

How Children Cope With Ongoing Threat and Trauma: The BASIC Ph Model

Understanding how children and adolescents cope with trauma and the psychological stress associated with extended periods of feeling at-risk is critical to helping them manage their reactions. Threat related stress can be caused by a variety of circumstances such as personally experiencing a traumatic event, living in a neighborhood with frequent drive-by shootings, proximity to repeated acts of terrorism such as suicide bombings, living in a war zone, or experiencing reoccurring natural disasters such as flooding, wildfires or hurricanes. Even the cumulative exposure to news accounts of extreme violence and suffering can lead to psychological stress in some people.

How an individual reacts to a traumatic event or an ongoing sense of danger depends on both their personal risk factors and coping strategies. Adults need to be aware of a child's risk factors (e.g., actual proximity to an event, past exposure to trauma, mental health problems, isolation, family stress, and loss or fear of loss of a loved one directly at risk) in order to recognize potential problems and provide the necessary supports. Similarly, recognizing a child's individual coping style enables parents, teachers and other caregivers to better support their needs and reinforce their coping strengths.

BASIC Ph Model

One unique approach to identifying coping strategies is the **BASIC Ph Coping Model** developed by Dr. Mooli Lahad, Director of the Community Stress Prevention Center in Qiryat Shmona, Israel. The model suggests that people possess six potential characteristics or dimensions that are at the core of an individual's coping style. Everyone has the innate ability to utilize each dimension as part of their approach towards coping, although, most people tend to rely upon comfortable coping methods that have been developed over time. Coping efforts are considered to be effective as long as a child can sustain his or her basic routine. Parents and teachers can assist children in expanding their coping repertoire by providing the environment, modeling, and encouragement necessary to help them strengthen and build new skills.

Six Coping Styles

Belief (B)—A child who turns to his/her belief system as a means of coping is relying upon his/her core values. Meaning and values are incorporated from the adults that are important to the child. Seeking meaning through religion or spirituality is common. Children reared in a system of faith often find great solace in formal ceremonial practices during times of stress and uncertainty. Caregivers can reinforce this coping strategy by reaching out to their faith community and providing opportunities for their children to spend time with others, particularly peers, who share their beliefs. Teachers should be sensitive to a student's belief system and may expose them to a variety of value building literature and activities.

Affect (A)—Feelings or emotions. A child who utilizes his/her affect as a coping mechanism is relying upon the ability to express or ventilate through emotion. He/she will require opportunities to share anxieties, fears, anger, sorrow, and grief, and have those emotions validated by the adults in his/her life. Families can foster their child's emotional development by modeling open and genuine expression of feelings, while emphasizing that they are always available to assist them, as needed.

Social (S)—A child who copes with adversity through the social channel seeks support and control through the structure of his or her relationships. The roles and responsibilities assigned to a child within a social context such as a family or a classroom can increase connections and decrease isolation, as well as restore emotional security and strengthen the child’s sense of well being. Extracurricular activities that expand a child’s socialization and collaboration skills are to be encouraged.

Imagination (I)—Children frequently turn to their creativity as a means of coping with trauma. The pre-school child will recreate with toy cars a witnessed accident; an elementary aged student writes a fictitious essay about how his father who was killed in Iraq returned home alive as a war hero; and a high school student uses “gallows” humor to deal with a recent community tragedy. These are examples of imaginative processing of traumatic occurrences. Adults should provide opportunities for children to express their feelings creatively by supplying the materials, resources, environment, and encouragement necessary to support their efforts. Teachers can make time in class for students to do art projects, essays, drama activities, and music.

Cognitive (C)—The child with a cognition based coping style utilizes a problem solving, direct approach to dealing with issues of concern. He/she will greatly benefit from age-appropriate honest dialogue regarding events and will likely be open to suggested strategies for addressing problems, anxieties and fears. Exposure to support-oriented literature may be well received by these children.

Physiological (Ph)—Physical activity provides coping fulfillment for many children. Whether formal, as in games or exercise, or spontaneous hands-on busywork, there is a means to motion. Children cannot deal with intense issues in a continuous manner; they need to be diverted. Directed physical activity has a dual benefit, allowing necessary buffer time and permitting informal processing of traumatic experiences to occur in a non-threatening format. Opportunities for formal and informal physical activities should be abundant.

Creating a sense of adult support and normalcy (to the extent possible) is critical to helping children deal with psychological stress. Parents and other caregivers may want to work with their pediatrician, faith leader or other relevant adults who can provide additional resources. Teachers should coordinate with parents and the school psychologist, counselor or social worker on providing appropriate supports to students in the classroom.

Severe Psychological Stress

Most children are able to cope with psychological stress with the help of parents and other caring adults. However, some children may be at risk of more extreme reactions because of personal circumstances. Symptoms may differ depending on age. Adults should contact a professional if children exhibit significant changes in behavior or any of the following symptoms over an extended period of time.

- **Preschoolers**—thumb sucking, bedwetting, clinging to parents, sleep disturbances, loss of appetite, fear of the dark, regression in behavior, withdrawal from friends and routines.
- **Elementary School Children**—irritability, aggressiveness, clinginess, nightmares, school avoidance, poor concentration, withdrawal from activities and friends.
- **Adolescents**—sleeping and eating disturbances, agitation, increase in conflicts, physical complaints, delinquent behavior and poor concentration.

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