Corporate Citizenship & Corporate Affairs
November 2008

Helping child survivors of disaster

A practical guide for caregivers

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When disaster strikes, people want to help. IBM is no different. As a good corporate citizen, we must be willing to step forward with the best we have – our technology, expertise, and people.

Relief workers in the aftermath of a disaster often work person-to-person, in extraordinary settings, with scarce resources and against incredible odds. This guide had its origins in South Asia after the tsunami, where a team of IBM-supported trauma experts worked to train adults – community members, teachers, disaster workers – helping children cope with the terrible changes in their lives. It has since been freely distributed in the southern United States, Peru, and China. A companion guide – *Psychological support for survivors of disaster* – is available for relief workers and others supporting adults overwhelmed by disaster events. Both reflect our desire to provide innovation that matters to the world.

We wish there might never be another disaster. Knowing that's impossible, we strive to help those affected and responding, to have what they need to get through.

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IBM produced this guide in cooperation with:

- **Organizational Resilience International**
  ORI, a crisis consulting firm specializing in the human impacts of crisis and disaster, has worked with IBM to ease the immediate and long-term psychological suffering brought about by some of the world's most severe natural disasters.
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Introduction

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This guide is intended for use by a broad range of professional, paraprofessional, and volunteer individuals who are engaged in providing psychosocial support for children following a large-scale disaster. It is hoped that it will be a useful instrument in reestablishing a sense of safety and predictability into the lives of those children who have been affected by tragedy. It has been written in such a way that it can be used to address natural and man-made disasters. While it is based in well-established science regarding the impact of disasters on children, it avoids confusing scientific language and can be understood by adults with no prior professional background in psychology or child development.

The guide includes basic training concepts to help caregivers understand how disaster affects children's thoughts, feelings, and behavior. It also contains numerous tools that can be used to provide immediate hands-on support for children. These activities can be adapted by the user to their immediate situation regardless of cultural or economic differences. The descriptions and activities included can be helpful with children of any age in a variety of settings. Hopefully the reader will use this guide to complement other existing strategies and efforts in helping children recover from devastating events.

The role of caregivers

It is important for caregivers to recognize that they already possess some of the natural resources and institutional mechanisms that can help them aid young survivors.

Regardless of the culture, children hold a special place in all societies. Until a certain age and stage of development, which differs from culture to culture, they are watched over and cared for by a variety of adults. Typically the care of children falls to parents, teachers, clergy, and relatives. However, following a disaster, normal routines and roles are disrupted and the responsibility for caring for children becomes a broader societal mission. Schools, churches, or temples may be destroyed or unavailable, and often the familiarity and routines they bring are lost as a result.

As such, physicians, social workers, military officials, and volunteers of all kinds often become involved in caring for children following disasters. Sometimes this is a result of their direct contact with children, while at other times it may be an indirect result of their professional duties, such as setting up displaced person camps or staffing medical facilities. For this reason, individuals engaged in providing psychosocial support of any kind to children following a disaster need to understand how disaster impacts children's thoughts, feelings, and behaviors.

Naturally, children's responses to disaster differ based on their age, so the way caregivers provide help must be adjusted accordingly to ensure age-appropriateness. By helping to re-establish routine, safety, and predictability, caregivers go a long way towards normalizing children's disrupted lives.

It is important for caregivers to recognize that they already possess some of the natural resources and institutional mechanisms that can help them aid young survivors. It is equally important to recognize that caregivers themselves can experience negative impact and potentially display signs of emotional or psychological trauma. This is caused by the combination of the personal losses they have had as a result of the disaster, and their constant exposure to the painful stories of the children they are helping. When the trauma of others takes an emotional toll on caregivers, that impact is known as "compassion fatigue" (also called "vicarious trauma"). This is a condition in which caregivers begin to display symptoms similar to those they are caring for. Thus, it is very important that, even before they begin to help traumatized children, caregivers draw up concrete plans, structures, and strategies to address anticipated compassion fatigue. Some of these strategies may include:

- *Actively engaging in regular self-care activities.* It is important to lead a healthy lifestyle when one deals with trauma survivors. Get enough rest, consume healthy foods, and get adequate physical exercise. It is also important to plan for regular breaks and engage in enjoyable activities such as

taking brief relaxing walks, spending time with family and friends, or focusing on a hobby that restores positive energies.

- *Relying on each other to address issues of compassion fatigue.* Caregivers need to work as a team. It is important that they feel comfortable about expressing their need for help, and be assured of one another's support. Caregivers can plan for regular meetings to address their own issues of compassion fatigue and, where feasible, obtain the help of a professional counselor who can help them address these issues. Caregivers also need to feel that someone else can take care of them.
- *Seeking institutional support for promoting caregiver well being and effectiveness.* Administrators also need to recognize fully the reality of compassion fatigue among caregivers who are helping child survivors. It is important to create or use existing structures within their organizations that can concretely offer support to caregivers, such as: holding seminars to further expand caregivers' knowledge and skills about handling children's trauma from disasters; acknowledging the need for regular support group meetings among caregivers; and creating clear, accessible partnerships with other professionals and professional organizations, to obtain the additional support that caregivers need.

When caregivers recognize issues of compassion fatigue and concretely prepare for them, they can respond to children's needs more effectively. If caregivers are encouraged and empowered from the start to deal with their own issues, they naturally become – in the impressionable eyes of the young survivors – powerful anchors and models of hope.

Principles for supporting traumatized children

During times of stress, the brain releases chemicals that at first might be helpful in getting you to protect yourself, but over time can cause negative reactions in the body.

When considering how best to support children who have suffered a tragedy, there are some simple yet powerful principles to remember. This section will review two main principles that should serve as guides when working with traumatized children. First, this section reviews how the "bio-psycho-social model" can help conceptualize how traumatic events impact children. Second, this section provides a thorough understanding of the importance of *safety, predictability, and control* in the design and approach to effective interventions. These two principles are instrumental in providing both preventative and therapeutic support to children who have experienced disaster.

Bio-psycho-social model

It is important for anyone working with children who have been through a disaster to understand what the *whole* child is going through. This means that a disaster does not affect only a child's mind and emotions, but also other aspects of their health and lives. To help you understand this, consider the bio-psycho-social model.

One way to visualize this is to think of a tricycle. There are several parts of a tricycle that, taken alone, aren't very functional, yet put together, work very well. Consider the parts of a tricycle: the frame that is the body of the tricycle, the handlebars that control and steer it where the rider wants to go, and the seat that supports the rider and provides comfort.

Biological: What happens to a child's body?

The frame of the tricycle represents a person's body, or the *physical* aspect of the child. Even if children weren't physically injured during or after a disaster, they may still experience some physical problems. Terrible events affect the body in many ways.

The brain, which is of course part of the body, goes through some particular changes when a person is in danger or when a disaster strikes. During times of stress, the brain releases chemicals that at first might be helpful in getting you to protect yourself, but over time can cause negative reactions in the body. For example, the chemicals that allow us to fight or run away from a threat also cause rapid heart rate, high blood pressure, stomach problems, and aches and pains in the muscles. This is why you may see children complain about feeling sick to their stomach for some time after a stressful experience. They may also feel tired more than usual, and at the same time have trouble falling or staying asleep.

Stress also impacts coordination. It is not unusual to see children have more slips and falls during times of stress and they may not have the stamina or energy they had

before the event. Stress and trauma get stored in the body. The release of certain stress chemicals in the brain can cause these physical complaints and fatigue. Physical activity and exercise, however, can serve to balance this impact by releasing other, positive chemicals and helping a child feel more alert and energetic.

So when you see or hear about physical problems, try to remember that this is part of the whole package of experiences that children go through after a traumatic event. This guidebook will provide a more thorough list of physical symptoms in the section "Recognizing the signs and symptoms of trauma."

Psychological: What happens to a child's mind?

The handlebars of a tricycle direct it where to go. This is very similar to a person's psychology or mind as it directs us along our way in life. During and after events that are very stressful, the mind can go through some serious changes as well. By *psychological* we mean how events affect a person's way of thinking about themselves and the world around them as well as the emotions or feelings they may have in the aftermath of that event.

- *Thinking:* Often, children will have a much harder time paying attention after a disaster or traumatic event. They may need to be told something a few times before it really sinks in; that's normal. The same chemicals that affect their bodies can affect their ability to concentrate or make thoughtful decisions. They also may have a hard time remembering things; this usually goes away over time.
- *Feeling:* Of course, how you think affects how you feel. For example, after a major event a child may feel unsafe (even if they are) and so will feel afraid. They may think it's their fault (yes, children might even think this about a natural disaster) and so they may feel guilty. They may think they have no control over anything, and therefore feel helpless. Thinking and feeling are interconnected.

The psychological effects of disaster impact a child's way of thinking and feeling. A lengthier list of thoughts and emotions that are common after a disaster will be covered later in the guidebook.

Social: What happens to a child's relationships?

The seat of the tricycle provides support as the rider rolls along. Without it, the trip would be very uncomfortable indeed. We can think of the seat as our *social* support. Children, like most of the rest of us, are very social beings. They want (and need) to be

around others for fun, safety, healing, and growth. Traumatic events like disasters can have negative effects on this part of their lives as well, at a time when they need it most.

Children and adults tend to heal and recover much faster when they are around other, supportive people. They may withdraw, however, after a frightening event. Social connection and engagement helps children to feel that they are not so alone. It helps them to feel safe and normalizes their lives to some extent. Specific strategies to help them regain their social connections will be discussed later. For now, remember that their social arena and contacts are very important to attend to.

Following a disaster, normal social events might no longer be in place. Schools may be closed, transportation may be unavailable, children may have to stay home to help rebuild, or live in temporary housing far from their usual social groups, etc. It might seem that organizing a football match is a silly thing to do shortly after a disaster, but in fact it could be the most helpful! Creating opportunities for positive social interactions is an invaluable resource for children following a disaster.

Summary

Now that you have the parts of the tricycle, put them together. All three pieces make up the whole. Without a sturdy frame, they will not stand up to future challenges; with no handlebars, they will not be able to steer themselves in a healthy and safe direction; with no seat to support and comfort them, they will not be able to travel very far.

When you think about children after a disaster, think of how the event may have affected each part of their system. If you see a child acting in a way that concerns you, consider the bio-psycho-social model. How might their behavior, thoughts or feelings be understood? How might you intervene with a child, using this model as a guide?

Also remember that if you are a supporting factor in helping a child get the "tricycle" back on the road, you have to take care of yourself to be the most help. This will be discussed later, as well.

Children need three crucial elements in their lives to feel supported and begin to recover after a disaster: safety, predictability, and control.

Safety, predictability & control

Continuing with the tricycle model, consider this: children need three crucial elements in their lives to feel supported and begin to recover after a disaster. These are safety, predictability, and control. In helping children cope with the aftermath of a disaster, you can emphasize and help secure these three things no matter what role you play in their lives.

Safety

The frame of the tricycle represents *safety*. The frame as well as the seat support and hold the child. They prevent the child from dropping to the ground. They give the child a sense of being safe in attempts to go explore the world.

Safety is very important in everyday life, and takes on special significance following a disaster that has shattered a child's sense of safety. Children may have been directly confronted with life-threatening situations – but even if they were not, simply being in a community that was affected is enough to cause them to doubt their own safety, or the safety of others.

There are two types of safety to be concerned with: physical and emotional. When people don't feel *physically safe*, they usually live day-to-day with feelings of fear and anxiety. They may feel a need to constantly be "on guard," keeping an eye out for signs of danger. This can cause other problems: trouble concentrating, physical aches and pains, stomach problems, trouble sleeping, anger outbursts, and social withdrawal. In the bio-psycho-social model, all aspects of an individual are interrelated and interconnected.

What children need at this time is repeated reassurance and reminders that they are safe "right now." They may need more physical affection than usual; this is perfectly normal, so don't be afraid to provide it. (Don't force it, either; children aren't always ready for that right away, and need to have control over their bodies in order to feel safe.) Older children may need to participate in activities to increase their sense of safety. This could involve helping in planning or practicing emergency procedures, putting together an emergency toolkit, or learning about the risks around them.

Along with feeling physically safe, children need to understand their *emotional safety* – that it's safe to talk about what they went through or are feeling. Being open to listening to them (without forcing them to talk if they're not ready), setting an example of expressing feelings in a healthy way, and providing them with a safe place to express their fears and be reassured – all can go a long way in helping them to feel safe, overall.

Predictability

The pedals of the tricycle represent *predictability*. They rotate the front wheel at a certain speed and are always constant in determining how fast the child will go. If they are pedaled, the tricycle moves; if they are no longer pedaled, the tricycle stops, every time.

Everyone likes to think that their lives and the world in which they live are predictable. A disaster often shatters that belief, resulting in a sense that major life-changing events can happen at any time. This makes both children and adults feel unsure of their future, and can cause anxiety and worry. One of the things people want most following a disaster is for their lives to return to normal. Although that may or may not be immediately possible, efforts to make life predictable again are extremely important.

There are two areas of predictability to consider: predictability of the environment and of the caregivers. Frequently, disasters result in the upheaval of a child's day-to-day routine. They may be living in temporary housing, in or far from their community. They may be separated from loved ones. The usual activities of life may be temporarily halted because buildings are unusable – their place of worship, school, sport clubs, and so on. Reestablishing a sense of *predictability in their environment* or surroundings is very important in helping a child cope with a disaster. Maintaining routines whenever possible, enforcing limits and rules, and observing rituals that existed before the disaster are some ways of enhancing this sense of predictability.

Although predictability is vital, it may also be necessary to balance that with some flexibility in rules or expectations after a disaster. This is sometimes a difficult balance to strike. You may ask yourself, "Do I stick to the rules or bend them a little due to what's happened?" You may have to keep to the routines but temporarily lower expectations while the child adjusts to the aftermath of the disaster. For example, children should be expected to attend school, if it is in session, but teachers may temporarily reduce or eliminate homework or tests. Such measures provide the safety and predictability of school, without overburdening children at a particularly difficult time. It's more important that children feel they have a predictable, safe haven where they can go for comfort and reassurance.

It is also crucial that children perceive *predictability of the caregiver*. They should sense in their caregivers a reliable and consistent emotional availability and stability. Keeping your own reactions balanced and in control will help achieve this. Children need to feel that adults are good providers and capable of keeping them safe. Keep calm when listening to their stories. Act as a model by keeping yourself calm and in emotional control. Provide children with consistent emotional support and availability. Being a competent, reliable and predictable presence will help tremendously.

Control

The handlebars of the tricycle represent *control*. Without the handlebars, the child would have no ability to steer the tricycle and control where it is going. Imagine being in a vehicle that you could not steer. Lack of control can be terrifying. Nobody likes to feel out of control, and children are no different. A disaster reminds all of us that we don't have control over certain things.

Often the feeling of helplessness during the disaster can stick with children in its aftermath, leaving them with a sense of having little or no influence over the things around them. It is important to help children regain a sense of control in their lives as they begin to recover. What does having control look like? There are several ways children experience a sense of control.

The first is *feeling powerful*. You may see children acting out certain parts of the disaster in their play, as they try to get a feeling of control over the situation. For example, children may reenact a scenario from the disaster but change the ending to one in which everyone is safe or they were able to stop the disaster from happening.

Though this is fantasy, it can be an important part of helping the child to feel powerful and safe. Such play is normal and an opportunity for you to get involved and help them recover. You can support these efforts by reminding them that the disaster is over, adults are there to protect them, and they too can do things to protect themselves.

Drawings or games involving heroes or rescuers are not uncommon, and show that children are trying to feel powerful in their world. You may be able to provide children with opportunities to engage in activities that make them feel confident and powerful (examples will be listed later).

The second is *being effective*. Children need to feel that they can be effective in the face of challenges. Frequent praise of even small achievements is very helpful. Try to recognize things the child is good at, and point out those strengths. Although some children may behave "younger than their age" following a disaster, they will still have skills that can be acknowledged. By emphasizing and practicing skills at which they excel, they will begin to rebuild their sense of mastery and control.

Allowing children to *make decisions and choices* is a simple, effective way of letting them feel more in control of their lives. These choices should be limited and appropriate to their age, since you don't want to overwhelm them with too many options. Giving them the chance to make age-appropriate decisions will help them feel confident, cared for, safe and in control. (Activities to help you promote safety, predictability, and control are included later).

Summary

To continue our tricycle metaphor, remember that just as the three main parts of a tricycle provide children with a safe, predictable and controlled way to navigate their world, so too do these three elements help children navigate life after a disaster. It is the job of adults to help ensure these three factors for children throughout their childhood. Although disasters make many aspects of life unpredictable and unsafe, adults should look for any opportunities to help assure that children feel – to whatever degree possible – that they are safe, life is predictable, and they have a sense of control. This principle, along with the bio-psycho-social approach to understanding children, will contribute greatly to any efforts adults can make to care for and support traumatized children.

Recognizing the signs & symptoms of trauma

The signs and symptoms of trauma may continue long after the disaster is over, when survivors have resettled to a safer place.

The experience of being displaced by a disaster and losing a way of life can be traumatic for those who also have to deal with the loss of family and friends. The extent of damage can catch people unprepared and leave them at a loss on how to deal with it.

The signs and symptoms of trauma may continue long after the disaster is over, when survivors have resettled to a safer place. Broadly, there are three common signs seen in persons suffering from trauma:

1. *Re-experiencing the traumatic event.* Trauma survivors often have difficulty concentrating, because they are distracted by recurrent thoughts or images of the traumatic event. They may feel and act agitated or distressed when exposed to anything that reminds them of the tragedy. Sometimes, they talk about the past event as though it is still happening in the present, as though they are seeing it up close and right before their eyes. In children, re-experiencing may come in the form of persistent unexplained nightmares and bedwetting days after the event, or persistent physical complaints (such as stomach aches, dizziness, and headaches) that cannot be attributed to any physical cause.
2. *Avoiding memories of the trauma at any cost.* Trauma survivors often try to shut out even the most remote reminders of the traumatic incident. They may avoid going to places or doing activities that bring back feelings of distress about the event. They may go to great lengths to avoid talking about the incident, or even thinking about it. Many become socially withdrawn. Physically, they may begin to feel numb over part of all of their bodies whenever memories of the traumatic event resurface. Some may not even be able to recall what happened, or they may forget that they went through the experience at all.
3. *Being constantly anxious and/or easily agitated.* This condition, also known as hyper-arousal, produces a person who is easily startled and often responds in an exaggerated way (for example, suddenly running away at the sound of something that reminds them of the trauma). After the traumatic event, the person may not be able to fall asleep or stay asleep, or may be more irritable than usual, displaying mood swings or misbehaviors that are not typical. Children may cling to their parents, refuse to go to school, and display persistent fears related to the disaster, such as a fear of losing their parents.

The above general signs of trauma may last anywhere from one month to several years. Any or all these signs may be present in varying degrees. The more symptoms displayed, the greater the likelihood that the person's traumatic distress is more serious.

The general symptoms of psychological trauma in children and youth manifest differently from adult symptoms and vary according to the young person's age and developmental stage. It is therefore important to know how to spot the more age-specific signs of trauma in children, so that caregivers can respond in ways the child can understand and relate to. Following are behaviors and symptoms often seen in children of the ages indicated.

Children 6 years and younger

- Generalized helplessness that may be expressed frequently in statements such as "I can't do it" or "I can't do anything"
- Passivity and loss of interest in playing
- Over-compliance – being too willing to obey and accept even unacceptable things
- Asking the same questions over and over – young children can't understand the concept of permanent loss and may believe the disaster is reversible
- Regressing to infantile behavior – this may include thumb-sucking, heightened fears about leaving their parents, crying, clinging to parents and refusing to go to school for fear of losing them
- Re-enacting the traumatic event in their art and play themes – young children have limited capacities for language, and may instead draw images of a flood, or build block houses that are knocked down over and over again by a storm or earthquake
- Reported nightmares
- Disruptive and agitated behavior in the classroom, or unusually frequent temper tantrums (they may find it difficult to sit still)
- Loss of appetite, or complaints of stomachaches and headaches that cannot be medically explained

Children ages 7-12

- Shortened or variable attention span and difficulty concentrating
- A sudden drop in grades and academic performance
- Refusal to go to school for fear that something bad might happen to their family while they're away
- Being mentally unfocused or looking dazed
- Being extremely wary, cautious, or fearful
- Reported nightmares
- Magical thinking and fantasizing – they may claim that the disaster never happened, or that they have special powers/abilities to stop another disaster from happening
- A loss of interest in studying, making friends or engaging in extracurricular activities
- Heightened irritability and mood swings
- Inappropriate or incongruent affect – may include laughing in the face of a scary or sad event, or smiling as they say "I feel very sad"
- Physical complaints such as dizziness, headaches, stomachaches or skin rashes that have no explainable causes

Children ages 13-17 (in addition to the above)

- Being suddenly emotionally detached and acting adult-like, as though they do not need any help
- Crying spells for no apparent reason
- Regressive behaviors normally typical of much younger children
- Survivor guilt – intense feelings of guilt that they survived the disaster while other friends or relatives died. In extreme cases, this may lead to depression, self-destructive behaviors such as drug and alcohol use, recurrent thoughts of suicide, or violent and aggressive behavior that is triggered even by minor irritants.
- Social withdrawal, often rooted in feelings of being alone, feeling stigmatized as a victim, and feeling ashamed of one's experience

Myths about children

If children are not given accurate information about the disaster or tragedy, they will naturally create ideas that might be more damaging or frightening than the truth.

Often, adults don't fully appreciate the differences between themselves and children. Developmentally, children are quite different from adults and need to be understood and approached at the appropriate level. In addition to the importance of understanding what a child is capable of developmentally, it is also important for adults to have appropriate expectations of the children around them.

It's important to remember that every culture will have its own ideas about how children should be raised and how the values in the culture get passed on to children. However, in every culture there also exist myths about children that can create obstacles to the child's recovery from tragedy or disaster. It is critical for the reader to examine his or her own culture to identify the myths that hamper the recovery process for the children around them.

This section identifies some common myths about children, why they are not true, and how to counteract them.

Myth #1: Children are better off not knowing

In order to understand life around them, children require information just as adults do. If children are not given accurate information about the disaster or tragedy, they will naturally create ideas that might be more damaging or frightening than the actual truth. For example, if children are not told that the construction noises they hear during a rebuilding effort following a disaster are a sign of recovery, they may fear that the disaster continues and the destruction is spreading.

However, it is crucial to realize the importance of providing only as much information as the child can understand. A 2-year-old will require many fewer details regarding the impact of a disaster than an 11-year-old. The information you provide needs to be at the appropriate developmental level so they can use that information to help them feel safe and in control. It may calm the fears of a 3-year-old to hear simply that the disaster is over – the hurricane has passed and family members are safe (assuming this is true). However, a 12-year-old will require more details and likely have more questions, which adults should be prepared to answer honestly.

Myth #2: Children forget about bad events easily

The simplest way to dispel this myth is to consider your own childhood. If as a child you suffered a tragedy or disaster, try to remember how long it took you to recover from it. Perhaps even now, as an adult, you feel some pain associated with the event.

Although time can be a helpful component of recovery for children healing from a traumatic event, time alone will not be sufficient. Traumatic events are stored in our memory system differently than non-traumatic memories. This is why, many years later it may be easy for someone to recall involvement in a tragic event quite vividly – although that same person will likely have no memory of routine activities from just days ago. Unfortunately, trauma survivors often remember in vivid detail the aspects of the tragedy that were frightening and life-threatening.

Myth #3: Boys should not express sadness

Although boys and girls often express their feelings in different ways, it is nevertheless critical that they both feel safe in doing so. Children who experience a traumatic event can have that event worsened if they are in an environment that does not permit them to express their feelings in the ways they want to. When dealing with traumatized children, it is important for adults to create an environment in which the child feels safe to express all feelings.

In some cultures, males who express sadness are sometimes considered to be weak. Following a disaster, signs of sadness, fear, and grief should be considered normal and an appropriate response to an overwhelming event. Adults should not force children to express their feelings before they are ready to do so, but they need to know that if and when they are ready, the adults around them will be supportive and understanding.

Myth #4: Living through tough times makes you stronger

This myth is somewhat deceptive. While people who go through tragedies often discover strengths they didn't know they had, it is important to remember that in all likelihood the tragedy unveiled those strengths, but did not create them. Disasters and traumatic events generally take a bio-psycho-social toll on victims. The severity and depth of that toll varies from one person to the next, depending on many factors. Yes, it is possible to have positive outcomes from tragic events, but those positive outcomes do not mean that the negative outcomes didn't occur as well. When a significant number of tragedies occur in someone's life, that person will have increasing difficulty coping with daily life events. When thinking about the effects of traumatic events, remember that one single traumatic experience can have devastating, lifelong impacts.

Myth #5: Hitting children helps them learn better

As discussed earlier in this guide, safety, predictability, and control are critical elements in the recovery process for children who have suffered a disaster. Hitting undermines these elements in several ways and should be avoided whenever possible.

Children who are suffering from trauma may become more difficult for adults to manage. They may become unruly or be more or less active. Their concentration may decline and they may be preoccupied and appear to be ignoring adult directions. If this occurs, it is important for adults to recognize these behaviors as signs of psychological trauma rather than as misbehaviors to be punished.

Children who are traumatized will recover much more quickly and return to their pre-trauma behaviors if they know that they are safe and that adults are available to care for them and understand their struggles. For older children and adolescents, it is important to enlist them in activities that allow them to contribute to the recovery process for themselves and their communities. Engaging them in the recovery process rather than punishing them for what they do or do not do will be a more effective successful strategy in fostering recovery.

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Appendices

This section offers several practical activities for understanding and addressing the impact of trauma, including handouts and exercises for caregivers and children. Each of these is presented as a standalone facilitator's guide, able to be removed from the guidebook and used during the activity.

The activities are written as instructions to the facilitator or adult caregiver. In some cases, handouts are provided which should be copied in advance (or the information can be written on a chalkboard or paper affixed to the wall).

The following materials are included in this section:

References, resources & links

Materials for adult caregivers

- Relaxation exercise
- Role-play exercises to improve listening skills
- Dealing with secondary trauma

Materials for use with children

- Activities to promote safety, predictability, and control
- Relaxation exercises
- Drawing activities
- Hope / new beginnings exercise

Materials for use with adults

- Emotional health issues for survivors of disasters
- Common signs & signals of stress reaction
- Suggestions for coping with stress
- Children's reactions to disaster
- How can I help my family and myself?

References, resources & links

- *Diagnostic and Statistical Manual of Mental Disorders*, 4th Ed. Washington, DC: American Psychiatric Association
- Figley, C. (1998). *Trauma in the lives of children: Crisis and stress management techniques for counselors, caregivers and other professionals*, 2nd Ed. (revised). Alameda, CA: Hunter House, Inc. Publishers.
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- Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror*. New York: Basic Books.
- Monahon, C. (1997). *Children and trauma: A guide for parents and professionals*. San Francisco, CA: Jossey-Bass.

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- Perry, B. (1999). Helping traumatized children: A brief overview for caregivers. In Parent and Caregiver Education Series of the Child Trauma Academy website http://www.childtrauma.org/ctamaterials/Caregivers.asp
- Disasters and traumatic stress. In National Center for Posttraumatic Stress Disorder website http://www.ncptsd.va.gov/topics/disasters.html
- Disaster handouts and links. In David Baldwin's trauma information pages http://www.trauma-pages.com/pg5.htm
- National Child Traumatic Stress Network http://www.nctsnet.org/nccts/nav.do?pid=hom_main
- United Nations Educational, Scientific and Cultural Organization (UNESCO) disaster page (French and English) http://www.unesco.org/science/disaster/index_disaster_fr.shtml
- UNICEF emergency page (French, English, Spanish, Arabic, & Chinese) http://www.unicef.org/emerg/index_33296.html
- United Nations International Strategy for Disaster Reduction http://www.unisdr.org/isdrindex.htm

Relaxation exercise for adult caregivers

Relaxation is the single most important activity in dealing with stress. In fact, the physical processes of relaxation and stress are opposite in nature: stress creates physical, emotional and mental tension, while relaxation creates physical, mental and emotional calm.

It is important that disaster workers are as relaxed as they can be when providing that care, and know how to achieve that relaxation. Trauma survivors can be very perceptive of stress. If they perceive that the disaster worker is feeling stressed, it will be very difficult (if not impossible) for them to relax themselves. Also, it is useful for disaster workers to have some experience with what it feels like to participate in a relaxation exercise before asking others to participate. For these reasons, the exercise below is included as a resource for disaster workers. Once you become comfortable with it you may use it with disaster survivors.

This exercise can be led by anyone, regardless of background and experience. This is best done in a quiet and dimly lit environment where participants can be comfortable physically and emotionally. This exercise can take anywhere from 20 to 40 minutes, depending on the pace of the facilitator and amount of time available. It can be adapted for use with adolescents.

- Participation in the exercise should be voluntary.
- All participants need a space to sit, either in a chair or on the floor. Encourage people to move apart so they have sufficient personal space.
- Make sure that you are calm and relaxed – people will notice in your voice or manner if you are tense.
- Deliver the below script in a calm, soothing, slow voice.
- Take as much time as you need. There should be no rush to finish the exercise.
- Be prepared for people to have a variety of reactions to the exercise. Some might fall asleep, others might cry. Still others may report that it had no effect on them. There is no need to explore why people had those reactions, only to acknowledge and validate them. All feelings and responses are acceptable.
- In some cultures people might ask whether you are "hypnotizing" them. Respond by saying that you are not doing so, but that this is a standard muscle relaxation exercise. They may do the exercise with their eyes open, or open their eyes at any point in the exercise.

Read the following script in a calm and soothing voice:

Please sit comfortably, uncrossing your legs, with your head resting back so there is no strain... If you feel comfortable closing your eyes, close them, otherwise you may leave them open but pick a spot on the wall and look at that... don't look at other people in the room...

Begin by slowing down your breathing... in and out... in and out... Relaxing your muscles... hearing my voice and keeping other voices at a distance... breathing in and out... allowing your body to relax and your muscles to open up....

We will begin by focusing on the body from the toes up to the head... breathing slowly and deeply... slowly and deeply... Focusing your attention on your right foot... tensing and relaxing that foot... allowing all the tension to flow out and the sense of relaxation to flow in... breathing slowly and deeply... Relaxing your right foot... slowing your thoughts down... and now the left foot... tensing and relaxing... tensing and relaxing... breathing slowing and deeply... and allowing the relaxation to spread all over... moving up... and

relaxing the left ankle… And the right ankle**…** Breathing slowly and deeply**…** hearing my voice and keeping all other sounds at a distance… moving further up and focusing on the right calf, tensing and relaxing, tensing and relaxing… allowing the warmth the move up from the toes through the foot, and ankle to the calf… and now the same with the left calf… tensing and relaxing… tensing and relaxing… allowing the warmth the move up from the toes through the foot, and ankle to the calf…

And now moving up to the knees… the knees take a lot of strain during the day from standing and moving… relaxing the right knee, and the left knee… allowing your thoughts to slow down and focus on your body… allowing all the worries to fade away for the moment… and moving further up to your thighs… your right thigh… tensing and relaxing… tensing and relaxing … then your left thigh… tensing and relaxing… allowing the muscles to open up and the tension to flow out and the relaxation to flow in… moving up to the stomach… people store a lot of tension in the stomach… relaxing the stomach muscles… or if it is easier – tense then relax… allow your stomach to push out with each breath you inhale… breathing slowly and deeply… slowly and deeply… focusing on your back… your lower back… relaxing your muscles… your mid-back… and upper back… tensing and relaxing your shoulders… your right shoulder… your left shoulder… just relaxing…

(remain silent for a few seconds)

…moving up to your neck… another place often filled with tension… relaxing your neck… if you want to move your head gently from side to side… and now focusing on your arms – upper arms and forearm… relaxing the muscles in your arms… allowing the tension to flow out through your finger tips… your right arm and left arm… feeling the sense of relaxation throughout your entire body… and now moving to your face… relaxing the muscles in your face… your jaw… cheeks… tongue… sit with the sense of relaxation flowing throughout your body… your mind still… your breaths slow and even…

Imagine yourself in a safe and calm place, a place that might be real or imagined, somewhere you have been before, or somewhere you would like to be sometime, you might be on your own or with someone you trust and feel safe with. Imagine what that would feel like… how relaxing that would be… the energy that would flow through your body… the strength you would experience and feel… sit with that feeling flowing through your body and allow yourself to savor that feeling, let it sink in and flow throughout your body.

I am going to be silent for a few moments so you can enjoy the feeling of relaxation in your body.

(maintain silence for about 30-45 seconds)

Keep on breathing slowly and deeply, maintaining the sense of relaxation throughout your body.

In a few moments I will ask you to open your eyes and when I do please open them slowly and stay seated for a few more moments allowing your brain and body adjust to being more alert…

(remain silent for a few seconds)

Okay… open your eyes while remaining seated… not moving… allow yourself to adjust to the light… and when you are ready you may get up and stretch.

If you need to drive somewhere, give yourself a few moments to focus before driving so you can become more alert to your surroundings.

Feel free to do this at home, at work, or wherever you feel stress and want or need a short break.

Role-play exercises to improve listening skills (for adults)

Developing good listening skills is critical to being a supportive caregiver. The following role-play exercises help develop these skills. For each age group below, there are scenarios that will allow you to practice your listening skills with children who have suffered a disaster.

The exercises can be performed with as few as three people in the roles of child, adult counselor or caregiver, and adult observer. There can be any number of observers. The "counselor" and the "child" should interact in a given scenario for approximately 5-10 minutes, while the observers sit quietly and watch. Following this, discussion topics are provided to help all participants focus on key elements of the exercise.

When applying these scenarios to actual circumstances, think about what additional information about the child may be needed. Your function as a caregiver may mean it is not appropriate to request more detailed information. However, information such as family history, social interactions, medical history, early trauma/abuse, and the nature of the child's exposure to the disaster can help provide a more complete understanding of the child. If appropriate, a responsible adult should be questioned for information about the child's behavior in the following areas:

- Isolation and withdrawal
- Irritability
- Guilt and self-blame
- Anger and hate
- Anxiety about the world and their future
- Fascination with death and dying
- Risk for drug/alcohol use
- Poor impulse control and high-risk behaviors

ROLE-PLAYS FOCUSING ON PRE-SCHOOL-AGE CHILDREN

Pre-school-age children should not be expected to talk about their feelings to any great extent. They are more likely to express how they are feeling through actions, play, drawings, or games.

Scenario #1

A 5-year-old boy has been misbehaving in kindergarten – hitting other children, not listening to adults and breaking crayons. He and his family just went through a major disaster and his home was completely destroyed. No further information is available at this point about his family.

Scenario #2

Three months following the disaster, a 4-year-old girl from a nearby village or town, who lost both her parents and two of her siblings, is brought to you (the counselor) in the camp because of changes in her behavior. Before the disaster she was a bright sunny child who loved to talk, was adventurous (often having to be supervised to keep her from wandering too far or endangering herself), and she played enthusiastically with many other children. Now she seems fearful of leaving her tent in the camp, clings to adults, avoids other children, speaks very little and only when spoken to, and has been wetting her bed at night.

ROLE-PLAYS FOCUSING ON SCHOOL-AGE CHILDREN

School-age children are much more able to express their reactions to a disaster verbally. However, they may not do so without the help of a counselor or caregiver. It is typical of this age to ask questions about the disaster. It's important that you try to answer questions in clear, honest, and simple language.

Scenario #1

A 7-year-old boy who lost his parents has adjusted reasonably well to camp life, and relates well to adults and other children, but he complains daily of stomachaches. He was examined by a doctor, who found nothing medically wrong. The adult caretaker who brings him to you (the counselor) reports that he has been telling anyone who will listen that a week before the disaster, he dreamed about the event. He therefore believes that he could have saved his family if only he had warned them about it.

Scenario #2

Mary is a 13-year-old girl who has stopped listening to her father and grandparents. She only wants to spend time with her friends and has been smoking cigarettes and wearing inappropriate clothing. She was a well behaved young girl until a disaster occurred and her mother went missing. Her grandmother has brought her to you to see if you can help get Mary back to her old self.

ROLE-PLAYS FOCUSING ON ADOLESCENT CHILDREN

Adolescent children are more able to talk openly about their feelings about the disaster. On the other hand, they may also try to downplay their worries and act "grown up." Underneath, they may be feeling very much like scared little children. This may be revealed by some in "regressed" behavior, in which they act younger than their years. Often, however, adolescents will express their distress through self-destructive or aggressive behavior, sexual acting out, or use of drugs or alcohol. Adolescents who become withdrawn and socially isolated may be depressed and at risk for suicide.

Scenario #1

A 13-year-old boy who lost his parents in a tsunami refuses to go within 100 yards of the ocean. He tells his caretakers he isn't scared, he just "doesn't like the ocean any more." Before the disaster, he would spend every free hour on the beach or in the water. His greatest joy was going out on fishing expeditions with his father, who was a fisherman.

Scenario #2

A 17-year-old boy used to be very social and respectful to his elders. After a recent disaster, he has become very disrespectful and does not talk to anyone (including friends). He has stopped helping around the house and doesn't seem to care if he is being punished.

Scenario #3

A 16-year-old girl has been angering her family by spending a lot of time with boys who are older than she is and by wearing makeup in a way that stands out for girls of her age. She often does not come home at night, instead staying with friends. Her grades at school are much worse than they used to be before the disaster that killed her father and youngest sister.

DISCUSSION TOPICS FOLLOWING THE ROLE-PLAY

Questions for the observers to consider

1. Is the adult listening to what the child is saying or are they more focused on talking?
2. Is the adult telling the child they are wrong or is the adult trying to understand why the child is behaving the way they are?
3. Does the adult use empathic statements? Examples of empathic statements are:
   "This must be hard for you."
   "You sound sad/angry."
   "I know how you must feel."
4. Does the adult encourage the child to talk? Examples of ways to do this are:
   "Can you tell me more?"
   "Thank you for telling this to me."
   "When I feel sad, I find that it helps me to talk."
   "When things are difficult children and adults feel better after talking."
5. Is the adult encouraging or are they threatening punishment?
6. Does the adult suggest different ways of communicating? (This could include drawing, playing a game, etc.)
7. Did you notice any concerning aspects of the child's behavior or mannerisms?
8. What did the caregiver accomplish in this interaction?

Questions for participant playing the child

1. Did you feel the adult heard you and understood how you were feeling?
2. Did you feel better or worse after the conversation?
3. What would you do differently when talking to the child?
4. What was the most helpful thing the adult did in the conversation?
5. What was the least helpful thing the adult did in the conversation?

Questions for the participant playing the adult

1. Did you feel effective in communicating with the child?
2. What made it difficult for you to communicate with the child?
3. When you were in the adult role, who did you think about for guidance in the role (parent, cleric, etc.)?
4. During your own childhood, what made you feel better after crises?
5. What would you do differently if you had to do this exercise again?

Care for the caregivers: Dealing with secondary trauma

Secondary trauma can happen when one is exposed to stories, pictures or video (such as TV coverage) of a disaster or extremely traumatic event. While the person is not directly exposed to the event, the stories and conversations with the survivors can have a serious impact that is similar to the impact experienced by the survivors themselves.

Not everyone who hears stories or sees images of disasters will become affected to the point of needing professional help. Doctors, nurses, clergy, mental health professionals, teachers, social workers, and certain administrators are most likely to experience secondary trauma.

The following five exercises may help address secondary trauma. Each exercise consists of a handout that participants can complete during a group or private discussion. There is also a handout listing possible activities that can relieve stress and therefore help address the impact of secondary trauma on caregivers.

Care for the caregivers: Exercise 1

Make a list of 10 things you can do to deal with secondary trauma.

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

Make a list of three things you will do during the next week.

1 _____

2 _____

3 _____

Care for the caregivers: Exercise 2

Make a list of resources that can help you in dealing with secondary trauma. These resources can be other people, organizations, or anything else you can use to help you.

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

Care for the caregivers: Exercise 3 – Toxic waste dump

1. Put down on paper (through writing, drawing, etc.) the thoughts, images and stories that have been most troubling to you.
2. Purposefully throw the paper away into a trash bin. You may shred it first if you like.
3. With the group, talk about how you feel after throwing away the paper.
4. You should not discuss the contents of your paper, in order to spare the other members of the group further trauma and pain.

Care for the caregivers: Exercise 4

1. Draw a picture of yourself as you feel now.
2. Then, draw a picture of how you would look without the burden of the pain.

Care for the Caregivers: Exercise 5

Write down what your organization can do to help people deal with secondary trauma.

Activities that help in dealing with secondary trauma

- Physical exercise
- Eating healthy food
- Drinking lots of water
- Avoiding caffeine
- Spending time with friends and family
- Reading books
- Praying or reading religious texts
- Meditation
- Singing
- Watching movies
- Playing with children
- Taking scheduled breaks during the day
- Talking to peers
- Writing about feelings
- Playing a sport
- Going for a walk
- Being intimate with your partner
- Engaging in artistic activities: painting, drawing, sculpting, working with clay
- Meeting new people
- Working in the garden
- Spending time with your community (religious, social, academic)
- Becoming active in recovery efforts
- Resting
- Engage in arts and crafts: knitting, sewing, braiding
- Keeping a personal journal

Materials for use with children

Activities to promote safety, predictability & control

As discussed throughout this guide, the critical elements in helping children stabilize following a disaster are safety, predictability, and control. Also important is giving children a variety of methods to express their feelings.

On the following pages, you will find some activities you can use to help promote feelings of safety, predictability, and control among children. The activities in this section can be used to help you help children. Feel free to adapt them to your particular situation or setting. These are just a few suggestions. Ask your colleagues – or better still, ask the children – to create activities that are welcoming and inclusive.

Remember: it is not necessary to achieve perfection. The children will appreciate the effort far more than the result. Activities included:

- What am I good at? How have I changed?
- How am I powerful?
- All about me
- Creating a safety card
- Tell me something good

Relaxation exercises for children

Drawing activities for children

Hope / new beginnings exercise

What am I good at? How have I changed?

Write a list of things you are good at, and things about yourself that you or your family members are proud of.

Write a list of things that used to be difficult for you to do, but now are easy for you.

How am I powerful?

Imagine you have superhuman powers. Write, draw or talk about the following:

1. What would those superhuman powers be?

2. What would you do with these powers?

3. Would you have any enemies? Why?

4. Would you have allies and friends? Why?

5. How would you help your family?

6. How would you help your friends?

All about me

Write, draw, or talk about the following:

1. What do you like to do?

2. What are you good at?

3. What do you like best about yourself?

4. What do you think other people like about you?

Creating a safety card

This activity is designed for adults and children to do together.

Having a plan in place for dealing with emergencies can reduce a child′s fears and can help her feel safe. Writing the plan down lets her see the plan designed for her safety. A "safety card" will help your child learn and remember important information, such as home phone number, address, parents' mobile phone or work number, and other facts.

1. Use any card or paper available.
2. Have a younger child spell out the names and read out the numbers as you write them down. Older children can write the information on the card themselves.
3. Write "Safety Card for" followed by the child's name, at the top of the card.
4. Record address, phone numbers, and other useful information for use in emergencies.
5. Help children learn and practice saying their address and important numbers. For some children, it may be helpful to choose a familiar song and fit in the address or numbers.
6. Name five "safe" people outside your family to whom your child can show the card to. You can write these names on the card as well.
7. Place the card in a specific pocket inside your child′s book bag or jacket. If you want to, use a safety pin to keep the card from falling out.

Tell me something good

This is designed for children and parents to do together.

It's easy to get into the habit of only talking to your child about things done "wrong." Children need your help to fix their mistakes, bad choices, or poor actions – but they also need to know when they've done good things.

This activity can help you get in the habit of saying positive things to your child, and of pointing out the things that don't need to be fixed. Acknowledging when your child has done something good or right conveys that you think he or she is a good person – and makes it more likely to repeat that good thing.

You can do this activity at any time and with lots of people, such as when you're eating dinner, driving to the store, or getting your child ready for bed.

1. Think of a word that describes something good about your child.
2. Tell your child, "I'm thinking of something good about you that starts with the letter**...**" and then fill in the first letter of the word.
3. Have your child guess a positive word that begins with that letter, and continue guessing until the correct word is given. For younger children, give examples and come up with words together.
4. With a group of children, you can take turns choosing and guessing words that describe good things about one another.
5. Give everyone a turn to say something good about another person, and to hear something good about themselves.

You can set a positive example by telling your children one good thing about themselves every day. If you can, talk about this good quality in front of other members of the family, so they will get into the habit, too.

Relaxation exercises for children

As described earlier, relaxation is the single most important activity in dealing with stress. In fact, the physical processes of relaxation and stress are opposite in nature: stress creates physical, emotional and mental tension, while relaxation creates physical, mental and emotional calm.

These exercises teach children how to relax and control their bodies. This control can be achieved by using physical or mental techniques. This section offers two physical exercises and one mental/psychological one. The exercises can be led by anyone, regardless of background and experience. They are best done in a quiet and dimly lit environment where children can be comfortable physically and emotionally.

Children have a shorter attention span and tend to be more active than adults. Keep these relaxation exercises limited to no more than approximately 10 minutes, or longer for older children.

Exercise #1: Breathing

This exercise is suitable for children of most ages, and is best done in groups of five to eight children. Ask the children to sit in a circle. Use a lightweight ball.

Script

We are going to play a concentration game. Each of you will get a chance to be the leader. The leader is the one who is holding the ball. The leader's job is to count out loud, slowly, from one to four. The others breathe in and breathe out with each number the leader says:

I will start. I am going to count to four, and you need to breathe in and out when I say the number.

One: breathe in.... breathe out...

Two: breathe in.... breathe out...

Three: breathe in... breathe out...

Four: breathe in... breathe out...

Now I will pass the ball to one of you, to be the leader and begin counting...

Exercise #2: Making sounds

Ask the children to sit in a circle. Using a relaxing, soothing voice, ask them to practice making a noise which begins softly, then gets louder, then softer, loudest, softer, softer, softest.

You can follow with another more active exercise, such as running in place – or from one point to another – then alternating the speed, and finally ending the exercise with slow, gentle movements.

Exercise #3: Imagining a fantasy place

Ask the children to lie on their backs. In a calm and soothing voice, give them the following instructions. The entire exercise should last 3-10 minutes, depending on the ages of the children.

Script

If you feel comfortable, close your eyes and imagine you could be anywhere you want...

(pause for several seconds)

with anyone you want...

(pause for several seconds)

and doing anything you want...

(pause for several seconds)

Imagine how much fun that would be and how you would feel in your body...

(pause for several seconds)

When you are imagining this, try to breathe deeply and relax your muscles so you can't even lift a feather...

Drawing activities for children

Drawing can be a useful tool for helping children cope with the impact of a disaster. It can be particularly useful for children who are unwilling or unable to express their feelings in words. When using drawing activities with children, it's important to follow the guidelines outlined below.

The main objective of drawing activities is to allow children to express emotions through drawing. For some, this may be easier than talking. Children need the opportunity to express their feelings with others in a safe, supportive environment. This can help them feel less isolated and develop coping strategies.

Drawing activities can be used individually or in groups, at any time following a disaster. You should allow 15 -30 minutes for the activity.

This section was adapted with permission from "How to Help Children After a Disaster: A Guidebook for Teachers," and from examples provided in the video "Children and Trauma: The School's Response." Both resources were developed in California following the Loma Prieta earthquake in 1989.

General guidelines

- Tell the children that they can draw in whatever manner they would like.
- Reassure children that their work will not be graded or judged.
- Accept the full range of responses as valid.
- Allow children to discard their artwork if they make that choice.
- Allow the use of various media if possible (crayons, pastels, pencils, markers, etc.).
- Do not draw for them or attempt to control what they create.
- Do not require children to draw pictures.

Suggested activities to promote expression of feelings and thoughts

- Draw or write a book together.
- Have the children write journals with pictures.
- Do a mural as a group, which you can then display prominently.
- Allow the children to use computer graphics programs to make pictures.
- Make a collage on a specific disaster-related topic using photos, magazine pictures, fabric, etc.
- Look at other pictures that people have made and talk about what they communicate.

Specific types of drawings you could ask children to make

- Draw how they are stronger or smarter because of things that happened since the disaster.
- Draw how they are more prepared should they ever be in a disaster again.
- Draw a picture of themselves prepared and ready for another disaster.
- Draw themselves before and after the disaster.
- At the first anniversary of the disaster, ask children to make a collage of the things they lost since the disaster and the things they gained since the disaster.

After the children are finished creating their artwork, it is important to promote a discussion about the pictures. Keep in mind that drawings can give you clues as to what a child is thinking or feeling inside. However, be careful not to over-interpret the meaning of any one drawing.

Hope / new beginnings exercise

Following a disaster, it is important for children to begin to reestablish some hope for the future. Adults should not try to hurry the process too quickly, however. When used at the proper time, the following activity can be useful in helping restore hope for the future. Use it during the transition to a new calendar year or school year, if it falls several months or more after the disaster. This can also be used at the first anniversary of the disaster.

This activity takes about 40 minutes, and is suited for children who are able to write their thoughts.

Objectives for students

- To provide an opportunity for children to recognize how much things have improved at school and at home, in order to increase their hope or optimism for the future.
- To help the children identify realistic, attainable personal goals for the next several months, and to generate ways to achieve them,
- To strengthen socially supportive relationships among the children by encouraging them to work cooperatively in small groups.

Materials needed

- Tacks or tape for fixing paper to the wall
- Handout on Hope (see below) cut into four sections with one category on each piece
- Pencil for each child
- One piece of lined paper for each child
- Treats or special privileges for the winning teams

Part 1: Introduction

1. Introduce the activity. You might say something like this: "This will be an opportunity to think about and make plans for the new year. It sometimes helps to look at where you have been in deciding where you are going. Thus I'll want you to think about how things have changed for you since the disaster."
2. Explain these important group rules:
    - Show respect for the thoughts and feelings of others. This includes listening attentively to others and letting others talk. Avoid laughing at or teasing other children, or saying that someone's thoughts are wrong or silly.
    - Share your thoughts and experiences with others. By discussing feelings and thoughts, the children can find ways to make themselves feel better, and can learn that their experiences are common reactions that are shared with others.
3. Introduce the idea of setting goals. For example, say something like this: "We have now begun a new year. Many people set goals for the new year, sometimes by making New Year's Resolutions." Ask the children to give an example of two of these.
4. Outline the activity as follows: "Today, I want to help you make some goals for the New Year, and get you to plan some ways to reach these goals." Ask children to tell you what the words "goals" and "plans" mean to them. You may want to suggest that a goal is a "wish that you can make come true," and a plan is "a way to make the wish come true."

Part 2: Small group activities

1. Divide the children into groups or "teams," and have them sit together. Use these guidelines when organizing the groups:
   - Each group should consist of four children.
   - Do not mix boys and girls within the groups. You might start by asking girls and boys to stand on either side of the room, and then organize the groups from there.
   - Mix up usual clusters of children.
2. Explain the next steps as follows: "In order to set goals for the new year, it helps to look back at the last year. The disaster made things difficult for a lot of people here. I'd like you to take some time to think back to the way things were right after the disaster, and then figure out how things have gotten better since then. We'll see which group can come up with the most things. I want ideas in four different categories: how things have gotten better:
   - At home
   - At school
   - With friends
   - Inside of you – and by that I mean how your thoughts or feelings have changed for the better since the disaster.

   Let's see which team can come up with the most things in each category and the most things overall. The winning team for each category will get special recognition [treat, privilege, etc.]."
3. Ask the groups to list how things have improved since the disaster. Pass out the four handouts. Each child is responsible for one of these categories. At the end of this activity, the handouts should be taped together to emphasize the importance of teamwork. Only the child in charge of his or her category is allowed to write items for that category, although teammates should help each other with suggestions of things to list in each category. Allow approximately 15 minutes for this part.
4. Circulate from group to group to make sure that the children are cooperating and that only one child is writing for each category. Teammates can give each other suggestions for the different categories, but cannot write for another person.
5. Once the allotted time has passed, instruct the teams to gather the handouts and tape them together to make a rectangle.
6. Appoint a team captain for each team and ask that person to read items from the team's list. Select shy or unpopular children as the team captain. The captain is the only team member allowed to speak for the group during this step of the activity. Starting with the first team, ask the team captain to name one item from the "at home" category on that team's list. Write that item on the board. Moving to the second team, ask them to name a different item from their "at home" list, and add it to the board. Continuing with the other teams, keep a running list on the board until all of the unique responses have been listed for all four categories.
7. Collect the taped-together final lists from each group. Use these to decide which teams came up with the most ideas for each category, and the most ideas overall. Award prizes based on this.

Part 3: Class discussion

1. Discuss the idea of hope and new beginnings. Ask the children to talk as a class about the idea of hope. What is hope? How do you feel when you are hopeful? Be sure to emphasize the idea of hope in the context of optimism. Point out that hope helps people keep going during difficult times, and that children and adults can sometimes help make the things they hope for come true.
2. Have the children pick one thing that they hope for. Point out that although many things are better now than they were after the disaster, there are still many things to hope for. Ask each child to think of one thing he or she really wants to see happen during the upcoming year, and to write it down on their sheet of paper. Allow a few minutes.
3. Discuss the difference between realistic and unrealistic goals. Ask for a few examples of hopes from the class. Record them on the board. For each example given, help the class evaluate whether a child can help that hope come true, and how this might be done. Continue this process until the children seem to understand the difference between things they could hope for and help to happen (e.g., make new friends, get better grades, worry less about disasters) versus things they could hope for but do very little to influence (e.g., become rich, build a new house).
4. Have the children pick a realistic goal and plan. After this distinction is clear, ask the children to write down one important thing that they hope for and can realistically help to happen.
5. Next, ask the children to write down at least two things they can do to help the "hope" they listed to occur.
6. Encourage the children to save this paper so they can remind themselves of their goals and plans.

Ways things have gotten better at home

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Written by: _____

Ways things have gotten better at school

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Written by: _____

Ways things have gotten better with friends

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Written by: _____

Ways things have gotten better “inside”

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Written by: _____

Materials for use with adults

The following pages are handouts you can distribute to members of your community who have suffered through a disaster. They provide general information about the types of reactions that are common following a disaster.

Along with information describing both child and adult reactions to trauma and disaster, there are answers to frequently asked questions, and suggestions for helping people cope with the tragedy. Whenever possible, it is useful to access the resources of trained professionals in helping individuals and communities recover from disaster. The activities, handouts and information included in this guide should be considered supplementary or supportive material in a comprehensive effort to address the psychosocial impact of disaster.

- Emotional health issues for survivors of disasters
- Common signs & signals of stress reactions
- Suggestions for coping with stress
- Children's reactions to disaster
- How can I help my family and myself?
- What you can do to help

Emotional health issues for survivors of disasters

Disasters affect people in many ways. In some disaster situations, it may mean loss of loved ones including relatives, friends, neighbors, or family pets. In others, it means loss of home and property, furnishings, and important or cherished belongings. Sometimes it means starting over with a new home or business. The emotional effects of loss and disruption may show up immediately or may appear many months later.

It is very important to understand that there is a natural grieving process following any loss, and that a disaster of any size will cause unusual and unwanted stress in those attempting to reconstruct their lives.

Some initial responses to disaster

- Fear
- Disbelief
- Reluctance to abandon property
- Disorientation and numbing
- Difficulty in making decisions
- Need for information
- Seeking help for yourself and your family
- Helpfulness to other disaster victims

Some later responses

- Change in appetite and digestive problems
- Difficulty in sleeping and headaches
- Anger and suspicion
- Apathy and depression
- Crying for no apparent reason
- Frustration and feelings of powerlessness over one′s own future
- Increased effects of allergies, colds, and flu
- Feelings of being overwhelmed
- Moodiness and irritability
- Anxiety about the future
- Disappointment with, and rejection of, outside help
- Isolating oneself from family, friends, or social activities
- Guilt over not being able to prevent the disaster
- Domestic violence

How do people respond differently over time?

It is important for you to realize that there is not one right way to react to a disaster,

Some people respond immediately, while others have delayed reactions – sometimes months or even years later. Some have difficulties for a long period of time, while others recover pretty quickly. People's reactions can change over time. Some people have a lot of energy at the beginning to help them with the challenge of coping, but later become discouraged or depressed. A number of factors tend to affect the length of time required for recovery, including:

- The degree of intensity and loss. Events that last longer and pose a greater threat, and where loss of life or substantial loss of property is involved, often take longer to resolve.
- Other stressful events preceding the traumatic experience. Individuals faced with other emotionally challenging situations, such as serious health problems or family-related difficulties, may have more intense reactions to the new stressful event and need more time to recover.
- If there is another disaster, expect that people, particularly children, will have a really tough time.

Common signs & signals of stress reaction

Physical signs

- Fatigue
- Nausea
- Muscle tremors
- Twitches
- Chest pain*
- Difficulty breathing*
- Elevated blood pressure
- Rapid heart rate
- Thirst
- Visual difficulties
- Vomiting
- Grinding of teeth
- Weakness
- Dizziness
- Profuse sweating
- Chills
- Shock symptoms*
- Fainting

** Indicates the need for urgent medical evaluation*

Cognitive signs

- Blaming others
- Confusion
- Poor attention
- Poor decisions
- Heightened or lowered alertness
- Poor concentration
- Memory problems
- Hyper-vigilance
- Difficulty identifying familiar objects or people
- Increased or decreased awareness of surroundings
- Poor problem solving
- Poor abstract thinking
- Loss of time, place, or person orientation
- Disturbed thinking
- Nightmares
- Intrusive images

Emotional signs

- Anxiety
- Guilt
- Grief
- Denial
- Severe panic (rare)
- Emotional shock
- Fear
- Uncertainty
- Loss of emotional control
- Depression
- Inappropriate emotional response
- Apprehension
- Feeling overwhelmed
- Intense anger
- Irritability
- Agitation

Behavioral signs

- Change in activity
- Change in speech patterns
- Withdrawal
- Emotional outbursts
- Suspiciousness
- Change in usual communications
- Loss or increase of appetite
- Alcohol consumption
- Inability to rest
- Antisocial acts
- Nonspecific bodily complaints
- Hyper-alert to environment
- Startle reflex intensified
- Pacing
- Erratic movements
- Change in sexual functioning

Suggestions for coping with stress

- Give yourself permission and time to grieve.
- Focus on your strengths and coping skills.
- Ask for support and help from your family, friends, church or other community resources. Join or develop support groups.
- Redefine your priorities and focus your energy and resources on those priorities.
- Set small realistic goals to help tackle obstacles. For example, reestablish daily routines for yourself and your family.
- Clarify feelings and assumptions about your partner. Remember that men and women react differently. Women tend to be caretakers and put others first. Men have difficulty acknowledging and expressing feelings of helplessness and sadness, and believe in "toughing it out."
- Eat healthy meals and exercise.
- Get enough rest to increase your reserve strength.
- Acknowledge unresolved issues and use the hurt and pain as a motivator to make the necessary changes to heal.
- Continue to educate yourself and family about normal reactions to a disaster.
- Talk to your children. Be supportive. Set an example by expressing your feelings and showing problem solving skills in dealing with family problems.
- Remember that you are not alone.

Children's reactions to disaster

Usually a child's emotional response to a disaster does not last long. However, be aware that some problems may not appear immediately or may recur months after the disaster. Talking openly with your children will help them to recover more quickly. If you feel your child may need additional help to recover from the disaster, contact a social worker or psychologist or physician.

Common reactions

- Crying and depression
- Inability to concentrate
- Bedwetting
- Withdrawal and isolation
- Thumb-sucking
- Not wanting to attend school
- Nightmares
- Headaches
- Clinging, or fear of being left alone
- Changes in eating and sleeping habits
- Regression to previous behaviors
- Excessive fear of darkness
- Fighting
- Increase in physical complaints

Some behaviors and activities that will help your child recover

- Hug and touch your child often.
- Reassure your child frequently that you are safe and together.
- Talk with your child about his or her feelings about the disaster. Share your feelings too. Give information the child can understand.
- Talk about what happened.
- Spend extra time with your child at bedtime.
- Allow children to grieve about their lost treasures: a toy, a blanket, a lost home.
- Talk with your child about what you will do if another disaster strikes.
- Let your child help in planning ahead and preparing for future disasters.
- Try to spend extra time together in family activities to begin replacing fears with pleasant memories.
- If your child is having problems at school, talk to the teacher so that you can work together to help your child.

How can I help my family and myself?

What can I do for myself?

There are a number of steps you can take to help you feel a sense of control over your life and a return to normalcy following a disaster or other traumatic experience:

- Give yourself time to heal. Anticipate that this will be a difficult time in your life. Allow yourself to mourn the losses you have experienced. Try to be patient with changes in your emotional state.
- Ask for support from people who care about you and who will listen and understand your situation. But keep in mind that your typical support system may be weakened if those who are close to you also went through the disaster or have experienced something similar.
- Communicate your experience in whatever ways feel comfortable to you, talking with close family, friends or colleagues, keeping a journal or writing about your experience in detail – either just for yourself, or to share.
- Healthy behavior will enhance your ability to cope with excessive stress.
- Eat well-balanced meals and get plenty of rest.
- If you have ongoing difficulties with sleep, you might feel better using relaxation techniques.
- Avoid alcohol and drugs.
- Establish or re-establish routines such as eating meals at regular times and following an exercise program.
- Take some time off from the demands of daily life by pursuing hobbies or other enjoyable activities.
- Avoid major life decisions such as switching careers or jobs if possible, because these activities tend to be highly stressful.

How do I take care of children's special needs?

The intense anxiety and fear that often follow a disaster or other traumatic event can be especially troubling for children. Some may regress and demonstrate younger behaviors such as thumb-sucking or bed-wetting. Children may be more prone to nightmares and fear of sleeping alone. Performance in school may suffer. Other changes in behavior patterns may include throwing tantrums more frequently, or withdrawing and becoming more solitary.

There are several things parents and others who care for children can do to help alleviate the emotional consequences of trauma, including the following:

- Spend more time with children and let them be more dependent on you during the months following the trauma – for example, allowing your child to cling to you more often than usual. Physical affection is very comforting to children who have experienced trauma.
- Provide play experiences to help relieve tension. Younger children in particular may find it easier to share their ideas and feelings about the event through non-verbal activities such as drawing. Putting together a play or acting out events with dolls can also be helpful.
- Encourage older children to speak with you, and with one another, about their thoughts and feelings. This helps reduce their confusion and anxiety related to the trauma.

- Respond to questions in terms they can comprehend. Tell them over and over that you care about them and that you understand their fears and concerns.
- Keep regular schedules for activities such as eating, playing and going to bed to help restore a sense of security and normality.
- Tell them often that you love them.
- If the child asks, discuss the safety plan and family disaster plan.

What if I need professional help?

Some people are able to cope effectively with the emotional and physical demands brought about by a natural disaster or other traumatic experience by using their own support systems. It is not unusual, however, to find that serious problems persist and continue to interfere with daily living. For example, some may feel overwhelming nervousness or lingering sadness that adversely affects job performance and relationships.

Individuals with reactions that don't go away and disrupt their daily functioning should talk with a trained and experienced mental health professional. Counselors, psychologists and other mental health providers help educate people about normal responses to extreme stress. They work with individuals affected by disaster and trauma to help them find constructive ways of dealing with the emotional impact.

With children, continual and aggressive emotional outbursts, serious problems at school, preoccupation with the traumatic event, continued and extreme withdrawal, and other signs of intense anxiety or emotional difficulties all point to the need for professional assistance. A qualified mental health professional can help such children and their parents understand and deal with thoughts, feelings and behavior that result from disaster.

What you can do to help

Helping yourself and your family

- Recognize your own feelings.
- Talk to others about your feelings. This will help relieve your stress and help you realize that other people share your feelings.
- Accept help from others in the spirit in which it is given. Wouldn't you help them?
- Whenever possible, take time off and do something you enjoy.
- Get enough rest.
- Get as much physical activity as possible, such as running or walking.
- Give someone a hug; touching is very important.

Helping your child

- Talk with your child about his or her feelings and your feelings. You will find that many of your feelings are shared, regardless of your child's age.
- Encourage your child to draw pictures of the disaster. This will help you understand how he or she views what happened.
- Talk with your child about what happened, providing factual information that he or she can understand.
- Reassure your child that you both are safe. Repeat this assurance as often as necessary.
- Review safety procedures that are now in place, including the role your child can take.
- Hold your child. Touching provides extra reassurance that someone is there for him or her.
- Spend extra time with your child, especially at bedtime.
- Relax rules, but maintain family structure and responsibility.
- Praise and recognize responsible behavior.
- Work closely with teachers, day-care personnel, baby-sitters and others who may not understand how the disaster has affected your child.

Helping your community

- Listen when you can to those who are having problems.
- Share your own feelings about the disaster.
- Be tolerant of the irritability and short tempers others show – everyone is stressed at this time.
- Share information on assistance being offered and possible resources.