

Possible Signs of Child Trauma, Abuse, Neglect, or Witnessing Family Violence

Note: Any one sign is not proof that a child has (or has not) been traumatized or experienced maltreatment.

- Delayed milestones
- Listlessness, withdrawal
- Reluctance to play
- Failure to notice people
- Frequent physical complaints
- Fussy or clingy behavior
- Irritability, or distress when separated from caregiver
- Sleep difficulties; nightmares
- Toileting or feeding problems
- Unusual aggression or tantrums
- Impulsivity or attention problems
- Play involves traumatic themes
- Fear when reminded of trauma
- Exaggerated startle response
- Refusal to talk about injuries
- Fear of a particular person
- Acting in a sexualized manner with adults or other children
- Unexpected knowledge about sex

Possible Signs of Attachment Difficulties

- Severe colic or feeding problems
- Failure to thrive
- Reduced social/emotional responsiveness (e.g., eye contact, smiling, social-referencing, affect-sharing or turn-taking)
- Rarely seeks or accepts comfort from primary caregiver when distressed
- Not easily soothed or comforted
- Shows more irritability, fear, or sadness than positive emotion
- Angry or defiant response to caregiver
- Overly familiar with strangers
- Excessive independence (e.g., does not check back with caregiver when exploring)
- Goes with unfamiliar adult too readily



Possible Signs of Disruptive Behavior or Difficulties with Self-Regulation

Note: Age and development should be considered because disruptive behavior and limit testing are typical for this age group.

- Tantrums beyond what would be expected for age or situation
- Defiance or persistent testing of limits
- Difficulty with transitions
- Trouble adjusting to new routines or changes in plans
- Seeks high levels of stimulation
- Becomes overwhelmed by too much stimulation
- High need for motor activity
- Talks excessively
- Impulsive or reckless
- Unusually clumsy
- Overly aggressive
- Inattentive
- Quickly shifts from one activity to another
- Easily distracted

Treatment Suggestions

Evidence-based or evidence-informed treatments do exist for the 0-3 age group. In most cases, caregivers will actively participate in treatment sessions. If these programs are not available in your area, treatments with elements similar to those listed should be considered.

Treatment for Children who have been Abused, Traumatized, or have Witnessed Family Violence

Child Parent Psychotherapy (CPP) is an intervention for children from birth through age 5 who have experienced at least one traumatic event. The goals of CPP are: 1) to support and strengthen the relationship between a child and his or her caregiver, 2) to restore the child's sense of safety, attachment, and appropriate affect, and 3) to improve the child's cognitive, behavioral, and social functioning. Treatment often includes play that teaches caregivers to interact with their child in new, developmentally appropriate ways, and helps them understand their child's emotional experience.

Treatment for Children with Attachment Difficulties

Dyadic Developmental Psychotherapy is based in attachment theory. The goal of therapy is to create a safe and secure base in treatment and at home by teaching caregivers to be playful, loving, accepting, curious, and empathetic. The principle of "attunement" encourages therapists and caregivers to be aware of non-verbal behavior to better understand the child's emotional experience.

Treatment for Children with Disruptive Behavior

Helping the Non-compliant Child (HNC), The Incredible Years, Your Defiant Child, and Parent-Child Interaction Training (PCIT) are treatments based on the idea of re-establishing a positive relationship with the child. These treatments teach caregivers to praise and pay attention to desired behaviors, while using strategic ignoring or mild, consistent, consequences for non-compliance. Parents are taught how to give clear and effective directions to children, and are coached on how to administer a Time Out. Treatment for disruptive behavior should *always* include the caregiver. Some parent training may be done in a group format, without the child present. Typically these treatments are recommended for children aged three and older.



Signs of Emotional and Behavioral Distress in Children 0-3 Years

This pamphlet provides examples of behaviors in children aged 0-3 years that suggest a need for further evaluation or support. Treatment suggestions are also included. This list should not be used for diagnostic purposes.



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