

Professor's Notes

Week Six: Ministering to Children, Adolescents and their Families in Crisis



A scared child sits in the middle of the children's church service. Her head is lowered, and she hesitates to engage in the fun group-activity even with her eyes. She seems to be trying to take up as little space as possible; her world has taught her that she is small. Her parents have told you about her trauma and her fears, but the words of an adult cannot portray the world of a child who has been traumatized. Despite the best intentions of adults who care about her, this child is radically alone in a reality of fear, shame and isolation.

An angry adolescent is compelled to connect with the youth pastor for mentoring and a bit of pastoral counseling because of his delinquent behavior. Underneath that anger you see a desperate loneliness in him. He feels unheard and misunderstood. He has been labeled by the adults in his life and can't begin to describe the pain underlying his "diagnosis." At the outset of coming to speak with you, he refuses to talk. Why should he? The youth pastor is just another adult who will probably label him.



Often times the immediate intervention in reaching out in these two stories suggests that the scared child and the angry teen must talk about what they are feeling, what they have experienced and what they are experiencing. It is natural to assume that these two struggling individuals need to verbalize their pain and frustration in order to begin the healing process...
OR DO THEY?

Could it be that these two (and many others) young kids may not be able to express their stories and the accompanying pain through verbalization alone? Children and adolescents who have experienced chaos, turmoil, and trauma need to be understood with consideration of certain developmental components and trauma dynamics.

One-on-one ministry to adults in crisis relies heavily on verbal communication skills, emotion identification, abstract conversations, and behavior management techniques. These foundational elements, however, are the very things that children and teenagers are still in the process of developing. According to Piaget, children younger than ages 11 or 12 do not have the ability to think abstractly or reason in hypotheticals.¹

This means that children (including teenagers who may be as developmentally younger than their chronological age), are concrete thinkers, lacking the cognitive ability to explore their trauma in ways that many traditional adult ministries are geared.

On top of that children and teenagers do not have fully developed frontal cortices, meaning that they are still learning self-management, self-regulation, and other basic executive functioning

¹ Piaget, Jean. *Play, Dreams, and Imitation in Childhood*. Reprinted ed. NY: W.W. Norton and Company, Inc. 1962.

skills. A recent study from Blakemore, revealed that neuroimaging (MRIs) studies show that the adolescent brain is still in the developmental process.²

Even for children who have large vocabulary and language skills, their brains are still learning how to communicate using verbal speech. Especially when it comes to expressing strong emotions, children are frequently unable to put these feelings into words.

Another element of child development that is critical to trauma treatment is emotional development. At birth, babies exhibit primarily distress and contentment which expands to include laughter and smiles around four months of age, followed by anger in the months immediately after. During these early stages, emotion is a relational process, with children experiencing and reciprocating emotion from their primary caregivers. The time a child reaches adolescence, this emotional regulation faces significant obstacles. Adolescents experience an increase in emotional intensity leading to impulsivity, moodiness, and increased reactivity. Therefore, pastoral care with children and adolescents should take into account these fundamental developmental realities.

General Reactions of Children to Crisis

Although many feelings and reactions are shared by people of all ages in response to the direct or indirect effects of crisis, meeting the needs of children and adolescents requires special attention. Typical reactions of children and teens, regardless of age, include the following³:

- Fears stemming from the crisis extending to their home or neighborhood.
- Loss of interest in school
- Regressive Behavior
- Sleep disturbance and night terrors
- PTSD: Fears of events that may be associated with the crisis situation, such as airplane sounds or loud noises.

In regards to PTSD with children, watch the following video describing a personal perspective of the traumatic stress that can occur in the life of a child.



Breaking the Silence about Childhood Trauma | Dani Bostick | TEDxGreenville

Video 1: PTSD with Children

One of the greatest human pains is the loneliness of being alone. Children and adolescents who have experienced trauma know and struggle with this routinely. This unique population, already struggling for identity and autonomy in this world, are cruelly burdened when trauma strikes and are left feeling unfairly isolated. In this discussion of loneliness, pioneer play therapist, Clark Moustakes stated, "*It is the terror of loneliness, not loneliness itself but loneliness of anxiety, the fear of being left out, that represents a dominant crisis in the struggle to become a person.*"⁴ It is in this lonely place that so many young victims of trauma reside and that Christian caregivers must be willing to enter.

Pastoral Care for Families in Crisis

² Blakemore, Sarah-Jayne. *Inventing Ourselves: The Secret Life of the Teenage Brain*. Public Affairs Publ. 2018.

³ Greenstone Leviton. *Elements of Crisis Intervention: Crises and How to Respond to Them*. 2nd ed. Pacific Grove, CA: Brooks & Cole Publ.. 2002. Pg. 68.

⁴ Moustakes, Clark. *Portraits of Loneliness and Love*. NY: Prentice-Hall Press. 1974. Pg. 16.

When you think of the word "family," what concepts comes to mind? Love, support, respect and understanding might be some. Today more than ever, family dynamics are complicated at best with interactions that can run the gamut, depending upon the circumstances. Because family members do not operate in a vacuum, an individual's crisis often becomes a crisis for the family. Major sources of personal crisis include illness, financial problems, business problems, job promotions or demotions, problems with one's children, layoffs, caring for aging parents, adoption or birth of children, abortion, unplanned pregnancies or miscarriages, pending marriages, separations and divorces, blending of stepfamilies, and severe injuries and deaths within the family.

Most crises have a primary victim, but they also touch those who are affected through the primary victim. These secondary victims are usually family members of the person experiencing the crisis. In rapes, suicide, physical abuse, incest, substance abuse, family disputes, and natural disasters, the intensity of the trauma, the emotional upheaval, and the difficulty in adjustment relating to the event can be as severe for the family as for the primary victim. Sadly, the tension that can build with unresolved issues can divide the family and/or create severe dysfunction within the family unit. *"When there is a breakdown in communication amongst family members and they are no longer able to cope with the normal challenges of everyday life due to the crisis, the family will no longer function as a cohesive unit. Members can be found suffering individually, unable or unwilling to support each other."*⁵

Secondary victims often experience their own crisis as they try to fit what has happened into life as they see it. For example, a rape victim's parents, spouse, boyfriend, or the children who witness the rape, might experience their own crisis with an intensity equal to, or even greater than, that of the primary victim. Remember, the question is, "What is the **CONGINITIVE KEY** they have in defining the crisis?"

What is the Cognitive Key for Family Members?

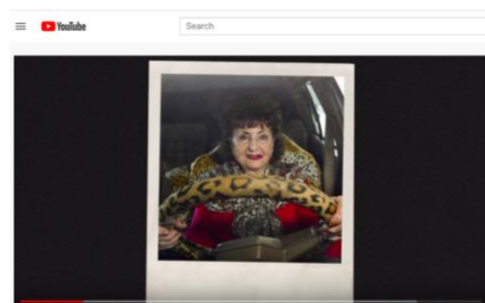
In trying to make sense of a crisis situation, children's reality is often formed by fantasy, partial truth, and an immature ability to discern what is happening around them

Guidelines and procedures for managing crisis situations with primary victims must be applied in a similar manner to family members as well. Unfortunately, the intervener often overlooks this task. Children may have it worst of all.

Typology of Family Trauma

Traumatic experience and their impact on families fall into the following broad, though not distinct nor exhaustive, categories:⁶

1. **SIMULTANEOUS TRAUMA:** Family members are directly affected by a traumatic event (e.g., auto accident, home invasion, natural disaster).
2. **SECONDARY OR VICARIOUS TRAUMATIC STRESS:** Family members witness or hear about trauma experienced by another member (e.g., rape, chronic illness. Accident of another family member).
3. **INTERGENERATIONAL TRAUMA:** Family members are affected by the trauma



Video 2: Intergenerational Trauma

⁵ Barbara Waltman, Director of Social Work at New York-Presbyterian Hospital

⁶ Catherall, Don. ed. *Handbook of Stress, Trauma, and the Family*. NY: Brunner-Routledge Press. 2004.

experienced by the previous generation (e.g., children of POW's, second generation Holocaust survivors, immigration).

4. **INTRAFAMILIAL TRAUMA:** Family members are traumatized by a member of their own family. (e.g., incest, domestic or substance abuse).

While distinct dynamics are associated with each type of trauma and specific interventions are needed, these nuances are beyond the limitations of a Pastor and pastoral care giver. Thus, understanding when to refer is critical.

Generally, Children lack the limited understanding adults possess. In trying to make sense of a crisis situation, children's reality is often formed by fantasy, partial truth, and an immature ability to discern what is happening around them. Often children absorb emotions from adults, and act as barometers for family dysfunction. As a consequence, they exhibit acting out behaviors such as anger, aggression, or withdrawal and anxiety, unintentionally creating a **HOMEOSTASIS** in the home; that is, responding in a new and extreme behavior that serves to create balance back to the original family balance or status quo. Unfortunately, the homeostatic behavior is too extreme and it complicates the situation even more or creates its own set of crises. For more information on Homeostasis and Family Systems see the following video:



Video 3: Family Homeostasis and Family Crisis

Twenty Steps for Handling Family Crisis

The family does not simply represent another (secondary) victim in a crisis. Family relationships, including marriages and extended family, are a victim's primary healing community. *"The healing dynamics linked to resilience are often found in the "we" not in the "I," and they arise through the process of connecting with each other in relationship"*⁷ Here are some very practical steps and dynamics for families to consider as they journey together through crisis recovery:

1. Families must work at pulling together as a unit by establishing a sense of purpose.
2. Feelings should be allowed to just, "be" regardless what they are, without avoiding, berating discounting those feelings.
3. Children should be permitted and encouraged to talk about their fears, concerns, confusion, anger, sadness, and problems.
4. Parents should talk in words children can understand, avoiding euphemisms.
5. Children should witness the honest grief of their parents.
6. Parents should not expect their children to resolve the parent's own grief.
7. Children must be reassured by their parents that they are safe and will be taken care of.
8. Parents should not be afraid to say that they do not have the answers to their child's questions. This honesty may make it easier for children to tolerate the ambiguity in their own minds.

Individual vs Family Resilience

"The healing dynamics linked to resilience are often found in the "we" not in the "I," and they arise through the process of connecting with each other in relationship"

⁷ Shem, Samuel and Janet Surrey. *We Have to Talk: Healing Dialogues Between Men and Women*. NY: Guilford, Press. 1999.

9. If death occurs, children should be informed in terms that they can understand, and without euphemisms.
10. Children often take their lead for their own behavior from their parents. They will watch and learn how parents handle crises.
11. Children look to parents for structure, guidance, limits, and support. These should be given.
12. Determine what the child's love language may be: touch, words of affirmation, acts of service, gifts, or time. Demonstrate love relevant to the child. It may be a hug, time to talk, play time with you, or a straight talk. Children of different ages and maturity level will also define love differently.
13. Parents should have realistic expectations of themselves and their children to minimize stress. Being realistic about each child's role in the family.
14. For the sake of stability, as best as possible, parents should strive to maintain a routine in work, chores, projects, activities, sleep... life.
15. Outings and activities for the family should be engaged in.
16. Boundaries for the children should be created. These limits to provide stability, structure, and continuity. They should not be too strict or too lenient.
17. Children's behavior, attitude, and expressions should be monitored more closely by parents, paying attention to both verbal and nonverbal behavior.
18. Church and support groups should be engaged, both for children and for parents. Participation should be separate and/or together with children as appropriate.
19. Professional counseling for the parent and child may need to be considered and supported if engaged.
20. Laughter is a gift. There will always be something to laugh about each day. It just needs to be identified and celebrated. Laughter is a stress manager and reducer. It helps to discipline the mind to focus on the good in life despite the reality that trouble may still be present.

For families of faith, the reality of stress, trauma, and hardship come as no surprise. Scripture details the challenges and trials that will come to people of faith (1 Thessalonians 3:3) and points us to the healing community we find in the body of Christ, the church. A relational focus on resiliency, as the way people learn to cope and maintain hope in the face of trauma, is consistent with the description of the Christian life in Romans 8. The passage proclaims that in Christ *"we are overwhelmingly more than conquerors..."* - Romans 3:37 NASB, suggesting that together we are able to overcome the adversities and challenges of life.

Ministering to Families of Faith

"Not that the troubles should come as any surprise to you. You've always known that we're in for this kind of thing. It's part of our calling."

-1 Thessalonians 3:3 MSG

*"As I see families, I am amazed by the variety of resources people have and the ways they can change -that is, use their resources differently. This means accepting the possibilities and limitations on oneself and in others. It means tolerating uncertainties and differences. It also means hope -for new ways of being together. This is the song our society needs to hear: the song of me-and-you, the song of the person in context, responsible to and for others. To hear it, we need the courage to renounce the illusion of the autonomous self and to accept the limitations of belonging. A society that undervalues these capacities is a society in danger -and it may well be a dangerous society."*⁸

⁸ Minuchin, Salvador and Michael Nichols. *Family Healing: Strategies for Hope and Understanding*. NY: Simon & Shuster. 1998. Pg 287.