# Trauma in Children with Special Needs

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This Quick Bytes is contributed by: Ms Melody Tan (Snr Psychologist) and Ms Erin Fu (Psychologist) from MINDS Fernvale Gardens School

Children with special needs consist of children with a diverse range of diagnoses that include developmental delays (e.g., intellectual disability, Autism Spectrum Disorder) and congenital and medical conditions (e.g., Down Syndrome, Cerebral Palsy). The developmental needs of these children differ from typically developing children, such as in the various aspects of:



## Cognition

(e.g., limitations in verbal and non-verbal skills, decisionmaking, and problem-solving)



## Social skills

(e.g., difficulties with social interactions and understanding others' perspectives)



## **Emotions**

(e.g., limited awareness of own emotions, challenges with emotion regulation)

Nonetheless, similar to typically developing children, children with special needs can experience trauma too.

# What is trauma?

Trauma is a stressful life experience that overwhelms our ability to cope with difficulties, leading to an impact on our physiological experience, thoughts, feelings, and behaviours. When a child views an event as threatening to the physical safety of themselves or their loved ones, it is understood as a traumatic one for them.

The child's perspective is an important factor that determines the child's subjective experience of the event and consequently impacts how a child is impacted by trauma. Keeping in mind the different developmental needs of children with special needs, it is important to consider how these might contribute to their understanding of situations which in turn may impact their experience of trauma. For example, a child with special needs may not be able to understand why many people are crying at a loved one's funeral and may feel scared that other people that he cares about will pass away too.

# lips for assessing for trauma in children with special needs

## Observe for Changes in Behaviour

As children with special needs may have language delays, they may have difficulties in expressing their thoughts and feelings accurately. Hence, we may need to rely more on observation of changes in their behaviour and physical symptoms to assess for possible impact of trauma in the child. Changes from their baseline behaviours such as an increase (e.g., more aggression, more repetitive actions) or decrease of behaviours (e.g., withdrawal, reduced social interaction, loss of appetite and/or sleep, regression of existing skills) may be indicative of their challenges in managing a crisis.



Gather information from multiple sources

However, some of these children have existing behaviours of concern and it may be difficult to ascertain if changes in their behaviour are part of their typical behaviours or due to difficulties from the trauma. Hence, where possible, it would be useful to gather observations from different people who interact and work closely with the child with special needs to better understand and ascertain possible changes in the child's behaviour.



### Use interactive and visual methods Gathering information from children with special needs via a

conversational interview style may be less effective due to their difficulties with understanding and expressing through language. It may be more effective to use interactive and visual methods (e.g., role plays, pictures, drawings, videos) to aid their understanding and explore how they are feeling.



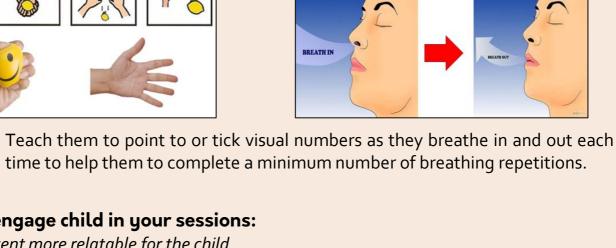
## lips for working with children with special needs impacted by trauma 1. Teach the child coping skills, through:

### Repetition and Practice Engage the child with repeated teaching and practices of coping skills during 1-to-1 sessions of short durations to help the child know how to better support themselves.

- - Breaking down the steps Depending on the child's age and level of understanding, strategies such as breathing in and out, step-by-step muscle relaxation activities/ exercises, hand squeezing, and
- counting aloud can be adapted to be simpler by breaking them down into smaller steps to help them recall the steps more effectively.
  - the action for them to model after, show pictures) or hand-over-hand guidance (e.g., hold their hands, raise their hands up and down) where needed, to guide their attention in carrying out the strategies accurately. Some examples of visual prompts: Relax my body -- Hands **Deep Slow Breathing**

Provide visual and physical prompts (e.g., open-palm gestures, demonstrate



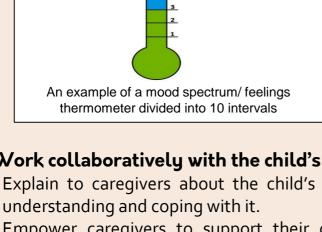


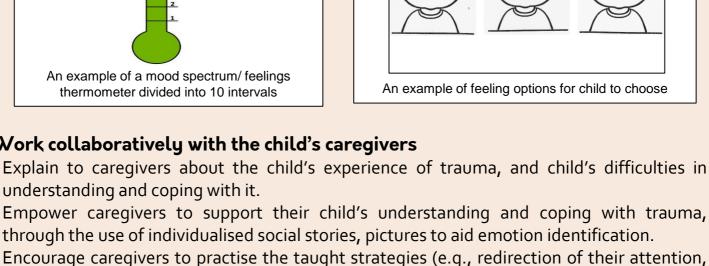
Make content more relatable for the child Use a story to provide a context for the noodle dance to make it more relatable for

## If the child enjoys music and videos, show them videos of the noodle dance to better engage them and allow them to learn and recall the steps faster. (For example,

them to remember the steps.

- younger children may enjoy learning the noodle dance from this YouTube video:
  - https://youtu.be/XKQZWt5etbs?t=8) Use colour pencils to make it more fun for the child to draw/write or indicate their
  - mood on the mood spectrum Provide more structure in activities. o Add lines on the mood spectrum/ feelings thermometer to divide it into intervals. • As it may be challenging for some children to generate responses, providing options for child to choose from may be helpful for them to express their feelings/thoughts.





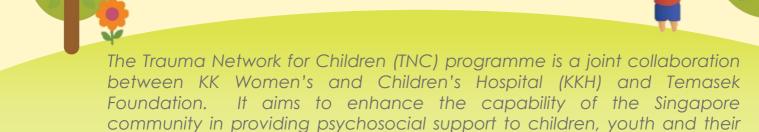
## Empower caregivers to support their child's understanding and coping with trauma,

- 3. Work collaboratively with the child's caregivers Explain to caregivers about the child's experience of trauma, and child's difficulties in
  - calming methods such as the noodle dance, joint compression, counting aloud and deep breathing) regularly with their child at home. Share information with caregivers about community resources that they can reach out to
- for assistance (e.g., school psychologist/counsellor, family service centres (FSCs), hospitals).

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families after crises or traumatic events.