

REPORT

Coordinated Flood/ Samets meeting Friday 4th to Sunday 6th July 2014 Germany/ Wiesbaden

TRANSCRIPT OF A 30-MINUTE INTRODUCTORY TALK

“PSYCHOSOCIAL CARE IN EMERGENCIES FOR CHILDREN”

RESULTS OF THE WORKSHOPS

*“SPECIAL REQUIREMENTS FOR THE CARE OF CHILDREN IN EMERGENCY
TEMPORARY SHELTERS” AND “KEY ISSUES FOR FUTURE GUIDELINES
AND TRAINING”*

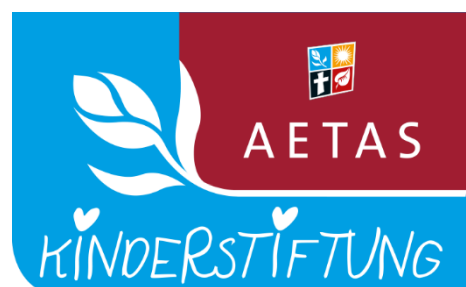
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TRANSCRIPT OF A 30-MINUTE INTRODUCTORY TALK

“PSYCHOSOCIAL CARE IN EMERGENCIES FOR CHILDREN”

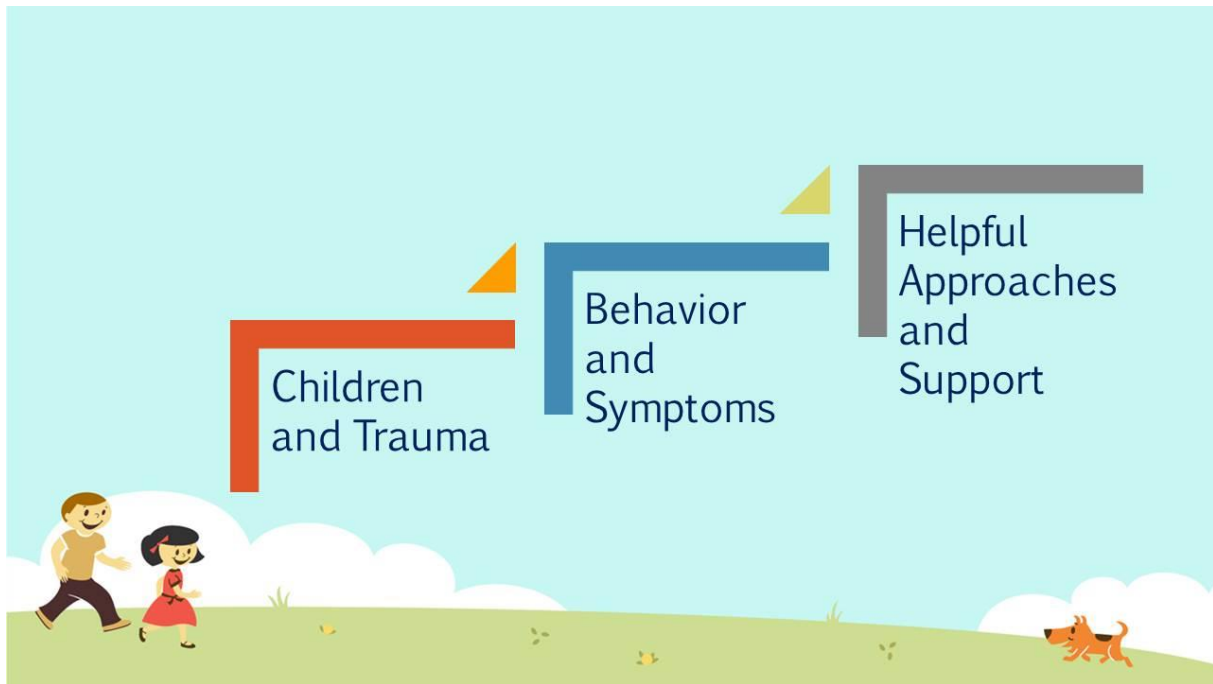


Usually we like to start speaking about children and trauma by stressing that children are not just “short adults”.

Today however it is a pleasure to me that this knowledge seems to be the crucial point that brought this event on in the first place and does not need stressing at all.

I am not at all used to speaking English and I sound much more confident than I really am, so please forgive me reading rather than speaking freely and excuse any bumps and missing words.

30 minutes is not a lot of time for a big topic like child trauma. We will try to keep it nice and simple and concentrate on three questions:



1. WHAT IS SO SPECIAL ABOUT CHILDREN IN AND AFTER POTENTIALLY TRAUMATIZING SITUATIONS?

2. WHAT BEHAVIOR OR SYMPTOMS DO CHILDREN COMMONLY SHOW FOLLOWING EXPOSURE TO A TRAUMATIC LIFE EVENT?

3. WHEN WE TRY TO SUPPORT THOSE CHILDREN WHAT ARE HELPFUL STRATEGIES?

Just two short remarks before we start: I will mainly concentrate on Phase 1 of disaster management, obviously, we will need to keep in mind that traumatic stress as well as symptoms develop and change over a longer period. Therefore, after days or weeks in temporary shelters we would almost certainly be looking at a different picture.

One more thought that I would like to mention is that there is a great difference to the topic, depending on which angle of view we choose. In psychotraumatology we are very much used to thinking in terms of what makes children sick, risks, making diagnoses and techniques to heal or ease suffering. Frankly, our knowledge in this field is mainly rooted in the evidence base of mental disorders derived from studying people who did fall sick following overwhelming adverse experiences. However, that is just one way to look at it.

There are tendencies – and there always have been – to choose the opposite angle and that is just as fascinating. What is it that it needs for children, for people of all ages, to be and stay resilient to traumatic stress. What is it those people already bring into a potentially traumatizing situation and, probably even more interesting for the topic of these three days - what is it that children need in the aftermath to stay on top and not develop a post trauma diagnosis.

For me it is rather simple today. Both movements would most definitely agree on the central importance of orientation and attachment.

We will see what that means...

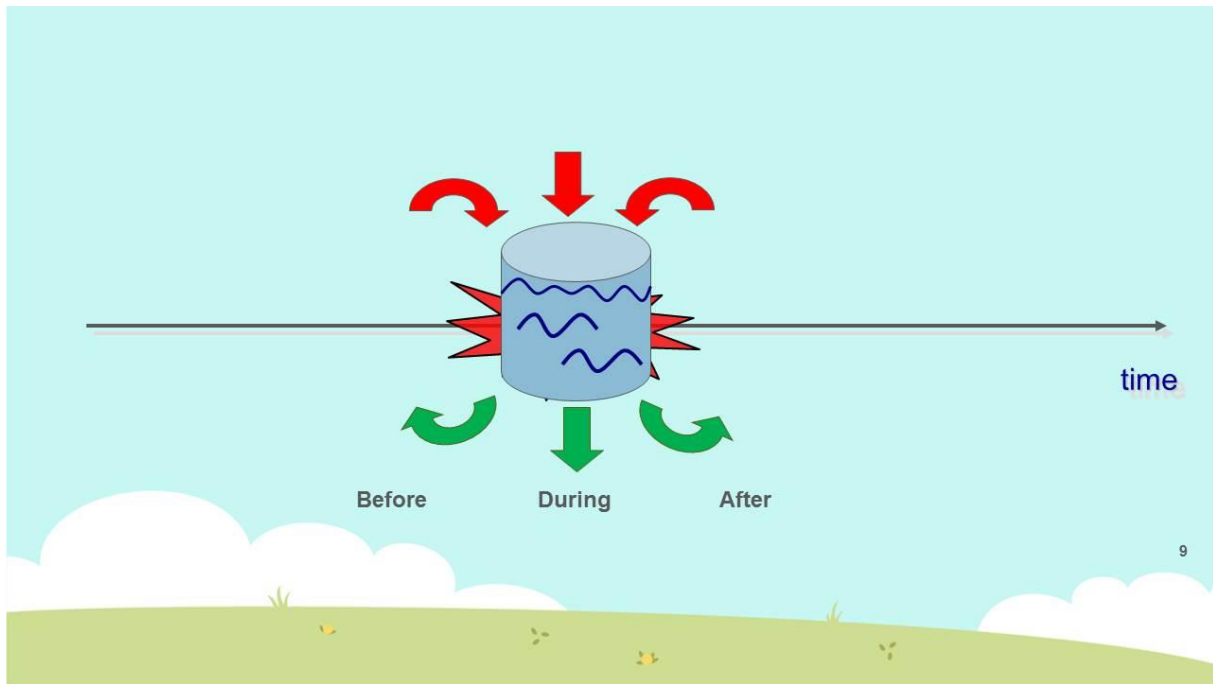
We will get going with question number 1, and as we are talking about kids, we will have bouncy writing and everything: here goes!



1. WHAT IS SO SPECIAL ABOUT CHILDREN AND TRAUMA ANYWAY?

Children are not children. They are babies, adolescents, teenagers, 10-year-olds, infants...

Therefore, the first important implication is to consider what it means to be speaking about "children".



There is no such thing as „Trauma“ or putting it a bit differently the Traumatic Situation does not equal the actual process of Traumatization. We are rather facing a highly individual mixture of Before, During and After the event. And this individual mixture will be vital for each personal stress barrel to either overflow or to stay capable to hold its filling level. That means, it is never the event on its own, but filling level before, what comes into the barrel by experiencing the event and how much additional stress will I experience afterwards.

Looking at the degree of individuality, we will find that ...

BEFORE

- Developmental stage
- Ability to understand
- Personality style
- Functioning before event
- Biography of trauma and coping
- Existence and Stability of the family's or child's Support network
- Preparedness



We are looking at

- Developmental stage
- Ability to understand (that means, “What do I make of a situation myself, how realistic and how magical is my explanation?”)
- Personality style
- Functioning before event (was I reasonably stable before or is life in general not too easy for me to cope with)
- Biography of trauma and coping (what have I already gone through and what did I learn about handling difficulties, is there a belief as in “there’s big ones who help and who I can run to” or is the lesson learned more like “I can’t do anything and nobody else can either”)
- Existence and Stability of the family's or child's Support network (Before and After)
- Different grades of Preparedness

DURING

- Proximity
- Individually experienced modalities of the traumatic event.
- Existence and Stability of Support network
- Capacity to act, modulate and understand



- Proximity
- Individually experienced modalities of the traumatic event. (There is a big difference between children who felt upset, yet safe throughout exposure and children who witnessed injury or loss of a family member or felt their lives in jeopardy...)
- Existence and Stability of the family's or child's Support network (not just as in physically present but as in emotionally available)

AFTER

- Ongoing Exposure
- Resulting changes to the child's and the family's life
- Existence and Stability of the family's or child's Support network



- Ongoing Exposure (Development of the event, amount and media access)
- Resulting changes to the child's and the family's life (Have I lost my bed? My house? My Dad?)
- Existence and Stability of the family's or child's Support network (is there time and emotional capacity to look after children and knowledge on special behavior and needs that allow effective support? Inadequate Support may even fill the stress barrel that we looked at even more)

The stress barrel picture obviously applies to people of all ages for children it is meaningful in a very thorough sense as development **before** the event has not yet finished, so children's psyches are work in progress to a deeper extend than adults.

During Exposure, children are usually far more helplessly exposed and out of their coping range.

Afterwards they depend on what others do, decide, explain, put into action rather than being able to control or impact events themselves.

Additionally I would like to mention another important aspect puts children in a different situation than grown-ups:

Children – the younger the more – will come to conclusions about how hopeful or hopeless their situation is, by deriving it from what reactions they see in their attachment figures or the ones in charge rather than judging it due to a stable inner working model of their own. Therefore, there is not much sense in working with children without taking the ones they turn to into account as well.



This equation is mathematically impossible and suits the characteristics of disaster just fine. Defined by more unknown variables than comfortable for finding solutions.

So just like when we are facing multiple variables in mathematics we realize how important it will be to keep it as simple as possible.

TAKE HOME MESSAGE QUESTION 1



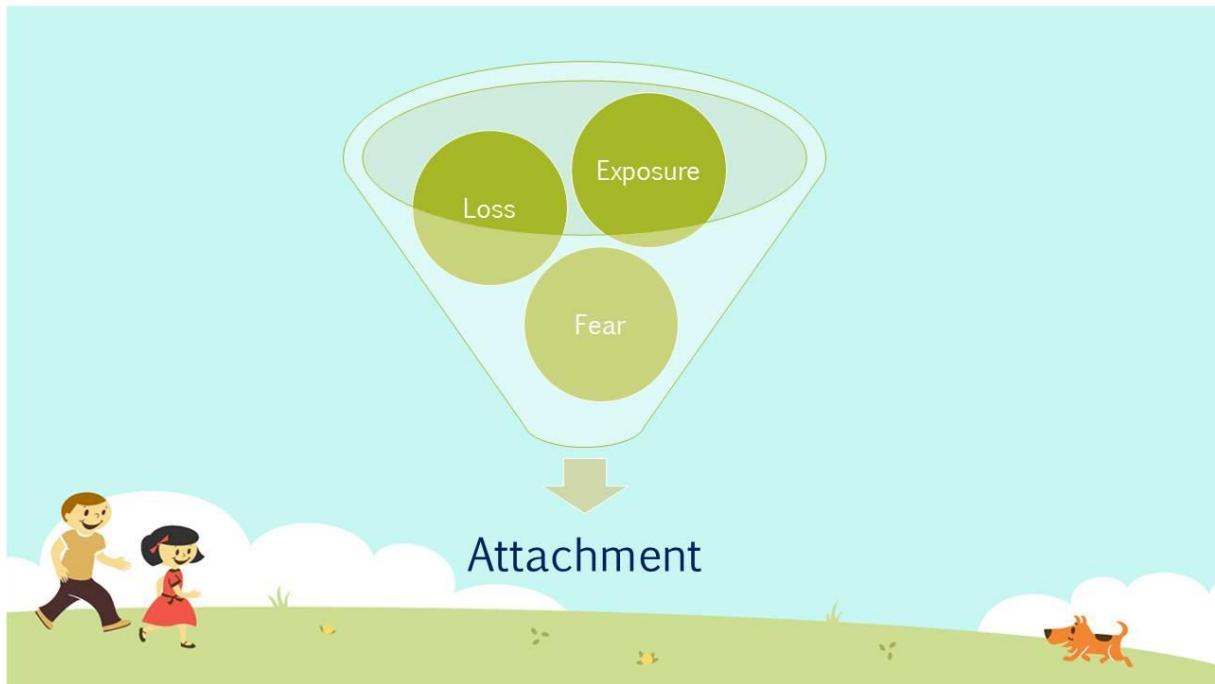
1. Children differ Before, During, After as we have looked at in the stress-barrel picture
2. They are multiply reliant on caregivers as they cannot interpret, relate to, modulate or influence the situation independently from their caregiving systems

So now, we know that we cannot really put anything into standard conclusions.

So that is what we all flew or drove hundreds of miles for? For someone in a brown jumper to tell us it is all way too individual for any overall rules of thumb?

Don't worry, it is not quite so bad and we will see how we can put our knowledge in action in just a minute. Because we do know a couple of connecting elements that more or less generally apply to all the different children after extreme stress we will have in mind from now on.

Connecting elements in terms of enhanced risk and following those in terms of helpful strategies. We will have a quick peak at which factors put children at greater risk during and after traumatic situations and we find that ...



- Exposure

Physical and emotional proximity, before, during and after, not just in directly witnessing but also in seeing things in the media (young children have not developed the ability to understand that repeated media reports do not mean it's happening over and over again, or simply re-experiencing event by seeing it again on television)

- Extend of Loss experienced

Loss of a friend, loved one (pet), home, belonging, physical and/ or emotional contact to family during or after event

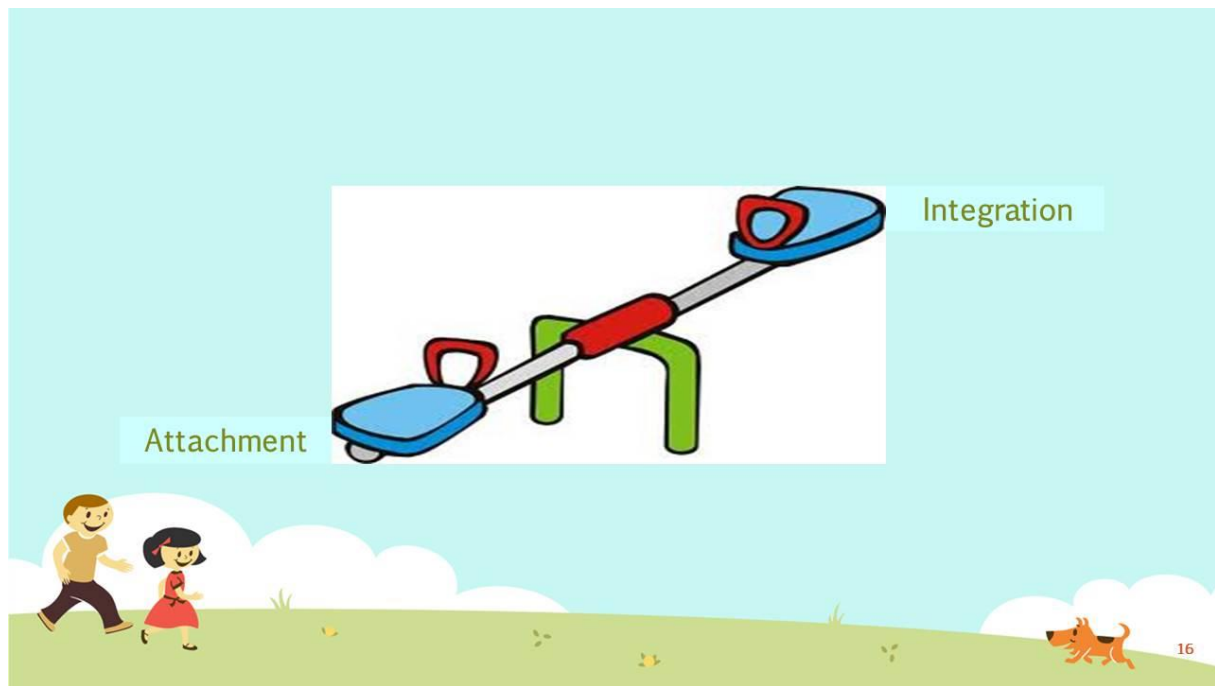
- Both these factors add up to Fear

Fear that can initialize changes in hope and trust in others, the world and myself. Moreover, what fear always does is, it switches on our attachment system.

Exposure and Loss boil down to Fear

Fear switches on the Attachment system

This gives us a great chance to influence the effects of threat and trauma. By answering to, or calming the attachment system.



When my attachment system is highly aroused by fear or pain, I will not be able to integrate what is happening, I will not be able to learn, as in adapt to or modulate the situation.

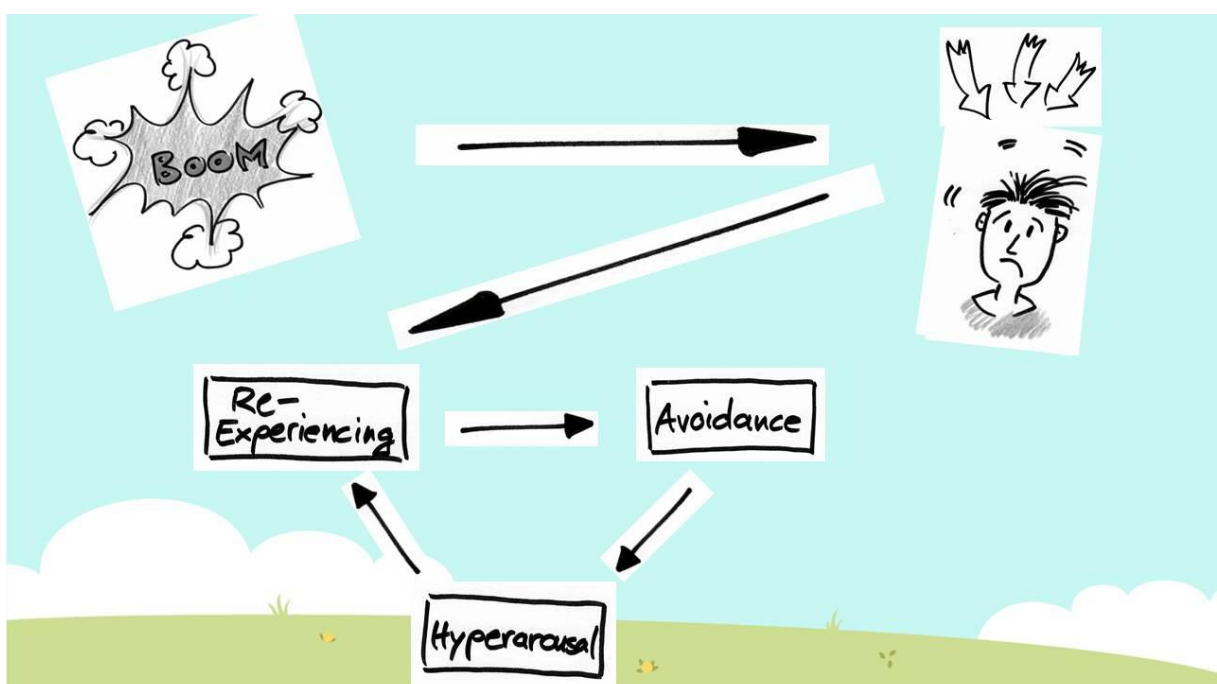
When my attachment system is soothed and calms down, my integration capacity will go right up. My brain will have a much better chance to process what is happening and I will have a much better chance to emotionally master the changes in my current life situation.

We will have a brief look at question Nr. 2 now, but for time's sake, we will not concentrate on single items too much but try to get an overall idea on how trauma symptoms develop.



2. WHAT BEHAVIOR OR SYMPTOMS COMMONLY FOLLOW A TRAUMATIC LIFE EVENT?

It is useful to get an idea on how things add up to what we – in the end – call trauma symptoms or post-traumatic stress disorder.



Let us say this young man here is 10 years old and fairly happy when something extraordinarily stressful or traumatic happens in his life.

Whatever has happened, it's just too much for his brain, too threatening ...

... to be processed in a way so that it can come to rest in his memory as an adverse part of his biography, settled in his past.

Re-Experiencing

So it stays much more vivid than it should, stuck in the present, ready to produce Re-Experiencing as in re-living aspects, recurring images when awake or asleep, recurring thoughts, feelings or emotions connected to the traumatic event. Very frightening and extremely disturbing.

So now there is something very frightening and disturbing happening for our young man (Re-Experiencing), so he – his psyche, his body, his mind – as they experience not being able to do anything about it, will start to avoid.

Avoidance

He might withdraw from friends or social interaction, experience memory loss, flat emotions or numbing, avoid reminders and triggers.

Keeping up avoidance, always being on the lookout is very stressful for our young man. He might experience this in agitation (being nervous, suffering weak sleep, poor concentration, change in appetite, crying) and elevated responsiveness (as in being easily startled, disorganization, outbursts)

That is what we call

Hyperarousal

And we all know that more stress will lead to more stress-symptoms, increased Re-Experiencing, more Avoidance, even higher Arousal and we come to understand that post-trauma symptoms have everything what it needs to build a vicious circle.

In addition to this trauma-triad, we commonly see in children what we would call “shrinking and growing”

Shrinking and Growing



Shrinking as in Regression into earlier behavior (sleeping in mummy’s bed, thumb-sucking, wetting the bed, acting younger than the real age would suggest...)

Growing as in Taking on altruistic or over-responsible behavior for the situation and/ or the care of others

Sometimes even a bit of both, swinging in mood, felt age, obviousness of traumatic effect, swinging in between carefreeness and deep concern.

Then there is just one more important aspect for our overview:

Tears in my belly



We should keep the relevance of physical complaints as headaches, tummy-aches, other pains in the body as a common reaction to stress that is too much to handle well in mind. Alternatively, we could say, sometimes when we cannot put things into words (and that is even harder for kids than for grown-ups), we put them into physical reactions instead...



If we keep these pictures in mind, the triad, growing and shrinking and tears in the belly we already have quite a good idea what to look out for. And this is where we can start thinking about what is helpful support for children who experience what we have just looked at and that brings us to question 3.

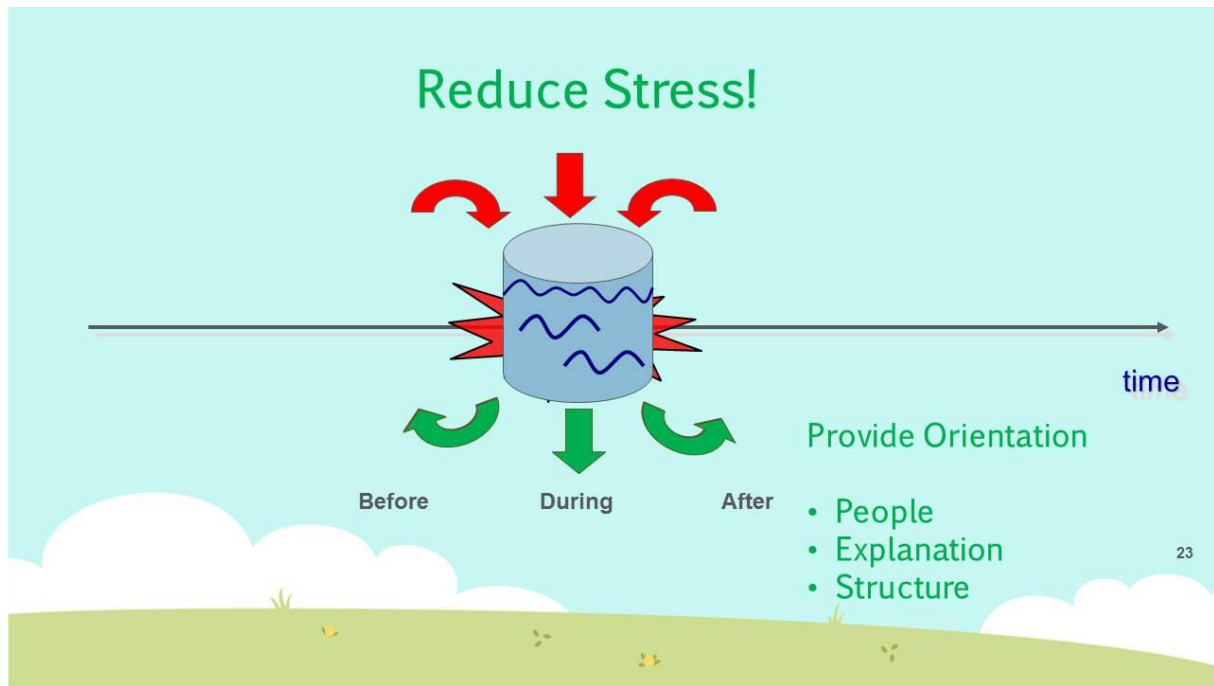
WHAT ARE HELPFUL STRATEGIES IN SUPPORTING TRAUMA-EXPOSED CHILDREN?



Reduce stress. When do we do that?

Obviously, whenever we can. During and After the Event, but also Beforehand

How do we do that?



Before – Reducing Stress beforehand is a lot about giving people – big ones and little ones – information and the opportunity to get prepared. Because we do know that certain areas are most likely to be affected by a flood or earthquake (again). So creating Disaster plans and individually adapting them, considering family members, pets and belongings, safe people outside the area to contact, etc. will make a difference. Learning how to go about media access when there are children involved is also something that can be trained and learned beforehand. Why is restricted exposure to media important? Parents need to have a chance to learn that news coverage may be detailed and graphic, frightening and repeated over and over again and young children may not understand this as repetition of the same news but believe to be in greater danger than they actually are. Also of course, we can train professionals. The better prepared they start into the actual thing the more likely they will be able to calm and stabilize people they come in touch with.

During – Disaster concepts should look at setting up structures and staff to take following aspects into account:

Orientation in means of

People – get the ones children turn to as stable and calm as possible, so children's attachment systems can dock on, relax as much as possible and enable processing what is happening. Practically this involves topics like: There is things to do for big ones and for little ones (what are things to do for little ones? Not forget to play, take part in activities, say how you feel, ask questions when you do not understand and get confused, seek comfort, do a drawing, take breaks from being upset), tasks for big ones can be to give adequate information to little ones (who, who, when, what,...), stay as calm, clear and patient as you possibly can.

Explanation – for big and for little ones. Offer psychoeducation for caregivers and for children; teach parents how to read and handle children under extreme stress, how can I calm the attachment system when I am all stressed myself? So that fear cannot explode, grow freely and take lead.

Structure – When we think of life as horse-riding, trauma rips the reins out of our hands. Having a schedule makes us feel like we know how it is working, we are less helpless, less stressed, can integrate better... always the same story. So give big ones, little ones, families and staff ...

1. ... Opportunities to get involved in handling, rather than being handled and how do I maintain cornerstones of normal life with a feeling of safe and predictable as much as possible. (Meals, play, Learning, bedtime...) Using response and complaints mechanisms. (Obviously this needs very well trained staff in order to reduce and not produce further stress 😊)
2. ... Rules as Guardrails. (This would involve Rules of this emergency community, once again coaching of adults on how to apply a softer and even more understanding approach to difficulties with temper and rules how do I stick to “what was ok before is ok now, what was not ok before is not ok now”, with. Why is restricted media access important and how do I actually go about that?)

After – We are not going to look into the Afterwards much, here we face topics like Anniversaries, Memorials and Evaluation, Follow-Up... it is only mentioned here, so we get a full picture.

Remember no matter whether you are looking at or planning for Before, During or After, in certain ways human beings are all very much alike. Not just children have an attachment system that lights up when scared, overwhelmed or asked too much. So supplying answers to the adult's attachment needs in terms of preparation, answers and orientation is what can really do the trick. Good staff as “disaster-attachment-figures” for caregivers. Because calm and familiar adults will make all the difference for affected children.

Just to take it this one last step further – professionals too are human beings, hopefully. They, too, have attachment needs when scared or overwhelmed. That is definitely something to keep in mind when working on training manuals and concepts.

These may be some of the aspects the workshops are going to be about and what very clever people have already put a lot of thought into. There is a lot of recommendable reading on Child Friendly Spaces available and for anyone involved further in this project worthwhile looking into.

Thank you very much for your attention, for putting up with a rather fierce speed and have a pleasurable time working on this very rewarding topic.



RESULTS OF THE WORKSHOPS

“SPECIAL REQUIREMENTS FOR THE CARE OF CHILDREN IN EMERGENCY TEMPORARY SHELTERS” AND “KEY ISSUES FOR FUTURE GUIDELINES AND TRAINING”

INTRODUCTION

This report summarizes two 2-hour workshops that were conducted as part of the coordinated Flood/ Samets meeting Friday 4th to Sunday 6th July 2014 Germany/ Wiesbaden. Topic of workshop No. 1: “Special requirements for the care of children in Emergency Temporary Shelters”, topic of workshop No. 2: “Key Issues for future guidelines and training”.

First of all we would like to thank all our participants for joining the workshops. It is their results we are able to present. Thank you very much for all the good work in such a limited time.

The first workshop started by remembering one crucial point and clarifying it in a simple picture: “What does a rowing boat need in order to move out of a danger zone (something hazardous has happened) in the direction of mental processing or coping (direction of arrow on chart)?” (taken from „Prävention im Einsatzwesen“ der Ludwig-Maximilians-Universität (LMU) München)

For integration and coping following highly stressful and/ or traumatizing life events we need individually fitted and well balanced use of two different, opposite and complementary sides or “paddles”: confrontation with what has happened and the consequences as one paddle and room for activation of resources, breaks from confrontation and space for gathering strength as the second paddle.

Whenever we concentrate on one paddle only we will start going in circles. This is true for big and little people and true for singular clients as much as emergency communities.

THOROUGH PREPARATION FOR EMERGENCY TEMPORARY SHELTERS WILL KEEP BOTH SIDES IN MIND AND PREPARE FOR BOTH CONFRONTATION AND RELAXATION.



WORKSHOP 1 RESULTS

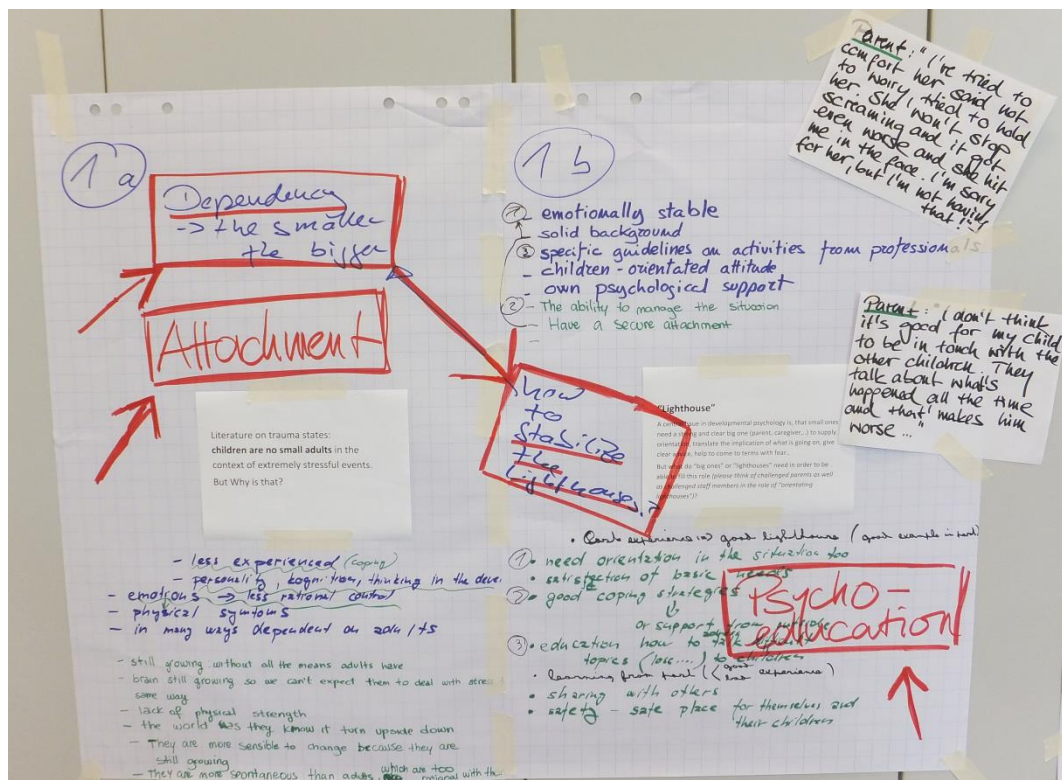
Due to the set goal and considering the very limited time, four central questions were chosen. The answers were developed by using a world-café technique.

QUESTION 1

a) Literature on trauma states: **children are no small adults** in the context of extremely stressful events. But why is that?

b) **"Lighthouse"**

A central issue in developmental psychology is, that "small ones" need a strong and clear "big one" (parent, caregiver,..) to supply orientation, translate the implication of what is going on, give clear advice, help to come to terms with fear.. But what do "big ones" or "lighthouses" need in order to be able to fill this role (please think of challenged parents as well as challenged staff members in the role of "orientating lighthouses")?



1a

Dependency

-> the smaller
the bigger

Attachment

Literature on trauma states:
children are no small adults in the
context of extremely stressful events.
But Why is that?

- less experienced (coping)
- personality, cognition, thinking in the devel.
- emotions -> less rational control
- physical symptoms
- in many ways dependent on adults
- still growing: without all the means adults have
- brain still growing so we can't expect them to deal with stress same way
- lack of physical strength
- the world as they know it turn upside down
- They are more sensible to change because they are still growing
- They are more spontaneous than adults, which are too rational with their

15

- ① emotionally stable
- ② solid background
- ③ specific guidelines on activities from professionals
 - children - orientated attitude
 - own psychological support
- ② - The ability to manage the situation
- Have a secure attachment

Parent: "I've tried to comfort her said not to worry her. She tried to hold her. She won't stop screaming and she hit even worse and she hit me in the face. I'm sorry for her, but I'm not having that!!"

Parent: "I don't think it's good for my child to be in touch with the other children. They talk about what's happened all the time and that makes him worse ..."

How to stabilize the Lighthouse?

"Lighthouse"

A central issue in developmental psychology is, that small ones need a strong and clear big one (parent, caregiver,...) to supply orientation, translate the implication of what is going on, give clear advice, help to come to terms with fear..

But what do "big ones" or "lighthouses" need in order to be able to fill this role (please think of challenged parents as well as challenged staff members in the role of "orientating lighthouses")?

- Carl's experience => good lighthouse (good example in hand)
- ① need orientation in the situation too
 - satisfaction of basic needs
- ② good coping strategies
 - ↓
 - or support from outside
- ③ education how to talk difficult topics (loss....) to children
 - learning from hand (< good experience)
 - sharing with others
 - safety - safe place for themselves and their children

PSYCHO-EDUCATION



SUMMARY OF RESULTS QUESTION 1

- STABLE ATTACHMENT FIGURES ARE OF VITAL IMPORTANCE FOR AFFECTED CHILDREN. SO ONE OF THE MAIN TASKS FOR ANY SUPPORT SYSTEM WILL BE TO KEEP CAREGIVERS STABLE.
- STABILITY MEANS WELL INFORMED, AWARE OF AVAILABLE SUPPORT AND IN TOUCH WITH OWN RESOURCES AS MUCH AS POSSIBLE.
- WELL INFORMED CAREGIVERS WILL NEED ONGOING PSYCHOEDUCATION, NOT ONLY AIMED AT CHILDREN'S' BUT ALSO AT THEIR OWN NEEDS.
- CAREGIVERS SHOULD BE AS FAMILIAR AS POSSIBLE, SO STABILIZING AND EDUCATING ALREADY FAMILIAR CAREGIVERS IS TO BE PREFERRED OVER SETTING UP A SOLELY PROFESSIONAL SUPPORT. THE SMALLER THE CHILDREN ARE, THE MORE SO.
- PROFESSIONAL YET UNFAMILIAR STAFF SHOULD BE EASILY RECOGNIZABLE TO CHILDREN OF ALL AGES. THAT COULD BE TAGS OR BUTTONS WITH A LOGO OR PICTOGRAM, SO EVEN SMALL CHILDREN CAN IDENTIFY AND DIFFERENTIATE STAFF FROM ANY OTHER ADULTS AROUND. UNFORTUNATELY ABUSIVE BEHAVIOR TOWARDS CHILDREN IS COMMON IN EMERGENCY SHELTERS AND DUE TO CHILDREN BEING PARTICULARLY WORTHY OF PROTECTION THIS TOPIC SHOULD BE ADDRESSED.

QUESTION 2

“Normal” reactions to abnormal events

Reactions to stressful events may come as

- *Behavioral symptoms*
- *Emotions*
- *Physical symptoms*
- *Cognitions*

What are typical symptoms in children following extreme stress?

Name and add helpful activities/ interventions

SUMMARY OF RESULTS QUESTION 2

- A MULTITUDE OF POSSIBLE REACTIONS FOLLOWING STRESSFUL LIFE EVENTS WAS FOUND IN ALL OF THE ABOVE CATEGORIES.

- A WIDE VARIETY OF REACTIONS AND ASSOCIATED STRATEGIES TO RELEASE STRESS WERE STATED POSSIBLE

- CONSIDERING BOTH MULTITUDE AND VARIETY OF POSSIBLE STRESS REACTIONS AND STRATEGIES AND FURTHERMORE TAKING DIFFERENT DEVELOPMENTAL STAGES OF CHILDREN AND DIFFERING EXPOSURE TO THE TRAUMATIC EVENT INTO ACCOUNT, IT BECAME MORE THAN OBVIOUS THAT TRAINING OF STAFF AND IMPLEMENTING STABLE SCREENING COMPETENCE INTO FUTURE CONCEPTS WILL HAVE TO BE A MAJOR FOCUS.

- ACTIVITIES IN AN ETS WILL HAVE TO BE OF SOME VARIETY AS WELL IN ORDER TO COVER DIFFERENT FIELDS SUCH AS:

- NORMALITY (MEALS, SLEEP, PLAY, SPORTS, LEARN, PSYCHOEDUCATION...)
- FREE AND ORGANIZED ACTIVITIES

- FOR RELAXATION AND ENERGISATION
- CONFRONTATIONAL ACTIVITIES TO EXPRESS FEELINGS OR WORK ON RESOURCES
- PEER INTERACTION
- FREE TIME FOR CAREGIVERS

- DEPENDING ON THE INDIVIDUAL MISSION, AN ETS SHOULD BE ABLE TO MEET THE NEEDS OF CAREGIVERS, CHILDREN IN INFANCY (WITH MOTHERS), EARLY CHILDHOOD, MIDDLE CHILDHOOD AND ADOLESCENTS.

- TOOLBOXES AS FOR EXAMPLE SUGGESTED BY “A PRACTICAL GUIDE FOR DEVELOPING CHILD FRIENDLY SPACES” BY UNICEF OR OTHERS SEEM APPROPRIATE AND EASY ENOUGH TO STORE AND PROVIDE.

"Normal reactions to Abnormal events"

Reactions to stressful events may come as

- Behavioral symptoms
- Emotions
- Physical symptoms
- Cognitions

2

Name and add helpful activities/
interventions

Behavior:

CRYING
SHOUTING
CLOSURE

CONTINUOUS NEED TO STAY
NEARBY THEIR CAREGIVERS
AVOIDANCE
AGRESION - HITTING...
PASSIVITY
ISOLATION
PRETENDING
TRY FOR ATTENTION

Staff training

Screening

Emotions

DISREGULATION
DISSOCIATION
ALEXITHYMIA
FEAR
ANGRY
~~WANNING~~ LONELINESS
SADNESS
HELPLESSNESS

Cognitions

MAGICAL THINKING
- RECURRING THOUGHTS
- DELETE /
- NIGHTMARES
- NO FUTURE THINKING
- LACK OF CONCENTRATION
↑ IRRITABILITY
- LIVING DAY BY DAY
- FIND WHY?

Physical

- LACK OF SLEEP
- LACK OF APPETITE
- ABSENCE OF BASICAR NEEDS
- BELLYACHE
- SHAKING OF BODY
- ↑ TEMPERATURE
• SENSITIVITY TO INJECTION
• WETTING THE BED

Activities + Interventions

- CREATING A DAILY PROGRAM (school, etc.)
- CREATING A FAMILIAR AMBIENT
- CREATING A PLACE ADAPT TO CHILDREN WHERE EXPRESS THEIR SELF
- IF THEY NEED SPACE GIVE IT TO THEM
- DRAWING
- PLAYING / GAMES
- TALKING ABOUT PROBLEMS
- FAIRY TALES
- MUSIC, DANCING
- SPORT ACTIVITY
- HELPING WITH SOME DUTIES PART OF THE COMMUNITY

- Express themselves
- play area
- breaks from having fear
- thematic play
! respect "defence" is too much

QUESTION 3

"Needs & Safety"

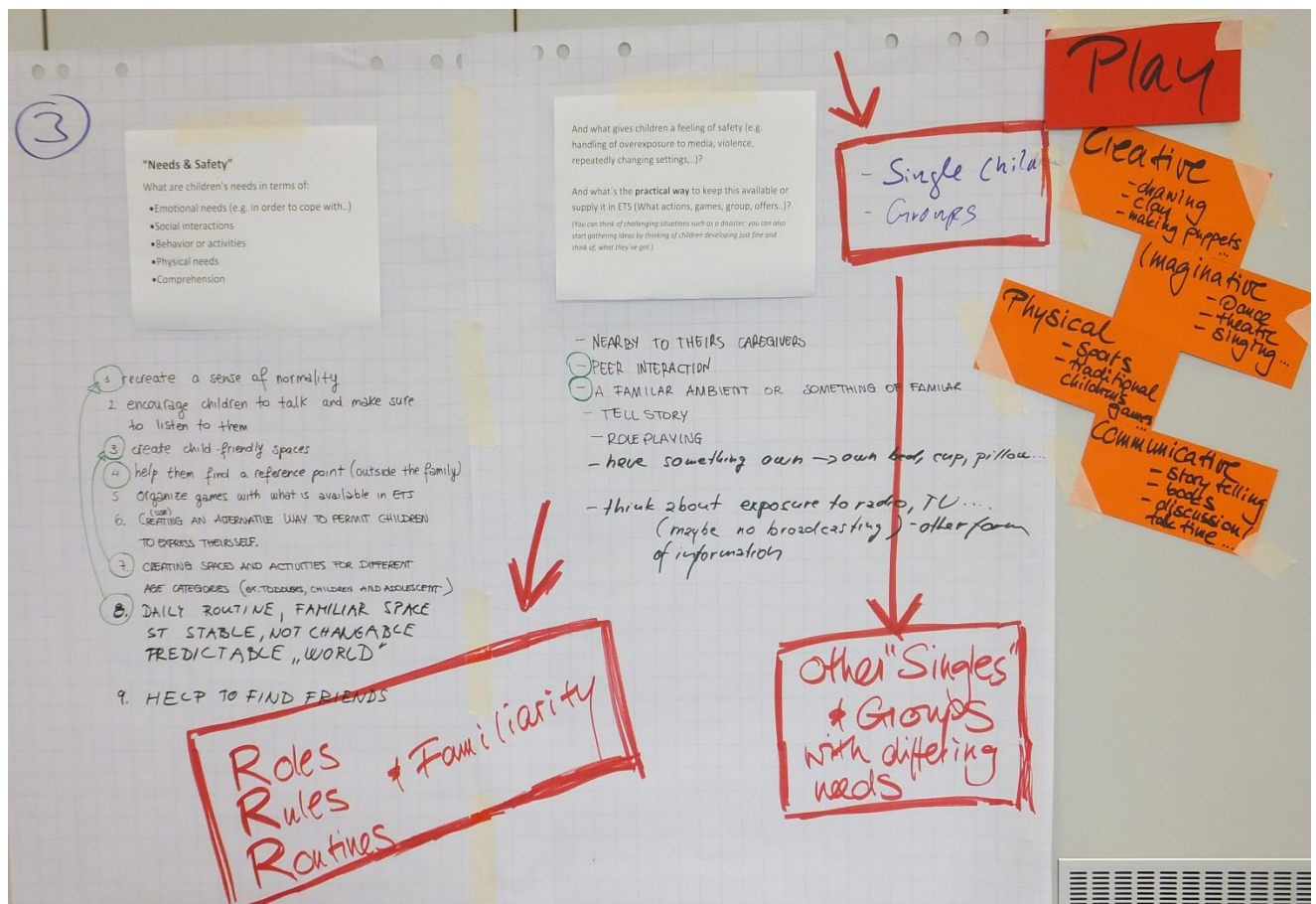
What are children's needs in terms of:

- Emotional needs (e.g. in order to cope with...)
- Social interactions
- Behavior or activities
- Physical needs
- Comprehension

What gives children a feeling of safety (e.g. handling of overexposure to media, violence, repeatedly changing settings...)?

And what is the **practical way** to keep this available or supply it in ETS (What actions, games, group, offers...)?

(You can think of challenging situations such as a disaster; you can also start gathering ideas by thinking of children developing just fine and think of, what they have got.)



(3)

"Needs & Safety"

What are children's needs in terms of:

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- Social interactions
- Behavior or activities
- Physical needs
- Comprehension

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(You can think of challenging situations such as a disaster: you can also start gathering ideas by thinking of children developing just fine and think of what they've got!)

1. recreate a sense of normality
2. encourage children to talk and make sure to listen to them
3. create child friendly spaces
4. help them find a reference point (outside the family)
5. organize games with what is available in ETS
6. (user) CREATING AN ALTERNATIVE WAY TO RESENT CHILDREN TO EXPRESS THEMSELVES.
7. CREATING SPACES AND ACTIVITIES FOR DIFFERENT AGE CATEGORIES (ENTODADERS, CHILDREN AND ADOLESCENT)
8. DAILY ROUTINE, FAMILIAR SPACE STABLE, NOT CHANGABLE PREDICTABLE "WORLD"
9. HELP TO FIND FRIENDS

Roles + Familiarity
Rules
Routines

- NEARBY TO THEIR CAREGIVERS
- PEER INTERACTION
- A FAMILIAR AMBIENT OR SOMETHING OF FAMILIAR
- TELL STORY
- ROLE PLAYING
- have something own → own bed, cup, pillow...
- think about exposure to radio, TV... (maybe no broadcasting) - offer form of information

Single Child
- Groups

Other "Singles"
+ Groups with differing needs

Play

Creative
- drawing
- clay
- making puppets
(magical things...)

Physical
- sports
- traditional games
- dance
- theater
- singing...

Communication
- story telling
- books
- discussion
- role play...

SUMMARY OF RESULTS QUESTION 3

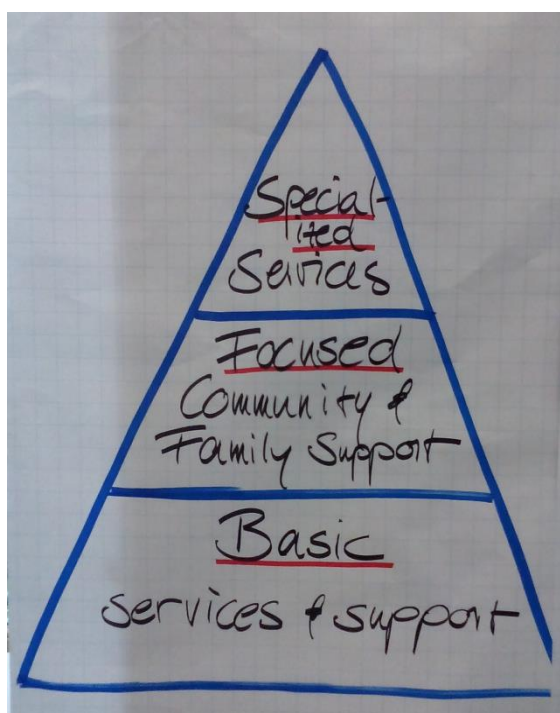
- IMPLEMENT CHILD FRIENDLY SPACES IN SITE-CONCEPTS
- KEEP UP AND/ OR PROVIDE
 - ROLES (PERSONAL AND PROFESSIONAL)
 - RULES (FAMILY-RULES AND ON-SITE RULES SUCH AS MEDIA ACCESS ...)
 - ROUTINES (TIMETABLES, DIFFERENT SPACES...)
- TRY TO CREATE AS MUCH SENSE OF FAMILIARITY (OLD AND NEW) AS POSSIBLE.
- FOR PUTTING THESE EMPHASES INTO ACTION DIFFERENT FIELDS FOR CONCEPT WORK WERE IDENTIFIED:
 - ACTIVITIES FOR SINGLE CHILDREN OR CAREGIVERS
 - ACTIVITIES FOR GROUPS OF CHILDREN OR CAREGIVERS
 - ACTIVITIES FOR GROUPS WITH SPECIAL NEEDS
- CREATIVE ACTIVITIES (DRAWING, CLAY, MAKING PUPPETS ...)
- IMAGINATIVE ACTIVITIES (DANCE, THEATRE, SINGING...)
- PHYSICAL ACTIVITIES (SPORTS, TRADITIONAL CHILDREN'S' GAMES...)
- COMMUNICATIVE ACTIVITIES (STORY TELLING, BOOKS, DISCUSSION, TALK TIME ...)

Activities	Free	Organized Groups
Confrontational	-	-
Activating Resources	Creative	Communicative Creative Imaginative
Relaxation	Creative	Communicative Creative Imaginative
Energisation	Physical	Physical Imaginative

Confrontational Activities should only be conducted for individual children and/ or adults under supervision and by specifically trained staff.

WORKSHOP 2 RESULTS

Workshop 2 looked at “*Key Issues for future guidelines and training*”, so using the results from workshop 1 the participants focused on categories of different services that need consideration in further concept work.



Depending on Grade of Exposure and experienced Fear/ Loss children and their families will need more or less support and services provided by an Emergency Temporary Shelter.

Most children will be able to return to their former developmental path when receiving “**Basic services and support**” within their family system. Basic services and support provide shelter, play, food, hygienic facilities and basic support in terms of psychoeducation.

“**Focused services**” was defined as offers and activities to meet the needs of children and families that are overly challenged by the need to adapt to ongoing changes and need more help in coping. This includes emotional support as well as training in supporting children who show signs of ongoing traumatic stress.

Only a small group of children and families will need “**Specialized Services**”. This category applies to families that cannot return to a challenged, yet stable level of functioning. Staff offering these services (for both children and caregivers) need to be specifically trained, experienced and supervised. Unaccompanied children may well be set in this group to provide one-on-one support, providing a substitute attachment figure.

One more group the workshop did not look at closely are adolescents. In order to simplify due to a very tight schedule, the workshop concentrated on children and adults. In future concepts adolescents are another special group that needs consideration.

Real children and adults hardly ever fit into tables that use simple classifications as age-range. Even two children of the same age display different developmental stages, under extreme stress and looking at different grades of exposure, fear and loss these classifications are very likely to fall even shorter.

One crucial point that is also not mentioned in the above table is the real and/ or emotional availability of familiar caregivers. Because to be honest we are yet again looking at three different sub-groups:

1. Children with available caregivers
2. Children with present yet unavailable caregivers
3. Children without present caregivers

The following chart shows that there are services that need to be available for all present groups and specific offers only for specific groups.

As traumatic stress is an ongoing process over time we will also have to keep in mind that children and/ or families might change from one group to the other. By enhanced coping or worsened stress impact.

And staff as well will have to be watched closely as ongoing on-scene work has an impact on professionals too and will have to be met adequately.

All groups involved – children, caregivers and staff – need to be made offers in the fields of

- Stabilization
- Breaks
- Being Involved

Needs	Children	Caregivers	Staff
Specialised	Highly individual Monitoring and acute therapeutic Service in one-on-one Setting		Mental health professional with specialized training and experience. Close one-on-one Supervision. Shorter times of Exposure.
Focused	For children and caregivers Focused Services will have to include: <ul style="list-style-type: none"> - More specific and individual single/ group psychoeducation - More specific and individual single/ group activities - Screening 		Crisis Intervention Skills and more specific Skill training. Group Supervision and one-on-one Supervision on demand
Basic	Basic Services will have to be linked closely to the structural and organizational side of concept work. Nevertheless all families need: <ul style="list-style-type: none"> - Basic psychoeducation - Information - Roles, Rules, Routines - Balance Privacy/Community - Basic Screening 		Psychological First Aid Training Group Supervision and one-on-one Supervision on demand

0-6 years } - 10 years } - 14 years

LIGHT HOUSE !!

FIND COMPETENT ONE

INDIVIDUAL WORK

EXPERTS

CLOSE ATAG
WITH LIGHTHOUSE
- LIGHTHOUSE

SCREENING
CHECKLIST

FOR STRESS SYMPTOMS
(RISK ↑)

PSYCHOEDUCATION
of
CAREGIVERS
(GROUPS)

MORE STRUCTURE
SPECIAL GAMES
(HANDLING)

PSYCHOEDUCATION
HOW TO HANDLE SY
CAREGIVERS (GROUPS)

PRIVATE SLEEPING
SPACE - WITH FAMILY

PLAYGROUND - RUN SHOUT
- INDIVIDUAL -> WITH CAREGIVER
- IN GROUPS -> ANIMATORS
TOYS, MATERIAL
for GAMES

ORIENTATION about
- PLACE (i.e. p)
- RULES
- ROUTINES

NAPPIES
BABY FOOD

LIST of GAMES,
-> different sorts and
use

EDUCATION

Parents/Caregivers

Staff

Be Involved

Breaks

Stabilisation

specialised
psychoeducation
learn to do

one-to-one session
with professionals

PSYCHOEDUCATION
+ learn to do

psychological support in
handling children's symptoms

discussion and sharing groups
between caregivers

psychological support in
handling children's questions
psychological support for
parents to handling their
emotions and thoughts

Keep roles, rules and routines =
familiarity

parenthood support

targeted training
longer breaks to
re-charge

one-to-one supervision
for special cases

PAY ATTENTION ON CULTURAL AND
RELIGIOUS DIFFERENCES
(e.g. dedicate spaces)

DOING A CHECKLIST
TO ASK CAREGIVERS
THEIR NEEDS

child care facility
(play category: "creative",
"imaginative", "physical", "communicative")

support parents in
daily activities
(pick up lunch, helping
with homework ...)

continue school activities
create or/and continue
daily activities

discussion with professional
supervision

sharing experiences with
others volunteers in a dedicated
spaces

INVOLVEMENT OF CAREGIVERS IN
CHILD CARE FACILITY
TRAINING IN HOW TO RELATE
WITH PARENTS

See & use what there
already is! Then...

Future tasks

- * Find conceptual supportive specialized Staff
- * Train and Update Staff
- * Set up - Psychoeducational Material
(Adults, Kids, Adolescents)
 - Screening Material
 - Checklist f. Set-up
 - Play-Kits
(f. diff. ages & play)
 - Guidelines for Running Process
(What, when, Roles, Registration, Complaints mechanism, Services we supply, ...)
 - Evaluation
 - Education
 - Insurance
 - Therapists

Topic	Task
Staff	<p>Find, assess and choose</p> <ul style="list-style-type: none"> - Conceptual - Supportive - Specialized staff (on-scene and supervising) <p>Differentiate staff and volunteers and set up guidelines.</p> <p>Create and resolve “Code of Conduct”.</p>
Training	<p>Find staff to set up different trainings for future staff members in different fields of activity.</p> <p>Conduct training courses and regular Refresher courses.</p>
Material	<p>Set up:</p> <ul style="list-style-type: none"> - Psychoeducational Material (adults, kids, Adolescents) - Screening Material - Checklists for Set-Up of Children’s division - Play-Kits or Tool-Boxes (for different ages and activities) - Guidelines for the running process (what, when? Roles, Registration, Services we supply, Supervision, Complaints Mechanism, Cooperation with Educational/ Therapeutical/ ... systems...)

Evaluation

Create and specify Monitoring activities such as:

- Supervisor Report with focus children and families
- Supervisor Report with focus staff
- Staff survey
- Caregivers survey
- Children survey

Implementing Evaluation from the start does increase workload in the conceptual phase of setting up structures. It is though a major chance for implementing feedback into further planning and decreasing frictional losses as early on in the process as possible.

Many very experienced and clever people have already spent a lot of time on developing guidelines and concepts for Child Friendly Spaces.

Even though the majority was originally written for humanitarian fields, very many topics, headlines and contents presented are highly relevant for the Samets work and should be viewed thoroughly to make best use of already existing manuals and concepts.

Some recommendable concepts are:

“Child Friendly Spaces in Emergencies: A Handbook for Save the Children Staff”

“A Practical Guide for Developing Child Friendly Spaces”, UNICEF

“Guidelines for the design, management and monitoring of play areas”, UNICEF

“Child Friendly Spaces: A Structured Review of the Current Evidence-Base”, Worldvision

“Child Friendly Spaces Facilitator Training Manual”, Save The Children