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## B. Practical Suggestions for Assisting Children in the Aftermath of a Tragedy

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The manner in which children react to tragic events is dependent upon a number of variables including the age of the child, personal history, personality variables, the severity and proximity of the event, level of social support available and the type and quality of intervention. It is important to realize that most children will recover from the effects of a crisis with appropriate support from family, friends, and school personnel.

It is essential that adults balance their efforts to address their child's emotional needs with their own emotional responses during times of crises. Caregivers should remain aware that in order to "be there" for children, they need to "be there" for themselves as well. Seeking professional assistance is recommended if you or your child's reactions begin to significantly interfere with life functioning or if negative emotional, cognitive, behavioral and physiological responses become predominant. The following are suggestions that you can utilize in your effort to assist children.

- 1. Be aware of your own reactions to the event.** Very young children (e.g., preschool) take their cues regarding how to respond by monitoring the reactions of significant adults in their environment (e.g., parents, teachers, older siblings). Attempt to model calm behavior. Moreover, do not be critical of clingy behavior or other regressive reactions (e.g., nightmares, bed-wetting, somatic complaints) exhibited by the child. These are typically "normal" responses for children under significant forms of stress.
- 2. Keep yourself available for providing extra attention to your child.** Such attention not only provides an opportunity for a child to express what they have experienced but also reaffirms their sense of closeness and security with you. Give them additional affection in the form of hugs or other physical contact if it seems appropriate. Don't avoid discussion about this incident if your child expresses a desire to talk. Assisting children *during* such a crisis when they are most vulnerable to the deleterious effects of traumatic exposure, may provide a tremendous opportunity for caregivers to stimulate healthy, adaptive functioning. Maintain a warm, genuine and facilitative or helping attitudinal climate.
- 3. Be mindful of the child's cognitive and emotional functioning level.** Giving too much information to a younger child may foster a sense of confusion as well as fear and insecurity. Younger children require the use of simpler words and concepts. Do not be overintellectual in your effort to describe the incident (something that is easy to do as we attempt to reduce our own anxiety when discussing certain issues). Adolescents may try to minimize or downplay their concerns about the situation. Keep an open line of communication with them. Encourage, but *do not insist* on, discussion.
- 4. Use empathic communication by acknowledging, understanding and expressing an appreciation of your child's experience.** Attempt to comprehend the feelings that lie beneath his words (and actions) and convey that understanding to him. For example, you may ask what he knows about the events and give him a chance to describe what he has been thinking about since the incident. Let him know that many people of all ages are also upset and that many are working together to prevent such a thing from happening again. When appropriate, express your own feelings (e.g., "I am sad about what happened as well . . . Let's talk about what you have been feeling . . ."). Not only does this help develop a child's vocabulary for expressing emotions (through modeling), but also begins the important process of validating and legitimizing their thoughts and feelings regarding the event. Reassure them that feelings of fear, sadness, anger, and guilt are "normal" reactions to an "abnormal" experience.

**5. Do not speculate and give false information about what has taken place.** This is especially true for older children (e.g., adolescents). Misrepresentation of facts may exacerbate false and distorted thinking (e.g., “Can I get drafted?”). Don’t hesitate to admit that you do not have the answers for all that is asked. Don’t dwell on the details and scope of the event, especially with young children. However, strive to separate fact from fiction.

**6. Monitor exposure to media.** Do not overexpose children to television and radio, especially preschool and elementary-aged children. This is certainly the case when graphic and perhaps, live programming is being broadcasted. Use alternate audio and video materials (e.g., videos, DVD, music) to distract them from live television viewing. You may also channel their feelings and curiosity into some form of helping behavior. For example, have them write a letter or draw pictures, donate clothes, or help raise money for those affected by the event.

**7. Realistically provide reassurance about their safety.** Assure them that steps are being taken to make their schools and community safer places to live, for example. Moreover, express that the event is very extraordinary and uncommon. Older kids may benefit from becoming engaged in the process of developing “safety” methods. For example, they can develop a list of emergency contact numbers or determine ways to increase communication with their family when they are away from home, etc. These responses may also foster a sense of empowerment. Again, keeping the age and developmental level of the child in mind is of paramount importance. Telling a child that they are entirely safe may be difficult at a time when you, personally, are not feeling secure. In fact, such information may be a distortion of reality. However, younger children (preschool age) will not comprehend the nature and intricacy of certain events (e.g., terrorist attacks) and thus, reassurance of safety may be the best and most healthy information that we can offer. Attempt to remain reasonably honest with adolescents about the impact of the disaster on your family as well as the world.

**8. Consider the reactions of children with histories of past traumatic experiences, losses, or emotional disturbance (e.g., depression, anxiety).** Traumatic incidents tend to dredge up maladaptive thoughts and feelings, especially with adolescents. Be observant for signs of suicide, substance abuse, severe sleeping and eating disturbance, and externalizing of angry or aggressive feelings. As mentioned earlier, do not hesitate to seek the assistance of a mental health professional within the school or community settings.

**9. Make an effort to maintain a “normal” routine.** This may be quite difficult, especially if you are directly affected by the incident (e.g., loss of a family member or friend). Keeping some consistency in household chores, dinner time, homework, bedtime can foster the healing and recovery process. Do not be overly rigid but attempt to approximate those routines that have become familiar and routine. This may help maintain a sense of “connectedness” to the past and help mitigate against anxiety and “fear of the unknown.”

**10. Monitor your own emotional status.** Be aware that you may also be feeling grief, anxiety, guilt, and anger as you attempt to make sense out of the senseless. Keep in touch with close friends, family, clergy, school and mental health professionals as needed. Try to get adequate sleep and nutrition. Incorporate exercise and other enjoyable activities within your routine. Again, do not hesitate to obtain professional assistance if you or your child are in need.