



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



NEW YORK UNIVERSITY  
CHILD STUDY CENTER

SECOND EDITION



**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.**

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# Caring for Kids After Trauma, Disaster and Death:

**A GUIDE FOR PARENTS AND PROFESSIONALS  
SECOND EDITION**

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## Introduction

The first edition of this Guide, prepared immediately after September 11, 2001, provided educational and practical guidance to help schools, parents and others who care for children understand and respond to children's reactions to traumatic events. Since that time the world has endured a number of natural and man-made disasters, and the Guide has been revised to include updated, expanded and new material. The articles represent a synthesis of knowledge based on the experiences of pre-9/11 disasters, such as the Oklahoma City bombing and Hurricane Andrew in Florida, as well subsequent disasters, such as the Indian Ocean tsunami and Hurricane Katrina. The principal aim of this updated Guide is to translate research findings into practical applications for parents and mental health/school professionals for use during and after a crisis, as well as in prevention efforts. The Guide is also intended to help identify ways to strengthen the factors that promote resilience in a climate sensitive to the cultural and social context of families.

In recent years, we have learned a great deal about the responses of children, families and communities to traumatic events. We have learned how disasters victimize children in many ways; they can disrupt families and communities, destroy homes and separate children from their loved ones. Children's responses to trauma differ from those of adults and are based on a combination of factors: preexisting temperament, the nature of the trauma and what services were provided. We know that in times of stress adults and children alike may go through periods of shock, develop physical complaints and become angry, sad and/or scared. Children may also become 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 continue to have problems, and some may develop problems long after the event.

Especially in times of stress, children's reactions are greatly influenced by the adults around them, many of whom are dealing with their own stress reactions. Adults who are available, open and honest with children, and who provide a sense of normalcy and routine while monitoring children's reactions over time, are sources of strength. The functioning of societal systems such as schools and communities will be affected, as will the decision makers and caregivers within these systems. As scientifically-based strategies for preventing, coping and recovering from the effects of disasters are investigated, it is important to focus on the tasks of living rather than on placing blame or expressing anger at groups of people. Individuals rely on the strengths within themselves, their families and their communities to provide the best care for our children.

### **ABOUT THIS GUIDE**

This Guide has been prepared for use with all children and adolescents following a traumatic experience, but users should be particularly sensitive to the reactions of those children who are more likely than others to be at risk for developing problems. This would include children who had physical exposure, who witnessed the event, who were near the location of the disaster or incident, who had a preexisting mental health issue, whose caregivers experienced emotional difficulty, who had preexisting or consequent family life stressors such as divorce or loss of job, previous loss or trauma experience or those who have a limited support network.



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This Guide is organized in sections to enable users to easily access the information most relevant to their needs. The sections examine a range of issues including information on children's reactions at different stages of development, followed by practical, hands-on advice to parents and school staff. Building on the strengths of children, thereby enhancing their resilience, is emphasized. Also included are specific strategies for when and how to get help for mental health problems, preparedness for natural disasters, talking to children about terrorism, war and media issues and specific techniques to help families access community resources. Each section provides information based on principles of child and family psychology, results of previous experiences and research studies.

*Note: This Guide discusses possible indications of the need for further consultation and appropriate resources and is not a substitute for professional mental health help.*



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## SECTION I REACTIONS TO DISASTERS AND TRAUMA

# Chapter I Children's Reactions to Traumatic Events

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### INTRODUCTION

Children are surrounded by potential dangers everyday, but when an event threatens or causes harm to a person's emotional and physical well-being it becomes a traumatic event. This section outlines the common emotional and behavioral responses of children to natural disasters and traumatic events. While the information focuses most specifically on the concerns of children who have been directly exposed to or impacted by such an event, it is important to keep in mind that children who are vicariously exposed to these events (e.g., through the media or overhearing adult conversations) may show many of the same types of symptoms and behaviors.

Children's reactions to a traumatic event can vary according to:

- Level of exposure to the event
- Age and ability to understand the situation
- Gender
- Functioning prior to the event
- Personality style
- Resulting changes in living situations (e.g., relocation), roles and responsibilities
- Support network
- Previous loss or trauma experience

While symptoms of posttraumatic stress are the most common problems for children who have experienced a traumatic event or natural disaster, many children also develop symptoms such as depressed mood, behavior

problems or anxiety (see Chapter 13 for detailed descriptions on psychological symptoms). In addition, it is not unusual for the reactions of any particular child to change many times in the days and weeks following a crisis. While some of these reactions are short-lived and resolve on their own, others may linger for months or even years after the event occurs (see Section V for information on when to seek help from a trained professional).

### TRAUMATIC STRESS REACTIONS IN CHILDREN

Some common traumatic stress reactions in children include:

#### Avoidance

Children may try to avoid reminders, activities, thoughts and feelings related to the event. Look for the following signs:

- Withdrawal from friends and social interactions
- Memory loss for information about/blocking out negative details of the event
- "Flat" emotions or "numbing" of emotional expression; inability to express a wide array of emotional responses (i.e., "detached")

#### Re-experiencing

Children may show evidence of re-living aspects of the event, or of having recurring images and thoughts about the event. Look for:

- Repetitive play about or acting out of trauma-related events



- The child acting as if the event is occurring again
- Frequent nightmares about the event
- Distressing psychological reactions to reminders of the event

### Heightened arousal

Children may show agitation and elevated responsiveness to reminders of the events. Look for:

- Increased sensitivity to sights, sounds or other stimuli related to the event
- Nervousness
- Sleep problems
- Irritability
- Poor concentration
- Easily startled
- Crying
- Worry and anxiety about loved ones and the future
- Appetite changes
- Disorganized behavior

### AGE GUIDE TO CHILDREN'S REACTIONS

Children's unique reactions to stress and trauma and their ability to understand and make sense of events are influenced by their developmental age. Below is a list of childhood stress reactions characteristically found in specific age groups:

#### Toddlers and preschoolers: 2–5 year olds

- Repetitive play or talk about the event
- Tantrums, irritable outbursts
- Crying and tearfulness
- Increased fearfulness (e.g., the dark, monsters, being alone)
- “Magical thinking” (believing they caused the event, or that the event can be undone)
- Excessive clinging to caregivers and trouble separating
- Reemergence of earlier behaviors (e.g., bed-wetting, thumb-sucking)

#### Early school-aged children: 6–9 year olds

- Increased aggression, anger and irritability (e.g., bullying, fighting with peers)
- Blaming themselves for the event
- Moodiness
- Denying the occurrence of the event
- Academic problems or decline, refusing to attend school, trouble with memory and concentration
- Concern about physical health and physical complaints (e.g., stomachaches, headaches)
- Repeated asking of questions
- Fear of future injury or death of loved ones
- Crying and tearfulness
- Concerns about being taken care of
- Withdrawal from social interactions and pleasurable activities

#### Middle school-aged children: 9–12 year olds

- Crying
- Aggression, irritability, bullying
- Anger or resentment about the event
- Sadness, isolation, withdrawal
- Fears, anxiety, panic
- Denial of emotions, avoiding discussion of the event
- Self-blame, guilt
- Appetite and sleep changes
- Concern about physical health and physical complaints (e.g., stomachaches, headaches)
- Academic problems or decline, refusing to attend school, trouble with memory and concentration
- Repetitive thoughts and talk related to the event
- Exaggerated and intensified expressions of concern and the need to help
- Worry and anxiety about loved ones and the event or future events
- Desire to engage in altruistic behaviors, trying to help those most hurt



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### **Early teens and adolescents: 13–18 year olds**

- Avoidance of feelings, distancing self from friends and family
- Evidence of anger and resentment or loss of trust
- Depression, expression of suicidal thoughts
- Panic and anxiety, worrying about the future
- Mood swings and irritability
- Self-preoccupation
- Participation in high-risk and/or illegal behaviors
- Substance use and experimentation
- Academic problems or decline, refusing to attend school, trouble with memory and concentration
- Changes in appetite and/or sleep habits
- Rumination about the disaster
- Empathy for people directly affected by the disaster, desire to understand why the event occurred

For specific information on how to identify children who may be at elevated risk following a disaster or traumatic event, see Chapter 2.

### **A NOTE ON TRAUMA AND BEREAVEMENT**

Children's reactions will be more complicated when they have lost someone as a consequence of the disaster or trauma. For specific information on the impact of loss and bereavement in childhood, please see Section IV.



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## Chapter 2

# Identifying Children at Risk

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### RISK FACTORS RELATED TO TRAUMATIC EVENTS

Some children are more likely than others to develop problems following a traumatic experience. The following factors may affect a child's adjustment after a traumatic event or disaster:

**Actual impact on daily life** Children who were directly impacted by the disaster (e.g., losing a loved one or pet, having to relocate or directly experiencing the feeling of threat at any point) are at the highest risk for negative stress reactions.

**Emotional functioning of significant adults and caregivers** Children react to the responses of their parents and other adults. For example, if a parent is overwhelmed by worry, grief or sadness, the child may feel particularly frightened. Children are also less likely to discuss their own emotional distress if they perceive that their caregivers are too upset to handle it. On the other hand, adults' denial of their own emotional responses can be very confusing for children. It is important for adults to be both physically and emotionally available to their children after these events.

**Personality and temperament** A child's preexisting emotional characteristics and styles of coping will be exaggerated at a time of crisis. For example, a child who is characteristically anxious may show a significant increase in fearfulness following the event. In contrast, children with strong problem-solving skills and practical styles of coping may set about quickly re-establishing an adaptive routine.

**Gender** Males are more likely than females to exhibit serious behavior problems, such as aggression and antisocial behavior, following a traumatic event. Females are more inclined toward mood problems, such as anxiety or depression, and are more likely to discuss their feelings with others.

**Preexisting risk factors such as prior emotional, learning or social problems** Children with these problems may have fewer resources to help them cope with traumatic events. For example, children with poor social skills will be less likely to benefit from supportive friendships. Children with learning problems may have greater difficulty understanding and managing the changes in their lives. Children with a prior history of traumatic events and emotional stress are at further risk for developing serious emotional disturbances following a disaster.

**Family communication patterns and relationships** Families with communication patterns marked by fighting and conflict will be less available to provide a supportive network for each other in the aftermath of a traumatic event. In contrast, families that have a system of open communication are able to provide the child with support, assurance and comfort, and will serve as a valuable resource in helping the child adjust to changes. It is important for children to feel that they can openly discuss their fears and concerns with family members.



**Demographics** Families may be more or less limited in their ability to access help for the child's immediate and long-term needs. Concurrent stressors for the family, such as financial problems and difficult living situations will further limit the child's ability to cope with the event.

**Availability of social support networks** Children who have good support systems outside their immediate family—such as coaches or religion teachers—will benefit greatly from being able to communicate with and turn to those familiar people for comfort and reassurance.

### **NATURAL DISASTERS: RISK FACTORS FOR CHILDREN**

Most children are able to cope with a natural disaster when provided with support and assistance. Depending on the age, temperament and history of the child, some children may be at risk for more severe reactions to stress following a natural disaster. Children who experience the following may be at elevated risk for difficulty in coping and the development of mental health problems following exposure to a natural disaster, such as a hurricane.

#### **Risk factors prior to a natural disaster:**

- Academic difficulties
- Previous trauma or stressful life event (e.g., death, divorce, new sibling, financial stressors)
- History of emotional or behavioral problems
- Limited social support and friendships
- Parents who have difficulty coping and providing hope and reassurance to children

#### **Risk factors during a natural disaster:**

- Experience fear during the event that they would get hurt or die
- Witness the loss of a loved one, friend or pet
- Experience extreme distress during the event
- Separation from a family member
- Loss of home and/or personal belongings
- Physical proximity—witnessing or experiencing the disaster
- Emotional proximity—if a loved one died or got hurt during the disaster

#### **Risk factors following a natural disaster:**

- Significant lifestyle changes because of the disaster—relocation, new home, homelessness, new school, separation from friends and family
- Disruption in social support network
- Limited social support from family and friends
- Emotional disconnection from friends and family
- Re-experiencing traumatic event through the media
- Permanent relocation
- Loss of hope in the future
- Belief that the world is unsafe and unpredictable



## SECTION II

### GUIDELINES FOR HELPING CHILDREN AFFECTED BY DISASTERS AND TRAUMA

## Chapter 3

### Guidelines for Schools

Research shows that in addition to parents, families and other caregivers, the school community plays an important role in helping children survive traumatic events. Children spend a large portion of their time in school and often think of it as the place they go to learn about the world. It is also the central place that organizes their days and allows them to interact with peers. When a disaster or tragedy strikes, schools can play a central role in helping children cope.

The following tips for teachers and school professionals may be used in helping them to fulfill this role. In addition to these tips, school professionals may find other sections of this manual helpful for understanding children's reactions to trauma (Chapter 1), helping children with special needs (Chapter 4) and helping children cope with natural disasters and death (Chapters 5 and 11).

#### ESSENTIAL FIRST STEPS FOR ADMINISTRATORS

**Put a system into place for communicating with staff, parents and children** Depending on the nature of the disaster or trauma, it may be that the school staff and/or parents need to be notified of the event. Communication should be as prompt, clear and direct as possible, focusing only on the facts, including how the school will function and react to the event immediately and in the days that follow. Parents and children should be reassured that there is a system in place to handle such events.

**Identify a contact person and support person for staff, parents, children and the community** One lead person should be responsible for communication

about the school's policies and another person, preferably a mental health professional, should provide support to the school community. Administrators should make clear how parents can seek information, support and guidance.

**Send a letter with informational updates to parents in the days following the trauma or disaster** Include in the letter what was discussed in school, what children and parents may expect in the coming days and what resources are available for families.

**Be aware of the limits of the school staff** Determine if outside resources are required to handle immediate needs. If the school requires additional staff or other resources, such as trained grief counselors, outside agencies may be contacted.

#### ESSENTIAL FIRST STEPS FOR TEACHERS AND SCHOOL MENTAL HEALTH PROFESSIONALS

**Identify children at risk for difficulties** Teachers and school mental health professionals should communicate with each other and determine which children may be at increased risk, such as those directly impacted (through loss of family members, loss of home or witnessing the event) or those with previous mental health problems. Devise a plan for recognizing warning signs and for putting appropriate services in place. (See Chapters 1 and 2 for more information on children's reactions to traumatic events and for identifying children at risk for behavioral and emotional difficulties.)



**Provide the children with a safe and reassuring environment** Some children may want to talk about the event while others may not. Discussion of the event should not be forced, although the environment should be one in which those who wish to express their feelings understand that it is safe to do so.

**Determine whether there is a need or desire for a memorial** Memorials are often helpful to commemorate people and things that were lost as a result of disasters and trauma. School memorials should be kept brief and appropriate to the needs and age range of the general school community. (See Chapter 12 for more information on anniversaries and memorials.)

### ONGOING TASKS FOR SCHOOL PROFESSIONALS

**To the extent possible, resume with the structure and routine of the school day** Children tend to function better when they know what to expect regarding daily activities. Returning to a routine will help the students feel that the disaster or trauma has not taken control over every aspect of their daily lives.

**Reassure children that school officials and other responsible adults are making sure they are safe** Children respond well when they are assured that trusted adults are doing what they can to take care of them.

**Allow for classroom discussions about the event** Classroom discussions should be optional for those students who wish to speak about what happened. The teacher or discussion leader should ask open-ended questions, encourage listening without interrupting and leave his or her own feelings outside of the discussion. Some children may prefer to draw, write or engage in other creative activities rather than talking to express their feelings. All forms of expression should be allowed but not forced. (See Chapters 7 and 8 for tips on talking to children about traumatic events.)

**Be aware of signs that a child may need extra help during this time** Students who are unable to function at school due to feelings of intense sadness, fear or anger should be referred to a mental health professional. Younger children may have distress that is manifested as physical ailments, such as headaches, stomachaches, nausea or extreme fatigue.

**Continue to take care of yourself and your colleagues** Teachers and school professionals may be so focused on taking care of the students, that their own care becomes compromised. Find ways that the school staff may be able to support one another.

**Keep parents informed of the school's activities and recommendations** Let parents know about the school's actions so that they can be prepared for questions and discussions that may continue at home. Encourage parents to limit their children's exposure to media reports of the event and to watch television with them whenever possible. (See Chapter 6 for more information on media exposure.)

### A NOTE ON NATURAL DISASTERS

This section provides information on helping children cope following traumatic events, including terrorism, natural disasters and war. For additional information on guidelines to help children prepare for and cope following a natural disaster, such as a hurricane, see Chapter 5.



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## Chapter 4

# Guidelines for Families

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### TIPS FOR PARENTS TO HELP THEIR CHILDREN

**Children’s ability to process what happened is influenced by their age and other factors** For age-appropriate resources to assist you and your child, please refer to the age guide in Chapter 1.

**Children process traumatic events at their own pace** Be available to discuss the event on more than one occasion, as children’s interest in and questions about what happened will change over time.

**Don’t judge one child’s reactions to loss by another’s** Some children will find solace by spending time with friends and relatives; others will prefer to process the event in solitude. Reassure your child that it is normal to experience many different reactions to trauma, including anger, guilt and sadness. Children may also be told that people express their feelings in different ways. For example, a person may feel sadness without necessarily crying.

**Mood changes are to be expected in children following a significant loss or upsetting events** Be aware of and patient with these possible fluctuations in your child’s emotional world.

**Encourage children to express and communicate their feelings** Memorial ceremonies and other rituals will be important for some children, while others may feel more comfortable expressing their emotions through art or through connecting with peers. Help your child to identify constructive ways to express feelings such as anger and sadness. Encourage children to write their thoughts, feelings and experiences in a journal, or to

draw pictures of their experiences. This will help provide them with a means to express their feelings.

**Talk to children about the different feelings people, including you, may experience after a tragedy** Express your feelings honestly, but do your best to avoid alarming or upsetting your child further.

**Find a quiet place and time to speak with your children and be available for any questions** It is often best to start a conversation by finding out what the children already know, and then listening to find out what questions they have. It is okay to say “I don’t know” if your child asks you a question you cannot answer. (See Chapters 7 and 8 for tips on talking to children about terrorism, natural disasters and war.)

**Provide children with honest and direct information about what has occurred** To the extent that your child wishes to discuss what happened, engage in open conversations, using language they understand. When adults avoid discussion of traumatic events, this can convey that the topic is “taboo,” which may ultimately result in increasing a child’s fear and worry.

**Allow your children to retain as much of their daily routines as possible during stressful times** By maintaining familiar schedules, children will gradually reestablish feelings of normalcy, and their anxieties about what happened will be significantly reduced.



**Organize social events for children and their friends** Social support and friendships are important for recovery. Plan special outings or group events for children and encourage them to call and socialize with their peers.

**Encourage children to help out and volunteer** Children tend to recover more quickly from a traumatic event when they feel they are contributing to others' recovery. If possible, have them help with clean-up tasks or reach out to others who may be having a difficult time. Afterward, reward their efforts with fun activities.

**Encourage children to take up a new hobby or engage in enjoyable activities** Keeping children engaged in activities will serve as a distraction and help them cope effectively.

**Monitor exposure to media coverage, including television, radio and newspapers** Repeated viewing can be distressing, particularly for young children who may believe that the events are reoccurring each time they see them on television. For all children, over-exposure can be overwhelming, and may lead to feelings of distress and helplessness. (See Chapter 6 on more information on media exposure.)

**Try to remain calm** This will not only show your children that you are still in control, but it will also teach them how to handle stressful situations in a thoughtful way.

**Reassure children that they are safe and are being taken care of** Reassurances may need to be repeated frequently, even after the immediate event has passed. Spending extra time together can also be reassuring. Explain how the safety of the community is being helped by governmental and community agencies.

**Remember that children who had difficulty before the event, such as emotional problems or exposure to previous trauma, may be particularly vulnerable**

**If you are concerned about your child, or if emotional and/or behavioral problems persist for more than six weeks, consult with a mental health professional** Mental health referrals may be available from pediatricians, schools and religious organizations.

## TIPS FOR PARENTS TO HELP THEMSELVES

When a disaster or other type of tragedy occurs, parents are often concerned with how to best help their children while they are simultaneously trying to deal with their own shock regarding what happened. Children and adults alike often become scared and confused. Like adults, children are most likely to be worried about their family and significant people in their lives. The following tips may guide parents to help themselves and their children cope after a traumatic event:

**Allow yourself time to heal** Parents are often so focused on taking care of their families, that they do not take the time to take care of themselves. Allow yourself time and space to express your feelings about what happened. Be patient with your emotional state, as it is normal after a trauma to experience mood fluctuations.

**Ask for and provide support** Spend time talking with other adults who will understand what you are going through. While it is always a good idea to seek support from loved ones, remember that those in your typical support system may be compromised if they experienced the same event. If this is the case, you may want to find out about local support groups.

**To the extent possible, engage in healthy behaviors such as eating nutritious meals and getting sufficient amounts of rest** Those who are able to maintain healthy behaviors tend to feel more in control of their lives and are more able to cope effectively. Avoid the use of drugs and alcohol.

**Maintain regular routines regarding eating, sleeping and exercising** Keeping to routines is helpful for both parents and children in getting the family back to normal life after a traumatic event.

**Avoid making major life decisions** While it may be tempting to move or change jobs after a traumatic event, it is usually best to avoid making major life decisions during times of stress and turmoil.

**If you are having difficulty functioning or are unable to perform daily tasks, consult with your physician or mental health professional** Remember that you will be of no help to your family if you are having difficulty helping yourself.



## GUIDELINES FOR FRIENDS AND FAMILY

Family and friends may provide a wonderful source of support for children and families who have been impacted by a disaster or other type of traumatic event. The following tips may be helpful for those who would like to comfort their loved ones during difficult times:

**Give practical help** Ask what needs to be done or listen attentively for what might be needed. If you have a particular expertise, offer to share it. For example, someone with a financial background can offer help going through business papers while the parent of a child's playmate can offer to babysit or carpool.

**Avoid stock statements and provide genuine responses** Although they are well meaning, many people recite phrases that may sound empty or untrue, such as "you'll be fine," "time heals all wounds," or "I know how you feel." People in distress often appreciate just being heard. It is also okay to say, "I wish I knew what to say," which indicates an open willingness to be there for the person in need.

**Avoid judgments and comparisons** People are different, and may have varying reactions to stressful experiences. It is often more helpful to ask someone how they are doing than to tell a story about how someone else handled a similar situation.

**Remember that the needs of traumatized people change over time** Usually there is a great deal of activity in the first weeks after a disaster or trauma. Once this subsides, there can be a tremendous void for the person and family. Friends are sometimes most helpful at this time, when others are likely to have moved on.

## HELPING CHILDREN WITH SPECIAL NEEDS

Children with special needs, such as developmental delays or disabilities, generally have 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 disabilities such as autism.

Children with developmental disabilities exhibit different levels of understanding and emotional reactions to events in their environments. They also have different learning styles and patterns when dealing with normal events. Being aware of the impact that a disaster can have on

developmentally disabled children is critical for both caregivers and professionals.

The basic principles and tips provided above and in Chapter 11 also apply to helping and supporting children with special needs and developmental disabilities. Yet, the everyday factors that are involved in working with disabled children assume even greater significance in times of crisis. Children with special needs require more time, support, guidance and nurturance to understand and internalize traumatic events than other children. 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.

### UNDERSTAND CHILDREN'S COGNITIVE AND EMOTIONAL FUNCTIONING

It is important to understand how a child with special needs processes information on both a cognitive and emotional level. Children's reactions are influenced by their disability. Take into account the child's ability and capacity for understanding information, communicating what is heard and expressing feelings. For example, a child with a hearing impairment may not pick up cues and information from an event that involves sounds or language. A visually-impaired child may have difficulty interpreting facial expressions or may be confused by discussion of visual images. A child with mental retardation may not be able to fully understand the significance of an event, but will be impacted by others' reactions.

### Alter language to help children understand

When providing information to children with special needs, it may be necessary to alter language. Children may not be able to understand abstract or complex concepts, such as "being on alert," "state of emergency" and "rescue efforts." Rather, when speaking to children with special needs, adults can focus on explaining the situation in simple, concrete terms. It is also important to provide children with enough facts to help them understand a situation without burdening them with all the details of the traumatic or frightening event. Repeating facts to children with cognitive limitations or language comprehension problems is also essential.

### Tailor the information to the child's strengths

It is critical to share information with children while utilizing their strengths. For instance, a child with a language disability may better understand information through the use of visual materials and pictures.



Children with limited cognitive abilities may better process information with concrete examples and simple factual statements.

**Make sure children understand the facts**

**correctly** When sharing information about a potentially frightening or traumatic event, children may have difficulty grasping all the details or trying to understand the impact of the event on their life. This is especially true for children with special needs. Some children may put information together inaccurately, neglect to consider vital aspects of information shared and come up with fanciful explanations. Children may also misattribute the reasons behind an event and may consider the event a larger threat to themselves and their family than may actually be the case. When providing children with facts about an event, it is important to check and assess whether they fully grasp the information provided. When possible, ask children to write, tell or draw what they know about the event, and correct any misconceptions and misattributions through discussion.

**Correct inaccuracies** Children with cognitive or emotional difficulties may be more susceptible to believing false information and rumors. This is especially pertinent for school-aged children, who rely on their peer group for information and socialization. It is important that children are correctly informed and do not share, or are not swayed by, inaccurate information.

**Be attuned to changes in symptoms** Many children with disabilities provide specific signs that signal their concern about their own and their family's safety. Children with special needs may have more difficulty than their peers in expressing their fears, anger and concerns. Warning signs of distress may be facial expressions, nervous tics, changes in speech patterns, sweating, feeling sick or increased irritability and angry outbursts. Problems may also be reflected in behavior, such as withdrawal, refusal to participate in activities, separation problems or acting out.

**Maintain regular routines and schedules** Children with special needs are faced with daily challenges, such as maneuvering a wheelchair and taking medications regularly. At times of crisis, routines will help reduce anxiety and provide children with a sense that things are gradually returning to normal.

**Prepare children for emergencies** Be sure that children with special needs are aware of procedures to be followed in an emergency. Children should know the

specific people responsible for them and who to contact in the case of an emergency. Make certain that you are familiar with the school's emergency procedures, and plan for special accommodations, such as assistance with a wheelchair or a guide for a visually impaired child. Practicing safety plans can reassure children that things will go smoothly and highlight any unforeseen difficulties with organization and management, such as maneuvering a wheelchair.

**Engage in open discussion** When children ask questions or are ready to talk about events, do not avoid discussions – as hard as they may be. Avoidance of difficult subjects, particularly about death, transmits the message that a topic is taboo. Silence or avoidance can eventually create more anxiety and confusion.

**Validate children's feelings** Assure children that their perceptions that events are scary are valid and that even adults can be frightened or worried. This is especially important for children with emotional difficulties or children who have difficulty interpreting others' feelings. In addition to validating children's concerns and feelings, reassure them that adults are in control and that they can make decisions to take care of the children.

**Limit exposure to the media** Limiting media exposure and replays of images that can be overwhelming are important for all children. Younger children and those with special needs may believe that each replayed incident on television is a new, additional event. Children may also misunderstand information presented in the media, and believe that they are at greater risk than they actually are. Watch news reports with children and make sure that they correctly process the information. Children with disabilities may have experienced trauma previously in their lives, which puts them at risk for recurrence of previous reactions to stress.

**Monitor your responses** Many developmentally disabled children are unusually adept at reading their caregivers' or teachers' non-verbal messages, especially facial cues. Caregivers need to monitor their responses in order to be as effective as possible.

**Seek referrals** Children with emotional or behavioral problems may require additional short- or long-term assistance in managing their reactions. It is important to be prepared for increased reactions, such as anger, withdrawal and aggression. Children with cognitive difficulties or language disorders may be more likely to express their fears, concerns and anger through emotional



outbursts or acting out behaviors. Caregivers and teachers should be prepared to help children understand the events, provide a safe and predictable environment and seek additional professional help to enhance children's coping strategies.

### **STRESS REDUCTION TECHNIQUES FOR ADULTS AND CHILDREN**

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

### **A NOTE ON TRAUMA AND BEREAVEMENT**

Children's reactions will be more complicated when they have lost someone as a consequence of the disaster or trauma. For specific information on helping children cope related to bereavement, see Chapter 11.

### **A NOTE ON NATURAL DISASTERS**

This section provides information on helping children cope following traumatic events, including terrorism, natural disasters and war. For additional information on guidelines to help children prepare for and cope following a natural disaster, such as a hurricane, see Chapter 5.



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## Chapter 5

# Helping Children Cope Before and After Natural Disasters

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### PREPAREDNESS PRIOR TO A NATURAL DISASTER

In the case of natural disasters, such as hurricanes, families and schools sometimes have the opportunity to prepare ahead of time. Being prepared for the effects of a natural disaster, such as a hurricane, is important both for the physical and psychological well-being of adults and children involved.

### IMPORTANCE OF PREPAREDNESS

In a natural disaster, preparedness can help off-set some of the short- and long-term effects of experiencing a traumatic event. Being prepared for a natural disaster is essential for several reasons:

- Preparedness can save lives and minimize the mental health impact of natural disasters.
- Action needs to be taken quickly and preparedness allows families to act faster and take steps to protect themselves and their belongings.
- Natural disasters disrupt perceptions of predictability and safety in children. Planning ahead of time will limit disruptions in children's feelings about the predictability and safety of the world.
- Adults' reactions to natural disasters greatly influence children's reactions, feelings and beliefs. Being prepared can decrease feelings of anxiety and concern in adults, and will contribute to calmer reactions in children.
- Emotional vulnerability increases as natural disasters approach. It will be harder to make decisions while emotionally aroused. Developing plans in a calmer setting prior to the approach of a natural disaster will result in more effective preparedness.

- Children who have a history of emotional problems are at greater risk of exhibiting psychological difficulties and adjusting to their lives following the disaster. It is especially important that adults in these children's lives take steps to prepare for the natural disaster and ensure the family's safety.

### TIPS FOR PREPARING FOR A NATURAL DISASTER

The following steps should be taken by families to ensure their physical and psychological safety prior to, during and following a natural disaster:

**Create a family disaster plan** A family plan can help reduce the feelings of anxiety and fear prior to the event. A plan will help children cope with their worries and also set a plan of action in the event that the family is separated. The plan should be developed together as a family and practiced every six months so that each person is clear about his or her responsibilities and roles.

**Focus on the details** Make sure that all family members know what to do, when to do it, where to go and who to call in the event of a natural disaster.

**Arrange a meeting place** Agree upon a safe place to meet in the event that family members are not together during the event.

**Create a communication plan** Develop a plan for communication and reunification following the event. Select a contact person who lives outside the immediate area who can be contacted should family members be separated. The contact person will serve as a basis of communication about the family's whereabouts.



**Identify evacuation routes** Plan ahead and consider all evacuation routes for the family. Practice the evacuation route.

**Build social support** Having a close support network and communication with close friends following a natural disaster is very important, especially in cases of relocation and homelessness. Develop a plan for communication following the event with close family friends. For instance, select a contact person who will know friends' whereabouts following the disaster.

**Prepare an emergency kit** The kit should include water, food, battery-operated radio, flashlight, extra batteries and a first aid kit. The kit should also include essential medication and glasses or contacts.

**Pack important personal items** Pack some of the children's toys and important familiar possessions in the event of an evacuation. In the event of loss of belongings and home, children and family members will have some familiar and important items to hold onto.

**Plan for pets** Plan for pets to be taken with the family or housed in a safe place in preparation for the natural disaster.

**Develop an emergency plan** Teach children how to contact emergency services in the event of a natural disaster. Develop a contingency plan for the children if the phones are not working.

**Develop an alternative plan in the event of homelessness** Although a difficult prospect to consider, when an area is directly hit by a hurricane, there is a possibility of loss of personal possessions and destruction of the structure of a home. Develop an alternative plan for temporary or permanent relocation in the event of loss of property.

### **TIPS FOR HELPING CHILDREN COPE WHEN EXPOSED TO NATURAL DISASTERS**

When experiencing emotionally-arousing events, children look to parents and adults in their lives for ways to cope. Children's functioning is greatly affected by the adults' ability to prepare for and cope before, during and after a natural disaster. Disruptions in finances, relocation and social relationships can delay recovery and coping behaviors.

Following are tips for parents and professionals to help children cope with natural disasters:

**Maintain routines and normal activities** Children are better able to cope with stressful situations if they are provided with a safe and predictable environment. Maintaining routines and normal activities whenever possible is therefore very important. In the event of relocation or homelessness, establish a temporary routine and try to schedule some extra-curricular activities for children. However, expectations for household duties and school demands should be lowered during the time of recovery and coping.

**Ask children to help** Giving children the opportunity to help out will help build their sense of efficacy and control during stressful times. Ask children to help out at home or in the community. However, consider children's age, maturity and emotional functioning when asking them to help. For instance, if a child becomes fearful, anxious or upset when confronted with the effects of a hurricane on his or her neighborhood, consider that he or she may not be ready to be faced with the extent of the after-effects of the disaster.

**Provide clear and factual information** Speak to children clearly and directly about the natural disaster. When explaining the situation use simple language that children can understand. Be truthful, but appropriate given the child's age. Do not let children form ideas regarding the natural disaster based on what they "pick up" from other people or from the media. (See Chapter 7 for more information on talking to children about disasters).

**Remain patient** During stressful times, the patience of adults and children may be tried. It is important that parents and school professionals remain patient with children at times of natural disasters.

**Stay calm** Children look to adults for reassurance during stressful life events. Parents and school professionals should try to stay calm and not panic. Children will more likely remain calm and reassured when faced with adults who appear to have control over the situation.

**Limit media coverage prior to the event** Media coverage prior to a natural disaster tends to be detailed and graphic. The images and messages may elicit feelings of fear, anxiety and uncertainty in children. Younger children may not understand that the same news is repeated during the course of the day, and believe that they are in greater danger than they actually are. Adults



should limit exposure to the media and the messages and images related to the natural disaster. When exposed to news stories, parents and school professionals should clarify information for children in language that they can understand. (See Chapter 6 for more information on media exposure.)

### **Limit media exposure following the event**

Following an event such as a hurricane, children and adults may feel anxious, scared and vulnerable. For children and families who have lost their homes, belongings or loved ones, the road to recovery will be long. It is especially important to monitor exposure to the media following a natural disaster. Children may re-experience feelings of anxiety and fear when confronted with images of the event they have recently been through. Additionally, their road to psychological recovery will be impacted if confronted with images of people who were hurt or directly affected by the natural disaster. Limiting media exposure is also essential if another disaster is approaching, such as during hurricane season, to decrease feelings of anxiety in children.

**Help children cope** Parents and school professionals can play a significant role in helping children cope with and adjust to a natural disaster. Some suggestions include:

- Encourage children to take up a new hobby or to engage in enjoyable activities. Keeping children engaged in activities will serve as a distraction from the effects of the natural disaster.
- Encourage children to write their thoughts, feelings and experiences in a journal. This will provide them with an outlet to share what's on their mind, which will help with the recovery process.
- Encourage children to maintain contact by mail, phone or e-mail with close friends, even if they are separated due to relocation. Maintaining and building close friendships following a hurricane can assist in positive adjustment and coping.
- Organize social events for children and their friends. Social support and friendships are essential components for recovery following a traumatic event. Plan special outings or group events in school for children. Encourage them to socialize with their peers.
- Encourage children to help others by volunteering. Children who are able to help others will feel a sense of accomplishment and purpose, which will assist in

recovery from a traumatic event. Children can donate money or help raise money for the effort of recovery and rebuilding.

- Seek out professional help if a child is having difficulty coping. Parents and school professionals should pay attention to children's feelings and behaviors. If a child is not able to slowly resume his or her daily activities and interactions with family members and friends, it may be necessary to seek professional help.
- See Chapters 3 and 4 for additional information on how parents and school professionals can help children cope.

### **A NOTE ON TRAUMA AND BEREAVEMENT**

Children's reactions will be more complicated when they have lost someone as a consequence of a natural disaster. For specific information on reactions to the loss of someone and guidelines on helping children cope, see Chapters 10 and 11.



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## Chapter 6

# Media Exposure and Traumatic Events: How Much Media Coverage is Too Much?

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Media coverage of natural disasters and other traumatic events is often exhaustive. Parents need to ask themselves how they want to regulate their children's consumption of this coverage, whether it is via television, the internet, radio or other media.

Media coverage can provide children and parents with valuable information. It can keep people informed and connected. Yet, exposure to repeated media coverage of traumatic events and natural disasters can result in trauma-related effects for some children. Children with a history of traumatic stress could be re-traumatized as a result of repeated exposure to media coverage. It is critical that parents and school professionals be aware of the possibility of re-traumatizing children and be prepared to act on the stress and trauma-related effects that may follow exposure to media coverage about disasters or terrorism.

### **AGE GUIDE TO CHILDREN'S REACTIONS TO NEWS ABOUT WAR, TERRORISM AND NATURAL DISASTERS**

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 long they are being affected by the news. Parents can look for clues as to how their child is reacting. Please refer to Chapter 1 for more information on common reactions to traumatic events.

Children's age influences their reactions to stories they hear and images they see about violent acts or traumatic events in the media. Younger children may be most upset by the sights and sounds they see and hear regarding

terrorism or natural disasters. It is important to consider children's maturity level when making decisions about how much information to share about acts of war and terrorism.

#### **Preschool-age children:**

- Can be easily overwhelmed by news about war, terrorism or natural disasters
- May confuse reality and facts with their fantasies
- Do not have the ability to keep events in perspective
- May be unable to block out troubling thoughts
- May personalize the news they hear, relating it to events or issues in their lives
- Are concerned about separation from parents
- May ask questions about children in the news who are alone or lost a parent
- Focus on good and bad behavior, and may bring up topics related to their own good and bad behaviors

#### **Elementary school-age children:**

- Understand the difference between fantasy and reality, however, they may have trouble keeping them separate at certain times, particularly times of heightened stress and fear
- May equate a scene from a scary movie with news footage and think that the news events are worse than they really are
- May not realize that the same incident is rebroadcast and may think that more people are involved than is the case



- May have difficulty recognizing that the conflict or natural disaster is not close to home; the graphic and immediate nature of the news makes it seem as if the events and threats are nearby
- May personalize the news they hear, relating it to events or issues in their lives
- Are usually concerned about separation from parents
- Are concerned about fairness and punishment

### **Middle and high school-age adolescents:**

- May be able to recognize the proximity of a threat of war
- May be interested and intrigued by the politics of a situation and feel a need to take a stand or action
- May show a desire to be involved in political or charitable activities related to violent acts or stressful events
- Consider larger issues related to ethics, politics and even their own involvement in a potential response through the armed forces (teenagers, like adults, become reflective about life and re-examine priorities and interests)

In addition to age and maturity, children's individual personality style and temperament play a significant role in their responses to terrorism, war and natural disasters. Some children are more naturally prone to be fearful and the news of a dangerous situation may heighten their feelings of anxiety. Additionally, children who know someone directly exposed to or affected by the traumatic event may be especially affected. At the other extreme, however, some children become immune to, or ignore, the suffering they see in the news. They can become numb and overloaded due to the repetitive nature of the reports or the events that they directly experienced.

### **IDENTIFYING AT-RISK BEHAVIORS SPECIFICALLY RELATED TO TERRORISM AND WAR**

War play is not necessarily an indication of a problem for children exposed to violent acts. 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. Parents and professionals should be on the lookout for:

- Regressive behaviors (children engage in behaviors expected of a younger child)
- Overly aggressive behaviors

- Overly withdrawn behaviors
- Nightmares or night terrors
- An obsession with violence
- Extreme solutions based on what children have seen in the movies or experienced while playing video games
- Emotional detachment (e.g., numbness, apathy) related to the tragedies

Please refer to Chapter 2 for additional specific information related to children at risk related to traumatic events, including acts of terror and natural disasters.

### **TIPS FOR MEDIA EXPOSURE**

**Listen** Parents and professionals are encouraged to listen to children's feelings and thoughts about the events portrayed in the media. It is important to determine children's understanding of the events and their perceptions of what happened and what will happen in the future.

**Be an active participant** It is best for parents and school professionals to watch or listen to media coverage with their children. Adults should talk about what a child is seeing or hearing in the news.

**Clarify misconceptions** Children may not fully understand the information provided by the media. Often, the news is provided briefly and swiftly, and news presenters dramatize in order to make for fascinating news coverage. It is important that parents and school professionals clarify the information that is being presented through the media in clear facts. This is especially important for younger children, who may not realize that what they are repeatedly seeing is one event being replayed.

**Put the news into perspective** It is the role of adults to put the traumatic events presented via media coverage in perspective for children. Children often need to be reminded that although there is continuous media coverage on the traumatic event, such events do not happen all the time.

**Be positive** It may also be helpful for adults to point out the positives that are occurring in the face of traumatic events. For instance, highlighting the work of rescue workers, volunteers and others can point to the strength of the community and steps taken towards creating a safe environment for children and adults.



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**Invite questions** It is critical that children be encouraged to ask questions about information they obtain through the media. Children may misunderstand what they hear in the media. Erroneous assumptions may be very anxiety-provoking for children. By asking questions and talking with children, parents and school professionals can correct misinformed assumptions and reduce the anxiety and fear in children. If adults do not address many of these questions and concerns, children may cobble together information from other sources, including each other. Parents and school professionals should be the primary sources that provide children with accurate information in an appropriate manner. (See Chapters 7 and 8 on information on how to answer questions.)

**Limit media coverage** Although children should be provided with basic facts and their questions should be answered, it is important that adults monitor children's exposure to the media. Adults are encouraged to limit media coverage during and after the event, and monitor children's exposure to news and special presentations regarding others' experiences during and after the traumatic event. When adults believe that children have been exposed to too much media coverage, they need to reorient children to other pursuits. Shut off the television, internet or radio and focus on other activities that children enjoy.



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## Chapter 7

# Addressing Tough Topics and Questions: Talking to Children About Traumatic Events

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Children ask a lot of tough questions. Questions about acts of terrorism, war and natural disasters 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. Professionals and teachers also wonder how much information to provide or how to help children if they are confused, troubled or asking tough questions. The following section addresses some concerns and questions parents and school professionals have about talking to children about terrorism, war and natural disasters.

Contrary to parents' fears, talking about violent acts or threatening events will not increase a child's fear. It is very important to engage in an open discussion about children's feelings, fears and worries related to war and terrorism. Avoiding discussion of scary feelings may be more damaging than talking about them. However, as with other topics, consider the age and developmental level of the child when entering into a discussion. Even children as young as four or five know about violent acts, but not all children may know how to talk about their feelings and concerns. Additionally, it is important to consider the child's personality style, such as whether the child is fearful or anxious by nature, when talking about stressful life events.

### **TIPS FOR TALKING TO YOUR CHILDREN ABOUT TERRORIST ATTACKS, WAR OR NATURAL DISASTERS**

**Be aware of time and place** Although it is important to respond to questions when they arise, parents and school professionals are encouraged to have a discussion

with children without external distractions. The child should be given time and attention to discuss his/her perceptions, understanding, fears, worries and concerns. For example, if the conversation arises in the supermarket, the parent is encouraged to tell his/her child that he/she is glad that the topic came up, and that they will go home and discuss it over ice cream. Similarly, if a child brings up the topic in a classroom setting which is not conducive to the discussion, a school professional is encouraged to discuss the matter in private with the child after class.

**Take the first step** It is often necessary for the adults in the child's life to initiate the dialogue themselves. A good starting point is to ask what the child has heard or seen. Parents or professionals can follow up by asking what the child thinks and feels about what he/she has heard or seen.

### **Look for opportunities to start a discussion**

Adults should look for opportunities for discussion as they arise; for example, when watching the news together or when reading the newspaper. They can also look for other occasions when related topics are discussed, such as when people in a television show are arguing or a movie about war is on television.

### **Focus on the children's feelings and thoughts**

Parents and school professionals should provide children with an opportunity to openly talk about their perceptions, thoughts and feelings about terrorism and war without judgment or suggestion. It is important to explore and understand how the child sees the situation and what is important, confusing and troublesome to the child. Parents and adults should refrain from lecturing or teaching about the issues.



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**Listen to and address children's feelings** Adults are often surprised by a child's concerns or fears. Addressing a child's particular and personal fears is necessary. Parents and school personnel should not make assumptions about children's thoughts, concerns or worries.

**Reassure children** Do not dismiss a child's feelings. 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. Reassure children with facts about how people are protected (e.g., the police) and individual safety measures that can be taken (e.g., creating a hurricane preparedness plan). 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.

**Provide facts and information** Once there has been some exploration about the child's concerns and feelings, parents and school professionals should provide children with the facts and basic information about terrorism, acts of war and natural disasters. The amount of information shared should be consistent with the child's age and maturity. In these discussions, children can be told what is realistic and what is not, and their fears and concerns should be realistically appeased. Parents and other adults, however, should not misinform children and provide them with a false sense of safety.

**Model open discussion** It is sometimes helpful for children and adolescents to open up about their thoughts and feelings. This can be achieved by the important adults in their lives taking the lead and facilitating a discussion while sharing their own thoughts and feelings. By sharing their own feelings and thoughts, these adults can help children feel that their thoughts are normal, and can help them feel that they are not alone in their concerns and fears. However, adults must monitor their communication and be careful to avoid making generalizations about groups of individuals which dehumanizes the situation. It is also important, however, that adults do not burden children with their own fears and concerns.

**Provide a forum for the child to initiate the discussion and ask questions** Answering questions and addressing fears does not necessarily happen all at once in one sit-down session. New issues may arise or become apparent over time and discussion about war and terrorism should be done on an ongoing and as-needed basis.



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## Chapter 8

# Terrorism and War: Preventing Anger from Fostering Bias and Hate

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When faced with questions and statements about war and terrorism, parents and school professionals are faced with a dilemma between advocating non-violence and explaining terrorism and why nations maintain armies and engage in war. 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 hurt, absorb the hate and feel anger towards the perpetrators of the attacks. These feelings can often lead to prejudice against others who 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.

### **TIPS FOR HELPING CHILDREN DEAL WITH CRISIS WITHOUT FOSTERING BIAS OR HATE**

**Help children with their feelings** Provide an environment that will allow children to freely express their feelings and acknowledge any pain and anger. Encourage children to keep a journal, draw or talk out their emotions. 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) can reduce children's focus on engaging in hurtful attacks on others.

**Set a good example** Children learn from observation of 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** The fear that a bad situation 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. Because of your own discomfort you may avoid giving an answer. However, try to answer all 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 prevent seeds of hatred from taking root.

**Correct children** Make children aware of your disapproval if they make an insensitive remark or react with attacks of violence against others. Remind children of how they feel when they are not treated well by others. Set ground rules in your household and classroom



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for how children and adults should behave towards others and develop appropriate disciplinary actions. At the same time, help 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. Blaming an individual or group when 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.

**Model tolerance** Terrorism and war provide a perfect opportunity to discuss the issues of prejudice, stereotyping, aggression and to consider nonviolent ways to handle situations. Unfortunately, it is easy to look for and assign blame, which makes a situation more understandable and makes it feel preventable. Open and honest discussion is recommended, but adults must be mindful of stating their opinions as fact. 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.

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

**Discuss larger issues related to war and terrorism** Discussion about larger issues such as tolerance, difference and nonviolent 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.



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## SECTION III RESILIENCE IN CHILDREN AFFECTED BY TRAUMA AND DISASTERS

# Chapter 9 Fostering Resilience

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Stressful life events are common occurrences in the lives of children and families. Traumatic stress occurs following unexpected and physically threatening events. The event may be directly threatening to a child or may impact a loved one. Traumatic stress can occur following exposure to a single event, such as the attacks on the World Trade Center or Hurricane Katrina, or as a result of exposure to ongoing events, such as community violence, several hurricanes or child abuse.

During or following a traumatic event, children may become overwhelmed and have difficulty using their coping resources. In the immediate aftermath of a terrorist attack or natural disaster, it is not expected that a child or adult may be able to maintain strong psychological well-being. However, as the immediacy of the threat and trauma passes, most children return to normal levels of functioning and exhibit low levels of psychological distress. Other children are not able to cope with the trauma and adversity.

As a response to a traumatic event, children's beliefs about the world as a safe and predictable place are changed and their beliefs of the ability of the adults in their lives to be able to protect them are also changed.

The challenge faced by children at the time of traumatic events is to find resources to cope. Children who are able to successfully cope in the face of adversity and a traumatic event are resilient. Studies provide evidence that children who have been exposed to traumatic events, such as war, violence, the death of a significant person or life-threatening disasters, can do well under certain circumstances. Some children can emerge from

horrific life experiences with several strengths or resilient attributes. Resilience is a set of beliefs, feelings and behaviors following adversity in which children and adults successfully adapt to challenging and threatening situations and their aftermath. Resilience is not a trait that individuals either have or do not have. It can be fostered, learned and shaped through experiences. It is shaped by individual differences and recovery responses by the immediate environment.

### IDENTIFYING CHILDREN AT RISK

There are certain risk factors that contribute to children's difficulty in coping to adverse life events. Children at great risk are those who:

- Directly experienced the event
- Directly witnessed the event or had a family member who was involved in the event
- Experienced fear for their life during the event
- Survived the death of a parent or significant person
- Were separated from loved ones
- Experienced mental health or learning problems prior to the event
- Experienced a prior traumatic event
- Lacked a strong social support network
- Had a parent who experienced increased levels of stress and fear as a result of the event

However, it should be noted that children who are identified at risk prior to a traumatic event may have



positive outcomes. In fact, children who effectively cope with adversity and overcome risk factors share certain characteristics related to resilience.

## WHAT IS RESILIENCE?

The following offers a guide of characteristics related to building and fostering resilience in children. However, it should be noted that children do not need to exhibit all the factors listed below in order to effectively cope with adversity.

**Good relationships** Caring, supportive and strong relationships with family members and friends foster resilience in children. Resilient children accept help and support from others around them, provide help at a time of need and become involved in community-based activities.

**Positive outlook** Children who have hope and a positive outlook about the future are more likely to effectively cope with adversity. At the time of a stressful event, these children consider how the situation could be better and believe that their lives and circumstances will be improved in the future.

**Optimism** Children who are able to cope with adversity maintain an optimistic outlook. When faced with difficult situations, they try to visualize their future and their goals, and have hope that they will be able to accomplish their goals in the future. They believe that “everything will work out” for them.

**Self-confidence and positive self-view** Resilient children believe in themselves, their skills and their ability to take control of their lives and situations. They have confidence in their strengths and abilities and trust their instincts. Resilient children develop confidence in their ability to solve current and future problems.

**Decisive** Children with resilient traits tend to be proactive and take control of their situations. They make decisions for themselves and take steps to carry them out.

**Goal-oriented** Children with resilient traits are able to develop realistic goals and effectively reach their goals. They are proactive in taking steps toward accomplishing their goals.

**Persistent** Children who work hard at accomplishing tasks and completing goals are more likely to be resilient at stressful times.

**Frustration tolerance** Resilient children are able to cope with frustrating circumstances and tolerate frustrating and upsetting situations. They are able to manage strong feelings and impulses.

**Acceptance of the past** Resilient children are able to accept that events in the past cannot be changed. They recognize and accept that events in the past may change their present and future goals and circumstances. These children focus on situations that they can change, rather than dwell on events that cannot be changed.

**Realistic** Even when faced with a stressful event, resilient children consider the stressful situation in context and avoid blowing things out of proportion. These children are able to keep things in perspective.

**Pay attention to needs and feelings** Resilient children are attentive to their feelings, beliefs, needs and behaviors. They ask for help and talk about their feelings and experiences. They also engage in activities that they enjoy and find relaxing.

## CONSIDERATIONS FOR PARENTS AND PROFESSIONALS

Following are some considerations for adults when helping children and adolescents cope with frightening and tragic events. These are important aspects to consider when trying to foster strength and resilience in children:

### Characteristics related to the traumatic event

Children are more likely to cope successfully if their exposure to the trauma had limited impact. Children’s responses to a traumatic event are affected by the proximity to the event, nature of the relationship to the victims and emotional distress during the event.

### Children’s individual traits and resources

Individual characteristics, such as adaptability, intelligence, self-esteem, optimism and persistence, play a significant role in developing resilience and experiencing a positive outcome following a traumatic event.

**Developmental considerations** The process of resilience varies by age.

■ **Infants and preschoolers** seek out closeness and security from family members when exposed to a traumatic event. They have close attachment relationships with their primary caregivers. Resilient youngsters play out their fears and worries through play and explore their environments actively. When faced with a challenging



task, they persist and seek out encouragement and support from their caregivers.

- In **middle childhood**, resilient children are able to talk about their feelings and thoughts with friends and family, ask for help and use coping skills when faced with stressful situations. They engage in social events, remain involved in school, family and community events and participate in interesting activities. They maintain close relationships with family members and friends.
- Resilient **adolescents** talk about their feelings, beliefs and reactions to family and friends, despite their need for independence. They show an interest in their future and express hope for their future. They consider different points of view and understand feelings and thoughts that may be different from their own.

**Family environment** Children turn to family members and loved ones for support, love and reassurance at times of adversity. Children with supportive, available and attentive families are more likely to exhibit resilient attributes following a traumatic event. Resilient children have parents who provide supportive and consistent parenting practices, engage in open communication, problem solve with their children and protect their children from marital disputes and conflicts.

**Community support** Community programs that foster physical, social and emotional health in families can contribute to resilience. Community-based programs can provide the basis for prevention of emotional, social and behavioral difficulties. Programs focusing on skills such as parent training, academic support, job placement and safe recreational activities can build children's social, behavioral and emotional functioning, enhance strengths in children and families and build a sense of belonging and self-efficacy.

### TIPS FOR HELPING CHILDREN COPE AND FOSTERING RESILIENCE

Despite the potential for mental health problems following exposure to war, violence, terrorism or natural disasters, children can emerge from horrific life experiences with a positive outlook on life, and 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 foster such positive outcomes. When helping children and adolescents cope, it is important to first pay attention to aspects such as the child's temperament and develop-

mental stage, and family and community resources (see prior section for more details on considerations for parents and professionals). Below are some tips for adults to help children and adolescents cope following a frightening or traumatic event:

#### **Maintain a secure and predictable environment**

Be aware of recommendations from security experts regarding ways to insure children's safety and secure settings. Be alert in settings where large numbers of people gather. Secure and predictable 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 supportive, caring and accepting adult, who frequently spends time with them. It is also important for children and adolescents to have an adult in their life who provides them with information, guidance and discipline during times that may be unpredictable, frightening and disruptive.

#### **Be sure that children and teens know techniques to calm themselves**

Give children and adolescents the opportunity to relax through play, discussions, 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, using alcohol or drugs or risk-taking behaviors, such as extreme sports.

#### **Help children understand the 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 terrible events are very unlikely to happen to them or member 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 in 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 interventions** Be on alert for negative emotional and behavioral 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 or adolescent'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 of events 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. Rather, providing children with basic facts, an understanding of the real statistical probability of disaster and reassurance are ways to help children cope during frightening and potentially traumatic times.

**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, feel connected to a larger social group and engage in more positive behaviors.

**Help children develop a positive outlook for the future** Children and youth are generally optimistic but traumatic events will most likely shake their optimism. However, children who believe that negative events are temporary can take steps to make their future better. In addition, children 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.

**Take care of your own physical and mental health** Parents, caretakers and professionals must pay attention to their emotional and physical well-being during times of terrorism, war or natural disasters. Children need adults who are available, supportive, calm and as mentally and physically healthy as possible. Children look to adults for support, guidance and reassurance. Children with important adults in their lives who are healthy can develop strength in their presence.

Please refer to the Section II for additional tips to talking to children and adolescents about terrorism and natural disasters.



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## SECTION IV BEREAVEMENT REACTIONS AND GUIDELINES TO HELPING CHILDREN COPE

# Chapter 10 Children and Bereavement: How Children React to the Loss of a Loved One

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Individual children will experience and express grief in many different ways. For children, the loss of a significant person will require both short- and long-term adjustments. There is no “timetable” for the grieving process, nor are their predictable “stages” of emotion that each child must pass through. This section will present important considerations in understanding children’s reactions to bereavement and loss.

### PRIMARY AND SECONDARY LOSSES

While the physical loss of a person is considered to be the “primary loss,” many other aspects of the child’s life will change following the death of a loved one. These other changes are considered to be “secondary losses,” and can be thought of as the “ripple effects” of the death. Some examples of secondary losses include:

**Sense of security** Often, the loss of a loved one can shake one’s sense of emotional or physical safety. A change in financial security, having to relocate or a change in lifestyle may also accompany the loss.

**Sense of faith and purpose** Many children will report that the loss has led them to question their faith; others will question and re-evaluate previous goals and the meanings assigned to those goals.

**Sense of identity** The death of a loved one, particularly a parent, may change the way a child views him or herself, is viewed by others and the role he or she plays in the family and community.

### BEREAVEMENT COPING TASKS

The process of bereavement has been characterized as a series of “tasks” that one must confront and resolve. For children, these “tasks” are as follows:

**Understanding that the person has died and will not return** Understanding means believing the death has occurred and being aware of the permanent ways in which life will be impacted.

**Working through negative and painful emotions** Unaddressed feelings can lead to physical symptoms and emotional difficulties, and are likely to resurface at a later time. Experiencing painful feelings is an important task in coming to terms with loss.

**Adjusting to a life without their loved one** Children will need to adjust to new routines, responsibilities and roles. For example, a teenage girl may need to take a part-time job to assist with family finances. A young boy will need to accept that Dad doesn’t read stories as well as Mom.

**Finding an appropriate way to retain memories of the deceased, while also forming new relationships** As time passes, memories of the deceased should become less painful, and the child will be able to reinvest physical and emotional energy into other areas of his life. For example, a child might start to identify ways in which they have incorporated qualities of the deceased into their own personality or life. At the same time, it is important that children form new relationships and develop new support systems. Thus, a relationship with a school sports coach may become stronger as the child seeks new role models and guides.



## FACTORS AFFECTING A CHILD'S ADJUSTMENT TO DEATH

**Demographics** Families may be more or less limited in their ability to access help for the child's immediate and long-term needs. Concurrent stressors for the family, such as financial problems and difficult living situations will further limit the child's ability to cope with the death.

**Type of death** When the death follows a prolonged illness or is anticipated, the family has some opportunity to prepare and to be involved in the dying process. Often, this also means that they have planned for or taken preventative measures to address the child's emotional reactions to death. The shock involved in traumatic and sudden deaths can be more difficult for the child to comprehend, and may therefore be more emotionally challenging for them. Certain causes of death, such as suicide, homicide, AIDS or drug-overdose may carry stigma, and the resulting embarrassment or shame a child feels may further complicate the mourning process.

**Quality of the relationship and type of interactions prior to the death** The type of relationship shared between two people prior to the death affects the child's emotional response to the loss. For example, a rebellious teen may feel guilty for harsh words said to a parent in a moment of anger.

### Emotional functioning of surviving adults

Particularly in the case of the loss of a parent, the surviving parent's ability to continue routines and tasks of daily living will greatly influence the child's success in managing the bereavement process.

## COMMON CHILDHOOD REACTIONS TO THE DEATH OF A LOVED ONE (ALL AGES)

### Behaviors:

- Crying
- Aggression, irritability, bullying
- Sleep disturbances
- Academic problems or decline, refusing to attend school, trouble with memory and concentration
- Attempts to minimize conflicts among family members
- Decreased interest in interacting with friends and engaging in usual activities

### Emotions:

- Sadness, isolation, withdrawal
- Fears, anxiety, panic
- Denial of emotions, avoiding discussion of the death and feelings
- Longing for the person who has died
- Feel "different" from other children who have not experienced a loss

### Thoughts:

- Resentment
- Self-blame, guilt
- Concern about physical health and physical complaints
- Repetitive thoughts, talk or play related to the death
- Desire to protect and help caregivers and family members
- Children who have experienced a loss or death directly
- Overly sensitive to failure or rejection

## AGE GUIDE FOR HOW CHILDREN UNDERSTAND AND THINK ABOUT DEATH

Children's reaction to death is influenced by their cognitive ability to understand what has occurred. The following is a list of developmentally appropriate features of children's understanding of death:

### Toddlers and preschoolers: 2-5 year olds

- Fail to understand "irreversibility" of death, believe the person will reappear—that death is temporary and can be reversed or "undone"
- "Magical thinking"—may secretly feel that they caused the death or believe that death is a punishment for a wrongdoing
- Think that the dead person has living qualities (e.g., can cry, feel, see)
- May act or talk as if deceased persons is still alive, despite having attended a funeral
- May think only elderly people die

### Early school-age children: 6-9 year olds

- May become very interested in details about death
- Start to understand that death is irreversible and happens to "others"
- Have an increased vocabulary and understanding of health, illnesses, germs, contagion, etc.



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- May “personify” death (e.g., The Grim Reaper)
  - May continue to believe that their own thoughts have the power to cause a death
  - May try to be the “perfect child” to bring the deceased back to life
  - May express a desire to be reunited with the deceased

**Middle school-age children: 9–12 year olds**

- More capable of abstract thinking
- Mature understanding of death, it is irreversible and happens to everyone
- Understand that the body stops functioning completely after death

**Early teens and adolescents: 13–18 year olds**

- Understanding of death is similar to that of adults. Will show grief reactions (sadness, depression) similar to that of adults
- Able to consider and think about personal mortality
- Able to evaluate and consider the future given the loss of important people in their lives
- May see the death of a significant person as a formative component of their sense of identity and life purpose



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## Chapter 11

# Helping Bereaved Children Cope

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Although attitudes are changing, death and illness are often treated as “taboo” subjects. Understandably, many parents feel awkward answering their children’s questions about death—perhaps feeling concerned that children might become “irrevocably damaged” if they say the wrong thing.

### PROMOTING HEALTH COPING FOR CHILDREN AFTER TRAUMA

#### Encourage the expression of feelings

- Be available to the child. Provide a safe place for talking about feelings, and be accepting of varied feelings.
- Help the child to label the different emotions he/she may have; normalize feelings by letting the child know that is OK to feel irritable and sad, even angry. Remind the child that it is not a good idea to “take out” negative feelings on other people.
- Discuss changes in the family and work together to develop solutions for problems.
- Use outside resources, such as books, for explanations and discussion of feelings.
- Try to provide a quiet place where children can talk with you, where distractions are minimized (e.g., turn off the phone).
- Try to pick specific times of day that you and your child discuss feelings—such as after school. When possible, avoid serious discussions right before bedtime, as this may cause sleep disruptions.

#### Maintain routines and provide sense of safety

- Provide plenty of reassurance about who will care for them.
- Try to maintain as much of their normal routine as possible.
- Establish consistent, secure and stable care-taking.
- Monitor and limit adult conversations about the death around children.

#### Encourage supportive friendships and social networks

- Communicate with adults in the child’s larger network who can help with changes in the child’s life (e.g., teachers, friend’s parents, coaches).
- Encourage confiding in persons or professionals outside of the family; some children are uncomfortable expressing strong emotions to their parents for fear of upsetting or hurting them.
- Prepare the child’s peers and friends for the child’s sadness, and encourage them to continue to provide the child with opportunities for normal activities and interactions.

#### Teach coping skills

- Help children plan for handling questions from other peers and adults in their lives. Discuss preferences regarding desires to keep things private. Practice what to say when discussing the situation.



- Schedule and allow for fun activities. Encourage involvement in familiar recreational and social activities.
- Help the child to construct positive memories of the person who died.

### **Tune in to the child's experience and signs of distress**

- Be sensitive to clues of the child's self-blame and correct myths or misunderstandings. Reinforce the fact that the child is not at fault, and that illness and death are not forms of punishment.
- Monitor changes in other areas of the child's life, such as academics, social life and sports involvement.
- Try to resist expecting children to fulfill adult roles and responsibilities.
- Give honest answers.
- Expect variability of mood and behaviors, and be patient.
- Help the child to regain feelings of self-confidence and self-control, while also understanding temporary needs to revert to earlier behaviors (e.g., sleeping in bed with the parents). Continue to set limits for inappropriate behaviors (e.g., staying up past bedtime).

### **AGE GUIDE FOR TALKING TO AND CARING FOR BEREAVED CHILDREN**

While the primary consideration is maintaining an open and comfortable environment in which children can discuss their concerns, the following are some more specific guidelines for talking about death with children in different age categories:

#### **Toddlers and preschoolers: 2–5 year olds**

- Reassure children that they are safe and will be cared for, and that adults will always be there to help them.
- Use analogies to similar situations or experiences the child understands, such as the death of a pet or the changes in flowers in the garden.
- Give honest and clear answers, and offer simple explanations for illnesses and causes of death. If possible, relate the death to an aspect of the child's experiences:
 

*“When someone has a heart attack it means blood got stuck going to the heart just like when cars are stuck in a traffic jam.”*

*“When people die we can't see them anymore but we can look at them in pictures and remember them.”*

- Use picture and story books to explain concepts on their level.
- Encourage the expression of feelings, verbally, in play and art.
- Expect, and be patient with, repeated questions.
- Reinforce that the child is not at fault.
- Soothe and comfort young children in familiar ways such as rocking, cuddling and singing songs.

#### **Early school-age children: 6–9 year olds**

- Provide clear and honest information, describing what you know and admitting that no one knows the answer to certain questions.
- Give honest and clear answers. Use simple explanations about causes of the death.
- Use real vocabulary for the death, avoid euphemisms (e.g., he went to a “better place.”) Children are easily confused by vague answers.
- Be as concrete as possible; use simple diagrams and pictures to describe things such as the body and injuries.
- Find out what the child already thinks and knows. Ask the child questions before you make assumptions about his/her needs.
- Prepare the child for anticipated changes in routines or household functioning and about major adjustments such as the need to attend a new school. Talk about what the changes will mean for the child.
- Encourage the communication of unpleasant and confusing feelings.
- Validate and normalize any difficulties the child encounters with regard to school, peers or family.
- Allow for repetitive questions.

#### **Middle school-age children: 9–12 year olds**

- Engage the child in more specific discussions about the death and invite questions.
- Look for opportunities to address feelings when the child is ready, or as different situations arise.
- Let children choose their own pace for discussing their feelings.



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- Educate children about common reactions (e.g., anger, sadness, etc.) and the problems they may encounter if they avoid difficult feelings (e.g., they may feel worse at a later point).
  - 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 what they want to say to others (e.g., teachers, friends).
  - Encourage memorialization of someone who died in ways that are personally meaningful.
  - Share aspects of your own response and ways of coping.

### **Early teens and adolescents: 13–18 year olds**

- Understand that many adolescents may have a fear of expressing strong emotions, particularly as it may create a feeling of embarrassment.
- Look for feelings of anxiety or feeling “overwhelmed.” Many teens may feel pressured to be responsible and to take on adult roles.
- Be cautious if the teen wants to make major life changes immediately following a death. Encourage careful consideration of choices.
- Openly discuss the ways in which you feel the death may be influencing the adolescent’s behavior.
- Educate the teen about the potential risks of substance use and illegal behaviors. Be sensitive to clues of increased risk-taking.
- Encourage the continued development of independence and self-reliance.
- Be reasonably flexible with rules, academic and behavioral expectations.



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## Chapter 12

# Anniversaries, Memorials and Special Occasions

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An anniversary of a traumatic event or loss can be very painful, especially in the first year. For those who lost a loved one, the first set of holidays and significant events without a loved one are the most difficult. For those involved in a large-scale traumatic event, such as the World Trade Center attacks or a hurricane, the anniversary may bring up feelings of loss, sadness and fear.

Anniversary events help people to share memories, appreciate positive changes that have occurred and look ahead to the future. When planning for an anniversary of a traumatic event, although the event itself was unpredictable and out of one's control, it is possible to have some control over the anniversary of the event.

### TIPS FOR ANNIVERSARY PREPARATION

#### CONSIDERATIONS FOR TEACHERS AND SCHOOL PROFESSIONALS

**Get all the information** 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/her vulnerability to difficult feelings.

**Be inclusive** Include all members of the school community in planning the day. Communicate the plan of activities to parents prior to the event. Plan how to accommodate parents who may wish to be with children during all or part of the events.

**Be structured** 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 attentive** Be informed and attentive to signs of difficulty in children and be alert to students who may need to be referred for short- or long-term support.

**Use resources** Resources inside (e.g., quiet reading area) and outside the classroom (e.g., guidance counselor's office) should be available for children who may feel stressed or upset.

**Support plan** Develop a personal support plan with members of the school community if feelings or events become overwhelming.

#### CONSIDERATIONS FOR SCHOOL ADMINISTRATORS AND LEADERS

**Be supportive** Support your staff regarding their feelings and thoughts related to the anniversary.

**Provide a safe space** Have a quiet space for staff or children to go to if they need some time alone.

**Maintain structure** Encourage staff to have a planned structure to their day. Implementing familiar activities can be helpful and calming.

**Prepare commemoration efforts** Be thoughtful regarding the approach you and your staff want to take. Communicate decisions as to the final approach you will take with the commemoration ahead of time. It is



important that everyone has the chance to get comfortable with and process the approach that will be taken.

**Be flexible** Flexibility related to staff’s varying needs is essential. Some individuals may be sensitive regarding the anniversary while others will not. Try to approach each member of your staff as an individual.

**Limit media coverage** Encourage your staff to limit their exposure to media coverage of the event and the anniversary.

## CONSIDERATIONS FOR PARENTS AND FAMILY MEMBERS

**Speak to children’s teachers and school professionals** If children will be in school or elsewhere, obtain information about what is planned. This is especially important so that parents can speak to children prior to the event to prepare them for the memorial. Similarly, teachers and school professionals should inform parents and children of the upcoming anniversary event.

**Be mindful of feelings** 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 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** Include everyone involved in the decision making. Discuss individual thoughts, concerns, ideas and feelings together. Respect everyone’s wishes as much as possible. Everyone has a personal own way 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 with a familiar routine and surroundings. Plan activities and events that provide structured options.

**Consider options** Consider how different options for memorialization fit your needs. If the event was public and large-scale, such as the events of September 11th, there will be several memorials. Decide if you prefer to be part of a large public gathering, if you want to be involved in traditional community ceremonies 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 relationships.

**Expect emotions** Even those who have been adjusting to the trauma or death in a positive manner 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.

**Use social support networks** Spend time with friends and family and use all resources available. Those who have previously been a source of support will appreciate being asked to help and can provide comfort and assistance, be 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 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** It is important to model healthy expression of feelings and control, especially to younger children.

**Limit viewing of the 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 re-experiencing of past symptoms, or provoke new anxiety and stress related to the trauma.

**Embrace new relationships and activities** New relationships and exciting new things may 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 bereavement and loss process. Some may need help getting through a rough patch, establishing perspective on events, managing still troubling feelings or just talking things over. If events or feelings seem to interfere with everyday activities, seek help from a professional.



## COPING WITH HOLIDAYS AND SPECIAL OCCASIONS

Holidays and special occasions may be especially hard for children who lost a family member or close friend during a terrorist attack or natural disaster. The special occasion may give rise to feelings of sadness, fear or anger. Significant events, including holidays and special occasions, such as birthdays and graduations, highlight that a loved one is missed. Special days in children's lives may feel different for them after the loss of a close family member or friend and children may experience new emotions like anger and sadness.

Below are suggestions for parents to cope with holidays and special occasions:

**Do the best you can** Getting through the first special event, such as a birthday or Thanksgiving, is a big step. There is no “correct” or “incorrect” way to handle a special occasion. You can only do what you feel is best.

**Do not feel pressured** Celebrating a holiday or special occasion after the loss of a loved one is very hard for family members. Do not let anticipation of the special day cause more stress than needed and do not feel pressured to celebrate the special day in a way you do not prefer.

**Plan ahead** Planning ahead for the special occasion will help address some of the stress, anxiety and anticipation related to the holiday or special occasion for you and your children.

- Speak to your children prior to the special occasion or holiday. Listen to their suggestions for plans for the special event. Try to incorporate everyone's ideas and consider all family members' feelings regarding plans for the occasion.
- Find out ahead of time about the details of the special events you are attending. Consider if any particular aspects of the event will make you or your children feel uncomfortable.

**Be flexible** Do not feel that you have to stick to a certain way of doing things; you can change your mind.

**Respect others** Everyone deals with things differently. Respect those who approach the special occasion differently from you.

**Establish new traditions** Be open to the idea of establishing new traditions and ways of doing things. At the same time, you may incorporate the new traditions with old ones.

**Anticipate children's reactions** Think ahead so you can deal with moments that may be awkward or upsetting for children. Consider and anticipate your children's reactions to planned events. Talk to your children about their feelings and concerns prior to the event and problem solve ways in which you can help them better cope.

**Help children with their feelings** Provide an environment that will allow children to freely express their feelings and thoughts.

**Initiate discussions** Talk openly with your children about the upcoming special event or holiday. Listen to their input about suggestions for the occasion and their feelings and thoughts related to the suggested plans.

**Anticipate questions** Discuss questions and comments children may receive from others. This will prepare them for what they may experience when they get together with others for the special occasion.

**Encourage children to engage in activities** Activities that help your children to remember and feel connected to their loved one can be helpful. Suggested activities include: writing an essay about the person, creating a family tree, making a scrap book and volunteering or donating in the person's honor.

## ABOUT MEMORIALS AND FUNERALS

**Consider the child's age** Very young children (infants–age 4) may not have the physical ability or 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.

**Follow the child's desires** Encourage participation in memorial-related activities according to the child's stated desires and timetable; find out if, how and when a child wants to contribute to the situation.

**Inquire about the child's wishes** Attendance should not be a requirement, but it should be an option. It should be stressed 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. Private rituals may be preferable for some children. For example, writing a poem or letter that is read aloud or put in a casket by an adult, or visiting the gravesite and bringing flowers after the burial are some other ways of saying goodbye.

**Describe the situation clearly to the child** In order to help the child decide whether to attend the funeral or memorial service, tell the child what will take place and what to expect in clear and simple language. These services are unlike any other experience. Explain what the child will see and how people might react. At any age, children can become confused by these types of events and by seeing other people's expressions of strong emotion. Funeral home staff is often accommodating and sensitive to parents' wishes, for example, should they want to bring their child to the funeral home ahead of time to help in the preparation.

**In the case of a deceased parent, take into account the surviving parent's emotional state** 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 parent and stress on the child.

**Ask children about their preferences at different intervals** Expect that feelings and levels of interest in participation will change across situations.

**Remember that attendance does not need 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 but then going to spend time with a family friend. Also, give children permission to withdraw and re-enter family events as they need.

**Find out more details** 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. 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 ceremonies, other activities are often 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.

**Consider cultural differences** 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.

### DECIDING TO ATTEND 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 through personal losses, friends' losses or from the media. In these situations, it is often helpful for the children to participate in community services, 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 express concern.

### THE MEANING OF CEREMONIES

The funeral or memorial service is only one event in the goodbye process. Although such events serve as a concrete marker of the end of a life and the beginning of a period of change, they will not result in emotional closure for all feelings. Feelings about the lost person and reactions to the death will change throughout the child's lifetime.



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## ILLNESS, INJURY AND HOSPITAL VISITS

Parents often struggle with how much information about conditions and treatments to share with their children, as well as how much the child should be exposed to the process of care. Some general guidelines:

**Consider the child's age** Very young children are most likely to become distressed and confused by hospital visits.

**Be respectful of children** As much as possible, be respectful of their level of expressed interest in involvement. Give children choices about how to participate. They should not be forced to visit the hospital, but can be given options for staying connected such as cards, phone calls, e-mails, photographs and sending gifts.

**Consider the child's general tolerance level for difficult experiences**

**Explain procedures clearly** Use concrete terms to explain medical procedures (e.g., "IVs are like straws to give medicine").

**Prepare** Talk to the child about what to expect. Describe not only the hospital itself, but how the affected person might look and what medical equipment will be seen, or be in use, and why. Think ahead about activities as well; some children are content to do homework while visiting mom, others might prefer a video game to help pass the time.

**Structure the visit ahead of time** Decide how long the visit will last and where to meet or debrief (the cafeteria or lounge area are some options). Hospitalized patients may consider wearing street clothes during the visit to reinforce a sense of normalcy. Consider the best time to visit based on the patient's hospital treatment routine and mealtimes.

**Determine frequency of visits** One visit may be all that is needed to help the child develop a concept of the hospital, to visualize where the person is staying and to feel secure that the person is all right.

**Use judgment** Children's exposure should be moderated by the severity of the illness or injury and the parent or loved one's general health and appearance while receiving treatment.



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## SECTION V WHEN AND HOW TO GET HELP

# Chapter 13 Recognizing When Children Need Help

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One of the most difficult tasks for a parent whose child has been exposed to a traumatic event, natural disaster or a death is deciding whether or not additional help from a mental health professional is needed. 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.

Parents 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, prognosis is better when the mental health problem is identified and treated early.

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. However, it is not unusual for the reactions of any individual child to change many times in the days and weeks following a crisis. While some of these reactions are short-lived and resolve on their own, others may linger for months or years after the event has occurred. In addition, some difficulties may not even appear until months or even years after the event. For those children experiencing more difficulty returning to normal, professional help may be necessary.

### WHEN TO SEEK PROFESSIONAL HELP

Many physical and emotional signs suggest a possible mental health problem. Problems can range from those of serious concern (for example, when a child or adolescent has lost touch with reality or is in danger of harm-

ing him or herself) to 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, when bringing a child to a mental health professional, symptoms will first be evaluated with respect to their:

- Intensity
- Duration
- Age-appropriateness
- Level of interference with daily life: in school, at home, with peers



## MENTAL HEALTH PROBLEMS OF CONCERN

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 and/or depression. Each of these diagnoses will be discussed in detail below.

## POSTTRAUMATIC STRESS DISORDER IN CHILDREN

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

### 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/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 or thumb sucking
- Difficulty sleeping or concentrating

- Detachment from others or 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 such as Hurricane Katrina, children and teens most at risk for PTSD are those who:

- Directly witnessed the event(s)
- 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
- 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
- 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

*For more specific tips on helping children cope, see Section II.*



## COMMON QUESTIONS AND ANSWERS

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

Grief responses may include some of the same symptoms we see in individuals with PTSD, such as sadness, withdrawal, intrusive thoughts or avoidance of people and places that serve as reminders. While grief responses are usually worked through with time, PTSD may be part of the reaction for individuals who continue to experience these symptoms for one month or longer.

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

Children who have been exposed to a traumatic event may be at risk for PTSD at any age. 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.

## 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 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. For more information on types of treatments and where to get help, see Chapter 14.

## ANXIETY DISORDERS IN CHILDREN

Anxiety is a normal, natural emotion experienced by all human beings. However, 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 about not having the right answer that she never raises her hand; or 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 and/or 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 and family matters
- Fear of being negatively evaluated, rejected, humiliated or embarrassed in front of others
- Fear of giving oral reports, participating in gym class, starting or joining in conversations, eating in public places or talking to 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 hand washing

## Who is likely to have an anxiety disorder?

An estimated 5 to 20 percent 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 happen 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.

## COMMON 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 that 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 percent 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.

## HOW ARE ANXIETY DISORDERS TREATED?

Cognitive behavioral 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. For more information on types of treatments and where to get help, see Chapter 14.



## DEPRESSION IN CHILDREN

All kids have a “blue mood” at some time. When the mood does not 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 condition called dysthymia, 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 two and three year-olds can be depressed. One to 2 percent of children aged five to 11 are diagnosed with depression and that number jumps to 8 percent 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, usually there is a preexisting physiological vulnerability to depression. Most likely the depressive reaction is the result of the 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 percent more likely to become depressed themselves.

## COMMON QUESTIONS AND 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, to complain of being bored and are 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 can 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 does not 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 to pursue and enjoy activities.

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

Medication or CBT 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



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most kids, medications alone are not enough. A supportive, understanding, caring environment is also needed.

### **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 medication to be helpful. Cognitive therapy that helps children learn how to monitor potentially troubling situations and feelings, how to counteract negative thinking and how to develop ways to handle sad feelings has also been shown to be effective.



## Chapter 14 Getting Help

You may not be sure that 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. But how does one know which professional to contact? The following suggestions might help:

- 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.

### TYPES OF MENTAL HEALTH PROFESSIONALS

How does one know if a professional is qualified to treat your child? Obtaining the following information would be helpful in deciding on a professional and type of treatment.

**Professional's credential 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 mental health professionals are:

- **Psychiatrists** have an M.D. degree and can prescribe medications. In addition, psychiatrists often provide therapy.

- **Psychologists** (Clinical, Counseling and School) have a Ph.D. or Psy.D. degree and are specifically trained to provide a wide variety of psychotherapeutic interventions. In addition, psychologists are experts in administering and interpreting 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 who provide psychotherapy 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 (e.g., depression, PTSD, trauma).

**Parental involvement** It is important to discuss and understand how parents will be 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. If the professional is not willing to discuss these issues up front, find someone else.

**Cost and insurance policy** It is the parents' responsibility to know their own financial resources and any insurance requirements and limitations. Not all insurance companies reimburse for all mental health services.



**Location and ease of accessibility** Treatment must balance convenience with availability of the professional.

## TYPES OF TREATMENTS AND INTERVENTIONS

Often when parents think of psychological or psychiatric treatment for children, they think of psychopharmacology (i.e., medications). However, medication is only one option among many for certain disorders. A wide variety of treatments are 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 and some involve play and art.

Some of the more common non-medication treatments include:

**Cognitive Behavior Therapy (CBT)** This approach helps the child learn more productive and adaptive ways of thinking and behaving.

**Traditional “talk” 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 member 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.

## COMMON QUESTIONS AND ANSWERS

### ***“I’m embarrassed and uncomfortable about the problem – am I a 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 to therapy?”***

Talking directly and honestly with the children can diminish their concerns. Forcing someone into treatment almost never works, 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 your child’s 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 also foster cooperation.

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

Often, yes. However, after a disaster a number of organizations provide low-cost or no-fee mental health services for families impacted by the disaster. In addition, 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.

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

It is important to make time available for treatment and to adjust your family’s schedule accordingly. 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.



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***“Other people will find out and think there is 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 allow 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.

***“What is involved in a psychological 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 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 resource or professional, 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.



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## SECTION VI PRACTICAL GUIDE FOR PARENTS AND PROFESSIONALS

# Chapter 15 Providing for Your Family After Trauma or Death

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### ADVOCATING FOR YOURSELF AND YOUR FAMILY: OBTAINING NECESSARY RESOURCES

Many government and community agencies develop or spring to action after events that cause destruction and death. If you or your family has been affected by such an event (like a hurricane, earthquake or terrorist attack), it is important for you to determine what types of resources may be available to help. The following guidelines may be kept in mind during this time.

National organizations may be able to help with financial assistance, health services and/or temporary housing. The following contacts are a good place to start:

#### **American Red Cross**

**[www.redcross.org](http://www.redcross.org)**

Red Cross disaster relief is geared toward meeting people's immediate emergency disaster-caused needs. In the case of emergency, you may contact your local American Red Cross chapter, which may be found by entering your zip code at [www.redcross.org/where/where.html](http://www.redcross.org/where/where.html).

#### **Salvation Army**

**[www.salvationarmyusa.org](http://www.salvationarmyusa.org)**

When the Salvation Army initiates a disaster relief operation, the first aim is to meet the basic needs of those who have been affected, including both survivors and first responders.

#### **Federal Emergency Management Agency (FEMA)** **[www.fema.gov](http://www.fema.gov) or 1-800-621-FEMA (3362)**

FEMA is part of the Department of Homeland Security, and its mission is to effectively manage federal response and recovery efforts following any national incident.

Many new organizations and agencies are likely to develop, particularly following large-scale or national disasters. Unfortunately, new agencies and the benefits they offer are often unable to seek out those recipients who require the most assistance. It will be important for you to advocate for yourself and your family in order to find the resources that you need, depending on the situation.

Local organizations may also be able to provide direct assistance. You may want to contact any of the following types of agencies in your neighborhood:

- Unions
- Rotary clubs
- Community centers
- Churches, synagogues and mosques

For other organizations that develop around a specific event, pay attention to announcements in your local media, particularly on the radio and in newspapers.

You may find yourself receiving monetary donations from agencies that you were previously unaware of, or even from strangers. This may be awkward at first, and even potentially lead to feelings of guilt. If this is the case, it may be helpful to consider that financial benefits



may be able to relieve later problems down the line. If you feel that you have more than enough financial resources and continue to receive donations, you may of course begin to provide to more needy families or find other ways of giving back to your community.

**LOCATING VITAL DOCUMENTS IN ORDER TO SECURE YOUR FUTURE**

In the event of a natural or man-made disaster, the American Red Cross ([www.redcross.org](http://www.redcross.org)) recommends that you gather certain important documents. The following list summarizes these documents and indicates where replacement documents may be found:

<b>Driver's License</b> .....	Department of Motor Vehicles
<b>Government Issued ID</b> .....	Contact the issuing authority
<b>Insurance policies</b> .....	Your insurance agent or company
<b>Military discharge papers</b> .....	Department of Veterans Affairs, 1-800-827-1000 or TDD/TTY 1-800-829-4833
<b>Passports</b> .....	State Department—Passport Services, 202-955-0430 (24 hours)
<b>Birth, death and marriage certificates</b> .....	Bureau of Records in the appropriate state
<b>Social Security or Medicare cards</b> .....	Local Social Security office, 1-800-772-1213 or TDD/TTY 1-800-325-0778
<b>Credit cards</b> .....	Contact the issuing companies as soon as possible
<i>Mastercard</i> .....	Contact issuing financial institution
<i>VISA</i> .....	1-800-VISA911 Contact issuing financial institution
<i>American Express</i> .....	1-800-441-0519
<i>Discover</i> .....	1-800-discover (1-800-347-2683), TDD/TTY 1-800-347-7449
<b>Titles to deeds</b> .....	Records department of the area in which the property is located
<b>Stocks and bonds</b> .....	Issuing company or your broker
<b>Will</b> .....	Your attorney
<b>Income tax record</b> .....	The IRS center where filed, your accountant or 1-800-829-1040
<b>Citizenship papers</b> .....	Bureau of Citizenship and Immigration Services, 1-800-375-5283
<b>Mortgage papers</b> .....	Lending institution



## TIPS FOR BEREAVED PARENTS AND SPOUSES:

### FIRST STEPS FOR ORGANIZING YOUR RESOURCES AND PLANNING FOR YOUR FUTURE\*

In the aftermath of a loved one's death, people tend to experience a wide range of emotions along with their grief. It may become difficult to navigate even simple tasks of daily living. Unfortunately, it is typically up to those closest to the deceased, such as parents and spouses, to organize the loved one's financial and other resources in order to plan for the future. The following guidelines are designed to help loved ones begin this process:

**Take time to grieve and to put off making life-changing decisions** Do not feel pressured to make immediate decisions, such as whether or not to relocate, which may have lasting consequences.

**Utilize your network of friends and family to help you get organized** If you have someone in your life who happens to be a lawyer, accountant or financial planner, this is a good time to ask that person for guidance. If possible, designate one trusted individual to be responsible for filling out necessary paperwork.

**Find a specific place in your home to conduct all work related to organizing your current resources and planning for the future** This will help to contain the multitude of paperwork from spilling over into all rooms of your home.

**If feasible, purchase a copy machine, perhaps as part of a fax** You will likely have many official documents to manage, and it will be important to make copies for your records.

### Two government agencies typically need to be notified in the case of a loved one's death:

- Social Security Administration - [www.socialsecurity.gov](http://www.socialsecurity.gov)
- Internal Revenue Service - [www.irs.gov](http://www.irs.gov)

### If the death was a result of a natural disaster or other wide-scale event (such as a terrorist attack), you may be entitled to certain benefits from government agencies and non-profit organizations

For more information about navigating these systems, refer to the tips outlined in the section at the start of this chapter, entitled "Advocating for yourself and your family: Obtaining necessary resources."

### It may be helpful to have the following documents accessible to you as you begin to organize and plan for the future:

- Death certificate - Available at the funeral home or the County Health Department (or in some cases, at the City or Town Hall)
- Social Security Numbers for your immediate family - Including the deceased, yourself and your children
- Copies of birth certificates of all immediate family members - Available from the public health office in the state of birth
- Will - If you do not have a copy, contact the lawyer who drafted the will
- Tax-related documents - Go to [www.irs.gov](http://www.irs.gov) to download a booklet entitled "Information for the Survivors, Executors and Administrators"
- Records of bank accounts, stocks, bonds, and other assets
- Life insurance policy

### Other policies which may be important:

- Mortgage insurance
- Loan insurance
- Accident insurance
- Auto insurance
- Credit card insurance (as well as all credit card numbers and outstanding balances)
- Employee insurance

### If the deceased is your spouse:

- Obtain a copy of your marriage license from the Office of the County Clerk
- List your spouse's past employers to check for potential benefits

\*Adapted from *What am I supposed to do now? A practical guide to your first year of Widowhood*, written by The Mothers of September Smiles.



## Chapter 16

# Resources for Parents and Professionals

### Organizations and Agencies

#### 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  
(212) 966-7300  
[www.aacap.org](http://www.aacap.org)

#### American Psychological Association

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

#### American Red Cross National Headquarters

2025 E Street, NW  
Washington, DC 20006  
(202) 303-4498  
[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)

#### Federal Emergency Management Agency (FEMA)

500 C Street, SW  
Washington, D.C. 20472  
(800) 621-FEMA (3362)  
[www.fema.gov](http://www.fema.gov)

#### Griefnet, Inc.

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

#### Helping Americans Cope Project

A.M. LaGreca, S.W. Sevin, E.L. Sevin  
7-Dippity, Inc.  
1313 Ponce De Leon Blvd. Suite 301  
Coral Gables, FL 33134  
(866) 7DIPPITY (734-7748)  
[www.7-dippity.com/other/op\\_freedownloads.html](http://www.7-dippity.com/other/op_freedownloads.html)

#### International Society for Traumatic Stress Studies

60 Revere Drive, Suite 500  
Northbrook, IL 60062  
(847) 480-9028  
[www.istss.org](http://www.istss.org)

#### National Alliance on Mental Illness

Colonial Place Three  
2107 Wilson Boulevard, Suite 300  
Arlington, VA 22201  
(703) 524-7600  
[www.nami.org](http://www.nami.org)

#### National Association of School Psychologists

4340 East West Side Highway, Suite 402  
Bethesda, MD 20814  
(301) 657-0270  
[www.nasponline.org](http://www.nasponline.org)

#### National Child Traumatic Stress Network

[www.nctsnetwork.org](http://www.nctsnetwork.org)  
At UCLA:  
National Center for  
Child Traumatic Stress  
NCCTS-University of California,  
Los Angeles  
11150 W. Olympic Blvd., Suite 650  
Los Angeles, CA 90064  
(301) 235-2633

At Duke:  
National Center for  
Child Traumatic Stress  
NCCTS - Duke University

905 W. Main St; Suite 24-E, Box 50  
Durham, NC 27701  
(919) 682-1552

#### National Institute for Trauma and Loss in Children

900 Cook Road  
Grosse Pointe Woods, MI 48236  
(877) 306-5256  
[www.tlcinstitute.org](http://www.tlcinstitute.org)

#### National Institute of Mental Health

6001 Executive Boulevard, Room 8184,  
MSC 9663  
Bethesda, MD 20892-9663  
(301) 443-4513 / (866) 615-6464  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

#### 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)

#### Salvation Army

615 Slaters Lane  
P.O. Box 269  
Alexandria, VA 22313  
[www.salvationarmyusa.org](http://www.salvationarmyusa.org)

#### 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)



## Suggested Reading and Additional Resources

### BOOKS ON BEREAVEMENT

#### For Children and Teens

*Aarvy Aardvark Finds Hope: A Read Aloud Story for People of All Ages About Loving and Losing, Friendship and Loss*  
D. O'Toole Compassion Books, Inc., 1988 (all ages)

*Badger's Parting Gifts*  
S.Varley  
Lothrop, 1984 (ages 5-8)

*Bridge to Terabithia*  
K. Paterson  
Crowell, 1977 (ages 12 and up)

*Charlotte's Web*  
E.B.White  
Harper, 1952 (ages 4-8)

*Chicken Soup for the Teenage Soul: 101 Stories of Life, Love and Learning*  
J. Canfield, M.V. Hansen & K. Kirberger, Eds.  
Health Communications, Inc., 1997 (ages 12 and up)

*Death Be Not Proud: A Memoir*  
J. Gunther  
Harper, 1949 (ages 13 & up)

*A Death in the Family*  
J. Agee  
Bantam, 1957 (ages 13 & up)

*The Fall of Freddie the Leaf: A Story of Life for All Ages*  
L. Buscaglia  
Slack, Inc., 1982 (all ages)

*Goodbye Mousie*  
R. H. Harris  
Margaret K. McElderry Books, 2001 (ages 4-8)

*How it Feels When a Parent Dies*  
J. Krementz  
Knopf, 1988 (all ages)

*I Miss You: A First Look at Death*  
P. Thomas  
Barrons, 2001 (ages 4-8)

*Lifetimes: A Beautiful Way to Explain Death to Children*  
B. Mellonie & R. Ingpen  
Bantam Books, 1983 (ages 3-8)

*Nana Upstairs and Nana Downstairs*  
T.A. de Paola  
Putnam, 1973 (ages 4-8)

*Stories for a Teen's Heart*  
A. Gray, Compiler  
Multnomah Publishers, 1999 (age 13 and up)

*Straight Talk About Death for Teenagers: How to Cope With Losing Someone You Love*  
E. Grollman  
Beacon Press, 1993 (ages 13 and up)

*A Taste of Blackberries*  
D.B. Smith  
Crowell, 1973 (ages 9-12)

*The Tenth Good Thing About Barney*  
J. Viorst  
Atheneum, 1971 (ages 4-7)

*The Tivo of Them*  
Alik  
Greenwillow Books, 1979 (ages 3-8)

*What on Earth Do You Do When Someone Dies?*  
T. Romain  
Free Spirit, 1999 (ages 9 and up)

#### For Parents and Professionals

*The Administrator's Guide to Crisis Response in the School Setting*  
B. Lovre  
Crisis Management Institute, 1998  
Available from: Crisis Management Institute, P.O. Box 331  
Salem, OR 97308  
(503) 585-3484  
www.cmionline.org

*Bereaved Children and Teens: A Support Guide for Parents and Professionals*  
E.A. Grollman  
Beacon Press, 1995

*The Class in Room Forty-Four: When a Classmate Dies*  
L.B. Blackburn  
Centering Corp., 1990

*Grief Counseling and Grief Therapy: A Handbook for the Mental Health Professional*  
J.W. Worden  
Springer, 1991

*Grief: The Mourning After: Dealing with Adult Bereavement*  
C. Sanders  
John Wiley & Sons, 1989

*A Grief Observed*  
C.S. Lewis  
Bantam, 1961

*Grief at School: A Manual for School Personnel*  
H. Fitzgerald  
American Hospice Foundation, 1998  
Available from: American Hospice Foundation  
2120 L Street, NW, Suite 200  
Washington, DC 20037  
(202) 223-0204  
www.americanhospice.org

*The Grieving Child: A Parent's Guide*  
H. Fitzgerald  
Fireside, 1992



*Healing the Bereaved Child: Grief Gardening, Growth Through Grief and Other Touchstones for Caregivers*  
A.D. Wolfelt  
Accelerated Development, 1996

*Helping Bereaved Children: A Handbook for Practitioners*  
N.B. Webb  
Guilford, 1993

*How Do We Tell the Children?: A Step-by-Step Guide for Helping Children Two to Teen Cope when Someone Dies*  
D. Schaefer & C. Lyons  
Newmarket Press, 1993

*How to Go on Living When Someone You Love Dies*  
T. Rando  
Bantam, 1991

*A Practical Guide for Crisis Response in Our Schools (4th Ed.)*  
The American Academy of Experts in Traumatic Stress, 1999  
Available from: The American Academy of Experts in Traumatic Stress  
Administrative Offices  
368 Veterans Memorial Highway,  
Commack, NY 11725  
(631) 543-2217  
www.schoolcrisisresponse.com,  
www.aaets.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.  
18 North Main Street  
P.O. Box 1159  
Shelborn, MA 01770  
(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**

*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 Professionals**

*Children Changed by Trauma: A Healing Guide*  
D.W. Alexander  
New Harbinger Publications, 1999

*Coping with Trauma: A Guide to Self-Understanding*  
J.G. Allen  
American Psychiatric Press, 1995

*Treating Survivors of Childhood Abuse: Psychotherapy for the Interrupted Life*  
M. Cloitre, L.R. Cohen, K.C. Koenen  
Guilford Press, 2006

*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**

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

*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

*"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

*The Day That Was Different: September 11, 2001: When Terrorists Attacked America*  
C. Marsch  
Gallopade International, 2001 (ages 9 and up)

*Feelings*  
Alik  
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)

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

### For Parents and Professionals

*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  
(202) 232-8777/ (800) 424-2460  
www.naeyc.org

*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: National Association for the Education of Young Children (NAEYC)  
1509 16th Street, NW  
Washington, DC 20036  
(202) 232-8777  
(800) 424-2460

*Open Minds to Equality: A Source Book of Learning Activities to Promote Race, Sex, Class, and Age Equity*  
N. Schniedewind  
Prentice-Hall, 1983

*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



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

N. Carlsson-Paige

Teachers College Press, 1995

*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



## The Institute for Trauma and Stress, NYU Child Study Center

### MISSION, VISION AND VALUES

The NYU Child Study Center is dedicated to advancing the field of mental health for children and their families through evidence-based practice, science and education. Program specialists translate scientific developments and innovative procedures into everyday techniques for parents, educators, pediatricians and other mental health professionals. The Center's vision is to be the premier source of child mental health information, improve and influence the practice of child mental health professionals and in doing so, change the face of children's mental health in this country.

The Institute for Trauma and Stress at the NYU Child Study Center was established in September 2002. The Institute was organized to include several disparate projects with a staff of 24. In the past few years, that number has grown to 55 and it is expected that this number will stay constant over the next five years. The values of the Institute focus on service to traumatized and bereaved children and the systematic study of assessment and interventions, which are effective in reaching these goals. The broad missions of the Institute are as follows:

- To assess the psychological, social and biological impact of traumatic events on children across the developmental stages from the toddler years to young adulthood.
- To develop effective treatments and interventions which ameliorate these effects and understand the role of individual resiliency and community support in the process of recovery.

- To advance the field of trauma studies by educating and training future clinicians and researchers.
- To enhance the awareness and understanding of trauma and its effects through public education and outreach to the community.

The Institute's mission is currently realized in the form of six distinct programs, each focused on treatment and service research in a particular venue or population. They are identified below.

### FAMILIES FORWARD PROGRAM

This program was developed to serve the families of those who lost their lives on 9/11. The program includes collaboration with Tuesday's Children, a nonprofit family service organization, to provide services for bereaved families throughout the country, including mentoring and advocacy for children, educational and career guidance for teens and next-step and creative life management for adults. This collaboration, known as "Getting Well and Staying Well," provides ongoing assessments and treatment to children and parents; workshops on stress, effective parenting and responsible health care for parents; training in trauma and bereavement issues to mentors of middle school and preteen children; consultation on education and career for adolescents; medical interventions for children and parents; and outreach to pediatricians of affected families.

The Families Forward Program also includes collaboration with the Silver Shield Foundation to provide services to the bereaved families of the city's firefighters, police officers and emergency medical service and Port Authority personnel whose lives were lost as a result of



9/11. This portion of the program includes life enrichment programming for bereaved parents in the form of workshops at several sites in the New York City area; evaluation and treatment of children at key life transition points, such as school changes; and enhanced leadership in the community through training bereaved mothers to lead wellness programming sessions.

### **SCHOOL-BASED INTERVENTION PROGRAM**

This program was developed within the first days after the 9/11 attacks to assist the New York City Department of Education in its response to the crisis. This program provides a wide range of services to seven Lower Manhattan public schools, including direct clinical services; a psychoeducational workshop series for students, parents and teachers; and training, teaching and consultation for school personnel and parents. Since its inception, the School-Based Intervention Program has provided services and information to more than 7,000 students and their families. The program has recently focused on increasing the resilience of children impacted by the 9/11 tragedy, as well as extensive training in anger management and stress reduction. A recent initiative has included training school personnel in crisis response.

### **COMMUNITY-BASED PROGRAM FOR URBAN TRAUMA**

This research-driven program is committed to the development and dissemination of empirically-based trauma assessments and treatments to children and their families traditionally receiving care in urban community settings with a focus on adapting these treatments in culturally and context sensitive ways that enhance access to and interest in mental health intervention. Partners in this effort include Bellevue Hospital, the Jewish Board of Child and Family Services and the Adolescent Health Center. This program is a member of the National Child Traumatic Stress Network—a national group of institutions committed to raising the standard of care and improving access to services for traumatized children, their families and communities throughout the United States.

### **LIFE SKILLS AND FAMILY CARE PROGRAM**

The program includes assessment and treatment of individuals of all ages who have been sexually or physically abused as children. Program services for adolescents and adults who have experienced childhood abuse focus on life skills training in emotion regulation and interpersonal relationships to enhance the quality of day-to-day life.

In addition, parenting and trauma recovery interventions for new parents who have had a history of chronic trauma are under development. The general goal of this program is to help children, adolescents, adults and families process their traumatic experiences and develop practical skills for reaching immediate and future goals. Two current projects include the Montague School Project, a level II/level III collaboration with Jewish Board, and the TEAM project, a collaboration with two New York City public schools.

### **CLINICAL SERVICES, TRAINING AND EVALUATION PROGRAM**

This program is a member of a consortium of four New York academic centers that share the goal of providing education and training to community clinicians in empirically-based assessment and treatment of traumatized populations after a disaster. Training is conducted by city, national and international experts through regular workshops and consultation. The program also provides information and treatment for ‘front line’ individuals exposed to trauma as part of their work including first responders, journalists, teachers and therapists. The service also provides evaluation of the treatments implemented and gives feedback about the success of the treatments to the research programs. Current clinical services include the assessment and treatment of adults experiencing trauma and/or stress reactions related to 9/11.

### **FOSTER CARE AND CHILD MENTAL HEALTH PROGRAM**

This program serves preschool children placed in foster care who have experienced neglect or abuse. The goal of the program is to identify factors that facilitate social and emotional adjustment, such as sibling placement and the quality of relationships between the biological parent, agency and foster parent. A comprehensive intervention program that integrates parenting skills development and family therapy for the biological parent and foster parent is being evaluated. This program has links to over 20 foster care agencies and is the foundation for future prevention and early intervention to ameliorate the effects of interpersonal violence and other traumas on preschool children.



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