



Answers to Frequently Asked Questions from Parents About How to Help Your Child After a Dog Bite

These answers are from child psychiatrist Dr. R. Larry Schmitt

How soon after the incident should I start talking to my child about it?

Immediately! It is important to completely avoid making any comments about your own feelings other than to express your regret that it happened.

How many times per day should we talk about it?

For the first few days at least twice a day followed by once a day for the following three weeks.

For how long after the incident should we keep talking about it?

Depending on the degree of fright and injury, until the parental waves of guilt are close to flat and/or the child shows easy emotion, not suppressed or keyed up emotion when it is discussed.

What if my child starts to cry?

Try saying something like, "Wow, I see it really hurts/frightens/upsets you. It is so good for you to let me see how you feel about the dog biting you."

What if my child withdraws or becomes irritated and refuses to talk?

This is very likely a sign that it may be time for trauma counseling with a mental health expert. Say to the child, "Are you worried about how talking about it makes me feel? If you are, please understand that I am a grown-up and can handle such feelings of being sad because you were injured. This will help you to look at all the feelings that came from that dog attack."

What if my child insists that he is fine and doesn't want to talk about it anymore?

Reply to the child, "That may be right". (This is true if the parent notes that it has been discussed a great deal with a noticeable decrease in affect/emotion). Then say "I want to think about it some more." Later, if the child still seems reluctant to talk and bothered by the topic, "I notice that any mention of it finds your face changing as if it still hurts." "How about drawing a picture of the dog attack scene, before, during and after?"

What kinds of questions or statements can I use to engage my child in a conversation?

In an intact family, observing parents conversing with each other about the accident and making gentle guesses about how the child thinks and feels about the attack. "I still think about the day when the dog hurt and scared you, do you?" "Sometimes I feel really mad about that dog biting you." "I saw a dog barking at me when I was jogging today. I remembered what happened to you and was scared when the dog barked!"

With teenagers, whose skills in talking about a dog attack are probably closer to that of an adult you might say something like: "What do your friends say about the dog attack?"; "How many others at your school have been bitten by dogs?"; "If you find you

are dreaming about the attack or thinking about it a lot and you do not want to, consider this paradox, that talking about it with anyone will reduce such dreams and thoughts.”

What are the signs that my child needs professional help?

The big ones are decreased success at school, (both socially and academically), lack of pleasure from past enjoyments, and early resistance to speak about the attack. Watch for dog phobia, avoidance of other animals, or the appearance of other new fears and anxieties.

When in doubt seek a mental health consultation and if the parents have doubts about the recommendations/conclusions of that first consultant, seek a second opinion. Consider an analogous situation with a post-surgical issue. The surgeon says they think an abscess developed out of sight with minimal symptoms that if ignored will cause problems later. Of course, with an x-ray or digital exam it may be evident. A competent child mental health expert can be expected to probe in an interview and demonstrate an emotional abscess.

What should I look for in a mental health professional?

First, one who works with children; second, one with at least a five-year record in the field; third, a referral from a trusted mental health professional, and most of all, one with whom the parent feels comfortable. I prefer one who works with the child and parents together and spends less time with the child individually. In other words, family oriented therapy.

How do we know when to stop the therapy?

This obviously varies with the severity, both physical and emotional, of the injury. Assuming the child and family have a positive relationship with a competent therapist, the therapist should suggest when to stop. If the parents are concerned that it is going on too long they should suggest a hiatus of four to eight weeks, observe the child during that time and return for termination in the absence of symptoms. In the typical situation, success comes early, with promoting the child and family to discuss all aspects of the attack and its potential residuals. (2-6 sessions).

About Dr Schmitt:

R. Larry Schmitt was born in Iowa in 1936. He graduated with eleven classmates from high school in Phelps, WI. He completed his undergraduate and medical degrees at the University of Wisconsin, Madison. An internship was completed at Philadelphia General Hospital. Following that internship, he worked as an Assistant Surgeon for the USPHS in Juneau, Alaska treating Alaska Natives. The next four years found him completing residencies in general and child psychiatry at the Menninger School of Psychiatry in Topeka, Kansas. He moved to San Diego in 1969 where he practiced in La Jolla until retiring in 2005. During his practice, he taught and supervised in the Division of Child/Adolescent Psychiatry. He currently volunteers at the UCSD Free Clinic with continuing contact with residents in child and adolescent psychiatry.



He is board certified in both general and child psychiatry and a Life Fellow in the American Psychiatric Association.