

TRAUMA RESPONSE EFFORTS FOR CHILDREN: A PRIMER

Provided by

Post Trauma Resources

“Solutions for Life’s Toughest Problems”

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These materials are provided to assist your efforts in responding to recent events:

Section One: Materials Concerning the Impact of Trauma.

1. Event Variables
2. Person Variables
3. Children's Response to Trauma
4. Trauma-Related Syndromes
5. Theories of Trauma

Section Two: Materials Concerning Response Options for Children.

1. Trauma Response Options for Children
2. Pre-School Activities
3. Elementary School Activities
4. Middle/High School Activities
5. Trauma Debriefing Protocol

Section Three: Materials for Parents and Other Concerned People

1. Questions Parents Ask about Death
2. Dealing with children about Death
3. Guidelines for Children

Please feel free to give us a call if you have any questions or need assistance.

We can be reached at (803) 765-0700.

Section One: Materials Concerning the Impact of Trauma.

1. Event Variables

In general, those who are more exposed to a traumatic event are more likely to develop psychological consequences. This list of event variables is a good guide to exposure to trauma.

- Life Threat
- Loss(es)
- Exposure to Death and Destruction
- Length of Trauma
- Displacement
- Potential for Recurrence
- Speed of Onset
- Degree of Moral Conflict
- Agent and/or Victim
- Number Affected by Incident

— *From John Wilson*

2. Person Variables

Another risk factor for the development of psychological symptoms after trauma are variables associated with physical and mental health as well as early stressors.

- Early physical or sexual abuse
- Other psychological symptoms
- Lack of social support (also after incident)
- Physical symptoms
- Current high level of stress
- Genetic vulnerability

3. Children's Response to Trauma

This is list of psychological consequences listed in order of developmental level.

Preschool - Second Grade

1. Helplessness and passivity
2. Generalized fear
3. Cognitive confusion (e.g., do not understand that the danger is over)
4. Difficulty identifying what is bothering them
5. Lack of verbalization - selective mutism, repetitive non-verbal traumatic play, unvoiced questions
6. Attributing magical qualities to traumatic reminders
7. Sleep disturbances (night terrors and nightmares; fear of going to sleep, fear of sleep; fear of being alone, especially at night)
8. Anxious attachment (clinging, not wanting to be away from parent, worrying about when parent is coming back, etc.)
9. Regressive symptoms (thumb sucking enuresis, regressive speech)
10. Anxieties related to incomplete understanding about death; fantasies of "fixing-up" the dead; expectations that a dead person will return, e.g., an assailant

Third through Fifth Grade

1. Preoccupation with their own actions during the event; issues of responsibility and guilt
2. Specific fears, triggered by traumatic reminders or by being alone
3. Retelling and replaying of the event (traumatic play); cognitive distortions and obsessive detailing
4. Fear of being overwhelmed by their by their feelings (of crying, anger)
5. Impaired concentration and learning
6. Sleep disturbances (bad dreams, fear of dreams, fear of sleeping alone)
7. Altered and inconsistent behavior, (e.g., unusually aggressive or reckless behavior, inhibitions)
8. Somatic complaints
9. Close monitoring of parent's responses and recovery; hesitation to disturb parent with own anxieties
10. Concern for other victims and their families
11. Feeling disturbed, confused and frightened by their grief response; fear of ghosts.

Sixth Grade and Up

1. Detachment, shame and guilt (similar to an adult response)
2. Self-consciousness about their fears, sense of vulnerability, and feelings; other emotional responses; fear of being labeled abnormal
3. Post-traumatic acting out e.g., drug use, delinquent behavior, sexual acting out
4. Life threatening re-enactment; toward self-destructive or accident-prone behavior
5. Abrupt shifts in interpersonal relationships
6. Desires and plans to take revenge
7. Radical changes in life attitudes, which influence identity formation
8. Premature entrance into adulthood (e.g. easing school or getting married), or reluctance to leave home

4. Trauma-Related Syndromes

This handout is a reminder that not all of those exposed to trauma develop Posttraumatic Stress Disorder and Acute Stress Disorder.

Adjustment Disorder

Specific Phobia

Bereavement

Depressive Disorder

Acute Stress Disorder

Posttraumatic Stress Disorder

5. Theories of Trauma

There are two primary theories for the development of psychological symptoms after trauma. They are briefly described below:

Biological Change Theory

Symptoms caused by changes in the brain.

Primary changes are in the areas of memory loss, increased sensitivity to threats and overall higher level of arousal.

Implications for treatment include the potential for long term difficulties in some individuals, use of medications and structured return to work.

Assumptive Change Theory

Symptoms caused by changes in basic beliefs about the world.

Areas of change reflect the areas where symptoms will result.

Implications of treatment include managing grief of loss of self and need for adjustment to new belief system

Section Two: Materials Concerning Response Options for Children.

1. Trauma Response Options for Children

Vernberg and Vogel reviewed trauma response options for the Task Force of Child and Clinical Psychology of the American Psychological Association. Here is a synopsis of their findings:

Pre-disaster Preparation Phase

Focus on reduction of physical danger to provides an increase in perceived control.

Brief groups focused on ventilation and acknowledgement of strong feelings and provision of factual information.

For more disoriented or impaired children, one-to-one contact with mental health professionals.

Short Term Adaptation Phase

Psychological tasks associated with this period for children include:

Acceptance of the events that have occurred.

Appropriate identification, labeling and expression of emotions.

Regaining a sense of mastery and control.

Resumption of age appropriate roles and activities.

Classroom interventions to promote a sense of shared experiences and reactions to traumatic events, allowing an opportunity to clarify cognitive distortions and reinforcing the expectation that children will recover.

Typical interventions use discussion of recent disaster.

Major use of mental health professions to reliance on natural helpers and teachers.

Provide opportunities for nonverbal expression including drawing, with discussion, listening to a story, music, etc.

Other techniques include role-playing activities, writing poetry, focused discussions, special class projects.

Small group interventions with groups of 4-12 are reserved for high-risk children or those showing unusually strong responses. Still related to school for convenience. Benefits of these interventions may include, normalization, opportunities to learn different coping skills, supporting the grief process, reinforcing efforts for recovery, assessment.

Providing a safe context.

Groups should be of similar ages and exposure levels.

Problems with this type of intervention include new exposure to horrific stories, difficulty in intervention where children are not in same school, different and idiosyncratic responses, poor research support.

Education regarding psychological responses.

Preparedness curricula for responders and teachers.

Disaster preparation for children.

Disaster Impact Phase

Reunite family members immediately.

Consult to leaders on matters related to children and families. Support leaders and helpers.

Conduct initial interviews with children and adolescents who witness traumatic events.

Provide good information immediately following a disaster. Consultation regarding how that information is provided.

Set up a hotline.

Provide frequent factual updates during past few weeks.

Assist with or provide death notification. Consult regarding cultural issues.

Provide support to children whose parents have died.

When waiting is required, consultants provide ongoing information about children, acknowledge legitimacy of anger and worry, set limits and try to activate natural support systems.

Direct contact and consultation with mental health professionals.

Information to crisis managers concerning need for children to disclose, normal signs among children, inclusion in mourning rituals.

Family interventions

Educational materials such as fact sheets.

Absenteeism outreach for children who do not come to school.

Brief family therapy or other services to families.

Debriefing interviews. Efficacy and time is subject to some debate

Creativity rooms for expression through art, poetry and music.

Medication.

Individual counseling for those that have severe response.

Long-Term Adaptation Phase

Individual psychotherapy of various models.

Family therapy of various models.

Memorials and other rituals. Planning and coordination.

2. Pre-School Activities

Here is a list of trauma response activities for pre-school students.

Play Reenactment

Toys that encourage play reenactment of students' experiences and observations during a trauma can help integrate the experience. Useful toys include fire trucks, rescue trucks, dump trucks, building blocks and dolls.

Physical Contact

Children need lots of physical contact during times of stress to regain a sense of security.

Games involving structured physical touching may help meet this need.

Nourishment

Extra amounts of finger food and fluids help provide the emotional and physical nourishment children need in times of stress. Oral satisfaction is especially necessary, because children tend to revert to more regressive behavior in response to feeling that their survival or security is threatened.

Puppets

Playing with puppets can be effective in reducing inhibitions and encouraging children to discuss their feelings.

Art

Having children to a mural on butcher paper with topics such as what happened when the traumatic event occurred. This is recommended for small groups with discussions afterwards, directed by an adult. Have the children draw individual pictures about the event and then discuss or act out elements of their pictures. This activity allows for discussing experiences and helps children discover that others share their fears.

Stories

Read stories to children that tell about other children's or animals experiences in a disastrous event. This can be a non-threatening way to convey common reactions to frightening experiences and to stimulate discussion.

Large Muscle Activity

When children are restless or anxious, any activities that involve large muscle movements are helpful. You might try simple exercises to music, like skipping or jumping

—From School Mental Health Project

3. Elementary School Activities

Play Reenactment

Using toys that encourage play reenactment of the traumatic experience and observations of their experience can help integrate the trauma. Toys might include ambulances, toy trucks, fire trucks, building blocks and dolls.

Puppets

Play with puppets can be effective in reducing inhibitions and encouraging children to talk about their feelings and thoughts. Children often will respond more freely to a puppet asking about what happened than to an adult asking the question directly. Help or encourage students to develop skits or puppet shows about what has happened. Encourage them to include anything positive about the experience as well as those aspects that were frightening or disconcerting.

Art and Discussion Groups

Do a group mural on butcher paper with topics such as, “What happened in your neighborhood when the traumatic event occurred?” This is recommended for small groups with discussion afterward, facilitated by an adult. This type of activity can help students feel less isolated and provide the opportunity to vent feelings. It is important that the group discussion end in a positive note.

Share Your Own Experience

Stimulate group discussion about disaster experiences by sharing your own feelings, fears, or experiences. It is important to legitimize feelings to help students feel less isolated.

Disaster Plans

Have the children brainstorm their own classroom or family disaster plan. What would they do if they had to evacuate? How would they contact their parents? How should the family be prepared? How could they help the family?

Reading

Reading aloud or have the children read stories or books that talk about children or families dealing with stress situations, pulling together during times of hardship and similar themes.

Creative Writing or Discussion Topics

In a discussion or writing assignment, have the children describe in detail a very scary, intense moment in time and a very happy moment. Create a groups story, recorded by the teacher about a dog or cat that was in a natural or man made disaster like the one just experienced. What happened to him/her? How did he/she feel? You can help the students by providing connective elements. Emphasize creative problem-solving and positive resolution.

Other Disasters

Have the children bring in newspaper clippings from the disaster or other

incidents. Ask the students how they imagine the survivor might have felt or what they might have experienced.

Tension Breakers

A good tension breaker when students are restless is the co-listening exercise. Have the children quickly pair up with a partner. Child #1 takes a turn at talking about anything while Child #2 simply listens. After three minutes, they switch roles and Child #2 talks while Child #1 listens.

Any activity involving large muscle movements are helpful including exercises to music, like skipping and jumping.

— *From School Mental Health Project*

4. Middle/High School Activities

Activities

Classroom activities that relate the traumatic event to course study can be a good way to help students integrate their experiences and observations, while providing specific learning experiences. In implementing the following suggestions or ideas of your own, it is important to allow time for the students to discuss feelings stimulated by the projects or issues being covered.

Home Room Class

Group discussion of their experiences of the event is particularly important for adolescents. They need the opportunity to express feelings, as well as to normalize the extreme emotions they may have experienced. A good way to stimulate such a discussion is for the teacher to share his or her own reactions to the event. The students may need considerable reassurance that even extreme emotions and “crazy” thoughts are normal. It is important to end such discussions on a positive note, such as talking about what heroic acts were observed.

Break the class into small groups and have them develop a disaster plan for their home, school or community. This can help students regain a sense of mastery and security as well as having practical merit. The small groups can then share their plans in a discussion with the entire class.

Conduct a class discussion and/or support group a class project on how the students might help the community recovery effort. It's important to help

them develop concrete and realistic ways they might be of assistance. Community involvement can help overcome feelings of helplessness and frustration and deal with survivor guilt and other common reactions of the disaster.

Science

Conduct projects on stress, physiological and psychological responses to stress and how to manage it.

Creative Writing

Ask the students to write about an intense moment they remember about the incident, no more than three minutes. Make up a funny disaster. Write a story about a person in a disaster and give it happy ending.

Literature or Reading

Have the students read a story or novel about young people or families who have experienced hardship or disaster. Have a follow-up discussion on how they might react if they were the character in the story.

Psychology Class

Initiate a discussion on how course content might apply to the stress reactions students observed during and following a traumatic event. Discuss posttraumatic stress disorder and other syndromes. Have a local mental health professional come and speak to the class or invite a survivor of another traumatic event like a crime victim or Vietnam veteran. When inviting a survivor, insure that the person is coping well and will end the presentation on an upbeat note.

Peer Listening

Provide information on common responses to traumatic events. Use structured exercises using previously learned skills. Point out that victims need to repeat their stories many times. Students can help family and friends affected by the event by using active listening skills.

Health Class

Discuss emotional reactions to the event and the importance of taking care of one's own emotional well being. Discuss health hazards in a disaster, such as water contamination or food poisoning that may occur. Discuss health precautions and safety measures. Invite guest speakers from public health and/or mental health or public safety.

Art Class

Have the students portray their experienced or observations of the event in various art media. Have students do a group project, such as a mural, showing the community recovery efforts after the disaster.

Speech/Drama

Have the students portray the catastrophic emotions that come up in response to a traumatic event. Have the students develop a skit related to the event.

— *From School Mental Health Project*

5. Trauma Debriefing Protocol

A salutogenic debriefing emphasizes the building of group cohesion, organizational support, assessment of participants and provision of information concerning coping skills and stress responses.

1. Introductions and Agenda

Appropriate opening statement, introduction of facilitators, description of debriefing process, ground rules.

2. Checking In

Description of exposure and consequences by each participant, commonalities noted and information provided as appropriate. Assessment of those with difficult reactions for future assistance.

3. Understanding Consequences and Recovery

Information provided concerning post trauma consequences and coping skills. Emphasizes probability of successful recovery and availability of support services.

4. Closing and Evaluating

Review and closing statement. Evaluation of session. Individual contact after session is over.

Section Three: Materials for Parents and Other Concerned People

1. Guidelines for Children

1. Children respond to extreme stress in various ways. They express feelings of fear, fear of dark, fear of being alone, sleeping problems, over sensitivity to family stress, regressive behaviors, increased irritability and physiological problems. These feelings and behaviors are normal given trauma. With time, for most children, they will decrease with intensity and frequency.
2. Provide reassurance and comfort to your children. Patience will be required. Let them know their feelings are okay. Talk with them and be careful to listen.
3. These feelings do not have quick cures. Don't try to make them go away by ignoring them or joking about them. Do not embarrass your children about their ongoing feelings about the traumatic event. Otherwise they may begin expressing their feelings in less acceptable ways.
4. Listen to your children. Encourage them to talk to you about their feelings. Work with your child to find ways to help them him/her feel safe. Gradually find less disruptive ways to comfort him/her.
5. Allow your children to talk about their particular experiences with the trauma. However, do not force them to talk and don't be surprised if they will not talk about it when others bring it up.
6. Do not transfer your fears to your child. While it is important to teach children safety measures, do not make them feel as if they are under constant threat of danger.
7. Build your child's self-confidence. Look for ways to give them successes and control. Do not do everything for them.
8. Be alert to your children's needs who may not have been directly involved in the traumatic event. Children away from home, for instance at college, will express feelings about the event that must be considered equally important.
9. Pay attention to anniversaries of the event. Original feelings about the event will resurface.

2. Dealing with Children about Death

1. Generally, when a child asks about death:
 - A. Give honest, brief answers to question.
 - B. Do not over-answer questions.
 - C. Keep responses at the child's level of understanding.
 - D. Listen.
 - E. Do not show anxiety. Answer slowly, calmly.
2. Let the child know that it is natural and acceptable to show emotions when someone loved is lost. It's ok to cry, show grief, etc.
3. Let the child know:
 - A. He is still loved, wanted, and needed.
 - B. Others still care.
 - C. The loss was not his fault (i.e. something he did or said).
 - D. The loss was not because of him.
 - E. It was not because the one who is gone wanted to leave him.
 - F. Death is the final, natural part of life.
4. Do not force the discussion or make the child face anything
5. Permit the child to sort-out their feelings. You provide the information necessary, but not all of the answers.
6. Keep the child in the family unit. Do not send him away from the home or prohibit attendance at the funeral, etc. Explain in advance what will happen and permit his contributions and help.

3. Questions Parents Ask About Death

Often, parents have specific questions regarding the grieving process. Here are a few of the common ones:

Should my child go to the funeral?

Most importantly, children should not be sent to a relative or friend's house

for the duration of the mourning process. Children are aware that something is amiss at home and may conclude that it is not OK to feel bad or sad. In most cases, children should have the option of attending the funeral. When taking part in the family's grief, a child sees that he is not alone in his sense of loss and that he/she is an important part of the family.

When should my child return to school?

Just as adults, children need time to prepare themselves for the daily routine. At the same time, they should not be allowed to get bogged down by their feelings. Within limits, children should be allowed to choose when they feel ready to return to school. However, if after a week, the child still refuses, the school must be consulted.

Should I mention God when I explain death?

There are two considerations here. First, is the child old enough to understand the concept of God (five or six)? Second, has religion played an important part of the family life up to this point? If these two questions can be answered positively, the use of God in explanations may be considered appropriate.

How should I respond when my child asks if something might happen to me?

A parent is hesitant to respond in the negative because he or she will eventually die. On the other hand, should a parent respond positively, the child might understand this to mean tomorrow. An alternative might be, "No, I do not expect to die for a long time," stressing the "no" and adding the expectation of a long life.

How can I tell if my child is reacting normally to the loss?

There may be a wide variety of normal reactions to grief and loss. These include crying, bodily complaints, hostile reaction to the deceased or other family members, idealization of the deceased, and guilt. While there are no strict rules for what is "normal," more severe symptoms should not be present after approximately six months. After one year, many children show few or no symptoms. It is not uncommon to observe symptoms reoccurring after one year as "anniversary" reactions.

By supporting their efforts to be open, honest, and sensitive to their children's needs, parents can adequately handle the grieving situation.