

Believing in Kids & Families Counseling Group

Fall 2005 Newsletter – Disaster Resolution

Coping With Tragedy, The Process of “Making Sense”

Believing in Kids & Families distributed a newsletter in the Fall 2001 concerning the impact of disaster upon children, adolescents, and families (the original newsletter is enclosed).

Four years later, as a nation we are dealing with what is considered a natural disaster. The National Child Traumatic Stress Network (www.nctsn.org) defines disaster types. A natural or man-made disaster is defined as “any natural catastrophe, such as a tornado, hurricane, or earthquake.” It is now and will be to come for several months and potentially years a time of enormous change for hundreds of thousands devastated by Hurricane Katrina.

There are dates in time which you just know at a core level are significant when they occur—the day JFK was shot, when the spaceship Challenger went down, and when Hurricane Katrina hit. Even September 11th, 2001 is remembered as 9/11.

When there is so much occurring and happening to people at one time, how do they and how do those of us witnessing such tragedy make sense of something that doesn't have much logic to it. Survivors of natural and man-made disasters (i.e., terrorism) grapple with tremendous losses. (Visit the BIKAF web site for newsletter on grief and loss.)

For several people and families it becomes a challenge of rebuilding lives. The aftermath of disasters often have these reverberating shock waves. The initial wave is to ensure one's own safety and those of their loved ones, including pets. Following surviving the disaster, people need support and information. The world as they knew it is now no longer. People have a wide range of emotions, including anger, anxiety, sadness, depression, guilt and denial—all typical after traumatic events.

It can be as devastating to witness through recounted,

media coverage of disasters. How many of us have the image of the twin towers collapsing in our memories four years later? Here are images showing human devastation and we can't physically go and do anything. Watching these images can leave children, teens, and adults with an overall lacking in empowerment.

There are truly only so many times one should be watching an event. The result of these images is individuals feel helpless and hopeless about a situation. Having discussion, crying if a person feels moved to do so are better responses than watching what is or is not occurring with the recovery efforts after any natural disaster, particularly *Hurricane Katrina*. The remainder of this newsletter will address understanding and coping with the events of a natural disaster.

Resource: Stenson, Jacqueline. 2005, September 18. MSNBC, In coping with Katrina, what's normal?



Believing in Kids & Families
Creating relationships that last!

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Believing in Kids
& Families
Counseling
Group

Come join us for
our Open House:

November
14, 2005
@ 9:00 am

5574 South
Prince Street
Suite 11
Littleton, CO
80120

Stop by for food
and conversation.

Understanding the Impact of a Natural Disaster on Children and Adolescents

The natural disaster of hurricane Katrina on August 29th has changed the lives of millions of people, many of whom were children. The lives of these children and adolescents were forever changed as Hurricane Katrina slammed into New Orleans and the Gulf Coast. The trauma and loss experienced by those hit by the

storm has truly only begun to be known. Among those most affected by this disaster are the children and adolescents. Children and teens are far more vulnerable to traumatic events than adults and thus, are at a greater risk for emotional, social and mental health problems.

Surviving the devastation of

Katrina is life changing. Experience matters because experience changes the brain – Experience changes children – Children's experiences (and our response to them) change society.

Trauma alters neurodevelopment, literally the brain and body change in response to the prolonged alarm reac-

Understanding the Impact of a Natural Disaster on Children and Adolescents—

tion. These changes can include:

- Altered cardiovascular regulation
- Behavioral impulsivity
- Increased anxiety
- Increased startle response
- Sleep abnormalities
- Altered cognition and perception

Children and Trauma

Trauma comes in various forms in varying intensities. No two children will respond to the same trauma in the same way. Children exposed to trauma may react in a variety of ways:

- Aggressive behavior
- Staring episodes
- Sleep disturbances
- Difficulty concentrating
- Exaggerated startle response
- Irritability
- Outbursts of anger
- Hypervigilance
- Restricted range of emotion

Several factors contribute to the development of Post Traumatic Stress Disorder (PTSD):

- Nature of the trauma
- Developmental age at the time of the trauma and duration of the threat
- Frequency of the threat
- Presence of post-traumatic support from family and community

The number of traumatized children with PTSD prior to this disaster exceeded the total number of adult combat veterans who developed PTSD during the ten years of war in Vietnam. Imagine how that number has increased since Hurricane Katrina.

Recognizing Trauma in the Classroom

Traumatized children have a set of problems in the classroom, including:

- Difficulty attending to the teacher (paying attention)
- Problems processing information
- Trouble storing and retrieving information
- Difficulty acting on their experiences in an age-appropriate man-

ner

- They may be jumpy or fidgety or have trouble staying in their chair (hypervigilance)

Post Traumatic Stress Disorder (PTSD) and Attention Deficient Hyperactivity Disorder (ADHD) can present in similar ways:

- Children with PTSD are commonly misdiagnosed with ADHD
- Medication used to treat ADHD may exacerbate symptoms of PTSD

You can donate to the American Red Cross, particularly cash donations. Call 1-800-435-7669 or visit www.redcross.org.

What Should You as an Educator Know?

Understand those things that will increase the alarm state in traumatized children/adolescents:

- External stressors
- Impending harm
- Complex tasks overwhelming stimuli (things that are confusing, multiple sensory inputs)
- Atmosphere of fear
- Internal stressors
- Exhaustion, infection, illness
- Pain (acute or chronic)
- Sleep deprivation
- Physiological states (i.e., hungry, tired, thirsty)
- Thinking about emotional/traumatic events
- Psychoactive medications
- Remember the child or adolescent's chronological age may not match their emotional, cognitive or social "age"
- Be aware that traumatized children/adolescents may learn differently and be prepared to provide information in alternative ways
- On IQ testing done by the Child Trauma Academy and others in clinical settings, traumatized children/adolescents were found to have a split in their verbal and per-

formance scores

- These children/adolescents scored higher in areas of non-verbal questions/tasks

What Can Educators Do to Help?

- Be aware (as much as possible) of what is going on in the lives of your students
- Be interested
- Ask questions
- Be available
- Show you care and are interested with more than your words (non-verbal is just as important as what you say)
- Try to understand the child's behaviors before implementing punishment or consequences
- Be consistent, predictable and repetitive
- Model and teach appropriate social behaviors
- Listen to and talk to these children
- Pay attention to the non-verbal language of children in your classroom
- Discuss your expectations for behavior and your "style of discipline" with the child
- Have realistic expectations of the child
- Be patient with the child's progress and praise their accomplishments

Article written by Bruce D. Perry, M.D., Ph.D. & Christine Dobson, Ph.D., LMSW

Please feel free to distribute this article to anyone you feel may benefit from it. For more detailed information about helping traumatized children or children dealing with traumatic death please visit the Child Trauma Academy web site for additional resources (<http://www.childtrauma.org>). Retrieved September 18, 2005, from <http://www.childtrauma.org>.

These special resources created for the children of Katrina are generously supported by the Greater Houston Community Foundation's Richard Weekley Family Fund.

Coping After a Crisis Situation

The American Counseling Association recommends 5 ways that you can cope after a crisis situation:

- Recognize your own feelings about the situation and talk to others about your fears. Know that these feelings are a normal response to an abnormal situation.
- Be willing to listen to family and friends who have been affected and encourage them to seek counseling

if necessary.

- Be patient with people; fuses are short when dealing with crises and others may be feeling as much

Recognize your own feelings about the situation and talk to others about your fears.

stress as you.

- Recognize normal crises reactions,

such as sleep disturbances and nightmares, withdrawal, reverting to childhood behaviors and trouble focusing on work or school.

- Take time with your children, spouse, life partner, friends and co-workers to do something you enjoy.

Resource: American Counseling Association. (2005) www.counseling.org. Retrieved September 18, 2005.

Helping Children & Teenagers Cope with Trauma

According to the American Counseling Association, after any disaster, children are most afraid that the event will recur, that they or someone they love will be hurt or killed, that they may be separated from those they love and be left alone. Here are ways that you can help children cope with trauma:

1. Children under the age of 6 should not be exposed to the TV videotape coverage of a disaster, and the viewing time allowed to older children needs to be limited.
2. Allow children to express their feelings about what has happened and share your feelings with them. The child may do regressive play (i.e., thumb-sucking, night wakings, and bed wetting) may occur in response to the traumatic event. Do not punish or scold the child for the behavior, but instead try to help him or her put their feelings into words.
3. Reassure children that they are now safe and that they are loved.
4. Be honest with children about what has occurred and provide facts at a developmentally appropriate level about what has happened. Children usually know when something is being sugar-coated.
5. Try to return yourself, your children, and your family to as typical a routine as possible. This helps provide a sense of security and safety.
6. Spend extra time with your child, especially doing something fun or relaxing for both of you.

Spend time talking to children and teenagers, letting them know it is okay to ask questions and to share their worries.

Key Elements of a Safe Healing Environment

Information
Predictability
Structure
Patience
Compassion
Physical Activity
Productivity
Hope

*Resource: Dr. Bruce Perry
www.childtrauma.org*

7. Remember the importance of touch. A hug can reassure children that they are loved.
8. Review family safety procedures so children will feel prepared the next time an emergency situation occurs.
9. Talk with teachers, baby-sitters, daycare providers and others who may be with children so they understand how the child has been affected.
10. Watch for signs of repetitive play in which children re-enact all or part of the disaster. Although excessive re-enactment of a traumatic experience may be a warning sign, this behavior is an appropriate form of expression of

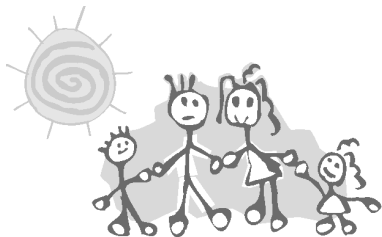
emotions. Encourage a child who is not able to articulate or express their feelings to color, draw or paint.

11. Provide encouragement and reassure children that their feelings are typical in response to what he or she has experienced.

Resource: American Counseling Association. (2005) www.counseling.org. Retrieved September 18, 2005.

Resources on the Internet for caregivers, childcare providers, parents, teachers, law enforcement, child protection workers, social workers, judges, nurses, pediatricians, and mental health service providers, and all other professionals working with children & teenagers:

- American Counseling Association. www.counseling.org
- National Child Traumatic Stress Network. www.nctsn.org
- Scholastic News Online. www.scholastic.com
- The ChildTrauma Academy. www.ChildTrauma.org
- National Mental Health Information Center. www.mentalhealth.samhsa.gov
- FEMA for Kids. www.fema.gov/kids
- National Institute of Mental Health. www.nimh.nih.gov
- Department of Health and Human Services, Centers for Disease Control and Prevention. www.bt.cdc.gov/disasters



Believing in Kids & Families

*Helping People Lead
Peaceful & Enjoyable Lives*

PO Box 784
Littleton, CO 80160

Phone:
303-794-7008

Fax:
303-794-7028

Web Site:
www.bikaf.com

Email:
Bikafcounseling@aol.com

Serving Historic Downtown Littleton & Surrounding Areas Since 2001.
5574 South Prince Street, Suite 11 Littleton, CO 80120

About Believing in Kids & Families...

Believing in Kids and Families is a counseling group practice located in historic downtown Littleton. The practice was established in May 2001 with the goal of helping children, teens, adults, couples, and families rediscover their strengths so they may enjoy peaceful living through improved personal relationships.

THE THERAPIST OF BELIEVING IN KIDS & FAMILIES COUNSELING GROUP ARE:



Sue E. Coffey is a Licensed Clinical Social Worker. She earned her Master of Social Work in 1993 and her Master of Psychology in 1999. Sue has worked with children, teens, couples, and families providing direct care and counseling services. Her experience in helping people spans 13 years in a variety of settings. She has worked with multicultural groups of people from varying life stages. These experiences permit Sue to conceptualize situations and circumstances in a variety of ways, as well as assist people in accessing resources. She utilizes a nonjudgmental and compassionate approach with those she works.



Mark Grebener is a Licensed Clinical Social Worker. He earned his Master of Social Work from Loyola University Chicago. Mark has a wide range of experience working with people that have depression issues, anxiety concerns, substance abuse and relationship problems. He takes a relational approach and an in-depth perspective to treat the problems and issues of those he works with. He provides individual, group, family and couples therapy. Mark has led and developed family programs, men's groups, anger management groups, sand-tray groups, parent consultation concerning fatherhood and cognitive behavioral groups.



Katherine "Lita" Phillips has a Master of Counseling Psychology. She uses a nonjudgmental compassion and kindness in her meetings with clients. Creative therapeutic techniques encourage a safe exploration of emotional complexities with families, children, adolescents, and adults. She specializes in trauma resolution, abuse recovery, grief and loss resolution, at-risk behavior concerns, and parenting challenges. Lita also is available as an educational advocate to help navigate the complexities of school systems in order to increase academic success. Lita's advocacy and genuine interest in people from all walks of life allows her to implement her belief in the therapeutic process as a vehicle for health, wholeness, and choice. This ability has been developed through her 23 years as a teacher and six years as a therapist to high-risk juveniles, children with illnesses, and families with multiple challenges. She earned her degree from Naropa University in 2000.