Identifying Seriously Traumatized Children: Tips for Parents and Educators

National Association of School Psychologists

Events such as the Oklahoma City bombing, terrorist attacks in New York and Washington, DC, and even natural disasters such as tornadoes and floods place everyone at risk for some degree of trauma reaction. It is normal and expected that most children will experience some symptoms of acute distress—shock, crying, anger, confusion, fear, sadness, grief and pessimism. Depending on circumstances, particularly the additional trauma of loss of family members, most children will experience a gradual lessening of these symptoms over the days and weeks following the event and will be able to resume normal routines and activities with little change in performance. However, a large-scale crisis event places a significant number of children are at risk for severe stress reactions.

It is important to recognize that severe psychological distress is not simply a consequence of experiencing a threatening and/or frightening event; it is also a consequence of how a child experiences the event, coupled with his or her own unique vulnerabilities. If a child you are teaching or caring for has had experiences and risk factors such as those described below, you may need to consider a referral to a mental health professional such as a school psychologist or a private practitioner.

The Child's Experience with Trauma

How traumatic is the event for a given child? The degree of psychological distress is associated with several factors:

1. ***Exposure.*** The closer a child is to the location of a threatening and/or frightening event, and the longer the exposure, the greater the likelihood of severe distress. Thus children living near, or whose parents work at or near, the site terrorist attacks, a school shooting, or a severe tornado are at greater risk than children living far away. However, for many children, the length of exposure is also extended by repeated images on television, regardless of their location.
2. ***Relationships****.* Having relationships with the victims of a disaster (i.e., those who were killed, injured, and/or threatened) is strongly associated with psychological distress. The stronger the child's relationships with the victims, the greater the likelihood of severe distress. Children who lost a caregiver are most at risk.
3. ***Initial reactions***. How children first respond to trauma will greatly influence how effectively they deal with stress in the aftermath. Those who display more severe reactions (e.g., become hysterical or panic) are at greater risk for the type of distress that will require mental health assistance.
4. ***Perceived threat***. The child's subjective understanding of the traumatic event can be more important than the event itself. Simply stated, severely distressed children will report perceiving the event as extremely threatening and/or frightening. Among the factors influencing children's threat perceptions are the reactions of significant adult caregivers. Events that initially are not perceived as threatening and/or frightening may become so after observing the panic reactions of parents or teachers. In addition, it is important to keep in mind that children may not view a traumatic event as threatening because they are too developmentally immature to understand the potential danger. Conversely, unusually bright children may be more vulnerable to stress because they understand the magnitude of a disaster.

Personal Factors Related to Severe Distress

Personal experiences and characteristics can place children at risk for severe stress reactions following traumatic events. These include the following

1. ***Family factors***. Children who are not living with a nuclear family member, have been exposed to family violence, have a family history of mental illness, and/or have caregivers who are severely distressed by the disaster are more likely themselves to be severely distressed.
2. ***Social factors***. Children who must face a disaster without supportive and nurturing friends or relatives suffer more than those who have at lease one source of such support.
3. ***Mental health***. The child who had mental health problems (such as depression or anxiety disorders) before experiencing a disaster will be more likely to be severely distressed by a traumatic event.
4. ***Developmental level***. Although young children, in some respects, may be protected from the emotional impact of traumatic events (because they don't recognize the threat), *once they perceive a situation as threatening,* younger children are more likely to experience severe stress reactions than are older children.
5. ***Previous disaster experience***. Children who have experienced previous threatening and/or frightening events are more likely to experience severe reactions to a subsequent disaster event severe psychological distress.

Symptoms of Severe Stress Disorders

The most severely distressed children are at risk for developing conditions known as Acute Stress Disorder (ASD) or Posttraumatic Stress Disorder (PTSD). Only a trained mental health professional can diagnose ASD and/or PTSD, but there are symptoms that parents, teachers, and caregivers can look out for in high-risk children. Symptoms for ASD and PTSD are similar and include:

1. ***Re-experiencing of the trauma during play or dreams.*** For example, children may: repeatedly act out what happened when playing with toys; have many distressing dreams about the trauma; be distressed when exposed to events that resemble the trauma event or at the anniversary of the event; act or feel as if the event is happening again.
2. ***Avoidance of reminders of the trauma and general numbness to all emotional topics.*** For example, children may avoid all activities that remind them of the trauma; withdraw from other people; have difficulty feeling positive emotions.
3. ***Increased "arousal" symptoms.*** For example, children may have difficulty falling or staying asleep; be irritable or quick to anger; have difficulty concentrating; startle more easily.

ASD is distinguished from PTSD primarily in terms of *duration*. Symptoms of ASD occur within four weeks of the traumatic event, but then go away. If a youngster is diagnosed with ASD and the symptoms continue beyond a month, your child's mental health professional may consider changing the diagnosis to PTSD.

Know the Signs and Get Help if Necessary

Parents and other significant adults can help reduce potentially severe psychological effects of a traumatic event by being observant of children who might be at greater risk and getting them help immediately. Knowledge of the factors that can contribute to severe psychological distress (e.g., closeness to the disaster site, familiarity with disaster victims, initial reactions, threat perceptions and personal vulnerabilities) can help adults distinguish those children who are likely to manage their distress more or less independently from those who are likely to have difficulties that may require mental health assistance.

The mental health service providers who are part of the school system—school psychologists, social workers and counselors—can help teachers, administrators and parents identify children in need of extra help and can also help identify appropriate referral resources in the community. Distinguishing "normal" from extreme reactions to trauma requires training and any concern about a child should be referred to a mental health professional.

For further information about the signs and symptoms of AST and PTSD in children and adolescents, please refer to the National Center for PTSD at the following website: *http://www.ncptsd.org/facts/specific/fs_children.html* or the National Association of School Psychologists *www.nasponline.org*

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Guidelines for Working with Traumatized Children

The following guidelines are intended to shape caregiver interactions.

Don't be afraid to talk about the traumatic event. Children do not benefit from "not thinking about it" or "putting it out of their minds." If a child senses that his/her caretakers are upset about the event, they will not bring it up. In the long run, this only makes the child's recovery more difficult. Don't bring it up on your own, but when the child brings it up, don't avoid discussion, listen to the child, answer questions, provide comfort and support. We often have no good verbal explanations, but listening and not avoiding or over-reacting to the subject and then comforting the child will have a critical and long-lasting positive effect.

Provide a consistent, predictable pattern for the day. Make sure the child knows the pattern. When the day includes new or different activities, tell the child beforehand and explain why this day's pattern is different. Don't underestimate how important it is for children to know that their caretakers are 'in control.' It is frightening for traumatized children (who are sensitive to control) to sense that the people caring for them are, themselves, disorganized, confused and anxious. There is no expectation of perfection, however, when caretakers are overwhelmed, irritable or anxious; simply help the child understand why, and that these reactions are normal and will pass.

Be nurturing, comforting, and affectionate, but be sure that this is in an appropriate "context." For children traumatized by physical or sexual abuse, intimacy is often associated with confusion, pain, fear and abandonment. Providing hugs, kisses and other physical comfort to younger children is very important. A good working principle for this is to provide this for the child when he/she seeks it. When the child walks over and touches, return in kind. The child will want to be held or rocked — go ahead. On the other hand, try not to interrupt the child's play or other free activities by grabbing them and holding them. Do not tell or command them to 'give me a kiss' or 'give me a hug.' Abused children often take commands very seriously. It reinforces a very malignant association linking intimacy/physical comfort with power (which is inherent in a caretaking adult's command to 'hug me').

Discuss your expectations for behavior and your "style of discipline" with the child. Make sure that there are clear rules, and consequences for breaking the rules. Make sure that both you and the child understand beforehand the specific consequences for compliant and non-compliant behaviors. Be consistent when applying consequences. Use flexibility in consequences to illustrate reason and understanding. Utilize positive reinforcement and rewards. Avoid physical discipline.

Talk with the child. Give them age-appropriate information. The more the child knows about who, what, where, why and how the adult world works, the easier it is to 'make sense' of it. Unpredictability and the unknown are two things which will make a traumatized child more anxious, fearful, and therefore, more symptomatic. They will be more physically active, impulsive, anxious, aggressive and have more sleep and mood problems. Without factual information, children (and adults) 'speculate' and fill in the empty spaces to make a complete story or explanation. In most cases, the child's fears and fantasies are much more frightening and disturbing than the truth. Tell the child the truth — even when it is emotionally difficult. If you don't know the answer yourself, tell the child. Honesty and openness will help the child develop trust.

Watch closely for signs of re-enactment (e.g., in play, drawing, behaviors), **avoidance** (e.g., being withdrawn, daydreaming, avoiding other children) **and physiological hyper-reactivity** (e.g., anxiety, sleep problems, behavioral impulsivity)**.** All traumatized children exhibit some combination of these symptoms in the acute post-traumatic period. Many exhibit these symptoms for years after the traumatic event. When you see these symptoms, it is likely that the child has had some reminder of the event, either through thoughts or experiences. Try to comfort and be tolerant of the child's emotional and behavioral problems. These symptoms will wax and wane, sometimes for no apparent reason. The best thing you can do is to keep some record of the behaviors and emotions you observe (keep a diary) and try to observe patterns in the behavior.

Protect the child. Do not hesitate to cut short or stop activities which are upsetting or re-traumatizing for the child. If you observe increased symptoms in a child that occur in a certain situation or following exposure to certain movies, activities and so forth, avoid these activities. Try to restructure or limit activities that cause escalation of symptoms in the traumatized child.

Give the child "choices," and some sense of control. When a child, particularly a traumatized child, feels that they do not have control of a situation, they will predictably get more symptomatic. If a child is given some choice or some element of control in an activity or in an interaction with an adult, they will feel safer, comfortable and will be able to feel, think and act in a more 'mature' fashion. When a child is having difficulty with compliance, frame the 'consequence' as a choice for them: "You have a choice: you can choose to do what I have asked or you can choose something else, which you know is . . . " Again, this simple framing of the interaction with the child gives them some sense of control and can help defuse situations where the child feels out of control and therefore, anxious.

If you have questions, ask for help. These brief guidelines can only give you a broad framework for working with a traumatized child. Knowledge is power; the more informed you are, the more you understand the child, the better you can provide them with the support, nurturance and guidance.

Tips for Parents:
Helping Your Child after a Crisis

Children may be especially upset and express feelings about the crisis. These reactions are normal and usually will not last long.

Listed below are some problems you may see in your children:

1. Excessive fear of darkness, separation, or being alone
2. Clinging to parents, fear of strangers
3. Worry
4. Increase in immature behaviors
5. Not wanting to go to school
6. Changes in eating/sleeping behaviors
7. Increase in either aggressive behavior or shyness
8. Bedwetting or thumb sucking
9. Persistent nightmares
10. Headaches or other physical complaints

The following will help your child:

1. Talk with your child about his/her feelings about the disaster. Share your feelings, too.
2. Talk about what happened. Give your child information he/she can understand.
3. Reassure your child that you are safe and together. You may need to repeat this reassurance often.
4. Hold and touch your child often.
5. Spend extra time with your child at bedtime.
6. If you feel your child is having problems at school, talk to his/her teacher so you can work together to help your child.

Please reread this sheet from time to time in the coming months. Usually a child's emotional response to a crisis or disaster will not last long, but some problems may be present or recur for many months afterward. Your school-based mental health provider or community mental health center is staffed by counselors skilled in talking with people impacted by trauma.

(Source: California Department of Mental Health)

Tips for Teachers:
Helping Children Following a Crisis

The following descriptions of children's basic needs, as well as suggestions for meeting them, may be helpful in dealing with children's reactions to a traumatic event:

Children and adults need facts

- Explain the traumatic event: What happened, when and to whom.
- Explain to students what the school is planning in response to the event.

Children and adults need opportunities to share feelings and experiences

- Children and adults need opportunities to talk and share their feelings and experiences; talking helps diminish anxieties.
- Adults need to share their own feelings (appropriately) so children will have "permission" to share theirs.
- Drawing what the crisis or other event looks like and describing the pictures may help get at unexpressed feelings.

Children need to be together with adults and family members

- Children may be fearful of being separated from their parents or caregivers and not knowing if they are safe
- Assist students to contact their parents as soon as possible.
- In the meantime, assume the role of caregiver for the children in your vicinity.
- Implement a buddy system with classmates.
- Do not leave children alone.

Children need to be engaged in activities

- Activities are important to help children gain control over their emotions and environment
- Encourage children to draw down or draw their thoughts and feelings and share them as a group to help cultivate support and normalize reactions
- Use classroom materials and recreational games to structure time

(Source: Los Angeles Unified School District Psychological Services)

Helping Children with Special Needs: Tips for School Personnel and Parents

National Association of School Psychologists

When a crisis event occurs—in school, in the community or at the national level—it can cause strong and deeply felt reactions in adults and children, especially those children with special needs. Many of the available crisis response resources are appropriate for use with students with disabilities, provided that individual consideration is given to the child's developmental and emotional maturity. Acts of healing such as making drawings, writing letters, attending memorial ceremonies and sending money to relief charities are important for all children.

How adults express their emotions will influence the reactions of children and youth. Further, children with disabilities (e.g., emotional, cognitive, physical, etc.) will react to the trauma and stress based on their past experience and awareness of the current situation. Caregivers and school personnel who know a child well can best predict his or her reactions and behaviors because they have observed the child's response to stress in the past.

Triggers and Cues

Children with disabilities generally have specific "triggers"—words, images, sounds, etc.-- that signal danger or disruption to their feelings of safety and security. Again, these are specific to each child but come from past experiences, association with traumas, seeing fear in adults, etc. Children tend to develop their own "cues" in response to these trigger events, warning signals that adults can "read" to understand that the child is having difficulty. These cues may include facial expressions or nervous tics, changes in speech patterns, sweating, feeling ill, becoming quiet or withdrawn, complaining or getting irritable, exhibiting a fear or avoidance response, etc.

When adults anticipate these triggers or observe these cues, they should provide assurance, support and attention as quickly as possible. If adults miss these cues, children may escalate their behavior to a point where they completely lose control. If this occurs, adults need to remove the child to the safest place available, allow the child to calm down, and then talk to the child about the triggering fears or situation.

Because parents and teachers see children in different situations, ***it is essential that they work together to share information about triggers and cues***. This is best done on a regular basis, such as during the IEP meeting or a periodic review meeting, rather than in response to a crisis. However, when a crisis occurs, parents, case managers and others who work with the child should meet to briefly discuss specific concerns and how to best address the child's needs in the current situation.

In the context of prevention and the development of effective IEPs, some children need specific training and interventions to help them to develop self-control and self-management skills and strategies. During the teaching process, these skills and strategies should be taught so they can be demonstrated successfully under stressful conditions (e.g., school crises, terrorism, and tornado) so that children can respond appropriately and effectively. Adults should still expect that children will demonstrate their self-control skills with less efficiency when confronted by highly unusual or stressful situations.

Tips for Special Populations

All children benefit from concrete information presented at the proper level of understanding, and maturity. Helping all children to stop and think about their reactions and behavior, especially with regard to anger and fear, is recommended and often necessary in order for them to make "good choices." For some students with behavioral disorders, training in anger management, coping and conflict resolution skills are important additions to a comprehensive intervention program. The following information addresses specific, additional considerations for children with special needs.

Autism

Children with autism pose very difficult challenges to caregivers. It is difficult to know how much information a nonverbal child is absorbing from television and conversations. It is important to pay close attention to the cues they may provide regarding their fears and feelings and provide them with ways to communicate. Remember that any change in routine may result in additional emotional or behavioral upset. If the child's environment must be changed (e.g., an evacuation, the absence of a parent), try to maintain as much of the normal routine (e.g., meals, play, bedtime) as possible—even in the new environment. In addition, try to bring concrete elements from the child's more routine environment (e.g., a toy, blanket, doll, eating utensils) into the new environment to maintain some degree of "sameness" or constancy.

Many students with autism can be helped to comprehend behavior they observe but poorly understand through the use of "social stories." The parent or teacher's explanation of what is happening can be reduced to a social story. A storybook can then be kept by the child to help reinforce the information on a concrete, basic level. For further information on the use of social stories visit the Autism Homepage at http://members.spree.com/autism/socialstories.htm.

Verbal children with autism may state a phrase repeatedly, such as, "we are all going to die." This type of statement will serve to isolate the child socially from his peers and other adults. To help the child avoid such statements, it will be necessary to provide very concrete information about the situation and appropriate ways to react and respond that are within the child's skill level.

Cognitive Limitations

Children with *developmental or cognitive impairments* may not understand events or their own reactions to events and images. Teachers and caregivers need to determine the extent to which the child understands and relates to the traumatic event. Some lower functioning children will not be able to understand enough about the event to experience any stress, while some higher functioning children with cognitive impairments may understand the event but respond to it like a younger child without disabilities.

Overall, children with cognitive limitations may respond to traumatic events based more on their observations of adult and peer emotions rather than the verbal explanations that they may receive. Discussions with them need to be specific, concrete and basic; it may be necessary to use pictures in explaining events and images. These children will need concrete information to help them understand that images of suffering and destruction are in the past, far away (if true) and that they are not going to hurt them. A parent may offer words of reassurance such as, "We are lucky to have the Red Cross in our community to help all the families who were hurt by the flood;" "The boys who brought the guns to school are in jail, they can't hurt anyone else now."

Learning Disabilities

Students with learning disabilities (LD) may or may not need supports that are different from students without disabilities, depending upon their level of emotional maturity and ability to understand the concepts discussed. Many students with LD are able to process language and apply abstract concepts without difficulty, while others have specific deficits in these skills. In particular, some students with LD interpret very literally; therefore teachers and parents need to choose their words carefully to insure the child will not misinterpret. For example, even referring

to terrorism as “acts of war” may confuse some children who interpret language literally; they may envision foreign soldiers, tanks and fighter planes attacking America.

If your child or student appears to have difficulty following the news reports and class discussions of the traumatic events and their aftermath, reinforce verbal explanations with visual materials; use concrete terms in discussion; check for understanding of key vocabulary.

Remember that some students with LD have difficulty with time and space concepts, and may be confused by what they see on television-- they may have difficulty understanding what happened when, what is likely to happen next, etc. They may also be uncertain as to where these events took place and might benefit from looking at simple maps.
Some students with LD have difficulties with social skills and self-management, and may need additional instruction in anger control, tolerance of individual differences and self-monitoring. Additionally, some of the tips listed for children with cognitive impairments may be applicable to some students with LD who, despite their higher cognitive ability, have similar difficulties with verbal learning, memory and communication.

Visual, Hearing or Physical Limitations

Children who do not possess developmental or cognitive impairments but who are *visually impaired, hearing impaired or physically challenged* will understand, at their level of development, what is happening and may become frightened by the limitations their disability poses on them. In your explanations, be honest but reassuring. Safety and mobility are major concerns for students challenged by visual, hearing and physical impairments. As with all children, they need to know that they are going to be safe and that they can find a safe place in an emergency. Review safety plans and measures with them, provide lots of reassurance, and practice with them, if necessary. When explaining plans that may take them into unfamiliar territory, provide them with very simple and explicit explanations. Students with visual impairments will need to have the area carefully described to them, while the students challenged by physical or hearing impairments may need visual aids as to what they have to do and where they have to go.

- **Vision-impaired:** The child with a visual impairment cannot pick up on visual cues such as facial expressions. Use verbal cues to reinforce what you are feeling and seeing. Many children have seen video clips of the disaster or traumatic event and are talking about them. The vision-impaired child may need a verbal description to reinforce what they have heard about the events. Ask questions to clarify their understanding of what has happened. Children with visual impairments may have extraordinary concerns about their mobility and ability to move to safety during a crisis. Ask questions and give additional orientation and mobility training if needed.
- **Hearing Impaired:** Children who are hearing impaired will generally not be able to keep up with the fast talking of adults during traumatic events. Caregivers will need to be aware of the child’s frustration when trying to keep up with the conversation, if the child has sufficient hearing to participate. Children who are unable to hear or lip-read will need interpretation. Not being able to understand will result in greater fear reactions. Children who are hearing impaired may not be familiar with all the new terminology used in describing or explaining the events that are occurring. Be aware of the language you use, be very concrete and check for understanding. Use visual materials in conjunction with any verbal or signed explanations.
- **For total communication students** it is important to have a signer near them. They need to know that someone will be there for them. For oral communicators distance may be an issue as they may experience difficulty with lip reading. Darkness such as blackouts or disaster drills in areas with poor lighting, presents problems for total and oral communicators. In helping them understand that they are safe, that you are going to keep them safe, be sure

and show them a flashlight and let them know where they are going to be kept and that they are a part of the safety plan and available for them in darkness.

Severe Emotional Disturbance/Behavior Disorder

Students who have serious emotional and behavioral problems are at high risk for severe stress reactions following a crisis. Typically these students have limited coping skills with which to handle "normal" daily stress; they are likely to be overwhelmed by unexpected and traumatic events such as a terrorist attack or the loss of family member. Those who suffer from depression and anxiety disorders are likely to exhibit exaggerated symptoms-- greater withdrawal, heightened agitation, increased feelings of worthlessness and despair, increase in nervous behaviors such as thumb sucking, nail biting, pacing, etc. Children with a history of suicidal thinking or behavior are especially prone to increased feelings of hopelessness and need to come to the attention of school personnel following any serious event likely to trigger these feelings. Additional information on preventing suicide in troubled children and youth may be found on the NASP website (www.nasponline.org).

Those children who experience conduct problems, noncompliance and aggression are also likely to exhibit more extreme versions of problem behaviors—higher levels of disruptive and oppositional behaviors, more frequent or more severe acts of aggression, etc. These students thrive on the consistent, predictable routines that are difficult to maintain in an emergency or crisis situation.

Summary

Staff and parents must consider how children with special needs respond to any form of stress and anticipate these and more extreme reactions following a crisis. Strategies that have been effective with these students in the past are the best strategies to implement now, understanding that steps might need to be more concrete and consequences more immediate. Consider the triggers and cues for these students and anticipate rather than react—prepare students for changes in routines; allow time for discussion of the traumatic events in a safe and familiar setting; provide choices in activities to the extent feasible to give these students some sense of control over even a small part of their lives. Some students may need to be more protected or isolated to minimize distractions and sources of agitation during the height of a crisis, and adult supervision may need to be more intense for a while. Expect some regression (increase in problem behaviors) and deal with inappropriate behaviors calmly and consistently—it helps students to understand that despite a lot of other changes and disruptions, there are some constants in class and family rules and expectations, and that they can depend on their support network to be available.

Further Information

Additional information on how children with learning differences cope with tragedy and grief may be found on the Schwab Learning website at www.schwablearning.org. For further information on crisis support and helping children manage anger and strong emotional reactions, visit the NASP website at www.nasponline.org.

Revised from materials posted on the NASP website, September 2001.

Handling a Class after a Student Dies

Nearly every teacher involved with a death in their classroom or school community needs help handling his or her class. When having discussions with students after one of their peers dies, use appropriate communication to the developmental level of the class. The following are strategies, which may be helpful:

- Don't be impassive about the student's death. Share reactions with your class.
- Let children talk, write, or draw about their feelings
- Listen to whatever students have to say. Try not to shut down a discussion of grief and loss.
- If the student died of an illness, make sure the class knows the details of it. Especially for younger children, separate the fatal illness of the child from any ordinary medical problems his or her classmates may experience.
- Don't force a regular day upon grieving students, but at the same time do not allow the class to be totally unstructured. Offer choices of activities such as letters, journals, art, and discussion.
- Ask students to write personal sympathy notes either to the parents or to a student who suffered a loss. Provide an address for these notes or deliver them.
- Older students may want to plan or create something more concrete such as a special memorial, a candle light vigil, a fund raiser to help the family, or other form of offering.
- Make sure that funeral services are well publicized and offer tactful instructions on funeral etiquette.
- Explain how students should treat a bereaved peer who is returning to school. Emphasize that trying to avoid or being overly solicitous to the student cause discomfort. Point out the need to resume normal relationships.
- Remember that your class may remain quiet or saddened for some time afterward (even up to a month), and that some students may act out noisily or physically as a way of releasing stress and affirming that they are a still alive, while others may become withdrawn. Refer for counseling any student who appears chronically distressed.

Aftermath Classroom Activities

In addition to discussion, teachers can help students deal with their reactions to a crisis through a variety of classroom activities. Classroom activities enable students to express and discuss feelings about crises. The following are simply examples to stimulate teachers' planning.

PRE-SCHOOL AND KINDERGARTEN ACTIVITIES

Play Reenactment
Toys that encourage play reenactment of students' experiences and observations during a traumatic experience can help integrate the experiences. Useful toys include fire trucks, rescue trucks, dump trucks, ambulances, building blocks and dolls.

Physical Contact
Children need lots of physical contact during times of stress to regain a sense of security. Games involving structured physical touching help meet this need.

Nourishment
Extra amounts of finger foods and fluids help provide the emotional and physical nourishment children need in times of stress. Oral satisfaction is especially necessary, because children tend to revert to more regressive or primitive behavior in response to feelings that their survival or security is threatened.

Puppets
Playing with puppets can be effective in reducing inhibitions and encouraging children to discuss their feelings.

Art
Have the children do a mural on butcher paper with topics such as what happened when the traumatic event occurred. This is recommended for small groups with discussion afterward, directed by an adult. Have the children draw individual pictures about the event and then discuss or act out elements of their pictures. This activity allows for discussing experiences, and helps children discover that others share their fears.

Stories
Read stories to the children that tell about other children's (or animals') experiences in a disastrous event. This can be a non-threatening way to convey common reactions to frightening experiences, and to stimulate discussion. It helps to emphasize how people resolve feelings of fear.

Large Muscle Activity
When children are restless or anxious, any activities that involve large muscle movements are helpful. You might try your own simple version of doing exercises to music, like skipping and jumping.

ELEMENTARY SCHOOL ACTIVITIES

Play Reenactment
For younger children, using toys that encourage play reenactment of their experience and observations during the traumatic event can help integrate the traumatic experience. Toys might include ambulances, dump trucks, fire trucks, building blocks and dolls.

Puppets
Play with puppets can be effective in reducing inhibitions and encouraging children to talk about their feelings and thoughts. Children often will respond more freely to a puppet asking about what happened than to an adult asking the questions directly. Help or encourage students to develop skits or puppet shows about what happened in the event. Encourage them to include anything positive about the experience as well as those aspects that were frightening or disconcerting.

Art and Discussion Groups
Do a group mural on butcher paper with topics such as "What happened in your neighborhood (school name or home) when the traumatic event occurred?" This is recommended for small groups with discussion afterward, facilitated by an adult. This type of activity can help students feel less isolated with their fears and provide the opportunity to vent feelings. Have the children draw individual pictures and then talk about them in small groups. It is important in the group discussion to end on a positive note (such as a feeling of mastery or preparedness, noting that the community or family pulled together to deal with the crisis:), in addition to providing the opportunity to talk about their feelings about what took place.

Share Your Own Experience
Stimulate group discussion about disaster experiences by sharing your own feelings, fears or experiences. It **is** important to legitimize feelings to help students feel less isolated.

Reading
Read aloud, or have the children read, stories or books that talk about children or families dealing with stressful situations, pulling together during times of hardship, and similar themes.

Creative Writing or Discussion Topics
In a discussion or writing assignment, have the children describe in detail a very scary intense moment in time and a very happy moment. Create a group story, recorded by the teacher, about a dog or cat that was in an earthquake, flood or other disaster. What happened to him? What did he do? How did he feel? You can help the students by providing connective elements. Emphasize creative problem-solving and positive resolution.

Playacting
In small groups, play the game, "If you were an animal, what would you be?" You might adapt discussion questions such as "If you were that animal, what would you do when some traumatic event occurred?" Have the children take turns acting out an emotion in front of the class, without talking, and have the rest of the class guess what the feeling is and why the student might have that feeling. Do this for good as well as bad feelings.

Other Disasters
Have the children bring in newspaper clippings on disasters that have happened in other parts of the world. Ask the students how they imagine the survivors might have felt or what they might have experienced.

Tension Breakers
A good tension breaker when students are restless is the co-listening exercise. Have the children quickly pair up with a partner. Child #1 takes a turn at talking about anything he or she wants to, while Child #2 simply listens. After three minutes, they switch roles and Child #2 talks while Child #1 listens.

Also, when the children are anxious and restless, any activities that involve large muscle movements are helpful. You might try doing your own version of exercises to music, like skipping or jumping.

MIDDLE SCHOOL AND HIGH SCHOOL

Activities
Classroom activities that relate the traumatic event to course study can be a good way to help students integrate their experiences and observations, while providing specific learning experiences. In implementing the following suggestions, or ideas of your own, it is important to allow time for the students to discuss feelings stimulated by the projects or issues being covered.

Home Room Class
Group discussion of their experiences of the event is particularly Important among adolescents. They need the opportunity to express feelings, as well as to normalize the extreme emotions they may have experienced. A good way to stimulate such a discussion is for the teacher to share his or her own reactions to the event. The students may need considerable reassurance that even extreme emotions and crazy thoughts are normal in a traumatic event. It is important to end such discussions on a positive note, such as talking about what heroic acts were observed. Break the class into small groups and have them develop a disaster plan for their home, school or community. This can help students regain a sense of mastery and security, as well as having practical merit. The small groups can then share their plans in a discussion with the entire class. Conduct a class discussion and/or support a class project on how the students might help the community recovery effort. It's important to help them develop concrete and realistic ways they might be of assistance. Community involvement can help overcome feelings of helplessness and frustration, and deal with survivors guilt and other common reactions in disaster situations. Have a home safety or preparedness quiz. What would you do under certain circumstances (such as finding a hurt child, being without water or electricity, or having an earthquake hit the area). Talk about what is necessary to survive in the wilderness. How does this knowledge apply to a community following a disaster? Encourage students who have had first aid training to demonstrate basic techniques to the class.

Science
Conduct projects on stress, physiological response to stress, and how to deal with it.

Creative Writing
Ask the students to write about an intense moment they remember very clearly not a day or an hour, but a short period of time lasting no more than three minutes. Make up a funny disaster. Write a story about a person who is in a disaster and give it a happy ending.

Literature or Reading
Have the students read a story or novel about young people or families who have experienced hardship or disaster. Have a follow-up discussion on how they might react if they were the character in the story.

Psychology Class
Initiate a discussion on how course content might apply to the stress reactions students observed during and following a traumatic event. Discuss post-traumatic stress syndrome. Have a guest speaker from Mental Health Services or a therapist involved in counseling victims speak to the class.

Peer Listening
Provide information on common responses to traumatic events. Use structured exercises using skills students are learning in class to help them integrate their experiences. Point out that victims need to repeat their stories many times. Students can help family and friends affected by the event by using good listening skills.

Health Class
Discuss emotional reactions to the event and the importance of taking care of one's own emotional well being. Discuss health hazards in a disaster, such as water contamination or food that may have gone bad due to lack of refrigeration. Discuss health precautions and safety measure. Guest speakers from public health and/or mental health and from the fire department might talk to the class.

Art Class
Have the students portray their experiences or observations of the event in various art media. Have the students do a group project, such as a mural, showing the community recovery efforts following a crisis.

Speech/Drama
Have the students portray the catastrophic emotions that come up in response to a traumatic event. Have the students develop a skit about some aspect of the event.

Math Class
Have the class solve mathematical problems related to the impact of the event.

Social Studies/Government
Study governmental agencies responsible for aid to victims. How do they work? How effective are they? Write letters or petitions to agencies responsible for handling disasters. Discuss the political implications of the event within a community.

History Class
Discuss historical events and disasters. Discuss how the victims and survivors of those events might have felt. Have the students bring in newspaper clippings on current events in other parts of the world. What kinds of experiences might the victims have had?, Have you experienced anything similar?

Talking to Children about Community Violence

By David Fassler, M.D.

Once again, parents and teachers are faced with the challenge of discussing a tragic incident of community violence with children. Although these may be difficult conversations, they are also important. There is no "right" or "wrong" way to talk with children about such traumatic events.

However, here are some suggestions that may be helpful:

- Create an open and supportive environment where children know they can ask questions. At the same time, it's best not to force children to talk about things unless and until they're ready.
- Give children honest answers and information. Children will usually know, or eventually find out, if you're "making things up." It may affect their ability to trust you or your reassurances in the future.
- Use words and concepts children can understand. Gear your explanations to the child's age, language, and developmental level.
- Be prepared to repeat information and explanations several times. Some information may be hard for them to accept or understand. Asking the same question over and over may also be a way for a child to ask for reassurance.
- Acknowledge and validate the child's thoughts, feelings, and reactions. Let them know that you think their questions and concerns are important and appropriate.
- Remember that children tend to personalize situations. For example, they may worry about their own safety or the safety of friends and relatives, especially those who are away at college.
- Let children know that lots of people are helping the students, teachers, and families affected by the recent shootings.
- Children learn from watching their parents and teachers. They are very interested in how you respond to local and national events. They also learn from listening to your conversations with other adults.
- Don't let children watch too much television with frightening images. The repetition of such scenes can be disturbing and confusing.
- Children who have experienced trauma or losses in the past are particularly vulnerable to prolonged or intense reactions to news or images of violent incidents. These children may need extra support and attention.
- Children who are preoccupied with questions or concerns about safety should be evaluated by a trained and qualified mental health professional. Other signs that a child may need additional help include: ongoing sleep disturbances, intrusive thoughts or worries, recurring fears about death, leaving parents or going to school. If these behaviors persist, ask your child's pediatrician, family physician, or school counselor to help arrange an appropriate referral.
- Although parents and teachers may follow the news with close scrutiny, most children just want to be children. They may not want to think about or discuss violent events. They'd rather play ball, climb trees, or ride bikes.

Incidents of community violence are not easy for anyone to comprehend or accept. Understandably, some young children may feel frightened or confused. As parents, teachers, and caring adults, we can best help by listening and responding in an honest, consistent, and supportive manner.

Fortunately, most children -- even those exposed to trauma -- are quite resilient. However, by creating an open environment where they feel free to ask questions, we can help them cope with stressful events and experiences, and reduce the risk of lasting emotional difficulties.

David Fassler, M.D., is a child and adolescent psychiatrist practicing in Burlington, Vermont. He is also a clinical professor in the Department of Psychiatry at the University of Vermont College of Medicine.

More information about helping children cope with violence and trauma is available at:
http://www.nctsnet.org
http://mentalhealth.samhsa.gov/publications/allpubs/tips/intervention.pdf*

Common Stages of Grief Reaction & Recovery

Stage One – Denial

Shock, denial, alarm, disbelief, and numbness characterize the first stage of the grieving process. **DENIAL/SHOCK:** This stage may be expressed by feeling nothing or insisting there has been no change. It is an important stage and gives people "time out" to organize their feelings and responses. Children/adolescents may make bargains to bring the person back or hold fantasy beliefs about the person's return. Children/adolescents in this stage need understanding and time.

1. **Avoidance:** Characterized by shock, denial, disbelief. Confusion, bewilderment, disorganization, numbness may be evident. Denial is therapeutic initially as it allows one to absorb reality of the loss a bit at a time, rather than being overwhelmed by it. Denial is a protective emotional anesthetic.

Disbelief may manifest as an outburst of emotion and the need to know the reason that the death occurred, quite withdrawal, mechanical reactions, sense of being detached from one's body and looking on from a distance.

Stage Two – Anger

Stage two of the grieving process is an acute stage where strong feelings of fear, anger, depression, mourning, yearning, pining, and searching may be experienced. Sadness, guilt, and shame are also part of this stage. Disorganization, despair and reorganization have also been described as part of this phase as well.
ANGER: The sudden shattering of the safe assumptions of young people lies at the root of the grief response of anger. It can be expressed in nightmares and fears and in disruptive behavior. Children in this stage need opportunities to express anger in a positive and healthy way.
FEAR: A crisis that results in death or a crisis that is the result of violence can instill fear in children. A child or adolescent might fear that their own parent/caregiver might die after a classmate's parent dies. Children need reassurance that they will be taken care of during this stage.

2. **Confrontation:** acute, intense, highly charged emotional state in which one repeatedly learns that one's loved one is gone. It is a time of guilt and anger/sadness that is expressed readily or withheld. Sometimes mourners want to express their feelings but are confused and don't know how. With loss of a child, particularly an only child, the confrontation phase can last for up to two years.

- Each time you expect to hear your loved one call you, but they are not there.

- East time you think about describing your loved one and remember that you buried them months ago.

- Emptiness or stabbing pain whenever you need or desire to be with your loved one is unfulfilled. Likened to loss of an internal organ when a loved one has died ("I feel like part of me has died.")

Stage Three – Bargaining

This is the "if only" stage: "If only I had been good…" "If only I could see him one more time…" Guilt is the emotion most closely associated with the bargaining stage. The survivor feels that their action or inaction somehow caused the death of the loved one.

Stage Four – Depression

The fourth stage of the grieving process is depression. The grieving person in this stage experiences loneliness and loss of self-worth. Despair and hopelessness also are strong emotions experienced by the bereaved during this stage. Physical symptoms may be lack of energy and motivation, and/or difficulties with eating and sleeping habits. **DEPRESSION:** Children may exhibit depression either through frequent crying, lethargy and withdrawal from activities, or avoidance behavior ("running away"). This can be a healthy, self-protective response that protects children/adolescents from too much emotional impact. Children need to know that others understand and that all things change, including their sadness. **GUILT:** Children can feel responsible for a death. They need reassurance that they were not responsible.

Stage Five – Acceptance

In stage five, the bereaved experiences understanding, acceptance, and moving on. This is a time of integration of the loss and grief. It is a time of saying goodbye on an emotional level, building hopes and dreams, and looking to the future. **ACCEPTANCE:** Acceptance of a loss and hope as seen through renewed energy signals entrance into the final stage of grieving. Before children can return to equilibrium, they need permission to cease mourning and continue living.

Stage Six – Hope

The bereaved is now able to move on with life. He or she has accepted the reality of the loss, worked through the stages of recovery and now experiences a sense of well-being. The present and future seem brighter.

**Adults experience these stages also. Depending on individual needs, an individual, whether a child or an adult, may stay in one stage for a long time, move back and forth from one stage to another, or move through each stage in the order listed.*

3. **Accommodation:** Gradual decline of acute grief and the beginning of emotional re-entry into everyday world in which one learns to live with loss. As someone so aptly put it, you adapt, but "you never get over it."

(Source: SFUSD handbook)

Developmental Stages and Children's Response to Grief

Approximate Developmental Age	Grief Reactions	Helpful Approaches
Ages 2 to 5	• Confusion • Separation anxiety – fear that if separated from a parent or guardian harm will come to them – may become clingy, needs excessive attention, can't sleep alone, unable to concentrate on activities • Some children become withdrawn, apathetic, depressed • Frightening dreams, agitation at night • Regression to a behavior that had been given up prior to the death (bedwetting, thumb sucking) • Child often understands that a profound event has occurred (i.e., parent or guardian crying often, people in the home) • Child's understanding of death is limited • May not believe that death is final (death is like a journey... you go away and then come back) • Death may seem reversible... one moment you are there, then you're not... death and life seem interchangeable • May seem unaffected in their play • Repeated questioning	• Simple, honest words and phrases • Emphasize that the death is permanent again and again in words that can be understood • Listen to children's questions, thoughts, concerns, images, and experiences • Explain that death is not a punishment and that the child did not cause the death • When words fail, just listen... you don't have to have answers... let children explore

Approximate Developmental Age	Grief Reactions	Helpful Approaches
Ages 5 to 8	• Wants to understand death in a concrete way but thinks this "won't happen to them" • Denial, anger, disoriented, confused, puzzled, frustrated • May behave as though nothing has happened • May look unaffected (trying to defend against the death by pretending it hasn't happened) • Desire to conform with peers (i.e., pretend that the parent is alive... at work, away on a trip) • May ask questions repeatedly • May need physical activity on a regular basis (even in a support group setting)	• Children cope best when they receive simple, honest and accurate information • Be aware that there may be confused thinking (i.e., my mom died because of the strong medicine) • Offer physical outlets (i.e., punching bags, boxing gloves, and pillows) • Give reassurance about the future and the surviving parent or guardian • Draw • Read books about other families dealing with death • Include in funeral rituals
Ages 8 to 12	• Able to formulate realistic concepts • Finality of death is understood • Death is universal, an inevitable experience that can happen to everyone • Death as the end of life is perceived as a very frightening and painful event • Concept of death as magical is replaced by the belief that death is terminal • May be morbidly curious or phobic about death • Begin searching for their own philosophy of life and death • May have difficulty concentrating	• Offer honest and direct answers... children need trust and truth • Remember avoidance may create further anxiety... the difficult reality is better than uncertainty • Offer physical outlets • Create opportunities to talk (as a family) • Reassure the child about the future and the surviving parent or guardian • Draw • Read books about other families dealing with death • Include in funeral rituals

Approximate Developmental Age	Grief Reactions	Helpful Approaches
Adolescents	• Shock, denial, anxiety, distress, anger, depression • Difficulty in concentrating • Exhibit a decline in quality of schoolwork • Become withdrawn and isolated from family and friends • Seem persistently angry and/or sad • Physical complaints, constant fatigue, and frequent drowsiness • Unresolved grief may be reflected in drug or alcohol abuse, impulsive behavior, and/or increased risk taking • Instead of controlling their own moods, the moods appear to control the adolescent • Searching for their own identity... trying to separate from their parent or guardian may be difficult due to guilt or fear • Have a need to protect the surviving parent or guardian	• Reaction may appear similar to adults however they have fewer coping skills • May feel vulnerable and need to talk • Inquire about who they are talking with (most adults assume the adolescents are talking with their friends about the death and most of their friends will assume they are talking with an adult)... often they are not talking about the death and need to be encouraged to do so • Include in funeral rituals

Several Grief Indicators

Physical or Behavioral	Emotional or Social	Intellectual
• Accident Prone • Alcohol, Drug Abuse • Appetite Changes • Constipation • Diarrhea • Dizziness • Hives • Insomnia • Low energy • Nausea (recurrent) • Overeating • Stomachaches • Weight gain/loss	• Agitation • Anger • Anxiousness • Asthma • Compliancy • Depression • Exaggerated Positive Behavior • Guilt Feelings • Irritability • Jealousy • Loss of Self Esteem • Moodiness • Nightmares • “Past” Oriented • Restlessness • Sadness • Self Critical • Thoughts of Death/Suicide • Withdrawal from Relationships	• Confusion • Disbelief • Forgetfulness • Inability to Concentrate • Inattention • Memory Loss • Over Achievement

Feelings of Grief

When observing a child that you know, they might describe any of the feelings described below. Most people who suffer a loss experience one or more symptoms of grief. These symptoms range from:

- Feeling tightness in the throat or heaviness in the chest
- Having an empty feeling in their stomach or losing their appetite
- Feeling guilty at times, and angry at others
- Feeling restless and looking for activities, but finding it too difficult to concentrate
- Feeling as though the loss isn't real, that it didn't actually happen
- Sensing the loved one's presence, like perhaps expecting the person to walk through the door at the usual time, hearing their voice, or seeing their face.
- Wandering aimlessly and forgetting and not finishing things they've started
- Having difficulty sleeping, and dreaming of their loved one frequently
- Assuming mannerisms or traits of their loved one
- Experiencing an intense preoccupation with the life of the deceased
- Feeling guilty or angry over things that happened or didn't happen in the relationship with the deceased
- Feeling intensely angry at the loved one for leaving them
- Feeling as though they need to take care of other people who seem uncomfortable around them, by politely not talking about feelings of loss
- Needing to tell and retell and remember things about the loved one and the experience of their death
- Feeling their mood change over the slightest things
- Crying at unexpected times

How to Help a Person who is Grieving

More than a recipe, you may have to be mindful of the special needs of the person and respond creatively. Such effort may save a life.

DO'S

- **Acknowledge the loss.** In the early phase, a brief embrace, few words of affection/feeling may be all that is necessary.
- Get in touch. Draw a picture or write a letter. Taking your time to write your thoughts and feelings or memories of the one who died is preferable to a signed sympathy card. The letter may be cherished for a long time.
- Be yourself. Show concern in your own way and words and let them know you will be there for them and they do not have to go through this alone.
- Allow the person to mention the deceased's name and talk about him/her.
- Accept silence. Let the mourner give you cues and lead the conversation.
- Be a good, reflective listener, accepting all emotional states (sadness, anger, guilt and rage) without rebuking or trying to change the subject. Let them express their fears and concerns.
- Stay available over the long-term.
- Provide structure and continuity in their daily routine. Set appropriate limits while being patient and understanding.
- Attend to practical matters that might reduce the mourner's stress (e.g., get attendance sheets in on time). Be mindful that help may be needed beyond the initial period of grieving.
- Encourage others to help or visit.
- Allow grief to be worked through. The mourner may want to keep pictures to in sight, build a shrine, and visit places that remind them of their loved one, or sleep with the possessions of their loved one.
- In time, draw person into quiet outside activities, as they might not take the initiative to go out alone. Encourage time to play.
- When mourner returns to social activity, treat her normally. Acknowledge the loss and changes in her life but avoid pity – it can destroy self-respect. Understanding is sufficient.
- Be mindful of necessary progress through grief. If person seems unable to resolve sadness/anger/guilt, suggest a consultation with a helping professional.

DONT'S

- Don't minimize their feelings or avoid uncomfortable topics.
- Avoid clichés, easy answers. Spiritual sayings can provoke anger unless the mourner shares the implied faith (e.g., "Be strong."; "Time will heal."; "It was God's will.").
- Do not attempt to tell the mourner how they feel. You can ask, without intrusively probing, but you cannot know unless they tell you. ("I know how you feel.") Learn but don't instruct.
- Do not probe for details about the death. If the mourner offers such details, listen compassionately.
- Avoid talking about trivia to others in front of the person for extensive periods of time, even if done to distract the mourner.
- Don't be afraid to admit "you don't know."
- Don't go into your own losses at length.
- Don't avoid using words like "death" or "died."

Common Myths about How to Grieve

1. Bury your feelings (“don’t feel bad!”)
2. Replace the loss (“we’ll get you a new one.”)
3. Grieve alone (“leave her alone, she’ll feel better later.”)
4. Just give it time.
5. Regret the past (different, better, more)

How Others Try to Help but Don’t

1. They don’t know what to say
2. They’re afraid of our feelings (“be strong for others”; “get a hold of yourself”)
3. They try to change the subject (“everything’s going to be okay”)
4. They intellectualize (“be thankful you have another”; “all things must pass”)
5. They think that keeping busy helps
6. They don’t want to talk about death (“he’s passed away”; “he’s gone to eternal rest”)
7. They want us to keep our faith (“you shouldn’t be angry with God”)
8. They say other things that may make you feel worse not better (“cheer up”; “every cloud has a silver lining”; “give us a smile”; “it’s God’s will”; “don’t cry, crying only upsets you”; “it was meant to happen”; “you’ll find someone else”; “don’t be morbid”)

“Academy Award” Recovery (We want others to think we’re fine)

1. Leads to loss of aliveness
2. Suppress feelings leading to sleeplessness, periods of confusion over simple decisions, living for things that aren’t there, addictions, consume to ease the pain, fear of future and past, and isolation.
3. We act out (suicide attempt, child abuse)

Starting to Recover

1. Acknowledge problem exists
2. Acknowledge that problem is associated with loss
3. Acknowledge that you are now ready to deal with your grief

Grief Process for Adults

Grief is the experience of psychological (feelings, thoughts, attitudes), social (behavior with others), and physical reactions (health and bodily symptoms) to one's perception of loss. It is a unique reaction based on the characteristics and meaning of the lost relationship, one's personal characteristics, and the specific circumstances surrounding the death.

Grief over the death of a child is particularly intense and long lasting. One loses not only the child, but, secondarily, parts of oneself, parts of one's partner, parts of one's family, and parts of the future.

Grief responses are natural reactions that express three things:
1) Feelings about the loss.
2) Protest of the loss and wish to undo it/have it be not true.
3) Effects one experiences from the assault on oneself cause by the loss.

GOAL OF GRIEF
The goal of grief is to make the necessary internal (psychological) and external (social) changes to accommodate to the loss healthily.

To get to this point, one must:
1) Changes one's relationship to the loved one- recognizing the death and developing new ways of relating to him/her.
2) Develop a new sense of oneself to reflect the many changes that occurred when one lost one's love one.
3) Establish healthy new ways of being in the world without one's loved one.
4) Find new people, objects or pursuits in which to put the emotional investment one placed in one's relationship with the deceased.

(Source: OUSD/Valerie Lopes)

Grief Counseling Resources

Catholic Charities of the East Bay
Crisis Response and Support Network
433 Jefferson Street Oakland, CA 94607
Telephone: 510-768-3100
Fax: 510-451-6998
Program Director: Millie Burns
mburns@cceb.org

Catholic Charities Crisis Response and Support Network provides services to individuals and families impacted by a youth homicide. Crisis response services include Circles of Support for grief, healing, and conflict resolution; clinical case management for trauma survivors; peacemaking circles, diversion services for juvenile offenders, Peace Academy: RJ Training & Community Service for Young Adults, Community Education & Training, focused case management, emergency interventions and support, grief counseling, individual & family counseling advocacy, and facilitated mental health referrals.

East Bay Agency for Children
Circle of Care Program
2540 Charleston Street
Oakland, CA 94602
(510) 531-7551 ext.130
Program Director: Kristin Wagner. LCSW
kristin@ebac.org

Circle of Care assists children and families coping with a life-threatening illness, loss, bereavement, or trauma through support groups, crisis intervention services, and home-based counseling and support services. Circle of Care is a program of the East Bay Agency for Children and has been serving residents of Alameda and Contra Costa Counties since 1982. Circle of Care is one of very few programs in the country devoted exclusively to the needs of children and their families who face these overwhelming family crises. Moderate fees are set on a sliding scale. No one is turned away because of inability to pay.

Family Paths, Inc.
24-hour Family Support & Resource Hotline
1727 Martin Luther King, Jr. Way Suite #109
Oakland, CA 94612
Phone (510) 893-9230
24-hr hotline (510) 893-5444
info@familypaths.org

Family Paths, Inc. (formerly Parental Stress Service) is a multicultural agency committed to serving families of Alameda County regardless of age, ethnicity/race, financial status, language, sexual orientation, immigration status, class, religion, gender, mental or physical ability. Services include a 24-hour Family Support & Resource Hotline, a 24-hour Foster Parent Advice Line, Emergency Respite Child Care, CalWORKs Case Management, and Positive Parenting Classes. We also provide counseling for infants, children, adolescents, adults and families.