

Academic and Behavioral Reactions of Children with Disabilities to the Loss of a Firefighter
Father: The New York City World Trade Center Attack 9/11/01

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Abstract: This five year comparative case study explores how children with disabilities responded to the loss of their firefighter father in the World Trade Center attack. Preliminary findings presented will be useful for teachers and researchers interested in designing appropriate interventions for children traumatized by the death of a parent.

Key Words: learning disability, grief, 9/11

Introduction

On September 11, 2001, the Counseling Service Unit of the Fire Department of New York began the difficult task of providing immediate support for active-duty firefighters and their families. For those affected by the World Trade Center attacks, supports included bereavement groups for parents and wives of the 343 firefighters who died in the attacks and a broad range of mental health services for surviving firefighters and their families (Green, Kane, Christ, Lynch, & Corrigan, 2006).

While still immersed in their own intense reactions, mothers became increasingly concerned about finding ways to help their grieving children cope with the loss. Grief reactions and stress-related behaviors displayed by many children during the first years included sleep problems, difficulty concentrating in school, fluctuating grades, social withdrawal, separation anxiety and a variety of phobias and anger management problems. For some of the children these symptoms were severe and prolonged and caused major disruptions in school and at home. For many, symptoms were intermittent. It was not surprising that mothers requested assistance in understanding and managing children's behaviors.

The Counseling Services Unit of the New York City Fire Department was responsible for providing mental health services for the families of the firefighters killed on 9/11/01. One response to families' requests for assistance was the creation of the Family Guidance Program (Christ, 2006). This program provided in-home therapeutic and evaluative services from a team of two or more clinicians for each family. The clinicians offered assistance to the families including ongoing feedback about how the children were functioning. The guidance program began to provide services on March 1, 2002, less than six months after the World Trade Center attack.

Most of the firefighter fathers had been instrumental in providing some level of school-related assistance to their children. For many of the children with disabilities, this assistance helped support their academic progress. The unique schedule of the firefighters, two 24-hour shifts each week, allowed fathers to actively participate in their children's lives. Their deaths had a profound effect on all children, but sometimes there were unique and unanticipated outcomes for the children with disabilities. This longitudinal study focused upon the course of recovery of four children diagnosed with a learning disability prior to 9/11/2001.

Background

Research on child bereavement due to a parent's death has focused upon mediators and moderators that can mitigate the impact of loss (Downey, 2000; Haine, Wolchick, Sandler, Millsap, Roger, & Tim, 2006; Lin, Sandler, Ayers, Wolchik, & Luecken, 2004; Lutzke, Ayers, Sandler, & Barr, 1997; Raveis, Siegel, & Karus, 1999; Tremblay & Israel, 1998). Risk factors in children and adolescents include, among others, pre-existing mental health problems; protective factors include intellectual and social competence (Christ, Siegel, & Christ, 2002; Lin et al., 2004).

Children's reactions to the loss of a parent include depression, yearning for the lost parent, somatic reactions and cognitive distortions (Christ, 2000; Lutzke et al., 1997; Weller, Weller, Fristad, & Bowes, 1991; Worden, 1996). Other reactions include tension, restlessness, guilt, aggression, and impatience (Malkinson, Rubin, & Witztum, 2000). Research suggests that declining academic performance, inappropriate behaviors, and harmful physiological reactions to traumatic loss can be reduced if the home environment remains relatively stable. Unfortunately, changes in living arrangements and economic factors are common in families after the death of a parent. Research also suggests that changes in routines such as childcare, school, and the home environment can have a significant effect upon the long-term mental health of children. Accumulation of stressful events including changes and reminders has been shown to have negative impact on children (Elizur & Kaffman, 1983; Silverman & Worden, 1992; Thompson, Kaslow, Price, Williams, & Kingree, 1998; West, 1997).

The quality of the relationship between children and the surviving caregiver is related to how children adjust. Parenting skills including appropriate discipline and communication have been found to reduce negative behaviors and psychological symptoms in children (Haine et al., 2006; Kwok, Haine, Sandler, Ayers, Wolchik, & Tein, 2005; Raveis et al., 1999; Sanders, 1989). Individual strengths in children including personal efficacy in coping skills have been associated with fewer mental health problems and negative behaviors (Sandler, Ayers, Wolchik, Tein, Kwok & Haine, (2003). Other factors related to the grieving process include the level of exposure to a traumatic event and the strength of the relationship to the person who died. Pfefferbaum, Nixon, Tucker, Tivis, Moore and Gurwitsch (1999) found that children who lost a sibling in the Oklahoma City bombing exhibited extreme distress.

Dyregrov (2004) reviewed the literature on the educational consequences due to loss and trauma and urged researchers to perform long-term studies that can present evidence of the impact of loss on academic functioning. Christ and Stodden (2005) found in their two-year study of academic supports that students with learning disabilities are more likely to see educational success if they receive appropriate supports and accommodations. Further, supports for students with learning disabilities are more likely to be embraced if they are provided by mentors or peers (Whelley, Radtke, Burgstahler & Christ, 2003).

A thorough review of the literature revealed that no studies address the response of children with learning disabilities to the traumatic death of a caregiver or how the academic environment and peer support has an impact on stresses such as the loss of a parent. Lin et al. (2004) and Siegel (1992) found that research does not differentiate reactions in particular sub-groups of children. This research study will begin to explore the effects of supports, the learning environment, and stressors on how children with learning disabilities respond over time.

Information gained can help inform practitioners and family about particular challenges and coping strategies that emerged over several years.

The Guidance Program

The FDNY-CSU/ Columbia University Guidance Program was implemented by an interdisciplinary team of Columbia University School of Social Work faculty and doctoral students, all with five or more years of individual, group, or child therapeutic experiences. Members also included a psychiatric nurse, a child psychiatrist, a school psychologist, a research methodology specialist, and a special educator. A close working relationship with the Fire Department New York Counseling Service Unit was maintained throughout as they provided services to meet additional needs identified by the guidance program interviews (Christ, 2006). The guidance program is a family-focused strengths-based therapeutic intervention that aims to help families master the challenges of adaptation to the sudden highly stressful traumatic loss of a parent. Unique features of this program include a five-year commitment to the families, an offer to provide individual therapeutic interviews in the family's homes, and ongoing evaluative feedback for the children and their parents. Families are encouraged to use other available services they find helpful.

After consent, each family member was seen twice a month for four sessions. Interviews were recorded and transcribed. A battery of child, parent, and teacher measures were also completed. Monthly interviews of the mothers and children completed the first half-year interval. Most of the interview time during this half-year was spent dealing with severe grief, and providing mothers guidance in understanding their children's reactions and how best to provide optimal support. The interviews and the measures provided the team with material necessary to begin the process of identifying critical issues and provide feedback on the current status of each child. Monthly meetings with all family members were scheduled during the first three years. Interviews were more variable in the fourth and fifth years and depended on each family's needs and preferences. The battery of mother, teacher and child measures were performed twice during the first year and yearly thereafter.

The guidance program utilizes a normalizing approach in therapy, which includes reducing general distress and grief, improving family communication and relationships, and developing skills to deal with ongoing stressors such as the repeated reminders of the traumatic death. This approach emphasizes parent-guidance to understand and deal with their children's reactions and responses to the death and its aftermaths as well as supportive-therapeutic work directly with the mother and the children. Its development is guided by experience and research that suggests that the widow and her children's behaviors in the first years may be adaptive to the situation (Christ, 2006; Siegel, Mesagno, & Christ, 1990).

Participants in the guidance program included the families of firefighters who actively served on 9/11/01 and were killed in the terrorist attack. One criterion for participation required that the families have at least one child age 3 to 18 living at home. All families reside in the five boroughs of New York City, in Nassau, Suffolk, and Westchester Counties of New York State or in New Jersey. Four children were purposefully selected for this study from the 48 families and 121 children, because they had been diagnosed with a learning disability before 9/11/01 and were eligible for special education services.

Method

This exploratory qualitative research study of four children with learning disabilities was conducted through successive analyses of transcript and measures. Transcribed therapeutic interviews, observations, and the measures were analyzed following the suggestions of Maxwell (2005), Creswell (2003), Tashakkori and Teddie (1998), and Yin (2004), which allowed for case summaries that were compared to determine emerging themes. This method provided the opportunity to describe the children and their families' reactions to grief and trauma over time. Each child represented an individual case that provided an opportunity to perform a cross-case analysis (Miles & Huberman, 1994), allowing for the exploration of behavioral and academic reactions.

Findings

Children and wives of the firefighters who perished in the World Trade Center were traumatized in ways unseen before (Christ, 2006). Unique was the prolonged exposure to the powerful reminders of the traumatic death. Some mothers described disconnecting the television, canceling newspaper and magazine subscriptions, and refusing to listen to news on radio because of the continuous and frequent allusions to the 9/11 terror experience that precipitated waves of grief. Less preventable were the many funerals or memorials for firefighters whose bodies were never recovered. Other painful reminders were the street-naming dedications, the national 9/11/02 memorial, and the ongoing trauma associated with finding bodies and eventually body parts. Over time, many of the mothers learned to shield their children from participation in order to reduce stressors as much as possible in these events. Much of the therapeutic work done by the guidance program team with the children and the mothers during the first 18 months was related to teaching them how to contain and control their reactions and responses to these reminders.

The children with disabilities exhibited a somewhat different reaction from other children. Several of the mothers wondered if they were grieving. After the initial outbursts of emotion, many of the children in the study appeared to tune out the painful reminders and focus on less painful topics more rapidly than their siblings or other children whose father was killed. For many of the children, being in school with their friends was an important escape. Although the students with learning disabilities continued to have academic problems, teachers in the first year after 9/11 focused on being supportive. This support included access to guidance counselors and, for the younger children, bereavement art therapy. This level of support for students with disabilities was especially helpful during traumatic reminder periods such as the six-month and year anniversaries and the closing of the World Trade Center site. Despite these supports, most of the school personnel, parents, and children indicated that the first year was a loss both socially and academically. This finding was consistent for the children classified as having a learning disability prior to 9/11 as well as for their non-disabled peers. The children with disabilities, after 9/11 felt less ostracized by their peers due to their disability as they received positive attention from peers and teachers as children of heroes.

Specific reactions exhibited by all children in the first year included sleep problems and difficulty concentrating in school. This did not necessarily result in a drop in grades, as most teachers did not hold the students who had a parent die to the same standards as their peers. Behavioral reactions for all of the children in the first year varied. Some children became withdrawn, others exhibited emotional outbursts, anger, and behavioral regression, and some

maintained previous functional levels. Several of the children had unusual fluctuations in weight and many exhibited separation anxiety, fear, and phobias.

One of the challenges faced by the parents and therapists working with younger children in the first year was their difficulty in accepting that their father had died. Several 9 year-olds in this study continued to hold out hope that their father had survived, months after 9/11. One child was convinced Spiderman had plucked his father out as the tower was falling. He explained that his father had been hit in the head by a rock and had amnesia, but that he would soon return. Another child knew her father had participated in extensive survival exercises and might survive by eating bugs and catching dew on his handkerchief. She was convinced her father was still alive and became very upset when the site was closed nine months after 9/11. She did not believe her mother, but finally accepted her teacher's statement that no one could survive that devastation.

Students receiving services for a disability were at some advantage over their non-disabled peers as the educational specialists had a better picture of pre-existing academic progress, overall temperament, and behaviors prior to 9/11. This allowed the specialists to better gauge changes in mood and affect most likely attributed to the death of the father in the World Trade Center. The specialists' knowledge of the students was helpful, as they could monitor their behaviors and provide input to those designing appropriate educational, behavioral and emotional supports.

Four Case Studies

The four children with learning disabilities chosen for this study included Andrew, a six year-old and in first grade, Barbara, an eight year-old in second grade, Connie an eleven year-old in fifth grade and Doug, also eleven and in fifth grade. The names used in this study have been changed, and other identifying characteristics deleted in an effort to preserve confidentiality.

Andrew

When first interviewed, Andrew was quiet and soft-spoken. He let his younger brother choose all games, and seemed depressed, withdrawn, and numb. He was distraught by the death of his father who had been very supportive, teaching him games, sports, and helping him with learning material presented in kindergarten. His mother and the team shared their concerns. Andrew's mother contacted his first grade teacher and worked out a mutual plan to promote interests and assertiveness. By the end of the first year, Andrew dramatically changed. He now seemed angry, defiant, provocative, and bossy. Andrew would threaten to hit his brother if he did not play the games he wanted and he adamantly refused to do any of the measures for the guidance team. His mother was pleased with Andrew's assertiveness, but she was somewhat dismayed by the extent of his defiance.

Andrew's mother requested a male teacher at the start of second grade. Although Andrew continued to be quite negative at home, he was starting to have more fun at school. Andrew still resisted his mother's help with homework and had difficulty concentrating, but could be coaxed to attend. Andrew was placed into a mainstream classroom in second grade that had a special education assistant. By the middle of the year his teacher rated his academic performance as far below grade level in reading and writing, below grade level in social studies, handwriting and science, and at grade level in math. Andrew's teacher noted that he did not work as hard and

learned slightly less than his peers. His teacher also noted that Andrew did not present any challenging behaviors in the classroom setting but he was less happy, and talked sadly about his father. According to his teacher, Andrew avoided certain academic tasks but was very creative, artistic, funny, and had a strong vocabulary. Andrew's special education teacher rated his academic performance as improved by the end of second grade. He was at grade level in three subjects and slightly below in one. At home, Andrew's mother was successful at setting limits which reduced his rebellious behaviors and her help with homework appeared to contribute to his academic successes.

By the start of the third grade, Andrew's academic performance had dramatically improved. His teacher rated him at grade level in all subjects. His special education teacher maintained concern as Andrew continued to be easily frustrated and at times became emotional when confronted with difficult tasks. According to Andrew's special education teacher, he appeared to be more impulsive, overly eager to answer questions and had difficulty waiting his turn. His special education teacher also described Andrew's strengths and noted that he was a very kind child who was pleasant to have in class. According to both his teachers, Andrew was very conscientious about doing his school work and put a great deal of effort into everything he did.

Andrew's initial reactions were similar to many of his peers who lost a parent in 9/11. Initially depressed, withdrawn, angry, and defiant, Andrew showed few signs of pleasure in the first year. Support offered by his mother and the understanding but firm responses by his second grade teachers helped Andrew to gradually regain some control over his emotions and grief.

Barbara

Although Barbara exhibited academic difficulties since first grade, she compensated by being socially adept. According to Barbara's mother, the effects of her prescribed medication tended to wear off by the time she came home and she would become irritable and difficult with some "downright nasty flare-ups." Barbara's mother felt that it was best that Barbara's anger occur at home rather than in school. She also expressed that she understood the academic challenges Barbara faced as both she and her husband had disliked school and had struggled academically.

Barbara's father had always helped her with her homework and her mother did not feel she could help as that had always been her husband's task. Her solution was to hire tutors. When Barbara was asked what she thought about having a tutor, she replied "No one else has tutors. They are all going to think I am dumb." Barbara resented her tutors, never finding one who she liked until three years after 9/11.

During the first year after her father died, Barbara quickly embraced the identity of being a member of a special group of "9/11" children. Her family participated in the many events developed for the children including trips to Disneyland, a boat excursion, and events for the families at her father's firehouse. As the events decreased, Barbara continued to compensate for her learning problems by being socially competent, with many friends. In school Barbara was a leader among her large group of friends and in her neighborhood she was a magnet for the younger children who enjoyed her athletic skills and humor. Barbara was always well-behaved and liked in school by her teachers, and her beauty and poise added to her acceptance by peers. Barbara was particularly pleased when assigned to a mainstream classroom with a few other

students with learning disabilities who received help from a specialist as necessary. The mainstream setting allowed Barbara to maintain acceptance by her peers.

Problems for Barbara appeared in the fifth year after her father's death. She was now a young adolescent and the family moved to a different state in preparation for her mother's remarriage. This removed Barbara from her social circle where she had felt accepted and popular. Barbara became withdrawn and morose, expressing her sadness more often than in the first years after her father's death. For the first time in her life, Barbara felt she had no peer support and she was apprehensive about making new friends. This was the first time Barbara began to confront the reality of her learning disability, which had previously been nothing more than an isolated irritant in the past. Barbara's mother stated that her daughter feared that her learning disability might lead to her being ostracized from classmates and neighborhood children. In her new environment, Barbara was fearful of taking the steps needed to make friends and was struggling with academic demands. She was no longer seen as special and no one seemed to know or care that her father died a hero.

Connie

Connie's learning disability was handled very differently by her family. The family refused special education services. Connie was an only child and her parents worked "endless hours" with her on her school work. Connie was a superb athlete, very articulate, well-spoken, and liked by her teachers and peers. The death of her father was devastating to Connie. Her grades immediately dropped despite her mother's effort. When Connie began to fail some subjects, she complained that her mother was not helping her as her father had in the past. Connie adamantly refused help offered through the school and instead received private tutoring. Gradually, Connie's academic performance began to improve. She worked hard at sports and over time her grades and self-esteem increased. Connie's school may have contributed to her recovery by creatively encouraging several students who had a parent die in 9/11 to spend time together. Connie valued these relationships enormously as they seemed to help her maximize her considerable strengths while coping with academic challenges.

Doug

Doug was always the youngest in his class due to his birthdate. His teacher quickly referred him for special education services when he was unable to keep up with his peers. Over the years he was assigned to a variety of special education and mainstream settings. Doug was devastated when he heard of his father's death and mourned him deeply. Within a few months his mourning dissipated and according to his mother, Doug became his old happy-go-lucky self. He had a few friends in the neighborhood and he would "hang out" with them. Although barely passing, Doug was always overjoyed when his report card showed no failed classes. He always liked mathematics in which he often excelled, but found reading and writing difficult.

Doug gradually developed a parent-like relationship with his brothers occasionally using his size to stop his brothers from fighting with each other. When Doug was unsuccessful at helping his siblings join a neighborhood group, the brothers formed a band playing popular songs. Although his mother tried to dissuade his paternal role, Doug subtly maintained this position.

Toward the end of the third year after his father's death, Doug had three consecutive stressors that seriously affected his self-esteem. First, he was turned down by a girl he asked to the school dance. He was devastated despite the fact that very few of the boys in his school had asked a girl to the prom. Second, his report card revealed that he was not doing well, shattering his hopes to be mainstreamed when entering high school. Doug's teacher indicated that his poor grades were reflective of the minimal effort he exerted at school and he was working much below his capacity. The third stressor was that his mother started to date a man who spent part of the weekend helping around the house as his father had done. The next day Doug was very quiet, kept to himself, and became profoundly depressed. He broke down sobbing when his mother came into his room and shared his distress with her.

Conclusions

Several themes are beginning to emerge in the early stages of this longitudinal study. A number of children with learning disabilities had less noticeable traumatic responses during the first two years than their non-learning-disabled siblings and peers. Some even looked forward to the memorials rather than avoiding them. The four students in this study were sad and grieved, but they did not experience the intrusive thoughts and recollections that plagued many of the other children who lost a father in 9/11.

Several factors seem to contribute to the different ways children react to trauma. One factor that appeared to have an effect upon the four students in this study was the way the schools responded to 9/11. For the students in special education, the staff immediately mobilized to provide a supportive environment. For example, the teachers helped classmates send sympathy cards and they worked with the students to help them understand how their classmates would be grieving. The special education teachers were also helpful in monitoring the student's academic, behavioral, and emotional responses post 09/11/01. This information was provided to the school counselors who needed this input and was offered to the mothers who often maintained close contact. For children without special education supports, needs were not identified as quickly or as accurately and the supports were delayed or ambiguous.

Another factor that appears to have contributed to the way the four children in this study reacted was their status. Some experienced a new identity, as children of fallen heroes rather than a child with a disability. Gradually this special status began to change as educational demands increased and their identity as children of heroes faded. Some of the children moved to new locations, others transitioned into new schools, and some of the families emphasized moving on. These and other factors coupled with maturation appear to have awakened a new confrontation with their loss.

Each of the four children in this study reacted differently to the death of their father. One child, sheltered from confronting her disability by the effort of both parents, no longer had this support available. She was forced to confront the reality of having a disability without extraordinary parental support. One of the adolescents showed serious reactions in year three and another in year five. This finding indicates that reactions do appear later than most would expect. One case showed how the combined efforts of excellent special education personnel working closely with a motivated parent contributed to the reduction of trauma from the loss of a very important father.

Future Directions

The World trade Center Disaster on 9/11 brought with it a very unusual set of circumstances (as is the case with any large scale disaster). Much has been learned from examining four children with a pre-existing learning disability as well as their non-disabled cohorts. Unusual in this case, and unlike most disasters, was the outpouring of financial and emotional support from a grateful nation. Regardless of the circumstances accounting for a large scale disaster, interventions are necessary. In the case of the four children in this study, supports were provided by specialists, including excellent special education teachers coupled with other school related interventions. These supports provided a safe and consistent environment for the children as they recovered from the trauma and loss associated with 9/11. School supports combined with the services provided from the Family Assistance and Guidance Program helped the four children in this study to minimize adverse reactions. Disaster studies can seldom be duplicated, but an effort to learn from them can. Over time, the comparison of reactions of children with learning disabilities to diverse disasters may clarify best approaches to support. This study has shown that a longitudinal approach when examining interventions brings about many surprises and provides insight for future research. Due to the preliminary nature of the analysis in this five year study, much more will be learned from the extensive data as it is carefully examined for themes and findings related to the responses and coping strategies of children and adolescents, including those with disabilities.

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