Teaching Children Strategies for Coping with Stress

It seems appropriate in an issue of **Bereavement Care** which reports our second international conference—about the effects on the survivors of bereavement by violence—to publish this paper describing a method of helping children cope when they are exposed to the horrors of terrorist activity. Ofra Ayalon is an Israeli psychologist working in the educational system, and teaching in the Education Faculty of Haifa University. Ayalon herself recognises that this programme, forged in the heat of battle, needs proper evaluation, but she bases it on principles inspired by Caplan, whose theory of crisis-intervention was also the springboard for the research studies of Parkes, and those of Forrest, and Black—recently published in **Bereavement Care.** The body of evidence is now overwhelmingly in favour of the benefits of the encouragement of the ventilation of feelings in the presence of a trusted person, together with the attempt to master fear by cognitive means, reenactment and artistic expression. We hope that by publishing this paper, teachers will be encouraged to consider ways in which they can influence their pupils to deal more adaptively with crises, disasters, terrorist attacks and war, which they may be faced with in their community.

Dora Black

Community Oriented Preparation for Emergencies (COPE)

Children all over the globe are being exposed to wars, violence, natural or private disasters, by which their basic needs for reliable parenting, continuity and security are denied. Many survive the disruption of their family life by death, illness or divorce without a chance to come to grips with their distress. Children under stress regress, become aggressive, dependent, greedy or apathetic.

Can children be immunized against the traumatic effects of stress? Can they learn to cope?

The following is a suggestion for implementing the model of anticipatory coping in schools, based on COPE (Ayalon, 1980), a project supported by Haifa University and the Israeli Ministry of Education. Our objective is to prevent or minimize stress symptoms among children and school personnel in times of emergency such as war or terrorist attacks, and ameliorate the stress of personal disasters.

We assume that anticipatory intervention within a supportive environment will have a beneficial effect on a child's ability to cope during periods of acute crises and recuperation.

The intervention is planned on two levels: COPE provides training to acquire *generic skills* that operate effectively under stress, to develop self-trust and tolerance for distress, to find new solutions where the old ones have failed, and to develop and employ *specific skills* required by the situation.

COPE is a stress-inoculation programme, geared to the need of children under stress to be active, gain control, communicate, share and understand. The focus of COPE is affective education based on cognitive learning of discrimination and appraisal of threat cues. Essentially the programme provides the children with opportunities to develop cognitive-emotional maps to guide them in different, unexpected threatening situations.

Consistent with the stress-inoculation procedure, COPE programmes involve an initial stage where a conceptual framework of stress and coping is offered, followed by a stage of identification of *social skills* and finally a stage focusing on the acquisition and training of *coping skills* within a supportive atmosphere. The training is carried out in small peer-groups. One of the main ingredients of this approach is the emphasis on the social supportive network within which all activities are performed. Peer-group cohesion is encouraged throughout, within which identification and open communication is enhanced. The small group is used to generate alternative solutions to complicated challenges that may be beyond the scope of individual capacity. Participants are encouraged to learn supportive behaviour, to receive support without humiliation and to give support without becoming over-protective. By delegating such supportive roles to the children, the teacher, who is an indispensible adult source of support, can act as a facilitator to a greater number of children when urgent needs arise. It is proposed that a *crucial determinant of the children's ability to cope with stress* is the opportunity to ventilate unspent emotions, either by talking, drawing or re-enacting.

The techniques offered by COPE are varied, flexible and amenable to change by the programme leader. Extensive use is made of in-vitro exposures, such as ambiguous pictures and photographs, used as triggers for role-playing and for expressive writing. Carefully chosen short stories and poems are utilized. Several simulation games have been specially devised and conveniently packaged into the programme. The child's language of play and fantasy, his creative as well as communicative expressions, are employed to help nurture the ability to cope with unforeseen stress, and also to handle previous anxieties. Special attention is given to practising relaxation techniques which, by the use of guided fantasy, become a most effective tool for handling fear.

Activity is regarded as a most adaptive and appropriate behaviour under stress. The COPE programme provides ample opportunities for the children to develop an active attitude toward stress, either as a direct attempt at reducing the stressor, or using activity as a palliative distracting device for the period of possible confinement.

The teacher's role throughout the process is mainly to disseminate relevant and reliable information, to stimulate and guide the various activities, and to provide reassurance by means of physical proximity and empathy.

As a crisis intervention the COPE programme has been used in cases of distress caused by death in the

family, separation and divorce, illness, surgery and ensuing physical handicaps. Pain and loneliness can be mitigated by proper channelling of children's energies so that they may acquire greater control over their environment and new modes of expressing fears and worries, by transforming their passive role into one of activity.

The need for such a primary prevention programme has been highlighted in several recent emergencies that will be discussed presently. Clearly, during the acute stress there is almost always too little time to make important decisions and too many issues to cope with. Such training aims at establishing beforehand workable routines and a clearly defined role-allocation. Helping the child to recognise or remain alert to danger signals without being overwhelmed by fear is a delicate art. The following case describes our attempt to effect such a balance.

A case of crisis intervention

What follows is a short description of a crisis intervention 'marathon' carried out by an ad-hoc emergency team in Nahariya, the day after terrorists raided a house on the beach. Two men and two small girls were murdered, while the other residents of the immediate vicinity either hid or fled. A survey of the schools the next morning indicated that 54 children were absent. They were identified as the near-miss high-risk group of school children. The list of complaints these children reported included descriptions of acute anxiety states, reawakening of early frightening fantasies, fear of the dark, of noises and of the beach (the scene of the crime). Haunted by images of the murdered girls, the children in this high-risk group found concentration impossible and were given to crying spells, headaches, stomach-aches, sleeplessness and clinging to parents. These reactions are consistent with the syndrome of acute stress neurosis reported in adults (Janis 1971). The treatment, however, was unique and prompt.

All the children (8-14 years old) were grouped according to age, to be observed and treated during the crisis. Each small group was conducted by a member of the crisis team for 5 consecutive days, 4 hours each day, in the school setting.

The treatment, which was later documented (Ben-Eli and Sella 1980), proceeded through several distinct stages.

Initial ventilation of feelings

This stage was marked by a diffuse expression of the children's fear and anger, both verbal and non-verbal (in drawing and finger painting). Sighs and crying and feelings of misery and grief were dominant. Some children seemed flooded with frightening images of past and present experiences.

Abreaction

Role-play and excited narration interchanged as the children relived the traumatic events of the night. The cries, flights, hidings, the sights and sounds were repeated until exhaustion. Some children chose to play the victims' roles or else the aggressors', imitating the terrorists' shouts and even letting themselves be 'captured' and 'killed'. Minute descriptions of every move, thought, feelings of self and others were re-animated, and produced discharge of excessive affect.

All expressions, even the most idiosyncratic, were allowed by the therapists, and explained as 'normal' for this stage of mourning.

by **Ofra Ayalon**

Aggression channelling

As violent emotions surged, they channelled themselves into scenarios of vengeance and retaliation against the aggressors, acted out through plays and puppet-shows. The first signs of relief were noticed in the children at the end of what had become a mock execution of the puppet terrorists. At that stage children ventured angry accusations against the coast guards who had failed them and exposed them to such horrid dangers. As these feelings apparently become too frightening, solutions were found in make-believe games, in which the guards or the children succeeded in eliminating the attackers before they had a chance to perpetrate their crime.

Gradual in vivo exposure

It seems that over-sensitivity to noises is one of the most persistent post-traumatic symptoms. The extinction of fear reactions to the beach was carried out with the parents' help. Much support and encouragement was needed until the pre-stress level of confidence was retrieved. One 14 year old stated: 'My father took me to the shore. I saw the terrorists' boat, the rocks on which they smashed the head of the little girl. I regret having seen the boat, it haunts me in my dreams. But I am not afraid of the sea any longer.' In addition, gradual exposure to noises was conducted during relaxation (i.e. desensitisation). But in vitro procedures led only to partial relief. In vivo exposure was more effective.

Cognitive reappraisal of the experience

Road maps and clay models of the scene were created by the children, accompanied by detailed reconstruction of the sequence of events. Participants dwelt upon their recollections, trying to evaluate each reaction in the light of retrospective knowledge: those who hid, others who fled, the girl who stopped to pick up another fleeing little girl, the little one who summoned enough courage to push back her captor and to flee for her life. They were especially perturbed by what happened to one family while hiding, where a mother smothered her little baby trying to hush her crying while the terrorists killed her husband and other daughter. By reappraising this entire situation they reached an understanding that enabled them to make a condolence visit to this bereaved young woman.

Working through

At this stage expression had become more structured. Children regained their writing skills, the use of rhyme and rhythm and used it in their struggle to gain mastery over their stormy reflections. They became engaged in a 'poetic dialogue', writing poems to each other. Later they published these poems in a memorial format. Drawing changed into illustrative portrayals of the scenery and of the victims. Erecting memorials signified the beginning of acceptance of the loss.

Mapping alternatives

Provided with all the information about the event, participants engaged in suggestions for future encounters with threat and danger. The feelings that had been expressed in earlier phases were now channelled into a problem-solving mode designed to consider what could be done differently in future stressful events. By focusing both on working through their feelings of the past traumas and the present and future eventualities, the children slowly 'came to terms' with the stress of being near-miss victims.

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in the nursing libraries of every hospice and hospital where dying patients are treated. It has an excellent bibliography at the end of each chapter, thus encouraging further studies of this vital subject.

The importance of good communication between patients, relatives and the caring team is recognised and examples of case work given. The importance of counselling for patients' relatives and staff is stressed and techniques are described.

There is a comprehensive section about the management of physical and psychological pain, including useful information regarding analgesics and the effect of differing conditions. The attitude that "there is nothing now that we can do" when curative treatment has failed, is challenged, and nursing techniques are described which may improve the quality of the life which is left.

The rewards of caring for dying patients and their families are vividly described. There is an excellent chapter on practical procedures following the death of a patient and information about professional and voluntary agencies who provide appropriate services for the relatives of the deceased.

The grief of bereavement is explored and methods of helping patients, relatives and nursing staff to work through some of these problems are described.

I warmly recommend it especially to all nurses and medical colleagues who can influence policy decisions which affect the quality of life for dying patients.

HAZEL EDWARDS

PERFECT HAPPINESS

by Penelope Lively (Heinemann, £7.95)
Many bereavement counsellors will be interested to read this extremely well-written novel about bereavement, and want to recommend it to some of their clients, for there is both insight and warmth within both the succinct descriptions and the taut dialogue.

Teaching Children Strategies for Coping with Stress

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During this period families were counselled in how to respond to their children. The parents were encouraged to share their own feelings with their children and together to work through the difficult period of recuperation. The reactions subsided gradually and the children resumed their daily activities. The follow-up surveys, at two months and at eight months later, found no perseverance of symptoms in any of the children, with a few exceptions for whom treatment was resumed. As the survey included a sample of the entire child population of the town, an interesting phenomenon emerged: the impact of the trauma on the children changed depending upon the actual physical distance from the scene of the event. The further the children lived from the site of the attack, the less they were affected (with the exception of a few vulnerable children, who had previously gone through a personal crisis that had been reactivated by the attack).

A need for evaluation

To provide such stress-intervention and prevention programmes can easily become a Sisyphian task. The continual tensions in the Middle East, and the urgent need for stress intervention, make the task of systematically evaluating such programmes difficult. But, with patience and some luck, we are able to demonstrate in repeated trials the effectiveness of such stress-prevention programmes.

One model-programme of coping training is being conducted in one of the schools of Kiryat-Shmona, a town which is a notoriously easy target for across-the-border shelling (Zuckerman-Bareli 1979).

The effects of training might not have become known, had it not been for the occurrence of a recent ultra-sonic boom, that sent the whole school running to the air shelter. A natural experimental design offered itself to the ready observer. More than 400 pupils, aged 6-12, panicked in the shelter in the same way that they had done in previous shelling attacks, having learned no prior adaptive behaviour through repeated experiences. Their teachers were helpless as well. But one large group of 50 children stood out as an organized island of peace amidst the commotion. These were the recipients of the coping training, who had already been well drilled in routines for peer-group support and peer-leadership, and who were equipped with pre-arranged activity kits with tasks to be fulfilled in the shelter. For them the event was a signal to rehearse their newly acquired behaviours.

A second group of 16 children, only half way through their coping training, were rehearsing a simulated shelling attack when the alarm struck. Their behaviour was more problematic. Initially they panicked, but pulled themselves together in a very short while and joined the 'experimental' group in the shelter in modelling both mastery and ingenuity.

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Cruse News

CRUSE ACADEMIC PAPERS

Cruse Academic Papers are now available at £1 each (inc. p&p) from Cruse House:

SUICIDE

Academic Papers No. 1 comprises a reprint of the article on The Risk of Suicide following Bereavement by Dr. C. Murray Parkes (originally published in *Bereavement Care,* Vol. I, No. 1), together with A Review of the Literature on Bereavement following Suicide by Dr. S. Henley.

SUPERVISION

Academic Papers No. 2 is a reprint of the article on Supervision and Consultant Care —Counselling the Counsellors by Gill Parker, Family Therapist, from *Bereavement Care,* Vol. I, No. 2.

WELSH RESIDENTIAL COURSE

Cruse & St. David's Foundation in Gwent are holding a residential course on The Theory & Practice of Bereavement Counselling at Dyffryn House, St. Nicholas, Cardiff, from 19th-23rd March, 1984. The leader will be Susan Le Poidevin. Fee £100. Details from: St. David's Foundation, Cumbrian House, St. John's Rd., Maindee, Newport, Gwent.

Cruse S & W Wales Area Conference was on 15th October. Delegates were each able to attend two of the four discussion groups. They were on: Our First Year as a Branch, Group Counselling, Sexual Needs & Planning a Social Programme. Dr. Colin Murray Parkes, Chairman of Cruse, gave the main address on Bereavement Counselling.

The SW Area Conference was on 12th November. Individual branch concerns and Cruse Silver Jubilee plans were on the agenda. The main subject for discussion was publicity, and the conference had an excellent speaker on the subject from the Prospect Foundation.

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