

Managing Strong Emotional Reactions to Traumatic Events: Tips for Parents and Teachers

When a large-scale tragedy occurs, it can cause strong and deeply felt reactions in adults and children. How adults express their emotions will influence the reactions of children and youth. Parents and teachers can help youngsters manage their feelings by both modeling healthy coping strategies themselves and closely monitoring their own emotional state and that of the children in their care.

Common Reactions to Trauma

It is not uncommon to feel any or all of the following when reacting to trauma: 1) Shock or disbelief; 2) Fear; 3) Guilt; 4) Grief; 5) Confusion; 6) Shame or loss; 7) Anger. These emotional reactions are often closely linked and can be difficult to separate. We may even ask ourselves “where does grief end and outrage begin?”. Children may have trouble understanding and talking about their feelings. Emotional reactions take place over time and may not happen in any specific order. Emotions can affect our behavior, our ability to function, and our overall sense of well-being. The intensity and ways we express our reactions will vary depending on our personal experience, general mental health, other stress factors in our lives, our coping style, our ability to self-monitor our emotional state, and our support network. This is true for both adults and children. As they work through their thoughts and emotional reactions to the event children of all ages may need guidance and support from the significant adults in their lives such as parents, teachers, and coaches.

Anger: A Natural Reaction

For many people, adults and children alike, anger will be a natural extension of other emotions because it is a defensive mechanism that makes us feel more in control. As well, anger with the perpetrators of these horrible acts is, in many ways, justified. The desire to “retaliate” can be strong—but quite harmful if not redirected to a positive outlet. In some situations, a significant factor in the expression of anger is the lack of a concrete “enemy” on which to focus our feelings. As long as there is doubt about the identity of the perpetrators and a lack of closure, or when the trauma is a natural disaster, anger and other strong emotions have no specific target. Such situations can lead to more inappropriate expressions. Adults must ensure that children do not “take out” their anger in inappropriate ways, such as lashing out at classmates or neighbors who might be unfairly associated with the perpetrators of violence because of their ethnicity or other affiliations. The key is to direct anger and other strong emotions in socially and psychologically healthy ways.

The first step in helping children manage their anger is getting your anger under control. Be aware of cues in your own behavior. If necessary, ask someone you trust (a family member, friend or colleague) to give you feedback on your anger reaction. Observe the behavior of other adults around you and your child(ren) and be supportive if they show signs of increased anger.

Common signs of anger in adults include the following: short temper/impatience; sleep problems; eating problems; restlessness and agitation. Adults can also express anger through hitting and slamming objects, pets, or people. Adults may express a desire to inflict harm. They may display verbal outbursts toward family, friends, or fellow workers. Adults commonly express a sense of losing control over their life. Another common sign of anger is poor concentration or attention span. Obsessing about the event is another commonly reported reaction to grief/loss. Adults may also experience physical health

problems such as an increase in blood pressure, dizzy, headaches, heart rate elevated, clenched jaw, knot in the stomach, and tight muscles, etc. Some may also feel life should be fair, but it is not.

Signs of anger in children include the following: Behavioral outbursts, many times without an obvious cause; sleep problems; fights at school or home; physical aggression with others or animals; disobedience. It is common for a child state he/she is really sad and does not know why. Children who experience trauma or grief/loss may also have physical symptoms such as stomachaches and headaches or vague aches and pains. Children often have reactions similar to adults that they spend a lot of time with.

Dealing with Anger Some people have more problems than others dealing with anger. They either try to deny or ignore their feelings and keep them inside, or overreact and “blow-up.” These negative coping strategies can be physically and emotionally unhealthy. Pretending we don’t feel badly can have long-term effects that may eventually cause us to “lose it.” Conversely, psychological research shows that acting out your anger will not relieve it, but instead will make it more intense. We can learn to control or diffuse anger by how we think about the event or people involved and by finding other ways to regain our sense of control and security. Anger can also mask other emotions, such as grief, loss, or fear. It is important to address these related emotions as a way to deal with angry feelings.

Strategies to control anger include the following steps:

1. Admit you are angry.
2. Recognize feeling angry is a common reaction to an overwhelming event. It is how you control and manage your reaction that makes the difference.
3. Try to identify the related emotions that may be fueling your anger, (e.g., sorrow, fear.)
4. Find appropriate outlets for these related and equally important emotions, (e.g., talk with family members or friends, seek grief counseling, get involved in activities to help victims, etc.)
5. Understand that it not just the actual event that drives your anger, but how you think about it. o Develop a “positive” outlook and look for what can be done to help rather than harm.
6. Stop, take a deep breath, visualize something peaceful or enjoyable, and try to relax for a few minutes.
7. Avoid/decrease negative ways to cope, such as misuse of alcohol or drugs. Find an acceptable outlet, such as exercise, getting involved with your favorite hobby, sports. Distract yourself from continuing to think about the event -- call a friend, go to a movie.
8. Keep a sense of humor. Turn off the TV and radio; play your favorite music. Keep to your daily routines. Consult your doctor or a mental health specialist if your reactions continue to intensify, or you feel like doing harm to yourself or others.
9. If you are seeing a mental health professional, be sure to share your angry feelings.
10. Realize children will imitate your responses and reactions. Let them understand anger is a normal emotion under these circumstances that can even include feelings of revenge. However, acting out

anger, hurting others, and uncontrolled anger is not okay. Answer their questions honestly and openly; but always consider their developmental age.

11. Make family time to talk to the child(ren) about their reaction to the events. Have child(ren) come up with ideas on how to help those who have been injured, left homeless, or otherwise effected by the tragedy. Teach them to stop, take a deep breath, and imagine a restful scene or enjoyable activity for a few minutes as a way to relax. Turn off the TV and make sure violence in the media is restricted or monitored. Try to understand and encourage children to talk about their fears/sense of loss. Try to help them see how they would feel if someone hurt, yelled at, or hit them. Sports, exercise, or other physical activity can be quite helpful.

12. Be flexible in discipline and monitor your reactions to their misbehaviors. o Seek mental health or physician consultation if these reactions do not clear up after 30 days. Keep family and school routines; get back to a normal life schedule as soon as possible. If age permits, get the child involved in volunteer work or community service, such as the Red Cross or Animal Shelter, where a child can feel that he/she is making a difference.

While strong emotional reactions to tragic events are normal, most will fade over the following weeks and most children soon will be able to resume normal activities with minimal displays of anger or anxiety. However, if any of the following symptoms or behaviors continue beyond a few weeks, or if any of these symptoms are exhibited to such a degree that it severely impacts the child's ability to participate in school or home activities, parents and teachers should seek mental health services for evaluation and possible treatment.

Symptoms to watch for in children include the following:

1. Disruption in peer relationships (little or no interactions with friends, significant increase in conflict with classmates or friend).
2. Strained family relationships (high degree of misbehavior, lashing out against family members, refusal to participate in normal family routines).
3. Significant decrease in school performance.
4. Ongoing physical complaints with no apparent cause.
5. Use of chemicals, alcohol (or increase in comparison to previous behavior).
6. Repeated nightmares and reporting strong fears of death, violence, etc.
7. Repetitive play re-enacting the traumatic events. o Low self-esteem, negative talk about self (if this was not apparent prior to the trauma).
8. General lack of energy and lack of interest in previously enjoyed activities.

Parents and teachers can help children overcome traumatic effects of a tragedy or disaster and use the process as an opportunity to teach them how to cope more effectively and deal with new challenges. Interestingly, the Chinese sign for "crisis" is two symbols – "Danger" and "Opportunity." Depending on the scope of the event, the process may take time and patience and the willingness to reach out to friends, neighbors, and co-workers to lend mutual support.

Source: National Association of School Psychologists (2012), Bethesda, Maryland, www.nasponline.org