Traumatic Loss Coalition

Monmouth and Middlesex Counties

Coordinator's Guidelines
for Understanding Children and Adolescents
Following a Disaster

The following has been adapted by the County Coordinator from information published by the U.S. Department of Health and Human Services, as well as the publication Counseling Children After Natural Disasters: Guidance for Family Therapists (*The American Journal of Family Therapy*, 36:79-93, 2008), and from information provided by The Center for Trauma Psychology, Boston, MA; *School and Community Based Post Traumatic Stress Management*, Version 5.02, September 2005.

During natural disasters, children are one of the most vulnerable populations because their neuro-physiological systems are subject to permanent changes, and their coping skills are not developed enough to manage catastrophic events.

Children respond to trauma in many different ways. Some may have reactions immediately following the event, and others' responses may be delayed weeks or even months after the trauma. Following a natural disaster, most children exhibit typical symptoms which can be mitigated when parents and teachers together provide emotional support and facilitate adaptive coping strategies (movement, conversation, drawing, assurance, care).

Observations: Typical symptoms and reactions following a natural disaster include fear, depression, self-blame, guilt, loss of interest in school/activities, regressive behaviors, sleep and appetite disturbance, night terrors, aggressiveness, poor concentration, and separation anxiety.

Children 1-5: separation anxiety, excessive clinging, whimpering, screaming, regressive behavior (thumb sucking, bed wetting, and expressed fear of darkness);

Children 6-11: extreme withdraw, increased fighting and aggression, hyperactivity and inattentiveness, irrational fears, irritability, sleep disruption, school refusal, complaints of stomachaches/headaches, emotional numbing;

Adolescents 12-17: flashbacks, nightmares, emotional numbing, avoidance of reminders of the trauma, substance abuse, depression, headaches/stomachaches, risk taking behavior, lack of concentration, decline in responsible behavior, apathy, rebellion, arguing, fighting.

How to Intervene: Reassurance is the key to helping children through a traumatic time.

• Children of any age may need hugging (hand holding, sitting close), cuddling (for very young children). Others may be sensitive to touch, and should have their personal space respected. Most will benefit from verbal assurance of their safety. Do not <u>dwell</u> on frightening details or allow the subject of the trauma to <u>dominate</u> the conversation.

- Provide opportunities to talk about what they have seen and heard, as well as what they are feeling, and to ask questions. (The primary purpose of this is to allow survivors to share their stories with peers, normalize and validate their reactions, and create community).
- Adults should admit they cannot answer all of the questions (don't make up answers);
- Provide information at the level of the childrens understanding;
- Provide ongoing opportunity to talk (or express themselves with drawings, music and writing);
- Give permission to talk about fears and concerns;
- Avoid scapegoating any group (first responders, elected officials) and focusing on blame;
- Identify the good things in their lives, their strengths, their heroes, adults who can help.

Adults: Adult behavior (parents, teachers, others) can be a critical healing or disruptive factor for children. Adults who are out of control of their own emotions or their own behavior cause children to feel more insecure. Adults may need assistance in mitigating their reactions by concentrating on self-soothing strategies such as relaxation, exercise, conversation with other caring adults, drinking plenty of water, getting sleep when possible.

A focus on the classroom: Upon their return to school, students should gather in small groups (classroom size, avoiding large group meetings for sharing information), with familiar adults, to celebrate their safety, to celebrate rebuilding the school community, and looking to the future. New students who may be present because their school was severely damaged in the event, should be welcomed, and should be gathered with other students and staff who are familiar to them. Celebration conversations should be facilitated with new students/staff as well.

"Normal" school rules should be relaxed, but not abandoned. Structure and predictability are important for recovery. However, "normal" expectations based upon behavior and achievement seen prior to the disaster should be set aside for now, pending recovery. Teachers and other school community adults should focus on establishing safety, encouraging conversation about the experience, identifying adults as resources and connecting students to those adults. Activities (academic and recreational) should be offered.

Students whose responses are extremely exaggerated may need to be referred to the school mental health professionals (counselors, nurse, social worker, psychologist) for further assessment, consultation with family, and perhaps referral for more specific intervention.

School related activities (academic, social) should be gradually re-introduced during the first week of return.

Keep in mind that some, perhaps many, of the school adults may also be traumatized by the events of the disaster. Identifying those who may not be able to be a "healthy" support for children is important. Some adults may need other adult support, and some may need the services of an Employee Assistance Program. Traumatized adults should not be expected to be responsible for the recovery of students.

Time, patience, and structured interventions offer students a gradual and consistent return to a "new" normal level of school functioning. School administrators are strongly encouraged to consult with the Traumatic Loss Coalition (732-235-2810) Central Office to arrange for on-site interventions to facilitate and support the healing of the students and staff in the school.

(gs/ November 6, 2012)