

# CONNECTIONS

A NEWSLETTER ABOUT FAMILY RELATIONSHIPS & PERSONAL GROWTH

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*"When I ask you to listen to me and you feel you have to do something to solve my problem, you have failed me, strange as that may seem. Listen! All I asked was that you listen, not talk or nag—just hear me."*

Unknown author

## PRACTICAL SOLUTIONS



### 10 Ways to Help a Child Cope With Disaster Trauma

by W. Jared DuPree



#### 1 Show Affection

Hug and nurture your child often.

#### 2

#### Communicate Safety

Reassure the child frequently that you are safe and together.



#### 3

#### Communicate Openly



Talk with your child about his/her feelings about the disaster. Share your feelings, too. Give information the child can understand.



#### 4

#### Allow Understanding

Talk about what happened and allow the child to make some sense of the disaster.

#### 5

#### Spend Extra Time

Spend extra time with your child at bedtime and other times when you will be leaving or when the child will be alone.



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FROM THE DESK OF

*Charlotte Shoup Olsen*



# Coping with Disasters

As our nation recovers from Hurricane Katrina, we are reminded of the oft-quoted idiom from systems theory — “The whole is greater than the sum of its parts.” The hurricane directly hit several Gulf coast states, but its ramifications are reverberating throughout the nation and the world.

For example, many states, including Kansas, have been hosts to displaced families and persons dealing with the loss of their homes, jobs, and established ways of life. Persons have become involved in volunteer

efforts through numerous organizations, directly impacting their own lives and their sense of perspective. Media coverage also reminds us of this traumatic occurrence in the life of our nation.

However, disaster effects are most notable immediately after the event has occurred – for some, recovery is a very long term process, lest we forget.

Charlotte Shoup Olsen  
W. Jared DuPree

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## *10 Ways to Help a Child Cope With Disaster Trauma*

### **6 Allow Grieving**

Allow children to grieve about their lost treasures; a toy, a blanket, a lost home.



### **7 Share Future Preparations**

Talk with your child about what you will do if another disaster strikes. Let your child help in preparing and planning for future disasters.



### **8 Spend Family Time**

Try to spend extra time together in family activities to begin replacing fears with pleasant memories. Avoid media coverage of the disaster as it may rekindle fears and anguish.



### **9 Collaborate with School**

If your child is having problems at school, talk to the teacher so that you can work together to help your child.



### **10 Be Consistent**

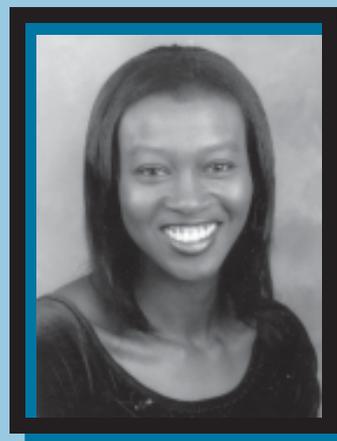
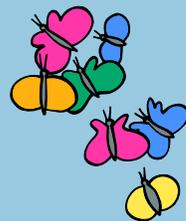
Maintaining a consistent schedule helps children feel more secure.

## Extension Spotlight Chaquita Miller

Chaquita Miller has been working as a Wyandotte County Extension Family and Consumer Sciences Agent in Kansas City, Kansas since 2000. Prior to being an Extension agent, she had been a pre-school educator, athletic coach, and social worker as well as being in the United States military for five years as a Unit Supply Specialist and Medical Lab Tech. Chaquita has her BS in Social Work (1996) and MS in Adolescence and Youth Counseling (1999), both from K-State. She is also a Certified Substance Abuse Counselor.

The most rewarding aspect of Chaquita's job is working with the various families and community organizations in the Wyandotte County and Metropolitan Kansas City communities. At the same time, she continuously finds it challenging to meet the unmet needs of her community. Her most current work plan is centered on the *Basic Living Skills* curriculum, focusing on parenting, budgeting, house cleaning and clutter control, and job readiness. Other selected programs that she regularly uses are *Managing Time, Work, & Family*, *CoupleTALK*, and *PeopleTALK*.

The Basic Parenting Collaboration, involving the Wyandotte County Regional Prevention Center, local libraries, Kansas City School District, Court Services, Extension Service, and a host of other referring sources, has been especially effective in addressing the overall parenting experience in response to school truancy problems. It came about by the Regional Prevention Center approaching the Extension office because of the professional history of research-based programming. Classes are offered 11 months out of the year, free of charge, and are rotated be-



*"The Basic Parenting Collaboration has been the most successful and long term project in my Extension work. The program originally was formed to address the growing problem of truancy in the area."*

*Chaquita Miller*

tween library sites to be accessible to many parents. *Basic Parenting* by Chuck Smith is a key curriculum that is used along with other materials that provide a comprehensive approach to parenting.

Chaquita also is involved as a community organizer and facilitator on such projects as Parents University, Back to School Fair, bi-state Healthy Marriage Initiative, and the Emergency Assistance Coalition. She also serves on several boards in the Kansas City Metro Area in the areas of family life education, too.

Chaquita is originally from a small town, Cairo, Georgia and the youngest of six children. Her family members all reside on the East Coast from Florida to New York. Her hobbies are traveling all over the world, attending theatrical plays, and riding her 2003 Harley Sportster Motorcycle! She would like to pursue a PhD in Family Life Education and conduct research around the world as it relates to family systems.



# Helping Young Children Cope With Trauma

## Children of different ages react in different ways to trauma



### Birth to 2 years

Without the ability to speak children cannot describe the event or their feelings. They can retain memories of particular sights, sounds, or smells. When they are older these memories may emerge in their play. Babies may be more irritable, cry more often and need to be held and cuddled frequently. They will respond to the caring that is given to them by adults.

### Preschool and Kindergarten

In the face of an overwhelming event, very young children can feel helpless, powerless, and unable to protect themselves. When the safety of their world is threatened, they feel insecure and fearful. Children this age cannot understand the concept of permanent loss. They believe that consequences are reversible. They will repeatedly recreate parts of the disaster in their play. These are all normal reactions. Abandonment is a major childhood fear, so children need frequent reassurance they will be cared for and will not be left.



*Activities for home or school:* play acting, physical contact, puppets, art, stories, large muscle movement (throwing balls, etc.).

### School age (7 to 11 years)

Children at this age have the ability to understand the permanence of loss from a trauma. They can become preoccupied with details of it and want to talk about it continually. They may not be able to concentrate in school and their grades drop. Since their thinking is more mature, their understanding of the disaster is more complete. This can result in a wide range of reactions: guilt, feelings of failure, and anger. School age children can also slip back into earlier behaviors. As in younger children, sleep problems can appear. Their anxiety and fear may be seen in an increased

number of physical complaints.

*Activities for home or school:* play acting, puppets, drawing and painting, sharing their experiences in groups, reading, creative writing or discussion.



### Pre-adolescence and adolescence (12 to 18 years)

In this age group, children have a great need to appear knowledgeable and experienced to the world, especially to their family and friends. When they live through a traumatic event they need to feel their anxieties and fears are shared by their peers and are appropriate. Because they survived the trauma, they may feel immortal. This can lead to reckless behavior and taking dangerous risks. Their reactions are a mixture of earlier age group reactions and reactions that are more adult. Teenage years are a period of moving outward into the world. However, experiencing a trauma can create a feeling that the world is unsafe. Even teenagers may return to earlier ways of behaving. Overwhelmed by intense reactions, teens may be unable to discuss them with their family members.

*Activities at school:* general classroom activities, literature or reading, peer helpers, health class, art class, speech/drama, social studies/government, history.



## Talking about what happened

Children express their feelings and reactions in different ways. Your acceptance of this will make a difference to how your child recovers from the trauma. This means accepting that some children will react by becoming withdrawn and unable to talk about the event, while others will feel intensely sad and angry at times and at other times will act as if the disaster never happened. Some may have delayed reactions that show up days, weeks, or even months later, and some may never have a reaction.

- Listen to and accept children’s feelings.
- Give honest, simple, brief answers to their questions.
- Make sure they understand your answers and the meaning you intend.
- Use words or phrases that won’t confuse a child or make the world more frightening.
- Create opportunities for children to talk with each other about what happened and how they are feeling.
- Give your child an honest explanation if you are feeling so upset you don’t want to talk about what happened. You may want to take “time out” and ask a trusted friend to help.
- If children keep asking the same question repeatedly it’s because they are trying to understand and make sense out of the disruption and confusion in their world. Younger children will not understand that death is permanent, so

their repeated inquiries are because they expect everything to return to normal.

- If the child feels guilty, ask him or her to explain what happened. Listen carefully to whether they attach a sense of responsibility to some part of the description. Explain the facts of the situation and emphasize that no one, least of all the child, could have prevented it.
- Let the school help. The child’s teacher can be sensitive to changes in the child’s behavior and will be able to respond in a helpful way.
- Even if you feel the world is an unsafe place, you can reassure your child by saying, “The event is over. Now we’ll do everything possible to stay safe, and together we can help get things back to normal.”
- Notice when children have questions and want to talk.
- Be especially loving and supportive; children need you at this time.

### When to Seek Professional Help

Children are amazingly flexible, even though they can be deeply affected by trauma or losses. Getting professional help is a good idea if a child shows any of the changes listed here for longer than three months following the trauma.

Certain events may make a child more vulnerable to difficulty. If a child has experienced a recent loss such as a divorce, a death of someone close, or a move to a new neighborhood, they may feel particularly overwhelmed. A traumatic event can reactivate the emotions associated with previous traumas, which can be overpowering. Seeing a counselor does not mean that a child is “mentally ill” or that you have failed to support them. Following a trauma, many adults and children have found that it is helpful to talk with a counselor who has specialized training in post-traumatic reactions and can help them understand and deal with how they are feeling.

- Behavior or academic problems at school.
- Angry outbursts.
- Withdrawal from usual social activities or play with other children.
- Frequent nightmares or other sleep disturbances.
- Physical problems such as nausea, headaches, weight gain or loss.
- Intense anxiety or avoidance behavior that is triggered by reminders of the event.
- Depression or a sense of hopelessness about life or the future.
- Alcohol or drug use problems.
- Dangerous risk-taking behavior.
- Continued worry about the event as a primary focus in life.

## Secondary Stress and the Professional Helper

For more than a decade, the field of traumatology has recognized that those who interact with trauma survivors are themselves exposed to a form of traumatic stress. Whereas the trauma survivor is exposed to a primary trauma and the accompanying traumatic stress, the helper is exposed to the trauma survivor and an accompanying secondary traumatic stress. This distinction between primary and secondary exposure is blurred somewhat by the evolution of the Diagnostic and Statistical Manual's (DSM) definition of post-traumatic stress disorder (PTSD). DSM-IV now defines the stressor event to include learning of a trauma occurring to a loved one. Family members who are traumatized when they learn of a loved one's trauma are classified as having PTSD. In the past, many theorists might have classified the family members as having secondary exposure because they were not directly exposed to the traumatic event. However, in the language of DSM-IV, the traumatic event is the discovery that a loved one has been in a trauma. This differs from the experience of interacting with a trauma survivor considered secondary stress.

Since family members may both learn of a trauma to a loved one and subsequently interact with the survivor, they are subject to both direct and secondary exposure. The professional helper, on the other hand, is usually not involved with the survivor until after the trauma has occurred. Thus, the professional helper's experience is generally confined to secondary exposure. The exception is in the case of disasters, where helpers may be on the scene either while the disaster is still in progress or while victims are still being rescued.

### Secondary Exposure

The literature on secondary exposure has largely focused on the development of trauma symptoms. Several terms have been advanced to describe apparent cases of PTSD that do not

qualify for the official PTSD diagnosis because the exposure was secondary rather than direct. Instead, the individual has been said to have a different disorder, usually called Secondary Traumatic Stress Disorder (STSD), vicarious traumatization, compassion fatigue or empathic strain. Regardless of which term is used, there is evidence indicating that these cases do exist and have occurred among professional helpers. Although it is not yet clear how often secondary exposure leads to the development of trauma symptoms, it is probably safe to say that it is fairly infrequent that secondary exposure produces the complete PTSD syndrome. But does this mean that professional helpers are only infrequently affected by their secondary exposure to trauma survivors? Probably not. The development of dramatic PTSD symptoms is only one of the ways in which professional helpers are affected by their exposure to secondary traumatic stress.

The ways in which professional helpers are affected may not be as obvious only because we don't think of them as symptoms. For example, can you imagine a professional helper coming home from performing a critical incident debriefing and going right to bed? It's highly unlikely. Why? Because we typically need to "unwind" after such experiences. We each tend to develop our own means of settling down when we get home—whether it be by reading a book, watching TV or cleaning the kitchen—because we are all dealing with the same issue; i.e., our arousal level is heightened. It is obviously so when we have been on the scene of a disaster. It may be less obvious when we have "only" been counseling the victims of the disaster, particularly when the disaster is long past. But if we have been maintaining a good connection with people who themselves are aroused (because they're still dealing with primary traumatic stress), then it's likely that we too have entered a state of heightened arousal.

Sometimes the only difference is that we are able to unwind and go to sleep, while the trauma victim can often only do so by exhausting himself or resorting to chemical aids.

### **The Knowledge of What Can Happen**

Another way in which we can recognize the impact of secondary exposure is in our worldview. Just as the trauma survivor becomes aware of dangers that he/she previously ignored or denied, those who listen to the survivor's story come to see the world differently as well. This usually leads to changes in the way we approach our lives. Workers who deal with plane crash survivors may learn to pay more attention to the location of the emergency exits when they themselves fly—just as firemen are more attuned to escape routes in their own homes. Indeed, this kind of awareness tends to continue to expand to include those who are close to us—the fireman's child also grows up more aware of escape routes. Think how workers dealing with refugee families from the recent hurricanes and tsunami might attune themselves to where they choose to live or vacation.

### **Losing Our Sense of Perspective**

Knowing what can happen is both a blessing and a curse. It is a greater awareness of the potential dangers in the world, and it requires us to give up denial, to accept certain ugly realities. On the positive side, it allows us to anticipate danger and hence be better prepared. But sometimes this knowledge can itself become a distortion. If we lose our sense of perspective, then our awareness that planes actually do crash and that foul weather can destroy homes and lives can transform into an expectation that every plane is likely to crash and every severe storm poses an immediate threat. When we lose our sense of perspective in this way, we enter the world of the traumatized. This outlook is accompanied by a state of heightened arousal; we stay constantly on our guard because we anticipate danger at every turn. If we're unable to regain our sense of perspective, then the next step is avoidance and our life becomes organized

around what might happen, rather than what is happening. This is the point where secondary exposure produces secondary traumatization. Just as with primary traumatic stress, the risk of losing our sense of perspective increases with greater exposure to secondary stressors. But, just as with survivors of primary trauma, the effects of secondary exposure are moderated by an environment populated by supportive listeners. We may not be able to prevent the changes in our worldview, but we can help each other keep it in perspective.

### **The Emotional Impact of Trauma Work**

A third way in which professional helpers can be affected is emotionally. This is the dimension most people think of when they hear terms like "compassion fatigue." But being affected emotionally is not restricted to extremes like depression. Working with traumatized people can be emotionally draining, especially if the client's trauma reverberates with our own experience. Most professional helpers recognize a need to limit the numbers of traumatized clients they see because they can become emotionally exhausted by the work. Ironically, working with trauma clients can cause us to feel emotionally drained even as we experience a heightened level of physiological arousal. Then, just as with trauma survivors themselves, we helpers can reach a state in which we're exhausted yet can't slow down our physiology. At such times, we're more vulnerable to the distressing thoughts and perceptions that can come from working with people whose sense of living in a safe and predictable world has been shattered.

Thus, secondary exposure can lead to an extreme reaction, such as the development of the full PTSD syndrome, or it can lead to a less clearly symptomatic—yet perhaps chronic—condition in which our work seems to take over our life. In many respects, this is similar to the old concept of burnout (which some people consider to be an element of compassion fatigue). Burnout is not

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# Resources

## Disaster Relief Resources

### Websites

#### Hurricane relief

What can you do?

<http://www.oznet.ksu.edu/Topic4.asp>

USDA family-related resources to assist with hurricane recovery

[http://www.csrees.usda.gov/nea/family/in\\_focus/family\\_if\\_katrina.html](http://www.csrees.usda.gov/nea/family/in_focus/family_if_katrina.html) [http://www.csrees.usda.gov/nea/family/in\\_focus/family\\_if\\_preparedness.html](http://www.csrees.usda.gov/nea/family/in_focus/family_if_preparedness.html)

Extension Disaster Education Network

<http://www.eden.lsu.edu/>

### Hotlines

Department of Health and Human Services toll-free hotline for people in crisis in the aftermath of Hurricane Katrina. Callers will be connected to a network of local crisis centers across the country that are committed to crisis counseling. They also will receive counseling from trained staff at the closest certified crisis center in the network.

**1-800-273-TALK (1-800-273-8255)**

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### *Secondary Stress and the Professional Helper*

confined to professional helpers, but it takes on a special quality when it is combined with exposure to secondary traumatic stress. Many jobs involve stress. Many jobs cause workers to maintain a high level of physiological arousal, with an accompanying need to unwind afterwards. Many jobs are emotionally draining, although the most emotionally draining tend to be those jobs that require us to deal with others' emotions. And there are other jobs that challenge our worldview and our fundamental assumptions about our personal safety. But there are few jobs that combine all of these. All professional helpers bear a vulnerability to living out the traumatic experience of those they help, whether in limited doses or as the full PTSD syndrome. This is true for helpers whether they (a) deal with the immediate traumatic situation as policemen, firemen, EMS personnel, etc, (b) work right behind the "front

lines" as crisis interventionists, or (c) are removed from the primary traumatic situation and only hearing of it as therapists.

Fortunately, we professional helpers have more tools than the average person. We have our knowledge of the ways in which trauma affects people. We have our skills for soothing arousal and processing states of distress. And most importantly, we have each other, a support system with the potential to help each of us maintain perspective and find understanding during those times when we get caught in the web of secondary traumatic stress. We are not invulnerable, but if we maintain a strong sense of community among ourselves, we can be resilient.

*Adapted from an article by Don R. Catheral Ph.D., Executive Director, The Phoenix Institute, found at <http://www.ctsn-rcst.ca/Secondary.html>.*