

# Community Crises and Disasters

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



# Community Crises and Disasters

A Parent's Guide to  
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).

© 2015 Cynthia W. Moore and Paula K. Rauch

Marjorie E. Korff Parenting At a Challenging Time Program  
Massachusetts General Hospital  
55 Fruit Street  
Boston, MA 02114

ISBN 978-0-692-38362-9

Project Management: David Gerratt

Design: David Gerratt ([NonprofitDesign.com](http://NonprofitDesign.com))

Editing: Debra Simes ([Wordslinger.net](http://Wordslinger.net))

Illustration: John Berry

Printing: Recycled Paper Printing, Boston, MA



# 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

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

“new normal,” and after a period of adjustment, engaging positively with new experiences as they arise.

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 sup-

porting 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.

## 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.**