Resilience and Coping Intervention Guide
Listen to the Children (RCI-*Child*)

An Interview Guide Designed to Help Children and Adolescents

Discuss Challenges and Identify Strategies

That Increase Resilience and Improve Coping Skills

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A PARTNER IN NCTSN The National Child Traumatic Stress Network

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An Interview Guide Designed to Help Children and Adolescents
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When preparing this interview guide, we have used" child" when describing both children and adolescents and "parent" when describing any adult parent figure or other primary caretaker in the child's life.

INTERVIEW INSTRUCTIONS

Purpose

Resilience and Coping Intervention (RCI-*Child*) "Listen to the Children" is an interview designed for use with school-aged children to help them identify thoughts, feelings, and coping strategies related to psychological, behavioral, and relationship issues following a traumatic or other problematic experience or marker event . RCI-*Child* is a coping exercise that can be administered in a single session by mental health providers or adult volunteers, caregivers, teachers, or religious leaders who have been trained in conducting the interview. The interview is easily adapted for use with adults. It is written in a structured format that can be used for many types of challenges, traumas, or disasters. This skill-enhancing intervention engages the group in a dialogue about issues that may be difficult to discuss, encouraging them to share their thoughts and feelings about their experiences and to identify appropriate and successful coping strategies. The theme of RCI-*Child* is for group members to listen carefully to each other and write down their responses as they describe challenges they have faced or are facing. Group members then talk about ways they have coped as well as possible alternative coping strategies to meet these challenges. It is suggested that adults leading the discussion be trained by a mental health professional who knows the process. This training can familiarize the leader with the structure and process of the interview until the potential group leader is ready to implement the discussion on his or her own.

Content

The content of this guidebook includes:

- ✓ information about the physical, cognitive, and emotional development of children ages four through eighteen
- ✓ general responses of children and adolescents to stressful events, challenges, or traumas

- ✓ information regarding stress, resilience and coping in this age group; and specific suggestions for adult-led processing of stressful events

Children, adolescents, and adult family members need courage and resilience to accept change. Most people experience anxiety and fear in stressful situations, experience grief and sadness following significant losses, and tend to avoid addressing problems related to significant problematic events. For these reasons, we have included a step-by-step guide to assist trained parents, caretakers, mental health professionals, teachers, or other adults in the community in talking with children and adolescents about their feelings, thoughts, and actions regarding problems and stressful events.

In our experiences with children during particularly stressful events (Oklahoma City bombing in 1995, Hurricane Katrina in 2005), they have told us what helped them most was talking to adults, including parents, caregivers, teachers, and processing issues surrounding the event. It is our hope that the information in this guidebook will offer a way for parents and other caregivers to listen to children in a safe place, to validate their thoughts, feelings, and actions, and to explore ways to begin to feel better. Hopefully, within the structure of this discussion guide, children can respond to each other to better understand one another's thoughts, feelings, and actions, and can help each other cope with stressful events.

We expect the discussion session to last approximately 45 minutes. Ten to fifteen minutes will be spent identifying issues for discussion. An additional fifteen to twenty minutes will be used to discuss a main topic identified as most important for group members so that the group can work as a team to address and cope with the issues at hand. It is important that the topic identified for discussion is a topic in which all children in the group have an interest. Groups of 10 members or less offer an ideal group size for having this kind of discussion because the group is small enough to monitor group members' reactions to the discussion and to identify children who may be exhibiting signs of distress.

Identifying Children Who Are Most Appropriate for this Intervention

Children who could benefit from this intervention are ones who:

- ✓ Have an agreement from caretakers that they are willing for their child to participate.
- ✓ Are able to discuss issues without physical violence erupting during the discussion, guaranteeing the safety of group members.
- ✓ Are not involved in physical abuse, sexual abuse, or other forms of domestic violence.
- ✓ Are not significantly impaired in their ability to share information verbally with one another due to issues like severe substance abuse/dependence, psychosis, or mental retardation.

Child/Adolescent Development

While mental health clinicians, parents, teachers, and other caretakers know much about the development of children, it would be irresponsible to suggest that discussion leaders use this discussion guide without reviewing information about the developmental stages and needs of children/adolescents ages four through eighteen who will primarily be in grades pre-school through twelve. Child development is a result of the interaction between the child's individual needs and abilities and the expectations and demands of parents, caretakers, and society. Reviewing this information located in Appendix A, will help discussion leaders better understand the young person's perceptions of and responses to discussion questions. *Several days before the first discussion, discussion leaders should look at the information which is located in Appendix A. It will be helpful to review this information concerning children's development; responses to stress, grief, and loss; coping; and resilience.*

Resilience and Coping Intervention for Children/Adolescents: Leading the Discussion

Preparation

It is helpful but not absolutely necessary to have three people conducting the interview. If three people are available:

- One person will lead the interview discussion and will encourage dialogue among children.
- One person will record responses on a chalkboard or dry erase board.
- One person will record responses on an interview grid on paper.

These three people should be trained in the interview process. One could be the leader of a children's after school group; another, a trained volunteer parent; the third could be any other trained adult who is interested in learning and helping in the interview process and who is approved by the person(s) providing the training. If only two people are available, one can lead the discussion and the other can write respondents' answers on the board and later transcribe them to an interview grid on paper. If only one person is available, that person will have to lead the discussion, write answers on the board and later transcribe the answers to the interview grid on paper.

Before beginning the interview, reproduce the interview grid located on page 11 on the chalkboard.

Instructions for Leading the Discussion

1. If the children don't know you, introduce yourself and where you are from. If you've worked with the children before or are working with them now, tell them what you did or what you are doing now. Tell them that your job today is to help children by talking with them, listening to them, and allowing them to talk with one another.

2. Tell the children that things they talk about in the discussion are mostly confidential. This means that you won't talk to others about details of the discussion. However, there are a few issues that have to be discussed with other adults outside the group. These issues are:

a. If anyone in the group reports any kind of child abuse (physical or sexual abuse) or child neglect, by law this must be reported.

b. If anyone in the group says that he or she is going to hurt themselves seriously or are going to hurt someone else seriously, you will talk to their parents and/or other caring adults about it.

c. If anyone in the group is involved with the legal system and if a judge were to ask for information (subpoena information) about what you have discussed in the group, you will have to share that information with the judge.

3. Tell the children that the above kinds of issues don't usually occur in or following group discussions, but you want them to know what you would be required to do if they did occur.

4. Tell the children that group members may share information during a discussion that may not be reportable but that they might not want shared with people outside the group. Ask the group to respect others in the group by not sharing information outside the group that could be embarrassing or that could result in someone not wanting to return to the group.

5. Tell the children that you want to learn from them what their experiences, thoughts and feelings have been following their marker event. It is probably a good idea to develop a list of appropriate topics for group discussion. These could be topics which are relevant to the neighborhood and that are not likely to be extremely controversial. Examples could be: financial stress within the family; bullying in the school or in the neighborhood; conflict among friends; drive-by shootings or other examples of violence in the community or neighborhood; and other topics which are common knowledge and of concern to the group. Examples of topics which should not be discussed in the group include topics which involve sensitive personal or family issues. These topics include, but are not limited to, physical abuse, sexual abuse, or child neglect. This information may be revealed in the process of another topic of discussion, but should be gently deferred by telling the child that you appreciate him/her sharing, but you would like to talk about that with him/her privately after the group has finished their discussion. Children might also make disclosures which could result in incarcerations of someone within or outside the group. These disclosures should also be discussed privately.

6. Ask the children if they will help you by discussing the chosen topic. Ask them to raise their hands if they believe they can help you.

7. With each of the questions on the attached grid, record and write on the chalkboard or dry erase board their answers. Another person will record answers on the attached grid. *If only two people are conducting the interview, these answers will be recorded on the attached grid after the session ends.*

8. Ask the children:

    a. What happened? Ask the children to describe what happened in the marker event.

    b. How did things change for you after it happened?

    c. What were some things that felt good to you following the event? What good thoughts and feelings did you have?

    d. What were some things that did not feel good? What thoughts and feelings did you have that did not feel good?

    e. What kinds of continuing problems are going on now within your group?

    f. What are your options to change these things? "Brainstorm" possible options.

    g. Which of these options may be helpful and lead to good consequences? Which options will not hurt self or others?

    h. Which of these options may be harmful and lead to troublesome consequences? Which options may hurt self or others or lead to trouble?

    i. How can you help yourself and each other change things so that everyone feels better about themselves and others? What is your action plan? Establish an action plan from helpful options children have generated.

9. Thank the children for their time and their participation. Ask them if it is okay to give general information to their parents and other involved adults about their thoughts, feelings, and action plan so that the adults who care about them can help them with it.

"High Risk" Children

Children who may need a referral for further intervention may be identified during the interview. They may discuss issues directly and show their discomfort or they may behave dysfunctionally during the interview. In addition, a brief visit with a parent or other caring adult may be helpful in identifying children needing extra support or assistance. See **Helping Children in Distress** on pages 8 and 9 for a more comprehensive explanation of observed signs and symptoms which may necessitate a referral for further intervention.

Time Commitment and Recording Strategies

It is estimated that this interview will take from 30 to 45 minutes to complete. The group discussion and recording of answers should focus on one topic or section at a time. However, sometimes children will give information which should be recorded in another section before you have moved forward to that section. Briefly acknowledge the child's response, record it in the appropriate section, and then move the discussion back to the original topic. An example of this might be when you are talking about the description of the problem and a child begins to talk about his/her feelings. Record the feelings under the feelings section of the grid, and then return to the description of the problem.

Age Range and Ideal Group Size

It is a good idea to group children in fairly close age ranges because of different developmental needs and abilities. You may be serving children ages 7 through 17 with this discussion intervention. Possibilities for grouping children by age could include:

- ✓ Ages 7, 8, and 9 together
- ✓ Ages 10 and 11 together
- ✓ Ages 12, 13, and 14 together
- ✓ Ages 15, 16, and 17 together.

You know your children well. If a nine-year-old would fit better in the ten and eleven-year-old group, be flexible enough to allow that to happen.

The ideal group size for effective discussions would be between 5 and 10 children per group. That group size will probably be more manageable and children may feel more comfortable discussing issues with each other.

Helping Children in Distress

Preface: This interview is likely to be healing for children who have experienced a trauma or problem and its resultant life changes. However, before the interview, participants who have been identified as having been severely affected may be excused and should be offered the opportunity to sit out and not participate in the interview. For children and adolescents, their parents or caretakers should also be notified and given a chance to withhold their child.

Signals of Distress:

- ✓ Confusion – memory gaps, disrupted thinking, poor concentration.
- ✓ Physical Agitation – excessive restlessness or rigid stillness.
- ✓ Speech Agitation – very rapid speech, preoccupied with one idea or thought.
- ✓ Emotional Responses – crying, hysteria, flat affect, euphoria, or inappropriately excited.
- ✓ Content of Responses – stories of severe losses.

Facilitators Can Provide Emotional Support and Understanding By:

- Projecting calmness, encouragement and acceptance.
- Maintaining a nonjudgmental attitude about the situation and the participants' responses.
- Promoting physical comfort via closeness, touch when appropriate and providing a tissue.
- Providing active listening, eye contact, empathic responses, and validation of the feelings expressed by participants. Validation can be accomplished by a reflective comment, "Feeling sad is okay" or "Feeling angry is normal."

When A Participant Demonstrates Significant Emotional Distress:

1) Give the participant a choice to leave the interview either for a few moments to wash his or her face, or get a drink, or for the duration of the interview.

2) Help participants focus on the source of their irritation. If participants project anger at the facilitator or fellow group members, help them focus on the real source of their anger: the distress and frustration they may have experienced as a result of the trauma or problem and/or the changes that followed.

3) If grief and personal losses are an issue for an individual participant, encourage the child to focus on positive memories of the person or situation. As a facilitator, utilize the group "Brainstorming" interaction that is within the interview process as a means of assisting the group in formulating ideas to comfort and support the distressed participant(s). As these ideas are developed, allow the distressed participant(s) to comment on those ideas that they feel would be helpful. Their ideas might include a hug or pat on the back, a verbal comment of friendship or support, or perhaps a drawing or note expressing support.

4) Upon closing, ask the participants to refrain from criticizing any other participant who displayed significant feelings or distress. Express your appreciation to the emotionally distressed participants for the courage it took to openly express their feelings in a group. Obtain a commitment from the group that each participant will share at least one of the agreed upon expressions of support to other participants who may be experiencing some distress.

5) **Referral:** If a participant is significantly emotionally labile at the conclusion of the interview, it is necessary to provide continued support and monitoring for the rest of the day. Make these arrangements with an appropriate referral source, which could be a psychotherapist, psychologist, or psychiatrist who might be found at a community mental health center, in private practice settings, or at a hospital which offers outpatient and inpatient mental health services.

When the Interviews are Completed

Give Feedback: A general staff and/or parents meeting can be held to discuss the findings of the interview concerning:

- ✓ Particular issues that are specific to the group participants.
- ✓ Developmental patterns that are evident in children's responses or behavior.
- ✓ Participants' coping patterns, successful and unsuccessful.
- ✓ Things the participants can do to help themselves and others which would include the participants' action plan.

Offer: A general staff meeting offers an opportunity for staff to participate in their own interview process. The RCI-*Child* Interview can be easily adapted to staff, parents and other adult groups.

Plan: A general feedback session with parents at an upcoming parents' meeting can be held to discuss the same issues with parents if the interview was conducted with children or adolescents.

Follow: Participants who have been identified as distressed may possibly need further support. Those participants could benefit from further intervention through appropriate mental health services. For children or adolescents, parents or legal caretakers should be notified and offered options for further intervention with their child.

Resilience and Coping for Children And Adolescents Interview Grid				
Description of Event and Changes that Followed	Thoughts and Feelings about Event and Changes that Followed	Problems Now	Options For Change (Brainstorm)	Consequences Helpful? (+) Harmful? (-)
What Happened?				
What Things Changed?				
Action Plan				

Resilience and Coping for Children And Adolescents Interview Grid Example

Description of Event and Changes that Followed	Thoughts and Feelings about Event and Changes that Followed	Problems Now	Options For Change (Brainstorm)	Consequences Helpful? (+) Harmful? (-)
What Happened? *There was a big fight on our school playground. Six boys were involved in it. Two of the boys were hurt so bad they had to be taken to the hospital. We were all out at recess when the fight happened, so we all saw it.* What Things Changed? *Kids at school are scared. We now do not know what to expect, especially on the playground. We don't trust that adults can protect us. Lots more teachers have been assigned playground duty. Counselors have talked to us about how to protect ourselves and what things to report.*	***Deandre (age 9)**:"I feel worried. I'm scared that those same boys will come back to school and beat up other kids."* ***Alicia (age 10):** "I feel sad because the kids had to go to the hospital. One of them has a broken nose and another one got two black eyes."* ***Jose:** "I felt scared at first. Now I feel worried that it might happen again."* ***Carmen:** "I have also been worried about how to make new friends at school because I don't know who I can trust."*	*Parents have been afraid to send us to school.* *Teachers are much more strict about playground rules.* *Kids are not allowed to play in groups larger than two.* *Kids are taking sides. Some kids are on the side of the kids who beat up the other kids. Other kids are on the side of the kids who got beat up.*	**Deandre** could talk to his teacher and ask if she knows whether the boys will be allowed back in school. **Alicia** could make a card for the children who have injuries and mail it or take it to their home. **Jose** could keep all the things he's worried about inside because he doesn't want to worry his father. **Carmen** can try to talk about how she is feeling and slowly try to spend more time with someone new (one new friend at a time.)	Helpful because he is gaining additional information. Helpful because she will be helping those children feel better and will help herself to feel better because she is helping others. Not helpful. If Jose keeps his worry inside, he is dealing with it by himself. If he tells someone how he's feeling, that person can help him sort things out. Helpful if Carmen allows herself to slowly make new friends.
	Continue with Action Plan on the next page.			

Action Plan

1) **Deandre**: Will talk to his teacher and find out if the boys who "beat up" the other two boys are coming back to school.

2) **Alicia**: Will make cards for the children who were hurt and who were hospitalized.

3) **Jose**: Will try to talk to his dad about how Jose is feeling worried all the time and will listen to any advice his dad has to offer about helping worry go away.

4) **Carmen**: Will ask one classmate to spend time with her on the playground during the school week.

5) **All of the children**: Will be mindful of events happening on the playground which should be reported to an adult.

Save this action plan for a follow-up discussion during the next group meeting.

Listed above in the action plan are statements from each child participant indicating what each participant decided he or she was willing to do after participating in the discussion session described on page 12.

Resilience and Coping for Children and Adolescents
Follow-Up Discussion Grid Example

Brief Description of Event and Changes that Followed	Thoughts and Feelings about Event and Changes that Followed	Problems Now	Options For Change (Brainstorm)	Consequences Helpful? (+) Harmful? (-)
What Happened? Brief recap of report from last week: Some kids got "beat up" at school. What Things Changed? Kids afraid to be on playground. More teachers assigned to playground duty. Counselors talked to kids in classrooms.	**Deandre:** worried, scared "bad kids" will come back. **Alicia:** sad because of kids in the hospital. **Jose:** worried at first, now scared it might happen again **Carmen:** worried about making new friends, can't trust anyone.	Parents afraid to send kids to school. Teachers more strict about playground rules. Kids not allowed to play in groups larger than two. Kids are "taking sides."	**Deandre:** will talk to teacher about kids coming back to school. **Alicia:** will make a card for kids who were hurt. **Jose:** first said he would keep worries in. Later said he would talk to his dad. **Carmen:** will ask one "new" person to play with her.	+ + – + +

Action Plan

Post the action plan related to the above discussion and let each child give an update about their progress (in calm voices). If the children are satisfied with their progress, no further discussion is needed, just encouragement to continue the progress. If progress is less than desirable, ask the group to discuss what can be done to ensure that changes occur. (See example on following page.)

Revised Action Plan

1) **Deandre**: Teacher was ill and not at school all week.
Deandre will wait until his teacher returns and then ask her about when the children are coming back to school.

2) **Alicia**: Made two cards for the children who were hurt. She was able to deliver one of the cards she made to one child in the hospital, but the other child had already been discharged.
Alicia will deliver the other card as soon as her mother can take her to the child's home, since that child has been discharged from the hospital, or she will ask her mother if the card can be mailed.

3) **Jose**: Talked to his father a little bit about his worries.
Jose will ask his father if he can spend more time this week talking with him.

4) **Carmen**: Asked Patricia, a new girl in class, to play with her. Patricia said she would play on the playground equipment with Carmen.
Carmen will try to play with Patricia again next week.

5) **All of the children**: Looked for unusual events happening on the playground during their daily scheduled recess. These events would be ones in which one child would try to inflict possible harm to another child or children through threats, bullying, or physical violence. They didn't see any of these harmful events happening on the playground. The children will again look for unusual events during the next week, and if any are witnessed, they will report the event(s) to their teacher or other adult in a position of authority at their school.

What Ifs?

Common questions asked about the discussion process

The following questions are sometimes asked because the situations they suggest are encountered in the discussion process. To better facilitate the discussion, questions are included below with possible answers for the discussion leader to use in addressing them.

What if the group cannot unanimously decide on a topic for discussion?

Answer: If the group is evenly divided on two topics, the discussion leader should try to negotiate a discussion of one of the topics in the current week and promise to discuss the other topic in a future group meeting, if a future meeting can be scheduled. Try to approach the decision with the idea of discussing the most pressing issue first, with the discussion leader being the person to make the decision if the group cannot.

What if two of the children begin verbally arguing about an issue that happened between them last week, not related to the discussion topic?

Answer: The discussion leader should try to get the group back on topic by asking the two children to save their discussion until after the group discussion is over. Promise to help them by mediating after the group discussion is done.

What if group members have a difficult time verbalizing their thoughts and/or feelings about the issue under discussion?

Answer: Tell the group that it is sometimes hard to say what you are thinking and feeling about a difficult issue. Then ask, "How do you believe most people might think and/or feel about a situation like this?" "I wonder if these thoughts and feelings are similar to your own thoughts and feelings about an issue like this?"

What if one group member tries to answer all or most of the questions or tries to offer all/most of the suggestions for improvement?

Answer: Without being rude to the "talkative person," the discussion leader should thank that person for his/her responses and offer the suggestion that you would like to hear what (name of another group member) thinks and feels about the issue under discussion. What suggestions might this group member offer for change or improvement? Continue in this manner, soliciting verbal responses from additional group members.

What if, during the time between group discussions (if there will be more than one), a group member sees another group member not living up to his/her commitment as written in the action plan?

Answer: Each group member needs to focus on his or her own commitment, doing it to the best of his or her ability, offering encouragement to other group members, but not criticizing them for failure to live up to their commitment. At the next group meeting, all group members will be asked to report on their progress in satisfying their commitment.

What if the group defines an issue for discussion that is so big and/or has so many sub-issues within it that it feels overwhelming and almost impossible to address?

Answer: The discussion leader should help the group identify a sub-issue which seems more reasonable, with the suggestion that other sub-issues within the larger issue can be addressed during future discussions.

What if someone consistently interrupts others in the group when they are trying to speak about an issue?

Answer: Gently tell "the interrupter" to allow the person time to finish speaking without interrupting. If the interruptions continue, ask "the interrupter" to write on a piece of paper the information he/she is wanting to share, hold it, and share it after the person is through speaking.

What if some group members say they absolutely don't want to participate because they think the discussion will be boring?

Answer: the discussion leader should point out the positive aspects of discussing group issues, e.g., less group conflict, teamwork among group members, group members taking responsibility for group issues.

What if the children in the group say that the discussion takes away from their time to have fun?

Answer: The discussion leader could "brainstorm" some ideas about how the group could have fun together following the discussion. For example, the group could play a game, or enjoy eating cookies together.

What if a child complains, saying "My friends don't have to have these group discussions. Why do we?"

Answer: The discussion leader should explain that all children are not alike and that the adults in this setting believe that group discussions will be healthy for the children in the group. Remind the child of positive outcomes which have resulted from former informal discussions the children in the group may have had.

What if a group member falls asleep during the discussion?

Answer: Gently awaken the group member and suggest that all group members stand up, stretch, perhaps get a drink of water, and come back ready to participate.

What if a child becomes so disruptive that the group cannot continue the discussion because of the distraction? What do we do?

Answer: Give the child a warning first. Tell him or her that his/her behavior is not appropriate and is interrupting the discussion. Then state exactly how you want the child to behave, i.e., sit in a chair with feet on the floor, hands off other people, listening to the discussion leader and discussants, raising his/her hand when wanting to speak. If the

disruptive behavior continues, remove the child from the group and have an adult sit with him/her at the back of the room. If inappropriate behavior continues, ask the adult to take the child out of the room and put him/her in a "time out" place which will prevent disruption to the group. The adult should stay with the child for monitoring purposes during the remainder of the discussion. To ensure future compliance, an agreement should be reached with the child that the child's behavior will be appropriate for the next meeting.

Appendix A

Handout for Discussion Leaders with Information about Children's Development, Responses to Stress, Loss and Grief, and Coping and Resilience

Child/Adolescent Development

We should remember that development is widely variable, even within well-defined developmental stages. For example, some bright fourth grade children may be able to do things physically and academically that some sixth grade children can't do. So it wouldn't be appropriate to generalize the following descriptions of children at different stages of development by saying that all children develop in this manner. However, the descriptions below are useful as a basic guide to understanding processes that are occurring from ages four to eighteen.

Four and Five Year Old Children

Physically, four and five year old children are developing more mature motor abilities and are learning to skip, make broad jumps, dress themselves and copy a square and a triangle. Language is developing into clear speech and these children have usually mastered basic grammar and can relate a simple story.

Developmental tasks for this age group include recognizing their own gender, developing sex-role standards for behavior, and developing a wide-ranging curiosity which results in questioning many things in their lives. They act as if every familiar family philosophy and lifestyle choice is material for their questions. The rebelliousness of toddlerhood is replaced by rebelliousness of thought at this age.

During this stage of development, a sense of autonomy grows. Four and five year olds are developing into independent, energetic, persistent children who can do many things themselves and who totally enjoy a sense of mastery (Newman & Newman, 2009).

Six and Seven Year Old Children

Six and seven year olds have been losing baby teeth and gaining permanent teeth. The contours of their bodies are changing. They are learning to develop fine motor skills and may be learning to whistle. Attention span has increased and language is continuing to develop and expand.

Developmental tasks for this age group include understanding their own gender and gender roles, identifying with their parents and beginning to incorporate at least some of the values and characteristics of their parents, developing the ability to think concretely and logically, incorporating moral standards for living, e.g., honesty and integrity, developing a sense of empathy for others, and participating in group play which helps in learning a healthy way to interact with others.

These children are actively exploring and investigating the environment around them. To feel secure in the exploration process, they need a healthy relationship with their parents. This connectedness with parents allows them to fully enjoy the exploration process.

Following the rules is important to six and seven year olds and if rules are violated, a sense of guilt may follow. Children at this age want to know what is "right" and "wrong" and they learn this first in the context of the family. They begin to internalize the moral code of the family and use this internalized code to guide behavior. However, if parents try to use the rules to restrict their exploration of the world and want their children to rely solely on parents to direct their behavior, exploration and investigation are stifled (Newman & Newman, 2009).

Eight and Nine Year Old Children

Improved coordination helps eight and nine year old children further develop skills for participation in team sports and team games as well as developing interest in hobbies and crafts.

Because they have increased thinking capacity and language development they also are beginning to develop an interest in problem-solving and word play. These children like to classify and categorize, so they may begin collecting things. Reading skills are improving and they begin to go directly to books to find answers to their questions. One thing they are beginning to question is death. Developmental tasks for eight and nine year old children include social cooperation, self-evaluation, skill learning, and team play.

Socially these children have an increasing sensitivity to group social norms and pressures and they begin to develop a close relationship with a same-sex peer. Because of social pressures from peers, they may feel the need to move toward conformity to group attitudes and behaviors. The need for peer approval is a powerful force in their lives and both adult and peer feedback about their performance results in either a positive or negative sense of self.

One skill that is developing rapidly is reading. Most eight and nine year old children are reading fluently and are using reading skills for independent learning. However, not all children of this age are accomplished readers. Some are still reading below grade level.

The self-evaluation process that is happening for this age group includes establishing goals and then looking to peers and adults for feedback about their success at reaching those goals. Children at this age are likely to rely mainly on evaluations by others about how they are performing and tend to incorporate developing attributes for which they have received positive feedback.

There is also a group evaluation process that takes place during this developmental stage. Children are beginning to experience a sense of team success as well as personal success. They are learning that their contribution to the overall success of the team is a responsibility to be taken seriously and that the team functions best when each player is performing his/her role well. Children carry this learning process with them into adulthood when they have to relate to the entire social community (Newman & Newman, 2009).

Ten and Eleven Year Old Children

Children at this stage of development are pre-pubertal. In general, girls are developing secondary sex characteristics sooner than boys, with girls peaking at age 11 and boys at age 13. Girls may be developing breast buds, and could experience the onset of their menstrual cycle. While these hormonal changes are occurring, girls are usually experiencing a growth spurt and may be growing much taller than boys of the same age.

Ten and eleven year olds are a part of an increasingly complex social system. Approval by the group depends, in large part, on the child's ability to conform to group norms. Participation in the group brings with it emotional experiences that are different from emotional experiences the child has had within the family. In this way the friendship group helps the child begin the transition process from the family to the larger social community. The friendship group is also a source of both criticism and approval because group members notice each other's skills and abilities and talk about them to other children in the group. An example of this would be "Mike is awesome at math, but his reading is not very good."

Most ten and eleven year old children are in the fifth and sixth grades and are learning how to solve difficult, complex problems. They are also developing more complex artistic skills and can participate in music by playing an instrument, singing in harmony, and writing songs.

In team play, children are learning to downplay personal success for the "good of the team." They are learning that personal satisfaction can come from success of the team and team play is teaching them about the importance of winning and trying to avoid losing. This age group is becoming keenly competitive (Newman & Newman, 2009).

Adolescents: Ages 12 to 18 Years

Physically, adolescence is characterized by a period of rapid change that includes a "height spurt." Physical growth can actually change the adolescent's ability to perform tasks because of increased strength, better coordination, and improved endurance.

For males, this increased strength and coordination usually brings with it more mature athletic skills which are valued by peers and adults. There is a period of time, however, when rapid growth in height has not been accompanied by the increase in muscle strength, resulting in a temporary period when the adolescent boy cannot accomplish what he might expect he can accomplish, given his physical size. This awkward time brings with it challenges to self-esteem because he simply looks funny and "out of shape." He has a hard time accepting his body image at first and believes that others have a hard time accepting the way he looks, as well.

For some adolescent females, the increase in height which may occur as much as two years ahead of the male is met with embarrassment because they may find themselves towering above their male counterparts. Another prominent concern for adolescent girls is obesity. At the beginning of the growth spurt, most adolescent girls notice a plumping of their bodies, and they may begin a process of strict dieting which is ill-timed because their bodies need healthy caloric intake during this period of rapid growth.

During adolescence the peer group is becoming more structured and organized. Prior to adolescence, it was important to have friends but not so important to be a member of a well-defined group. As adolescents enter high school, there is a reordering of students according to various abilities, and correspondingly, a reordering of friendships. Acceptance into a peer group in high school may be based on physical appearance, athletic ability, social class, academic performance, future goals, religious affiliation, ethnic group membership, or special talents.

Relationships with the opposite sex are taking on increasing importance. Dating behavior is most likely not related to a need to find a partner for life, but the dating experience helps clarify the adolescent's sex-role identification. The peer group may serve as a buffer to anxiety associated with heterosexual relationships. By spending time in group activities, there is less pressure on the dating relationship. Heterosexual friendships can grow and flourish within the context of a nonthreatening peer group.

Within the family, adolescents are showing overt signs of independence from home. They have cars; they may stay out late; they may have their own money; and they are making their own decisions about clothes and dating. One of the tasks at this stage of development is to achieve autonomy while preserving goodwill within the family (Newman & Newman, 2009).

Developmental Responses to Loss and Grief

Some form of grief may be expected whenever any loss occurs. However, the way we express our grief, its duration and intensity, varies from one individual to the next and in the same individual at different times of life. Normal grief is healthy and should, under favorable conditions, lead to recovery, growth and adaptive change. Below are some descriptions of how children from four to eighteen may respond to loss and grief.

Four to Seven Year Old Children

For these children, death is still seen as reversible. They have a tendency to personify death, seeing death as a person. They may feel responsibility because of certain wishes or thoughts they have had. Common statements are "It's my fault. I was mad at her and wished she would die." Responses to grief include a lot of verbalization. Children have a great concern about the process. They want to know how it happened and why it happened, and they engage in repetitive questioning.

Signs of distress are regression, nightmares, sleeping and eating disturbances, and violent play. There may be attempts to take on one or some of the roles of the person who died. For example, if a nurturing mother of the family dies, one of the older children or adolescents in the family may begin to nurture younger children in the family by performing some of the nurturing roles of the deceased mother.

Possible interventions include: allowing time and space for symbolic play and drawings/stories; allowing and encouraging expressions of sadness and feelings of anger; and TALK ABOUT IT (Black, 1998; Zubenko & Capozzoli, 2002).

Seven to Eleven Year Old Children

For these children the concept of death may be viewed as punishment. They have a fear of bodily harm and/or mutilation and see this as part of the death process. These children are transitioning from seeing death as reversible to beginning to see it as final. Responses to grief include specific questioning with a desire for complete detail. They are concerned with how others are responding and with "What is the right way?" to respond. They want to know how they should be responding. They are beginning to have the ability to mourn and to understand mourning.

Signs of distress are regression, problems in school, withdrawing from friends, acting out, sleeping and eating disturbances, an overwhelming concern with the body, suicidal thoughts (desire to join the person who died), and role confusion (don't know what their role should be now).

Possible interventions include: answering questions honestly but without overwhelming the child; encouraging the expression of a range of feelings; helping them understand the things they can control and the things they cannot control and allowing control of some part of their lives; and being available but allowing alone time; encouraging symbolic play; and TALK ABOUT IT (Black, 1998; Zubenko & Capozzoli, 2002).

Twelve to Eighteen Year Old Adolescents

Adolescents have a more "adult" approach to death. They have the ability to abstract and are beginning to truly conceptualize death. They work hard at making sense of whatever teachings they have had about death. Responses to grief include depression, denial, and regression. They are more often willing to talk to people outside of the family and engage in traditional mourning.

Signs of distress are depression, anger (may have particular anger toward parents), non-compliance, rejection of former teachings as they relate to death, role confusion, and acting out. Possible interventions include: encouraging verbalization encouraging self-motivation in efforts to cope with grief. Listen. Be available. Do not attempt to take away grief. If they will talk with you, TALK ABOUT IT (Christ, Siegel & Christ, 2002; Zubenko & Capozzoli, 2002).

Stress, Coping, and Resilience

When having a discussion with family members about problematic issues within the family, it is important for caretakers to understand the effects of stress on children and adolescents, methods for coping with these events, and what produces a more resilient child, adolescent, or adult who is able to "bounce back" from adverse circumstances without the effects of those circumstances producing long-term negative emotional, social, and physical consequences. Included below is a discussion of stress, coping, and resilience as they relate to children and adolescents. Some of the same information about stress reactions and coping mechanisms of children and adolescents apply to adults as well.

Stress

For all of us, stress is the effect of anything in our lives which requires us to adjust. The adjustment may be in the amount of attention we have to give a stressful event, the way in which we must change our behavior to deal with the event, or the amount of energy we have to use to cope with the event. All of us have stress in our lives and two terms to consider when thinking about stress are *stress capacity* and *stress load*. *Stress capacity* refers to the amount of stress a person can carry. Because of individual differences, each person's capacity for carrying stress is different. *Stress load* refers to the amount of stress a person has in his or her

life. We would always want a person's stress capacity to be greater than his or her stress load (International Federation of Red Cross, 2009).

There are many stressful challenges that we must face in our lives. Four major reactions to stressful challenges are:

1. Acceptance of changes in life which requires courage and resiliency.
2. Uncertainty, anxiety, and fear during or following a stressful event.
3. Avoidance of painful issues or painful feelings following a stressful event.
4. Grief and sadness following a loss.

An overarching theme when facing difficult challenges is our ability to find hope that we can meet the challenge and move ahead without a sense of guilt or inferiority that could lead to a feeling that we "can't do it."

There are four broad types of reactions to stress that may be experienced if stress is severe: physiological, emotional, cognitive, and behavioral.

Physiologically	Our bodies may react with headaches, stomachaches, or some other physical ailment
Emotionally	We may respond with increased anger, anxiety, or depression.
Cognitively	Our ability to concentrate and pay attention when needed may be interrupted. We may experience more negative thoughts or we may be worried or preoccupied more than usual.
Behaviorally	We may yell at family or friends, or have other disagreements or conflicts at play, school, or work. We may also withdraw from others and spend more time alone.

More specific reactions to stress include:

Feeling of responsibility/guilt	Children and adolescents may feel guilty because they take personal responsibility for the occurrence of a stressful event. An example would be when someone is "behaving inappropriately" in a car while someone else is driving, and an accident occurs with injuries to another passenger. The person who has been "behaving inappropriately" then feels guilty because he/she may feel responsible for the accident and any injuries that occurred.
Retelling	After a stressful event occurs, many people want to tell and retell their stories about what happened because they may be trying to understand it better themselves. Children's way of retelling the story about a stressful event may be through their play. Children's play can reveal their perceptions and feelings about a stressful event, or they may want to talk about the event, or both. Children's play themes can be an ongoing way of communicating what they are feeling or thinking.
Sleep disturbance	Stress in people's lives may result in their not being able to sleep, having interrupted sleep, experiencing nightmares, or sleeping too much.
Anger/aggression	Family members may become angry following a stressful event and may verbalize anger or exhibit aggressive behavior toward others. Children's anger may be displayed in their play. They may act aggressively toward parents, teachers, siblings, or peers.
Changes in behavior, mood, personality	There may be a noticeable change in usual or routine behavior, personality, or mood. A normally outgoing child may become withdrawn. A child who is usually happy may become sad.
Somatic symptoms	When exposed to a stressful event or to ongoing stress, a child may report physical symptoms such as headaches, stomachaches, or other physical complaints.
Fear and anxiety	If stress is severe, a child may refuse to participate in usual activities, experience nightmares, or become "hypervigilant." Hypervigilance includes constantly scanning the environment for possible danger and is an outward manifestation of internal fear and anxiety.

Regression	Children may regress to an earlier stage of development. An example might be seen in a child who begins bed-wetting following a stressful event after not having had a "wetting accident" for a long time.
Separation anxiety	Children in stressful situations may not want to be separated from their parents or caretakers.
Withdrawal/ avoidance	The child may withdraw to a bedroom or someplace else where he or she feels safe. There also may be a tendency to avoid talking about or thinking about the stressful situation.
Loss of interest in activities	Activities that the child or family member usually participated in and enjoyed may no longer hold interest.
Magical thinking	Children may exhibit thoughts such as: "If I'm good, my dad won't get sick again."
Loss of ability to concentrate	There may be a decreased ability to focus or concentrate on school or work, or on directions someone is giving.
Avoidance of school/work and decline in school/work performance	Grades may begin to fall. A former A/B student may be making Cs and Ds. An adolescent who has a job may not want to go to work or may not be able to do his or her work as effectively as in the past.

(Stansbury & Harris, 2000; Fallin, Wallinga & Coleman, 2001; Dacey & Fiore, 2000)

Coping

Children's efforts to cope involve changing the way they think and the way they behave in response to external or internal demands which are exceeding their resources to deal with them. Coping is anything a child may do to adjust to stressful challenges and demands. It is an adjustment made to reduce the negative impact of stress (Lazarus & Folkman, 1984).

All children have needs and all children have universal stressors. Their needs include relating to others, being competent, and being independent. Universal stressors include feeling neglected, having chaotic lives, and feeling forced to do things they do not want to do (Skinner & Wellborn, 1997).

There are two strategies for coping that children may use: emotion-focused coping and problem-focused coping.

Emotion-focused coping is directed toward children trying to manage their emotions through:

Denial/Avoidance	Children may deny that the stressful event ever occurred or they can avoid reminders of it.
Distraction or minimization	Children may distract themselves or say to themselves, "It just wasn't that important. I really didn't care about it."
Wishful thinking	This involves wishing the event hadn't happened or wishing for something better to happen in the future.
Self-control of feelings	This means trying to control their sadness, anger, anxiety.
Self-blame	Children often blame themselves for what happened, even though it was not in their control
Seeking meaning	Children ask "Why did this happen?" and try to find meaning either in the event itself or in what happens after the event occurred.
Expressing/sharing feelings	Telling someone about their feelings can help children cope; they may confide in an adult in their lives, a friend, a religious leader, a counselor, or a teacher.

The two emotion-focused strategies that seem most helpful are seeking meaning regarding the event and expressing/sharing feelings (Compas et al, 2001).

Problem-focused coping includes efforts to change a person, the environment, or the relationship between the two. In effect, these are efforts to act on the source of stress to change the source in some way. This involves:

Planned problem solving	Children begin to think of everything they could possibly do to bring about change so that the problem can be managed and could include:	
	a. Thinking about a problem differently	An example: "My friend may just be worried about something. She may not be mad at me."
	b. Coming up with alternative methods for problem-solving	An example: "I am sad. I would like to feel happier. To help myself, I could go outside and ride my bike or I could tell my mom or I could read a book or I could call a friend and talk to her about it."
	c. Calming the self through self-talk	An example: "I think I can do this. I can take a deep breath and relax and then I believe I will be able to do it."
	d. Addressing specific aspects of the problem	An example: "I don't have many friends. What could I do to gain the friendship of the kids in my class? I could invite them over. I could work with them on a project. I could offer to share some cookies with them at lunch."
Confrontation	Children can try to confront the person or situation with hopes of coming to a solution	

(Compas et al, 2001)

Resilience

For children, resilience means that they have the ability to positively adapt when faced with present or past problems or stress (Wright & Masten, 2005). Resilient children generally have certain characteristics. They are:

A social/adaptable temperament	When faced with difficult situations, some children are able to adapt to them while other children may "fall apart." If a child has the ability to use social skills to his/her advantage, there is a better chance of adapting under difficult circumstances.
Strong cognitive abilities	Children who are strong intellectually can use their intelligence to problem-solve in stressful situations.

Effective regulation of emotions and behavior	It is important to try to maintain composure during stressful times. This includes being in control of emotions and the ability to control the urges to impulsively "act out." Children who are able to exert this kind of control are likely to feel more confident that they are taking charge of the situation.
Positive view of self	High self-esteem means that a child is more likely to feel confident and have a feeling of "I can get through this hard time."
Positive outlook	Many situations do not look very positive. If children can begin to see some positive things about the situation or about the future, they are less likely to focus on the negatives. This does not mean that they don't see the negatives; they just choose to focus on the positives to help them cope.
Faith/sense of meaning in life	Families of some children have instilled in the children a sense of a larger purpose in life. This could include religious beliefs or just a sense that the child has a purpose in the world.
Characteristics valued by society and self	These characteristics could include intellectual abilities, talents the child possesses, a good sense of humor, or the ability to make friends.

(Masten, Garmezy, Tellegen, et al., 1988)

Resilient children tend to come from families which can cope with difficult situations and adapt to them effectively as a unit. Any kind of change, particularly a stressful change, affects the whole family. There are also persistent stressors that don't go away that families have to deal with. Examples are poverty, ill health, the aftermath of a disaster, frequent moves, or frequent changes of jobs/schools. These kinds of stressors create risks for children to develop emotional and behavioral problems, for conflicts in family relationships, and for the family to break down.

There are three keys to family resilience. These include: family belief systems, family organizational patterns, and family communication processes.

Family belief systems	Family belief systems help families make meaning out of adversity. Belief systems help families have more positive outlooks and come to a place of transcendence which means they have the ability to rise above the problem.
Family organizational patterns	Organized families can better maintain flexibility in stressful times, can maintain connectedness with one another, and usually have more social and economic resources.
Family communication processes	Communication processes within the family need to be clear, with open emotional expression and with the ability to problem-solve as a group.

(Walsh, 2007)

Resilient families tend to have certain common characteristics. These include:

- ✓ A stable/supportive home environment.
- ✓ Parents who are involved in their child's education and activities.
- ✓ Parents who have the same resilient characteristics as their child.
- ✓ A family which has socioeconomic advantages.
- ✓ Parents who have post-secondary education.
- ✓ Families which have faith and/or religious affiliations.

Family members can serve as resources or can present impediments to coping. However, whether a resource or impediment, each family member serves as a model of coping for other family members (Masten, Garmezy, Tellegen, et al., 1988).

Finally, in the larger context, resilient communities have some common characteristics. These include:

- ✓ Good quality neighborhoods.
- ✓ Effective schools.
- ✓ Employment opportunities for parents and teens.
- ✓ Good public health care.
- ✓ Access to emergency services.
- ✓ Connections to caring adult mentors.
- ✓ Positive peer associations.

Compas & Epping, 1993.

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