

# Community Crises and Disasters

A Parent's Guide to  
Talking with Children of All Ages





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Talking with Children of All Ages

Cynthia W. Moore, PhD and Paula K. Rauch, MD

A Project of  
The Marjorie E. Korff Parenting At a Challenging Time Program  
Massachusetts General Hospital

MARJORIE E. KORFF PACT PROGRAM  
**PACT**  
Parenting At a Challenging Time



MASSACHUSETTS  
GENERAL HOSPITAL

CANCER CENTER

## **About The Marjorie E. Korff Parenting At a Challenging Time Program**

The Marjorie E. Korff Parenting At a Challenging Time (PACT) Program at Massachusetts General Hospital (MGH) provides parent guidance consultation to parents, and their partners, who are facing cancer or other life-threatening medical illnesses. Focusing on honest communication to support children's resilient coping, the PACT parent guidance model is also being used to support military-connected families and families affected by community violence.

The PACT website offers in-depth information for parents and professionals about supporting a child's resilient coping through a parent's medical illness, collaborations with community partners to address a range of additional challenges facing families, and our MGH Cancer Center clinical services. Learn more at [www.mghpact.org](http://www.mghpact.org).

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# Preface

At 2:47pm on a beautiful, sunny Boston Marathon race day—Monday, April 15, 2013—two bombs exploded near the downtown Boston finish line, seriously injuring more than 250 runners and bystanders, and taking the lives of two young adults and a 10-year-old boy. Because it was Patriots’ Day—a school holiday—many of the spectators were Boston-area families with young children, there alongside fans from around the world to cheer on the runners.

As the perpetrators were sought during the next several days, a young security officer and one of the suspects was killed, and a police officer seriously injured. Then, four days after the Marathon, all public transit was suspended, and Boston-area citizens were asked to stay inside their homes as police, FBI agents, and National Guard members engaged in door-to-door searches, and military vehicles patrolled neighborhoods. On April 19, the search resulted in the apprehension of the second suspected bomber.

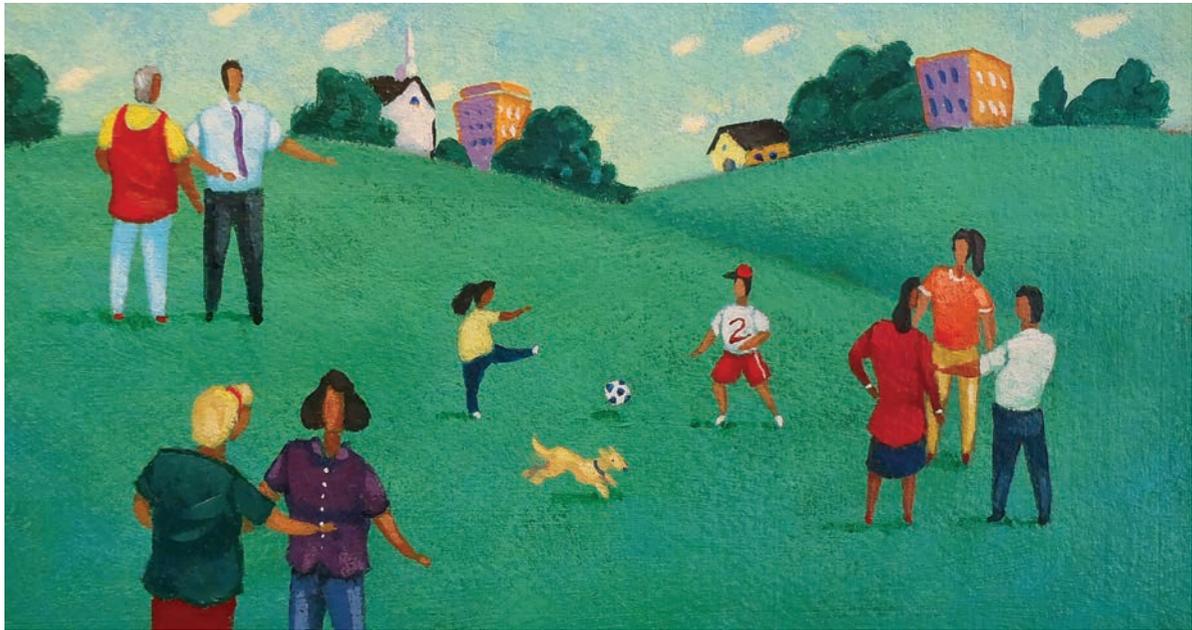
A makeshift memorial was created in downtown Boston at the site of the bomb blasts. “Boston Strong,” in signature Marathon blue and yellow, quickly became the logo and the slogan for the Boston community to come together. The events around the Marathon bombing caused both visible and less-visible damage. Communities near and far expressed solidarity and offered whatever support they could to victims and others affected by the events. For all the devastation and loss, there was also heartening evidence of the good in people.



PART ONE

# Facing Challenges Together





# From Crisis Comes Opportunity

In the aftermath of the 2013 Boston Marathon bombings, there was a palpable impulse across the Boston area to unify, support one another, and demonstrate compassionate resolve in the face of such a tragedy. The One Fund Boston was soon created to help the many directly injured in the bombings. Recognizing that many other community members were affected more indirectly, the employees of Fidelity Investments established the Patriots' Day Fund, a charitable fund to support projects that focused on improved community response to crisis, generally. This handbook, which is one of those projects, is a parent guide to understanding and responding to children's concerns, questions, and emotional reactions during and following any kind of community crisis.

## **Who We Are: The PACT Team**

For more than a decade, the Marjorie E. Korff Parenting At a Challenging Time (PACT) Program at Massachusetts General Hospital (MGH) has provided parent guidance consultation to parents, and their

partners, who are facing cancer or other life-threatening medical illnesses. Our PACT team includes child psychiatrists, psychologists, and an oncology social worker, and we bring training in child development, temperament, family dynamics, and effective parenting techniques to each consultation. We recognize that each child and each family are different, and there is no one-size-fits-all model of support.

Through our many years of clinical practice, we have learned that at stressful and emotionally challenging times, parents appreciate advice that goes beyond general principles, such as “be honest.” They appreciate practical and concrete examples of what to say or do to support their children. We also believe that ongoing conversations that arise organically in routine parent-child interactions often provide the best environment for building resilience. Thus, our role is to work hand-in-hand with parents to anticipate likely reactions in children, to decide when a child may need additional support, and to help parents feel comfortable communicating with children in ways that support their healthy development.

To learn more about the Korff PACT program at MGH, see [www.mghpact.org](http://www.mghpact.org).

The PACT parent guidance model has been successfully applied to challenges faced by military families and families in communities affected by violence or natural disasters. Directors of the Patriots’ Day Fund considered our work a natural fit for addressing the needs of families following the Boston Marathon bombing. Through a generous gift from the employees of Fidelity Investments, our team was invited to develop several parent guidance resources to be available for the April 2014 anniversary of the Marathon bombing, as well as any future crises. Together, these resources are the PACT “Patriots’ Day Project”—comprising several blog postings, two podcasts, and an original video. This handbook is the final product of the Patriots’ Day Project, and aims to provide guidance to parents related to potential future events. The anniversary-related parenting resources can be found in the Appendix at the end of this handbook.

## Why We Emphasize Communication

Communication enhances children’s ability to cope during stressful times. Our clinical experience with families and research on child resilience support this. Talking with a child or teen is the best

**Talking with a child or teen is the best way to ensure that he or she is not left to worry alone.**

way to ensure that he or she is not left to worry alone, especially about an event that is upsetting to family members, friends, classmates, and other key adults in his or her life.

Parents often express the wish that their child not have to know about a tragic, frightening, or disturbing event. It is a common “error of kindness” that leads a parent to think that by withholding information or not talking about trou-

bling events, a child is protected from worry. It is true that hearing too many vivid details shared by an adult who is expressing intense emotion can heighten a child’s anxiety. But calm,

developmentally appropriate conversations that describe what has happened and how it will affect a child can help him or her feel well supported and included in the important events of his or her family, community, and the world. Sharing troubling information is likely to be initially upsetting to a child, but risking her learning of the news by overhearing it from others can cause even more confusion and distress.

Children may feel betrayed, excluded, or undervalued when adults are communicating with each other, but not with them, about a major event. When a child learns about troubling events from peers, he may feel embarrassed by not already knowing, or confused about how to react in front of peers, and may also have difficulty separating truth from misinformation. Honesty and trust among family members are highly valued in many families; communicating with a child about difficult events supports those values.

Your confidence in initiating difficult conversations, and your willingness to continue to learn with your child, deliver the message that home is a place for addressing challenging topics openly and honestly. There are reciprocal benefits for you and your child, because establishing such a norm will help your child share information with you even when she imagines it will upset you. To parent effectively, you need your child or teen to be forthcoming about the challenges they'll inevitably face (and which you might not otherwise learn of in a timely fashion). Your initiation of conversation about difficult topics models these kinds of complex conversations. It is more powerful to show children honesty in action than to *tell* them to be honest. This handbook reflects the PACT approach, which focuses on helping parents gain the confidence and communication skills they need to have difficult, ongoing conversations that support the resilience of their children.

**Your confidence in initiating difficult conversations delivers the message that home is a place for addressing challenging topics openly and honestly.**

## **How This Guide Is Organized**

The next chapter in Part One of this handbook begins by describing the characteristics of stress, trauma, and resilience so that you can anticipate common reactions to a crisis. We then review aspects of child development that relate to how children of different ages experience a challenging event. Next, we discuss the importance of self-care for you and every family member, consider when to seek professional support, and offer thoughts about accessing support through schools. We then turn to a discussion of handling media and technology in helping children cope. Last, we offer a “Quick Guide” to parenting through a crisis—key points you may want to keep in mind as you support your child.

Part Two begins with a discussion of how to talk with children after a crisis or disaster, with tips for different age groups. We then offer stories of three families, each facing a different kind of

crisis. Each story demonstrates how a particular family reacted to: an act of violence in the community (the Boston Marathon bombing), a natural disaster (an ice storm), or a teen car accident. These fictional accounts are intended to be realistic and thought provoking, not to portray idealized parents. Like most of us, the parents in these stories might wish they could “do over” some of their conversations with their children.

**It can be helpful to have some “scripts,” or samples of actual words you might use to start a conversation or answer hard questions.**

We’ve learned that it can be helpful to have some “scripts,” or samples of actual words you might use to start a conversation or answer hard questions. Sometimes, the words from a script are a comfortable starting point or need only minor changes to feel like your own. Other scripts may need modification in order to fit the needs of your child, the context of your situation, or the values you hope to reinforce. Having the scripts as a starting point can help you think about the right words for you and your family.

After each family story, we have laid out samples of ways you might begin a conversation or take a conversation deeper.

For a “condensed” version of our guidance on addressing children’s concerns and enhancing their coping, see *Parenting through a Crisis: A Quick Guide*, p. 31. We hope that this handbook will help you feel more comfortable engaging children in important conversations that communicate your most important family values.

## **What We Learned from Parents: Post-Marathon Challenges**

We wanted to understand the biggest parenting challenges in the days after the Marathon, how families talked about the events, and what kinds of supports were helpful, in order to focus the development of our resource materials. Thus, we began our Patriots’ Day Project with a survey about the parenting experiences of Boston-area families after the Marathon bombings. We surveyed 400 parents who had a child between 4 and 19 years old, and who lived in the towns affected by the “lockdown” after the bombings. In addition to recognizing adverse effects on them personally, nearly three-fourths of parents also reported that it was challenging to deal with the events of the Marathon in their roles as parents. The kinds of difficulties parents mentioned included:

- How to talk about the unfair and random nature of the event (“It’s hard to explain why people act as they do when we don’t know ourselves, and to assure children that nothing bad will happen when we are unsure of the truth of that”)
- How to deal with their own feelings of uncertainty, and/or hide their own fears and emotional reactions (“It’s hard to calm your children down when you yourself are not calm”)

- How to help children feel safe during and after the events (“Not everyone is bad; this is not something they have to worry about every day; to have them know they can be safe”)
- Deciding how much children should know about the events (“Trying to provide enough information but not too much”) [See Making Choices about Media section, p. 26]
- Deciding how much to limit a child’s exposure to information or upsetting images in the media (“Maybe she shouldn’t see or hear what’s on TV or radio because it’s too graphic”)

Many parents believed that having open discussions about what had happened was one of the best ways to support their children. Many tried to provide a straightforward description of what had happened, but weren’t always sure about how much detail to provide. Some parents heeded the common advice to “follow the child’s lead,” and answered questions only if the child raised the issue. This was common in parents with younger children, who may have felt keenly the need to protect them from frightening information. Our clinical experience suggests that this approach is not necessarily helpful with children who are very good at sensing that certain topics make parents uncomfortable, and are therefore unlikely to ask questions even when they are worried or concerned about something. In trying to shield children, parents may have erred on the side of giving too little information to children who would likely be hearing about the events in other settings or from peers.

A majority of parents communicated the important ideas that the events were unusual, and that children were now safe. Some parents, usually of adolescents, also tried to use the situation as a “teachable moment” in which to emphasize the importance of personal safety and responsible behavior. Comments such as, “She is lucky that it didn’t happen to her; there are crazy people out there and you have to be careful,” raised the question of whether some parents, without meaning to, may have heightened their children’s sense of uncertainty in trying to “teach a lesson.” It can be hard to find the right balance between honesty about danger and a realistic need for caution on the one hand, and helping a child feel “safe enough” in the world, on the other.

Parents did not often feel the need to explain the events of the Marathon to high school–age adolescents. Many parents commented that teens were aware of what had happened before adults were, or that they watched the news coverage together, so there was “nothing to tell.” Yet, understanding that a crisis has occurred, and finding ways to make sense of what happened, are very different kinds of conversations. It seemed that sometimes parents assumed that if a teenager was aware of the facts, that was enough; others wanted to talk in greater depth with their teens, but struggled to find ways to do so.

**Understanding that a crisis has occurred, and finding ways to make sense of what happened, are very different kinds of conversations.**

Along with the slightly different concerns parents had about talking with younger vs. older children, we learned that parents of boys were a little less likely to initiate conversations about the Marathon events, and less able to describe ways in which they had supported them, than were parents of girls. This left us wondering whether parents assumed that their sons were less afraid, or found it harder to talk with their boys.

Striking to us was the fact that very few parents reported consulting books or online information about how to face these challenging conversations. Perhaps during an unexpected and emotionally upsetting time, people first look to each other for support and listen to the breaking news in the media. Hunting around for appropriate parenting materials may have seemed time-consuming and unlikely to address current, specific concerns.

**Now is the best time to familiarize yourself with the communication tools that you'll need when a crisis, big or small, impacts your child.**

With all this in mind, we set out to develop a handbook parents could look to in a time of crisis, or—ideally—in advance. We want to give you the tools to be your best, so that you feel confident when your child looks to you to help him make sense of all kinds of community events that may happen throughout his life. Now is the best time to

familiarize yourself with the communication tools that you'll need when a crisis, big or small, impacts your child. We hope that, after reading this handbook, you will be better prepared to support the emotional health of your own child or children, and maybe even serve as a resource for other parents and children in your community. Although we focus on parents, this guide is intended to help prepare any of the key adults in a child's life for conversations following unexpected crises and disasters.



# Trauma and Resilience

Every community crisis is a challenge, but not all stressful events result in trauma. Resilience is the capacity to face adversity and adapt. Being aware of ways to foster children’s healthy coping may help parents to support children more effectively during a crisis.

## **Stress vs. Trauma**

Although words such as “stress” and “trauma” are sometimes used interchangeably, it’s important to be clear about what each means. A *stress response* is a state of mental or emotional tension. Though we tend to think of stress as bad, some stress is necessary for healthy development. For example, a baby who wants a toy that she can’t reach may experience tension because she wants what she can’t get, but over time, this experience might help motivate her to learn to crawl toward the toy. In contrast, *traumas* are caused by more severe, or longer-lasting challenges, and can disrupt normal brain development and sometimes lead to consequences such as increased risk of disease and disability in adulthood.

Stressful events can have a significant impact on a child’s development without being traumatic—parents’ divorce, moving homes, or the loss of a friendship, for example. Stress or danger becomes traumatic when

a person experiences serious injury, is threatened with serious injury or death, witnesses the serious injury or death of someone else, or experiences a violation of personal physical integrity. Usually, the person feels terror, horror, and/or helplessness.

When people in a community experience a trauma together, such as a tornado or terrorist attack, they frequently are able to provide each other with support. This stands in contrast to the more-isolated experience of people who are victims of smaller-scale events, such as automobile accidents. Challenges to a child's adjustment also depend on whether the trauma was interpersonal (initiated by a person, such as a bombing) or not (such as a hurricane). The family stories in Part Two focus on community crises and disasters. We have not focused on chronic interpersonal trauma, like ongoing sexual abuse or domestic violence. When a caregiver is the cause of danger or pain for a child, the situation is even more complex and requires additional responses that are beyond the scope of this guide.

### **Same Stressor, Different Reactions**

The same stressful situation can cause different reactions in different people, depending on age, temperament, and prior experiences. For example, a child grieving the recent loss of a grandparent may have a very difficult time with a teacher's maternity leave in the middle of the school year and become anxious, whereas a classmate may be delighted to have a fresh start with a

**The same stressful situation can cause different reactions in different people, depending on age, temperament, and prior experiences.**

new teacher. A child's environment also affects his or her reactions to stressors. For example, in large-scale traumas, multiple systems can be affected at the same time; transportation, electricity, education, and medical systems may all be impacted for weeks after a hurricane. These ongoing disruptions do not impact every family equally, in part because of differing financial or neighborhood resources.

After any stressful event, parents need to understand what the child's individual experience of it was. What really stood out to the child at the time? What has particularly stayed in his memory? What parts were frightening, sad, or, possibly, exciting? A child's appraisal of how dangerous a situation was affects adjustment going forward. The following example helps illustrate how important it is to understand the child's perspective and not make any assumptions.

Billy is a five-year-old boy who was near the finish line at the Boston Marathon after the bombings. He heard adults nearby talking rapidly about the explosions, saying something about a "problem with transformers." He became terrified and was able to share with his mother that he was afraid the "Transformers"—giant alien robots—would be coming down the street to get him. Once he was reassured that this was not the case, he managed the rest of the chaotic scene with much less anxiety.

Even a distant event may feel close and personal to a child, perhaps because another child was injured or the setting is one that seems familiar. Children's reactions to traumatic stress include emotions, behaviors, and thoughts that change over time and may worsen when a child is faced with something that reminds him of the frightening experience. The following are possible emotional, behavioral, and cognitive reactions that children may have. Some children do not experience any of these reactions, while others experience some or even many of them. Being aware of these or other new symptoms in your child after a traumatic event is important, so that your child can get help when needed.

#### Possible emotional reactions

- fears about separation from family members, death, repeat of the trauma, strangers, monsters, animals, the dark
- irritability, anger
- easily startled, extra-energetic
- difficulty managing strong emotions, difficulty calming himself or herself
- “flat” emotions
- sadness

#### Possible behavioral reactions

- avoiding reminders of the trauma
- restlessness, poor concentration, hyper-alertness
- decline in school performance or school refusal
- peer conflict or withdrawal from peer interactions
- clinginess
- nightmares, difficulty falling or staying asleep
- headaches, stomachaches, or other physical complaints
- trauma themes in imaginative play
- risky behavior in teens

#### Possible cognitive reactions

- self-blame
- strong memory of events, or flashbacks

## Loss and Grief

Sometimes, a disaster or crisis results in loss of life. The death of a parent, caregiver, or family member presents uniquely painful challenges for a child and her surviving family members, further complicated by the other disruptions caused by the disaster. An in-depth discussion of children's grief is beyond the scope of this handbook, but the Resources section (p. 97) lists sources of additional information.

## Supporting Resilience

Resilience refers to an individual's ability to bounce back, or thrive, after experiencing adversity. For a child or teen, this involves continuing to achieve normal milestones despite the stressors involved in dealing with the adversity. However, it does not mean not reacting to, or being unaffected by, a challenge. For example, a resilient child will still be sad after the death of a friend, or anxious after an explosion, but she will resume school, interests, activities, and friendships, and will be able to reinvest emotional energy in these endeavors. Some disasters or major life crises can permanently alter the life of a child or family; resilience in these circumstances is living in the "new normal," and after a period of adjustment, engaging positively with new experiences as they arise.

**Resilience refers to an individual's ability to bounce back, or thrive, after experiencing adversity.**

A child's environment can make her resilient adjustment more, or less, likely. Some aspects, such as neighborhood safety and stable family finances, aren't easy to change. But parents do have some control over other aspects of a child's life that can improve the child's adjustment. Most important, connections to a caring social network—or even to just one adult who clearly "has the child's back"—helps a child cope with adversity. Parents play a role in supporting these relationships by encouraging children to participate consistently in age-appropriate activities. Educators, coaches, religious leaders, 4-H leaders, youth orchestra conductors, and others may get to know a child well. One or more of these adults might be someone to whom a child or teen could turn when feeling distressed, or may be the first to notice that a child is not acting like himself. And, they can help a child negotiate the uncertainty, emotional intensity, and stress of a challenge in healthy ways.

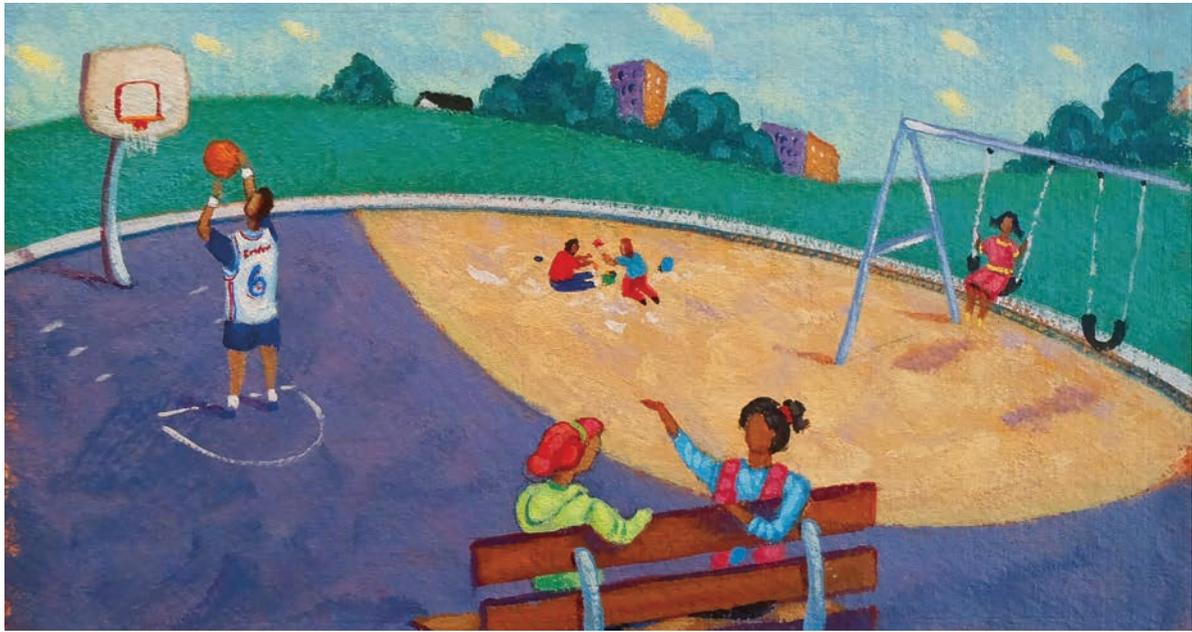
Regular routines and predictable schedules at times of uncertainty help a child feel more secure, and can also support his healthy adjustment to a challenge. Children benefit from knowing what to expect, including who will be with them at mealtimes, after school, and at bedtime. Time with a parent, who is loving and interested in a child's daily activities, enables conversations of all kinds that help her feel more connected, and therefore, more secure. For more information on resilience, see the Resources section under "Resilience," p. 97.

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## Communities with Chronic Stressors

The crises illustrated in this handbook are sudden events that disrupt a child's or teenager's pre-existing sense of safety and security. Ideally, all children and teens would feel safe in their communities, but we know this is not a reality. In neighborhoods or cities in which violence and insecurity are chronic challenges, children and teens will be at greater risk for feelings of anxiety and hopelessness in the aftermath of a disaster or crisis. They may see the recent event as further evidence that there is little hope for the future. Older children and teens who live in chronically stressful environments will need acknowledgment of past losses and ongoing dangers in their community, along with promises of a renewed commitment to collaborative approaches, by parents and other community members, to increase local safety and support. It will be especially helpful to children to identify places, activities, and caring adults at school or in after-school settings (such as Boys & Girls Clubs, sports activities, faith communities) that will help them feel safe and connected.

**In neighborhoods in which violence and insecurity are chronic challenges, children and teens will be at greater risk for feelings of anxiety or hopelessness in the aftermath of a disaster or crisis.**



## Coping at Different Ages

Stressful events may impact children of different ages in different ways, because developmental stage affects how a child thinks about a crisis, manages emotions, and reacts to the social and academic demands in his life. Aspects of a child’s temperament, or consistent ways of responding to the world, such as flexibility, intensity, or calmness at “baseline,” may also affect adaptation in the face of adversity. For example, some children are slow to warm up in a new situation, while others engage quickly. Some easily adapt to a change in daily routine due to a crisis, while others have greater difficulty re-establishing a daily rhythm. Some children create a sense of security by playing quietly, while others thrive on physical activity in the face of disruption. Recalling your child’s unique reactions to stressful circumstances in the past can help you anticipate what these reactions may look like in a current crisis. For instance, knowing that your school-age daughter appears angry and even aggressive when she’s anxious may help you respond with more patience after she stomps off to her room and slams her door after being reminded of a community tragedy.

## Infants and Toddlers (0–3 years)

During and after a crisis, babies and toddlers will be most affected by changes in routine and in the mood or attentiveness of the adults who care for them. Temperament is especially noticeable in these early months of life: some children adapt easily to changes in routine, and others exhibit greater distress in response to the same changes. Though children at this stage cannot understand more than simple spoken language, they are attuned to the tone of voice and the nonverbal communication surrounding them. Babies and toddlers can be irritable and fussy when caregivers are stressed, or can revert to fussy eating or awakening more often at night.

In spite of your best efforts, the regular schedule at home may be altered in times of crisis. It is very helpful for young children to have these routines restored as soon as possible. Conveying a sense of calm (despite what you may be feeling inside) during time spent with your very young child will help him or her return to typical mood and behaviors.

Children of any age can be challenging to care for when you are emotionally depleted in the aftermath of a crisis, but infants and toddlers, who require near-constant supervision, may be particularly taxing. This is an important time to reach out for support if you have access to potential helpers.

Sometimes, in the wake of a disaster, spending time with young children who do not have the capacity to understand the magnitude of an event or its long-term consequences can be a welcome break from the distress and helplessness that adults and older children may be feeling. Indeed, the sheer innocence of babies and toddlers can be a source of playfulness and hope.

## Preschoolers (3–6 years)

A preschooler, who relies on regular daily routines and consistent rules and reactions from caregivers for a sense of security, understands a crisis via the ways it affects him directly. He does not yet have the capacity to think about the troubling events from another person's perspective. A preschooler almost always wants to be the focus of a parent's attention, but during times of uncertainty or disruption this is especially true. Because preschoolers often feel they are the cause of the changes around them, when parents seem sad or angry, children are likely to imagine that their behavior led to parents' distress. Also, when a bad thing happens to someone with whom a child is angry, it can elicit guilt and feel to the child as if she made the bad thing happen. These factors may evoke an array of behaviors in preschoolers, such as more clinginess and anxiety about separations, bedwetting, or more-frequent aggressive and defiant behavior.

Preschoolers will benefit from simple explanations about what has occurred and how it affects them. When you can, choose quiet, cozy places to talk with your child. Sit close together or have your child on your lap. Provide a short and clear reason for why there are so many visitors at the house, for example, or why preschool was cancelled for the day, or why it is not possible to have

a playdate with a particular friend. Simple language that names what happened (for example, there was a car accident or an ice storm), and tells why it is interfering with the child's and family's regular schedule, will help reduce the preschooler's confusion and tendency to feel responsible.

The more concrete you can be with explanations, the better. For example, you can help preschoolers understand that danger is not nearby by saying how long it would take to drive to the location of the event. Clarifying what affects the family directly and what does not is also important. For example, "The ice storm knocked down Carter's family's electric power line, but not ours. His house will not have electricity for his mom to cook their dinner tonight, so they are coming to our house for dinner." For some children this will be enough explanation, while others will have additional questions. For example, you might respond to the question, "Will Carter's family get electricity again?" with, "Yes, the power company will work every day until the power lines are working again for Carter's family and others without electricity."

Preschoolers often have questions that seem tangential to an adult, and it is useful to listen for the emotion behind the questions. When a child's questions have the tone of her typical chattiness and curiosity, this is a positive sign. When there seems to be pressure or distress behind the questioning, a parent may want to work harder to tease out what worry may underlie the questions so that the worry can be addressed.

Even young children may benefit from finding a way to help in a crisis. For example, you might ask your child, "Would you like to pick out some toys Carter might like for the two of you to play with together?" or "Do you think Carter and his family would like cookies or frozen yogurt for dessert?"

**Though preparing your child for an unwelcome change may lead to protests and distress, it is better than leaving him to be surprised by a change.**

If your child's schedule and routine change following the disaster, it is good to talk about this with him. Though preparing your child for an unwelcome change may lead to protests and distress, it is better than leaving him to be surprised by a change, and to continue to fear that other unexpected events will keep popping up. For instance, you might say, "While Daddy and Mike are in the hospital, Aunt Jen and Grandma will be your special babysitters after school. I need to be at the hospital during dinnertime today, but I plan to come home in time to read you a bedtime story tonight." Building in appropriate choices can help a child feel less helpless, too. "Can you pick out two books that we can read after your bath tonight?"

Preschoolers may imagine that disasters unfolding on the other side of the world are actually occurring nearby, or may imagine that the continuous replay of footage of disasters on TV represents new or ongoing disaster events. Children can also be easily confused by fictionalized representations of events on TV, and may think these are real occurrences. Preschoolers have little

ability to self-calm and are easily startled, so monitoring their exposure to these images is critical. Checking in regularly to find out what a young child has understood is very important. Young children may find it easier to communicate about frightening events using toys such as stuffed animals, blocks, or cars. They might show you, rather than tell you, what they think happened. It is easy to be unaware of a child's misconceptions; you can gather helpful information by encouraging adults in your child's life to share with you what they hear from your child about events. If your child will be spending time with another child, talk to the other child's parent to learn what has been communicated at their home, and to share what you have discussed with your child.

### **Elementary School–Age Children (7–12 years)**

Elementary school–age children are learning a variety of new skills—academic, athletic, artistic, and social—and spending more time with different adults at school and in after-school activities, as well as with friends' parents. As their horizons expand, these children are likely to have more points of communication about troubling events through these new connections, and parents tend to be less aware of these interactions. For instance, it is much harder for the parent of a 10-year-old to know what that child has heard about a local or distant event than it is for the parent of a 4-year-old. Regularly inviting children to share what they have heard on TV, from friends, or from other adults is essential. Assume that, when they are around, children this age are overhearing much of what is being said about a crisis, and inquire specifically about any adult conversations to which they have paid attention. Keep in mind that they may be hearing conversations between adults outside of your family, which can lead to confusion and unaddressed worries.

**Assume that, when they are around, children are overhearing much of what is being said about a crisis.**

Seven-to-twelve-year-old children expect that the world will be predictable and fair, and that people will get what they deserve. For example, a child may learn rules, such as “wear a seatbelt” and “do not ride in a car with a driver who has been drinking alcohol,” because these are unsafe behaviors that cause accidents and injuries. This child is then likely to expect that a seatbelt-wearing person in a car with a sober driver will be safe. When a tragic motor vehicle accident that does not follow this perceived “rule” occurs, and affects someone in the child's life, it may feel particularly unpredictable and upsetting. The child's whole world may seem suddenly scarier and more out of control, thus affecting the child's overall sense of security.

All kinds of events can seem “not fair,” and therefore confusing to children—from receiving the smallest brownie, to having a nonsmoking parent diagnosed with cancer, to having a “nice” teacher slip and break a leg while a “mean” teacher avoided the accident. When children believe that a bad outcome is unfair, they may feel they are to blame because of something they did or failed to do. For example, a child might worry that her father's irritation at having to ask her several times

to clean up the family room caused him to be careless on the road, leading to an automobile accident. Another might share concern that he is “not praying hard enough” for a parent’s recovery, or that a sibling is not. If a child blames another person for a crisis or accident, he may experience revenge fantasies that punish the wrong-doer and help restore a sense of fairness. Usually these remain safely in the child’s imagination or are expressed through play or artwork; if a child shows signs of acting on these fantasies, professional support is needed.

Elementary school-age children may ask challenging questions about the unpredictability or unfairness of community crises; for example, why was one house safe during a tornado and another destroyed? Why do bad things happen to nice people?

**It is usually best to be honest about life’s uncertainties while underscoring that you feel safe and feel your child is safe.**

Children look to parents to help them understand why such events occur. Underlying many of these questions is the concern that if this bad thing happened to one person, how can the child feel confident that another person close to her—or even the child herself—will not also be affected? And, like many adults, children may be even more upset about an intentional action that

harms others. Why would a person purposely hurt so many other people? It’s not easy to answer such questions or provide satisfying reassurance, but it is usually best to be honest about life’s uncertainties while underscoring that you feel safe and feel your child is safe. It may help to identify the things you do, and that your child can do, to increase safety or health, as well as to explain in concrete terms how unlikely a feared event really is. Mentioning examples of the many ways people help and support each other, and modeling that you are hopeful about the future, can also help restore a sense of security.

### **Teenagers (13–19 years)**

Teenagers can think abstractly, which means they can consider thoughts, theories, and emotions beyond the specific events associated with a crisis. For instance, they can imagine how a tragedy is experienced from the vantage point of individuals on all sides of the troubling event. However, their behavior often seems at odds with this theoretical understanding, which can be frustrating and confusing to parents. For example, a teen may one day discuss how a younger sibling needs to be protected from witnessing overwhelming television imagery, and then the next day watch such coverage with the younger child in the same room. Expecting your teenager to be understanding about circumstances that affect the family as a result of a crisis at some moments, but also, to be moody and self-absorbed at other times, may help you respond with less irritation—which, in turn, can help your teen to maintain emotional equilibrium.

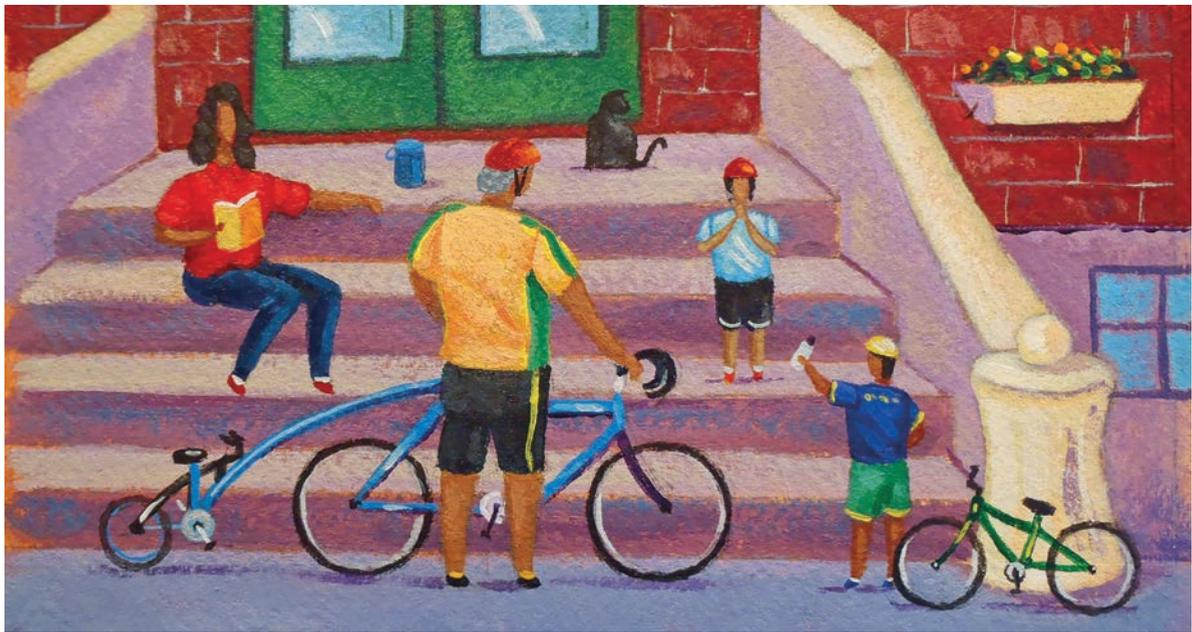
Teenagers are striving to find a balance between emerging independence and continued dependence on key adults, such as parents. Much of the communication that occurs between teens, whether by face-to-face or phone conversation, texting, or Tweeting, will happen without parental awareness.

In the aftermath of a disaster, a teen's peer group plays a critical role in how the teen learns about events, and in the meaning-making that follows.

Teens are especially sensitive to nonverbal communication from parents. Further, they typically feel their own emotions intensely, and often experience an adult response as more emotionally intense than the adult perceives it to be. The challenges facing parents at times of crisis can easily lead to distress that may be either related or unrelated to the teen. It's helpful to be aware of any nonverbal messages that may inadvertently shut down communication with your teen at these times. It is especially important during and after crises to find out what your teen may be thinking, from whom he or she has been getting information, and what her or his emotional responses to the crisis are. Parents should not imagine that because teens have easy access to information, they can easily integrate that information into a balanced worldview or coherent understanding of the crisis.

**Parents should not imagine that because teens have easy access to information, they can easily integrate that information into a balanced worldview or coherent understanding of the crisis.**

Teens may have powerful reactions to an event, or may have friends who are very distressed or at risk in the wake of the disaster. Encourage your teen to share the reactions of friends as well as her own. It may help to ask a teen if he or she wants you to share thoughts or just listen quietly. If you sense or hear that your child or a peer is not safe, then listening alone is not enough. But otherwise, listening, and giving your teen time to bring together many perspectives and arrive at some independent meaning, can be a step in building lifelong coping skills.



## Caring for Yourself and Your Family

A tragic event affects everyone in a family. Parents and family caregivers will experience their own intense feelings that may feel unfamiliar or overwhelming, and may ignore their own emotional and physical distress. However, self-care is essential for maintaining stamina and coping with the impact of the event over time. Taking care of oneself is another way of taking care of one's children, and practicing self-care activities models for children an important part of coping.

Just as your child or teen should not be allowed to worry or struggle alone, neither should you or the other loving adults in your child's life. When anyone in your family feels overwhelmed, it is essential to seek help.

## Staying Calm and Connected

The National Child Traumatic Stress Network and National Center for PTSD offer a set of recommendations known as “Psychological First Aid” for mental health providers and emergency workers. These strategies—designed to reduce the initial distress caused by traumatic events and to foster healthy coping over time—may help focus parents’ efforts to care for themselves and children in the early days after a crisis. Four key points include attending to:

- **Safety:** for example, share clear messages about current risk; monitor media reports and address misinformation; find ways to make the physical environment more comfortable; focus on actions that are active, practical, and familiar
- **Calming:** for example, identify coping skills used in past that can help family members feel calmer; get back to routines; do familiar activities; have a comfort object for a child on hand
- **Connectedness:** for example, reconnect with loved ones or with people nearby in similar circumstances; make sure children know who their support people are and provide phone numbers of these people
- **Hope:** try to focus on positive expectations that things will work out as best they can in the next hour, day, or week, even if people feel overwhelmed

It is important to note that these ideas are recommended over an earlier approach called “debriefing,” which involved talking in depth about details of the events and reactions to what happened, often in a group setting. This type of debriefing discussion has been found to increase symptoms in the time after a crisis, contrary to expectations.

## Self-Care Is Not Selfish

As time passes and the strain of caring for others takes a toll, your ability to continue to care for yourself is a powerful antidote to feeling helpless and overwhelmed. Although parents commonly describe feeling selfish by taking time to care for themselves, remember that you are the raft on which your children support themselves—if you sink, so do they.

Self-care doesn’t have to be expensive or time-consuming; consider these basic ideas:

- Stay connected by talking with someone about difficult thoughts and feelings. If a friend or family member is unavailable, consider a professional mental health provider. When anyone feels helpless, hopeless, or overwhelmed it is essential to seek help from a medical or mental health professional.
- Eat nutritious food, drink plenty of liquids, and be mindful of sugar and alcohol intake.
- Maintain physical activity and get adequate sleep.

- Try mindfulness meditation, spiritual practices, or yoga to reduce stress.
- Make time for fun and pleasurable activities: having something to look forward to can help you get through tough days.
- Carve out quiet time for yourself.

## Seeking Professional Help

Sometimes, despite your best efforts to communicate with and support your child in different settings, he or she may continue to experience significant distress after a crisis. Or, you may feel that *you* need some additional support. Professional help may be the best next step.

### WHEN TO SEEK HELP

Professional help should be considered if the following types of changes are noticed and last more than two to three weeks, or interfere with a child's day-to-day functioning (for example, make it difficult to go to school or engage in friendships or activities):

- a child feels sad, unmotivated, angry, irritable, anxious, or worried for much of the day
- changes in sleep, appetite, and/or energy level occur
- a child startles easily, has a hard time concentrating, or feels “numb”
- a child shows continued avoidance of situations, places, or things that are reminders of the crisis
- risky behaviors begin or increase (e.g., reckless driving, drug or alcohol use, breaking curfew, and/or self-harming behaviors such as cutting)
- an adolescent feels he is “going crazy”
- a child talks about wanting to die, or to be with a friend or family member who has died; in this case, an immediate evaluation is needed

Even after the death of a family member, not every child needs therapy. However, we recommend a low threshold for seeking help if a child has experienced a loss, particularly in the context of other ongoing stresses for the family. Also, if a child asks for help or suggests counseling, it is important to pay attention, as this is an unusual request.

### WHERE TO FIND HELP

Help is available from a variety of sources. School-based resources, including guidance counselors, school social workers and psychologists, and school nurses, are usually easy to access during the school year. Even if your child does not want to meet formally with a school counselor, consider

making someone at school aware of your child's struggles, and creating a plan for your child to be quickly excused from the classroom for a break if she becomes distressed during the day.

Some children prefer to meet with a therapist outside of school, sometimes to maintain a feeling of normalcy during the school day and to avoid triggering difficult feelings. Your child's pediatrician may be able to provide names of local therapists who work with children. Friends, family, or clergy members may also have suggestions. Many insurance companies maintain mental health provider lists through the mental health/behavioral health benefits section of their websites. These are frequently searchable by zip code and populations served (for example, children, teens, people living with depression, grief, or traumatic experiences, etc.).

Websites can also be good resources for finding therapists, particularly those managed by national professional organizations for therapists. As with any professional service found online, it is important to check the person's credentials; some websites do independently confirm that a license is in good standing. Some websites that list many types of licensed therapists are included in the Resources section at the end of Part Two.

**Even if your child does not want to meet formally with a school counselor, consider making someone at school aware of your child's struggles.**

## **HOW DOES THERAPY HELP?**

There are many types of therapy; some have been shown to be particularly effective in treating symptoms of post-traumatic stress. The National Child Traumatic Stress Network website describes a number of evidence-based treatments and the populations they target. [See the Resources section for the website URL, p. 97.] Many of these have core components in common, including a focus on helping children:

- understand the trauma, and put it in perspective (sometimes this is called creating a “trauma narrative”)
- connect thoughts, feelings, and behaviors
- label and clarify feelings
- learn positive coping skills (e.g., social support)
- learn skills for managing difficult feelings (e.g., breathing, relaxation)
- identify trauma and loss reminders, and strategies for managing them
- become desensitized to upsetting images or thoughts (often through gradual exposure)
- talk back to mistakes in thinking (e.g., feeling overly responsible), which helps decrease guilt

As parents, you also play an important role in therapy. You may help your child with therapy “homework,” and practicing new skills. You may learn new ways to support family relationships, and, perhaps most important, to support your child’s ability to be hopeful about the future.

### TALKING ABOUT THERAPY WITH YOUR CHILD

Sometimes children resist the idea of meeting with a counselor. They may worry that anyone who sees a therapist is “crazy” or has “something wrong with them,” or may feel uncertain about what to expect and just find it easier to refuse counseling. Parents can sometimes help a child feel more comfortable trying therapy with these ideas:

- Let your child know that you will join him for the first session or two, if that would make him feel better.
- For older children and adolescents, let them know that they have the option to meet without you.
- Some children welcome the idea of having a place to talk about their thoughts and feelings about challenging situations. Others dread having to talk about feelings. Describing therapy as more like a coaching session to learn to manage upsetting thoughts better might be more appealing to these children.
- Let your child know you don’t think she’s done anything wrong, but that you are concerned about changes you’ve noticed, and want to help her. It’s common after living through a disaster or trauma to need some help and there’s nothing wrong with seeking it.

### Accessing School Support

School plays such an important role in the lives of children and teenagers that for many, it is a second home. Educators (classroom teachers, school psychologists and guidance counselors, nurses, principals, etc.) are well-positioned to support students’ coping during a time of crisis

**School plays such an important role in the lives of children and teenagers that for many, it is a second home.**

and to identify individual students who are struggling in the aftermath. For some children, the structure of school is stabilizing, and returning quickly to a regular academic routine is most helpful. Other children—such as those who have a history of anxiety, depression, and/or behavioral or attention disorders—may be especially vulnerable to the stress of community crises, and may exhibit new symptoms or a return of previous symptoms.

Children who have a history of exposure to trauma may be more vulnerable to a new crisis, and may benefit from individualized support and monitoring during and after the crisis to support their positive academic and social experience.

Sorting out children's differing needs and deciding how to manage these differences, once identified, requires open communication—among staff members, and between parents and educators. Parents can assist educators by regularly talking to them about how their children are doing. Educators and parents can brainstorm together about the best ways to be in touch and collaboratively support these children. Middle school and high school students present a special challenge because they have many teachers, so a pervasive change in mood, behavior, and school performance may not be as apparent to any individual teacher. For this reason, it works best if there is a plan in place to coordinate information from all of a student's teachers to ensure that an "at risk" teen does not go unnoticed.

**Parents can assist educators by regularly talking to them about how their children are doing.**

### **COMMUNICATING WITH SCHOOLS: A TWO-WAY STREET**

The following tips for parents may be helpful as children return to school after a community crisis:

- Find out which kind of communication your child's school prefers, and use that when contacting the school. Educators are caring for many children at once, so anything you can do to facilitate easy communication will be appreciated.
- Provide your child's teacher and other educators with ongoing information about how your child is coping at home. Be open to hearing that they are seeing the same behavior, *or that they're not*. It is common for children to behave differently in different settings.
- Avoid having unguarded discussions about the crisis and its impact with school staff in front of your child. Children are able to sense your emotions and those of their teachers. If your child is present, be mindful of the ways you are speaking about the troubling events and involve your child appropriately in the conversation.
- Encourage school administration to share with parents in a timely way how the school is responding to the crisis. Are there school assemblies? Are teachers leading classroom discussions? It will be easier to talk with your child about their reactions to the school day if you know some of these specifics.
- Let the school know how your child responds to the school's efforts to support students. In particular, share the things you appreciate about their response and what is going well.

## About the Authors

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# Community Crises and Disasters

A Parent's Guide to Talking with Children of All Ages

Cynthia W. Moore, PhD and Paula K. Rauch, MD

As much as we might wish that children could grow up in a world free from disasters and crises, at some point, all families are faced with unexpected and upsetting situations. At these times, children and teenagers rely on parents and other trusted adults to help them make sense of what has happened, and parents respond in ways they hope will support children's emotional health and resilience. This isn't easy—it can be difficult both to help children feel safe when parents themselves are uncertain, and to know how much to tell children about upsetting events and what to say, especially when children of different ages are living at home.

*Community Crises and Disasters: A Parent's Guide to Talking with Children of All Ages* is designed as a resource that parents can turn to in a time of crisis, or ideally, in advance of a crisis. It provides practical information about children's reactions, and ideas about how to support their healthy coping. Stories of three families facing different types of crises illustrate these ideas, and provide a starting point for discussions about supporting children. In addition, detailed suggestions about how to talk with children after a crisis or disaster, with tips for different age groups, accompany each story.

MARJORIE E. KORFF PACT PROGRAM

# PACT

Parenting At a Challenging Time

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The Clay Center for Young Healthy Minds  
Developing Resilience through Engagement, Awareness and Media

