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Early Childhood Trauma-Informed Care in Times of War

A Family-Orientated Approach

Manual for the Early Childhood Intervention Centres in Ukraine

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ARQ National Psychotrauma Centre

Colophon

Early Childhood Centres Ukraine and Healthy Society

Charity Fund Early Intervention Institute (ECI) was created in 2000 by specialists from different disciplines to develop an innovative early intervention service for families with young children with developmental delays and disabilities or with children otherwise at risk in Ukraine. ECI provides families with a family-centred, routine-based early childhood intervention (ECI) service, conducts research, develops methodological and informational materials in the field of early intervention and early child development, conducts training for ECI teams and creates advocacy for an early intervention system at different levels within Ukrainian society (national, regional and municipal).

In 2016-2023, ECI Ukraine trained 25 ECI teams around Ukraine. Such teams now operate in 16 Ukrainian regions and include 130 specialists: doctors, psychologists, physical therapists, speech therapists, and social workers.

ARQ National Psychotrauma Centre

ARQ International is the international department of ARQ National Psychotrauma Centre in the Netherlands, which works to strengthen mental health and psychosocial support for communities in low-resource settings affected by war, conflict, or (natural) disasters. ARQ Centrum'45 is the clinical department of ARQ National Psychotrauma Centre, which offers diagnostic assessment and treatment to people coping with traumatic stress. Authors work in the youth and family team or are partners.

Acknowledgement

We would like to thank every person who contributed to the development of this manual on "Trauma-informed Care in times of war." First and foremost, we would like to thank the Early Child Intervention team members in the Odesa, Lviv, Kharkiv and Uzhhorod regions for their incredible work in difficult times. They have shared their experiences and expertise and devoted their time to developing their skills in delivering trauma-informed care for families and children in Ukraine. Further, the text of this manual has been reviewed by several colleagues from ARQ International, and we thank them for their valuable suggestions.

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Preface

This manual has been based on the consultation sessions that the authors delivered to Ukrainian Early Child Intervention (ECI) Centers since the invasion of the Russian army in Ukraine in February 2022. In direct response, ARQ International, the international department of ARQ National Psychotrauma Centre (ARQ), has rolled out a capacity development programme to support ECI professionals in developing specialised psychotrauma and self-care skills for the ultimate benefit of Ukrainian children and families.

Based on the wide experience of ARQ Centrum ’45 in supporting people with complex psychotrauma, ARQ delivered several face-to-face and online modules on Trauma-informed Care (TIC) for ECI professionals. These sessions were held weekly or bi-weekly and later more irregularly. The aim was not only to support the professionals working at ECI centres in different regions of Ukraine but also to share knowledge and expertise on providing TIC. Authors of this manual work with traumatised populations, children, and families in or outside conflict areas. For this manual, they used the materials selected and/or developed (e.g., PowerPoint presentations). It is also based on their clinical and scientific expertise and experiences with training in (post)conflict regions.

Although many reviewers have seen this text, it may not be the final one. We would like to present it as a ‘living document’; based on experiences with it in training, suggestions for improvements may arise. We propose evaluating the manual after one year or earlier if desired.

The overall objective of this manual is to support healthcare professionals (including non-specialists) in strengthening the resilience of children, families, and communities by providing family-oriented, trauma-informed care. The manual is also intended to spread knowledge and expertise among colleagues.

List of acronyms

ECI:	Early Child Intervention Centre
EFT:	Emotionally Focused Therapy
IDP:	Internally Displaced Persons
MHPSS:	Mental Health and Psychosocial Support
PTSD:	Post Traumatic Stress Disorder
STS:	Secondary Traumatic Stress
TIC:	Trauma-Informed Care

1. Introduction

1.1 Background

Since the beginning of the Russian invasion of Ukraine in February 2022, the Ukrainian people have experienced extreme levels of stress due to violence such as bombardments, continuous threats, at times and in some regions, limited access to food, water, electricity, education and housing, and displacement, separation of family members, and loss of loved ones. These stressful experiences have had, are having, and will have tremendous consequences for the (mental) health and well-being of the Ukrainian population. For children and young people, these emergency conditions can disrupt their cognitive, social, emotional, and physical development.

Ukrainian and international mental health professionals are responding to the psychosocial needs of the conflict-affected communities by helping them to cope with uncertainty, fear, loss, grief, and stress responses. In recent years, Ukraine has invested in transforming the health system. Many qualified mental health specialists are committed to providing good quality psychosocial care. Working in the context of war, unfortunately, was unexpected and unanticipated. Mental health professionals increasingly encounter clients who need more specialised care, while at the same time, they are themselves coping with the daily stressors and insecurities related to the war.

The health care professionals working at the ECI centres in the regions of Odesa, Lviv, Kharkiv and Uzhhorod realised that they needed to acquire specific skills and competencies to better respond to the amounts of stress the families and children with developmental delays and/or disabilities are experiencing in the current setting. And more so, they aim to be prepared to offer interventions post-war, when the scars of the war will be visible in the middle and longer term. The goal of ECI centres is to be able to work according to trauma-informed guidelines and to mainstream TIC into the ECI methodology of providing care to children and families in need.

1.2 Intervention pyramid for mental health and psychosocial support

In emergency (mental) health services, the Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support (MHPSS) has defined a multi-layered pyramid of MHPSS interventions (figure 1), which distinguishes among MHPSS services according to their specialisation. At the bottom of the pyramid are basic services that aim to enhance security and safety; at the top are specialised mental health services. The interventions and help that ECI centres offer could be framed foremost in the third layer, with also some activities in the second and fourth layers.

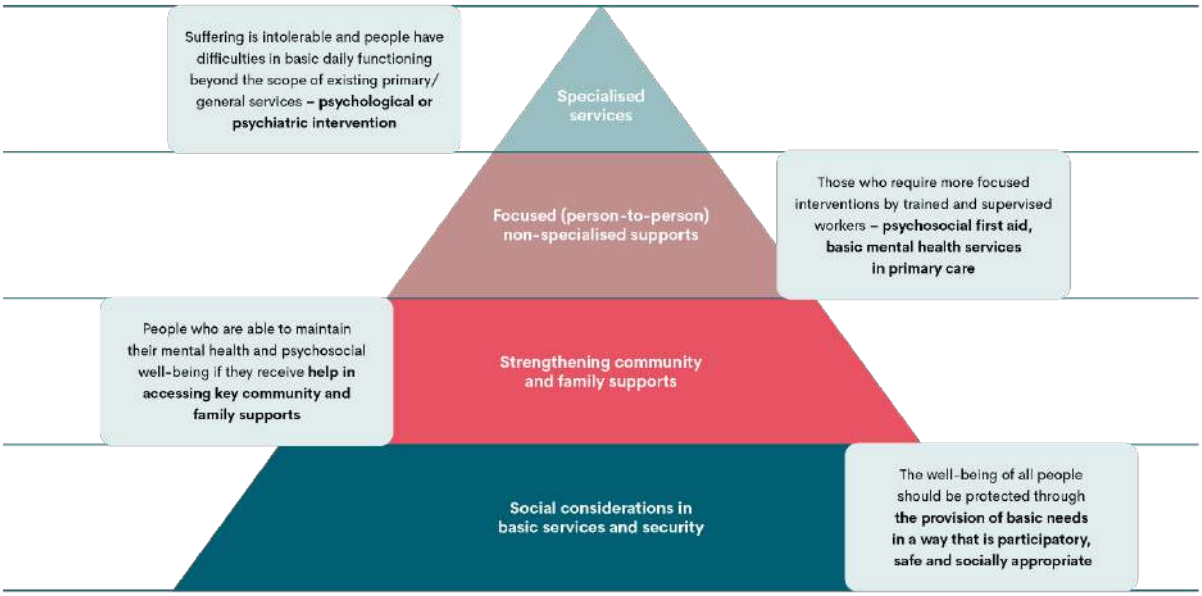


Figure 1: MHPSS Intervention Pyramid, IASC Reference Group MHPSS, 2010

1.3 What is trauma-informed care (TIC)?

Why the emphasis on psychotrauma? War, with exposure to violence, loss, and forced migration (within or across a country's borders) and uncertainty, has a high risk of trauma exposure. An event may be traumatising when it is experienced as very stressful, frightening or distressing, when one has no control over the event (a sense of powerlessness), and when one has difficulty coping with it. Examples of such events may be bombardments, witnessing shootings, severe injuries, etcetera. People do not all respond to such events similarly; reactions vary.

These kinds of events are called potentially traumatic events; when it leads to symptoms of traumatic stress, it is called psychotrauma, literally meaning a psychic wound. The characteristic responses to traumatic events (in terms of intrusive, avoidant, and hypervigilant reactions besides negative attributions about oneself and comorbid signs and symptoms) will be described in section 2.2. These responses may have a long duration, affect not only the individual but also their family members and have consequences for several domains of daily life.

Nowadays, effective treatments are available to help people with trauma-related disorders, but more importantly, approaches have been developed to equip healthcare professionals and agencies to anticipate, recognise, identify and respond appropriately to trauma-related reactions. TIC is increasingly being encouraged to expand awareness and adequate care to those in need, not exclusively at a specialised level, but more so as an integral part of all healthcare services at all levels (but also in schools, hospitals, the military, and police, for instance). In this manual, therefore, TIC is described and presented as a guideline.

> **“ The professional should put on their own oxygen mask first before helping others.**

This manual is based on the idea that a better understanding of stress and trauma-related reactions and interactions will help recognise the needs of children and families and create opportunities to strengthen their resilience. By making professionals more aware of these dynamics, they will be better equipped to support children and families in broadening their capacities to cope and strengthen their resources. According to Lang et al., 2015 (figure 2), TIC asks to:

- **Realise** the impact of trauma (on the child, family, and/or organisation);
- **Recognise** the signs and symptoms of trauma in children and families, as well as pathways of recovery;
- **Respond** by integrating knowledge about trauma into policies, procedures, and practices;
- **Resist** re-traumatisation. Prevention of (worsening) trauma-related complaints in children, caregivers and healthcare professionals.

The TIC modules developed by ARQ are based on these principles and include a set of skills and competencies that enable the ECI professionals to better respond to the ongoing stress of their clients and themselves due to armed conflict. As self-care and stress management lie at the root of providing effective care for others, self-care is intertwined throughout the manual. That is: ‘the professional should put on their own oxygen mask first, before helping others’.

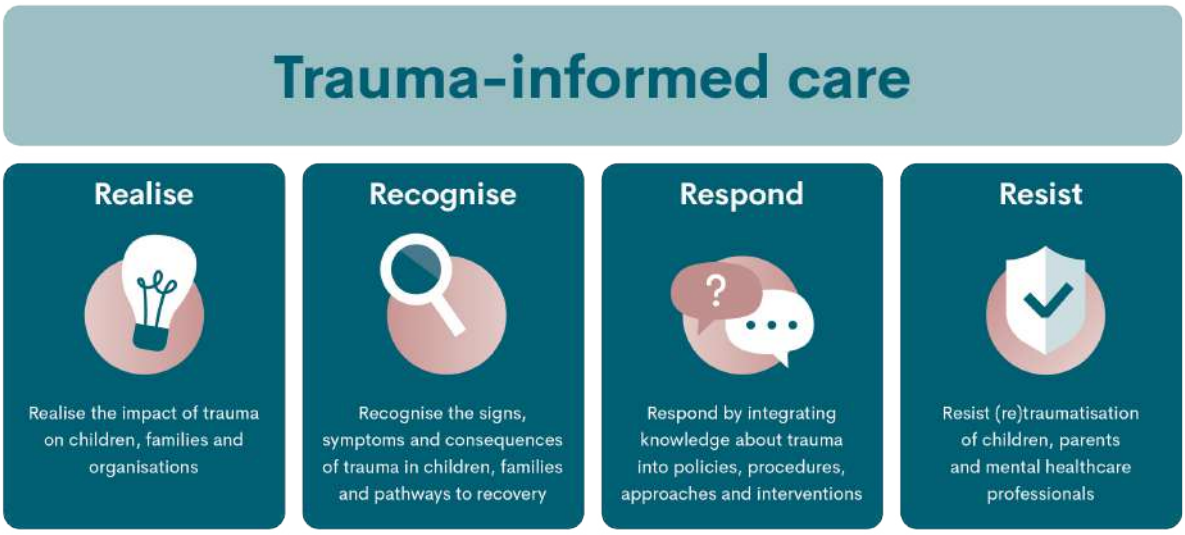


Figure 2: Key principles of trauma-informed care, SAMHSA model 2014

1.4 The aim of the manual

This TIC manual is intended to support all healthcare professionals working with children (including those with disabilities) and families in Ukraine's ECI centres. It will help these professionals to identify signs of stress and trauma, know what to do within the tasks and responsibilities of their profession, know how and when to make referrals and know how to better take care of themselves. The manual aims to assist ECI professionals in putting all shared knowledge and tools from the prior training sessions into practice in their daily work with children and families. The manual is a practical follow-up to the sessions provided and was enforced by a train-the-trainer of delegates of the five ECI centres in person.

The manual must not add to the professional workload but rather bring clarity by defining clear parameters to integrate trauma-informed approaches into the already effective working methods of the ECI centres. The manual provides concrete tools that help assess clients' current needs and resources, improve knowledge of trauma and resilience, and deliver practical interventions.

1.5 Target groups

The overall objective of this manual is to support healthcare professionals (including non-specialists) in strengthening the resilience of children, families and communities by providing TIC. The end target groups to accomplish this consist of:

- Children (including those with disabilities)
- Caregivers, (grand)parents, families, extended families
- Healthcare professionals (in teams and organisations)

1.6 How to use this manual?

The manual is structured into six chapters and three appendixes:

1. Introduction
2. Conceptual framework
3. Individual coping and resources
4. Family coping and resources
5. Professionals and teams
6. Working with conflict-affected populations

Implementing: training, reflection, evaluation
Literature
Tools

The second chapter describes the overall conceptual framework. This framework will outline key concepts of individual and family-based TIC approaches. Recent theoretical notions about psychotrauma, traumatic stress, attachment and resilience will be briefly explained. These foundations are fundamental to understanding the TIC approach and the description of interventions.

Chapters three, four, and five describe when normal responses to major stressful events become abnormal and when supportive intervention is needed. Each section focuses on individuals, families, or professionals and teams. Every chapter has a ‘How to put this into practice’ section, including useful questions that may facilitate assessment and aid.

The sixth chapter will provide information on specific groups requiring special attention or expertise, including displaced and military families, families with very young children or children with disabilities (including those living in residential homes). Lastly, in section seven, implementation strategies and tools will be shared.

1.7 Referral

This manual has been created based on the belief that each client receives the best care and support when each professional practices their own speciality. This means that it is important that professionals know the tasks and responsibilities of their own role and always act within its boundaries. The manual shares a variety of knowledge, expertise, and tools to provide effective TIC. When the care provided is inadequate, it is of great importance to consult other disciplines and/or make the appropriate referral to more specialised healthcare providers when possible.

This applies to any needs a child or parents may have, but given the trauma-informed nature of this manual, it applies specifically to traumatic stress. For example: *If a child or (grand)parent continues to have problems with reactions to the event(s) after one month in terms of intrusions, avoidance tendencies, alienation and hyperarousal symptoms, and they do not diminish adequately through the TIC provided, one should see if it is possible to make a referral to more specialised healthcare providers. If this is not possible - due to war, a lack of available specialists in the area, etcetera - it is important to map/share which alternatives may be available and see which steps can be undertaken.*

On the one hand, making the right referrals ensures the most suitable and effective care for the care recipient. On the other hand, it protects the healthcare provider from becoming overworked or experiencing burnout.

1.8 Tools

The manual incorporates guiding questions and references to additional resources. As this training programme is based on a train-the-trainer approach, the final section will provide guidance on how to transfer the knowledge to other healthcare professionals (e.g., the outline of sessions, sharing PowerPoint presentations, tools, and evaluation questions).

Internal hyperlinks will be used to link to other sections in the manual that should be read to understand the issue clearly. Icons will be used to clarify the content of each section. Most of the cited literature, video clips, or apps (referred to as resources) have not been specifically developed for the (current) Ukraine context, and they need to be understood for their main message.

Explanation of icons

 How to put this into practice? Suggestions on how to deliver support.

 Explorative questions

 Be aware

 Resources

2. Conceptual framework

This chapter describes the main models and concepts forming the family-oriented, trauma-informed care (TIC) conceptual framework. Subsequent sections will return to these models for individual and relational coping responses, assessment strategies, and interventions.

2.1 Stress

A certain degree of stress is normal and has a functional role in daily life. Every person needs a minimum level of alertness (stress, in fact) to focus, pay attention, and be ready to act. However, in some situations, such as living in war, stress levels increase, and in its most extreme form, it ensures survival. When confronting a stressful situation perceived as threatening, stress hormones are activated, leading to physiological changes: heart beating and muscle tension preparing the body to protect itself.

Generally, people respond to extremely stressful situations intuitively with one of three basic survival responses: they either **fight** (take action to eliminate danger), **flight** (escape danger), or **freeze** (become immobile). When stress levels peak – they tend to go outside the metaphorical 'window', either above the optimal level (active responses: fight or flight) or below the optimal level (passive responses: freeze). These reactions are coordinated by a complex stress regulation system that helps the body to return to balance when the stress is over (see section 2.3: Window of tolerance).

Stress can be experienced both physically and psychologically. Helping someone who suffers from too much stress means both reducing stress and improving their ability to cope with stress. There are many ways to cope with stress and use, for example, social support to recover. However, prolonged exposure to adverse life conditions and accumulation of various stressful experiences can lead to chronic activation of the stress response system, increasing the risk for negative health and mental health consequences. In recent years, there has been increased attention on toxic stress related to prolonged activation of the stress regulation system of young children in the absence of sufficient support from caring adults to buffer their reactions. Toxic stress can affect the developing brain and lead to physical and mental problems also later in life (developingchild.harvard.edu/science/key-concepts/toxic-stress).

Supporting family and community, timely implemented mental health and social support, and TIC aimed at strengthening the resilient functioning of children and parents can prevent the unwanted consequences of prolonged stress and facilitate recovery.

2.2 Traumatic stress

Literally, the word 'trauma' refers to the Greek word for wound. Psychotrauma is, therefore, a reference to the experience of being psychologically wounded. The cause of the wound is an experience that has

been described as fulfilling three criteria: 1) being overwhelming, 2) uncontrollable, and 3) extremely negative (Kleber & Brom, 1992). Examples of such experiences: being in bombardment, seeing someone close to you getting wounded or killed, being involved in a car accident or severe medical treatment. The immediate consequence of going through traumatic experiences is disbelief: “Why has this happened to me?” and maybe a strong wish to undo it. In general, there is difficulty accepting that it really happened. Then, the process starts off coping with the ‘unbelievable’. This generally involves thinking about the event (having intrusions) and avoiding reminders of the event. For most people, this swaying back and forth will eventually lead to their ability to think back to the traumatic event(s) without being overwhelmed again (this is the processing that is often referred to in the aftermath of traumatic experiences).

Traumatic stress is a normal reaction to experiencing or witnessing shocking, threatening life events, like combat or exposure to war zones, disasters, accidents, and actual or possible death. Some individuals are more resistant, depending also on the severity of stressors, but many develop reactions similar to Post Traumatic Stress Disorder (PTSD) and recover naturally. For those who do not recover, the reactions can become prolonged symptoms of PTSD (ISTSS, 2024).

Besides intrusive and avoidant reactions, a person (no matter what age) may respond with heightened arousal in response to triggers that remind of the past traumatic experience. The mind and body respond to such a sensory trigger (sound, touch, smell) as if the event is occurring again. The fear, threat, and hopelessness of the past event may overwhelm the person here and now. In response to the arousal, the person may start to think and feel they are no longer in control of the situation – the stress is just too much to handle. Triggers can lead to hypo- or hyperarousal, with difficulties in regulating emotions, decreasing stress, and returning to the zone of optimal functioning (see section 2.3: Window of tolerance).

There are many signs of traumatic stress. Signs of traumatic stress can commonly be observed as: a) intrusions, b) avoidant tendencies, c) numbing and detachment, and d) hyperarousal. Nightmares and flashbacks are examples of intrusive reactions. Not going to the same place to avoid a reminder of the accident or bombardment is an example of avoidant behaviour. Difficulties with concentrating or frequent forgetting indicate hyperarousal symptoms. These responses to traumatic events can be observed in all age groups, although age-specific reactions are often dominant in children (see section 3.3 Responses to stress in different age groups). For instance, small children often demonstrate clinging behaviour, crying, anger outbursts, difficulty sleeping, and loss of interest in play. School-age children often change their interactions with peers (showing withdrawal or increased hostility) or show worsening performances in learning. In the older age group, in adolescence, traumatic stress may take the form of depressed mood, an increase in substance use, or social withdrawal. Underlying features are confrontation with (fragments of) memories and avoidance of reminders.

Posttraumatic Stress Disorder (PTSD)

When the coping process gets stuck, and there are still problems with reactions to the event(s) in terms of intrusions, avoidance tendencies, negative attributions about oneself, and hyperarousal symptoms,

after a month, a licensed psychologist may diagnose psychiatric PTSD. There are effective psychological treatments for PTSD, but these are beyond the scope of the ECI professionals and, therefore, also of the manual. It is relevant, however, for ECI professionals to be able to recognise the symptoms of PTSD.

PTSD symptoms generally show a tremendous overlap with symptoms of depression and often co-occur with other (mental) health problems. Examples are anxiety reactions, substance abuse and addiction, and psychotic symptoms. These may cause severe relationship problems within and outside the family. (see Chapter 3)

Cautiousness regarding the language of 'trauma'
Although it is important to acknowledge and identify the consequences of disruptive events in the context of war for the individual, community, and society at large, commonly, mental health and psychosocial problems are highly interconnected. At the individual, family, community, and societal levels, crises erode normally protective supports, increase the risks of diverse problems and tend to amplify pre-existing problems of social injustice and inequality. Significant problems of a predominantly social nature include pre-existing social problems (e.g., poverty), emergency-induced social problems (e.g. family separation), and humanitarian aid-induced social problems (e.g., the undermining of community structures or traditional support mechanisms). Similarly, problems of a predominantly psychological nature include pre-existing problems (e.g. severe mental disorder), emergency-induced problems (e.g. grief, depression, and anxiety disorders, including PTSD), and humanitarian-aid-related problems (e.g. anxiety due to lack of information about food distribution).

Who develops trauma, and who does not?
Due to the severe impact of war, people often assume that a large part of the population in war-affected countries will be traumatised. However, it is a significant minority of the population exposed to war circumstances develop severe psychological difficulties. Who develops trauma and who does not is determined by one's personal characteristics, accumulated experiences, support system, and overall resilience, among other factors. Nevertheless, war brings an increased risk of experiencing disruptive events that can lead to the development of severe psychological symptoms - and a particular set of these symptoms is psychotrauma.

It is crucial to have a clear understanding of psychotrauma when working in a war context. Reading theories on trauma will improve understanding of how trauma can develop, how it can be recognised, in which cases PTSD and comorbid problems may exist, and when one should refer. There are also questionnaires with key questions on trauma symptoms, which can help to clarify if a person is suffering from trauma-related symptoms (see Appendix Tools).

2.3 Window of tolerance

As described above (section 2.1), people generally respond to extremely stressful experiences intuitively with one of three basic survival responses: 1. Fight: take action to eliminate danger; 2. Flight: escape

danger; or 3. Freeze: become immobile. When stress levels peak – they tend to go outside the metaphorical 'window', either above the optimal level (active responses: fight or flight) or below the optimal level (passive responses: freeze). These reactions are coordinated by a complex stress regulation system that helps the body to return to balance when the stress is over. This metaphor, the window of tolerance, was introduced by Daniel Siegel in 1999. It explains how coping efforts are directed at obtaining the optimal arousal for daily functioning.

In the case of traumatic stress, an individual is being 'triggered' sooner. Stress responses arise whenever a person smells, feels, hears, or sees a cue that elicits the memory of past intrusive events or experiences. The metaphoric window has become smaller (figure 3).

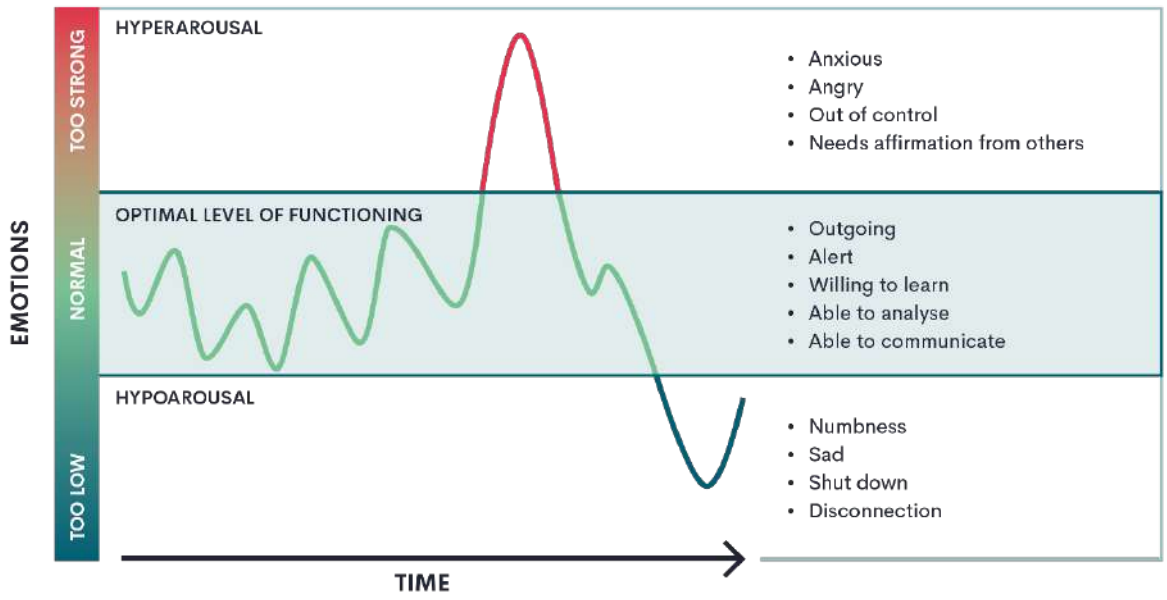


Figure 3: Window of tolerance, Siegel 1999

2.4 Attachment

The attachment theory was developed by Bowlby and Ainsworth (Bretherton, 2013). Their observational research demonstrated the significance of a parent-child relationship for the development of a child. The relationship with his or her caregiver constitutes a basic condition for the healthy development of the child. The caregiver models how they deal with difficult situations. Most importantly, the caregiver is the external regulator of the emotions of the child. A baby needs a caregiver to help them deal with all sensations and emotions (hunger, anxiety, distress, etc.) when situations are overwhelming (see co-

regulation, section 4.4). Children need to learn this from their caregivers so they will be able to regulate their emotions by themselves.

When becoming a parent is extra stressful: the motherhood constellation
Stern's motherhood constellation theory (Stern, 2020) focuses on the individual, that is, the mother (parent or caregiver) in relation to her (unborn) child. During pregnancy, the identity of the mother (and, to some extent, also the father) starts to change. Instead of being occupied with the male and female roles in life, pregnancy leads to a stronger focus on the mother and father roles. These new thoughts and feelings can be clustered along four different themes.

1. **Life and growth**
   First is the theme of 'life and growth', referring to questions like "Is my living environment safe for my child?" and "Will my child survive and develop normally?" Especially in a war situation, these worries about the child's survival become very prominent.

2. **The relationship**
   The next theme is more about the 'relationship'; "Will I be able to love my child?" and "Will there be any obstacles from the past towards building up this relationship with my child?" (see also 'Ghosts and angels in the nursery' in the following section).

3. **Supportive environment**
   Third, the 'supportive environment' refers to questions such as "Can I organise sufficient support and also accept it when family or friends want to help?".

4. **Identity reorganisation**
   Lastly, phase four focuses on overall 'identity reorganisation'. "How will I be able to combine all these different roles?". In this phase, it is also questionable whether the mother will manage to replace the fantasy image of the child with the factual child image or if the actual child remains like a *phantom* child.

NOTE: There is also a paternity constellation. Fathers are also concerned with their identity as fathers. This raises even more questions and uncertainties in wartime; for instance, fathers may feel the responsibility to make the decision to flee or guarantee income or food for the family (often seen in IDPs or refugee camps).

Influence of the past on the parent-child bond: Ghosts and angels in the nursery
In response to the birth of a child, when adults become parents and form their new identity, unanticipated memories of childhood experiences may come to the fore. Freiberg (1997) calls these the "ghosts". These memories might have been hidden for a long time and triggered by the newborn baby. They possibly affect the way the parents care and bond with their children. For example, when a baby cries, the memories of one's own childhood experiences will determine the behavioural response towards the child. One person may respond by ignoring the child as they may interpret the crying as the child teasing

the parent. Another person may interpret the crying as a need for care and cuddle the child. According to Lieberman (2005), parents who carry along these negative memories may also carry positive experiences. These “angels” from the past can, for example, include feeling understood, accepted, and loved as a child. They are supportive of the parent and compensate for the negative effect the ghosts can have on their parenting style.

These notions may be relevant for ECI professionals because of the emphasis on past stressful experiences, such as the childhood experiences of parents that impact their caretaking actions. In times of stress, such as war, children may elicit these memories more frequently than during peace and regular daily life. When families share a history of violence, abuse, and perhaps war, these ideas about ‘ghosts’ may be relevant.

The Circle of Security

The Circle of Security, Powell et al., 2014 (figure 4) focuses on the crucial role of the parent or caretaker regarding the development of a child. It is based on the idea that children need continuous connection with parents or caregivers to feel safe and explore the world towards independence. Attachment theories have been very influential for modern perspectives on the healthy development of children, buffering stress, enhancing resilience, and the significance of regulating emotions and playfulness, for instance. For these developments to take place, children need to feel seen and supported. Parents are the source with which children "refill their cup". They are the child's ‘safe-haven’ to recharge emotionally.

This circle of security is necessary for developing self-confidence and growing up into an autonomous individual, that is, a child who feels well-attached and connected to other people. When parents are very worried or involved in other daily life circumstances and less available or less sensitive to their children’s needs, this has a negative impact on the child’s opportunity to explore. When the immediate surroundings of children are unsafe or unavailable (such as schools), this also leads to less opportunity to thrive and develop.

The Circle of Security intervention is an evidence-based method that has made the attachment theory practical. It helps parents and professionals understand the theory of attachment and the importance of the parent's availability, emotionally and/or physically. Working with the Circle of Security gives caregivers and professionals theoretical information and practical tools on how they can become more responsive to the needs of their children, even when they are feeling stressed.

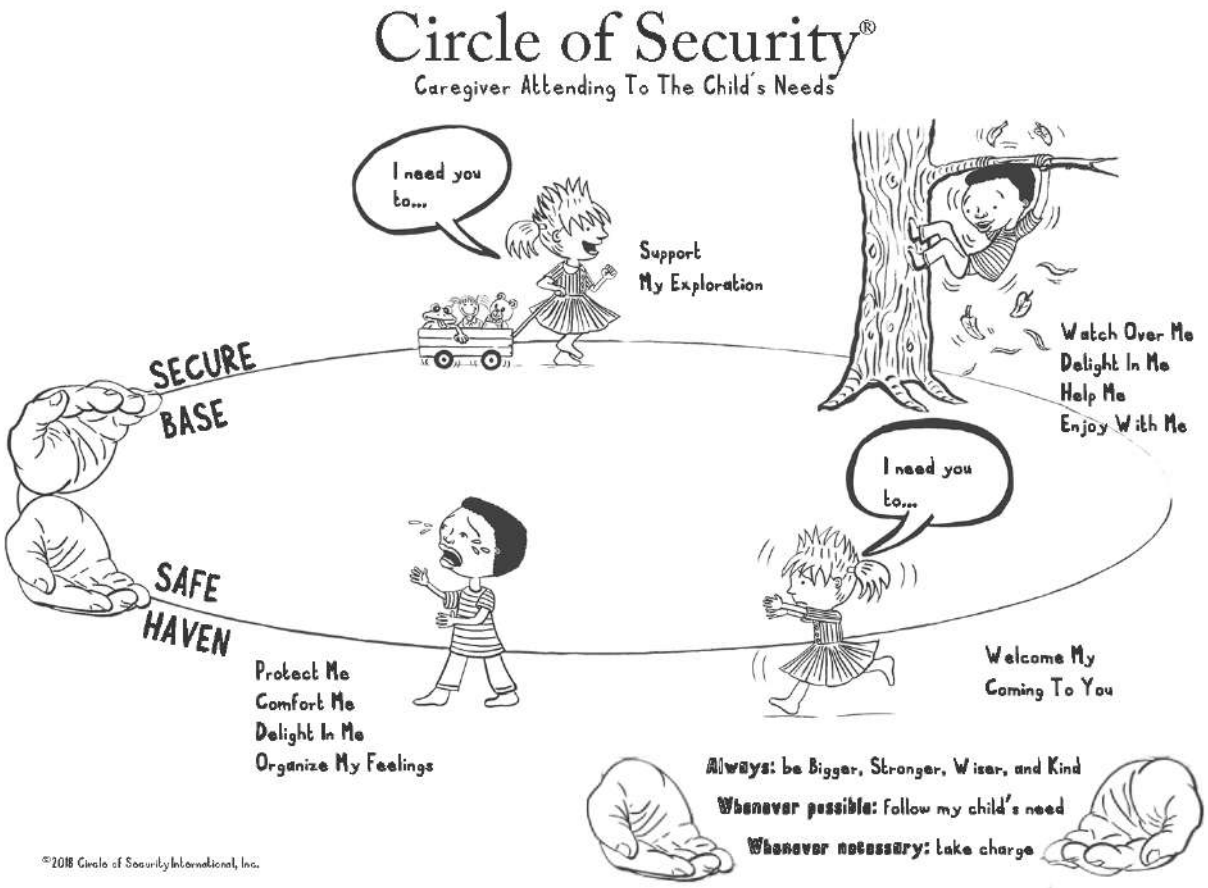


Figure 4: Circle of Security ®: A visual 'map' of caregiver-child attachment.

2.5 Resilience

Resilience can be seen as a capacity for successful adaptation to challenges that threaten the functioning and survival of the development, as well as a capacity to withstand and rebound when confronting severe adversity (Masten & Barnes, 2018; Walsh, 2021). Resilient functioning is an outcome of successful interaction between the individual, family, and community to manage stress, also in times of war. A cohesive, supportive family, a protective, positive school environment, and formal and informal support from the community are all essential for enhancing the resilience of children. There are many ways to cope with stress, and most individuals and families find a balance between the demands stress places on them and the coping resources available to them. They successfully activate the coping strategies and resources necessary to deal with war-related stressors, uncertainties and anxieties. Long-lasting, cumulative stress during armed conflict can deprive individuals or families of resilient functioning and lead to dysfunctional adaptation. Preventive interventions focused on strengthening resilience can empower families to deal with stress and minimise its possible negative consequences.

2.6 The multilevel influence of the social environment on individual development

One of the main principles followed in this manual is the idea that a child is brought up in a social environment. Bronfenbrenner (1979) refers to this as a socio-ecological system in which individuals are influenced by multiple interconnected systems, ranging from immediate settings such as families, schools, and sports clubs to broader systems like communities and societies (figure 5). All these different networks and interactions at the micro-, meso- and macro levels should be considered to understand human development better. Understanding the stressors at various system levels and their interactions, as well as resilient processes at individual, family and community levels, helps support the resilient functioning of children and families.

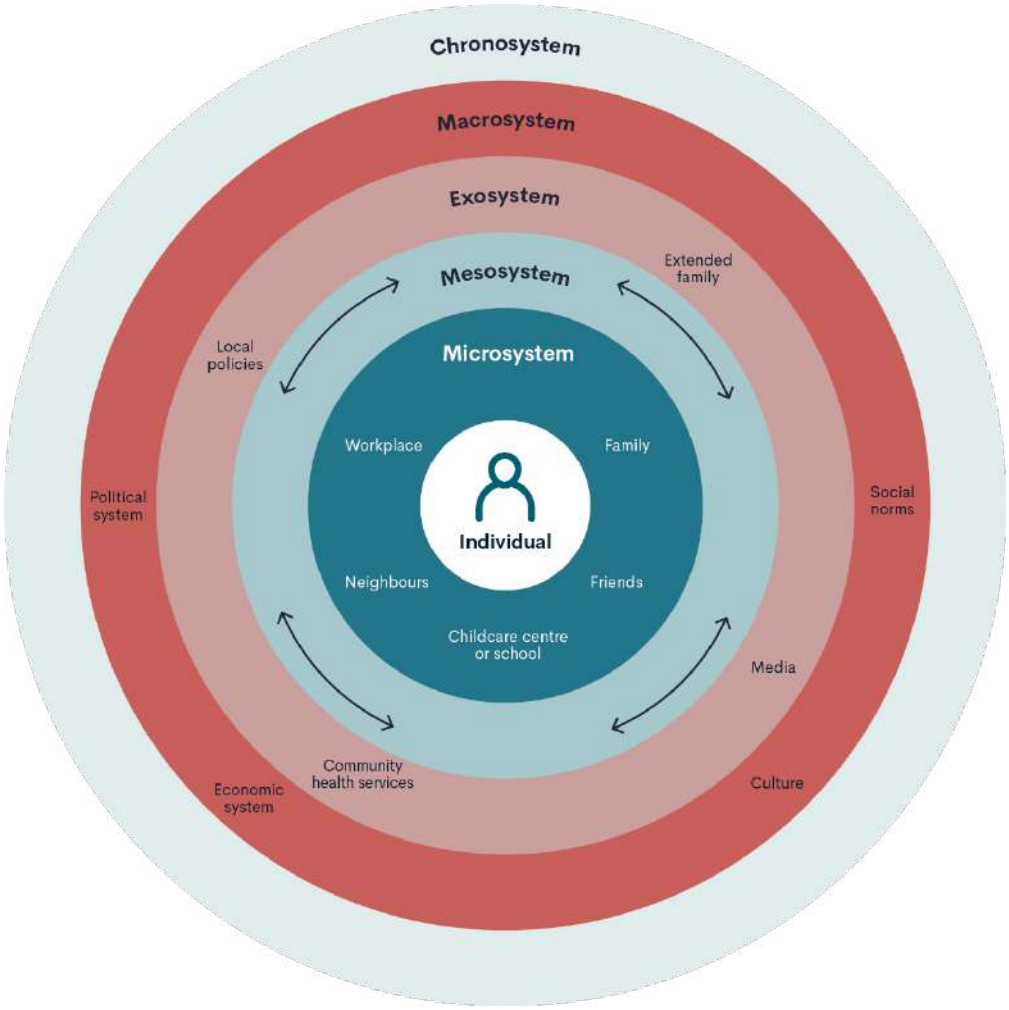


Figure 5 : Ecological systems theory, Bronfenbrenner 1979

There is an African proverb: ‘It takes a village to raise a child’. This refers to the responsibility of the community in raising a child. A whole community of people should provide for and have positive interactions with children so that children can experience and grow in a safe and healthy environment. Children benefit from more people than just their father, mother and siblings. In modern Western society, there has been more emphasis on the individual and the nuclear family at the expense of community involvement. Community relationships may come under pressure during war due to changing or deteriorating social structures.

Due to war and displacement, these social systems can change or be disrupted. For instance, children or adults may lose access to schooling, community centres, and work environments while developing new relationships in their new (temporary) living environment. When dealing with stress, traumatic experiences and changed circumstances, it is important to engage relevant stakeholders at various socio-ecological levels to identify resources for support and resilience, as an individual does not stand on their own.

> “ You can't pour from an empty cup.

2.7 The significance of self-care in times of crisis

Self-care may sound like a luxury, a reward, or even selfish in times of crisis. However, it has been proven that self-care is essential for everyone, particularly for (mental) healthcare professionals (Skovholt & Trotter-Mathison, 2016). In their daily work, healthcare professionals witness their clients’ stress, personal struggles, and problems and support them in coping. Their profession, therefore, is a responsible, demanding task that may not be restricted to working hours. Healthcare professionals are constantly focused on others and dedicated to offering care, challenging them to look after themselves. Second, in addition to their demanding working conditions, healthcare professionals are also confronted with uncertainty, insecurity, fear, stress, loss, and sadness in their daily lives in a war context. Therefore, they face challenges both professionally and personally.

And finally, self-care for the healthcare professional is important because their main instrument in helping others is themselves. Investing in themselves means investing in providing the best care possible.

For all the reasons mentioned, the self-care of the professional is an important pillar of this manual. The manual aims to assist the healthcare professional in:

- Developing the ability to recognise signs of stress in oneself;
- Understanding self-care and knowing how to apply it preventively and reactively;

- Inspiring and equipping parents and caregivers to practise self-care will also benefit the children because they receive the best care possible from adults who empower them.

Self-care is a form of stress management. Every activity undertaken during the day takes or adds to one's energy level. Self-care is about actively adding to one's energy level: getting or staying within the optimal level of functioning (Window of tolerance: section 2.3). It includes activities and strategies that help people relax, recharge and add to their resources. Practising self-care helps to regulate, relax, and recharge. The overall goal is to take care of one's own well-being (physical, mental, emotional, and spiritual) and to increase one's resilience.

2.8 Resources

Traumatic stress symptoms
More information on symptoms of traumatic stress, e.g., Posttraumatic Stress Disorder
https://istss.org/public-resources/trauma-basics/trauma-during-adulthood

Theories of trauma
To read more about the notions of trauma:
istss.org/public-resources/trauma-basics/natural-recovery-vs-ptsd

Window of tolerance
Video clips that illustrate the Window of tolerance:
- Ukrainian version
- Russian version
- English version

Attachment
Video about 'ghosts and angels in the nursery'
Video about the 'Circle of Security'

3. Individual coping and resources

The major changes in daily life due to war can put significant pressure on individuals and their relationships. In individuals, regardless of age, a range of signs of stress may occur. Examples include problems with sleeping (such as nightmares, bad dreams, or insomnia), eating, concentration, aggression, withdrawal, or anxious behaviour. It is common for children to see emotional reactions to stress, such as crying, separation anxiety, stagnation, or regression in development (e.g., in language development, bedwetting, or clingy behaviour). This chapter will describe individual responses to traumatic stress and grief. The next chapter will focus on family responses, coping mechanisms, and resources. Sections will have a few lines on 'How to put into practice', offering practical guidelines on how to respond.

3.1 Coping

Coping refers to the ability to manage stress. There are a variety of ways in which individuals cope with stress by modifying emotions, thoughts, and behaviour. Coping theories state that first, a person evaluates or weighs the challenges they are facing, estimating how threatening the stressful situation is and what their capacities are to deal with it (Lazarus & Folkman, 1984). Individuals or families are choosing strategies to manage stressors and activate the resources available to them based on their past experiences with stressful situations, depending on the type of adversity they are facing.

The options for coping strategies are: reducing the stressor, modifying the emotional response, or seeking an activity, thought or support. Changing the meaning, thinking differently about the stressor or about one's own capacities to deal with the situation, can open new perspectives to manage stressful circumstances. Besides these possibilities, one of the most powerful ways of coping is seeking social support from family members, friends, or the community (figure 6). When confronted with stress, young children are especially dependent on their caregivers for self-regulation. However, besides support from trustful adults, older children can learn skills to manage stressful situations through play, emotion regulation or problem-solving.

The type of coping an individual finds helpful may vary tremendously. A healthy way of coping is seeking connection with others, sharing, and asking for help. This creates opportunities that did not seem to exist at first. Unhealthy ways of coping, on the other hand, are withdrawal, denial, or substance abuse. **Coping is dynamic – it is not static**. What helps one day may not help another day. Coping is also very personal; what is helpful for one individual may not be useful for another.

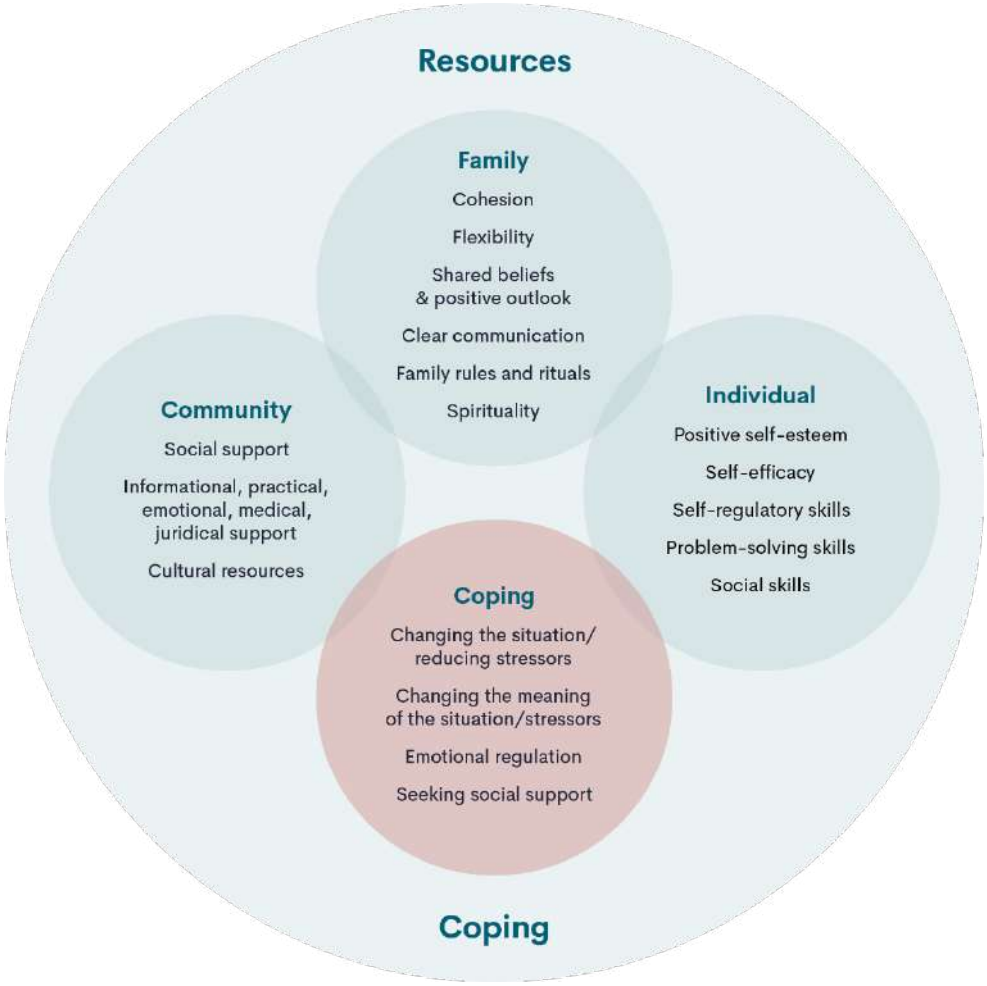


Figure 6: The protective web: Resilience factors based on Masten, 2018; Sippel et al., 2015; Walsh, 2016.

3.2 Resources for coping

The interaction of individual, family, and community resources may enhance successful coping and resilient functioning in stressful times. While coping skills and strategies can be learned, resources can be strengthened. Individual sources of resilience, like positive self-esteem, self-efficacy, emotion regulation, problem-solving, and social skills, are strongly intertwined with family and community resources. Successful coping can strengthen self-esteem or a belief that the individual or a family can manage adversities and generate hope. Shared family beliefs that facilitate the appraisal of stressors, positive outlook and hope, connectedness and flexibility, clear communication, and emotional sharing are key processes of family resilience (Walsh, 2021). In times of adversity, social support is essential for family members to help manage adversity. Informational, emotional, or practical support from friends,

neighbours, colleagues, or institutions in the community (schools, health, and mental health organisations) jointly create a protective shield around the family. Spirituality and religion, as well as cultural and family rituals, can facilitate the process of coping with war-related stressors and loss.

How to put this into practice

- Asking questions about the existing coping strategies and resources is already a supportive intervention. Mapping the already used successful efforts and giving recognition can empower family members. Explore jointly with parents when they can change a situation, in which way they manage stressful moments, and what kind of activities and thoughts help them to manage strong emotions, relax, and recharge their batteries (Window of tolerance, section 2.3).
- Discuss what type of support is needed (informational, emotional, practical) and from whom they can receive it. Encourage persons to utilise external resources from extended family members and friends. Sharing strategies to deal with stressful situations can help in finding a way to think differently about it, allowing them to deal with adversities.
- Give individuals positive feedback for implementing their own successful coping strategies or new ones. The better one manages to cope with stressors or triggers from traumatic experiences, the better one can support one's children. This strengthens their self-esteem and the feeling that they can impact reactions, even if they cannot change the situation.
- Expanding coping strategies by introducing new options and skills, including relaxation exercises, changing one's perception. Encourage persons to seek support from extended family members, friends, and the community. Having more options can increase their hope that even in wartime, they can deal successfully with many stressful situations. In a group setting, individuals can learn new possibilities from each other and extend their coping strategies.
- Discuss difficulties and options to experiment with new ways to help children cope with stressful events by implementing co-regulation, using playful relaxation techniques, age-adequate explanations or teaching them skills through modelling.
- Explain to caregivers that strengthening their own resilience is the most effective way to support resilient adaptation for children.

3.3 Responses to stress in different age groups

Although there may be similarities in the responses to traumatic stress in children of different ages, there are also some differences based on the dependency of caregivers or developmental competencies, for instance. It is important to realise that most children will exhibit one or more symptoms during their development. This does *not* automatically mean that the symptoms are the result of trauma/experiencing

traumatic events. These symptoms can be seen as flags that need to be checked to see what is causing them to know what guidance or intervention suits them best.

In general, it can be said that all major negative changes in emotions, interaction, development, or behaviour - or regression in one or more areas - can be seen as warning signs. Be aware that these changes first are normal reactions to abnormal, stressful experiences. Normally, with the help of caregivers, (young) children are able to recover from these experiences. When children are expressing long-term (longer than one month) regression in development, are having nightmares of the traumatic event, are showing repeat play of their traumatic experience, are occupied by their traumatic experience or are claiming an adult to feel secure, then further observation or research to discover what causes these changes is desired. The use of a trauma symptom checklist for children is then advised.

3.4 Traumatic stress symptoms in youth

In response to traumatic events, approximately 16% of the children will develop severe symptoms that will need more attention. These symptoms belong (as in adults) to the following clusters: intrusions, avoidant tendencies, negative beliefs and hyperarousal. Intrusive reactions are responses that make children feel as if the event is happening again. Children are shocked whenever they hear, feel, smell or see something that reminds them of the drastic event(s). Nightmares are an example of intrusions. Anxieties may have increased, and children may associate more directly with the events that happened to them. As a result, children will have more difficulty concentrating.

Avoidance
Due to the distraction that children experience as a result of intrusions, they will try to avoid situations that remind them of the traumatic events. They may avoid thoughts and feelings about them, not want to talk about them or avoid specific places, people, or objects.

Hyperarousal
Children, including teenagers, may experience more stress during a prolonged period, which results in them being continuously alert to the threat of danger. They get frightened more easily due to sounds and are hypervigilant towards their surroundings. They will have more difficulty relaxing and sleeping. As a result of heightened stress, youth may respond with irritability and vigilance.

Negative beliefs
Traumatic events can cause negative thoughts in youth about oneself, other people or the world. An example may be self-blame, distrust or despair (nobody will help me; the world is an unsafe place).

Recognising symptoms

- Sudden increase of arousal in response to specific triggers; a sudden decrease to the point of flattening may occur as well.
- Change of behaviour, in particular in response to certain triggers (e.g., anxiety, panic, or anger outbursts).
- Avoid situations or persons, such as separation anxiety (no longer sleeping alone).

How to put this into practice

- Providing caregivers with an explanation of the Window of tolerance is very useful in helping people understand and normalise their reactions to daily stress and certain triggers (see the video clip in Ukrainian and Russian). The reactions can be related to present stressors or memories of past events. Ask for examples from daily life and use those examples to help caregivers gain insight and understand their triggers and stress-related reactions.
- Help caregivers recognise their first reactions or triggers: emotions, thoughts, or sensations in their body. The first signs create a good opportunity to make timely use of relaxation, activities, or thoughts, which can help return them to the optimal functioning zone (chapter 4).

3.5 Coping with loss

In wartime, many people will experience the loss of relatives or friends. However, loss does not only refer to the loss of human beings but also to the loss of a home, pet, daily routine, or living environment. You can also think of losing a job, school, and childcare. Alternatively, even feeling the loss of one's identity or hope for the future. All these experiences are important examples of loss. There are guidelines within all cultures on how to deal with loss.

For example, in some cultures, a certain period may be designated for this, such as 40 days of mourning or specific commemoration days. There may also be specific food, clothing, and grave care customs. In this mourning process, rituals are very important. Overall, there are different ideas about how to deal with loss, but nothing is fixed, and processes vary from person to person. The emotional experience of mourning can be of any duration – this is never standard and is not fixed.

Grief is a process that facilitates the adaptation to loss and can take various patterns and trajectories. Cultural rituals and religious beliefs can, in some ways, support coping with loss and can ease the grieving process, while some existing myths may hinder the process. There are, for example, several myths about grief, like the assumption that there are predictable stages of grief one needs to go through, that crying is an essential part of grieving or that grieving has an endpoint that can be reached by paying

farewell to the deceased person (Bonnano, 2009). Loss due to violence or *ambiguous loss* (see next section) can complicate or interfere with the grieving process.

To cope and be able to grieve, people generally need to have and receive space to talk about the loss. Cultural beliefs influence how the family communicates about a deceased family member. Hiding the truth or declining to tell young children about death is often an attempt to protect them. However, it can leave children feeling confused, isolated, and unsupported. Even though preschool-aged children have no capacity to understand the finality of death, they do notice someone from the family is absent, they can perceive changes in daily routines, and as sharp observers, they see the reactions of family members (Dyregrov, 2008). Young children can react to loss in many ways – from no reaction at all to separation anxiety, sleep disturbances, withdrawal, sadness, longing, or anger.

Ambiguous loss

Ambiguous loss may appear when a person goes missing, and it is unclear whether the person is deceased. Death may be suspected or feared, but contact or confirmation is absent. This results in a complication of the experience of loss. Usually, people in this situation do not want to give up hope that someone will return. They may be effectively held hostage in the uncertainty about the fate of the missing loved one.

Children and grief

Children also experience a grieving process. Their understanding and reactions depend on their age and developmental stage. As they get older, new questions about the loss may appear.

Table 1: Developmental phases in understanding death and grief reaction by ages

Developmental stage	Understanding death	Possible grief reactions
Infants **(0-2 years old)**	No understanding of death	General distress irritability Changes in routines (crying, eating, sleeping) Withdrawal Fear of abandonment Regression
Toddlers **(2-to 4-year olds)**	Death is seen as reversible. No difference between death and sleep Magical thinking about death	Separation anxiety Depression, withdrawal Regression, sleeplessness Irritability, concentration problems
Pre-schoolers, **early elementary schoolers** **(4–6-year-olds)**	Variability in the perception and the understanding of death and irreversibility Magical thinking about death	Guilty feelings about the death Repeated questions about death Anger, confusion, hyperactivity Sorrow Nightmares, sleeplessness Regression

Primary schoolers (6-to 8-year-olds)	Understanding the irreversibility of death No capacity to generalise the experience of death to other people and themselves	Denial that death could happen to themselves Repeated questions about death Depression, anxiety Physical symptoms Anger Isolation Fear that something may happen to loved ones Feeling of loss of control

Source: Revet, Laifer, & Raynaud, 2018, p. 71-72

How to put this into practice

Parents/caregivers

- Firstly, it is important to find out what the losses are, remembering that they might not be only persons but also other types of losses. Ask caregivers what they think their children have lost; think of childhood losses such as contact with a friend, important toys, or pets. Consider their age and developmental level when thinking about what children have lost.
- When family members are confronted with a loss of contact with a beloved person, ask about the relationship with that person and what that person meant. Create an open space for family members to talk about the loss.
- In the case of ambiguous loss, try to connect with what family members are struggling with and what they are willing to talk about. Be supportive, but do not force them to talk about things they do not want to talk about yet. Wait and ask at a later time when they are ready to discuss it.
- Holding on to two opposing ideas about the possible outcomes helps to lower stress when one struggles with ambiguous loss (Boss, 2006). So there is no need to choose one of these positions.

Parents/children

- Providing psychoeducation to caregivers about the process of grieving in children includes an explanation that children can have very different reactions, or some do not even show visible reactions. Sometimes, if children are initially seemingly not affected by loss, they may show later signs of grief. This can happen when the situation changes, children get older, and/or develop different insights.
- Enhancing caregivers' openness to listening to their children's thoughts and feelings helps to understand how children are experiencing the loss and help them express their feelings in words or other ways. It can also give opportunities to validate their feelings and correct children's thoughts or beliefs if they blame themselves for the loss.
- Support caregivers to give children adequate, age-appropriate information and explanation about what has happened, including an explanation that the person who

died will not come back (chapter 4). When talking with children, consider that other means of sharing information about the loss may be appropriate. For example, by using drawings, making a booklet, reading a book for children about loss or through play. The need for explanation in children can reoccur at different ages.

- Emphasise the importance of children being reassured by their caregivers that he or she will always take care of the child and stay close to the child (Circle of security, section 2.4).
- When caregivers believe it is better not to tell young children that a family member has died to protect them or are having the dilemma of whether to tell or not to tell, invite them to think and talk about the advantages and disadvantages of both options. When possible, create a group for parents and motivate them to discuss their dilemmas.
- When a parent is still going through an intensive grief process, extended family members can support the parent and help children understand, explain, and cope with the loss.
- Consider using rituals to remember the person who has passed away, such as organising memory days and birthdays, recollecting memories from the past (holidays, etc.), or watching photos and videos.

3.6 Coping with uncertainty

Fear of the unknown can be overwhelming and disrupt the continuity of daily life. Lack of information and predictability, facing unclear future prospects due to armed conflict and forced migration, or confronting the unknown fate of a missing family member (section 3.4) can all create uncertainty. When combined with a lack of control or the possibility to influence one's situation, uncertainty can be stressful, leading to worry, anxiety, and feelings of helplessness. People cope with uncertainty in different ways. Some quickly pick up new daily routines, such as looking for a job, furnishing their new house, and making new social connections. Others become more paralysed - they remain preoccupied with news of the war by checking the media or withdrawing from daily life. The capacity to tolerate uncertainty (Hillen et al., 2017) and developing strategies to cope with uncertainty can differ for family members. Building coping strategies for uncertainty during war can be challenging due to difficulties in planning and making decisions. Broadening the options by parental groups sharing similar uncertainties can be helpful.

How to put this into practice

What to do:

- Help people distinguish what they can and cannot influence or control the outcome of certain situations or events.
- Explain individuals to focus on what they can influence in daily life, like maintaining routines, changing one's own reactions and perceptions of a situation, planning, and creating predictability where possible. Small steps that are within reach matter and are worthwhile.
- Encourage individuals to stay connected to family and friends, share similar experiences and uncertainties, and support each other.

3.7 Rituals

Rituals are performances that help to give meaning to important life events. These can include holidays, religious or political moments, as well as the death of loved ones, the birth of children, and birthdays. Rituals can acknowledge the burden and promote positive emotional experiences. Rituals also offer fulfilment, enhance personal well-being, and reinforce the feeling of interconnectedness. When an individual or family activates rituals that were performed before the changed circumstances, for example, before the war, these rituals can help awaken familiar senses - touch, sounds, tastes, smells, and sights - that remind people of home and bring back good memories.

3.8 Resources

Loss

Regarding the difference in attitude between sympathy and empathy, the video clip based on Brene Brown's text may be helpful. For a detailed parental support source, see:

- Dyregrov, A. *Grief in young children. Handbook for adults.* 2008. Atheneum Press, Gatehead, Tyne and Wear, Great Britain.
- Dyregrov, K. & Dyregrov, A. (2008). *Effective grief and bereavement support: the role of Family, Friends, Colleagues, Schools and Support Professionals*.

For more information on how to talk to your children about the death of a loved one, see:

Helping your children cope with loss, grief and painful feelings:
How to talk to your children about death loved one
How to deal with loss or grief of loved ones

Doing what matters in times of stress manual and app:
Mental health app for Ukrainians

Resilience

For tips for parents and teachers of elementary school children about resilience in a time of war, see: apa.org/topics/resilience/kids-war

Roadmap to resilience: How parents can foster resilience (audio)
How parents can foster resilience

Save the Children's Resilience Programme
Resilience programme brochure

The importance of focusing on resilience has been emphasised in this paper related to the Ukrainian context.

Coping

A very useful text on helping children to cope with adversity is the following resource: Macksoud, M. (1995). Helping children to cope with the stress of war. A manual for parents and teachers. Unicef.
resourcecentre.savethechildren.net/document/helping-children-cope-stresses-war-manual-parents-and-teachers

4. Family coping and resources

4.1 Introduction

During armed conflicts, family members are exposed to multiple stressors as victims, witnesses or combatants. Life under threatening and unsafe conditions disrupts the social and daily life of families. Moreover, a shortage of daily necessities, being on the move, seeking shelter, having no continuity in schooling or work, and feeling insecure about the future and/or the whereabouts of your loved ones all contribute to increased stress.

Displacement helps family members to reach safety and helps parents protect their children, but migration often also causes further disruption of daily life and confronts family members with new challenges. Once the familiar environment is left, parents and children need to cope with separations, losses and worries about loved ones left behind. At the same time, they must find their place in the new environment and adjust to cultural demands, often without their familiar supportive network. How a family manages the ongoing cycle of disruptions and cumulative stressors depends on the severity of traumatic experiences, the meanings given to events and their consequences, the capacities to cope and the existing resources within the family and the community, as well as the developmental stage of children and other factors.

> **“ All families have some internal strength that they use for managing stress in their family system.**
>
> Olson, 2004

4.2 Coping by families

When confronted with stressors and traumatic events, family members make an appraisal of the situation and activate their coping strategies and resources to re-establish the balance. As long as they believe the stressor is manageable and have the resources needed to meet the demands, the family adaptation remains positive. Most families succeed in managing war-related stress, and some become even stronger. Long-lasting threats and uncertainty, separations, and losses can alter daily routines, roles, and relations and require a reorganisation of tasks and re-distribution of roles in the family. The unique family system, as described by Olson (figure 7), must find a new healthy balance when the family organisation

and the level of cohesion might have changed. The increasing stress or traumatic reactions of family members can lead to misunderstanding, distancing, seeking continuous closeness, or tension and conflict. In caregivers, it may also manifest itself in less time and patience; they are less emotionally available to each other and to their children.

However, family members can also become more supportive of each other and even facilitate the recovery of a traumatised family member. When family members understand each other's stress or trauma-related reactions, manage to help each other regulate emotions, and interpret the events in a way that facilitates coping, they are constructing a protective family shield that helps manage adversities.

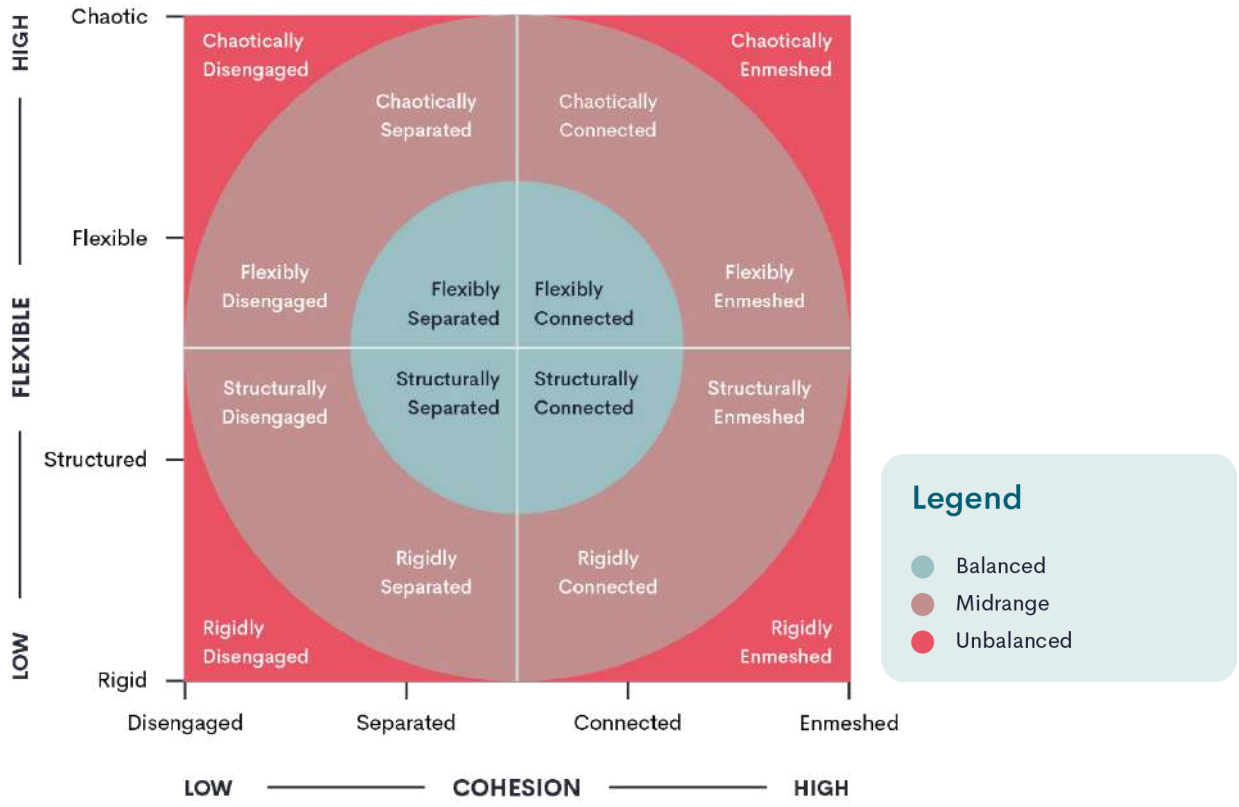


Figure 7: Model of family adaptation, Olson Circumplex Model, 2000

Family as a self-organised entity

How do families re-organise themselves in response to ‘crises’? Each family or household system can be considered as a self-organising entity that interacts with the broader environment in a unique way. Each family system operates and maintains a certain balance by employing activities along three dimensions: organisation, cohesion, and communication. Organisation refers to the way tasks and roles are divided

among family members. Who does groceries, earns money, walks the dog, etc.? Cohesion refers to the extent and nature of interdependent relationships among family members. The third dimension refers to communication skills, meaning both verbal and non-verbal communication. This dimension has a facilitating role and can be seen as supportive of both organisation (coordination) and cohesion in the family.

Due to changing circumstances, for example, separation due to military deployment or forced displacement, extra pressure is being put on this self-organising system. The three dimensions (as described in the Circumplex model by Olson, 2004) must find a new, healthy balance. If this balancing exercise fails, family systems can be characterised by extreme positions within the organisation (rigid or loose sand) or cohesion (islands or over-involvement) dimensions.

How to put into practice

How caregivers can support children, coping

- Structure and predictability by maintaining routines and daily activities enhance the safety of children even in stressful times.
- Identifying which experiences children experienced, witnessed, or heard are most upsetting or frightening. It helps parents to understand their children and find the best way to support them.
- Encourage children to express what they witnessed or heard; what is troubling them? They can put it in words or express it through drawing or playing out which events or thoughts make them frightened, sad, or angry.
- Children need explanations, adjusted to their age, about war, displacement, separations, and losses to understand what is happening around them.
- Reassure children that parents will not leave. Support children by explaining where you are going and ensuring that a trusted person stays with the child.
- Parents of young children often believe they are too small to understand and choose not to mention it, especially if they are not talking about it. However, silencing can leave the child frightened and helpless without being able to interpret threatening events.
- Protect children from upsetting images and conversations, including the media.

4.3 Parenting and parent-child relations

Providing safety through stable, supportive parenting is a strong buffer against stress for children in times of war. The parent-child relationship is probably most influential in children's well-being, particularly at a young age. Most parents manage to create a protective shield for their children, even under stressful conditions. However, long-lasting armed conflict can increase parental stress and undermine effective parenting. Due to long-lasting preoccupation with safety, worries, grief, or trauma-related reactions, the

emotional availability of parents may decrease. High, ongoing stress can increase harsh parenting tactics. When parents struggle for a long time with stress or trauma-related reactions and symptoms, their capacity to recognise children's needs and respond optimally may become reduced (Window of tolerance, section 2.3).

The reactions of young children in stressful situations are dependent on parents or other caregivers (co-regulation, section 4.4). Children notice the emotions and changes in parental behaviour and react by seeking contact proximity, anxiety, or withdrawal or by trying to get attention through disobedience or expressing increased distress. When a child is traumatised, positive and supportive parenting can facilitate recovery. However, parents who overly empathise with a child's traumatic reaction can contribute to increased distress in the child.

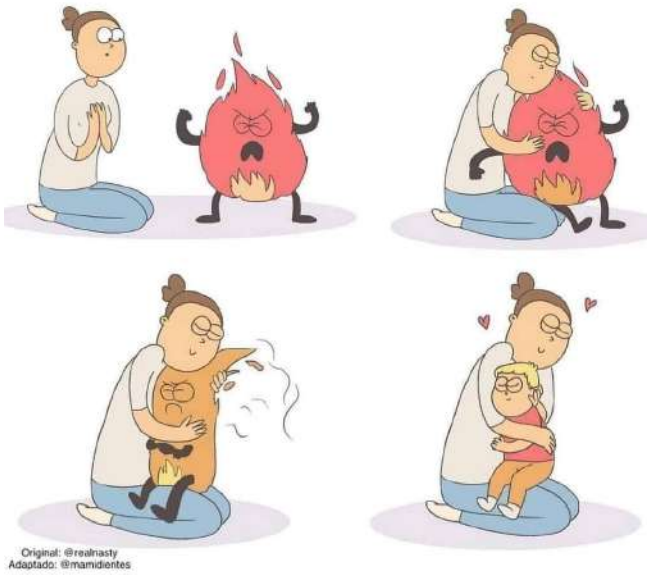
How to put this into practice

- Explore with families how they experience and think about war-related stressors.
- Provide psychoeducation about the influence of armed conflicts on families. Help family members to understand and normalise their reactions as a consequence of external circumstances.
- Encourage family members to maintain daily routines and organise family rituals. This provides structure and predictability and helps to maintain stability in uncertain times. Shared routines in daily activities can strengthen bonds between family members and help children regain a feeling of safety.
- Enhance mutual support *among* family members by talking about their feelings and recognising and understanding each other's reactions and needs to war-related stress. Explain to them that when partners can share their thoughts, beliefs, and feelings, they can help each other regulate intense emotions and talk about solutions to help each other.
- Emphasise the importance of positive, joint family activities that help family members relax, recharge their batteries, and strengthen their sense of connectedness despite troubled times.
- Validate existing family strengths and efforts to cope with war-related stress. Successful coping will strengthen family members' belief that they can manage stressful situations.

4.4 Co-regulation

In times of war, caregivers are often occupied with their own worries and emotions. It is important to realise that (young) children are completely dependent on adults. As a result, the effects of war-related stress on caregivers can negatively impact their children.

(Young) children need the presence of an adult to help them regulate their emotions. As shown in the picture below, the presence of a caregiver can help children to manage their thoughts, feelings, and behaviours. The proximity of the caregiver helps the child to remain calm and alert and to regulate their own (overwhelming) emotions. By being nearby, using the right tone of voice, making use of gestures, and showing affection, the child feels supported and safe. It helps to create the necessary Circle of Security (see section 2.4). Co-regulation helps the child to develop the capacity to *respond* rather than to directly *react* to a stressful situation. Experiencing these moments and learning emotional regulation skills from their caregiver is crucial for childhood development and to eventually be able to regulate one's own emotions.



Adjustment to stress in dyads

Families consist of individual members who interact with each other by expressing their behaviour and needs. In each relationship between partners or parents and children, interactions between individuals manifest in behaviours that are always visible, while needs and feelings are often invisible and reside under the surface. These invisible needs and feelings may have resulted from attachment needs developed at a young age. Examples of these needs include the need to be seen and heard by the partner. For example, person A wants his or her partner to understand what he or she wants and hopes that his or her partner will meet these needs by responding accordingly. In that sense, the fulfilment of the needs of person A depends on the behavioural response of the partner. That makes person A directly dependent on his or her partner. At the same time, the response of the partner may, in the future, also influence the emotional reaction of person A. After all, person A might also want to meet the needs of his or her partner. This shows that the visible behaviour is prompted by a person's invisible needs and feelings and is a response to the other person's needs.

Mentalising: Different perspectives

Mentalising is the capacity to understand the mental states, thoughts, feelings, beliefs or needs of oneself and the other. Parents rely on their mentalising capacities, to perceive and understand the needs of children and respond in an accurate way and co-regulate their emotions (see co-regulation, section 4.4). Mentalisation and emotion regulation are interconnected. The ability to self-reflect on one's own thoughts and feelings also enhances emotion regulation in stressful times. However, parents struggling with chronic stress reactions or symptoms of PTSD can undermine the ability to reflect on their own and other's thoughts and feelings and become less attentive and sensitive to the emotional states and needs of a child. Supporting either the emotional regulation of a parent or enhancing mentalisation would help parents to help their children and maintain or improve the parent-child interaction and relation in stressful times.

How to put this into practice

How caregivers can support their children

- Explain to parents that maintaining routines in daily activities increases the feeling of safety of children in stressful times.
- Encourage caretakers to help children express what is troubling them, what they witnessed or heard and how they feel about it. Children can share their experiences, certain events, or thoughts that make them frightened, sad, or angry in words or express them through drawing or play. Validating the emotions and thoughts of the children helps them to feel understood.
- Caregivers can support the emotional regulation of their children by recognising, calming, and comforting the child when stressed, sad or upset.
- Support parents in utilising their own familiar ways to comfort children and introduce new options for age-adequate relaxation, breathing exercises, and playful ways parents can comfort children (Appendix Toolbox).
- Validate and reinforce successful attempts and discuss difficulties parents face in supporting children.

Co-regulation

- Provide psychoeducation by explaining to caregivers the importance of co-regulation to promote feelings of safety and support the development of children. Showing the video about the Circle of Security (section 2.4) can facilitate the discussion about how to create safety and support their child.
- First, talk to caregivers about how they can regulate their own emotions. Second, increase their awareness and sensitivity for signs of their children's stress-related reactions and needs. Finally, help them make a plan on how to co-regulate their child's emotions in a way that suits them best.

The five-step model (OCECE)

A five-step model (Asen & Scholtz, 2010) is a systems intervention technique that enhances the parent's mentalising capacity and invites change in a subtle way. The OCECE technique can be used to highlight an interaction and encourage change and experimentation with a new alternative.

- **Observe –** *'I see.. when you ask your daughter to pick up her toys from the floor, she does not react…'*
- **Check (*checking perceptions*) –** *'Do I see that right?'*
- **Evaluate –** '*Is this how you want it?* '*What are the advantages and what are the disadvantages?' What might be the consequence?*
- **Choose alternatives and change (determining the wish to change) –** *If you don't want this to continue, how would you like it to be*? '*What could be the alternatives?'*
- **Experiment –** 'What do you need to do, for it to be the way you want it to be? What can be an alternative? What would be the first possible step? These five steps will help you deal with subsequent aspects of change. For many of us, change of behaviour is very difficult. We feel comfortable in our daily behavioural patterns.

4.5 Communication

Open communication and emotional sharing help family members understand each other's feelings and need for support and can strengthen family cohesion. When caregivers use open and sensitive communication with children, they are attentive to timing, age, and the needs of their children. By giving straightforward, age-appropriate, calm, and emotionally supportive information, caregivers can create a protective shield that facilitates children's adjustment in stressful times. There are variations across cultures and within families on how to communicate about upsetting, traumatic, or painful issues. Caregivers of young children tend to be hesitant to tell children about war, war-related upsetting events, or loss. They often believe they can protect their children this way or assume they are too young to notice or understand.

However, it is important to understand that young children rely on their caregivers' interpretation to understand upsetting events. They do notice the events happening around them, through media or by picking up fragments of family and community conversations about the war. Even young children can recognise fear in the eyes of their caregivers, notice their worries or sadness, and try to appraise the threat by assessing the reactions of their caregivers. Facing silence or incomplete information can leave children confused, upset, or anxious. Moreover, imagining explanations can be even more frightening for children than the events themselves.

On the other hand, families who constantly and excessively talk about war-related events risk exposing children to an overload of scary information. Most caregivers manage to find the best way to talk to their children in war, while others may need encouragement and support to communicate with their children.

How to put this into practice

Communication and meaning

- Discuss with caregivers what they find helpful and difficult in family communication about war and its consequences.
- Help caregivers become aware of what children are seeing and hearing at home, outside, and through the media.
- Let the child's existing knowledge be the starting point of the conversation. Explore what the child heard/knows/feels about the war. Toys can also be used to play out a specific situation or conversation. Should an untruth be mentioned, it is important to correct this.
- The conversation can be continued by answering any questions that the child may have. While answering or elaborating on the topic, remember to:
    - Be honest and clear. Dishonesty or vagueness can create ambiguity and confusion.
    - Use age-appropriate language, words, concepts, and comparisons that match the child's developmental stage, experiences, and interests.
    - Answer or explain war-related themes, but do not overload the child with unnecessary details or elaborations. Be open about sharing and explaining one’s own emotions in a calm way.
    - Creating a joint family interpretation helps family members to make sense of what is happening around them.
    - Check in with the child regularly, remain approachable and offer opportunities to talk.

Be aware

Caregivers need to feel calm and comfortable when communicating with children about upsetting events or sharing and explaining their own reactions to them. They should also protect children from unnecessary and over-detailed information, including limiting media exposure or information that may be traumatising.

4.6 Family separation

Many families in times of war experience separation from their direct family members. For instance, they need to leave their partners behind, are (temporarily) separated from their children or parents or lost their relatives during flight and remain unaware of their whereabouts. In general, whenever contact is

possible, it may be helpful to continue regular (daily, weekly, etc.) activities using online facilities (e.g., eating together using FaceTime and reading bedtime stories). A good practice is the opportunity to create a bedtime story using audio recording (Better time stories). A sense of continuity and presence is helpful despite a loved one being elsewhere.

4.7 Resources

Family adaptation to stressful circumstances

See the following sources:

Trauma and family (NCTSN): nctsn.org/trauma-informed-care/families-and-trauma

Trauma and family fact sheets for providers:
trauma and families providers
how-talk-your-children-about-conflict-and-war
zerotothree.org/resource/how-to-talk-to-young-children-about-war
zerotothree.org/resource/how-to-talk-to-young-children-about-war
(Ukrainian) Як говорити з маленькими дітьми про війну

A video clip of a well-known experiment that demonstrates how crucial adequate emotional responding by the parent is, can be found through the following link:
Still face experiment (E. Tronick)

UNICEF has provided information about how to talk to your children about conflict and war, which can be found at the following link:
unicef.org/parenting/how-talk-your-children-about-conflict-and-war.

Dyregrov and Raundalen developed tools (an app) for refugee parents. Refugee parents can find answers to questions they may have regarding different parenting topics. See the Parent-Guide app, which provides guidance and advice for refugees (also in Ukrainian).
rodekors.dk/sites/rodekors.dk/files/2018-03/Guide_EN_01_B_1-korr.pdf

5. Professionals and teams

5.1 Introduction

As mentioned, self-care is essential for healthcare workers to provide the best possible care for others. Self-care is like an oxygen mask that the professional must put on themselves before helping others – it is essential for their self-preservation. Because of their constant exposure to others' problems, stress, and traumas, healthcare professionals face a high risk of negative work-related impacts, including:

- Professional burnout: This includes personal consequences of work-related stress, such as emotional exhaustion, lack of well-being, negative attitude toward work, work overload, or a lack of self-acceptance (Figley & Stamm, 1996). Often, burnout is related to unclarity about roles and strategies between headquarters and the field, leading to a feeling of responsibility for the one aims to support.
- Secondary Traumatic Stress (STS): Includes negative emotional or cognitive consequences of indirect exposure to trauma, such as:
    - *PTSD-like symptoms* – Intrusive reexperiencing of the traumatic material, avoidance of trauma triggers and emotions, and increased physical arousal (Bride et al., 2004).
    - *Vicarious trauma*— A negative shift in worldview, including disturbances in the professional's cognitions in five areas (i.e., safety, trust, esteem, intimacy, and control) in reference to oneself and others (Pearlman & Saakvitne, 1995).
    - *Compassion fatigue* - A reduced empathic capacity or client interest, manifested through behavioural and emotional reactions (Adams et al., 2006).

All of the above are serious consequences that may happen to a healthcare professional if they are not taking care of themselves properly. The healthcare professional may find themselves in a situation where they need help themselves and are unable to provide help to others.

In times of increased stress, a person may be overloaded. Just like a battery, energy is being drained faster and the healthcare professional may forget that they need to devote time to recharge. This can be due to high occupational pressure and a preoccupation with caring for others. However, taking time for oneself is important.

How to put this into practice

The first step of practising self-care is to become aware that you are experiencing stress. This is often difficult enough. It might help if a colleague or loved one indicates when they notice you are stressed. What does that person notice? Do you withdraw and become quiet, or do you feel an increased need to control situations and become more irritable? Step two is to introduce a time-out and take the distance needed to come back to yourself. Step three

is to start doing activities that help you to relax, regulate, or recharge. It is important to know what strategies help you and to share both your warning signs and helpful activities with others, such as your colleagues. Self-care and, in particular, buddy systems or peer reviews are very effective for working on self-care within the team.

Warning signs

In general, it is most important for the healthcare professional to pay attention to large, negative changes in one's thoughts, emotions, or behaviour. For instance:

- Finding it hard(er) to relax, even outside work;
- Constantly playing catch-up (not feeling in here and now);
- Feeling a lack of control in many aspects of life (in professional or private life);
- Increasing physical complaints (aches, muscle tension, sleep deprivation);
- When everything feels heavy (no distinction felt between 'light' and 'severe' challenges anymore).

How to put this into practice

Measuring stress- or energy levels

Various practical tools can be used to 'measure' one's stress or energy level. These universal tools can be used to check within oneself or to examine how others (caregivers/children) are doing.

Monitoring one's stress and energy levels can be done by using one of the following optional tools*:

- Expressing stress levels in the colours of a traffic light, with green being very relaxed and energised and red being very stressed, anxious, and drained.
- Expressing stress levels on a scale from 1-10, with one (1) being very relaxed and energised and ten (10) being very stressed, anxious, and drained.
- Expressing energy levels like a phone battery, asking how much percentage you have left.

**These tools can also be used to measure the effectiveness of an activity. Simply express the energy or stress level prior to and after the chosen activity to see its effectiveness!*

Explorative questions

- What do you notice when you are experiencing stress?
- How does a colleague or partner notice that you are experiencing stress?
- How can you help yourself, and how can another person help you to cope with stress?

Be aware

- Self-care is an ongoing process and is never finished.
- Warning signs and the effectiveness of activities might change over time; self-care might look different for a person over time.
- Self-care is not perfect, so do not strive for it.
- Self-care is not a reward but should be part of everyday life.
- Be a role model in self-care to caregivers; if they practise self-care regularly, they provide better care for their children.

Troubled teams: Impact of stress on team members and the team

When a healthcare professional feels stressed, it affects their performance. Besides providing less good and effective care, the changed functioning of one team member will also affect the functioning of the team. Cooperation becomes more difficult; all conversations may seem to end in discussions, and the atmosphere deteriorates. The team can implode (individual team members express their dissatisfaction by internalising withdrawal, quietness, or absence) or explode (individual team members express their dissatisfaction by externalising anger, clashes, and aggression). All this has a negative effect on professionals' job satisfaction and the quality of care provided. Thus, it is important to monitor team members' functioning regularly and intervene in a timely manner if they exhibit negative behaviour.

Warning signs

Look for signs that are (suddenly) different from what is considered ‘normal’ or to be expected from the individual healthcare provider. In other words, watch for atypical behaviour for a specific person:

- Becoming quiet, disengaged, or avoidant;
- Being overwhelmed, short-tempered, irritable, or having outbursts;
- Struggling with workload, work pressure, or time management;
- A decline in their standard quality of work;
- Lateness, absence, or calling in sick often;
- Neglecting themselves, including reckless behaviour or the use of substances (nicotine, alcohol, drugs).

5.2 Coping and resources

Investing in a good mutual bond between co-workers and in the well-being of the individual healthcare worker is necessary to increase the resilience of caregivers. It will also increase caregivers’ capacity to provide effective care. In addition, it increases job satisfaction and reduces the risk of burnout and secondary traumatisation (section 5.1).

Resilience of the team

Nurturing team relationships and a good team environment plays an important role in improving emotional resilience. A stable and close team provides the safety needed to form relationships based on

trust, experience difficulties in a supportive way, and feel safe when raising concerns. It can also make people with a lack of confidence or those from minority backgrounds feel that they are an integral part of the team (Balme, Gerada & Page, 2015). Personal factors such as self-awareness, reflection, personal development, positive thinking, and cognitive flexibility can be developed within the team to enhance resilience (Bennett, 2015).

Resilience of the healthcare professional
As mentioned, a certain amount of stress is normal and can even have positive effects, such as promoting alertness, sharpened attention, and fostering intrinsic motivation. Stress can have these positive effects as long as there is a degree of balance between what is required of someone (demands) and what they have to offer (resources). So, ensuring resilience in healthcare professionals can be achieved by managing demands and increasing resources.

Several personal factors, such as a sense of purpose or meaning in life or work, self-care, and humour, significantly enhance resilience. Studies have shown that the degree to which caregivers derive meaning from the help they provide to their clients is inversely related to burnout and positively related to resilience (Jensen, Trollope-Kumar, Waters, et al., 2018).

Be aware
Be aware of thoughts like: "*I do not want to bother another person; I will be fine; It will pass because there is no other way; Others are having a harder time; nothing can help me; I do not need anyone; It is my own fault; I have to do something about it myself.*"

Team members have a responsibility to each other; discuss how signals about stress are shared within the team and make sure checking in with each other is structurally embedded in the collaboration.

5.3 Interventions for healthcare professionals, managers, and teams

Taking care of healthcare professionals

Personal self-care
Besides monitoring oneself (section 5.1), it is very important to find and apply the activities that work for each individual. These activities can be found in different categories:

- Universal activities that work for everyone:
  - Taking care of the body: sleeping well, eating healthy, exercising, drinking enough water, etc.
  - Taking care of the mind: breathing exercises, practising yoga/mindfulness, going into nature, doing creative activities such as painting, drawing, dancing, making music, etc.

- Individually preferred activities: in addition to universally effective activities, self-care works differently for everyone. What helps one person to regulate, relax, and recharge does not work for another. It is important to find out what works for whom: it could be cooking, exercising, knitting, watching a series, calling a friend, tidying up, taking a bath, dancing, and so on. Activities may vary from being very social to being alone.

Pay it forward to the caregivers

Knowing one's warning signs and effective self-care activities is essential for both professionals and caregivers. It is strongly recommended that all mentioned measuring tools, warning signs, and personal self-care activities be shared with caregivers. An empowered parent who actively cares for oneself provides better care for their child(ren).

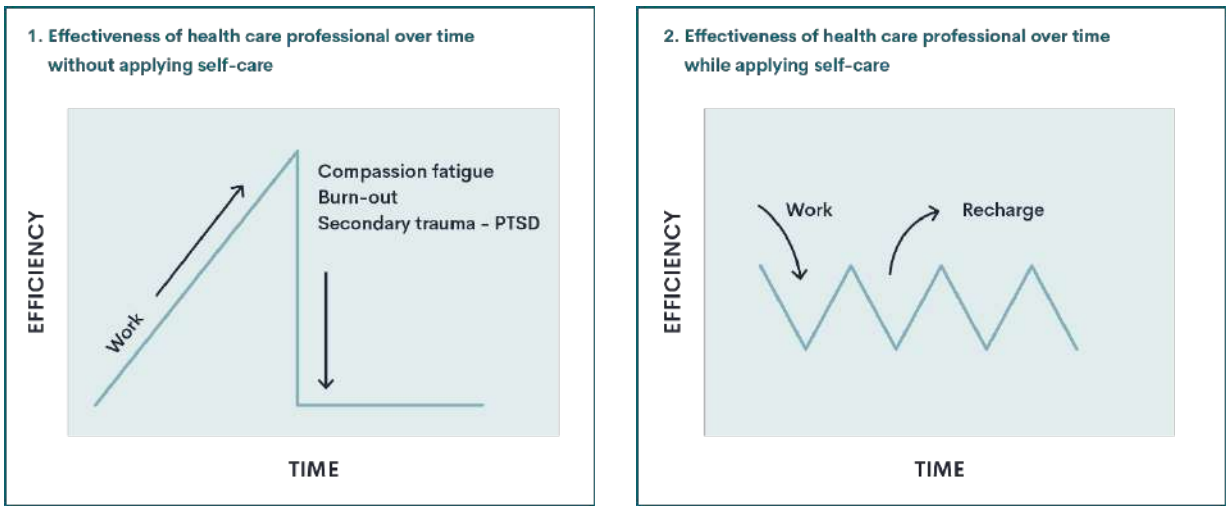


Figure 8 : Practising professional self-care

Professional self-care

In addition to personal self-care, healthcare workers can also practise professional self-care (figure 8) in their daily work. Professional self-care contains smaller and larger actions that may be incorporated into the daily working method. These alterations will strengthen the professional's protective shield, increase their professional effectiveness, and enable the healthcare worker to provide the best possible care over time. The following professional self-care activities may be effective:

- *Use one's unique set of talents and skills* as the basis of the working method. Do not compare yourself to others, nor try to imitate their talents; rather, embrace and focus on what one does best. Which strong qualities, skills and working methods come naturally and are effective? When using, people are more authentic and, therefore, more effective in their care for others. It costs less energy, increases self-esteem, and makes the work more satisfying.

- *Know and respect boundaries* that come with the professional role. Provide a clear working method and communicate this clearly with all colleagues and clients. It will create clear expectations, strengthen work relationships, and enable referrals when needed.
- *Keep professional distance.* It is a challenge not to sensorily identify with the stories of others. Yet, this is one of the most effective strategies for not being too affected by the possible negative consequences of helping others. It is best to approach clients as equals, positively supporting them to take responsibility for strengthening their own resources and resilience while using techniques that are known to be effective in professionally caring for others.
- *Support each other (intervision).* Healthcare workers often work one-on-one with families, but ultimately, they do so as a team. It is strongly recommended to meet regularly with the team. These consultations can help a healthcare professional find the right kind of help for clients, given by the right professional. Additionally, help, understanding, and (mental) support for the individual healthcare professional can be found within the team. Involvement, acknowledgement, and support of the management are essential within this team support.

Be aware

As a healthcare professional, try not to:

- Ignore one's own problems
- Practise non-effective coping strategies, like substance abuse
- Isolate socially or professionally
- Hide or suppress one's own feelings
- Get (too) personally involved

Taking care of the manager and the team

Self-care is most effective when it is not just given to the individual professional but also embedded in the organisation, its management, internal collaboration, and general and individual working methods.

Self-care has a ripple effect: everyone who practises it is a better person to the people around them, and it inspires them to take care of themselves as well. This means that the management or the manager in the professional field is the biggest resource in normalising and practising self-care. Part of the responsibility of a manager is to ensure the success and well-being of others. However, this does not mean managers have to put themselves second. They should build their caring for others on a strong foundation of self-care.

How to put this into practice

Investing in oneself as a manager

Practise personal and professional self-care on a regular basis. Knowing how to monitor and regulate one's own stress levels as a manager can benefit one's leadership by:

- Regulating the manager's energy levels, strengthening resilience, and allowing them to cope better with stress.
- Making the manager happier, more aware, and more compassionate helps them to stay positive, be available to others, and enjoy work more.
- Becoming more consistent in their leadership, as their own stress and emotions have less influence on how they work with others.
- Being a great role model in showing what they expect others to do for themselves.
- Being more efficient and achieving goals with less friction in less time.

Once a manager takes good care of themselves, they can pay this forward to their team.

Investing in the organisation and team

Activities/strategies on an organisational level

- As an organisation, have professional support available for all professionals who want it (a confidential person, for instance).
- Set clear rules, regulations, and expectations towards each team member as soon as they join the organisation. Clarity fuels a sense of safety.
- Have an organisation-wide working method that is trauma-informed, which entails the prevention of (traumatic) stress and burnout of professionals.
- Promote self-preservation and self-care as important priorities of the organisation and organise activities to support this.
- Provide educational training for employees on self-care and mental health.

Activities/strategies on a management level

- Aim for a management style that fuels a socially safe work environment where everyone feels safe and where everyone's potential is maximised.
- Provide professional supervision to underpin skill-building around self-care with theoretical underpinnings.
- Be available, such as through an open-door policy, to team members so they know who to approach in times of need and how.
- Have regular check-ins or intervision meetings with other managers, possibly from other locations, to share and learn with and from like-minded people in the same role.
- Be a role model for the team in practising self-care.

Activities/strategies on a team level

- Ensure that the roles, expertise, and core qualities of all team members are known to each other in order to promote efficient teamwork and enable referrals when needed.
- Organise intervision sessions, peer reviews, or a buddy system: Choose a strategy that enables team members to share worries or good practices, consult, refer, and support each other on a regular basis.
- Make sure to celebrate the achievement of goals – big or small – with each other. This leads to compassion and satisfaction, creates hope, and emphasises resilience, positivity, and the meaning of work.
- Organise activities that enable (parts of) the team to regulate, relax, or recharge regularly, including social or physical activities.
- Invest in your professional relationship with each employee and in their relations with each other. Make sure their innate needs of competence, autonomy, and relatedness (Ryan & Deci, 2000) are being met.

5.4 Resources

Self-care & team care

Small things may make a large difference:

- The significance of the oxygen mask metaphor;
- Create a poster with all coping efforts that make one feel good (and hang it on the wall, in the office or anywhere).

6. Working with conflict-affected populations

During the collaboration with the ECI centres, it became clear that specific groups with additional needs were identified within the families that are being worked with. For various reasons, these groups may require special attention, may benefit from a specific approach, or may require a more specialised form of support from healthcare providers.

To better equip the healthcare professional to provide the most effective support or care in certain circumstances, this section focuses on the following groups:

- Young children
- Children with disabilities and residential homes
- Displaced families
- Military families

6.1 Young children

It used to be thought that a young child's brain was hardly or not at all sensitive to violent events or challenging living conditions. Because children have no active memories below the age of three, it was thought that children could not be harmed by events in very early life.

However, the opposite appears to be true. Early life experiences can have a lasting impact on a person's later learning, behaviour, and (mental) health. Because the young child's brain is in full development, it turns out that precisely these early childhood experiences have a major impact on how the child experiences the world around him and how he will approach life later as well.

At a young age, children are dependent on caregivers to give meaning to experiences, events, and relationships. In troubled times, they sense that something is going on. Without help from the caregiver to understand, they often tend to blame themselves for what has happened. Parents and caregivers have a crucial role for their children in modelling how to react, express emotions, and cope with difficult circumstances. They are co-regulators of the emotions of their children (section 4.4). Shielding the child from the stress, uncertainty, and pain that life in war entails is unfortunately not always possible. That is why it is more important to guide the young child in the best way possible in challenging times, such as war.

How to put this into practice

- Explain to parents that in wartime, even very young children are experiencing stressful situations and have an increased need for reliability and predictability.
- Support the reliability of parents in helping children feel safer by doing what they have been told, for example, and by giving words to what they are doing. When leaving somewhere, for example, the parent can tell a young child, "*I will be back after you have had your lunch",* and emphasise when coming back *"I am here as I told you."*
- Leaving some object, like a cuddly toy or a song by the parent who is leaving, helps the child in moments of separation.
- Recognising and validating the feelings of children by naming them is reassurance for children that they are understood.
- Caregivers might try to avoid the conversation about war or loss in an attempt to protect their child, often because they think the child is too young to understand. They might feel anxious about the possible consequences, hope that the child will just forget over time, feel shame or guilt because of the circumstances, or think it might not suit the culture to talk about topics like war. Sometimes, caregivers simply do not know how to talk about it.

Be aware

Remember that children may blame themselves for what has happened. Remind them that they are not responsible for it.

6.2 Children with disabilities

Children with disabilities depend even more on predictability, rules, and structure to feel safe. It is a primary condition for being able to function and develop. In general, parents of children with disabilities may experience higher levels of stress due to greater care demands (Savari, Naseri & Savari, 2023). In times of crisis, they are even more challenged to be able to provide a safe environment for the children.

War-related stressors confront parents with additional challenges to protect and take care of their children, which can lead to cumulative stress, especially when the supportive network is missing. During displacement, children with disabilities, as well as their parents, are more vulnerable, lacking the needed support from family and friends, especially when children are without adequate specialised services or educational facilities for a longer period of time. Nevertheless, there is growing evidence that families of children with disabilities are managing better, have improved quality of life and have less parental stress when receiving social support, as well as early interventions focused on stress reduction and parental efficacy (Savari, Naseri & Savari, 2023). Increased attention to heightened parental stress combined with extra difficulties in caring for children in war zones and during displacement can enhance the options for optimal protection and development of displaced children.

How to put this into practice

- Describe the daily routine of this specific child. Find out what helps the child understand the routine and cope with changes during the day.
- If there is a big change in the daily routine, for instance, moving to another place because of the air raid alarm, make this part of the daily activities of the child. What helps the child to understand what is going on? Prepare this prior to an air raid alarm when the child is calm and able to learn a new routine. If possible, practise this during the day so it becomes part of a new daily routine.
- When a child is living with the parents, explore with them how to strengthen the network, reorganise the necessary help for the child, and support the parents. When the extended family of other important persons is no longer nearby, search for ways to keep in contact with them online when possible.

Be aware

All children need at least one reliable caregiver to make them feel safe. They are dependent on the caregiver as a role model. Show them how you cope with difficult circumstances and explain to them as much as you can about what is going on.

6.3 Displaced families

Due to unsafety, insecurity, or loss of employment, people decide to leave their homes in times of war. Most relocations are within the country's borders, but many people also flee to other countries. Some are accommodated in collective centres or encampments, while others stay with acquaintances or relatives. In all cases, new stressors are affecting their daily lives. It is a combination of losing daily structure and security (childcare, school, work) and adapting to a new, often not ideal, situation. Displacement also results in a change in the composition of families. Some families are still together, some are scattered across the country or world, some have missing (male) relatives forced to fight in the war, and some have deceased relatives. What they all have in common is that they find themselves in completely new living conditions, and they all experience a loss in many aspects of life.

Families may lose hope for the future without their familiar network, habits, routines, and resources. Children also experience these losses of loved ones, education, friends, their sense of safety and/or their daily routine. This can have a negative impact on how families function and interact with each other. It is essential to realise that these families have been through a lot and feel displaced. They need specific help in processing what has happened and support in building a (temporary) new existence.

How to put this into practice

- *Ask about the changes in locations* and residences over the past period, or have it drawn or depicted with puppets. Especially with children, creative methods should be used to visualise what all these changes mean to them.
- *Provide or connect to support in navigating* in the new community/country. Provide help with where and how to find facilities and practical support.
- *Explore the social network*. Together with the caregiver or child, visualise the former and current socio-ecological model (section 2.6) with a pen, puppets, or stones to see what has changed. Is it still possible to communicate with distant family members? Can they still offer help, even if it is online? Encourage the utilisation of old/new social support.
- *Practise familiar activities and routines.* It can be very empowering for all to experience a certain familiarity from life before the war. These can be small activities such as certain music, games, bed rituals, or cooking dishes, to large activities such as celebrating holidays.
- *Support in being in the here and now.* Families can feel uncertain facing the unknown and the lack of control. Focusing on the present strengthens one's resilience. What is available now, what is within my reach, and what do I need right now? When one regains control over what can be controlled, it ensures that one does not feel constantly overwhelmed.
- It increases self-confidence and opens the view to the future. Planning ahead again, even for later that day, can increase hope for the future.

Explorative questions

- Where do you live now? Where did you live before? What has changed? (childcare, school, work, family members, pets, routines).
- What do you miss now?

6.4 Military families

Partners who live separately due to military service, whether due to the conscription of the husband or the wife, experience great anxiety, uncertainty, and stress. Regular contact is important, and temporary separations and loss of contact can cause much stress and be painful. The length of separation seems to be the strongest predictor for adjustment difficulties in children (Gewirtz & Zamir, 2014). Caregivers can be preoccupied by their worries, which makes them less available to their family members. Children can feel the parent's concerns and feelings - and shy away from asking for attention. They can react, depending on their age, differently by sleeping problems, anxiety, or behavioural problems. During the absence of a parent, roles and tasks can change, and children may take over parental tasks or responsibilities.

It is also important to think about the time when war or crisis is over or when a parent returns from military service. A new situation then arises, which may pose other challenges. How will the family members reunite and find a balance after all the events and changes they have gone through? This will demand a lot from all involved. Families need time to readjust after the homecoming of the deployed family member. The post-deployment period can also be stressful, especially when the parent returns wounded or suffers from PTSD.

How to put this into practice

- Prepare children before the deployment of the parent carefully by explaining where the parent is going and why, without overburdening them. Before leaving, a parent can leave voice or video messages, a recording of a short story or a song for the child.
- When the military parent is away at the front, help them to keep the baby in mind. The parent at home and the baby or toddler could also be helped to keep the parent at war in mind. Explain to parents that keeping the deployed parent in mind is very important for young children. Validate parents' efforts to help children hold the parent in mind by looking at the photos and listening to the voices or stories of the deployed parent by family members. Parents can also help children stay in indirect contact by making drawings and sending cards or messages. When direct contact with the deployed parent is possible, it is helpful to prepare the child for the encounter.
- Motivate parents to share their concerns with family members, friends, and support groups. It can help them to manage their own fears, worries and stress.
- Explain that after deployment, time is needed for readjustment. When the parent, after returning from combat, behaves in an unpredictable or frightening way, give a child a simple explanation for their behaviour. Explain to the child that it is not his/her fault and it is not caused by the child's thoughts or behaviour.

6.5 Resources

Through the following link more information can be found on military families:

Supporting military children
planmydeployment.militaryonesource.mil/deployment/family-members/supporting-kids-during-deployment/

Resilience in a time of war: Homecoming
Tips for resilience during war homecoming for military personnel and families.
apa.org/topics/resilience/homecoming-war

7. Implementing: training, reflection, evaluation

7.1 Train the trainer on how to facilitate the sessions

The sessions aim to facilitate mutual conversations about emotions and the expression of feelings, as well as exchange knowledge and experience regarding working with families in times of war.

Facilitators/trainers
It is advisable to facilitate the sessions with a set of 2 trainers, both for physical and online sessions. The advantage is that tasks and expertise can be bundled, observations in the group can be made with multiple eyes, emotions or problems can be contained together, consultation is possible, and long-term continuity can be better guaranteed.

Duration and frequency
Based on experience, 1.5 hours seems to be the ideal length of a session: once a week or scheduled every other week. However, be sure to coordinate with each unique group to determine what suits their needs and availability.

Structure of the sessions
It is essential to maintain the same structure and order in each session. This provides a feeling of control, clarity, and (social) safety because people know what to expect. It also ensures the greatest chance of opening up and active participation of all participants.

The first step is to welcome all participants. Greet each participant individually and invite them to find a seat and perhaps grab a drink. This aims to make everyone feel welcome and as comfortable and relaxed as possible. State the purpose and duration of today's session: what can be expected and when (are there breaks, what is the end time)

Then it is time for the check-in and some awareness: How is everyone doing? The traffic light metaphor can be used for this (see toolbox).

The next step is a short relaxation exercise. Attention is paid to posture, breathing, and/or muscle tension. An artwork can then be introduced - ideally contributed by a participant - to support reflections and discuss and share memories, feelings, and thoughts. It enables more intensive collaboration in a safe environment.

Then, continue the session with the theoretical/training part. Invite participants to reflect on the topic. Encourage the exchange of experiences, challenges, and best practices and leave room for questions. Then, announce that the session is coming to an end; inform them when the next session will take place and what topic will be covered. Conclude with the group with a short round of reflection: What does each participant take away from today?

End the session - at the promised time - with a relaxation exercise or an energiser - depending on the energy and needs of the group.

All these steps are also suitable for carrying out online sessions, possibly with minor adjustments.

How to put this into practice

The steps mentioned (traffic light, relaxation and reflection are important in this order because they facilitate deepening. The facilitator guides this process so that it is experienced as safe. The most suitable form can be sought at both individual and group levels. It does not necessarily have to be an image or a painting (possible alternatives: nature impression, image, video or audio fragment).

Online sessions might differ from physical sessions in the sense that:

- Creating social connections and individual engagement can be more challenging online. Be patient with this, but continue to approach each participant personally and invite them to participate as best they can, give their input, and keep their cameras on because this will benefit the overall proceeds of the sessions for everyone.
- In online sessions, the participants sit still for a longer period of time. It might be better to end sessions with an energiser - instead of a relaxation exercise - to help them start/continue their work day on a positive and energetic note.

Explorative questions

Questions during these three steps:

1. Traffic light: Which colour describes how you feel today? You may explain, but you do not have to. And name the next person in the group to take over. Red represents high stress, orange/yellow represents moderate stress and green means you are in good spirits.
2. Relaxation: Be aware of how you are sitting; feel your feet on the floor, feel the back of the chair your back, your buttocks on the seat of the chair, and move all your body parts - start at your toes, move your head on your shoulders gently, shake your arms, your hands loose, stomp your feet - and pat your muscles to figuratively wake up your body. Focus on

your breathing - breathe three times from your belly, inhale deeply through your nose and exhale through your mouth.

3. Contemplation and reflection: Give everyone 1.5 minutes to look at an artwork while explaining: "Look at the image, and let all thoughts, feelings, and emotions pass by without judgment". After 1.5 minutes, invite people to share what came to mind. These can be thoughts, feelings, or memories, sometimes nostalgic. Keep inviting participants to react until everyone who wants to respond has had the opportunity to share their thoughts.

Be aware

- Do not go too fast; take your time. Follow the session format, but give participants the time and space to go through these steps and respond.
- Make sure the format, exercises, and chosen artworks suit the team and are culture-specific. Sessions are a co-creation of trial and error, unique for each group. One could also use the weather, seasons, and holidays as elements for the sessions and exercises.
- As a facilitator, make sure that you do not judge what people say and invite the participants to do the same to each other. In this way, together, you ensure the social safety you need to dare to share with each other.
- Sharing emotions and one's state of well-being doesn't come naturally to everyone and can be challenging (at first). It is important to continue the exercises mentioned, always in the same order, and together evaluate progress over time. This provides a therapeutic component to the sessions, which can support the professionals in their own mental well-being.
- It might be reassuring to emphasise that what is said within the sessions will not be discussed with others outside the sessions.

7.2 Evaluation

The training will improve by evaluating participants' experiences. The key issue is whether what has been learned will be put into practice. The following are some examples of questions that can be asked. But be aware that you can think of any other question that may be relevant to your and your participants' work.

- How can you support families within your profession?
- How do you manage to put trauma-informed care into practice?
- What would you like to share as a good practice?
- What is difficult, what is challenging?

Please see Appendix D, an example of an evaluation form.

7.3 Implementation, supervision

It will be important to provide backup resources to the participants to improve the quality of the newly learned skills and approaches. Intervision or supervision sessions will be helpful for discussing case examples and thereby improving learning and putting it into practice. An overview of a few different strategies for intervision has been added as Appendix E.

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Toolbox

Contents

1. CHECK-IN TOOLS

Check-in tools can be used to gain insight into how others are doing, create a safe and open atmosphere and promote interpersonal connection.

Traffic light
Ask all participants to express their state of being in the colour of a traffic light:

- Red: high stress, being overwhelmed
- Orange: moderate stress, having difficulty coping
- Green: minimal or no stress, being in overall good spirits

Scale – numbers
Ask all participants to express their tension level in a number from 0 to 10:

- 0: Someone feels very relaxed, positive, and very good overall.
- 10: Maximum feeling of tension/stress, being overwhelmed.

Using artwork
Invite participants to bring in an art form that resonates with them, or bring in an artwork yourself. It can be an image of a painting, sculpture, piece of music or video clip.

Give everyone 1.5 minutes to look at the artwork while explaining: "Look at the image, and let all thoughts, feelings, and emotions pass by without judgment." After 1.5 minutes, invite people to share what came to mind. These can be thoughts, feelings, memories, sometimes of a nostalgic nature.

Continue inviting participants to respond until everyone who wants to respond has had the opportunity to share their thoughts.

Examples of images of paintings that have been used before have been added as Appendix A.

Opening question of sessions
In practice, early intervention professionals have noticed that sessions begin by asking parents the open-ended question, “How was your week?” works very well. As mentioned earlier, parents are the most important influencers in the child's life. This simple question provides insight into what was going on with both parents and child over the past week (both positive and negative) and how the parents felt about this. In addition to insight, it immediately offers the professional tools to address what went well this week and how to further develop these positive actions/outcomes to increase the resilience of both parents and children.

CRIES/CATS
The CRIES (for adults) and the CATS (for children and youth) are frequently used questionnaires in the field of traumatic stress. They have been added to Appendix B.

2. BREATHING TOOLS

Breathing exercises can help one feel calm and relaxed. They are almost instantly effective and helpful for people experiencing mental, physical, emotional or interpersonal tension or restlessness. It can also be a great way to start or end sessions together.

5-5-5
Have participants sit or stand upright, with feet hip-width apart. Together, inhale five times for a count of five and exhale five times for a count of five (hence 5-5-5).

- Start by breathing deeply through the nose: for 5 seconds
- Then exhale through the mouth for 5 seconds
- Then repeat these 4 more times (5 times in total)

Flower & Candle
Have participants sit upright, with their feet hip-width apart. Now hold out both hands: imagine holding a flower with the left hand and a burning candle in the right hand.

With each inhalation through the nose, focus on the left hand: as one calmly and deeply inhales the scent of the flower. Then, with the exhalation, one focuses on the candle in the right hand; The candle is blown out with a calm, long exhalation through the mouth. Repeat this as often as desired.

Blow up balloons
Hand out imaginary (or real) balloons to all participants. Then, ask everyone to breathe deeply through their nose. As one exhales, one takes the (imaginary) balloon in front of their mouth and blows all the air into the balloon as much and for as long as possible. Repeat this calmly until each participant feels that their balloon is inflated large and full. If necessary, an imaginary knot can be tied in the balloon, and the balloon can be released and watched imaginary until it disappears into the clouds.

Hand breathing
Ask all participants to extend their right hand in front of them with their fingers extended. The left index finger acts as a pen, which will 'outline' the right hand.

Start with the pen (the left index finger) at the base of the right thumb and very slowly outline the hand. When the pen moves upwards (slowly!), one inhales through the nose. Gently move to the tip of the thumb and then back down; slowly while exhaling. This brings us to the index finger. Again, move the index finger slowly up while inhaling and slowly exhaling down. In this way, the entire hand is followed, and five very calm inhalations and exhalations are taken.

Blowing bubbles
Use bubbles (real or imaginary) to breathe in and out gently. To blow good and large bubbles, it is important to breathe out calmly, longer and in a controlled manner. Just practice with it!

3. RELAXATION TOOLS

Relaxation tools can be used when there is some time and room for relaxation for those who experience physical tension or complaints. They can also be used at the start, middle or end of sessions when the facilitator sees fit to help participants focus and feel safe.

Body scan
There are many variations on body scans to be found, including online. An example of a short, guided body scan: Ask all participants to pay attention to how they are sitting, feel their feet on the floor, feel the back of the chair touching their back, and their buttocks on the chair seat. Now invite them to move all their body parts once a time: start at the toes, move their head gently on their shoulders, shake their arms, your hands loose, stomp their feet - and pat their muscles to wake up the body figuratively. Ask them to focus on their breathing - breathe three times from the belly, inhale deeply through the nose and exhale through the mouth.

Squeeze the lemon
Ask participants to either stand up or sit upright on the edge of their chair, with their feet on the floor, hip-width apart, and arms hanging at their sides. Ask them to imagine that a lemon is now being held against their back, right between the shoulder blades. Ask them to inhale and squeeze the lemon with their shoulder blades while exhaling. Relax on the next inhale and squeeze again on the exhale. Repeat as many times as desired.

Body is a tree
Ask participants to stand firmly, with their feet hip-width apart. Ask everyone to breathe in and out calmly during the exercise; if desired, the eyes can be closed. Now, everyone visualises themselves as a tree. The feet and toes are the roots; place the roots firmly in the ground. The attention shifts to the legs and upper body. Tighten the muscles and form a solid whole: this is the trunk of the tree. Now focus on the arms: stretch them out. These are the branches of the tree; they are also strong and sturdy; just tighten the muscles. Then, the fingers are the leaves of the tree; stretch each leaf. Now imagine that a small wind starts blowing. Slowly, the leaves begin to move in the wind. Then also the branches: relax them a bit and feel how they move with the wind. Even the trunk moves a bit! Because the roots are well in the ground, the trunk can also move without the tree falling over. When the entire tree has moved in a relaxed manner, the eyes can open again, and we return to the here and now.

Happy place
Invite all participants to find a comfortable position to sit in. Ask the participants to think of a place they love to be, a scene that soothes and calms them, or maybe a serene spot in nature. Ask them where they are and what they see, feel, smell, hear… Invite them to envision as many details as they can. It refers to a state of mind, a place they can visualise that calms them down and helps to restore balance whenever. It is their own personal happy place that they can visit whenever they want or need it.

Making rain

Together with the participants, create (the sound of) a rain shower that builds up and fades away (see example video). Have participants stand in two rows, in a semicircle, facing you. Ask them to close their eyes and feel the silence in the room. Tell them to open their eyes and copy your movements, “spreading” each movement. First, point to the left side of the circle and make the first movement: rubbing your palms together. Turn slowly to the right while the participants facing you copy your movement. This way, you spread the sound of the rain. Then start the second movement, starting again on the left side: snapping the fingers. Proceed the same way: spread each movement from side to side: silence, rubbing palms together, snapping fingers, hitting thighs, jumping and landing, hitting thighs, snapping fingers, rubbing hands together, silence. Finally, invite participants to close their eyes again, perhaps feel the silence and notice their feelings. Leave the exercise to this, or remind participants that emotional storms can arise just like natural storms. They will last as long as they last, but eventually they will pass.

4. REORIENTATION TOOLS

Reorientation tools can help those who are distracted, unfocused or feel disconnected; it helps to become mentally present (coming back to the here and now) and to reconnect with their body.

Use your senses 5-4-3-2-1
Sit upright in a chair, feet on the floor, hip-width apart. Take a deep breath through the nose, exhale long through the mouth. Now take a look around and see if you can identify the following for yourself:

- 5 things you see
- 4 things you hear
- 3 things you feel
- 2 things you smell
- 1 thing you taste

'I spy with my little eye'
Sit with all participants who will be playing. One person looks around, chooses an object they see, and keeps it in mind. They say: I spy with my little eye, and the colour is...". All participants take turns guessing what the object is. The person who guesses correctly is the next one to 'spy'.

Brush it off
Stand up with all participants. Ask them to close their eyes if they feel comfortable doing so; otherwise, they keep them open. Take a deep breath through the nose, exhale long through the mouth. Start by slowly but firmly brushing one arm with the other hand: from the shoulder all the way to the hand. Then shake off the brush hand; this is as if you have brushed off all the tension from the arm, and it needs to be shaken off 'the brush'. Then switch arms and do exactly the same. Continue with the upper body: brush with both hands from the collarbones to the sides of the body (around the chest) and the abdomen. Then shake off the hands again. Finally, continue with the legs one by one. Use one or both hands to release all tension from the leg, from the thigh to the ankle or even the foot. Shake off all tension from the hand(s).

Shake down
Have all participants stand up straight, with feet hip-width apart.

- Now extend the right arm slightly and 'shake' the entire arm from the shoulder: do this 8 times and count down together. Then the left arm: shake out 8 times while counting down together. Continue with the right leg and shake/kick it 8 times during the countdown; then do the same with the left leg.
- Start shaking the right hand again, but now count down faster from 4: then 4 times the left hand, 4 times the right leg and 4 times the left leg.
- Start shaking the right hand again: but now count down even faster from 2; then 2 times the left hand, 2 times the right leg and 2 times the left leg.
- Finally, change very quickly: right hand 1 time (shout ONE), left hand 1, right foot 1, left foot 1 and done: applause for the group.

Stop-dance game
Make sure that music can be played and there is enough space for all participants to move around. Turn on the music and invite everyone to dance. Once the music stops (do this at any time), everyone should freeze like a statue. Always change turns if desired so that someone else can stop the music each time. Continue for as long as desired.

‘**Getting unhooked’**
Doing What Matters in Times of Stress: An Illustrated Guide is a stress management guide for coping with adversity. The guide aims to equip people with practical skills to help cope with stress.
One of the chapters describes in detail how to get unhooked whenever, in times of stress, a person tends to focus on worries and concerns so much it is hard to get distracted from these negative thoughts. Because these reactions may be associated with negative feelings and depressed mood, it will be helpful to start thinking differently by focusing on small, tiny, perhaps positive details in the surrounding environment. How to do this is described and visualised in the manual. See:
who.int/publications/i/item/9789240003927

Appendix A Example images of art

Appendix B Screening questionnaires

Through childrenandwar.org/measures a number of translated (Ukrainian) instruments that are being used frequently are available. For instance, the Children's Revised Impact of Event Scale is available in short (8-item) and 13-item versions. A guide on how to use it and a description of the significance of the summed score is presented. Also, some screeners of the reactions of children in the domains of depressed mood and negative cognitions, as well as prolonged grief, are available through this site. Besides, see the Child and Adolescent Child Trauma questionnaire (CATS), which is also translated into Ukrainian and freely available.

Appendix C Example training schedule

Program ECI Training of Trainers

October 1-5 2023

Program at a glance

Sunday, October 1	Arrival	
Monday, October 2	Training 1 Morning	2 Afternoon
Tuesday, October 3	3 Morning	4 Afternoon
Wednesday, October 4	5 Morning	6 Afternoon
Thursday, October 5	Departure	

Participants
20/25 ECI professionals who participated in online sessions by Julia/Sjouke or Marion/Trudy are invited to this Training of Trainers, with different professional backgrounds from different regions of Ukraine.

General aim
Training of trainers in trauma-informed care.
The method will follow a 'learning by doing' approach. There will be a few PowerPoint lectures, mostly interactive activities, reflection on the usefulness of exercises, and exploring alternatives. Exercises will be used to create an interactive and, at times, playful atmosphere.

Material
Parts of the draft version of manual Trauma-informed-care (TIC) for ECI.

Program

Day/part	Aim		Method	
1	Getting to know each other Having clear aims and expectations for training Agree on how to work together this week	*Reflection*	Interactive Interactive Sharing principles	
2	Trauma-informed care (TIC): Understanding of the meaning of TIC?; Being aware of types of stressors? Being able to recognise signs and symptoms	*Reflection*	Lecture Interactive exercise Interactive	
3	Being acquainted with conceptual models – attachment-based Relaxation Window of tolerance Bronfenbrenner's ecological model	*Reflection*	Presentation overview Exercise Presentation WoT Presentation Bronfenbrenner (not new)	
4	Understanding coping, resilience, and resources Being able to recognise signs and symptoms Practicing explorative questions Using (brief) available instruments Incorporating case consultation	*Reflection*	Interactive exercise Hand-out of translated instruments Intervision in subgroups according to structured strategy (gossip, drawing, alternatives)	
5	Focus on: what to do? being able to train interventions directed at:		Game Role-play	

	- How to support coping and resilience; - Supporting parents supporting children Using: Psycho-education Explorative questions Window of tolerance OCECE	*Reflection*		
6	Being equipped: how to transfer the knowledge and expertise with TIC to colleagues Being prepared to implement		Work in subgroups	
	Evaluation and goodbye		Evaluation Exercise: What to keep?	

Appendix D Example of evaluation form

Evaluation ECI Training of Trainers

1. **By following the training I have more knowledge about Trauma-informed care (TIC)**

1 (not true) 2 3 4 5 (very much true)

Explanation: ….

2. **After the training, I am better able to recognise the responses, reactions and symptoms of traumatic stress**

1 (not true) 2 3 4 5 (very much true)

Explanation: ….

3. **After the training, I am able to use and adopt elements of TIC in my work**

1 (not true) 2 3 4 5 (very much true)

Explanation: ….

4. **I feel confident to transfer my knowledge and expertise about TIC to my ECI colleagues**

1 (not true) 2 3 4 5 (very much true)

Explanation: ….

5. **The parts of the training that are most useful to me are: …..**

1 (not true) 2 3 4 5 (very much true)

Explanation: ….

6. **What I have missed in the training is: …..**

1 (not true) 2 3 4 5 (very much true)

Explanation:
….

7. **Any other remarks about the training:**

….

Thank you so much for your feedback!

Appendix E Intervision strategies

Source: De Haan, E. (2006). [Learning with colleagues: A practical source for peer consultation] Leren met collega's Praktijkboek intercollegiale consultation. Van Gorcum.

[please insert here pdf of PowerPoint – in Ukrainian]