Community Crises and Disasters
A Parent’s Guide to Talking with Children of All Ages

MARJORIE E. KORFF PACT PROGRAM • MASSACHUSETTS GENERAL HOSPITAL
Community Crises and Disasters
A Parent’s Guide to Talking with Children of All Ages

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A Project of
The Marjorie E. Korff Parenting At a Challenging Time Program
Massachusetts General Hospital
About The Marjorie E. Korff Parenting At a Challenging Time Program

The Marjorie E. Korff Parenting At a Challenging Time (PACT) Program at Massachusetts General Hospital (MGH) provides parent guidance consultation to parents, and their partners, who are facing cancer or other life-threatening medical illnesses. Focusing on honest communication to support children’s resilient coping, the PACT parent guidance model is also being used to support military-connected families and families affected by community violence.

The PACT website offers in-depth information for parents and professionals about supporting a child’s resilient coping through a parent’s medical illness, collaborations with community partners to address a range of additional challenges facing families, and our MGH Cancer Center clinical services. Learn more at www.mghpact.org.
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This handbook represents the shared expertise of the clinicians in the Marjorie E. Korff Parenting At a Challenging Time (PACT) Program at the Massachusetts General Hospital:

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- Cynthia Moore, PhD
- Kristin Russell, MD
- Sarah Shea, PhD
- Mary Susan Convery, LICSW

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At 2:47pm on a beautiful, sunny Boston Marathon race day—Monday, April 15, 2013—two bombs exploded near the downtown Boston finish line, seriously injuring more than 250 runners and bystanders, and taking the lives of two young adults and a 10-year-old boy. Because it was Patriots’ Day—a school holiday—many of the spectators were Boston-area families with young children, there alongside fans from around the world to cheer on the runners.

As the perpetrators were sought during the next several days, a young security officer and one of the suspects was killed, and a police officer seriously injured. Then, four days after the Marathon, all public transit was suspended, and Boston-area citizens were asked to stay inside their homes as police, FBI agents, and National Guard members engaged in door-to-door searches, and military vehicles patrolled neighborhoods. On April 19, the search resulted in the apprehension of the second suspected bomber.

A makeshift memorial was created in downtown Boston at the site of the bomb blasts. “Boston Strong,” in signature Marathon blue and yellow, quickly became the logo and the slogan for the Boston community to come together. The events around the Marathon bombing caused both visible and less-visible damage. Communities near and far expressed solidarity and offered whatever support they could to victims and others affected by the events. For all the devastation and loss, there was also heartening evidence of the good in people.
PART ONE

Facing Challenges Together
In the aftermath of the 2013 Boston Marathon bombings, there was a palpable impulse across the Boston area to unify, support one another, and demonstrate compassionate resolve in the face of such a tragedy. The One Fund Boston was soon created to help the many directly injured in the bombings. Recognizing that many other community members were affected more indirectly, the employees of Fidelity Investments established the Patriots’ Day Fund, a charitable fund to support projects that focused on improved community response to crisis, generally. This handbook, which is one of those projects, is a parent guide to understanding and responding to children’s concerns, questions, and emotional reactions during and following any kind of community crisis.

**Who We Are: The PACT Team**

For more than a decade, the Marjorie E. Korff Parenting At a Challenging Time (PACT) Program at Massachusetts General Hospital (MGH) has provided parent guidance consultation to parents, and their
partners, who are facing cancer or other life-threatening medical illnesses. Our PACT team includes child psychiatrists, psychologists, and an oncology social worker, and we bring training in child development, temperament, family dynamics, and effective parenting techniques to each consultation. We recognize that each child and each family are different, and there is no one-size-fits-all model of support.

Through our many years of clinical practice, we have learned that at stressful and emotionally challenging times, parents appreciate advice that goes beyond general principles, such as “be honest.” They appreciate practical and concrete examples of what to say or do to support their children. We also believe that ongoing conversations that arise organically in routine parent-child interactions often provide the best environment for building resilience. Thus, our role is to work hand-in-hand with parents to anticipate likely reactions in children, to decide when a child may need additional support, and to help parents feel comfortable communicating with children in ways that support their healthy development.

To learn more about the Korff PACT program at MGH, see www.mghpact.org.

The PACT parent guidance model has been successfully applied to challenges faced by military families and families in communities affected by violence or natural disasters. Directors of the Patriots’ Day Fund considered our work a natural fit for addressing the needs of families following the Boston Marathon bombing. Through a generous gift from the employees of Fidelity Investments, our team was invited to develop several parent guidance resources to be available for the April 2014 anniversary of the Marathon bombing, as well as any future crises. Together, these resources are the PACT “Patriots’ Day Project”—comprising several blog postings, two podcasts, and an original video. This handbook is the final product of the Patriots’ Day Project, and aims to provide guidance to parents related to potential future events. The anniversary-related parenting resources can be found in the Appendix at the end of this handbook.

Why We Emphasize Communication

Communication enhances children’s ability to cope during stressful times. Our clinical experience with families and research on child resilience support this. Talking with a child or teen is the best way to ensure that he or she is not left to worry alone, especially about an event that is upsetting to family members, friends, classmates, and other key adults in his or her life.

Parents often express the wish that their child not have to know about a tragic, frightening, or disturbing event. It is a common “error of kindness” that leads a parent to think that by withholding information or not talking about troubling events, a child is protected from worry. It is true that hearing too many vivid details shared by an adult who is expressing intense emotion can heighten a child’s anxiety. But calm,
developmentally appropriate conversations that describe what has happened and how it will affect a child can help him or her feel well supported and included in the important events of his or her family, community, and the world. Sharing troubling information is likely to be initially upsetting to a child, but risking her learning of the news by overhearing it from others can cause even more confusion and distress.

Children may feel betrayed, excluded, or undervalued when adults are communicating with each other, but not with them, about a major event. When a child learns about troubling events from peers, he may feel embarrassed by not already knowing, or confused about how to react in front of peers, and may also have difficulty separating truth from misinformation. Honesty and trust among family members are highly valued in many families; communicating with a child about difficult events supports those values.

Your confidence in initiating difficult conversations, and your willingness to continue to learn with your child, deliver the message that home is a place for addressing challenging topics openly and honestly. There are reciprocal benefits for you and your child, because establishing such a norm will help your child share information with you even when she imagines it will upset you. To parent effectively, you need your child or teen to be forthcoming about the challenges they’ll inevitably face (and which you might not otherwise learn of in a timely fashion). Your initiation of conversation about difficult topics models these kinds of complex conversations. It is more powerful to show children honesty in action than to tell them to be honest. This handbook reflects the PACT approach, which focuses on helping parents gain the confidence and communication skills they need to have difficult, ongoing conversations that support the resilience of their children.

**How This Guide Is Organized**

The next chapter in Part One of this handbook begins by describing the characteristics of stress, trauma, and resilience so that you can anticipate common reactions to a crisis. We then review aspects of child development that relate to how children of different ages experience a challenging event. Next, we discuss the importance of self-care for you and every family member, consider when to seek professional support, and offer thoughts about accessing support through schools. We then turn to a discussion of handling media and technology in helping children cope. Last, we offer a “Quick Guide” to parenting through a crisis—key points you may want to keep in mind as you support your child.

Part Two begins with a discussion of how to talk with children after a crisis or disaster, with tips for different age groups. We then offer stories of three families, each facing a different kind of
crisis. Each story demonstrates how a particular family reacted to: an act of violence in the community (the Boston Marathon bombing), a natural disaster (an ice storm), or a teen car accident. These fictional accounts are intended to be realistic and thought provoking, not to portray idealized parents. Like most of us, the parents in these stories might wish they could “do over” some of their conversations with their children.

**It can be helpful to have some “scripts,” or samples of actual words you might use to start a conversation or answer hard questions.**

We’ve learned that it can be helpful to have some “scripts,” or samples of actual words you might use to start a conversation or answer hard questions. Sometimes, the words from a script are a comfortable starting point or need only minor changes to feel like your own. Other scripts may need modification in order to fit the needs of your child, the context of your situation, or the values you hope to reinforce. Having the scripts as a starting point can help you think about the right words for you and your family.

After each family story, we have laid out samples of ways you might begin a conversation or take a conversation deeper.

For a “condensed” version of our guidance on addressing children’s concerns and enhancing their coping, see Parenting through a Crisis: A Quick Guide, p. 31. We hope that this handbook will help you feel more comfortable engaging children in important conversations that communicate your most important family values.

**What We Learned from Parents: Post-Marathon Challenges**

We wanted to understand the biggest parenting challenges in the days after the Marathon, how families talked about the events, and what kinds of supports were helpful, in order to focus the development of our resource materials. Thus, we began our Patriots’ Day Project with a survey about the parenting experiences of Boston-area families after the Marathon bombings. We surveyed 400 parents who had a child between 4 and 19 years old, and who lived in the towns affected by the “lockdown” after the bombings. In addition to recognizing adverse effects on them personally, nearly three-fourths of parents also reported that it was challenging to deal with the events of the Marathon in their roles as parents. The kinds of difficulties parents mentioned included:

- How to talk about the unfair and random nature of the event (“It’s hard to explain why people act as they do when we don’t know ourselves, and to assure children that nothing bad will happen when we are unsure of the truth of that”)

- How to deal with their own feelings of uncertainty, and/or hide their own fears and emotional reactions (“It’s hard to calm your children down when you yourself are not calm”)
• How to help children feel safe during and after the events (“Not everyone is bad; this is not something they have to worry about every day; to have them know they can be safe”)  
• Deciding how much children should know about the events (“Trying to provide enough information but not too much”) [See Making Choices about Media section, p. 26]  
• Deciding how much to limit a child’s exposure to information or upsetting images in the media (“Maybe she shouldn't see or hear what’s on TV or radio because it’s too graphic”)  

Many parents believed that having open discussions about what had happened was one of the best ways to support their children. Many tried to provide a straightforward description of what had happened, but weren’t always sure about how much detail to provide. Some parents heeded the common advice to “follow the child’s lead,” and answered questions only if the child raised the issue. This was common in parents with younger children, who may have felt keenly the need to protect them from frightening information. Our clinical experience suggests that this approach is not necessarily helpful with children who are very good at sensing that certain topics make parents uncomfortable, and are therefore unlikely to ask questions even when they are worried or concerned about something. In trying to shield children, parents may have erred on the side of giving too little information to children who would likely be hearing about the events in other settings or from peers.

A majority of parents communicated the important ideas that the events were unusual, and that children were now safe. Some parents, usually of adolescents, also tried to use the situation as a “teachable moment” in which to emphasize the importance of personal safety and responsible behavior. Comments such as, “She is lucky that it didn't happen to her; there are crazy people out there and you have to be careful,” raised the question of whether some parents, without meaning to, may have heightened their children’s sense of uncertainty in trying to “teach a lesson.” It can be hard to find the right balance between honesty about danger and a realistic need for caution on the one hand, and helping a child feel “safe enough” in the world, on the other.

Parents did not often feel the need to explain the events of the Marathon to high school–age adolescents. Many parents commented that teens were aware of what had happened before adults were, or that they watched the news coverage together, so there was “nothing to tell.” Yet, understanding that a crisis has occurred, and finding ways to make sense of what happened, are very different kinds of conversations. It seemed that sometimes parents assumed that if a teenager was aware of the facts, that was enough; others wanted to talk in greater depth with their teens, but struggled to find ways to do so.
Along with the slightly different concerns parents had about talking with younger vs. older children, we learned that parents of boys were a little less likely to initiate conversations about the Marathon events, and less able to describe ways in which they had supported them, than were parents of girls. This left us wondering whether parents assumed that their sons were less afraid, or found it harder to talk with their boys.

Striking to us was the fact that very few parents reported consulting books or online information about how to face these challenging conversations. Perhaps during an unexpected and emotionally upsetting time, people first look to each other for support and listen to the breaking news in the media. Hunting around for appropriate parenting materials may have seemed time-consuming and unlikely to address current, specific concerns.

Now is the best time to familiarize yourself with the communication tools that you’ll need when a crisis, big or small, impacts your child.

With all this in mind, we set out to develop a handbook parents could look to in a time of crisis, or—ideally—in advance. We want to give you the tools to be your best, so that you feel confident when your child looks to you to help him make sense of all kinds of community events that may happen throughout his life. Now is the best time to familiarize yourself with the communication tools that you’ll need when a crisis, big or small, impacts your child. We hope that, after reading this handbook, you will be better prepared to support the emotional health of your own child or children, and maybe even serve as a resource for other parents and children in your community. Although we focus on parents, this guide is intended to help prepare any of the key adults in a child’s life for conversations following unexpected crises and disasters.
Trauma and Resilience

Every community crisis is a challenge, but not all stressful events result in trauma. Resilience is the capacity to face adversity and adapt. Being aware of ways to foster children’s healthy coping may help parents to support children more effectively during a crisis.

**Stress vs. Trauma**

Although words such as “stress” and “trauma” are sometimes used interchangeably, it’s important to be clear about what each means. A *stress response* is a state of mental or emotional tension. Though we tend to think of stress as bad, some stress is necessary for healthy development. For example, a baby who wants a toy that she can’t reach may experience tension because she wants what she can’t get, but over time, this experience might help motivate her to learn to crawl toward the toy. In contrast, *traumas* are caused by more severe, or longer-lasting challenges, and can disrupt normal brain development and sometimes lead to consequences such as increased risk of disease and disability in adulthood.

Stressful events can have a significant impact on a child’s development without being traumatic—parents’ divorce, moving homes, or the loss of a friendship, for example. Stress or danger becomes traumatic when
a person experiences serious injury, is threatened with serious injury or death, witnesses the serious injury or death of someone else, or experiences a violation of personal physical integrity. Usually, the person feels terror, horror, and/or helplessness.

When people in a community experience a trauma together, such as a tornado or terrorist attack, they frequently are able to provide each other with support. This stands in contrast to the more-isolated experience of people who are victims of smaller-scale events, such as automobile accidents. Challenges to a child’s adjustment also depend on whether the trauma was interpersonal (initiated by a person, such as a bombing) or not (such as a hurricane). The family stories in Part Two focus on community crises and disasters. We have not focused on chronic interpersonal trauma, like ongoing sexual abuse or domestic violence. When a caregiver is the cause of danger or pain for a child, the situation is even more complex and requires additional responses that are beyond the scope of this guide.

**Same Stressor, Different Reactions**

The same stressful situation can cause different reactions in different people, depending on age, temperament, and prior experiences. For example, a child grieving the recent loss of a grandparent may have a very difficult time with a teacher’s maternity leave in the middle of the school year and become anxious, whereas a classmate may be delighted to have a fresh start with a new teacher. A child’s environment also affects his or her reactions to stressors. For example, in large-scale traumas, multiple systems can be affected at the same time; transportation, electricity, education, and medical systems may all be impacted for weeks after a hurricane. These ongoing disruptions do not impact every family equally, in part because of differing financial or neighborhood resources.

After any stressful event, parents need to understand what the child’s individual experience of it was. What really stood out to the child at the time? What has particularly stayed in his memory? What parts were frightening, sad, or, possibly, exciting? A child’s appraisal of how dangerous a situation was affects adjustment going forward. The following example helps illustrate how important it is to understand the child’s perspective and not make any assumptions.

Billy is a five-year-old boy who was near the finish line at the Boston Marathon after the bombings. He heard adults nearby talking rapidly about the explosions, saying something about a “problem with transformers.” He became terrified and was able to share with his mother that he was afraid the “Transformers”—giant alien robots—would be coming down the street to get him. Once he was reassured that this was not the case, he managed the rest of the chaotic scene with much less anxiety.
Even a distant event may feel close and personal to a child, perhaps because another child was injured or the setting is one that seems familiar. Children’s reactions to traumatic stress include emotions, behaviors, and thoughts that change over time and may worsen when a child is faced with something that reminds him of the frightening experience. The following are possible emotional, behavioral, and cognitive reactions that children may have. Some children do not experience any of these reactions, while others experience some or even many of them. Being aware of these or other new symptoms in your child after a traumatic event is important, so that your child can get help when needed.

Possible emotional reactions

- fears about separation from family members, death, repeat of the trauma, strangers, monsters, animals, the dark
- irritability, anger
- easily startled, extra-energetic
- difficulty managing strong emotions, difficulty calming himself or herself
- “flat” emotions
- sadness

Possible behavioral reactions

- avoiding reminders of the trauma
- restlessness, poor concentration, hyper-alertness
- decline in school performance or school refusal
- peer conflict or withdrawal from peer interactions
- clinginess
- nightmares, difficulty falling or staying asleep
- headaches, stomachaches, or other physical complaints
- trauma themes in imaginative play
- risky behavior in teens

Possible cognitive reactions

- self-blame
- strong memory of events, or flashbacks
Loss and Grief

Sometimes, a disaster or crisis results in loss of life. The death of a parent, caregiver, or family member presents uniquely painful challenges for a child and her surviving family members, further complicated by the other disruptions caused by the disaster. An in-depth discussion of children’s grief is beyond the scope of this handbook, but the Resources section (p. 97) lists sources of additional information.

Supporting Resilience

Resilience refers to an individual’s ability to bounce back, or thrive, after experiencing adversity. For a child or teen, this involves continuing to achieve normal milestones despite the stressors involved in dealing with the adversity. However, it does not mean not reacting to, or being unaffected by, a challenge. For example, a resilient child will still be sad after the death of a friend, or anxious after an explosion, but she will resume school, interests, activities, and friendships, and will be able to reinvest emotional energy in these endeavors. Some disasters or major life crises can permanently alter the life of a child or family; resilience in these circumstances is living in the “new normal,” and after a period of adjustment, engaging positively with new experiences as they arise.

Resilience refers to an individual’s ability to bounce back, or thrive, after experiencing adversity.

A child’s environment can make her resilient adjustment more, or less, likely. Some aspects, such as neighborhood safety and stable family finances, aren’t easy to change. But parents do have some control over other aspects of a child’s life that can improve the child’s adjustment. Most important, connections to a caring social network—or even to just one adult who clearly “has the child’s back”—helps a child cope with adversity. Parents play a role in supporting these relationships by encouraging children to participate consistently in age-appropriate activities. Educators, coaches, religious leaders, 4-H leaders, youth orchestra conductors, and others may get to know a child well. One or more of these adults might be someone to whom a child or teen could turn when feeling distressed, or may be the first to notice that a child is not acting like himself. And, they can help a child negotiate the uncertainty, emotional intensity, and stress of a challenge in healthy ways.

Regular routines and predictable schedules at times of uncertainty help a child feel more secure, and can also support his healthy adjustment to a challenge. Children benefit from knowing what to expect, including who will be with them at mealtimes, after school, and at bedtime. Time with a parent, who is loving and interested in a child’s daily activities, enables conversations of all kinds that help her feel more connected, and therefore, more secure. For more information on resilience, see the Resources section under “Resilience,” p. 97.
Communities with Chronic Stressors

The crises illustrated in this handbook are sudden events that disrupt a child’s or teenager’s pre-existing sense of safety and security. Ideally, all children and teens would feel safe in their communities, but we know this is not a reality. In neighborhoods or cities in which violence and insecurity are chronic challenges, children and teens will be at greater risk for feelings of anxiety and hopelessness in the aftermath of a disaster or crisis. They may see the recent event as further evidence that there is little hope for the future. Older children and teens who live in chronically stressful environments will need acknowledgment of past losses and ongoing dangers in their community, along with promises of a renewed commitment to collaborative approaches, by parents and other community members, to increase local safety and support. It will be especially helpful to children to identify places, activities, and caring adults at school or in after-school settings (such as Boys & Girls Clubs, sports activities, faith communities) that will help them feel safe and connected.

In neighborhoods in which violence and insecurity are chronic challenges, children and teens will be at greater risk for feelings of anxiety or hopelessness in the aftermath of a disaster or crisis.
Coping at Different Ages

Stressful events may impact children of different ages in different ways, because developmental stage affects how a child thinks about a crisis, manages emotions, and reacts to the social and academic demands in his life. Aspects of a child’s temperament, or consistent ways of responding to the world, such as flexibility, intensity, or calmness at “baseline,” may also affect adaptation in the face of adversity. For example, some children are slow to warm up in a new situation, while others engage quickly. Some easily adapt to a change in daily routine due to a crisis, while others have greater difficulty re-establishing a daily rhythm. Some children create a sense of security by playing quietly, while others thrive on physical activity in the face of disruption. Recalling your child’s unique reactions to stressful circumstances in the past can help you anticipate what these reactions may look like in a current crisis. For instance, knowing that your school-age daughter appears angry and even aggressive when she’s anxious may help you respond with more patience after she stomps off to her room and slams her door after being reminded of a community tragedy.
**Infants and Toddlers (0–3 years)**

During and after a crisis, babies and toddlers will be most affected by changes in routine and in the mood or attentiveness of the adults who care for them. Temperament is especially noticeable in these early months of life: some children adapt easily to changes in routine, and others exhibit greater distress in response to the same changes. Though children at this stage cannot understand more than simple spoken language, they are attuned to the tone of voice and the nonverbal communication surrounding them. Babies and toddlers can be irritable and fussy when caregivers are stressed, or can revert to fussy eating or awakening more often at night.

In spite of your best efforts, the regular schedule at home may be altered in times of crisis. It is very helpful for young children to have these routines restored as soon as possible. Conveying a sense of calm (despite what you may be feeling inside) during time spent with your very young child will help him or her return to typical mood and behaviors.

Children of any age can be challenging to care for when you are emotionally depleted in the aftermath of a crisis, but infants and toddlers, who require near-constant supervision, may be particularly taxing. This is an important time to reach out for support if you have access to potential helpers.

Sometimes, in the wake of a disaster, spending time with young children who do not have the capacity to understand the magnitude of an event or its long-term consequences can be a welcome break from the distress and helplessness that adults and older children may be feeling. Indeed, the sheer innocence of babies and toddlers can be a source of playfulness and hope.

**Preschoolers (3–6 years)**

A preschooler, who relies on regular daily routines and consistent rules and reactions from caregivers for a sense of security, understands a crisis via the ways it affects him directly. He does not yet have the capacity to think about the troubling events from another person’s perspective. A preschooler almost always wants to be the focus of a parent’s attention, but during times of uncertainty or disruption this is especially true. Because preschoolers often feel they are the cause of the changes around them, when parents seem sad or angry, children are likely to imagine that their behavior led to parents’ distress. Also, when a bad thing happens to someone with whom a child is angry, it can elicit guilt and feel to the child as if she made the bad thing happen. These factors may evoke an array of behaviors in preschoolers, such as more clinginess and anxiety about separations, bedwetting, or more-frequent aggressive and defiant behavior.

Preschoolers will benefit from simple explanations about what has occurred and how it affects them. When you can, choose quiet, cozy places to talk with your child. Sit close together or have your child on your lap. Provide a short and clear reason for why there are so many visitors at the house, for example, or why preschool was cancelled for the day, or why it is not possible to have
a playdate with a particular friend. Simple language that names what happened (for example, there was a car accident or an ice storm), and tells why it is interfering with the child’s and family’s regular schedule, will help reduce the preschooler’s confusion and tendency to feel responsible.

The more concrete you can be with explanations, the better. For example, you can help preschoolers understand that danger is not nearby by saying how long it would take to drive to the location of the event. Clarifying what affects the family directly and what does not is also important. For example, “The ice storm knocked down Carter’s family’s electric power line, but not ours. His house will not have electricity for his mom to cook their dinner tonight, so they are coming to our house for dinner.” For some children this will be enough explanation, while others will have additional questions. For example, you might respond to the question, “Will Carter’s family get electricity again?” with, “Yes, the power company will work every day until the power lines are working again for Carter’s family and others without electricity.”

Preschoolers often have questions that seem tangential to an adult, and it is useful to listen for the emotion behind the questions. When a child’s questions have the tone of her typical chattiness and curiosity, this is a positive sign. When there seems to be pressure or distress behind the questioning, a parent may want to work harder to tease out what worry may underlie the questions so that the worry can be addressed.

Even young children may benefit from finding a way to help in a crisis. For example, you might ask your child, “Would you like to pick out some toys Carter might like for the two of you to play with together?” or “Do you think Carter and his family would like cookies or frozen yogurt for dessert?”

**Though preparing your child for an unwelcome change may lead to protests and distress, it is better than leaving him to be surprised by a change.**

If your child’s schedule and routine change following the disaster, it is good to talk about this with him. Though preparing your child for an unwelcome change may lead to protests and distress, it is better than leaving him to be surprised by a change, and to continue to fear that other unexpected events will keep popping up. For instance, you might say, “While Daddy and Mike are in the hospital, Aunt Jen and Grandma will be your special babysitters after school. I need to be at the hospital during dinnertime today, but I plan to come home in time to read you a bedtime story tonight.” Building in appropriate choices can help a child feel less helpless, too. “Can you pick out two books that we can read after your bath tonight?”

Preschoolers may imagine that disasters unfolding on the other side of the world are actually occurring nearby, or may imagine that the continuous replay of footage of disasters on TV represents new or ongoing disaster events. Children can also be easily confused by fictionalized representations of events on TV, and may think these are real occurrences. Preschoolers have little
ability to self-calm and are easily startled, so monitoring their exposure to these images is critical. Checking in regularly to find out what a young child has understood is very important. Young children may find it easier to communicate about frightening events using toys such as stuffed animals, blocks, or cars. They might show you, rather than tell you, what they think happened. It is easy to be unaware of a child's misconceptions; you can gather helpful information by encouraging adults in your child's life to share with you what they hear from your child about events. If your child will be spending time with another child, talk to the other child’s parent to learn what has been communicated at their home, and to share what you have discussed with your child.

**Elementary School–Age Children (7–12 years)**

Elementary school–age children are learning a variety of new skills—academic, athletic, artistic, and social—and spending more time with different adults at school and in after-school activities, as well as with friends’ parents. As their horizons expand, these children are likely to have more points of communication about troubling events through these new connections, and parents tend to be less aware of these interactions. For instance, it is much harder for the parent of a 10-year-old to know what that child has heard about a local or distant event than it is for the parent of a 4-year-old. Regularly inviting children to share what they have heard on TV, from friends, or from other adults is essential. Assume that, when they are around, children this age are overhearing much of what is being said about a crisis, and inquire specifically about any adult conversations to which they have paid attention. Keep in mind that they may be hearing conversations between adults outside of your family, which can lead to confusion and unaddressed worries.

Assume that, when they are around, children are overhearing much of what is being said about a crisis.

Seven-to-twelve-year-old children expect that the world will be predictable and fair, and that people will get what they deserve. For example, a child may learn rules, such as “wear a seatbelt” and “do not ride in a car with a driver who has been drinking alcohol,” because these are unsafe behaviors that cause accidents and injuries. This child is then likely to expect that a seatbelt-wearing person in a car with a sober driver will be safe. When a tragic motor vehicle accident that does not follow this perceived “rule” occurs, and affects someone in the child’s life, it may feel particularly unpredictable and upsetting. The child’s whole world may seem suddenly scarier and more out of control, thus affecting the child’s overall sense of security.

All kinds of events can seem “not fair,” and therefore confusing to children—from receiving the smallest brownie, to having a nonsmoking parent diagnosed with cancer, to having a “nice” teacher slip and break a leg while a “mean” teacher avoided the accident. When children believe that a bad outcome is unfair, they may feel they are to blame because of something they did or failed to do. For example, a child might worry that her father’s irritation at having to ask her several times...
to clean up the family room caused him to be careless on the road, leading to an automobile accident. Another might share concern that he is “not praying hard enough” for a parent’s recovery, or that a sibling is not. If a child blames another person for a crisis or accident, he may experience revenge fantasies that punish the wrong-doer and help restore a sense of fairness. Usually these remain safely in the child’s imagination or are expressed through play or artwork; if a child shows signs of acting on these fantasies, professional support is needed.

Elementary school–age children may ask challenging questions about the unpredictability or unfairness of community crises; for example, why was one house safe during a tornado and another destroyed? Why do bad things happen to nice people? Children look to parents to help them understand why such events occur. Underlying many of these questions is the concern that if this bad thing happened to one person, how can the child feel confident that another person close to her—or even the child herself—will not also be affected? And, like many adults, children may be even more upset about an intentional action that harms others. Why would a person purposely hurt so many other people? It’s not easy to answer such questions or provide satisfying reassurance, but it is usually best to be honest about life’s uncertainties while underscoring that you feel safe and feel your child is safe. It may help to identify the things you do, and that your child can do, to increase safety or health, as well as to explain in concrete terms how unlikely a feared event really is. Mentioning examples of the many ways people help and support each other, and modeling that you are hopeful about the future, can also help restore a sense of security.

**Teenagers (13–19 years)**

Teenagers can think abstractly, which means they can consider thoughts, theories, and emotions beyond the specific events associated with a crisis. For instance, they can imagine how a tragedy is experienced from the vantage point of individuals on all sides of the troubling event. However, their behavior often seems at odds with this theoretical understanding, which can be frustrating and confusing to parents. For example, a teen may one day discuss how a younger sibling needs to be protected from witnessing overwhelming television imagery, and then the next day watch such coverage with the younger child in the same room. Expecting your teenager to be understanding about circumstances that affect the family as a result of a crisis at some moments, but also, to be moody and self-absorbed at other times, may help you respond with less irritation—which, in turn, can help your teen to maintain emotional equilibrium.

Teenagers are striving to find a balance between emerging independence and continued dependence on key adults, such as parents. Much of the communication that occurs between teens, whether by face-to-face or phone conversation, texting, or Tweeting, will happen without parental awareness.
In the aftermath of a disaster, a teen's peer group plays a critical role in how the teen learns about events, and in the meaning-making that follows.

Teens are especially sensitive to nonverbal communication from parents. Further, they typically feel their own emotions intensely, and often experience an adult response as more emotionally intense than the adult perceives it to be. The challenges facing parents at times of crisis can easily lead to distress that may be either related or unrelated to the teen. It’s helpful to be aware of any nonverbal messages that may inadvertently shut down communication with your teen at these times. It is especially important during and after crises to find out what your teen may be thinking, from whom he or she has been getting information, and what her or his emotional responses to the crisis are. Parents should not imagine that because teens have easy access to information, they can easily integrate that information into a balanced worldview or coherent understanding of the crisis.

Teens may have powerful reactions to an event, or may have friends who are very distressed or at risk in the wake of the disaster. Encourage your teen to share the reactions of friends as well as her own. It may help to ask a teen if he or she wants you to share thoughts or just listen quietly. If you sense or hear that your child or a peer is not safe, then listening alone is not enough. But otherwise, listening, and giving your teen time to bring together many perspectives and arrive at some independent meaning, can be a step in building lifelong coping skills.

Parents should not imagine that because teens have easy access to information, they can easily integrate that information into a balanced worldview or coherent understanding of the crisis.
Caring for Yourself and Your Family

A tragic event affects everyone in a family. Parents and family caregivers will experience their own intense feelings that may feel unfamiliar or overwhelming, and may ignore their own emotional and physical distress. However, self-care is essential for maintaining stamina and coping with the impact of the event over time. Taking care of oneself is another way of taking care of one’s children, and practicing self-care activities models for children an important part of coping.

Just as your child or teen should not be allowed to worry or struggle alone, neither should you or the other loving adults in your child’s life. When anyone in your family feels overwhelmed, it is essential to seek help.
Staying Calm and Connected

The National Child Traumatic Stress Network and National Center for PTSD offer a set of recommendations known as “Psychological First Aid” for mental health providers and emergency workers. These strategies—designed to reduce the initial distress caused by traumatic events and to foster healthy coping over time—may help focus parents’ efforts to care for themselves and children in the early days after a crisis. Four key points include attending to:

- **Safety**: for example, share clear messages about current risk; monitor media reports and address misinformation; find ways to make the physical environment more comfortable; focus on actions that are active, practical, and familiar
- **Calming**: for example, identify coping skills used in past that can help family members feel calmer; get back to routines; do familiar activities; have a comfort object for a child on hand
- **Connectedness**: for example, reconnect with loved ones or with people nearby in similar circumstances; make sure children know who their support people are and provide phone numbers of these people
- **Hope**: try to focus on positive expectations that things will work out as best they can in the next hour, day, or week, even if people feel overwhelmed

It is important to note that these ideas are recommended over an earlier approach called “debriefing,” which involved talking in depth about details of the events and reactions to what happened, often in a group setting. This type of debriefing discussion has been found to increase symptoms in the time after a crisis, contrary to expectations.

Self-Care Is Not Selfish

As time passes and the strain of caring for others takes a toll, your ability to continue to care for yourself is a powerful antidote to feeling helpless and overwhelmed. Although parents commonly describe feeling selfish by taking time to care for themselves, remember that you are the raft on which your children support themselves—if you sink, so do they.

Self-care doesn't have to be expensive or time-consuming; consider these basic ideas:

- Stay connected by talking with someone about difficult thoughts and feelings. If a friend or family member is unavailable, consider a professional mental health provider. When anyone feels helpless, hopeless, or overwhelmed it is essential to seek help from a medical or mental health professional.
- Eat nutritious food, drink plenty of liquids, and be mindful of sugar and alcohol intake.
- Maintain physical activity and get adequate sleep.
• Try mindfulness meditation, spiritual practices, or yoga to reduce stress.

• Make time for fun and pleasurable activities: having something to look forward to can help you get through tough days.

• Carve out quiet time for yourself.

**Seeking Professional Help**

Sometimes, despite your best efforts to communicate with and support your child in different settings, he or she may continue to experience significant distress after a crisis. Or, you may feel that *you* need some additional support. Professional help may be the best next step.

**WHEN TO SEEK HELP**

Professional help should be considered if the following types of changes are noticed and last more than two to three weeks, or interfere with a child’s day-to-day functioning (for example, make it difficult to go to school or engage in friendships or activities):

• a child feels sad, unmotivated, angry, irritable, anxious, or worried for much of the day

• changes in sleep, appetite, and/or energy level occur

• a child startles easily, has a hard time concentrating, or feels “numb”

• a child shows continued avoidance of situations, places, or things that are reminders of the crisis

• risky behaviors begin or increase (e.g., reckless driving, drug or alcohol use, breaking curfew, and/or self-harming behaviors such as cutting)

• an adolescent feels he is “going crazy”

• a child talks about wanting to die, or to be with a friend or family member who has died; in this case, an immediate evaluation is needed

Even after the death of a family member, not every child needs therapy. However, we recommend a low threshold for seeking help if a child has experienced a loss, particularly in the context of other ongoing stresses for the family. Also, if a child asks for help or suggests counseling, it is important to pay attention, as this is an unusual request.

**WHERE TO FIND HELP**

Help is available from a variety of sources. School-based resources, including guidance counselors, school social workers and psychologists, and school nurses, are usually easy to access during the school year. Even if your child does not want to meet formally with a school counselor, consider
making someone at school aware of your child’s struggles, and creating a plan for your child to be quickly excused from the classroom for a break if she becomes distressed during the day.

Some children prefer to meet with a therapist outside of school, sometimes to maintain a feeling of normalcy during the school day and to avoid triggering difficult feelings. Your child’s pediatrician may be able to provide names of local therapists who work with children. Friends, family, or clergy members may also have suggestions. Many insurance companies maintain mental health provider lists through the mental health/behavioral health benefits section of their websites. These are frequently searchable by zip code and populations served (for example, children, teens, people living with depression, grief, or traumatic experiences, etc.).

Websites can also be good resources for finding therapists, particularly those managed by national professional organizations for therapists. As with any professional service found online, it is important to check the person’s credentials; some websites do independently confirm that a license is in good standing. Some websites that list many types of licensed therapists are included in the Resources section at the end of Part Two.

**HOW DOES THERAPY HELP?**

There are many types of therapy; some have been shown to be particularly effective in treating symptoms of post-traumatic stress. The National Child Traumatic Stress Network website describes a number of evidence-based treatments and the populations they target. [See the Resources section for the website URL, p. 97.]

Many of these have core components in common, including a focus on helping children:

- understand the trauma, and put it in perspective (sometimes this is called creating a “trauma narrative”)
- connect thoughts, feelings, and behaviors
- label and clarify feelings
- learn positive coping skills (e.g., social support)
- learn skills for managing difficult feelings (e.g., breathing, relaxation)
- identify trauma and loss reminders, and strategies for managing them
- become desensitized to upsetting images or thoughts (often through gradual exposure)
- talk back to mistakes in thinking (e.g., feeling overly responsible), which helps decrease guilt

Even if your child does not want to meet formally with a school counselor, consider making someone at school aware of your child’s struggles.
As parents, you also play an important role in therapy. You may help your child with therapy “homework,” and practicing new skills. You may learn new ways to support family relationships, and, perhaps most important, to support your child’s ability to be hopeful about the future.

**TALKING ABOUT THERAPY WITH YOUR CHILD**

Sometimes children resist the idea of meeting with a counselor. They may worry that anyone who sees a therapist is “crazy” or has “something wrong with them,” or may feel uncertain about what to expect and just find it easier to refuse counseling. Parents can sometimes help a child feel more comfortable trying therapy with these ideas:

- Let your child know that you will join him for the first session or two, if that would make him feel better.
- For older children and adolescents, let them know that they have the option to meet without you.
- Some children welcome the idea of having a place to talk about their thoughts and feelings about challenging situations. Others dread having to talk about feelings. Describing therapy as more like a coaching session to learn to manage upsetting thoughts better might be more appealing to these children.
- Let your child know you don’t think she’s done anything wrong, but that you are concerned about changes you’ve noticed, and want to help her. It’s common after living through a disaster or trauma to need some help and there’s nothing wrong with seeking it.

**Accessing School Support**

School plays such an important role in the lives of children and teenagers that for many, it is a second home. Educators (classroom teachers, school psychologists and guidance counselors, nurses, principals, etc.) are well-positioned to support students’ coping during a time of crisis and to identify individual students who are struggling in the aftermath. For some children, the structure of school is stabilizing, and returning quickly to a regular academic routine is most helpful. Other children—such as those who have a history of anxiety, depression, and/or behavioral or attention disorders—may be especially vulnerable to the stress of community crises, and may exhibit new symptoms or a return of previous symptoms.

Children who have a history of exposure to trauma may be more vulnerable to a new crisis, and may benefit from individualized support and monitoring during and after the crisis to support their positive academic and social experience.
Sorting out children’s differing needs and deciding how to manage these differences, once identified, requires open communication—among staff members, and between parents and educators. Parents can assist educators by regularly talking to them about how their children are doing. Educators and parents can brainstorm together about the best ways to be in touch and collaboratively support these children. Middle school and high school students present a special challenge because they have many teachers, so a pervasive change in mood, behavior, and school performance may not be as apparent to any individual teacher. For this reason, it works best if there is a plan in place to coordinate information from all of a student’s teachers to ensure that an “at risk” teen does not go unnoticed.

**COMMUNICATING WITH SCHOOLS: A TWO-WAY STREET**

The following tips for parents may be helpful as children return to school after a community crisis:

- **Find out which kind of communication your child’s school prefers, and use that when contacting the school.** Educators are caring for many children at once, so anything you can do to facilitate easy communication will be appreciated.

- **Provide your child’s teacher and other educators with ongoing information about how your child is coping at home.** Be open to hearing that they are seeing the same behavior, *or that they’re not*. It is common for children to behave differently in different settings.

- **Avoid having unguarded discussions about the crisis and its impact with school staff in front of your child.** Children are able to sense your emotions and those of their teachers. If your child is present, be mindful of the ways you are speaking about the troubling events and involve your child appropriately in the conversation.

- **Encourage school administration to share with parents in a timely way how the school is responding to the crisis.** Are there school assemblies? Are teachers leading classroom discussions? It will be easier to talk with your child about their reactions to the school day if you know some of these specifics.

- **Let the school know how your child responds to the school’s efforts to support students.** In particular, share the things you appreciate about their response and what is going well.
Making Choices about Media Use

Especially during a community crisis, disaster, or tragedy, children of all ages are exposed to a wide range of messages and images through traditional and non-traditional media. Older children increasingly get their information and communicate with peers through texts, posts, and Tweets. Parents need to be proactive in supervising a child’s or teen’s exposure to media and use of technology, and fully engaged to help interpret the incoming information. During stressful times, children and teens may seek immediate answers to their questions from the Internet or peers rather than from parents, so it’s easy for parents to be unaware of a child’s questions—and the answers she may be finding. A search engine never says, “Ask an adult you trust.” Too often, virtual “conversations” can be emotionally intense, upsetting, or misleading, and may go on for some time without a distressed child or teen seeking parental support. Whether by limiting access to too much TV coverage, intervening in troubling exchanges, unplugging during mealtimes to enable family conversation, or making sure phones are off during sleeping hours, parents need to be active in gauging, and perhaps limiting, a child’s or teen’s media exposure and/or technology use.
Technology—particularly cell and smart phones—is part of family safety planning, too. Parents, teens, and even younger children rely on phones to connect during emergencies. The expectation that family members can always reach each other can inadvertently lead to inadequate planning. In a crisis, a phone may be disabled, lost, or uncharged. It is important to know where your child will be, have a backup plan for connecting if phones do not work, and determine a meeting place if you are separated.

**Be a Savvy Media Consumer**

Help your children put what they learn from a range of media sources into perspective by sharing these facts:

- news shows are part of the TV business, which makes its money on numbers of viewers and ad sales; the goal is to keep you watching; increasing the hype or the “stay tuned” message is intended to keep you from turning off the show

- crises, disasters, and tragedies are “news” because they’re rare: they happen less often than all the positive, ordinary, and usual events; by showing so much of what is negative, sensational, and upsetting, and so little of the “good,” media can make it seem as if terrible things are far more common than they really are

- TV can make people feel anxious; less TV is often a good choice

- information on websites is often inaccurate: some sites are far less trustworthy than others, so encourage children to consult adults for help with this

- when surfing online, unwanted and disturbing images can easily pop up; suggest that children seek any online information about troubling events with a parent

Middle school and high school–age children may also be able to understand that:

- different TV stations represent different political ideologies

- arguments about current events, including disasters and crises, are often one-sided

- it is hard to tell a complicated story in a short sound bite

- anything can be found on the web, but teens may not be ready to absorb it alone; encourage them to search with a parent or trusted adult

- making sense, together, of what has happened goes way beyond acquiring information
Be a Good Role Model

Adults, like children, often have trouble disengaging from the TV or Internet. This is especially true when a crisis is unfolding. It can feel critically important to stay on top of new information, and parents may worry that turning off the computer or TV will mean missing important updates. It is worth thinking carefully about the costs and benefits of spending many hours following news coverage, both for your children’s benefit and your own.

- recognize that it’s hard to turn off the TV, even when you know you should
- be aware of what kind and how much media exposure is best for your own emotional well-being
- be prepared to talk with your child about other ways to get information and news (for example, print media, Internet, radio), and where you get your most helpful information
- disasters are likely to be discussed in the news many times, including at times related to anniversaries, trials, repair of destruction, etc.; be aware that this coverage may re-activate worries in children or adults
- bear in mind that talking with your child involves more listening than talking
- seek input from other parents you trust and admire, especially those who are most tuned into media and technology

How Much Is Too Much?

Under each age category, we offer suggestions for regulating media/technology exposure:

**PRESCHOOLERS (3–6)**

- do not show preschoolers adult news coverage
- check in regularly to learn what a preschooler may have seen or heard
- it’s preferable that a parent learn about a troubling event and then convey the information in an age-appropriate way to a young child
- children will not understand how media footage and commentary relate to their personal safety
- preschoolers are too young to assess the when, where, or how of a crisis on TV, or to differentiate fact from fiction
**Elementary School Age (7–12)**

- News coverage should be watched or listened to with a parent present.
- Ask questions to see if the content or images are troubling.
- Watch for emerging anxiety or specific worries following media exposure.
- Make the use of technology contingent on turning it off after a designated amount of time.
- No technology for one hour before bedtime and during the night (this is important for sleep health).
- Visit websites together.

**Teenagers (13–19)**

- Technology should be turned off during meals (parents should follow the same rules).
- Turn off all sounds associated with incoming messages at night (if a teen is not able to unplug for the night, technology needs to be removed from the bedroom).
- Spot check texts and posts with a teen to get a sense of what those conversations are like; if posts or texts are upsetting, talk together about limiting, or taking a break from, distressing communication (e.g., Facebook, texts with a particular peer, etc.).
- Technology should not interfere with meals, schoolwork, or outside activities.

**Managing Media**

So that you can better manage children’s media use, rather than having media “manage” your children (or you), we offer some questions to start conversations that can go beyond, “Haven’t you spent enough time on the computer?” Learning from children about how they find information of interest, evaluate the quality of the information and its source, and react to the different modes through which information is conveyed (images, text, audio), may provide a window into their experience of a world that can be both stimulating and challenging to navigate.

**Talking About Media Use: Sample Questions to Try**

- In what ways are you getting information? Which are the fastest? Most accurate? Least useful? Scariest?
- Who is in the conversation? Who maybe should be, but isn’t?
- Is the conversation “smart,” or is “dumb” stuff being texted, Tweeted, posted, etc.? (Perhaps ask if you can see the back and forth of your child’s exchanges)
• What is an example of something smart that got you thinking?
• What is an example of something stupid?
• What mean or threatening things have you seen online?
• Have you seen images you wish you had not seen? What are the worst pictures or videos you’ve seen?
• Do you feel able to turn off the TV, stay off Facebook, or take a break from texting?
• Do you trust what you are seeing (on TV, the Internet, Facebook, etc.)? How do you decide whether you trust a source?
• What have you noticed about TV coverage? (For example, have you noticed that newscasters repeat the same information and images, that they have excitement in their voices, etc.?)
Parenting Through Crisis: A Quick Guide

This section underscores the key points you may want to keep in mind as you support your child during a crisis and through its aftermath. The information is addressed in greater detail elsewhere in this handbook, but often, at stressful times, “less is more.” These highlights may be as much as you want to read during a crisis or may serve as a useful overview of the recommendations found in this handbook.

- **When talking with children, be descriptive, but objective.** Words like “catastrophe,” “tragedy,” or “disaster” may unintentionally raise children’s anxiety. Focus instead on the first four “Ws”: what happened, where and when the event occurred, who was affected, and importantly, who was not affected. The fifth “W”—why this happened—is usually better addressed in later conversations. Remember that your emotional tone is as important as the words you use. It can be extremely difficult to help your child feel calm when you, yourself, are not feeling calm. As best you can, be aware of your tone of voice when talking to children, and to others around your children.
• **Be aware of all the ways in which your child may be learning about the events.**

There are so many channels that troubling news can come through: television, radio, the Internet, texts from friends, other social media, overheard conversations at home or out in the world. The more you know about how your child is learning about news, the better you can address inconsistent or incorrect information.

• **Welcome all of your child’s questions.** Though you may be anxious about sharing too much information with your child, encourage her to ask you anything, so you are aware of how she understands the situation, and what is confusing. Telling a child that she asked a good question, and that you need some time to come up with a good answer and will get back to her, *and then doing so*, is preferable to discouraging or avoiding conversation.

• **But don’t wait for questions to talk with children.** Older children frequently learn of world events at the same time as parents, if not before! Even if your child understands the “four Ws” and rolls her eyes when you ask if she has questions, you have an important role in helping her make sense of the events and the world’s response to them.

• **Don’t let your child worry alone.** Encourage your child to share his worries with you. Choose check-in times that correspond with when your child is most likely to be willing to talk. Car rides, bedtime, and side-by-side activities like washing dishes seem to be “talking times” for many children.

• **Convey confidence without promising that nothing bad can ever happen.** You may very much want to reassure your child of his safety, now and in the future. On the other hand, it is important not to make promises that can’t be kept. If your child asks if something bad could happen again, consider talking about the fact that it is not impossible, but is very, very, very unlikely. Giving concrete examples of extremely unlikely events can make this idea more readily understood by your child.

• **As much as possible, maintain your child’s usual schedule.** Regular routines provide a sense of security and normalcy. When this is impossible, provide as much predictability for your child, day by day, as you can. Emphasize what will be same about her routine, and describe what will be different. “Even though we’re staying at the Red Cross shelter tonight, I’ll still tell you a story when it’s time for bed, and you’ll have your favorite blanket.”

• **Keep the channels of communication open with key caregivers,** such as grandparents, teachers, babysitters, coaches, and the parents of close friends. Talk to these people about what your child understands about the events and any concerns about your child’s response, and ask that they let you know about any changes in your child’s mood or behavior.
• **Respect a child’s wish not to talk very much.** Some children talk about all kinds of things, and others tend to think things over more on their own. All children need basic information about important events, especially about details that will affect them. But it’s OK if your quieter child doesn’t want to have a big discussion, even though you may feel worried that he is hiding distress. Rather than pushing him to talk, watch for changes in behavior at home or school, and with friends, for clues about how he is coping. Encourage him to express feelings through art, writing, or imaginative play.

• **Be aware that older children may be poor judges of how exposure to media coverage of a crisis affects them.** Like adults, adolescents may feel pulled to learn as much as possible about a challenging event, and you may not want to discourage their curiosity. However, too much exposure to media tends to make both adults and children feel worse, and teenagers may not yet have learned that this is the case. Simply keeping the television or computer off may not be helpful advice for many families, but talking with your child about the importance of limiting time exposed to news, and helping her find other ways to spend time supports a useful skill as she becomes an independent consumer.

• **Look for positive, realistic messages that resonate with your family values.** Although this may not be possible in the early stages of a crisis, doing so over time helps families adjust to challenges with resilience. Some families focus on the importance of gratitude, on appreciating the many helpers in any difficult situation, on the importance of being responsible and aware of surroundings in certain situations, or on finding ways to help others. Others emphasize the importance of asking for help when it’s needed, and asking again if help isn’t offered right away. Be cautious about creating a narrative that connects many disasters around the world into a frightening pattern that a child would not have arrived at herself.

• **Find ways to engage with your community after a crisis.** Children, like adults, often find that being an active helper is one of the most powerful ways to regain a sense of control and optimism. Guide your child toward age-appropriate ways to become involved in your community, for instance, raising money for a cause related to the crisis, writing letters to people affected directly, or for older youth, learning about advocacy roles within a variety of organizations.
PART TWO

Talking Through a Crisis: Finding Words That Work
Talking with Children after a Crisis or Disaster

The goals for parents in talking with children after a crisis are, essentially, these: be calm; be honest; be available; be reassuring. However, as most parents know, the devil is often in the details—just how honest? And how reassuring, given the very real dangers in our world? Below is a guide offering general questions and comments that can be adapted to a specific crisis, organized by initial conversations (during or soon after the events), and follow-up through the aftermath, over days and weeks.

Getting Started

1. As the airlines advise, “put on your own oxygen mask first.” If at all possible, calm yourself before talking to your child; take some slow, deep breaths, and take a minute to think about what you will say. Children will watch adults’ emotional reactions to determine their own safety, so do your best to speak calmly, even when you may not feel that way.
2. When it’s clear that you and your child are physically safe, provide a simple explanation of what is happening.
   - Avoid words that emphasize the shocking aspects of the event, such as “horrifying,” “terrifying,” “devastating,” “bloody,” or “blown to bits”
   - Use lower-emotion descriptive words, such as “scary,” “upsetting,” “injured,” or “hurt by an explosion”

3. Or, if your child already knows what happened, find out about her understanding of the events, and address any worries or misunderstandings.
   - “What did you see and hear?”
   - “What else do you know about this?”
   - “What are you wondering or worrying about?”
   - “If _____________ (a familiar adult) asked about what happened, what would you tell her?”
   - “If _____________ (a peer or sibling) asked you what happened, what would you tell him?”
   - “What is scary or confusing about this?”

4. If your child has witnessed your distress, acknowledge your feelings and share why you were feeling that way.

5. Often, you will not have all the facts, so let your child know that more information will be available later. Try to describe what is known and what is not yet known, focusing on the details that will matter most to your individual child.

6. Let your child know you will follow up with him in coming days and that you want him to come to you with any and all questions or concerns.
   - “If you learn more, or hear more, or have questions, will you let me know?”
   - “Please don’t ever worry alone.”
Following Up

1. Let children know that it’s normal to have a lot of different feelings and reactions after a frightening event. For example, it is normal to:
   • feel more worried for a few days or weeks
   • want to do comforting things, like watch a movie at home with your friends or family
   • want either to stay away from where the event occurred, or to visit that place
   • want to learn more about the details of what happened, or not want to talk about it or learn more details

2. Ask children to talk about how they, and people they know, are coping in the aftermath. Try to get children thinking with you about helpful and less helpful ways to manage during difficult times. Learning healthy ways to cope with stress is an ongoing and important life skill for everyone.
   • “Who do you think is most upset about this? Why?”
   • “Are you worried about anyone you know and how he or she is coping?”
   • “What kinds of things help you feel better when you’re upset?” (IDEAS: talk with a parent, teacher, or friend; listen to music; read a book; play outside; turn off the TV; play a game; make something; eat nutritious food; get enough sleep)
   • “What kinds of things make you feel a little better right away when you’re upset, but could make bigger problems for you later?” (IDEAS: worry alone; not tell anyone; break something; yell at people; punch the wall; refuse to go to school; stop going on playdates or to birthday parties; stop doing homework; stay up all night; drink alcohol; smoke; take someone else’s medicine; hurt yourself)

3. Think together with your child about a plan to cope with and actively manage anxiety. (“How can you manage your worried thoughts?”) A plan could include:
   • a brief strategy to manage physical symptoms of anxiety (e.g., taking deep breaths)
   • a helpful self-statement (e.g., “Maybe when you feel worried, you can remember to say to yourself that the bad guys were caught and can’t hurt anyone else.”)
   • a plan for facing fears (e.g., “I can be brave and go upstairs by myself. I’ve done it before.”)
4. As difficult as this may be, do not allow your child to avoid for long those situations that trigger anxiety. Even though avoiding certain situations or “triggers” to anxiety may help children feel calmer in the short run, in the long run, avoidance actually increases anxiety. Instead, support your child to face fears gradually. Consider meeting with a mental health professional who uses Cognitive Behavior Therapy to treat anxiety in children.

**Conversation Tips: Ages 3–6**

- Encourage children to ask you questions and to share what they think are the answers.

- Provide enough detail so that your child can fit together all the pieces of the story he is seeing or hearing, or will likely learn about in the near future. It is much more difficult to hide information from children than parents often assume. If you have any doubts, ask your child if he has heard or seen anything that is confusing. Also, remember that preschool children are usually less emotionally affected by events that do not directly impact their day-to-day functioning than are older children and adults. So letting a young child know about an event that is distressing to you, but distant, helps your child to avoid picking up on parts of the story and assuming he is in any danger.

- Suggest a way to communicate fears that does not involve talking.
  - “If you start feeling more scared, come and take my hand; then I’ll know you need to tell me something or just need a hug.”

- Recognize that young children might form connections between events that don’t make sense to older children or adults, and look for ways to reassure your child that she is safe. For example, a child might believe that if it rains even a little bit, it means that a hurricane is happening again.
  - “This is a thunderstorm, not a hurricane. A thunderstorm is much smaller than a hurricane and not as windy, and won’t damage houses like the hurricane did.”

**Conversation Tips: Ages 7–12**

- When your child seems upset or anxious, try to identify any specific worries he can put into words.
  - “Can you tell me what you’re thinking about? Is there something you’re imagining might happen?”

- In thinking about how much detail to share, consider what children could overhear from older siblings, peers, or older children at school, or via TV or the Internet. Many children feel better learning about a crisis at home, rather than hearing about it for the first time from peers.
• Remember that children can have a hard time figuring out which situations are safe and which are dangerous. Try to listen for concerns about safety that may underlie reluctance to engage in usual activities, and find ways to talk about those worries.
  – Rather than say, “Look, we paid for this activity so you're going,” or, “You are part of a team so you have to show up,” try, “I feel very certain that this is a safe thing for you to do. If I were worried about your safety, I would not let you do it. Remember how I made you wear that ski helmet you hated? Let’s see what might help you feel more comfortable when you go.”

• Convey confidence without promising that nothing bad can ever happen. Try describing future bad events not as impossible, but as really, really unlikely, if this is true.
  – “You're right, another tornado coming to this town isn't impossible, but it is really, really unlikely. Just like all the Red Sox players hitting home runs all season isn’t actually impossible . . . but it’s not likely, is it?”

• Sometimes it is easier to be patient with an anxious child than with an irritable one. If you find yourself getting frustrated with a cranky child, try to remember that she is expressing her distress as best she can and may need your help to settle herself down.
  – Rather than, “What is wrong with you? Can't you see how worried your sister is? Don't make it worse,” try, “I see that you're having trouble with this problem,” or “It seems like you're getting kind of irritated,” and then offer a couple choices of things the child can do instead.

• Even when you can’t assure your child that things are 100% safe, give concrete examples of how caregivers, teachers, police, doctors, and others are working together to make things safe for him and the community.
  – “Your teacher called all the kids’ parents last night to make sure you all were doing okay after the police presentation at school yesterday.”
  – “Law enforcement people at every level—town, state, and national—are working together to find the people who did this. And people who were near the explosions are sending in pictures and videos to help police figure it out.”

**Conversation Tips: Ages 13–19**

• It is common after a crisis for parents to want to reinforce to teenagers the importance of their making responsible decisions to keep themselves safe. Think carefully about the message you want your teen to hear, as you talk to him about the world we live in, and try to balance the warning to be cautious with some optimism.
Rather than, “The world is filled with crazy people, and you’re never safe. You really have to be vigilant at all times,” consider, “Yes, the world can be a dangerous place, unfortunately. But, even though there are definitely bad people, I believe there are many more good people. And there are ways you can reduce your risk of getting hurt.”

- Talk with teenagers about their role in making the world a better, safer place, in big ways and small.

- “There are lots of helpers in our world—just look at all the people who jumped in. It’s important to help in situations like this.”
Stories of Families Facing Crisis

What follows are three stories about families navigating different types of crises in their communities. As you read, you might imagine what you would say and do in a similar situation, as a way to practice and feel better prepared for a crisis. As you do this, reflect about the challenges you have already faced as a family, and how you handled it with your child or teen. What worked well for your child? Were there aspects you wish you had handled differently?

You might also use these stories to start discussions in your neighborhood or school, or among friends. Brainstorming about how to respond when you are not under the pressure imposed by an actual crisis gives you the chance to rehearse potential explanations and consider conversation “starters.” Each story offers an opportunity to reflect on the family and community values you would like to emphasize with your own child, and what you would want her to gain from the experience. Through conversations like these with children, we can help them build tools for coping that they will carry with them as they grow.

It is important to note that we have created composite stories collected from years of clinical experiences; no story represents any single, actual family. If a reader believes she recognizes her own story here, it is coincidental. We have elected to highlight different types of challenges, and different kinds of families, to increase the likelihood that parts of each story might resonate with your experiences and potential future challenges.

Following each story are examples of things you might actually say to your child in the wake of a crisis similar to the one in the story. You can adapt these for your own comfort and circumstances, or just use them as prompts for thinking about what you might say to your child. These samples are organized by theme and by age group so you can easily find what’s most relevant for your needs.
Suzanne and Carl Brook live in Cambridge with their three children, 16-year-old Isaiah, 13-year-old Ava, and 6-year-old Marcus. They have always loved attending the annual Boston Marathon and cheering on the runners. The Marathon route runs from Hopkinton in the western suburbs into Copley Square in the heart of Boston, and they have a favorite viewing spot about a mile before the finish line. Suzanne had taken her two older children to watch the Marathon every year when they were younger, and she planned to take Marcus for the first time this year. The streets are always lined with cheering fans from all over the world, shouting encouragement to each runner that passes by. Ava loved handing out water to the runners when she was Marcus’s age, and Suzanne hoped that Marcus would enjoy the excitement and helping the runners, too.

The Morning of the Marathon

The morning of the Marathon, the Brook household was busy with preparations. Carl had a regular workday and headed off to work at 8am. Isaiah left with two of his friends before 10am to take the subway to
Boston. Suzanne was comfortable with Isaiah’s plans for the day; he and his friends had gone together last year, and Isaiah knew how to use the subway to get around. She knew he had his cell phone with him, so she hadn’t asked for specifics about the boys’ plans. Experience had taught her that even if they had made plans, they would likely change as the day unfolded. She simply reminded Isaiah to be home for dinner and asked if his cell phone was charged. Meanwhile, Suzanne had arranged to meet up with one of Marcus’s classmates and his family at 11am, about a mile before the finish line at their usual viewing spot.

Ava was the challenge. At almost 14, she really wanted to go to the Marathon this year with only her friends and not with someone’s parent. Suzanne was frustrated that in spite of many, many texts and phone chats, the girls still hadn't worked out their plans. All morning, Ava was still hoping to have an arrangement with her friends, but it never came together. Their indecision resulted in Suzanne, Ava, and Marcus ending up at home that day.

Suzanne called and apologized to the mother of Marcus’s friend for cancelling. Ava and her mom were both disappointed, but Marcus didn’t seem to mind playing at home. At midday, the three of them watched the Marathon on TV together as the elite runners crossed the finish line. Watching from home wasn’t very exciting and after a few minutes they turned off the TV.

**Bombs Explode at the Finish Line**

Just before 3pm, Ava came running into the kitchen to tell her mother that she’d gotten a text from her friend Tess. There was an explosion at the Marathon. Tess had told Ava that lots of people were probably hurt or dead. Suzanne couldn’t believe that this could be true, but they rushed to turn on the TV. Suzanne was shocked, and immediately thought of Isaiah, who was at the Marathon somewhere. Last year, he and his friends had walked the last mile of the course and had gone in and out of the stores near the finish line. She exclaimed aloud over and over again, “Oh God,” and “I can’t believe this,” as she repeatedly called Isaiah’s cell phone but failed to get through to him. She knew he was with two of his friends, but didn’t know their cell phone numbers.

She was standing in front of the TV watching the coverage, still frantically trying to reach Isaiah, when he called on the house phone. Ava had texted him and told him that Mom wanted to talk with him. Isaiah sounded relaxed. “You heard about the explosions, Mom?” Hearing Isaiah’s voice was such a relief. “Where are you? Are you near the bombs?” Suzanne asked. Isaiah explained that the boys had gotten bored around 1pm, and had walked back to another friend’s house to listen to music. He was calling from there. Suzanne felt like she could breathe again. She later learned that cell phone calls were not being transmitted and only texts were getting through. She was thankful that she hadn’t spent longer in limbo, unsure whether or not Isaiah was safe. Every time she thought this, she felt guilty for feeling so relieved when other families were not so fortunate.
Marcus on His Own

In the moment, Suzanne hadn’t been thinking about what Marcus was experiencing. At some point, he had come out of his bedroom and joined his mother and sister in front of the TV. He had heard his mother’s worried exclamations as she watched the coverage of the breaking story on TV, and had watched her panicky attempts to reach Isaiah on his cell phone. Marcus had been watching the news footage, transfixed, and listening to the anxious tone of newscasters sharing the breaking news. He had heard his mother’s relief when Isaiah called.

When Carl called a few minutes later, Suzanne walked into another room to talk with him. She wanted privacy to share with her husband her unfiltered horror about the explosions. She needed to share with him how terrified she’d been before hearing Isaiah’s voice on the phone. She talked about how easily she could have been at the Marathon with the children, and how Isaiah and his friends could have been at the finish line and been badly injured. Ava might have been there with her friends without an adult present, and could have been right where the bomb detonated. It was a relief to share the litany of scary “what ifs” with her husband. They wondered together who they might know who could be injured. Carl knew colleagues at work who had family members running in the Marathon, but it was too soon to know if anyone had been hurt.

In that moment, Suzanne wasn’t thinking about Marcus or Ava at all; they were in the physical safety of their home. It was only later that she realized that she hadn’t spoken directly to Marcus, or really seen what he was observing and how he was reacting to the breaking news. Nor had she checked in with Ava about her ongoing virtual conversation with friends.

While his parents talked, Marcus asked Ava what was going on. She barely looked up from her phone—so many of her friends were sending texts, and updates were streaming in on Facebook and Twitter. She told Marcus that bombs were going off at the Marathon finish line. Marcus imagined that there were many, many bombs and that they were still exploding. He pictured airplanes dropping bombs on the Marathon runners. It was scary and confusing. He’d seen how upset his mother was—more upset than he ever remembered seeing her. He wondered if their house might get bombed. When Suzanne came back into the living room, she found Marcus watching the same footage on the TV over and over again with a breathless announcer describing a chaotic scene. Ava was sitting on the couch texting on her phone and occasionally looking up at the TV.

Talking Together Begins

Suzanne gave Marcus a little hug. She could see that he was confused and upset. She wanted to talk with him in a quiet place away from the TV, but she had trouble pulling herself away from
watching the coverage. She knew she needed to turn her focus to Marcus, and that she should turn off the TV, but it was harder to do than she would have imagined. When she did, Ava didn’t seem to mind, perhaps because she was getting most of her information via her cell phone.

Suzanne put her arm around Marcus as they walked into the kitchen together. Marcus asked her where Isaiah was and if he was getting bombed. She reassured him that Isaiah was at Sam’s house listening to music and that they were safe. Marcus asked if Daddy’s work was getting bombed, and if his building was stronger or weaker than bombs. After being reassured that his father was safe, he asked if their house was going to get bombed. Suzanne recognized that Marcus was scared and confused about what was happening, where it was happening, and whether the events were ongoing, and that she needed to address some basic questions and worries. She did not know that Marcus was still listening for bomber planes as he had not shared this worry with her.

Initially, Suzanne was focused on making sure that her family was physically safe. Because of her fear for Isaiah’s physical safety, she had not immediately recognized Marcus’s perception that he and his family members were in danger. The emotional cues Marcus was getting from his mother, the images on TV, and the news anchor all conveyed to him that he should be very, very scared. And he was. But as Marcus and his mother walked together, the physical comfort of her arm around him and his mother’s attention led to his spontaneous questions. After answering his immediate questions about Isaiah and his father and their safety, Suzanne asked Marcus, “Do you know what happened at the Marathon?” Marcus nodded.

“What?” she asked.

“The runners got bombed,” Marcus said.

Had Suzanne then asked Marcus, “How do you think it happened?” she might have learned that he thought the bombs were being dropped from planes.

She responded, “Yes, there were two bombs that exploded at the Marathon, near the finish line. After those two bombs exploded there were no more bombs. The finish line is far away from Daddy’s work, far from where Isaiah is, and far away from our house.”

“Are you worried about Daddy, or Isaiah, or us?” Suzanne asked. Marcus looked at his mother’s face and paused. Then he shook his head. No, he was not worried. “I am glad,” his mother said, “I am not worried about us, either.”

“Could you tell that I was worried before I knew where Isaiah was?” Suzanne asked. Marcus said nothing. She continued, “I was worried then, but not now. I know he is safe at Sam’s house. I was so surprised that a bomb exploded. It has never happened before at the Marathon in more than

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**Turning off the TV was harder to do than she would have imagined.**
100 years. I was also very upset, because some people got hurt.”

“Who?” Marcus asked.

“As far as I know, no one that we know,” she answered.

Suzanne asked Marcus to tell her what he heard her saying to Isaiah and to his Dad. She was reassured that Marcus reported back—accurately—a couple of questions she’d asked them on the phone. She also asked Marcus what he’d seen and heard on TV. Marcus said he’d seen lots of old men falling down, and ambulances. Suzanne explained that it was the same older man falling down, shown many times. She agreed that there were lots of ambulances there, which was good because they could take people to the hospital. Marcus asked some unrelated questions about ambulances and fire trucks that he had seen and asked his mother if she remembered them. His mood was noticeably more relaxed. Suzanne helped Marcus bring some of his toys into the kitchen, and got him settled there to play.

**Checking in with Ava**

Suzanne found Ava in her bedroom with her phone and her laptop. She sat down on Ava’s bed.

“Who are you texting with?” she asked. “I’m wondering what you and your friends are saying to each other about all of this. Can I look over your shoulder and read some of the texts?”

“I’ll show you,” Ava said. Suzanne came over to Ava and put a hand on her shoulder. Suzanne knew that Ava would normally bristle at being asked to show her mother her private conversations, but this wasn’t a normal circumstance. Ava walked her mother through the communication thread, explaining who had sent which texts. Tess was sure that two girls they knew had been at the Marathon finish line.

Suzanne read Tess’s text aloud, and then asked some questions. “How does she know that for sure? And how are you girls getting news and information about this?” Ava told her mother people were sharing everything they heard from one other. Suzanne wondered aloud if some things people thought were true might turn out to be false. Ava agreed that this was likely. She knew that one boy from her Spanish class, rumored to be at the finish line, was actually in Virginia visiting his grandmother.

Suzanne asked Ava, “What do you think about what we saw on TV, and how are you feeling?”

“It is horrible, but it is sort of hard to believe it is real and not a movie,” Ava replied. Suzanne agreed.

“Are you ready to take a break from your phone and laptop and do something with me?” she asked. Ava headed to the kitchen with her mother, but stuck her phone in her pocket.
Isaiah Arrives Home

Suzanne hugged Isaiah when he came through the door. Ava and Marcus were watching a movie, so she had some time alone with Isaiah. Curious about what he would share with her, she asked, “Walk me through your day after you left home this morning?” When he didn’t say much, she continued to try to get more information out of him, asking, “Where did you end up going along the Marathon course? Did you see other people you know at the race? How did you hear about the bombing? Was it strange knowing you’d been right there a couple of hours earlier? Were you worried about anyone you know being there when the bombs went off? Did you guys hear of anyone you know getting injured? What else did you and your friends do in the afternoon before you got home at 6?”

Isaiah listened to his mother’s questions and responded with short answers. He poured himself some juice but seemed reluctant to sit down and talk. Suzanne decided to find another time to learn more from him, or see what Isaiah might share more easily with his father when he got home. Isaiah was never much of a talker, and experience had taught Suzanne that he would often open up later and on his own schedule. So she said, “Thank you so much for calling home when you did. As soon as I heard the news, I was worried about your safety.”

Suzanne

When she spoke the next day with her sister, a teacher in New Jersey, Suzanne reflected on what she might have done differently. “I will never again complain about Ava being a disorganized planner. I am so glad that she wasn’t there with her girlfriends. Even without getting hurt, the thought of them trying to figure out what to do when cell phones weren’t working sends a shiver down my spine. I wish I had been more tuned in to Marcus and what he was taking in when we first learned about the bombing. I wish I’d told Carl that we were safe, and that I’d called him back after settling Marcus. Ava was so into texting with her friends, I don’t know how much attention she was paying to what was on TV. But poor little Marcus thought our house might blow up, that bombs were continuing to go off, and that his Dad might not be safe. I usually overprotect him, but yesterday I kind of forgot about him for a little bit. I didn’t find out until last night, when a plane flew overhead and Marcus looked terrified, that he thought the bombs were dropped from airplanes.

“I think I know what is on Ava’s mind today because she’s talking with me. Isaiah answered all my questions, but I have a feeling that there’s more he’s thinking about than I have any idea about. He’s more likely to talk with Carl, so we’ll see what comes out, if anything. Carl suggested I talk to his friend Sam’s mother again this morning. Sam is a talker, and he shared a lot of worries about what might have happened had the boys not gotten bored at the Marathon when they did.”
Next Days

For most public school children around Boston, the Monday of the Marathon begins a week of school vacation. Some families were away that week, but the Brooks were home with no special plans. Since Monday evening, it seemed that every couple of hours there was more news about someone who had been personally touched by this community disaster. The media were buzzing with information about the suspected bombers and stories about the three individuals who died (including one child just a little older than Marcus), as well as stories about many people who were injured. Everyone seemed to know someone with a personal story. Carl had a co-worker who was at the race with his family and was close enough to feel the shock waves after the blast. Carl’s cousin was on the police force and involved in the manhunt. Suzanne had a friend who was an ER nurse and was coping with the memories of all that she saw that day. Isaiah and Ava each had friends who were along the Marathon route. Two of the teachers from Isaiah’s high school ran the Marathon, and he’d heard that if his social studies teacher hadn’t stopped to use a portable toilet, he would have been at the Marathon finish line at the exact time the bombs went off. There were many heartwarming stories being told, too, including many individual acts of kindness and all kinds of support from across the country.

With the stories on the news, and media coverage of people who were close to those who suffered the most, the Brook family all felt like the impact of the bombing was becoming more and more real. At the same time, the hunt for the perpetrators had intensified. The city of Boston was being treated as a crime scene, and the National Guard, local police, and the FBI were treating the events as an act of terrorism on U.S. soil. Everyone’s anxiety seemed to be heightened.

At Home and Afraid

Marcus and his 5-year-old neighborhood friend JT had a playdate on Tuesday afternoon. Suzanne listened in on the boys as they played. It wasn’t uncommon for Marcus to have his Transformers and his Lego guys fighting each other or blowing things up, but as Marcus and JT played together there seemed to be many more explosions than usual. She noticed that Marcus was using a toy plane to drop pretend bombs on his Lego spacemen. Suzanne was surprised to see how much the boys were enjoying the play. She wondered if she should say something to them, but they looked happy, so she decided not to interfere.

Ava had committed to babysit a neighbor’s 4- and 9-year-old daughters on Thursday morning. Suzanne called the neighbor, Cheryl Dannon, to find out whether she still wanted Ava to babysit, and what her girls knew about the bombing. Cheryl said she’d love to have Ava come over, even if she didn’t end up going out to do her intended shopping that morning. She’d not told the girls
anything and didn’t want them to know about the Marathon bombings. She said her ex-husband had agreed with her about trying to keep it a secret, though she wondered if Lily and Bella would end up hearing something about this when they went back to school. Cheryl wondered what Suzanne had said to Marcus, and the two women talked about how different it could be when there were teenagers at home.

Suzanne shared what she’d learned with Ava. Bella and Lily hadn’t been told anything about the bombing, but that didn’t mean they definitely didn’t know anything about it. Cheryl did not want Ava to talk about it in front of the girls and if she heard anything from them, she should let Cheryl know privately what she’d heard. She reminded Ava that when she was babysitting, she shouldn’t be talking on her phone with friends or even texting. It might be hard to stay focused on the girls, but that would be her job that morning.

Suzanne had been keeping the TV off, but had been listening to the radio during the day to keep up with the evolving information. She planned to watch TV only for a short time each night after Marcus went to sleep. In part, her plan to limit TV time was to protect Marcus, but it was self-protective, too. She found the images terribly upsetting. They kept showing the older man being knocked over by the power of the blast and the many bloody, injured runners and bystanders immediately after the explosions. Suzanne remembered that after 9/11, watching the TV coverage made her more upset and she had struggled to get some of those images out of her mind. Because she couldn’t undo the events of Monday, and watching the TV wasn’t helping her be a calm parent, she was trying to take good care of herself and model this for her children.

Finding the Suspects

As the suspected bombers were identified and the manhunt intensified, anxiety in and around the family seemed to be growing. Marcus was upset that they hadn’t caught the “bad guys” yet; he couldn’t understand why the police didn’t just catch them and lock them up. He wasn’t feeling safe to sleep in his own bed. Even though his parents had explained that the bombs were not dropped from an airplane, the sound of helicopters overhead scared him. His parents reassured him that they felt safe in their house, but Marcus remained unconvinced.

Ava had been staying up late talking with her friends. She wished she hadn’t committed to doing the babysitting on Thursday morning. She asked if she could watch Bella and Lily at her own house, because she, like Marcus, didn’t feel safe. Suzanne thought it was a good idea and suggested that they plan to make cookies together with the girls on Thursday.
Isaiah had denied feeling worried and hadn’t wanted to talk much about the bombings, until Wednesday night. While watching TV with his father, he said he been thinking a lot about what his life would be like if he had been one of the people who lost a leg. He wondered what it must be like to live in a country at war. Since this had happened, it felt different to hear about explosions causing fatalities in Iraq or Afghanistan. Carl was glad that Isaiah was sharing his thoughts, and listened carefully until his son finished talking. He agreed with Isaiah that the bombing so close to home had him thinking about things he didn’t often consider. “It reminds me of how lucky we are not to be worrying about our safety or survival every day,” he told his son.

When the two suspected bombers were identified on Thursday, Isaiah was shocked to learn that the younger of the two had attended his high school a couple of years ahead of him. He had not imagined that the perpetrator of this awful event would be someone from his school. His friends were talking about this, too. He knew several people who had known the bomber, and they described him as a “regular kid.” He was on the wrestling team and was in college now. Isaiah was really troubled that a “regular” person could do something so horrible. It didn’t make sense to him and it left him feeling like anybody might turn into a killer or terrorist. Separately, Carl and Suzanne listened to Isaiah struggle to make sense of this news that hit so close to home. Each parent supported Isaiah by acknowledging that this was hard for them to understand, too.

Suzanne did most of the listening and talking with Ava. “I think you’re going to be hearing lots about this from friends, and on TV, and probably at school next week.” She talked about how things as rare as this could feel overwhelming, and were hard for all of them to understand. She reminded Ava that it would be important to talk about it, and also to take breaks from thinking about what had happened. Ava responded by talking about wanting a break from news about the bombing. Suzanne found herself redirecting Ava at least a couple of times a day to engage in something other than communicating with a friend, such as cleaning her room, helping make dinner, using her camera to take some photos, or watching a movie with Marcus.

Sheltering in Place

Friday morning, the Brooks woke up to the news that their community, along with several others, was being asked to “shelter in place” during an intense search for the bombing suspects, who were believed to be in nearby Watertown and “armed and extremely dangerous.” No one was to go outside on this beautiful April day, so that law enforcement could do their job unencumbered. Many neighborhoods were being searched by service members, even SWAT teams, with military weapons.
The Brooks didn’t want to scare Marcus, but they decided that it would be better to tell him that the police and National Guard were patrolling and might visit them, rather than having him be shocked and surprised if they arrived without warning. Marcus seemed pleased that the good guys were going to catch the bad guys. He was less scared than his parents had expected. He asked several times if they had come by yet and seemed to be looking forward to the visit.

Ava and Isaiah were more troubled by the door-to-door hunt and corresponding lockdown. Ava felt a heightened sense of risk knowing that the suspected bomber was likely somewhere nearby. Though she had initially been excited to see the stores from their neighborhood on national TV, that excitement had turned into anxiety once the lockdown began. The Brooks spent the day at home together. Carl and Suzanne allowed Marcus to play computer games for a while, and later he and Ava helped Suzanne bake brownies. Bella and Lily were at home with their mother, and Suzanne chatted with Cheryl so her neighbor felt less alone. Carl pulled out a 1,000-piece puzzle and tried to convince Ava and Isaiah to work on it with him. Though he ended up doing most of it himself, each sat down with him a few times to talk and help with finding puzzle pieces. By the evening, one suspect was dead and the other one had been captured.

Isaiah found himself imagining what it would be like to be the younger, surviving suspect during the manhunt. He worried that maybe it was a mistake and the suspect didn’t know that his older brother had intended the attack. He wondered if he was being stupid to think that one brother could brainwash the other. None of the horrible events seemed to make sense to him, and he was ill-at-ease and irritable with his family. He claimed not to care what his classmates thought of any of this, but things he said suggested he was aware of, and troubled by, some of their reactions. Each of his parents checked in with him before bedtime, but he was not interested in talking. They reminded him not to worry alone. Suzanne said, “Remember, if you tell us what is on your mind rather than leaving us guessing, it’s likely that we will be less annoying. It’s better to worry with you instead of about you.”

Isaiah said, “I just wish he wasn’t from my high school. Everybody will think this is what we are like.”

“Ahh, I hadn’t thought about that,” Suzanne said. “I am not sure that anyone will really think that, but it is upsetting that it’s somebody from our neighborhood.”

Meanwhile, Ava had seen very graphic pictures of the injured online, and told her mother that she couldn’t get them out of her head. She was doing a lot of pacing and checking her phone during the day, and several friends claimed they could hear gunshot sounds. She’d gotten texts from a good friend who said her immigrant family was fearful about potential anger and violence that
might be directed at their ethnic community. Ava wanted it all to be over, but her friend’s worries about the future reminded her that it was not.

Marcus, who had been most worried initially, seemed happy that the bad guys were finally caught, and was now the least worried.

**Boston Strong**

Initially, the area around the bombings was treated as a crime scene and was closed to all but law enforcement. But when the area was re-opened to the public, a memorial was spontaneously created. Flowers, notes, and running shoes were placed there in memory of those who died or in honor of those injured.

Many of Ava’s and Isaiah’s friends and their families visited the makeshift memorial. Ava did not want to go, but Isaiah did. He planned to go with his friends, but Carl wanted them to share the experience, and convinced his son to go with him. Isaiah’s friend Sam had not wanted to go, but his mother thought he should. Carl offered to go with Isaiah and Sam, but Sam did not want to join them. In talking with Sam’s mom, Suzanne shared that she was letting Ava not attend because she seemed to need longer to adjust to the recent events; Suzanne was concerned that pushing Ava would not help her and might perhaps make her more anxious. Sam’s mother ultimately chose to let Sam opt out of going, and ended up going to the temporary memorial with one of her good friends on the day before it was disassembled. She realized that she really needed and wanted to see it and she’d been pushing Sam because she’d wanted him to go with her. This plan suited both of them better.

Carl and Suzanne made a point of having the family eat dinner together most nights for the first few weeks after the Marathon. Suzanne spent extra time with each of the children after school to hear about their days. She asked Ava and Isaiah if teachers or friends were talking about the Marathon during the first several days when they were back at school. By the third week, the conversations about the Marathon were less frequent, but she let them know that she hoped they’d continue to share their thoughts and feelings, as well as input from others.

**The One-Year Anniversary**

As the first anniversary of the Marathon bombing approached, it was in the news every day. Suzanne and Carl took the opportunity to talk about it again with each of their children. They talked about the many heroes and survivor stories that they’d heard during the year. Isaiah was looking forward to the trial. He hoped that some of his questions would get answered in court,
though he was pretty sure no one would help him understand what went on in the suspect’s mind, which was his real question.

Isaiah and Ava were glad that so many people were coming to Boston to run. It felt good to be part of “Boston Strong.” The Marathon felt more festive than in any previous year, but not as carefree. Marcus and his friend pointed out the many runners in funny outfits and convinced Suzanne to let them get noisemakers to cheer on the runners. Isaiah went again with his friends and Ava went with Suzanne, Marcus, and a couple of friends. Ava was a little bit nervous, but she believed that all the extra security made it safer. She was glad she went, and happy when it was time to go back home. The family talked about their plans to attend again the following year.

Talking with Children about Violence in the Community

1. Provide a simple explanation of what is happening or did happen, and describe the immediate impact on the child. Though you may want to shield your child from bad news if she was not directly affected, consider whether this is realistic, particularly if your child could overhear or see information on the radio or TV, or learn about the events from peers or older siblings.

AGES 3–6

• “Two bombs exploded at the Marathon, not in our town, but in Boston. After those two bombs exploded there were no more bombs. We are safe, and so is Daddy at work, and Isaiah at his friend’s house. You might hear me talking with other people about this on the phone.”

• “The police are looking for the people who set off the bombs the other day, and they might come to our door to see if we know anything about where they are. They are carrying guns and might look scary, but they are here to protect us.”

AGES 7–12

• “Two bombs exploded near the finish line of the Boston Marathon today. A lot of people got hurt and have been taken to hospitals. Police are looking hard for the people who did this. Right now the TV and the Internet are showing this story over and over, so I’d like us to turn the TV off. I’m going to be on the phone to make sure your brother is OK; I’ll check in with you when I get off the phone.”

• “The police think they are getting close to finding the bombers. The police and the National Guard are out searching, and they might come to our house, and to other houses in our neighborhood, while they’re looking. This is a tense time because we have to stay inside, but there are many people around who are keeping us safe while they are searching for the suspects. I’m sorry that we won’t be able to go the Aquarium as we’d planned.”
AGES 13–19
• “Two bombs exploded near the finish line of the Boston Marathon today. A lot of people got hurt and have been taken to hospitals. Police are looking for the bombers. You’ll probably be hearing about this from your friends, if you haven’t already, and it’s all over the media.”
• “The police think they are getting close to finding the bombers. The police and the National Guard are out looking, and they might come to our house, as well as other houses in the neighborhood. Our town is on lockdown so we have to stay inside. I’m sorry that you won’t be able to hang out with your friends after all.”

2. Or, if your child already knows what happened, find out about his or her understanding of the events, and address any worries or misunderstandings.

ALL AGES
• “What did you see and hear?”
• “What else do you know about this?”
• “What are you wondering about?”

AGES 3–6
• “Tell me what you know about what happened.”
• “What did you hear when I was talking on the phone?”
• “Do you know what [sibling] was talking about with her friends?”
• “What did you see on TV?”
• “What is scary or confusing about this?”
• “The bombs came from the street, not from airplanes, so we don’t have to be afraid when we hear airplanes overhead.”
• “There were only two bombs, and the people who left them on the street ran away, so now the street is safe again.”

AGES 7–12
• “If ________________ (another child) asked you what happened, what would you tell him?”
• “If ________________ (a familiar adult) asked about what happened, what would you tell her?”
• “Try to tell me the whole story of what happened and let’s see what else I may know and what nobody knows yet. We can figure out together what happened.”

• “Do you have any worries about this, now that you know what happened?”

**AGES 13–19**

• “What have you heard about what happened today?”

• “What are you hearing from your friends? How about on the Internet?”

• “Do you have any concerns about this, for you, anyone in our family, or your friends?”

• “What do you think about this?”

• “Are you worried about how you are feeling, or how this is for anyone you know?”

• “I know you’re hearing that a lot of people were killed, but from what I understand, that’s not really known yet. When people are so scared, it’s easy to get ahead of what the facts are; the media do it and your friends are probably doing that, too.”

• “Just because your best friend texted you with this update doesn’t mean we should count on it being 100% accurate. Where is she getting her information? We need to take things slowly.”

3. **If your child has witnessed your distress, acknowledge your feelings and talk about why you were feeling that way.**

**AGES 3–6**

• “Could you tell that I was really surprised? Did you know why I was so worried?”

• “A bomb explosion in Boston is very, very rare. It has never happened in my whole life. I was really surprised by this news and worried about Isaiah [sibling] being near there. It’s upsetting that people have been hurt. I am glad that Isaiah called and is safe.”

**AGES 7–12**

• “How did you think I was feeling when you heard me on the phone? You’re right, I was really upset. The news of the bombing made me really worried about your brother and our friends at the finish line. I was so surprised that this happened because nothing like this ever happened before, and we hope it won’t ever happen again.”

**AGES 13–19**

• “I know you heard me on the phone with Dad and I probably sounded pretty panicky. This kind of thing can be pretty scary when it’s happening, and was a real shock. I’m calmer now; how about you?”
4. Let your child know that more information will be available later. Try to describe what is known and not yet known, focusing on the details that will matter most to your individual child.

**AGES 3–6**

- “The police and special police, called the FBI, will have to figure out who did this and why.”
- “Isaiah [brother] is fine, and so is Daddy. We’ll find out what they heard and saw when they come home later.”

**AGES 7–12**

- “We still don’t know if anyone we know was hurt today. So far, we do know that the Garcias and the Wrights are fine. The only other people we know who were near the finish line were the Smiths. We’ll let you know when we get any updates.”
- “After we learn more about what happened, we should try to understand it better together.”

**AGES 13–19**

- “We still don’t know if anyone we know was hurt today. So far, we do know that the Garcias and the Wrights are fine. The only other people we know who were near the finish line were the Smiths. We’ll let you know when we get any updates. Will you do the same for me?”
- “After we learn more about what happened, maybe we can check in again.”

5. Let your child know you will follow up with him or her in coming days, and that you want him or her to come to you with any and all questions or concerns.

**AGES 3–6**

- “Will you come find me if you’re feeling scared or sad?”
- “Please don’t ever worry alone. I want you to tell me [or another trusted adult] if you’re scared.”

**AGES 7–12**

- “If you learn more, or hear more, or have questions, will you let me know?”
- “Now that you are getting ready for bed and it is quiet, what are you thinking about?”
AGES 13–19

• “Keep me posted about what you’re hearing from your friends, and on TV and the Internet, OK? You will probably be ahead of me!”

• “I’ll be curious about how this affects you in the next few days. Even though you’re pretty independent these days, this kind of event can really shake someone of any age, and I want to make sure you’re OK.”

6. Over time, ask children to talk about how they, and people they know, are coping, and how they are thinking about what happened. Try to get children thinking with you about helpful and less-helpful ways to manage during difficult times. Let them know it’s normal to have a lot of different feelings and reactions after a frightening event.

ALL AGES

Help children and teens find individual ways to cope that work for them:

• Talking with a parent, teacher or friend
• Listening to music, reading, drawing, making something
• Meditation, yoga, exercise
• Eating nutritious food, getting enough sleep
• Playing outside, playing a board or video game
• Watching funny videos
• Turning off the TV, phone and Internet

Point out that some reactions might feel easy right away, but cause problems later:

• Worrying alone, not talking to anyone
• Breaking things, yelling at people, punching a wall
• Refusing to go to school or do homework
• Not spending time with friends
• Avoiding situations that cause anxiety
• Staying up all night
• Drinking alcohol, smoking, taking someone else’s medicine
• Hurting yourself
AGES 3–6
• “So many things have happened this week. Let’s take some extra cuddle time and talk together.”
• “I hear an airplane overhead. I know you were scared when you heard an airplane before we talked about where the bombs came from. Are you feeling better this time?”

AGES 7–12
• “Have you had any questions or worries when you are lying in bed trying to go to sleep? Do you have worries or feel scared—here, at school, or at a friend’s house or another place?”
• “Are you worried about anyone in our family? What have you noticed?”
• “Where do most of your friends go for answers to things they wonder about (the event)?”
• “Did any of your teachers talk about (the event) at school today? What did they want you to know?”
• “With all the things we’re hearing about (the event), has anything surprised you or seemed strange?”
• “Do you ever wonder what would have happened if you or I or someone did something different?”
• “We’ve been trying to talk and check in about (the event), and I’m wondering how we’re doing. What grade would I get for listening and answering questions?”
• “I’ll tell you what I like to do to relax or to feel safer.”
• “What kinds of things help you feel better when you’re upset?”
• “What kinds of things make you feel a little better right away when you’re upset, but could make bigger problems for you later?”
• “It’s pretty normal to (feel more worried for a few days or weeks; want to do comforting things like watch a movie; want to stay away from where the event occurred; want to visit the place the event occurred; want to learn more about the details of what happened; not want to talk much about what happened)… But let’s be sure to check in again in a few days so we can make sure you’re starting to feel better, not worse.”

AGES 13–19
• “What are you learning about what happened from your friends, the media, and other adults you know?”
• “Are you worried about how you are feeling or how this is for anyone you know? Is anyone else worried about how you are doing?”

• “Do you ever have ‘what ifs’ on your mind?”

• “Is anyone you know having an especially hard time? How can you tell?”

• “How does the response of the police and the community feel to you?”

• “Did any of your teachers talk about (the event) at school today? What did they want you to know?”

• “With all the things we’re hearing about (the event), has anything surprised you or seemed strange? What is the stupidest thing anyone has said about (the event)?”

• “We’ve been trying to talk and check in about (the event), and I’m wondering how we’re doing.”

• “What does somebody who has not lived through (the event) not understand about what it’s like?”

• “What is different about how you and your friends are coping with (the event) from how we (parents) are coping?”

• “What kinds of things help you feel better when you’re upset?”

• “What kinds of things make you feel a little better right away when you’re upset, but could make bigger problems for you later?”

• “It’s pretty normal to (feel more worried for a few days or weeks; want to do comforting things like watch a movie; want to stay away from where the event occurred; want to visit the place the event occurred; want to learn more about the details of what happened; not want to talk much about what happened)… But let’s be sure to check in again in a few days so we can make sure you’re starting to feel better, not worse.”

7. Think about how you want your child to make sense of this event going forward, and what life lessons you hope are learned, and look for ways to talk about this. Try to focus on resilience, survival, and hope.

AGES 3–6

• “People can get really mad, but most people find ways to be really mad without hurting other people or hurting themselves.”
AGES 7–12

• “Sometimes bad things happen by accident and sometimes people are so angry or so confused that they hurt others on purpose. It is hard to understand why someone would hurt so many people on purpose. What we can do is . . .”

• “Yes, bad things do happen, so it’s important to work together to take care of each other.”

• “There are bad people in the world, it’s true, but there are also many, many good people. Look at all the people who jumped in to help right away—the police, emergency medical technicians, ambulance drivers, doctors, nurses, firefighters, and regular people who helped the people who got hurt.”

• “The guys who set off those bombs are definitely bad guys, but there were a lot of heroes, too. Who do you think acted like a hero?”

• “Over the next few days or weeks, we can think about whether we can do something to help the people who got hurt.”

• “What is the hardest part about this?”

AGES 13–19

• “How would it be different for you if it was an accident and not an intentional act?”

• “It is really hard for me to imagine why someone would be so angry that he or she would hurt someone else, and even strangers. How do you understand what happened?”

• “Over the next few days or weeks, we can think about whether we can do something to help the people who got hurt.”
At the end of October in New England there was a week of unseasonably cold weather and a massive ice storm. There were 12 hours of heavy freezing rain, accompanied by 40–60 mile-per-hour winds. Because so many trees had not shed their leaves, a great deal of ice clung to and weighed down the branches. This weight plus the high winds led to unprecedented numbers of downed trees and tree limbs that took down many power lines. Northern Massachusetts, southern New Hampshire, and part of Vermont were hardest hit. Many families were without power for more than a week. In some communities, families whose homes rely on well water, but who had no generators for their well pumps, were without water during the outage—and many were without heat, as well.

In one small town of 6,000 residents, the storm resulted in two deaths. The principal of the elementary school was in a fatal car accident on his way home from visiting a friend, and a popular store owner, who was the grandfather of five children in the local school system, slipped on his back steps, hit his head, and died. There were many small car accidents, some causing minor injuries, during the early evening when
the storm began. Fortunately, children were already home from school before the roads became
treacherously icy.

Damage throughout this town was extensive. One estimate was that a quarter of the trees were
damaged in this one storm. A large oak fell on the town library, splintering the roof and landing
on the librarian's desk. Luckily, the library was closed, so no one was injured. Ten homes in
the town suffered such significant damage that the residents were forced to move out. Most
publicized was a family whose 6-year-old son heard a crash, and then saw a huge tree branch
pierce through the roof and into his bedroom, missing his bed by fewer than five feet.

Bill and Jen Green, parents of two boys—4-year-old Cody and 9-year-old Brandon—counted
themselves fortunate. They listened to reports on the radio about the ice storm and the damage,
but were safe in their three-bedroom home. They lost electricity, but had a woodstove and enough
food and water to stay warm and well through the stormy Tuesday night and all of the next day.
They used candles and flashlights, and the boys seemed to be enjoying a couple of days without
school. It was a family adventure.

It was a little challenging to keep the boys busy inside the house without TV or video games. They
played games together most of Wednesday; in the afternoon Cody spent some time “helping” his
mom while Brandon played with his Legos. Bill had gone outside briefly that morning, but
the ice was so slippery that he decided they should all stay inside for the whole day. County and
town officials had encouraged residents to stay at home as long as they could do so safely. There
were a lot of power lines down and the state police wanted the roads clear for clean-up and for
emergency vehicles access.

Thursday morning was a little warmer, the ice was melting, and main roads had been cleared. The
Greens were confident they would be able to drive to a supermarket, a few miles away, for food,
bottled water, and other supplies. After two long days inside, Jen decided all four of them should
go on the outing together.

Jen and Bill had heard about storm damage and were curious to see it for themselves. They’d been
following the news on their smart phones and knew that the storm had hit parts of three states
hard. The night of the storm, they’d heard the wind blowing and trees snapping. Nonetheless,
they really hadn’t realized how serious it was or what the local damage was until taking the drive
together on Thursday. They hadn’t thought to say anything to prepare the boys.

**Storm Damage**

The destruction they saw was unbelievable: several homes were completely destroyed, barns were
caved in, and a car was crushed under a big tree limb. In their small town, they knew the families
in many houses, and it was shocking and awful. Bill and Jen talked with each other about each of
these families, and who they might be staying with if their houses were not habitable. Brandon
asked who they were talking about and Bill told him that they were not people he knew. Brandon was silent. Little Cody seemed excited about the damage and proud of spotting destroyed or broken things to point out to his parents. “Look at that tree. Look at that house!”

They decided to take a short detour to drive down Main Street and see their public library with the tree leaning on it and the roof smashed. They had heard about the library being damaged, but seeing it was worse than they had anticipated. The parents talked about how upset the librarian must be and voiced their own dismay again. Brandon was quiet until they stopped in front of the library. “What happened to the library?” he said in an agitated voice. “Who is going to fix it?”

“I have no idea,” his father said. “It’ll take forever to fix this.” Both parents were surprised that Brandon started crying.

“Don’t say that!” he said.

“You don’t even like going to the library,” his mother said.

“Yes, I do,” insisted Brandon.

“Could have fooled me!” his father said. Brandon turned away, looking out the window, sullen and silent.

Cody chimed in, “I like to go to the library, too,” and Brandon scowled at him.

Brandon’s mood seemed to brighten at the supermarket. His mother asked him to pick out easy-to-prepare foods and sweet treats like donuts and cookies. The prospect of peanut butter and jelly sandwiches, chocolate chip cookies, and donuts for their “at home” campout seemed to change Brandon’s attitude. So Jen was especially surprised when Brandon turned to Cody and said, “You can’t eat any of the donuts. They’re all for me.” Cody reached out to grab the donut box away from Brandon, and uncharacteristically Brandon hit him, hard. Cody wailed. Jen returned the donuts to the store shelf and said that Brandon’s behavior convinced her not to get them. Brandon sulked.

“I like your idea of what to do, but in an emergency, usually Dad and I will tell you what to do and we’ll take care of Cody.”

**Anxiety in the Air**

When they returned home, Brandon just wasn’t himself. He complained of being bored, but didn’t want to play with any of the toys that he usually enjoyed. Jen had initially thought that he had a case of cabin fever, but when she suggested that he could go outside and shoot baskets in the driveway, he refused. He clearly wanted to be with his mother, but she wasn’t sure what was bothering him.
While Jen put away the groceries, Brandon sat in the kitchen and watched her. When she asked him directly what he was so mad about, he denied being mad. “If you are not mad, are you grumpy?” She asked. Brandon was silent. She wondered if seeing the storm damage had upset him, but he didn’t seem sad, he seemed angry. “What are you thinking about?” she asked.

“What happened to the people in the smashed car? Could they get out?” Brandon asked.

“Which smashed car?” Jen asked.

“That blue one in front of the house next to Peter’s house,” Brandon said impatiently.

“I don’t think anyone was in that smashed car, because it was in their own driveway,” his mother replied. “If someone had been in it, I think I would have read about it in the news.”

Brandon barely seemed to listen to his mother’s explanation. “If I saw the tree falling, I would have taken off my seatbelt and lay down on the floor in our car. Then the tree wouldn’t have hit me,” he said with conviction. “But I don’t know how to get Cody out of his car seat to lie down on the floor. He never listens to me anyway. What if you and Dad were too big to lie down on the floor and you got killed?” he asked.

“That didn’t happen,” his mother said.

“It could have happened!” Brandon insisted.

“The car was in the driveway and I am sure the family was inside their house,” Jen said. “Anyway, we didn’t go out at all Tuesday night. We were just at home.”

“I know,” said Brandon “but if the tree fell on our car, how would you and Dad keep from getting crushed? I can’t take care of Cody. He doesn’t listen to me.”

“Wow!” said Jen. “You’ve really been thinking about this! It is really, really rare that trees fall on cars with people in them. I have heard of it, but I’ve never known anyone who was in a car when a tree fell on it.” She paused and saw that Brandon was thinking about what she’d said.

“No one you know?” Brandon asked.

“No,” said Jen.

“It could happen,” Brandon repeated.

“It could,” his mother agreed. “I like your idea of what to do, but in an emergency, usually Dad and I will tell you what to do and we’ll take care of Cody. You are a pretty good listener, so you’ll be good at doing the right thing in an emergency. Remember the time the wastebasket at Grandma’s caught on fire and Dad put it out? You were a really good listener in that emergency and stayed back like Dad told you to. Remember the time we got a flat tire and I asked you to stay in
the car while I phoned for help? You were a great cooperator then, too.”

“I was good at the fire drill at school, too. Mikey and Evan weren’t,” Brandon said. “They were talking, not listening, and they got in trouble with Mrs. Johnston.”

“I didn’t know about that,” Jen said. “I am proud that you were a good listener and I am sure Mrs. Johnston appreciated it, too.”

“If Grandma asks you to tell her about this storm, what would you tell her?” asked Jen. Brandon described the ice storm and the wind that knocked down trees. He also described their trip to get food because the stove wasn’t working without electricity.

“What else did you notice on our drive?” she asked Brandon. Brandon described many of the damaged homes, fallen trees, and the library. He also mentioned the men he’d seen cutting up the downed limbs and a power company bucket truck with a workman up in the tree. Jen said, “Wow, you noticed a lot of things. I am glad you remembered that we saw the people who are working hard to fix the power lines and clean up the tree branches. Did you know that Sarah’s dad works for the power company and he is one of those helpers at work after this storm?”

“I am glad this storm is over,” Jen said. “I am glad that we are all safe and we didn’t have any damage at our house. Do you feel safe?” she asked Brandon.

“Sure,” Brandon replied.

Brandon seemed much less tense after this interchange, but Jen felt worried. She had heard from a neighbor on Wednesday about a rumor that Brandon’s principal had been in a very serious car accident on Tuesday night. She didn’t think Brandon had heard her talking with the neighbor or heard her discussing this with her husband, but now she wasn’t sure. Jen wasn’t certain exactly what had happened, and she and Bill had planned to wait until they heard the details before saying anything to Brandon. She knew they would want to tell Brandon before he went back to school and heard about it from someone else. She’d known the principal and his family for many years, and she was secretly hoping that the rumor would turn out to be false. It was so sad to think about what this family would be going through if it were true.

Brandon had left the kitchen and gone up to his room. Jen waited until just before dinner to check in with him again.

“I was wondering,” she said, “what got you thinking about being in a car that got hit by a tree?”

“We saw that blue car with the tree on it,” Brandon said. “Anything else?” Jen asked.

“You and Dad were talking about car accidents, too.”

“When?” she asked.
“Last night when I was trying to sleep,” Brandon told her.

“What did you hear us saying?” she asked.

“I don’t know. You were talking about my teacher and Steve’s mom. You said you didn’t believe it,” Brandon described.

“Dad and I had heard about a car accident, but I wasn’t sure about what happened. I am still not sure.”

“Oh,” said Brandon. He didn’t seem to want to hear more.

Bill stuck his head in. He knew that Jen was finding out more about what Brandon had heard.

“Hey, buddy,” he said, “if you’re worrying about something or you hear something, just tell Mom or me. Don’t worry alone.” Jen and Bill decided to wait to say more until they knew what had actually happened to the principal. They knew they’d need to say something soon or Brandon would hear about it first from someone else. Even if school was closed for another day, he might talk with one of the children in their neighborhood. But, they were relieved that he hadn’t asked anything more. They didn’t want lie to him, but they also didn’t want to share more until they knew whether the principal was still in the hospital, or at home, or, as the neighbor thought, dead.

**Sharing Sad News**

On Friday, all the parents received a call from their child’s class parent sharing the sad news that the principal had died. They encouraged parents to tell their own children before school re-opened on Tuesday. On Sunday, the district’s school psychologist would be at the elementary school for a meeting with any parents who wanted to talk about how to talk with their children about the death, or to learn about local mental health resources.

Jen and Bill decided to wait to say more until they knew what had actually happened to the principal.

Jen and Bill decided to tell Brandon about the principal’s death later in the day on Friday. They’d read about it in the town newspaper, and explained to Brandon that they had waited to tell him about it until they were really clear about what had happened. Brandon listened intently. He asked a couple of questions. “Was Mr. Leblanc wearing a seatbelt? Was he speeding? Was his dog Felix in the car?” Brandon didn’t know Mr. Leblanc very well, but he loved when the principal brought his Scotty dog, Felix, to school. Brandon was glad that Felix was safe and he imagined that Felix would help Mrs. Leblanc feel less sad.

They talked about attending the memorial service together, though no date had been chosen for it yet. Jen decided to tell Cody separately. They went for a walk outside together and she told him
as they walked. Cody watched his mother’s face to see what her reaction was to this news. She was serious, and sad, but she didn’t look very, very sad.

He asked if the principal had a little boy. He seemed satisfied when he learned that the principal’s children were older—one was already married and another was in college. Cody’s attention shifted to things around them.

The boys’ parents checked back in with each of them at bedtime. They asked in an open-ended way what each boy was thinking about. Brandon talked about Mr. Leblanc. He remembered a time when he'd talked with Mr. Leblanc after a music assembly. He wondered if the assistant principal would be the new principal.

Cody had lots of things on his mind at bedtime, but none of them related to Mr. Leblanc or the ice storm.

**Back to School**

Cody came home earlier than Brandon. Jen picked him up from the church preschool. She talked with other parents in the parking lot at pick-up. They were talking about the damage to homes, the two tragic deaths, and catching up with each other about what news they’d heard about other people in their town.

There was a sign on the door that said, “Please do not talk about recent tragedies in the school during drop-off or pick-up. There are ‘Talking to Your Child About Troubling Events’ handouts in the office. Thank you.”

Jen appreciated the sign on the door. It was hard to stop talking with the other parents and turn her full attention to Cody, but she knew it was the right thing to do. She picked up the handout and put it in her purse.

She asked Cody in the car on the ride home about his day. He talked about playing with particular friends, but did not mention the ice storm or the deaths. Jen asked him if any one talked about the storm.

Cody said that at circle time he learned that Brianna’s barn “got broken” in the storm, and that Aidan’s grandpa died. Jen asked how Aidan’s grandpa had died, and Cody said, “He was very, very old and he fell down.” Jen asked Cody what his friends and teachers said about Aidan’s grandpa. “They said it was sad, and sorry, Aidan.”

“What did you say, Cody?”

“I said my grandpa died before I was born and grandma lives with Uncle Ed.”
“That’s true,” agreed Jen. “I am going to send a card to Aidan’s family from our family. You can draw a picture for Aidan if you want to,” she added.

Jen could see Cody nodding yes in the back seat. She was struck by how differently four-year-olds react to some losses compared to others. Cody had cried and cried when their old cat died a couple of months earlier, but the cat was part of Cody’s daily life and Aidan’s grandfather was someone he didn’t know. She was relieved he wasn’t terribly upset and she knew it was normal, but it seemed strange that a person’s death was less upsetting than a cat’s.

When Brandon got off the bus, Jen and Cody were waiting for him. He asked if he could play with his friend Robert next door. Jen said that he could, but first he needed to come home and change clothes. She asked Brandon about his day and he said it was fine. Jen asked whether Mrs. Johnston and his classmates had talked about the principal or about the ice storm.

“We talked about both,” he said. “We had to draw a picture of the ice storm and write a sentence about the picture. We had to put at least two of our spelling words in our storm story. I used three words; it was easy. I used ‘branch’ and ‘storm’ and ‘slippery.’”

“What did you draw?” asked Jen.

“I drew the bucket truck with the guy cutting off the branches.” Jen had wondered if Brandon would draw the library or the crushed car. She hoped that Brandon’s focus on the positive aspect of the clean-up was a sign that he was not as worried as he had been a few days earlier.

“What about the principal, how were people talking about that?” she asked.

“The vice-principal came in to everybody’s class to talk about him and how we would miss him, and how he liked when we were good cooperators,” Brandon said. “We made cards for his wife, and the vice-principal’s going to bring them to her.”

“That’s a good idea,” said Jen. “What did you write in your card?”

“I made a picture of Felix and I wrote, ‘Dear Mrs. Leblanc, I am sorry Mr. Leblanc died. I liked when Felix came for a visit.’ Can I change now and go to Robert’s?”

At dinner, the storm, the principal, and the grandfather were each mentioned. Neither boy had much to say, but Bill reminded them a lot had happened last week and that if they were thinking about things—or worrying about anything—to talk to him or to Mom.

**The Next Big Storm**

After the first heavy snowstorm of the winter in January, Brandon was nervous about being in the car. His parents assured him that they were driving slowly and carefully. He asked lots of safety
questions during that storm and the next one. By the end of the winter, there had been so much snow and so many storms, neither Brandon nor Cody talked about the October storm and its damage.

There was a memorial service for Principal Leblanc in the spring. The Greens talked with both boys, and especially with Brandon, explaining why people had memorial services. They described it as a way for lots of friends and family to come together to remember someone special who had died. They told the boys that some people might be crying because they missed Mr. Leblanc, and other people might be smiling because they saw friends or were remembering happy times with Mr. Leblanc. Cody went to a friend’s house and Brandon attended the service with his parents. He was quiet during the service and sad on the ride home.

Brandon talked about how it made him sad to see Mr. Leblanc’s family crying. He wasn’t sure he was glad that he had gone to the service for himself, because it made him sad. He was glad that he went for Mrs. Leblanc, because he thought it made her happy to see all the kids. She had said this when she spoke at the service.

Mr. Leblanc’s name came up from time to time. Brandon always reminded his parents that he wanted a dog like Felix. It took a year before the library re-opened. There was talk again about the ice storm, but the Greens could not detect any particular worries in either of their sons.

Talking with Children about a Natural Disaster

1. Provide a simple explanation of what is happening or did happen, and describe the immediate impact on the child. Though you may want to shield your child from bad news if she was not directly affected, consider whether this is realistic, particularly if your child could overhear or see information on the radio or TV, or learn about the events from peers or older siblings.

AGES 3–6

• “There was a big storm that damaged lots of trees and even some buildings. It’s too slippery to go outside today so we’re going to play inside.”

• “We’ve been hearing about trees burning in the forest in the next town over. The firefighters want us to leave our house, to be safe. We’ll drive to Aunt Linda’s house and stay with her until it’s safe to come back. We’ll take care of most of the packing, but you put some things you’d like to play with in your backpack.”
**AGES 7–12**

- “There was a big ice storm that damaged trees, power lines, some houses, and the town library. There’s no school today or tomorrow and we’ll spend the day at home together.”

- “We’ve been hearing about trees burning in the forest in the next town over. We just learned that to be safe and to let firefighters do their work, we need to leave our house. Some families will go to a shelter but we’ll drive to Aunt Linda’s house and stay with her until it’s safe to come back. We’ll take care of most of the packing, but you put some things you’d like to play with in your backpack. We should be ready to leave in an hour.”

**AGES 13–19**

- “This ice storm is one of the worst I remember—because of all the leaves still on the trees, a lot of branches and power lines are down. We might not get power back for a couple of days. What are you hearing from your friends?”

- “I know you’ve been aware of the forest fires caused by the drought. We just learned that as a precaution, we need to evacuate from our house. We have about an hour to get packed; can you take care of packing your clothes and laptop, and can you also pack the dog food, bowl, and leash for Max? We’re going to Aunt Linda’s and should plan to be away for as long as a week.”

2. **Or, if your child already knows what happened, find out about his or her understanding of the events, and address any worries or misunderstandings.**

**ALL AGES**

- “What did you see and hear?”

- “What else do you know about this?”

- “What are you wondering about?”

**AGES 3–6**

- “Tell me what you know about what happened.”

- “What did you hear when I was talking on the phone?”

- “Do you know what [sibling] was talking about with her friends?”

- “What did you see on TV?”

  – “I know you were really, really mad at David last week when he broke your Lego building. But feeling mad at someone can’t make bad things happen to him. The wind and the ice on the road made him slip and hurt his arm, not your being mad.”
— “There are lots of snowstorms but usually trees don't land on libraries.”
— “Usually when we visit Aunt Linda, we come home on Sunday night so you can go to preschool and I can go to work on Monday. On this visit, we are going to stay longer, until we know the forest fire is out.”

AGES 7–12

- “If ____________ (another child) asked you what happened, what would you tell him?”
- “If ____________ (a familiar adult) asked about what happened, what would you tell her?”
- “Try to tell me the whole story of what happened and let’s see what else I may know and what nobody knows yet. We can figure out together what happened.”
- “Do you have any worries about this, now that you know what happened?”
  - “I can understand why you'd be worried that someone might have gotten hurt when the tree fell on that car. But I'm really confident that the people in that house are OK. I’m glad the car was in the driveway and the people were in their house during the storm.”
  - “It’s true that our house was badly damaged by the fire. But that isn’t the same as being homeless. We have a place to sleep where we will be safe, and we have lots of people helping us. We won't have to sleep outdoors.”

AGES 13–19

- “What have you heard about what happened today?”
- “What are you hearing from your friends? How about on the Internet?”
- “Do you have any concerns about this, for you, anyone in our family, or your friends?”
- “What do you think about this?”
- “Are you worried about how you are feeling, or how this is for anyone you know?”
  - “Are your friends texting or talking about Principal Leblanc? What are you hearing? What I heard is that he was taken to the hospital, but nothing more than that yet. When things are uncertain, it’s easy for rumors to start. I think we’ll hear from the school or superintendent when there’s any new information. Until then, I’m going to keep hoping Principal Leblanc is OK.”
  - “Yes, our house has been badly damaged by the fire, and we are going to figure out where to stay for a while until we can get it fixed. I understand that staying here feels really challenging: you miss your friends and space is really tight. What are your ideas about this? We'll let you know as we are making decisions.”
3. If your child has witnessed your distress, acknowledge your feelings and talk about why you were feeling that way.

**AGES 3–6**

- “Could you tell that Dad and I were surprised when we saw the library? We didn’t expect that the tree would make such a big hole in the roof.”

- “You are right, I was crying. I was very sad to hear that a school principal got hurt. But I feel a little better after talking with Mom.”

- “I did yell at you earlier when we were trying to get packed to leave our house. I was frustrated because I was trying to do a big job in a short time, and also worried about the fire. But, I’m not upset with you now, and I feel calmer now that we’re here at Aunt Linda’s house.”

**AGES 7–12**

- “Could you tell how surprised I was by how much damage the tree did to the library roof? Ice and snowstorms are pretty common, but it’s rare to see this much damage from a fallen tree. I’m really glad no one was hurt.”

- “You heard Mom and me talking about a car accident, and heard us sounding upset. We just got the very surprising and very, very sad news that Principal Leblanc was in that car accident and was injured badly enough that he died.”

- “I had such a hard time believing that our house got so damaged. I have so many good memories of living there, and am feeling really sad, and also worried about all the things we have to do next. But I know that we are a good team and that what’s most important is that all the people in our family are OK.”

**AGES 13–19**

- “You’re right, Mom and I did sound pretty pessimistic about the library getting repaired any time soon, given the budget cuts the town has made. But it’s too soon to know anything for sure, and I’ll definitely be at town meeting to talk about how important the library is to so many residents here.”

- “I know you heard me on the phone with Nicki and that I sounded upset. I just found out about Principal Leblanc’s death. Even though I knew it was a possibility, I’m so surprised and sad about it. It will take a little while to sink in, and I’m still figuring out what I want to write to Mrs. Leblanc.”

- “I am sorry you saw me so upset. I was just completely shocked that our house got so damaged. I wasn’t letting myself believe it could happen. I have so many good memories
of living there, and am feeling really sad, and also worried about all the things we have to do next. We lost a lot of things, and it will take a while to figure out where we will live next. But I know that we are a good team and that what’s most important is that all the people in our family are OK.”

4. Let your child know that more information will be available later. Try to describe what is known and not yet known, focusing on the details that will matter most to your individual child.

AGES 3–6

• “We don’t know when David’s family’s electricity will come back on and when you will be able to have the playdate with him. It might be three or four days, but we hope not. We will let you know as soon as we can schedule the playdate. What would be fun to do now instead?”

• “I am not sure if your music class can still meet at the library. We won’t be able to go tomorrow, but I am hoping that by next week we will know where the new meeting place will be.”

• “We don’t know how many days we will have to stay at Aunt Linda’s. The firefighters will let us know when it’s safe to come home again. I know it’s hard to sleep in a different bed. Is there anything we can do to make it feel more like home to you? Do you want your blanket?”

AGES 7–12

• “Because of the broken power lines in the road, it isn’t safe yet to drive around. I know you’re really disappointed you can’t be with your friends on this day off from school, but we’ll check the news later to find out when the repairs have been made.”

• “We do know that Principal Leblanc has died, but I don’t think the school knows yet who the new principal will be. It might take a couple of weeks for that decision to be made.”

• “Even though we don’t know when we will have our own house again, we are doing our best to find a place to live in our town so that you can get to school and see friends easily.”

AGES 13–19

• “Given the road conditions, I think it might not make sense for you to take your driving test this weekend, after all. We can wait and see how things look, but we should decide by Friday so we can cancel if we need to.”
• “The memorial service for Principal Leblanc is going to be some time in the next few weeks. Kids who knew him are being invited to make a video that will be shown. Do you want to help?”

• “We are still trying to firm up housing options for the next few months. We are pretty sure we can find something in our town, but not sure whether it will be very close to your school. We are expecting calls back about a couple of places in the next few days and will let you know what we hear.”

5. **Let your child know you will follow up with him or her in coming days, and that you want him or her to come to you with any and all questions or concerns.**

**AGES 3–6**

• “Will you come find me if you’re feeling scared or sad?”

• “Please don’t ever worry alone. I want you to tell me [or another trusted adult] if you’re scared.”

**AGES 7–12**

• “If you learn more, or hear more, or have questions, will you let me know?”

• “Now that you are getting ready for bed and it is quiet, what are you thinking about?”

**AGES 13–19**

• “Keep me posted about what you’re hearing from your friends, and on TV and the Internet, OK? You will probably be ahead of me!”

6. **Over time, ask children to talk about how they, and people they know, are coping, and how they are thinking about what happened. Try to get children thinking with you about helpful and less-helpful ways to manage during difficult times. Let them know it’s normal to have a lot of different feelings and reactions after a frightening event.**

**ALL AGES**

Help children and teens find individual ways to cope that work for them:

• Talking with a parent, teacher or friend

• Listening to music, reading, drawing, making something

• Meditation, yoga, exercise

• Eating nutritious food, getting enough sleep

• Playing outside, playing a board or video game
• Watching funny videos
• Turning off the TV, phone and Internet

Point out that some reactions might feel easy right away, but cause problems later:
• Worrying alone, not talking to anyone
• Breaking things, yelling at people, punching a wall
• Refusing to go to school or do homework
• Not spending time with friends
• Avoiding situations that cause anxiety
• Staying up all night
• Drinking alcohol, smoking, taking someone else’s medicine
• Hurting yourself

AGES 3–6
• “So many things have happened this week. Let’s take some extra cuddle time and talk together.”
• “What were the best parts and the worst parts of all of this for you?”

AGES 7–12
• “Have you had any questions or worries when you are lying in bed trying to go to sleep? Do you have worries or feel scared—here, at school, or at a friend’s house or another place?”
• “Are you worried about anyone in our family? What have you noticed?”
• “Where do most of your friends go for answers to things they wonder about (the event)?”
• “Did any of your teachers talk about (the event) at school today? What did they want you to know?”
• “With all the things we’re hearing about (the event), has anything surprised you or seemed strange?”
• “Do you ever wonder what would have happened if you or I or someone did something different?”
• “We’ve been trying to talk and check in about (the event), and I’m wondering how we’re doing. What grade would I get for listening and answering questions?”
• “I’ll tell you what I like to do to relax or to feel safer.”

• “What kinds of things help you feel better when you’re upset?”

• “What kinds of things make you feel a little better right away when you’re upset, but could make bigger problems for you later?”

• “It’s pretty normal to (feel more worried for a few days or weeks; want to do comforting things like watch a movie; want to stay away from where the event occurred; want to visit the place the event occurred; want to learn more about the details of what happened; not want to talk much about what happened)… But let’s be sure to check in again in a few days so we can make sure you’re starting to feel better, not worse.”

AGES 13–19

• “What are you learning about what happened from your friends, the media, and others?”

• “Are you worried about how you are feeling or how this is for anyone you know? Is anyone else worried about how you are doing?”

• “Do you ever have ‘what if’s’ on your mind?”

• “Is anyone you know having an especially hard time? How can you tell?”

• “How does the response of the police and the community feel to you?”

• “Did any of your teachers talk about (the event) at school today? What did they want you to know?”

• “With all the things we’re hearing about (the event), has anything surprised you or seemed strange? What is the stupidest thing anyone has said about (the event)?”

• “We’ve been trying to talk and check in about (the event), and I’m wondering how we’re doing.”

• “What does somebody who has not lived through (the event) not understand about what it is like?”

• “What is different about how you and your friends are coping with (the event) from how we (parents) are coping?”

• “What kinds of things help you feel better when you’re upset?”

• “What kinds of things make you feel a little better right away when you’re upset, but could make bigger problems for you later?”

• “It’s pretty normal to (feel more worried for a few days or weeks; want to do comforting things like watch a movie; want to stay away from where the event occurred; want to visit the place the event occurred; want to learn more about the details of what happened;
not want to talk much about what happened)… But let’s be sure to check in again in a few days so we can make sure you’re starting to feel better, not worse.”

7. **Think about how you want your child to make sense of this event going forward, and what life lessons you hope are learned, and look for ways to talk about this. Try to focus on resilience, survival, and hope.**

**AGES 3–6**

- “Even though there is still a lot to clean up, it’s good to see so many neighbors helping neighbors with shoveling and clearing branches. What can we do to help David’s family? Do you want to make some cookies for them to eat when they are done working outside?”

- “I feel so grateful for the firefighters who worked so hard to put the fire out! They are really brave people.”

**AGES 7–12**

- “After a bad storm like this, it’s really important that neighbors help each other. Dad and I are part of a team that’s going to help some of the older people in town who need a hand cleaning up. Do you want to come with us for part of the afternoon?”

- “After that crazy hour of packing to evacuate, I think having a list of what to remember, and an emergency kit would be smart. Do you want to help me put it together?”

**AGES 13–19**

- “Just seeing the destruction from a storm like this makes you understand better how hard it must be in other parts of the country, or the world, where the infrastructure to support families isn’t up to the task or doesn’t exist at all, or for families who don’t have the resources that we do. I wonder about doing a fundraiser with your friends for the Red Cross—what do you think?”

- “The badly organized response to this disaster made me angry, too. The same problems seem to happen again and again. Our community needs to find more ways to advocate for itself. I’m going to a meeting of community leaders tomorrow; do you want to come, too?”
Navigating a Loss
A Story about an Accident in the Community

The Hollingston High School basketball team was playing its final game of the season on Friday night. Winning this game meant they’d play for the division championship. Jack, 18, drove Jorge, 17, and Andre, 17, to watch the away game together against their rival school. They weren’t big basketball fans, but they were on the track team together and were used to competing against this rival. And as seniors, this would be their last chance to see some good friends on the basketball team play. They met up with some other kids from their high school at the game. They sat with a few other seniors, with sophomores Cassie and Emilia, and with Emilia’s older brother, Tomás, who had graduated from Hollingston High School the previous year.

Jack was bored after half time, but Jorge and Andre wanted to stay until the game was over. They reminded Jack that he liked having a crowd at a track meet. The score was not even close—with 10 minutes to play, they were behind by more than 20 points. Jack insisted they leave early, and he was driving.
Cassie lived near Andre and asked if she could get a ride home with the older boys. Emilia knew that secretly Cassie had a crush on Jorge, which was likely why she wanted to ride with them. Emilia’s feelings were a little hurt that Cassie wanted to leave early with the guys. Emilia was not really interested in dating anyone, but Cassie was eager to have her first real boyfriend. She’d let Emilia know that she’d love to date a senior and get invited to senior prom. Emilia was pretty sure that Jorge was not interested in Cassie, but it didn’t seem like being a good friend to say so. Cassie’s interest in the guys was a new challenge for their friendship. For the first time, it seemed they weren’t in synch.

Jack said Cassie was welcome to ride home with them. Tomás was pleased that he wouldn’t have to drive out of his way to take her home. So he said, “great idea.” Emilia felt upset, but she smiled and said something positive about the plan. The four of them left the gym and headed for Jack’s car to drive home. Emilia and Tomás stayed until the end of the game and watched Hollingston lose.

No one knows exactly what happened after that, but on the drive home in the dark, Jack lost control of the car and crashed into a tree. Cassie was in the front seat next to Jack and died on impact. Jack, in the ICU (Intensive Care Unit) briefly with a serious head injury, died early Saturday morning. Jorge was not wearing a seatbelt, was thrown from the car, and died. Andre, in the back seat with a seatbelt on, sustained multiple fractures and would face months of rehab, but was expected to survive.

In the very early hours of Saturday morning, the phone rang and Emilia heard her mother’s voice as she answered the phone. She could tell that something terrible had happened, even though she couldn’t hear what her mother was saying. Mrs. Pato—Mariana—learned later that Emilia thought her grandfather must have died. In her head, Emilia would replay hearing the phone ring and hearing her mother’s voice over and over again, for months. Every time the phone rang in the evening or at night, she’d startle and her insides would flip as if it were happening again.

Mariana was stunned. Cassie’s aunt had called to tell her that Cassie had been in a car accident and had died. Mariana thought that Tomás had taken Cassie home. She knew they’d gone to the game together. She was confused about what had happened, but didn’t want to ask too many questions. Cassie’s aunt said that Cassie’s mother, Ilene, had asked her to make some calls. Mariana found it hard to speak, and was shaking. Cassie’s aunt shared a few details. She was with the family at their house, and no, there was nothing anyone could do for them right now, thanks.

Mariana, teary and pale, went into her daughter’s room and sat down on her bed. She told Emilia she had very bad news. There had been a car accident involving Cassie, and she and Jorge had died, and Jack and Andre were both in the hospital. Emilia said, “No. No. It isn’t
true!” Mariana knew the way Emilia looked when she was really upset. She looked like she might vomit.

Almost immediately, Emilia began to feel that she was to blame. She felt like she’d done something really wrong, and was certain that her mother and Cassie’s mother must be really angry at her. She should not have let Cassie go home with Jack. “Cassie wanted to go home with them. She had a ridiculous crush on Jorge, and Jack was taking Andre home. He lives right next door to her,” Emilia explained and then she started to cry. “It’s my fault, I should have made her come with Tomás and me,” she whispered.

“No, it’s not your fault,” said her mother. Mariana hugged her and they both cried.

It turned out that Cassie had texted her parents from the car to say that she was getting a ride from Jack because he was taking Andre home, too. Emilia felt relieved that Cassie had told her parents about the ride; it felt less like her fault, or maybe just easier that she wouldn’t have to explain this to Cassie’s parents herself. She couldn’t imagine what it would be like to see Cassie’s mom again. She asked her mother how Cassie’s mother was doing. Mariana said, “I don’t know; in shock, heartsick, I am sure.” It was Cassie’s aunt who had called, not her mother, but Cassie’s mom had wanted Emilia and her mother to know right away. Mariana told Emilia she thought this was because she knew what good friends they were.

She stayed with Emilia for more than an hour. Emilia didn’t want to have tea, and didn’t want to talk much. She eventually said that she wanted to be alone to think. Mariana was worried, but she didn’t know what else to do. So she went back to her own bedroom. Emilia lay awake most of the rest of the night. She told her mother that she woke up around 7am, so she must have fallen asleep for a little while. Her first thought was that the accident had been a nightmare, but in an instant she realized that it had really happened, and her mix of nausea and distress returned. In her room, Mariana was feeling similarly. Her thoughts went to Ilene and Cassie and Cassie’s younger brother, Doug. It was too awful for words. She was also very worried about Emilia. Cassie had been her best friend since elementary school. She wondered how her daughter would cope with such a big and totally unanticipated loss.

Emilia spent the day in her pajamas. Mariana asked her what she wanted to do. Emilia said, “There is nothing I can do.”

She insisted that Emilia drink some juice and have toast, and later tea and toast again, otherwise she would not have eaten anything all day.

The News Spreads

Mariana got calls from other parents. She wasn’t close to the parents of the boys, but most of Cassie’s friends were Emilia’s friends, too. Mariana appreciated talking with the other parents.
She took the calls behind the closed door in her room, because Emilia told her she didn’t want to hear the conversations. She knew that Emilia was getting calls and texts on her phone, but wasn’t responding to any of them. “I can’t talk to anybody,” she’d said. “It’s too hard and I don’t want to. What is there to say?”

The police report said that speed and alcohol had been factors in the crash. No other details of the accident were reported in the media. News of the tragic accident spread through the community quickly. Grief counselors were going to be at the high school over the weekend and again on Monday for any student who wanted to talk with them.

Mariana learned that Jack had a reputation for being a partier. He’d gotten into trouble for drinking at a friend’s house party over the summer. The friend’s parents were away and the police were called about the noise. Supposedly, it wasn’t the only time that he’d been drunk at a party, but so many high school students had been drunk at a party at some time during high school that Jack was hardly unusual. In the aftermath of the accident, there was lots of talk about his drinking, but no one knew of a time when he’d been in any kind of car accident. Other parents wondered about how much he had been drinking the night of the accident. He was sometimes a clown, so some of their children thought he was likely fooling around and somehow lost control of the car. There were multiple theories and plenty of opinions, but none of that diminished the massive tragedy.

Saturday afternoon, many classmates went to the crash site and created a makeshift memorial, leaving flowers and notes. Friends hugged each other and cried. The local TV stations sent reporters who interviewed teens at the site. They talked about what good kids Jorge, Cassie, and Jack were. They talked about how they hoped that Andre would pull through and how hard this would all be for him. The track coach was interviewed, and talked about what wonderful young people they were.

Members of the families of the teens in the car were on TV asking for their privacy during this devastating time. The Sunday paper had a photo of Cassie’s front door with a note saying, “Please respect our privacy. Thank you for your prayers.”

Mariana wondered if Emilia was in shock. She was so quiet most of the day. Finally, she started to talk on Saturday evening. She said that Cassie was her best friend since the third grade, and she should not have let her leave with those other kids instead of coming home with her and Tomás. Mariana and Emilia talked about Tomás. They both knew that he was feeling guilty, too. He’d been pleased that Cassie had decided to go with Jack so that he didn’t need to drive the extra mile to take her home. He had said, “Great idea.” He told his mother, Saturday morning, that he felt like if he’d been more generous, he could have saved her life. Mariana talked about how it was normal to feel like you could have done something differently, but that he had no way of knowing
what would happen. She told Emilia about this conversation with Tomás, and Emilia automati-
cally said, “It wasn’t Tomás’s fault. Cassie wanted to go with them.”

“It wasn’t your fault, either,” her mother said quietly.

Emilia told her mother and Tomás that she was sure that Jack wasn’t drunk when he left the gym.
She wished she knew what had happened. It felt like if she knew what happened, it would
be easier.

Mariana listened. Emilia was repeating the same questions over and over again. “Was there
already alcohol in the car, or had they stopped on the way home and been drinking somewhere?”
Emilia insisted, “It wasn’t like Cassie to ride with someone who was drunk.” It didn’t make sense.
“Maybe something got decided after they left and she felt like she didn’t have a choice.” Mariana
agreed that it felt really hard not to know. Emilia felt that if she could figure it out, she could undo
it and Cassie would be safe. She knew this didn’t make sense, but Cassie being dead seemed
impossible. Mariana was glad that Emilia was sharing her thoughts, but it was hard to do more
than just listen. She reminded Emilia that she had been such a good friend to Cassie.

Emilia went online to see what friends were saying about Cassie and about the accident. She told
Mariana that she was angry. She saw all the posts on Facebook by classmates who were not even
friends of Cassie’s and they were being dramatic about their grief. She was mad that more attention
seemed to be focused on Jack and Jorge, instead of Cassie. Her friend Matt, who was also a good
friend of Cassie’s, was the one person who understood how she was feeling. “At least he gets it,”
she told her mother. Matt told her that another one of their friends was feeling really guilty about
something he’d said to Jorge more than a year earlier.

Emilia focused her anger on Jack, blaming him for what had happened, though it was hard to say
anything critical about someone who had just died. She felt angry at anyone who was saying nice
things about him. Mariana told Emilia that her anger was understandable. She felt angry at Jack
too, but also, really sad for everyone in the car and everyone who loved them. Mariana wondered
if Emilia would be upset if she didn’t side with her completely against Jack, but it seemed that
Emilia felt a little better knowing that she could express her anger with her mother and have it
validated, even while her mom cared about everyone.

Mariana was trying to be steady, calm, and as much her usual self as she could be. She’d reached
out to a good friend of hers, who had been through a similar experience in her teens. That
friend had told her that this stability was what she’d appreciated most from her mother 30 years
ago. She’d told Mariana that she had needed to feel her feelings and her misery intensely, but
needed her mother to be calm and loving and to keep her sort of on track. She’d wanted to stop
going to school that year and her mother had told her this wasn’t a choice. Looking back, she
really appreciated that. Her mother had also encouraged her to talk with a counselor, which
had helped.
It wasn’t only Emilia’s distress and Tomás’s guilt that were difficult. Mariana was, herself, devastated by Cassie’s death. Cassie was practically a family member after all these years, and she and Cassie’s mother had become good friends. She thought of all the times they’d helped each other out during difficult times; as a single parent, Mariana had come to rely on Ilene as her backup. Mariana could not even imagine the pain Ilene must be experiencing. Though she struggled for words, Mariana had called and left a voicemail for her—just to connect and so Ilene would know she was “there” for her in this awful tragedy. Mariana kept thinking about what it would be like if it had been Emilia in that car. She was scared that Emilia would not be able to cope with this event, in part because she felt so overwhelmed herself.

**Sunday**

Emilia continued talking with her mother. She shared what she was seeing on Facebook and in texts she received. Emilia was observing the other teens’ reactions, but she wasn’t posting anything herself. She did text with her friend Matthew. “I’m not ready to do more,” she told her mother. Emilia was as honest as she could be about how she was feeling. She knew everyone was upset.

Emilia told her mother that she couldn’t imagine going back to school without Cassie. She was dreading sitting in Spanish class with Cassie’s empty seat next to her. Mariana wanted to lessen Emilia’s distress. “Time heals all wounds,” she said. “Cassie loved you. She wouldn’t want you to be unhappy.” But the more her mother tried to be comforting, the more it felt to Emilia like she didn’t get it. Mariana could tell that her “comforting” comments were making things worse, but she couldn’t think of anything else to say. She tried to say less and listen more, but it was hard to see Emilia so upset and to be so helpless.

“You have no clue what this is like for me!” Emilia finally told her.

Mariana said, “You’re right. I have no words for this. I am really just so sad, too.” Admitting her helplessness seemed to help Emilia feel less angry and less alone. “It is so hard to believe,” Mariana said, and Emilia nodded.

Emilia watched the coverage of the accident on TV with her mother. She didn’t want to go to the site of the accident. She didn’t want to focus on how Cassie died, and wished she’d never seen photos of the car. She hoped it happened so fast that Cassie didn’t know what was happening. It felt better to have spent the weekend at home with just her mother and Tomás. She spoke with a couple of friends and texted with a couple more on Sunday night.

On Sunday evening, she and her mother left flowers at Cassie’s house. The sign was on the door asking for privacy, so they didn’t ring the doorbell.
Back to School

Monday morning, every homeroom class talked about the accident. Emilia's homeroom teacher was a physics teacher. He told the class about the counselors, and that he and every teacher were available for students to talk with at any time. There was a moment of silence. Then, he tried to get a conversation going about the accident. It felt to Emilia like most of the class was sad, but no one else seemed devastated like she was. It felt lonely and she felt separated from the others. One classmate talked about how you never expect something like this to happen to kids you know. Others talked about experiences with accidents and deaths. One classmate talked about drinking and driving, driving fast, and texting while driving, and wondered why kids did it when everyone knows they’re so dangerous. Emilia listened silently. She felt angry at a girl who talked about how great it was to go to crash site and cry together. The same girl talked about how many TV stations there were at the site interviewing people. Finally, the bell rang and everyone headed to first class.

Emilia was relieved to get out of homeroom and get to math class. It was easier having something else to focus on. Spanish class was hard, as she'd expected. She felt teary through the class. She was glad that Señora Ramos had acknowledged how sad she was about Cassie, and then continued on with the class.

The library had been turned into a drop-in space with grief counselors there. Friends, classmates, and teammates of Jack, Jorge, Andre, and Cassie stopped in to the library all day. Some spent most of the day “hanging out” together and talking about their classmates. Some talked about being angry that they had driven recklessly. Counselors checked in with a few students who didn't come to talk. Jack's ex-girlfriend, Andre's best friend, and Emilia each received this extra outreach, as did a brother and sister whose mother had died in a car accident a few years earlier.

Emilia wasn’t ready to talk to anyone that week. She did end up talking with the art teacher, whom she really liked, the following week. She came in to finish a collage that she'd been working on and they got talking. The art teacher listened more than she talked, and eventually shared a story about a friend of hers who'd died in a car accident when she was a teenager. The art teacher asked her, as others had, was she sleeping and eating, was she having nightmares, did she feel like she wanted to hurt herself. Emilia had had a couple of bad dreams, but actually waking up was the hardest. There would be an instant before she remembered that Cassie was dead, and then the sinking feeling would return. She didn't feel like she wanted to hurt herself and she was eating and sleeping. She desperately wanted to undo that night, but no matter how much she tried to replay what she could have said or done, she couldn't change it.

Mariana, Tomás, and Emilia attended Cassie’s funeral. It was incredibly sad. Cassie’s parents hugged Emilia, and Emilia cried. Later she told her mother that this helped her feel like they were not angry at her. She and Cassie’s little brother hugged awkwardly. Emilia made a promise to herself that she'd try to be a second big sister to Doug. It felt like something Cassie would really appreciate, and the idea of being with someone who loved her was comforting to think about.
She didn’t attend Jack’s or Jorge’s funerals. She was glad that her mother let her choose.

Tomás went to talk with a counselor at his college mental health center. He found it helpful to be able to talk about his guilty feelings. Once he started talking with the counselor, he found that he had other things he wanted to talk about, too.

Emilia wasn’t ready to talk with a counselor, and was a damant that it wouldn’t be helpful for her. She offered to take Doug out for pizza one weekend, and then bowling a couple of weeks later. They started to get into a routine of hanging out every two weeks. Mariana knew from Cassie’s parents that this was a real positive for Doug. They knew that their own grief made it hard for Doug, who was suddenly an only child. Emilia made him feel special and feel connected to his sister. They always talked about her when they were together, about what she loved and what she didn’t. There were lots of small things they each knew about her and could share together. Emilia had always been the little sister. She found she liked being a “big sister,” and she’d always liked little kids.

**Graduation**

As graduation approached, there was a group of students who wanted to create a memorial to the students who died. In consultation with the local mental health clinic, it was decided that setting a precedent to have a memorial at the school could create a problem. Who would decide which deaths deserved memorials and which ones would not?

Mariana shared with Emilia that the mother of a ninth grader, who had died from bone cancer, was upset that her child’s death hardly seemed to be acknowledged in the community, as compared with the deaths of these teens in the car accident. This helped Emilia understand what the principal was worried about. Her mother told her that in the PTO meeting, she’d learned that school administrators also worried about honoring students who took their own lives through suicide. It was not good for a troubled student to imagine that suicide would be a way to be publicly memorialized at the school.

In the end, the senior class planted 100 tulips, 100 daffodils and 100 irises in honor of the three students who died. They didn’t say which flower was for which teen, but purple was Cassie’s favorite color, so Emilia thought of the irises as being for Cassie.

From time to time, Emilia’s mother would ask her if she’d been thinking about Cassie or the accident. Emilia found her artwork was the best way of dealing with her feelings during those first few months. She wrote in a diary, too. And rather than talking about Cassie with her mother, Emilia preferred to show her the diary entries about Cassie. It was easier for her. It was hard for Emilia to hear her mother say anything about Cassie’s death that didn’t feel inadequate and so,
more upsetting. The shared diary entries really worked best. Her mother had talked with her about the importance of sharing any feelings of anxiety or guilt, or of wanting to hurt herself. Emilia knew the “don't worry alone” rule, and felt sure she’d tell her mother if she were worried about herself. Her mother knew that hearing the phone ring late at night was still awful, but luckily, it happened rarely. When it did, her mother would always check in with her.

Emilia often talked with Cassie in her head. So many things reminded her of her friend and so many times she wanted to tell her about something new. She'd told her mother that she had these conversations, and her mother had told her she knew it was normal and often helpful. She was glad Emilia was still talking with Cassie. “I hope you'll sometimes share with me what you share with Cassie,” she'd told her.

Emilia asked her mother if she could talk with a counselor.

Emilia missed Cassie so many times every day for the first many months, but after a while, it began to feel “lighter” somehow. She and her mom talked about Cassie often. Cassie’s parents were always interested in what she was doing and they seemed genuinely glad that she was doing well. She often talked with them before or after hanging out with Doug.

Emilia’s uncle Laz, her mother’s brother, was proud that she’d found healthy ways to deal with her sadness. He told her that he was much older before he figured out how to deal with the sadness and anger he felt when one of his close friends in the Air Force died in a training accident. Her uncle was such a private person; she was surprised when he shared this experience with her. She’d always been close with her mother’s sister, but this helped her feel closer to him, too.

In the spring before she graduated from high school, Emilia asked her mother if she could talk with a counselor. Mariana was happy to help her connect with a therapist. She asked Emilia why she wanted to talk with someone. Emilia said it was hard to feel happy about graduating and going to college when Cassie would never get to go. No one would even know Cassie at college. She felt guilty and lonely, and that nothing about this experience made any sense. She remembered that seeing a counselor had been helpful to Tomás, and she hoped it would be the same for her.

Talking with Children about an Accident in the Community

1. Provide a simple explanation of what is happening or did happen, and describe the immediate impact on the child. Though you may want to shield your child from bad news if she was not directly affected, consider whether this is realistic, particularly if your child could overhear or see information on the radio or TV, or learn about the events from peers or older siblings.
AGES 3–6

- “There was a car accident last night and three teenagers died. It’s very sad.”

- “Matt’s big brother Jeff got hurt sledding. He is in the hospital now. I will bring Matt home to our house after preschool tomorrow, while his parents are with Jeff at the hospital.”

AGES 7–12

- “There was a car accident Friday night; three high school students died and one got badly hurt. I heard on the TV that the driver was going too fast and that he had been drinking alcohol. It is very, very sad for those teenagers, their families, and friends. It is also upsetting that another teen car accident happened involving alcohol.”

- “Jeff was in a serious sledding accident yesterday. He is in the hospital now and I know that he needed surgery. His mother or father will call us tonight with more information. I offered to bring his little brother to our house after preschool tomorrow, so his parents can stay with Jeff at the hospital.”

AGES 13–19

- “There was a car accident last night; three teenagers from Hollingston High School died and another was badly injured. I wonder if you know them or any of their friends. I heard on the news that police said the driver was speeding and that he’d been drinking. It is so, so sad for these teens and for their families. Another teen car accident is so upsetting; drinking and driving is really hard for me to understand.”

- “I wonder if you heard that Louisa’s brother Jeff was in a serious sledding accident yesterday? Mark’s father called us to say that Jeff was taken to the hospital and needed surgery. I know that he hit his head and his side, but I don’t know what kind of surgery he needs. We expect to hear more details from their parents late tonight.”

2. Or, if your child already knows what happened, find out about his or her understanding of the events, and address any worries or misunderstandings.

ALL AGES

- “What did you see and hear?”

- “What else do you know about this?”

- “What are you wondering about?”

AGES 3–6

- “Tell me what you know about what happened.”

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• “What did you hear when I was talking on the phone?”
• “Do you know what [sibling] was talking about with her friends?”
• “What did you see on TV?”
• “What is scary or confusing about this?”
  – “Yes, I was talking with Emilia’s mom about a car accident. She told me that three teenagers died in a car accident, and one was Emilia’s friend, Cassie.”
  – “Yes, Jeff did have a cut on his head. He got hurt when he and his sled hit the tree. That is why the ambulance came to take him to the hospital.”

AGES 7–12
• “If _______________ (another child) asked you what happened, what would you tell him?”
• “If _______________ (a familiar adult) asked about what happened, what would you tell her?”
• “Try to tell me the whole story of what happened and let’s see what else I may know and what nobody knows yet. We can figure out together what happened.”
• “Do you have any worries about this, now that you know what happened?”
  – “Yes, three teenagers were killed in the car accident and one was badly injured, but I don’t think there were two cars racing. The police reported that it was only one car and that the driver of the car was driving too fast and had been drinking alcohol, which makes it hard to steer the car.”
  – “That is a good explanation of what happened in Jeff’s sledding accident. The only other thing I know is that he’s having surgery at the hospital today.”

AGES 13–19
• “What have you heard about what happened last night?”
• “What are you hearing from your friends? How about on the Internet?”
• “What do you think about this and how it happened?”
• “Are you especially worried about anyone? How you are feeling? How is this for your other friends?”
• “Sometimes misinformation gets passed around before the true details are known. Have you heard anything that you are not sure is true?”
— “I am glad you’re telling me how upset you are. Losing a good friend is one of the hardest things anyone ever goes through, and it’s normal to feel really, really shocked and upset. It makes sense that Jack’s ex-girlfriend is having a very hard time. Are you worried that she might hurt herself?”

— “The post you saw about Jeff is not true. I spoke with his parents after they arrived at the hospital and he was not “brain dead.” I wish I had more details, but we’ll have to wait until his parents call to learn more about how he is doing.”

3. If your child has witnessed your distress, acknowledge your feelings and talk about why you were feeling that way.

AGES 3–6

• “Could you tell that I was really upset? Did you know why I was so worried?”

• “You saw me crying when I was talking with Emilia’s mother. I was very sad because she told me that Emilia’s friend, Cassie, died in a car accident.”

• “Did you hear me telling Mommy about Jeff’s sledding accident? I was so surprised and I wanted Mommy to come downstairs right away so that I could tell her. I yelled her name, didn’t I? I wasn’t mad, I was just worried.”

AGES 7–12

• “You saw me crying when I was talking with Doug’s mother. His sister Cassie died in a car accident and I feel so sad for everyone in their family.”

• “You could see that I got angry when I was talking with Hank about the car accident involving the teens from Hollingston. Hank said he would not do it, but that it wasn’t such a big deal to drink alcohol and drive a car—but I really disagree. It upset me that he doesn’t think it is as dangerous as it is.”

AGES 13–19

• “I am obviously so shaken up by this news about your track teammates. It is so upsetting, but I am very glad that you told me. What else have you heard about this accident?”

• “You could see how upset I was. In all the years that we’ve gone to that hill to go sledding, this is the first serious accident I have seen. It must have been scary for all the younger kids who saw this happen and heard Jeff’s father shouting for us to call 911. I was very glad to see the ambulance arrive and have the EMTs take over.”
4. Let your child know that more information will be available later. Try to describe what is known and not yet known, focusing on the details that will matter most to your individual child.

**AGES 3–6**

- “Daddy and I are going to Jorge’s funeral at the church after lunch. Maria will be babysitting for you. Last time Maria was here you drew pictures together. You can draw or paint with her today.”

- “I know that Matt will come to our house after preschool this afternoon. I will talk with his parents while you are at school, and I can tell you at pick-up whether he will be staying for dinner or staying for a sleepover.”

**AGES 7–12**

- “After we learn more about what happened, we can try to understand it together.”

- “It will likely take at least a couple of days before we know how Jeff is doing. I’ll let you know what I learn each day from his parents. They are seeing Jeff and talking with his doctors.”

**AGES 13–19**

- “After we learn more about what happened and all the reactions to it, we should keep talking about this.”

- “You may be learning about things before I do, and may know more about what happened, what your classmates are doing, how they’re feeling, and what the school is planning. Please keep me in the loop, and I’ll share what I hear, too.”

5. Let your child know you will follow up with him or her in coming days, and that you want him or her to come to you with any and all questions or concerns.

**AGES 3–6**

- “Will you come find me if you’re feeling scared or sad?”

- “Please don’t ever worry alone. I want you to tell me [or another trusted adult] if you’re scared or confused.”

**AGES 7–12**

- “If you learn more, or hear more, or have questions, will you let me know?”

- “Now that you are getting ready for bed and it is quiet, what are you thinking about?”
**AGES 13–19**

- “Keep me posted about what you’re hearing from your friends, and on TV and the Internet, OK? You will probably be ahead of me!”

- “I’ll be curious about how this affects you in the next few days. Even though you’re pretty independent these days, this kind of event can really shake someone of any age, and I want to make sure you’re OK.”

6. **Over time, ask children to talk about how they, and people they know, are coping, and how they are thinking about what happened.** Try to get children thinking with you about helpful and less-helpful ways to manage during difficult times. **Let them know it's normal to have a lot of different feelings and reactions after a frightening event.**

**ALL AGES**

Help children and teens find individual ways to cope that work for them:

- Talking with a parent, teacher or friend
- Listening to music, reading, drawing, making something
- Meditation, yoga, exercise
- Eating nutritious food, getting enough sleep
- Playing outside, playing a board or video game
- Watching funny videos
- Turning off the TV, phone and Internet

Point out that some reactions might feel easy right away, but cause problems later:

- Worrying alone, not talking to anyone
- Breaking things, yelling at people, punching a wall
- Refusing to go to school or do homework
- Not spending time with friends
- Avoiding situations that cause anxiety
- Staying up all night
- Drinking alcohol, smoking, taking someone else's medicine
- Hurting yourself
AGES 3–6

• “So many things have happened this week. Let’s take some extra cuddle time and talk together.”

AGES 7–12

• “Have you had any questions or worries when you are lying in bed trying to go to sleep? Do you have worries or feel scared—here, at school, or at a friend’s house or another place?”
• “Are you worried about anyone in our family? What have you noticed?”
• “Where do most of your friends go for answers to things they wonder about (the event)?”
• “Did any of your teachers talk about (the event) at school today? What did they want you to know?”
• “With all the things we’re hearing about (the event), has anything surprised you or seemed strange?”
• “Do you ever wonder what would have happened if you or I or someone did something different?”
• “We’ve been trying to talk and check in about (the event), and I’m wondering how we’re doing. What grade would I get for listening and answering questions?”
• “I’ll tell you what I like to do to relax or to feel safer.”
• “What kinds of things help you feel better when you’re upset?”
• “What kinds of things make you feel a little better right away when you’re upset, but could make bigger problems for you later?”
• “It’s pretty normal to (feel more worried for a few days or weeks; want to do comforting things like watch a movie; want to stay away from where the event occurred; want to visit the place the event occurred; want to learn more about the details of what happened; not want to talk much about what happened)… But let’s be sure to check in again in a few days so we can make sure you’re starting to feel better, not worse.”

AGES 13–19

• “What are you learning about what happened from your friends, the media and others?”
• “Are you worried about how you are feeling or how this is for anyone you know? Is anyone else worried about how you are doing?”
• “Do you ever have ‘what if’s’ on your mind?”
• “Is anyone you know having an especially hard time? How can you tell?”
• “How does the response of the police and the community feel to you?”
• “Did any of your teachers talk about (the event) at school today? What did they want you to know?”
• “With all the things we’re hearing about (the event), has anything surprised you or seemed strange? What is the stupidest thing anyone has said about (the event)?”
• “We’ve been trying to talk and check in about (the event), and I’m wondering how we’re doing.”
• “What does somebody who has not lived through (the event) not understand about what it is like?”
• “What is different about how you and your friends are coping with (the event) from how we (parents) are coping?”
• “What kinds of things help you feel better when you’re upset?”
• “What kinds of things make you feel a little better right away when you’re upset, but could make bigger problems for you later?”
• “It’s pretty normal to (feel more worried for a few days or weeks; want to do comforting things like watch a movie; want to stay away from where the event occurred; want to visit the place the event occurred; want to learn more about the details of what happened; not want to talk much about what happened)... But let’s be sure to check in again in a few days so we can make sure you’re starting to feel better, not worse.”

7. Think about how you want your child to make sense of this event going forward, and what life lessons you hope are learned, and look for ways to talk about this. Try to focus on resilience, survival, and hope.

AGES 3–6

• “When someone dies, we try to take care of their family and friends. I’m going to send some flowers to Cassie’s family and also to her friend, Emilia.”
• “Wearing seatbelts helps a lot to keep us safe in the car.”
• “Jeff will be in the hospital for a few more days. We are lucky that we live near good doctors and nurses who can take really good care of him.”
AGES 7–12

• “Accidents that involve drinking, like this one, are part of the reason I want to make sure you are really comfortable standing up to your friends when they are acting in ways you know aren’t right. That’s why we talk so much about bullying and peer pressure.”

• “I am going to be extra strict about you wearing a helmet when you ski, sled, or bike. Jeff’s accident is a big reminder about how important it is to take the precautions we can.”

AGES 13–19

• “I know you have said that you would never drink and drive. What do you think you would do if you realized a driver had been drinking after you were already in the car? Maybe this is a good chance to think that through together.”

• “Something like this really puts into perspective all the stress you’ve been feeling about your grades. Let’s try to figure out a better balance for you.”
Resources

Marjorie E. Korff Parenting At a Challenging Time Program (PACT)
The PACT website offers in-depth information for parents and professionals about supporting a child’s resilient coping through a parent’s medical illness, collaborations with community partners to address a range of additional challenges facing families, and our MGH Cancer Center clinical services. It also has links to a digital version of this handbook, as well as to the other Patriots’ Day Project resources. [www.mghpact.org]

RESILIENCE

Arthur Family Health on PBS KIDS
This site provides basic information, games and activities, and videos of Dr. Paula Rauch of Massachusetts General Hospital (and an author of this handbook), which all address the topic of bolstering resilience in children exposed to upsetting events. [http://pbskids.org/arthur/health/resilience]

Center on the Developing Child
The mission of the Center is to drive science-based innovation that achieves breakthrough outcomes for children facing adversity. Particular areas of focus include the needs of children who face poverty, maltreatment, violence, racial and ethnic discrimination, and family mental illness. [www.developingchild.harvard.edu]

Clay Center for Young Healthy Minds
This site provides information about the mental health and well-being of children, adolescents, and young adults who struggle with behavioral, emotional, or learning challenges. [www.mghclaycenter.org]

TRAUMA

National Child Traumatic Stress Network (NCTSN)
The NCTSN mission is to raise the standards of care and improve access to services for traumatized children, and their families and communities throughout the U.S. The website has information about the impact of trauma on children and families, as well as resources. [www.nctsnet.org]
National Center for PTSD
The Center is dedicated to research and education on trauma and PTSD, and ensuring that the latest research findings help those exposed to trauma. [www.ptsd.va.gov]

Identifying Seriously Traumatized Children: Tips for Parents and Educators
This publication by the National Association of School Psychologists describes the symptoms of severe trauma in children, and makes suggestions about an approach to getting help for these children. [www.nasponline.org/resources/crisis_safety/psycht_general.aspx]

BEREAVEMENT

The Dougy Center
The Dougy Center’s mission is to provide a safe place for children, teens, and young adults who are grieving a death to share their experiences. They do this through peer support groups, education, and training. The website contains information about the center, including news and events, as well as abundant resources. [www.dougy.org]

The Children’s Room
This is a Massachusetts nonprofit organization that describes itself as dedicated to creating safe, supportive communities so that no child, teen, or family has to grieve alone. The website has written guides to many topics, as well as information about services they provide to families and professionals. [http://childrensroom.org]

Death and Grief: Supporting Children and Youth
This publication by the National Association of School Psychologists includes tips for adults to support grieving children, and guidance for children and teens with grieving friends and classmates. [www.nasponline.org/resources/crisis_safety/deathgrief.pdf]

MENTAL ILLNESS

American Academy of Child and Adolescent Psychiatry (AACAP)
The mission of AACAP is to promote the healthy development of children, adolescents, and families through advocacy, education, and research. The website provides information about child psychiatric challenges, as well as guides to many topics, including finding care. The site also contains links to additional resources for families and clinicians. [www.aacap.org]

Substance Abuse and Mental Health Services Administration (SAMHSA)
SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities. The website includes information on a wide range of efforts to improve mental health, as well as therapist locators. [www.samhsa.gov]
National Institute of Mental Health (NIMH)
The mission of NIMH is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. The website provides information on a number of mental health disorders, as well as research updates and other resources. [www.nimh.nih.gov/index.shtml]

MILITARY FAMILIES

The Red Sox Foundation and Massachusetts General Hospital Home Base Program
The Home Base Program offers clinical care and support services for post-9/11 service members, veterans, and their families throughout the deployment cycle, and community education about the “invisible wounds of war.” The Home Base Program is also engaged in research to develop better understanding and treatment of post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). [www.HomeBaseProgram.org]

Staying Strong
This parent guidance website for military connected families is associated with the Home Base Program. The website contains a number of videos that provide guidance about parenting in general, child development, and parenting in difficult circumstances. [www.StayingStrong.org]

FINDING PROFESSIONAL HELP

These resources are geared to those seeking a helping professional (therapist, psychologist, social worker, psychiatrist, mental health counselor, et al.):

National Child Traumatic Stress Network (NCTSN)
This lists several websites that can help you locate a therapist; it also provides information about evidence-based therapies for PTSD (post-traumatic stress disorder) in children. [www.nctsn.org/about-us/about-this-web-site]

National Association of Social Workers
This source lists several searchable websites for finding therapists with different backgrounds, including social workers, psychologists, psychiatrists, and mental health counselors. [www.HelpStartsHere.org]

American Psychological Association (APA)
This is the APA listing of licensed psychologists. [http://locator.apa.org]

Psychology Today
The print magazine maintains an online listing of clinicians. [www.therapists.PsychologyToday.com]
FOR EDUCATORS

Crisis Resource Guide: A Tool for Families, Schools, and Professionals Working with Youth During a Crisis
This is a guide from Children’s Hospital Boston (the Children’s Hospital Neighborhood Partnerships Program/CHNP), which summarizes web-based resources for schools and families, including topics such as crisis preparedness in schools, supporting youth impacted by a death, talking with youth about disasters and violence, and the impact of media during crises. [www.childrenshospital.org/chnp]

Child Trauma Toolkit for Educators
This toolkit was written by the National Child Traumatic Stress Network, and funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Health and Human Services (HHS). The toolkit contains trauma facts and suggestions for educators, as well as specific guidance for school staff caring for students of all ages. [www.nctsn.org/sites/default/files/assets/pdfs/Child_Trauma_Toolkit_Final.pdf]

Helping Children After a Natural Disaster: Information for Parents and Teachers
This online publication by the National Association of School Psychologists describes actions parent and teachers can take after specific natural disasters (e.g., hurricanes, tornadoes, etc.), and provides guidance for the immediate aftermath of these disasters. [www.nasponline.org/resources/crisis_safety/naturaldisaster_ho.aspx]

Coping with Crisis—Helping Children With Special Needs: Tips for School Personnel and Parents
This online resource of the National Association of School Psychologists addresses the impact of trauma in students with special needs, and ways in which parents and school personnel can best assist this population. [www.nasponline.org/resources/crisis_safety/specpop_general.aspx]

American Psychological Association Resilience Guide for Parents & Teachers
This is a concise guide for parents and teachers of children of all ages. The authors give specific information applicable to children in each age range (preschoolers, elementary school–age, etc.), including 10 useful tips for building resilience in children and teens. [www.apa.org/helpcenter/resilience.aspx]
Appendix
Patriots’ Day Project Resources

The Patriots’ Day Project is a collaboration of the Marjorie E. Korff PACT Program and The Clay Center for Young Healthy Minds at Massachusetts General Hospital. The parent guidance resources created for the first anniversary of the Boston Marathon bombing are included here. These resources can be viewed online, and the “Tips for Talking” downloaded as a pdf, at www.mghpact.org/community-collaborations/patriots-day-project.

“Tips for Talking” Fact Sheet

• The Anniversary of the Boston Marathon Bombing and Lockdown: Tips for Talking with your Child
  (pp. 102–103)

Pre-Marathon Anniversary Blog Posts

• Raising Secure Children in an Insecure World
  Paula Rauch, MD and Gene Beresin, MD
  (pp. 104–106)

• When to Seek Help for a Child’s Anxiety
  Aude Henin, PhD, Steve Schlozman, MD, and Paula Rauch, MD
  (pp. 107–109)

• Anticipating the Marathon with Children of All Ages
  Cynthia Moore, PhD and Steve Schlozman, MD
  (pp. 110–113)

• Should the TV be On or Off During Times of Breaking News?
  Tristan Gorrindo, MD
  (pp. 114–115)
It is approaching a year since the tragedy at the 2013 Boston Marathon unfolded. As families and communities prepare for the anniversary in April, and stories about those most impacted are in the news, some parents may be wondering “How do I talk with my child about these troubling events?”

Anticipating this uncertainty, the Marjorie E. Korff Parenting At a Challenging Time (PACT) Program at Massachusetts General Hospital and the Clay Center for Young Healthy Minds surveyed 400 Boston-area parents to better understand the impact of last year’s challenges on these parents and their children. Seventy percent of those surveyed shared that it was challenging for them as parents to deal with the events of the 2013 Boston Marathon. The findings indicate that the impact on individual children varied, and we can anticipate that there will be variation in the reactions to the upcoming anniversary, too. A child’s temperament, personal experiences and memories from last year will be among the factors affecting the intensity and duration of that child’s reactions. Most parents recognize that communication is key to supporting a child’s resilience; we found three-quarters of the parents surveyed either initiated conversations with their children, or allowed them to take the lead, answering questions as they arose.

As we face the anniversary, here are some tips to guide these important discussions with your child:

For young children (age 3-5 years):

• Young children think about the world in more concrete and egocentric ways than do older children and adults, and also tend to focus on parts of a complex situation instead of grasping the bigger picture. It’s therefore easier to talk with children at this age about a complex event like the marathon if the conversation is connected to their own current experience. For example, if they catch sight of a newspaper photograph, you might ask them, “What do you remember about the marathon last year?”

• Young children can become confused if adults assure them that something is safe, while they themselves sound anxious. Ensure that your words and tone of voice tell the same story.

• If young children have memories that are still frightening to them, reassure them that the scary event is over. Focus on reaffirming their day-to-day experience of safety through maintaining predictable routines and calm caregivers.

For school-aged children (age 6-12 years):

• It is difficult to protect school-aged children from hearing about bad things that happen in the world—but often easier to gauge their understanding of those events. Ask them what, if anything, they are seeing or hearing about this year’s marathon. Is it being talked about at school? Do they have questions about what happened last year, or what is happening this year?

• Young children may be especially concerned about the safety of them and their loved ones. Reassure them by reiterating your personal sense of security, and the unlikelihood of last year’s event ever repeating itself.
Ages 12 – 14

- 20%

Ages 15 – 19

- 32%

Marjorie E. Korff PACT Program

The Marjorie E. Korff Parenting At a Challenging Time (PACT) Program offers guidance to parents with serious illnesses who are patients at Massachusetts General Hospital, and concerned about the impact their diagnoses and treatments may have on their children. PACT staff clinicians work closely with parents, drawing on their combined knowledge and experience to develop individualized plans parents can follow to support their children's continued healthy development. To learn more about the Patriots' Day Project and the PACT Program, visit us at www.mghpact.org.

The Clay Center for Young Healthy Minds

The Clay Center for Young Healthy Minds at Massachusetts General Hospital is a web-based center that disseminates reliable information to parents and other caregivers about the mental health needs of children and young adults who struggle with behavioral, emotional and/or learning challenges. As part of this mission, The Clay Center promotes resilience, the process of using inner strength, relationships and self-awareness to help young people cope with and overcome stressful situations and events. To learn more about The Clay Center and explore our extensive library of content, visit us at www.pathstodream.org, or find us on Facebook (massgeneralclaycenter) and Twitter (@MGHClayCenter).

This publication is being funded with support from the Patriots' Day Fund, a charitable fund established by Fidelity Investments® employees in the aftermath of the Boston Marathon bombings.

Impact of the 2013 Boston Marathon events on local children

The above guidance is informed by our survey of 400 parents with children between the ages of 4-19 who reside in the lockdown communities. Information gathered about how children were affected by the bombing and lockdown last year may be helpful as you think about the ways in which the anniversary may affect your child.

Percentage of children within specific age groups who were identified by parents as exhibiting a behavioral change as a result of the 2013 Boston Marathon events:

- Ages 4 – 6: 1%
- Ages 7 – 11: 26%
- Ages 12 – 14: 20%
- Ages 15 – 19: 32%
- Not Affected: 46%

Behavioral changes in children during the first few weeks following the 2013 Boston Marathon events:

- Generalized anxiety: 27%
- Avoidance of specific settings: 18%
- Separation anxiety: 10%
- Anxiety in specific situations: 27%
- Sadness: 16%
- Worry: 10%

The duration of children’s symptoms following the 2013 Boston Marathon events varied:

- 20% HAD SYMPTOMS IN THE FIRST FEW WEEKS
- 11% HAD SYMPTOMS IN THE FOLLOWING MONTHS

About the Patriots’ Day Project collaborators

Marjorie E. Korff PACT Program

The Marjorie E. Korff Parenting At a Challenging Time (PACT) Program offers guidance to parents with serious illnesses who are patients at Massachusetts General Hospital, and concerned about the impact their diagnoses and treatments may have on their children. PACT staff clinicians work closely with parents, drawing on their combined knowledge and experience to develop individualized plans parents can follow to support their children’s continued healthy development. To learn more about the Patriots’ Day Project and the PACT Program, visit us at www.mghpact.org.

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As we reflect on the events of the 2013 Boston Marathon bombing and its aftermath, it is an appropriate time to consider how we support the resilience of our children and teens through difficult life events. For the most affected families, April 15th, 2013 was a life-changing event. For many in our community it produced a lesser, but still significant, set of challenges, and for some facing other family adversity or chronic stresses, it may have seemed like a minor event with little personal impact. Regardless of how personal or significant the marathon bombing and its aftermath were for those in your family, every one of us will face life challenges within our families and in the larger community. How can we face stressful experiences in ways that support our children’s resilience, and help them grow through those challenges?

How do we raise secure, confident children in an uncertain world?

Start small.

Children develop confidence and competence by facing new experiences, difficult transitions and unavoidable frustrations throughout childhood. Life continually presents a child with developmental challenges, such as falling asleep alone in a crib, saying goodbye at a new preschool, facing the first day of school with a sea of unfamiliar faces, dealing with a relentlessly annoying peer, being cut from the travel team, and, for some teens, making this month’s tough decisions about college. It is often tempting as a parent to want to smooth over these challenges, alleviate uncertainty and facilitate a child’s comfort and success. But, it is important to recognize that these age-appropriate frustrations and disappointments are essential for building lifelong coping skills. Children need to learn appropriate coping skills to manage new and difficult situations, and while parents cannot solve the challenges for a child, they can provide appreciation and emotional support for that child’s efforts. Living through a multitude of such experiences makes the normal feelings of distress more familiar and less frightening.

Face serious challenges together.
Through the most challenging times, children are looking to the caring adults in their lives for signals that life is safe enough, and the future bright enough, to make it worth forging ahead. It is a myth that everything we live through makes us stronger. A difficult life experience can make a child stronger and more confident, if it occurs in the context of loving connections, shared problem solving and ongoing communication. Challenges, though unwelcome, can be opportunities to build coping skills that will help a child face future obstacles with confidence. But during times of adversity, some children feel isolated or alone with unexpressed or unrecognized worries, and perhaps overwhelmed with day-to-day expectations. This can lead to a child feeling fearful, insecure and helpless to face the future.

This can be the difference between a challenge and a trauma. A challenge experienced in the context of love and support from a trusted adult, can lead to increased life skills and confidence. However, a challenge experienced alone, leaving a child overwhelmed and increasingly insecure, may become a trauma.

Encourage hope.

Learning how to make a positive difference in the world is another way that children develop confidence, as well as optimism. Finding even small ways to help others provides a powerful antidote to feeling hopeless in the face of challenges. Helping others also provides a focus for children whose natural tendency is to stay busy when feeling distressed. Remind children who are discouraged at not being able to do more that even the smallest efforts make a real difference to someone.

Uncover worries and increase communication.

Ensuring that children are not left to worry alone can be harder than it sounds. Prioritize talking with your child or teen about difficult situations. Start engaging in conversations when your child is young, and enable this coping skill to grow through each stage of development. Listen more than you talk. The same, difficult event is not experienced in the same way by every family member. Your child brings his or her own perspective and individual challenges to the situation, just as you and the other adults in the family do. When adults convey a genuine openness to learning from children about their unique perspectives, children are more likely to engage in meaningful conversations. Unfortunately, not all parents facing difficult situations are skillful in providing this kind of support to their children. But, any adult who builds an ongoing connection with a child can make an enormous difference in that child’s life. You may be that person for a child in your life, even if you are not a parent.

Peer support is powerful.

You and other adults in your family play a key role in supporting your child’s resilience through hard times, but as your child gets older, friends start to play an ever greater role. Friends can be the lifeline that supports an older child through the toughest times. Conversely, the disruption of
important friendships can be the cause of intense loneliness and distress. Try to be sensitive to these key friendships, and support them when they are going well, and your child when they are fractured. Talk with your child or teen about the responsibilities of being a good friend, which include being a good listener, trying not to be judgmental and getting adult guidance when a friend engages in unsafe behavior or expresses hopelessness. Learning when to be independent and when to seek adult assistance is an important resilience-enhancing skill.

*Family routines and connection enhance stability.*

Predictable family routines are comforting during times of stress or uncertainty. Familiar activities, familiar food and familiar daily schedules help your home feel like a safe place to your child. When home feels safe, it is easier to manage the uncertainty of the outside world. Often, regular routines help parents feel less stressed too, and naturally result in times to connect in conversation. Parents usually know the times and places that their child or teen is most likely to talk freely; if possible, those times together can be made a special priority during a stressful time.

*Coping through hard times increases confidence.*

In order to gain confidence about the ability to face future challenges, your child or teen needs to live through the inevitable ups and downs and more significant stresses of life. While it may be tempting to want to bubble wrap our children so that they are “protected” from the harsh realities of the world, it is far better to face those challenges together. Resilience is supported by narratives that recognize that tough times are genuinely difficult and sometimes long, but there will be a new normal with yet unknown positive aspects in the future. Remind your child that you, too, have been through hard times, and have come out the other side. If you cannot see that bright future for your child or yourself, it is important to reach out to others—friends, family or professionals—to help you.

Our children need our confidence in them, and in the world in which we live, to develop the life skills and sense of security that will help them grow into the confident, competent adults so needed in our uncertain world.

*A version of this post originally appeared and was written by the authors (Rauch and Beresin) on WBUR’s CommonHealth on April 15, 2014.*
When to Seek Help for Your Child’s Anxiety
Aude Henin, PhD, Steve Schlozman, MD, and Paula Rauch, MD

How can we best handle the stress that this year’s marathon and the upcoming memorials of last year’s events might engender? In answering this question, we first need to remember that everyone is unique. If we try to apply a one-size-fits-all recipe for when we need to broaden our support, we’re bound to miss some individuals who very much need more attention, and at the same time, worry unnecessarily about others who are in fact doing fine.

To this end, we can be guided by what our survey showed in terms of how parents perceived the reactions of their children during last year’s marathon. About 20% of the parents surveyed felt that their children had noticeable behavioral changes for the first few weeks after the bombing and lockdown. That number decreased to around 11% in the months that followed. Of note is that these symptoms were primarily characterized by anxiety. Given these findings, it is important to ask the following questions:

How do we define anxiety in children, and how does anxiety manifest in different age groups?

When should parents worry that their child’s anxiety is excessive, and when should they appreciate it as mild, transient and likely to be minimally disturbing?

Anxiety is a normal, healthy emotion, and nearly all children experience periods of worry, fear or hesitancy. Anxiety can present differently at different ages. Toddlers and preschoolers, more limited in their language while more concrete in their thinking, may tantrum, exhibit oppositional behaviors when entering a feared situation, and cry, fret or cling to parents. As children mature, they may verbalize their fears and express their worries through play or drawings. They may experience physical symptoms, such as stomachaches and headaches, attempt to avoid situations in which they feel anxious, or have repeated nightmares and difficulty sleeping. They may have trouble concentrating on their schoolwork or other activities, and exhibit behaviors more typical of young children (for example, suddenly wanting to sleep in their parents’ room). Adolescents may also appear withdrawn, apprehensive and less engaged in daily activities. Children of all ages may repeatedly seek reassurance, and complain that they have repetitive or distressing thoughts.

We consider anxiety to be problematic when it interferes in a child’s life. Signs that anxiety is becoming problematic include the following:

- The child begins to routinely avoid situations or activities in which he previously participated. For example, he attempts to avoid going to school, doesn’t want to go to a friend’s house or won’t go upstairs by himself.
- The child is too anxious or distressed to enjoy daily activities.
• The child spends a significant amount of time worrying most days of the week.
• The child experiences physical symptoms that have no medical basis, and which get in the way of participating in activities.
• The child’s anxiety persists for a prolonged period of time (weeks to months).

In thinking about whether anxiety is interfering in your child’s daily life, it can be helpful to think about what the expectations are for the child’s developmental level, and examine whether he is struggling to meet any of those demands. For example, in preschool children, anxiety may get in the way of their going to school, separating from parents, sleeping independently and maintaining toileting routines. Older children or adolescents may have difficulty attending school or completing schoolwork; they also may withdraw from friends and social activities, become more oppositional, or display less interest or involvement in their usual hobbies.

Recall, however, that anxiety can be triggered by any of a number of troubling events—but, it can also occur in the absence of any known trigger. Nevertheless, when anxiety DOES occur, regardless of the trigger (or lack thereof), we need to determine what to do. Once we determine that a child is suffering—that the anxiety is significant—what is the best course of action? Several strategies may help a child manage the stress of these events:

• Limit the child’s exposure to media coverage of the bombing and other disturbing or graphic images. For young children, viewing repeated recaps of an attack or disaster may make them think it is happening again and again. Avoid watching news coverage of these events when children are in the room.

• Answer your child’s questions in a straightforward, neutral manner. Children will sense if parents are anxious in discussions, which can further escalate their concerns. Your child will also guide you as to how much information to provide; in general, start by providing a minimum of information. If he asks no additional questions, he has had enough, and is ready to move on. Keep your child’s developmental stage in mind when discussing these events. Younger children will benefit from more concrete, limited information: “Two guys set off a bomb and some people got hurt, but the police caught the guys so this won’t happen again.” Older children who realize that future attacks are possible may benefit from being reminded of how uncommon these events are, and how unlikely they are to happen to them (“How many times have we been to Boston? How many times did we get hurt?”). It can also be helpful to remind older children about all of the people who helped out in the aftermath of the bombing, thereby emphasizing that there are many, many more helpful than hurtful people in the world. Adolescents may also have more complex questions about motivations and bigger picture issues that you should be prepared to answer.

• Encourage your child to verbalize her concerns to normalize the experience of anxiety. It’s OK to provide reassurance initially, although remember that repeated reassurance is
generally unhelpful—it inadvertently rewards, and therefore increases, the likelihood of expressions of worry.

• Encourage your child to actively cope with anxiety. Ask him what he could say to himself to manage worried thoughts. Rather than simply telling them how to cope, parents should work collaboratively with their children to think of a plan that they can use to manage anxiety. A coping plan could include a brief strategy to manage physical symptoms of anxiety (e.g., take a few deep breaths), a helpful self-statement (“The bad guys were caught and can’t hurt anyone else”) and a plan for facing their fears (“I can be brave and go upstairs by myself. I’ve done it before”).

• If your child is worried about harm coming to the family, encourage her to have a plan for dealing with this harm and the associated anxiety ("What could you do if…?").

• As difficult as this may be, do not allow avoidance behaviors to continue. Although it is instinctual to try to help your child feel better, the more he avoids situations that trigger anxiety, the less safe and more anxious he will feel. Instead, encourage him to gradually face his fears. Reward and praise any attempts he makes to do so.

• Let other adults know that your child has been feeling more anxious so that they can implement similar coping strategies. For example, checking in with school staff, coaches and other important adults may be helpful in creating a supportive network for your child.

• If your child experiences significant, persistent anxiety that is interfering in her life, seek help. There are many trained professionals who can help her cope with anxiety, and there are several excellent treatment options that may help her master anxious feelings.

• There are some helpful resources online that can provide additional information and guidance:
  – Anxiety Disorders Association of America (ADAA): www.adaa.org
  – Association of Behavioral and Cognitive Therapies (ABCT): www.abct.org

With the support of parents, teachers and others in our community, most children will cope well with the upcoming marathon and reminders of last year’s bombing, but for those who do show prolonged symptoms of anxiety parents should seek help.
Anticipating the Marathon with Children of All Ages
Cynthia W. Moore, PhD and Steven Schlozman, MD

In these weeks leading up to the 2014 Boston Marathon, we are collectively hearing about a range of reactions to the many reminders of the event’s significance. Some are feeling distressed, perhaps from listening to the widespread media coverage discussed in our previous post. Some are feeling inspired and “Boston Strong,” perhaps working up to a long run in marathon training this year. Still others appear to be oblivious to the reminders—or at least unaffected by them.

Children’s reactions vary just as widely, so the adults who love them must consider how they can best support each child. Parents recognize that there are a number of variables that influence a child’s unique response, including experiences and memories from last year, the ways family members have been affected by the events, and the child’s level of development. Unfortunately, many of these are not things that parents can change or “fix,” as much as we might like to. But, attending to developmental differences will help us find effective ways to talk with and comfort our children. With this in mind, this post describes some “age appropriate” strategies to identify and address children’s concerns about the upcoming Boston Marathon.

Young Children (Age 3–5 Years)

Preschool-aged children think about the world in more concrete and egocentric ways than do older children and adults, and their verbal skills are still developing. Young children also tend to focus on parts of a complex situation instead of grasping the bigger picture. For example, a parent might be surprised to learn that for his son, the most memorable part of their trip to the movies was seeing the popcorn machine “pop”—not the movie itself. A young child’s understanding of why things happen is a mix of experience and imagination. Sometimes this is comical, as when a little girl attempts to “work” the arrivals display screen at the airport as if it were a giant iPad. But sometimes this is downright distressing. For example, a preschooler hearing a parent command sharply to “Turn off the TV now!” may feel that she is being punished, when in fact the parent is just trying to prevent her from witnessing media coverage that could be upsetting.

It’s easier to talk with a preschooler about a complex event like the marathon if the conversation is connected to the child’s own current experience. For example, when your child catches sight of a newspaper photograph, or hears an older sibling talking about whether the family will go to watch the event this year, ask him, “What do you remember about the marathon last year?” He might talk about seeing people litter the sidewalks with their empty water bottles, or he might describe the trip home, when the trains were very crowded and people seemed scared. You could then ask, “Do you know what made the people scared?” rather than assuming that he shares your memories.
Even young children can feel confused if adults say that something is safe, while they themselves sound anxious. So, work on making sure that your words and tone of voice tell the same story.

If young children have memories that are still frightening to them, reassure them that the memory is from a long time ago, and that the scary event is all over. Focus on providing the things that most affect a child’s day-to-day experience of safety, like predictable routines, and calm caregivers.

### School-Aged Children (Age 6–12 Years)

Children between the ages of 6 to 12 have typically not yet begun puberty, or are still at the earliest stages of adolescence. They are learning about their own capabilities (“I’m a really good reader, but I can’t ever tag out anyone in dodgeball”), their families (“We always go away for vacation but my friend doesn’t”), and how to be good citizens in the classroom and broader community (“We did a bake sale fundraiser for Hurricane Irene, and then sold bracelets for the people who were hurt in the Boston Marathon. The bracelets made more money”).

It’s difficult to protect school-aged children from hearing about bad things that happen in the world, but often easier to gauge their understanding of these events. Ask your children what, if anything, they are seeing or hearing about this year’s marathon. Is it talked about at school (and if so, by teachers or students)? What do they remember from last year’s marathon and the shelter-in-place order? What happened when they returned to school? Do they have questions about last year—or more likely, questions about this year?

The fact that the “bad guys” didn’t escape is likely to be very reassuring to 6-12-year-olds. It’s a concrete detail that speaks to their safety now, and also fits well with their focus on what’s fair, and what’s “not fair!”

Answer questions as simply as you can, in practical terms. Children this age who are worrying about the safety of a parent running in this year’s marathon won’t be comforted by hearing about the importance of “not letting the terrorists win.” More comforting would be a response like, “My being safe is just as important to me as it is to you, and I wouldn’t be running this race if I didn’t feel very, very safe.” Some children may be upset to realize that you can’t “guarantee” safety. To calm them, you might try something like, “You’re right. It’s not completely, 100% impossible that something bad could happen this year. But, I think it’s really, really unlikely…the same way that it’s not impossible that the Yankees would get a home run every time they bat against the Red Sox for the next 100 years…but again, it’s really, really unlikely.”

Talk, too, about all the ways your family and community are ensuring that the marathon is safe. If you are planning to go to the marathon, make sure your children know that the enhanced police presence is there to prevent problems—not because there are problems. Establish your family’s safety plan: “I know you’ve been worried about an explosion, but what I’m worried about most is our getting separated from each other with so many people out. Let’s decide on a plan in case that happens.”
And finally, encourage your children to use their natural drive to take actions that do good for others—and make them feel good in return. For example, would they want to contribute allowance money to the One Fund? Host a bake sale? Make a sign cheering on returning runners?

**Adolescents (Age 13–18 Years)**

Supporting teenagers in the coming weeks will pose its own set of challenges. Starting in middle school and continuing through high school, adolescents are increasingly engaged with peers, so it becomes difficult, and even inappropriate, for parents to monitor all the ways they are learning about the world. Teens will be exposed to a lot of media about the marathon (more about children and media in our next post). They are also notoriously good at making parents feel that their input is useless, at best. All this can make talking to a teen about the marathon seem unnecessary (“She reads what she wants online, and is more up-to-date on current events than I am”), unwelcome (“I get the eye-roll whenever I try to ask if she’s worried”), and unhelpful (“I’m not going to push a conversation that he doesn’t want to have…it’s not worth the aggravation!”).

But, checking in with adolescents about this year’s marathon is important, even if all you learn is a little more about how your teenager thinks about things (or doesn’t). Reactions will depend, of course, on your family’s experience last year. Some teenagers may be trying to understand why someone not much older than they would choose to hurt so many. Others may be aware of lingering ethnic/racial tensions. Still others may be struggling to decide whether to push you to allow them to go without an adult to the race, or whether they’d prefer to have your “Absolutely not!” as an easy excuse to stay away.

While it’s hard to limit the information your adolescent accesses, try to gauge the impact of the information. “I’m seeing and hearing a lot about this year’s marathon… truthfully more than I want to hear sometimes. Are you hearing it discussed much? Do you think the coverage is helpful, or is it just making people anxious? Are your friends talking about going to watch? Are you wanting to go?

Your teen is likely pushing for independence in many ways, and while you usually have a clear sense of what the boundaries are…this might feel different. Conveying confidence despite your own fears is one thing when your child will be by your side, but it’s something else entirely when you’re envisioning your smart-but-impulsive teen hanging out with her short-on-forethought friends near the finish line without you. It’s worth addressing the “big crowd” scenarios that would have worried you regardless—like their getting separated from friends, or being pulled into situations they aren’t quite equipped to deal with. They should also be made aware of the heightened security, and anticipate what that might feel like to them.

But honestly, it’s also worth talking about your own gut feelings—even if you know your teen will vehemently disagree: “I know it sounds completely overprotective to you, and it probably is, but this year, I’m having a really hard time with your going to the finish line. It’s my own reaction to
the explosions last year, and not an issue of not trusting you. Regardless, I’m going to ask that we spend the day together as a family this year.”

**And You?**

Where does this leave the adults—the parents, teachers, coaches?

It leaves us with each other. We’ve all been preschool aged and school aged and teenagers. Those years are embedded in our memories more than we might think. Turning to one another, *to the community itself for support*, is the most robust way to “keep it together” as our own worries break through.

Remember that children of all ages will be affected by our own reactions to frightening events. The support of spouses, partners and other adults can help us to modulate our feelings so that we can be there for our kids as their own feelings take hold.
Should The TV Be On Or Off During Times Of Breaking News?
Tristan Gorrindo, MD

During times of “breaking news,” we are all drawn to our TVs, phones and computers for information. This was especially true throughout the 2013 Boston Marathon bombing and lockdown, when we found the drama usually reserved for action-adventure movies playing out in our own neighborhoods.

In interviewing several hundred families* about the bombing and subsequent lockdown, we learned that more than half of households had the TV tuned to media coverage for “most of the day.” In addition to television, however, a number of children were also learning about the bombing and lockdown via Twitter, Facebook and the Internet in general. This finding was particularly true for adolescents, who were more likely than younger children to watch TV or communicate with friends using social media.

For those of us who watched the news during that week, it’s hard to forget the image of the elderly man blown to the ground when the bomb went off; the pictures of injured fans; the images of S.W.A.T. teams going door-to-door; the looks of fright that filled the faces of our neighbors as the city was locked down. And, at a time when news stations barely broke from LIVE coverage for days on end, we saw those images over and over again.

It is unclear what the impact of this type of exposure may have on children during times of crisis. Our research suggests that the children who were most affected by the bombing were also those who watched the most television coverage of the event. Our survey suggests that those children with the greatest amount of media exposure (over 8 hours) were significantly more likely to experience ongoing distressed behaviors in the months following the events. While we cannot assume from these findings that the distress is caused by the media exposure, the correlation between these findings should give parents pause when thinking about how much media their child should be exposed to during such crisis events.

So, how do parents balance the desire for updated information with the goal of not frightening their children?

Here are our tips for future breaking-news events:

1. First and foremost, you know your child. One child may react to TV coverage of the events with worry, another may be silent and watchful, another may be very talkative and yet another may be aggressive or irritated. Parents are the experts on their own children, and they know what typically upsets or helps them. In preparing for the next breaking-news crisis, think about how your child handled the last one. Paula K. Rauch, M.D., director of the Majorie E. Korff Parenting At a Challenging Time (PACT) Program, reiterates: “A crisis may feel like totally new parenting territory, but reminding
yourself of the ways your child reacted to smaller challenges, and which supports were and were not helpful, is a good guide to follow. Having confidence in yourself helps your child feel confident too.”

2. For very young children, turn the TV off. It is hard for them to understand that the continual coverage does not represent multiple events, and there is little to be gained in having them watch footage of injured people or traumatic events on repeat. Ask yourself, “Would this footage be included in a G-rated movie?” If not, then turn off the TV.

3. School-aged children will notice when school is cancelled, or when Mom isn’t headed to work. They are also keen observers who will pick up on your own worry as you watch television. Inquire about their scared or worried feelings; using the language of “good guys” and “bad guys,” reassure them that your home is a safe place. Dr. Rauch adds, “Children this age often like to engage in activities with parents, like cooking, building, playing a game or doing chores together. Redirecting your attention to your child and a shared activity creates a relaxed environment, one in which lingering questions or concerns may be expressed.”

4. Adolescents may need more parental scrutiny than usual. Talk to the teens in your life about the texts, tweets and wall posts they may be receiving. Ask them, “What are you hearing from your friends about what is going on?” Encourage media breaks, and check in often. This is especially true if your teen is using Twitter or Facebook for information—these kinds of posts do not undergo journalistic fact-checking, and can therefore be prone to inaccurate information.

5. Do not assume that being able to handle the violence of a PG-13 movie means that your child can handle the stories of violence occurring within his or her own neighborhood.

6. Turn off the television or radio if nobody is in the room.

7. If the TV does need to be on, change the station to an age-appropriate movie or children’s TV show.

As part of the Patriot’s Day Project, the Marjorie E. Korff Parenting At a Challenging Time (PACT) Program and The Clay Center for Young Healthy Minds completed a phone-based survey of 400 parents in Boston and surrounding communities in January 2014. Visit www.mghpact.org or www.pathstodream.org/patriots-day-project for more information on this survey.
About the Authors

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Dr. Rauch graduated from Amherst College and the University of Cincinnati College of Medicine and completed her psychiatry residency at Massachusetts General Hospital. She is board certified in adult, child and adolescent psychiatry and is an associate professor of psychiatry at Harvard Medical School. She is an advisor to the Public Broadcasting Station “Arthur” cartoon and Family Health Website and co author of “Raising an Emotionally Healthy Child When a Parent is Sick.” Dr. Rauch serves on the Science Advisory Board for the Military Child Education Coalition and on the Amherst College Board of Trustees.
Community Crises and Disasters
A Parent’s Guide to Talking with Children of All Ages

Cynthia W. Moore, PhD and Paula K. Rauch, MD

As much as we might wish that children could grow up in a world free from disasters and crises, at some point, all families are faced with unexpected and upsetting situations. At these times, children and teenagers rely on parents and other trusted adults to help them make sense of what has happened, and parents respond in ways they hope will support children’s emotional health and resilience. This isn’t easy—it can be difficult both to help children feel safe when parents themselves are uncertain, and to know how much to tell children about upsetting events and what to say, especially when children of different ages are living at home.

Community Crises and Disasters: A Parent’s Guide to Talking with Children of All Ages is designed as a resource that parents can turn to in a time of crisis, or ideally, in advance of a crisis. It provides practical information about children’s reactions, and ideas about how to support their healthy coping. Stories of three families facing different types of crises illustrate these ideas, and provide a starting point for discussions about supporting children. In addition, detailed suggestions about how to talk with children after a crisis or disaster, with tips for different age groups, accompany each story.