

Where You Are

S4 Episode 10 — Supporting Your Child Who Has Experienced Trauma

TRANSCRIPT:

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Dr. Linda Uyeda: So we cannot prevent every trauma and nor should we try, but we can help buffer our kids and prevent them from feeling alone. If a child feels like they have an adult in their life, who has it, who's got them, then they can go and decrease that sense of fight, flight, freeze, and calm themselves when they realize somebody is there beside them, behind them, and they've got it.

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Char Black: This is Where You Are, a podcast that helps families and their children promote their mental health and wellness. I'm Char Black.

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Bryn Askwith: And I'm Bryn Askwith.

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Char Black: While experiencing stressful events can help children grow and learn valuable lessons, traumatic events can also have a more profound impact. And here at Kelty, we've noticed that the topic of trauma is very much top of mind for the families that connect with us. Research suggests that more than half of Canadian children and youth will experience a potentially traumatic event before adulthood. That might be a single event like a house fire or car accident or repeated events like bullying or domestic violence. Big events like these can feel like an intense threat and can impact overall health and wellbeing. And for some kids, when their brains and bodies are overwhelmed and cannot cope, they will need additional support.

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Bryn Askwith: The good news is that children and youth are resilient. Many can heal from a traumatic event without long-lasting symptoms. And when it comes to supporting your child through trauma, there are things that parents can do to help. Today on Where You Are, we'll talk about what trauma is, how it can show up for kids, and its impact on mental health and the impact of trauma across generations. We'll also discuss how parents and caregivers can talk to their child about these experiences and what you can do to support your child at home. A brief reminder that we all come to this moment with our own lived experiences, and for some of us, the topic of trauma can be challenging and heavy. So as you listen, we invite you to please take stock of how you're feeling and anything that might be coming up for you. If you need to take a break, pause the episode, come back a little later, or reach out to your supports, please do so.

As we'll discuss today with this topic, taking care of yourself is extremely important. And with that in mind, let's get into our conversation.

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Char Black: On today's episode, we have Dr. Linda Uyeda, a family physician who works at the Surrey Youth Clinic and the forensic psychiatric hospital. Her fascination with trauma and attachment theory began when she started her own family, and since then she's expanded her expertise to include neuroscience, parenting, and mindfulness. Welcome to the podcast.

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Dr. Linda Uyeda: Thank you so much, Char.

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Char Black: So Dr. Uyeda, it seems like trauma is a topic parents and caregivers are hearing more about these days. Can you set the stage for us so we can have a common point of understanding about what trauma is?

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Dr. Linda Uyeda: Sure. Thanks, Char. I love this explanation. It's probably the most simplistic explanation. It just kind of sticks with me. And that is trauma is when you have the feelings of overwhelm plus being alone. So when you have those two pieces, children can end up with residual effects that can stick with them and start to affect them in the future. So while the trauma may happen for a moment or an instant, the effects can be carried with them for a long, long time.

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Char Black: Thanks, Dr. Uyeda. Can you speak a little bit about the impact that trauma can have on child and youth mental health specifically?

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Dr. Linda Uyeda: Yeah. For sure. So part of understanding the effects of trauma is knowing what happens inside the developing brain. So there are stages that our brain goes through in order to develop. So a child is born without having their brain fully formed. And that's really helpful because, as our brain develops, we are learning things that are going to help us in the future navigate our world. And so the brain development helps match what we're going through. And so if a child is experiencing a lot of trauma or a lot of stress in their life, their brain can become primed to scan their environment for stress and dangerous things. And so when a child is scared, we've all heard of those responses, those reflexive responses like the fight, the flight, the freeze response, and those responses are lightning fast. They happen within nanoseconds. And so it gives us a chance to respond and do something that could be lifesaving.

So the problem in the long term is if we get stuck in that place where we're reacting reflexively, rather than going to that place where we're thinking clearly about what we can possibly do, our responses can be led by very reactive things. So for example, a child may experience a

traumatic event and then years, months, days later start experiencing nightmares or flashbacks. They may have physical responses so they get stomach aches or headaches. They may want to isolate themselves in order to avoid more traumatic events or more experiences in their life that they perceive as stressful. They could get chronic pain. So there's a whole bunch of different things and trauma is different for everyone. So one child may express what they're struggling with in a totally different way than another child, even within the same family. They may have different experiences and different expressions of that trauma.

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Bryn Askwith: Thanks, Dr. Uyeda. I also want to bring it to the conversation our next guest, Lynne Godfrey, a mother and grandmother who shares her personal story of navigating trauma within her family. She has learned that there's great value in the conversations we have about mental health that create opportunities for both connection and resiliency. Thanks for making the time to be here today.

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Lynne Godfrey: Thanks, Bryn.

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Bryn Askwith: Lynne, can you tell us a little bit about your family and how trauma has been a part of your story?

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Lynne Godfrey: My story kind of starts way back kind of World War two- ish, which does seem like a long time ago sitting where we are now. But when you get to sort of be at my stage of life, it sometimes seems like just yesterday that that was happening because it was happening to my parents and that's what my parents were experiencing as children going through the second world where they were in London were having to be removed to the countryside. All of the children were sort of displaced to keep them safe so that they weren't being bombed. But that process of disconnection created some really strong attachment challenges, I think, for my parents' generation. So when you move forward to when they're adults and having children like me, some of those things that never really got addressed because we didn't know then what we know now kind of surfaced in how I was parented and what their perspective was in what children were expected, I think, to be in some ways that old kind of adage of children should be seen and not heard.

So there was a lot of challenges, I think, that I went through it as a child and growing up that I didn't really know why. Now looking back on it, I think I saw the experiences that I had both mental health experiences and in my body that Linda was just talking about where I actually, most of my childhood, I had headaches, almost daily headaches that went through that were not actually a physiological thing because I was tested and there wasn't really anything wrong with me. But when I look back at it now, it kind of all fits as pieces of that puzzle. So moving forward, when I became a parent, that was sort of what I brought to the table was my childhood and teen experiences based on how I was parented.

And then I married someone whose parents were from Holland and went through the World War II experiences and horrible atrocities of that. And so I think we had very interesting and different parenting experiences ourselves. So then of course we had children and we had some significant sort of different perspectives on it. And then we also had some of our own family trauma that happened too. So all of that being said, by the time my kids landed in their teenage years, things were really difficult for them. And my oldest son was some ways hardest hit in terms of that we just didn't have the language. We didn't have the understanding that we have now to know what to do and how to help him. And so he struggled throughout his teen years in early adulthood with mental health challenges and substance use challenges, and he died 11 years ago of suicide.

And so that was a long term result of how I view the impacts of those intergenerational traumas and the cycles that keep going until you learn something different. And then when you know different, you can do different. What I always share with people is that I'm so excited and optimistic for my grandchildren because the cycle now has changed and now they have opportunities and they have language to use when about how they're feeling and what's going on for them that I didn't have. And we have understanding and so we can respond differently. And so it's for me two generations later to be able to see, okay, yeah, it is actually making a difference, what we've learned, what the research has shown us, what we can do, not only to make the experience different for our kids and our grandkids, but also for ourselves. It's not a done deal. Our brains are not carved in stone. They have plasticity. They can change and we can keep going forwards.

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Dr. Linda Uyeda: I just wanted to touch back a little bit of what Lynne said just because I think they're really important in understanding trauma. So some people think, well, why is it important to address trauma? These things happened way in the past to me as a parent. This happened 30 years ago or 40 years ago. And what I found really interesting in learning about trauma is that traumatic memories are not encoded. They're not remembered in the same way that other memory is brought forward. So for example, most of us would have a memory of how we learned the times tables, so maybe it was in grade four or grade five or grade three, but we remember all the charts and memorizing those things. We have a memory that we learned it. The difference with a traumatic memory is it's called an implicit memory. And so an implicit memory is encoded very differently. It's the same type of memory that we use when we learn to walk or we learn to ride a bike. It's a procedural memory. So most of us do not have a memory of learning to walk because we did it so early. However, we learn to walk and we also don't have to think about walking. We don't have to think about placing that foot, okay, next foot, lift the other one, place the next one. We just do it. And so our implicit memories, if they're traumatic, can get embedded in the same way into procedural memory. And so when we see or we feel something that reminds us of that memory, it can trigger the same response. And so what ends up happening is that this is how the trans-generational pattern of trauma is inherited. So if I had a home environment that was not very emotionally supportive, where I wasn't seen, where my fears were not validated, I'm much more likely as a parent to end up using the

approaches that were used on me, even if I don't want it to happen. Like Lynne, I've recognized that there are patterns in my family that go back to the Japanese Canadian internment. And so a lot of the time feelings were pushed down. We didn't talk about those difficult things like Lynne was talking about. And so now coming forward with my own children, it's like learning a new language. I've had to learn new skills and new ways of seeing their pain or their struggle, feeling it with them so they feel like I'm with them, so taking away that aloneness. Right? Remember, trauma is the overwhelm plus the aloneness. So we cannot prevent every trauma and nor should we try, but we can help buffer our kids and prevent them from feeling alone. So learning skills of validation can be so important because what's really cool is I'll just share a little story that happened last weekend. I was out gardening. The weather was beautiful. I was moving dirt around. I was weeding. I was out there for several hours. So I come in and I'm exhausted, and my daughter's sitting at the table and she's studying and I'm like, oh my gosh, I am so tired. That was just exhausting. And she looks up at me and she goes, Mom, I can totally see that was a lot of work. And so she validated me. She didn't say, well, you did it to yourself. You bought all that dirt. She didn't invalidate my feelings. And I looked at her and I knew what she was doing, and it felt good, but it was also, wait a second, she's got the skills now of validation. So she's going to bring those skills to her family, to her kids, and again, taking away that feeling of aloneness.

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Bryn Askwith: You're listening to Where You Are. I'm Bryn Askwith. Coming up on the podcast, we'll talk with Lynne and Dr. Uyeda about strategies you can use to support your child who has experienced trauma. To hear additional strategies families can use to support their child, listen to our webinar on this very topic. You can find the link to that in our show notes and at KeltyMentalHealth.ca/Trauma-and-PTSD.

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Char Black: And, Lynne, your story reminds us that it can be incredibly hard for parents when they see their child or youth struggling with trauma related difficulties. And you briefly mentioned this, but I'm wondering if you can talk a little bit more about any tips you have for parents what can they do for themselves during these difficult times.

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Lynne Godfrey: Yeah. I think a lot of it is how we always have that saying that when the air mask comes down in the plane, you put your own on first before you put your child's on. And I think that has certainly lived out for me and that I had to go through that process of understanding and having that awareness of what was going on. We have to always be mindful of that piece, that the things that we can do a lot of them are kind of more to do with things we can do with our body, for example, going out for a walk together or finding things, being out in nature and doing a lot of those things that are actually very calming to our bodies, to our nervous system, and resetting our nervous system when we get so sort of wound up and busy. And so what are those strategies that we can use and have in our toolbox for when the worries are kind of popping up?

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Char Black: Thanks, Lynne. I really like how you were talking about having that toolbox going outside, going for a walk, and it seems very simple, but you just need to know when to pull out certain tools out of your toolbox. So thanks for giving those really good examples to our listeners.

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Dr. Linda Uyeda: I just want to touch on what Lynne was talking about, the oxygen mask and taking care of ourselves. When I first heard that, when I first heard, okay, self-care is really important, I felt this resentment. I was like, what do you mean? I now need to take care of myself too? And I have to take care of my kids and I have to do this job and I have to clean the house and I have to exercise and blah, blah, blah, so I felt this sense of resentment. But what I've recognized going through my own parenting journey is that if I'm off balance, if I'm not in a place where I can have my prefrontal cortex thinking, problem solving brain on, I can't balance my kids. Because remember, their prefrontal cortex is still developing, so they're almost using my prefrontal cortex as a scaffold to help develop theirs. And my mentor, Dr. Erica Chang gives this really good example. I think it will help. So if you're on an airplane and something starts to go wrong, you start to feel a lot of turbulence and you sense danger, if the pilot comes on the intercom and says, I don't really know what's going on, but I'm going to call down to center control, and hopefully they can tell us what to do, don't worry I will figure this out somehow, that's going to feel different than if the pilot comes over the intercom and says, we're experiencing some turbulence. It's going to be fine. We are going to get through this turbulence and go on, just give us a few minutes. That's going to feel very different than having a pilot who doesn't know what's going on, who doesn't know what to do, who gives us a sense of fear. It's losing that rock. If a child feels like they have an adult in their life who has it, who's got them, then they can go and decrease that sense of fight, flight, freeze, and calm themselves when they realize somebody is there beside them, behind them, and they've got it.

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Bryn Askwith: Dr. Uyeda, we would hope, as parents, I know sometimes I hope this, that your kids will tell you about all their difficult experiences and tough situations, but we know that that's not always the case. So as a parent, how do you know if your child has experienced trauma? And then are there signs that you tell families to look for and can you speak about those a little?

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Dr. Linda Uyeda: Families are really perceptive, and while they may think they don't know, they often come to us just sensing something's wrong. And so we can help them expand their view and see what else they could be looking for. So how are you feeling rather than thinking? What's going on for you? Are you feeling tight and tense? Maybe you're withdrawing from your friends. You're irritable and you can't explain why. So just realizing that it can show up like we said before in different ways. Maybe the child is getting really dysregulated over things that you think really wouldn't have dysregulated them in the past. Going back to the basics, so eating, are they struggling with their eating? Are they starting to restrict things? There are so many ways that trauma can show up, having nightmares, having flashbacks, and so we don't want to

jump on every little symptom, but just having an overview of anything that could be changing for the child.

The other thing we know about trauma, it is very, very common. It's almost impossible to get through life without having any trauma. So understanding and having some things to look out for can be very, very helpful just to know where to go and what to do. And sometimes it's beyond us as parents. Sometimes we do need help. I think that there are many different paths to getting help, talking to your family physician, reaching out to the Kelty Center to see what resources are out there. No pathway is wrong, but what I encourage parents to do is if they find a counselor who their child or they are not jiving with, if they feel stuck, to keep looking. Because the most important thing about helping us move forward is that we trust the person we're working with, that we feel like we can open up and we can share these things that are very painful or very scary. And so sometimes it's just a personality thing. You know, we just need to find that person who is the right fit and then the progress can be made.

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Bryn Askwith: I'm going to get us to shift a little bit now to focusing on strategies, because often at the Kelty Center parents will connect and say, what are some of the strategies or the things that we can do to support our child who's experienced trauma? So I want to make sure we have time to get into that today. Lynne, I'm wondering if you can offer any suggestions to our listeners and perhaps an example of how you do this or did this with your family and your kids growing up around talking to kids about traumatic experiences or their experiences with trauma?

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Lynne Godfrey: Yeah. I can. I think that the ones that always, when I looked back in hindsight, were the ones that I didn't think were that important or significant and often not particularly intentional, but they seem to center around spending some time together where the intentional part tends to be, well, let's put our screens away. Let's put our phone down. Let's kind of disconnect from the distractions that kind of sometimes keep us in that sort of stressed out place. And let's go... With my oldest granddaughter, we would go to Starbucks and we would get her favorite cafe latte frozen something. I don't even know what it is anymore. I can never keep it straight. And the time that we spent together was just a conversation, and she probably did most of the talking. I did most of the head nodding probably. And yet she always brings those up as those were key moments for her and they're just moments of connection.

It's not rocket science. So I think that those are important, whether that's going for a coffee or an ice cream together, or sometimes it's on a car drive. There's some everyday things that we do where we don't even necessarily realize that we are in that process of connection. I came in contact with a young man that had been on my son's basketball team a long time ago when they were teenagers, and he's in his forties now, and after we said hello and did a little catch up, he said, you know what I always remembered about you was your macaroni and cheese. And I thought, what? He said, yeah, after the basketball games, you know, you'd invite the team over and you'd make these massive pots of macaroni and cheese, and they were big pots. And he said, it always meant so much to me that you were taking the time to do that and you were

giving us all us kind of some space to just sit and laugh and talk, and it felt really sort of safe and comfortable.

And I thought, wow, that's 25 years later, a bit of a validation. Not that I knew what I was doing really at the time, but it confirms to me that we have to find moments to connect in whatever they look like, even if it's mac and cheese or doesn't matter what it is. I think in our busy, busy lifestyle, I think that's the part that gets overlooked the fastest, whether it's with teenagers or whether it's with little ones where you can just have a little bit of time together to co- regulate, right, to spend some time where they can lean into you a little bit. I always enjoyed that. I remember it as a song, but I'm sure there's probably some significance to it. But if you get four hugs a day, that's just like for survival, basically. If you can up it to eight hugs a day, then you're in maintenance mode so you're doing way better. And if you can get up to 12 hugs a day, then you're going to see some growth. And I always remember that.

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Char Black: Okay. I'm going to start counting my hugs now, Lynne .

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Lynne Godfrey: Yes.

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Char Black: Just to make sure I'm at a good maintenance at minimum growth is my goal.

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Lynne Godfrey: Yes.

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Char Black: So thanks for that tip.

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Bryn Askwith: I was going to say too, that reminder for when you're talking to kids about these experiences, some elements of it will be intentional, again, putting the devices away. And I really like your reminder too about the car ride because sometimes having these conversations about hard topics, your kids don't always want to sit down and have them face to face looking you in the eye. So maybe it's while you're playing basketball in the driveway or on a car ride that these conversations can come up and gives them that safe space to have them. Dr. Uyeda, anything to add about how parents can talk to their kids about trauma?

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Dr. Linda Uyeda: Yeah. Definitely. One of the things I've learned since finishing my medical training is about emotional coaching. Dr. Dan Siegel has a saying, if you can name it, you can tame it. This does require that we understand our own emotions and our own feelings, but what we do here is we help our children make sense of what's going on. Because oftentimes you can see a child struggling, but they can't even put into words what they're feeling. And so if we can

even guess or surmise what they're going through, it can start to lead to a conversation and help them make sense of what's going on. So again, remembering that trauma, it can disrupt the way memories are laid down. And so if we don't help diffuse all of that emotion and all of those big feelings that are going on, sometimes those memories can be fragmented. And so for example, if a child has experienced a car accident and you start to see things change after that, helping them process it and helping them make sense of it can be very valuable.

So coming back and saying, hey, you remember when we had the car accident and it was really scary? So if you just used a feeling word, but then do you remember after the car accident happened, this really nice man came in a tow truck and he helped pull our car off the road out of the way. We got to safety. And then we had our car towed to the auto shop. And even though that scary event happened, we got through it. I was with you or somebody was with you, and we brought you to safety. So what you're doing there is you're helping them remember in a sequential way, and you're also giving them the validation.

It was definitely scary. I felt scared, and I could see on your face you were worried because this is not normal. This isn't something that happens every time we get in the car. It can happen, but you and I are strong and we can get through this, and you may have to revisit it multiple times to help that child process it and help them have a story that makes sense to them. So emotional coaching can be very, very valuable. You're expanding their emotional intelligence. You're giving them feeling and emotional words to make sense of what's going on inside of them.

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Bryn Askwith: That is really helpful to remember. And I think you're kind of getting at and speaking also to what families can do in the moment and maybe just after at home to help their children cope and recover in a healthy way so that emotional coaching can be one piece. Are there other tools that you would recommend to families to help kids cope?

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Dr. Linda Uyeda: The hardest thing in life I find with anything is finding the balance, you know, because we need to have our kids experience some stress, some levels of stress. What it does, if we allow our children to feel mild to moderate stressful events, they get the sense that, wow, I did it. I can do it. And so they build on that. They're much more likely to go forward recognizing that yes, we can't protect kids from all stressors and nor should we. We need to help them get through those things so they have a sense of agency and pride in the fact that they can do difficult things.

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Bryn Askwith: Coming close to the end of our time together today, I wanted to just take a moment, and, Lynn, maybe we'll start with you. Do you have any final thoughts or words of wisdom you'd like to share with our listeners today? You've shared so much, but is there any final takeaways?

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Lynne Godfrey: The biggest thing that I've learned in the connections with my family members is that it's about moments of connection and then it's not a one size fits all, so it can look very different even within a family, around how each kid connects in a way that's sort of comfortable or enjoyable for them. What we've talked about, giving our kids the language, making sure that they understand that it is okay to talk about the things that are going on for them, that if they are feeling worried and anxious that we give them and allow them that language to do that, allow them the opportunity so that we're stopping that old cycle of we don't talk about stuff like this or you'll get over it. Those are old ways of dealing with things, and we've got so much more to offer now, I think, to our children.

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Bryn Askwith: And Dr. Uyeda, any words of wisdom around supporting your child or youth with trauma?

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Dr. Linda Uyeda: Connection is below the level of words. Words can actually be irritating to the nervous system. So it's more about the non- verbal connection Lynn touched on. Touching your child, so she talked about the hugs and the closeness, and the holding or squeezing of the hand. You know, it's about how we look at our child, the soft eyes, the relaxed face. It's about our tenseness in our muscles when we're dealing with our child. Connection is below the level of words, and so that's why we need to make sure that we are okay because we can say all the right words, but if we're saying it in a very tense and a very pressured way, our children pick up on the feelings rather than the words.

And we don't have to do this perfectly. We're going to get it wrong. But what our children see, and I've heard this from youth who have struggled, what they say to me is that what helped me most about my parents' approach was that they had this loving presence that didn't go away. There was this unconditional love and presence and willingness to be with me in my most difficult moments that kept me floating.

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Bryn Askwith: And I think that's a perfect moment to end on. Thank you both so much.

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Lynne Godfrey: Yeah. It's been great.

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Dr. Linda Uyeda: Thank you for having us.

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Char Black: Bryn, it's been great co- hosting this episode with you. Thanks to our Where You Are listeners as well. Glad you tuned in with us today.

00:31:58

Bryn Askwith: Thanks, Char. Co-hosting with you is always a highlight in my day. This episode of Where You Are is brought to you by BC Children's Kelty Mental Health Resource Center. Our show is produced and edited by Emily Morantz with audio engineering by Sam Seguin, and audio production by JAR Audio. If you enjoyed this episode, please leave us a rating wherever you might be listening now.

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