Child Counselling
A resource guide

This information package includes information about SACE and ways to support yourself while you are on the waitlist for counselling, as well as when you begin counselling.
Welcome to SACE!

This information package was put together to help you and your family learn how to best support your child while they receive counselling at the Sexual Assault Centre of Edmonton (SACE).

What is Counselling Like?

The counselling offered by SACE therapists is focused on addressing the impacts of sexual violence. A common practice for SACE counsellors is to use play therapy when it is deemed developmentally appropriate for the child: read our handout on play therapy, included in this package, to learn more about this therapy.

Your child’s counsellor will work with you in order to develop a plan that will address both what your child needs to process their experience of trauma, and any other concerns that you may have. A child’s session is regarded as their own time when they can openly share with their counsellor. Your child may or not share following sessions. It is important to offer them healing support but also the space to process, and to avoid asking too many questions about the specific content or conversation. If you should have any questions or concerns about your child’s experience in counselling, counsellors are here to help. Our counsellors also make sure to share any major concerns with caregivers right away. Your job in the counselling process is to be simply be your child’s biggest supporter.

SACE provides all services at no cost to our clients. We support hundreds of children and youth each year, so those seeking counselling generally have to first be placed on a waitlist. The counsellors at SACE work hard to keep this list moving.

To help us do this, we ask a two things from our clients:

1. First, that if you find another counsellor, or change your mind about services, you call and let us know. You can always come back to SACE at a later time, but for now we will move on to the next person waiting for counselling.

2. Second, that you come to your appointments on time, and that if you need to reschedule, you provide at least 24 hours notice so that we can offer the spot to someone else.

By helping us out with these two things, we can keep our lists moving and continue to do our best to offer support to all who need it.
Your First Appointment

The very first appointment you will attend at SACE is a parent intake appointment. At this time you will meet your child’s counsellor, and they will gather information from you about your child’s life and experience(s) of trauma. Following this first appointment, your child will begin attending appointments at SACE. In most cases these appointments are attended by the child individually. The appointments are 50 minutes long, but depending on the day and your child, may be a little bit shorter or longer.

Before your child comes to SACE, please tell them some important information about SACE:

- Their counsellor’s name
- That their counsellor is someone who works and plays with children
- That their counsellor will help them with all of the different feelings that they have

In the days before and after counselling we sometimes notice a shift in behaviour. Sometimes children may be anxious before session, or have bigger feelings following sessions. Your counsellor can work with you to have specific strategies to support your child. It is important to remember that children usually show us how they are feeling instead of telling us. Take time to listen to them and comfort them. Counselling can be hard not matter what age you are!

If you have any questions about your file or require additional support while you are on the waitlist, please contact our Client Care Specialist at 780.423.4102.
What is Play Therapy?

No matter what age a person is, play therapy can be a helpful option for addressing feelings and behaviours that may become “stuck” in reaction to trauma they have experienced.

The counselling offered by SACE therapists is focused on addressing the impacts of sexual violence. A common practice for SACE counsellors is to use play therapy when it is deemed developmentally appropriate, most frequently with children ages 3 to 12. In sessions, the child or client chooses objects, symbols, or types of play to express their inner concerns or work through particular problems. Counsellors are skilled in interpreting the child’s play and assist in promoting growth and change while meeting them where they are at. While early sessions are open to the child’s interests and direction, over time and as trust is built, the counsellor becomes more directive in play to encourage scenarios that will support the client’s current issues and processing.

What does play therapy look like?

At SACE, our playroom is equipped with a wide range of therapeutic and intentional toys that allow clients to “play out” their feelings in the way that suits them best. Toys and creative items include a small sandbox and miniatures (people, superheroes, animals, fantasy figures, boundaries like walls and fences, bridges, furniture, etc.), stuffed toys, puppets, dress-up and make-believe items, toy household items, a stocked dollhouse, art materials, construction toys, and indoor games. The counsellor is trained to work with the subconscious through first assessing the symbolism, feelings, and dynamics of the play scenarios. The child/client expresses unconscious thoughts, fears, anxieties, and wishes, which over time the counsellor can subtly talk through and manipulate in play scenarios to help them process or resolve thoughts and feelings that have become “stuck” or may even be subconsciously informing maladaptive behaviours.
Generally, this happens in subtle ways, with effects noticed in the child’s daily functioning. The main goals in play therapy are to help the child enhance their self-esteem, and build their coping resources. By analyzing the scenarios a child creates and subtly questioning or using play symbolism to assess and support a child’s perceptions, the therapist can work with their subconscious and conscious understandings of the trauma they’ve experienced, as well as their abilities to cope and heal. This can support the client’s problem-solving, creative thinking, communication skills, emotional expression, and perceptions of the relationships, options, and resources available to them.

**How to support a child who is accessing counselling services**

Your child’s therapist will work with you in order to develop a plan that will address both what your child needs to process their experience of trauma, and any other concerns that you may have. A child’s session is regarded as their own time where they can openly share with their counsellor. Caregivers are encouraged to check in with their children about their session, but we suggest that they refrain from asking the child too many questions about the specific content. If you should have any questions or concerns about your child's experience in counselling, counsellors are there to help. Counsellors also make sure to share any major concerns with caregivers right away. It is ok to ask questions! Your job in the counselling process is to be simply be your child’s biggest supporter.

**Supporting processing of childhood trauma at any age**

While play therapy is primarily geared towards children, it can also be adapted for use with clients of any age, and may be useful for youth or adults, particularly those who experienced trauma in childhood. It can be helpful to use play or creative modalities to act as an intermediary or process to support working through trauma that may have been locked in at the developmental stage a person was in when they experienced it. By using the nonverbal, creative, and abstract methods utilized in play therapy, clients can access feelings, memories, and ways of thinking that their rational brain may not be able to reach through direct or verbal processing.
What Can I Do to Support My Child While They Are in Counselling?

- Take care of yourself
- Respect body boundaries (it is ok for them to say no to a hug or kiss)
- Keep to consistent routines
- Maintain consistent boundaries and expectations
- Look for ways to connect with your child

Listen. Remember that not every problem can be fixed, and listening can be as powerful as trying to solve an unsolvable problem.
A Guide for Better Support and Connection With Your Child

You know yourself and your child best. Here are some great things to keep in mind when supporting your child after trauma. They can be useful for your child, and for yourself.

More of this
- Smiling
- Exercising
- Small victories
- Interacting
- Listening
- Stretching
- Safety
- Breathing
- Empathy
- Kindness
- Imagination

Less of this
- Interrupting
- Negativity
- Grudges
- Missed connections
- Aggression
- Seclusion
- Screen time
Reactions to traumatic events are never quite the same. A child’s (or any person’s) temperament, experiences in the world, and the reactions of those around them following the event can all change how they are impacted by the event. There is no right or wrong way for anyone to feel following an experience of sexual violence.

While reactions following trauma are unique to each person, some of the things that can happen in the brain when under stress, or in the face of danger, are similar. Our brains have evolved to be able to respond to dangerous or potentially dangerous things in our environment. This system is known as our stress response system. It activates without us even being aware that this is happening. This part of our brain has three basic responses to threats: fight, flight, or freeze. When a person experiences a threat, feels threatened, remembers something scary, or has a really big emotional reaction, this system takes over our brain. We shift from responding to a situation, to reacting to it. For children (and adults too) this can look like running away, hiding, temper tantrums, dissociating (going somewhere else in your mind/zoning out), or aggressive behaviours. The more often this system turns on, the easier it becomes to turn on again, kind of like a muscle that keeps getting stronger.

When a child is beginning to get upset or having a tantrum, managing their own feelings can be really hard. What this means is that we first need to make sure that we are not angry or frustrated, and purposely doing things that we know help to calm us down. We can also, together with the child and using a soft calm voice, help our child shift their attention to what is happening in their environment in the moment. This can look like anything that activates their senses:

- “Let’s take nice deep breaths together, like we’re smelling the most delicious cookie in the world, then blowing out 100 birthday candles”
- “I wonder if you would like to play ‘This Little Piggy’?”
- “I can hear a song right now, can you hear it? I can see 4 blue things right now, how many blue things can you see?”
How Trauma Can Impact the Brain

It is important to remember that these impacts on the brain are not permanent. It is possible to move forward and heal from the trauma over time. During counselling, we will work with you and your child on strategies to work toward this, including skills to calm down (grounding), such as breathing, relaxation, distraction, etc.

1. **Amygdala: “The Jumpy Superhero”**

   This is the brain’s “stress evaluator” and determines when and how to react to danger or threats. When something traumatic occurs, the amygdala:

   - Sends out a danger signal
   - Triggers the flight, fight, or freeze response
   - Stores things that may be associated with that memory (like smells, sounds, sights, etc.)
   - Can send a response to calm down when it no longer senses the threat

   The amygdala is helpful and protective during dangerous situations because it turns on without us even knowing. But when we experience something traumatic, sometimes our bodies have a tough time turning this off and our brain continues to think we may be in danger. When this happens, our bodies can experience things like anxiety, hypervigilance (feeling on edge all the time), avoidance of things that remind us of the trauma, or becoming easily startled or scared. When we are constantly on guard, it can be hard to do things like let our guard down when we are safe or be able to sleep.

2. **Hippocampus and Limbic System: “The Librarian”**

   The hippocampus is responsible for memory and learning in the brain; it works like a librarian, marking memories with context by recording when and where things happened. When we have a traumatic experience, the hippocampus may be impacted. The time, location, or order of events may not be marked correctly, leaving us with “fuzzy” memories, or things that do not make sense, or missing memories. When we experience triggers that remind us of the traumatic event, it can feel like the event is happening again (flashbacks or even nightmares if we are sleeping). The hippocampus can have trouble calming down the amygdala because the danger feels real during a flashback.

3. **Pre-Frontal Cortex: “The Smart One”**

   The Pre-Frontal Cortex is responsible for controlling behaviour, emotions, impulses, decision-making, empathy, and awareness of others and ourselves. Under normal circumstances, this part of our brain lets us think clearly, make rational decisions, and have awareness in our day-to-day life. After something traumatic happens, this part of the brain is underactivated. This may leave someone who has experienced trauma feeling irritable, numb, like they have less control over anger, with trouble concentrating or paying attention, and making more impulsive decisions.
Things to Keep in Mind About Discipline

1. Sometimes we need to wait until a child is ready to learn

   Kids can’t learn while they are upset or out of control.

   Our first job is to support them in regaining control of themselves.

2. A loving and respectful relationship between a child and caregiver is essential for effective discipline.

   Discipline should not be scary, physically painful, humiliating, or include threats. It should feel loving and safe for everyone involved.

3. The goal of discipline is to teach.

   Use moments of discipline to build skills so that the child can better handle the situation in the future. Support your child by setting limits that develop skills and awareness to lead to better behaviour in the future.

4. The first step of discipline is to pay attention to emotions.

   Kids will show us how they are feeling before they tell us. They may not yet have the skills to manage their big feelings. It has been found that addressing a child’s emotional needs is the most effective way to change behaviour over time.

   Take a moment to be curious about the emotions underneath the behaviour.

5. When a child is upset or tantruming is when they need us most.

   Show them we can be with them at their worst. This will help to build feelings of trust and safety.

6. Discipline is important.

   Children need clear and consistent boundaries. They create containment and predictability in the world.

7. The way we help children to learn is to connect with them.

   Before we redirect behaviour, we need to connect and comfort.

   When a child is physically hurt, we soothe them. We need to do the same when they are emotionally hurting.

   Communicate comfort, validate emotions, stop talking to listen, and reflect on what you hear.

8. After we reconnect, we redirect.

   When a child feels connected to us, they will be more ready to learn.

9. When you are supporting a child in shifting their behaviour, ask yourself “what do I hope to accomplish when we redirect behaviour or set limits?”

Based on the work of Dan Seigel and Tina Payne Bryson in No Drama Discipline