Innovative Disaster Counseling Approaches with Children and Youth

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Children and youth from all cultures are at high risk following a disaster because of their dependency on caregivers and their stage of cognitive and emotional development. Without an available caregiver to help interpret the traumatic event, most children internalize their experiences making them more vulnerable to future stressors. Traumatic events also can lead to psychological and environment dislocation of children from ethno-cultural support structures and systems of meaning. Engagement of families is often a significant barrier that prevents the utilization of existing services. An innovative counseling approach is presented that was utilized following the World Trade Center terrorist attacks. This program successfully provided counseling to over 600 bereaved children.

Significant factors influencing the impact of traumatic exposure include; attribution made about the cause of the event, amount of personal loss, scope of community damage, visibility/durability of the devastation and the possibility of re-occurrence. These variable aspects create the conditions for prolonged and intensive immediate and longer-term stages of psychological reactions (Davidson & Baum, 1994; DeWolfe, 2001; Solomon & Green, 1992). In addition, the more vulnerable an individual was before the traumatic event and the fewer social supports after the crisis period will extend lower probability that the individual will return to pre-disaster levels of functioning.

Research has found that spouses with children who have lost partners to violent traumatic events required 3 to 5 years to return to prior levels of functioning (Sergeant, 2001). This sustained period of recovery has also been found in parents whose children died violently (Murphy et. al., 2003). Children who are directly impacted by disasters show Post Traumatic Stress symptoms and related behavioral difficulties over eighteen months following the traumatic events (LaGreca, Silverman, Vernberg, & Prinstein, 1996; LaGreca, Silverman, & Wasserstein, 1998). Children who have lost a parent to murder (and terrorism) have been shown to be at long-term risk for a variety of mental health impacts including depression, conduct disorders, anxiety and poor school performance (Sergeant, 2001). Reaching children impacted by trauma can be challenging since their caretakers are also deeply impacted. Parents must manage their own recovery or they can unknowingly neglect their children's needs. Vulnerable groups following disasters include widowed parents, their children and First Responders and their families (Gurwitch, Kees, & Becker, 2002; Murphy, 2003; Sergeant, 2001; Tassey, 1997). The request for more counseling services from those who lost loved ones in violent deaths is supported in the literature (Smith, Kilpatrick, Falsetti, & Best, 2002). In addition, children with parental loss will need continual clinical support consistent with the other risk factors in their lives (i.e., future family loss, life cycle events, physical illness or subsequent traumatic events) and as children reach particular developmental stages.

Case Study: World Trade Center Family Center

The impact of the September 11th disaster was devastating to most people in the United States. However, to New York and its surrounding communities, the impact was horrific. The suburban community of Long Island suffered extensive losses. It was estimated that more than 4,500 Long Islanders worked in the World Trade Center Towers but fortunately only 466 (about 10 percent) were at work the morning of 9/11/01. Tens of thousands of Long Islanders worked in or near the financial district around Ground Zero. The Village of Rockville Centre, where the World Trade Center Family Center would later be located, lost thirteen people who left behind thirty-three children. In all, over 495 "civilian" citizens and 105 New York City Fire Fighters of Nassau County were killed. Of the 343 members of the New York City Fire Department who lost their lives, 215 were residents of Nassau and Suffolk Counties on Long Island.

The establishment of a counseling center for bereaved 9/11 families presented some unique challenges for program leadership. Following the World Trade Center attacks, nearly all residents of New York reported increased levels of distress due to fears of ongoing terrorism including acts of bioterrorism (e.g. anthrax). Ongoing traumatic exposure was prevalent because of the intense saturation of 9/11 related images that were continually presented by all media outlets in New York. This intense fixation on the horrific images related to the terrorist attacks persisted in the print and visual media for several years. The bereaved 9/11 families also were exposed to the same flooding of distressing images. Recruiting trained mental health professionals who were successfully managing their own anxiety became an initial priority. Staff turnover became a primary concern because of the potential harmful effect of staff departure on bereaved children who had already lost a significant attachment figure in their lives.

The 9/11 families soon became a focus of intense media scrutiny and soon achieved an unwanted "celebrity status". This attention was fueled by an intense public interest about the private lives of the 9/11 families. The 9/11 family members reported that their privacy was continually violated by both well-meaning community members and outside opportunists. One widow expressed concern when she noticed that the discarded garbage from her home appeared to be searched for revealing personal information. Children expressed concern that they sometimes were singled out in schools and provided unwanted "special attention". Some children, however, became corrupted by the generosity and the special privileges they enjoyed. This included meetings with celebrities, free tickets to sold-out events, toys, lavish vacations, etc. Parents expressed concern that their children began to develop entitlement beliefs because of their 9/11 status and were learning that they did not have to work hard for rewards. Families soon began to isolate themselves because their ventures into the community became too overwhelming. A widow explained that her greatest wish during the recovery period was "to anonymously shop in a supermarket and plan meals for my family once again". Members of the media became greatly interested in whether widows/widowers were dating and starting new relationships. Bereaved families soon became quite circumspect about who they associated with in the public, which increased their isolation. Families also became another target for exploitation when the public learned of the large amounts of financial compensation that became available through the United States government. Offers of financial management assistance, investment stewardship and proposals of marriage soon overwhelmed the families. Families soon became reluctant to share their "9/11 status" with new contacts and were hesitant to identify themselves in any public forum.

Families faced other profound challenges related to the nature of the 9/11 tragedy. For many months, a majority of families did not receive formal notification that their loved ones had died due to challenges with body recovery and identification. One young boy expressed his desire to visit Ground Zero and search for his father's "pieces" so he could fit them together like a puzzle. The little boy was convinced that his father's "pieces" might have been mistakenly discarded. In the years following 9/11/01, advances in DNA testing increased the

amount of body parts that were identified. At the time of the sixth anniversary of the 9/11 attacks, however, nearly forty percent of families did not receive formal notification of body identification. When notification was received, families often only received a small fragment of their family member's remains. The medical examiners' office often delivered multiple body parts at different time intervals based on when the parts were identified. Confusion about when to perform funeral/memorial rituals was prevalent.

Normal childhood development was affected by the intense stress experienced by children's primary caretaker. Family systems were often fractured by the loss. This resulted in the deterioration of supportive extended care networks in the family. Indeed, relationships with family members of their deceased spouse frequently became adversarial because of visitation and financial compensation decisions of the custodial parent. Children soon began to suffer from the absence of consistent and available male role models normally available in the family system. Parents felt considerable pressure to maintain normal appearances and minimize the presence of internalizing disorders and sub-clinical pathology because of a fear of losing control of their family. Engagement in external support systems (e.g. traditional mental health services) was perceived as an admission of vulnerability.

The World Trade Center Family Center (WTC FC) opened its doors in September, 2001, to serve the needs of adults and children affected by the events of September 11th. The WTC FC first served as a "safe harbor" and respite site for beleaguered 9/11 families. Operating as a community center, the WTC FC provided a safe space where families could escape from the outside world and find a wide range of support. Children appreciated finding other children who were "just like me" and understood their frame of reference. Group and communal activities were encouraged to develop mutual support and family empowerment. Families soon began spending more time at the WTC FC where there were no restrictions placed on the duration of service or formal appointments scheduled. Families reported that the WTC FC became a "safety net" for them since families knew they could "drop-in" to the WTC FC at any time and receive support for their evolving concerns. Professionals were readily available and the bereaved also "helped" each other. An open building floor plan and a large program space allowed parents the opportunity to watch their children in group or play therapy while at the same time permitting auditory privacy. Children felt reassured that they were able to view their parents while they engaged in services, which minimized the impact of separation anxiety and fears.

Children of different ages

Innovative, timely and evolving child programming became a priority to engage children so that they could receive preventive mental health services. Creative programming and the decor of the WTC FC also became a prime area of focus. An orienting belief for the program was that if the staff and services could not "engage" the child then the child would not benefit from support and counseling provided. One pre-teenage child stated emphatically that he did not want to keep coming to the WTC FC if it "looked like a funeral parlor". We understood that to mean that the boy did not want to attend a program that contained continued reminders of his traumatic loss and participate in services that directly asked him about his painful emotional wounding. Indeed, many children shared that they were continually asked by well-meaning community members about their "feelings about their deceased parent" and how their personal grief was progressing.

This was especially difficult for younger children who lacked the cognitive capacity due to their maturational stage to reflect on their experience. Older children expressed that that they did not want to focus on this significant loss all the time and looked forward to participating in normal childhood experiences. WTC FC's child activity programming was designed to be enjoyable and exciting while at the same time including therapeutic elements which would support healing and resiliency. For example, a "Harry Potter (whose parents were violently murdered by an angry individual) Wizard's Party" featured games where the children made

personal potions which made them more powerful. Ingredients in these potions included affirmations of self-worth. Care was taken to plan activities which were appealing to the different developmental and interest groupings. Examples of diverse programming included a "Finding Nemo" (in the cartoon movie Nemo's mom was murdered by a barracuda) pool party for younger children and their parents, a "Cheetah Girls Movie Night" (the Cheetah Girls television show features segments on female empowerment) for pre-teenage girls, "Mother-Teenage Daughter Cooking Classes" (mother daughter bonding in a mastery activity), and "Windsurfing Lessons" (face fears and learn as a group) for older teenage boys.

Children's needs evolved in the months/years following 9/11 due to changes in the child's maturation, family system and community. Ongoing needs assessment was essential for effective programming. Guidance of child programming was based on a careful assessment of the current needs of the children. Assessment was facilitated through parental interviews, observations during interactions with other children and direct feedback from the children. Activities that were described as "boring" or "confusing" were eliminated. After-action reports were completed following all assigned directives. These reports consisted of participant's comments about the activity and detailed comments by the professional staff member leading the activity. The after action-reports were then analyzed by program leadership for evidence that the children learned the directive during the activity.

Family networks

Support from extended family networks often serves as a buffer for nuclear families during periods of intense stress and a source of resources when personal capacity is depleted. Restoration of fractured family systems was deemed as an essential component of child services. The WTC FC created a milieu where programming supported healthy family functions. Intergenerational events both inside and outside the center were planned in which all members of a child's family were invited. Seating arrangements were orchestrated so that disenfranchised family members had the opportunity for positive experiences with relatives who they had prior problematic relationships. For example, at one field trip to a "Circus" grandparents who had bitter visitation disputes with the custodial parent were seated on either side of the child. Staff members ensured that this grouping had multiple positive interactions during the event. A photograph of the event featured both sets of grandparents and the child smiling broadly. Copies of this picture were supplied to the family and displayed at the WTC FC. Parent report of her interactions with the grandparents following this event indicated that the level of acrimony expressed had significantly decreased. Fractured families also benefited from the positive modeling displayed by other higher functioning families. Multiple family group counseling sessions helped families develop strategies to help rebuild their extended family networks to support the bereaved child.

Method

The World Trade Center Family Center has provided counseling services for 2,200 family members including 600 children who lost family members on 9/11/01. To obtain a formal evaluation of ongoing needs, a structured survey was conducted by mail to 9/11 bereaved family members who attended the WTC FC in August 2006 and August 2007. All respondents were anonymous besides their inclusion of identifying information about the type of loss they experienced. Mailing of surveys to all participants of the WTC FC continued until there were 100 responses obtained. The survey included eight questions which all participants were asked to address. An additional two questions were asked of spouse/partners of the deceased who continued to have active parenting responsibilities with their children.

Participants

A total of 100 surveys were utilized in the 2007 analysis and 104 in 2006. Sixty percent of respondents to the 2007 survey indicated that they responded in 2006. The breakdown of bereaved who responded was similar in both time periods. A majority of respondents were spouse/partners of the deceased (43% in 2006, 46% in 2007). Parents who lost an adult child (22% in 2006, 26% in 2007) and siblings who lost brothers and sisters (22% in 2006, 23% in 2007) were the next highest responder groups. Adult children whose parents died on 9/11/01 comprised the smallest number of respondents (13% in 2006, 5% in 2007). All of the parents who responded to the survey were female. This is consistent with statistics about the types of parental loss suffered as a result of the World Trade Center attacks.

Results

Results from three of the survey questions which pertain to child and family functioning will be reported. Information presented from the 2007 survey is listed first and the 2006 survey results are listed in parenthesis. An evaluation of the family support received is listed in Table 1.

Table 1. Percentages of Family Support Received in 2007 & 2006

2007	2006	
42%	(61%)	strong family support
19%	(18%)	some support
23%	(15%)	poor/no support
16%	(6%)	undecided

Representative comments from the entire sample included: “Some family members say to get on with it now”, “The family is more involved with my children”, “Life is more precious”, “My family is closer, my husband’s is more estranged”, “My in-laws are estranged”, “We get on each other’s nerves”, “Our family relations fell apart after 9/11”, “My family won’t discuss 9/11”, “We have stronger mutual support”, “I don’t see my brother’s children”, “We were originally inseparable and now we are going our separate ways”, “It’s kind of the same” and “My family is more strained, closer with my in-laws”.

Results in Table 2 are based upon all spouses with children of any age. This includes 38 parents in Year 6 and 34 parents in Year 5.

Table 2. Percentages of parental concern about the impact of 9/11 on their children in 2007 & 2006

2007	2006	
42%	(44%)	Very Concerned
34%	(24%)	Concerned
16%	(24%)	Somewhat Concerned
0%	(6%)	Not Concerned
8%	(0%)	Undecided
0%	(2%)	Did not answer

Representative Comments: In 2007, while the proportion of parents concerned about the impact on their parentless child was significantly greater, many fewer wrote specific comments. Those who did listed: “loss of father figure”, “concern for future impacts”, and noticing that their “children have become stronger or more resilient”. In 2006 most often parents cited concerns about the impact of loss of their child’s father and unwanted public attention to their children because of their 9/11 losses. And two-thirds of those responding wrote about specific

concerns including worries about the impact of media attention and the loss of the opportunity for a "normal" childhood, behavioral and emotional problems in their children (e.g. risk-taking, depression, attention seeking, separation anxiety, fear about safety and security) and the stress of managing their own emotions so their feelings do not hinder their children

Information about family perception of services for children at the World Trade Center Family Center is presented in Table 3. These results are based on 24 parents with children 21 and under in the Year 6 survey and 22 parents with children 21 and under in the Year 5 survey.

Table 3. Percentages of parental perceived helpfulness of services offered at the World Trade Center Family Center for their children in 2007 & 2006

2007	2006	
79%	(47%)	Extremely Helpful or Helpful
0%	(10%)	Somewhat Helpful
0%	(10%)	Not Helpful
13%	(0%)	Undecided
8%	(33%)	Did not answer

Representative comments from parents included praise in both years for community support events, variety of groups offered, education and information provided and staff availability. A client with four young children noted, "Right now my boys just don't want to talk about it the way they did a year ago, but, I am certain that difficulties about missing their dad will continue to surface. I just hope you'll be there for me and for them when that time hits us."

Discussion-Conclusions

Findings indicated an 18% decrease between 2006 and 2007 in strong/some family support received with an 8% increase in poor/no support endorsed. A majority of respondents in both years did indicate support from their extended families, but an increased strain in their relationships with their relatives was evident as time progressed. Parent concern for the general well-being of their children continued to be high and reflected normal parental concerns plus an ongoing vigilance about the long-term impact of 9/11/01 on their children caused by worry about the impact of parental loss. There appears to be sufficient justification for parental concerns about their bereaved children (Lutzke, Ayers, Sandler, & Barr, 1997; Tremblay & Israel, 1997). Pfeffer et al., (2007), in a study of child adjustment five years after the World Trade Center attacks, found that more than half (56.8%) of 9/11 bereaved children suffered from anxiety disorders. Rates of post traumatic stress disorder were 10 times the amount seen in non-bereaved children. There may be a reciprocal relationship between parental anxiety and child anxiety following traumatic bereavement. For example, Fairbrother et al., (2004) found that parental adjustment to the 9/11 terrorist attacks influenced the level of post traumatic stress experienced in children. Others have found a strong correlation following parent bereavement between parental depression and child depression (Cerel, Fristad, Verducci, Weller, & Weller, 2006).

Parents' level of satisfaction with services provided for their children by the WTC FC increased by 22% in 2007. When disaster relief efforts "fit" a community need, client access to assistance and satisfaction is enhanced (DeWolfe, 2001, p. 9). This increase in satisfaction appears to be related to the reduction of the number of respondents who did not answer this question in 2006. There may also have been a growing realization by parents of the many beneficial components of the WTC FC since the services mentioned in the survey were available throughout the duration of the program. It is also possible that the positive impact of these services had not been noticed in the adjustment of their children until this time.

This survey is the only one of its kind completed by parents who lost their spouse during the World Trade Center terrorist attacks, and this element constitutes the originality of the

study. Findings of the survey should be interpreted with caution because of the methodological limitations of the sampling techniques, absence of an available comparison sample and the assessment instruments employed. The results, however, do provide some support for the services provided for children by the WTC FC as measured by parental satisfaction. There is also some evidence to support the need for continued community mental health services related to the continued level of concern expressed by parents for their children and a pattern of possible diminished support from extended family members. The need for social support systems outside of the family to facilitate adjustment following bereavement has indeed been found noted in other research (Rolls & Payne, 2007; Sandler, Cole, Kriege, & Griffin, 2003).

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