



Chapter Eight: Impact of Grief, Loss, and Trauma

I. Lesson Plan

- A. Purpose: To learn about the unique issues impacting military families—particularly children and youth—and to identify behavioral and emotional reactions associated with grief, loss, and trauma.
- B. Objectives:
 - 1. Understand general child and youth reactions to grief, loss, and trauma at various developmental stages.
 - 2. Identify academic, behavioral, emotional, social, physical, and spiritual impact of grief, loss, and trauma on youth.
 - 3. Identify adult strategies to provide support and assistance.
- C. Time: 120 minutes
- D. Preparation/Materials Needed:
 - ✪ Easel, flip chart, markers, PowerPoint slides, computer, and LCD projector

II. Training Session Content

- A. PowerPoint Slides
 - Slide 8-1: Chapter 8 Introduction Slide
 - Slide 8-2: Circumstances Impacting Military Families
 - Slide 8-3: What is a Casualty?
 - Slide 8-4: Casualty Statuses
 - Slide 8-5: Six Basic Concepts of Grief
 - Slide 8-6: The Grief and Loss Process (Kubler-Ross)
 - Slide 8-7: Adult Reactions to Grief and Loss
 - Slide 8-8: Children/Youth Reactions to Grief and Loss
 - Slide 8-9: Academic Responses of Grieving Child/Youth
 - Slide 8-10: Behavioral Responses of Grieving Child/Youth
 - Slide 8-11: Emotional Responses of Grieving Child/Youth
 - Slide 8-12: Social Responses of Grieving Child/Youth
 - Slide 8-13: Physical Responses of Grieving Child/Youth
 - Slide 8-14: Spiritual Responses of Grieving Child/Youth
 - Slide 8-15: Developmental Responses: Infants and Toddlers
 - Slide 8-16: How to Help: Infants and Toddlers

- Slide 8-17: Developmental Responses: Preschool Child
- Slide 8-18: How to Help: Preschool Child
- Slide 8-19: Developmental Responses: Elementary School Child
- Slide 8-20: How to Help: Elementary School Child
- Slide 8-21: Developmental Responses: Middle School Youth
- Slide 8-22: How to Help: Middle School Youth
- Slide 8-23: Developmental Responses: High School Youth
- Slide 8-24: How to Help: High School Youth
- Slide 8-25: Coping with Death
- Slide 8-26: Common Mistakes When Dealing with Death
- Slide 8-27: Count on Grief, Loss, and Death to...
- Slide 8-28: Brainstorm Strategies to Support Children and Youth (Group Activity)

- B. Activity and Directions
 1. Review slides with participants.
 2. Allow them to share their experiences.

III. Must-Read Background Material

- A. Children and Grief: What They Know, How They Feel, How to Help
- B. Resources for Wounded or Injured Servicemembers and their Families
- C. America at War: Our Attitude Makes a Difference
- D. America at War: Helping Children Cope
- E. Fears
- F. Drugs, Alcohol, and Your Kid
- G. Reactions and Guidelines for Children Following Trauma/Disaster
 1. What to Expect after Trauma: Possible Reactions in Elementary School Students
 2. What to Expect after Trauma: Possible Reactions in Middle School Students
 3. What to Expect after Trauma: Possible Reactions in High School Students

IV. Evaluation

- A. Reflection Questions
 1. What did you learn (or re-learn) about the grief/loss process?
 2. What personal or professional experiences have you had in dealing with the grief/loss issues of children and youth?
 3. How have these experiences impacted you?
- B. Application Questions
 1. What can you do in the future to be sensitive to the needs of children and youth dealing with grief, loss, and trauma?
 2. How can OMK teams support children/youth in our communities coping with the grief and loss associated with the deployment, injury or death of a parent or loved one?

Chapter 8: Impact of Grief, Loss, and Trauma on Children and Youth

Operation: Military Kids
Ready, Set, Go! Training

Ready, Set, Go!



Slide 8-1: Chapter 8 Introduction

Content of this slide adapted from: N/A

Materials Needed: Trainer and participant manuals
PowerPoint slides
Flip chart paper & pens

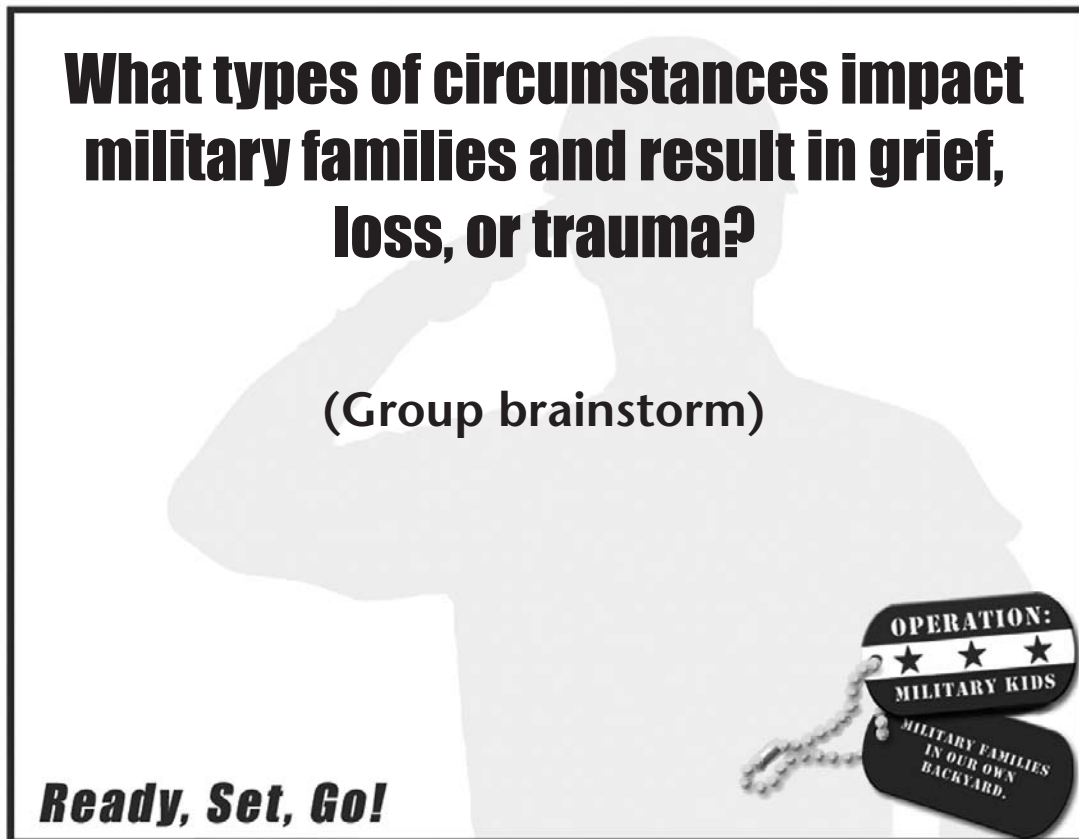
Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Share purpose and objectives of this chapter.

Say: *The purpose of this chapter is to learn about the unique issues impacting military families, particularly children and youth, and to identify behavioral and emotional reactions associated with grief, loss, and trauma.*

The objectives include: understanding general child and youth reactions at various developmental stages to grief, loss, trauma, and death; identify academic, behavioral, emotional, social, physical, and spiritual impact; and identify specific adult strategies to provide support and assistance to children and youth.



Slide 8-2: Circumstances Impacting Military Families

Content of this slide adapted from: N/A

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Encourage participants to respond to the following question.

Say: *What types of circumstances impact military families and result in grief, loss, or trauma-related responses?*

- Do:**
- Facilitate group brainstorming and record responses on flip chart.
 - Emphasize key points of discussion below.

Say: *Along with deployment, reintegration, and other issues, casualties are one of the major events impacting military families when it comes to grief, loss, and trauma.*

In the next few slides we will take a closer look at what is meant when the term casualty is used.

What is a Casualty?

- “Any person who is lost to the organization by reason of having been declared beleaguered, besieged, captured, dead, diseased, detained, duty status whereabouts unknown, injured, ill, interned, missing, missing in action, or wounded.”
- Types: Hostile and Non-Hostile

Ready, Set, Go!



Slide 8-3: What is a Casualty?

Content of this slide adapted from: National Military Family Association www.nmfa.org, DoD Joint Publication 1-02, and Department of Defense Instruction (DoDI) 1300.18.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

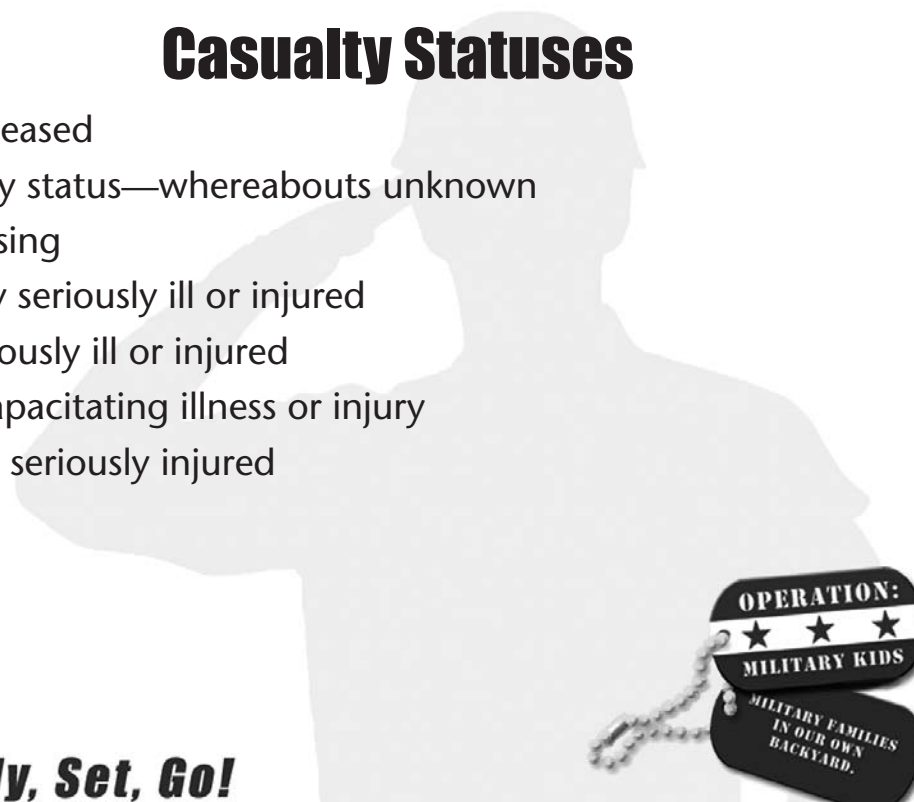
- Do:**
- Review slide content with participants.
 - Emphasize key points of discussion below.

Say: *The military definition of casualty encompasses more than injury and death. The next slide will outline the seven casualty statuses as defined by the Department of Defense.*

Casualty Statuses

- Deceased
- Duty status—whereabouts unknown
- Missing
- Very seriously ill or injured
- Seriously ill or injured
- Incapacitating illness or injury
- Not seriously injured

Ready, Set, Go!

A silhouette of a soldier in a helmet saluting. In the bottom right corner, there are two military dog tags on a chain. The top tag says "OPERATION: MILITARY KIDS" with three stars. The bottom tag says "MILITARY FAMILIES IN OUR OWN BACKYARD."

Slide 8-4: Casualty Statuses

Content of this slide adapted from: National Military Family Association www.nmfa.org, DoD Joint Publication 1-02, and Department of Defense Instruction (DoDI) 1300.18.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Emphasize key points of discussion below.

Say: *These seven casualty statuses illustrate levels of severity ranging from mild forms of injury and illness, to more severe forms of injury and illness, to, ultimately, death.*

Military families dealing with any casualty-related circumstances or situations will find themselves directly impacted by the emotions and behaviors associated with grief, loss, and trauma.

Say: *It is important for professionals working with military families to be able to identify grief, loss, and trauma related emotions and behaviors—particularly with children and youth—and in turn connect them with available support systems to help them cope effectively with these emotions and behaviors.*

Six Basic Concepts of Grief

- Grief is a natural reaction to change, loss, or death.
- Each person's grieving experience is unique.
- There are no "right" or "wrong" ways to grieve.
- All individuals walk through the grieving process in their own timeframes and in their own ways.
- Grief comes in waves—times of great intensity followed by times of relief. There is no reasoning or pattern and it can hit with little warning.
- Grieving never ends. It is something the person will not permanently "get over."

Ready, Set, Go!



Slide 8-5: Six Basic Concepts of Grief

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org and *Discovering Permission to Grieve* in the *Special Care Series* by Doug Manning, insightbooks.com.

Materials Needed: N/A

Trainer Tips: Some participants may be uncomfortable talking about this topic. Trainer empathy and understanding should be kept in mind at all times when facilitating these discussions.

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Emphasize key points of discussion below.

Say: *All human beings, regardless of age, experience these six basic concepts of grief. This, of course, is also true for military families and youth coping with these issues.*

Numerous studies indicate that grieving can last up to two years for any individual dealing with a significant change, loss, or death.

Do: • Encourage participants to respond to the following questions.

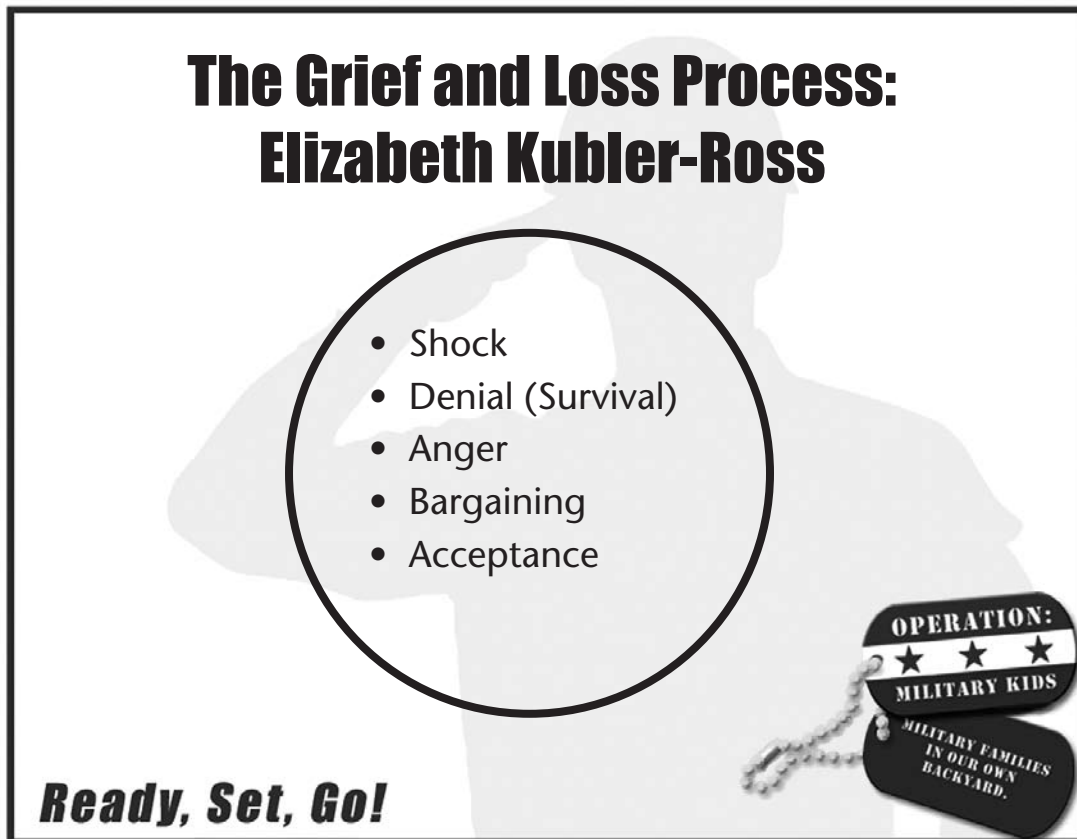
Say: *Let's take a closer and more personal look at these issues for a moment. Raise your hand in response to the following questions. Have any of you...*

- *Experienced a change in which you experienced grief?*
- *Experienced a loss?*
- *Experienced a death?*

Do: • Note the similarities and differences among the group as a whole when it comes to their experiences with grief, loss, and trauma.
• Upon conclusion of brainstorming session, emphasize the following points.

Say: *Grieving is a natural human response. It is experienced by all human beings some time during our lifetimes. It is a topic we often don't feel comfortable talking openly about or know how to deal with effectively.*

It is an issue that directly impacts many military families, children, and youth.



Slide 8-6: The Grief and Loss Process: Elizabeth Kubler-Ross

Content of this slide adapted from: *On Death and Dying* by Elizabeth Kubler-Ross.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Emphasize key points of discussion below.

Say: *The grief and loss process is unique to each individual—like a thumbprint.*

Children and youth have different reactions based on their ages and stages of development. The following slides will explore this further.

It is important to understand grief and loss issues because they are often experienced to some degree by Service Members, families, children, and youth when dealing with issues related to deployment and reintegration.

Adult Reactions to Grief and Loss

- Denial
- Difficulty finding consolation
- Irritability and mood swings
- Sleep difficulties
- Change in eating habits
- Low motivation
- Difficulty problem solving
- Fear of being alone
- Use of substances to medicate
- Vulnerable immune system
- Other reactions?

Ready, Set, Go!



Slide 8-7: Adult Reactions to Grief and Loss

Content of this slide adapted from: *Life After Loss: How to Help Others Through the Grieving Process* by Theresa McIntier, Carondelet Management Institute.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Encourage participation in the discussion below.

Say: *Please share any additional ways, not listed on the slide, in which you have witnessed grief or loss reactions by adults.*

- Do:**
- Emphasize the key points of the discussion as follows.

Say: *It is important to remember that adults may be grieving at the same time as children and youth. This may make them physically and/or emotionally unavailable to provide the necessary support for the children and youth.*

This is why our understanding of these issues and the support we can provide professionally to children and youth is so critical.

Children/Youth Reactions to Grief and Loss

- Children & Youth...
 - Tend to go in and out of grief
 - Developmental stage will influence their reactions
 - All cannot talk openly about their loss and feelings
 - May not seem to be affected at all (external vs. internal responses or “survival mode”)
 - Play is one way in particular they make sense of the changes in their world
 - Not unusual for them to experience physical reactions
 - Need to grieve any significant loss/change/death at all developmental stages for healthy resolution

Ready, Set, Go!



Slide 8-8: Children/Youth Reactions to Grief and Loss

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Encourage participants to participate in the following discussion.

Say: *Please share any additional ways, not listed on the slide, that you may have witnessed grief or loss reactions by children and youth.*

- Do:**
- Emphasize key points of discussion as follows.

Say: *Children and youth grieve differently than adults.*

Say: *Children and youth need to grieve loss, change, and death at all developmental ages and stages.*

It is important to keep the doors of communication open with children and youth even if they appear to be unaffected or uninterested in talking about the grief and loss, change, and/or death.

In time, all grieving children and youth will eventually display some changes in behavior that are indicated on the following slides.

It is important for adults to be aware of and respond to these changes in healthy and supportive ways.

Academic Responses of the Grieving Child/Youth

- Inability to focus or concentrate
- Failing or declining grades
- Incomplete or poor quality of work
- Increased absence or reluctance to go to school
- Forgetful, memory loss
- Over achievement, trying to be perfect
- Inattentiveness
- Daydreaming

Ready, Set, Go!



Slide 8-9: Academic Responses of the Grieving Child/Youth

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Encourage participants to respond to the following question.

Say: *Have any of you seen any other child or youth academic responses to grief and loss not listed on this slide?*

- Do:**
- Facilitate discussion as needed.

Behavioral Responses of the Grieving Child/Youth

- Disruptive behaviors, noisy outbursts
- Aggressive behaviors, frequent fighting
- Non-compliance to requests
- Increase in risk-taking or unsafe behaviors
- Isolation or withdrawal
- Regressive behaviors to a time when things felt more safe and in control
- High need for attention
- A need to check in with parent/significant other

Ready, Set, Go!



Slide 8-10: Behavioral Responses of the Grieving Child/Youth

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Encourage participants to respond to the following question.

Say: *Have any of you seen any other child or youth behavioral responses to grief and loss not listed on this slide?*

- Do:**
- Facilitate discussion as needed.

Emotional Responses of the Grieving Child/Youth

- Insecurity, issues of abandonment, safety concerns
- Concern over being treated differently from others
- Fear, guilt, anger, regret, sadness, confusion
- “I don’t care” attitude
- Depression, hopelessness, intense sadness
- Overly sensitive, frequently tearful, irritable
- Appears unaffected by change/loss/death
- Preoccupation, wanting details
- Recurring thoughts of death, suicide

Ready, Set, Go!



Slide 8-11: Emotional Responses of the Grieving Child/Youth

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Encourage participants to respond to the following question.

Say: *Have any of you seen any other child or youth emotional responses to grief and loss not listed on this slide?*

- Do:**
- Facilitate discussion as needed.

Social Responses of the Grieving Child/Youth

- Withdrawal from friends and family
- Withdrawal from activities and sports
- Use of alcohol and other drugs
- Changes in relationships with teachers and peers
- Changes in family roles
- Wanting to be physically close to safe adult
- Sexual acting out
- Stealing, shoplifting
- Difficulty being in a group or crowd

Ready, Set, Go!



Slide 8-12: Social Responses of the Grieving Child/Youth

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Encourage participants to respond to the following question.

Say: *Have any of you seen any other child or youth social responses to grief and loss not listed on this slide?*

- Do:**
- Facilitate discussion as needed.

Physical Responses of the Grieving Child/Youth

- Stomachaches, headaches, heartaches
- Frequent accidents or injuries
- Nightmares, dreams, or sleep difficulties
- Loss of appetite or increased eating
- Low energy, weakness
- Nausea, upset stomach, hives, rashes, etc.
- Increased illnesses, low resistance
- Rapid heartbeat

Ready, Set, Go!



Slide 8-13: Physical Responses of the Grieving Child/Youth

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Encourage participants to respond to the following question.

Say: *Have any of you seen any other child or youth physical responses to grief and loss not listed on this slide?*

- Do:**
- Facilitate discussion as needed.

Spiritual Responses of the Grieving Child/Youth

- Anger at God or Higher Power
- Questions of “Why me?” and “Why now?”
- Questions about meaning of life
- Confusion
- Feelings of being alone in the universe
- Doubting or questioning current beliefs
- Sense of meaninglessness about the future
- Changes in values, questioning what is important

Ready, Set, Go!



Slide 8-14: Spiritual Responses of the Grieving Child/Youth

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Encourage participants to respond to the following question.

Say: *Have seen any other child or youth spiritual responses to grief and loss not listed on this slide?*

- Do:**
- Facilitate discussion as needed.

Developmental Responses: Infants and Toddlers

- Intuitive sense something serious has happened
- General anxiety
- Crying
- Sleeplessness
- Excessive sleeping
- Stomach problems
- Clinging, needing to be held
- Separation anxiety
- Biting
- Throwing things
- Regression through baby talk, bed wetting
- Irritability
- Temper tantrums
- Clumsiness

Ready, Set, Go!



Slide 8-15: Developmental Responses: Infants and Toddlers

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Emphasize key points of discussion as follows.

Say: *Infants and toddlers know intuitively that something has happened but don't have the verbal skills to articulate their feelings.*

It is important to be aware of changes in behavior and to respond with support as outlined on the following slide.

How To Help: Infants and Toddlers

- Lots of holding, additional nurturing, and physical contact
- Consistent routine, including regular meal and bed times
- Rules and limits which are concrete and specific
- Short, truthful statements about what happened
- Making time for play, both physical and imaginative

Ready, Set, Go!



Slide 8-16: How to Help: Infants and Toddlers

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Emphasize key points of discussion as follows.

Say: *Physical touch, nurturing, and consistent structure are key components to helping infants and toddlers feel safe and supported during times of grief and loss, change, and/or death.*

Developmental Responses: Preschool Child

- See change/loss/death as abandonment
- Changes in eating and sleeping patterns
- Wanting to be dressed or fed
- Thumb sucking
- Baby talk
- Wanting a bottle
- Bed wetting
- General irritability
- Concerns about safety and abandonment
- General confusion

Ready, Set, Go!



Slide 8-17: Developmental Responses: Preschool Child

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Emphasize key points of discussion as follows.

Say: *Preschool children see grief, loss, change, and especially death as abandonment, so it is important to reassure them that it is not about them—it is not their fault.*

Regression in behavior will most likely occur. It is important to put this in context with the child's grief and loss response.

Be sure to provide consistent nurturing and structure during this time to assure children they are safe and will not be abandoned by remaining caregivers.

How To Help: Preschool Child

- Use simple and honest answers
- Be prepared to answer same questions over and over again
- Include child in rituals around loss/death
- Support child in his/her play
- Allow for anger and physical expression
- Maintain consistent structure and routines
- Allow to act younger for a while
- Hold, nurture, and give lots of physical attention
- Encourage/allow fun and happy times
- Have books available
- Model by sharing personal anecdotes as appropriate

Ready, Set, Go!



Slide 8-18: How To Help: Preschool Child

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Emphasize key points of discussion as follows.

Say: *It is important to be honest and patient with children when dealing with their questions of why, how, etc., related to the grieving process.*

Emotional responses from children such as anger and resistance are common reactions to grief and loss at this age and stage.

Developmentally appropriate nurturing and consistent structure are key components to helping preschool children feel safe and supported during times of grief and loss, change, and/or death.

Developmental Responses: Elementary School Child

- Begin questioning how things will be same or different
- Want to see change/loss/death as reversible but also beginning to understand that it is final
- Regression
- Fighting, anger
- Difficulty paying attention and concentrating
- Daydreaming
- Not completing homework assignments
- Sleepiness
- Withdrawal

Ready, Set, Go!



Slide 8-19: Developmental Responses: Elementary School Child

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Emphasize key points of discussion as follows.

Say: *Children may struggle tremendously at this age and stage with realizing and accepting that grief, loss, change, and/or death is completely final.*

They may mistakenly blame themselves for grief and loss, change, and death. It is important to let them know it is not their fault.

Defiant and angry behaviors are common responses of grieving children at this age. A balanced response of caring, support, and accountability by concerned others is key to healthy resolution of these emotions.

How To Help: Elementary School Child

- Answer questions as clearly and accurately as possible
- Provide creative outlets (art, music, journal, etc.)
- Help identify and use support systems
- Work with student around academic workload
- Encourage taking breaks and some time alone
- Allow for expression of feelings and emotions
- Maintain routines and structure but allow for flexibility
- Give choices whenever possible
- Share that you care and are thinking about them
- Create “safe space” for child to go to as needed

Ready, Set, Go!



Slide 8-20: How to Help: Elementary School Child

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Emphasize key points of discussion as follows.

Say: *It is important to provide detailed information as needed to help children understand grief and loss, change, and death from their perspective.*

Creative outlets, such as art, music, sports, etc., can provide healthy alternatives for excess emotional and physical energy.

Developmentally appropriate nurturing and consistent structure—even if the child is resistant—are key components to helping the elementary school child feel safe and supported during times of grief and loss, change, and/or death.

Developmental Responses: Middle School Youth

- Experience range of emotions impacted by physical/hormonal development
- Comprehend change/loss/death as final and unavoidable
- Feelings of helplessness and hopelessness may increase risk-taking behaviors
- Argumentative, anger, fighting
- Withdrawal, sullenness
- Need healthy physical outlets
- Lack of concentration
- Risk-taking behaviors (alcohol/drugs, sexual acting out, stealing)
- Unpredictable ups and downs or moodiness
- Erratic, inconsistent reactions

Ready, Set, Go!



Slide 8-21: Developmental Responses: Middle School Youth

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Emphasize key points of discussion as follows.

Say: *Defiant, angry, and acting out behaviors are common responses of the grieving child at this age. A balanced response of caring, support, and accountability by concerned others is key to healthy resolution of these emotions.*

There is high potential at this age and stage for youth to turn to risk-taking behaviors as a way to cope with the stress associated with grief and loss.

Students at this age and stage struggle with clear and direct expression of emotions related to grief and loss, change, and death. It is most important to see what they are saying—not with words but with their behaviors.

How To Help: Middle School Youth

- Expect and accept mood swings
- Provide supportive environment where student can share, when needed
- Anticipate increased physical concerns, illness, body aches, pains
- Allow to choose with whom and how s/he gets support
- Encourage participation in support group
- Allow flexibility in completing school work

Ready, Set, Go!



Slide 8-22: How to Help: Middle School Youth

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Emphasize key points of discussion as follows.

Say: *Extreme emotional ups and downs are common responses for youth grieving at this age and stage.*

Developmentally appropriate nurturing and consistent structure—even if the youth is resistant—are key components to helping them feel safe and supported during times of grief and loss, change, and/or death.

Developmental Responses: High School Youth

- Appear to use “adult” approaches to problem solving and abstract thinking to deal with grief
- May struggle with their vulnerability because they want very much to be independent
- May assume responsibility for family
- Withdrawal from adults
- Angry outbursts
- Increased risk-taking behavior
- Pushing the limits of rules
- Lack of concentration, inability to focus
- Hanging out with friends
- “Sad” or “strong” face
- Sleepiness, exhaustion

Ready, Set, Go!



Slide 8-23: Developmental Responses: High School Youth

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Emphasize key points of discussion as follows.

Say: *High school youth might appear to be coping like adults but they may also be struggling with their ability to ask for much-needed support, nurture, and structure to help them cope with grief and loss, change, and death.*

Defiant behavior, anger, and acting out behavior are common responses of grieving youth at this age. A balanced response of caring, support, and accountability by concerned others is key to healthy resolution of these emotions.

Potential is high at this age and stage for youth to turn to risk-taking behaviors as a way to cope with the stress associated with grief and loss.

How To Help: High School Youth

- Allow for regression and dependency
- Encourage expression of feelings such as sorrow, anger, guilt, and regret
- Understand and allow for variation in maturity level
- Answer questions honestly and provide factual information
- Model appropriate responses
- Avoid power struggles and allow choices
- Help to understand and resolve feelings of helplessness
- Assist with plans for completion of school assignments

Ready, Set, Go!



Slide 8-24: How to Help: High School Youth

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Emphasize key points of discussion as follows.

Say: *Extreme emotional ups and downs are a common response for youth grieving at this age and stage.*

Healthy adult role-modeling can be helpful to youth coping with grief and loss, change, and death at this age and stage.

Developmentally appropriate nurturing and consistent structure—even if the youth is resistant—are key components to helping the high school youth feel safe and supported during times of grief, loss, or death.

Coping with Death

- Important qualities for assistance include:
 - Courage to acknowledge the loss
 - Willingness to talk; “Keep the door open”
 - Good listening skills
 - Ability to empathize
 - Offer ongoing care and support
 - Regular, healthy routines and structures
 - Boundaries, limits, and accountability
 - Spiritual perspective/insight

Ready, Set, Go!



Slide 8-25: Coping with Death

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Emphasize key points of discussion as follows.

Say: *Children and youth coping with the death of a parent or loved one will experience the grief and loss process intensely throughout all of their stages of development.*

Patience, understanding, and accountability are the keys to providing support to children and youth dealing with these issues.

Persistence and care in attempts to acknowledge and talk about death with children and youth are vital to letting them know they are not alone and that someone cares.

Common Mistakes When Dealing with Death

- Words and actions to avoid
 - Acting as if nothing has happened
 - Suggesting the person has grieved long enough
 - Indicating they should “get over it” and move on
 - Expecting business as usual when it comes to school/work performance
- Please don’t ever say:
 - “It could be worse...”
 - “I know how you feel...”
 - “You’ll be stronger because of this...”

Ready, Set, Go!



Slide 8-26: Common Mistakes When Dealing with Death

Content of this slide adapted from: *Helping the Grieving Student: A Guide for Teachers* by The Dougy Center: The National Center for Grieving Children & Families, Portland, OR, www.dougy.org.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Emphasize key points of discussion as follows.

Say: *Don't be afraid to ask children and youth, "How are you doing?" This is a safe way to open the doors of communication and let them know you care.*

Remember that because grieving is a process, long-term adult support is very beneficial in helping children and youth deal with loss and death in healthy ways.

Count on Grief, Loss, and Death to...

- Increase vulnerability
- Create change
- Stress relationships
- Re-define priorities
- Strengthen compassion
- Increase awareness (physically, mentally, emotionally, socially, spiritually)
- Define past and open new doors to future
- Take time to resolve

Ready, Set, Go!

A silhouette of a person in a military uniform, including a helmet, is shown in the background. In the bottom right corner, there is a graphic of a dog tag on a chain. The dog tag is black with white text and three stars. The text on the dog tag reads "OPERATION: MILITARY KIDS" and "MILITARY FAMILIES IN OUR OWN BACKYARD."

Slide 8-27: Count on Grief, Loss, and Death to...

Content of this slide adapted from: *Life After Loss: How to Help Others Through the Grieving Process* by Theresa McIntier, Carondelet Management Institute.

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Check for group understanding.

Say: Are there any questions or comments about the materials on this slide?

Brainstorming Strategies to Support Children and Youth

- Academically
- Behaviorally
- Emotionally
- Socially
- Physically
- Spiritually

Ready, Set, Go!



Slide 8-28: Brainstorming Strategies to Support Children and Youth

Content of this slide adapted from: N/A

Materials Needed: N/A

Trainer Tips: N/A

What to Do, What to Say:

- Do:**
- Review slide content with participants.
 - Instructions: Divide into small groups and have each identify a facilitator to support those participating in conversation.
 - Allow 15–20 minutes (minimum) to discuss questions on slide.
 - Upon completion, process general responses to questions with large group.

Say: *What responses did your group have to the questions presented on the slide?*

- Do:**
- Check for group understanding.

Say: *Are there any final comments or questions on this chapter?*

Children and Grief: What They Know, How They Feel, How to Help

By: *Robin F. Goodman*, Ph.D., NYU Child Study Center

It is estimated that over two million children in the United States alone, or slightly more than 3 percent, experience the death of a parent before the age of 18. Almost three-quarters of these are anticipated. The percentage is much higher when the statistics include experiences children usually have, such as death of grandparents, relatives, siblings, classmates, and pets. With tragedy occurring throughout the world, children are also exposed to loss of life many times over before they become adults. Thus it is not possible to shield children or protect them from this reality, nor should adults try. We have come to realize that in fact children do grieve and they can be helped with the grieving process.

Types of Loss

A variety of factors influence a child's adjustment to death. These include:

- ✦ **Type of death.** Any death is painful and a life-changing experience. However, when the death follows a prolonged illness, the family has the opportunity to prepare, plan for closure, be involved in the dying process, and perhaps put preventive mental health measures in place. The shock of a sudden death can make it more difficult to comprehend and acknowledge, resulting in different emotions. Certain causes, such as suicide, homicide, AIDS, or drug-overdose still carry shame and embarrassment, further complicating grief and mourning.
- ✦ **Physical and emotional functioning of the surviving adults/parents.** Children are reactive to their parent's response. If grief and sadness overwhelm a parent, the child may be scared by such intense emotion. Likewise, a parent who is in denial may confuse or limit a child's own expression of sadness. In addition, a child may be affected by a parent's physical or emotional availability.
- ✦ **Demographic characteristics of the child and family such as age, socioeconomic status.** Children's ability to understand the full meaning of a death is limited by their age and cognitive understanding of death. Families may also be more or less limited in their ability to access help for immediate and long-term needs.
- ✦ **Child's personality and temperament.** Children have their own individual styles of functioning and coping and at a time of crisis certain characteristics can be exaggerated and certain resources will be called upon. A cautious or anxious child may be more fearful for a time and a child who is practical may set about quickly re-establishing a routine.
- ✦ **Pre-existing risk factors such as prior mental illness, learning, or social problems.** Children with other problems may be more challenged in their ability to cope with a loss. They may have more difficulty understanding

or managing the changes in their life or they may have poor social skills or strained social relationships with peers, making it more difficult for them to benefit from supportive friendships.

- ✧ **Family structure, functioning, and relationship.** All families have a particular style for functioning and relating. Those that have an open system of communication and a strong structure will provide comfort and assurance for children. Strained relationships, fighting, existing resentments, or conflicts may interfere with the family's ability to band together.
- ✧ **Quality of the prior relationship.** The type of relationship shared between two people prior to a death impacts how the loss is felt and the emotional recovery. Siblings, who fought in a normal fashion, may feel the loss of a playmate when a sibling dies but may also feel regret and blame. Likewise, a rebellious teen may feel guilty for harsh words said to a parent in a moment of anger.
- ✧ **Concurrent life stressors such as financial problems, difficult living situations, divorce, or illness.** Other existing stresses can make adjustment to a death more complex and leave the child and family feeling overwhelmed or empty of energy. Certain situations, such as a divorce or illness of other family members, can also tax one's ability to cope and may add to a sense of futility or lack of security.
- ✧ **Support services, interventions, and networks provided and available before, during, and after the death.** Because a child will feel that something is missing following a death, it is helpful to have familiar people available to fill the void. The child may turn to a trusted counselor or someone else in their immediate network: a coach, a religious teacher. Some children may find it difficult to establish a strong personal connection with someone new. However if they are unable to rely on existing supports, children can be quickly helped by designating a particular individual to fill the role.

Responses: Expected and Expressed

We have come to expect certain reactions from children when dealing with death. Their fear, anger, sadness, and guilt are related to their:

- Ability to understand the situation
- Worry about others' physical and emotional well-being
- Desire to protect those who are living
- Reactions to changes in home life
- Changes in roles and expectations
- Feelings of being different, alone, isolated
- Sense of injustice
- Concern about being taken care of and about the future

Children express their grief by their:

- Behavior
- Emotions
- Physical reactions

- Thoughts

There are some predictable ways that children understand and respond to death at different ages.

Infants and toddlers: Before age 3

The very young have little understanding of the cause or finality of death, as illustrated by a belief that leaves can be raked up and replaced on a tree. They are most likely to react to separation from a significant person and to the changes in their immediate world. Toddlers are curious about where things go and delight in disappearance and reappearance games such as “peek-a-boo.” Their distress at the changes in their environment following a death are displayed by:

- Crying
- Searching
- Change in sleep and eating habits

Preschoolers and young children: 3–5 years old

With language and learning comes an interest in the world and children this age are full of questions, often repeated. They try to use newly acquired information. A 4-year-old on the plane for the first time looks out the window and asks “We’re in heaven—where are all the people?” They focus on the details of death and may also personalize the experience, perhaps by incorrectly perceiving the cause as stemming from them. For them, being dead can mean living under changed circumstances, so even though a child has seen someone buried underground there may be concern for the person getting hungry. At this age death is equated with punishment. But it is also seen as reversible; being dead means being still and being alive means moving. When playing cops and robbers, if someone is shot in “play,” merely standing up makes you alive once again. Children this age are apt to be sad, angry, scared, or worried and communicate these feelings in their:

- Tantrums, fighting
- Crying
- Clinging
- Regression to earlier behaviors (such as nightmares, bedwetting, thumb sucking)
- Separation fears
- Magical thinking that the person can reappear
- Acting and talking as if the person is still alive

Early school age children: 6–9 years old

Children this age have the vocabulary and ability to comprehend simple concepts relating to germs and disease. There is still a fascination with concrete details as a way to organize information. When asked what happens when someone dies, a six-year-old replied, “like a special car comes and it picks them up...a special sort of station wagon what has no back seat on it.” They have a sense of

the importance of, and contributing factors to, personal health and safety. Yet their emotions and understanding can be incongruent. Therefore we see their less sophisticated beliefs such as in the power of their own thoughts to cause bad things to happen. They also personify death, thinking that a “boogey man” can snatch people away. They are most likely to display:

- Anger
- Denial
- Irritability
- Self-blame
- Fluctuating moods
- Withdrawal
- Earlier behaviors
- School problems such as avoidance, academic difficulty, lack of concentration

Middle school age children: Age 9–12 years old

By age nine or ten children have acquired a mature understanding of death. They know that: (1) it is a permanent state; (2) it cannot be reversed; (3) once you have died your body is no longer able to function; (4) it will happen to everyone at some time; (5) it will happen to them. This adult understanding can be accompanied by adult-like responses such as feeling a sense of responsibility, feeling different, being protective of others who have been affected, and thinking certain emotions are childish or that they must put up a good front. The most common reactions are:

- Crying
- Aggression
- Longing
- Resentment
- Isolation, withdrawal
- Sleep disturbance
- Suppressed emotions
- Concern about physical health
- Academic problems or decline

Early teens and adolescents

Clearly able to understand the significance of death, teens’ responses are directly related to developmental tasks. As they struggle towards independence, they may feel resentful and unsure of themselves, yet pressured to fulfill an adult role. They have a view to the future, question their own mortality, ask themselves “what if?,” think about ways life is changed forever, or anticipate events that will be different than imagined such as a graduation or wedding. They may be afraid of exposing their strong feelings and thus they may be denied or ignored

and replaced by teenage rebellion. Common reactions include:

- Numbing
- Anger
- Resentment
- Anxiety
- Guilt
- Sense of increased responsibility
- Self-involvement
- Risk-taking and acting-out behaviors
- Avoidance of feelings
- Distance
- Fear of death
- Appetite and sleep changes
- Physical complaint
- Academic decline or apathy

When to Get Help

Children and teens are at most risk for adjustment problems in the first year after the loss, with 10–15 percent at risk for problems, most likely in the form of depression. It is believed that the majority of children and teens have adjusted emotionally and returned to healthy functioning at school, home, and with friends at one year. However, some children develop more serious problems that warrant the attention of a mental health professional and some problems may emerge even two or more years later as different developmental tasks or as life challenges are confronted. In particular, depending on the child's age and situation and the intensity, frequency, and interference of different symptoms, causes for concern include:

- Long-term denial and/or avoidance of the topic, lack of recognized response to the loss
- Sleep, appetite, weight change, and/or disturbance
- Extended periods of sadness, loss of interest in activities, feelings of helplessness and hopelessness, inability to experience moments of joy, profound emptiness
- Vague and generalized feelings of guilt and depression, rather than sadness connected to the death
- Inability to respond to comfort, rejection of support
- Purposeful withdrawal from friends, loss of sociability
- Inability to sleep, loss of appetite, prolonged fear of being alone
- Prolonged rather than transient physical complaints
- Acting younger for a prolonged period
- Destructive outbursts
- Inappropriate euphoria

- Accident-proneness
- Inappropriate/illegal behavior
- Decline in school performance, refusal to attend school
- Persistent anxieties about one's own death or illness
- Excessive grief, difficulty weeping or controlling weeping
- Acting like or imitating the one who has died
- Repeated statements about the desire to join the deceased that suggest intent to cause self-injury rather than just a longing to be reunited

Coping Tasks

We know that children, as well as adults, grieve in their own way, that feelings change over time, and that the bereavement process goes on throughout life. There can be an ebb and flow to emotions and situations that trigger new thoughts and ways of thinking about the person who has died and one's life without the person. Rather than believe in a set series of stages that one must pass through, the work is conceptualized as different tasks with which one must cope or which one must resolve. The tasks of mourning for children have been modeled on the tasks identified for adults as follows:

- ✦ **Adults need to accept the reality of the loss. Children need to understand the person has actually died.** Understanding can involve believing the death has occurred, understanding the feelings about it, and accepting the accompanying changes. A child may need to accept that dad doesn't braid hair as well as mom or that the family needed to get a new nanny because mom had to start working to earn money after dad died.
- ✦ **Adults need to work through the pain of grief. Children must also cope with the pain of loss and are faced with future occurrences of feelings related to loss.** Experiencing rather than avoiding feelings is a necessary step. Experiencing and facing difficult feelings allows one to manage and move beyond them. As children get older, their understanding and feelings about the person who died may change and these feelings must also be addressed. Unaddressed feelings at any time can lead to physical symptoms and emotional difficulties, or exert more force later on. A child may need to tell his mother he will never be as good a baseball player as his older brother who just died.
- ✦ **Adults adjust to the environment in which the person is no longer there. Children are faced with the task of investing in new relationships and developing a new identity based on the loss.** Realization and understanding occurs over time as a death shapes life in new ways. Children face everyday concrete changes in routine as well as changes in responsibilities and roles. Coming to terms with the differences encourages active control rather than passive avoidance. Whereas a wife may need to take over the family finances, a teenage boy may need to get a part time job as well as develop a strong bond with a coach as a male role model and guide.

- ✦ **Adults must emotionally relocate the person who has died to move on. Children accomplish this task by reevaluating the relationship, keeping an internal sense of the person, and continuing with normal developmental tasks.** Gradually, as days and months pass, the intense emotional focus and feelings become less prominent as balance is restored in life and memories are reinforced. There is a reinvestment of physical and emotional energy in other aspects of life. This can be seen when a young teen continues to forge strong peer relationships, when a family enjoys a Thanksgiving celebration with talk about happy memories of past holidays, and when children are comforted by realizing they have incorporated qualities of a parent who has died into their own personality or life.

How to Help

Children and teens can be helped with coping tasks in a variety of ways. Whereas the particular issues and specific content discussed must be varied and adapted to the age of the child and the situation, it is helpful for parents and adults to:

1. Tell the truth. The alternative—hiding information—causes children to feel confused, unable to turn to adults for help, and mistrustful of other information. Avoid any unnecessary information.
2. Be simple and direct. Use correct words and language. Although this may be difficult for adults, saying someone has died is preferable to potentially confusing euphemisms such as “he went to sleep,” “he passed on,” and “we’ve lost him.”
3. Reassure children they are not to blame.
4. Model appropriate responses. Do not hide emotions. Explain feelings as a way to help children understand their own, but keep expressions of strong, dramatic feelings for private times with other adults.
5. Find ways for the child to be involved with family, if at all possible. Participating in hospital routines or funeral rituals in whatever way they feel most comfortable can demystify events for children and provides closure.
6. Encourage the child to talk and ask questions. Find out what a child thinks and feels and correct any misconceptions or misinformation.
7. Become attuned to and respond to the child’s own pace for revealing feelings. Offer opportunities for comfort by being available whenever the child/teen is ready or is experiencing some strong emotion.
8. Allow and encourage expression in private ways, e.g., use of journals, art.
9. Acknowledge and affirm children’s expressions. Accept and normalize their response.
10. Have more than one conversation. A child’s familiarity, interest, and questions about difficult situations change over time. Be available and look for teachable moments or opportunities for further exploration.
11. Provide understanding, support, and extra guidance or assistance with school

assignments, social obligations, and home chores as necessary over time.

12. Explore their feelings about the situation or death. Understand their beliefs and how being confronted with death can stimulate related personal feelings.
13. Realize children may make comparisons; they may comment on and wish for things to be the way they used to be, compare times before and after events, compare the surviving parent to the one who has died, or their life to that of others.
14. Talk to and enlist the support of other adults (such as teachers and coaches) who are in contact with the children.
15. Become familiar with cultural and religious beliefs and practices. Being sensitive to specific rituals and customs is important for understanding how to respond, how to tailor comfort, what is within the realm of expected behavior, and how to prepare and involve classmates.
16. Monitor a child's response over time and check out any concerns with a mental health professional.
17. Encourage and help the child to collect keepsakes and construct and maintain memories.

Resources for Wounded or Injured Servicemembers and their Families

NMFA strongly believes that **wounded servicemembers have wounded families** and that our Nation must ensure the emotional, financial, and readjustment requirements of these families are met. A quote from President Lincoln's second inaugural address so eloquently states what our obligations are to families of wounded servicemembers: "...to care for him who shall have borne the battle and for his widow and his orphan."

NMFA hears various questions from military families every day about what resources are available to them. Many have asked for an easy-to-use guide that would help them navigate the initial stages after a servicemember's injury. This fact sheet is intended to meet that need and give military families a basic understanding of available resources and the overall process if their servicemember is wounded, injured, or becomes ill in the line of duty.

Because each Service handles the notification of the Primary Next of Kin (PNOK) and Secondary Next of Kin (SNOK) differently based on the degree of injury, it is prudent for servicemembers before they deploy to make families aware of the notification and transition process that will take place should they become wounded. This recommendation applies to single servicemembers as well.

What is a casualty?

The word casualty can be a very frightening term for families to hear. It is good to know that the term actually has several meanings. A casualty is any person who is lost to the organization by reason of having been declared beleaguered, besieged, captured, dead, diseased, detained, duty status whereabouts unknown, injured, ill, interned, missing, missing in action, or wounded. (Source: DoD Joint Publication 1-02 <http://www.dtic.mil/doctrine/jppersonelseriespubs.htm> and Department of Defense Instruction (DoDI) 1300.18 <http://www.dtic.mil/whs/directives/corres/html/130018.htm>)

When a servicemember is killed, injured, gets sick, or is hospitalized, he or she becomes a "casualty." The servicemember is then further categorized by and reported according to his/her *casualty type* and the *casualty status*. *Casualty type* is

the term used to identify a casualty as either a hostile casualty or a non-hostile casualty. *Casualty status* is the term used to classify a casualty for reporting purposes. According to DoD Joint Publication 1-02, there are seven casualty statuses:

1. Deceased
2. Duty status-whereabouts unknown (DUSTWUN)
3. Missing
4. Very seriously ill or injured (VSI)
5. Seriously ill or injured (SI)
6. Incapacitating illness or injury (III)
7. Not seriously injured (NSI)

Basic definitions you should know:

A servicemember who has incurred an injury due to an external agent or cause, other than the victim of a terrorist activity, is classified as **Wounded in Action (WIA)**. This term encompasses all kinds of wounds and other injuries incurred in action, to include penetrating wounds, injuries caused by biological or chemical warfare agents, or the effects of exposure to ionizing radiation or any other destructive weapon or agent. A person who is not a battle casualty, but who is lost to the organization by reason of disease or injury, is classified as **Disease and Non-Battle Injury (DNBI)**. This category also includes servicemembers who are missing when the absence does not appear to be voluntary or who are missing due to enemy action or internment. When someone is wounded in action or has an illness or disease, they will be further categorized in one of the following statuses:

- ★ **Very Seriously Injured (VSI):** Casualty status of a person whose injury/illness is classified by medical authorities to be of such severity that life is imminently endangered.
- ★ **Seriously Ill or Injured (SI):** Casualty status of a person whose illness or injury is classified by medical authorities to be of such severity that there is cause for immediate concern, but there is no imminent danger to life.
- ★ **Incapacitating Illness or Injury (III):** Casualty status of a person whose illness or injury requires hospitalization, but medical authority does not classify as very seriously ill or injured or seriously ill or injured; the illness or injury makes the person physically or mentally unable to communicate with the next of kin (NOK).
- ★ **Not Seriously Injured (NSI):** Casualty status of a person whose injury or illness may or may not require hospitalization but not classified by a medical authority as very seriously injured (VSI), seriously injured (SI), or incapacitating illness or injury (III); the person is able communicate with the next of kin.
- ★ **Duty Status-Whereabouts Unknown (DUSTWUN):** A transitory casualty status, applicable only to military personnel, that is used when the responsible commander suspects the member may be a casualty whose absence is involuntary, but does not feel sufficient evidence currently exists to make a definite determination of missing or deceased.

What is the process for notifying families of casualties?

Remember to keep in mind that each Service is responsible for notification of next of kin and has its own specific procedures for ensuring expeditious and personal notification. In the event of a servicemember injury or illness, only the primary next of kin (PNOK) will be notified and may be notified telephonically. All notified families will have ready access to information as it becomes available. In all death and missing cases, the PNOK, secondary next of kin (SNOK), and any other person listed on the DD Form 93 (Record of Emergency Data), will be notified in person. The notification will be made as a matter of highest priority, taking precedence over all other responsibilities the notifier has. Whenever possible, the notifier's grade is equal to or higher than the grade of the casualty. When the PNOK is also a servicemember, the notifier's grade will be equal to or higher than the grade of the PNOK. Personal notification will generally be made between 0600 and 2200 hours local time. The PNOK is always notified first.

Although each Service's notification process is slightly different, in general the process works as follows:

- The Service will notify all PNOK and SNOK as soon as possible, generally within 24–48 hours.
- In injury cases deemed to be VSI or SI, the PNOK is normally telephonically notified. For minor injuries, notification generally comes through other channels (i.e., the hospital or directly from the servicemember).

How is the Primary Next of Kin (PNOK) determined?

The person most closely related to the casualty is considered the PNOK for notification and assistance purposes. This is normally the spouse for married persons and the parents for unmarried servicemembers/individuals. The precedence of NOK with equal relationships to the casualty is governed by seniority (age). Equal relationship situations include divorced parents, children, and siblings. Minor children's rights are exercised by their parents or legal guardian. The adult NOK is usually the first person highest in the line of succession who has reached the age of eighteen. Even if a minor, the spouse is always considered the PNOK. The following order of precedence is used to identify the PNOK:

- Spouse
- Natural, adopted, step, and illegitimate children
- Parents
- Persons standing in loco parentis (In loco parentis means a person who is charged with a parent's duties and responsibilities in the place of a parent, normally someone who stood in the relationship of a parent to the deceased for a period of at least 5 years prior to the servicemember reaching 18 years of age.)
- Persons granted legal custody of the individual by a court decree of statutory provision
- Brothers or sisters, to include half-blood and those acquired through adoption

- Grandparents
- Other relatives in order of relationship to the individual according to civil laws
- If no other persons are available, the Secretary of the Military Department may be deemed to act on behalf of the individual.
- SNOK is any other next of kin other than the PNOK.

What causes delays in notification of family members?

The number one reason causing a delay in notification to families that the servicemember has been wounded/injured is incorrect phone numbers provided on the emergency information data card. It is *IMPERATIVE* the servicemember keeps this information updated. Precious time is wasted when military officials have to track down correct notification numbers for family members. Delays are also common when the family member leaves the area without notifying the unit Rear Detachment Commander or Family Readiness Point of Contact. The number one rule of thumb is to let someone in the unit know that you are leaving the area and to provide them with a working phone number where you can be reached should they need to contact you.

How often will Families be provided updates on their servicemember?

The Service will pass information to PNOK as it becomes available. Since the PNOK will be notified of updates, families/friends should use the PNOK as a focal point for sharing information internally. In the first hours after the incident, information may be limited. If there is no solid evidence a particular servicemember was involved in the incident, but military officials have reason to believe the servicemember was involved, families will be given a “believed to be” notification. This simply tells the family that the military has good reason to believe their loved one was involved and that they will be provided updates as they become available. This type of notification will be delivered only when there is overwhelming reason to believe their servicemember was involved. If it is “believed to be killed” or “believed to be missing,” PNOK and SNOK will be notified in person. If it is “believed to be injured,” only the primary next of kin will be notified telephonically. All family members who have been notified originally will be kept informed of developments in their cases.

How do I get to my wounded servicemember? Who funds my travel?

For Very Seriously Injured/Ill (VSI) or Seriously Injured/Ill (SI) patients, the primary next of kin (PNOK) can be issued Invitational Travel Orders (ITOs) if the attending physician determines it is essential to the recovery of the patient and it is verified by the hospital commander. The Services can provide transportation for up to three family members when a servicemember is classified as Very Seriously Injured/Ill (VSI) or Seriously Injured/Ill (SI), as determined by the attending physician and hospital commander upon injury. ITOs will be offered to immediate family members (spouse, children, mother, father, siblings (including

step) OR those acting *in loco parentis*. The Service point of contact/notifier or hospital will provide information concerning travel regulations. Transportation and lodging is provided for up to three family members in two-week increments. Wounded servicemembers cases are evaluated every two weeks and at the discretion of the attending physician, family members are authorized additional time at the bedside.

Where will I stay while I am visiting my wounded servicemember?

If the family members are traveling on ITOs, the Services arrange for family member's lodging before traveling to be with the wounded servicemember. Families are housed in local hotels and, if available, a Fisher House, which is "*a home away from home*" for families of patients receiving medical care at major military and VA medical centers. The homes provide comfortable, temporary housing for families of servicemembers recovering from serious medical conditions. Families pay \$10.00 per night to stay in a Fisher House; however, this fee is waived for families of wounded servicemembers. The homes are normally located within walking distance of the treatment facility or have transportation available. For more information on the Fisher Houses, go to: www.fisherhouse.org.

Is child care available for my children while I am with my wounded servicemember?

Hourly child care slots are often hard to access on military installations and so families should not assume there is child care available. Child care is an added expense for families and is not covered in the ITO reimbursement. The individual who notifies you about your servicemember's injury can direct you to the installation child development center to help you determine if you can make child care arrangements. There may be community resources available to assist with child care. Do not forget to bring a copy of the child's shot record as you will need this to register your child at any child care facility. Some medical facilities have Family Assistance Centers (FACs) that provide assistance to the families of wounded servicemembers once they arrive at the MTF. The FACs should be able to provide child care information.

Who will work with our family during the servicemember's recovery period?

Wounded servicemembers have case managers assigned to work with them during their recovery period. The job of these individuals is to provide information and help assist the servicemember and family during the recovery period and the Physical Evaluation Board (PEB) and Medical Evaluation Board (MEB) process. These individuals also provide information on Veteran Service Organizations (VSOs). As stated above, many military hospitals serving wounded or injured servicemembers also have Family Assistance Centers. Families can also seek assistance from the installation chaplains, social workers, and family center: Army Community Services, Marine Corps Community Services, Air Force

Family Support Center, Navy Fleet and Family Support Center, and Coast Guard Work Life Offices.

What is the transition process for my servicemember?

The shift of a servicemember to medical retirement, to the Department of Veterans Affairs, or to separation from the military is known as Transition. DoD has a mandatory Transition Assistance Program (TAP) for all transitioning and/or separating servicemembers. You can read more about transition at <http://www1.va.gov/opa/fact/transst.html>.

What employment opportunities are there for spouses/family members of wounded servicemembers?

Spouses often ask how they can find work after their servicemember is injured. *Military OneSource* offers practical tips and includes information on Entering the Work Force When Your Spouse Has Been Severely Injured at: <http://www.militaryonesource.com/ctim/index.aspx?ctim=105.372.1159.13406>. You can also access this publication from <http://www.militaryonesource.com>.

What support agencies are available for wounded servicemembers and their families?

Several DoD, other government agencies, and non-profit organizations have programs in place to support wounded/injured servicemembers and their families. Here are a few of them:

- ✦ **Air Force Palace HART:** The Air Force Palace HART (Helping Airmen Recover Together) program follows Air Force wounded in action until they return to active duty, or are medically retired. It then provides follow up assistance for 5–7 years post injury. The Air Force works to retain injured servicemembers on active duty, if at all possible; however, if unable to return an Airman to active duty, they try to get them civilian employment within the Air Force. The Air Force also ensures counseling is provided on all of the benefits to which an individual servicemember may be entitled within the Department of Defense, Department of Veterans Affairs, and Department of Labor.

For immediate, 24-hour response, the Military Severely Injured Center can direct you to an Air Force point of contact. It can be reached toll free at 1-888-774-1361 or you can e-mail severelyinjured@militaryonesource.com.

- ✦ **Army Disabled Soldiers Support System (DS3):** Through the Disabled Soldiers Support System (DS3), the Army provides its most severely disabled Soldiers and their families with a holistic system of advocacy and follow-up, with personal support and liaison to resources, to assist them in their transition from military service to civilian life. DS3 links the Army and other organizations that stand ready to assist these Soldiers and families, such as

the Department of Veterans' Affairs and the many Veterans' Service Organizations, to the Soldier. One key goal of DS3 is to provide a network of resources to severely disabled Soldiers, no matter where they relocate and regardless of their component: active, Reserve, or National Guard. The goal is to ensure Soldiers, families, and communities receive responsive support services that meet their needs. The DS3 toll-free number is: 1-800-833-6622. To learn more, go to: www.armyds3.org.

- ✦ **Marine for Life Injured Support Program (M4L):** The Marine For Life Injured Support Program provides information, advocacy, and assistance from the time of injury through return to full duty or transition to the Veterans Administration, up to one year after separation. The program is currently being introduced by Marine for Life staffers to Marines, Sailors, and their families at National Naval Medical Center at Bethesda and Walter Reed Army Medical Center in Washington, D.C., with a plan to expand to all major Naval hospitals as soon as possible. Marines who have already been medically discharged are being contacted telephonically. Injured Marines, Sailors, or family members needing assistance can call toll-free: 1-866-645-8762 or e-mail injuredsupport@M4L.usmc.mil. For more information about the Marine for Life Injured Support Program, go to: <https://www.m4l.usmc.mil>.
- ✦ **Navy Sea Warrior/Safe Harbor Program:** The Navy Sea Warrior/Safe Harbor Program has a coordinated and tailored response for its men and women returning from Iraq, Afghanistan, and other areas of conflict with severe debilitating injuries. For immediate, 24-hour response, the Military Severely Injured Center can direct you to a Navy point of contact. It can be reached toll-free at 1-888-774-1361, or e-mail severelyinjured@militaryonesource.com.
- ✦ **Military Severely Injured (MSI) Center:** The Center is a central Department of Defense (DoD) resource available to offer support services to seriously injured servicemembers and their families. The Center works with and compliments existing Service programs such as the Army's Disabled Support System (DS3), the Marine for Life Injured Support System, and Military OneSource. Support services are provided as long as seriously injured servicemembers and their families require quality of life support. Services are tailored to meet individual's unique needs during recovery and rehabilitation. The Center offers counseling and resource referral in such areas as financial support, education and employment assistance, information on VA benefits, family counseling, resources in local communities, and child care support. For immediate, 24-hour response, the Military Severely Injured Center can be reached toll-free at 1-888-774-1361, or you can e-mail severelyinjured@militaryonesource.com.
- ✦ **Deployment Health Support Directorate:** DoD established the Deployment Health Support Directorate to see that the medical lessons learned from previous conflicts and deployments are integrated into current policy, doctrine,

and practice. The Directorate addresses deployment-related health threats to servicemembers. Part of the Deployment Health focus is on outreach. Current information on deployment-related health issues is published on an interactive web site, Deployment LINK: <http://deploymentlink.osd.mil>. The Directorate operates a toll-free, direct hotline number where staff members assist callers in finding the answers they seek in relation to current and past deployments, helping them locate lost medical records, and providing contact information in the Department of Veteran Affairs. That number is 1-800-497-6261.

Other useful resources:

If you do not have access to the Internet, or have further questions, contact NMFA at 1-800-260-0218.

National Military Family Association (NMFA) www.nmfa.org 1-800-260-0218	American Legion http://www.legion.org
TRICARE http://www.tricare.osd.mil	Disabled American Veterans http://www.dav.org
Department of Veterans Affairs http://www.va.gov	Military OneSource http://www.militaryonesource.com 1-800-342-9647
Veteran Center Readjustment Counseling and Bereavement Counseling http://www.va.gov	The Military Coalition (TMC) http://www.themilitarycoalition.org
National Center for PTSD (VA Sponsored Center for PTSD) http://www.ncptsd.va.gov	Tragedy Assistance Program http://www.taps.org/
Veterans Service Organizations—Lists Organizations Chartered by Congress and/or Recognized by VA for Claim Representation http://www1.va.gov/vso/index.cfm?template=view	Veterans of Foreign Wars http://www.vfw.org
United Spinal Association http://www.unitedspinal.org	Veterans and Families http://www.veteransandfamilies.org
Fisher House http://www.fisherhouse.org	Military Order of the Purple Heart http://www.purpleheart.org

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Resources for Wounded Servicemembers and Families, July 2005

America At War: Our Attitude Makes A Difference

Source: American Psychological Association
<http://www.apa.org>

Amid international tensions and the state of war between the United States and Iraq, all of us can benefit from taking especially good care of ourselves. A chief frustration for many of us is our relative lack of direct control over world affairs. No matter what we do, our ability to directly affect world events is limited. We can, however, make a difference by engaging ourselves positively in life. Here are some ideas for reflection:

- ✦ We must each decide, in our own way, to detach ourselves somewhat from all that we cannot control. We may not be able to affect directly the outcome of the war or prevent terrorism from hitting close to home, but we can remain calm and take common sense precautions. We can control how we feel about our current situation much more than many of us realize.
- ✦ We can establish a daily routine that creates a sense of well-being. If you already have a routine, there may be steps you can take to alter it in ways that will give you an added sense of control. You may wish to say no to “time-eaters” such as overworking or watching too much TV. You may want to get up earlier, prepare for potentially difficult times, touch bases with key friends, or set aside more time for prayer or for family activities. Take time for activities that nourish you, such as being with nature, listening to uplifting music, or cuddling up with a loved one.
- ✦ We can attack worry when and where it begins before it gets out of hand. Learn to distinguish between what is a clear and present danger that you must prepare for and what you really don’t need to worry about. Worry may have been more of a necessity to our prehistoric ancestors in their daily fight for survival, but a “fight or flight” mentality is unhealthy when there is nothing tangible in your daily environment to fight or run away from.
- ✦ We can reduce stress by keeping a light heart. Enjoy a sport, hobby, or inspirational book that feeds your spirit. Have a good laugh with a special friend or a favorite comedian. Count your blessings. Listen to the whispers of your heart and soul, and follow through on the guidance you receive.
- ✦ There is nothing like helping others to give life a sense of meaning. In helping others, we also help ourselves. Consider volunteering in a meaningful way, such as giving blood, providing food for the hungry, helping out an elderly neighbor who doesn’t get around very well anymore, or being a big brother or sister to a child who needs an extra friend.

- ✦ We can learn to appreciate our friends and loved ones, and let them know how we feel about them. Be thankful for all the good and loving people in our country and throughout the family of nations. Acknowledge the debt that we all have to each and every one of the brave men and women who are risking their lives to promote freedom and equality of opportunity.
- ✦ We can avoid hatred. It may be hard not to hate those who hurt us, but whatever you do, don't extend that hate categorically. No nation and no religion are to blame for the misguided behavior of individuals and groups. Make an effort to get to know people of diverse backgrounds and to appreciate the similarities and differences of our wonderfully diverse human family.

If there's one thing we learned from the events of September 11, 2001, it is that times of national crisis often bring out the best in each of us. America, at her core, is about people creatively giving of themselves and embracing the vision for a kinder, more loving world. The war with Iraq and its potential challenges will eventually pass. A brighter, more peaceful future will surely come if we each give our best to our loved ones, intelligently work for a safer and more compassionate world, and unleash our inner reservoirs of love and creativity for the benefit of all.

America At War: Helping Children Cope

Prepared by *Sam Quick*, Ph.D., Human Development and Family Relations Specialist;
Carole Gnatuk, Ed.D., Child Development Specialist; and,
Alex Lesueur, Jr., M.S.L.S, Staff Support Associate, University of Kentucky

Now that America is at war against Iraq, an edge of anxiety and uncertainty pervades our nation, and children are quick to pick up on the resulting tensions and concerns. With the constant threat of terrorism since the tragedy of September 11, 2001, most parents have had practice in helping their youngsters cope with violence, confusion, and uncertainty. As your child's first and most important teacher, recognize that this is another "teachable moment," albeit a difficult one. Here are a few suggestions that you may find helpful.

- ✦ All children and their particular circumstances are unique; therefore, it's important that we sensitively respond to the individual needs of each child. While a few children may not seem particularly bothered by the war, others may experience a range of emotions including fear, worry, doubt, confusion, sadness, anger, and guilt. Every youngster will benefit from an extra dose of adult sensitivity, wisdom, and love during this time of complicated international strife. Keep family routines uninterrupted and enjoy your usual times of family fun.
- ✦ In a way that is appropriate to your child's needs and level of development, be there when he/she needs a hug or seems troubled by fears. Be generous with heartfelt smiles and affectionate touches. Your caring attention and physical touch will reassure and help him/her feel safe in expressing all his/her feelings and thoughts.
- ✦ Observe carefully and listen attentively for clues from your child about his/her inner world. His/her tone of voice, body posture, facial expression, indirect questions, or comments may help you out. Younger children might express their concerns in behaviors such as withdrawal, clinging, or irritability, rather than words. Because of limited language ability, they may benefit from drawing pictures or acting out their worries with toys. A sensitive adult might use an open-ended question, such as, "Would you like to tell me about your picture?" to gain insight into a younger child's thoughts.
- ✦ Older children are likely to state opinions or ask questions about the war. In addition to anxieties, they may display qualities such as pride, confidence, faith, and compassion for all those killed and injured during the conflict. They may also want to affect the situation by helping out—a healthy response that should be appropriately encouraged. This might involve reaching out to victims or military personnel by sending gifts or monetary aid, writing

letters, saying prayers, or offering other forms of support. Younger brothers and sisters might also ask to participate. Encourage such gestures; they foster a healthy sense of control and compassion while aiding children in working through their feelings.

- ✦ According to Purdue University's Dr. Judith Meyers-Walls, media images of troops deploying for war can be confusing to young non-military children. When they observe other children saying goodbye to family members, they may become anxious, thinking the same thing may happen to them. "It was a common misunderstanding in the Persian Gulf War," says Meyers-Walls, "and the same problem is happening today." As a parent, be on the lookout for such confusion and clear it up.
- ✦ In a way that is appropriate to the developmental level of your child, feel free to share your personal viewpoints about the war. It's okay to let children know that you find a situation frightening or dismaying. Be honest and realistic. You cannot guarantee that the violence will be confined to Iraq. The war could spark other international conflicts and terrorism may become more prevalent on American soil. Strive to find a balance between helping a child feel safe and acknowledging the existence of danger and evil. Your honesty opens lines of communication that will help your child work through his/her own thoughts and emotions.
- ✦ Avoid talking unnecessarily about war or other acts of violence in a young child's presence. Unnecessary exposure to televised coverage of such events is also harmful. Why give a child an overdose of information that would likely promote anxiety?

Remain calm and in control. Children react strongly to the feelings of parents, caregivers, and teachers. Even very young children pick up on adult uncertainty, helplessness, sadness, and anger. You cannot hide your feelings, but you can rise to the occasion and exercise your innate courage and strength. The little ones in your care, and older children, too, are depending upon you for stability in a time of uncertainty.

Fears

By *Robin F. Goodman*, Ph.D. and *Anita Gurian*, Ph.D.
<http://www.aboutourkids.org/aboutour/articles/fears.html>

Introduction

Fears are a normal part of growing up. Everyone has them to some degree. Helping children learn to cope with fear is what's important. As children learn how to master fears, they become more competent in dealing with other life challenges and new situations. If fears become disabling and intrude on a child's life and development, it's time to seek help.

Real Life Stories

- ✧ The mother of five-year-old Louisa says, "I go through a routine every night with Louisa. She always makes the same requests when I put her to bed; 'don't let the bed go up in the sky. Don't let the moon break the house. Don't let any alligators, cows, or snakes into the house.'"
- ✧ Scott, age 4, is afraid of the banging of the radiator in his room, the wail of a siren, the noise of thunder.
- ✧ Serena, age 5, and her mother look under her bed every night to make sure there are no witches hiding there.

Fears: A Closer Look

Human beings can't avoid being anxious or fearful or worried at various times in their lives. Most adults know that the fear will pass despite the immediate discomfort. Children, however, are not so sure. Most children experience some fears as they grow; it may be a fear of a ghost under the bed or a fear that their parents may leave them. Although fears are a normal part of development, children deal with them differently. Some children are daredevils; they rush in to a new situation fearlessly. Some children are more cautious and like to look things over first. Some children are too fearful to try anything new.

The nature of fears and the ways in which children cope with them change with age. To the younger child, a minor danger can be seen as an enormous threat. Young fearful children rely on adults to soothe them, but with increasing age, children's increased ability to understand and to use logical reasoning helps them learn to cope with fears. Mastering fears can help a child deal with dangers rather than retreat from them.

What are kids afraid of? Every child has his own special fears, but certain fears are more prevalent at specific ages.

- ✦ **5 to 10 months**—The first fear—stranger anxiety—usually appears at this age. The infant begins to distinguish between people she knows and those she doesn't know or doesn't remember.
- ✦ **12 to 18 months**—Anxiety about separation is common. A toddler may worry about leaving a parent to begin nursery school or day care. This fear usually disappears within a short time as the child begins to feel more comfortable in the new setting. Separation anxiety may reoccur or develop at a later age when a child has experienced stress, such as the death of a relative or pet, an illness, or a major change such as moving or divorce.
- ✦ **2^{1/2} to 4 years**—Toddlers are learning to make sense of the world and are not always clear about the difference between fantasy and reality. They're apt to be afraid of monsters, the dark, and other imagined threats. Some children at this age are afraid of being hurt, and a sudden loud noise, like a vacuum cleaner, can be scary.
- ✦ **4 to 6 years**—The most common fears are going to school, the dark, water, heights, getting stuck in an elevator, getting lost, and small animals.
- ✦ **6 to 11 years**—The most common fears are dentists, doctors, thunder and lightning, airplanes, and burglars.
- ✦ **12 years and up**—The most common fears at this age revolve around social and evaluative situations: taking tests, giving oral reports, being teased or rejected by others, being embarrassed, dating, and encountering situations requiring assertiveness.

What To Do

- ✦ Help her to get used to the feared situation gradually. Some children need more time than others to enter a new situation. Don't push or force her, but use encouragement and praise for coping and approaching a feared situation. For example, if your child is afraid of dogs, read stories and watch a TV show about dogs and then get her acquainted with a small, friendly dog. If she's afraid of doctor visits, plan a doctor visit when she's well and doesn't need an examination or injection. If she's afraid of the dark, provide a nightlight or soft music so she doesn't feel lonely. If she's afraid of the toilet flushing or the drain in the bathtub, provide a potty first and make bath time fun with water toys.
- ✦ Don't try to dismiss her fears with statements such as "Don't be silly; there's nothing to be afraid of." Rather, offer support by statements such as "I know you're afraid of going in to the water; I'll be with you to make sure you're all right."
- ✦ Don't try to tease him out of the fear or equate not being afraid with being "a big boy" or a "grown-up."

- ✦ Don't handle a serious fear by avoiding it. Help the child master it. Have him think of ways to handle the fear. Capitalize on the child's imagination by having him conjure up an image, such as a super-hero protector or a container to put his fears in.
- ✦ A child's fear will abate if he feels he has some control over it. Remind him that he can close his eyes or he can turn off the television set if a cartoon is too scary. For some children, letting them know in advance what to expect in a new situation helps them deal with their concerns.
- ✦ Help her understand that some fears are appropriate; we need to protect ourselves from danger; we don't touch a hot stove; we don't run in front of a swing or an oncoming bus.
- ✦ Don't let up on discipline and limits in order to appease a fearful child. The child needs the security of limits. Provide safe boundaries within which the child can function. Reinforce coping; don't rescue.
- ✦ Be aware of your own reactions; children are tuned in to their parents' moods and fear can be contagious. Don't read more into a fear than is really there, and understand that fears may not disappear overnight.

Warning Signs

Most fears abate with time as children discover they can cope. They learn that parents always return, bad things won't happen because it's dark, ghosts and monsters are not real, etc. Remember that fears may appear when a child is attempting to deal with a transition or a particular stress in school or at home. A new school, a new baby, a move to a new home may trigger a re-appearance of an old fear or the emergence of a new one. But sometimes a child may show excessive fears, worry, or other signs of stress, such as difficulty sleeping, undue anxiety about separation, withdrawal from new or previously enjoyed situations, or complaints of headaches or stomachaches.

When feelings and reactions become too strong and out of proportion to what's really going on, and the fears interfere with the child's life, it's time to speak openly with the child to try and ascertain what he's experiencing. It's also often helpful to speak to a teacher or with other adults who have contact with your child to see if similar behaviors are occurring in other aspects of his life. If the symptoms are pervasive and persistent, consultation with a mental health professional is warranted.

Questions and Answers

How can we help children develop realistic fears about real dangers? Isn't it important for children to know that there are real threats in life?

Children must be taught about safety skills such as bicycle rules, fire and disaster readiness, traffic regulations, seat belts, etc. These issues are also dealt with in

schools and need to be reinforced at home. However, one should guard against encouraging unreasonable fears by assuring children that disasters happen infrequently and that all possible steps are being taken to ensure their safety. Take the age of the child into consideration and don't tell them more than they need to know.

When a child has a tantrum about separating from her mother, can that be because her mother is too clingy?

Although anxiety about separation tends to run in families, it is not caused by clingy or neglectful parents. Parents don't want to see their children suffer. When a child is distressed, a parent's natural reaction is to provide comfort and reassurance. For the anxious child, however, such reassurance can inhibit learning to soothe one's self and to cope. If a parent finds him or herself always protecting and reassuring a child, the process of learning to master anxiety may be delayed or stopped. The difficulty is not necessarily due to the parent being too clingy, but is more likely due to the interaction of a child's distress with the parent's reaction.

A lot of children are afraid to go on the rides in the amusement park. When the other kids tease them and call them cry-babies, they just cry more. What can we do?

Teasing doesn't help. It just compounds the fear and may cause intense feelings of incompetence. He may learn to avoid rather than to confront his fears. A more helpful strategy would be explaining the situation to the other children and having the child approach the situation gradually with support and reassurance.

What about kids who are so scared of a lot of things they're afraid to leave the house even to go to a party?

When a child shows an exaggerated fear of a specific object or situation, he may develop what is called a phobia. A phobia can severely limit a child's activities. A child with a dog phobia, for example, may start to avoid dogs and then to avoid any situation outside of home in which he might possibly encounter a dog. Common phobias experienced by children are blood, dark, fire, germs, dirt, heights, insects, small or closed spaces, snakes, spiders, or thunder.

Do scary movies and television shows make kids more afraid?

Parents, whenever possible, should monitor what their children watch. However, when a child actually sees a scary movie or television show, it's often helpful to talk about it, discuss what was scary, how television and movies use tricks and cameras to make things more scary, and what the characters might have done in the scary situation.

Drugs, Alcohol, and Your Kid

By: *Judith S. Seixas* and *Geraldine Youcha* (Source: NYU Child Study Center)
<http://www.aboutourkids.org/aboutour/articles/drugs.html>

Some youngsters are clearly more likely than others to be attracted to and become addicted to tobacco, alcohol, and other drugs. The risk increases for youth if they experience any of these factors, and a cluster of them can tip the scales toward addiction:

1. Family history of drug use or alcoholism
2. A family in turmoil
3. Learning difficulties
4. Behavioral problems before adolescence
5. Early school failure
6. Hyperactivity
7. Poor impulse control
8. Rebelliousness
9. Low self-esteem
10. The belief that “it can’t happen to me”
11. Thinking “marijuana” (or cocaine or heroin if it is not injected) is not addictive

Warning Signs

There are also warning signs that can help parents decide if a problem is brewing or a child is already involved in substance use. Adolescence is a bumpy ride, and some of these warning signs may only be the normal symptoms of growing up, but parents have to be alert to the possibility that, with their particular child, they may indicate trouble. In general, you should suspect some drug use if you observe one or more of these indicators:

1. A change of friends from those you know to new friends who seem to avoid you. But don’t pin all your youngster’s troubles on “bad friends.” Often the child who is already troubled is the one who is drawn to a group that is taking dangerous risks and is heavily committed to using alcohol and drugs.
2. Friendship with older teenagers and young adults. Older users need the attention and admiration they get from younger kids and often entice them to be followers and dealers.
3. A best friend who uses drugs. This is the single best indicator of use.
4. Daily cigarette smoking. This is an early warning that other substance use may be in the picture.

5. A deterioration in appearance. The reverse is not necessarily a safety signal. Many drug users look like clean-cut all-American kids instead of stereotypical drug users.
6. A decline in performance at home. Chores may be neglected or done sloppily; curfew may be ignored.
7. A change in school performance. The drop in grades may or may not be a dramatic sign by itself, but watch for tardiness, truancy, and disciplinary problems.
8. Use of street or drug language.
9. Hypersensitivity, irritability. The teenage user is often hostile, avoids family contact, overreacts to mild criticism, and deflects the topic when pressed for accountability.
10. Lack of concern about people, ideas, and values that used to be very important.
11. Wide mood swings. Although mood changes are a normal part of adolescence, extreme emotional swings indicate a problem and could be the result of drug or alcohol use.
12. Secretive phone calls. Callers who hang up when you answer may be your child's new friends or acquaintances involved in substance use.
13. The disappearance of money, personal belongings, pills, or alcohol.
14. The sudden appearance of expensive merchandise. Electronic equipment, clothes, or jewelry your child can't possibly afford may indicate drug dealing. Be mindful that a teenager will often deny any illegal or inappropriate activity with explanations such as, "I borrowed it from a friend."
15. Lying.
16. Trouble with the law. Kids may be picked up for shoplifting, driving while intoxicated, disorderly conduct.

What if?

What if your suspicion about your child's drug use is accurate? How can you tell use from abuse? One counselor has a simple rule of thumb: three tries is experimentation; more than that is use. Abuse is characterized by the need to have the drug (whether it is marijuana, cocaine, alcohol, or tobacco) and preoccupation with getting it.

Once you've faced reality and know that your child needs help, the most crucial step is getting the right help. You must determine what kind of intervention is best for your particular child and what is available close to home. The right help at the right time can get your child back on track. You may not know where to turn first. You can begin by using your local phone book. Start with a call to one or more of these:

- School personnel—counselor, administrator

- Your family doctor
- Hotline: usually listed under Alcoholism Treatment or Drug Abuse Information and Treatment in the yellow pages
- Community Services, often in the white pages
- An agency specializing in treating drug/alcohol abuse and related problems, often listed in the yellow pages under Drug Abuse
- A local counseling or mental health center, often under the yellow pages
- A community-based storefront counseling center
- A social worker, psychologist, or drug counselor
- The school guidance department or student assistance service
- A police youth officer
- A clergyman
- A relative, particularly one in a helping profession

Children Who Don't Use Drugs

Despite the fact that drugs, alcohol, and tobacco are available everywhere, some kids don't get involved. More than half of all high school seniors have not tried marijuana; and alcohol, our social drug, has not been tried by about twenty percent of twelfth graders. Unfortunately, for those who do drink, binge drinking (five or more drinks in a row) is a pervasive problem. What helps some youngsters avoid the pitfall of today's world? Some children just seem to have an inner compass. They say very early, "That's not me." In addition, a national study (The National Longitudinal Study of Adolescent Health, 1997) found that teenagers who feel "connected"—who feel loved, understood and feel their parents pay attention to them—were less likely to use drugs. Parents can help protect their children by providing:

- Trust and support. A study of seven thousand youngsters showed that those who didn't have the trust and support of their parents were more likely to cave in to peer pressure.
- Realistically high academic standards.
- The chance to succeed.
- The chance to fail and still be accepted.
- Praise, love, and physical touching. The "Did you hug your kid today?" bumper stickers apply to kids of all ages—teens as well as toddlers. Adolescents sometimes cringe, but don't let that inhibit you or make you think they need it any less than a younger child.

Whatever the reasons, and they are many—parental concern and involvement, a changing social climate that makes drug use, drunk driving, and smoking in public less "cool" than it once was—the rise in substance use seen in the early nineties seems to have been stemmed and may even be reversing. But this is no reason for complacency. It means only that the fever that had been 104° is now 102°, and needs continuing attention.

Reactions and Guidelines for Children Following Trauma/Disaster

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What to Expect After Trauma: Possible Reactions in Elementary School Students

- ✧ Feelings of anxiety, fears, and worries about safety of self and others (more clingy to teacher or parent)
- ✧ Worries about reoccurrence of violence
- ✧ Increased levels of distress (whiny, irritable, more “moody”)
- ✧ Changes in behavior including: increased activity level; decreased concentration and/or attention; withdrawal; angry outbursts; aggression; absenteeism
- ✧ Increased somatic complaints (e.g., headaches, stomachaches, aches and pains)
- ✧ Changes in school performance
- ✧ Recreating event (e.g., talking repeatedly about it, “playing” the event)
- ✧ Increased sensitivity to sounds (e.g., sirens, planes, thunder, backfires, loud noises)
- ✧ Statements and questions about death and dying

In addition, parents may see changes in behavior at home:

1. Changes in sleep
2. Changes in appetite
3. Withdrawal
4. Lack of interest in usual activities
5. Increased negative behaviors (e.g., defiance) or emotions (e.g., sadness, fears, anger, worries)
6. Regression in behaviors (e.g., baby talk, bedwetting, tantrums)
7. Hate or anger statements

What Can I Do to Help? Guidelines for Parents of Elementary School Students

In addition to the guidelines for teachers of elementary school students (see Teacher Guidelines), the following are ways parents can complement what is

being provided in the schools.

- Avoid exposing your child to reminders of the trauma. This includes limiting your child's exposure to the news and other television programs about the tragedy. If you do choose to have your child see this information on the television, keep it brief, watch it with your child, and talk to your child after to clarify miscommunication. Protecting the children from re-exposure includes limiting exposure to adult conversations about the events. Even when you think they are not listening, they often are.
- Maintain the family routines, particularly around sleeping, eating, and extracurricular activities (e.g., sports, church, dance). Be sure the bedtime routine includes safely tucking them in at night. Young children may want a nightlight again. Make sure your child is receiving a balanced diet and enough rest.
- Avoid unnecessary separations from important caregivers.
- Expect temporary regression in your child's behaviors (e.g., starting to baby talk, wetting the bed). Do not panic, as your child is likely to return to previous functioning with time and support.
- Provide soothing activities, such as reading books, listening to music, taking a walk, riding bikes, etc.
- Increase patience with your child and with yourself. Give your family time to cope. Find ways to emphasize to the children that you love them.

What Can I Do to Help? Guidelines for Elementary School Teachers

- Reinforce ideas of safety and security. This may be needed multiple times, particularly in response to changes, loud sounds, or other events that may remind the students of the tragedy. After any classroom discussion of the event, end the discussion with a focus on their current safety and a calming activity, such as taking deep breaths, working together on an art project, or holding hands and singing a quiet song.
- Maintain a predictable class schedule and rules to provide support and consistency for the children.
- Listen to and tolerate your students retelling of events, as well as playing out the events. Schedule specific times for discussion and play during the school day to allow for opportunities to express their thoughts and feelings about the tragedy; however, set limits on scary or hurtful play.
- Encourage students to talk about confusing feelings, worries, daydreams, and disruptions of concentration by accepting the feelings, listening carefully, and reminding students that these are normal reactions (any of these feelings are okay) following a very scary event. Information focused on safety will be important. For example, the President of the United States and other "helping people" (e.g., the firefighters, military, police, doctors) are all working together to make us safe (give examples). A review of school safety rules may also be helpful.
- Some students might express hate toward a large group of people. It can be

helpful to validate their strong feelings of anger. However, it will be critical to help the students separate thoughts and feelings about the specific people who caused the tragedy from generalizing it to larger groups of people, including their classmates or other people they might know (e.g., all people of Arab descent).

- Young children will process the information about the events at unpredictable times throughout the day. As they try to develop an understanding of what has happened, they may ask questions that may be initially shocking to adults. Try to respond in a calm manner, answering the questions in simple, direct terms and helping the students transition back to their activity.
- Use simple, direct terms to describe what happened. Avoid terms designed to “soften” the information, which inadvertently further confuses children. For example, use the term “died,” rather than “went to sleep.”
- Students may misunderstand information about the event as they are trying to make sense of what happened. For example, they may blame themselves, believe things happened that did not happen, believe that terrorists are in the school, etc. Gently help students develop a realistic understanding of the event.
- Students may ask the same types of questions repeatedly, which can be confusing and/or frustrating for teachers. Understand that students may need to hear the information multiple times before being able to integrate and understand it. Give the students time to cope with fears.
- Expect some angry outbursts from students. Try to catch students before they “act out” by taking them aside and helping them calm down and regain control of their behavior.
- Do classroom activities that will reinforce the message that one person can make a difference to help and heal. Activities can include drawing pictures and sending cards or class projects of collecting pennies or aluminum cans.
- Encourage some distraction times, which would include doing school work that does not require high levels of new learning, as well as enjoyable activities.
- Expect some brief, temporary declines in the students’ school performance. Consider reducing homework as the nation heals and the national routine is stabilized (e.g., parents are back to work, no additional threats).
- Provide reassurance to the students that feelings will get smaller and easier to handle over time.
- Expect and understand students’ regression (acting younger) and other difficult behaviors that are not typical of the students.
- Protect students from re-exposure to frightening situations and reminders of trauma. This includes limiting teacher-to-teacher conversations about the events in front of students.
- Maintain communication with other teachers, school personnel, and parents to monitor how the students are coping with the demands of school, home, and community activities.
- Remain aware of your own reactions to students’ trauma. It is okay to express emotions to your students, such as “I am feeling sad about what happened.” However, if you are feeling overwhelmed with emotion, it is important to take care of yourself and seek support from other teachers and staff.

What to Expect After Trauma: Possible Reactions in Middle School Students

- ✧ Feelings of anxiety, worries, and fears about safety of self and others
- ✧ Worries about reoccurrence or consequences such as war, as well as worries about school violence
- ✧ Statements and questions about death and dying
- ✧ Changes in behavior including: decreased attention and/or concentration; increase in hyperactivity; changes in academic performance; irritability with friends, teachers, events; anger outbursts and/or aggression; withdrawal; absenteeism
- ✧ Increased somatic complaints (e.g., headaches, stomachaches, chest pains)
- ✧ Discomfort with feelings, particularly those associated with revenge
- ✧ Increased likelihood to discuss the gruesome details
- ✧ Repeated discussions of event
- ✧ Increased sensitivity to sounds (e.g., sirens, planes, thunder, backfires, loud noises)
- ✧ Negative impact on issues of trust and perceptions of others, particularly of those that are “different”
- ✧ Repetitive thoughts and comments about death and dying

In addition, parents may see changes in behavior at home:

1. Changes in sleep or appetite
2. Withdrawal
3. Lack of interest in usual activities (e.g., after-school activities, time with friends)
4. Increased negative behaviors (e.g., defiance) or emotions (e.g., sadness, fears, anger, worries)
5. Hate or anger statements
6. Denial of impact

What Can I Do to Help? Guidelines for Parents of Middle School Students

In addition to the guidelines for teachers of middle school students (see Teacher Guidelines), the following are ways parents can complement what is being provided in the schools.

- Avoid exposing your child to reminders of the trauma. This includes limiting your child’s exposure to the news and other television programs about the tragedy. If you do choose to have your child see this information on the

television, keep it brief, watch it with your child, and talk to your child after to clarify miscommunication. Protecting the children from re-exposure includes limiting exposure to adult conversations about the events—even when you think they are not listening, they often are.

- Maintain the family routines, particularly around sleeping and eating and extracurricular activities (e.g., sports, church, dance). Make sure your child is receiving a balanced diet and enough rest. Extra time with friends who are supportive and meaningful to him/her may be needed.
- Avoid unnecessary separations from important caregivers.
- Provide soothing activities, such as reading books, listening to music, taking a walk, riding bikes, etc. Some middle school students benefit from writing their thoughts and feelings in a journal.
- Address acting-out behavior involving aggression or self-destructive activities quickly and firmly with limit setting. If this behavior is severe or persists, seek professional help.
- Increase patience with your child and with yourself. Give your family time to cope. Find ways to emphasize to the children that you love them.

What Can I Do to Help?

Guidelines for Teachers of Middle School Students

- Reinforce ideas of safety and security. This may be needed multiple times, particularly in response to changes/loud sounds/or other events that may remind the students of the tragedy. After any classroom discussion of the event, end the discussion with a focus on their current safety and a calming activity, such as taking deep breaths, working together on an art project, or having a moment of quiet reflection.
- Listen to and tolerate your students' retelling of events, as well as playing out the events. Maintain a predictable class schedule and rules to provide support and consistency for the students. Schedule specific times for discussion during the school day to allow for opportunities to express their thoughts and feelings about the tragedy. This may need to be done in multiple classes; however, set limits on scary or hurtful talk (e.g., specific threats of retribution).
- Encourage the students to talk about confusing feelings, worries, daydreams, and disruptions of concentration by accepting the feelings, listening carefully, and reminding the students that these are normal reactions (any of these feelings are okay) following a very scary event. Discuss students' perceptions of media descriptions of events. Information focused on safety will be important. For example, the President of the United States and other "helping people" (e.g., the firefighters, military, police, doctors) are all working together to make us safe (give examples). Review of school safety rules may also be helpful.
- Some students might express hate toward a large group of people. It can be helpful to validate their strong feelings of anger. However, it will be critical to help the students separate thoughts and feelings about the specific people who caused the tragedy from generalizing it to larger groups of people, including their classmates or other people they might know (e.g., all people of

Arab descent). It may be helpful to have discussions about how world leaders can help with reducing hate and preventing future violent acts.

- Students will often process the information about the events at unpredictable times throughout the day. As they try to develop an understanding of what has happened, they may ask questions that may be initially shocking to adults, including questions that have gruesome details or focus on death. Try to respond in a calm manner, answering the questions in simple and direct terms and helping the students transition back to their activity.
- Use simple direct terms to describe what happened, rather than terms designed to “soften” the information, which inadvertently further confuses the students. For example, use the term “died,” rather than “went to sleep.”
- Students will often misunderstand the information about the event as they are trying to make sense of what happened. For example, they may blame themselves, believe things happened that did not happen, believe that terrorists are in the school, etc. Gently help students develop a realistic understanding of the event.
- Students may ask the same types of questions repeatedly, which can be confusing and/or frustrating for the teacher. Understand that students may need to hear the information multiple times before being able to integrate and understand it. Give the students time to cope with fears.
- Expect some angry outbursts from students. Try to catch students before they “act out,” by taking them aside, helping them calm down and regain control of their behavior. In addition, redirect students who are being irritable with each other, which could escalate to direct conflict.
- Do classroom activities that will reinforce the message that one person can make a difference to help and heal. Activities can include drawing pictures and sending cards or class projects of collecting pennies or aluminum cans or making origami cranes.
- Encourage some distraction times, which would include doing school work that does not require high levels of new learning as well as enjoyable activities. Help students do activities that allow them to experience mastery and build self-esteem.
- Expect some brief (temporary) declines in the students’ school performance. Consider suspending standardized testing and classroom testing for the rest of the week. Also, consider reducing homework until the regular routine is stabilized (e.g., parents are back to work, no additional threats).
- Provide reassurance to the students that feelings will get smaller and easier to handle over time.
- Protect students from re-exposure to frightening situations and reminders of trauma. This includes limiting teacher-to-teacher conversations about the events in front of the students.
- Maintain communication with other teachers, school personnel, and parents to monitor how the students are coping with the demands of school, home, and community activities. Should difficulties coping with the event persist and interfere with the students’ functioning, consider seeking help from a mental health professional. In addition to helping those who are clearly angry or depressed, monitor students who are withdrawn and isolated from others.

- Remain aware of your own reactions to students “trauma.” It is okay to express emotions to your students, such as “I am feeling sad about what happened.” However, if you are feeling overwhelmed with emotion, it is important to take care of yourself and to seek support from other teachers and staff.

What to Expect After Trauma: Possible Reactions in High School Students

- ✧ Worries, fears, and anxiety about safety of self and others
- ✧ Worries about reoccurrence or repercussions such as war or school violence
- ✧ Changes in behavior including: withdrawal; irritability with friends, teachers, events; anger outbursts and/or aggression; changes in academic performance; decrease in attention and concentration; increase in hyperactivity; absenteeism
- ✧ Discomfort with feelings, particularly revenge, but also those of vulnerability
- ✧ Increased risk for substance abuse, including drinking
- ✧ Discussion of events and reviewing of details
- ✧ Negative impact on issues of trust and perceptions of others, particularly those that are “different”
- ✧ Increased sensitivity to sounds (e.g., sirens, planes, thunder, backfires, loud noises)
- ✧ Repetitive thoughts and comments about death or dying (including suicidal thoughts)

In addition, parents may see changes in behavior at home:

1. Changes in sleep or appetite
2. Withdrawal
3. Lack of interest in usual activities (e.g., after-school activities, time with friends)
4. Increased negative behaviors (e.g., defiance) or emotions (e.g., sadness, fears, anger, worries)
5. Hate or anger statements
6. Denial of impact

What Can I Do to Help? Guidelines for Parents of High School Students

In addition to the guidelines for teachers of high school students (see Teacher Guidelines), the following are ways parents can complement what is being provided in the schools.

- Avoid exposing your teen to reminders of the trauma. This includes moni-

toring your teen's exposure to the news and other television programs about the tragedy. When you can, watch it with your teen, and talk to your teen afterwards to clarify their understanding of the events and the images seen. Be aware that your teens are often listening when adults are discussing the events. Protecting your teen from re-exposure includes limiting exposure to adult conversations. However, find time to include them in age appropriate discussions about the events and resulting thoughts and feelings.

- Maintain the family routines, particularly around sleeping and eating and extracurricular activities (e.g., sports, church, dance). Make sure your teen is receiving a balanced diet and enough rest. Extra time with friends who are supportive and meaningful to him/her may be needed.
- Avoid unnecessary separations from important caregivers.
- Provide soothing activities, such as reading books, listening to music, taking a walk, riding bikes, etc. Some high school students benefit from writing their thoughts and feelings in a journal.
- Address acting-out behavior involving aggression or self-destructive activities quickly and firmly with limit setting. If this behavior is severe or persists, seek professional help.
- Encourage your teen to delay making big decisions.
- Increase patience with your teen and with yourself. Give your family time to cope. Find ways to emphasize to your teen that you love them.

What Can I Do to Help?

Guidelines for Teachers of High School Students

- Reinforce ideas of safety and security, even though many high school students will not verbalize fears around these issues. This may be needed multiple times, particularly in response to changes, loud sounds, or other events that may remind students of the tragedy. After any classroom discussion of the event, end the discussion with a focus on their current safety and a calming activity, such as having a moment of quiet reflection.
- Maintain a predictable class schedule and rules to provide support and consistency for the students.
- Listen to and tolerate your students' retelling of events. Schedule specific times for discussion during the school day to allow for opportunities to express their thoughts and feelings about the tragedy; however, set limits on scary or hurtful talk (e.g., specific threats of retribution). This may need to be done in multiple classes.
- Encourage students to talk about confusing feelings, worries, daydreams, and disruptions of concentration by accepting feelings, listening carefully, and reminding students that these are normal reactions following a very scary event. Discuss students' perceptions of media descriptions of events. Information focused on safety will be important. For example, discuss what the US and other world leaders are doing to address safety. From this tragedy, opportunities for learning and discussion of world events are heightened.
- Some students might express hate toward a large group of people. It can be helpful to validate their strong feelings of anger. However, it will be critical

to help students separate thoughts and feelings about the specific people who caused the tragedy from generalizing it to larger groups of people, including their classmates and other acquaintances (e.g., all people of Arab descent). It may be helpful to have discussions about how world leaders can help with reducing hate and preventing future violent acts.

- Students will often process the information about the events at unpredictable times throughout the day. As they try to develop an understanding of what has happened, they may ask questions that are initially shocking to adults, including questions that have gruesome details. Try to respond in a calm manner, answering the questions in simple, direct terms and help the students to transition back to their activity.
- Students will often misunderstand the information about the event as they are trying to make sense of what happened. For example, they may blame themselves, believe things happened that did not happen, believe that terrorists are in the school, etc. Gently help students develop a realistic understanding of the event.
- Students may ask the same types of questions repeatedly, which can be confusing and/or frustrating for teachers. Understand that students may need to hear the information multiple times before being able to integrate and understand it. Give students time to cope with their fears.
- Expect some angry outbursts from students. Try to catch students before they “act out,” taking them aside, helping them calm down and regain control of their behavior. In addition, redirect students who are being irritable with each other, which could escalate to direct conflict.
- Do classroom activities that will reinforce the message that one person can make a difference to help and heal. Activities can include drawing pictures and sending cards or class projects of collecting pennies or aluminum cans or making origami cranes.
- Encourage some distraction times, which would include doing schoolwork that does not require high levels of new learning and enjoyable activities. Help students do activities that allow them to experience mastery and build self-esteem.
- Expect some brief (temporary) declines in the students’ school performance. Consider suspending standardized testing and classroom testing for the rest of the week. Also, consider reducing homework until the regular routine is stabilized (e.g., parents are back to work, no additional threats).
- Provide reassurance to students that the feelings will get smaller and easier to handle over time.
- Protect students from re-exposure to frightening situations and reminders of trauma. This includes limiting teacher-to-teacher conversations about the events in front of students.
- Maintain communication with other teachers, school personnel, and parents to monitor how students are coping with the demands of school, home, and community activities. Should difficulties coping with the event persist and interfere with students’ functioning, consider seeking help from a mental health professional. In addition to helping those who are clearly angry or depressed, monitor students who are withdrawn and isolated from others.
- Remain aware of your own reactions to students’ trauma, as well as your

own reactions to the trauma. It is okay to express emotions to your students, such as “I am feeling sad about what happened.” However, if you are feeling overwhelmed with emotion, it is important to take care of yourself and to seek support from other teachers and staff.