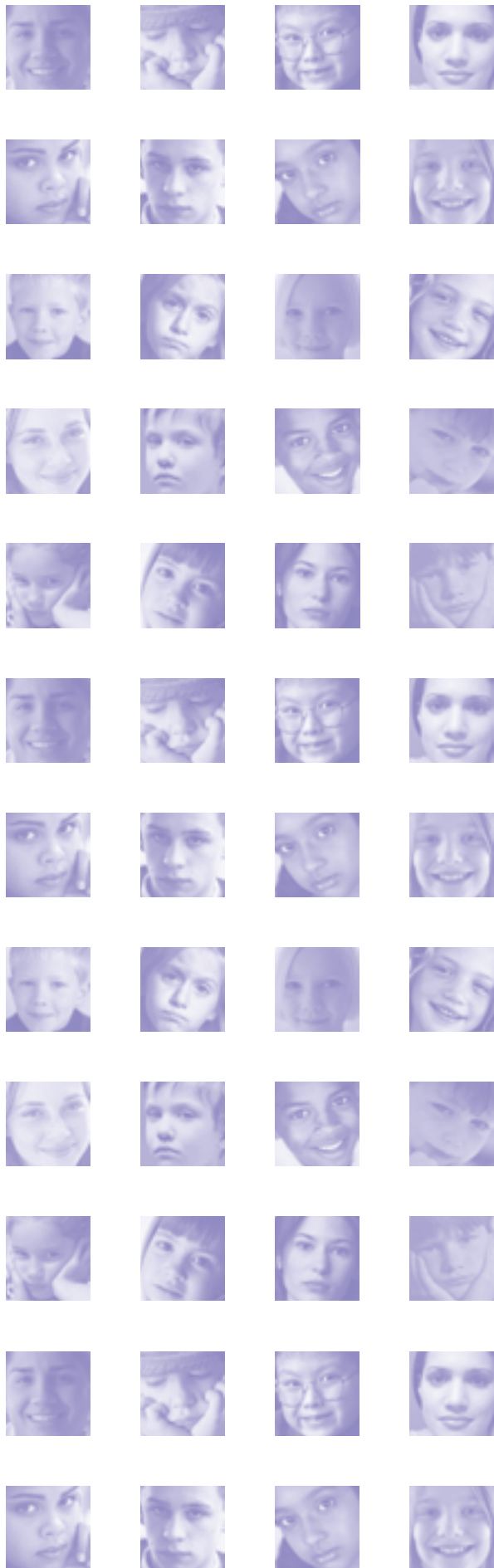


# Caring for Kids After Trauma and Death: A GUIDE FOR PARENTS AND PROFESSIONALS





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## A GUIDE FOR PARENTS AND PROFESSIONALS

by *The Institute for Trauma and Stress at The NYU Child Study Center*

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## Introduction

*By Robin F. Goodman, Ph.D. and the faculty and staff of the New York University Child Study Center*

The following materials, prepared by the New York University Child Study Center staff, were originally conceived as a prevention tool to help schools prepare and cope with death and injury. While editing a draft version, the attacks of September 11, 2001 on the World Trade Center and Pentagon occurred. Our job then became one of dealing with crisis. In the hours and days immediately following September 11th two manuals, *Helping Children and Teens Cope With Traumatic Events and Death: Manual for Administrators and Mental Health Professionals* and *Helping Children and Teens Cope With Traumatic Events and Death: Manual for Parents and Teachers*, were completed to help adults who care for and about children. Forty thousand copies were distributed to social agencies, educators, mental health professionals, pediatricians and parents throughout the New York City area and nationwide, in addition to being available on *AboutOurKids.org*. The manuals provided education and practical guidance for coping with the numbing emotions and real concerns of the unprecedented events in our country. Now, one year later, we have entered a new phase. This updated and expanded manual, *Caring for Kids After Trauma and Death: A Guide for Parents and Professionals*, represents a synthesis of accumulated knowledge and looks at the full range of issues—the need for prevention, attention to critical needs in the midst of the crisis and reasoned research-based intervention over a longer period of time.

We know that adults and children alike may go through periods of shock, have physical complaints and be angry, sad and scared. Children may also be more irritable or

regress in their behavior and worry about the safety of those who care for them. Most children will rebound, but some will still continue to have problems as time passes, and some may develop problems months after the event. Especially in times of stress, children's reactions are influenced by the adults around them. Being available, open and honest with children is important, as is providing them with a sense of normalcy and routine while limiting their exposure to news events and monitoring their reactions over time. We also know that it is important to be respectful and helpful to all individuals in a system. The usual functioning of established systems such as a school or community, will be affected as will the decision makers and caregivers within these systems. While everyone feels at a loss for explanations, it is important to cope with tasks of living rather than seek to place blame or express anger at groups of people. Individuals must offer comfort to each other and search for strength in themselves.

Information and guidance on various topics is provided to help you with this challenge. To find what you need most quickly throughout the manual

- practical tips are identified with this symbol
- \* specific concepts and issues are identified with this symbol

The material, while conceived in the environment of the September 11, 2001 attacks, was developed with the hope that it could apply to other instances of disaster, trauma and death. While we wish we did not need this information, and that it will not be necessary again, we hope you will continue to utilize the materials at other difficult times.



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## Essential Information

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Although the pages in this guide provide specific information for particular situations, all those who help children affected by trauma and death should keep the following information in mind.

### **BE AWARE OF CHILDREN MOST AT RISK**

In the midst and immediate aftermath of a personal crisis or natural disaster, all children are likely to be worried, scared and concerned about their future and their family's future. In the wake of a national tragedy, such as a terrorist attack, they may have additional fears related to the future of the country. While these reactions are to be expected, parents, caregivers and adults working with children should be aware of those children most likely to be at risk for problems requiring assistance. This includes children who had:

- physical exposure; who witnessed the event, were near the location of the disaster or incident
- emotional exposure; who had a family member, close friend or neighbor involved—missing, hurt or dead
- pre-existing mental health issues
- caregivers who are experiencing emotional difficulty
- pre-existing or consequent family life stressors such as divorce or loss of job
- previous loss or trauma experiences
- extensive viewing of the events on television or repeated exposure to the media
- a limited support network

### **ONGOING AND LONG TERM ISSUES TO CONSIDER FOR CHILDREN**

The thoughts, feelings and behaviors that may follow immediately after a traumatic event or death evolve and change as life continues. Turmoil, sadness, anger, worry and confusion may subside or may arise anew as children encounter different situations or are exposed to reminders of the original event. Some children will recover quickly, some require more time and some may have very specific learning, physical or mental health needs that should be addressed and monitored.

### **ONGOING AND LONG TERM ISSUES TO CONSIDER FOR ADULTS**

Children look to adults for comfort and safety. While adults may not share their deep feelings directly with children, children overhear far more than imagined and are adept at picking up cues from their caregivers. Caregivers need to understand their own feelings about the traumatic event, model appropriate responses, maintain healthy habits and use and teach helpful coping strategies.



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## Guidelines for Schools

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### Immediate Tasks for School Administrators and Teachers

#### MAIN ADMINISTRATOR

- Activate communication/notification network.
- Provide districts/schools with formal announcement of facts about event and plan.
- Identify community resources for staff, students, families.
- Identify support person/place within school for staff.
- Identify support person/place within school for students.
- Identify specific tasks for guidance and mental health staff who can assess students and staff at risk or having problems, and who can staff safe rooms.
- Allow staff who feel in need of their own support permission to withdraw from providing direct assistance and request other duties.
- Send letter home to parents identifying:
  - what was discussed in school
  - what was done in school to provide support
  - what parents might expect
  - what resources are available
- Develop written and verbal media response and distribute as necessary.
- Identify media contact and direct all inquiries to designated staff.
- Determine if outside resources are needed and contact appropriate agencies.
- Determine need/plan for memorialization.

#### TEACHER

- Find out what your school has planned. Check with administrators for school-wide messages and procedures.
- Set aside a specific time at the start of the day to discuss what is known about the crisis.
- Allow for discussion and expression of feelings verbally or through age-appropriate means such as drawing, play and music.
- Inform students of the “safe” place they can go to during the day (have students sign out with the teacher before leaving).
- Identify students at risk. This includes those:
  - who witnessed the crisis
  - with family involved—members missing, hurt or dead
  - with previous loss experiences who may re-experience symptoms
  - with pre-existing mental health issues
- Notify identified guidance and mental health staff of students at risk or with particular problems.
- Continue with some structure for the remainder of the day; activities may be modified but should provide as much routine and familiarity as possible.
- Send home official letter to parents describing what was done as well as helpful information for them and their families.
- Determine public and private memorial procedures.
- Determine follow-up plan.



## Essential First Steps for All Professionals Who Help Children

**STEP 1:** Make sure that you (the helper) are emotionally ready and able to assist a child or teen with managing the trauma.

**STEP 2:** Know your limits and where/who to call for referrals and assistance. Be informed about local agencies and services that assist youth and families in need (e.g., hotlines, peer counseling, school groups, emergency rooms, religious organizations).

**STEP 3:** Provide the child with a safe and comfortable environment to express his or her feelings.

- Let the child or teen have control of the situation; let him or her take breaks or leave as needed.
- Do not force the child or press the child for answers.
- Play, drawing, or writing can be mediums of initiating communication.

**STEP 4:** Assess the child's physical status: Has he or she been fed, slept, and been kept safe?

**STEP 5:** Make sure you meet or get the name of an adult who will follow the child through this process (parent, relative, teacher, neighbor).

**STEP 6:** Get basic contact information for child and caregiver: name, address, phone number.

**STEP 7:** Use open-ended questions and your own observations to assess:

- What does the child know? For example, "Tell me about what happened (to you, to others)."
- What are the child's interpretations of what happened?
- What is the child's emotional and behavioral state?
- What are the child's assumptions about the future?

**STEP 8:** Moving forward

- Summarize the information the child has conveyed.
- Normalize the emotional reactions.
- Remind child of what makes him or her safe (parents, friends, school, government are taking care of us).
- Encourage the child to keep talking, writing, drawing, etc.
- Make necessary referrals.

## Immediate Issues Faced in Schools

- \* Families and students that have difficulty in separating, but return to school. The children may be very clingy

and refuse to let a parent leave or may arrive in an anxious state.

- \* Students or staff who are emotionally strained and too frayed to function well, but return as an effort to get back into a routine.
- \* Staff, families and students whose living arrangements have changed.
- \* Poorly rested staff and students who have been unable to sleep.
- \* Students or staff who may have difficulty concentrating.
- \* In the event of an attack, episodes of angry words and conflicts among students. Students that are known members or perceived as members of ethnic, religious or racial groups that are similar to the alleged attackers may be targeted for discrimination and violence.

### WHAT CAN BE DONE?

- Be on the lookout for these reactions.
- Provide a support service for those needing extra help.
- Temporarily provide for a family support room where parents may go and children may visit.
- Help connect people to resources that allow them to take care of their basic needs.
- Connect families and individuals to mental health providers and treatment centers.
- Help people discuss their situation in appropriate settings. Allow for discussion of worries; let people tell their stories and describe their reactions while providing reassurance of safety.
- Help all recognize that some of their reactions and worries are natural reactions that take time to resolve.
- Modify the school schedule to allow for breaks and further opportunities to discuss reactions. Ease people into the usual school routine.
- Protect all students.
- Enforce a no-tolerance policy for discrimination, slurs, threats and violence.
- Turn to your policies on diversity to teach students the proper reactions and non-violent conflict resolution.
- Encourage information seeking behavior and discourage rumor making behavior
- Watch for festering divisions between students.



## Immediate and Ongoing Tasks for School Health Professionals

The role of the school health professional after the occurrence of a traumatic event is critical. The office of the school health professional may be the first stop for children needing help. They may have physical injuries that require attention or they may have physical symptoms resulting from stress. Following are suggestions to help school health professionals recognize and deal with children's physical problems in times of crisis.

- Find out what your school has planned. Check with administrators for school-wide messages and procedures.
- Be prepared to deal organizationally with greater demands on your services.
- Develop a triage plan so that you are prepared to provide services for those in greatest need.
- Coordinate and communicate with your own staff, especially if there is a change from routine operations.
- Coordinate your activities and communicate your actions to administrators, teachers, mental health and guidance staff.
- Be flexible and ready to change operations as the need arises.
- Establish communication with other resources and professionals.
- Contact colleagues in schools similar to yours to find out if you can use or borrow from their action plan.
- Identify the support people and community resources that might be of assistance if the need arises.
- Work with mental health experts for advice on students with more complex issues and communicate their advice to the referring providers.
- Identify a referral network for students requiring more in-depth services.
- Work as a team with your network of referring providers to insure that students' needs are met.
- Be sure that all students who want, or are referred for, services receive appropriate follow-up. Communicate your diagnosis and its rationale to primary care physicians and parents.
- Develop a tracking system to insure that communication, referrals and follow-up with other staff, primary care physicians, other health professionals and the students' families take place.
- Develop procedures for activities that are becoming common. For example, write a form letter that can be sent to parents or guardians of students who come to you with physical complaints to inform them about what is happening with their children. (Be aware of confidentiality requirements.)
- Be prepared for teachers who will be turning to you and your staff with questions and concerns about particular students who seem newly anxious, agitated or sad.
- Be prepared, especially in an elementary school, to see more children with physical complaints such as headaches, stomachaches, nausea and vomiting.
- Listen carefully to the child or teen presenting a complaint and determine its possible relationship to the crisis. Allow time for children to tell their stories. Be nonjudgmental and supportive.
- Be sure that the physical basis for the presenting complaint is thoroughly examined and ruled out.
- Conduct seminars for both students and staff to teach healthy eating and sleeping habits.
- Determine whether the child or teen has previously exhibited somatic complaints at the school health clinic or to a primary care physician.
- If you still have concerns (for example, with the severity of the complaints), or if the symptoms progress or do not resolve, make the appropriate referral.
- Take care of yourself and your staff.

## Immediate Tasks in the Classroom

- Remain consistent in supporting children.
- Start the day with your usual routine and schedule. At the beginning of the day, settle the class, and then let them know when there will be a time for discussion and questions about events. Return to some modified routine as soon as possible to help children feel calm and safe.
- Be prepared to have a high volume of talk about the events. Try to keep this talk under control so that your classroom remains in control.
- Look for children who may not want to be involved in the discussions. No matter what level of exposure, some children will want to talk extensively about their experience, while others will not want to talk at all. Be sensitive to the children who avoid discussion and find a way to provide a secure setting that lets them cope more slowly with the events.





- Collect questions from the children. Answer those questions for which you know the factual answers, but keep in mind your audience. Do not overwhelm young children. Look to the guidelines in this manual for typical reactions of children.
- Allow time for children to tell their stories about the day's events. Encourage them to be supportive of each other. However, limit descriptions of gruesome details in general discussion. Children that have seen people injured or harmed can discuss these episodes privately or in small groups.
- Discuss customs regarding death observed by other cultures to enhance children's ability to understand the reactions of classmates of diverse backgrounds. Although issues concerning life and death should always be integrated into the curriculum, in times of crisis these themes should be emphasized.
- Reassure children that the responsible adults are making sure that they are safe. Although we cannot provide 100% assurance, all children need to know that adults are taking care of them.
- Encourage children to let you know if they are experiencing distress at any time.
- Turn to the school mental health staff with questions and concerns about particular students who seem especially anxious, agitated or sad or who had extensive exposure to the incident.
- Find out the support staff who will be available to children throughout the day. Direct children to that resource for further conversation and support. Have children sign out to go to that setting, but make sure that they know that they can go at any time.
- Keep parents informed about your actions so they can be prepared for further discussion. Encourage parents to limit their children's exposure to media reports and accounts of the event and to watch television with them when possible.
- Help students react without prejudice. Be on guard for angry reactions between students. Be especially careful that some students are not identified with perpetrators of a disaster or attack. To help decrease bias, include materials and discussion that familiarize children with other cultures.
- Remember that a wide range of reactions can be expected. Be ready to help by listening, observing for high levels of distress, referring children to appropriate counselors and returning to a settled routine while allowing for any needed discussion. Finally, talk to others and take care of yourself.

## Ongoing Tasks for Teachers

- Know what was done in the past, what helped and what was not successful.
- Anticipate and prepare for future rough spots. Drawing a family tree, the first mother's day after a death, an upcoming Christmas, even a graduation a few years down the road are just some of the potential triggers that may pose new challenges for students.
- Consider modifying the curriculum to address crisis and death related issues. Some examples:
  - ART:** children could create collages about hope or harmony, design an advertisement about helping and tolerance or create a memorial.
  - HISTORY:** students could put the event in an historical context, research similar events, write reports or essays about the meaning of the event or create a documentary. World religions could be studied and different cultures discussed.
  - ENGLISH:** students can use journaling or poetry to express their thoughts and feelings. Books about different cultures could be read to develop an appreciation of differences and similarities between people.
  - SCIENCE:** students can research related events following a natural disaster, "Plant the Seeds for Peace in Our School," mini-ecosystems in terrariums could be created to represent a balanced environment, trees or plants could be added to the grounds to mark the event.
  - MATH:** students can make blue prints or models for devastated areas.
  - FOREIGN LANGUAGE:** the derivation of words could be analyzed and respect paid to languages of the world, shared vocabulary and euphemisms and cross over slang could be discussed.
  - MUSIC:** music from other cultures could be explored, songs could be written, a "symphony" of instruments could be played or music composed for meditation and relaxation exercises, communal drumming could be used as a group activity.
  - GYM:** yoga, controlled breathing and other meditative arts could be taught and practiced. Active sports could be used for those needing to release energy and to help students maintain physical health, team sports should emphasize cooperation and shared goals.
- Document the services that were provided, monitor early responses and think ahead to support what might be needed. These procedures reinforce the belief that schools offer security to children at their most vulnerable moments.



## Helping Children with Developmental Disabilities

Children with developmental delays or disabilities have limitations due to difficulties in the development of sufficient physical, emotional or intellectual capacities to cope with the demands of their environment. Developmental disabilities may include physical disorders such as cerebral palsy and limited vision, language and speech disorders, mental retardation and pervasive developmental disorders such as autism. Children with developmental disabilities exhibit different levels of understanding and emotional reactions as well as different learning styles and patterns when dealing with normal events.

The effect of a traumatic event and the duration of the impact on children is often underestimated. After the 2001 attack on the World Trade Center, it was reported that a large number of public school children in New York City experienced chronic nightmares, fear of public places and other indicators of posttraumatic stress reactions even several months after. In addition to the trauma of the initial disaster, children experienced ongoing anxiety due to the frequent “alerts” as well as the media coverage showing funerals of firefighters and pictures of destruction.

Less has been written about children who have emotional, cognitive or physical limitations that might prevent them from fully understanding the events of a disaster or other trauma. Being aware of the impact that the disaster can have on developmentally disabled children—their particular reactions and behavioral responses—is critical for both caregivers and professionals.

The everyday factors that are involved in working with disabled children assume even greater significance in times of crisis. They need more time, support, guidance and nurturance to understand and internalize traumatic events. Disabled children’s areas of weakness become more vulnerable when the content of the material is threatening. Following are some considerations to keep in mind when helping disabled children through the immediate crisis and future months:

- It is important to understand how the child processes information on both a cognitive and an emotional level. Take into account the child’s ability and capacity for understanding information, communicating what is heard and expressing feelings. Children’s reactions are also influenced by their disability: for example, a child with a hearing impairment may not pick up cues and information from an event that involved sounds or

language. A visually-impaired child may have difficulty in interpreting facial expressions, be confused by visual images or discussion by others of visual images.

- When providing information it may be necessary to alter language and to repeat facts because of possible cognitive limitations or language comprehension problems. Children may not understand what is happening when adults refer to concepts such as the towers being bombed, rescue efforts, germ warfare, DNA or being “on alert.” Tailoring the information to the child’s strengths is critical; a child with a language disability may do best with explanations that utilize written materials and pictures; children with limited intellectual abilities will require discussions that are concrete.
- Make sure that the children understand the facts correctly; some children put information together inaccurately and come up with fanciful explanations. When possible, have them write, tell or draw what they know about the event.
- Make sure that the explanations are appropriate to the child’s age. Some young children, after watching many replays of the World Trade Center disaster, expressed the fear that multiple planes were crashing into the towers. School-age children rely on their peer group for information and socialization, and it is important that they all have the correct information and don’t spread inaccuracies. Children with cognitive or emotional difficulties may be more susceptible to believing false information and rumors.
- Be attuned to changes in manifestations of worry and anxiety. Many children with disabilities provide specific cues—words, images, sounds—that signal their concern about their own safety. Warning signs of distress may be facial expressions, nervous tics, changes in speech patterns, sweating, feeling sick and being irritable. Children may have difficulty overtly expressing concerns. Problems may be reflected in behavior, such as withdrawal, refusal to participate in activities, separation problems or acting-out.
- Children with emotional and behavioral problems may require additional short- or long-term assistance in managing their reactions. Those with previous mental health disorders are at risk for increased problems or for developing additional symptoms related to the trauma. It is important to 1) be prepared for increased reactions, such as anger, withdrawal and aggression, and 2) help them understand the events and learn effective coping strategies.



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- Maintain regular routines and schedules to help reduce anxiety and provide children with a sense that things are gradually returning to normal. Be sure they are aware of procedures to be followed in an emergency, that they know the specific people responsible for them and who to contact. Practicing safety plans can reassure children that things will go smoothly and highlight any unforeseen difficulties with organization or management, such as maneuvering wheelchairs.
  - Assure children that their perception that events are scary is valid and that even adults can be frightened. But reassure them that adults are in control and that they will make decisions and take care of the children.
  - When children are ready to talk about events don't avoid discussions, unpleasant as they may be. Avoidance of difficult subjects, particularly about death, transmits the message that a topic is taboo. Silence or avoidance eventually can create more anxiety and confusion.
  - Limit children's exposure to media and replay of images that can be overwhelming. Watch news reports with them and make sure they are correctly processing the information. Many children with disabilities have experienced trauma previously in their lives, which puts them at risk for recurrence of previous reactions to stress.
  - When terrorism is involved, as with 9/11, help children identify ethnic slurs and hateful revenge-laden conversations. Find opportunities in the curriculum to educate students about diversity and difference, and get them involved in multi-sensory ways to understand other cultures and beliefs.
  - Many developmentally disabled children are unusually adept at reading their caregivers' non-verbal messages, especially facial cues. Caregivers need to monitor their responses in order to be as effective as possible.



## Student Tracking Checklist for Crisis Events/Death

Student Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Date of event/death \_\_\_\_\_ Grade at time of event/death \_\_\_\_\_

Teacher involved \_\_\_\_\_

Administrator/Other staff involved \_\_\_\_\_

Brief description of event/death \_\_\_\_\_

School resources provided (type, frequency) \_\_\_\_\_

Family contact immediately after event or death: who, when, type of contact \_\_\_\_\_

Follow up contact made to family: who, when, type of contact \_\_\_\_\_

■ Within 1 month \_\_\_\_\_

■ Within 3 months \_\_\_\_\_

Classroom activities done in response to event/death: what, when, response \_\_\_\_\_

Referral to outside agency/individual: date/name \_\_\_\_\_

Future times of concern (anniversary dates, sports events, graduation, etc.) \_\_\_\_\_

■ Issue/event \_\_\_\_\_ Date \_\_\_\_\_

■ Issue/event \_\_\_\_\_ Date \_\_\_\_\_

■ Issue/event \_\_\_\_\_ Date \_\_\_\_\_

■ Issue/event \_\_\_\_\_ Date \_\_\_\_\_

Describe ongoing school involvement/information relevant to the event/death throughout the student's school career on the reverse side.



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## Guidelines for Mental Health Professionals

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### Immediate Tasks for Mental Health Professionals

Mental health professionals play an active role following a traumatic event or disaster. Immediately after the event, keep in mind that the trauma affects not only the individuals directly involved, it also affects those who are in decision-making roles, those providing direct care, as well as the systems in which adults and children function. Mental health professionals can provide services in a number of areas.

As a resource for community agencies, school personnel and parents, it is important to:

- Guide individuals and systems that are in decision-making roles regarding the most effective actions from a mental health point of view.
- Provide a structure and framework for teachers, parents and others caring for children.
- Assess the situation and the individuals affected.
- Implement direct communication and reunions, e.g. between school staff and administrators and parents and children.
- Provide and disseminate accurate information about the event, potential reactions and possible prevention strategies.
- Assist in the assessment and implementation of nuts and bolts pragmatic issues, e.g. transportation, food and shelter.

When providing direct mental health services, professionals should:

- Establish a triage system to identify children at greatest risk for mental health problems.

- Educate other professionals and caregivers of the groups most at risk for problems—those with physical or emotional proximity, prior mental health problems, poor support systems, previous trauma or death experiences and those with indirect exposure such as repetitive media coverage of the event.
- Establish a system to monitor the progress of children who exhibit stress reactions to observe whether the symptoms resolve or need intervention.
- Provide an atmosphere that encourages expression of feelings and teaches coping skills.
- Help teachers and parents distinguish “normal” from extreme reactions.
- Help teachers and parents recognize and accept regressive behaviors while encouraging more age-appropriate functioning.
- Provide support for parents, since the functioning of adults who care for bereaved and traumatized children has a powerful effect on the child’s ability to recover.
- Be aware of their own reactions to the disaster and the ways in which it might impact on their own functioning.

### Ongoing Tasks for Mental Health Professionals

Research has shown that caregivers typically underestimate the intensity and duration of children’s reactions to traumatic events. In addition, the caregivers’ own reactions may interfere with their ability to accurately assess children’s functioning or provide optimal care. Therefore it is especially important for mental health professionals to be aware of the importance of early intervention and to advocate for children



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who show symptoms that are acute (in the first months) and chronic (enduring for months and years) that go unrecognized and untreated. Mental health professionals should:

- Screen children for identification of symptoms and severity of reaction.
- Provide thorough evaluations for the most severely affected children.
- Develop effective outreach systems to those in the community that are immediately affected and those less directly affected who are also at risk.
- Develop a referral system for those identified as needing care.
- Be familiar with the signs and symptoms of the most common reactions to trauma: posttraumatic stress disorder (PTSD), depression, anxiety and grief reactions.
- Understand the development and changes of symptoms over time and possible changes in diagnostic issues.
- Be aware of the special and complex reactions of children suffering from the effects of both trauma and death.
- Be sensitive to the difference in presentation of symptoms; children with internalizing symptoms are less likely to be identified while those with externalizing symptoms may be more often reported and may also have other co-existing problems.
- Be attuned to the possible re-traumatization that may occur on holidays, memorial events and media focus on the original event.
- Obtain appropriate training in trauma and grief-specific interventions and associated problems of depression and anxiety.
- Realize that ongoing treatment with a child dealing with PTSD may result in vicarious traumatization for the professional.
- Provide treatment and ongoing follow up to individuals.
- Educate other professionals and caregivers about the:
  - long term consequences of unaddressed problems: school failure, acting out and antisocial behavior, chronic and more serious mental health problems
  - need for objective assessment and monitoring
  - need to understand their own reactions and options for assistance
  - complex nature of effectively helping children when under personal distress.
- Maintain ongoing contact with the teachers and caretakers of referred children.
- Take care of their own physical and mental health.



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## Guidelines for Parents

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### Immediate and Ongoing Tasks

When a tragedy such as an earthquake or the attack on the World Trade Center occurs, parents become concerned, worried and are in shock. Children also become scared, confused and are in disbelief. They are likely to be worried about their future and most importantly, about their family and other significant people in their lives. Following are some guidelines for dealing with children in the days and weeks following a traumatic event:

- Determine your child's risk for problems. Those most at risk are children who have some personal experience with the tragedy; who may have been close to the area or have family or friends who have been hurt or killed, or who have had previous mental health problems.
- Provide reassurance. Children will be affected by a parent's mood and reaction. Calm parents encourage calm in their children. Parents can show children that they too are sad but should temper their own intense emotions.
- Keep in mind that children's reactions depend upon their age, personality and coping style. Some children want to talk about the details, some are quiet and concerned, some may show an increase in their activity level, and some may prefer to get along with business as usual.
- Don't be afraid to talk about the tragedy. Start by finding out what the children already know and have seen. Listening to the children and answering their questions helps them deal with issues in their own way. Children are likely to be concerned about things of immediate importance, such as "Is school safe?" and "Can we still go visit Grandma at Thanksgiving?"
- Be truthful and honest in answers, using language the child can understand. Hiding information causes children to feel confused, reluctant to turn to adults for help and mistrustful of other information.
- Reassure the children of their safety and assure them that you and many others are working to make sure they are safe. Reassure them about practical issues in their own lives such as "Mom will still take you to school" and "The police and firefighters are putting out fires so we are safe."
- Have more than one conversation. A child's understanding and questions about difficult situations change over time. Be available and look for teachable moments for further exploration.
- Allow and encourage expression in private ways, such as through journals or art.
- Maintain as much of a usual routine as possible. Familiarity is comforting to children and provides a sense of normalcy.
- Monitor exposure to media and limit access if necessary. Repeated viewing by young children can be confusing, causing them to believe that events are reoccurring. For older children overexposure can be overwhelming and leave them feeling helpless.
- Expect variations in a child's mood. Different reactions may occur as time passes and new events occur. The situation takes on new meaning as aspects of life may change for the short-term or forever.
- It is common for children to be more clingy, to be concerned about separation and to feel the need to be in close proximity to parents or even want to sleep with them. Consider how your own anxiety might be



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contributing to a child's fears. If sleeping together is allowed for the short term, it is helpful to return to normal bedtime routines as soon as possible.

- Working parents should make arrangements so that the child is not left alone after school during the time of the crisis.
- Be mindful of how issues are discussed with and near children. Prejudice and violence should not be encouraged as ways to solve problems. Seeking to place blame or to exact revenge does not repair hurt feelings or sadness.
- Realize that children who have had difficulty before the crisis may show a re-emergence of their problems either temporarily or over time.
- Realize that children may be more vulnerable if other stresses, such as divorce or financial problems, were occurring in the family prior to the crisis. They may need extra support and reassurance to feel in control.
- Attend to the children's and family's basic physical and mental health needs; eating, sleeping and participating in enjoyable activities are necessary and beneficial.
- Facilitate collecting of keepsakes and mementos.
- Support a child's preference for public and private participation in memorial rituals, activities, services and activities seeking donations of time and money.
- Stay involved in the children's lives and monitor their adjustment over time. If you are concerned about your child, issues should be explored further with a counselor or mental health professional.
- Use available community, school, social and religious support networks and services.





## Children, Trauma and Death

### Age Guide to How Children React, What They Know, What to Say

Children and teens are affected by trauma and death in particular ways.

Their reactions and symptoms can be expressed through:

- \* behavior
- \* emotions
- \* physical reactions
- \* thoughts

Not all children exhibit all symptoms and their reactions may change over the first days or weeks after a crisis. Some symptoms of distress and grief are short-lived, whereas others linger or even occur months or years after a trauma or death.

Although they may take different forms, stress reactions in children at any age can typically include:

- \* worry and anxiety about people or events
- \* re-experiencing of images of the traumatic event or recurring thoughts, sensations, talk or play related to the event
- \* arousal or heightened sensitivity to sights, sounds, smells and exaggerated responses or difficulty with usual activities
- \* avoidance of reminders, thoughts and feelings related to the event or the death
- \* searching for reminders of loved ones

Posttraumatic stress is the most common problem for children following a trauma, but they may also develop depression or anxiety disorders. Bereaved children may also have some of the same symptoms as children who have experienced a trauma, but the source of the problems and course of the symptoms may be quite different. Further, if a death has been traumatic, a child may exhibit signs typical of both trauma and grief.

Children's fears, anger, sadness and guilt about a traumatic event or death can vary according to their:

- \* experience of the event
- \* ability to understand the situation
- \* gender
- \* functioning prior to the event
- \* worry about others' physical and emotional well being
- \* desire to protect those who are living
- \* changes in roles and expectations
- \* reactions to changes in home life
- \* feelings of being different, alone, isolated
- \* sense of injustice
- \* concern about being taken care of and about the future

Following, according to age, are:

- \* some of the more **common reactions** children have to both trauma and death
- \* descriptions of **what children know and feel about death**
- \* suggestions for **what to say and do**



When the reactions interfere with everyday activities at school, at home and with friends, and with age-appropriate development, outside guidance and assistance can be beneficial.

### **INFANTS AND TODDLERS: BEFORE AGE 3**

#### **Common reactions to trauma and death**

- \* crying
- \* searching for parents/caregivers
- \* clinging
- \* change in sleep and eating habits
- \* regression to earlier behavior (e.g. bed-wetting, thumb sucking)
- \* repetitive play or talk

#### **What they know and feel about death**

- \* little understanding of the cause or finality
- \* react to separation
- \* respond to changes in their immediate world, curious about where things go, as in peekaboo, if something is not visible it does not exist

#### **What to say and do**

- Offer simple explanations for injury: “When someone has a heart attack it means blood got stuck going to the heart like when cars are in a traffic jam; doctors can clear up the traffic jam in the heart.”
- Relate information to the child’s own world: “Daddy goes to the doctor to help his leg feel better like you went to Mommy when you fell.”
- Describe things in terms of the senses and everyday activities: eating, sleeping, smelling, listening, running, talking, singing and laughing.
- Use analogies to similar situations or experiences such as injury or death of pets or changes in flowers in the garden.
- Expect repeated questions, as if information has never been heard before.
- Reassure children that they will be cared for.
- Explain that adults are always around to care for children until they get old enough to take care of themselves.
- Maintain routines as much as possible.
- Soothe and comfort in familiar ways by rocking, cuddling and singing/playing songs.

- Maintain limits.
- Involve them in play.
- Use picture and story books to explain concepts on their level.

### **PRESCHOOLERS AND YOUNG CHILDREN: 3-5 YEAR OLDS**

#### **Common reactions to trauma and death**

- \* separation fears (e.g. from parents/loved ones)
- \* clinging
- \* tantrums, irritable outbursts
- \* fighting
- \* crying
- \* withdrawal
- \* regression to earlier behavior (e.g. bed-wetting, thumb sucking)
- \* sleep difficulty (e.g. nightmares, difficulty sleeping alone)
- \* increased usual fears (e.g. the dark, monsters)
- \* magical thinking, believing the person will reappear
- \* acting and talking as if the person is not sick or is still alive

#### **What they know and feel about death**

- \* focus on concrete details
- \* personalize the experience; believe they may have caused it
- \* seek control
- \* believe that death is punishment
- \* equate death with things that are still and life with things that move
- \* inability to manage time and finality
- \* believe death is reversible
- \* believe the dead person still has living qualities

#### **What to say and do**

- Monitor adult conversations around children.
- Correct misinformation and fantasies.
- Give honest and clear answers; use simple explanations about causes of the event or death; “some people do harmful things,” “when people die we can’t see them anymore but we can look at pictures and remember them.”



- Relate similar experiences: “When you hurt your foot, you skipped T-ball practice for 3 days until you felt better; Mommy got hurt when she fell on the street and had to go to the hospital for 3 days.”
- Make clear distinctions between a child’s experience and that of a parent: “When you got an ear infection the doctor had one right medicine to make you better fast, but the doctors have a lot of different medicines to try to make Daddy better so it will take longer.”
- Use real vocabulary for the trauma or death, avoid euphemisms.
- Use concrete terms to describe places and situations (e.g. “IVs are like straws to give medicine”).
- Help label emotional reactions and feelings.
- Reinforce the fact that the child is not at fault; that thoughts, words, behaviors don’t make people get hurt or die.
- Reinforce the fact that disasters and death are not forms of punishment.
- Accept fluctuations in mood.
- Accept regressed behavior, but help the child regain control.
- Provide limits for inappropriate behavior (e.g. “You can’t stay up until 11 o’clock tonight, but I’ll sit next to you until you fall asleep.”).
- Establish consistent, secure, stable care-taking.
- Allow participation and choice, as desired by the child, for hospital or funeral/memorial-related activities.
- Expect repetition of questions.
- Expect that they may think someone who has died will come back.
- Tell stories and show pictures of the person who died to create connections and solidify memories.
- Allow for fun and release activities.
- Look for and encourage expression of feelings in play, art.
- Use outside resources such as books.

#### **EARLY SCHOOL-AGE CHILDREN: 6-9 YEAR OLDS**

##### **Common reactions to trauma and death**

- \* anger, fighting, bullying
- \* denial
- \* irritability
- \* self-blame
- \* fluctuating moods

- \* fear of separation, being alone, or events recurring
- \* withdrawal
- \* regression to earlier behavior
- \* physical complaints (e.g. stomachaches, headaches)
- \* school problems (e.g. avoidance, academic difficulty, difficulty concentrating)

##### **What they know and feel about death**

- \* fascination with details
- \* increased vocabulary and understanding of concepts for germs, contagion, etc.
- \* increased understanding of personal health and safety
- \* personification of death; belief in boogeyman
- \* incongruent/mismatch between emotions and understanding of death
- \* belief in power of own thoughts to cause death
- \* “perfect child” (to correct or prevent death) or “bad child” syndrome (being bad as punishment for past death and anticipation of future punishment)
- \* wish to be reunited with deceased

##### **What to say and do**

- Provide clear and honest information, describing what you know and even admitting that no one knows the answer to certain questions, such as why the incident happened.
- Find out what a child already thinks and knows and ask the child questions rather than make assumptions about the child’s needs.
- Be concrete rather than vague; use simple diagrams and pictures to explain such things as the body and injuries.
- Describe the event and/or death accurately.
- Prepare the child for anticipated changes such as a need to attend a new school, destruction of a playground, and talk about what it will mean for the child.
- Prepare the child for changes in routines or in the household functioning; let the child know about different car pool arrangements or if Daddy will be out of work for a few months. Explain it will be nice to be together more but they may not eat as many dinners out.
- Encourage communication of unpleasant, confusing feelings.
- Validate and normalize reactions and difficulties in school, with peers, with family.
- Allow for repetitive questions and a search for answers.



- Be sensitive to clues of child's self-blame and correct myths and misunderstandings.
- Monitor changes in other areas of life: academic, social, sports.
- Cooperate with adults in the child's larger network who will be affected by and can help with changes in the child's life (e.g. teachers, coaches, friends' parents).
- Encourage participation in memorial-related activities according to child's wishes and timetable; find out if, how and when a child wants to contribute to the situation. Ask at different intervals as situations and feelings change. Give them permission to withdraw and re-enter family events as they need.
- Use calendars & charts to visually describe, predict and plan for normal events.
- Encourage involvement in typical and familiar age appropriate recreational and social activities.
- Encourage expression of feelings: verbally, in play or in art, in private, with parents or peers.
- Help children in dealing with others. Discuss preferences regarding desires to keep things private, practice what to say when explaining the situation.
- Use outside resources, such as books, for explanations of information and feelings.

### **MIDDLE SCHOOL-AGE CHILDREN: 9-12 YEAR OLDS**

#### **Common reactions to trauma and death**

- \* crying
- \* longing for someone who has died
- \* aggression, irritability, bullying
- \* resentment
- \* sadness, isolation, withdrawal
- \* fears, anxiety, panic
- \* suppressed emotions, denial, avoidance
- \* self-blame, guilt
- \* sleep disturbance
- \* concern about physical health and physical complaints
- \* academic problems or decline, school refusal, memory problems
- \* repetitive thoughts or talk with peers
- \* "hysterical" expressions of concern and need to help

#### **What they know and feel about death**

- \* mature understanding of death: its permanence, irreversibility, inevitability, universality and nonfunctioning of the body
- \* adult-like responses (e.g. sadness, anger)
- \* exaggerated attempts to protect/help caregivers and family members
- \* sense of responsibility to family conflicts with desire to continue social involvement
- \* feelings go underground
- \* feeling different than others who have not experienced a death

#### **What to say and do**

- Engage in more specific discussions about the cause of the event or death and invite questions. Allow the child to express his or her personal story of events.
- Look for opportunities to address feelings when the child is ready or as different situations arise. Let children choose their own pace.
- Support and accept expression of all types of feelings.
- Educate children about common reactions (anger, sadness etc.) and the risks involved in avoiding difficult feelings.
- Offer and seek various people and outlets for expression; some children feel uncomfortable expressing strong emotions to their parents for fear of upsetting or hurting them.
- Discuss changes that will occur in the household; ask for input when negotiating new ways of handling situations. Avoid unnecessary changes.
- Encourage discussion about managing new responsibilities.
- Ask children how and what they want to say to others (e.g. friends, teachers).
- Accept help from others.
- Encourage and allow involvement in outside activities.
- Encourage memorialization of someone who died in ways that are personally meaningful.
- Share aspects of one's own response and ways of coping.

### **EARLY TEENS AND ADOLESCENTS: 13-18 YEAR OLDS**

#### **Common reactions to trauma and death**

- \* numbing, re-experiencing
- \* avoidance of feelings



- \* resentment, loss of trust
- \* guilt, shame
- \* depression, suicidal thoughts
- \* distancing, withdrawal, panic
- \* mood swings, irritability
- \* anxiety, panic, dissociation
- \* anger
- \* self-involvement
- \* exaggerated euphoria
- \* acting out (engaging in risky, antisocial, or illegal behavior)
- \* substance use
- \* fear of similar events, illness, death, the future
- \* appetite and sleep changes
- \* physical complaints or changes
- \* academic decline, school refusal

#### **What they know and feel about death**

- \* adult grief reactions of sadness and depression
- \* feeling pressured to be responsible and engage in adult behavior
- \* fear of expressing strong emotions; anxiety over being overwhelmed, embarrassment
- \* change in sense of identity, purpose of life
- \* thoughts about the future; personal mortality & events without significant people

#### **What to say and do**

- Keep adolescents involved with family activities related to the trauma or death but use care when requiring participation over a long period of time.
- Resist expecting or assigning adult responsibilities.
- Discuss changes in the family and work together to develop solutions to problems.
- Be cautious about any changes the teen might want to make during the trauma or immediately following a death.
- Consider how the event or death may be influencing usual difficult adolescent behavior and address it directly.
- Educate the teen about potential risks of acting out behavior.
- Be sensitive to clues of increased risk-taking or illegal activity.

- Expect variability in moods and behavior.
- Expect the reactive tendency to become either overly close or distant.
- Accept and encourage a teen's confiding in someone outside the family for support.
- Allow for development of normal independent behavior.
- Maintain limits, consistency and a sense of stability.
- Be reasonably flexible with rules, academic and behavioral expectations.

## **Factors Affecting Adjustment to Trauma and Death**

A variety of factors influence a child's adjustment. These include:

- \* **Physical and emotional functioning of the adults/parents.** Children react to their parents' responses, and reactions of other significant adults in their life. If a parent is overwhelmed by worry following a trauma, or grief and sadness following a death, the child may be frightened by such intense emotion. Likewise, a parent who is in denial may confuse or limit a child's own expression of feelings. In addition, a child may be affected by a parent's physical or emotional availability.
- \* **Child's personality and temperament.** Children have their own style of functioning and coping and at a time of crisis certain characteristics can be exaggerated and certain resources called upon. A cautious or anxious child may be more fearful for a time, and a child who is practical may set about quickly re-establishing a routine.
- \* **Pre-existing risk factors such as prior mental illness, learning or social problems.** Children with other problems may be more challenged in their ability to cope with a loss. They may have difficulty understanding or managing the changes in their life or they may have poor social skills or strained social relationships with peers, which make it more difficult for them to benefit from supportive friendships.
- \* **Family structure, functioning and relationship.** All families have a particular style for functioning and relating. Those that have an open system of communication and a strong structure will provide comfort and assurance for children. Strained relationships, fighting, pre-existing resentments or conflicts may interfere with the ability of family members to support each other.



**\* Type of death if the trauma involved loss of life.**

When the death follows a prolonged illness or is anticipated, the family has the opportunity to prepare, and be involved in the dying process and perhaps put preventive mental health measures in place. The shock of a traumatic or sudden death can make it more difficult to comprehend and acknowledge resulting in different emotions. Certain causes of death, such as suicide, homicide, AIDS or drug-overdose may still carry shame and embarrassment further complicating grief and mourning.

**\* In the event of death, quality of the prior relationship with the individual.** The type of relationship shared between two people prior to a death affects how the loss is felt and the emotional recovery. Siblings who fought, in a normal fashion, may feel the loss of a playmate when a sibling dies but may also feel regret and blame. Likewise, a rebellious teen may feel guilty for harsh words said to a parent in a moment of anger.

**\* Demographic characteristics of the child and family such as age and socioeconomic status.** Children's ability to understand the full meaning of a trauma or death is limited by their age and cognitive ability. Families may also be more or less limited in their ability to access help for immediate and long-term needs.

**\* Concurrent life stressors such as financial problems, difficult living situations, divorce or illness.** Other stresses can make adjustment to traumatic events and death more complex and leave the child and family feeling overwhelmed or lacking energy. Certain situations, such as a divorce or illness of other family members, can also tax one's ability to cope and may add to a sense of futility or lack of security.

**\* Support services, interventions and networks provided and available before, during and after the trauma or death.** Since children may feel unsafe after a traumatic event or feel that something is missing following a death, it is helpful to have familiar people available to provide comfort and reassurance. The child may turn to a relative, trusted counselor or someone else in the immediate network—a coach or religion teacher. Some children may find it difficult to establish a strong personal connection with someone new. However if they are unable to rely on existing supports, some children can be given immediate help if a particular individual is designated to fill the role.

## Helping Children Cope with Death

We have come to realize that children have their own way of grieving after a death. A child must make short-term and long-term adjustments depending on how the situation impacts everyday life. If a parent has died, the surviving parent's ability to continue accustomed care-taking responsibilities also influences the child's bereavement process.

For any type of death, grief is not one emotion; individuals express grief in individual ways, and the grieving process changes over one's lifetime. The relationship one has with the person who has died and feelings about the death also change over time. But, for both children and adults, there is no specific timetable for grief and no necessary and predictable stages to pass through. Unlike the adage, time does not magically heal all wounds.

Although attitudes are changing, death and illness are often treated as taboo subjects. Parents feel awkward answering their children's questions and most adults are scared at the thought of dying. Many still believe either that children will be irrevocably damaged by the truth or that they are resilient and just bounce back. The reality is that children do grieve and can be helped. The struggle between acting "normal" and having strong feelings is complicated but possible to manage.

### THE MULTIPLE MEANING OF LOSS

The actual physical loss of a person who died is the primary loss. The meaning of the individual to the child will be felt in countless ways throughout the child's life. However, death is more than loss of a physical presence. Secondary losses or changes also impact the child in significant ways. These include:

- \* Loss and change of self:** Individuals are defined in many different ways. One's identity, self-confidence, sense and understanding of physical health, personality and role in the family can be changed by a death.
- \* Loss and change of security:** One's sense of emotional and physical safety is often shaken. A change in financial security and lifestyle may accompany the loss.
- \* Loss and change of meaning:** A restructuring and re-evaluation of goals and dreams are not uncommon. In addition, children and teens may re-examine and question their faith and even the desire to live and to regain a sense of joy.



## Bereavement Coping Tasks

We know that children and teens, as well as adults, grieve in their own way, that feelings change over time and that the bereavement process goes on throughout life. Emotions ebb and flow as situations trigger new thoughts and ways of thinking about the person who has died and one's life without the person. Rather than believe in a set series of stages that one must pass through, the work of bereavement can be conceptualized as different tasks with which one must cope or resolve. The tasks of mourning for children are based on the tasks identified for adults as follows:

- **Adults need to accept the reality of the loss. Children need to understand the person has actually died:** Understanding can involve believing the death has occurred, understanding the feelings about it and accepting the accompanying changes. For example, a child may need to accept that Dad doesn't braid hair as well as Mom or the family needed a new babysitter because Mom had to start working to earn money after Dad died.
- **Adults need to work through the pain of grief. Children must also cope with the pain of loss and are also faced with future occurrences of feelings related to loss:** Experiencing rather than avoiding feelings is a necessary step. This allows the bereaved to manage and move beyond them. As children get older, their understanding and feelings about the person who died may change and these feelings must also be addressed. Unaddressed feelings at any time can lead to physical symptoms and emotional difficulties, or resurface later. For example, a child may need to tell his mother he will never be as good a baseball player as his older brother who just died.
- **Adults need to adjust to the environment in which the person is no longer there. Children are faced with the task of investing in new relationships and developing a new identity based on the loss:** Realization and understanding occur over time as a death shapes life in new ways. Children face everyday concrete changes in routine as well as changes in responsibilities and role. Coming to terms with the differences encourages active control rather than passive avoidance. Whereas a wife may need to take over the family finances, a teenage boy may need a part time job and may develop a strong bond with a coach as a male role model and guide.
- **Adults must be able to emotionally relocate the person who has died to be able to move on. Children accomplish this task by reevaluating the**

**relationship, keeping an internal sense of the person, and continuing with normal developmental tasks:** Gradually as days and months pass, the intense emotional focus and feelings become less prominent as balance is restored in life and memories are reinforced. There is a re-investment of physical and emotional energy in other aspects of life. This can be seen when a young teen continues to forge strong peer relationships, when a family enjoys a Thanksgiving celebration with talk about happy memories of past holidays, and when children are comforted by realizing they have incorporated qualities of a parent who has died into their own personality or life.

Those individuals involved with students, parents and staff can prepare themselves by:

- knowing necessary information
- having accurate vocabulary
- determining the level of involvement preferred by the child and family
- knowing what help or resources are available and providing basic support
- understanding and addressing students' and parents' fears
- understanding one's own feelings
- being comfortable saying that there is no answer to certain questions
- considering the unique aspects of the school year (e.g. the start of the year when students and teachers are new to each other)
- addressing immediate and long-term academic concerns
- addressing social concerns
- planning ahead for future transitions in school

Adults can help children master different tasks by:

- being available
- providing reassurance about who will care for them
- providing a safe place for expression of feelings and acceptance of varied feelings
- offering a choice in activities, amount of participation and the time and place for expression of feelings
- giving honest answers
- addressing self blame
- reinstating routine and structure
- preparing, guiding and planning for adjustment to changes



- helping family and friends with how to offer support
- preparing peers for a child's sadness, encouraging normalizing activities when the child is ready
- helping and giving permission to construct memories of the one who has died

## When to Get Help for Bereaved Children: General Warning Signs

Following a death, children (as well as adults) are most at risk for adjustment problems in the first year; between 10–15% of children may experience depression in that time. Approximately one year after a parent's death, most children have adjusted emotionally and returned to healthy functioning in school, at home and with friends. Yet, some problems may emerge even two or more years later as different developmental tasks or life challenges are confronted. Circumstances and age influence children's risk and the manner in which they express themselves and reveal their feelings. For example, younger children, consistent with their newly acquired orderly view of the world, believe and wish that only "old" people die. Children who still depend on their parents find it particularly unjust and scary to have a parent who is injured or dies. Adolescents, fully aware of their own mortality, may feel burdened by responsibility when a parent is injured or dies and so are more prone to risk-taking behaviors and substance abuse.

Not all children will exhibit serious problems and many difficult behaviors and feelings are appropriate or reactive to the situation. Children's symptoms after a traumatic event typically meet criteria for depression more than anxiety. In general, children or adolescents who exhibit intense or frequent symptoms, experience problems for a prolonged period of time, or whose reaction interferes with everyday ability and activity should be evaluated by a professional. A longing to be reunited with a deceased parent is not necessarily an indication of suicidal thoughts but should always be explored further. Depending on the child's age and situation, parents should be concerned about:

- \* long term denial and/or avoidance of the topic, lack of recognized response to the death
- \* extended periods of depression—with the hallmark characteristics of loss of interest in activities, feelings of hopelessness and helplessness, inability to experience moments of joy, profound emptiness

- \* vague and generalized feelings of guilt and depression rather than sadness connected to the injury or death
- \* inability to respond to comfort and rejection of support
- \* purposeful withdrawal from friends, loss of sociability
- \* sleep, appetite problems, unusual loss or gain in weight
- \* prolonged rather than transient physical complaints
- \* acting younger for a prolonged period
- \* destructive outbursts
- \* inappropriate euphoria
- \* accident-proneness
- \* inappropriate/illegal behavior
- \* decline in school performance, refusal to attend school
- \* persistent anxieties about one's own death or illness
- \* excessive grief after a death, difficulty crying or excessive, uncontrollable crying, acting like or imitating the one who has died
- \* repeated statements about the desire to join the deceased, suggesting an intent to cause self-injury

## Going to the Hospital

Parents who are injured often struggle with how much information about their condition and treatments to share with their children. The answer depends on several issues:

- \* the child: the child's age and interest must be considered as well as his or her tolerance for potentially difficult experiences
- \* the parent: the physical health of the parent when receiving treatment or hospitalized
- \* the situation: the severity of the injury

When deciding on the level of children's involvement it is useful to keep the following in mind:

- Give children choices about when and how to participate. They should not be forced to visit a parent but can be given options for staying connected such as cards, phone calls, e-mails, videos, photographs, stuffed animals. Some parents try to establish a certain time for a daily phone call.
- Prepare. Talk to the child about what to expect. Describe not only the hospital itself but how the parent will look and what medical equipment will be seen or in use and why. Think ahead about activities as well; some children are content to do homework while visiting mom, others need a video game to help pass the time.





- Use points of reference for the child. When possible, talk about the child's own trip to the doctor or treatment for an injury as a framework for the discussion.
- Structure the visit ahead of time. Decide how long the visit will last and where in the hospital to meet; the hospital room, the cafeteria or a lounge area are some options. Hospitalized parents can also consider wearing street clothes during the visit to reinforce a sense of normalcy. Depending on the parent's hospital routine and hospital guidelines, particular times of day may be better.
- Decide frequency and duration. One visit may be all that is necessary for children to develop and maintain a concrete concept of the hospital, visualize where the parent is staying and feel secure that the parent is all right.
- Keep others informed. When a parent needs to go to the hospital unexpectedly it is important for the child to be informed by a family member or close family friend. Parents must consider timing, e.g. deciding if a child should be awakened in the middle of the night or should finish the day at school. Some decisions are also based on a parent's back up plans for the unexpected.

## Attending Funerals or Memorial Services

Parents and other adults often have difficulty in deciding whether it is appropriate for children to attend funerals or memorial services. The decisions depend on the individual child, family customs and type of activities.

### THE MEANING OF RITUALS

Understanding the function of rituals can help adults make decisions about children's participation. The funeral or memorial service is only one event in the goodbye process. These rituals are important as concrete markers in time. Although planned activities and services do not provide emotional closure for all feelings, they do signify the end of life and the beginning of a period of change. Feelings about, and reactions to, a person who has died change throughout one's lifetime. With the accumulation of new experiences comes meaning.

### ATTENDING A COMMUNITY VIGIL

When there is a community or national catastrophic event, such as a bombing or airplane crash in which people are killed or missing, candlelight vigils or other services are often held. Children generally learn of these catastrophes either through personal losses or those of their friends, or the media. In these situations it is often helpful for the children to participate in rituals, to share

their feelings of shock, grief and sadness with others. However, children's involvement should not be forced. For those children who may become overwhelmed, parents should exercise caution and provide a small-scale ceremony to commemorate the victims of the tragedy or find other ways to show concern.

### PLANNING FOR A CHILD'S PARTICIPATION AT FUNERALS AND MEMORIAL SERVICES

- Inquire about the child's wishes. Attendance should not be a requirement, but it should be an option. It is important to stress that although the funeral occurs at a particular time and place, children are not bad or unloving if they do not attend. It is not their only chance to say goodbye. School-age children and teens can help decide if and how they want to be included.
- To help a child decide or when a child expresses a desire to attend a funeral or memorial service, describe what will take place in simple, clear language. These services are unlike any other experience. Parents and teachers should explain what the child will see and how people might react. At any age, children can become confused by the events and by seeing other people's expressions of strong emotions. Funeral home staff is often accommodating and sensitive to parents' wishes if they want to bring a child to the funeral home ahead of time to help in the preparation.
- Explore different kinds of participation. Private rituals may be preferable for some children. Attendance at the funeral or memorial service is only one way for children to be involved. For example, writing a poem or letter that is read aloud or put in a casket by an adult, or visiting the grave site and bringing flowers after the burial are some other ways of saying goodbye.
- Remember that attendance does not have to be all or nothing. Parents and teachers should think through the different activities and structure different options, such as going to the funeral service but not the burial, spending an hour at a wake and then going out with a family friend.
- Take into account the parent's emotional state and other responsibilities. In the case of a deceased parent, the ability of the surviving parent to attend to the child should be considered. If the parent is distraught or burdened with details, relatives and caretakers should be enlisted to help. Identifying a companion for the child and a plan of activities will relieve pressure on the parents and stress on the child.
- Consider the child's age. Very young children (infants—age 4) may not have the physical ability or



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attention span to attend services. A known caregiver, friend or relative should be the child's companion during funeral activities or at home. This arrangement provides comfort and relieves the strain on the immediate family.

- When deciding if children from a class will attend a funeral or pay respects to the family of a classmate or staff member, an adult should find out the details of the arrangements and ask the bereaved family about their preferences. It is not possible to assume what any individual family finds helpful, and children and adults are comforted in different ways. The relationship of the children in the class to the person who died should also dictate their level of participation.
- Consider different ways to show support. In addition to attending specific ritualized events, other activity is also appreciated. Taking care of pets while the family is busy with funeral activities, inviting the surviving children out during the wake, having class members send cards to the family, or donating to a special cause are some of the most helpful ways to show support.
- Keep in mind that various cultures and religions have different customs and practices. Know and respect the appropriate way to show support in each situation. People of all cultures and religions appreciate hearing that someone cares and remembers them during a difficult time.



## Mental Health

### Facts About Posttraumatic Stress Disorder (PTSD) in Children

All children experience stressful events, but some children experience or witness unusual, sudden and frightening traumatic events. Examples of such events are natural disasters, child abuse, community violence and the events of September 11th. These events may involve actual or threatened death or serious injury to the children themselves or to someone they know.

All children exposed to the intense fear and helplessness associated with trauma or death of a loved one may be susceptible to posttraumatic stress disorder (PTSD), anxiety disorders or depression.

Although many children show signs of stress in the first few weeks after a trauma, most will return to their usual state of physical and emotional health. For those children who experience more difficulty returning to normal, professional help may be necessary.

#### WHAT ARE THE SYMPTOMS OF PTSD?

Children's PTSD symptoms fall into the following categories:

##### \* Re-experiencing

- moments when a child seems to replay the event in his or her mind
- intrusion of recurrent memories of the event or repetitive play about the event
- nightmares

##### \* Arousal

- disorganized and agitated behavior
- irritability or anger
- nervousness about everyone and everything around him or her, (e.g. when people get too close)
- jumpy when hearing loud noises

##### \* Avoidance

- avoidance of thoughts, feelings or places that remind the child of what happened
- numbing or lack of emotions

##### \* Other behaviors

- regression to earlier behavior, such as clinging, bed-wetting, thumb sucking
- difficulty sleeping or concentrating
- detached from others, social withdrawal
- excessive use of alcohol or other substances to self medicate

#### WHO IS LIKELY TO HAVE PTSD?

Following a traumatic event such as the attack on the World Trade Center or a natural disaster, children and teens most at risk for PTSD are those who: directly witnessed the events, suffered direct personal consequences (such as the death of a parent, or injury to self), had other mental health or learning problems prior to the event, and lack a strong social network.

#### WHAT CAUSES PTSD?

Not everyone who goes through the same experience responds in the same way. People are born with different



biological tendencies in how they respond to stress; some are more adaptable, others more cautious. Reactions and recovery also are affected by the length and intensity of the traumatic event.

### **CAN PTSD BE PREVENTED?**

Parental support influences how well the child will cope in the aftermath of the event. Parents and professionals can help children by:

- providing a strong physical presence
- modeling and managing their own expression of feelings and coping
- establishing routines with flexibility
- accepting children's regressed behaviors while encouraging and supporting a return to age-appropriate activity
- helping children use familiar coping strategies
- helping children share in maintaining their safety
- allowing children to tell their story in words, play or pictures to acknowledge and normalize their experience
- discussing what to do or what has been done to prevent the event from recurring
- Maintaining a stable and familiar environment

### **HOW IS PTSD TREATED?**

Cognitive behavioral therapy (CBT) has been shown to be effective for children with PTSD. Cognitive training helps children restructure their thoughts and feelings so they can live without feeling threatened. Behavioral interventions include learning to face your fears so children no longer avoid people and places that remind them of the event. Relaxation techniques are used in combination with the child being carefully guided in telling the story about the event. These strategies teach children how to handle their fears and stress effectively. Training parents to help the child with new coping strategies and teaching adults how to use their own coping strategies are also often included.

### **QUESTIONS & ANSWERS**

#### ***“Do children bereaved after a disaster suffer from PTSD?”***

Grief responses may include some of the same symptoms, such as sadness, withdrawal, intrusive thoughts about the person who died or special attitudes towards activities associated with that person. But grief responses are usually worked through with time. However, when the death occurs together with a traumatic event, PTSD may be a part of the reaction.

#### ***“What is the most common age for a child to develop PTSD?”***

Children are at risk for PTSD at any age. Young school-age children may be at particular risk possibly due to their cognitive level of development. PTSD is more difficult to diagnose in very young children who have less developed language and therefore cannot describe their internal thoughts and feelings well or understand the meaning of intrusive thoughts or nightmares.

#### ***“When does PTSD start and how long does it last?”***

PTSD can develop years after an event. Responses and reactions following a disaster may last for weeks or months but often show a relatively rapid decrease after the direct impact subsides. Some children may not develop PTSD until a year or more after the event, which is known as the “sleeper effect.” However, PTSD is very responsive to intervention and symptoms can decrease over time.

## **Facts About Anxiety Disorders in Children**

Anxiety is a normal, natural emotion experienced by all human beings, but some people, even children, worry to a degree that interferes with their daily lives. The anxiety can be about separation from parents, worry about a catastrophe happening, having a panic attack, being trapped if something goes wrong, or being judged. A child may be so worried about getting a perfect score that he studies without respite; a child may be so afraid of not having the right answer that she never raises her hand; a child may avoid social events because he is afraid that someone might not like him.

### **WHAT ARE THE SYMPTOMS OF AN ANXIETY DISORDER?**

There are five major types of childhood anxiety disorder: separation anxiety disorder, generalized anxiety disorder, social phobia, obsessive compulsive disorder, and panic disorder with or without agoraphobia. Children's symptoms of anxiety are seen in these different ways:

#### **\* Physical Feelings**

- headache, stomachache, muscle tension
- panic attack symptoms such as shortness of breath, pounding or rapid heart beat, tingling and numbing sensations, hot or cold flushes, and terror in certain situations

#### **\* Thoughts**

- fear of being away from home or from primary caretaker



- fear of something terrible happening to oneself or primary caretakers
- excessive and uncontrollable worry about many things, such as the future, being on time for appointments, health, school performance, crime, change in routines, family matters
- fear of being negatively evaluated, rejected, humiliated or embarrassed in front of others
- fear of giving oral reports, gym class, starting or joining in conversations, eating in public places, unfamiliar people
- nightmares

**\* Behaviors**

- avoidance of situations or things causing worry such as social gatherings, school or animals
- reluctance or resistance to sleeping alone
- crying, tantrums, clinging in situations where worried
- repetitive behaviors such as handwashing

**WHO IS LIKELY TO HAVE AN ANXIETY DISORDER?**

An estimated 5 to 20% of all children have been diagnosed with an anxiety disorder, making it the most common child mental health problem based on internal thoughts and feelings. An anxiety disorder can occur seemingly without warning or can be present for a long time without anyone realizing what it is. The earlier the onset, the more susceptible the child is to multiple types of anxiety and to depression about the anxiety. Teens with an anxiety disorder may also be at risk for developing major depression.

**WHAT CAUSES AN ANXIETY DISORDER?**

Anxiety disorders result from a combination of family and biological influences. Studies suggest that some children who are temperamentally (even at birth) shown to be shy or tentative in unfamiliar situations may be more prone to anxiety. Anxiety may be caused by a chemical imbalance or problems with specific brain mechanisms. Anxiety disorders tend to run in families, but the complex relationship between genes, biological systems and anxiety is not well understood. Moreover, evidence suggests that anxiety and phobic reactions can be learned, either through direct experience or observations of others.

**HOW ARE ANXIETY DISORDERS TREATED?**

Cognitive behavior therapy (CBT) is the treatment of choice. It has been shown to be helpful in assisting a child or adolescent with controlling anxiety and regaining a normal

life. Through CBT an individual learns, in a step-by-step fashion, to develop coping strategies and to master the situations that cause anxiety. Medication, which works directly on the central nervous system and brain, may be prescribed to help a youngster feel calmer as he or she works toward healthier everyday functioning. For some children, a combination of medication and CBT is also effective.

**QUESTIONS AND ANSWERS**

***“How did my child become so anxious?”***

Anxiety disorders are likely the result of the interaction between a child’s biological sensitivity and experience. Children react in a physically anxious way to various situations, especially when they feel they are not in control. In addition, they may distort or exaggerate events in their minds; for example, children may think that if something can happen to someone else it can happen to them. This thought process is called catastrophizing.

***“Isn’t this just a phase my child is going through? It’s normal to be scared sometimes.”***

Certainly all kids go through phases when they are more worried about things than at other times. A child with an anxiety disorder however, is so worried it interferes with home life, academic performance and peer relationships.

***“Will my child always be like this?”***

Everyone must learn to live with a certain amount of anxiety. Fortunately, anxiety disorders are highly treatable. Appropriate therapy can reduce or completely prevent the recurrence of problems in 70 to 90% of patients. Cognitive behavioral treatments teach children skills, such as relaxation techniques and coping phrases, to handle troubling thoughts, feelings and behaviors.

***“How do I parent a child with an anxiety disorder?”***

With good intentions, parents are apt to rescue their children—to try to comfort and soothe them when they are feeling upset and anxious. However, this approach can teach the child to give up quickly and rely on others to make him feel better. Although it is difficult, parents should let their child feel some distress, question the child about what is happening, and think about what he or she should do. In this way, parents let the child experience some struggle rather than count on being rescued; they help the child choose ways to manage the situation, and praise them for their attempts as well as for their successes. These strategies help children learn that they can handle things that scare them.



## Facts About Depression in Children

All kids have a “blue mood” at some time. When the mood doesn’t lift, however, the child may be depressed. Depressed children may have the usual symptoms of adult depression—they feel helpless, hopeless, and worthless—but often they show other behaviors that may signal depression.

### WHAT ARE THE SYMPTOMS OF DEPRESSION?

There are two basic types of depression: major depression, which lasts at least two weeks, and a milder but chronic dysthymic disorder, in which the child’s temperament or personality seems to be characterized by a long-standing depressed mood. In general, children with a depressive disorder will show some or all of the following symptoms:

- \* depressed mood that can be expressed as feelings of sadness and emptiness, tearfulness or irritability
- \* decreased interest or pleasure in activities
- \* difficulty concentrating and paying attention
- \* anger
- \* fatigue or lack of energy
- \* feeling hopeless
- \* low self-esteem
- \* sleep problems
- \* appetite problems (e.g. increase or decrease), significant weight gain or loss
- \* social withdrawal - may be expressed as boredom
- \* restlessness or slowing down
- \* thoughts of death

### WHO IS LIKELY TO HAVE CHILDHOOD DEPRESSION?

Anyone at any age, even 2 and 3-year-olds, can be depressed. One to 2% of children aged 5 to 11 are diagnosed with depression and that number jumps to 8% for 12 to 18-year-olds (twice as many girls as boys). Children with depression may have another disorder as well; for example, at least half also have an anxiety disorder. Children who think about or attempt suicide are usually diagnosed with depression.

### WHAT CAUSES CHILDHOOD DEPRESSION?

We all experience upsetting events in our lives. No one

knows why some children get depressed while others faced with the same circumstances may be sad but are able to move on. Although life events can affect a child’s mood, trigger depression or make it more difficult to manage stress, a physiological vulnerability to depression probably pre-existed. Most likely the depressive reaction is the result of an imbalance of the chemicals in the brain responsible for producing positive mood; this imbalance seems to be inherited. Research consistently shows that depression runs in families; children whose parents have a depressive disorder are 50% more likely to become depressed themselves.

### HOW IS DEPRESSION TREATED?

Getting help is vitally important. Keeping strong feelings of sadness, helplessness, loneliness and pain inside can make things worse. When problems fester, treatment is often more difficult. Children and teens who talk about suicide or death should be taken seriously; they are not necessarily just looking for attention and therefore a mental health professional should be consulted.

Depression is treated in a number of ways, and in fact, it is one of the most easily and successfully treated mental illnesses. Research has shown CBT and medications to be helpful. Cognitive therapy that helps children learn how to monitor potentially troubling situations and feelings, how to counteract negative thinking and develop ways to handle sad feelings has also been shown effective.

### QUESTIONS & ANSWERS

#### ***“How can my child be depressed if he’s running around and having a good time?”***

Depression in children often looks different than it does in adults. It is rare for young children to appear sad for long periods of time. They are more likely to be irritable, complain of being bored and difficult to please.

#### ***“Where does my child’s depression come from? She gets everything she wants.”***

Unfortunately we do not know the cause of childhood depression. For some children depression seems to be a biological response that is not under their control and could be triggered by stress. Being “spoiled” does not cause depression.

#### ***“Will medication make children change their personality?”***

No. Taking medication for depression can be compared to taking medicine for a horrible headache. Medication doesn’t change who you are, but it takes away the



headache. Similarly, the medication for depression relieves the child of the burdensome feelings, letting him or her pursue and enjoy activities.

***“Isn’t there anything else to help depression besides medication?”***

Medication or behavioral treatment seem to be equally effective, and a parent, child and professional may choose one or both. However, if a child is suicidal or has difficulty with basic everyday functions, medication should be considered. For most kids, medication alone is not enough. A supportive, understanding, caring environment also is also needed.

## **Stress Reduction Techniques for Adults and Children**

Coping with difficult life events requires understanding, sensitivity, acceptance and patience. There are many practical techniques that individuals can do to help themselves when they feel stressed, overwhelmed, sad, angry and scared. Individuals should choose what is right for them and be careful not to judge others or force them to be a certain way or to use a specific technique. The following techniques may be helpful to use on one’s own or when seeking additional help from a mental health professional.

- Write down specific worries and an antidote for preventing or fixing the situation.
- Develop a personal safety plan with up-to-date names and phone numbers of important support people.
- Keep a journal of thoughts and feelings, including what happened right before they occurred.
- Make a list of things you did to get through other tough situations and use them again.
- Practice what to say and do in a difficult or stressful situation.
- Use relaxation techniques.
- Take slow deep breaths from the belly.
- Tense and relax different muscle groups; for children, pretend you are a toy soldier standing very stiff then change to a melting ice cream cone to relax.
- Imagine a safe and calm place: a cozy reading corner, a sandy beach on a breezy afternoon.
- Give yourself a treat—a warm bath, a massage, a candy bar—when you feel sad or upset or after handling a tough situation.
- Spend time with a family member or special friend, play with a pet.

- Watch a funny movie, play a favorite game.
- Help plan a memorial activity or event.
- Get involved: organize a fund raiser, volunteer.
- Give yourself or a child permission to take a break from regular activities.
- Get enough rest and food to stay healthy and strong.

## **Fostering Resilience**

Studies of the adjustment of children in war-torn countries, in areas of violence and poverty, who have experienced the death of a significant person, or witnessed life-threatening natural disasters provide evidence that children can do well under certain circumstances. Despite the potential for mental health problems, children can emerge from horrific life experiences with a positive outlook on life, have a good capacity to form positive relationships, achieve personal success, and develop resources for dealing with future negative events. People caring for children and adolescents can help to foster such positive outcomes. Following are some suggestions to help children and adolescents cope with frightening and tragic events:

- Be aware of recommendations from security experts regarding ways to insure children’s safety: Ask questions to determine who is able to visit such settings. Be alert in settings where large numbers of people gather. Secure environments will enable children to spend their time on the main tasks of childhood: playing, learning and growing.
- Help children establish and maintain a close relationship with an adult: Under even the harshest circumstances, children do well when they have a relationship with at least one adult who is extremely supportive and accepting, who frequently spends time with them, is concerned about their welfare, and provides them with guidance, discipline and information
- Be sure that children and teens know techniques to calm themselves: Give children the opportunity to relax through play, talk, art activities, music or physical comforting. Exercise, muscle relaxation techniques, deep breathing exercises, and using calm mental images are techniques proven to reduce stress. Talk to a professional to learn more about these methods. Teenagers should be advised to avoid unhealthy means of stress reduction such as smoking, or using alcohol or drugs.
- Help children understand the real statistical probability of tragedy and disaster: We have a tendency to believe events that have a great impact on our lives happen



with greater frequency than they really do. Children identify with others, so they may personalize negative events and believe they could easily happen to them. Help children recognize that the terrible events are very unlikely to happen to them or members of their family. For example, many people aboard airplanes on September 11 returned to the ground safely, the vast majority of people in the World Trade Center and the Pentagon were not physically harmed, and buildings in cities and areas throughout the United States were not damaged. A realistic outlook should help children remain alert to dangers, but free from constant worries that they will be harmed.

- Watch for negative reactions and provide early assistance, or treatment, when necessary: Although an original trauma may be long past, psychological reactions can be delayed. In fact, people often do not experience problematic reactions until 3 months after an event. Be on the alert for anger and aggression, or anxiety reactions manifested as chronic irritability, persistent worries about safety for themselves and others, avoidance of situations that arouse anxiety, and diminished concentration on usual activities. Some older children and teens may demonstrate signs of depression such as limited investment in their futures, lack of energy, pessimistic statements and involvement with drugs and alcohol. When behaviors interfere with daily functioning the child's doctor, school personnel or mental health professional should be consulted.
- Keep children informed, discuss the facts and limit news coverage: Information filters down to children, even in preschool settings, through overheard conversations, news reports and discussions among older children. Thus, children may get a distorted understanding that may be more frightening than the truth. The important adults in children's lives should provide an age-appropriate report of the facts. It is not helpful for children to focus on images of destruction, injury or death or to hear recollections of gruesome details provided by witnesses and survivors.
- Help children establish a set of values to guide their actions: Children who base their actions on values suffer less from depression and anxiety than others. Prosocial values help children look to the future, help them feel connected to a larger social group and engage in more positive behavior.
- Help children develop a positive outlook for the future: Children and youth are generally optimistic; traumatic events can shake that optimism. However, children who believe that negative events are temporary, can take steps to make their future better, and

who believe that adults are working to create a better world have a much more positive outcome, even after years of traumatic events. Therefore, it is important that caretakers help children develop a sense of self-efficacy and belief in their ability to effectively deal with stress.

- Finally, caretakers must take care of their own physical and mental health. Children need adults who are available, supportive, calm, and as mentally and physically healthy as possible so that children can develop strength in their presence.

## Selecting a Mental Health Professional

### WHY GET HELP?

Every child experiences emotional difficulties from time to time, but at some point a child's problems may warrant professional attention. In the aftermath of a disaster such as the attacks on the World Trade Center and the Pentagon on September 11, 2001, a large number of New York City public school children experienced chronic nightmares, fear of public places, fear of separation from their families, and other types of posttraumatic stress reactions. In addition to the trauma of the initial disaster, children experienced ongoing anxiety due to the frequent security alerts as well as the intensive media coverage.

Parents are generally well versed in the routine doctor visits for physical ailments such as the flu or ear infections, but are sometimes confused about obtaining mental health care. They may feel embarrassed or ashamed, think they should handle the problem on their own, feel the situation is hopeless, disagree when others suggest the need for outside help, or dismiss or misunderstand a child's problem. But just like physical problems, the prognosis is better when the mental health problem is treated early. Although problems may not be apparent immediately or shortly after a disastrous event, they may appear months or even years later. Following are some questions frequently asked by parents with answers to guide you in getting help.

### WHEN SHOULD WE SEEK HELP?

Many physical and emotional signs suggest a possible mental health problem. Problems can range from those of 1) serious concern (for example, when a child or adolescent has lost touch with reality or is in danger of harming himself) to 2) those of less concern (for example, when a child or teen experiences a change in eating





or sleeping, is irritable or angry, or is particularly fearful of something). Further investigation should be considered when a child seems out of step with peers or exhibits changes or problems in any of the following areas:

- \* Eating/appetite
- \* Sleeping
- \* School work
- \* Activity level
- \* Mood
- \* Relationship with family or friends
- \* Aggressive behavior
- \* Return to behavior typical of a younger child
- \* Developmental milestones such as speech and language

In general, any symptoms would first be evaluated with respect to the:

- \* Intensity
- \* Duration
- \* Age-appropriateness
- \* Interference with daily life; in school, at home, with peers

#### **WHERE TO START?**

Looking for information can be a crucial first step. You may not be sure your child has a mental health problem, not know exactly what it is, or wonder whether it is serious enough to seek help. All of these questions can be discussed with a professional. The following are some typical concerns and solutions.

#### ***“I’m embarrassed and uncomfortable about the problem, am I bad parent?”***

These feelings are not uncommon and can stem from feelings of guilt or self-blame. Some parents ignore the problem, believing that the child will “outgrow” it. Mental health professionals are trained to put parents and children at ease. Traumatic events are often unlike anything else a child or parent has experienced. The public information that is available following a disaster is geared to help parents and children understand that many reactions are expected and it is quite normal for some people to need extra help.

#### ***“What if my child won’t go?”***

Talking directly and honestly with the children can diminish their concerns. Forcing someone into treatment

does not usually work, but an attitude of concern that transmits understanding of how difficult it is to accept help will be appreciated. It may be useful to point out how the problem interferes with enjoyment of life. If parents have a positive attitude about getting help they will enable their child to follow suit. Approaching the issue as everyone’s problem and involving everyone in the solution will foster cooperation.

#### ***“Isn’t treatment expensive?”***

After a disaster a number of organizations provide low-cost or no-fee mental health services for families impacted by the disaster. There are a variety of lower cost clinics, often through graduate training programs or hospitals. Unfortunately most insurance companies do not yet reimburse or pay for mental health services on par with services for physical illness. Most providers however, cover some form of treatment. Insurance companies usually have a list of approved providers in your network. If you find someone who is not covered by your insurance plan, or whose fees are beyond your means, it is worthwhile to ask the professional if he/she has a sliding fee scale, and/or ask your insurance provider if it can make a one time exception and add the professional to the provider list for your individual case.

#### ***“How do we know which professional to contact?”***

- \* Talk things over with the child’s pediatrician, school teacher or guidance counselor. Not only do they know you and your child well but they should also be involved in any assessment of the problem.
- \* Get a recommendation from a trusted friend or family member.
- \* Check with a clinic affiliated with a local hospital or medical school.
- \* Contact national or local professional organizations.

#### ***“I don’t know how I would fit it into my schedule.”***

It is important to make time available for treatment and to adjust your family’s schedule. Be realistic about the logistics of getting to treatment. If the best professional is an hour away you must decide whether you are willing to make the necessary arrangements or prefer to ask the professional for a comparable referral nearby, thus increasing the likelihood of your engaging in treatment.

#### ***“All they will do is give drugs.”***

Medication is only one option among many for certain disorders. A wide variety of treatments is available. The



use of medication depends upon the individual, the problem and his/her preferences. Once options are explained, any treatment decision is best made between the professional, the parent, and when appropriate, a teen. Some treatments are carried out alone, some in combination with medications, some involve play and art. Some of the more common non-medication treatments include:

- \* *Cognitive Behavior Therapy (CBT)*: helps the child learn ways of thinking and behaving
- \* *verbal psychotherapy*: current problems are discussed, perhaps in light of past difficulties, and options for coping with different feelings and behavior and for engaging in different relationships in more effective ways are developed
- \* *marital or family therapy*: the professional helps the couple or members of the family understand how their behaviors affect one another and the children, and provides instructions and strategies for making changes
- \* *group therapy*: issues are explored within a group setting with individuals who share similar problems
- \* *interpersonal psychotherapy*: feelings and responses are explored within the context of different interpersonal or social relationships and situations

**“Other people will find out and think there’s something wrong with me or my child.”**

A therapist and a client engage in a confidential relationship. Licensed professionals are bound by both a code of ethics and state laws which allows information told to a therapist to be kept confidential. A mental health professional’s main goal is to protect both the physical and emotional well-being of the client. In certain situations, however, action must be taken or information revealed. In the interest of client and public safety, mental health professionals are obligated to report any instances or information they have about the abuse of children, the elderly or the mentally or physically handicapped. In addition, action must be taken when there is a risk of danger to the self or others, e.g. by suicide or by threats on someone’s life. Other instances in which certain information can be revealed include giving specific information to an insurance company as stated by their policy, to collection agencies, and when involved in legal matters, concerning the person’s mental health or complaints against the professional.

**“How do we know if a professional is qualified?”**

Obtaining the following information would be helpful in deciding on a professional and type of treatment.

- \* Professional’s credentials and training: consider the training of the professional and inquire as to his/her experience or expertise with the problem. If the professional is licensed in your state make sure the professional has the appropriate credentials. The most common licensed professionals are:  
*Psychiatrists* have an M.D. degree and can provide therapy in addition to prescribing medication  
*Psychologists* have a Ph.D. or Psy.D. degree and can provide therapy in addition to conducting psychological tests  
*Social Workers* have a master’s degree and are identified by the LCSW license  
*Marriage and Family Counselors* usually have a master’s degree and are identified by the MFCC license  
 Other possible licensed professionals include Pastoral Counselors and Mental Health counselors.  
 Some professionals, without state licensure, may be certified by their own professional organization.
- \* Experience: the professional should have experience with children and expertise with the particular problem or concern.
- \* Involvement: it is important to understand how parents are involved in the child’s treatment.
- \* Type and format of treatment: parents and children should understand the scope of the treatment, the procedures used and the frequency and duration of the sessions.
- \* Cost, insurance policy: it is the parents’ responsibility to know their own financial resources and any insurance requirements and limitations.
- \* Location, ease of accessibility: treatment must balance convenience with availability of the professional.

**“What is involved in an evaluation?”**

The initial session or two, with the parents and/or the child, is usually used to evaluate the problem. This is typically done by interview and may also involve questionnaires. In the case of a child, the professional will need information from the parents about the family history, home environment, child’s physical and emotional development and friendships. The professional may also consult other relevant medical and educational professionals for additional information. Soon after the evaluation phase, the professional should discuss the



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assessment and outline a plan of treatment. Parents should be informed about their role in treatment, preferred method of communication with the professional, schedule for feedback and updates, coordination with outside resources or professionals, strategies for helping their child participate in treatment, alternative treatments, risks and goals.

***“What is the role of the parent?”***

Successful therapy usually requires an investment of time and energy on the part of both the professional and the client. The therapist may act as a guide, instructor, cheerleader, sounding board and confidante. However, the parents and child must also participate and take responsibility for putting the learning into practice. It is important for everyone involved to monitor change and progress.



## Adults, Trauma and Death

### Adults' Reactions to Trauma and Death and Need for Self Care

As an adult, you may be exposed to trauma in several different ways. First, you may have witnessed the tragedy in person, or through the media; second, you may have lost a loved one in the tragedy; third, you may be working with children or colleagues who have lost family members. Teachers and school personnel are already burdened with the task of education, which can include enormous pressures to teach, discipline and mentor their students. Parents also have ongoing work and family responsibilities. When injury or death enters a child's life there is new emotional stress from sensing the injustice of the situation, feeling helpless, empathic, fearful, overwhelmed, unprepared, uninformed or vicariously affected. It is important to remember that you are not immune to the painful images and feelings that you have been exposed to and will continue to be exposed to over the next few months and years.

The American Psychological Association has outlined the following common responses and reactions to a traumatic event:

- \* Feelings become intense and sometimes are unpredictable. You may become more irritable than usual, and your mood may change dramatically. You might be especially anxious or nervous, or even become depressed.
- \* Thoughts and behavior patterns are affected by the trauma. You might have repeated and vivid memories of the event. These flashbacks may occur for no apparent reason and may lead to physical reactions such as rapid heartbeat or sweating. You may find it

difficult to concentrate or make decisions, or become more easily confused. Sleep and eating patterns also may be disrupted.

- \* Recurring emotional reactions are common. Anniversaries of the event, such as at one month or one year, as well as reminders such as aftershocks from earthquakes or the sounds of sirens, can trigger upsetting memories of the traumatic experience. These 'triggers' may be accompanied by fears that the stressful event will be repeated.
- \* Interpersonal relationships often become strained. Greater conflict, such as more frequent arguments with family members and coworkers, is common. On the other hand, you might become withdrawn and isolated and avoid your usual activities.
- \* Physical symptoms may accompany the extreme stress. For example, headaches, nausea and chest pain may result and may require medical attention. Pre-existing medical conditions may worsen due to the stress.

The American Psychological Association suggests the following steps to restore emotional well-being and a sense of control following a traumatic experience:

- Give yourself time to heal. Anticipate that this will be a difficult time in your life. Allow yourself to mourn the losses you have experienced. Try to be patient with changes in your emotional state.
- Ask for support from people who care about you and who will listen and empathize with your situation. But keep in mind that your typical support system may be weakened if those who are close to you also have experienced or witnessed the trauma.



- Find out about local support groups that may be available. These can be especially helpful for people with limited personal support systems. Try to find groups led by appropriately trained and experienced professionals. Group discussion can help people realize that other individuals in the same circumstances often have similar reactions and emotions.
- Engage in healthy behaviors to enhance your ability to cope with excessive stress. Eat well-balanced meals and get plenty of rest. If you experience ongoing difficulties with sleep, you may be able to find some relief through relaxation techniques. Avoid alcohol and drugs.
- Establish or reestablish routines such as eating meals at regular times and following an exercise program. Take some time off from the demands of daily life by pursuing hobbies or other enjoyable activities.
- Avoid major life decisions such as switching careers or jobs if possible because these activities tend to be highly stressful.

It is also extremely important to understand when your reaction to the trauma exceeds the “normal response” and when professional help is warranted. Ask yourself the following questions:

- \* Do the behavioral changes, repetitive memories, or strong emotional reactions that you are experiencing continue to occur for at least one month following the traumatic event?
- \* Do these emotional reactions and behavioral changes significantly affect your ability to fulfill your duties at work or at home? Have they adversely affected your interpersonal relationships?
- \* Are you feeling so afraid that you cannot leave your home or that you have restricted movement outside your home?
- \* Are you having thoughts of hopelessness or helplessness? Thoughts of hurting yourself?
- \* Are you suffering from physical symptoms that do not resolve within one or two days (i.e., headaches, gastrointestinal distress, chest pain)?

If you believe that you need additional assistance, you should consult with your physician or a mental health professional immediately.

## How Adults Cope with Grief After a Sudden Death

While no one is ever fully prepared for a death, the surprising and devastating nature of a sudden death leaves a person feeling particularly vulnerable.

- \* The most overwhelming and common reactions to a sudden death are shock and uncertainty. This shock can result from the grieving person being disconnected to feelings or to other people; it can seem as if one is living in a dream.
- \* The initial news and stages of grief are often characterized by disbelief, which can be accompanied by feelings of numbness or belief that the person is still present.
- \* When there has been a death without any physical evidence, the bereaved are left with lingering hope and expectation that there has been a mistake.
- \* The unexpected nature of the death can lead to “absent grief,” as if the event has not occurred or the significance has not registered or yet been acknowledged.
- \* Not only are the usual grief feelings experienced, but the bereaved are also deprived of the ability to prepare for the death. Being unable to gradually understand, cope, or adjust to the possibility of the death or say good-bye in a personally satisfying way can be a complicating factor.
- \* In these situations it is common to be distressed by feelings of unfinished business and missed opportunities, and regrets for things not done or said to the person who has died.
- \* The suddenly bereaved may encounter very strong feelings of guilt, believing and wishing there was something they could have done to prevent the death.
- \* It is common for survivors to blame themselves, look for others to blame, or to search for answers and meaning by seeking the cause of death in something or someone. Some may want to seek revenge inappropriately.
- \* Strong feelings of helplessness may be manifested in displays of anger, agitation or immobilization.
- \* Because of the sudden nature of the death, there may be an unexpected sequence of feelings. Specifically, there may be a delayed grief reaction, resulting from the inability to initially comprehend the events or meaning of the death.
- \* Particular medical and/or legal actions may occur surrounding a sudden death. Family members may be involved in such procedures as identification of the



person, issues of accountability including criminal proceedings against an assailant, civil litigation, and custody issues among family members, that complicate the bereavement process. However necessary, these events take varying amounts of time and can provoke specific reactions ranging from gratitude to anger to frustration.

In the instances of sudden death, the bereaved should seek out agencies, individuals and services that can offer help understanding one's rights under the law, financial help with funeral expenses, coverage of loss of income, counseling resources and reimbursement for physical and mental health care. With respect to the emotional needs of the bereaved, immediately following a sudden death, family and friends may need help that is similar to crisis intervention in order to get them through the shock and disbelief of the event. Coming to terms with, and understanding the reality of the death becomes a major focus in the beginning stages. Over time, the bereaved deal with issues and feelings comparable to other death experiences.

## A Guide for Family and Friends: Helping in Times of Crisis and Death

For many reasons people often feel awkward and unprepared when approaching a grieving friend or loved one. You may feel uncomfortable because our culture avoids illness and death and the unpleasant feelings that go with it. You may want to make the person feel better. You may feel you won't know what to do or what to say. But there is a variety of ways people can comfort those who have been through a traumatic event or are bereaved.

- **Show support.** There is always a place for the usual activities. Making or sending food for the family or guests, sending a card with a personal note about the deceased if you knew him or her personally or making a donation to a cause of special interest to the deceased and family are useful forms of support.
- **Be available.** Letting others know you are available for whatever is needed, be it a late night phone call, a ride to a doctor's appointment or company for a movie, can ease someone's peace of mind.
- **Give practical help.** Ask what needs to be done or look around to discover what might be needed. There is no end to the ways others can be of service. And if you have a particular expertise, offer to share it. Someone with an extra bedroom can offer out-of-town relatives a place to stay; someone with a financial

background can offer to help a widow go through accumulated business papers; the parents of a child's playmate can offer extra babysitting or carpooling.

- **Keep promises.** If you offer to babysit, housesit or grocery shop, be there. The ill or bereaved person doesn't need to hear excuses about how other areas of someone's life interfere with helping out.
- **Avoid clichés.** Although they are well meaning, many people recite phrases they have heard that may sound hollow or untrue. Saying "your children need you," "you'll be fine," "you're strong," "it's for the best," "time heals all wounds," or "I know how you feel," negates the person's strong feelings and may signal to them that you are not ready or able to hear their true feelings.
- **Be honest.** If statements are made with compassion and honesty, they will be understood, appreciated and received in that manner. Saying "I wish I knew what to say," "I'm so sorry," "please let me know if there's anything I can do to help" are genuine and indicate a willingness to be there.
- **Avoid judgments and comparisons.** People are different and have their own reactions and experience. To some, asking how they are doing is more helpful than spontaneously telling a story about how someone else handled a similar situation.
- **Realize adjustments take time.** A traumatized or grieving person has many emotions and needs that change over time, sometimes in unpredictable ways. Therefore maintaining ongoing contact is important. Someone who is disabled over months or years or someone bereaved will have good days and bad days. Although an injured or grieving person may reject offers to visit or invitations to go out in the first months, he or she may be ready in six months and then feel uncomfortable about asking.
- **Remember that aspects of the injury and grief process change.** Usually there is a great deal of activity in the first weeks after an accident or a death. Once this subsides, there can be a tremendous void for the person and family. Friends are sometimes most helpful at this time, when other people have moved on but the affected person is still faced with worry or the bereaved is confronting the reality of the loss on a daily basis.
- **Pay attention to significant dates for the bereaved.** Life goes on, but particular events, especially in the first year, will never be the same. Although the death may have occurred in the summer months, it can be of enormous comfort to the bereaved if you remember this will be the "first Christmas without" the deceased



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person. Offering to help make it easier or special in a new way can be greatly appreciated. One young woman will never forget when her childhood friend called the first time her deceased mother's birthday occurred, telling her she thought it might be a difficult day and proceeded to reminisce about their childhood experiences with the mother.

- **Suggest professional help.** Signs that a friend or relative may be having extreme difficulty coping with trauma or death include depression, persistent anxiety, substance or alcohol abuse or deteriorating physical health. If these signs are apparent, professional help is recommended. Suggestions in the context of a general discussion of how the person is managing should be done in an effort to show caring rather than as a criticism about the correct way to cope.



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## Special Topics

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### Talking to Children About Terrorism or Acts of War

Kids ask a lot of tough questions, but questions about acts of terrorism or war are some of the hardest to answer. Particularly when the news provides immediate and graphic details, parents wonder if they should protect their children from the grim reality, explore the topic, or share their personal beliefs. Even professionals may wonder how much information to provide or how to help children if they are confused or troubled. And all adults must reconcile the dilemma of advocating non-violence while explaining terrorism and why nations maintain armies and engage in war. The following answers some common questions and concerns parents and professionals have about talking to children about terrorism and war.

#### HOW DO CHILDREN REACT TO NEWS ABOUT WAR?

Children's age and individual personalities influence their reactions to stories they hear and images they see about violent acts in the media. With respect to age, preschool children may be the most upset by the sights and sounds they see and hear. Children this age confuse facts with their fantasies and fear of danger. They can be easily overwhelmed. They do not yet have the ability to keep events in perspective and may be unable to block out troubling thoughts. School-age children can certainly understand the difference between fantasy and reality but may have trouble keeping them separate at certain times. Therefore they may equate a scene from a scary movie with news footage and thus think that the news events are worse than they really are. They also may not realize the same incident is rebroadcast and may think

many more people are involved than is the case. In addition, the graphic and immediate nature of news make it seem as if the conflict is close to home—perhaps around the corner. Middle school and high school-age children may be interested and intrigued by the politics of a situation and feel a need to take a stand or action. They may show a desire to be involved in political or charitable activities related to the violent acts.

In addition to age and maturity, children's personality style and temperament can influence their response. Some children are naturally more prone to be fearful and thus news of a dangerous situation may heighten their feelings of anxiety. Some children or teens may be more sensitive to, or knowledgeable about the events. Children who know someone involved may be especially affected.

Children and teens will also personalize the news they hear, relating it to events or issues in their own lives. Young children are usually most concerned about separation from parents, about good and bad, and fears of punishment. They may ask questions about the children they see on the news who are alone or bring up topics related to their own good and bad behavior. Middle school children are in the midst of peer struggles and are developing a mature moral outlook. Concerns about fairness and punishment will be more prevalent among this age group. Teens consider larger issues related to ethics, politics, and even their own involvement in a potential response through the armed services. Teenagers, like adults, may become reflective about life and re-examine their priorities and interests.

At the other extreme, some children become immune to, or ignore, the suffering they see in the news. They can get





overloaded and become numb due to the repetitive nature of the reports. Exposure to multiple forms of violence, such as video games, makes it more difficult to believe in, and understand the real human cost of tragedies. Parents and professionals should be on the lookout for children's extreme solutions based on what they have seen in movies. A macho or impulsive response is ill-advised and should be put into the context of the real conflict.

### **HOW CAN I TELL WHAT A CHILD IS THINKING OR FEELING ABOUT THE TERRORIST ACT OR WAR?**

It is not always possible to judge if or when children are scared or worried about news they hear. Children may be reluctant to talk about their fears or may not be aware of how they are being affected by the news. Parents can look for clues as to how their child is reacting. War play is not necessarily an indication of a problem. It is normal for children to play games related to war and this may increase in response to current events as they actively work with the information, imitate, act out, or problem solve different scenarios. Regressive behaviors (when children engage in behaviors expected of a younger child), overly aggressive or withdrawn behaviors, nightmares, or an obsession about violence may indicate extreme reactions needing closer attention.

Addressing a child's particular, personal fears is necessary. Parents should not make assumptions about what worries their child. Parents are often surprised by a child's concerns, e.g. worry about being shot while at Sunday school, or refusal to go on a boat ride after seeing a ship get attacked.

### **HOW SHOULD I TALK TO CHILDREN ABOUT A TERRORIST ATTACK OR WAR?**

Contrary to parents' fears, talking about violent acts will not increase a child's fear. Allowing children to keep scary feelings to themselves is more damaging than open discussion. As with other topics, consider the age and level of understanding of the child when entering into a discussion. Even children as young as 4 or 5 know about violent acts, but all children may not know how to talk about their concerns. It is often necessary for parents to initiate the dialogue themselves. Asking children what they have heard or think is a good way to start. Parents should refrain from lecturing or teaching about the issues until there has been some exploration about what is most important, confusing, or troublesome to the child. Parents should look for opportunities as they arise, for example when watching the news together. They can also look for

occasions to bring up the topic when related topics are discussed (for example, when people in a television show are arguing). Discussion about larger issues such as tolerance, difference, and non-violent problem solving can also be stimulated by the news. Learning about a foreign culture or region also dispels myths and more accurately points out similarities and differences.

Far-off violent events can stimulate a discussion of non-violent problem solving for problems closer to home. For example, helping children negotiate how to share toys or take turns in the baseball lineup demonstrates productive strategies for managing differences. Older children may understand the issues when they are related to a community's arguments over a proposed shopping mall. Effective ways of working out these more personal situations can assist in explaining the remote violent situations.

Adults should respect a child's wish not to talk about particular issues until ready. Attend to nonverbal reactions, such as facial expression or posture, play behavior, verbal tone, or content of a child's expression, which offer important clues to a child's reactions and unspoken need to talk.

Answering questions and addressing fears does not necessarily happen all at once in one sit-down session or one history lesson plan. New issues may arise or become apparent over time and thus discussion about war should be done on an ongoing and as-needed basis.

### **SHOULD I LET A CHILD WATCH TELEVISION OR READ ABOUT THE TERRORISM OR WAR?**

Parents and professionals can assume the majority of children have access to information or hear about current events. Understanding the child's age and personality style determines how much direct access adults should provide. Watching, reading, or examining the news together is the best way to gauge children's reactions and to help them deal with the information. In discussing what is viewed or heard together, parents and professionals become informed about how the children processed the material and how they feel about it. It also provides a ready forum for discussing the topic of terrorism, violence or war. Correcting misinformation and discussing personal feelings are then more beneficial.

### **SHOULD I TELL MY CHILD MY OPINION?**

Terrorism and war provide a perfect opportunity to discuss the issues of prejudice, stereotyping, aggression and nonviolent ways to handle situations. Unfortunately



it is easy to look for and assign blame, in part to make a situation understandable and feel it was preventable. Adults must monitor their own communications, and be careful to avoid making generalizations about groups of individuals which dehumanizes the situation. Open, honest discussion is recommended. But adults must be mindful of stating their opinions as fact or absolutes. Discussions should allow for disagreement and airing of different points of view. If children feel their opinion is wrong or misunderstood, they may disengage from dialogue or feel that they are bad or stupid. In discussing how terrorism or war often stems from interpersonal conflict, misunderstanding, or differences in religion or culture, it is important to model tolerance. Accepting and understanding others' opinions are necessary steps in nonviolent conflict resolution.

Distinguishing between patriotism and opinion can be helpful. One can disagree with a cause or action but still believe in the right to have arms or feel it is important to defend a country. The manner in which issues are resolved is separate from one's allegiance or personal beliefs.

#### **HOW CAN I REASSURE A CHILD?**

Don't dismiss a child's fears. Children can feel embarrassed or criticized when their fears are minimized. Exploring the issues and finding positive ways of coping help children master their fear and anxiety. Parents and professionals can reassure children with facts about how people are protected (for example, by police in the community or the President who meets with world leaders) and individual safety measures that can be taken (for example, reinforcing the importance of talking to an adult when bullied). Avoid "what if" fears by offering reliable, honest information. Maintaining routines and structure is also reassuring to children and helps normalize an event and restore a sense of safety.

#### **WHAT SHOULD I DO IF WE KNOW SOMEONE IN THE AREA OF THE CONFLICT OR TERRORISM?**

Having a personal relationship with someone in the area of conflict or target of terrorism can cause additional troubling feelings. When a friend or relative is involved in a traumatic newsworthy event others often search for information. It is advisable to find the most reliable information source and filter out the potentially inaccurate news provided to the general public. Obtaining accurate information is necessary for knowing how best to communicate with the person. Taking events one step at a time, being realistic about what is known rather than

preparing for the worst can be difficult but helpful. Imagining the worst does not prevent it from happening and can turn an unpredictable situation into an unnecessarily bleak one. Obtaining support from others in a similar situation by sharing information or feelings helps some people feel less alone and validates their distressing feelings. Adults can share their fears but must manage their own distraught reactions so as not to scare their children or students. Engaging in some normal activities of life, especially eating, sleeping, school and work provides stability and predictability at a time when events make life seem confusing.

### **Preventing Anger from Leading to Bias and Hate**

In the aftermath of traumatic events involving people of different ethnic backgrounds, children have been the target of devastating and hateful acts, which have resulted in tremendous sadness, grief and fear. During such a time it is not always humanly possible to respond in any way but to feel the hurt, absorb the hate, and feel anger towards the perpetrators of the attacks. These feelings can often lead to prejudice against others whom we believe may be responsible for the conflict. However, as adults, we need to be aware of and resist physical and emotional hate and empower our children to do the same. The following are some suggestions to help children deal with crisis without becoming prejudiced, stereotyping specific groups, or retaliating with acts of bias.

- **Help children with their feelings.** Provide an environment that will allow children to freely express their feelings and acknowledge any pain and anger. Encouraging your child to keep a journal, draw, and talk out his or her emotions are positive outlets for feelings of anger. Providing a means by which emotions can be channeled into positive actions (e.g., reaching out to victims, writing letters and cards, donating supplies and food, planning a community walk/vigil) can result in children being less focused on becoming engaged in hurtful attacks on others.
- **Set a good example.** Children learn from observing your behavior. Be aware of the impact of your own biases and feelings of anger. Be prepared to respond to purposeful acts of bias because children will carefully observe how you intervene when someone is the target of hate-based behavior. Be vocal in opposing racist views and practices. Use appropriate labels and words when describing what occurred and the individuals involved.



### ■ **Tell children personal stories of triumph.**

Fear that bad situations will never change can lead children to feel hopeless, which can lead them to use hateful words and exhibit hurtful behaviors. Children need to hear stories of overcoming oppression and surviving with triumphant attitudes. Providing such models show children that people have successfully stood up to hatred.

### ■ **Relax and answer the questions.**

Lack of information about people whom we see as different from ourselves sets the stage for hatred. Hate is also based on thinking or assuming something that is untrue. Treat all of your child's questions with respect and seriousness. Your own discomfort may lead to you trying to avoid giving an answer. However, answer questions with short, simple and honest responses. Be sure that you are using language that is appropriate for your child's developmental level. Providing details about events and discussing the answers to your child's questions can help prevent seeds of hatred from taking root.

### ■ **Correct your children.**

Make your child aware of your disapproval if he or she makes an insensitive remark or reacts with attacks of violence against others. Remind the children of how they feel when they aren't treated well by others. Set ground rules in your household for how your family should behave towards others and develop appropriate disciplinary actions. At the same time, help your children learn better ways to deal with their anger.

### ■ **Teach tolerance.**

Proactively teach understanding, openness and empathy skills. Children who are sensitive to other people's feelings are less likely to be prejudiced. Sharing stories of the similarities between different cultures can help them understand the points of view of other people. Distinguishing individuals who do specific hateful acts from other people who are similar to those doing the acts is also very important. Blaming an individual or group when the fault actually lies elsewhere reinforces hate. Some children may erroneously think that all members of a specific group are terrorists, but, as adults, we can help them understand that the actions of a few individuals do not reflect an entire group.

### ■ **Respect diversity.**

It is important that we begin and continue our conversations about diversity and respect for differences. Remind your children how important their culture is to them as a way of understanding how other people must feel about their cultures. Expose your child to other cultures through books, television, museums and restaurants. Encourage open dialogue and development of friendships with a diverse group of people.

## Anniversary Reactions

### INTRODUCTION

As individuals cope with trauma and loss, other life experiences continue. In the first year, a complete cycle of seasons has come and gone, with some days and months passing by in a blur, and some at an endlessly slow pace. An anniversary of a traumatic event or death, especially the first, can be painful. For those who are bereaved, the first set of holidays and significant events without a loved one are the most difficult, as families find new ways to mark the days as mourning changes: maintaining old traditions, establishing new ones. For those involved in a public tragedy such as the World Trade Center attack, the anniversary may bring an exaggeration of the ever-present and sometimes unwelcome constant public displays of remembrances.

People often hope that the anniversary will end one chapter of life and put certain feelings to rest. But the anniversary also presents an opportunity for memorialization, which can be a helpful part of the grieving process. Anniversary events enable people to share memories, appreciate positive changes that have occurred, and look ahead to the future.

When planning for the anniversary of a traumatic event or when bereaved, it is important to keep in mind that although the event itself was unpredictable and outside one's control, it is possible to have some control over the marking of the event. The following are some suggestions for planning and marking an anniversary.

### MAIN GOALS

- \* Provide choices
- \* Have a plan
- \* Communicate
- \* Provide support
- \* Incorporate memorialization

### SPECIAL CONSIDERATIONS FOR PARENTS, GUARDIANS AND OTHER CAREGIVERS

- If children will be in school or elsewhere, obtain information about what is planned. This is especially important if the event holds particular meaning for the child, if, for example, a child's parent died or was injured in the attack on the World Trade Center.
- For children who will be with others, away from the family, parents may wish to inform caretakers of any



particular concerns, know what support systems are in place for the child, make their availability known, and obtain feedback about how the child coped with the anniversary.

- Be mindful of expectations about the day and its meaning. The significance of the day may provoke complicated emotions. Relief when the day is over may be mixed with further realization of all that has happened in the past year and how different life has become. Not only will the day bring remembrances of a difficult event or of a person who died, it can also stir feelings and reactions related to the original event. Such an “anniversary reaction” would not be unusual, where there is a re-experiencing of similar thoughts and emotions from the original tragedy.
- Plan ahead for the day. Include everyone involved—colleagues, children and parents – in the decision making. Discuss individual thoughts, concerns, ideas and feelings together. Respect everyone’s wishes as much as possible. Children, parents, grandparents, friends, teachers and staff have their own needs and ways of coping with difficult events. Some may be thoughtful and sad, want to talk about happy memories, want to avoid reminders of the date, want to prepare elaborate remembrance activities, or want to stick to a familiar routine and surroundings. Plan activities and events that provide structured options for different choices.
- Consider how different options for memorialization fit your needs. If the event was public, as was the case in the World Trade Center attack or a large natural disaster, there will be many choices of activities. Decide if you prefer to be part of a large public gathering or engage in a more private event; if you want to be involved in traditional ceremonies such as a community service, or something personally created. Anniversaries provide the chance to decrease isolation, feel supported by those who have had a similar experience, and perhaps appreciate any positive outcomes such as renewed community spirit or stronger religious faith.
- Even those who had been doing “fine” or were adjusting to the trauma or death may experience troubling thoughts or feelings. Upsetting feelings about other events or problems from the past may also become evident as a person feels more unsettled.
- Be with friends and family and use all resources available. Those who have previously been a source of support will appreciate being asked to help again and can provide comfort and assistance, be it a shoulder to cry on or company in the car. Enlist the help of others to be available or on call if needed, to support you or as a help to children in your care if things begin to feel unmanageable.

- Be prepared for changes. Plans may be put in place and as the day draws closer, feelings may change. Being flexible and making new plans may be necessary.
- Be calm and supportive, modeling healthy expression of feelings and control.
- Limit viewing of media. Watching repeated images from the past, and stories about how others are coping with their grief, can be painful and trigger difficult reactions, such as a re-experiencing of past symptoms, or provoke new anxiety and stress related to the trauma.
- New relationships and exciting new things may now become a part of one’s life. As time goes by, children, parents and other family members confront new challenges and realize things have changed. This is a normal part of the ebb and flow of the bereavement process. Some may need help getting through a rough patch, getting perspective on events, managing still troubling feelings, or just talking things over. If events or feelings seem to interfere with everyday activities it may help to seek out a professional.

#### **SPECIAL CONSIDERATIONS FOR TEACHERS AND OTHER SCHOOL PERSONNEL**

- Have accurate contact information for parents or other contact persons in an emergency. Check with parents about any special concerns specific to a child and his or her vulnerability to difficult feelings.
- Include all members of the school community in planning the day. Communicate the plan of activities to parents prior to the event. Also plan how to accommodate parents who may wish to be with children during all or part of the events.
- There should be a prepared structure to the day with allowance for flexibility regarding participation and routine curriculum expectations. The plan may include school-wide or self-designed classroom events, joint parent and child activities, or special programming related to community activities.
- Be informed about signs of difficulty in children and be alert to students who may need to be referred for short or long term support.
- Resources inside (e.g. a quiet reading area) and outside the classroom (e.g. the guidance counselor’s office or a safe room) should be available for children who may feel stressed or upset.
- Develop a personal support plan with members of the school community if feelings or events become overwhelming.



## SPECIAL CONSIDERATIONS FOR SCHOOL ADMINISTRATORS AND THOSE IN LEADERSHIP POSITIONS IN OTHER SETTINGS

- Leaders should be supportive and have a presence with their staff.
- Review safety plans for staff.
- Determine policies and procedures for
  - those wanting to be at home with children/family
  - those concerned/unable to travel to work (e.g. fear or being on bridges or in tunnels)
  - communication system for unplanned public events (e.g. crisis alert, safety warning)
  - communication system for notification to supervisor for change in personal plans before or during the work day
  - staff attendance at outside private, public, religious, community, volunteer gatherings
- Identify a designated quiet space.
- Determine if there will be a group event to mark the day.
- Be flexible with respect to expectations of work load for the day; some will carry on with tasks, others will be less able to manage work.
- Advise staff to have a plan and structure for their own day and have some familiarity and routine built in if possible.
- Staff should be reminded to limit or monitor viewing of media.
- Remind staff:
  - it may be more difficult for some than others; for those with a particular experience or troubling memory of the day, or it can bring on reminders of other difficult times in their life
  - to be respectful and sensitive of others' decisions and mood
  - to take care of personal needs/be kind to oneself with respect to eating, sleeping, resting, spending time with supportive family, colleagues, friends.
- Provide nourishment to staff at a specific time and location, e.g. muffins and fruit in the morning, and/or soft drinks or cookies in the afternoon.
- Once the plan has been determined, it should be communicated to staff in advance of the anniversary date.

## Coping with Holidays and Special Occasions

For bereaved children and families, traditional events or holidays may trigger a re-experiencing of feelings that have begun to subside or bring on new feelings such as sadness or anger. Some of these occasions are obvious; Christmas, Mother's Day, the first day of school, without the person who has died. But throughout life there are many situations and occasions that have private meaning, that may make the loss of a loved one more poignant—a new baby's first steps or high school graduation without a husband, wife, mother or father to share the joy. In coping with these events, it may be helpful to keep in mind:

- \* Anticipation of the holiday or event often causes as much, if not more, stress than the event itself.
- \* A family may feel pressured to celebrate the event in a certain way.
- \* Getting through the "first"—Thanksgiving, Father's Day—often brings relief.
- \* There is no right or wrong way to handle different events.

The following are suggestions to help children deal with celebrations or holidays:

- Plan ahead as a family for the event.
- Respect everyone's individual feelings and wishes as much as possible.
- Be open to finding and developing new traditions for the event.
- Understand that plans do not have to be perfect; they can be changed over time as feelings and situations change.
- Anticipate awkward moments for children.
- Prepare children for questions or comments from others by role playing possible answers that make them feel comfortable.
- Get specific information about events and inquire about alternatives - e.g. are only fathers invited, can an uncle or close friend attend instead.

There are a variety of ways to mark significant events. The following are some suggested activities that might be helpful in different situations:

- Continue the same family or religious ritual while acknowledging the changes.
- Visit the cemetery or favorite family spot.
- Identify a new place to serve as a special memorial site.



- Start new family traditions.
- Write a letter or an essay about the favorite things about the day or person that made the occasion special.
- Create the family tree.
- Review or make a new scrapbook with stories, drawings, photos.
- Do something in honor of the person who has died: volunteer, make a donation, bake cookies for charity bake sale.
- Communicate. Everyone must be honest about what they need and be ready to change things that are not working. Parents, grandparents and children should all feel free to ask for help and accept help that is offered.
- Make adjustments as new people come into the lives of children and parents. As the future unfolds, relationships change. As the family composition changes, each individual's identity and role in the family evolves as well.
- Be patient with developing relationships. Closeness cannot be forced because of grief but appreciating the value of special family members can be rewarding.

## Involving Grandparents When a Parent Dies

A family changes in many ways when a parent dies. Children often have a special relationship with their grandparents and after a death it is important to be sensitive to these relationships.

Grandparents provide continuity for children and are a source of living history about a parent who has died. Stories, photos and anecdotes can be helpful for children seeking information and ways to embellish their own personal memories. At a time when children are struggling to adjust to the loss of a parent, familiarity and routine can be of great comfort. Maintaining or even strengthening the relationship to grandparents can be helpful in the bereavement period and beyond. However, the surviving parent may be faced with the challenge of establishing a new type of relationship with the child's grandparents and finding ways to help children and grandparents connect. At times it may be necessary to put aside old disappointments or disagreements in order to promote positive family relationships. The following are suggestions for managing this process.

- Have appropriate expectations and be sensitive to individual ways of grieving. Some grandparents may feel burdened by the demands placed on them and some may be having difficulty handling the death.
- Parents and grandparents must respect each other's boundaries. Parents should be the principal source of advice, rules and decisions. This may be difficult without the support of a spouse who was a buffer or confidante.
- Encourage children to include grandparents in everyday activities as well as in significant events. Grandparents can be a wonderful source of support both physically (e.g. to help with car pools) and emotionally (e.g. helping parents feel they are not alone). Grandparents can nurture grandchildren who may feel burdened by the need to be a caretaker at home.



## Información en Español (Information in Spanish)

### Guía de Orientación para Padres de Familia: Tareas Inmediatas y Contínuas (Guidelines for Parents: Immediate and Ongoing Tasks)

Tanto la Ciudad de Nueva York como el resto de la nación están atónitos con el ataque perpetrado contra el World Trade Center y el Pentágono. Padres y madres de familia están sumamente preocupados y realmente en shock. Los niños por supuesto están también aterrados, confundidos e incrédulos. Es muy probable que también estén internamente preocupados por su futuro y lo que es más importante, por su familia y otras personas queridas. Aquí se dan unas guías de orientación para darle ayuda a sus niños durante el periodo que sigue luego de un evento traumatizante:

- Identifique el riesgo que puede tener su niño de caer en problemas. Los niños que corren el mayor riesgo son aquellos que han experimentado alguna pérdida personal debido a la actual tragedia, ya sea porque están cercanos a los lugares donde ocurrió, o porque tienen familia o amigos que fueron heridos, o que murieron.
- Tenga en mente que la reacción de cada niño depende de su edad, temperamento y su manera de enfrentar problemas. Algunos niños prefieren hablar del acontecimiento en detalle; otros son más callados y se preocupan en silencio. Hay algunos que se ponen hiperactivos y aun otros que quieren mantener la rutina normal.
- Los niños buscan refugio en sus padres y por lo tanto, la actitud y las reacciones de su padre o madre, van a afectar al niño. Los padres que se mantienen calmados comunican esa calma a sus niños.
- Los niños que hayan tenido algun problema antes de la crisis, pueden experimentar un resurgimiento de su problema, ya sea inmediata o gradualmente.
- También Ud. debe esperar variaciones en el ánimo de su niño con diferentes reacciones en diferentes momentos. Al ocurrir nuevos acontecimientos la situación tomará un nuevo significado según vayan cambiando ciertos aspectos de la vida, ya sea a corto plazo o a largo plazo.
- Los padres debieran comenzar por descubrir qué es lo que ya saben y han visto sus niños, preguntándoles lo que ellos piensan y sienten. El escuchar atentamente a sus respuestas, será de mucha utilidad para manejar las cosas en la manera más favorable para ellos. Los niños probablemente se preocupen más de cosas de importancia inmediata, tales como: “Es segura mi escuela?” y “Vamos a poder ir a visitar a la abuelita este año en la Navidad?”
- Los padres debieran ser completamente veraces y sinceros en las respuestas que den a los niños y debieran reiterar su confianza en los asuntos de mayor importancia en la vida de los niños tales como: “Mami te seguirá llevando a la escuela” y “Los policias y bomberos están combatiendo el incendio para nuestra seguridad.” Los padres pueden demostrar a sus niños, que ellos también están tristes pero debieran mantener sus emociones más intensas bajo control.
- Se debe mantener tanto como sea posible la rutina cotidiana porque la familiaridad de lo que acontece a su alrededor es muy consolador para los niños y les da un sentido de normalidad.
- Los padres debieran limitar o restringir el tiempo que los niños ven television. Si ellos quieren ver televisión durante esta época, no permitan que la vean solos,



porque la repetida visión de los mismos acontecimientos puede ser equivocadamente interpretada como si fueran otros nuevos. En los niños mayores puede tener un efecto devastador y hacerlos sentirse indefensos.

- Es bastante común que los niños en situaciones como estas, se pongan más a pegados a los padres y que se pongan ansiosos cuando tienen que separarse de ellos. También es posible que sientan la necesidad de estar siempre muy cerca de sus padres y aun querer dormir en la cama de ellos. En casos así, los padres debieran preguntarse si es su propia ansiedad la que contribuye a los temores de su niño. Si se permite el dormir juntos por un corto tiempo, es aconsejable volver a la rutina normal tan pronto como sea posible.
- Los padres que trabajan fuera de la casa, debieran hacer arreglos para que el niño no esté solo al volver de la escuela.
- Los niños son más vulnerables si hay otras tensiones en la familia, ocurridas antes de la crisis, tales como divorcio o dificultades económicas. Es probable que necesiten más atención y aliento constante para sentirse equilibrados.
- Preste atención a la manera en que se comentan los acontecimientos, ya sea hablando con los niños o cerca de ellos. No se debieran fomentar ideas de prejuicio ni de violencia como maneras de resolver los problemas. Así mismo, las ideas de condenación o de venganza no son útiles para reparar los sentimientos heridos, ni curar la tristeza que ellos sienten.
- Utilice los sistemas de apoyo moral existentes en la comunidad, la escuela, grupos sociales y religiosos y los servicios que ofrecen.
- Manténgase bien informado y participe en los acontecimientos diarios de la vida de sus niños y verifique su normalización con el paso del tiempo. Los padres que estén preocupados por su niño, debieran explorar los problemas que se presentan, profundizando con la ayuda de un consejero o profesional de salud mental.
- Mantenga su atención en las necesidades básicas tanto físicas como intelectuales de la familia. Es necesario y beneficioso comer, dormir y participar en actividades alegres.

## **Hablando de la Guerra con los Niños (Talking to Children About Terrorism or Acts of War)**

Todos los niños hacen muchas preguntas pero sin duda entre las más difíciles de contestar están las preguntas

sobre la guerra. Especialmente cuando las noticias dan detalles inmediatos y gráficos, los padres de familia se preguntan si debieran proteger a sus niños de la dura realidad, explorar el tema o compartir sus creencias personales con ellos. Por otro lado, los consejeros profesionales pueden estar en duda sobre cuanta información debieran dar al niño o cual es la mejor manera de ayudarles cuando se trata de niños confundidos o atribulados. Además, todos los que están en ese papel tienen que reconciliar el dilema de abogar por medios pacíficos de resolver el conflicto al mismo tiempo que explican las razones por las cuales las naciones mantienen ejércitos y a veces entran en guerras. Esta guía de orientación está dirigida a responder a algunas de las preguntas y preocupaciones más frecuentes de padres y consejeros profesionales al hablar con los niños sobre el tema de la guerra.

### **CÓMO REACCIONAN LOS NIÑOS A LAS NOTICIAS DE GUERRA?**

Por supuesto la edad y temperamento individuales influyen en las reacciones de los niños a las historias que oyen y a las imágenes que ven de la guerra tanto en los periódicos como en la televisión. Respecto a la edad, son los pre-escolares los que se sienten más perturbados por lo que oyen y ven, porque los niños de esa edad tienden a confundir los hechos reales con sus fantasías, y con su temor al peligro pueden sentirse abrumados. Ellos todavía no saben como mantener las cosas en perspectiva y pueden carecer de la capacidad para bloquear ideas que les dan miedo. Por otro lado, los niños de edad escolar, aunque sepan distinguir la diferencia entre la realidad y la fantasía, hay veces que tienen dificultad en separar una de la otra. Por eso es que a veces pueden tomar una escena de una película de terror y confundirla con un noticiero. Luego, pueden deducir de ahí, que los acontecimientos de la noticia son peores de lo que son en realidad. También, puede que no se den cuenta de que las noticias se repiten muchas veces y por lo tanto pueden pensar que hay mucha más gente afectada por el acontecimiento, de los que hay en la realidad. Además de eso, la manera inmediata y gráfica de los noticieros puede darle la idea al niño de que el conflicto que está viendo está ocurriendo muy cerca de él, casi a la vuelta de la esquina. En cambio, los niños del ciclo inferior o superior de secundaria pueden mostrarse interesados y hasta intrigados por los aspectos políticos de la situación y quizás quieran tomar una posición o aun tomar acción. Pueden también demostrar el deseo de ingresar en actividades políticas o de beneficencia pública relacionadas con la guerra.





Además de la edad y grado de madurez, también la personalidad, modo de actuar y el temperamento de los niños pueden influenciar sus reacciones. Algunos niños son naturalmente más inclinados a tener miedos y temores y por lo tanto las noticias de una situación peligrosa pueden aumentar sus sentimientos de ansiedad. Otros niños o adolescentes pueden ser más vulnerables o ser más conocedores de la situación si es que los que están luchando son de su misma nacionalidad. Igualmente, los niños que conocen a alguien que está comprometido en el conflicto o quien está cerca del lugar donde está ocurriendo, pueden ser especialmente afectados por los acontecimientos.

También los niños y adolescentes tienden a personalizar las noticias que oyen, relacionándolas con acontecimientos o situaciones de su propia vida. La preocupación dominante de los niños de menor edad es sobre la separación de sus padres, sobre el bien y el mal y temores de castigo, o ellos pueden hacer preguntas sobre los niños que se muestran solitarios en noticieros o aun pueden traer a la conversación temas relacionados con su propio comportamiento, bueno o malo. En cambio los niños de los primeros cursos de secundaria, estando más inmersos en sus grupos sociales, en su mayoría están desarrollando un enfoque más maduro de la vida, lo cual viene acompañado de la importancia de conceptos tales como lo que es justo y lo que merece castigo. Los adolescentes consideran asuntos más candentes relacionados con la ética, la política y aun su propia participación en una posible guerra, ingresando en la fuerzas armadas. Los adolescentes al igual que los adultos pueden reflexionar sobre la vida, y que vuelvan a examinar sus prioridades e intereses.

Al otro extremo están algunos niños que pueden hacerse inmunes o ignorar el sufrimiento que ven en las noticias. Estos últimos pueden quedar paralizado, emocionalmente insensibles debido a la naturaleza repetida de los noticieros. Su contacto con las múltiples formas de violencia que ven en los juegos de video hace más difícil el comprender y creer el costo humano de tales tragedias. Los padres y profesionales debieran estar alertas a las posibles soluciones extremas que pueden ocurrírseles a los niños basándose en lo que ven en el cine. Una reacción machista o impulsiva sería muy mal aconsejada. En vez de eso, la solución debiera ser encontrada dentro del marco del conflicto real.

### **CÓMO PUEDO DETERMINAR LO QUE ESTÁ PENSANDO O QUE SENTIMIENTOS TIENE MI NIÑO SOBRE LA GUERRA?**

No siempre es posible juzgar cuando un niño está preocupado o con miedo sobre las noticias que oye. Hay veces en que los niños no se sienten inclinados a hablar de sus temores o quizás no estén conscientes del efecto que las noticias tienen sobre ellos. Los padres pueden buscar indicios de cómo está reaccionando su niño. Pero si su niño está jugando a la guerra, no es necesariamente una indicación de que haya algún problema. Es normal que los niños se entretengan con juegos relacionados con la guerra y eso puede acrecentar su reacción a los acontecimientos actuales, ya que ellos operan con la información que reciben; imitando, actuando o resolviendo diferentes situaciones que se plantean como resultado de eso. Por otra parte, un tipo de comportamiento regresivo que sería más apropiado para niños menores de edad. Una conducta inusualmente efervescente o inhibida, el que tengan pesadillas o una obsesión sobre la guerra, puede indicar reacciones extremas que necesiten una atención más activa.

También es necesario enfocar la atención en los temores personales y exclusivos del niño. Los padres no debieran basarse en meras suposiciones sobre lo que le preocupa a su niño. A veces les sorprende a los padres descubrir que es lo que le está preocupando a su niño, por ejemplo, la idea de que alguien le dispare un tiro cuando el niño está asistiendo a la escuela dominical en su iglesia, o si es que el niño rehúsa ir a un paseo en bote después de ver el ataque a un barco.

### **ENTONCES, CÓMO DEBIERA YO HABLARLE A MIS NIÑOS SOBRE LA GUERRA?**

Contrario a los temores de algunos padres, hablar de la guerra no va a acrecentar los temores de un niño. Es más dañino el que los niños guarden sus temores dentro de sí mismos que el abordar el tema con ellos. Al igual que con otros temas de conversación, se debe considerar la edad y nivel de comprensión del niño, antes de entrar en un comentario sobre la guerra. Aun niños de 4 y 5 años saben sobre la guerra pero no todos los niños pueden expresar lo que les preocupa. Con frecuencia, es necesario que sean los padres quienes inicien el diálogo. Preguntar a los niños lo que han oído o lo que piensan es una buena manera de comenzar y los padres debieran abstenerse de dar sermones o aun de dar enseñanzas sobre el tema hasta que haya habido algo de exploración de lo que es más importante, más confuso o más inquietante para el niño. Es bueno que los padres o tutores



aprovechen las oportunidades según se presenten, por ejemplo cuando estén mirando juntos la televisión. También se puede iniciar una conversación sobre el tema cuando se estén comentando otros tópicos que se relacionen con la guerra, por ejemplo, cuando la televisión muestra personas que están discutiendo acaloradamente. También se podría estimular la conversación en base a noticieros de guerra, sobre conceptos más importantes, tales como la tolerancia, las diferencias y el enfoque de resolver problemas sin acudir a la violencia. También, el conocimiento de alguna cultura o región extranjera puede disipar mitos y puede hacer resaltar tanto las similitudes como las diferencias.

Aun los acontecimientos totalmente alejados de la guerra, pueden estimular un comentario de cómo resolver problemas más cercanos a su propia vida sin violencia. Por ejemplo, el ayudar a los niños a saber compartir sus juguetes o tomar turnos en la fila de béisbol, son maneras de demostrar estrategias productivas para resolver desacuerdos. Los niños de edad algo mayor, pueden comprender situaciones de conflicto, cuando por ejemplo se relacionan con aspectos de su comunidad. Las maneras efectivas de resolver estas situaciones más personales pueden ayudar a explicar y examinar situaciones más remotas relacionadas con la guerra.

Los padres y tutores debieran respetar los deseos del niño cuando éste no quiere hablar de algún tema específico, hasta que él esté dispuesto a hacerlo. El prestar atención a reacciones no verbales, tales como la expresión facial o la postura, el comportamiento en el juego, o el tono de voz de un niño, son todos indicios importantes de sus reacciones y de la necesidad de hablar aun cuando tal necesidad no sea expresada verbalmente.

El dar respuestas a las preguntas del niño y el resolver sus temores no va necesariamente a ocurrir en una sola charla ni en una simple lección de historia. Habrá nuevas preocupaciones que surjan o que se hagan aparentes más adelante y por lo tanto, el comentario sobre la guerra se hará sobre una base continuada o toda vez que se presente la necesidad de volver a abrir el tema.

### **DEBIERA DECIRLE A UN NIÑO QUE MIRE LA TELEVISIÓN O QUE LEA SOBRE LA GUERRA?**

Los padres y tutores pueden suponer que la mayoría de los niños tienen acceso a la información pública o que escuchan noticias sobre acontecimiento actuales. Sin embargo, la edad del niño y su tipo de personalidad deben determinar cuanta información debiera ser puesta

a su alcance inmediato. El mirar, leer o examinar juntos las noticias, es la mejor manera de medir sus reacciones y de ayudarlo al niño o adolescente a tratar apropiadamente la información recibida, porque al comentar lo que han visto o escuchado juntos es que los padres y tutores pueden informarse de cómo han digerido la información los niños y qué sentimientos resultantes tienen de ello. También, les da un foro oportuno para el comentario sobre la guerra y la violencia, siendo más provechoso corregir la información errada y comentar sus sentimientos personales en tales conversaciones.

### **DEBIERA YO DECIRLE MI OPINIÓN A MI NIÑO?**

Las guerras proveen una perfecta oportunidad para comentar temas de prejuicio, agresión y estereotipos, así como maneras no violentas de resolver situaciones. Lamentablemente, es más fácil el buscar y asignar culpabilidad, en parte para hacer una situación más comprensible y también para convencerse de que, en realidad, la situación podía haberse evitado. Los padres y tutores deben poner atención a sus propias conversaciones, teniendo cuidado de evitar el generalizar cualquier mal comentario sobre un grupo de personas, porque esto último deshumaniza la situación. En vez de eso, se recomienda la conversación franca y honesta, pero los padres y tutores deben cuidarse de no dar a sus opiniones el carácter de hechos ni de valores absolutos. Las conversaciones debieran hacer lugar para la disparidad de opiniones y para airear diferentes puntos de vista. El sentir que su opinión es mala o malentendida puede causar que los niños se cierren al diálogo o hacerlos sentirse malos o estúpidos. Al comentar cómo la guerra con frecuencia surge de conflictos interpersonales, o de malentendidos, o de diferencias de religión o cultura, es importante hacer resaltar el valor de la tolerancia. El comprender y aceptar las opiniones de otros es un paso necesario hacia la resolución de conflictos sin violencia.

Es útil distinguir entre patriotismo y opinión. O sea, que uno puede estar en desacuerdo con un curso de acción y al mismo tiempo creer en el derecho de tomar una posición contraria o pensar que es importante defender a su país. La manera en que se resuelven conflictos es separada de las lealtades y creencias personales de cada uno.

### **CÓMO PUEDO CALMAR LA INQUIETUD DE MI NIÑO?**

No ignore los temores infantiles porque los niños pueden sentirse avergonzados o desaprobados cuando alguien menosprecia sus temores. El explorar las situa-



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ciones y las maneras positivas de hacer frente a los conflictos les ayuda a los niños a ganar control de sus miedos y ansiedades. Los padres y tutores pueden alentar a los niños con información factual, citando por ejemplo cómo protege la Policía a la comunidad y cómo el Presidente de la nación se reúne con otros líderes mundiales. Así también se puede hablar de medidas individuales que pueden ser tomadas (reforzando la importancia de hablar con alguna persona mayor cuando alguien trate al niño abusivamente). Para evitar ideas tales como “que pasa si ocurre tal o cual cosa”, lo mejor es decirle al niño la verdad. También, el mantener la rutina normal y el orden, le dan aliento al niño y le ayudan a normalizar el acontecimiento en cuestión, restaurando así su sentido de seguridad.

### **QUÉ DEBIERA HACER Y SI CONOCEMOS A ALGUIEN QUE ESTÁ EN LA GUERRA?**

El tener a una persona conocida en la guerra o región del conflicto puede crear otros sentimientos aun más fuertes de preocupación en el niño. Cuando una persona amiga, o un pariente, está envuelto en un acontecimiento traumático que se publica con frecuencia, ocurre que otros vienen a buscar información al respecto. En ese caso, es aconsejable encontrar la fuente más fidedigna, filtrando y eliminando tanto la calidad como la cantidad de las noticias potencialmente inexactas que recibe el público general. El tener información correcta le da a uno la mejor manera de comunicarse con la persona querida y la posibilidad de mandarle alguna ayuda. Puede ser difícil el tomar las cosas paso a paso y manteniendo un realismo sobre lo que se sabe en vez de prepararse para lo peor, pero es muy útil, porque el imaginarse lo peor no va a impedir que ocurra, pero sí, puede cambiar una situación impredecible en una situación innecesariamente desolada. El obtener apoyo de otros que se encuentran en una situación parecida, al compartir información o sus sentimientos, les ayuda a algunas personas a sentirse menos solas y a justificar su inquietud. Los padres y tutores sí, pueden compartir sus temores pero deben controlar su propia intraquilidad para no asustar a sus niños o estudiantes. También, el participar juntos en actividades de la vida normal, especialmente comer, dormir, labores escolares o el trabajo en general, provee una estabilidad y da la sensación de saber lo que se puede esperar en una época en que los acontecimientos hacen que la vida parezca totalmente impredecible.



## Appendix

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- Badger's Parting Gifts*  
S.Varley  
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## FOR PARENTS AND PROFESSIONALS

*The Administrator's Guide to Crisis Response in the School Setting*

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www.schoolcrisisresponse.com, www.aets.org

*Teaching Students About Death: A Comprehensive Resource for Educators and Parents*

R.G. Stevenson & E.P. Stevenson (Eds.)  
Charles Press, 1996

*What Do I Tell My Children? (Video)*

Aquarius Productions, 1991  
Available from: Aquarius Productions, Inc. Olde Medfield Square 266 Main Street, Suite 33B Medfield, MA 02052 (888) 440-2963

*When Bad Things Happen to Good People*

H.S. Kushner  
Avon, 1981

*When Your Friend Is Grieving*

P. D'Arcy  
Harold Shaw Publishers, 1990

## Books on Trauma and Posttraumatic Stress Disorder

### FOR CHILDREN AND TEENS

*How Long Does It Hurt?: A Guide to Recovering from Incest and Sexual Abuse for Teenagers, Their Friends, and Their Families*

C.L. Mather, K.E. Debye,  
Jossey-Bass, 1994 (ages 13 and up)

*Safe Place: A Guidebook for Living Beyond Sexual Abuse: Hope and Healing for Teens*

J. Morrison  
Harold Shaw Publishing, 2002 (ages 13 and up)

*Something Happened and I'm Scared to Tell: A Book for Young Victims Of Abuse*

P. Kehoe  
Parenting Press, 1987 (ages 4-8)

*Straight Talk about Post Traumatic Stress Disorder: Coping with the Aftermath of Trauma*

K.M. Porterfield  
Facts on File, Inc, 1996 (ages 13 and up)

*A Terrible Thing Happened—A Story for Children Who Have Witnessed Violence or Trauma*

M.M. Holmes, S.J. Mudlaff  
Magination, 2000 (ages 4-8)

### FOR PARENTS AND PROFESSIONAL

*Children Changed by Trauma: A Healing Guide*

D.W. Alexander  
New Harbinger Publications, 1999

*Cognitive-Behavioral Therapies for Trauma*

V. M. Follette, J. I. Ruzek, F.R. Abueg  
Guilford Press, 1998

*Coping with Trauma: A Guide to Self-Understanding*

J.G. Allen  
American Psychiatric Press, 1995



*Post-Trauma Stress: A Personal Guide to Reduce the Long-term Effects and Hidden Emotional Damage Caused by Violence and Disaster*

F. Parkinson  
Fisher Books, 1993

*The Resilient Child: Preparing Today's Youth for Tomorrow's World.*

J. Joseph  
Plenum Press, 1994

## Books on Anxiety Disorders

### FOR CHILDREN AND TEENS

*Into the Great Forest: A Story for Children Away From Parents for the First Time*

I.W. Marcus & P. Marcus  
Magination Press, 1992 (ages 4-8)

*Night Light: A Story for Children Afraid of the Dark*

J. Dutro  
Magination Press, 1991 (ages 4-8)

*I Don't Know Why...I Guess I'm Shy: A Story About Taming Imaginary Fears*

B. Cain  
Magination Press, 2000 (ages 4-8)

*If I Were in Charge of the World and Other Worries: Poems for Children and Their Parents*

J. Viorst  
Scott Foresman, 1984 (ages 4-8)

*There's an Alligator Under My Bed*

M. Mayer  
E.P. Dutton, 1987 (ages 4-8)

### FOR PARENTS AND PROFESSIONALS

*Anxiety Disorders in Children and Adolescents*

J.S. March (Ed.)  
Guilford Press, 1995

*Clinical Handbook of Anxiety Disorders in Children and Adolescents*

A.R. Eisen et al. (Eds.)  
Jason Aronson, 1995

*Helping Your Anxious Child: A Step-by-Step Guide for Parents*

R.M. Rapee, S.H. Spence,  
V. Cobham, & A. Wignall  
New Harbinger Publications, 2000

*Teaching Friendship Skills (Primary Version and Intermediate Version)*

P. Huggins, D.W. Manion, & L. Moen  
Sopris West, 1993  
Available from: Sopris West,  
1140 Boston Avenue,  
Longmont, CO 80501

*Keys to Parenting Your Anxious Child*

K. Manassis  
Barron's Educational Series, 1996

*Taming Monsters, Slaying Dragons: The Revolutionary Family Approach to Overcoming Childhood Fears and Anxiety*

J. Feiner  
Arbor House, 1988

*Straight Talk About Psychiatric Medications for Kids*

T.E. Wilens  
Guilford Press, 1998

## Books on Depression

### FOR CHILDREN AND TEENS

*Depression is the Pits, But I'm Getting Better: A Guide for Adolescents*

E. J. Garland  
Magination Press, 1998 (age 13 and up)

*Double-Dip Feelings: Stories to Help Children Understand Emotions*

B.S. Cain  
Magination Press, 1990 (ages 4-8)

*Ignatius Finds Help: A Story About Psychotherapy for Children*

M.R. Galvin  
Magination Press, 1991

*Proud of Our Feelings*

L. Leghorn  
Magination Press, 1995 (ages 4-8)

### FOR PARENTS AND PROFESSIONALS

*Darkness Visible: A Memoir of Madness*

W. Styron  
Vintage Books, 1992

*"Help Me, I'm Sad": Recognizing, Treating, and Preventing Childhood and Adolescent Depression*

D.G. Fassler & L.S. Dumas  
Penguin USA, 1998

*More Than Moody: Recognizing and Treating Adolescent Depression*

H.S. Koplewicz  
Putnam, 2002

*Straight Talk About Psychiatric Medications for Kids*

T.E. Wilens  
Guilford Press, 1998

## Books On War, Terrorism and Tolerance

### FOR CHILDREN AND TEENS

*And One For All*

T. Nelson  
Orchard Books, 1989 (ages 9-12)

*Charlie Pippin*

C.D. Boyd  
Macmillan Publishing Company, 1987  
(ages 9-12)

*The Day That Was Different: September 11, 2001: When Terrorists Attacked America*

C. Marsch  
Gallopade International, 2001  
(ages 9 and up)

*Anne Frank:*

*The Diary of a Young Girl*  
A. Frank  
Bantam Books, 1997 (ages 12 and up)

*Feelings*

Aliki  
Greenwillow Books, 1984 (ages 4-8)



*My Friends' Beliefs: A Young Reader's Guide to World Religions*

H. Ward  
Walker and Co., 1988 (ages 9–12)

*One Thousand Paper Cranes: The Story of Sadako and the Children's Peace Statue*

T. Ishii  
Random House Children's Books, 2001 (ages 9 and up)

*The Wall*

E. Bunting  
Houghton Mifflin Co., 1992 (ages 4 and up)

**FOR PARENTS AND PROFESSIONAL**

*Anti-Bias Curriculum: Tools for Empowering Young Children*

L. Derman-Sparks and the ABC Task Force National Association for the Education of Young Children, 1989  
Available from: National Association for the Education of Young Children, 1509 16th Street, NW Washington, DC 20036, (800) 424-2460  
www.naeyc.org

*Chicken Soup for the Soul of America: Stories to Heal the Heart of Our Nation*

J. Canfield, M.V. Hansen, M.E. Adams  
Health Communications, Inc., 2002

*Creative Conflict Resolution: More than 200 Activities for Keeping Peace in the Classroom*

W.J. Kreidler  
Scott Foresman, 1984

*Elementary Perspectives: Teaching Concepts of Peace and Conflict*

W.J. Kreidler  
Educators for Social Responsibility, 1990  
Available from: Educators for Social Responsibility, 23 Garden St., Cambridge, MA 02138, (617) 492-1764  
www.esrnational.org

*The Lessons of the Vietnam War: A Modular Textbook*

J.M. Starr  
Center for Social Studies Education, 1988 Available from: Center for Social Studies Education, 901 Old Hickory Road, Pittsburgh, PA 15243 (412) 341-1967

Anti-Defamation League's *Hate Hurts: How Children Learn and Unlearn Prejudice: A Guide for Adults and Children*

C. Stern-LaRosa & E. Hofheimer Bettmann  
Scholastic, 2000

*What Happened to the World? Helping Children Cope in Turbulent Times*

J. Greenman  
National Association for the Education of Young Children, 2001  
Available from: NAEYC, 1509 16th Street, NW Washington, DC 20036, (800) 424-2460

*The Moral Life of Children*

R. Coles  
Atlantic Monthly Press, 1986

*Open Minds to Equality: A Source Book of Learning Activities to Promote Race, Sex, Class, and Age Equity*

N. Schmiedewind  
Prentice-Hall, 1983

*The Political Life of Children*

R. Coles  
Atlantic Monthly Press, 1986

*Talking About War in the Persian Gulf*

S. Berman & S. Jones  
Educators for Social Responsibility, 1991  
Available from: Educators for Social Responsibility, 23 Garden St., Cambridge, MA 02138, (617) 492-1764

*Teaching About Peace and Nuclear War: A Balanced Approach*

J. Zola & J. Zola  
CTIR Press, 1985  
Available from: CTIR Press, University of Denver, Graduate School of International Studies, Center for Teaching International Relations 2201 S. Gaylord Street, Denver, CO 80208 (303) 871-3106

*Teaching for Diversity and Social Justice: A Sourcebook*

M. Adams, et al. (Eds.)  
Routledge, 1997

*Teaching Peace: How to Raise Children to Live in Harmony—Without Fear, Without Prejudice, Without Violence*

J. Arnow  
The Berkley Publishing Group, 1995

*Teaching Tolerance: Raising Open-Minded, Empathetic Children*

S. Bullard  
Main Street Books, 1997

*Too Scared to Cry: Psychic Trauma in Childhood*

L. Terr  
Harper & Row, 1990

*The Day Our World Changed: Children's Art of 9/11*

R.F. Goodman & A.H. Fahnestock  
Abrams, Inc., 2002

*The War Play Dilemma: Balancing Needs and Values in the Early Childhood Classroom*

N. Carlsson-Paige  
Teachers College Press, 1995

*What Should We Tell Our Children About Vietnam?*

B. McCloud  
University of Oklahoma Press, 1989

*Who's Calling the Shots?: How to Respond Effectively to Children's Fascination with War Play, War Toys and Violent TV*

N. Carlsson-Paige  
New Society Publishers, 1990



## Resources

New York University  
Child Study Center  
577 First Avenue  
New York, NY 10016  
(212) 263-6622  
[www.AboutOurKids.org](http://www.AboutOurKids.org)

American Academy of Child and Adolescent Psychiatry  
3615 Wisconsin Avenue, NW  
Washington, DC 20016-3007  
Phone: (202) 966-7300  
[www.aacap.org](http://www.aacap.org)

American Psychological Association  
750 First Street, NE  
Washington, DC 20002-4242  
Phone: (202) 336-5500/(800) 374-2721  
[www.apa.org](http://www.apa.org)

American Red Cross  
National Headquarters  
431 18th Street, NW  
Washington, DC 20006  
(202) 639-3520  
[www.redcross.org](http://www.redcross.org)

Anti-Defamation League  
823 UN Plaza  
New York, NY 10017  
(212) 490-2525  
[www.adl.org](http://www.adl.org)

Anxiety Disorders  
Association of America  
8730 Georgia Avenue, Suite 600  
Silver Spring, MD 20910  
(240) 485-1001  
[www.adaa.org](http://www.adaa.org)

[www.GriefNet.org](http://www.GriefNet.org)  
P.O. Box 3272  
Ann Arbor, MI  
48106-3272

*Helping Americans Cope*  
A.M. LaGreca, S.W. Sevin, E.L. Sevin.  
7-Dippity, Inc. 1313 Ponce de Leon  
Blvd., Suite 301  
Coral Gables, FL 33134 2001,  
[www.7-dippity.com/other/  
op\\_freedownloads.html](http://www.7-dippity.com/other/op_freedownloads.html)

National Alliance for the Mentally Ill  
Colonial Place Three  
2107 Wilson Boulevard, Suite 300  
Arlington, VA 22201  
(703) 524-7600/(800) 950-NAMI (6264)  
[www.nami.org](http://www.nami.org)

National Association of School Psychologists: Coping With a National Tragedy  
4340 East West Highway, Suite 402  
Bethesda, MD 20814  
(301) 443-4513  
[www.nasponline.org/NEAT/  
/crisis\\_0911.html](http://www.nasponline.org/NEAT/crisis_0911.html)

The National Child Traumatic Stress Network  
[www.nctsnet.org](http://www.nctsnet.org)

*At UCLA:*  
The National Center for Child Traumatic Stress  
11150 Olympic Blvd, Suite 770  
Los Angeles, CA 90064  
(310) 235-2633 Office

*At Duke:*  
The National Center for Child Traumatic Stress  
905 W. Main Street, Suite 23-E  
Durham, NC 27701  
Phone: (919) 687-4686 x 302  
[www.netsnet.org](http://www.netsnet.org)

National Foundation for Depressive Illness, Inc.  
P.O. Box 2257  
New York, NY 10116  
(800) 239-1265  
[www.depression.org](http://www.depression.org)

National Institute of Mental Health (NIMH)  
6001 Executive Boulevard  
Rm 8184, MSC 9663  
Bethesda, MD 20892  
(301) 443-4513  
NIMH: Helping Children and Adolescents Cope With Violence and Disasters  
[www.nimh.nih.gov/publicat/violence.cfm](http://www.nimh.nih.gov/publicat/violence.cfm)

National Mental Health Association  
2001 N. Beauregard Street, 12th Floor  
Alexandria, VA 22311  
(703) 684-7722/(800) 969-NMHA(6642)  
[www.nmha.org](http://www.nmha.org)

*Psychological First Aid For Trauma, Grief and Traumatic Grief*  
K. Nader  
Two Suns, 1999

Southern Poverty Law Center  
400 Washington Avenue  
Montgomery, AL 36104  
(334) 956-8200  
[www.splcenter.org](http://www.splcenter.org)

Thirteen Online Education: Dealing With Tragedy: Tips and Resources for Teachers and Parents,  
[www.thirteen.org/edonline/tips.html](http://www.thirteen.org/edonline/tips.html)

United States Department of Education: Suggestions for Educators Meeting the Needs of Students  
[www.ed.gov/inits/september11/  
/educators.html](http://www.ed.gov/inits/september11/educators.html)





**The New York University Child Study Center is dedicated to the understanding, prevention and treatment of child and adolescent mental health problems. The Center offers expert psychiatric services for children and families with emphasis on early diagnosis and intervention. The Center's mission is to bridge the gap between science and practice, integrating the finest research with patient care and state-of-the-art training supported by the resources of the world-class New York University School of Medicine.**

**For more information, visit [www.AboutOurKids.org](http://www.AboutOurKids.org).**



Changing the Face of Child Mental Health

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The Bear Stearns Charitable Foundation was established in 2001 as a direct response to the events of 9/11, and as the sole corporate sponsor, is underwriting the cost of production, dissemination and paid media placements of this Public Education Campaign.