

# Understanding and Helping Children who Dissociate: Tips for Therapists

Excerpted from *Cory Helps Kids Cope with Sexual Abuse*  
By Liana Lowenstein

Children who have experienced trauma, especially complex trauma, may dissociate. Dissociation occurs when some part of the child's mind and behavior becomes separated (dissociated) from the child's awareness as a whole. When a child feels very afraid and helpless and cannot physically escape from the situation, he/she may dissociate. This is a survival technique that can be helpful to the child at the time of the frightening event. It is when this separation continues to occur with other threatening events or with reminders of the traumatic event that it is problematic (International Society for the Study of Dissociation, 2003).

It is normal for children to display changes in affect and behavior during a therapy session. Therefore, normal state shifts should not be overpathologized. Dissociation may occur when children are triggered by a feeling associated with a traumatic event or associated thought which is perceived to be too frightening to acknowledge. Symptoms of dissociation include sudden regression, loss of consciousness, amnesia for traumatic events, feeling the presence of internal "others," feeling as though oneself is unreal (i.e., depersonalization), feeling as though the external world is strange or unreal (i.e., derealization), or suddenly talking about oneself in the third person or with a new name (International Society for the Study of Dissociation, 2003).

Information about child dissociation is still evolving. The practitioner who treats traumatized children, then, needs to keep abreast of recent literature on the treatment of dissociation in children. Any guidelines followed for treating dissociative symptoms in children "should avoid encouraging an overly mechanistic approach that could undermine the treatment relationship" (American Psychological Association, 2000, p.2). The practitioner must develop a positive and empathic connection with the child. Moreover, achievement of physical safety must take priority. If the child is dissociating in therapy, the practitioner should consider possible triggers, evaluate safety in the environment, and review and possibly shift the pace of treatment. With these caveats in mind, there are a number of ways to respond when a child dissociates (Blaustein & Kinniburgh, 2010; Linehan, 1993; International Society for the Study of Dissociation, 2003):

- Speak calmly and reassure the child that he/she is safe (e.g., "Nothing bad is happening, you are safe now").

- Respond empathically (e.g., “You look scared, I’m sorry the siren scared you”).
- Prompt the child to utilize a grounding technique until he/she feels ready to continue (e.g., name 10 things he/she sees in the office or play I Spy; name the days of the week; quietly tap a foot 10 times).

As children become re-embodied, it may be helpful to encourage physical activity (e.g., play the Hokey Pokey, do jumping jacks, jog on the spot). Children may also enjoy doing yoga. Games such as Yoga Pretzels are particularly appealing to children (Guber, Kalish, & Fatus, 2005). As well, there are many good yoga videos geared to children available on YouTube.

Mindfulness practices are also viable options to use not just when clients dissociate but also when they need to relax and quiet their mind. Mindfulness helps the client to focus his/her full attention on the present moment. As well, mindfulness can help clients increase awareness of their feelings, body sensations, and thoughts; improve attentional control; improve tolerance of strong emotions; and feel more mentally and physically grounded. Research suggests that mindfulness can decrease feelings of distress and reduce distractive and ruminative thoughts and behaviors common among PTSD sufferers (Jain et al., 2007). Suggested resources include *The Mindful Child* (Kaiser-Greenland, 2010); *Sitting Like a Frog* (Snel, 2013); and *Moody Cow Meditates* (Maclean, 2009).

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