

## **Helping Children After a Disaster: Information for Parents**

After a critical event (a violent or terrorist act, a sudden death, a natural disaster etc.) those who were exposed to it, are impacted by it to a greater or lesser extent. An entire community such as a whole school can be impacted, further undermining a child's sense of security and normality. These factors present a variety of unique issues and coping challenges, the need to relocate when school has been destroyed or damaged, the role of the family in lessening or exacerbating the trauma, emotional reactions, and coping techniques.

### **What is a trauma?**

A traumatizing incident includes the following criteria:

A person who experienced, saw or was confronted with an event causing or threatening death. It can also involve physical and/or mental damage to the person. The perception of death or threat of death or injury can also cause trauma.

The severity of children's reactions will depend on their specific risk factors. These include exposure to the actual event – the nearer the more impact - personal injury or loss of a loved one, level of parental support, dislocation from their home or community, the level of physical or psychic destruction, and pre-existing risks, such as a previous traumatic experience or mental illness, identification with victims and sensitivity.

### **Trauma reactions**

The reactions are caused by a natural survival reflex that is meant to preserve the life and integrity of a human being. This unconditioned reaction or reflex makes the person either fight or flee. If neither of these is possible the person freezes, that means the person is paralyzed and unable to react properly in the usual way in everyday situations. The reaction is strongest at the moment of the event and gradually fades away as time goes on. This happens more quickly when the person is supported by her family, friends and professionally.

The following reactions may occur among others:

**Emotional** reactions can be fear, panic depression, helplessness, anger, wrath, guilt feelings, shame.

**Somatic** reactions are hyper arousal, sleeping problems, digestion problems, headaches

**Cognitive** reactions can be confusion, disorientation, uncoordinated thinking, concentration problems, reduced ability to solve problems,

**Social** reactions are aggression, alcohol/drugs, social withdrawal, unable to cope with daily routines.

### **Duration of trauma reactions**

People should know that different reactions are common and that they are of different intensity and length. It is important to accept these facts and to allow everyone to go at his own pace. To be patient will help affected persons on their way back to normality. The event will never be forgotten if it is not suppressed and it remains in the subconsciousness. Most people recover after a few hours or days from the first shock and return to normal, others need more time and a few will not be able to return to normality even after 4 – 6 weeks. In this case PTSD might be diagnosed and special therapeutic help is urgently recommended otherwise the effect of the trauma could have serious lasting effects on the individual's life, especially for children.

### **Coping strategies**

How an individual reacts to a traumatic event or an ongoing sense of danger depends on both their personal risk factors and coping strategies. Adults need to be aware of a child's risk

factors (e.g. actual proximity to an event, past exposure to trauma, mental health problems, isolation, family stress, and loss or fear of loss of a loved one directly at risk) in order to recognize potential problems and provide the necessary support. Similarly, recognizing a child's individual coping style enables parents, teachers and other caregivers to better support their needs and reinforce their coping strengths.

### **BASIC Ph Model**

One unique approach to identifying coping strategies is the **BASIC Ph Coping Model** developed by Dr. Mooli Lahad, Director of the Community Stress Prevention Center in Qiryat Shmona, Israel. The model suggests that people possess six potential characteristics or dimensions that are at the core of an individual's coping style. Everyone has the innate ability to utilize each dimension as part of their approach towards coping, although, most people tend to rely upon comfortable coping methods that have been developed over time. Parents can assist children in expanding their coping repertoire by providing the environment, modeling, and encouragement necessary to help them strengthen and build new skills.

### **Six Coping Styles**

**Belief (B)** A child who turns to his/her belief as a means of coping is relying upon his/her core values. Meaning and values are incorporated from the adults that are important to the child, e.g to trust in one's ability to cope or in optimism concerning one's future. Seeking meaning through religion or spirituality is common, too.

Children reared in a system of faith often find great solace in formal ceremonial practices during times of stress and uncertainty. Respect cultural issues and boundaries regarding crisis and death. Many immigrant families are part of a close-knit, often faith-based community. Parents should be willing to discuss the concept of death.

Do call death death and do not use euphemisms. Children may be more concerned about dying or a loved one dying, particularly if large numbers of children are among the dead. Talking with them about what concept of death they have – if they want to talk - is important.

**Affect (A)** Feelings or emotions. A child who utilizes his/her affect as a coping strategy is relying upon the ability to express or ventilate through emotion. He/she will require opportunities to share anxieties, fears, anger, sorrow, and grief, and have those emotions validated by the adults in his/her life. Families can foster their child's emotional development by modeling open and genuine expression of feelings, while emphasizing that they are always available to assist them, as needed. Acknowledge their feelings about the event. Be sure your comments are age appropriate but even young children will feel more reassured and closer to you if you are honest. The level of distress may be very disruptive and result in lack of concentration, changes in behaviour, , poorer grades, or even school absences. The situation may also take a good deal of time to resolve.

Understand the grief process. Grieving is a process, not an event. Everyone grieves differently and not all children within a developmental age group understand death in the same way or with the same feelings. Children's view of death is shaped by their unique view of the world and experiences. Expressions of grief include emotional shock, sorrow, withdrawal, regressive behaviour, anger or acting out, and disbelief/denial.

**Social (S)** A child who copes with adversity through the social channel seeks support and control through the structure of his or her relationships. The roles and responsibilities assigned to a child within a social context such as a family or peer groups can increase connections and decrease isolation, as well as restore emotional security and strengthen the child's sense of well being. Extracurricular activities that expand a child's socialization and collaboration skills are to be encouraged. For adolescents peers are very important. Being

with family and friends is always important in difficult or sad times. Help children support their friends. Seeing a friend coping with a loss may scare or upset children or youth who have had little or no experience with death and grieving. Children of any age may need help to communicate condolence or comfort messages. Help children anticipate some changes in friends' behaviour. It is important that they understand that their grieving friends may act differently, may withdraw from their friends for a while, might seem angry or very sad, etc., but that this does not mean a lasting change in their relationship. Children may also share important information about a friend who is at risk of more serious grief reactions. Tragedies often generate a tremendous outpouring of caring and support from around the world. Focus on the aid being provided by governments working to support families in need within the school or community.

**Imagination (I)** Children frequently turn to their creativity as a means of coping with trauma. The pre-school child will recreate with toy cars a witnessed accident; an elementary aged student writes a fictitious essay about how his father who was killed in a war returned home alive as a war hero; and a high school student uses "gallows" humor to deal with a recent community tragedy. Adults should provide opportunities for children to express their feelings creatively by supplying the materials, resources, environment, and encouragement necessary to support their efforts.

**Cognitive (C)** The child with a cognition based coping style utilizes a problem solving, direct approach to dealing with issues of concern. He/she will greatly benefit from age-appropriate honest dialogue regarding events and will likely be open to suggested strategies for addressing problems, anxieties and fears. Exposure to support-oriented literature may be well received by these children. Talk to your children at home, take the time to discuss events factually. Yet, if they are not focused on the tragedy, don't dwell on it. A caring listener is important also. Media images of a disaster itself and the resulting human suffering from injury, hunger and disease can become overwhelming. Young children in particular cannot distinguish between images on T.V. and their personal reality.

**Physiological (Ph)** Physical activity provides coping fulfillment for many children. Whether formal, as in games or exercise, or spontaneous hands-on busywork, there is a means to motion. Children cannot deal with intense issues in a continuous manner; they need to be diverted. Directed physical activity has a dual benefit, allowing necessary buffer time and permitting informal processing of traumatic experiences to occur in a non-threatening format. Opportunities for formal and informal physical activities should be abundant. Allowing children to deal with their reactions is important but so is providing a sense of normalcy. Mind eating and sleeping as it was normal before the event.

Creating a sense of adult support and normalcy (to the extent possible) is critical to helping children deal with psychological stress. Parents and other caregivers may want to work with their pediatrician, faith leader, youth group leader, sports coach or other relevant adults who can provide additional resources. Parents should coordinate with teachers and the school psychologist, counselor or social worker on providing appropriate supports to students in the classroom.

### **Severe Psychological Stress**

Most children are able to cope with psychological stress with the help of parents and other caring adults. However, some children may be at risk of more extreme reactions because of personal circumstances. Symptoms may differ depending on age.

- **Preschoolers**—thumb sucking, bedwetting, clinging to parents, sleep disturbances, loss of appetite, fear of the dark, regression in behavior, withdrawal from friends and routines.
- **Elementary School Children**—irritability, aggressiveness, clinginess, nightmares, school avoidance, poor concentration, withdrawal from activities and friends.
- **Adolescents**—sleeping and eating disturbances, agitation, increase in conflicts, physical complaints, delinquent behavior and poor concentration.

### **Parents care for themselves**

When adults want to help children they need to take the same care for themselves. If they are not sure what to do for their students or if what they do is unsuccessful they should ask for support from professionals (see list below) and colleagues. Knowing that teachers are affected by the fact that they suffer with their children, and fear for their well-being they should accept and look for support for themselves as well. Thus they can be a good role model for their young ones and partners and this way be helpful for them. Younger children tend to lack self-confidence and they look for adults to set an example of how to act. If trusted adults show calmness and confidence children will pick up on these social cues. Alternatively if adults are upset or angry, and insecure the children will reflect these emotions.

### **Use mental health services**

Depression, anxiety, and stress are natural reactions to crisis and loss. Many children will be fine with the support of their families, the school community with the locality and will return step by step to normality but others will need more specific mental health support.

### **Addresses of professionals offering support**

### **Related resources, literature**

©ESPCT, Bernhard Meissner, with generous permission of the **National Association of School Psychologists, 4340 East West Highway #402, Bethesda, MD 20814, using parts of handouts mainly the one of Frank Zenere**  
[www.espct.eu](http://www.espct.eu)