Dissociation in Traumatized Children and Adolescents

Theory and Clinical Interventions

Sample Chapter

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Approaching Mrs. Tibo’s first-grade special-education class is akin to closing in on a thundering waterfall—the sounds assault you long before you see the sights. The racket today is louder than usual, however. Alarmèd, I cover the distance to the classroom with wide steps, and taking a deep breath to make sure I am fully present, I open the classroom’s door. Huddled in a corner at the end of the room, a boy is holding a chair, seat to chest, four legs aimed at the teacher. He is yelling: “I gonna’ beat you up, I gonna’ beat you up!” It is Leroy, one of three children on my caseload from this class. Ms. Linda, the teacher’s assistant, attempts to restore order by incrementally raising the volume of her own voice. Mrs. Tibo, en route for the chair with her own voice reaching foghorn proportions, threatens to call Leroy’s grandmother. This only seems to have the effect of increasing the zealous thrusts of the chair in her direction.

Seven-year-old Leroy is of average height and medium build, with long eyelashes framing haunting dark eyes, shiny brown skin, and a body that is pure muscle. I have been seeing him for the last 3 weeks, ever since I was assigned as a speech-language-pathology consultant to this Harlem elementary public school. The agency I work with fills up holes in staffing that the Department of Education is not able to fill. This means that almost every year I get assigned to a different school.
According to his Individual Education Program (IEP), Leroy has speech and language delays and is mandated for twice-weekly 30-minute sessions in a group of two. I have been seeing him with C.K., another child from this class, partially because they know each other but mostly because this combination proved to be the least combustible.

Working as a consultant to the New York City Department of Education, I am often in schools in Harlem or the more difficult (read: impoverished) areas of the Bronx, where the proportion of children needing help is in direct opposition to the number of resources available to them. All too often these children’s speech and language needs are a result of a combination of poverty-limiting life experiences and environments, and a staggering prevalence of early traumatic experiences: homelessness, neglect, domestic violence, as well as direct trauma, abandonment, and abuse. With scant support in the presence of chaotic overwhelm, children end up having to close off some parts of their experiences and to distance themselves from the emotions and events. They put up protective walls between themselves and others and shut down inwardly, resulting in another kind of communicative poverty.

These children frequently need to learn how to use language socially, how to narrate, inform, and explain. At times, this requires they be seen in small, supervised groups before carrying over new skills to unsupervised interactions. In Leroy’s case, with no opening for an individual session and given his social language issues, a group of two was an acceptable compromise, and I take him by himself whenever possible.

Leroy’s file reports reduced expressive and receptive vocabulary, dismal attention span, difficulty following directions, and overall insufficient academic performance. His language-learning problems surpass the environmental delay often present in inner-city children. He shows distinct difficulty in identifying emotions in pictures or stories, and his replies tend to be unusual, even unsettling. When I showed him a picture of a boy with a broken bike and asked how he thought the boy was feeling, he said, “Happy.” When I asked why or inquired what he thought the boy would do next, he just stared uncomprehending. Looking at a girl’s birthday party picture he said, “She mad,” but was unable to say anything more about what he meant or why a smiling girl with presents galore would seem to him to be angry. Internal sensations, also, are a foreign language to Leroy. He could not name or even seem to recognize hunger, pain, fatigue, or thirst. Although he rattles off names of rap stars and lyrics—foul language and all—he struggles with identifying things like the steering wheel on a car or the wings on an airplane. He lacks adjectives such as dirty, full,
empty, heavy, or short. His descriptions and judgments are limited to “good” and “bad”: a full cup is “good” and an empty one is “bad”; a clean shirt is “good” and a dirty shirt is “bad.” Leroy’s communication is not only delayed but seems to follow a different vector than that of “standard” delays.

Even though trauma history is not clearly defined in Leroy’s file, he has indicators for difficulties with emotional regulation, as well as some post-traumatic and dissociative tendencies. Observing Leroy in the classroom and speaking with his teachers makes it evident that he is an aggressive and explosive child who attacks other students with malicious force at the slightest (and sometimes no apparent) provocation. Sailing through the air with the agility of a trapeze acrobat, he would punch a class member or toss a table and its contents to the side and then routinely and fumingly deny the very action and attack again, enraged by the accusation. Leroy stares a lot, becoming unresponsive to his name. He also runs away from class, hits his teachers, and swears like a sailor. He refuses to participate in most activities.

Leroy is labeled as having oppositional defiant disorder (ODD), attention deficit/hyperactivity disorder (ADHD), language learning disorder, and a few other titles thrown in for good measure. His denials of misbehavior are considered to be outright lies and proof of his ODD.

Children do lie to stay out of trouble. However, denials of misbehavior can also be indicative of dissociation. Events (and actions) that take place when a child is in a dissociated state often are not encoded in memory that is accessible to the other states of the child and, therefore, may not be available to the child later for retrieval. The child in one dissociated state might not remember what he is accused of doing and did indeed do when in another dissociated state. Similarly, the child might also have difficulty remembering consequences from one event to the next, appearing to not
“learn a lesson” and to be disrespectful of boundaries (ISSTD Child and Adolescent Committee, 2008; Silberg, 1998). Because teachers, doctors, and psychologists often do not recognize dissociative features in children, it is not unusual for dissociative children to have multiple misdiagnoses. This is particularly true when trauma is not reported. Professionals need to look beyond reported diagnoses to the child’s behaviors and responses to understand what the child is experiencing, especially when the behaviors seem inconsistent or intermittent.

To control Leroy, Mrs. Tibo and Miss Linda have reportedly “tried everything”—raised their voices, used a point system, punished, directed, confronted, and sometimes restrained. But discipline appears to roll right off of Leroy with no lesson learned.

Leroy has good days (rarely) and bad days (often). His bad days frequently follow an initial outburst, after which he continues to explode with or without reason. Most students give Leroy a wide berth. Others tend to provoke him. He is an ongoing challenge to have in the classroom, and his teachers are grateful to have him taken out of the classroom for services.

Classroom teachers are often displeased when I “take their kids out” for speech therapy. The imperfect reality of treating children during school hours means they end up missing some of what their peers are studying when they already have many gaps. Ideally, the time the children spend in speech sessions should help them make up more than what they would otherwise do in class and provide them tools to do future independent work better. However, in a school atmosphere where state-wide test scores are measurements of a teacher’s skills, it is not surprising that teachers resent anything they view as interference with their class plans. Some “tolerate” my intrusions to their class only because the children are mandated by law to see me. Mrs. Tibo and Ms. Linda, however, are more than happy to have Leroy out of the class for a while.

Leroy’s out-of-control behavior is attributed (on record) to his short attention span and language-learning delay, and also (off record) to low motivation and overall no-good character. In fact, he is seen as “most likely to be dead or in jail by 18.” In a supremely chaotic elementary school where police and paramedics are a familiar sight, this is not an easy status to attain.

Having witnessed Leroy’s behavior firsthand, I was aghast to find out that he was not in counseling. Reportedly his family refused psychological evaluation, but I suspect that the school—already caving under the burden of too many children in need and too limited a staff—did not press the
issue. Leroy was going to receive speech therapy (“Speech” hereafter), and this would have to do as the school’s effort at intervention.

Leroy’s reputation is well earned. In the first weeks of our work together he did not listen, refused to work, and repeatedly attempted beating up C.K., his speech-group partner. He pushed, touched, grabbed, provoked, and denied; his sheer physical strength made him hard to handle (and me black and blue). But Leroy shows more than just aggression. He can be quite paradoxically sweet and lovable, practically puppy-eyed in the moments he is not awash with fury. He is eager to please, easy to hurt, and overly critical of himself. For all his rage, the boy is endearing, a heart-breaking elephant in the china-store of relating. I want to take him home and make it all better.

These paradoxes in Leroy’s behavior and demeanor are not like the relatively slow-cycling changes sometimes seen in children who might have bipolar disorder. Rather, Leroy can shift literally from one moment to the next and back, moving from fury to bewilderment to affection to desperate need. Such rapid shifts are often the hallmark of a child moving from one dissociative state to another (Waters, 2005).

Now in the classroom, I walk toward Leroy. I keep my breathing even and hope to somehow transmit to him some of the compassion I am feeling for him. I visualize brushing off his agitation with gentle feather-strokes. I visualize his excess energy rippling softly and calmingly around and away from his body. I visualize him calming down.

This “energy work” is not part of speech-language pathologists’ traditional expertise, and I realize that can seem a bit “out there” for some clinicians. And yet, I have found that using intentional compassion in visualizations can be extremely helpful as a calming method, if only for helping me remain calmer during children’s (and adults’) distress. Children are, as a rule, acutely aware of the emotions of those around them. They rely on the adults in their lives and are therefore attuned—for good or bad—to the adults’ state of mind. A distressed adult can be scary to a child because the child perceives that the adult may not be able to protect, comfort, or help the child; which adds to the child’s distress. An angry adult can be terrifying, especially if the child had experience with angry adults who took their fury out on the child or were otherwise out of control. A calm adult who can contain his or her own emotions has the best chance at calming a child because the child can sense that the adult would take care of the child and help the child regulate distress.

The boy turns to look at me, causing Mrs. Tibo to glance in my direction while still keeping one eye steadfast on Leroy’s chair-missile. Exhaustion, frustration, and anger are written all over her face. I know she had repeatedly—and I believe appropriately—asked for a paraprofessional to assist her with Leroy, only to be told that “there’s no money in the budget,” and that as she already had an assistant and a small class, she should make do. It did not matter that her class is small exactly because the children in it are already in need of an inordinate amount of personal attention; or that a child like Leroy, who needs one-to-one assistance, commandeers more than his share of the teacher’s time and energy. Mrs. Tibo was expected to “manage” her students, period.

“Hey Leroy,” I say softly, stepping closer, “I came to take you for Speech.” He stills, stiffens.

“Do you remember the project we started last week?” I continue speaking, keeping my voice calm, my sentences simple, my speech slow, and my eyes on the boy (and the chair). “We began making a paper-bag puppet. You chose to do the Lion King. You did an excellent job and colored it very nicely with markers. We were going to put some stickers on it today. Then we were going to glue a popsicle stick on it so you could hold the puppet and move it like in a puppet show.”

Mrs. Tibo looks at me, part incredulous that I think Leroy (notorious for ongoing outbursts) would calm down enough to come with me, part disbelieving that he would even hear my soft voice in the staggering noise. Nevertheless, she seems relieved that he at least stopped thrashing the chair in her direction. I give her a quick nod of reassurance that I will be okay.

When children (and adults) are in distress, keeping communication direct and simplified can help them understand what we are saying and increases the likelihood that they can manage to respond to us. When a child is frightened or out of control, the areas of the child’s brain in charge of processing language are suppressed by heightened activity in brain areas responsible for survival—for fight or flight (Levine & Kline, 2007; Perry & Szalavitz, 2006). Distress is not the time for complex explanations or inquiry—those are best left for when the child is calmer and can actually process such information. It is also not the time to ask complex questions such as “Why did you do that?” or “what could you have done differently?” Simple narration to the child of what is going on now is most calming.

If it is necessary to get information from a child in distress, simple questions, such as “yes/no” inquiries to ensure safety or basic “who, where, and what” are preferential to more in-depth explorations. The most important goal is to help an agitated child get into a calmer state.
by, for example, reassuring the child is safe, narrating to the child where he or she is and what you see, and being concise about what is expected of the child at the moment.

In this case, bringing up the Lion King puppet was also meant to remind Leroy of a time when he was calm and feeling safe, as a way to help him regain more calm in the present.

Leroy glares and does not move from his corner, but judging by the reduced zeal of his chair-jabbing, appears a tad less agitated. “We’re going to be fine,” I say, looking directly at him. “Right, Leroy? Nothing bad is going to happen. Everything’s okay. You are safe. I won’t hurt you, and you won’t hurt me, right?”

He stares, nods. His shoulders relax a little even as he maintains hold of the chair. Mrs. Tibo shrugs and turns to tend to the other children. Good. However unintended, her agitation only fueled Leroy’s escalating aggression. He looks a lot more scared than scary to me.

“So,” I continue, keeping my voice calm, “Everything’s okay, Leroy. Are you ready to come finish your Lion King?”

By now, I am close enough to touch the chair. I reach slowly for one of its legs with my left hand so we are both holding the chair on what can easily become a tug-of-war. Leroy stiffens, but I do not move any closer or pull on the chair. We just stand together a moment, until his tension softens. There is no resistance when I gently take the chair from him and move it out of reach. Sliding my body a little lower to a crouch so I am not towering over him, I continue to talk about what we are going to do, keeping my tone casual but never taking my eyes off of him—he is as quick as lightning and I rather like my body unharmed. Leroy stares and blinks alternately. He looks dazed, as if unsure where he is.

Often, when children have been out of control (and/or been triggered and become dissociated), they go through a reorientation of sorts as they begin to calm down and in a sense resume awareness of the here and now (become “grounded”). They might look around, blink, take a deeper breath, shudder, and even seem puzzled about what just happened or where they are. As the child’s body relaxes and the chemical cascade of stress hormones and other neurotransmitters is calmed and metabolized, the child may be able to “find his or her own way back” to a more settled place. Some children, however, may need more assistance to get grounded (Levine & Kline, 2007; Perry & Szalavitz, 2006).

For the most part, it is important to give a child time to become reoriented and not rush the child. This serves two purposes: it lets the child know that I can tolerate the space filled with his or her overwhelming
feelings, and it helps the child learn he or she can come back to a more stable state and does not need others to control him or her. As children develop the ability to modulate their feelings, they often learn to reorient faster and do so more easily.

I offer Leroy my hand and he takes it. The boy’s hand in mine, we walk toward the center of the room and a sea of spilled crayons he is probably responsible for.

“Oh,” I note in a neutral voice, “look at all these crayons on the floor. How about we pick them up before we go to Speech?” Leroy does not move to help me. He does not bolt. Good enough. He looks around, still reorienting. Mrs. Tibo looks at me disapprovingly as I bend down to collect some scattered items. She has told me before that “my coddling” when a child misbehaves is not her idea of “helping them learn there are consequences for misbehaving.”

Children do need to face the consequences of their actions. However, when a child is raging, they cannot process information anyway—the child’s brain is busy with survival aggression. Leroy will need to learn to modulate his rage, yes, but at the moment the goal is to help him learn that he (and others) can survive his rage, rather than to test his ability to accept it. Additionally, and given Leroy’s tendency for amnesia for things he does while in a rage, he might not remember it was he who made the mess. He would need to be talked to about it, but not right now.

In the end, Mrs. Tibo has little cause for dissatisfaction because Leroy helps pick up the remaining crayons without being told to.

“Thank you, Leroy,” I say once we are done, “this didn’t take very long, did it? Do you want to say ‘Bye’ to Mrs. Tibo?”

He looks at her then back at me and mutters: “Bye Mrs. Tibo.” His voice sounds confused.

I kneel beside him in the empty hallway and he leans into me. I drape one arm gently around his shoulders. “I’m sorry that you’re having a rough morning, Leroy. I’m happy you decided to come to Speech with me.”

Quite bewildered, he remains leaning against me for a moment.

“What’s your name?” he asks shyly for the umpteenth time.

Using touch with children is something I do with awareness and care. It is not touch itself that is the problem: speech pathologists touch children as part of clinical practice all the time. We check mouths and tongues and cheeks and lips, look at teeth and mouth movements and palates. We stabilize jaws and straighten shoulders and feel for abdominal breathing.

We work hand-over-hand and let children feel our own breath or vocalizations. We use our hands and tactile information to signal many things that nonverbal children might not understand or might need help with. It is natural for me to touch children for communication as well as to offer comfort.

However, it is crucial to assess a child’s comfort or discomfort level with physical proximity and touch. I often wait to have the child initiate contact with me (unless it is an emergency where I need to keep a child safe from himself or others). Most children let me know about their body boundaries by how much distance they keep from me and how they touch me (e.g., my arm, my bracelet, my hair). Children communicate their comfort with proximity by how closely they move toward a person or lean to better see something another person holds. They communicate the dilemmas in their bodies when they sometimes simultaneously lean into and away from me. It has been my experience that most children allow touch once they feel they have the right to refuse it, stop it, and move away from it. That said, when dealing with children who might have been maltreated, it is important to remain aware that not all of them find touch comforting. Some children can find any touch triggering and retraumatizing. Touch can feel scary and intrusive. I am doubly careful with children who have (or are suspected to have had) trauma history, be it medical trauma or interpersonal trauma, as well as with children who have sensory hypersensitivity (e.g., autism). For these children, even casual touch can easily be overwhelming. Caution does not mean avoidance. In fact, when used with respect and awareness, touch can often be comforting and soothing; and it can help ground a child who is otherwise “lost.” Not all professionals are comfortable with using touch and, generally speaking, if one is not comfortable with touching a child or being touched by one in a clinical setting, then they probably should not include touch in exchanges. Ambivalence about physical contact is always communicated; and all children—especially maltreated children—are acutely tuned in to such ambivalences.

Leroy was all too familiar with being touched—he was very often restrained, held by the hand, tugged back—and would respond by fighting back and getting angry. He used touch in a similar way—to push, grab, choke, and tug. Giving Leroy an experience of gentle touch appeared as important as enlarging his vocabulary. The first time he saw a classmate lean into me Leroy knitted his brows together in concentration, stared for a moment, then presented himself at my other side and leaned as well. It seemed he was testing to see how I would respond. From that day on, he would often lean into me, side to side, cuddling into a one-armed hug.
I remind Leroy of my name. It is something I have had to do many times before. He nods shyly in half-recognition and walks with me. Partway down the stairs leading to the first floor’s auditorium, where my office is in a stage’s old dressing room, Leroy shudders. The growth in presence is almost palpable, as his awareness appears to fill his body and reoccupy his mind. It is a startling transformation. Confusion gone, Leroy becomes a ball of kinetic energy. Letting go of my hand, he bounces ahead. He is animated and bubbly. “Come on Miss Y!” he yells, and swings the door open so it hits the table with a bang. By the time I take a step into the small room, he is already at the table, swinging the half-finished Lion King puppet I had set out.

“It mine?!” he inquires, no real question in his voice.

“Yes it is!” I reassure. “See up here? You wrote your name on it last time.”

He smiles.

Delving into the activity, Leroy decorates his puppet while we review the adjectives we learned last time as part of the description of his choices for colors and glued-on accessories. Verbalizing is hard for Leroy, but his challenges go deeper than art-project vocabulary. Leroy has difficulty describing things he did as early as the day before, cannot list what he had for breakfast, and sometimes cannot remember the names of his classmates or his teacher. He keeps asking for mine.

I have worked with children who had word-retrieval issues—akin to perpetually having words evasively at the tip of the tongue—but Leroy’s behavior is not characteristic of this problem. His loss for words is mostly for personal things and is transient—one day there, one day not. This might be an indicator of dissociation, where in one state he has access to this information, but in another state he does not. He does not understand sequence, how one thing leads to the next; he cannot predict the ending of a story or the consequences of (his or others’) actions. Series of pictures are to him separate, fragmented happenings even when depicting everyday events such as someone getting dressed, a boy pouring a glass of milk, or the steps of making a puppet. He is completely lost when it comes to taking turns, and he is blind to social cues. He does not know how to play and uses toys as pounding objects, not imaginary props. Joyanna Silberg, in her book The Dissociative Child (1998), noted that such stereotypic play behavior is common in maltreated children. Leroy’s specific history is not clear, but his presentation certainly raises questions.

Once his puppet is finished and set to dry on the windowsill above the hissing radiator, I take out a couple of toys and simulate a “Simon Says”
game. Leroy struggles. He cannot hold in his working memory even simple directions such as “turn around”, “close your eyes”, or “touch the table.” He needs numerous repetitions. Nonetheless, he delights in the activity and laughs at the sillier directions I intersperse.

With little warning, his attention sputters. He has difficulty coming up with things for me to do, and cannot even echo some of the things I asked him to do a moment prior.

What Leroy's teachers view as “unwillingness” to work seems more like fluctuations in ability. His denial and shifting abilities (frustrating though they are) do not feel like manipulations to get away from doing work—Leroy behaves this way even with activities he tremendously enjoys. It looks as if he truly forgets skills he could do before. This is indicative of more complex issues or dissociation.

Children's behavior often changes with circumstances. In Leroy, these changes are more extreme than one expects. More importantly, he seems unable at times to retrieve skills he had moments prior. The extreme and abrupt shifts in mood, abilities, and behavior are so common in Leroy and so visible, that the teachers often state “oh, there he goes...” when they see him getting upset or “losing interest.” Such shifting raises red flags to possible dissociation. Even though at this time it is not clear what could be at the base of these behaviors, it is important to keep note (Silberg, 1998; Waters, 2005).

I do not try to process the shifts in behavior with Leroy. I do not ask what they mean, what he remembers of them, and so forth. This would be the work of a therapist, if he had one (not to mention that his poor language skills would present an obstacle for verbal processing at this point). I respond to Leroy as a whole child by commenting and accepting all his behaviors as part of him. I fill in the gaps when he seems lost but still require him to be accountable for whatever happened, aware or not.

Regardless of the reasons for his difficulties, I cannot blame Leroy’s teachers for being exasperated—he is very difficult to manage, and his ever-shifting demeanor threatens to leave his caretakers with permanent hanging-jaw disease, not to mention badly bruised shins. He is alternately as wide-eyed as a toddler or as ruthless and profane as a wrestling pro. And yet, what some call “attitude” can just as easily be called “something broken, but where?” Children spend most of their waking hours in school. For 8 hours a day, they are in a potentially safe and reparative environment. With millions of children suffering from the impact of trauma, one would expect the educational system to be geared to identify and support them, but this is not so, or at least not...
yet (Yehuda, 2004). Many teachers can cite the symptoms of ADHD, but few, if any, can do the same with posttraumatic presentations. A child’s inability to remember, fluctuations in ability, staring into space, and unprovoked aggression—even when abuse history is known—are often labeled as attention deficit or conduct disorder, rather than possible posttraumatic or dissociative symptoms (Cole et al., 2005; Putnam, 1993, 1997; Waters, 2005).

Leroy does not sense he misses information—he denies he was already told anything, and tends to lash out at the suggestion he forgot. He refuses to continue, cries. He will not attempt things he completed easily just moments prior. “I can’t do it,” he pleads. “I don’t know how.”

There is no social history in Leroy’s file. He is exceptionally well groomed and appears well-fed; his clothes are clean and his shirt pressed; and he attends school regularly.

This is my eighth session with Leroy, and he is still a study in contradictions. I make a note to ask the special education supervisor about him and to chat up the paraprofessionals who rotate among classrooms. He has been in this school for 3 years. Someone must know more about Leroy.

When I go to pick up Leroy the next time, C.K., Leroy’s speech-therapy partner, is back in class after a week’s absence. C.K. is always in motion and tends to be impulsive. Leroy might have used the calming influence of a less active child, but in a strange way the two socially awkward boys get along relatively reasonably. On some level they may understand each other. Interestingly, C.K. is receiving counseling, but Leroy is not. The psychologist could not explain why other than hint that C.K. is seen as having “more potential” than Leroy.

Leroy bounds to the door like an arrow released from a bow. I quickly write the children’s names in the class’s sign-out book, and the three of us leave. I hold out my hands and the boys take them, skipping and twirling at my sides. I remind them of our routines: it is C.K.’s turn to unlock my door, and Leroy would get to lock it when we leave. The little routines were installed after experiencing firsthand the need for minutely spelled-out structure with these two.

Once in my office, the boys launch into their assigned seats, and C.K. immediately asks to see the SpongeBob coloring books I had promised him the last session. He smiles when I place them on the table.

“No, C.K.,” I reply, “I didn’t lie. I don’t like being lied to—it makes me sad and angry—so I try not to lie. I wouldn’t lie to you.”

Leroy bangs two toys together, but only halfheartedly. He is uncharacteristically quiet as his eyes move from the coloring book to me and back.
again. He appears to want to ask something but is holding back—for all his impulsivity and aggressiveness, he can get awfully reticent at times, presenting a heartbreaking insecurity.


“For all the kids I work with.” I smile. “When we’re done today, you can pick a sticker for yourself.”

Leroy sits up straighter and keeps banging the toys together. He says nothing. I let him observe.

Group sessions can often be utilized for modeling language interaction with one child while the other observes and lets it in. Sometimes a little distance gives the children who are less able to communicate a safe place from which to experience the interaction without having to be active in it yet. They can often be seen mouthing words others are saying, mimicking facial expressions, and “practicing” silently until they have gathered enough learning (and courage) to try and risk communication (and possible communication failure). It appears to be what Leroy is doing now.

He looks interested in the exchange and is hanging on every word either of us says. For a child who has such a difficult time with listening, this is already a goal achieved. Children are often the most motivated when they are invested in what is going on. The topic of lies and truth is an enigma to Leroy. In addition, like many of the children I see in the schools, I suspect that his experience with kept promises is scarce.

“Every time I come I get one?” C.K. presses.

I chuckle. “Well, the stickers won’t last forever, C.K., but there’d probably be some left when I see you again this week and maybe even for next week.”

“What if I bad?” C.K. challenges, eyebrows knitted in concentration. He is going for tricky territory here.

Leroy stops pounding the plastic farm animals on the table, listens.

The issue of prizes and the numerable ways with which a child will miss on getting them is an ever-present issue. There has not been one child this year (or many in years prior) who did not ask it in some form. Be it the cookies in my tin box, the pretzels I keep handy, or the small stickers I often dole out—nothing is perceived to be allowed just because the child is worthy or because sharing a treat is pleasurable. Everything in these children’s school experience (and life?) is bound into an adult-controlled “good versus bad,” reward versus punishment, and gifts versus deprivation.

It is clear that inappropriate behavior should not be rewarded, but these kids have so much of their lives policed that they are hungry for unconditional acceptance and understanding (and sometimes food). Whenever possible, positive reinforcement is preferred to repercussions. It is important to not condition all of a child’s delight in simple things on the child’s behavior.

A child might lose the time to play a game if they wasted session time even after being warned, but that does not change whether they would get to keep their work or a midday snack. Mine is such a foreign approach, however, that the children ask and ask and ask.

“You will get to choose a sticker because I’m happy to share them with you guys. It would, though, be much more fun to work together if everyone tries really hard to keep the rules and we do not waste time, right? Remember what the Speech room rules are?”

The boys quip in unison: “Stay in your chair. One person talks at a time.”

Soon both boys are busy working, and the session progresses without much disruption or upset.

A deafening sound jars me, sending Leroy flying out of his chair and the crayons, like projectiles, to the floor.

I place a soothing hand on Leroy’s shoulder—he would not be able to hear me over the noise even if I shouted. The boy is shaking.

“I’m sorry, Leroy,” I say as soon as the din stops, “this bell is awful. It startled me, too. It’s Ms. Y, Leroy. Everything’s okay. It was just the loud bell. I’m sorry it scared you. Let’s get the crayons back into the boxes, okay?”

Leroy’s eyes stare back wide and glazed. He trembles. His eyes slowly come back into focus. After a deep shuddering breath, he smiles shyly, uncertain, confused.

I repeat what had happened—the bell, the sudden noise, me startle, the scare, him safe. He is in my office, the noise over, him safe.

I often repeat a narration of something that happened in the room—especially if a child was startled. It is important to ascertain that the child is able to understand what I was saying, and not to leave them confused. I do not know if Leroy comprehended anything I said the first time around. It would not surprise me if his reorienting and calming had been more to my tone of voice and comfort, than to the words themselves. Still, it is important to put the event in context; hence, the repetition when the child is less activated (ISSTD Child & Adolescent Committee, 2009).

Leroy nods. He is still shaken, but his eyes are not blank anymore, and his breathing slows. Together we make short work of cleaning up, and by the time we need to leave, Leroy is calm.
Christmas is closing in, and by the end of the week the school has transformed into a study in tinsel and candy canes. Leroy’s excitability skyrockets. Already struggling to self-regulate his emotions, he alternates between bouncing off the walls with agitation, running in the hallways with shrill laughter, or staring off into space in a daze.

Holiday seasons are complicated for most people, and even more so for many of my students—those not with their families, those whose home life brings more misery than happiness, those who have no home. The veil between reality and fantasy is thin this time of year, and the children visibly struggle to fit the storybook holiday they are indoctrinated to believe in with what they actually live and can expect.

As a clinician, it is crucial that I differentiate my own “stuff” from that of the children and that I shift away from my own anxiety—and my anxiety for them—in order to be more aware of their experiences. I am aware that some of my anxiety for them is activated by my own recollections. Poverty is not new to me. For much of my childhood, my mom dressed me and my six sisters by sewing what she could, handing down from older to younger child, and buying secondhand. During especially difficult years when my father was in jail and my mother on welfare, kind neighbors left cartons of surplus seasonal fruit or eggs on our doorstep under the cover of darkness. I understand the sting of having less.

My childhood took place across an ocean and a sea from New York’s inner-city, and my house was not as wretchedly poor as some of my students’. I do, however, know the feel of soul hunger, the need to pretend a reality that isn’t so much so that one believes it.

My students are managing discrepancies bigger than those I grew up with: they are bombarded with supposedly ideal (yet mostly unattainable) images of presents piled under trees as families in matching new pajamas gather around a roaring fireplace. It is to them a fairy tale they somehow need to attain. Like Leroy, they stand upon a narrow bridge of hope between excitement and despair. And every year, some fall.

It is important that I contain my own anxiety and dread for my students’ disappointment, so it does not contaminate their own experiences. Relationship dynamics are crucial to children, and I can help them by providing support and openness to their experiences without my own baggage.

I pick up Leroy and C.K. from the classroom. As we walk down the hallway, Leroy stops by a Santa Claus cutout. “Santa Claus,” he comments, touching the cutout and adding boastfully, “he come to my house every
day.” C.K. cackles and I tighten my hand slightly around Leroy’s, anticipating war. But Leroy seems not to have heard C.K. or not to care. He stops to touch every Santa Claus we pass and repeats his comment verbatim, as if on automatic. A line of kindergartners snakes alongside the wall across from the bathrooms, but Leroy moves through them as if they are not there, trying to get to a Santa Claus figure. He shoves one of the children in the process. “Hey!” the little boy protests, “I standing here!” but Leroy looks right through him. He seems completely entranced.

“Leroy,” I state, gently, “I know you wanted to touch the Santa Claus picture, but you need to be gentler. You just pushed this little boy aside. Can you please tell him you are sorry?”

Leroy stares at me, baffled. His face darkens and he looks about to explode in rage.

“Leroy,” I say, “This is Miss Y and I need you to look at me. I don’t think you meant to push him but it happened. And when we push someone even by mistake we need to say we’re sorry. Right?”

He nods absentmindedly and starts to move away.

“Leroy...can you apologize to the boy for pushing him by mistake?”

He looks up at me, at the boy, back at me. “I sorry,” he mutters, still confused.

“Is okay,” the kindergartner chimes, quite pleased to be granting pardon. As we move on, Leroy looks behind him at the line of children.

“I’m glad you said you were sorry, Leroy,” I commend. “It was the right thing to do. I’m proud of you for listening, too.”

Leroy smiles shyly. A moment later he shudders, his face brightens, and he is practically bouncing off my hand. We pass two more Santa Clauses on the way to the auditorium, but Leroy does not even grant them a look.

“Hey, Leroy, here’s another Santa,” C.K. announces.

“Santa’s stupid,” Leroy comments derisively. “I not a baby, man.”

C.K. shrugs.

Leroy’s shifting behavior is at best confusing. His preoccupation with the Santa Claus figures had a compulsive, almost perseverative quality, which made his final remark even stranger. It is possible that he was angry at my interruption of his “game” and now lost interest, but my sense is that the shift was deeper, that he had been in some “bubble” of experience until my request that he engage with the boy he had pushed forced him to shift his focus. This resulted in him “snapping out” of his repetitive occupation with the Santa figures. Framing the exchange in a nonblaming way probably also helped Leroy avoid exploding in indignation, allowing him to again engage without being triggered into rage.
The teachers often ignored supposedly “minor” instances (i.e., no one was visibly hurt), not wanting to risk Leroy’s wrath. This might be how his environment adapted to him but is not helpful in the long run, as it reinforces Leroy’s lack of awareness of what takes place. He needs to be made aware of what he does—without being shamed or blamed—and to learn that he is responsible for the results of all of his behaviors. By becoming accountable, he can learn to maintain more awareness, or at least be more open to the idea that there is a part of him that reacts without his being aware of it. By stating the fact that bumping into someone happens and requires an apology, I was letting Leroy know he was not singled out and is expected to be attentive to how others feel, just as others would be.

It was important to praise Leroy for his willingness to apologize. His apology showed a beginning ability to modulate his rising anger and relate appropriately. What might seem like simple social moves at his age are new interactions for Leroy, who spends so much of his time spaced out and reactive that he is socially inept. By becoming a positive encounter, this incident may have helped strengthen a new skill for Leroy. His derisive comment about Santa at the end, while seemingly angry, actually felt more “there” than his previous automaton-like comments.

Finally in my office, I ask the children about their holiday plans. C.K. chatters with abandon, eyes sparkling with expectancy and possibility. Leroy seems lost again and there is an urgency in his voice and eyes—a look that stares beyond me. He seems as if he is trying to copy stories I have heard from other children, only he cannot quite keep the theme together.

Children who dissociate can have difficulties focusing even when they are not directly dissociated. When a child spends much time detached from exchanges around him or her, the child misses on opportunities to learn how to follow a theme, tell a narrative, and keep on target. If their experiences are fragmented, they will have little experience with remaining focused, and appear scattered even when they are present. It is important to help the child not only increase the ability to remain present, but also to teach what being focused is and the skills with which to maintain it (Osofsky, 2004; Pearce & Pezzot-Pearce, 1997; Yehuda, 2005).

“The white man from the mall he…” he starts, “He white. He red. He bring me a Xbox from the mall. He red. All red…” his voice trails off. “Santa Claus he going come down the chimney,” C.K. states, “He not come from the mall no more when it Christmas. He come from the North Pole.”

Leroy’s eyes darken. “Yes he be! He be in the mall!”
This seems to be one of those times when Leroy’s limited language comprehension and difficulty with sequence and time stands in his way of effective communication. Not understanding that C.K. is referring to a future time, it seems Leroy believes that C.K. is negating that he had seen Santa Clause at the mall; and he is angered by being seen as lying.

While Leroy seems relatively present in this interaction, his communication challenges are clearly not limited only to when he is dissociated. Children who dissociate often suffer the consequences of the time they spent “away” while other children learned new things, interacted with peers and adults, and practiced their social and language skills. This is part of the high price dissociation exacts of children and part of what must be actively addressed in a child’s intervention (Cole et al., 2005; Silberg, 1998; Waters, 2005; Yehuda, 2005).

I calm the boys down by redirecting them to an activity where we work through the steps of card writing and gift wrapping and discuss things that can or cannot fit into boxes of certain sizes. The boys shriek with glee at my repeated “mistakes” (such as thinking that a horse can fit in a shoebox or a car in a suitcase).

Later, I gently return to holiday plans. Leroy says nothing, and it occurs to me that I still know very little of his home life. He lives with his grandma but that means little in this school where family configurations are often multigenerational. Where will he be? Who will he spend the holiday with? What is it like in his house?

When C.K. presses and asks him about the upcoming vacation, Leroy gets confused and upset. He throws stuff on the floor, maybe using behavior instead of words or shifting to an angry place that has no words. I wonder if he cannot say more, if it is too hard.

If I had been more in tune with Leroy’s mood, I would have seen that he was reacting to holiday-related things—his preoccupation with Santa figures, his muttering about the “white man in the mall.” He was showing me that he was anxious, but I did not pick up on it at the time, wanting the children to have the language tools to understand and respond to everyday questions about the holiday. For all the necessity of learning to speak about real-life events, which is important for social language, my asking personal questions about the holiday was too much. It would have helped if I had information about what the holidays might be like for Leroy. School staff often knows little about children’s home life. It is important to be super-careful not to make assumptions when it comes to
what a child can manage, or we may end up forcing the child to use the very coping skills that keep him or her from being able to interact more fully. When it comes to children who manage overwhelming distress, the smallest clues—his monotone muttering, the spacey behavior, the shift in behavior regarding the Santas—need to be attended to, and no topic can be assumed neutral.

“My dad he buy me anything I want,” I overhear one of my students state as I escort the boys to the lunchroom to meet their class. “He going to come take me to Disney Land and he be buying me anything I want!”

Holding my hand, Leroy stiffens. I tug on his arm gently in reassurance and to help ground him. He looks up at me, eyes wide and so very young. I am not sure why he shifted from stiff to vulnerable, but I wonder if it was the comforting reassurance I had offered. I want to take him in my arms and comfort him. Instead, I smile at him, make eye contact, and focus on helping him get grounded and letting him know he is seen. Leroy shudders, calms.

The clash of hopes and imminent reality makes for a highly combustible atmosphere. Teachers, too, are not spared the holiday stress and react in harsher ways to little things, inadvertently adding to the children’s stress.

Leroy’s outbursts in class escalate to new heights. Maybe the heightened stress levels lower his threshold to events that at other times might not trigger him.

In the last session before the holiday and while working on a coloring pattern, Leroy keeps muttering in a chant-like rhythm: “Shut your mouth, shut your mouth, shut your mouth.”

When C.K. tells him to be quiet, Leroy explodes, kicks the table, and yells, “I didn’t say nofin! I didn’t say nofin!”

I change the subject (to avoid WWIII) and suggest a sing-along of a song they both like. He obliges, but after a line or two starts substituting the familiar lyrics with “shut your mouth, shut your mouth, shut your mouth,” still carrying the melody. My training as a speech-language pathologist would cue me to view the intrusion of this sentence as possible perseveration—a difficulty changing “gears” from one response to the next—but is it? Why now? Why these words?

After a moment or two of this, C.K. loses patience and tells him to “shut up already!”

Leroy goes rigid, crayon poised over page, and emits a stream of words: “Shut your mouth or I’m gonna’ beat your sorry ass into a pulp! Shut your mouth or you gonna’ be sorry you alive.” This out, he goes on coloring as if nothing happened, back to his rhythmical, “shut your mouth, shut your mouth…” C.K. rolls his eyes.
Beyond the obvious semantics, what disturbs me most is the discrepancy between Leroy’s lack of emotion and the violent content of his words. The boy actually seems relaxed now, rocking as he mutters and colors, free of any malice or even awareness of his words. He looks in trance, in his own space.

Later on in the session while involved in other activities, Leroy participates happily, his mumbling gone as quickly as it came.

The out-of-context intrusive phrasing, along with Leroy’s seemingly relaxed demeanor and lack of awareness to what he was saying (or why?) are a strong indicator of dissociation. What he was saying had no connection to the session, and it appears that when he got upset with C.K., he was not aware of his own words, or in control of the stream of words he emitted later on. His response to C.K. appeared to be more of a triggered, almost automatic response to C.K.’s demand that he “shut up” than an actual enraged response, especially as Leroy did not follow his words with the usual aggression, instead seeming completely numb and spaced out. Rocking is often indicative of self-soothing, and the disappearance of the mumbling without any comment or acknowledgement that anything just took place is significant, too, as it might represent yet another dissociative shift. It is possible that the introduction of other activities served to help ground Leroy so that he returned to a calmer state.

On the way back to class, Leroy, now in a good mood and seeming completely oblivious to the events of the session, inquires if I would tell his teacher he “was good.” It is a frequent, almost routine, request.

“No you not, you be bad!” C.K. chirps maliciously, “you said bad words and the teacher gonna’ call your home.”

“I didn’t!!” Leroy cannonballs onto C.K. “I was good! I didn’t say nofing!”

When I speak with his teachers later, I find that similar muttering happened in class and was challenged as inappropriate language. Insisting on enforcing a rule regardless of a child’s situation or comprehension may not be optimal, but the teacher’s dilemma is understandable—to not apply the same rule to all children can seem to be singling out for preferential treatment or condoning the behavior. A better approach would be to confront the child without blame and enforce consequences (e.g., time out, an apology).

It takes all my strength to peel the two boys apart until finally I am sitting on the floor with my arms securely around Leroy’s torso, him facing away from me. C.K. keeps a safe distance against the opposite wall.

Leroy (7 Years Old)—“It Is Almost Like He Is Two Children” • 305

Leroy writhes in my protective bear hug. Sobbing dejectedly, he feels much younger than seven to me.

“He say the teacher gonna’ call my home!” he weeps, “I didn’t do nofing! Why you gonna’ tell her call my home? I was good, I didn’t say nofing! I didn’t do nofin...” He sounds devastated and seems not to remember what he said earlier.

“It is okay, Leroy. You are a good boy to me,” I reassure, turning him gently so that he faces me. I decide not to comment on whether or not he said “bad words” but for now to relate to his general behavior in session. “You worked hard to stay in your chair and you did your work. That was good behavior.”

He sobs on, devastated, and I do not think he heard me. I repeat what I said, reassuring him again that everything is okay. Finally his dark eyes open onto mine, wide and wet, relieved. “I was good? You gonna’ tell my teacher I was good?”

“I certainly can say that,” I reply. “Didn’t you work hard to stay in your chair today?”

In retrospect, I wish I had made a nonjudgmental comment about all of his behavior in session—muttering included—rather than only focus on what he did well. Helping a child become aware of his varying behaviors is an important part of reducing levels of dissociation. Such a description would still have included his working hard to stay in his chair, and that would be reported to the teacher.

Practically levitating, Leroy bounces up from my lap. “You see,” he announces to C.K., vindicated, “I was good! She gonna’ tell the teacher I was good!”

C.K. eyes me suspiciously and states—not to be short-changed—“I stayed in my chair, too.”

“Yes you did!” I reply, “You both worked well today.” Back on my feet I keep hold of their hands as an anti-escalation tactic. “Sometimes you have a hard time listening or use words that aren’t appropriate. Sometimes you have a rough day or forget how to listen. But you are good kids to me. Today, Leroy, you stayed in your chair, and C.K., you tried to be patient. You both did well! I like working with you!”

That last statement gets them frowning. Unaccustomed to praise or being liked, the boys look at me as if I had fallen from Mars.

Though seemingly out of context, I do make it a point to tell children I like them for themselves and to find something to praise them for.
while limiting listing what they did wrong. Many have had precious little experience with anything but constant direction and correction. Good behavior often goes unnoticed while bad behavior receives attention (scolding, warnings, and consequences). Many of my students pass through multiple foster homes and overwhelmed households and have more experience with dismissal and betrayal than with care and kindness. It comes as no surprise that they often disbelieve their own worth or lovability.

Employing the “you are a good kid tactic,” is not just to help children feel better. I truly do believe they are good. In addition, children cannot internalize something for which they have no experience (Baron, 1992; Bowlby, 1997; Denham, 1998; Kagan, 2004; Osofsky, 2004; Schiefelbusch, 1986). How are they to recognize pride, happiness, affection, or gratitude if they have not felt them? They can hardly be expected to have goals beyond avoidance of punishment without an opportunity to feel there is more. Praise, though initially taken with a pound of salt, happily takes root once children see I really mean it.

Two days before the holiday vacation starts, my excavations into Leroy’s history are finally fruitful (even if sketchy). He lives with his paternal grandmother, who has custody of him, custody which his mother contests. Visitations with the mother (according to a teacher who lives closeby) are spent with the mom bad-mouthing the grandmother. The grandmother in turn bad-mouths the mother and often within earshot of the child, and both use the boy as a conversation pawn. His father is in jail, serving a long time for crimes unknown. Why the mother lost custody is unknown, too.

Leroy reportedly spends afternoons until dark outside—rain or shine—with minimal supervision. His teachers confirm that repeated requests to the grandmother to assist him or at least supervise his homework go unheard. Grandmother claims that Leroy is a bad kid and that she has her hands full keeping his ass straight (read: “whooping him”) without doing the teachers’ work for them.

Maybe it is not a mystery where Leroy learned to say “Shut your mouth or I’ll beat you into a pulp.” But is there more to this than an undesirable (but maybe not illegal) manner of speech? Is he at a real risk? Does she make good on her threats? Do I need to make a report?

Working in the Bronx and Harlem, I (sadly) learned that a certain degree of familial corporal punishment is considered culturally acceptable, even commendable, as means to “teaching children respect” (even if in reality it appears to teach children fear, cunning, and that physical advantage confers power). The line between spanking and abuse can be blurry. Leroy shows no signs of bruising. He also tends to call the slightest
It seems to me even more now that Leroy’s psychological needs ought to be evaluated and addressed. Any evaluation, if to be paid by the Board of Education, needs approval of school staff before parents or guardians can be contacted. I head down to the School-Based Support Team office.

The school’s psychologist stares at me a little cross-eyed when I describe Leroy’s behavior and mention “history” and “possible trauma reactions.” He tartly suggests that it would be better if I stuck to teaching language rather than meddling in areas I have little understanding of. This is a reaction I am familiar with from those who consider my psychological inquiries as encroaching on “their turf.” I bite my tongue, reminding myself that I am not above prideful reactions, swallow my indignation, and breathe deeply.

_The vacuum in the educational system regarding understanding and recognizing (let alone treating) the traumatic aftermath in children is not limited to this psychologist. Most school psychologists (and speech-language pathologists and other education staff) are not trained to recognize or attend to trauma reactions in children. My goal is to help change that, and thankfully I am not alone. The problem is increasingly recognized by leaders in the child-trauma field, who encourage education and collaboration between professions to better children’s lives (Cole et al., 2005; Silberg, 1998; Waters, 2005)._

“I am trained to notice signs that a child needs further evaluation,” I press, “and am concerned about him. He is aggressive, has considerable difficulty regulating his emotions, and is often confused about events that just happened. Clearly that’s not considered normal for a 7-year-old.”

The psychologist rolls his eyes. “He’s a bad egg, this one,” he states. No, he does not think Leroy needs counseling. “He has ODD. Do you know what that means?” He peers over the rim of his spectacles, and continues pedagogically: “Oppositional defiant disorder—children who don’t want to follow rules and manipulate everyone to do what they want without caring about consequences. He can be a poster child for the diagnosis.”

“Then why isn’t he in counseling?” I push. “Did anyone check why he might be presenting this way?”

The psychologist rolls his eyes again. “Everyone in this school has had trauma, what do you expect—that they all be in counseling? [Yes…] He should be grateful that at least he is with family.”
Exasperation aside, there is truth to the psychologist’s claim regarding the prevalence of trauma and the boy’s relative good fortune at not being carted about the foster-care system. As far as the system is concerned, Leroy is expected to count his blessings and change his behavior in the now, without an interest in why he got to be this way or what might help enable him to change. His behavior is seen as a case of bad personality, not a reaction to his world and the trauma he has likely experienced.

Peering at me through his glasses, the psychologist then lowers his eyes to the desk and scribbles a note in another child’s file, making me wait. “Well, Ms. Yahuga,” he crunches, mispronouncing my name, “I will do my best to look into it. I suggest you focus on doing your job. He has a learning disability and is clearly oppositional defiant. He is already in special education. Not a lot up in the attic, if you know what I mean,” he taps his temple, chuckling. “Have you considered that may be why he doesn’t participate in things? That’ll be all,” he adds with a dismissing swing of his hand and goes back to his notes.

I make a point not to slam the door as I leave. Then I take deep breaths, counting to 10 and then some. Not usually quick to anger, somehow the psychologist presses all my buttons. Stalking back to my office, I comfort myself that with his attitude toward Leroy, the little boy is probably better off not seeing the psychologist anyway.

I am discouraged but decide to find out more about Leroy and his possible dissociative behavior. Conferencing with parents and teachers is within my scope of practice. Also, if dissociation affects language and communication, it is certainly important that I know all I can about it. I can work to help Leroy remain more grounded and more able to process and express information.

Improving communication in children who are experiencing emotional overwhelm or who are protecting against such overwhelm by dissociating is important. Being able to verbalize an event can prevent it from becoming dissociated from awareness (Herman, 1997; Pearce & Pezzot-Pearce, 1997). The ability to communicate internally is crucial for a child who shifts between internal parts. Having better communication skills can help a child express his or her needs, fear, and anger and thereby spend less time in a hyperaroused, terrified, raging, and confused state. Verbal and nonverbal communication also enables the child to stay connected to another person, and thus be more grounded and easier to be soothed (Baron, 1992; Bowlby, 1997; de Boysson-Bardies, 1999; Osofsky, 2004). Language puts experiences in context, and having access to that context
can diminish the negative impact of an event. Having communication does not resolve the causes of dissociation, per se; however, improving communication skills is essential, as an uncomprehending state essentially robs the child of the ability to process new information, so the child cannot take advantage of learning opportunities (Levine & Kline, 2007; Putnam, 1997).

If a child cannot verbalize self-states or emotions or has limited understanding of sequence and consequence, the child will struggle to describe his or her reality and experiences; the child might not understand why he or she is being punished and might not know how to reach out.

There is yet no training protocol (in my field or the mental-health field) for teaching language and communication to children who show trauma and dissociative symptoms. In general, it is helpful to go back to basics, to not assume the child understands what is often taken for granted regarding interaction and communication. Children learn through early interactions with caregivers. They associate the sensations they get from their bodies with their caregivers’ narration and actions (e.g., “What’s wrong? Let’s see why you are crying...oh, your diaper is wet...that doesn’t feel good, no wonder you’re upset...let’s get you more comfortable...there...all nice and dry...doesn’t that feel better?”). Babies learn to recognize body states quite early through feedback of their caregivers. By the time toddlers put words together, they can often name basic body-states and emotions such as hungry, mad, sad, and happy (Baron, 1992; Bowlby, 1997; Denham, 1998; Schiefelbusch, 1986).

Understanding information coming from one’s own body and recognizing everyday routines help a child make sense of his or her world and experiences. However, children who are not taught these connections—due to caregivers who are absent, absentminded, neglectful, confusing, scary, or hurtful—may not learn to recognize self-states or may label them incorrectly (Heineman, 1998; Osofsky, 2004; Putnam, 1997; Silberg, 1998).

It is important to teach these basic schema and associations to children like Leroy—to model sequence in daily routines, to actually go through the steps, to teach cause and effect of everyday happenings—What will happen if too many blocks are piled up? Why did the tower collapse? It is important to offer scaffolding for narrative by verbalizing everyday context and events, and to model description, prediction, humor, and play. In essence, help the child establish a communicative repertoire.

Working with Leroy in the following weeks, I teach him about internal states such as “hungry,” “tired,” “thirsty,” “sick,” as well as everyday emotions. As winter unfolds, I play-act and model episodes of gurgling tummies and dry throats in dolls wanting my cookies and needing water;
who then feel full and satisfied. When Leroy tosses dolls on the floor and roars in laughter or just leaves them there without another glance; I model how the dolls get comforted, kissed, and bandaged. He stares wide-eyed at these exchanges, sometimes “helping” a toy fall just to see how I would react, and smiling in some satisfaction when I predictably ooh and aah over the toy’s perceived hurt. The dolls lie sick in bed and get medicine, get wet and cold and need toweling and a change of clothing, go to bed tired and wake up full of energy, fight and express anger, make up and hug, get presents and feel happy, and have things break and feel sad. Other toys, too, join the games, with all activities carrying an emotional content to talk about: a girl with a broken doll, a boy licking ice cream, a baby crying in its crib.

These supposedly simple activities teach particular routines even as they help build within the child the neurological networks that hold (i.e., internalize) such schema and enable the child to use them independently. These neurological pathways are often well formed by early toddlerhood as children employ reciprocal communication to communicate as well as explore the world around them (Cozolino, 2006; Levine & Kline, 2007; Perry & Szalavitz, 2006; Stein & Kendall, 2004). Though seemingly infantile for a child in grade school, such simple schemas can be a crucial part of filling up “communication holes” for kids who did not have the opportunity to develop them earlier.

As we work, I offer Leroy opportunities to experience nurturing while strengthening concrete connections between body and sensation and action and result. I offer him cookies and milk and comment on their taste and how they help satisfy hunger and slack thirst. I ask him to help dress toy figurines, put them to bed or bandage the stuffed tiger’s knee. At first bewildered, Leroy nonetheless complies and gradually starts to use some of the language I have modeled in related pictures and story contexts. He still cannot quite comment about his own body-states or emotions, but he is learning.

Several times when I come to see him he is in a combative mood or crying. I narrate to him what it seems to me he might be feeling, reassure him of his safety with me, and bring up situations that make me feel such feelings. I narrate what makes me feel sad or angry or confused. I do the same when he looks pleased or happy or proud. General classroom situations become fodder for discussing feelings he likely experiences: anger, fear, confusion, embarrassment, frustration, and occasional accomplishment. I teach but do not confront Leroy on his amnesia to incidents in the classroom. I do not try to pry at the underlying causes. This is not my goal, and it is not my place to do so. Not when amnesia often plays a protective role.
Raising red flags with staff and teaching emotions and body sensations are well within my responsibility, but probing into protective skills is beyond my scope of practice. Leroy needs to receive psychotherapy with a trauma specialist who would help him process traumatic experiences, whatever they might be. Just as importantly, it is crucial to not dismantle protective defenses until a child is in a safe place in all aspects of his life, or I would be taking away a defense the child still needs (Herman, 1997; Perry & Szalavitz, 2006; Shirar, 1996; Silberg, 1998). This caution is especially important because I do not know enough about Leroy’s current circumstances and can therefore only offer supportive therapy. By creating a place of safety with me, I am allowing some reparative experiences, and by giving him better language, Leroy will hopefully have tools to use when he finally does receive counseling.

As part of learning more about Leroy, I ask his teachers to complete the Child Dissociative Checklist (CDC) (Putnam, 1997). It is a screening tool developed by Frank Putnam, a leading researcher and clinician in the trauma and dissociation field. The 20-item checklist is meant to be completed by adults familiar with the child and involves marking the presence or absence of certain behaviors and their frequency. Mrs. Tibo and Ms. Linda qualify as familiar with Leroy and are happy to complete it, exclaiming as they do, “Yeah, he does that” and “Wow, that’s so totally Leroy!”

The CDC (Putnam, 1997) is helpful not only for getting information from caregivers, but also as a way to raise their awareness to behaviors they might not have given much thought to before. Most teachers are pleased to be asked to provide input about a child and their observations of the child’s behavior.

Dissociation is usually prompted by trauma, abuse, or neglect. Leroy’s file says nothing about direct past or present trauma, though the neighborhood he lives in raises the likelihood that he had been exposed to some (Silva, 2004). It is possible he was never personally abused or neglected but has witnessed violence—a trauma that is seldom included in the history given to school files (which are often incomplete even of references to direct trauma a child survived). Witnessing trauma without having support and soothing to manage it may necessitate dissociative protection. It is also important to recall that what might overwhelm one child may not overwhelm another (Herman, 1997). A significant score on the CDC could prompt an evaluation by a mental-health professional in the trauma field who can then help figure out why the child employs dissociation and how to resolve the trauma.
I am not surprised when Leroy’s results put him well within the range for dissociation—he scores at 19 (the cut-off for likely dissociative symptoms being 12 or above). Going through the list, random behaviors come into meaningful focus: Leroy has frequent trances and daydreaming, he is unusually forgetful and confused, has poor sense of time, and has marked variation in skills and knowledge. He has difficulty learning from experience or appreciating consequences and denies behavior even in the face of evidence. He has intense outbursts of rage during which he shows unusual strength. He talks to himself and has rapid personality changes. He regresses from age-level behaviors and shows unusual sexual precociousness. Leroy’s behavior has all the indicators of a highly dissociative child.

Whatever caused and might still be causing Leroy to dissociate, I want to help him manage better, including helping his teachers to understand him and respond in a more supportive way. In other words, I want to help minimize, not exacerbate, his symptoms.

I schedule a meeting with the teachers over their lunch period while the children are in art class and explain the results of the CDC. Mrs. Tibo comments she was surprised completing it. “I never thought about it all together, you know, but he certainly has a lot of these behaviors, whatever you mean by dissociation.”

“It is almost like he is two children,” Ms Linda hesitates. “Or more. You never know what’s going to set him off and get all different on you…. It’s kind of spooky sometimes.”

Mrs. Tibo nods.

I explain the basics of trauma and trauma responses. Whenever we are exposed to an event that is overwhelming, over which we have little control, and that we perceive as threatening to harm us—the “recipe” for a traumatic scenario—dissociation is a likely coping response. It provides a way to cope with overpowering fear and helplessness by distancing those feelings from awareness, essentially making the traumatic event feel not real or less real, as if it is not happening to us or at least is not so painful (Herman, 1997; Putnam, 1997; Nijenhuis, 2004; van der Kolk, 1987). It is really an amazing coping skill that helps people get through otherwise unbearable experiences.

“I know what you mean,” Mrs. Tibo comments. “My son was in his little seat behind me on the bike when we fell. I knew we were falling and couldn’t stop it and it felt like a movie...in slow motion... I was so scared for him I didn’t even notice I needed stitches.” She lifts her sleeve to show a jagged scar on her arm. “Didn’t feel any pain until I knew he was okay. I was so focused on him.”

“Exactly,” I confirm. “At that time it was helpful for you not to feel your pain so you could focus on your son. You dissociated from the physical pain, and it was a good thing you could. The problem arises,” I explain,
“when dissociation continues and dissociative responses are applied out of habit in situations that aren’t threatening: if you kept being numb and didn’t get care for your injury, or if seeing a bike now made you feel unreal or terrified. You can say that someone is experiencing problematic dissociation when it interferes with, intrudes on everyday life” (Herman, 1997; Steinberg & Schnall, 2000; van der Kolk, 1987).

“So dissociating is normal as long as you do it at the right time?” Mrs. Tibo asks.

“Pretty much…we all dissociate sometimes and not all dissociation is abnormal or even trauma related. Normal dissociation can be pleasurable—getting involved in a movie, daydreaming, becoming immersed in something. In some way it is a matter of degree. Normal dissociation is pliable—we can shift easily from our ‘spaced-out’ state back to everyday awareness and don’t lose awareness of who we are or what is going on.”

“But what about the trauma reaction thing?” Ms. Linda asks. “How is that different?”

“Trauma responses are also on a continuum. Not all responses are dissociative. Your heart might beat faster but that’s not a dissociative response. But not feeling pain of an injury or feeling like you are observing something from afar would be. If something reminds you of an unpleasant situation, you might react to it or have feelings about it but still know where you are and what’s going on in the now—you are aware of what is going on and why. That is a trauma reaction. A dissociative response might be to be ‘transported’ right back to the trauma, so much so you might not know that it is no longer happening—in effect dissociating from the present time and reality. Another example, when sirens blare, I startle. I grew up in Israel through wars and terror-bombing, so sirens are hard-wired into my inner alarm. My heart speeds up before my brain kicks in and I notice it is a regular siren, not an attack warning. I might be reminded of earlier events but I don’t get completely lost into them, just distracted momentarily from what I’m doing. Someone who was traumatized and used dissociation to manage the trauma might get triggered to an earlier experience and respond as he did then—dissociating—not recognizing it is ‘now’ and he is in a safe place.”

The teachers nod.

“So you are saying that Leroy was traumatized,” Ms. Linda states.

“I don’t know,” I reply. “Given his responses, I think it is quite possible, but this doesn’t mean I know for sure or know how. We don’t always know what happened to children who exhibit posttraumatic symptoms. Students’ files are often skeletal. Also, many events that can be traumatic for a particular child are rarely thought of as such, so they’re not recorded.”

“Like what?”

“Children can and do react posttraumatically to things like a parent’s chronic anxiety or depression, to witnessing violence on the street, to
being homeless, to harsh discipline, even to their parent’s own traumatic stress—especially if their parents are chronically scared or scary. Children have so little control over their world and are so completely dependent on the adults in their life, that an overwhelmed parent who explodes is terrifying; and an overwhelmed parent who is unavailable to support them leaves the child in a frightening place without access to being soothed. Children can also react posttraumatically to witnessing domestic violence and to painful or scary medical procedures (Herman, 1997; ISSTD Child & Adolescent Committee, 2008; Levine & Kline, 2007; Silva, 2004).

“But every parent gets overwhelmed.” Mrs Tibo protests. “That would make all the children in the world traumatized.”

“That’s an excellent point. Even if a parent is overwhelmed and explodes or ignores the child to the extent that the child gets very scared, there need not be trauma, at least not if the parent is able to soothe the child. If the parent explains what happened and reassures the child that she or he—the parent—is ok, and the child is ok, the child can actually learn positive lessons. They can internalize that they can rely on their parents to soothe and care for them, thus the feeling of helplessness is temporary. The problem is if a parent is unable to comfort the child or doesn’t even recognize that the child is upset. The child might be left with overwhelming feelings without help in managing them and might need to deal with it by ‘checking out.’

“Managing trauma is even harder for a child when it is directly caused by the caretaker...because it leaves the child with no one to go to for comfort. Whether it is intentional, such as in physical or sexual abuse, or unintentional, like with neglect due to a parent’s mental illness or addictions—the child can’t rely on the adult to soothe them because the adults are the ones hurting them!

“Some children are neurologically and psychologically more sensitive than others. They can become overwhelmed and flooded by things that another child can manage better (Denham, 1998; Osofsky, 2004; Perry & Szalavitz, 2006; Stein & Kendall, 2004). Add trauma to their experiences and you have a recipe for dissociation. Then there’s cumulative stress: think of how many of our students live with foster families, often in multiple placements, or are ‘crack babies’ with already overwhelmed nervous systems. Some have documented histories of abuse—all are high risk for dissociation.”

“So what do we do?” Mrs. Tibo asks. “Let’s say Leroy was abused or had traumas. We still can’t let him do whatever he wants just because he gets upset!”

Mrs. Tibo’s question is a common one. Teachers are often empathic for students’ plight but need concrete solutions for keeping things manageable in the classroom. Just knowing about dissociation or why the child is
“misbehaving” is not enough. Teachers need to have tools: to minimize a child’s need to dissociate in the classroom by determining what the child needs in order to feel safe in the classroom; to recognize when the child is dissociating; and to know how to respond helpfully so the child becomes grounded back into the classroom and can do the work. Children spend most waking hours in school. Meeting with teachers is essential to working with the child and establishing a supportive environment. (For more information about recognizing and managing dissociative children in the classroom, check the frequently asked questions [FAQs] for teachers on the Web site of the International Society for the Study of Trauma and Dissociation [ISSTD]: http://www.isst-d.org/education/faq-teachers.htm.)

Several other teachers have entered the teacher lounge as we talk. A few join our table and add their experiences with Leroy and other “problem children.”

I share with the teachers how helping a dissociative child in the classroom and managing dissociative episodes can help the episodes be shorter and milder.

“One thing that isn’t helpful,” I say, “is to confront a child about a behavior when he is dissociating. For example, if a child is reactive to a loud sound and ‘freezes’; raising our voice in an attempt to ‘get through to him’ can scare the child further, thus increasing the child’s use of dissociation. Similarly, roughly restraining or grabbing the child (unless in an emergency if we must protect him or others), often leads to exacerbation of the dissociative state (aggression or withdrawal).

“Also, even though it can be really frustrating to have a child denying something he just did, labeling the child (rather than the behavior) as ‘bad’, ‘liar,’ etc., can feed into how awful the child already feels about himself… For a child with a history of, say, emotional abuse, such comments by the teacher may become a trigger for reliving earlier distress. It is important to remember that a child who dissociates might have amnesia for (i.e., not remember) what the teacher is referring to and truly feels unjustly accused.

“Given how triggers can cause or increase dissociative responses, it is usually helpful to know what triggers a specific child. Some triggers will be closely related to the child’s trauma (for example, seeing a baseball bat for a child who witnessed a beating with one). Other triggers might be vaguer (for example, time of day when something bad happened, a tone of voice that reminds the child of someone or something).”

“So how am I supposed to know what would trigger each child?” Mr. Kay, the gym teacher, joins in. “I won’t be able to do anything because everything will potentially trigger someone.”

“That’s where having background information is helpful. For example, if you know a child survived a house fire, it will help you understand
why every time there’s a fire truck around, she freezes and spaces out or becomes upset. “

“How would I know if the child is really dissociating or just being difficult? I don’t want it to become an excuse for bad behavior. Some children know how to be really bad.”

“Yeah,” Mrs. Tibo adds, “and I don’t want the other children to learn that it is okay to misbehave, either.”

The other teachers nod an affirmative.

These are frequent and fair concerns. However caring teachers can be toward children in distress, they do not want to be taken advantage of. Children can be manipulative and test boundaries, and teachers want to know how to differentiate the child who needs discipline from the child who needs support—especially when it is often the very same child. Teachers also worry about peers using the misbehaving child as a bad example of acceptable behavior.

“This is a really good point,” I confirm. “Personally, I find it better to err on the side of caution. In a child who has known trauma or is dissociative, I’d consider dissociation as a first explanation to a behavior change. This doesn’t mean there’d be no consequences for misbehaving, but that a different approach can be taken to address the behavior. I will want to consider what could have caused the child to misbehave and help the child get grounded before requiring a consequence.”

The assistant principal pokes her head into the teachers’ lounge: “Fire drill, ladies, Mr. Kay, 5 minutes!”

We scatter to the different classes, and I go along with Mrs. Tibo and Ms. Linda. Speaking of triggers, Leroy hates the shrill fire-drill bell (same as in my office) and has been known to ‘ruin’ the drill for the whole class by turning violent or refusing to budge and delaying everyone. I would like to assist him—and the teachers—in getting through the drill with the least dismay possible. As we rush through the hallways I narrate my plan: I will tell Leroy what is coming, reassure him that he is safe with me, stay with him through the drill to see he does not get too overwhelmed, and then go over the event with him to make sure he knew what just took place.

“Sometimes we don’t know in advance what can upset a child,” I add, “but here we have an opportunity to prevent or at least minimize the reaction that overwhelms him.”

The children are gluing colorful feathers and foam-shapes onto construction paper. The theme seems to be hues of colors: one child’s page is all in reds, another all in purples, a third in yellows. Leroy’s page looks as if
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it is started as a composition on blue but turned into a splatter of any color he could get his hands on.

I pull up a chair and explain to Leroy that there is going to be a very noisy bell in a moment but that it will only be a fire drill. “There is no fire, Leroy,” I emphasize. “It is an exercise. Just practice. This way we can get very good at getting out of the building in case there ever is a fire.”

He nods absently.

“Leroy, I need you to look at me. I know you want to continue with your beautiful project, but right now it is important you listen. Can you please look at me?”

It is helpful to establish a connection with the child (e.g., acknowledge what he is involved with) before attempting to move the child to doing something else. This helps put the child’s current activity in context as well as validates that the child’s experience is important (even though he might still need to interrupt it). This provides a connection between the adult and the child and confirms that the adult is interested in and attuned to the child’s feelings and needs.

He frowns, but dutifully raises his eyes to me.

“Thanks, Leroy. There’s going to be a very loud bell in a moment. It will ring three times. We’re going to count three bells and then you are going to give me your hand and we’re all going to walk down the stairs and out of the building. Everyone will be going out the building. We need to walk quietly and listen to what the teachers are saying, ok?”

“I doing art,” he states.

“I know, Leroy. You can continue with the art project after the fire-drill is over, but for now you need to stop and follow directions during the drill.”

I barely finish my sentence when the first bell rings. The boy starts violently and looks at me wildly.

“Leroy, it’s okay. It is the fire drill I told you about.” I say in the moment’s space between bells.

The next bell jars and he stiffens, his head swivels around, and he blinks rapidly.

“I doing art,” he states.

“I know, Leroy. You can continue with the art project after the fire-drill is over, but for now you need to stop and follow directions during the drill.”

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“Leroy, it’s okay. It is the fire drill I told you about.” I say in the moment’s space between bells.

The next bell jars and he stiffens, his head swivels around, and he blinks rapidly.

I offer my hand and he clings to it. “This is the second bell, Leroy. There’s going to be one more.”

I can feel him shaking. He stays rooted even as the third bell stops clanging and the other children begin to file by the classroom’s door.

“Everything is okay, Leroy,” I affirm, keeping my voice calm. “This is a fire drill and we’re going to walk down the stairs and out of the building. Nothing bad is happening. You are safe, and I’m right here with you. This is just a fire drill. Just practice. We’re going to walk together, ok?”

He is still shaking, but he nods and walks with me. I keep a slight distance between him and the boy in front of us. Leroy is especially jumpy when he is anxious and he can easily interpret a casual touch as an assault. Most of the children chatter excitedly, unheeding the teachers demand for quiet, but Leroy walks in silence, his body tight as if it can snap at the slightest touch. I can see his heartbeat thrumming in his neck.

When the brain perceives danger—triggered or actual—it activates an enormous energy in response which results in physiological reactions that prepare us either to fight (i.e., increased heart rate and blood flow to the large muscles, increased tension in muscles ready to spring, fast respiration, pupil dilation, decrease in verbal ability, etc.) or alternatively to freeze as muscles collapse and the organism shuts down in overwhelm (Levine & Kline, 2007; Perry & Szalavitz, 2006; Stein & Kendall, 2004). Children who are triggered often present as teetering on the edge between explosion and shutdown.

“IT’s okay Leroy,” I say softly. “Nothing’s wrong. It is just a fire drill. We are at school and everyone is going down the stairs. You are safe here with me, Miss Y. Everything’s okay.”

“Okay?” he whispers.

“Yes, Leroy, everything’s okay...we’re just walking out for a moment and then we’ll come back in and you can continue your art work.”

We make it out of the building without incident, join the snaking line of children around the block, and suffer the (somewhat justified) critique of the principal for how long the school’s evacuation took and how noisily it was executed.

Soon enough the signal to return is given and the children turn on their heels and walk back in. As we enter the building, Leroy seems to shake off his wooden anxiety. He bounces around and pulls on my arm. The teacher looks at me in alarm—Leroy is just as problematic when he is in one of his “excited moods,” especially when he “wakes up” from being upset. I nod in reassurance and point to his sticky hand in mine. “We’re practically glued together,” I mouth and she chuckles.

“Leroy, look around and see how everyone is walking nicely. I need you to walk nicely, too. We’re going back to the classroom and you can continue with your art project.”

“Where we going? I doing Speech now?” He looks baffled, like he does not remember what just took place and why I am with him in a school hallway, holding his hand.

“You were working on an art project with feathers and colors. And glue...”

His eyes wander down to our hands, a questioning expression in his eyes.
“Yeah, we both have glue on our fingers now. We had a fire drill and had to go outside for a moment. Now we’re going back to the classroom and you can finish your project.”

“Art?” He asks, suddenly comprehending. “We doing art now?”

I nod and hum affirmatively.

He tugs on my arm and calls to Ms. Linda, who is a few steps ahead of us, walking alongside the rest of the class. “Miss Linda! Miss Linda! I going to art now! I had a fire drill and I going to art now!”

She smiles.

When I see Leroy’s teachers again the following week, they tell me that they have made a list of some things they recognize can trigger Leroy: children touching him (apparently more so when they touch his shoulder, head, or back), loud noises, changes in routine, hearing another child cry, making a mistake. They do not see how they can prevent other children from occasionally touching him, or from crying, or an outside noise. However, seeing how well he did with the relatively simple preparation for the fire drill—the first sudden transition without a meltdown—they wonder if they can prepare him better for transitions in the classroom.

Borrowing from techniques often used with children with autism spectrum disorder or cognitive disabilities, we make picture cards to represent different school activities, and place Velcro bits on their backs. I recommend that at the beginning of each day, they go over the day’s planned events and have Leroy stick the activities on a felt board in the order of their schedule. They may try reviewing every transition a short while before it takes place so that he will have time to process it before the actual demand to shift activities. For special events—a class trip or a show at the school’s auditorium—they can go over the changes with him the day before as well as in the morning, so he is better prepared. It could help to ask him to repeat the schedule after them, pointing to the cards as he does. This will help Leroy verbalize the sequence and allow another layer of processing to take place.

In Speech, I reinforce this technique by working on identifying activities in stories and putting them in order to make sure that Leroy understands what each school activity involves and the vocabulary that accompanies it.

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In all of us, dissociative-type responses stem from fear, rage, shame, helplessness, loss, confusion, and other difficult emotions (Herman, 1997; Nijehuis, 2004). We rely on our understanding of how things work and what we can expect to happen next, to help us feel less out of control. By preparing a child for events that could evoke difficult feelings, the child can be less startled by those events and feel less helpless and scared.
Helping prepare the child also lets the child feel that his or her feelings are understood and responded to. A child who feels taken care of feels less afraid, is less on-guard, and therefore will have less need to call on dissociative defenses.

Teachers are often familiar with interventions such as Leroy’s picture-schedule, and are comfortable using them because they fit within their skills and knowledge. It is an intervention that can easily be generalized to the rest of the class without singling out one child, another aspect that teachers often find important.

The teachers and I discuss what to do if Leroy gets overwhelmed in spite of these precautions and what would help most in the class setting. I recommend that they respond gently and remind him he is safe, who they are, where he is, and that nothing bad is happening (even if they cannot perceive any danger and think he ought to feel safe without them saying so). If he misbehaved, and even though the misbehavior needs to be stopped immediately, it is best not to confront him right away but to wait until he is more present and in a calm state.

“Many times his behavior escalates when he feels criticized and punished,” I say. “I think that maybe once he has experience with your voice helping him get calmer, he’ll be more responsive because he won’t immediately assume that you are going to punish him.”

Calm is the antithesis of overwhelm. When soothed, the autonomic nervous system reaction dials down, and the child is less likely to dissociate. Internalizing an association of soothing (e.g., a fussy baby calms at the sound of his mother’s voice even before she picks him up) helps the child avoid dissociation; and if dissociated already, this can help anchor the child into the present and reduce the duration and severity of the dissociative response (Bowlby, 1997; Cozolino, 2006; Levine & Kline, 2007).

Both women agree to try responding differently to Leroy’s outbursts, though they are clearly wary of what seems to them as reinforcing his bad behavior by “being nice to him when he deserves to be punished.”

“Once he’s calmer, he’d be much more willing to listen to what happened and why he has a consequence to deal with,” I stress. “I really believe he wants to understand, but when upset, he isn’t processing anything you are saying and is only focused on the perception of ‘being accused’ and/or the feeling of being a bad person.”

One of the responses of the brain to stress is to flood the brain with stress hormones (e.g., cortisol) that are meant to prepare the body for a possible
assault. This flooding, however, affects the ability of the frontal lobes and the hippocampus to process and organize information, and temporarily reduces verbal ability. An overwhelmed child often literally cannot process what is said to him until his neurophysiology is calmed down (Levine & Kline, 2007; Perry & Szalavitz, 2006).

Over the next few weeks, the teachers report that Leroy is having fewer explosive episodes. They talk to all the children about body boundaries and respecting how some children do not like being touched or leaned against. That helps, too. Leroy enjoys lining up the activity cards each morning, and some days he is able to do so by himself from memory—a major achievement for him. When prompted by a teacher, he usually quite agreeably refers to the board to see what is coming next.

One day, a music teacher entered the class unannounced and Leroy rushed to the board, scanned the day’s cards, and shouted, “No music today!” When Mrs. Tibo told him that this was a last-minute change, he paused, thought about it, then selected the music card from the envelope below the felt board and rearranged the day’s cards to accommodate the music card in the correct order. He was still glowing with the praise he received for this when I came to see him the next day, and looked touchingly proud when Mrs. Tibo told me how well he did.

Both Mrs. Tibo and Ms. Linda admit having to be less creative than they thought they would have to be to find things to praise Leroy for. There are now good behaviors to praise.

“He’s really trying,” Ms. Linda tells me one day, “and it makes it easier to be kind to him.” She blushes. “Not that I didn’t care about him before—because I did, only I think I like him more now.”

One of the most helpful things for Leroy is probably that the teachers feel less helpless to help him, which allows them to be more compassionate toward him and results in him feeling more lovable. Children are acutely aware of the adults around them, and Leroy, for all his fury and aggression, craves approval and affection just like any child, and quite possibly more. His gains in positive behavior are likely not only due to the new routines and increased predictability, but also due to the improved attachment in his relationship with the teachers (Kagan, 2004; Pearce & Pezzot-Pearce, 1997; Terr, 1990; Wallin, 2007). By making the classroom experience calmer, not only did Leroy become calmer, but the teachers, too, are less on edge and therefore less scared/scary.

Leroy is doing better overall, but he still quite regularly explodes and attacks and hits and swears and spits. The list of probable triggers grows:
the bark of dogs, anyone cutting in line before him, the mention of fathers or birthdays, and bits of torn paper on the floor. Though helpful, this list is only for connections made in hindsight (i.e., after he has reacted to them negatively). I remind his sometimes exasperated teachers that hindsight is valuable because it allows better handling of a trigger in the future.

At one point, Leroy spends a full hour on his back, hands over his ears, screeching in rage and feet in kicking motions in the air. It is not one of my school days, so I only hear of it the next day. Apparently the security guard had to come haul him out of the classroom and to the principal’s office, where his grandma was called to come take him home.

“The strange thing is,” Mrs. Tibo tells me, “it was almost like he had an ‘on–off’ button. The moment Mr. Brown (the security guard) grabbed him; he clammed up like someone turned him off. I swear it was strange. He didn’t even fight like he would with me or Ms. Linda, just turned totally silent, like a stone. I still don’t know what ticked him off in the first place—one minute he was sitting in his desk and the next he was flying to the floor, screaming like a banshee.”

I look at the boy. Nothing about him belays the events of the day before. “I didn’t ask him what happened,” Mrs. Tibo adds. “Didn’t want to raise demons, if you know what I mean—as long as he’s quiet, why bring up yesterday?”

Mrs. Tibo’s hesitation makes sense—this is why it is so crucial that the boy be in therapy. Without knowing what a child’s dissociative defenses are about, and without assuring safety in all aspects of the child’s life so these defenses can be addressed, there is only a limited relief that can be achieved. While crucial for improving the day-to-day life of a dissociative child, grounding and ego-strengthening alone are not sufficient. Therapy would be the right place to explore what happened and why.

It is upsetting to me that I was not there, not only because my heart breaks for how awful Leroy must have been feeling and for how scared he probably was when the security guard plucked him up (it appears he shifted into another dissociated state when the security guard came to get him, and that was why his behavior shifted so dramatically), but also because maybe I would have managed to help him get himself grounded enough to prevent him being removed bodily (and thus triggered further), something that is not likely to help make the classroom feel safe.

(As I explore my own feelings, it helps me to become aware that some of my upset is rooted in my own protective feelings toward Leroy and my frustration at his situation—how it might have been an opportunity to drag the psychologist in to see Leroy “in action” so he could be convinced to recommend counseling.)
A Teacher’s Toolkit

Leroy’s intense “tantrum” (the school’s official view of the event) brings to the forefront the teachers’ need for more concrete ways to help ground him when he is overwhelmed. One of the things I found helpful with Leroy is to tell him—in a calm voice—to take a deep breath, then take one with him. While not a magic pill, taking a deep breath can help calm the neurological system (Levine & Kline, 2007) and can help Leroy curtail some of his explosions. Reminding him to breathe is occasionally enough to help reorient Leroy to the present so he can actually listen to what I am saying.

I show the teachers what I mean by modeling deep breathing, and we practice a few times. However, they are uncomfortable with the role-playing, and I am not optimistic that they will use “this breathing thing” with Leroy. If they are uncomfortable with the technique, it is not likely that Leroy will perceive it as comforting, either. Nonetheless, I ask them to consider it a backup intervention.

Another tip I model to the teachers is to hold my hand palm down in front of my body (not too close to his face so not to spook him) and move it gently downward a few inches in a “calm down” motion. Leroy often follows the motion of my hand, and takes a deep breath even if he does not seem to be hearing what I am saying or asking him to do. The teachers are considerably more comfortable with this cue than with the breathing—they use several hand signals in the classroom on a daily basis already.

To help reinforce the hand-motion cue, I practice it with Leroy in our session. I explain to him what it means and how it can remind him to calm down even when his mind is too busy to listen. I have one of the stuffed animals “get really angry” and then prompt it to calm down and “it does.” It is then Leroy’s turn to “calm” a series of toys having tantrums and—best of all—to “help me calm down” when I pretend to get really upset. He loves the new “game.”

When I ask him, as review, what the hand motion helps him do, he pauses for a moment then says, “It make it more better in my head and I see you.”

This is the first time Leroy has ever referred to his experience during the times he rages or loses control. If he were in psychotherapy, it would probably be an excellent thread to follow to find out more about the “in my head” experience, to explore what “better” means, what it is like when it is “not better,” and so forth. However, given that I do not want to move beyond the scope of the clinical work I am trained and licensed to do, I make a note to myself of his expressed insight and focus on continuing to expand the range of Leroy’s grounding tools.
“That’s really good, Leroy,” I comment. “Are there any other things that you think can help make it better in your head?”

He looks startled. Not exactly scared but surprised at the inquiry. I have seen this reaction before in many of the children I work with: they are very rarely asked their opinion. Their lives are full of directive language but little chance to consider and express their ideas.

“Um…umm…,” he thinks, fidgets. Then purposefully snuggles up to me, leaning his head against my arm. “Like that,” he says, snuggling closer until his head finds a comfortable niche.

“That helps?” I half-ask, half-comment.

He nods noncommittally and just sits still for a moment or two. I have a feeling he is not “done” and simply wait with him. He shortly jumps up from his chair to grab a stuffed bear animal and a Playmobil® character. He makes the doll have a tantrum (placing it supine on the table, twirling it, and banging it around). He often “plays” with toys this way, and though his handling seems more directed today, I still half-expect to see him “make them fight.” Leroy surprises me. He takes the bear and very gently puts it close to the doll, then stops twirling the character and the doll “quiets down.”

“You see?” he comments with satisfaction. “His head better now.”

“Oh,” I comment. My heart is so full I am at a loss for words.

Leroy’s ability to role-play as a way of explaining is stunningly important, especially for a child who lacked narrative and communicative tools and had no words for physical and emotional states. His role-play demonstrates that he has internalized the concept of comforting turmoil (i.e., has formed neuronal pathways for soothing) and is able to express it by a combination of words and actions. As he expressed it, the concept would have become more organized internally and more real for him as well. As he was explaining how he felt to me, his body was relaxed, and he was focused and present. He was not acting out his feelings but communicating what his experience was like through the toys and with words. By using even those few words, he was starting to teach his body a new way to manage an experience—by talking about it instead of just reliving it or drowning in it.

Seeing how Leroy loves one of my plastic characters (a Playmobil firefighter figurine) and how several times he seemed reassured by holding it, I get another of the same character for his classroom and ask the teachers to tell him it is there for him to hold whenever he gets overwhelmed. Mrs. Tibo is not enamored with the idea. She worries he would take advantage of this and play instead of study. She is also not pleased with the possibility of other children wanting toys at their desks. Nevertheless, she is willing to give it a cautious try.
Interestingly, Leroy does not ask for the doll very often. It is not clear if this is because he does not remember it is there or because he feels reassured just knowing of the option to ask for it. Maybe because he does not flaunt it, the other students just seem to accept he needs the toy. In fact, one day when Leroy reportedly gets upset about a drawing not coming out the way he wanted and starts tearing it apart and tossing the crayons on the floor, a classmate caringly recommends to Ms. Linda, “Maybe Leroy needing his firefighter now.”

Giving a child a toy or allowing a child to leave his or her desk for an area of the classroom the child feels safer in are often seen by teachers as coddling and even rewarding bad behavior, as they are often reluctant to single out one child, even more so when that child is prone to misbehaving. It is an understandable concern, but for children who are already disruptive to the class, these adaptations are worth a try. A child leaving his desk or handling a toy might miss some instruction and possibly disrupt the class momentarily, but if it helps the child remain less agitated, the child will likely listen better as well as save the class the bigger distraction of a child in rage. Reducing the number of dissociative episodes can improve overall classroom management and can build better connection between the teachers and child and the child and peers.

When a child is in distress, teachers can utilize a six-step “toolkit” (ISSTD Child & Adolescent Committee, 2009):

1. Grounding: Helps a child reorient to the present. As soon as the teacher notices the child beginning to dissociate, the teacher can approach gently and let the child know where the child is and who the child is—not assume the child knows.

2. Reassuring: Lets the child know he or she is safe. Even if nothing outwardly scary is taking place, the triggered child might not know he or she is safe. Telling the child that no one is being hurt, that the child is safe in the moment, not being hurt, and is okay can help, as can reminding the child to breathe.

3. Checking in: Once the child seems more present, it can help to ask if the child is okay. Does the child know where he or she is and who the teacher is? The child might be reassured by an object associated with comfort (e.g., Leroy’s firefighter figurine). A drink of water or a damp cloth for the child to wipe his or her face with can help sometimes, as well.

4. Narrating/describing/putting in context: Rather than asking the child what happened, it is best to just tell the child. The child may not remember or may have a hard time putting it...
into words. If something happened in the school or classroom, it helps to describe it simply and without blame.

5. Deferring blame/investigation/consequence until the child is calm: It is important to refrain from using interrogative questions such as, “Why did you do that?” or “What got into you?” The child may not know. The child may not remember. Once the child is calm, it can help to reiterate what took place. (The child might not have been able to process it earlier.) If misbehavior took place, calm explanation of cause and effect is important (e.g., “You pushed Cynthia, and when someone pushes in our class they get time-out, so please go sit in the time-out chair now.”). It is best not to enter into an argument with the child if he or she disagrees and to refrain from making general statements about the child’s character (e.g., “Stop lying. You always do that.”). Calm explanation that even if the child does not remember doing something or did not mean to do it, there is still a consequence to deal with, can help. It is important to be kind but firm.

6. Providing safety for all: The safety of everyone in the classroom is paramount, teachers included. If the child tends to be violent, a backup plan for assistance is important (in Leroy’s case, they were to call me on the days I was at the school, or my colleague on other days).

I print the six-step toolkit on a sheet of cardstock and give it to the teachers. They smile indulgently and state that I might as well get used to being summoned to help them out because “Leroy listens to you best.” I nod but tell them it is not really any magic I do that they cannot accomplish as well. In fact, I remind them, did not the routines they had already established help him be less explosion-prone?

We have a few weeks of relative bliss. Leroy is calmer. He has fewer outbursts, and when he does, he seems more able to regain his composure (become grounded). A few times Mrs. Tibo tells me that she “did the grounding thing and told him where he was,” and he seemed to calm down a bit. One time he even went to the time-out chair without argument and sat there, holding his firefighter until called to join the class. Mrs. Linda was not sure that he “deserved” the firefighter at that time, but Mrs. Tibo reminded her it was not a reward but a grounding item for Leroy. I agree and point out that even if it were a reward, maybe he actually deserved one for following the direction and going to the time-out chair without conflict.

In Speech sessions, too, Leroy is making progress. His ability to listen is improving, and he is better able to correctly label emotions in stories or match cause-and-effect. He can narrate simple things he did in class, or
tell me what he just had for lunch. He struggles less to remember classmates’ names and no longer asks for mine. He is able to state some of his preferences—a favorite color, snack, or animal—things that he was unable to do before.

Is Leroy’s progress a result of the reduced need to dissociate in school (i.e., an increase in his sense of safety), or a direct result of the speech therapy intervention he is receiving? Probably both, and I believe that neither could happen without the other. By being less on edge at school, Leroy is able to remain more available to instruction in the classroom, and spending more time in the present, he can experience interactions that are both informative and positive.

Children learn by exposure. When they are absent from reality much of the time, their opportunities for learning are greatly reduced. In addition, during a dissociative episode, a child may be reliving, and in effect reinforcing, scary interactions or assumptions about life. The fewer the dissociative phases, the less those negative connections are reinforced.

Leroy’s progress is real, but how significant is it? It is still highly bound to arranging his outside environment. Having better awareness of what makes him dissociate and gentler ways to help him ground himself, we reduce his external triggers and help him be in a place of safety. However, without skilled psychological treatment to help resolve the underlying causes of his dissociation and teach him ways to manage his stress better internally without dissociating, Leroy’s improvement is limited. His progress in school is important; but not sufficient.

After months of runaround, Mrs. Tibo was given the opportunity to appeal her request for one-to-one classroom assistance for Leroy. I write a letter recommending it, though both the teachers and I are not optimistic. The psychologist as much as told us that he would not push for it, especially “now that his behavior is better managed in the classroom.” Implying that now that the teacher is finally “doing her job,” with class management, there is no reason for extra help because she no longer really needs it. Leroy’s improved behavior is given as reason for denying counseling, as well. It is a double-bind: when Leroy was doing poorly, he was considered far too “bad” to be worthy of making use of counseling, and now that he is improving some, he is deemed not to need it. This, regardless of the fact he is still clearly struggling, and that much of the improvement stems from manipulating his environment to minimize his outbursts, not because his underlying difficulties have resolved.

The denial is infuriating, especially given additional information that came to light about his early childhood experiences—Leroy lived in a

household where domestic violence was rampant, and as an infant and toddler both witnessed and suffered from the violence. It feels to me as if Leroy is penalized for working hard to behave better.

When the early trauma history is raised, the psychologist calmly states that “these alleged things happened too long ago to give them much attention now—the boy needs to look forward, not dwell on the past. Not like he is being abused now.”

“What I mean,” I say slowly, forcing myself to breathe, “is that I am not sure what would qualify in your eyes as a sign that the child is in distress. We have a child who is hypervigilant, responds with disproportionate alarm to stimuli, behaves in ways that are alternately terrified and aggressive, has periods of amnesia, displays fluctuating abilities, and has many other post-traumatic and dissociative indicators. A child we know had trauma in his history and is still exposed to stress and reminders of his trauma through the custody battle between his mother and grandmother.”

“Did you see any signs that the child is being currently abused?” he interrupts. “Any bruising, scars, dressing inappropriate for the weather—any of the known signs of child abuse beyond your psychological theories?”

I try to convince myself he is simply ignorant, not malicious. It helps me keep my voice down. “Trauma signs involve more than just physical presentation. There are—as I am sure we all know—emotional and psychological indicators as well.”

“In any event,” I continue, pointedly ignoring his dagger-eyes, “I didn’t say we need to call Child Services about a minor in danger. I meant he seems to be suffering from earlier trauma exposure and that counseling may help him. I thought that was what counseling was for.”

The assistant principal steps in. “I am sure Dr. B will review the notes again and see if anything was missed on the counseling end. Now, unless you have a request regarding his speech mandate, Ms. Yehuda, I suggest that we move on.”

Dr. B. nods imperially. Mrs. Tibo gives me a knowing look. Neither of us will be surprised if his “review of the case” takes the rest of the school year, if he follows up on it at all.

Turf wars are common in the educational system. Unfortunately, when egos (and frustrations—as mine clearly did) get in the way, positions can be dug in. My intention was to lobby for Leroy, but my confrontational approach only antagonized the psychologist. He might be uneducated in trauma and uninterested in knowing more, but highlighting his ignorance was not helpful. Not only did I fail to help Leroy get the counseling he needs now, I might have shut the door on him getting it as long as this psychologist sees the boy as a reminder of his lack of knowledge.
Many education personnel are not currently knowledgeable about trauma. Some—for whatever reason—fear or resist learning about it. It is important to negotiate this landscape with care and gentle determination. In Leroy’s case, I dropped the ball. Not so much in the truthfulness of what I said or my right to say it, but in how I said it.

Trauma education is important for all child-professionals (and school psychologists), and especially for speech-language pathologists, who are often the first to see a child who is failing at school and are called to determine whether a child’s failure reflects low ability, lack of support at home, a learning disability, or something else (e.g., a trauma response). Speech-language pathologists can then recommend additional assessments and intervention. Hopefully, trauma studies will soon become part of formal education for all educators and clinicians, particularly those working directly with children.

It is March and parent–teacher conferences are around the corner. I hope that Leroy’s grandma will come, as I would like to hear how he is at home and more about his history, extended family, what he does on weekends—anything, really, beyond the bubble that is school. I leave a voicemail, encouraging the grandmother to come and hear about Leroy’s progress in Speech and Language, but Mrs. Tibo cautions not to hold my breath. No one showed up last year, and indeed no one comes this year, either.

I am especially sorry she did not come when I learn (from one of the Lunchroom Matrons, incidentally) that Leroy was not always an only child. Like everything else in his history, the details are sketchy. It seems Leroy had a brother—only about a year younger—who died in some household accident (though the matron whispered that there were many who suspected it might have been avoided if the mother supervised the children better). It is not clear what exactly happened to Leroy’s sibling. Was this why his mother lost custody? What seems undisputed is that Leroy—almost 4 years old at the time—was present when this happened. The boy was not attending school yet, but the Lunchroom Matron, who lives in the same housing project as both the grandma and the mother, reported that Leroy was very “strange” after that. He “started peeing his pants again” and “was twirling around, all autistic like, you know…like he was crazy or something.”

The matron states that the grandmother keeps to herself and does not speak about either grandson—the living or the dead. “You know,” she adds, shaking her head, “she had a hard life, with her husband dying in construction and raising her kids alone and now the trouble with her son and having to raise her grandson…and him not being an easy one to raise, if you know what I mean.”
“It is no wonder that he isn’t,” I add gently. “It sounds like he’s had a hard life, too.”

The woman tucks stray hairs under her hairnet and sighs in empathy, “Yeah, he sure don’t have it easy, poor thing. Always pulled in two pieces between his momma and gramma...all them fighting...and his dad beating up on his momma and going to jail and all...and seeing his brother, you know... No wonder he acting up.”

I could not agree more.

I do not know what exactly happened to Leroy’s brother, what Leroy saw and understood, and whether he got support following what must have been an overwhelming experience. However, his subsequent behaviors certainly indicate a child displaying posttraumatic symptoms, and with the cumulative traumas of instability at home, loss, violence, and continued conflict, Leroy’s need for dissociative defenses seems understandable—reasonable, even.

I already knew his mother had supervised visitations, but it did not occur to me that she lived so nearby. How often does he run into her? What is it like for him to see her and not live with her? What does it mean to him that after his brother died everything changed for him, too? How often is he privy to the conflict and reportedly vile and angry language between his grandmother and mother? Does either take frustration out on him? I certainly suspect neither helps him with his feelings. Is it a wonder, really, that he is aggressive and easily startled, that he has difficulty putting sensations into feelings and words? Processing new cognitive and verbal information (the hallmark of social and school interactions) depends on a relative state of calm—something he rarely experiences. How can such a hypervigilant child listen, learn, recognize emotions in himself and others, and participate in play?

Leroy displays dissociative symptoms in his behavior and his communication. His communication profile is similar to that of other children who have trauma histories and who show dissociative features: in addition to small vocabularies and low school performance, maltreated children (many of whom dissociate) tend to lack state-descriptive language and to give ambiguous responses to emotion-evoking pictures. Traumatized children have deficits in discourse and are generally passive in their communication (responding rather than initiating) (Attias & Goodwin, 1999; Pearce & Pezzot-Pearce, 1997; Putnam, 1993, 1997; Yehuda, 2005). A great deal more research into communication and dissociative disorders is needed before we can identify symptom-clusters in language patterns that point to high probability for trauma and dissociation. However, we already know that traumatized children tend to
have simplified repetitive play, cause classroom disturbance, have poor ability to maintain attention and involvement, and exhibit aggression and social incompetence (Pearce & Pezzot-Pearce, 1997; Putnam, 1997; Silberg 1998). More research is needed to pinpoint dissociation-specific communication issues (Yehuda, 2004, 2005).

Leroy also shows perseveration-like behaviors, periods of altered behavior, auditory memory issues, and amnesia—symptoms that can occur in children with neurological issues (e.g., closed-head injury, seizure disorders, etc.). Maybe Leroy’s neurological-like symptoms can be a foot in the door for a comprehensive workup. Maybe a pediatric neurologist would succeed in recommending counseling where I did not. The risk is, of course, that if Leroy gets referred to someone who is blind to trauma, he might end up with even more diagnoses he does not have or medications he might not need.

The school nurse is a mild woman with whom I had little contact. She listens carefully to my description of Leroy’s symptoms and agrees to speak with his teachers and follow up with a memo recommending a referral for a comprehensive evaluation. I am glad, because the district office supervisor confirms that such a memo is not likely to be ignored.

I have another meeting with Leroy’s teachers. The gym and art teachers join us. They, too, have been using some of the grounding techniques with Leroy and are seeing positive (if limited) change.

Mr. Kay, the gym teacher, wants to know what to do when Leroy starts yelling about beating to a pulp. Should he ask him anything? Inquire as to what it is about? Ask where he had heard that? A bear of a man, the gym teacher is well loved in the school, and his gruff exterior and no-nonsense attitude hide a very kind heart. He finds Leroy’s distress upsetting and admits that he is torn between wanting to know more and not wanting to “open up stuff I won’t know what to do with later.”

The other teachers nod. I reply that it is indeed a fine line, and that I wrestle with similar dilemmas myself, especially when a child is not in therapy and there is no counselor to share impressions with or seek advice from. Speech-language pathologists and teachers do not—and should not—delve into trauma. There is a reason a child utilizes dissociative barriers, and it could be unsafe to dismantle these when the child has nothing to put in their place. What I found I can do, however, is draw on the knowledge I have about communicative development. I can provide the child with a model for healthy communication and a healthy child–adult relationship by listening and reflecting back what I see. I can help by wording physical states, naming emotions, and staying honest about my own feelings. I can assist the child in understanding the world better by
clarifying cause–effect and the difference between consequence, responsibility, and blame. I can teach the child a vocabulary and give the child linguistic structures with which to tell stories so that the child can narrate his experience better, traumatic or not.

_Increased verbal skills are not only important for external narrative, but are also crucial for internal narrative—how we explain our reality to ourselves. A child who is better able to put events in context (internally as well as externally) has better tools with which to prevent overwhelm and reduce the likelihood of needing to dissociate from the event_ (Herman, 1997; Pearce & Pezzot-Pearce, 1997; Perry & Szalavitz, 2006).

I can offer reparative communicative experiences and increase experiences in areas where there are comprehension and relational delays. Even if these skills do not directly address dissociation, they can help the child learn to communicate better and thus feel less overwhelmed. As stress decreases, coping skills other than dissociation can be more easily learned, internalized, and used.

“In some ways,” I say to Mr. Kay, “you, too, have unique opportunities to make Leroy’s life easier. You might not be able to explore with him why he gets aggressive, but you can give him opportunities to release his body’s energy in a positive way. You can also teach him how to wait his turn, how to follow directions and obey reasonable rules. This is also a way to help him.”

_The more school personnel can be “on the child’s side,” the safer the school will feel to an overwhelmed child. Leroy used to hate gym—he would always get in trouble for grabbing or pushing or yelling. Last year he was actually barred from gym because he disrupted the class for other children. Mr. Kay did not know what to make of the boy last year, but he is eager to understand Leroy better now and is very open to the notion that trauma reactions govern many of Leroy’s responses. He is willing to try to do things differently and is generally viewing the child now through a lens of compassion rather than exasperation. Awareness of a child’s plight often results in increased compassion toward the child and, subsequently, in gentler interactions, improved communication and attachment, and, therefore, an increased sense of safety_ (Cole et al., 2005; Levine & Kline, 2007; Silberg, 1998; Wallin, 2007).

Following our meeting, Mr. Kay gives Leroy “jobs” to do: he asks Leroy to hold the ball until it is needed, requests Leroy help with the mats, and
basically finds ways to keep Leroy at some distance from the other children while having him remain part of the class, feel helpful, and keep busy. When Leroy has “a bad day,” Mr. Kay lets him go to one of the corners of the gym and “practice balance board” (a genius suggestion, I think, because it requires the boy’s undivided attention and, as a result, helps him become grounded again fairly fast).

Leroy continues to make small gains.

In the week before Easter, I come to take him to speech when a child accidentally brushes against his arm. He jumps at her, screaming: “Don’t hit me! Don’t hit me! I kill you!” The girl returns a punch and the room explodes with screams and cries.

As the girl is being peeled off by a teacher, I attend to Leroy. He fights me, screeching: “She hit me, don’t hit me, I kill her!” He ends up in my lap, head in the crook of my arm, looking angry, lost, and absolutely terrified.

“It’s me, Ms. Y,” I reiterate the grounding script I have used so many times before. “You are in the classroom and I’m holding you and you are safe.” He nods, registering recognition at the familiar words, face, tone, and voice, but still appearing confused. He looks around (maybe following the many times I had suggested he do so to see where he is and see he is safe). His heartbeat slows as we breathe together for a moment or two, allowing time for him to get his bearings.

I help Leroy up and walk with him to the classroom’s sink, where I give him some water and he allows me to wash his face. A “what happened?” expression is written all over him.

Looking puzzled but not agitated, he listens as I tell him that the child touching his arm perhaps surprised and scared him. I am careful to present it not as a judgment, only facts.

“She hit me?” he keeps asking, “She hit me?”

It is common for Leroy to need repeated reiteration. I reiterate who had touched first, what he and the other child might have felt (surprise, fear, anger, pain), and what happened next. Even under the best circumstances, Leroy’s understanding of sequence is still spotty, let alone under stress.

We end up having our session right where we are, sitting together by the sink, and it becomes an opportunity to teach about harm and apology, and about the sequence and vocabulary that go with them. I share how sometimes I might hurt someone’s feelings and how it makes me feel sad and sorry inside, how apologizing makes me feel better, even if the hurt was unintentional.

Leroy listens raptly, captivated with validation and curiosity. Though he had been instructed to apologize numerous times, it is not likely that he was ever taught the process of apology—how it can be uncomfortable but how apology can help make things okay. His eyes widen when I ask him to let me know if I ever mistakenly hurt his feelings so that I could apologize.
to him. I am sure he had received scarce if any apologies, let alone been asked to say when one is needed.

Children cannot do something they have never experienced before (Baron, 1992; Schiefelbusch, 1986). My offering apology to him might allow him an experience (as well as help form a neuronal and behavioral baseline) from which to then generate his own experiences of apologizing.

At the end of our session, he walks me to the classroom’s entrance and as I leave, pulls me to kneel next to him and rests his head on my shoulder.

“I…I…sorry…” he mumbles.

“I know,” I reply, returning a hug.

Finding Words

As the school year slowly winds down, Leroy still hits other kids. He still yells obscenities, still denies things he clearly did. However, he rarely explodes during sessions, and when he does, grounding and comfort bring him back quickly. We wait to discuss what had happened until he is calmer. Stories of everyday feelings (things that made me happy, sad, angry, afraid) help him realize his own feelings. He listens even when not fully comprehending.

He learns to understand cause and effect. He can retell a story, can recognize and name anger, sadness, fear, pain, hunger, and fatigue, as well as happiness and pride. We role-play by talking for puppets and animals. We narrate scenarios of crayons grabbed, playground conflict, and daily events. He still pounds puppets, but he is also able to have more evolved symbolic play. He interacts better with C.K. and at times manages to use language (versus action) to seek help.

One day when C.K. grabs a marker from his hand, Leroy does not explode in blind rage, but calls for me: “Ms. Y, he take my marker, he make me mad.”

When C.K. apologizes, Leroy accepts the apology with a gracious (and proud), “You welcome. You get it when I done,” and indeed hands the marker over as soon as he finishes coloring the segment he was working on. Such interactions are small but profound progress for a child who could not as much as identify anger in the past, let alone pause to name it and have it processed in a verbal interaction.

Leroy’s classroom behavior improves, too, even if not as dramatically as his behavior in sessions. His listening and his academic performance improve slightly, and he learns to enjoy the praise that the teachers creatively dole out. He still has horrible days, when he comes to school in combative (i.e., triggered) mood, and no amount of safeguarding can
prevent him going into dissociative rage or meltdown tantrums. Such days are disproportionately frequent on Mondays (after the weekend) or following vacations. His teachers and I suspect that his “bad days” follow visits with his mother or other family stresses.

Hoping to help bridge the sense of care he has at school to his home interactions, I offer Leroy a toy from my office “to take care of” during vacations. The first time I offer this, he becomes anxious, and I wonder if he is worried I would be angry if it got lost or broken. He still looks worried after I reassure him I will not be upset. It occurs to me he might get in trouble showing up with a toy from school and not be believed if he said he was allowed to take it home and get punished for “stealing.” Indeed, when I add that I will put a note in his bag telling his grandma that I asked him to take care of the toy for the vacation, he smiles with relief and shyly chooses the cowboy. His smile grows wider still when I suggest he take the horse as well “so that the cowboy won’t be lonely.” He carries the toys in his pocket all that day and brings both back after the break without being asked, something I find quite touching. He chooses other toys at other times, always bringing the figurines back.

School days after holidays are still difficult. However, there are other days when Leroy does not have even one outburst. He interacts more with peers, and is kind, even gracious. There are times when he is accidentally bumped into and does not punch back.

By year’s end, Leroy still hits and kicks, though less viciously and less frequently. When he does explode, he is more easily soothed and more open to explanations that include his culpability. He increasingly follows directions on required consequences.

It is no surprise that his progress is limited. Whatever is disturbing him is clearly still present. We are applying band-aids, but the core pain is still there. Leroy needs safety, and he needs trauma counseling. He needs a place to process and manage his dissociation and deal with his history. In the meanwhile, he is at least better able to verbalize and can occasionally pause between the trigger and punching. He can request help. He feels safer, more connected, and better loved at school.

Though still quite aggressive, Leroy also begins displaying a caring, affectionate side. Like many of my more troubled students, his physical interactions in the past were almost exclusively limited to aggression and violence. Through modeling gentleness, I hope to help teach positive tactile interactions as well. I told Leroy early on (as I do to other children I think could use more affection) that I love getting lots of hugs everyday. Leroy is deliriously happy to fill the quota, running after me in the hall to wrap his arms around my hips and ask: “You need more hugs today, Ms. Y?” A few precious times, as he spots me entering his classroom, he throws his arms around me and says, “Hi…Ms. Y…I love you Ms. Y.”
Leroy’s speech and language show relative gains, but he improves in many ways that are harder to measure. Learning the vocabulary for emotions gives him a baseline of verbal skills with which to communicate his needs. Improved verbal skills also allow better internal verbalization of his reality and possibly augment his ability to maintain a calmer internal state.

Having a calmer nervous system gives him the baseline with which to communicate verbally, reinforcing a positive feedback loop (instead of the previous overwhelm–confusion–dissociation–overwhelm loop). Though Leroy’s academics remain delayed, his growth in attachment and trust is promising and deeply touching. His ability to stay present is a major achievement.

As the year comes to a close, I have to bid farewell to Leroy and the other students on my caseload in the school. I never know if I will be asked to return to the same school the following year. Most of my students have had more than their share of people moving in and out of their lives, and I am loath to leave them after the attachment they risked developing. It breaks my heart to add in any way to their losses, disappointment, and pain.

As part of closure during the last sessions, I give each of my students a little journal—a keepsake—adding a handwritten dedication that I write in their presence, narrating aloud what I write. I want them to feel that I mean it and to remember that I truly cared even when I am no longer there.

It is not clear to me how much Leroy understands about closure. Time and future are still hard for him to grasp. He is glad enough for his journal and is pleased with what I write in it about him being a caring, brave, smart boy I am so glad to have had a chance to work with. Repeatedly opening the journal as if to reassure himself that the dedication is still there, he asks me to reread it several times. I also decide to give him the firefighter that we used at his classroom (and leave another one with the teachers, to give his next year’s staff).

“How about Firefighter coming to live with you now and being yours?” I offer, “Do you think you can keep him?”

“Yeah,” he says seriously, “Ok.” He gently puts the figure in his pocket. “I take care of him every day. He not going to fall down.”

Afterword

By September, I am in another school and so do not see Leroy again. I worry about him. Is he okay? Is he getting help? Do the teachers he has now help him stay grounded? Can he hold on to a memory of kindness and comfort? Was the little I was able to give him enough to make a lasting
difference? Does he remember—someplace, even if devoid of my name or face—that he matters, that I care?

What I tried to do to help Leroy is far from sufficient. One day, all teachers will be trained to detect possible trauma, all speech-language pathologists will be versed in the language of dissociation, and all school psychologists will know to refer children for expert evaluation and help. One day, schools will be a place for children to be truly safe and S.O.S. calls in the form of negative behavior from children like Leroy will grant them aid, not “bad egg” titles. In the meanwhile, I guess we need to trust that even the little things we do matter, and that each interaction of respectful gentleness and healthy relational modeling makes a difference. We need to trust that being present with a child and giving the child words matter. And that the Leroy’s of today will grow up even a tad better off for our intervention, and know a sense of being valued and heard.

Editor’s Comment

Na’ama Yehuda has written a chapter that is extremely important for therapists, school personnel, and the many other professionals who come in contact with children who have experienced trauma. Yehuda highlights for us what unidentified traumatized children may look like and the type of support these children need from the adults in their world. Those of us working in this area are acutely aware of how little is known by professionals who are not working directly in the area of trauma, not only about the effect of trauma on children but also about what constitutes trauma for a child. Yehuda points out the danger of misdiagnosis due to the similarities between dissociative behavior and behaviors seen in attention deficit/hyperactivity disorder, oppositional defiant disorder, conduct disorder, and bipolar disorder. Similarly, there was a danger of Leroy’s speech problems being labeled solely as delayed speech development rather than also reflecting the impact trauma and dissociation can have on the ability to communicate. Yehuda identifies that Leroy’s speech and language problems are inconsistent and that his naming difficulties center around feelings and personal objects and do not occur in all categories to the same degree.

Yehuda tells two stories: (1) her direct work with Leroy establishing a sense of safety and acceptance, developing ways he can calm and reorient himself, and teaching him new language and thinking skills; (2) her work with the teachers—educating about trauma effects, modeling new ways of responding to and identifying triggers, and encouraging the teachers as they interact with Leroy in new and different ways. In contrast to the earlier chapters, here we see a child in his real world reacting to ongoing daily triggers and, in the effort to protect himself, responding in ways that antagonize both peers and adults.
Because Yehuda is not a mental health therapist, her work focuses on the first stage of the three-stage treatment model we have been discussing—safety and stabilization. Yehuda describes and demonstrates the importance of calming and reorienting. She highlights what we too often forget—that the child may not know what has happened. She clarifies that calming is not a single-experience learning but something that needs to be repeated many times and in as many different settings as possible. As she models and teaches the words for feelings, body-states, sequence, and cause and effect, Leroy’s language functioning increases. With this comes more processing of his experiences and, as a result, less uncontrollable reactivity. This parallels in many ways what the other authors describe as they helped children move from drawing or play reenactment to talking about the trauma and, as a result, less uncontrollable reactivity.

While working diligently to provide new and more positive experiences for Leroy, Yehuda is keenly aware of the limits of her scope of practice. At several points in the chapter, she indicates material that would have been important for a psychotherapist to be told about, if indeed Leroy had been working with a psychotherapist. Teachers should take careful note of these points, because communication with therapists around dissociative behavior that is observed at school can be very helpful for therapy, as noted by Waters and Wieland.

Yehuda’s moments of frustration are not with Leroy or with the teachers who are eager, if sometimes skeptical, to learn new ways to react to Leroy. Rather, the frustration is with the school psychologist who has little understanding of trauma and is dismissive of both Leroy and Yehuda. For Yehuda, this is one more day of working with the mental health bureaucracy; for Leroy, it is a lost opportunity for help.

Hopefully, not only every therapist working with a traumatized child reads this chapter but also each therapist will pass the chapter to other professionals working with these children. Many of the children these professionals see may not be as extreme as Leroy, but teachers, day-care providers, occupational therapists, speech and language pathologists, and even parents can learn from this chapter new ways to respond to and help a traumatized and frightened child.

Although Yehuda does not provide psychotherapy for Leroy, within her work as a speech and language pathologist, she does provide many parts of the first stage of therapy—safety and stabilization. Basing much of her work on the neurological research related to the effects of trauma on children, she emphasizes calming, predictability, and teaching language that enables recognition and awareness of emotions (the opposite of dissociation) and helps place events in context. The ability to calm or self-soothe can then provide new “behavioral states” that Putnam (1997) refers to as the infant/child needing. The ability to put both feelings and events into words and,
thereby, into context enables the child to respond to the world, in neurologi-
cal terms, from both situationally accessible memory and verbally accessible
memory (Brewin, 2005). Looking at the conceptual models of dissociation,
 improving language and communication enables the child to build linkages
(Putnam, 1997) to communicate between parts (Watkins & Watkins, 1993),
and to be less phobic of what had been split off into the emotional parts (EPs)
of the personality (van der Hart et al., 2006). Much of Yehuda’s work focuses
on strengthening self-awareness through mind–body connections.

Yehuda stresses the importance of educating school personnel about
the effects of trauma, what dissociation looks like, and how to help the
child. As the teachers’ understanding increases, their ability to relate to
and attach with Leroy increases. At the beginning of this case study, the
attachment pattern between the teachers and Leroy would certainly fit a
disorganized pattern (see Liotti, 2009) that was reinforced by behaviors on
both sides. Toward the end of the case study, one senses considerable calmi-
ng within the Leroy–teacher relationship and a movement toward at least
some times of secure attachment (certainly between Yehuda and Leroy).
Thus, in this chapter, we see how information from both the neurological
and the conceptual models of dissociation assist in the understanding of
and work with children who dissociate.

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