



The Handbook of Frequently Asked Questions Following Traumatic Events: Violence, Disasters, or Terrorism



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The Mission of Children's National Medical Center is to be preeminent in providing health care services that enhance the health and well being of children regionally, nationally and internationally. Through leadership and innovation, CNMC will create solutions to pediatric health care problems. To meet the unique health care needs of children, adolescents and their families, CNMC will excel in Care, Advocacy, Research, and Education.

Serving the nation's children for more than 130 years, Children's National Medical Center (CNMC), located in Washington, DC, is a proven leader in the development and application of innovative new treatments for childhood illness and injury. It is this bench-to-bedside approach that continually helps identify Children's National Medical Center as one of the top pediatric hospitals in America as ranked by *US News and World Report*. Children's multidisciplinary team of pediatric specialists staff six Centers of Excellence, which work together to provide children and families a sophisticated, yet coordinated approach to health care. Centers of Excellence dedicate resources as follows: Cancer and Blood Disorders; Community Pediatric Health; Heart, Lung and Kidney Disease; Hospital-Based Specialties; Neuroscience and Behavioral Medicine; and Surgical Care. Each year, through this Centers of Excellence model, an internationally recognized team of pediatric health care professionals cares for thousands of families throughout the region, across the country and around the world. In addition, Children's National Medical Center serves as a regional referral center for pediatric emergencies, trauma care, cancer, burn treatment, neonatology, and critical care.

For more information about Children's National Medical Center, visit our website at www.dcchildrens.com

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Introduction and Purpose of Handbook



he International Center to Heal Our Children: Building Healthy Minds and Futures was started at Children's National Medical Center (CNMC) in Washington, DC shortly after the terrorist events that occurred on September 11, 2001 in New York, Washington, DC and Pennsylvania. CNMC provided immediate assistance to the schools, families, and communities that were impacted by the events of September 11th. While immediate crisis intervention was necessary in the short-term, CNMC understood the need to also address the long-term psychological consequences of these events and others on children and families. Therefore CNMC established this Center to provide and sustain a level of preparedness regardless of when future emergencies might occur.

The vision of the International Center to Heal Our Children is to help foster, promote and maintain the emotional health of our children who are psychologically traumatized secondary to acts of violence, disasters, and terrorism.

The mission of the International Center to Heal Our Children is to:

- ♥ Educate and empower first responders, healthcare professionals, mental health professionals, teachers, child care providers and parent groups across the nation with the tools needed to identify and help children heal and cope with the emotional consequences of trauma.
- ♥ Offer culturally competent and family-centered guidance, resources and technical support to professionals and parents as they work together toward building healthy minds and futures for our children.

The Center, developed in a public health model, has a comprehensive education and information based outreach program related to disasters and trauma that addresses the emotional and psychological needs of our children. During emergency situations, the Center is able to mobilize crisis interventions.

This handbook focuses on the psychological impact of trauma, violence and disasters on children. It is hoped that this publication will help parents and other caregivers enhance their understanding of how to talk with children when faced with such tragedies in addition to providing some answers to tough questions.

Disasters often strike quickly, viciously and without warning. Disasters are caused by both forces of nature and people using force. The unprecedented terrorist attacks in the United States have affected us all. Thousands of innocent lives were lost and many more were impacted forever. Such events are frightening for adults and can be equally traumatic for our children. Feelings of anxiety, confusion, and fear are all normal reactions. However, if children are allowed to become anxious, frightened or confused for long periods of time, it can have devastating long-term emotional effects on their wellbeing.

While adults can actively seek help, we need to be proactive in addressing the needs of our children since they are less able to mobilize themselves in the same way. They are dependent on the adults in their lives to get them the assistance they need. During these times, children require special attention because of their special needs. With the appropriate support and guidance, children can develop the skills needed to become resilient enough to deal with and overcome these traumatic experiences, and even grow from the experience.

Many adults and children have questions after such events. Children for instance may want to know why these events occur, if similar tragedies will happen again, and whether their families are safe. Adults want to know how to best explain to children what took place, how to create a sense of safety, and how to go back to everyday living after such events.

Questions and concerns often continue long after an event has occurred. How do we better prepare ourselves for future events and know how to respond when they occur? How do we answer the tough questions that both adults and children ask when trying to deal with tragedy? How can we as adults best help children cope with stressful times?

This Handbook was developed to do the following:

- ♥ Provide teachers, parents, school staff, child care providers, and others who take care of children with information about how to recognize normal child reactions to stress.
- ♥ Explain how to recognize and understand the stages of grief in children and adolescents.
- ♥ Describe common ways that children of different ages cope with stress.
- ♥ Explain how to identify children who may not deal well with stress, need help, and are at risk for long-term stress related conditions.
- ♥ Provide guidelines to answer common questions children and adults ask following acts of violence, disasters, and terrorism.
- ♥ Supply contact information for other programs with additional resources for helping children cope with stressful events.

**Please take note of the form at the end of this book.
Your feedback is greatly appreciated!**

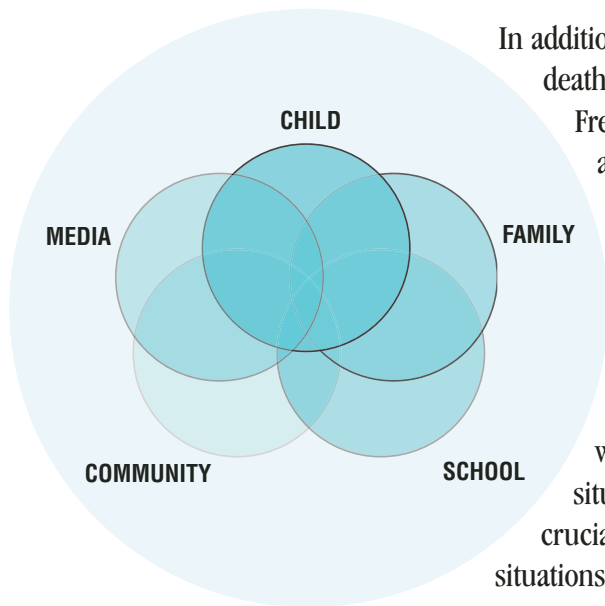
Traumatic and Stressful Events: What are They?



hroughout this handbook, we will be referring to traumatic and stressful events that can have a negative impact on the mental health of children. These events include natural disasters, war, acts of violence, and terrorism.

There are many types of disasters that people refer to, including man-made disasters (i.e., a bombing or act of terrorism), health crises (i.e., an epidemic or famine), technological disasters (i.e., a nuclear reactor accident or oil spill), and international crises (i.e., wars or an accidental missile launch). Natural disasters are usually related to the weather and the environment and include events such as hurricanes, earthquakes, tornadoes, fires, and floods.

Acts of violence can have a serious impact on children and families. Violence may be in the form of a school shooting, domestic violence, gang fights, violence seen in the media (real or fantasy), and acts of terrorism. Violence experienced in the community and school environment includes homicides and suicides.



In addition, a sudden death of a loved one or friend due to accidental death or even a terminal illness can be quite devastating for a child.

Frequently, an event such as a car crash can leave an individual with a sustained disability that impacts daily living and in turn can put excessive emotional stress on family and friends.

Other events that create extreme emotional stress on individuals, especially children, include changes in family structure such as a divorce or separation of parents. Domestic violence, be it in the form of physical, sexual, emotional, or verbal abuse, impacts the well-being of all family members and even close friends. These situations that impact the family are important to keep in mind as crucial events that have the potential to create traumatic and stressful situations for children and in turn impact the children's emotional health.

Children may react to any of these types of events and may be the direct victims of or witnesses to any of these events. As you read this handbook, you will learn more about how the type of event and involvement a child has with the traumatic event, either as a witness or direct victim, impacts how he or she copes psychologically with the events.

What are Children's Normal Responses to Stress?

A Developmental Perspective:

How do young children understand terrible events such as sudden death, violence or terrorism? Many children and adolescents experience traumatic events that can affect them emotionally and physically. Natural disasters, violent acts, and any other type of catastrophe can be frightening to both children and adults.

A child's reaction to trauma will likely vary depending on his or her age. A six-year-old, for example, may show his or her concern about the disaster by refusing to attend school. An adolescent, on the other hand, may minimize his or her concern, but start to argue more with parents, become more irritable, or show a decline in school performance.

Infants and Toddlers (Birth to age 2):

Infants react to trauma through non-specific responses to the distress of their caregivers, separation, and disruption in relationships and routines. Infant and toddler responses are largely determined by the caregiver's coping skills. This age group may demonstrate fears of separation, become fussy, develop feeding and sleeping problems, and become easily startled.

Preschoolers (Age 2-6):

Preschoolers often engage in magical thinking, develop fears of separation and rejection, and often exhibit regressive behaviors.

Preschoolers Normal Reactions to Stress May Include:

- Uncontrollable crying
- Running aimlessly
- Excessive clinging and fear of being alone
- Regressive behavior
- Sensitive to loud noises
- Confusion and irritability
- Eating problems

If a preschooler does not respond to special attention that you provide or exhibits excessive withdrawal, he or she might need some professional assistance.

Children under the age of 6 have a difficult time understanding others point of view. As a result, they often focus their attention narrowly, and sometimes ignore important information. When a child of this age experiences a traumatic event, he or she may mistakenly think that the event is his or her fault. This can lead to magical thinking to fill in gaps in understanding, resulting in ideas like, “if I had just been a better kid, by picking up my toys when my mom asked me to, the traumatic event wouldn’t have happened.”

Another key feature in children of this age is an inability to understand death as permanent. Children of this age often display their emotional responses to trauma in the form of sleep difficulties (trouble falling asleep or staying asleep, nightmares). Feelings of worry and anxiety are sometimes exhibited as ‘clinging behavior’ and may take the form of refusing to leave their caretaker’s side, worrying that something bad might happen to their caretaker, fear of going to sleep, or fear of leaving the house. There may also be an increase in temper tantrums.



Expressing and sharing feelings during the war. Preschoolers in a refugee camp. Croatia.

School-age (Age 7-12):

School-age children are capable of understanding simple, concrete explanations, but have not yet acquired abstract reasoning abilities. They may display inappropriate or unpredictable behavior, deny affect (feelings) and focus on details. They can also complain of physical symptoms, show regressive behaviors (i.e., acting younger than their age) and withdraw.

School-age children have developed the ability to consider others’ point of view. This skill allows this age group to take into account more than one perspective at the same time. However, they remain very concrete in their thinking, making many traumatic experiences difficult for them to accurately and fully comprehend. As a result, children of this age will often become fearful, confused, and anxious following a trauma.

School-Age Children's Normal Reactions to Stress May Include:

- Non-specific physical problems (aches and pains)
- Appetite changes
- Sleep changes (trouble falling asleep, bad dreams, nightmares)
- Sadness
- Withdrawal from peers
- Irritability
- Increased fearfulness (fear of the dark, fear of loud noises etc.)
- Whining, clinging (reluctance to leave parent or teacher)
- Aggression and questioning authority
- Competition with siblings for attention
- School avoidance, loss of interest and difficulty concentrating in school
- Regressive behavior (e.g., bed-wetting, thumb sucking, baby talk, carrying an object like a teddy bear or blanket)
- Isolation
- Rebellion at home or school

If a child does not respond to special attention that you provide or exhibits excessive withdrawal, he or she might need some professional assistance.

Children of this age may also develop physical symptoms like loss of appetite and multiple physical complaints (stomachaches, headaches, and dizziness). School-related issues are also common, such as inability to concentrate, refusal to attend school, or increased defiance, aggression, and hyperactivity. Prolonged fear of being alone, feelings of responsibility and guilt, safety concerns, and preoccupation with danger are also common. Finally, school-age children may experience loss of interest in activities and participate in repetitious traumatic play and retelling of the trauma.

Children of this age tend to pay close attention to parents' anxieties. Children are aware of their parents' worries most of the time, and they are particularly sensitive to their parents' reactions during a crisis. Looking to their parents for cues on how to act and react helps children to know how to behave in the face of danger. It is especially important for parents and other adults to be honest with their school-age children about their fears and concerns, and to stress their abilities to cope with the situation.

Teenagers (age 13-18):

Teens have developed the ability to think more abstractly and have a better sense of cause and effect. Teens want to make their own decisions and be more independent. Frequently they have a need for time alone and may occasionally isolate themselves from their family. However, with support, they can exhibit good coping and problem solving skills and can provide support to others in need.

With their capacity for abstract thinking comes an increased focus on religion, spirituality, morality, and ethics, which can impact a teenager's understanding of, and response to, a traumatic event. More than at any other stage of development, a child in the pre-teen and teenage years is likely to keep his or her feelings about the trauma inside, making him or her more prone to developing feelings of sadness and apathy. A teenager may begin to withdraw from family and friends.

On the other hand, a teenager may minimize concerns following a trauma in an attempt to appear as if 'everything is okay'. In such instances, a teenager may increase his or her activity level and involvement with others as a means of managing inner fear and anxiety. Increased defiance may appear, as may a wish for revenge and action-oriented responses to trauma.

Teen's Normal Responses to Stress May Be Exhibited As:

- Non-specific physical problems (aches and pains)
- Appetite changes
- Sleep changes (nightmares, trouble falling asleep)
- Sadness
- Withdrawal and isolation
- Irritability and acting out
- Excessive fears and worry
- Agitation and apathy
- Risk-taking behaviors
- Poor concentration
- Avoidance
- Disenchantment (what's the point?)
- Feelings of hopelessness and helplessness

You may want to consider seeking professional help if your teen is having the described responses and they are interfering with his or her daily activities in school or at home.



*Grieving is part of the healing process.
New York City.*

What are The Stages of Grief?



rief is a normal response, which can be defined as the emotional suffering we feel after a loss of any kind. Most individuals go through several stages of grief when they suffer a loss. A loss is a change of situation and can range from small losses such as losing a valued possession, to large losses, such as losing a loved one, experiencing a great trauma, or sustaining bodily injury. Grief may seem unbearable, especially following a tragic or traumatic event, but it is actually a healing process. In fact, when a child experiences grief it reflects the child's capacity to form healthy and nurturing attachments.

The intensity and duration of an individual's grief reaction depends on how significant the loss is perceived to be. These stages of grief are experienced differently by individuals. Fortunately, most children are able to work through grief and return to their previous level of emotional functioning, generally within several weeks. Sometimes, however, an individual may become stuck in one stage and have difficulty moving on to the next, or may skip a stage only to go back to it later.

The five stages of grief are:

Stage One

Denial: The first stage consists of refusal to believe what has happened. Many describe a feeling of shock. During this stage, children sometimes “make believe” that the loss has either not occurred, or pretend that everything is “fine.”

Stage Two

Anger: Once a child has stopped denying that the trauma has occurred, anger often follows. Anger can manifest itself in many ways, ranging from blaming others for the loss to turning anger inward and blaming oneself. It is important to be aware that children may be agitated or have a low frustration tolerance.

Stage Three

Bargaining: Anger then fades into attempts to bargain the trauma away. Children resort to this emotional strategy with the hope of removing the reality of what has happened. This bargaining can be with oneself (i.e., through thoughts like “maybe if I just become a better kid, this loss will go away”) or with God (i.e., “God, please make this go away... I promise to do whatever you want as long as you take this loss away.”).

Stage Four

Sadness: When a child comes to realize the loss is permanent, sad feelings set in. This is often the most difficult stage to go through, both for children and their caregivers. The sad feelings typical of this stage can include tearfulness, clingy behaviors, difficulty concentrating, loss of interest in things a child used to enjoy, feelings of guilt, feelings of being punished, and distractibility.

Stage Five

Acceptance and Resolution: During this stage, the child accepts the loss and is able to move on with his or her life. With resolution of the loss comes increased energy, renewed goals for the future, and return to previous level of functioning.

The order of progression through these stages and the length of time spent in each stage varies from individual to individual. For instance, some children will still be grieving a loss long after it has occurred while others will experience grief at unexpected moments. Several factors influence or contribute to the process of grief. These can include:

- A child's support system (parents, family, friends)
- A child's ability to understand and recognize emotions
- Previous experience with loss and/or trauma
- Pre-existing emotional conditions (depression, anxiety)
- Cognitive problems
- Physical health problems

Sometimes, it can be difficult for adults to know which stage of the grieving process a child is in. This is especially true for children who are relatively non-communicative, shy, and/or afraid. It is therefore important for adults to be sensitive to children's grief and to recognize that different children will process and respond to loss differently. Since children take their cues in how to deal with many situations from adults, it is important for adults to be sensitive to their own grief processes, needs, and feelings.

6 years
ago, I lost
my grandfather.



He was my
favorite person.

I felt so
upset. I
felt like it
was my
fault.



When I talked to
my dad, he said, sometimes
people have to die.



That
made
me
feel
much
better.

Boy, 11 years old.
Washington, D.C.

What is the Psychological Impact of Violence on Children and Adolescents?



ny disaster, whether natural or man-made, will likely be frightening to children and adults alike. No matter what age a person is, the challenge of dealing with loss of home and loved ones or even seeing harm done to others, is a difficult process. Children who grow up exposed to sustained and prolonged trauma and violence are at increased risk for mental disorders such as depression, anxiety, Acute Stress Disorder (ASD), Post-Traumatic Stress Disorder (PTSD) and substance abuse.

Children who are exposed to violence and trauma have to deal with several developmental processes at the same time. In addition to physical growth, children are also developing socially, emotionally and academically. Developmentally they may not have acquired yet or are less able to apply the coping strategies necessary to deal with traumatic experiences. Because children are still maturing in different areas, and often confronting numerous losses and traumas, traumatic experiences can interfere with normal growth and development. For a child, violence impacts relationships, routines and safety - all concepts they may be just beginning to understand.

These impacts may take the form of:

- Changing relationships within the family
- Changing peer relationships
- Loss of family members due to injury and/or death
- Loss of home, school and places of worship – places that children turn to during difficult times for support and comfort

These types of changes and losses can be particularly challenging for children as they represent sources they depend on in the wake of a disaster.

What happens if we do not attend to our children's mental health needs with the same speed and urgency that we do when providing shelter, food and emergency medical care after a disaster? We know that when we do not attend to the emotional aspects of trauma and violence, these issues may re-surface later, often with unanticipated results. Children exposed to persistent and extreme violence may develop changes in their thoughts, feelings and behaviors. Children may:

- Begin to view the world as a hostile and dangerous place
- Become extremely fearful, which can interfere with emotional growth
- Exhibit a decreased sensitivity to violence and a greater willingness to tolerate increasing levels of violence in society
- Use aggression to solve conflicts

Over time children may stop experiencing thoughts and feelings about the violence they have experienced (known as emotional numbing) and may become reactive in an aggressive manner. They may also escape into their own fantasies in order to protect themselves.



When Should I Begin to Worry?



When should we start to worry about the long-term effects of trauma? Usually, a child's emotional response to a trauma does not last long. Some of the reactions described here in the handbook, may not appear immediately, or may recur weeks after the trauma. When occurring during the few weeks following a trauma, the reactions described here are normal and expected. It is only when emotional responses persist for long periods of time or are accompanied by significant functional impairment that concern is warranted. Everyone who has had an extremely traumatic experience will not necessarily develop Acute Stress Disorder (ASD) or Post-Traumatic Stress Disorder (PTSD). Persons who develop ASD or PTSD become “stuck” on the trauma and keep re-living it in thoughts, feelings, images or behavior.

It is important to address acute stress reactions because there is evidence of the long-term negative impact of these reactions. Psychological trauma can be as damaging as physical injury. Research indicates that even one to two years following exposure to a traumatic event such as the Oklahoma City bombing, a school shooting, or life in a refugee camp during wartime, a significant percentage of these children continue to experience symptoms of post-traumatic stress.



Putting the pieces of the heart together after 9/11. Washington, D.C.

What is Acute Stress Disorder and Post-Traumatic Stress Disorder?

Sometimes when a child or adult experiences a traumatic event, he or she develops persistent symptoms of distress. Due to the severity, duration, and/or degree of interference with daily life, these symptoms may transform from normal and healthy responses to tragedy to maladaptive and dysfunctional responses. It is important to understand the differences between normal and abnormal responses to trauma, because children who struggle with these more persistent and debilitating symptoms are often in need of professional help.

Acute Stress Disorder and Post Traumatic Stress Disorder are the two psychological disorders that professionals have identified as developing in some people who experience trauma. While both disorders have overlapping symptoms, it is the duration of the symptoms that differentiate the two conditions.

Commonly seen stress reactions in children & adolescents:

- Crying / whiney
- Thumb-sucking
- Bad dreams / nightmares
- Regressive behaviors
- Trouble concentrating
- School refusal
- Loss of appetite
- Excessive fears (darkness)
- Bedwetting
- Insomnia
- Clinging/fear of being alone
- Fighting
- Withdrawal & isolation
- Physical complaints (stomachaches/ headaches)
- Exaggerated startle response

Acute Stress Disorder (ASD) and Post-Traumatic Stress Disorder (PTSD) are applied broadly to the development of multiple maladaptive and impairing thoughts, feelings and behaviors in response to traumatic life experiences. These disorders can occur not only in those directly affected by the trauma, but can also occur in those who provide care to trauma victims such as police officers, fire fighters and health care personnel – individuals often referred to as first responders.

When most or all of these symptoms are present and last for up to four weeks and cause impairment in functioning following a traumatic event, doctors call the condition Acute Stress Disorder. When they continue for longer, it is called Post-Traumatic Stress Disorder. These symptoms can begin immediately following a trauma, or may not show up until days or months later (delayed onset).

The following overlapping symptoms are seen in both ASD and PTSD:

1. Symptoms of Derealization:

- Feeling emotionally numb
- Being in a daze
- Inability to remember things or events
- Inability to recall aspect(s) of trauma

2. Intrusive thoughts:

- Flashbacks – onset of intrusive and vivid memories and images accompanied by strong emotions
- Reliving the event- feeling as if the traumatic event is happening again
- Nightmares and bad dreams of the event

3. Avoidant behaviors:

- Intense anxiety or fear of situations which remind the person of the event
- Irrational fear of places and unfamiliar settings
- Withdrawal from family & friends
- School refusal

4. Hyperarousal:

- Exaggerated startle reactions
- Sudden irritability & explosive anger
- Disturbances in concentration
- Difficulty sleeping
- Restlessness



Boy, 10 years old.
Washington, D.C.

Children at Risk:

What are Some Common Risk Factors?



Not everyone acquires Acute Stress Disorder (ASD) or Post-Traumatic Stress Disorder (PTSD). When a child or adolescent is directly exposed to a catastrophe (i.e., being present in a schoolyard where there is a shooting), he or she is more likely to develop ASD or PTSD. Parents should be especially attentive to a child's persistent fears related to the disaster, which may be expressed by anxiety, clinginess, dependent behavior, or angry misbehavior or feelings.

The degree of stress association with an event depends upon both physical factors of the child and the mental health status and history of the child.

There is also a direct relationship between ASD and PTSD and the gruesome nature of an event. These disorders are also more likely to develop if the trauma occurred in a place considered safe such as home and/or school. A child's reaction depends on how much destruction he/she sees after the disaster. If a friend or a family member has been killed or seriously injured, or if the child's home or school has been severely damaged, there is a greater chance that the child will experience difficulty adjusting.

Trauma Characteristics That May Impact Children's Reactions:

- Amount of destruction seen
- Gruesome nature of the event
- Loss of family member or close loved one
- Direct or indirect involvement (i.e., distance from the trauma)

When looking at risk factors there are two main categories, internal (characteristics of the child, him or herself) and external (characteristics of a child's environment) that impact a child's level of risk for acquiring ASD and PTSD.

Internal risk factors include:

- a previous psychiatric condition
- a previous history of trauma
- limited education
- limited coping skills

External risk factors include:

- family psychiatric history of depression, anxiety and/or substance abuse
- early and/or chronic family dysfunction
- limited social supports

Frequently Asked Questions Following Disasters and Violence



his section takes a closer look at some specific questions that both adults and children ask following disasters and violence. It is not easy to have a simple answer to some of the difficult questions kids and others ask.

This second half of the Handbook will provide guidelines to help you answer some common questions. Knowing an exact answer is not always possible, so take time to review the following pages to learn more about how you can respond and make either a child or an adult caring for a child feel more comfortable and safe when coping with a crisis.

Did this happen because I was bad?

Can I stay home from school?

Will mommy's office blow up?

**What
can
I say?**

Is it ok to cry?

Is it ok to laugh and smile? tell jokes?

Will the plane be hijacked if Daddy flies?

What does dying feel like?

What can we do to make a difference?

Why do people have to die?

Why am I having bad dreams?

Why did this happen?

Why do I keep thinking about "it"?

Will it happen again? Will it happen here?

Is there going to be a war?

Will I ever feel normal again?

Will bombs fall on us?

Will things ever be normal again?

What happened?

Are there any terrorists here?

Did children get hurt in the crashes/ explosions?

What should I do if I see a terrorist?

FREQUENTLY ASKED QUESTIONS BY ADULTS

*I am
also
worried...*



How do I talk to children about the traumatic events that happened?

- As much as we try to protect our children from frightening events, it is not always possible to do so. Through their homes, schools, communities and the media children are often exposed to frightening occurrences. Therefore, it is important to acknowledge the frightening parts of such events when talking with a child. Falsely minimizing the danger will not end a child's concerns.
- It is very important to explain the events in words that a child can understand. Your choice of words, concepts and explanations should be tailored to the child's age, language and developmental level.
- Be available and let your children ask questions. Know that you may need to repeat information that is difficult to understand.
- Respect your child's feelings, thoughts and reactions, even if they appear different from your own.
- Children are aware of adults' anxiety and stress. How you are feeling will impact how your child responds. Share in simple terms how you are feeling and explain ways that you are trying to cope with what happened.
- Take time to listen to your child. Focus your attention when talking with a child about how he or she is feeling. Create a calm environment to help provide reassurance and feeling of safety as you talk about the events.
- Emphasize that you and other adults are doing everything possible to make sure that people are safe, secure and free from harm. Depending on the event, give some examples of what is being done to keep your family, school, and community safe.
- Help your child learn the simple facts. Rumors and false information are often spread and can lead children to worry more.
- Talk with children about understanding the difference between individuals who are responsible for the violent events, and those who come from similar backgrounds or cultures and are good people. Bias and stigma can occur when people generalize about a certain group of people, based on a particular incident carried out by specific individuals. Use this time to talk and to learn about other cultures and religions.
- Spend time learning about the type of disaster that occurred and the people responsible for helping communities get back to normal routines and living. Understanding natural disasters and even learning about the different types of disaster relief workers and agencies that provide assistance can be an interesting learning opportunity.

- If you have been viewing together something related to the event on television, make sure to take time to talk with your child about what was shown and how it made him or her feel. Limiting television viewing of programs related to the event is best.
- If religion, spirituality, and faith are a big part of the child's life, continue to reinforce those beliefs, they are strengths that can help children and families cope and heal.
- If the event has an impact on certain aspects of the child's routine, or activities that previously did not cause worry, talk about ways to make the routine or activity feel safe again. Routine is important but be aware that even ordinary activities may become temporarily scary for the child after a traumatic event.
- Talk about ways that your child can help other victims of the event. Writing cards, sending drawings, donating articles of clothing, or even volunteering time can help you and a child contribute to the healing process and the re-creation of safety in your community.
- Some children may not want to talk about their feelings or fears. Help them express how they are feeling through drawing, playing, writing or other age appropriate activities.
- Be sure to keep lines of communication open with other adults who may be in the child's life. Be supportive of a child who may seek comfort in another adult, such as a teacher, health provider, counselor, neighbor, member of the clergy, or another family member.



So, when you are talking to a child about scary and stressful events, remember to do the following:

- | | |
|--------------------|-------------------|
| • Acknowledge | • Learn the Facts |
| • Be Available | • Reassure |
| • Respect Feelings | • Communicate |
| • Listen | • Support |

*Putting the pieces of the heart together after 9/11.
Washington, D.C.*

***How can
I help
my child
heal?***



How can we help children cope after acts of terrorism, violence, or natural disasters?

Optimistically, children have the inherent potential for being wonderfully resilient, if given adequate support and counseling, which is as important as physical rehabilitation or treatment for wounds and fractures, or the provision of food, portable water and immunizations. It is therefore extremely important to strengthen the child's communication and coping skills and help mobilize people and other resources around the child, which in turn can enhance the child's inner strengths and values.

- Each child reacts to disaster and terror according to his/her emotional and developmental stage. Each stage brings to a child a new understanding of the world, the passing of time and how events happen. Therefore it is very important to explain the events in words that a child can understand.

How should I talk to a child about such terrible events?

It is important to acknowledge the frightening parts of the disaster when talking with a child:

- Falsely minimizing the danger will not end a child's concerns
- It is very important to explain the events in words that a young child can understand
- Play with children who can't yet talk, express their feelings or ask questions
- Be available: let your children ask questions

- Children are aware of their parents' worries most of the time and are particularly sensitive during a crisis. Parents should admit their concerns to their children, but at the same time stress their abilities to cope with the situation. However, if the adults in a child's life are completely overcome by fear or sadness, even very young children will pick up on these feelings and become more scared. As adults struggle to handle their own feelings about such events, children observe and take their cues from these adults in how to respond. Therefore, how parents respond and cope is important since children will model after them.
- Children can be helped by adults when they share tips about coping strategies in how to deal with such feelings: "I just keep reminding myself that my friends and family are safe and that there are lots of police, firemen, and others who are working hard trying to protect us".
- Parents need to monitor their children's exposure to television and radio coverage of a disaster. Viewing or listening to graphic news may cause further trauma, and/or desensitize a young person to violence and its consequences. Turn off the TV. Don't let your own desire to keep up with every little detail on the news get in the way of your children's well being. Even if your children are young, the continual commentary, frightening speculation, and repeated replaying of the disasters on TV will only fuel their fears and insecurities, not to mention your own.

- Be available, let your children ask questions, and try to answer them honestly, simply and to the best of your ability. It may be tempting to say that everything is going to be fine. This may be somewhat dismissive to your child because this does not help address his or her specific concerns.



*Healing and comforting little ones during times of crisis.
Israel.*

- Play with children who are too young to ask questions or express their feelings. This helps young children develop a sense of mastery and minimize their anxiety about the traumatic event. This is similar to an adult retelling his or her experiences. To help a young child express his or her feelings get on the floor and start playing. Puppet play, drawing pictures, playing with dolls, other action figures or any other structured activity that engages the child should work well.
- Get back to your family's routine as soon, as possible. Children of all ages thrive on structure and routine, as do most adults. This is often something adults have control over. It provides

them with familiar things and routines, which can be reassuring and comforting.

- Children can regain their sense of power and security if they feel they can help in some way. Encourage youngsters to participate in or organize a community response effort, such as: writing cards, sending postcards, organizing food drives, or collecting clothing and other items. Contributing to the healing process of those who have been affected can go a long way toward making children feel better.
- Children of all ages need a lot of reassurance. Tell them that you love them, and will take care of them. While none of us have all of the answers a calm demeanor will help provide a sense of safety. If you are faced with a question that you just can not answer, acknowledge that you do not know. The most important thing you can do for children is to reassure them you are doing everything you can to keep them and the rest of the family including yourself safe. Tell them it is the job of the grownups around them to protect everyone. Tell them that a lot of other people are thinking about safety and working really hard to protect them from harm.
- Parents can support their children by allowing them to express feelings about the recent disaster, and letting them know that it is normal to feel upset. Be available and give them extra time and attention during the days following a disaster, not only for talks related to the disaster, but for other conversation, or just hanging out.
- It's also important to help children and adolescents process whatever news they receive of a disaster. Young people may believe that "nothing like that" would ever happen to them. Such ideas should be explored in a supportive way that also gently reminds a young person that certain kinds of disasters can touch any of us. Conversely, a young person may feel extremely vulnerable upon hearing about a disaster that has occurred far away. These children should be encouraged to express their fears, and then gently but firmly remind them that most people survive disasters, and that they themselves are currently quite safe.
- Children's and parents' reactions to a disaster may continue for a long time after the event itself, and may be upsetting even years later. Obtaining counseling for a child or adolescent soon after a disaster may reduce long-term negative effects.

How do I tell my child it is safe to fly?



Due to recent hijackings and plane crashes, my child is afraid of flying, what should I do?

Especially over the past few decades, flying has become a more common mode of transportation and more people are flying. Unfortunately, each time there is a plane crash, there is a lot of media attention that increases public anxiety. Therefore, children and adults will frequently have concerns and fears related to flying. Here are some recommendations on how you can help alleviate fears of flying triggered by such events:

- Remain calm, reassuring and in control.
- Ask children what their specific concerns and worries are related to air travel. Encourage them to talk to you about their fears.
- Reassure children that the grown-ups are working very hard to make flying safe. We can't let fear paralyze us. Help children to put fears in perspective by reminding them that air travel is in fact safer than traveling by car. Therefore, reassure children that just as adults are making car travel safe by enforcing speed limits, seat belt use and drinking and driving laws, so too are adults making sure that air travel is fun and safe for everyone.

Practical Tips To Help My Child Feel Safe Flying!

It is important to acknowledge the frightening parts of the disaster when talking with a child:

- Arrive at the airport early. Rushing through the airport with children and baggage only further aggravates concern. Take time to get a snack or relax before boarding the plane.
- Learn relaxation exercises such as deep breathing from the stomach and muscle relaxation techniques. This can alleviate tension, particularly for parents and older children.
- Bring along a favorite stuffed animal, game or toy. Having reminders from home can be comforting in new situations.
- Creative activities like coloring books allow smaller children to express their feelings through their artwork, and allow parents to have a conversation around what they've drawn. These items are also good at distracting children before and during the flight.

How do I help a child with special needs cope?



What can I do to help a child with special needs cope in response to a traumatic event?

- All children will respond to a situation according to their own coping abilities, their past experiences, how much information they have been provided, and how adults around them respond. Children who are physically, cognitively, or emotionally challenged or who have medical conditions will also base their reactions on what they have experienced in the past and their awareness of the current situation.
- A child with special needs may require additional attention, time, and support to understand and deal with the trauma. Therefore one needs to be more patient.
- Most importantly, you can help a child with special needs cope with traumatic events by first understanding what their typical reactions to a stressful situation are. This will help provide you with cues to help assess how they are coping and if they need additional support and help dealing with the event.

When developing plans for all students, make sure you make special considerations for children who have special needs. Know that some physical conditions or emotional conditions may worsen in stressful situations and these children may need immediate attention. Have emergency medical information forms on file with the school nurse or principal.

Remember to take a look at the following for those children who have special needs:

For children who are physically challenged or with medical conditions:

- Look at your evacuation plans. Make sure that you develop a plan for how to get the child to safety.

For children with cognitive impairments:

- They will understand the event as more concrete and will likely be less able to think in abstract terms. They are more likely to demonstrate problem-solving skills more typical of a younger child. Therefore, there is a need to be sensitive to these vulnerabilities as you explain events and provide direction during and after crises.

For children who have emotional impairments:

- Their level of anxiety or worry may be greater. This may make it more difficult to cope with stressful situations. Therefore special attention should be paid to providing comfort and a safe environment.

- Similarly, school staff should work together with families to learn more about a child's coping skills under stress and in unpredictable situations and be knowledgeable about what has worked with the particular child in the past.
- Empower children with appropriate coping skills prior to a crisis. This is especially important for children with special health care needs and should be an ongoing process.
- Be aware of what is comforting and calming to the child. This will provide reassurance and a sense of safety.
- Like all children, children with special health care needs will benefit from the continuation of their normal routines to help them cope with the event that has occurred.

Can I touch the mail? There could be Anthrax!

Q

How do I explain the threats of biological, chemical and nuclear agents such as Anthrax, small pox, chemical spills, and dirty bombs?

- Parents should answer children's questions simply and honestly without giving too many frightening details. Simple and accurate information may be enough to help ease any anxiety a child has.
- Reassure children that the threats are taken seriously and all efforts are being made to make sure places are safe and clean so that people do not become ill. Doctors, nurses and other medical professionals will treat people who may have been near anything dangerous. Communities are making sure to the best of their ability that everyone is safe, and that people do not get sick.
- Provide only the type and amount of information that is appropriate to the age of the child, being sure to also consider his or her temperament and level of emotional development.

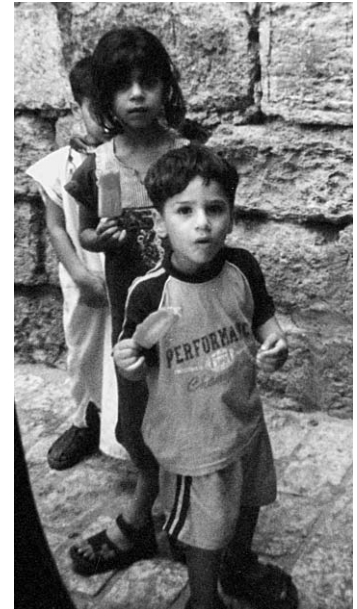
- Find out what the child really wants to know about the topic and what his or her fears are. If you don't ask children about their fears, they may be embarrassed to ask. Adults may make inaccurate assumptions about what children know and what their fears are. This leaves the child's real questions unanswered.

Suggested Coping Strategies:

- Children are aware of their parents' worries most of the time. Be particularly sensitive during a crisis. Children observe and model their parents' responses and can sense your anxiety – stay calm.
- It's okay for parents and other adults to share some of their feelings and concerns with children. When sharing your feelings, stress your ability to cope and discuss healing strategies.
- If, as a parent or other caregiver you are completely overwhelmed, ask for help. Other adults can help support you as well as your child during times of crisis.
- Share tips for ways you deal with feelings.
- Monitor TV watching. Too much exposure to graphic or violent content and subject matter can increase a child's level of anxiety and concern.
- Get back to your family routine as soon as it is possible. Familiar things and routines can be reassuring and comforting.
- Reassure, validate, and comfort.
- Consider how you and your children can help others.

Q Apart from talking, how can parents and adults help children cope with a disaster?

- Take care of your health! Stress can affect both your physical and mental health. It is important to pay attention to your own physical health as well as your child's. Maintaining proper nutrition and getting adequate sleep and exercise, will help you to meet your physical needs during times of stress, which in turn, will help you cope with the emotional stresses.
- Keep normal routines! When disasters and trauma occur, they create a disruption in every day living and disrupt people's sense of safety and security. Children, especially, need to be provided with a feeling of safety. By keeping a normal routine, you create a familiar environment that will help you and your child regain a sense of control.
- Focus on the positive! There are still many good things that are happening in people's lives and it is important to continue to experience positive events even when tragedies occur. Plan and celebrate special family events such as birthdays, graduations, and holidays. Such celebrations help with the process of healing, moving on and building resilience.
- Support expression! Encourage your child to express him or her self according to his or her own individual interests and strengths. Expressions, through creative means or through other activities like sports, can help a child cope with sadness.
- Help others! When disasters occur, people often feel a need to help out in some way. While you can not always be at the site of an event helping victims, there are other ways to help out and feel that you are making a difference. Helping or volunteering also helps bring back a sense of control and feeling that you can do something even despite the tragedy.



Palestinian children eating ice cream. West Bank.

***Will I
ever feel
normal
again?
Will
things
ever be
normal
again?***

Q How can families help each other deal with a traumatic event?

- Family support is a critical aspect of recovering from any trauma. Be supportive of one another.
- Take time to listen to your family member's needs. Be extra patient.
- Keep your family's daily schedules, routines, and traditions.
- Plan an activity for your entire family so that you and your children feel the strength of your family unity.
- Plan out what you and your children will do should another disaster occur:
 - Think about the different types of situations that could occur
 - Make a family plan outlining what everyone should do if disaster strikes
 - Arrange how you will maintain communication
 - Prepare for how you will create a sense of safety
- Preparation will help take away some of the fear of "what will happen to us" if a disaster occurs.



*A family learning to cope after the father is killed.
Kosovo.*



How can schools and families work together to help children cope?

- Keep lines of communication open. Make sure that the school knows if a child is having a hard time coping. A child's difficulty coping after a traumatic event can translate into difficulty in school. A drop in grades or lack of attention in the classroom, and fighting with other students, can all indicate that a child is having a hard time coping with the event.
- Make sure that schools have up to date contact information for the primary caregiver of the child as well as additional contacts, in case of emergency. This information can also be helpful during the time after a crisis when a child is in need of additional support.

Develop a School Crisis Response Plan!

Know the resources in the community:

- Find out if there is a district run crisis response team already in place. These individuals will assist your school with post-crisis counseling and support to get students and teachers back to their normal daily routines.
- Take time to talk with them prior to any crisis. Establishing and maintaining ongoing collaborative relationships with the local crisis teams will help reduce confusion and stress during a crisis.
- Find out what is to be expected and determine if teachers and other school staff can get some crisis intervention training to help out during difficult times.

Develop a multidisciplinary team at your school.

- This team may include the principal, school counselor, school nurse, school resource officer, teachers, and parents.
- Bring in the local fire and police departments as well as emergency medical service providers to talk about what your school's needs are during and immediately following an emergency or crisis.
- For the crisis plan to be effective, roles and responsibilities need to be clearly defined.
- Disseminate information about your crisis response team to parents and to members of the school. It is important for everyone to be familiar with what takes place during and after a crisis.



*Maintaining routine by going to school in a tent.
Refugee camp, Albania.*

What can teachers do to help students?



How can teachers help students cope?

After a disaster in a community, it can be especially difficult for students to feel safe returning to school. They may be concerned about being separated from their families and homes and may even have concerns about being safe while at school. Children may also fear that their parents may not be safe while at work and worry while they are at school. Teachers can help children feel safe at school by doing the following:

- Reassure students that they are safe at school, that strangers are not allowed into the school and that the worst part of the disaster is over.

Guidelines For Teachers For Coping When Disaster Strikes:

- Recognize that you can't do it all. Set realistic goals and expectations for what you can accomplish each day.
- Focus on what you can control, rather than what you can't.
- Establish priorities and pace yourself.
- Celebrate your small successes and those of your students.
- Remain flexible and keep your mind open to new ideas.
- Reach out and ask for help when you need it.
- Take care of yourself, eat properly, get enough rest and exercise.
- Try to nurture yourself and do not stop enjoying your family and friends.

- Provide opportunities for the students to talk about their fears, ways that their families have helped them cope, and ways that as a class they can do something to help their communities and the victims of the tragedy.

It is important to create an atmosphere in the classroom and throughout the school that fosters respect for each other's feelings and fears and allows for a supportive and healing environment.

- Design a class or school activity that allows the students to connect with each other and share their experiences. This working together helps children cope and heal.
- Be honest about what happened. Consider the child's age, emotional and cognitive abilities when sharing details of the event. Sharing just enough details prevents children from becoming overwhelmed and confused.
- Help integrate the events that occurred with other events that have happened in history. This can help provide a context, especially for older children.
- Keep a routine. Take special time and provide activities to discuss the tragic events and how the children are feeling. At the same time, make sure to keep the class's general routine and schedule to help provide a sense of familiarity to the children.
- Limit exposure to or refrain from showing television reports about the tragic or violent event. Too much speculation and exposure can increase the students' stress and anxiety about the event. Provide updates to the students in a consistent manner.
- If a teacher identifies that a child needs help coping, take advantage of the resources available at your school, such as the school nurse and school counselor. Families are another important resource to the child and should be kept involved.
- Finally, know when as a teacher, you need help. The traumatic events may have affected the teachers and school staff as well. If you as a teacher are feeling overwhelmed, know when to ask for help from others at the school or take a break. The better the teacher and school personnel are coping, the better the students will cope. Identify ways that the school can get help for the staff.



We recently experienced a natural disaster (tornado, hurricane, earthquake, flood etc.), and my child is scared. How can I help my child feel better and feel safe again?

- Take time to discuss with your children what their fears are and what they are worried about.
- Provide information about these types of events in a manner that is appropriate to the child's developmental stage. Understanding why and how often these events occur can help make sense of a situation that seems out of one's control.

How to make a disaster plan for your family:

- Make sure all children have work phone numbers for parents.
- Arrange with family members, friends, and neighbors to let children go to them during a serious emergency or disaster, if it is not safe to be at their own homes.
- Agree upon a meeting place to find one another should you and your child separate.
- Make sure your child knows how to contact EMS and dial 911.
- Make sure your child's school has your contact information, other emergency contact numbers, information about your meeting place, and his or her pediatrician's number.
- If your child has special health needs, make sure to have an Emergency Information Form filled out by your child's doctor and available for schools in case of emergency.
- Contact your local Red Cross to learn about additional ways to plan for particular disasters common in your region.

- If you live in an area that is prone to these types of natural disasters, make a plan with your child about what to do to prepare for these events. Create a plan that includes where to seek shelter and safety as well as ways to communicate with each other should you be separated during or after the event.
- Families and schools can safely plan for certain types of disasters before they happen without encouraging fear or panic.
- Families and schools alike should have first aid supplies available.
- There should be easy access to emergency phone numbers. These can be easily placed near phones at home and at school.
- Families should plan for natural disasters, such as hurricanes, tornadoes, earthquakes, and fires that have a certain probability of occurrence in their area. All family members should become familiar with planned sleeping arrangements; locations of tents, food resources, and flashlights; evacuation routes, and so forth. Rehearsal diminishes anxiety and provides a sense of control.

Did this happen because I was bad?



How can I tell when to seek help for my child or for myself? And, where should I go to get appropriate help?

- Refer to the section in the Handbook on normal stress responses and symptoms that are cues for needing special mental health assistance.
- If stress reactions in you or your child seem to be getting worse over time or continue for several months, you or your child may need additional help coping.
- If you or your child is having a difficult time at school or work or with normal daily activities due to the traumatic events, you may need additional help from a mental health professional.
- If you have identified that your child needs a mental health professional, talk with your primary care physician or pediatrician about getting a referral for a child and adolescent psychiatrist, social worker, psychologist or other mental health professional that has experience working with children.
- You can also contact your local children's hospital or other health facility or community mental health organization and ask for a referral in your area.

My child is glued to the TV, what should I do?



Should I let my child watch television and news programs that are discussing the event? Does it help or hurt?

- Don't be glued to the TV! Try to limit the amount of television and media exposure that cover violent events, whether fantasy or reality. Viewing the coverage over and over again can be disturbing to a child.
- If your children do watch TV following the traumatic event, especially programs covering the story, make sure to watch the programs with them and discuss what they have seen and how they feel. Know children's limits and when they have seen too much.
- If you are a teacher or other school personnel, spend time talking with the students about how they are feeling as opposed to watching the graphical material on television. Your school can choose to provide accurate and confirmed updates to the student body, in a consistent manner. As information unfolds regarding situations like terrorism or disasters, instead of providing confusing speculations, the school has an opportunity to keep everyone informed as valid information is released.
- When watching the news or other televised programs related to violence or disasters, share with your child how you feel about what you are watching and hearing. Your child looks to how parents and loved ones respond and cope with these scary events. Understanding how you are processing the information can help your child cope and better understand what they are hearing in the news. Excessive viewing prevents children from processing the information and hinders their ability to develop coping strategies.

- Seeing the event over and over again on TV can be confusing for children. Sometimes seeing the images makes one feel like the event has happened again. Children do not always understand the repetition of the same event and may believe that the repetitions are new events, such as another tornado, school shooting or plane crash. This can result in an unnecessary level of fear and desensitization.
- Many child-oriented television stations convey the information in ways that are easier for children to understand. If your child wants to learn more about what has happened, you may want to explore these channels.
- Encourage children to play or be active in other activities instead of watching TV. Being active will help keep their mind off of the events and will also help release stress.

Why do some kids bounce back more quickly?

Q How Do We Build Resilience in Children?

What is resilience?

Resilience is the ability to cope with stress, to bounce back from difficult times, and to adapt well to trying situations. Just as children can develop problems in many different areas (i.e., problems with behavior, problems with school, problems getting along with others), children can also be resilient in many different areas. Just because a child is resilient in one area does not necessarily mean that he or she is resilient in other areas. For instance, a child may be doing very well in school and have no problems with behavior, but may be feeling quite sad or nervous on the inside. This is important to remember so that we do not overlook difficulties a child might be having in one area just because he or she seems to be doing so well in another area.

How do we build resilience?

- Building resilience in children is a good goal to work toward because it makes sense to focus on what *does* work in children's lives, things called **protective factors**, instead of getting stuck on, and frustrated by, what *does not* work, things called **risk factors**.
- Resilience can be strengthened by qualities of the child, family, school, and neighborhood/community.
- Characteristics of children that build resilience include:
 - The ability to seek out positive people and situations
 - Having an optimistic outlook (i.e., view of life as a challenge, not a chore)
 - Motivations, dreams and goals for the future
 - Good self-esteem (i.e., feeling needed, appreciated, and competent)
 - Good cognitive abilities
- Characteristics of families that build resilience include:
 - Parents who show an interest in their children's lives and who involve themselves in their children's activities

- Stable and consistent home routines (for instance, regular family time, chores that each family member is expected to complete, family outings)
- Open family communication
- Parents who pass on to their children the importance of doing well in school
- Characteristics of schools that build resilience include:
 - A principal that is involved with teachers and students on an individual level
 - An organized and structured school setting where both students and teachers know what is expected of them
 - An environment in which staff have personal relationships with students
 - Schools that celebrate successes of their students, and focus on the positive in multiple domains, including academics, sports, music, drama, and other achievements
- Characteristics of communities/neighborhoods that build resilience include:
 - High levels of neighborhood cohesion (people in the neighborhood “looking out for one another”)
 - A general feeling of safety and security
 - Neighbors know one another
 - Active neighborhood run organizations (create neighborhood pride)

The following skills help build and maintain resilience in children:

- **Social skills/relationship building:** It is important for children to learn how to form positive and healthy relationships with both adults and other children. Receiving social support from others is very helpful in making it through tough times.
- **Effective and assertive communication:** Children need to learn how to make their wants and needs known in an appropriate manner. Children who do not learn how to communicate in an assertive fashion often either communicate through aggression (hitting, fighting, yelling) or become very passive (do not communicate much at all and let others take advantage of them). These are not helpful ways of communicating, and often result in children not getting their needs met.
- **Emotion expression and regulation:** Learning how to express emotions and to regulate (control) them is essential for children. Otherwise, they become overwhelmed, confused, and sometimes aggressive. This can lead to feeling misunderstood and distrustful of others.
- **Empathy, caring and reaching out:** Empathy, the ability to put oneself in someone else’s shoes and feel what they feel, is a particularly important emotional skill for children to develop.
- **Problem solving:** Problem-solving skills are critical in both personal and academic life. Problems arise daily that need to be solved and sometimes children lack the necessary skills. Children need to learn to think, plan, and problem-solve in an organized and clear manner. This builds independence, self-competence, and increased overall ability.

**Why am I
having bad
dreams?**

Q

Is there anything I should do around the anniversary of the event?

- Anniversaries of a death of a loved one are always difficult. So too are anniversaries of national and community tragedies. This is a time when feelings of sadness may resurface. Even if your child seems to have been coping well, this is a time when you need to pay particular attention and be supportive. Anniversaries are reminders of the event, but they can also be used as opportunities to pay respect to those who lost relatives or friends. It is also a time to bring families, communities, and schools together to not only pay tribute and remember the event, but also to gain strength from one another.
- Talk with your child about different ways to remember the event or hold a ceremony of some kind. Include your child or students in the planning of the ceremony or activity. For example, if there had been a school shooting during the previous year, it would be important to have a ceremony to remember the student(s) or teacher(s) who were injured or died. It is also a time to remember some of what has been learned about identifying students at risk who need support and help. This

can be a time of remembrance and healing. This is a good time to reinforce and re-educate the school and community about how to be supportive of one another in times of crisis.

- Be aware that anniversaries bring up many mixed feelings and reactions. Children may seem distracted or begin to act out. Acknowledge the anniversary and encourage your child to discuss how he or she is feeling. Fears about the event happening again may resurface.

This is a good time to reinforce feelings of safety and comfort.



*The courage to dream and wish.
Creating a wish tree.
Sarajevo.*

- As anniversaries approach, the media is especially interested in capturing how a community is doing six months or a year later. Be prepared that the media may contact you. It is your choice to share with the media how you are coping at this time. Make sure that your school has a plan in place for how to handle media inquiries, interviews, and presence on the school grounds. Make sure that you prepare not only teachers, but students and parents too.

Why do people have to die?

What does dying feel like?

Describing death through the use of metaphors such as "Your friend has gone on to greener pastures" or "Bobby is no longer with us" only serves to confuse children and leave them with troubling unanswered questions.

Q How do I prepare a child/student for a funeral?

- Most importantly, children need simple, honest, and straightforward explanations about death.
- Ensure that children are asked about their feelings and fears surrounding the death, potential worries about their own death and the death of other loved ones, and their thoughts and observations about the funeral ceremony.
- While our first instinct may be to reassure children that everything will be fine, we must remember that these are false reassurances. Instead, we should remind children that there are adults that love and care for them, and that there will always be someone to care for them.
- When a death occurs, ask your child if he or she wants to be involved in the funeral. There is a difference between asking a child to attend and forcing him or her to attend.
- If your child decides not to attend, avoid placing any shame or guilt on him or her. If your child does attend the funeral, do not coerce him or her into participating in anything uncomfortable. Respect children's limits. Remember that young children (especially under the age of 7) should not be expected to sit through a lengthy service. Allow young children instead to participate in the reception afterwards.
- If a child decides to attend a funeral, pay special attention to ensuring that the child does not feel isolated or alone. Extending your hand, encouraging a young child to bring a favorite stuffed toy, or hugging the child during the funeral, are ways to help provide a sense of comfort and physical security.
- The main purpose of children's attendance at a funeral should be to provide them with an opportunity to say goodbye to the departed person. Such active participation in the funeral will serve as a meaningful memory for the child and allow him or her to grieve the loved one's death in a healthy fashion.
- Children should be sufficiently prepared for the funeral. While discussing the details of a funeral may seem morbid and unnecessary to adults, children adapt better to unfamiliar situations when they know what to expect. Thus, explaining to children that they may be exposed to intense displays of sorrow and grief, that they may see the dead body in an open casket ceremony, and that they may feel confusing and overwhelming emotions is important. It may even be a good idea to take a child to the funeral home beforehand to see what it will be like.

FREQUENTLY ASKED QUESTIONS BY CHILDREN

*Why
did this
happen?*

Q Will mommy's office blow up? Will the plane be hijacked if Daddy flies? Will it happen again? Will it happen here?

There are some questions that we just don't have the answers to. In fact, some questions that children ask, adults ask as well and wish they knew the answers. When a child asks these questions, the best thing we can do is to be honest and say, "I don't know." It is also important though to add what we do know and to convey what is being done to make sure that these events do not happen again or impact one's family.

Q Is there going to be a war? Will bombs fall on us?

Questions related to war can be difficult, especially as we have no control over whether a country goes to war or another country chooses to attack us. If there is discussion on the news or in the media about war, it is good to explain what that means. If the fighting is done overseas, explain that the fighting is not close to where you live.

Q Are there any terrorists here? What should I do if I see a terrorist?

Terrorism is now being seen in more and more countries. Children have a difficult time understanding who a terrorist might be and can stereotype who they might perceive to be a terrorist. Stereotyping can occur depending on what they have seen and heard as well as depending on what part of the world they live in. We can help calm children's fears by explaining that a terrorist is not someone who is specifically trying to hurt your particular family or school. Older children will likely understand these concepts better, and if your child or student wants to know what to do should they see someone who looks like a terrorist (though it may be hard to distinguish), they should reach out for a grown up. Giving a child a plan of what to do can help calm fears.

Q I am afraid, can I stay home from school?

You know your child best. Reassure and encourage your child that it is safe to go to school and that your child may feel better being with friends and having a normal routine. Depending on the age of your child, he or she may be put at ease if allowed to take a special item of comfort from home. If your child is really emotional and distraught, you may consider accompanying your child to school for the first day or so instead of having him or her take the school bus. Get permission from the school for your child to call home during recess or other free times if you feel this would help reassure him or her. Returning to school empowers children by allowing them to continue with daily life instead of reinforcing anxiety and fears while staying at home.

Q Is it ok to cry? Is it ok to laugh and smile? tell jokes?

A child may not know which displays of emotion are appropriate. Such confusion may be made worse by the fact that different individuals in a child's environment may express themselves in different ways. Some people are very emotional and cry while others become nervous and may express themselves through the use of humor in an attempt to relieve stress and anxiety. Reassure your child that it is ok to feel however he or she is feeling. If a child is crying, provide reassurance that it is ok and normal. Make an effort to provide guidance, teaching the importance of balancing an open expression of feelings and the impact of one's emotional expressions on others. If your child jokes when he or she is upset or nervous, take time to let him or her know that others may not feel as comfortable with joking, especially if the jokes have a hurtful tone.

Q I want to help. What can I do?

In times of crisis, it is natural to want to help or do something to make the situation better. While we cannot be the firefighter or the doctor, we can be helpful in many other ways. We can make cards, collect toys and clothing, and other supplies and organize a fundraiser to collect money that can be donated. In addition, there may be groups in the community who can use children and teenagers as volunteers. This is an important part of the healing process. Find out what resources are available in your community.

When children share their thoughts and feelings, it is important to remind them that all thoughts and feelings are okay.

Conclusion

E

very act of destruction, terror and violence has the potential to draw forth the breath of redemption and teach us something about helping others. As parents, clinicians, educators and researchers committed to the well being of our children and their families, we must strengthen our resolve to engage in nurturing, caring, teaching and discovering new and innovative ways to help those who need us most – our children.

In the climate of outside forces that assault our young, we face many daunting challenges. However, we must continue to strive to help children build a foundation for growth, and support them in fulfilling and realizing their potential, and help them rise above their violent environment. We hope you found this handbook helpful as we renew our commitment to the lives of our children, the support of families, and the urgency to help, and pave the way toward personal and societal healing.

Talk and words are so limited in the use of expression. That's why I feel conventional therapy is only helpful to a certain extent in life. But universal communications, such as art and music are so much more in touch with the raw emotions produced by human beings. So, if you want to know about someone and how they are feeling, give them a piece of paper and a box of crayons and simply observe expression taking place.

*Journal entry.
Girl, 14 years old.
Washington, D.C.*

Appendix



common consensus, that children should not suffer, because of adult inability to live in peace, has become part of a global commitment to human rights.

The sad truth is that children's rights continue to be violated in the form of physical, sexual, or emotional abuse or neglect. Further, children are being exposed to increasing levels of violence at home, in their schools, and in their communities.

Access to, and advances in technology have introduced more youngsters to violence through the media, video games and the Internet. War, acts of terrorism and unpredictable natural disasters also threaten the emotional wellbeing of our children.

Children's Rights Commission:

1. The General Declaration on Human Rights was adopted as Resolution 217 A (111) by the United Nations General Assembly on December 10, 1948. It's Article 25, Item 2, reads that "mothers and children have the right to special care and assistance.



2. The International Covenant on Civil and Political Rights was adopted by the United Nations Session on December 16, 1966, and made operative on March 23, 1976.

- Article 6: "all human beings have the natural right to live, which should be protected by laws, and which they are not to be deprived of"
- Article 23: "a family is a natural and basic social unit enjoying the right of being protected by society and a state"
- Article 24: "every child, regardless of race, color, gender, language, religion, national or social origin, possession or parentage is entitled to such protective measures provided by his family, society and state, as required by his condition of a minor"

Glossary of Terms

CULTURE:

The behaviors and beliefs characteristic of a particular social, ethnic, religious, or age group.

DISASTERS:

In this document we include natural and intentional disasters. Natural disasters include floods, earthquakes, tornadoes, hurricanes, storms, and fires. Intentional and other kinds of disasters are those that are caused by humans, such as terrorism, bombing, intentional fires, or other explosions. All disasters impact a large area or large number of individuals.

EMOTIONAL TRAUMA:

A painful, distressful and/or shocking emotional experience.

PROTECTIVE FACTORS:

Positive attributes in a person that include: a personal sense of hope in the future, a sense of choice and control exhibiting autonomy and independence, the ability to take responsibility, positive self esteem and pride in self and effective problem solving skills.

RESILIENCE:

The ability to utilize personal self-determination and positive images of self as a problem solver to overcome adversity and recover from its damages.

RISK FACTORS:

Negative attributes or vulnerabilities either in the person or his/her environment that act as barriers in dealing with a stressful situation. These may include but are not limited to poor psychosocial support systems, pre-existing medical or psychiatric illness, poor education, and previous experience with a traumatic event.

STRESS:

A state of arousal that involves both the mind and body in response to demands made upon a person. Short lived or infrequent episodes of stress pose little risk. But when stressful situations are frequent and chronic, the body is kept in a constant state of activation, which increases the rate of wear and tear to biological systems. Ultimately, the ability of the body to repair and defend itself can become seriously compromised.

TERRORISM:

An unlawful or illegitimate use of threat or force usually against innocent people to achieve political, social or religious objectives with the intent and purpose of imposing ones will.

VIOLENCE:

In this document violence includes that which occurs in schools, communities or families. It may be in the form of school violence such as a school shooting or in a family such as domestic violence. Violence can happen to the individual, be witnessed or observed in person, or can be experienced indirectly through watching violent acts on television and learning through the media.

Additional Resources

National Organizations with Resources on This Topic:

International Center to Heal Our Children: Building Healthy Minds and Futures

Children's National Medical Center
111 Michigan Avenue, NW
Washington, DC 20010
202-884-2434
www.dcchildrens.com

American Academy of Experts in Traumatic Stress

368 Veteran's Memorial Highway
Commack, New York 11725
631-543-2217
www.aaets.org

American Association of Child and Adolescent Psychiatry

3615 Wisconsin Ave., NW
Washington, D.C. 20016
202-966-7300
www.aacap.org

American Psychiatric Association

1400 K Street NW
Washington, DC 20005
202-357-7924
www.psychiatry.org

American Psychological Association

750 First Street, NE
Washington, DC 20002
800-374-2721
www.apa.org

American Red Cross

www.redcross.org

American School Counselor Association

801 N. Fairfax St., Suite 310
Alexandria, VA 22134
703-683-2722
www.schoolcounselor.org

Emergency Medical Services for Children National Resource Center

111 Michigan Avenue, NW
Washington, DC 20010
202-884-4927
www.ems-c.org

National Association for the Education of Young Children

1509 16th Street, NW
Washington, DC 20036
800-424-2460
www.naeyc.org

National Association of School Psychologists

4340 East West Highway, Suite 402
Bethesda, MD 20814
301-657-0270
www.nasponline.org

National Association of Social Workers

750 First Street, NE, Suite 700
Washington, DC 20002
202-408-8600
www.naswdc.org

National Center for Post-traumatic Stress Disorders

www.ncptsd.org

National Education Association Health Information Network

1201 16th Street NW, Suite 521
Washington DC 20036
800-718-8387
www.neahin.org

National Mental Health Association

1021 Prince Street
Alexandria, VA 22314
(800) 969-6642
www.nmha.org

World Federation for Mental Health

P.O. Box 16810
Alexandria, Virginia 22302
www.wfmh.org

Government Agencies:

Federal Emergency Management Association

www.fema.gov

Health Resource Services Administration

Maternal and Child Health Bureau
www.mchb.hrsa.gov

National Institute for Health

National Institute for Mental Health
www.nimh.gov

Substance Abuse and Mental Health Services Administration

www.samhsa.gov

Washington, DC, Maryland, and Virginia Regional Organizations:

DC Department of Mental Health

77 P Street, NE, 4th Floor
Washington, DC 20002
202-673-7440

Maryland Department of Health and Mental Hygiene

201 West Preston Street
Baltimore, Maryland 21201
877-463-3464
www.dhmmh.state.md.us

Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services

Post Office Box 1797
Richmond, Virginia 23218
(800) 451-5544
<http://www.dmhmrzas.state.va.us/>

Depression and Related Affective Disorders Association (DRADA)

Meyer 3-181
600 North Wolfe Street
Baltimore, MD 21287
410-955-4647 (Baltimore)
202-955-5800 (Washington)
www.drada.org





The Handbook of Frequently Asked Questions Following Traumatic Events: Violence, Disasters, or Terrorism

Please take a moment to answer the questions below. Your feedback will assist the International Center to Heal Our Children (ICHOC) and Children's National Medical Center to Improve Our Resources.

1. State/country in which I live: _____ Zip code: _____
2. My ethnicity ☐ White ☐ African American ☐ Hispanic ☐ Native American ☐ Native Alaskan ☐ Asian
☐ Other: _____
3. My gender: ☐ Male ☐ Female
4. My highest degree earned: ☐ High School ☐ Associates ☐ 4-Year College ☐ Graduate
☐ Other: _____
5. My occupation: _____
6. I intend to use this handbook as a (check all that apply):
☐ Parent ☐ Teacher ☐ Counselor ☐ Nurse ☐ Other: _____
7. I received this handbook through:
☐ ICHOC Training ☐ ICHOC Web site ☐ Direct Mailing ☐ School ☐ Other: _____

Please circle one answer per question using the following scale:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

For items #1-7, please think back to each chapter listed and answer the following questions.

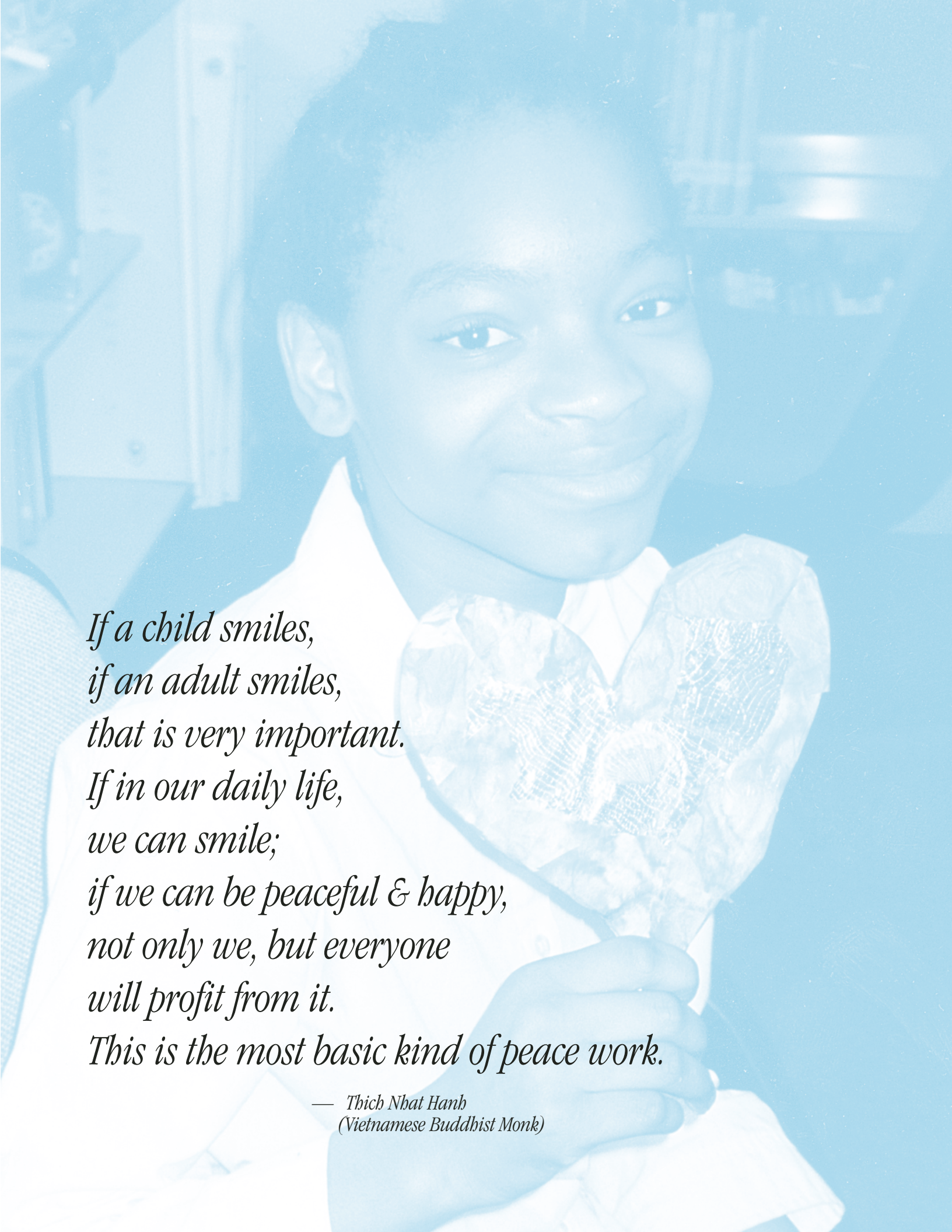
1. **Children's Normal Responses to Stress: A Developmental Perspective (Pages 8-11)**
 - A. I have a better understanding of children's normal responses to stress after reading this chapter. 1 2 3 4 5
 - B. I feel more confident in my ability to recognize children's normal responses to stress after reading this chapter. 1 2 3 4 5
 - C. Information from this chapter will increase my ability to help children cope with traumatic/stressful events. 1 2 3 4 5
2. **What are the Stages of Grief? (Pages 12-13)**
 - A. I have a better understanding of the stages of grief after reading this chapter. 1 2 3 4 5
 - B. I feel more confident in my ability to recognize signs of grief after reading this. 1 2 3 4 5
 - C. Information from this chapter will increase my ability to help children cope with traumatic/stressful events. 1 2 3 4 5
3. **What is the Psychological Impact of Violence on Children and Adolescents? (Page 14)**
 - A. I have a better understanding of the psychological impact of violence after reading this. 1 2 3 4 5
 - B. I feel more confident in my ability to recognize the psychological impact of violence on children and adolescents after reading this chapter. 1 2 3 4 5
 - C. Information from this chapter will increase my ability to help children cope with traumatic/stressful events. 1 2 3 4 5

continued on other side

4. **When Should I Begin to Worry? (Page 16)**
- A. I have a better understanding of when I should worry after reading this chapter. 1 2 3 4 5
- B. I feel more confident in my ability to recognize worrisome signs after reading this. 1 2 3 4 5
- C. Information from this chapter will increase my ability to help children cope with traumatic/stressful events. 1 2 3 4 5
5. **What is Acute Stress Disorder (ASD) and Post-Traumatic Stress Disorder (PTSD)? (Pages 17-18)**
- A. I have a better understanding of ASD and PTSD after reading this chapter. 1 2 3 4 5
- B. I feel more confident in my ability to recognize signs of ASD and PTSD after reading this. 1 2 3 4 5
- C. Information from this chapter will increase my ability to help children cope with traumatic/stressful events. 1 2 3 4 5
6. **Children at Risk: What are Some Common Risk Factors? (Page 19)**
- A. I have a better understanding of common risk factors for ASD and PTSD after reading this. 1 2 3 4 5
- B. I feel more confident in my ability to recognize these risk factors after reading this. 1 2 3 4 5
- C. Information from this chapter will increase my ability to help children cope with traumatic/stressful events. 1 2 3 4 5
7. **Frequently Asked Questions Following Disasters and Violence (Pages 20-38)**
- A. My own questions have been answered by reading this section. 1 2 3 4 5
- B. I feel better prepared to answer children's questions after reading this section. 1 2 3 4 5
- C. Information from this chapter will increase my ability to help children cope with traumatic/stressful events. 1 2 3 4 5
8. **The Additional Resources List (Pages 42-43)** contains information that I will use. 1 2 3 4 5
9. This handbook was easy to read. 1 2 3 4 5
10. I would recommend this handbook to others. 1 2 3 4 5
11. We would like to know how we can make this handbook better! Please let us know your ideas.
What other information, topics or questions would have been helpful to you? Thank you for your time!

Please mail to: International Center to Heal Our Children
Children's National Medical Center
West Wing 2.5-700
111 Michigan Avenue, NW
Washington, DC 20010

For more information please go to:
www.dcchildrens.com

A young girl with dark hair is smiling warmly at the camera. She is holding a heart-shaped object made of crumpled paper in front of her chest. The entire image has a light blue tint. The text is overlaid on the left side of the image.

*If a child smiles,
if an adult smiles,
that is very important.
If in our daily life,
we can smile;
if we can be peaceful & happy,
not only we, but everyone
will profit from it.
This is the most basic kind of peace work.*

— Thich Nhat Hanh
(Vietnamese Buddhist Monk)



Department of Psychiatry and Behavioral Sciences
111 Michigan Avenue, NW
Washington, DC 20010
(202) 476-3932
(202) 476-5537 (Fax)

www.childrensnational.org

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A member of the Children's Miracle Network

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