

HELPING CHILDREN AND CAREGIVERS IN DISASTERS AND COMPLEX EMERGENCIES

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ACKNOWLEDGMENTS

This training was developed by Athena A. Drewes, PsyD, RPT-S, and Robin Guiney, LCSW-R, and overseen by project manager Karla Vermeulen, Deputy Director of the Institute for Disaster Mental Health at SUNY New Paltz.

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QUESTIONS FOR THE PRESENTERS?

Q&A segments will be included midway through and at the end of this training. If you would like to submit questions for the presenters please:

- Text them to 913-735-IDMH (913-735-4364)
- Email them to idmh@newpaltz.edu
- Call 845-257-3637

We encourage you to submit questions early.

LEARNING OBJECTIVES

- Identify a range of behavioral, emotional, and cognitive reactions that children may experience after a disaster.
- Learn how to support, educate and parents about caring for their children and themselves after a disaster.
- Learn how to help parents understand their children's reactions and needs by their developmental stages.
- Describe the typical presentation of post traumatic stress in children and know when to refer families for more specialized help.

FAMILIES ARE SYSTEMS

- Each family has their own experience and reaction of the disaster
- Each person's reaction influences the reactions of the others in turn
- To help, consider the interactions between family members as well as individual needs.



CAREGIVERS ARE THE KEY

- Supporting caregivers and helping them cope is the best way to help the children and the families.
- Children look to caregivers for cues about how to react.



CONSIDERATIONS

- Was the entire family directly exposed to the event directly?
Or was it aftermath exposure?
- Was the event natural or human-caused?
- How large-scale was the event?
- How extensive were the family's losses?
- What was the family functioning before the disaster?
- What sort of supports does the family have?

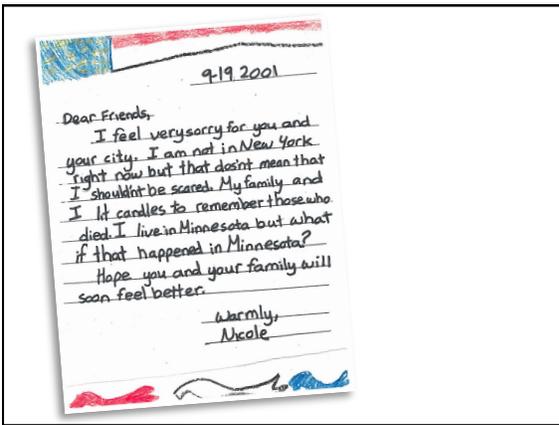






HELP CAREGIVERS

- Create a safe environment
- Get back to as much of the old routine as possible
- Minimize much of the media exposure





HELP CAREGIVERS...

- Offer reassurance to the children
- Let the children ask questions
- Put the event in perspective
- Tell them that people are trying to help them
- Remind them that the adults are taking care of things





**VIDEO CLIP 1:
THE ROLE OF THE DISASTER WORKER**

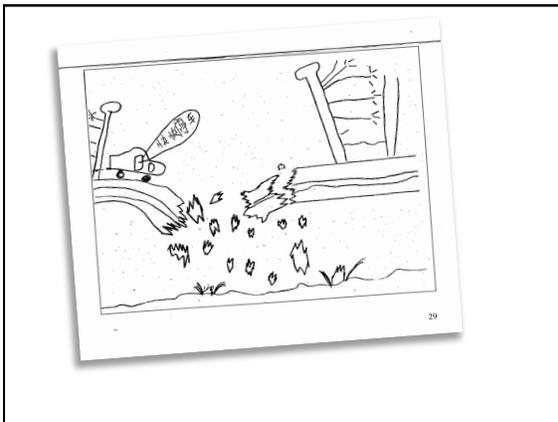


Thomas R. Bolzan, MS
Deputy Commissioner
Orange County Department
of Mental Health

POSSIBLE REACTIONS TO TRAUMA

- Regressive Behavior
(acting younger than they are)
- Acting out with tantrums and violence
- Acting clingy and needy
- Not sleeping or eating well; or just the opposite
- Withdrawal from family, isolating
- Grades slipping
- Play and art changes





TRAUMA & GRIEF CAN LOOK DIFFERENT IN CHILDREN



- Children often understand more than we realize.
- Children and teens express thoughts and feelings through play, art, and music and writing.
- Children express distress through physical symptoms; e.g., headaches, stomach aches, fatigue etc.

PLAY:

- is the child's natural language.
- permits the child to communicate with adults nonverbally, symbolically, and in an action-oriented manner.
- facilitates communication when we speak their language.
- allows for communication of their thoughts, feelings, and wishes in a manner that is consistent with their developmental capacities.

PLAY & TRAUMA

- Children are more likely to play out a conflict or emotional distress rather than talk it out directly. It's easier for them.
- By playing with their children, caregivers can help them feel safer and more in control of their feelings. It is a way to help the child bond and work through trauma.



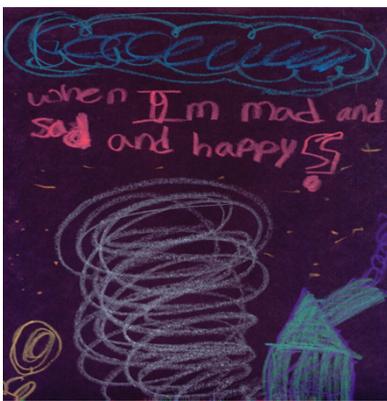
“In marked contrast with the sense of helplessness children experience during a disaster, play affords them a strong sense of power and control.

The child towers over the play materials and determines what and how to play during the therapy session. Eventually, this competing response (power) helps overcome the child's feelings of insecurity and vulnerability.”

– Charles Schaeffer; 1994

POST-TRAUMA PLAY

- Allows the child to feel in control of the outcome and counteracts feelings of powerlessness
- Child can play out a satisfactory ending
- Child feels free to express and release negative affect
- Child can exhibit a cognitive reappraisal of the event



RELAXATION TECHNIQUES TO HELP WITH RELAXATION & LOWERING STRESS

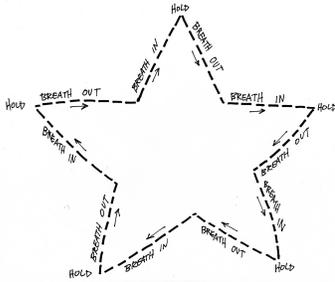
EXERCISE 1: Uncooked (stiff) spaghetti vs. cooked spaghetti (wiggly)

Other Techniques

- Teach: Inhale deeply and slowly exhale through mouth
- Smell the flower and blow out the candle
- Breathe in power into the body
- Imagine "sending" breaths into areas that react to stress, anger, fear
- Breathe in a favorite calming color and "send" it throughout the body
- Bubble Breathing: Conjoint sessions



FIVE COUNT BREATHING (GOODYEAR-BROWN)



QUESTION & ANSWER: PERIOD #1

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HELPING AFTER DEATH



**HELPING CHILDREN
THROUGH GRIEF & TRAUMA**

- There is no 'right or wrong' way to grieve, and no timetable for the process
- Grief is a normal, natural and healthy reaction to loss and death. To work through grief, one has to feel the grief.
- Grief will vary according to age, developmental level, prior individual and family functioning, and prior trauma history

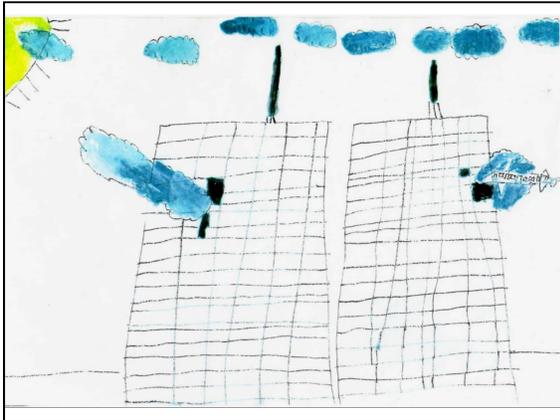




Efforts to shield children from the truth rarely help, and may make the child or teen feel betrayed or confused.



Children need simple, honest, accurate information and an opportunity to ask questions and openly express their feelings.



Video Clip 2:
The Voice of a Survivor of Traumatic Loss
in Childhood

Rebecca Asaro
Daughter of a firefighter who died on 9/11



Adjusting to Grief

People don't just 'get over' the death of a loved one; they learn to live with it. Look for adjustment rather than closure.

The grieving process is influenced by:

- Available social support
- The nature of the death and how the griever interprets it
- If there is any 'Unfinished Business' between the griever and the deceased
- The nature of the relationship
- The emotional and developmental age of the griever
- How the caregiver is managing their own grief and trauma

How Do Children Grieve?

- Children often alternate between grief and happiness. This can be very confusing for caregivers.
- Since younger children don't have the language to express feelings in words, they may act out, withdraw, become moody, irritable.
- Some children don't show any outward expression of grief;
- *That doesn't mean they don't feel grief.*



Grief with Children Between Ages 2-5



- They don't view death as permanent
- They experience distress at separation
- Fear of abandonment that guardians will not come back
- Confusion or questions about afterlife
- Very sensitive to guardian's moods
- Upset at changes in routine

Grief with Children Between 6-9 years



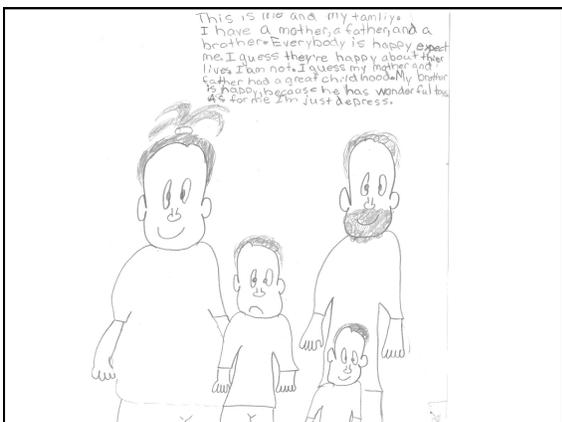
- Death is seen as permanent, but only for the very old; possibly avoidable.
- Distress and grief can look like hostility, resentment, sadness and ambivalence toward caregivers or substitute. Moods can vacillate greatly.
- There can be an increase in fantasy.
- If the death was traumatic, any memory of the deceased can lead to trauma symptoms.



Grief with Children and Teens 10-18 years



- Death is understood as permanent.
- For teens, death may alter expectations for their own future and increased responsibilities. This can cause feelings of anger and unfairness.
- Teens may act out as a way of coping with unfamiliar intense emotions and pain. They may do risky things, particularly with friends.
- Their friends become an important source of support and/or distraction.



Exercise 2: Connecting with a Family

- You are called in to assist for a very serious flood response (like Sandy). Your job is to support and back up workers assessing families to help with housing, food, financial assistance, etc.
- Your task is to try to identify any mental health issues that are not necessarily prominent and obvious. You see a large Latino family, waiting to be seen. They are huddled close together and are very quiet, including the young children. The family ranges in age from an elderly grandfather, to two younger adult women, one younger adult man, a baby under 1 year old, a boy around 5 years old, and two girls 7 & 10 years of age.
 - Who would you approach and address first? Why?
 - What are some cultural considerations, especially with regard to trauma?
 - Why would you speculate that they are so quiet and possibly anxious?
 - How would you engage the children?
 - What kinds of things would you want to explore with the men, women, children?

What Can Guardians Do to Help Children After Disaster?



- Expect repetitive questions.
- Connect with support systems and allow children to contact relatives, friends and community supports.
- Plan to raise the subject of the disaster/death: Create structured opportunities to discuss death so the topic is not avoided.
- Encourage memorialization: Allow the child to keep mementoes, create memory books or ceremonies to remember the deceased.

What Guardians Can Do to Help Children After a Disaster

- Expect that they may need extra attention, patience, understanding, reassurance and physical affection.
- Some children; particularly teens, may not want to talk about it. They may shut adults out and talk to their friends more at first.
- Realize that children are watching how the adults are coping and managing, and are taking comfort by the fact that life goes on; even after disaster.
- Seek support for their own grief and use self-care.
- Realize that as children get older, they will process the disaster differently and may need to keep talking about it on different levels. They will likely ask different questions and have different feelings.



What NOT To Do

- Say 'I know how you feel' or 'Don't Cry'
- Be overly directive or over-control their time and activities
- Patronize a child or make them feel small
- Overburden a child with responsibility; e.g., 'You're the man/woman of the house'
- Be afraid to acknowledge when you don't know what to say
- Disappear, causing another perceived loss or abandonment

Coping with traumatized children can be difficult; reassure caregivers that the symptoms are likely temporary; encourage patience.



Traumatic Grief vs. Non-complicated Grief



The distinguishing feature of childhood traumatic grief is that the *trauma symptoms interfere with the child's ability to go through the typical process of bereavement*. The child experiences a combination of trauma and grief symptoms so severe that any thoughts or reminders, even happy ones about the person who died, can lead to frightening thoughts, images, and/or memories of how the person died. (National Child Traumatic Stress Network)



Symptoms of Traumatic Grief



- **Intrusive memories about the death:** These can be expressed by nightmares, guilt or self blame about how the person died, or recurrent or disturbing thoughts about the terrible way someone died.
- **Avoidance and numbing:** These can be expressed by withdrawal, acting as if not upset, or avoiding reminders of the person, the way he or she died, or the things that led to the death.
- **Physical or emotional symptoms of increased arousal:** Children may show this by their irritability, anger, trouble sleeping, decreased concentration, drop in grades, stomach aches, headaches, increased vigilance, and/or fears about safety for oneself or others. (NCTSN)

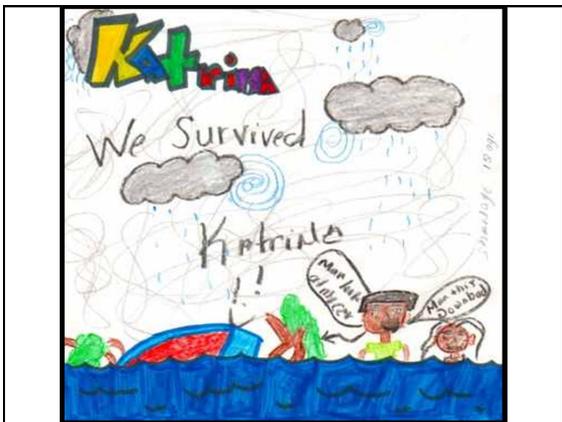
Signs a Referral May be Indicated

- Severe reactions or disturbing changes in behavior
- Prolonged or chronic depression, anger, withdrawal or fear
- Persistent or recurring destructive or negative behavior
- An expressed desire for a reunion with the deceased is so strong that they express a wish to die
- Intrusive physical symptoms without a medical reason
- Problematic behaviors lasting longer than 3 months following the trauma or loss



Other Considerations.....

- The spiritual and religious beliefs of the family
- Cultural considerations, particularly around death rituals - (Preventing children from participating in death rituals often increases distress and feels like punishment)
- Family financial and housing issues
- Health issues (Children can have a tendency to ruminate on their health and the health of their caregivers after a disaster; particularly if there is a health issue)
- Community response



Video Clip 3:
The Role of Spiritual Care in Assisting Families

Chaplain Cherilyn Frei, MS, MA, BCC
Director of Family Support
Ronald McDonald House New York



Taking Care of Yourselves; Vicarious Trauma



Exercise 3 – Helping a Parent Break Bad News

• A family member died in the hurricane. The mother states that she simply can't bring herself to break the news to her son that his grandfather, who he adored, is dead. What would you advise her to say and do if the son was:

- Three years old?
- Nine years old?
- Fourteen years old?







Question and Answer Period #2

Thank you!

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