survivors" (p. 412).

Choose your dream

Many children who have been exposed to traumatic events find it very difficult to fall asleep. Intrusive pictures, sounds and sensations keep coming back to them especially at the time that "the world around them is getting quite. The fear of the dark brings back the association of the traumatic incident, and so falling asleep or staying asleep become a major concern and problem. One more book for helping young children gain control over frightening day or night dreams is the little self-help book: "**The Goodnight Book**" (Frankel, 1995). It offers the to choose a dream that s/he would like to dream. At the end of the story (that tells about a boy who was afraid to fall asleep) the author gives the child a choice of painted dreams that have "topics" such as: sweet dreams, dreams of angels etc. The author also encourages the child to draw the desired dream for next night before going to sleep and place the drawing under the pillow so that the "dream-fairies" will bring this dream over at night.

