

GRAND CENTRAL® RADIO EPISODE NO. 10:
BUILDING RESILIENCE IN DISASTER

Geri: Welcome to Grand Central® Radio, the grandparents' community platform. I'm your host, Geri Cole. This is a talk, listen, and act show for grandparents and future grandparents everywhere. My adult child, that child's spouse and in-laws, and my two young grandchildren give me LOTS of questions and concerns. Like you, I want to be as effective for my grandkids and their parents as possible. To achieve these goals, I also want to stay physically and mentally fit. . .and have fun! We can help each other by sharing our challenges and ideas about grandparenting . . . and our lives as grandparents. You can replay our shows, find stories and songs to hear or read aloud, lists—including The Ultimate Grandparents' Emergency Babysitting Checklist and Sitter's Memorandum form, and a list of movies about grandparents' relationships—and other materials curated especially for grandparents, and contact me, Geri Cole, on our secure website, grandcentralradio.com, or at geri.cole@grandcentralradio.com. If you would like to participate in the recording of one or more of our future podcast episodes, or if you suggest a possible sponsor of our shows or website, please email our shows' producer at info@grandcentralradio.com .

Geri: Floods; fires; hurricanes; tornados; shootings or bombings in office buildings, schools, places of worship, arenas, grocery stores, and other public spaces; . . . and war: Disaster ravages families and communities everywhere. It is difficult enough to deal with our own stress, trauma, and anxiety from disruption and displacement. As caregivers to children, though, we look outside ourselves for tools and strategies to help those beloved children survive that trauma and emerge strong, capable, . . . and even joyful. Our discussion topic today is Building Resilience in Disaster. We are grateful to have as our special guests two licensed clinical social workers experienced in assisting children and their families in overcoming severe trauma resulting from such community disasters as 9/11:
--William Stover, Associate Executive Director and Clinical Director of Jewish Family Services of Middlesex County in Monroe Township and North Brunswick, New Jersey, and
--Leslie Pena-Sullivan, a Doctor of Social Welfare in Clinical Social Work, and Assistant Professor of Sociology at Albertus Magnus College in New Haven, Connecticut.
You will hear on this podcast Bill's and Leslie's personal professional views on this topic. Those views do not constitute the views of any of their employers or publishers, or any legal, medical, mental health, or other advice by either of them, me, or Grand Central® Radio.
We urge all listeners to discuss with their legal, medical, mental health, and other advisors and counselors their particular concerns and difficulties that may require professional intervention. Bill and Leslie, thank you for joining us on Grand Central® Radio!

Bill: Thank you, Geri.

Leslie: Thank you for having us.

Geri: Oh, it's my pleasure to have you here, and I'm very grateful for both of you for being here.

Geri: Bill, please describe for us the kinds of community disasters in which you have helped children and their caregivers build resilience.

Bill: Throughout the years of my career, many things have come up. Primarily, ones that people would recognize are the 9/11 disasters in which we worked with families and survivors of the attacks, as well as working through people through various floodings in our area, and the worst one of Superstorm Sandy. In terms of, I've also gone through disaster, mental health training, to deal with any of the other kinds of things that come up.

Geri: Thank you, Bill. That's very helpful for us. Now, Leslie, what has been your experience in counseling children and their families during and after community disaster?

Leslie: I was a licensed clinical social worker at the World Trade Center Mental Health Program at Mount Sinai, assisting families that had presented to the site in recovery roles. I've also worked primarily with undocumented Latinx immigrants who have been displaced and resettled due to war or other community disasters in Central America.

Geri: Thank you very much, Leslie. Now both of you, I'm going to ask each of you separately each of these questions, starting with Leslie.

Geri: Why is it so difficult for adults, while experiencing trauma themselves, to help children cope with the same circumstances?

Leslie: Great question. Thank you. I think that at times what ends up happening is post a traumatic experience, our bodies go into survival mode, so there is a constant fight or flight response in which our bodies prepare to scan for any threat in the environment. This can lead to difficulty in being able to regulate our not only our emotional states, but also our physiological states. If our body is constantly preparing for the next traumatic event, then it's going to be hard to manage our own emotions, and in response read or manage the emotions of our children or grandchildren.

Geri: Well that makes a lot of sense. Bill, what do you think about that issue?

Bill: I think that Leslie stated it quite well. While we are suffering through the trauma of the events ourselves, as adults or grandparents, our desire to focus our full attention on our children, our grandchildren has to be divided to what we would call threat detection: looking for threats in the environment. And part of the issue becomes when people have no more threats, they're out of the dangerous area, the body has not really understood that yet, so we are still looking for threats, even though they're gone, and it makes it very hard for people to respond in a way that they are normally going to respond to their grandchildren. One can expect that our level of patience and understanding is going to be impacted by this trauma, so we have to try to slow down and focus on what's in front of us, even through the disasters.

Geri: What suggestions do you have about the manner of speaking, or perhaps not speaking, to children, helping children to express their emotions and giving children a sense of safety and security, when they experience traumatic events, First, Bill.

Bill: I think the simplest thing to remember is also the hardest thing to remember. Most people, as they get anxious in their environment, tend to speak more than they would normally. For children, we have to think of two things: their age appropriateness for the information we want them to have,

as well as listening to them in terms of figuring out with them what the issues are. Adults tend to assume they know what's going on in the children's mind until we talk to them and find out that their minds are a little more complex than I think we thought they were. So listening more than talking is always a good idea but I think it's much more of a good idea in times of disaster.

Geri: Now, Leslie, what do you think?

Leslie: I think Bill makes a great point. I also think that something that could be helpful is keeping the lines of communication open. I know at times there is concern of, well, if I start this conversation, what if I end up retriggering my child or my grandchild? And I think that sometimes, as caregivers, we may not start the conversation because it's hard for us to tolerate and yet trying to keep in mind that it's okay to model: This is difficult, so let's try to talk about it.

Geri: Right. Fighting your own resistance, I guess, to confronting a difficult topic. Supposing a grandparent can't talk about a topic without breaking down and crying? Do you have any strategies for dealing with that?

Bill: I think the simplest thing is to not try to fight it. What we're trying to do is modeling for children that even though the time is terribly traumatic, and it's a terribly difficult time that arouses a lot of emotions, we can get through it as well. We don't want the child to think that their emotions are inappropriate because no one else seems to be affected. So seeing an adult affected and yet recover through the day can help them understand it is okay to get help too.

Geri: Excellent observation. Leslie?

Leslie: Yes, and along the lines of that, if it were to happen in the moment where a grandparent were to break down, as Bill mentioned, discussing "I feel sad right now. This is hard to talk about. What is it like for you?" Or "Grandma feels sad in this moment. These are some things I do to help when I'm feeling this way. What do we think will help you?" And so really, I think it's almost like, you know, can seem nonsensical, but it's almost like a collaborative partnership of "We're in this together. These are some things that work for me. Let's try to figure out what works for you."

Geri: Well, that sounds very constructive. What other tools and strategies and other activities do each of you suggest for grandparents to help children build resilience during and after community disasters like floods, fires, shootings, bombings, or war. For example, and I want to hear from each of you, of course, separately, how can grandparents most effectively use telling stories about their own experiences growing up, encouraging journaling, acting out puppet shows and plays, playing with toys, making art, hearing and making music, dancing, and breathing and other exercises, to help children through their challenging times. First, Leslie.

Leslie: I am a big fan of anything related to play and artwork. I think that this is the most, can be the most effective way of children being able to express and communicate what they may be feeling in the moment, especially given how old the child may be. Children may not have the language to effectively communicate, "I am feeling this in this moment," or "This is a struggle for me." So I always say to families, "How about just grab a piece of paper and some crayons, and ask the child to draw a picture for you, and

then ask questions about that picture, and see what comes up?" I think that, because of language, and how, where children are developmentally, most things may be expressed through play, and, typically, after something that is traumatic or an incident of community violence, children tend to reenact these things. This is how they are trying to work through this and process it.

Geri: And what I hear you saying, Leslie, is that not only the activity of doing the art or making the music itself to express emotions by a child, but the interaction of the child with the grandparent while that activity is underway can help the children feel some connectedness and some stability and comfort. Is that correct?

Leslie: Yes, absolutely. I think there is nothing wrong with asking so many questions or open, trying to ask open-ended questions of "Tell me what's happening in this picture? What does it make you feel?" And using those open-ended questions to try to get somewhere or try to move the conversation along.

Geri: Bill, What do you think about that?

Bill: What I thought of when you read the list of possibilities is that they are all different ways to communicate. And I think that's what we have to look at because our normal ways of communicating during disasters are not terribly effective usually, so it's important for both the grandparent, who may not know how to express themselves during this type of event, and the child as well again as age appropriate as Leslie mentioned. The other thing that happens during dramatic events is that even a child who was normally very communicative and could speak very well may not be able to at this particular point. They may have the language but it's not available to them at this point, so anything that creates continuity communication connection in any way, whether it's walking together, whether it's drawing, whether it's a puppet play, whether it's a story with no characters, a story of shadow puppets, or any kind of thing you use in the environment. The advantage to these things is that you don't really need any supplies to be able to do it. If you have paper and pen, that's great. Crayons, that's great. If you don't, tell a story from imagination. Kids are wonderfully imaginative. And sometimes it's hard to access during trauma, so, if we can help them do that, I think it'll be a great connection for both grandparent and grandchildren.

Geri: Can you give us, in that regard, specific examples of these tools, strategies, and activities? Suppose that a young child has lost her favorite toy, the one that she sleeps with every night. And suppose that an older child has suffered severe injury or loss, like the loss of a limb or sight, or his parent. Bill?

Bill: Well, those are things that we're not going to fix through a conversation. But what we can tell the child through the conversation, and through the communication, whether it's drawing a picture of the lost toy or some conversation, is that we're still here, despite this loss. We know that, in times of disaster, there's going to be losses of many many kinds, so we don't want to tell children that it doesn't matter, or it's not a big deal, or we'll get you another one, because in their mind there isn't another one. Even people as simple, I've had, you know, toys that children have had that have just worn out and dissipated over the years without a disaster is a traumatic event for a child, so I think, really, just trying to help them with any kind of loss by simply talking about the loss, "What did you like

about the stuffed animal? What did, what do you feel when you held it? What do you think you're feeling now?" And often a physical contact, like a hug or a touch on the shoulder, can be very useful at that time as well.

Geri: Very insightful. Now, what can grandparents do when children express their frustration, and their anger, and their grief with words and actions that the grandparents believe are wrong, that don't accord with the grandparents' values, such as violent, hateful, or disrespectful words and speech. And what should a grandparent do if the grandparent screams at or hurts a child in reaction to the grandparent's exhaustion, frustration, anger, or grief? Leslie?

Leslie: I think one of the biggest things to highlight or to know is that there isn't a guidebook or a script for any of this. And I think that, while a lot of us may not initially respond in the way we hope we would when the situation is happening, to remind ourselves or to say to the child, "Okay, I reacted in a way that I didn't like" or "I want to come back to this, because in this moment I was frustrated," or "I was tired. I was scared." And so being, even if it feels as though the conversation has been shut down in the moment, or it has been ruptured, there is always the period of repair. There is always the opportunity to go back and say "I didn't handle this so well in this moment. Let's try this again."

Geri: Bill?

Bill: I think the short answer is simply to be honest, and to express the fact that, you know, every grandparent, I think, and every parent has always wanted to be a perfect grandparent, or parent, and none of us have reached that goal. So we can model for the child that, even when we do things that are not the way we want to do them, that we can recover and own that behavior in terms of "I made a mistake" or "I reacted because I was so tired" or some other kind of issue, but that it's not okay to do that but it's also not inexcusable. That we can talk about it, and say, "I'm sorry, it's not what I meant," and understand the child will take some chance, some time to react to that. They may not recover very quickly. If any parent or, I'm sorry, any child who's had a grandparent or parent react in anger, it sticks with them for a while. It's not irreparable. But we have to give the child a little chance to recover.

Geri: Allow the child, perhaps, to go off into a private space to think about it?

Bill: Certainly, I mean, you don't, you know, sometimes what people will do is in their own anguish of their own behavior, they follow the child trying to get them to recover more quickly than they can, and obviously I would want to keep them in sight, depending on the safety of the area you're in. But other than that, give them some chance to think, as most of us would want a chance to think about that as well.

Geri: Leslie and Bill, how and where can we obtain more information about building resilience in children during or after a community disaster?
First Bill?

Bill: Well, again, the simplest answer is, the Internet: The Internet has reams and reams and reams of material on resilience, because resilience is a topic that we really started studying in the last 10 to 15 years. Instead of studying why someone has not succeeded, they're studying why someone has

succeeded in the face of many traumas. So there are practical applications, even online for free, that people can look up, and that's the easiest thing. And the other thing to do is really to look at your own life. And if you see things happening with your child or grandchildren the way that you want them to have happen, look at what you're doing and try to continue it. Part of what I've always talked to parents and grandparents about is to think about each interaction as best you can, and what is it you want the child to learn from this interaction. And what are you doing to try to enhance that to happen?

Geri: Leslie?

Leslie: I also think that, during times of community violence or traumatic experiences, there is the possibility to really become part of a community with other people who have experienced the same event you have. I think that at times there are resources within community network that us on the outside may not know about, and that their resources being shared. So I also think the potential to build a community, if that is an option, is going to be helpful and can help navigate the aftermath of such experiences.

Geri: Now, if grandparents don't have access to the Internet, presumably it would be limited, for example, in a refugee area after, whether it be from a war or a fire situation, to what extent can they rely on conversations with other grandparents, neighbors, friends? Or is that something that grandparents should be wary of?

Bill: I don't think they have to be, I mean, they don't have to be wary *per se* any more than they would be of other information. I think, as Leslie pointed out, if you're in a position where people are going through similar things, you don't have to be the first one to discover something. If someone else has discovered something that's useful and works, by all means use it. And, if it doesn't work and doesn't help your child, then talk to other people and find more. Other people are very resilient themselves, and are also very willing to help, especially in times of need.

Geri: Oh, this has been a wonderful introduction to a very complicated subject, and obviously a very emotional subject for most of us. Now our grandparent guests, please ask Bill and Leslie your questions, and share your ideas about building resilience in disaster. Ana Paula in Brazil, what are your ideas and questions about this topic?

Ana Paula: It sounds as if, introspection, increase of intuition, and to be alert to teach the value of feelings, expression, is one of the main points for a grandparent, facing this situation in front of the child. How could we improve these obviously important tools before we face certain situations as a grandparent?

Geri: Oh, an excellent question. Bill, how can we prepare in advance, not knowing what's coming, but knowing that life and the world being as it is, something inevitably will come.

Bill: Well, I hate to say that we have too many examples, but we know that we do. So part of what you can do is think about when you see something in the news that would qualify, for lack of a better term, to think about what you would do if that was your child, or if you were involved in it, or if one of your child's friends were involved. And really try to role play it, to think about it in your head. What would you want to say? What would you want to do?

It will change if it ever, hopefully never, happens. But if it ever happens, it will change. But at least you'll have an idea of what you might think of. We tend to not want to think of unthinkable events. And, as you pointed out, Geri, there are way too many unthinkable events these days. But if you can put yourself in your mind in that place as best you can, and what would you want the child to understand? What would you want your grandchildren to hear and how would you want to take care of them? And just practice it in your head.

Geri: Hard to imagine being in situation until you're actually there. I know we all get triggered, as we said earlier, by the crisis of the moment. But it's excellent advice. Linda on Long Island, you mentioned to our producer that you work in the health care field in emergency preparedness. Please let us know your suggestions and your questions.

Linda: I think that these, this discussion is very interesting, and supports a lot of what I myself have observed and learned. One of the things I'd like to ask a question about, I think, I have grandchildren and I think about my grandchildren while I'm involved in the work that I do. What about the support for the grandparent? We are using our own resources at a time that we're also under stress. And how do we manage support for ourselves, so we can continue the support in enhancing the resilience of our grandchildren?

Geri: Leslie, do you have a thought about that?

Leslie: Yes, that's a great question, Linda. Thank you. So I think that one of the things to keep in mind is, what is it that I need in this moment, as you mentioned, in order to help provide support for my grandchildren? In social work school, we always use the example of the oxygen mask on a plane, and how flight attendants will instruct us you have to put the mask on yourself first before you can put it on the person next to you, even if the person next to you is a newborn, or an infant, or a baby. I say that to really emphasize that I think, if there is a space and an outlet, to model to our grandchildren to really try to destigmatize: It's okay, having an outlet or speaking with another person, because you really have to be able to take care of yourself first before you can take care of anyone else.

Geri: Bill, what are your thoughts if a grandparent or other caregiver in a community disaster situation is in circumstances that mental health, social work help is not, professional help is not available? Where can grandparents go for this kind of support?

Bill: I think it is that point, what they need to be able to do is to go through informal support. Really, just talking to other people, either in similar situations or just other people who are willing to listen. It is not selfish to take care of ourselves, and I think that oft times people get concerned about appearing or being selfish when they have their own needs. So, if there's no professional help available, friends are wonderful things. Friends and relatives and people who listen. They don't always have to be professionals. And I think that many people get more support from their community, and mental health services can help a lot as well. One of the problems with caregivers is that they have a hard time accessing help because they're too busy giving care to people and it's hard for them to take time away from it to take care of themselves as well. So, sometimes, if they can just carve out some time, even though they're likely to feel a bit guilty about it, and try to figure out how they can connect with other people, even on a social basis, doesn't always have to be problem related. Sometimes, you

know, even though we don't like to say it, sometimes we just need a break, even though we love the person or the child or the parent, or whomever, and I think it's important to remember that it's not only okay to take that break. It's really necessary.

Geri: Bill, while we have you, what are your thoughts in response to Ana Paula's question about preparing in advance of, well, you actually you spoke to that briefly, but if you have any further thoughts about how to prepare for a circumstance, perhaps with mental health counseling when you have it available, or talking with friends in advance?

Bill: Well again, I think that what we're trying to do, because we're trying to be good parents and grandparents, is to prepare for something that intellectually we know we cannot prepare for. But we can prepare for certain things, like we know if we prepare the conversations we'd like to have in certain situations, they won't be exactly the same, but there'll be a quality to it that feels as though we've done a little bit before. So talking to friends about things like "Don't you worry about what's going to happen to our children," or I hear many grandparents say, "I'm glad I'm not growing up at this time, in the world." And what is interesting is that most everybody has said that in different times of war. I used to talk to my mother about growing up during World War II, and how rough that was. And then it was rough during the AIDS crisis, and then it was rough during Vietnam, and then it was rough during now. And I guess part of the question is that it's always rough and whether it's better or worse now than it was, it almost doesn't matter, because it's now that we have to deal with.

Geri: Right. I do recall my mother used to say, "It's always something." So we all have to deal with that. Linda and Ana Paula, do you have any further questions or thoughts for our special guests, or for each other for that matter? Ana Paula, perhaps you have a thought in response to Linda's discussion about support for grandparents. And Linda, perhaps you have a thought about preparing in advance.

Ana Paula: Bill, I was really touched by what both you and Leslie told about. We will not be that prepared. Be honest enough to admit this and that it's that's scary. And Bill said, "You will do your best. I know you would like to be the super woman. You are not, and what you are is enough. You see and believe it." But there is that brain of fear, anguish, anxiety, when we just imagine facing such a situation. It's not intellectually possible to get to the basis of what it really is. I am so grateful for both of them to just say it because they are so well prepared. They had so much experience, and somehow ordinary people on this subject, I mean, like me, could feel so small, so inefficient, and they somehow turn it out to be something like a "No, you were not." And you will see you will find strength where you do not believe you have it. I am feeling more strong, prepared, than I suppose I could be. Thank you so much.

Geri: Ana, thank you for saying that, Ana Paula. And Leslie, if you have any thoughts also about how to prepare, or whether it's even possible to prepare, in advance of a particular crisis.

Leslie: Sure I think as Bill mentioned, and as Ana Paula just beautifully communicated, I think that, when we experience situations like this, we feel unprepared. We feel as though it's just, it's never going to be enough. And I think you could be the most skilled therapist in the world, and still have those feelings. So I want to normalize. Of course it's going to cause all

this anguish and anxiety. And so I would say, really, try to reflect times in your life or anyone's life where you've been through something that has been very impactful. And think, "What has worked for me in this moment?" and just sit with that and see, really, after having a conversation with your grandchild, or having some sort of communication with them, how that relates to what they need, because we may think we know what they need, right, and yet it may be something completely different. So really assessing, and evaluating what has worked for me and what can I now do to help support my grandchild through this.

Geri: And now, actually, Leslie, Bill, and Linda on Long Island, have had experiences in slightly different areas. Both Leslie and Bill counseled children who would experience, families that experienced 9/11 building-- office building-- bombings and destruction, and Leslie has worked with the Latinx community. And Linda has worked in the context of the pandemic and other health crises. For each of you, Leslie, Bill, and Linda, starting with Leslie, have you found similarities or differences in the different kinds of community disasters that affect what is the most effective response of a grandparent or other caregiver in that particular type of disaster, or all they all the same, just different labels. Start with Leslie.

Leslie: That's a great question. I think for me it really has been, in thinking about the different roles I've been in and the different families I've worked with, I think it's really been lots of the same thing, except just different labels. One of the biggest things that I have found that has been effective in building resiliency in having someone process a traumatic experience has been the amount of support that they're going to receive. So I think, for a lot of people, from what I observed, especially that were a part of the World Trade Center Mental Health Program, the support they received from either family, friends, community really helped to decrease and mitigate the traumatic stress reactions they had post the event.

Geri: Bill, what are your thoughts about the differences and similarities in community disasters, and how that affects our response as caregivers?

Bill: Well, I think that Leslie is exactly right. I think that the amount of support that different people get during a traumatic event, whether it be a small by numbers event--that might be a drunk driving accident--or a large event like 9/11, support remains the most important thing because these are issues that we cannot fix. It is not as though we're going to be able to fix what happened. It's that we're going to be there no matter what happened. There's a reason why, if you go to a disaster site like the condos that collapsed in Miami, you'll see FBI jackets. You'll see the police jackets. You'll see the bomb squad jackets. You won't see any jacket that's a mental health specialist because people don't run towards mental health during those times. We have to be there to help them when they're ready. And until they get ready to get more professional help if they need it, it's the support of the community and the people around them that help because that's the only thing that will be there long after all the hoopla has died down, and, for lack of a better way to put it, the next crisis has happened. So it is continuous support that really makes people get through this.

Geri: Well, Bill, you raise an excellent policy point. I wonder whether it makes sense to think about, in emergency response, perhaps having one or more mental health providers or social workers respond to a disaster when the EMT, the fire, and the police respond to it, not necessarily to impose or require their presence on an individual basis, but to be visible at the time, so that

people who are experiencing trauma can approach them. Have you ever seen that happen?

Bill: Well, we've done it. We've done that where we've come out to situations in the midst of the situation. What we have not gotten to do yet is become identified with like a jacket on, so they could see us right away. So what we were doing during the flooding, for example, is we would be there with the community members as they were emptying their houses or trying to return to their houses, or trying to be boated out when the water got too high, but also what we were doing is keeping an eye out for the EMTs and the other professionals to make sure they were okay as well.

Geri: Uh huh, important, very important. Leslie, what are your thoughts about providing on a low key basis the availability of mental health providers to people who are experiencing a community trauma, whether they themselves are providing some support to the victims?

Leslie: I want to say, can we just please have that be a policy as of right now? I think it's amazing and I know that there have been certain departments, I'm thinking of police departments, that have now really tried to implement these programs where a social worker will assist the police officer in responding to a specific call, so that there is care immediately on the site. So I think that would be something that would make a huge difference if we could enact that.

Geri: Well, now, here we have just heard the activism portion of our podcast episode! Grandparents who are listening, write and call your Congressman, state level and federal level, and try to propose this type of a policy situation that we take our mental health providers as seriously as we take the fire and the police and the medical providers. Mental health providers are an essential piece of this recovery process too. Linda and Ana Paula, do you have any other questions or observations about building resilience?

Linda: I'll make a comment. You asked before about what, where there similarities or differences, and I wrote a note to myself that every crisis, every emergency, is the same. But everyone is different. There are a lot of similarities. We can sort of list the challenges that will probably apply in multiple crises or emergencies. But yet each one has its own unique characteristics and one of the things that I have seen based on my experience is that events that happen and are sort of, there's a timeframe to them. A hurricane comes, it passes, but there is some normal that happens after that, even for people who have lost a lot, they, their neighbors, may be there. They may be able to go stay with an aunt in another community so there's something that they see the end, and they can start to work towards it almost immediately, and I realize that that's simplifying the tragedy for many people. But emergencies or situations that go on, without an end in sight, such as being a refugee who has lost their ability to have their place in the world, feel safe, or COVID for that matter, which, two plus years in, we don't really know exactly when, what, that new normal will look like. And I think that's a unique characteristic for all sorts of emergencies in crises: How long they go on and whether we can see an end at some point and start to work towards that end.

Geri: Ana Paula, what are your thoughts about similarities and differences in community disasters, pandemics versus wars versus floods and fires?

Ana Paula: I think all of them spot this light that it is a necessary to be, absolutely, tremendously, a good human being. And it doesn't matter how much education or money, any stuff like that. It's a moment where you have to find and offer the resources that each has deep in your soul to overcome all of that. Yeah, I think it's extendable even to the professionals, the people who are working to help those who suffered losses during that disaster emergency.

Geri: Thank you very much to both of our grandparent callers. Leslie and Bill, do you have any final thoughts on building resilience in community disaster? We'll start with Leslie.

Leslie: I think that, just really, final thoughts is what we've touched upon a lot today, as far as just reminding yourself that, no matter how equipped you think you may be to handle this, it's okay if you feel that you're not in the moment. We're all human, we're all imperfect. And while we have this internal default of self-criticism, to really try to treat yourself during all of this because we're all doing the best that we can.

Geri: That's very kind closing and very practical closing thoughts from Leslie. Bill?

Bill: I think that the thing we have to remember is that the support that we have from each other is really the one thing that should never change. There's going to be any number of incomprehensible events that we're all going to have to deal with. But part of what gives me some comfort is that, as long as these things are still news, that means they're not expected, so that the good things that don't show up in the news as much is because we expect people to really mostly be good to each other. And there's a lot of coverage of that but there certainly ought to be more coverage because the way we get out of things is the same way we get into things: with the help and support of each other.

Geri: And we build a community by doing that, too, which we could all benefit from, I think we'll all agree.

Geri: Suggestions from our conversation are:

--When talking with our grandchildren during and after a traumatic event, we can be most effective by slowing down and listening to them more than speaking to them. We think that we know what children need, but we may not, so we need to ask them.

--It is okay for us to be emotional, even to cry, when discussing painful and difficult matters. By doing so, we show children that it is okay for them to show their sadness and ask for help, as we do. We can describe to children how we help ourselves when we are sad and explore with them their feelings and what we and they can do together to deal with those feelings.

--Even if children cannot express their struggles in words, we can encourage them to express them in play and art. Children reenact their experiences in play and art. For example, ask the child to draw a picture using whatever materials you have—they need not be elaborate supplies, pencil and paper are enough—and then ask the child many open ended questions about that picture: Who or what is in the picture? Where are they? What are each of them doing? Or you can encourage the child to create shadow puppets, or tell stories from the child's imagination. Not only will you learn what the child is thinking and feeling. You also will help the child feel connection to you, continuity, security, and comfort, and greater ease in communicating, by spending time talking with the child about the picture and what it means to the child.

--One of the most heartbreaking challenges is helping children to feel strong and secure despite severe loss—whether the loss of favorite toys that were sleep companions, the loss of limbs, sight, or hearing, or the loss of parents or other loved ones. Bill and Leslie encourage us to remind the children that, despite their loss, we are still here for each other, instead of promising them that their loss can be replaced or resolved when that may not be possible. They suggest that we ask children what the lost toy, limb, sense, or loved one meant to them, while we hug and touch them lovingly.

--Another challenge is controlling our own speech and actions around children when we are frustrated, angry, afraid, tired, or hungry. Leslie and Bill remind us that none of us are perfect and children do not come with a user manual. The best solution for our reacting as we wish we had not is honesty: Tell the children that we made a mistake and we are sorry for what we said or did, explaining that we were frustrated, tired, or hungry when we said or did it. Our speech or behavior was not okay, but we can apologize and try again. Give children time to recover from the incident in a safe and, if possible, private space.

--When children seem unable to control their speech or actions, pause and think about whether their language or acts are wrong or whether we just don't like them. Leslie and Bill explain that, in and after disaster, it is common for children to be angry, disappointed, and afraid. They suggest that we try to direct their anger and energy to safer, less disruptive activities, like ripping paper, pounding a pillow or bed, or popping bubble wrap.

-- Whether it is you or the child who speaks or acts in a manner that is hurtful or dangerous to the child, you, or others, Bill and Leslie ask us to think about each of our interactions with the child and what we want the child to learn from each interaction.

--Even if we do not have available professional counselors, social workers, or mental health providers, or even Internet access to resources about mental health, we can attain wisdom, comfort, and resources from our family, neighbors, or others in the community experiencing the disaster. Leslie and Bill encourage us to build that community and use whatever tools and strategies that other community members have found effective to build resilience and survive emotionally as well as physically. They explain that what matters in the recovery of survivors of all disasters is not the kind of disaster they experienced but the amount of support that they receive from family, friends, and community.

--There are no "good old days." Every generation everywhere has experienced one or more challenging times. To prepare ourselves and our grandchildren for the inevitable community or other disaster, Bill and Leslie suggest that we think about events in the news intentionally, considering how we would react and role playing our actions and speech with each other person in our lives should we and our grandchildren experience such a disaster. We should ask ourselves what we would need for ourselves and our loved ones in that circumstance.

--Remember that who you are is enough. Admit and accept that you will not have all the answers to all of the challenges.

--And like the announcement at the beginning of each passenger airplane flight--put on your oxygen mask before assisting children--remember to take the time and effort to care for yourself in circumstances of extreme stress, even if you are a police officer, firefighter, medical provider, or other first responder. Take breaks to refresh yourself, mentally as well as physically.

--Leslie and Bill urge us to write to or call our state and federal government representatives demanding resources for mental health providers and social workers, wearing easily identifiable jackets or other insignia, to accompany police, firefighters, emergency medical teams, and other first

responders to the sites of disasters, so that, if victims of those disasters or their loved ones need in-the-moment counseling, they can find it immediately.

--Bill and Leslie remind us that it is okay that we are not, and that we accept and acknowledge that we are not, perfect, and we may be less focused and less effective than usual during and after traumatic events. All we can do is the best that we can.

--Most importantly, as grandparents and other caregivers, Leslie and Bill ask us to treat ourselves and others with kindness and compassion and support one another as a community to get through the disaster and its aftermath. . . together.

Geri: Thank you to our special guests, Dr. Leslie Pena-Sullivan and William Stover, and all of our callers and listeners. Watch for our announcements of our next Grand Central® Radio show. Our podcasts are posted to iTunes, iHeart, TuneIn, Google Podcasts, Spotify, Stitcher, Blubrry, Listen Notes, YouTube, and our secure website, grandcentralradio.com . Until then, please contact me, Geri Cole, on our secure website, grandcentralradio.com, or contact our shows' producer at info@grandcentralradio.com:

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Stay well, safe, and secure, and . . happy grandparenting!