

Disasters in a child's life can be varied. What may seem devastating to one child may be an ordinary event in the life of another. How we react to those situations may serve to help a child cope with a potential life threatening, injury-producing incident. It is important to recognize signs & symptoms of a disaster that are non-typical behavior in a child. Some of these are:

- Sense of fear
- Sense of worry
- Life safety threatened, or perception of endangerment
- Not in control of basic life exercises (meal times, home, clothing, etc.)
- Forced in to a role-reversal with an adult (child helping adult to cope)
- Feeling of isolation from trusted adult (parent, grandparent, teacher)
- Flashbacks of previous trauma, tragedies, events
- Uncertain future (remember that "future" to a child could be the next minute, hour, or day)

Knowing how typical children of similar ages would act or react to disasters is helpful in trying to identify signs & symptoms, but not at all 100% reliable. Most often a child's parents or teachers will be able to establish a usual or baseline behavior and also relate what is different in the child after an incident. Some changes in behavior are:

- Desires more than normal attention to him/herself
- Over- or under-emotional episodes (for age)
- Inappropriate talk, comments, or actions
- Appears "on edge" or "jumpy"
- Isolates self from other peers normally associated with
- Reticent to share
- Minimal or no eye contact (possibly a cultural trait)
- Inability to focus on the task at hand, or to move on to new one
- Constantly tired, not motivated
- Performance drops off

In setting up a defusing for children all these changes must be considered—keep in mind, however, that each child is different and may exhibit one, some or none of these changes in behavior.

Defusings with Children

Defusing with children after a disaster or event can provide coping skills and aid in the healing process. Critical Incident Stress Management (CISM) teams have provided local law enforcement, fire, and emergency medical services with structured sessions designed to minimize the effects of a disaster. The CISM team can provide a supportive, interactive environment within a small group setting, and facilitate an identification of facts/events to promote expression of the disaster. This is a method clinically proven to help disaster victims begin to cope and to heal. The method is based on the International Critical Incident Stress Foundation's format, developed by Dr. Jeffrey T. Mitchell. This method has been used in disasters, large and small, internationally for over ten years with favorable results in most cases. Many team members have training in CISM with children. The goal in starting this process with a defusing is for the child to be restored to his/her previous (pre-event) functioning level.

While the event and situation will dictate where and when a defusing is held, generally it should not be delayed over eight to twelve hours post-event. Once a site and time are set, efforts should be made to have at least one CISM team member to four victims. While parents and teachers are encouraged to support this process, it is usually more beneficial if they are not included in the defusing. This allows the child to identify coping mechanisms of their own and also to validate resources that they might feel led to explore. *The defusing process is neither psychotherapy nor counseling.* Participation is voluntary. The involvement of the greatest number of victims related to the event helps in a more complete recounting of events and also prevents victims from being singled out. Victims are encouraged to attend to not only help themselves but also their peers.

During the defusing process, participants will be asked to relate the disaster in three ways:

1. **General events:** talk about how the event happened. In natural disasters, education on what makes them occur (weather patterns, geologic formation, etc.). For man-made occurrences, relate how difficult it can be for us (collectively) to understand why people do things.
2. **Event-specific:** discussion on the event that just occurred. Identify localities, time and order of events that happened and what was the victims' role in them.
3. **Personal:** what did each victim experience before, during and just after event occurred. This may be very emotional for some and time should be given to all that wish to share.

In sharing from the General-to-Specific approach, often times the CISM team members will use a Talking Method or, and most often with younger children, they will use a Drawing Method. Also included in the process is a period of reflection where little or no verbal interaction takes place, providing a sense of closure for the defusing (NOTE: There are occasions where both methods are used.).

Talking Method

To encourage response, open-ended questions (that cannot be answered with a simple 'yes' or 'no') are posed. These questions are of the Who, What, Where, When & How type and serve to place the victim in a narrator-role recounting the event. By identifying the particulars in the event, the victim can start to understand that their involvement in the event was one of many. Also by hearing other's accounts, victims will see that some areas will be more difficult to deal with emotionally. Counsel and validation of emotions will be encouraged as a method of release. Emotions are normal reactions to a disaster and can range from anger to fear, nervous laughter to uncontrolled sobbing. Knowing what is the source of the emotion is one of the first steps in returning to pre-incident status. Examples of questions for defusings are:

- o Where were you when the event occurred and what were you doing?
- o Who was with you? Family? Friends?
- o What was your first thought when it happened?
- o While it was occurring, what were you thinking about it?
- o What did you see?
- o What did you hear?
- o What did you smell?

(By identifying the senses that accompanied the victim's experience, they will realize what may trigger an emotion afterwards. Some tragedy survivors (i.e. Vietnam vets, war refugees) have very vivid memories linked with senses that they deal with for a long time.)

- o Describe what moved or fell, or how the vehicles were moving.

- What are some of the changes it made for you? (Living conditions or lifestyle)
- What kind of sounds did it make? (Allow for screaming, yelling, loud expressions)
- What did you do after the event?
- What were your first thoughts after it was finished?
- What was something that you lost? (Personal property, not people, that was broken, stolen, or lost)
- What were others doing around you when the event occurred?
- If you could change one thing about the event, what would that be?
- What was something you may have done that was funny or silly?
- Were you hurt? Was anybody you know hurt? Was anybody you know killed?
- What was something that you did that was helpful to others? Or what would you do to help if it happened again?
- What was something that happened that was good?
- What are your thoughts now (post-event)?
- What is/are something(s) that makes you feel better?
- How have you dealt with problems or tough times before?
- What would you do differently if it happened again?

Make efforts to include all children in the conversation. Children who have language barriers should be offered a peer or translator to aid in their verbal expression. The role of the CISM team is to facilitate the conversation. The aim of the exercise should be to help comfort children, validate new concerns and start in the healing process. In subsequent defusings/debriefings these questions may be asked again.

In the Talking Method some exercises may be helpful for children to communicate clearly what he/she has experienced. The use of photos or props may aid a child's re-telling of the event. Puppets may assist a shy child in acting out their story, or costumes and uniforms can be used in skits or role-playing dramas to act out the event. Making the event "familiar" also makes it less threatening in life experiences, but also retains the healthy respect of the danger encountered.

Genuine reasons for a child victim NOT to verbalize willingly are sometimes detected. These stem from cultural or personal experiences, being raised in a family or non-family atmosphere that does not encourage verbal expression, or a lack of trust in the process or adults in general. *These reasons are to be valued and not discounted.* When detected, a possible option is the Drawing Method.

Drawing Method

Introduce drawing as a way of "expressing" or "talking", but silently. Cite examples of others expressing themselves in ways other than talking (singing, dancing, artwork, etc.). This should be reserved as an alternative exercise, NOT as a required activity. This would only produce forced expression that may not be indicative of the event at all. The previous questions (from the Talking Method) can be used to lead the activity or even provide a topic for a drawing. The collected drawings can be formatted in a book, journal or collage as a group project, further unifying the group in support. Murals also furnish a way to get the victims working on a common, focused project. Old magazines can provide pictures that can be cut out to express events and feelings that can be glued to pictures or murals. Suggest plenty of options, rather than particulars, for expressions (instead of saying "draw a firefighter putting out the fire", say "draw someone helping someone else at the [disaster]"). Use of crayons, felt tip markers, pencils, pens are better than paints for these activities. Paints are too "lax" a medium to use and a child and they may bring up things outside the event at hand. Emphasis should be put on "creating an expression of feelings or events" rather than "making a pretty picture".

Acceptance of any and all expressions, regardless of clarity or unidentifiable objects, is crucial—tell the children that they are not being judged or graded on projects. Also be aware that some children may not want to share their artwork, and that should be respected also. There should be more than one adult present to help in encouragement and with equipment.

After project(s) are completed, have the victims share (only if they want to) what they created. Many may want to participate, so be aware of any time constraints put on the session. Tactfully guide an interpretation so that all that want to share will be allowed to (avoid narrations that just drone on or bring more information than just the event). Attempt to “read” the artwork for its face value, however if an explanation or aspect is suspect (recurring themes, over fascination with destructive or death items/symbols) then reference to a higher trained professional may be recommended. Again, the best way to find out about a victim’s illustration is to ASK THEM ABOUT IT!

Other Methods

Continuation of communication (especially in the situation where a classmate has died or is absent for an extended period) is vital. Anniversaries of the event may bring up some of the old feelings and symptoms. Take the time to have a dignified time to ponder on what has occurred and where each victim is in relation to that time. Leave a “suggestion” box out for concerns that the teacher/counselor can answer questions from. Be sure to have a structured type of response for these concerns. Prepare a resource area or board on where victims can go to educate themselves more about the disaster, if desired. Newspaper and news programs can provide a lot of materials for this area. Encourage victims to add to the file/board about the event.

CISM teams can provide a process to help the school and community cope with a disaster or tragedy. The value of calling on this resource is well documented in the fire/EMS/law enforcement fields, and can also be applied effectively in schools.

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