

# *Roles Play Therapists Play* Post-Disaster Engagement and Empowerment of Survivors

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Wherever and whenever they occur, disasters bring out the desire to help. Play therapists have assisted at many disasters throughout the world, as well as at countless traumatic events at the local level. Some ways of helping are more effective than others in harnessing the power of play to empower children, families, and communities.

Considerable information is available for play therapists who wish to assist survivors (see Boyd-Webb, Garbarino, Gil, Kaduson, Shelby). This article emphasizes practical ways play therapists can help, including the most appropriate roles when on the post-disaster site for a relatively short period of time (weeks rather than months). Suggestions here are based on information from survivors and needs assessment analyses (e.g., Mochi, 2006, 2009; VanFleet & Sniscak, 2003) as well as the combined experiences of the authors in post-disaster situations throughout the world.

While play therapists understand the value of play-based approaches for traumatized children, it can be potentially damaging to intervene without proper engagement of the survivor community. Families are likely to have more fundamental needs that must first be met, and possible

retraumatization must be prevented. This article outlines ways to work in a post-disaster environment in order to achieve the best long-term outcomes for children and families.

## Disaster Survivors: What to Expect

There is, of course, tremendous variability in the ways people respond to disaster, and reactions vary as time passes. In the days immediately after a disaster, many survivors are preoccupied with their own losses, uncertainties, and worries. They can be reserved and uncommunicative as they concentrate on their own needs. This is a normal response, and at this point survivors often do not have the energy to venture out to programs that have been established. Play therapists' main objective at this point should simply be to make contact. This is accomplished by asking about and helping survivors acquire their basic needs (such as blankets, water, or clothing) and assisting with challenging tasks (such as accompanying them as they identify deceased loved ones). Empathy is critical. The relationships formed during this time lay the foundation for more effective intervention later.

In subsequent weeks, some survivors shut down or become emotionally reactive. A sense of helplessness and hopelessness can arise. Others show their resilience and seem ready for relationships with helping professionals. Although most remain in great need of practical things, they often are



Abruzzo, Italy

Photos courtesy of Claudio Mochi

more approachable after the initial influx of external rescuers, helpers, and media has dissipated.

After this period, play therapy professionals can perform more systematic needs assessments, holding discussions with small groups of survivors to ascertain their desires. Basic survival and daily living needs take precedence over psychosocial interventions (à la Maslow).

### Considerations for Play Therapists Helping Disaster Survivors

Despite their desire to help, many professionals fall short of their good intentions because they do not fully understand the pre-disaster culture of the community or the impact of the disaster from the survivors' viewpoints. Some considerations are listed here to help play therapists maximize their ability to help.

Knowledge of play therapy and trauma is important. Disasters occur unexpectedly with little time for helpers to acquire needed knowledge and skills, so advance training is useful. Play Therapist-Helpers (PT-Hs) need a solid understanding of nondirective, directive, family, group, and community play therapy, as well as thorough preparation in the impact and treatment of trauma in children and families.

Children are embedded in the context of family and community. Play therapists who assist at disasters must consider ways to assist families, schools, and the community-at-large in order to ensure that children receive the best care.

Continuity is essential. Unless they are local, many post-disaster PT-Hs are on site for a limited period of time. Traditional play therapy is not possible or appropriate when therapists leave within a few weeks. No matter how well done, play interventions that end abruptly after a brief period run the risk of raising abandonment issues. To avoid this, PT-Hs need to link with community resources, such as local therapists, teachers, athletic coaches, and others who work with children. Play-based interventions need to be coordinated from the beginning with those who will continue them after the PT-Hs have gone.

Interventions start with the needs of the survivors. It is tempting to assume that as mental health professionals we know what is needed in post-disaster situations. Because every disaster and every survivor is unique, this assumption must be avoided. It is best to ask survivors about their needs and to start at that point to help survivors achieve them. Genuine empathy and excellent listening skills are vital!

Remember that many survivors were high-functioning members of society prior to the disaster. They have abilities that can be tapped for creating interventions, programs, and securing materials.

Survivors know the local culture and can be valuable in identifying and addressing the needs of the community more readily. This is another reason to engage and empower them from the start.

Not all survivors are traumatized. Not everyone responds to trauma the same, and PT-Hs should avoid jumping to conclusions about their levels of impairment. Some survivors are remarkably resilient and stand ready as resources.

Too much caretaking can exacerbate rather than relieve feelings of helplessness. Survivors often feel helpless and hopeless. Helpers who offer too much caretaking unintentionally reinforce these self-perceptions by the unspoken message, "You can't do this yourself; let me do it for you." Engaging survivors in activities to overcome their own difficulties is much more helpful in the long run.

### Engaging Parents

Real-time on-site needs assessments (Mochi, 2006; 2009) reveal that parents have considerable concern for their children's emotional well-being. Perhaps the best way to serve children post-disaster is to engage their parents first. Parents rightfully serve as the "gatekeepers" for their children, sheltering them from the confusing aftermath, including huge numbers of media, rescuers, and helpers who arrive at the site, all of which can be disorienting and intrusive.

Parents are much more likely to engage with PT-Hs in the context of a relationship, which is best formed when PT-Hs initially assist with the most urgent and practical needs. Any rush to discuss intimate feelings without benefit of relationship is likely to meet with resistance and can have deleterious effects.

When PT-Hs use empathy to understand parents' concerns, parents are likely to raise questions about their children spontaneously. Parental engagement arises initially from conversations, not interviews. This context easily allows PT-Hs to provide trauma education, support, and guidance about play and other interventions for children.

### Engaging Survivors

In any community of survivors are potential helpers. These Survivor-Helpers (S-Hs) may be teachers, parents, community or



religious leaders, sports coaches, paraprofessionals, and others dedicated to the welfare of children. Play Therapist-Helpers can reach a much larger number of children, for a longer period of time, and with greater sensitivity and relevance if they engage S-Hs in the process from the start. Not only do the S-Hs fare better themselves by getting involved, they offer insight, labor, and ideas for helping children and rebuilding the community. Survivor-Helpers can be identified during needs-assessment meetings and informal conversations with community members. Their engagement is easy: just ask! They can help with planning and implementing many play-based interventions.

### Engaging Children

Children can be engaged through PT-Hs' relationships with their parents and through community-based play activities. Reticent children can be encouraged to participate if the helpers are friendly, playful, and a little silly. This demeanor models that it is okay to laugh and have some fun despite everyone's distress. Sports games or group play interventions can be used during the initial stages. Properly conducted nondirective play interventions can follow, especially because they offer anxiety reduction, coping, and trauma mastery at the child's pace, which is important for emotional safety. If children naturally use the nondirective approach to begin their post-disaster work, as many do, it can be continued in conjunction with the S-Hs, perhaps supervised by the PT-Hs. This can be augmented by other directive play interventions for specific coping and psychosocial goals.

### Case Example

Franco, 6, and Guiseppe, 10, lost their home during the April 2009 Abruzzo earthquake in Italy. They and their parents were relocated to a tent shared with 19 others. Both boys were withdrawn and avoided activities provided for children. Their parents reported that Franco was encopretic and Guiseppe was quieter than usual with angry outbursts. The PT-H (Mochi) had talked with and assisted their parents with supplies several times in the days immediately after the earthquake. As their trust grew, the parents shared their concerns about the boys, allowing the PT-H the opportunity to intervene.

Franco seemed uneasy and reluctant to play with the toys laid out in a makeshift playroom, so the PT-H behaved a bit silly,

imitating some of his tentative explorations of the puppets. Franco smiled and relaxed. The PT-H was then able to shift to child-centered play therapy. Franco initially used miniature wrestlers to "kill" the PT-H's wrestler figure. Later he added helpers who rescued the injured wrestler. The next day, Franco played similarly, but involved rescuers much more. After this, Franco had a bowel movement and soon thereafter joined some of the children's group activities.

Guiseppe was cautious, staring silently at the PT-H, waiting. The PT-H suggested a directive play intervention based on frequently-seen play behaviors in post-disaster situations. Guiseppe threw a ball at a miniature village while saying things he hated. The PT-H did so, too, and together they destroyed and rebuilt the tiny village several times. Guiseppe was increasingly engaged and energized, eventually releasing the anger he had locked inside. In subsequent sessions Guiseppe often repeated this game. He soon seemed more "himself" and joined his best friend in some of the ongoing group activities designed for child survivors.

### Beyond the Initial Interventions

Many PT-Hs have limited time to volunteer at disaster sites. Much of their work, therefore, needs to focus on coordinating their efforts with parents and local professionals so that play-based interventions are done in the context of the children's ongoing relationships. As time passes, other roles are available for play therapists, such as training and supervision of local therapists and professionals to conduct play therapy in its many forms.

The impact of disasters remains long after many of the external helpers are gone. The best contributions leave something behind, such as locally-run psychosocial programs and well-trained and supervised local helpers and therapists.

### References

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