

Helping Children After a Disaster: Information for Teachers

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

What is a trauma?

A traumatizing incident includes the following criteria:

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

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

Trauma reactions

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

The following reactions may occur among others:

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

Somatic reactions are hyper arousal, sleeping problems, digestion problems, head aches

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

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

For teachers it is important to inform their students about these facts and encourage them to allow their peers to work through their emotions in their own way and at their own pace. In classes there will be a variety of reactions by students and it often is one of the main problems to get along well with each other after a critical event. Some may not accept their peers who display no emotion or "hysterical" (weeping, screaming) reactions, vice versa.

It will be one of the responsibilities of the teacher to ensure that the class are patient and supportive of their peers even if some of their reactions are not the same as their own..

Duration of trauma reactions

People should know that different reactions are common and that they are of different intensity and length. It is important to accept these facts and to allow everyone to go at his own pace. To be patient will help affected persons on their way back to normality. The event will never be forgotten if it is not suppressed and it remains in the subconscious. Most people

recover after a few hours or days from the first shock and return to normal, others need more time and a few will not be able to return to normality even after 4 – 6 weeks. In this case PTSD might be diagnosed and special therapeutic help is urgently recommended otherwise the effect of the trauma could have serious lasting effects on the individual's life, especially for children.

Teachers should respect these general facts for themselves as well as for their students and colleagues. They need to be a good model for their students.

Coping strategies

How an individual reacts to a traumatic event or an ongoing sense of danger depends on both their personal risk factors and coping strategies. Adults need to be aware of a child's risk factors (e.g., actual proximity to an event, past exposure to trauma, mental health problems, isolation, family stress, and loss or fear of loss of a loved one directly at risk) in order to recognize potential problems and provide the necessary support. Similarly, recognizing a child's individual coping style enables parents, teachers and other caregivers to better support their needs and reinforce their coping strengths.

BASIC Ph Model

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

Six Coping Styles

Belief (B) A child who turns to his/her belief system as a means of coping is relying upon his/her core values. Meaning and values are incorporated from the adults that are important to the child, e.g. to trust in one's ability to cope or in optimism concerning one's future. Seeking meaning through religion or spirituality is common, too. Children reared in a system of faith often find great solace in formal ceremonial practices during times of stress and uncertainty. Cultural issues and boundaries regarding crisis and death should be respected. Many immigrant families are part of a close-knit, often faith-based community. Schools may be able to help link isolated students or families to relevant cultural support systems. Teachers should be willing to discuss the concept of death with their students if they want to talk about this topic. Death should be called death and not euphemisms used. Children may be more concerned about dying or a loved one dying, particularly if large numbers of children are among the dead. Talking with them is important.

Affect (A) Feelings or emotions. A child who utilizes his/her affect as a coping mechanism is relying upon the ability to express or ventilate through emotion. He/she will require opportunities to share anxieties, fears, anger, sorrow, and grief, and have those emotions validated by the adults in his/her life. Families can foster their child's emotional development by modeling open and genuine expression of feelings, while emphasizing that they are always available to assist them, as needed. Acknowledge their feelings about the event. Be sure your

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comments are age appropriate but even young children will feel more reassured and closer to you if you are honest. The level of distress may be very disruptive and result in inattention in class, poorer grades, changes in behaviour, or even school absences. The situation may also take a good deal of time to resolve.

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

Social (S) A child who copes with adversity through the social channel seeks support and control through the structure of his or her relationships. The roles and responsibilities assigned to a child within a social context such as a family or a classroom can increase connections and decrease isolation, as well as restore emotional security and strengthen the child's sense of well being. Extracurricular activities that expand a child's socialization and collaboration skills are to be encouraged. For adolescents peers are very important. Being with family and friends is always important in difficult or sad times. Help children support their friends. Seeing a friend coping with a loss may scare or upset children or youth who have had little or no experience with death and grieving. Children of any age may need help to communicate condolence or comfort messages. Help children anticipate some changes in friends' behaviour. It is important that they understand that their grieving friends may act differently, may withdraw from their friends for a while, might seem angry or very sad, etc., but that this does not mean a lasting change in their relationship. Children may also share important information about a friend who is at risk of more serious grief reactions.

Encourage them to invite their friend to do "regular" activities like going to the movies or playing sports. Spending time friends may offer a much needed distraction and sense of normalcy.

Encourage children who are worried about a friend to talk to a caring adult. This can help alleviate their own concern or potential sense of responsibility for making their friend feel better.

Tragedies often generate a tremendous outpouring of caring and support from around the world. Focus on the aid being provided by governments working to support families in need within the school or community.

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

Students should be given the opportunity to express their grief through playacting or arts and crafts (for younger children) and through art, drama, music, and writing for older elementary children, and teenagers.

Cognitive (C) The child with a cognition based coping style utilizes a problem solving, direct approach to dealing with issues of concern. He/she will greatly benefit from age-appropriate

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honest dialogue regarding events and will likely be open to suggested strategies for addressing problems, anxieties and fears. Talk to your students in class, take the time to discuss events factually. If they are not focused on the tragedy, don't dwell on it. This could include participating in general class discussions and activities but doing so may not be appropriate for everyone. Students should also have the opportunity to meet in small groups or individually with the school psychologist or counsellor.

Exposure to support-oriented literature may be well received by academically oriented children. A caring listener is also important. Media images of a disaster itself and the resulting human suffering from injury, hunger and disease can become overwhelming. Young children in particular cannot distinguish between images on T.V. and their personal reality. Due to the effect of trauma on concentration teachers should determine what extra support or leniency students need and work with parents to develop a plan to help students keep up with their work.

Physiological (Ph) Physical activity provides coping fulfillment for many children. Whether formal, as in games or exercise, or spontaneous hands-on busywork, there is a means to motion. Children cannot deal with intense issues in a continuous manner; they need to be diverted. Directed physical activity has a dual benefit, allowing necessary buffer time and permitting informal processing of traumatic experiences to occur in a non-threatening format. Opportunities for formal and informal physical activities should be abundant. Allowing children to deal with their reactions is important but so is providing a sense of normalcy. Maintain as much continuity and normalcy as possible. Regular classes, after school activities, and friends can help students feel more secure and better able to function.

Doing something positive with students to help others in need is helpful. Taking action is one of the most powerful ways to help children feel more in control and to build a stronger sense of connection. Suggestions include making individual donations to international disaster relief organizations, holding a school or community fundraiser, or even working to support families in need within the community.

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

Severe Psychological Stress

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

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

Teachers care for themselves

When adults want to help children and loved ones they also need to take the same amount of care for themselves. If they are not sure what to do for the children or it is not successful what they do they should ask for support from professionals (see list below), school psychologists, counselors, and other adults who can be in good contact with the children. Knowing that teachers are affected by the fact that they suffer with the students and fear for their well-being they should accept and look for support for themselves as well. Thus they can be a good coping model for the youngsters and this way be helpful for them. The younger children are the more their own confidence and well-being depends on their caring adults' well-being. They reflect the feelings of them, like fear or shame etc., and cannot believe in positive feelings

Make mental health services available.

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

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