

“On the other side of a storm is the strength that comes from having navigated through it. Raise your sail and begin.”

**Gregory S. Williams**

Immediate response in crisis  
situations with children and caregivers

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Children grow up to be a reflection of the relational context in which they are living.

In utero, and during the first years of a child's life, the child's brain rapidly develops and organizes to reflect the child's environment (Perry, 2009).

It is use dependent.

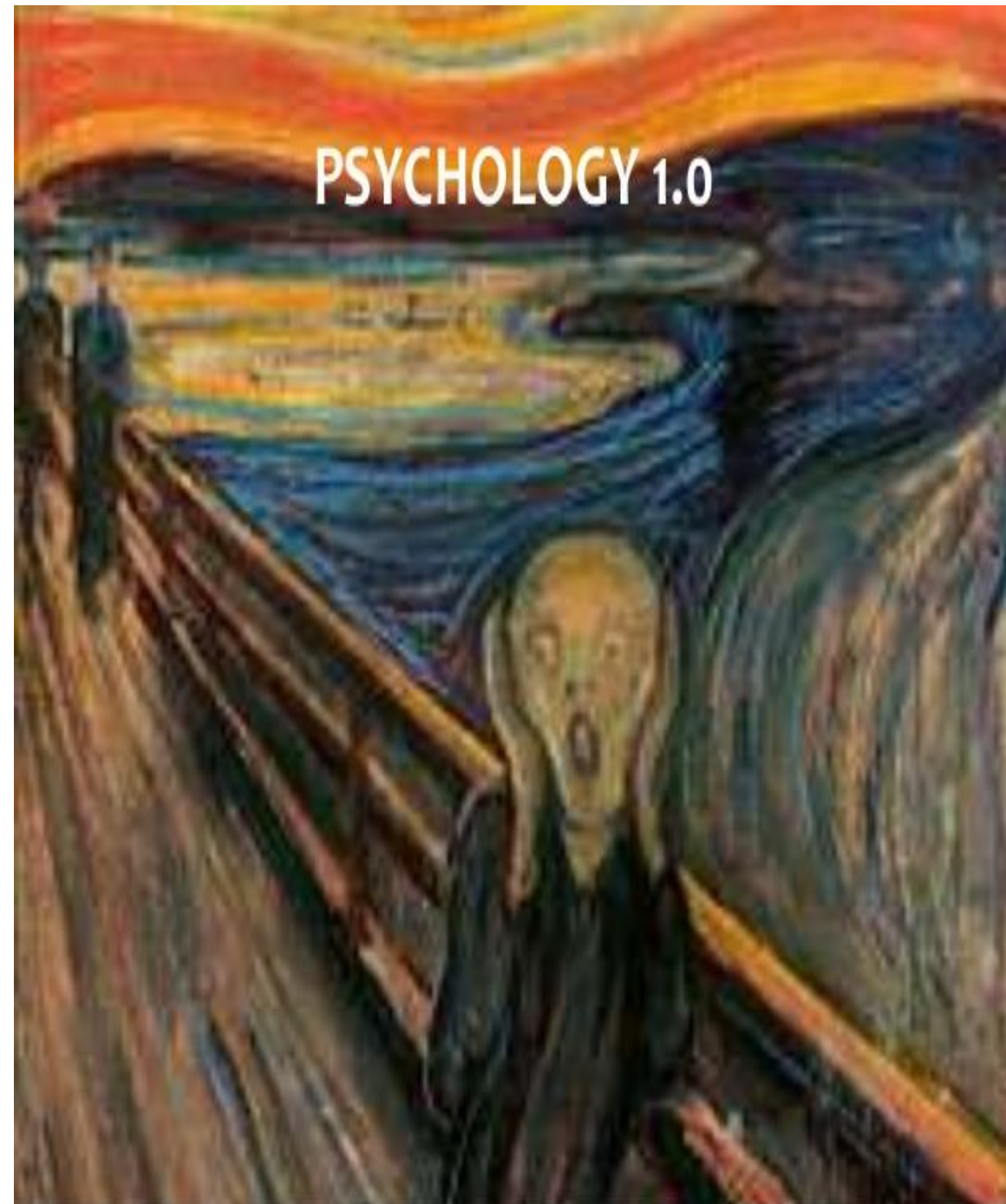
This period is a time of great opportunity—if the child is developing optimally. It is also a period of great vulnerability in which exposure to traumatic stress greatly impacts development.



# Definition of Trauma

The three “E’s” of trauma:

An **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects**.





# What is the goal of immediate trauma intervention?

To stabilize the child emotionally and enhance his/her feelings of safety and control.

The process typically involves three levels :

- retaining safety
- defusing,
- social responsiveness



6:22



השבוע |

פנינו היפות | אורי לוי עם המאושפזים והצוותים בבית החולים הישראלי באוקראינה

# What is the goal of immediate trauma intervention?

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A child that is going through a traumatic event and is under great stress will be:

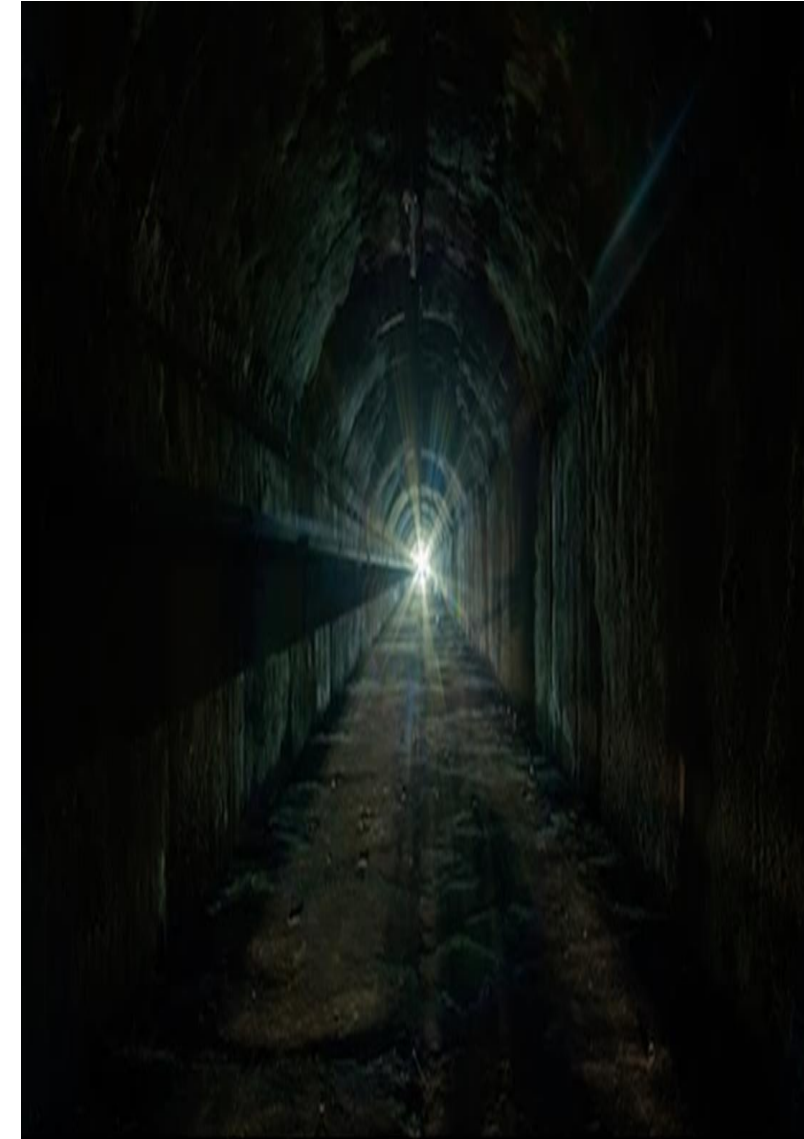
- Scared of his own emotional behavioral and physical reactions.
- Scared that life will never be the same as it was before(loss of the protective shield).
- Hopes that If he will not think of what happened it will go away (Phobia of memories).



# How do children cope when faced with overwhelming events?

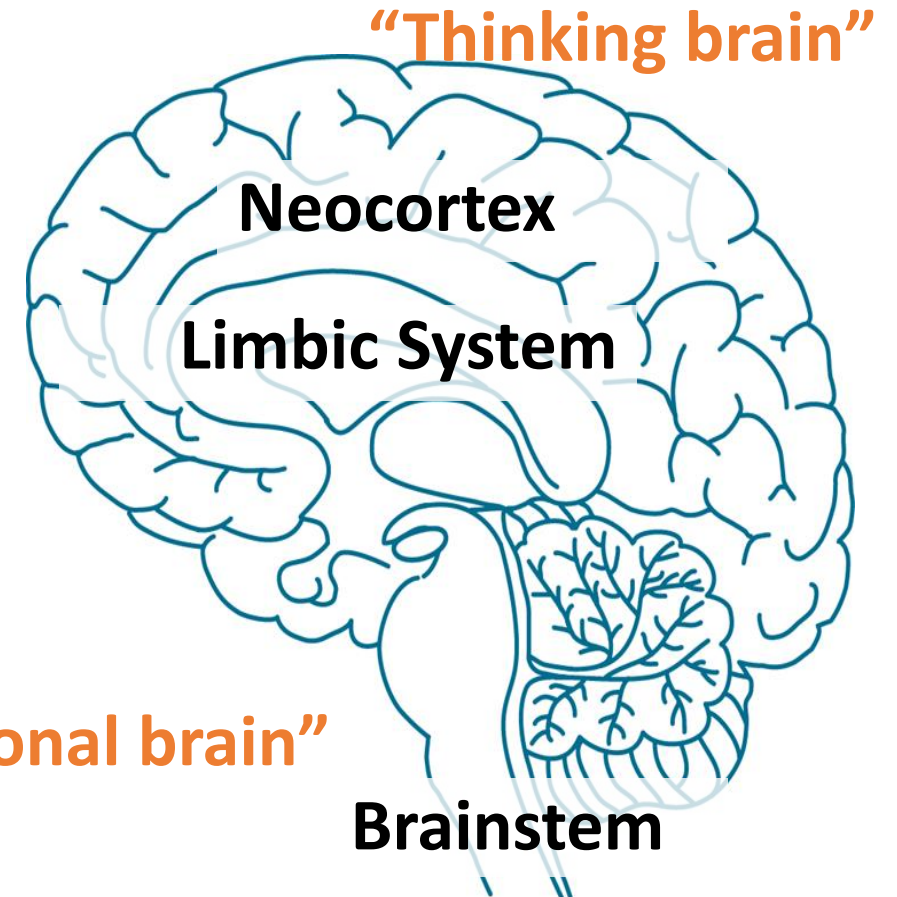
- There is no one way that people respond to trauma.
- It is very important to know that the impact of traumatic events is highly individualized. Each person responds differently to trauma

It is not the event alone that modifies the adjustment of each individual child,  
it is the individual's past traumatic history, available resources and the attachment he had experienced prior to the events.

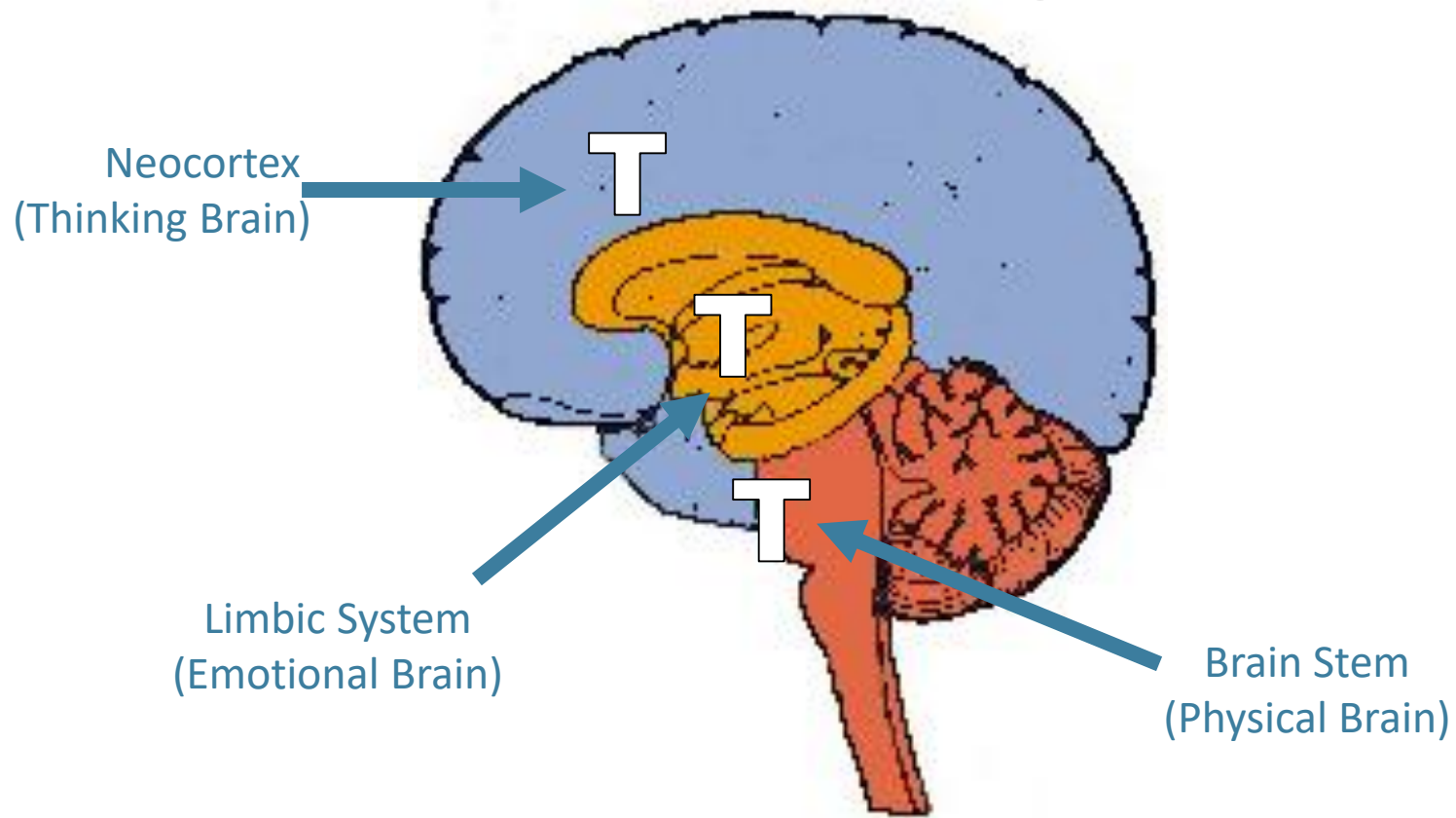




- Experiences become traumatic when they overwhelm our ability to cope.
- Traumatic experiences come in many forms, ranging from one-time events to experiences that are chronic or even generational.
- Exposure to trauma in childhood is common.
- Risk for exposure to more than one type is high.
- Contextual factors increase risk for trauma.



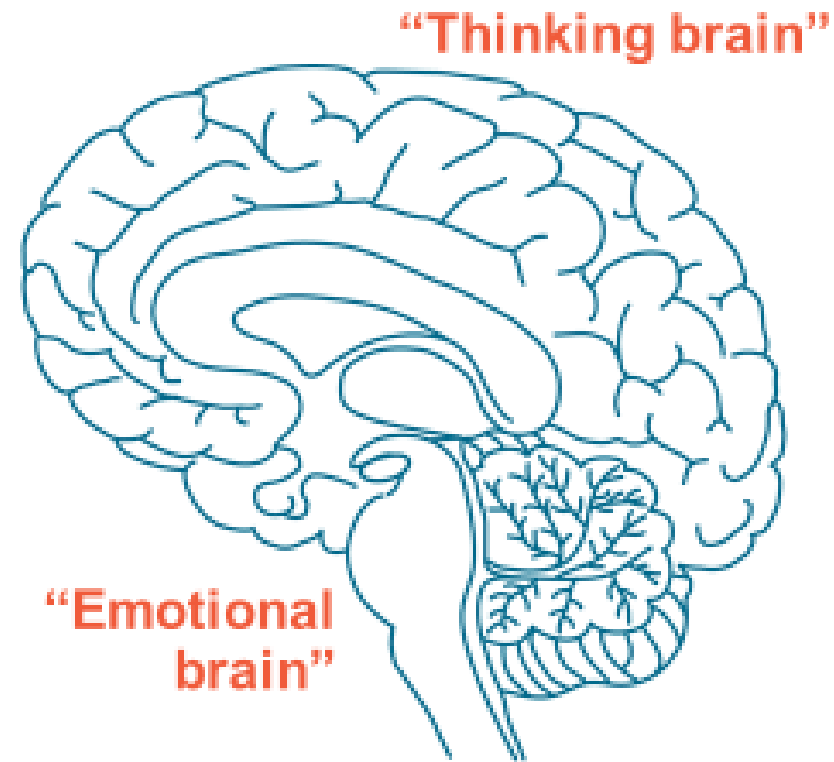
# Trauma Storage and the Brain



# THE STRESS RESPONSE SYSTEM

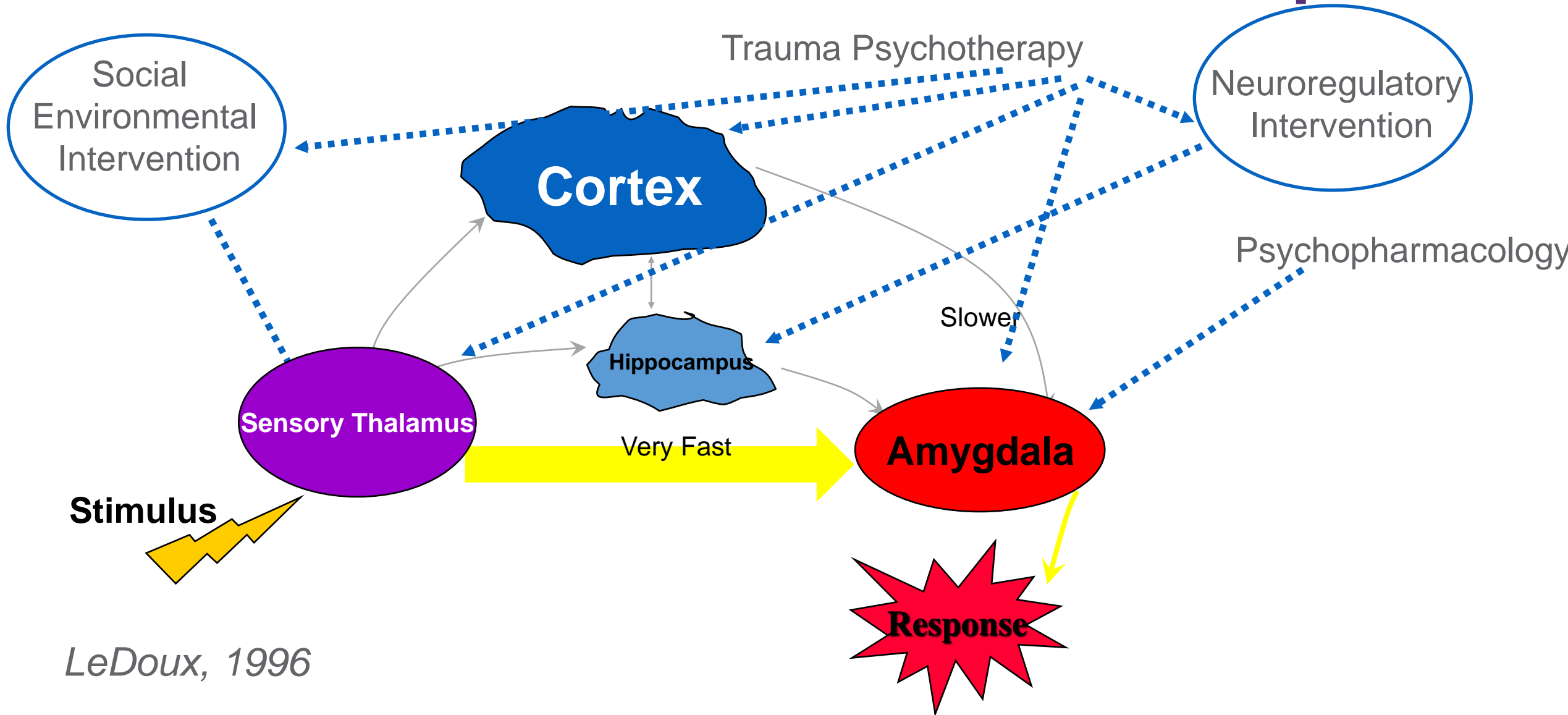
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1. The amygdala senses threat and sets off the alarm.
2. Thinking brain assesses the situation.
3. Thinking brain goes off-line. Emotional brain activates fight or flight response.
4. Thinking brain helps shut off the alarm and helps us to calm down.





# Between stimulus and response



# Children's` reactions to acute traumatic stress

## **Avoidance**

Children may try to avoid reminders, activities, thoughts and feelings related to the event. Look for the following signs:

Withdrawal from friends and social interactions

Memory loss for information about/blocking out negative details of the event

“Flat” emotions or “numbing” of emotional expression; inability to express a wide array of emotional responses (i.e., "detached")

# Re-experiencing

## Re-experiencing

Children may show evidence of re-living aspects of the event, or of having recurring images and thoughts about the event. Look for:

Repetitive play about or acting out of trauma-related  
Events

The child acting as if the event is occurring again

Frequent nightmares about the event

Distressing psychological reactions to reminders of  
the event





**Arousal:**

Increased arousal such as difficulty sleeping and concentrating, feeling jumpy, and being easily irritated and angered.

First step: Identify whether there is severe mild or acute reactions to the recent traumatic event:

CHILD'S AGE RESPONSE BEHAVIOURS TO TRAUMA :

5 years and younger: Regression, crying, screaming, trembling; "freezing", aimless motion, clinginess, thumb sucking, bedwetting

6 - 11 years old Disruptive behavior, inability to pay attention, anger outbursts, fighting, irritability, complaints of stomach/headaches, sleep disturbances/nightmares, withdrawal from others, irrational fears, refusal to attend school, feelings of guilt, "flatness"

12 - 17 years old Flashbacks, nightmares, problems with peers, mood swings, depression, sleep disturbances, substance abuse, academic decline, suicidal thoughts, physical complaints



# Common Trauma Responses

Center for School Mental Health Assistance  
Crisis Intervention: A Guide for School-Based Clinicians

## Age-Associated Reactions of Children Exposed to Traumatic or Stressful Events

0-5 years	crying, excessive clinging, regressive behaviors (e.g., thumb sucking, bedwetting, loss of bladder/bowel control, fear of darkness or animals, fear of being left alone, fear of crowds or strangers, inability to dress or eat without assistance), sleep terrors, nightmares, irritability, confusion, sadness, eating problems, reenactment via play.
6-11 years	regressive behaviors (bedwetting, excessive clinging, irrational fears), sleep terrors, nightmares, sleep problems, irritability, aggressiveness, disobedience, depression, somatic complaints, visual or hearing problems, school problems (e.g., school refusal, behavior problems, poor school performance, fighting, concentration problems, distractibility), withdrawal, lack of interest, peer problems, increased conflict with siblings.
12-17 years	withdrawal, isolation, somatic complaints (e.g., nausea, headaches, chills), depression/sadness, agitation or decreased energy level, antisocial behavior, poor school performance, sleep and/or eating disturbance, irresponsibility, risky behavior, alcohol and other drug use, diminished bids for autonomy, decreased interest in social activities, conflict with parents, concentration problems.

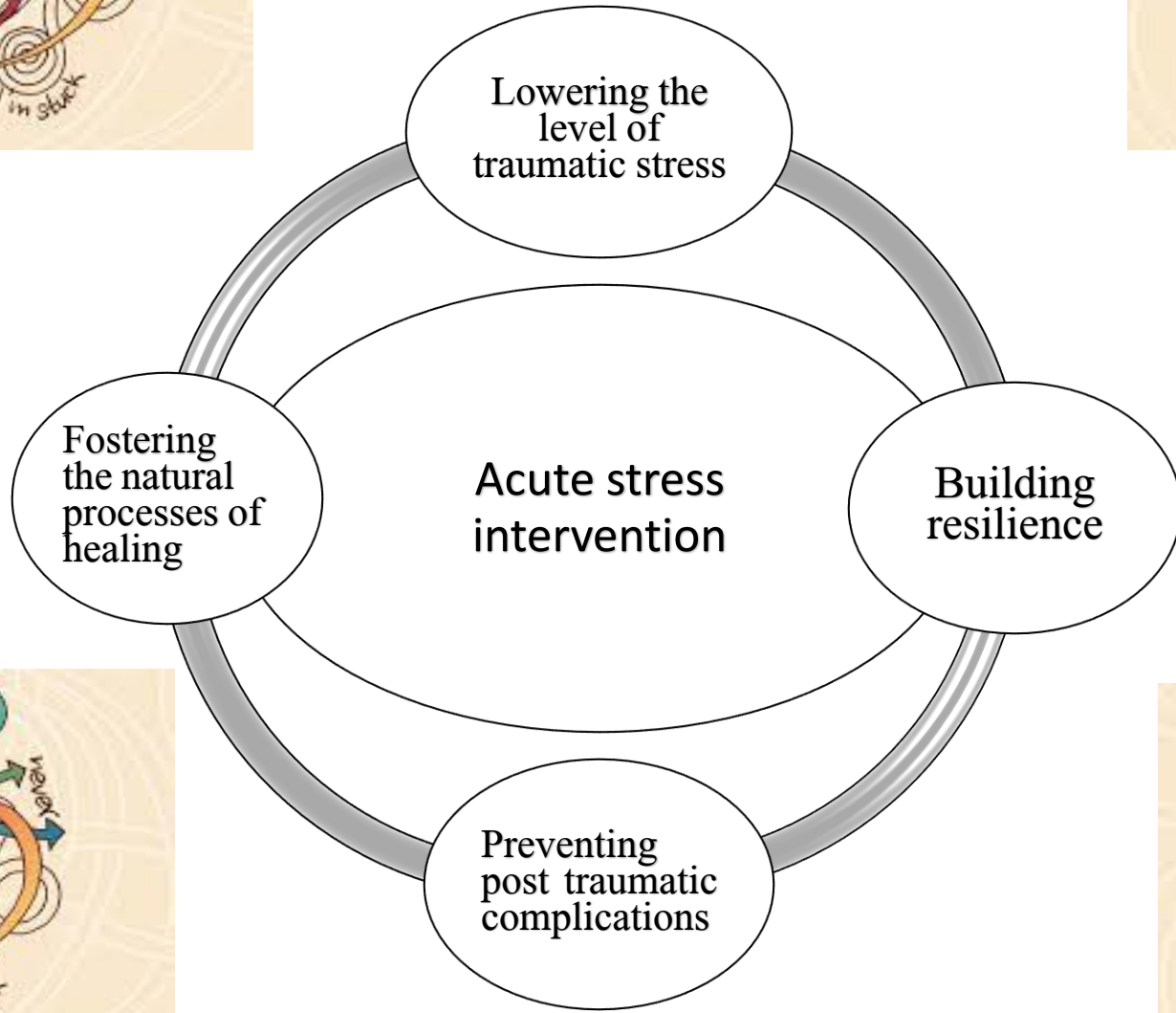


- Typically we expect that symptoms of trauma diminish with time and a person returns to some level of appropriate functioning within two to four weeks. However, some children may exhibit severely intense long-term reactions in the aftermath of a traumatic event that may be diagnosed as Post Traumatic Stress Disorder (PTSD).

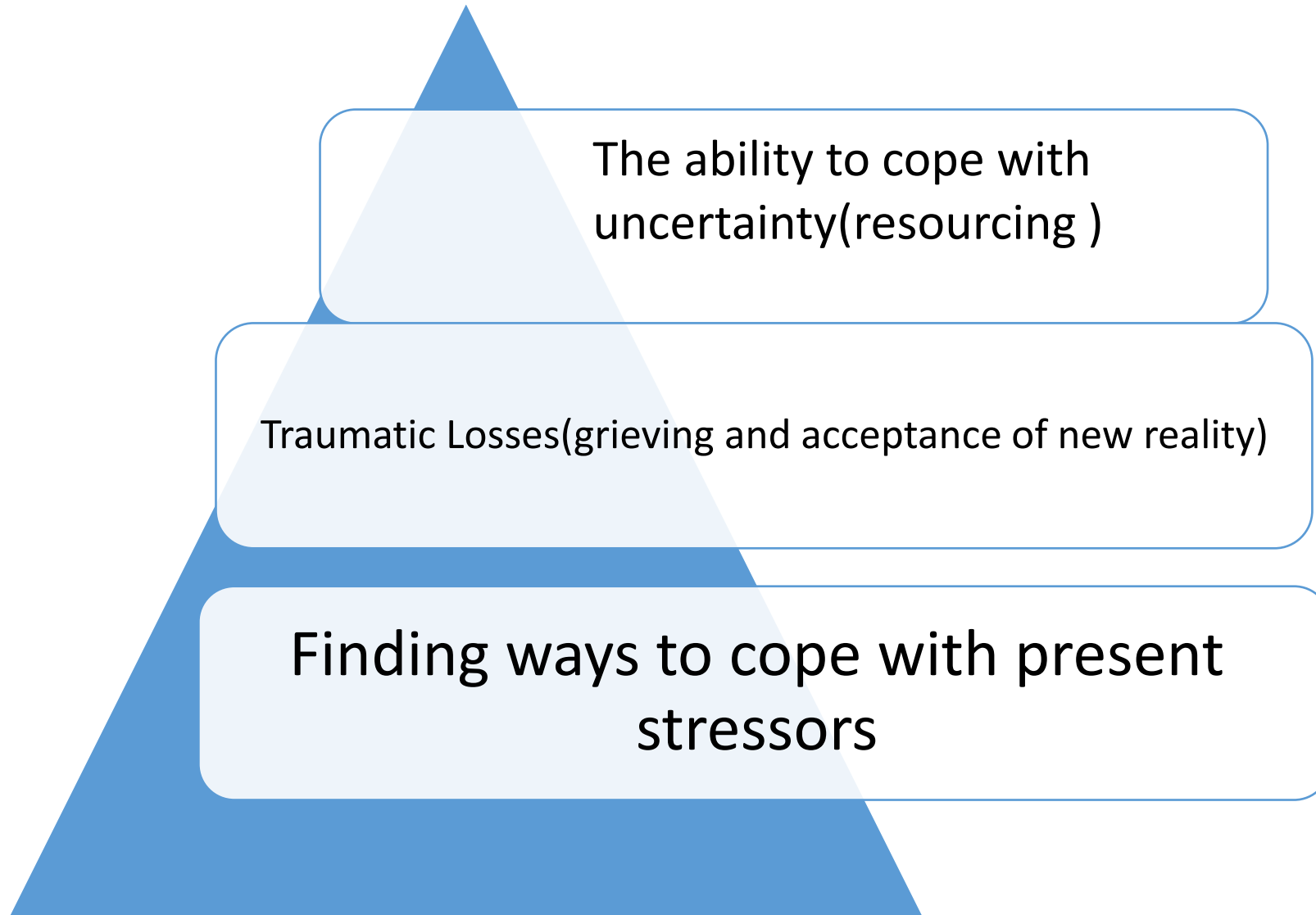
# Acute Stress intervention is essential.

- We intervene as soon as possible ,otherwise the probability of developing significant PTSD and maladaptive behavior difficulties increases.
- Research indicates that trauma intervention is very effective in preventing the development of PTSD.
- Parents, teachers, and support staff (e.g., psychology and social work staff) can help children cope and reduce the psychological effects of a traumatic event by immediately intervening and being observant of those who may be at greater risk. Such intervention is also conducive to building resilience

# The Goals:



# Fostering Resilience



# Basic Protocol for acute stress

- Create rapport and warm relationship
- Check Present orientation and grounding
- Let the client express himself freely and check for coherence and fluency, notice whether there are signs of dissociation.
- Normalizing: “The reality is unnatural your reactions are normal”
- Reframe his reactions as ways of coping.





\*Convey the expectation that as time passes things will be different.

Ask: What do you know about yourself that helps you cope in the present situation?

\*Focus on what he needs in order to go on with the daily routine,  
Follow the child's own pace.

\*Encourage him to talk about his expectations from himself and from others.

- Help client remember the time when he successfully coped with difficult situations. Try and identify which people or actions might support him in coping with the stressors.
- Establish and remind client of the need to gradually go back to the daily routine
- See what is his support system and try to recruit parents and social support.
- If symptoms are worsened refer to further professional support.

Intervention in acute situation with a 10 years old boy who was evacuated from the Ukraine.

hospitalized for sever constipation and irregularly bowel activity

Symptoms:

Shut down

Avoidant of any contact with the medical staff

restraining movement

refuses to speak or move

pain in body

**Making contact:** take care of volume of voice and physical closeness (sit in a position where he can see you and feel your presence, make eye contact).

Therapist presents herself .

My name is, I am here because I help children who went through difficult experiences

## **CHECKING LEVEL of ACUTE REACTION AND GROUNDING**

Ask very short questions:

What is your name?

How long are you here?

Where have you come from ?(Present orientation)

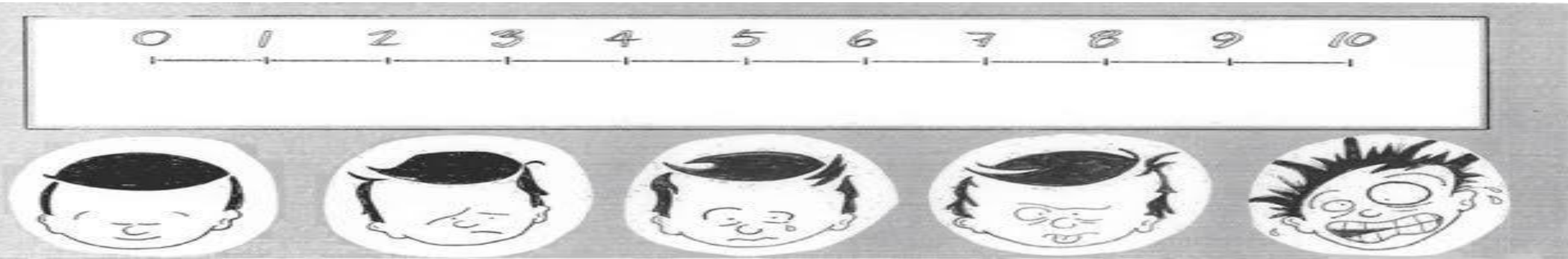
**Normalizing:** You are here because your body is responding to difficult things that you have went through, and I will do some things to make you feel better.

As the child starts answering therapist echoes:  
You are OK now. You are in a place where we will  
take care of you... I am here with you until you may  
feel better....

Breath: Let`s take a deep breath(breathing  
together)

What are you feeling right now?

From 0-10 how disturbing is it for you?





Let`s try and look around finding five blue objects in the room,  
in the room,

As the child mentions 5 blue things ask him

As you find them what are you feeling right now?

Let`s go inside your body and search if there are any other ichee feelings in side? From 0-10 how disturbing is it for you right now?



Tell me ( or draw ) about the place you have lived before , ask what did you like best about it?

If Child shares about his home

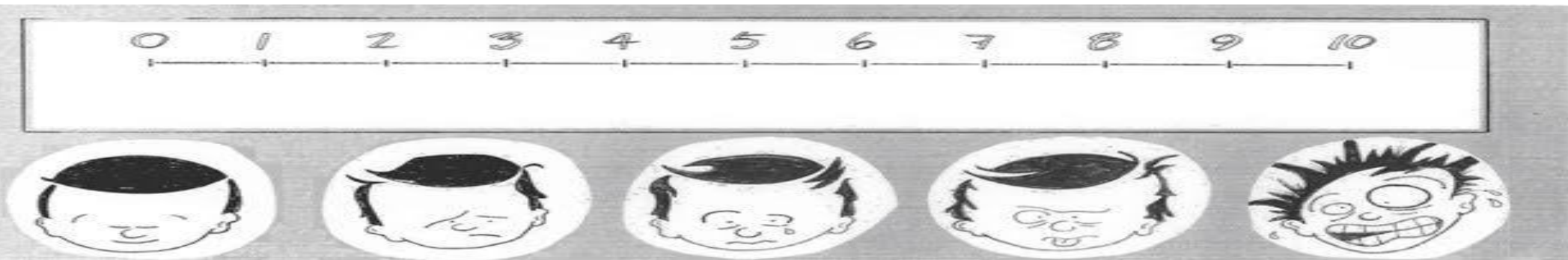
ask about things he left behind, people he miss, pets

What did you manage to bring with you ?(you can draw it)

Tell me about the thing that you have brought with you?

When you think of that (toy ,transitional object ,animal) what are you feeling in your body right now?

Let`s search inside your body and find those feelings ,what are you feeling right now?  
From 0-10 ,where 0 is completely calm and peaceful 10 is tense and stress where are you at right now?



Completing session with physical activity

Let`s blow bubbles

Let`s do the gorilla dance

let`s shake the way dogs shakes his fur from top  
of the head down

# Effective trauma intervention must account for:

1. A dysregulated nervous system
2. A social environment that can contain this dysregulation
3. Changing of self perception of self and others.





# The 4 elements exercise

Elan shapiro 2012



\***Earth:** Grounding

\***Air:** Breathing for strength , balance.

\***Water:** Calm & Controlled.

\***Love\Fire:** Light up the path of your imagination .

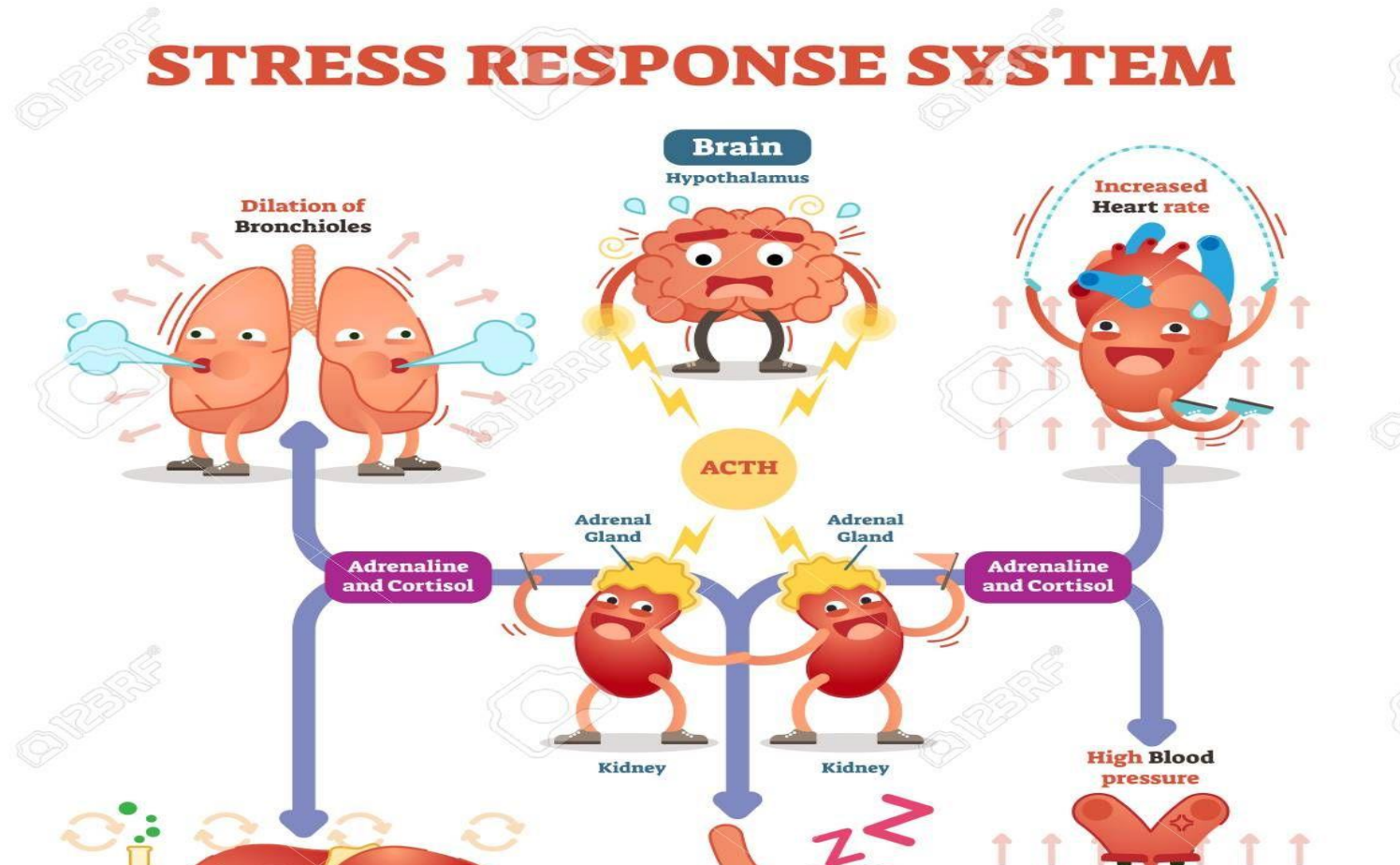
\***Drawing of resource or calm place.**

# Five essential principles of post-disaster psychosocial care,

Stevan Hobfoll ,1989

- (1) a sense of safety,
- (2) calming,
- (3) self- and community efficacy
- (4) social connectedness,
- (5) hope.

FIRST: are neuroregulatory interventions to retain safety and calmness: When we see children in the acute stage we are meeting a very dysregulated Nervous system



**Regulation of emotion is initially contingent on caregivers.  
Demonstrate normalizing**

Normalizing and validating confusing feelings  
, thoughts and behaviors, body reactions:

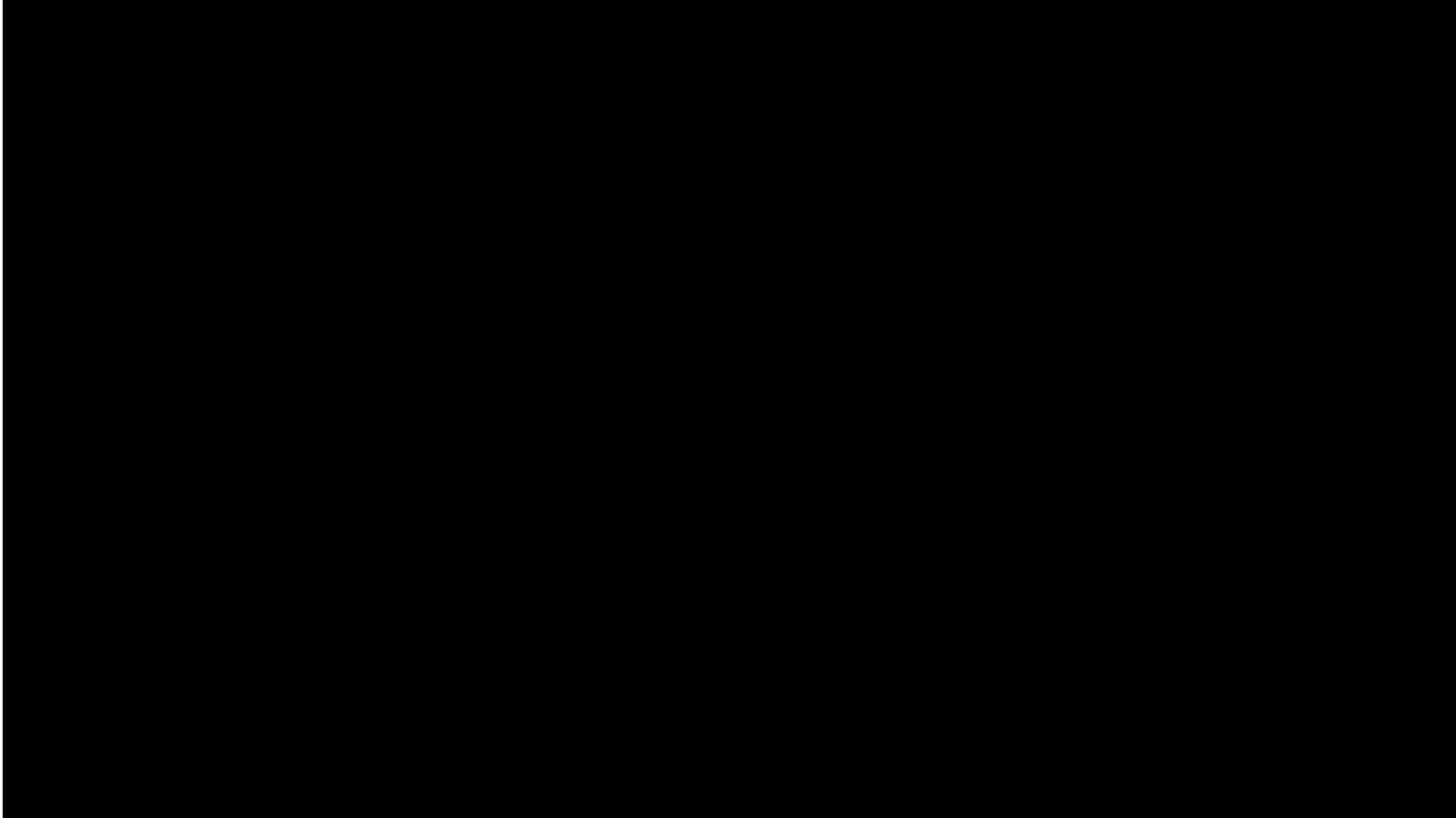
” what you have been through is making you  
feel all these big feelings sometimes you may  
be sad sometimes you may feel fearful and  
sometimes you may feel emptiness . It is OK to  
have these confusing feelings and thoughts. It  
is OK to be scared or mad .

- **With respect to trauma, one of the most important concepts to understand is what happens when that experience is triggered and there is a transition from “calm and continuous states” to “states of emergency.”**
- **Help parents and child understand and notice the transitions’ and see how the parent can help the child regulate:**
- **Name the feeling: I can see you are scared.**
- **Validate: It can be really scary being in a strange place away from home**
- **Comfort: Let`s see how you can find a way to let your feelings come out and still not feel so scared?**
- **Say Inquire: What we are going to do can help you feel a bit less scared?**
- **Inquire:How about.....**

Remember touch hugs massages are the best ways to help a dysregulated child

They are always available resources

My name is trauma





If you could imagine an animal that most fits what you are experiencing what animal would it be?

Can you draw that animal?

My trauma is like a snake, it crawls into my body when ever I hears sudden loud voice it makes me feel ...

# Trauma informed crisis intervention:

- Understanding the neuroscience of the brain has direct implications for how we develop trauma -informed practices for children and adolescents. Trauma informed critical intervention has to address several layers of the human mind:

**Body: The star breathing.**

**Affect management : T-E-Be-C-C(thought-breathe-count-check)**

**Social: empathic listening, connecting to others**

**Imagination: Let`s choose something to focus on our attention on let`s imagine our special place**

**Cognitive beliefs : Balancing and repairing negative thinking**

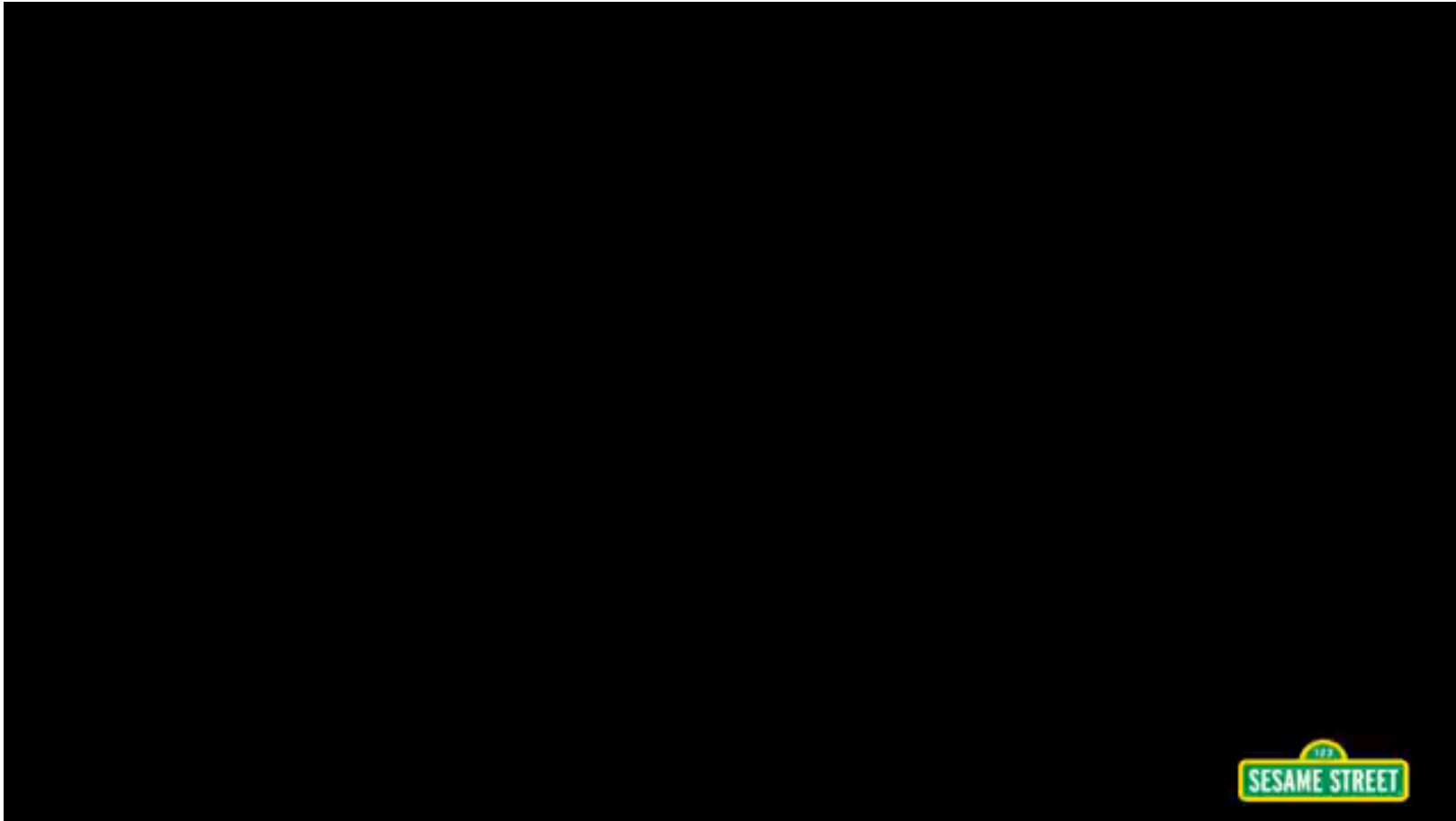
**Emotional: processing of the experience(drawing writing a story)**

**Body and mental balancing with humor: (Simon said).**

**Imagination: Let`s choose something to focus on our attention on let`s imagine our special place**



# Imagination



**Therapeutic Objectives of the immediate phase of intervention:**

- Affect Regulation: Feeling calm
- Normalization of traumatic response
- Trust in bodily sensations
- Reciprocity engagement in relationships
- Differentiate remembering and reliving
- Engagement in resource building and self growth

## **Basic- PH Model ( Prof.Moolie Laad) •**

### **B – belief•**

Belief can be a powerful factor in resilience. This can be through faith or any other shared beliefs and relies on inner core values. Shared beliefs are particularly helpful as they also provide external support.

### **A – affect•**

Feelings or emotions. By expressing through emotions we are able to share fears, anger, sorrow etc and have these emotions validated externally to make us feel less alone.

### **S – social•**

Via support-seeking through friendships or organizations we can gain a sense of responsibility within a group which can help us to stay grounded. A decrease in isolation alongside an increase in social responsibility can restore emotional security.

### **I – imagination•**

Creativity is a method of coping with trauma which children are particularly adept at utilising. Expression of thoughts and feelings in a creative manner can allow a safer feeling release of expression through art, writing, drama or music.

### **C – cognitive•**

Cognitive coping skills utilize problem solving and a direct approach to the issue. Strategising with others can make people feel less alone, and more in control of their situation.

### **Ph – physical•**

Physical activity takes us back to our mammalian routes. It has the dual benefit of providing informal processing of a situation alongside a release of feelings in an indirect way.

A story in six chapters : (Prof. Mooli Laad)





Reciprocity engagement in relationships:

Young children develop in relationships

Young children use relationships with caregivers to regulate physiological response

Provide secure base for exploration and learning

If parent is in the session with the young childst art  
and complete by fostering  
Reciprocity engagement in relationships  
Let`s see if we can calm down together

“Feeling strong in my body”

Let parent and child sit facing each other

Ask the child to open his hand.

Ask parents to count his finger.

Take a piece of paper ask the child to close his fist.

Ask parent to hold the paper in front of the child as the child boxes into the paper and tears it.

Praise: You have so much strength in your arms what a strong child you are”

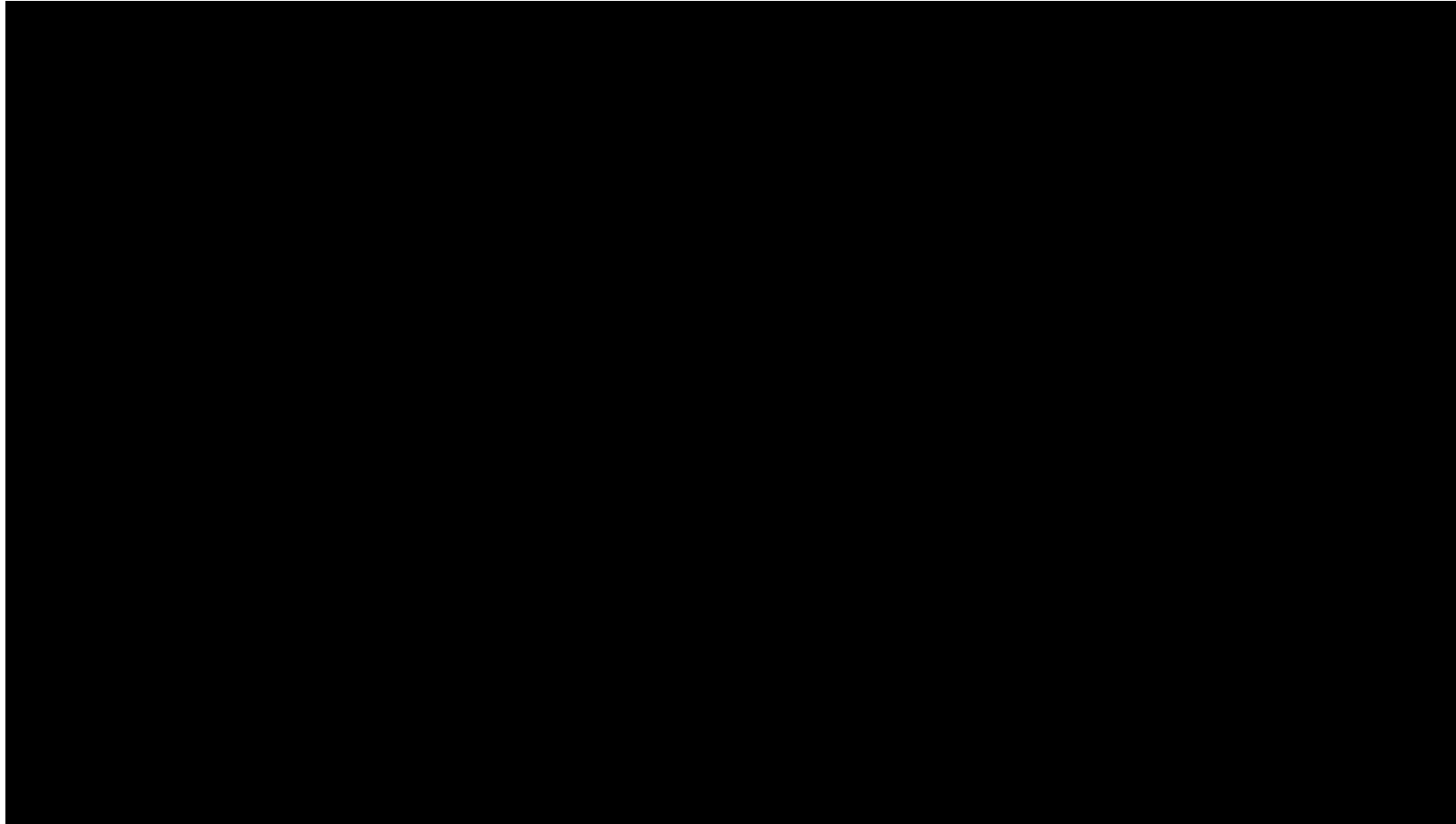
Mommy Daddy your son/daughter has so much strength in his body, don't you agree?”.

Wait for the parent to respond and then ask the child and parent to do the butterfly hug and say” I am strong I have strength in my body”.

For younger children



Complete session with a grounding\relaxation  
technique for school aged or adolescent



# Provide Strategies for calming down when continuing daily life

Strategies are individual-specific calming mechanisms to manage and minimize stress, those things that help to self-regulate, such as:



- ...time away from a stressful situation
- ...going for a walk
- ...talking to someone who will listen
- ...working out
- ...lying down
- ...listening to peaceful music

Strategies need to be practicable - meaning doable in times of crisis - and need to work as well as the maladaptive coping mechanisms the person has been using.





# Post-Trauma Pathways

- Resilience
  - Recovery
  - Post-traumatic growth
- 
- Severe persisting distress
  - Decline
  - Stable maladaptive functioning
- 

## Resilience, Recovery, Growth

### Resilience

- Children may demonstrate resilience in different manners and areas of functioning , we need to help them connect to their resources.
- Coping skills that support resilience can be developed at any age.
- Children do not develop the capacity to positively adapt to adversity in isolation.
- Regardless of resources, children who face extreme adversity are likely to be significantly impacted but can also show strengths.
- Caregivers play an important role in fostering student resilience.

## Building Resilience



# Resilience STRENGTHENING



“This is hard, but we will get through it.”

“you have overcome difficulties in the past. We will find a way through this too.

“Things will change and I will change with them  
“

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# Parental guidance

**Children's ability to process what happened is influenced by their age and other factors Children process traumatic events at their own pace** Be available to discuss the event on more than one occasion, as children's interest in and questions about what happened will change over time.

## **Don't judge one child's reactions to loss by another's**

Some children will find solace by spending time with friends and relatives; others will prefer to process the event in solitude.

Reassure your child that it is normal to experience many different reactions to trauma, including anger, guilt and sadness. Children may also be told that people express their feelings in different ways. For example, a person may feel sadness without necessarily crying.

## **Mood changes are to be expected in children following a significant loss or upsetting events**

Be aware of and patient with these possible fluctuations in your child's emotional world.

## **Encourage children to express and communicate their feelings:**

For some children talking and relating to the issues and to the losses will be important children, while others may feel more comfortable expressing their emotions through art or through connecting with peers. Help the child to identify constructive ways to express feelings such as anger and sadness.

Encourage children to write their thoughts, feelings and experiences in a journal, or to draw pictures of their experiences. This will help provide them with a means to express their feelings



**Talk to children about the different feelings people, including you, may experience after a tragedy**

.Express your feelings honestly, but do your best to avoid alarming or upsetting your child further.

It is often best to start a conversation by finding out what the children already know, and then listening to find out what questions they have. It is okay to say “I don’t know” if the child asks you a question you cannot answer.

**Provide children with honest and direct information about what has occurred**

To the extent that your child wishes to discuss what happened, engage in open conversations, using language they understand. When adults avoid discussion of traumatic events, this can convey that the topic is “taboo,” which may ultimately result in increasing a child’s fear and worry.

**Help children to retain as much of their daily routines as possible during stressful times**

By maintaining familiar schedules, children will gradually reestablish feelings of normalcy, and their anxieties about what happened will be significantly reduced.

### **Organize social events for children and their**

**friends** Social support and friendships are important for recovery. Plan special outings or group events for children and encourage them to call and socialize with their peers.

### **Encourage children to help out and volunteer**

Children tend to recover more quickly from a traumatic event when they feel they are contributing to others' recovery. If possible, have them help with clean-up tasks or reach out to others who may be having a difficult time. Afterward, reward their efforts with fun activities.

### **Encourage children to take up a new hobby or**

**engage in enjoyable activities** Keeping children engaged in activities will serve as a distraction and help them cope effectively.

**Check with parents if they monitor exposure to media coverage, including television, radio and newspapers**

Repeated viewing can be distressing, particularly for young children who may believe that the events are reoccurring each time they see them on television. For all children, overexposure can be overwhelming, and may lead to feelings of distress and helplessness. (See Chapter 6 on more information on media exposure.)

**Try to remain calm** This will not only show your children that you are still in control, but it will also teach them how to handle stressful situations in a thoughtful way.

**Reassure children that they are safe and are being taken care of**

**Remember that children who had difficulty before the event, such as emotional problems or exposure to previous trauma, may be particularly vulnerable**

Children are active participants in their own development, reflecting the intrinsic human drive to explore and master one's environment.

*Shonkoff & Phillips, 2000*

**What this means:**

**This is essentially what the whole focus of empowerment and recovery is about.**

**It is about respecting and believing in children's` ability to find recovery and resiliency.**

Thank you for listening!

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