

# ***CAN'T SHAKE THE FEAR - PUTTING THINGS IN PERSPECTIVE...***

The looming threat of Anthrax infection and terrorist attacks have left many people experiencing a phenomenon we call ***Perceived Threat Panic Syndrome***. This syndrome continues to be fueled by every known form of media. A deluge of dooms day reminders come in every news cast, journal show, talk show, radio show, new paper/news magazine, lunch room discussion, tabloid, and magazine. Every knife is a weapon, every flight suspicious, every piece of mail a threat.

With all the 24/7 coverage of the September 11<sup>th</sup> attacks, the daily exposure to the vivid images and heart-wrenching accounts of survival, we relive the grief of these terrible events every day.

Some are “white knuckling” it, not coping with the fear. At best, it’s concealment, and many aren’t even managing to do that well.

For those who can’t shake the fear, here are some discussion techniques you may be helpful to let them put fear in perspective:

## ***1. Looking at your life, what are the activities you feel put you in harm’s way?***

- **PERSPECTIVE QUESTION:**

- Where do you go that would put you in harm’s way?

- **EXAMPLES:**

Malls, airports, travel abroad, postal employee, high participation events, etc.

- **FOLLOW UP PERSPECTIVE QUESTION:**

- Do you work at a candy store in Nebraska or the Sears Tower in Chicago?

- **GETTING PERSPECTIVE:**

- All the recent Anthrax attacks have been on specific targets, not the general public (EXCEPTION: the recent unexplained fatality of a Nurse)
- There are more than 280 million people in America. Sadly there have been 4 deaths, but only a handful of the victims have been infected and most with the easily treated coetaneous form.
- New Anthrax testing procedures diagnosis cases within minutes, not days/weeks and most Anthrax cases are treatable with readily available drugs
- Intelligence experts indicate terrorists do not have the means to conduct a blanket assault on America
- The terrorist’s goal is to spread fear and create panic and anxiety
- The fear of what might happen is what is paralyzing

## ***2. What are the associated rewards of your highest risk activities?***

Once you've assessed those activities that put you in harm's way, you can evaluate the cost vs. benefit of participation.

- **EXAMPLES:**

- Your risk in a seat in the carpool van is much different than being in a seat at the super bowl.

Vs.

- Your daughter is getting married in Detroit and you live in Los Angeles – you're faced with a nerve-racking flight, but could you bear to miss this event?

- **PERSPECTIVE QUESTION:**

- What is the likelihood a terrorist will attack your carpool on the way to work?
- What is the likelihood your will plane would be overtaken by terrorists?

- **FOLLOW UP QUESTION:**

- Is the perceived risk worth your participation in the activity right now ?
- Do you continue going to work - Do you stop using the car pool van ?
- Do you miss your daughter's wedding because of the fear of the flight ?

## ***3. Look at what's rational/irrational fear and is it disproportionate to the risk ?***

Some citizens believe all Americans are at equal risk to fall victim to a terrorist or Anthrax attack .

### **EXAMPLE PERSPECTIVE QUESTIONS:**

This represents an unrealistic perspective or perceived threat that we're all at equal risk for one of these attacks.

- Is it real or is it in my head ?
- Is this a rational fear or am I personalizing it too much ?
- Is this a clear and present danger to me personally ?
- Is there a history, am I really at risk ?
- Do you stop going to work, school, or stores ?
- Is your community truly at risk ?
- Do you stop opening your mail (What is the likelihood it would be tainted with Anthrax ?)

### **GETTING PERSPECTIVE:**

- Life must go on. You can watch it in the rear view mirror or with your nose pressed against the living room window as it passes you by.
- Assess the rationality of your fear and true likelihood of the events you imagine.
- The US Government is using unprecedented methods to detect and deter these attacks, although, an attack may be unavoidable, regardless of these efforts
- Citizens, with their heightened sense of awareness are moving to action

## **4. Play the “what if” game all the way out .**

“Credible threats” are being acted on and security is at its highest level since WW II

### **PERSPECTIVE QUESTIONS:**

- **What’s the worst that could happen if .....**?
- What are you willing/able to do take control of the outcome ?

### **GETTING PERSPECTIVE:**

- Answer these questions honestly.
- The real answers are rarely as ominous as those we imagine.
- If you get exposed to Anthrax, you’ll get treatment and most likely you’ll recover
- Somewhere in the world, other people have lived with this type of fear every day of their lives somewhere and have managed to adjust
- Death is an inevitability for us all.
- Most important thing one can do is be prepared

## **5. Do you have a coping strategy?**

### **EXAMPLE PERSPECTIVE QUESTIONS:**

- Do you have the phone number of hospital, where you’d go after the emergency, what you’d do ?
- Do you know how to be Anthrax safe or where to get information ?

## **6. Why can’t things be the way they were (normal) ?**

### **FOLLOW UP PERSPECTIVE QUESTIONS:**

- What is normal for you ?
- What would it take for things to return to “normal” for you ?
- What is the likelihood these things will happen so normal can return ?

- What control do you have over making these things happen ?

### **GETTING PERSPECTIVE:**

- Understand you have to change if it's not something normal for you.
- You can think and behave your way out of this state of mind.
- If the fear has become too debilitating, seek therapy for the anxiety
- The truth is we can become obsessed with things.
- Although people want it to be the way it was, it is unlikely things this will ever happen- try spending 5% of our time on if only and 90% on the way it is.
- As a country, we'll get through this like we did WWI/II. We will be different, but we will endure.
- It's not pretty, it's not fair, but it's the way things are and we're all in this together

## ***A FINAL WORD* .....**

It's not just what you're thinking about, it's what you're not thinking about (family, school, life), you may have put our focus on death and terrorism or on your family and recovery.

What you focus on will expand and be your reality.

The way you break a habit is to replace it with another. To feel safer, take control and manage your risks accordingly.

### **ADVICE:**

- Acknowledge you are fearful
- Take 10 minutes of silence for yourself each day.
- Give yourself a gift each day.
- Read something **other than** the newspaper, watch a movie, meditate,
- Fear may still be in your life, but manage it by making yourself more peaceful.

**Become a rational change agent. If you don't think things are safe, check them out and get the answers.**

# Reality Therapy Applications in Disaster Recovery

**Reality therapy** is a very user friendly technique which asks key questions that help us look at our behaviors and see if we are just "talking the talk, or whether we are walking the walk". Actions speak louder than words. Reality therapy employs some key questions that also help us with self-examination. When we set out to engage in personal growth, finding our path, seeking self-actualization all in the eternal quest for happiness and better self esteem, reality therapy stands out as an excellent foundation and tool.

It is still important to set reasonable target goals. Reality therapy does not always allow one to set realistic goals. This is another process but one that can be equally important in goal setting in general.

The **questions in reality therapy** center around the main goal or target or objective. Those basic questions are:

1. **What do you want to accomplish?**
2. **What have you done today?**
3. **What prevented you from reaching your goal or accomplishing your task?**
4. **What are you going to do about what blocked you from your goal?**

Although Reality Therapy's questioning techniques may be too focused for a victim in crisis following a disaster, they can be modified to bring the victim into the here and now during Crisis Intervention Counseling. They can assist victims in making the transition from one phase of recovery to another.

Recovery time frames vary widely from victim to victim depending on the significance of the their personal disaster experience and the impact on the victim's life (displaced from their home, loss of belongings, job, disabled in the disaster, loss of loved ones, etc.).

However, many victims cannot see past the fear, panic, and anxiety of the events of September 11<sup>th</sup>, 2001. This static mental and emotional position means the counselor must find some subtle approach to assist the victim in moving through the fear to look at future possibilities.

We can help victims assess their reactions, relevance to the event and how they perceive the threat.

To set concrete or measurable goals can be unrealistic in the process of recovery from disaster recover; however, to assist a victim to put things into perspective can be helpful in allowing him/her to move through the steps of recover. Reality Therapy asks the questions: is it motivational, is it attainable, relevant and time bound.

When used in disaster recovery, Reality Therapy questions truly compliment the idea of obtainable goal setting in that these questions create or reinforce motivation to move forward as well as emphasizing the time that is passing and the level of progress made.

With victims who are "stuck" in the event and cannot move forward, the following techniques can help with perspective.

The basic approach to the above format may be modified as follows:

It is still important to set reasonable target goals. Reality therapy does not always allow one to set realistic goals. This is another process but one that can be equally important in goal setting in general.

The **first modified question** in reality therapy centers around the main goal or target or objective.

### **1. What is life like for you today and what do you want/need to accomplish today?**

You may want to define this with a time line and be more specific than the question indicates. However if your goal is to make an application with FEMA today, that would be quantifiable.

The **second question** in the series basically asks you to examine your current behavior, and even though it is focused on today, it can also be focused on the specific time period indicated in your goal. The second question in the series is basically worded as follows:

### **2. What have you managed to do today to accomplish this goal?**

The **third modified question** asks you perhaps the key pivotal question in the series. It looks at what blocks or obstacles you had that stopped you from accomplishing your goal today. Whether that would be you or others or outside situations it is important to list and analyze all of them. One should be careful not to lay blame. In the sense one should not make excuses. This could prevent you from making progress in reality therapy.

### **3. What is preventing you from reaching moving forward and/ or accomplishing your task today?**

The **fourth modified question** in the series of questions helps you look for solutions and also plan for future actions in order to accomplish your goals. This process is an evolving process that allows for one to learn from your mistakes.

### **4. What do you think would be necessary for you to remove the obstacle goal?**

In the final analysis we find that all four questions are very important for reality therapy. It is an excellent way of not only coming up with solutions but also tracking to see if they continue to be viable and feasible. By constantly asking yourself these questions and engaging in self-examination you can measure progress. Four simple questions that make you look at what you are really doing. Four simple questions that help you bring forward solutions and advance planning and goal setting. Four simple questions that can change your life. Engage in a reality check for each and every aspect of your life. Enter into a life more fully lived, one that uses reality therapy to help you achieve your dreams.

## After Disaster Strikes--What You Can Do

\* Whether or not you were directly affected by a disaster or violent event, it's normal to feel anxious about your own safety and that of your loved ones, to picture the disturbing event in your mind again and again, to experience nightmares, to feel hyper-alert and constantly on-edge, and to fearfully imagine how you would react in a similar emergency.

\* People react in different ways to trauma. Some become irritable or depressed, others lose sleep or have nightmares, others deny their feelings or simply "blank out" the troubling event.

\* While it may feel better to pretend the event did not happen, in the long run it is best to be honest about your feelings and to allow yourself to acknowledge the sense of loss and uncertainty.

\* It is important to realize that, while things may seem off balance for a while, your life will return to normal.

\* Resume your normal daily routines as fully as possible. This includes getting proper rest and observing a reasonable bedtime and start to your day.

\* Make extra efforts to surround yourself with those things that are especially beautiful to you--e.g., music, fresh flowers, poetry, literature (books on tape are good when you find it's too hard concentrate on reading), walks outdoors--and, very important, make room in each day to enjoy the company of people in your life whom you love.

\* It is essential to talk with someone about your sorrow, anger, fear, denial, guilt, confusion and other emotions, even though it may at first seem difficult to get started.

\* You may feel most comfortable talking about your feelings with family members and friends, a church leader, counselor, or other mental health professional. The important thing is that you have someone you trust to confide in about your thoughts and feelings.

\* Get adequate exercise and make a point of eating healthy foods and not skipping meals.

\* It is common to want to strike back at people who have caused great pain--to even to feel anger towards anyone or anything that feels in any way associated with the aggressor(s). This desire comes from our outrage for the innocent victims. We must understand, though, that it is futile to respond with more violence. Nothing good is ever accomplished by hateful language or actions.

\* Find ways to help those in need, e.g., volunteer work for a local charity; offering to read to school children, the elderly, or hospital patients; organizing local book or clothing drives; donating at the neighborhood blood bank; making contributions to those organizations providing relief help.

\* Be as patient and understanding with your own many conflicting emotions as you would be for a much-loved friend or family member.

\* While you will always remember the event, the painful feelings will decrease over time. You will eventually come to understand that, in learning to cope with tragedy, you have become stronger, more adaptable, and more self-reliant.



# Crisis In Our Lives: How To Help Our Children

By: *Charlotte Reznick, Ph.D.*

The emotional effects on our children of a crisis or disaster, such as the recent horrific acts of terrorism, can be tremendous. One of the difficulties experienced by parents is that they have not had adequate time to deal with their own reactions when they are called upon to deal with the impact of the disaster or crisis on their child.

Emotional reactions vary in nature and severity from child to child. Children's reactions to a disaster are determined by their age, previous experiences, temperament and personality, and the immediacy of the disaster to their own lives. Nonetheless, some commonalities exist in how children feel when their lives are disrupted by a disaster. General reactions include feelings of loss of control and stability, self-centered concerns, and grief reactions (denial, anger, depression, bargaining, and acceptance).



## **Children's Reactions:**

Following a crisis, some children may:

1. Become more active and restless, or have difficulty concentrating.
2. Worry where they will live and what will happen to them (if homes have been damaged).
3. Become easily upset, crying and whining.

OR

4. Be quiet and withdrawn, appear numb to their feelings, and not want to talk about the experience.
5. Feel neglected by parents who are busy trying to clean up and rebuild their lives.
6. Become afraid of loud noises, rain, storms, helicopters, etc.
7. Be angry. They may hit, throw, kick, to show their anger, often with little provocation.
8. Be afraid to be left alone or afraid to sleep alone. They may have nightmares and want to sleep with a parent or another person.
9. Behave as they did when younger. They may suck their thumb, wet the bed, ask for a bottle, and want to be held a lot.
10. Re-experience the traumatic event through intense recollections, dreams, flashbacks or hallucinations.
11. Have symptoms of illness such as nausea, vomiting, headaches, fever, and poor appetite.
12. Refuse to go to school or to child care arrangements. The child may not want to be out of your sight.
13. Feel guilty that they caused the disaster because of some previous behavior or thoughts.
14. Be afraid that the crisis may recur. They may ask many times: "Will it happen again?"
15. Not show any outward signs until weeks or months later.

You may notice several of these reactions in children immediately following this disaster. If you are a professional, these suggestions may be very useful in your work with parents. If you are a parent, try what seems appropriate and if reactions continue over numerous weeks, or seem extreme and more

severe than other children, seek professional assistance.

### **How Parents Can Help their Children:**

1. Talk to your children and provide simple, accurate information to questions. Allow them to tell and draw their stories about what happened.
2. Talk with your children about your own feelings.
3. Listen to what your children say and how they say it. Try to recognize the underlying feelings in their words and their actions.  
For example: "It makes us mad to think about all the people and homes that were hurt by this" or "I can see you are feeling really sad about what happened". This helps both you and the children clarify feelings.
4. Reassure your child: "We are together." "We care about you." "We will take care of you."
5. Be honest. Don't deny the seriousness of the situation. Saying to a child: "Don't cry, everything will be okay" does not reflect how the child feels and the child knows that, at least in the immediate future, this is not true.
6. Respond to repeated questions. You may need to repeat information and reassurances many times.
7. Hold your child, providing comfort. Physical reassurance is especially important for children during this period.
8. Spend extra time with your child and when putting him/her to bed. Talk and offer assurance. Leave a night light on if necessary.
9. Observe your child at play. Listen to what is said and how she/he plays. Frequently children express feelings of fear or anger while playing with dolls, trucks, or friends.
10. Provide play, art, and journal writing experiences to relieve tension. Use relaxation techniques and positive imagery to help heal and create a vision for the future.
11. Plan something practical that your child can do to help (help clean up or make sandwiches for others who are working or hungry; write a poem or draw a picture memorializing a person who may have died, send letters to children/schools who have been affected).
12. Expect that resolving all of the feelings related to the disaster may take your child (and you) quite awhile. It is normal for a child to bring up the crisis long after it has happened and when you least expect it.

### **About Charlotte Reznick, Ph.D...**

*Charlotte Reznick, Ph.D, is a therapist based in Los Angeles, California. Dr. Reznick specializes in helping children and adolescents develop the emotional skills necessary for a happy and successful life. Her focus is on teaching children to help themselves by learning to connect with their feelings, develop self-awareness and understanding, and to think through and creatively solve problems.*

## **How Do Young Kids and Teens Respond to Trauma? Is Posttraumatic Stress Disorder (PTSD) a Concern?**

There is a wide range of emotional and physiological reactions that children may display following disaster. Based on previous research we know that more severe reactions are associated with a higher degree of exposure (i.e. life threat, physical injury, witnessing death or injury, hearing screams, etc), closer proximity to the disaster, history of prior traumas, female gender, and poor parental response and parental psychopathology.

Findings from a study following the Oklahoma City bombing indicate that more severe reactions were related to female gender, exposure through knowing someone injured or killed, and bomb-related television viewing/media exposure (Pfefferbaum et al., 1999; Pfefferbaum et al., 2000).

Below are some common reactions that children and adolescents may display when traumatized (Dewolfe, 2001; Pynoos & Nader, 1993):

### **Young Children (1-6)**

1. Helplessness and passivity; lack of usual responsiveness
2. Generalized fear
3. Heightened arousal and confusion
4. Cognitive confusion
5. Difficulty talking about event; lack of verbalization
6. Difficulty identifying feelings
7. Sleep disturbances, nightmares
8. Separation fears and clinging to caregivers
9. Regressive symptoms (e.g. bedwetting, loss of acquired speech and motor skills)
10. Unable to understand death as permanent
11. Anxieties about death
12. Grief related to abandonment of caregiver
13. Somatic symptoms (e.g. stomach aches, headaches)
14. Startle response to loud/unusual noises
15. "Freezing" (sudden immobility of body)
16. Fussiness, uncharacteristic crying, and neediness
17. Avoidance of or alarm response to specific trauma-related reminders involving sights and physical sensations

### **School-aged Children (6-11 years)**

1. Responsibility and guilt
2. Repetitious traumatic play and retelling
3. Reminders trigger disturbing feelings
4. Sleep disturbances, nightmares
5. Safety concerns, preoccupation with danger
6. Aggressive behavior, angry outbursts
7. Fear of feelings and trauma reactions
8. Close attention to parents' anxieties
9. School avoidance
10. Worry and concern for others
11. Changes in behavior, mood, and personality
12. Somatic symptoms (Complaints about bodily aches, pains)
13. Obvious anxiety and fearfulness
14. Withdrawal and quieting
15. Specific, trauma-related fears; general fearfulness
16. Regression to behavior of younger child
17. Separation anxiety with primary caretakers
18. Loss of interest in activities
19. Confusion and inadequate understanding of traumatic events most evident in play rather than discussion
20. Unclear understanding of death and the causes of "bad" events
21. Magical explanations to fill in gaps in understanding
22. Loss of ability to concentrate and attend at school, with lowering of performance
23. "Spacey" or distractible behavior

**Pre-adolescents and Adolescents (12-18 years)**

1. Self-consciousness
2. Life-threatening reenactment
3. Rebellion at home or school

4. Abrupt shift in relationships
5. Depression, social withdrawal
6. Decline in school performance
7. Trauma -driven acting-out behavior: sexual acting out or reckless, risk-taking behavior
8. Effort to distance from feelings of shame, guilt, and humiliation
9. Flight into driven activity and involvement with others or retreat from others in order to manage their inner turmoil
10. Accident proneness
11. Wish for revenge and action-oriented responses to trauma
12. Increased self-focusing and withdrawal
13. Sleep and eating disturbances; nightmares

### **How to talk to your child**

#### *Create a safe environment:*

One of the most important steps you can take is making children feel safe. If possible, children should be in a familiar environment with people that they feel close to. Keep your child's routine as similar as possible. There is comfort in having things be consistent and familiar.

#### *Provide reassurance to children and extra emotional support:*

Adults need to create an environment in which children feel safe enough to ask questions, express feelings, or just be by themselves. Let your children know they can ask questions. Ask your children what they have heard and how they feel about it. Reassure your child that they are safe and that you will not abandon them.

#### *Be honest with children about what happened:*

Provide accurate information, but make sure it is appropriate to their developmental level. Very young children may be protected because they are not old enough to be aware that something bad has happened. School age children will need help understanding what has happened. You might want to tell them that there has been an unexpected disaster, and that many people have been hurt or killed. Adolescents will have a better idea of what has happened. Talk to them about terrorism and how the United States responds to terrorism. It may be appropriate to watch selected news coverage with your adolescent and then discuss it.

#### *Tell children what the government is doing:*

Reassure children that the state and federal government, the police, firemen, and the hospitals are doing everything possible. Explain that people from all over the country and from other countries are offering their services.

#### *Be aware that children will often take on the anxiety of the adults around them:*

Parents have a difficult job of finding a balance between sharing their own feelings with their children while at the same time not placing their anxiety on their children. For many, the attack on the United States was inconceivable. Our sense of safety and freedom was shattered. Many parents may feel scared and fearful of another attack. Others may be angry and revengeful. Parents must deal with their own emotional reactions before being able to help children understand and label their feelings. If you are frightened, tell your child, but also talk about your ability to cope and how you as a family can help each other.

*Try and place the attack in perspective:*

Although you yourself may be anxious or scared, children need to know that what they witnessed or heard about regarding the attack is a rare event. Most people will never be attacked by terrorists and the world is generally a safe place.

### **What can parents do?**

(Excerpted from Monahan, 1993)

*Infancy to Two-and-a-Half Years:*

1. Maintain Child's routines around sleeping and eating
2. Avoid unnecessary separations from important caretakers
3. Provide additional soothing activities
4. Maintain calm atmosphere in child's presence
5. Avoid exposing child to reminders of trauma
6. Expect child's temporary regression; don't panic
7. Help verbal child to give simple names to big feelings; talk about event in simple terms during brief chats
8. Give simple play props related to the actual trauma to a child who is trying to play out the frightening situation (a doctor's kit, a toy ambulance)

*Two-and-a-Half to Six Years:*

1. Listen to and tolerate child's retelling of event
2. Respect child's fears; give child time to cope with fears
3. Protect child from re-exposure to frightening situations and reminders of trauma, including scary T.V. programs, movies, stories, and physical or location reminders of trauma
4. Accept and help the child to name strong feelings during brief conversations (the child cannot talk about these feelings or the experience for long)
5. Expect and understand child's regression while maintaining basic household rules
6. Expect some difficult or uncharacteristic behavior

7. Set firm limits on hurtful or scary play and behavior
8. Avoid nonessential separations from important caretakers with fearful children
9. Maintain household and family routines that comfort child
10. Avoid introducing new and challenging experiences for child
11. Provide additional nighttime comforts when possible: night lights, stuffed animals, physical comforting after nightmares
12. Explain to child that nightmares come from the fears a child has inside, that they aren't real, and that they will occur less and less over time
13. Provide opportunities and props for trauma-related play
14. Use detective skills to discover triggers for sudden fearfulness or regression
15. Monitor child's coping in school and day care by communication with teaching staff and expressing concerns

*Six to Eleven Years:*

1. Listen to and tolerate child's retelling of event
2. Respect child's fears; give child time to cope with fears
3. Increase monitoring and awareness of child's play, which may involve secretive reenactments of trauma with peers and siblings; set limits on scary or hurtful play
4. Permit child to try out new ideas to cope with fearfulness at bedtime; extra reading time, radio on, listening to a tape in the middle of the night to undo the residue of fear from a nightmare
5. Reassure the older child that feelings of fear or behaviors that feel out of control or babyish (e.g. night wetting) are normal after a frightening experience and that the child will feel more like himself or herself with time

*Eleven to Eighteen Years:*

1. Encourage younger and older adolescents to talk about traumatic event with family members
2. Provide opportunities for young person to spend time with friends who are supportive and meaningful
3. Reassure young person that strong feelings-whether of guilt, shame, embarrassment, or wish for revenge-are normal following a trauma
4. Help young person find activities that offer opportunities to experience mastery, control and self-esteem
5. Encourage pleasurable physical activities such as sports and dancing.

**How Common Is It For children to Develop PTSD?**

Although many children will display some of the symptoms listed above, a significant minority of children will develop posttraumatic stress symptoms. Findings from Oklahoma City indicate that:

1. Children who lost an immediate family member, friend, or relative were more likely to report immediate symptoms of PTSD than non-bereaved children.
2. Arousal and fear were significant predictors of PTSD symptoms seven weeks after the bombing (Pfefferbaum et al., 1999).
3. Two years after the bombing, 16% of children who lived approximately 100 miles from Oklahoma City reported significant PTSD symptoms related to the event (Pfefferbaum et al, 2000). This is an important finding because these youth were not directly exposed to the trauma and were not related to killed or injured victims.
4. PTSD symptomatology was predicted by media exposure and indirect interpersonal exposure, such as having a friend who knew someone killed or injured.
5. No study specifically reported on rates of PTSD in children following the bombing. However, studies have shown that as many as 100% of children who witness a parental homicide or sexual assault, 90% of sexually abused children, 77% exposed to a school shooting, and 35% of urban youth exposed to community violence develop PTSD.

Due to the nature of the September 11 attack, we would predict very high rates of PTSD in children who lost a family member or witnessed the plane crashes and after-effects. Based on research from Oklahoma City, high rates of PTSD may also be related to exposure to media coverage and to children who have a friend or family member that was killed or injured.

### **When should you seek professional help for your child?**

Many children and adolescents will display some of the symptoms listed above. They will likely recover in a few weeks with social support and the aid of their families. Many of the above suggestions will help children recover more quickly. For others, however, they may develop PTSD, depression, or anxiety disorders. Parents of children with prolonged reactions or more severe reactions may want to seek the assistance of a mental health counselor. It is important to find counselor who has experience working with children as well as with trauma.

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## A Message Especially for Kids

Parents and other grown-ups all across America are concerned about how first the news and now the aftermath of the Sept. 11 terrorist attacks may be affecting you. Lots of kids right now are feeling especially confused, scared, sad, and even angry about what's happened. We want to do whatever we can to make you feel safe--and we want you to know that there are lots of things you and your friends (and your brothers and sisters, if you have them!) can think about and do to help yourselves right now. Here are eight good ideas for you to think about.



### **How to Cope With Traumatic Events: A Special Message for Kids**

By Bruce D. Perry, M.D., Ph.D.

#### **1. Spend time with friends, teachers and parents**

When we talk with each other about tragic events it helps us. While each of us is affected in a different way it is through our caring relationships that we find the support to bear pain and to heal. This event reminds us of how fleeting and precious life is. Talk with the people in your life. As you struggle to make sense of this, it is a good time to think about what you do believe and what is most important in your life.

#### **2. Try not to watch it again and again on television**

Seeing these images over and over will not help you make sense of it. The images are horrifying yet we are attracted to them. That is common. But by seeing this again and again, you distort things. Young children may even think that there are hundreds of attacks rather than four. If you are watching and your younger siblings are around, turn off the TV. You may be able to handle this, but they will certainly distort things.

#### **3. Don't let this make you feel unsafe in your home or school**

Your home and your school are still safe. Steps are being taken to make things even safer.

#### **4. Don't be surprised if you can't get it out of your mind**

It is normal for your mind to take "unbelievable" events and go over them again and again. This may include images from this event popping into your head or dreams or things like the sound of an airplane causing you to think about this again. Over time, this will get better.

#### **5. Even though you may be far away from this event, don't be surprised if you have very strong feelings about it**

Watching this on TV and having everyone talk about it makes it feel closer. It was a horrible thing. And you may find yourself overcome with sadness, fear, confusion and anger. This is normal. With time, these feelings will get less powerful too.

#### **6. These feelings will be change from moment to moment**

You may find that out of the blue you are thinking about this and crying. You may have a hard time falling asleep. You may be scared to think of your parent traveling on a plane or working in a public place. One moment you will be fine, the next so sad and another so angry. This emotional rollercoaster can be exhausting and you will find yourself feeling tired and having trouble concentrating. For most of us, this will pass.

**7. Don't direct your anger at the wrong people**

Don't let the hate that led to this terrorism spread. Do not lump all people of a certain ethnicity or religion into the same group. This was the work of a small group of people who had very destructive ideas. Blame them, not some kid in your class who is different from you.

**8. If you feel very sad, scared or angry, tell your teacher or parents**

Sometimes these things can be too much. If you find that your emotions are too strong, tell some adult you trust. Don't be afraid to reach out for help.

## How Teachers Can Help Kids Cope With Traumatic Events

### 1. **Talk about the traumatic events in class in factual and focused ways.**

It's appropriate to talk about these events in the classroom. But it's not appropriate to turn each class into an unstructured group therapy session. There should be open, honest, and accurate discussion in classes that is directed and contained by the teacher. Once this initial period of grief has subsided, try to keep discussions focused on aspects relevant to the content of your curriculum. You should not ignore it: children never benefit from "not thinking about it" or "putting it out of their minds." But your students will be better served if they take an aspect of this and discuss it in focused, thoughtful and rationale ways. In history talk about extremism in other key world events; in Social Studies talk about various cultural religious views of death. Now, this does not mean you should ignore the emotional impact of this; just don't feel that you have to become an expert in trauma psychology to help your students.

### 2. **Find out what the children think and feel.**

An important first step in talking about this event is to find out what the children think and feel. Many of the children will have distorted information. Young children, for example, often make false assumptions about the causes of major events. These distortions can magnify his sense of fear and make him more likely to have persisting emotional or behavioural problems. Correct misperceptions with accurate but age-appropriate explanations.

### 3. **Don't over focus on these events: resume normal patterns of activity at school as soon as possible.**

In the immediate post-event period, children and adults often over-focus on traumatic events. The horror of this event, the pervasive media coverage and the many discussions can actually saturate a child's capacity to process and move forward in a healthy way. Make the class room a safe place to get some structured relief from this emotional barrage. By focusing on school work, a child's over-worked stress-response systems can get a little rest period.

### 4. **Take a child's lead on when, what and how much to say.**

After you have some sense of what your students know, and you have clarified any distortions, let them take the lead during your informal discussions about this topic. Students may ask you many difficult questions, "How long can you live if you are trapped like that?" You do not need to be too detailed or comprehensive in your answers. If you let children direct unstructured discussions by their questions – you will find that you will have many, many short discussions and not one "big" talk. These little discussions make it easier for students to digest this huge emotional meal.

### 5. **Don't feel that you have to have all the answers.**

Some aspects of this will forever remain beyond understanding. You can explain that you just don't know – and that sometimes we will never know why some things happen. Help teach your students that hate can lead to senseless cruelty. And that you we all learn to live with some unknowns. When you share your struggles with the child, their own struggles become easier.

### 6. **Reassure the children about safety.**

Many children – and many adults - are frightened. This event has shattered our sense of safety. Your students may have fears about personal safety but more likely will be worried about parents flying, going to work in public places or working in high-rise buildings. Reassure your students. Your home and community are safe. Steps are being taken to make things safer. Remind them that only a few hateful people did this.

#### **7. Inform parents and children about the risks of children watching too much media coverage.**

Watching the images of this over and over only won't help child. In fact, it may make this worse for them. Young children are very vulnerable to this. Children six and under may actually think that there have been hundreds of buildings collapsing. Tell children and parents to limit their viewing of the media coverage with explicit images. Ultimately, the goal is to decrease the traumatic power of these images and that is very difficult when the images permeate the media.

#### **8. Anticipate increased behavioural and emotional problems and decreased capacity to learn.**

When children feel overwhelmed, confused, sad or fearful, they will often "regress." And so do adults. You may see a variety of symptoms in your students: these include anxiety (or fearfulness), sadness, difficulty concentrating, sleep problems, increased impulsivity or aggression. These symptoms are usually short-term (days or weeks) and tend to resolve with reassurance, patience and nurturing. When children feel safe, they will be most likely start to "act their age."

#### **9. Some children will be more vulnerable than others.**

Not all children will react to these events in the same way. Some children may seem disinterested and no changes in their behaviours will be noticed. Other children may have profound symptoms that seem out of proportion to their real connection to these events. We can not predict how a given child will react but we do know that children with pre-existing mental health or behavioural problems are more likely to show symptoms. We also know that the closer a child is to the actual traumatic event (i.e., if a loved one was injured or killed) the more severe and persisting the symptoms will be. The high-risk children in your class are high risk for having increased problems following this event.

#### **10. Your reactions will influence children's reactions.**

Children sense emotionally intensity around them and will mirror the emotional responses and interpretations of important adults in their life. That includes their teachers. Younger child will try to please you – sometimes by avoiding emotional topics if they sense that it may upset you. Try to gauge your own reactions. If you find yourself crying or being very emotional, it is fine. Just make sure that you try to tell your students why you cried. It is reassuring to children to know they are not alone with their feelings. Make sure they hear, many times, that even though it may be upsetting it is still important to share feelings and thoughts with each other.

#### **10. Don't let anger be misdirected.**

A major mistake following these events would be to let hate win. Don't let the frustration, anger and rage that this event produces to be misdirected. Only a small, hateful group of people did this. No ethnic group or religion should bear the brunt of these senseless destructive acts. Every religion and ethnicity has produced examples of extreme hateful and violent behaviours. Don't let the hate spread. Make sure your students understand that hurting more innocent people will only mean that terror wins.

**12. Don't hesitate to get more advice and help.**

If you feel overwhelmed or if you see persisting problems with your students don't hesitate to reach out for help. In most communities there are professionals and organizations that can answer your questions and provide the services your students need.

## After 9-11-01, Will We Ever Be the Same? A Psychological Perspective

As I sat in my psychotherapy office listening to patients talk about their grief, anger, and fear connected with the September 11, 2001 terrorist attacks, it had become increasingly clear to me that we no longer have the luxury of feeling safe.

Like so many others in countries where violence is an everyday occurrence, our sense of security has been stripped from us, the illusion of safety destroyed forever. Next to the American Flag which we now adorn so proudly, are our feelings of vulnerability which can be clearly seen worn on our sleeves.

On September 10, 2001, no innocent citizen expected the events of the following day to take place. Our anxiety grows as we no longer know what we can expect from tomorrow. The uncertainty about our future safety is something that we as Americans have almost no familiarity with. If we are to survive psychologically, we must learn to cope.



### Acute Traumatic Stress

When exposed to trauma or disaster, it is normal for one to experience an array of distressing symptoms. Acute traumatic stress, a short-lived psychological condition generally lasting from four to six weeks, can manifest in many ways. First, you may feel a sense of numbing disbelief. "I feel like I'm in a daze. This can't be happening." Then comes the hurt, which for some quickly turns to anger. "How dare they! Let's just nuke them all." Sleep patterns may be disrupted and you may experience flashbacks of the traumatic scene as daydreams or nightmares. You might also find yourself feeling depressed or irritable for no apparent reason. Your concentration may suffer and you may experience changes in appetite.

As life returns to normal, your psyche will begin to rally as well. The trauma slowly begins to fade into the past like the scene of an accident along the side of the highway which soon fades into a small speck as you drive further and further away from it. You eventually begin to accept that life must go on and your anxiety begins to subside. For some however, the trepidation remains and may even increase over time. When symptoms increase or fail to resolve over time, Posttraumatic Stress Disorder, a long-term negative reaction to exposure to trauma, has taken hold.

### Posttraumatic Stress Disorder (PTSD): A New Scenario

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM IV), the clinical criteria associated with PTSD include: recurrent and intrusive distressing recollections of the event (i.e., flashbacks of the traumatic event), persistent avoidance of stimuli associated with the trauma (i.e., avoiding tall buildings), numbing of general responsiveness (i.e., diminished interest in others and/or participation in activities once considered enjoyable), and persistent symptoms of increased arousal (i.e., becoming startled upon hearing any loud noise).

Typically it is assumed that one must experience direct involvement with or exposure to a traumatic event in order for that individual to develop Posttraumatic Stress Disorder, or PTSD. With the advent of technology however, this equation is beginning to change. You

can be sitting in the comfort of your living room thousands of miles from a trauma, and witness the unfolding of the incident as if you were actually there.

With live coverage and round the clock repeated exposure to disastrous occurrences as they unfold, I believe that we have entered a new era; an era in which there is increasing potential for many individuals to develop long-term anxiety symptoms through vicarious exposure to trauma. In a sense we are trapped between a rock and a hard place. We seek comfort by staying glued to our television sets, not wanting to miss out on any developments, while simultaneously subjecting ourselves to repeated indigestible images that traumatize our souls.

### **Resiliency: Why Some People Are Effected More Than Others**

According to Webster's dictionary, "resiliency" is characterized by "a capability of withstanding shock without permanent deformation or rupture" or a tendency to "recover from or adjust easily to misfortune or change." Research on psychological resiliency reveals that the degree to which one is adversely effected by traumatic exposure is dependent upon many factors.

First, individuals who have a strong support system and are willing and able to talk about the traumatic experience and the feelings it provokes are more psychologically resilient than those who keep their feelings to themselves. One's attitude also has a positive influence on recovery. Studies have shown that maintaining an optimistic attitude in the face of adversity can help one to get through extremely difficult situations.

Similarly, people who turn terrible events into challenges fair better than those who do not. John Walsh for example, whose son Adam was murdered, refused to allow himself to be defeated by his terrible loss. Instead, he became an advocate for missing children and is now host of "America's Most Wanted" on Fox television. Emotional flexibility also plays an important role in psychological resilience. An unwillingness to accept that which has occurred and an insistence on maintaining a rigid attitude in face of change makes it far more difficult to "roll with the punches" when faced with a catastrophe.

Finally, a belief in God or greater power larger than oneself has been shown to enable survivors of trauma to gain a broader perspective and therefore view catastrophic events as simply a part of a much larger scheme.

### **Tips for Coping with Anxiety**

The following guidelines can be useful in combating the emotional repercussions of trauma:

1. Recognize that you are not alone and that your anxiety is a normal reaction to trauma. Few people have been unaffected by the terrorist attacks and those who claim they haven't may be in denial.
2. While your feelings may seem overpowering at times, talking about them with others can be tremendously helpful and lessen the impact they have on your life.
3. If you belong to a church or other religious organization, attend services as you may find solace in God.
4. Try placing limits on your exposure to fear inducing graphic images by watching no more than a half-hour of television news per day. If you are still disturbed by the graphic images, try reading the newspaper instead.

5. Routine provides a sense of stability and normalcy. Recommence with any activities you have put aside. Avoiding the things you fear only serves to fortify feelings of anxiety.
6. Give to others. The act of giving can help to take your mind off your problems. There are numerous organizations that can use your help.
7. Exercise can help to get you mind off things and release endorphins which can make you feel better. Get plenty of rest and eat properly.
8. Seek professional help. If you anxiety doesn't diminish despite taking proactive measures, speaking with a mental health professional can help your life return to normal.

There is no doubt that life as we've known it has changed forever. Once aware only of our strength as a nation, we are now cognizant of our weakness and vulnerability. While it is our government's job to fight terrorism with whatever means at their disposal, it is our job as individuals to learn to fight against our internal demons. If we allow terrorists to succeed at destroying our spirit, then they will have truly won.

### **About Gary D. Stollman, Ph.D....**

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## Dealing With Stress Caused By a Disaster

A major disaster, such as our nation's recent tragedy, not only leaves a trail of lives lost, physical injuries, and property destruction in its wake, it also results in thousands of its victims--along with untold numbers of those who are indirectly yet very affected--suffering from a damaged sense of emotional balance.

In addition to healing bodies, mourning losses, restoring buildings, and replacing material possessions during the recovery period, all of those affected, directly and indirectly, need to devote time to restoring their own emotional equilibrium. (This can be especially important for children who do not have years of life experience to guide them.)

### Tips

- \* Be extra patient.
- \* Determine what's really important, keeping in mind that your spouse's or other close family member's or friend's viewpoint on what should be considered top priority may be different from yours.
- \* Don't expect things to instantly restore themselves. Accept that restoration (both physical and emotional) takes time.
- \* Realize that disaster victims have suffered losses and it's natural for them to express disbelief, anger, sadness, anxiety, and depression afterwards.
- \* Realize that the emotions of victims will roller-coaster and moods can change unexpectedly.
- \* Don't overlook the feelings of children as you deal with the situation. They need to feel that they can count on you for the extra attention, love, and support needed to get through. Reassure them, making sure they understand they are not responsible for the problems you face.
- \* Try to keep your family diet as nourishing as possible under the circumstances.
- \* Refocusing on the big picture, instead of the little details and the little problems, will help give you a sense of competency.
- \* Be aware of the tendency to resort to bad habits when you are under stress.
- \* Talk with friends, family, members of the clergy, counselors or other mental health professionals. In crisis situations, a supportive network is essential and asking for help is a sign of strength.

## Posttraumatic Stress Disorder--When the Disaster Lives On

People who are afflicted with posttraumatic stress disorder (PTSD) suffer from pronounced symptoms of distress after experiencing or witnessing a traumatic event such as rape or other criminal assault, war, child abuse, natural disasters, or catastrophic accidents that prompted intense fear, helplessness, or horror. These profound feelings of disturbance persist at least a month and cause significant distress or compromise in social, occupational, or other important areas of functioning.



PTSD can occur immediately after the initial traumatizing incident or it can have a delayed onset in which the symptoms begin to surface many months later.

### Symptoms of PTSD

Symptoms of posttraumatic stress disorder include:

- Persistently re-experiencing the event through intrusive thoughts, dreams, or flashback episodes
- Intense distress when exposed to cues that symbolize or resemble the event
- Avoiding stimuli associated with the event and numbing general responsiveness by: avoiding thoughts, feelings, conversation, activities, places, or people associated with the trauma
- Having an inability to recall important aspects of the trauma
- Lack of interest in participating in regular activities
- Feeling irretrievably detached from others
- A restriction of the normal range of emotions, often including the inability to have loving relationships
- Exaggerated and easily provoked startle response
- Difficulty sleeping
- Irritability or angry outbursts
- Difficulty concentrating
- Sense of foreshortened future
- Feelings of guilt about the event

## **What Causes PTSD?**

Posttraumatic stress disorder has frequently been referred to as "shell shock" or "battle fatigue syndrome." While the exact cause of PTSD is as yet unknown, it is clear that a person with PTSD must have experienced a profoundly distressing event, such as a natural disaster, assault, combat, or serious accident and it is also understood that the disorder tends to be more severe when the stressor involves deliberate human malice, as opposed to a twist of fate or bad luck.

Recent findings from Harvard researchers describe how children from violent homes are especially susceptible to PTSD. A child's vulnerability and helplessness amidst the daily violence and dangerous discord of their family life can be as traumatizing as if they'd experienced war or a natural disaster.

Because not all people who experience a serious stressor develop PTSD, other variables, such as personality and biology, may play a role in who does or does not get the disorder.

## **Susceptibility to Co-Occurring Mental Disorders**

PTSD is associated with increased likelihood of co-occurring mental disorders. In a large-scale study, 88% of men and 79% of women with PTSD met criteria for another mental disorder. The co-occurring disorders most prevalent for men with PTSD were alcohol abuse or dependence (51.9%), major depressive episode (47.9%), conduct disorder (43.3%), and drug abuse and dependence (34.5%). The disorders most frequently comorbid with PTSD among women were major depressive disorder (48.5%), simple phobia (29%), social phobia (28.4%) and alcohol abuse and dependence (27.9%).

## **PTSD's Impact On Psychosocial Functioning**

PTSD also makes a significant impact on psychosocial functioning, independent of comorbid conditions. For instance, Vietnam veterans with PTSD were found to have profound and pervasive problems in their daily lives. This included problems in family and other interpersonal relationships, employment, and involvement with the criminal justice system.

## **Physical Symptoms Associated With PTSD**

Headaches, gastrointestinal complaints, immune system problems, dizziness, chest pain, or discomfort in other parts of the body are common in people with PTSD. Often, medical doctors treat the symptoms without being aware that they stem from PTSD.

## **What is the Course of PTSD?**

Most people who are exposed to a traumatic stressor experience some of the symptoms of PTSD in the days and weeks following exposure. Available data suggest that among individuals who go on to develop PTSD, roughly 30% develop a chronic form that persists throughout an individual's lifetime.

The course of chronic PTSD usually has periods of exacerbation and remission or decrease, although for some individuals symptoms may persist at an unremitting, severe level. Some older veterans who report a lifetime of no or only mild symptoms have experienced symptom exacerbations following retirement, severe medical illness in themselves or a loved one, or exposure to reminders of their military service (such as reunions or media broadcasts of the anniversaries of war events).

## **How Common is PTSD?**

An estimated 7.8% of Americans will experience PTSD at some point in their lives, with women (10.4%) twice as likely as men (5%) to have the disorder. About 3.6% of U.S. adults, ages 18 to 54 (5.2 million people), have PTSD during the course of a given year. This represents a small proportion of those who have experienced a traumatic event at some point in their lives (60.7% of men and 51.2% of women reported having experienced at least one traumatic event).

The traumatic events commonly associated with PTSD are:

### *For Men:*

Rape, combat exposure, childhood neglect, and childhood physical abuse.

### *For Women:*

Rape, sexual molestation, physical attack, being threatened with a weapon, and childhood physical abuse.

About 30% of the men and women who have spent time in war zones experience PTSD. An addition 20% to 25% have had partial PTSD at some point in their lives. Thus, more than half of all male Vietnam veterans and almost half of all female Vietnam veterans have experienced "clinically serious stress reaction symptoms." PTSD has also been detected among veterans of the Gulf War, with some estimates running as high as 8%.

## **Treating PTSD**

PTSD is treated by a variety of forms of psychotherapy and drug therapy. While there is no definitive treatment, some treatments appear to be quite promising, especially cognitive-behavioral therapy, group therapy, and exposure therapy, in which the individual repeatedly relives the frightening experience under controlled conditions to help him or her work through the trauma.

Studies have also shown that medication along with therapy can provide effective treatment. Medications can help ease associated symptoms of depression and anxiety and help ease sleep. Recent findings on the biological changes associated with PTSD have spurred new research into drugs that target these biological changes, which may lead to much increased medication efficacy.