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B. Practical Suggestions for Assisting Children in the Aftermath of a Tragedy

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The manner in which children react to tragic events is dependent upon a number of variables including the age of the child, personal history, personality variables, the severity and proximity of the event, level of social support available and the type and quality of intervention. It is important to realize that most children will recover from the effects of a crisis with appropriate support from family, friends, and school personnel.

It is essential that adults balance their efforts to address their child's emotional needs with their own emotional responses during times of crises. Caregivers should remain aware that in order to "be there" for children, they need to "be there" for themselves as well. Seeking professional assistance is recommended if you or your child's reactions begin to significantly interfere with life functioning or if negative emotional, cognitive, behavioral and physiological responses become predominant. The following are suggestions that you can utilize in your effort to assist children.

1. Be aware of your own reactions to the event. Very young children (e.g., preschool) take their cues regarding how to respond by monitoring the reactions of significant adults in their environment (e.g., parents, teachers, older siblings). Attempt to model calm behavior. Moreover, do not be critical of clingy behavior or other regressive reactions (e.g., nightmares, bed-wetting, somatic complaints) exhibited by the child. These are typically "normal" responses for children under significant forms of stress.

2. Keep yourself available for providing extra attention to your child. Such attention not only provides an opportunity for a child to express what they have experienced but also reaffirms their sense of closeness and security with you. Give them additional affection in the form of hugs or other physical contact if it seems appropriate. Don't avoid discussion about this incident if your child expresses a desire to talk. Assisting children *during* such a crisis when they are most vulnerable to the deleterious effects of traumatic exposure, may provide a tremendous opportunity for caregivers to stimulate healthy, adaptive functioning. Maintain a warm, genuine and facilitative or helping attitudinal climate.

3. Be mindful of the child's cognitive and emotional functioning level. Giving too much information to a younger child may foster a sense of confusion as well as fear and insecurity. Younger children require the use of simpler words and concepts. Do not be overintellectual in your effort to describe the incident (something that is easy to do as we attempt to reduce our own anxiety when discussing certain issues). Adolescents may try to minimize or downplay their concerns about the situation. Keep an open line of communication with them. Encourage, but *do not insist* on, discussion.

4. Use empathic communication by acknowledging, understanding and expressing an appreciation of your child's experience. Attempt to comprehend the feelings that lie beneath his words (and actions) and convey that understanding to him. For example, you may ask what he knows about the events and give him a chance to describe what he has been thinking about since the incident. Let him know that many people of all ages are also upset and that many are working together to prevent such a thing from happening again. When appropriate, express your own feelings (e.g., "I am sad about what happened as well . . . Let's talk about what you have been feeling . . . "). Not only does this help develop a child's vocabulary for expressing emotions (through modeling), but also begins the important process of validating and legitimizing their thoughts and feelings regarding the event. Reassure them that feelings of fear, sadness, anger, and guilt are "normal" reactions to an "abnormal" experience.