PREVENTION 101

Series On:

TRAUMA

PARENTING IN A POST-OCTOBER 7 WORLD.

COMPILED BY RABBI YAACOV BEHRMAN

In loving memory of

SHNEUR ZALMAN
BEN MENACHEM MENDEL

This book is not intended as a substitute for the
medical advice of physicians or mental health professionals.

TABLE OF CONTENTS

FORWARD

It's important to recognize that fear affects everyone, and it's okay to feel afraid during these difficult times. However, children and adolescents are especially vulnerable. They rely on adults for reassurance and stability, needing support to process information and feel secure.

My father, Rabbi Jacob J. Hecht, may his memory be a blessing (obm), founded Operation Survival in 5748 (1988) to counteract a rising tide of drug abuse in our communities. During those years, discussing addiction or mental health was taboo, and many parents didn't believe substance abuse posed a risk to their children.

Mr. Michoel Behrman, may his memory be a blessing (obm), was selected to develop and lead the program, which he did valiantly until his passing some thirty years later. Changing perceptions about addiction's dangers wasn't easy, but thankfully, in recent years, awareness has grown significantly, with more people seeking help for mental health and addiction issues.

Today, Operation Survival teaches essential life skills in local yeshivas and public schools. Through diverse programs including art and rap groups, Operation

Survival promotes positive alternatives and provides crisis assistance to thousands of young people annually.

Following October 7th, the National Committee for Furtherance of Jewish Education took a leading role in providing assistance and support to Oct 7th survivors. Families in southern Israel woke up to horrific scenes that day, with young children experiencing the trauma of hiding from terrorists and witnessing family members murdered before their eyes. Through our program Toys for Simcha, we committed ourselves to reach every affected child with support and encouragement. Our team worked tirelessly to collect toys and clothing for distribution to displaced, hospitalized and traumatized children from the conflict.

Recognizing a distinct need in the United States as a result of October 7th, we aimed to raise awareness about trauma and collaborate with relevant agencies to disseminate information to educators, clergy, social services, medical professionals, and community agencies. Our Prevention 101 trauma series has reached over 20,000 families nationwide.

With the support of our experienced staff, including Rabbi Yaacov Behrman (Program Director), Miriam Simon (Assistant Program Director), Dena Gorkin (Director of Community Outreach), Shlomo Mahana (Prevention Educator), and Leontine Thompson (Prevention Educator), Operation Survival has seen increased awareness and more people seeking mental health and addiction help. Additionally, we have produced educational media that has reached an audience of over 300,000.

I believe you will find this book informative and practical, and I invite you to reach out to us if we can ever be of assistance.

Rabbi Shea Hecht
Chairman of the Board of N.C.F.J.E

INTRODUCTION

Prevention 101 was launched several years ago to equip families with essential tools for preparing their children to face real-world challenges. We distributed weekly brochures and published a parenting book. Following the October 7th massacre and the surge in anti-Semitism, there was concern about increased trauma, prompting us to run a second series.

Fifteen to twenty percent of individuals exposed to trauma, such as potentially life-threatening situations, develop PTSD. Of those who develop PTSD, about sixty percent, or two-thirds, subsequently develop drug or substance abuse disorders. This is alarming given the number of people exposed to trauma following October 7th.

To address this, we invited parents in New York to submit trauma-related questions. We partnered with Mayanei Hayeshua's Mental Health Center in Israel to provide honest, informed answers in bi-monthly videos, which were later transformed into articles distributed to numerous houses of worship and educational institutions. Please note: the articles are not verbatim, so feel free to watch the complete videos on YouTube.

I compiled the most impactful content from the Prevention 101 Trauma Series into this book.

I want to acknowledge and thank Chaim Fachler, Director of the Department of International Resource Development at Mayanei Hayeshua, for collaborating with us to make this project a reality. I also extend my gratitude to Prof. Rael Strous, Medical Director of Mayanei Hayeshua's Mental Health Center, and Dr. Bella Schanzer for dedicating hours to answering questions.

Special thanks to Rabbi JJ Hecht, President of Toys for Simcha; Peninah Baumgarten, Art Director at P Graphics, for designing the book and providing valuable insights; Yanky Ascher for filming and editing the videos and answers; Brochie Perl for transcribing the audio interviews; Haley Hampton and Devora Krasnianski for editing; and Zelig Katzman for proofreading. Additionally, I appreciate Rachel Shemtov and Miriam Simon for their practical assistance and advice in shaping this book.

This project reflects the dedication and professionalism of the Operation Survival staff, to whom I am deeply grateful. I would also like to thank the Board of Trustees of the National Committee for Furtherance of Jewish Education, including Rabbi Shloma L. Abramowitz, Ellen Gross, Rabbi Shea Hecht (Chairman), Sholom Jacobs (President), Charlie Kupferman, Neil Kupferman, Esq., Yossi Popack, Dr. Steve Rubel, and Jay Wartski for their unwavering support. Additionally, my sincere appreciation goes to Senator Zellnor Myrie, a steadfast ally of Operation Survival and the communities we serve.

Rabbi Yaacov Behrman
Director of Operation Survival

PREVENTION 101

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PARENTING IN A
POST-OCTOBER 7 WORLD.

BASED ON INTERVIEWS WITH PROFESSOR RAEL STROUS & DR. BELLA SCHANZER
OF THE MAYANEI HAYESHUA MEDICAL CENTER

Our family has witnessed protests in New York City where the crowd chanted, "Globalize the intifada." My kids are scared. How can I explain what is happening without causing too much fear, especially since we parents are also scared?

It sounds like mom and dad are very, very anxious, which makes it hard for them to create a sense of safety for their children because they themselves do not feel safe. The rapid growth and expression of anti-Semitism in America are very scary for many people. While that may not be surprising, what is alarming is how vocal and blatant it has become, especially in the wake of what we as Jews have experienced as one of the worst attacks since the Holocaust.

This situation causes cognitive confusion where we're thinking, "This doesn't make sense to me. Why am I being attacked if I was the one who was attacked? People should be supporting me. Why are people hating me?" Our brain tries to make sense of this, and in that space of not being able to make sense of it, our brain starts getting worried that something awful must be happening since we can't make sense of this.

As parents, it's important to figure out how to deal with your own fear so you can create a sense of safety for your children. From a very technical perspective, it is quite probable, at least in the near future, that despite the presence of

protests and the very loud, scary voices, the risk of physical danger associated with these protests is low.

The first thing to do is to say to yourselves and to your children, "I know this seems really scary. It's very loud, it's very hateful, and it's very hurtful, but we're not in actual danger." It's important to be able to say that to yourselves so that you can say it to your children. If you are struggling to believe that and you are unable to shake these persistent worries and fears, it's important to reach out for help.

How do you know when you can manage on your own or when you should speak to a therapist? You should assess how much your fear is affecting your daily functioning—for example, is it disrupting your sleep or appetite, making it difficult to focus on your children, causing increased irritability or short temper, occupying your thoughts excessively, or impacting you in any other significant way? Those are all signs that you should be speaking to somebody.

This doesn't mean you have a diagnosis. It means you're struggling with something that you're very fearful and worried about, something that you're having an anxiety response to and it's starting to have negative ramifications for your life. Why is it important for you to speak to somebody? Because if you yourselves are so worried, you can't create a safe environment for your children, which is what they need at this time. That's number one.

Now, how do you create a safe environment for your

children? Children need to feel love. They need to feel that things are going to be okay, and they need to feel that their parents are going to take care of them. To provide that sort of safe space and support for your children, you need to talk to them. This is a little bit of a lost art. Unfortunately, a lot of parents these days don't really take the time to sit down with their kids and talk to them.

The first thing to do is to say to ourselves and to your children, "I know this seems really scary. It's very loud, it's very hateful, and it's very hurtful, but we're not actually in danger."

If I could just push Judaism for a second, we as Jews are given the gift of Shabbos. Every week, we have the chance to share at least two, if not three, meals with our children. During these times, we set aside phones and distractions to genuinely connect and engage in conversation with them. It's a gift that Hashem has given our community. Take advantage of it; talk to your children. Don't assume you know what is going on inside their heads; whatever you assume is probably not exactly on point. Certainly, try not to project your feelings onto them. That's only going to make you more worried because they may or may not reflect back to you what you're feeling.

Talk to them. And listen deeply. Ask them how they're feeling.

Delve into the specifics of their experiences, understand what they are seeing and how they are interpreting it all. Inquire about what their peers are saying to them. For parents, this is the most important intervention you can undertake. Not only does this provide insight into what's actually going on inside your children's heads and inside their lives, but it also reassures them that they can talk to you and seek support if they start feeling worried.

With that knowledge, you can help them. If your children start to show you that they're experiencing functional impairment in their own lives because of the worry—if they're not sleeping, they're having nightmares, they're having trouble at school, they're becoming more socially isolated, etc.—take them to talk to somebody.

Often, it's just a few sessions, and it'll give your children a feeling of agency because they will then be able to speak about it and they'll learn tools to help manage how they're feeling. Overall, by having genuine conversations with your children and responding to their concerns, you will not only help them navigate the current difficult situation but also equip them with the strength, resilience, and support they need to lead functional lives as adults.

BASED ON AN INTERVIEW WITH DR. BELLA SCHANZER

My 13-year-old has gained significant weight since October 7th. What should I do?

Each person responds to trauma in a distinct manner influenced by their personality and inherent nature. Because children are still developing their identities, personalities, and coping skills, they may exhibit dysfunctional responses.

One possibility is a child overeating when dealing with trauma. Being exposed to trauma or news of trauma can feel like experiencing it firsthand. Even if a person hasn't directly faced the trauma, knowing someone who has or frequently hearing about it from close ones can make it seem almost as if they've gone through it themselves.

Any child who hears about trauma or was exposed to trauma has experienced a form of loss of control. This loss of control can be manifested in many different ways, such as overeating, aggression, withdrawal, or engaging in unsafe activities.

As parents or responsible adults, it's important to assist children in reclaiming control over their lives by being sensitive to their current state, acknowledging the difficulty of their experience, validating their responses even if they're dysfunctional at the moment, and guiding them back onto a positive path. Now, how can we do that?

An essential aspect of addressing both the immediate

aftermath of acute trauma and its long-term effects is helping our children re-establish a sense of routine. This includes maintaining consistent sleep times, meal times, and school schedules. This is the infrastructure, or what we call the "seder hayom"—the structure of our day that must be maintained. Keep the routine, keep the times, and then fit everything else into and around it. Once the routine is established, we can better assist them in coping and guide them back to their usual activities and functions. Routine acts as a comforting anchor for children, helping them regain a sense of security and normalcy during challenging times.

We should never lie to children about what's happening. Instead, we can say, "Okay, we still need to carry on with our responsibilities." When rushing to the safe room [in our home in Israel], I've maintained a positive routine for many years. So now, even as my children have grown, they associate the safe room with a positive experience.

I'm honest with my children, saying, "We need to run to the safe room because our lives are in danger." And then to manage anxiety and distress, we do something comforting together, like eating chocolate. This way, the safe room is linked with positive experiences despite the circumstances.

When children face challenging experiences— and there's a range of different experiences they can go through —it's often hard to find a direct positive association. However,

one positive connection we can make is acknowledging their struggle and offering support without pressure, saying, "You've gone through a difficult thing, and I see that. Let's go for a walk; let's go spend some time together. You don't have to talk about it, but I'm here for you."

A loss of control can be manifested in many different ways, such as overeating, aggression, withdrawal, or engaging in unsafe activities.

One of the most crucial steps in managing acute stress today is to first normalize what the person is experiencing. We can say, "Right now you are overeating maybe because you were exposed to this thing." Normalize it, it's okay. Next, validate what they've gone through and their response. "That is an approach, but maybe we can look and see how it's affecting your function in a negative way. Maybe there's a better way to deal with things right now." At no point have we mentioned or spoken with the child about the trauma itself, what the trauma was about, and what the child went through.

While those are all important, our primary focus lies in their functioning. At this stage, other factors take a backseat as we prioritize their ability to function. If the child feels prepared to broach the topic of the trauma, we'll approach it, but only if they initiate the conversation and feel ready.

Before any of that, we must normalize, validate, and move on with hope.

BASED ON AN INTERVIEW WITH PROF. RAEL STROUS

Do people respond differently to the same traumatic events? How do children, in particular, react to trauma?

Yes, people respond to the same trauma in different ways. We could have ten children in a room and we'll have ten different experiences. It's important to remember that my experience of trauma may be different from your experience of trauma even if we use the same definition.

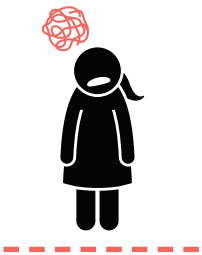
In terms of how we respond, in the immediate sense, most people will have some response. Responses vary along a spectrum. Physically, we may experience an increased heart rate, chest tightness, sweating, nausea, and dilated pupils in response to trauma. Many people will have a physical response even if they are not completely aware of it.

There's also a cognitive response. Internally, we're

trying to make sense of something that doesn't seem to make sense because it is so beyond the pale of what we expect to experience as human beings. This cognitive dissonance involves a struggle to reconcile what we know is inappropriate or doesn't make sense. Our brain doesn't have a place to put this. It doesn't fit in with our experience of the world.

Children can have that response too. For children, this is even harder because they don't necessarily have the words to articulate that it doesn't make sense to them.

The physical and cognitive responses often happen immediately. In the first three months after the event, we can start seeing some other symptoms. The majority of individuals will just have that. While they are watching a video or are near a march or feel threatened, they experience acute reactions, but these diminish once they move away from the situation.



There is a smaller group who will have more complex symptoms for a short period of time. This would be considered an acute stress response. This is not just for children; this is for any age. In an acute stress response, there can be some avoidance, sleep disturbance, and some dissociative phenomena where they try to block out what they saw. We may see them spacing out or becoming a bit emotionally numb. They may also have flashbacks and re-experience the event.

This doesn't mean the individuals in this smaller group

who experience an acute stress response are going to go on to have long-term symptoms. For most individuals in this smaller group, their symptoms will completely resolve within three months. And for those people, support is all that is needed.

A much smaller minority will go on to develop post-traumatic stress disorder, which is a complex group of symptoms. These symptoms include hypervigilance, where individuals are constantly on alert; re-experiencing, where someone might have nightmares and flashbacks; and avoidance, where someone tries to minimize reminders of the event. But this is a much smaller group.

Make sure you're talking to your children.

Find out what they saw. Find out how they feel.

Parents often wonder what signs to watch for in their children after a traumatic event. However, more importantly, they should actively engage their children in conversation. Find out what they saw, and how they are feeling. Don't assume that just because you are worried, your children are also worried. Conversely, don't assume that because you're not worried, your children are also not worried. When uncertain about your child's exposure to trauma or how your child feels about the trauma, open communication is crucial.

Asking your children how they're feeling or asking them if they know what's going on is not going to lead to them

having ideas in their heads. Let's say you ask your children, "Are you scared?" If they are scared, they are going to think, "Finally, my parents are giving me permission to tell them how scared I am." If they are not scared, they'll tell you, "No, I'm not scared." Generally speaking, you'll know if your child is being honest with you.

The key is to communicate with your children. Whether between parent and child, spouses, or friends, open communication is crucial right now. It reassures those you care about that they can talk to you and express themselves freely if needed.

Unfortunately, as terrible as it is—because it's real—our children have been exposed to so much that is not real, to some extent, there has been a degree of numbing. This overload may have led to a degree of desensitization where their brains have had to process an overwhelming amount of information. While this may have equipped them somewhat to cope with current challenges, it's crucial to recognize that your child likely needs to communicate their thoughts and feelings. Open and honest communication is paramount in times like these.

BASED ON AN INTERVIEW WITH DR. BELLA SCHANZER

How can I manage intense emotions without resorting to emotional numbness as my coping mechanism?

Life isn't just about what happens to us, but how we respond to it. Right now, you're coping with these intense emotions by shutting down. While this is a way of coping, it's crucial to consider if it's the most effective approach. This reaction likely affects other aspects of your life, diminishing your ability to feel and express love, care, and understanding. Numbing and disconnecting from emotions aren't compartmentalized to one area of your life—they tend to extend beyond and may impact other areas as well.

Shutting off is a defense mechanism, and it's a legitimate one, but it may not always be the most effective, functional, or adaptive way to cope in terms of maintaining relationships and connecting with the world.

Rav Dr. Avraham Twerski, a well-known psychiatrist and educator, relates the following story about a lobster. The lobster begins its life as a soft, vulnerable creature with a delicate shell. As it grows, this shell becomes confining, hindering further development. So, what does the lobster do? The lobster goes under a rock, under the sea in a

safe area, gets rid of its outer shell, and grows a new, bigger shell. Emerging anew, it continues to expand until once again, it outgrows its shell and feels constrained. Feeling discomfort, the lobster goes back under that rock in the ocean, sheds its old shell, and emerges with a fresh one. In a continual cycle of growth and renewal.

It is that discomfort that is the stimulus for the lobster to grow. If every time the lobster felt discomfort it went to its doctor and got a pill or started using a drug or felt numb and disconnected from the world, that lobster would never grow because it would never go under that rock and develop a new shell. Discomfort and being uncomfortable is not necessarily a bad thing. It's all about what we do with it.

What is the stimulus for that growth?

The stimulus is discomfort.

If someone consistently numbs themselves to avoid discomfort by relying on medication or some other coping mechanisms, they hinder their growth and remain stagnant, much like the small lobster. Embracing discomfort is crucial for personal growth. Using discomfort positively allows us to become better individuals and make more meaningful contributions to society.

BASED ON AN INTERVIEW WITH PROF. RAEL STROUS

On October 7th, my 19-year-old, studying in Israel, was staying with a friend near the Gaza border. They hid in a shelter for 12 hours until they were rescued. How can we support her?

As we've discussed, most individuals recover from traumatic experiences on their own. Your daughter may or may not show symptoms—human resilience is remarkable. Experiencing something traumatic doesn't necessarily mean something is wrong. If indeed there is something wrong, then she would need help.

Here are some questions for parents to ask themselves: Have I asked my child if she is okay? How does she seem when I speak to her? Does she seem withdrawn? Does she seem distant? Does she seem angry? Does she seem scared? Is she complaining about things?

In this situation, as parents, you need to talk to your child. You need to ask your daughter how she's feeling, what she's thinking about, how she's doing. Is she having trouble at school? Trouble with her friends? Trouble sleeping? Trouble eating? Has she lost weight? Has she gained weight?

Try to get a good sense of what's going on with your daughter. More likely than not, she's okay. In that case, making her

In this situation, you need to talk to your child.

You need to ask your daughter how she's feeling.

feel like there's something wrong with her would not be helpful. On the other hand, if she is struggling in any of those areas, then she should see somebody. There's never a downside to speaking to a professional once. At a minimum, she'll get to talk about how she's doing.

Before deciding on professional help, talk to your daughter directly; don't make any assumptions one way or another. Let her tell you how she feels; focus on functional impairment, changes in lifestyle, and changes from her normal baseline. Then, based on how she's doing in those different areas, you would refer her to speak to a therapist and/or psychiatrist.

BASED ON AN INTERVIEW WITH DR. BELLA SCHANZER

Does social and community support help with trauma?

Social support is widely regarded as one of the most crucial factors in helping people navigate trauma. The impact of terror and trauma extends beyond the immediate victims, affecting those in close proximity, such as family members, and radiating outward to encompass friends and the broader community. Everybody is affected in some way. This interconnected web of influence is often called the ripple effect of terror.

Social support is extremely important and definitely helps to make a difference at all those different levels. When people are going through difficult situations, especially in a community when it affects so many levels of the ripple effect of the trauma, one of the most important things that helps is doing something within the context of social support.

For example, in Israel, many mothers wake up at five or six in the morning, make incredible amounts of chicken, and send it to the border for the soldiers. Some are collecting socks, underwear, and flashlights. Some are picking avocados every morning. There are many different levels of involvement that people can do.

Regrettably, there are individuals exploiting the situation, capitalizing

Social support not only benefits those receiving aid but also provides a sense of purpose and fulfillment to those offering help.

on the goodwill of those who wish to offer assistance. Scam artists prey on people's desire to help. One has to be careful of exploitation. But, that shouldn't stop us from doing something. Social support, in itself, generates a ripple effect. It not only benefits those receiving aid but also provides a sense of purpose and fulfillment to those offering help. At a community level, this collective effort is truly remarkable.

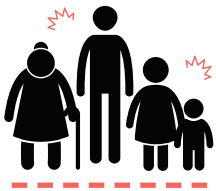
When people in Israel know that others outside the country are investing effort into helping and caring, it makes a significant difference for those experiencing trauma. It also benefits those contributing, providing a positive way to cope with trauma rather than withdrawing, feeling disconnected or numb, and isolating themselves at home.

BASED ON AN INTERVIEW WITH PROF. RAEL STROUS

Are there different responses to trauma based on age and gender?

This is well-documented in trauma research. Clearly, the younger someone is when they experience a trauma, the greater the concern for a variety of long-lasting symptoms. When faced with trauma, our brain initiates an anxiety response as a protective measure. In young children, whose brains are still developing, this response can become entrenched, resulting in heightened sensitivity in the brain's alarm system.

Younger age is a risk. Women and individuals with preexisting mental health conditions or comorbidities, such as substance abuse, are more prone to experiencing long-term symptoms after trauma exposure. The brain operates as a unified entity, so when it faces assault from multiple sources, such as trauma and other concurrent issues, it heightens the brain's sensitivity to trauma responses.

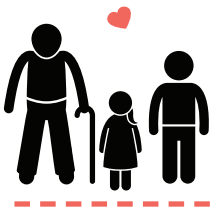


Genetics also plays a role; there's a genetic component to everything. Consider that some people can eat sugar and fat and seem to be healthy while other people watch what they eat and still struggle to maintain a healthy BMI. That's genetics.

Our genetics predispose us to how we will tolerate being exposed to trauma, in addition to other risk factors.

You probably know individuals who have faced multiple challenges yet display an almost unnatural ability to smile and cope, surpassing what seems normal. On the other hand, some people have lower thresholds and experience symptoms even from lower-level stressors that might not technically qualify as trauma. The variance in resilience suggests a genetic component plays a significant role. Our genetics predispose us to how we handle exposure to trauma, alongside other factors like age, gender, and existing health conditions.

BASED ON AN INTERVIEW WITH DR. BELLA SCHANZER



My 12-year-old constantly worries that someone may harm our family and community. How can I offer perspective without dismissing reality?

A sophisticated parent-child relationship is characterized by openness to where the child is emotionally. It's important to discuss the reality, especially if there is danger, but it should be done in a reassuring and caring manner that ultimately calms and reassures the child.

When interacting with a child who has spoken about a situation with open communication, we want to focus on the reality of the situation. Often, when there's uncertainty and fear, children fantasize and go to the extreme because they don't have perspective over the entire situation.

As responsible and caring adults, it's our duty to provide perspective and reality to the situation. If we notice that a child's response seems extreme and disconnected from reality, it's important to contextualize and clarify what constitutes actual danger. However, when there is genuine danger, it's crucial to acknowledge it rather than avoid the issue. At the same time, we need to reassure the child that we are aware of it

and that it can be managed.

It's important to acknowledge that sometimes things do get out of hand, such as what happened on the seventh of October. It's crucial to understand that such occurrences are not representative of our everyday reality. We do have faith in our security forces, and we do have faith in those who are protecting us, and the child should have faith that the parents will do whatever they can to keep the child safe. While there are instances where they may fall short, it doesn't diminish the fact that life is generally good, safe, and filled with happiness. Children will pick up this attitude from us.

We must guide our children in discerning what is truly dangerous and what isn't, providing them with understanding and perspective.

If we're going through life right now under a situation of uncertainty, and are completely paralyzed or overwhelmed by the trauma and anxiety, children will pick up on it and feel the same thing. It is okay to experience fear. It is okay to experience uncertainty. But it is not okay to feel overwhelmed because that affects function, and it is not necessarily the reality of the situation.

We must guide our children in discerning what is truly dangerous and what isn't, providing them with

understanding and perspective. At the same time, it's essential to uphold functionality in their lives, assisting them in reaching their potential even amid challenging or uncertain circumstances.

BASED ON AN INTERVIEW WITH PROF. RAEL STROUS

What percentage of trauma victims experience long-term effects of post-traumatic stress disorder or go on to use drugs?

Two types of experiences can be traumatic for an individual. The first type involves disruptions to a person's life, such as divorce, failing an exam, or losing a job. The second type of trauma occurs in situations where a person's life is directly threatened, such as in a terror attack, car accident, earthquake, tsunami, or any circumstance involving a life-threatening situation.

Individuals in the second category are at risk for developing a unique cluster of symptoms known as PTSD,

or post-traumatic stress disorder. Approximately 15-20% of individuals exposed to trauma develop PTSD. (There is an exception for women who experience sexual trauma, such as rape, where the percentage can be higher—closer to 60-80% developing PTSD.)

If a person is resilient in that they don't experience the situation as trauma, there's no reason why that sholud increase the risk for substance abuse later.

Of those who develop PTSD, about 60% or two-thirds may also develop a drug or substance abuse disorder.

When examining those who have developed substance abuse in the general population, approximately two-thirds of them have experienced trauma in the past. This statistic can be interpreted in two ways: 1. Of all individuals who have experienced trauma and developed PTSD, about two-thirds will also struggle with substance abuse. Or 2. Among those who struggle with substance abuse, about two-thirds have experienced trauma.

Experiencing trauma significantly increases the risk of substance abuse later in life. This correlation can be attributed to several factors: substance abuse often serves as a form of self-medication to cope with low mood resulting from numbing experiences, and it can provide a

sense of feeling alive again. It is also related to dysregulated biological mechanisms where a person cannot experience rewards and uses drugs to achieve reward sensations.

People tend to respond to traumatic situations differently. Every person has a different level of resilience and ability to cope. That's why not everyone who experiences the same trauma goes on to develop PTSD. This also explains why not everyone goes on to develop a substance abuse disorder. If a person is resilient to the extent that they don't experience the situation as trauma, then there's no reason why that should increase the risk for substance abuse later. It's only those who have developed a traumatic response, either a partial or full PTSD response, who then go on to develop a substance abuse disorder because of that trauma.

BASED ON AN INTERVIEW WITH PROF. RAEL STROUS

Are there different types of trauma, such as hearing about other people's trauma, like what's happening in Israel, versus experiencing it yourself?

There is a well-described phenomenon of secondary trauma wherein individuals develop trauma responses not from experiencing an event firsthand but from hearing about it from others or witnessing it through media. Unfortunately, with the prevalence of social media, television, and online videos, this issue is becoming increasingly common.

The phenomenon of secondary trauma is well-documented. An example of this was seen after 9/11, where continuous media coverage and replaying of images from the event led to people experiencing trauma simply from watching the footage of the towers collapsing. (This is also a concern with mental health providers; they can develop secondary trauma when listening to people discuss their trauma.)

Understanding secondary trauma is crucial because, despite our best efforts to monitor what our children watch, they may still be exposed to content that we are unaware of. It's essential to have open conversations to understand what our children are seeing, and hearing, and how they are processing these experiences.

Witnessing harm come to a loved one or someone close can be experienced as trauma. In real-time, the brain perceives

it as a threat, not necessarily to oneself, but to someone integral to our lives. A loved one is a fundamental part of our holistic life. When something harmful, dangerous, or frightening happens to them, or when we witness their death, the brain interprets it as an assault on our sense of wholeness and personal identity.

In America, many of us, especially the youth, have been watching the horrific videos of October 7 over and over. Some are experiencing secondary trauma because of this. The extent of the consequences remains uncertain because experiencing trauma doesn't necessarily mean that someone will develop long-term symptoms.

There's a rush to pathologize everything. We want to help, we want to cure, we want to treat, and we want to support, which is all amazing and important. At the same time, we also need to understand that the majority of people who are exposed to trauma will not have long-term symptoms. Even if they have acute symptoms, they still most likely will not go on to have long-term symptoms.

So, right now, have a lot of people all over the world within the Jewish community experienced trauma? One hundred percent yes, especially if they've been watching the videos. While it is so critical to be witnesses and to have firsthand testimony and images for the historical record, the downside is in today's world people have access to all of this online. It's hard for adults to watch it, but children, whose minds are still developing, are being exposed to horrors that no human being should ever see. The impact

When something bad, dangerous, or frightening happens to a loved one, the brain interprets it as an assault on our sense of wholeness and personal identity.

on them is concerning and the long-term effects are not yet fully understood. Watching these disturbing videos repeatedly certainly exposes them to some form of trauma.

The body's response to secondary trauma is similar to its response to direct trauma. This can make it challenging because somebody who experiences secondary trauma or vicarious trauma by watching videos can go on to develop symptoms similar to somebody who went through the trauma physically. That said, it is important to remember the majority of individuals who go through any type of trauma will not develop long-term symptoms.

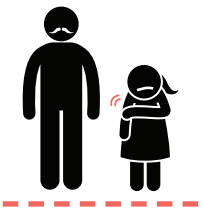
BASED ON AN INTERVIEW WITH DR. BELLA SCHANZER

How does generational trauma affect our response to trauma?

There are two ways we are exposed to and experience trauma in a community: generational and intergenerational. One of them is social, and one of them is biological.

Any person who has gone through trauma and has come through the trauma—for good or for bad—is a different person after the trauma. This is seen in their behavior and expressed in their interactions with other people and this is transmitted to the next generation.

Some people respond to trauma in very extreme ways. For example, fifteen to twenty percent of individuals developed PTSD after the Shoah, and similar numbers were affected by the trauma of October 7. There's a significant likelihood that these experiences will impact the next generation by how they behave, how they discuss things, how they respond, how they live their lives, and how they continue to work, love and be happy. This transmission occurs on a social-environmental level.



There is also a biological level. Trauma can be transmitted to the next generation on a genetic level. This is studied in the field of epigenetics, which is a sophisticated way of saying

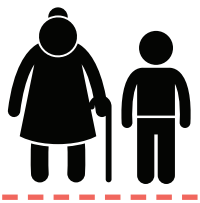
Dealing with stress in a better way is a fundamental, profound responsibility.

that our genes actually change based on traumatic experiences that we experience during our lives.

Changes in the biology of our DNA, our genetic material, can be passed down to the next generation. By learning healthier ways to cope with trauma, we can potentially prevent negative expressions in our genes that might affect future generations.

This is a fundamental, profound responsibility. Not only for us to deal with stress in a better way, but to ensure that some of our dysfunctional manner of dealing with trauma and stress does not get passed on to the next generation. That's a big responsibility.

BASED ON AN INTERVIEW WITH PROF. RAEL STROUS



What should I look for in a trauma therapist?

Basic training for social workers, psychologists, and therapists includes learning how to cope with trauma. However, when seeking a specialist in trauma therapy, it's crucial to ensure the therapist has experience with effective modalities such as prolonged exposure therapy, EMDR (Eye Movement Desensitization and Reprocessing), cognitive processing therapy, and sometimes CBT (Cognitive Behavioral Therapy). These therapies are specifically designed to address trauma-related issues effectively.

Sometimes trauma is expressed in substance abuse, so then a therapist who has experience in dealing with trauma and substance abuse is needed. Trauma often also presents as eating disorders, depression, or anxiety, so it's important to find a therapist with expertise in these areas as well.

When seeking a trauma specialist, it's essential to ensure that they not only have experience but also have ongoing supervision and additional training in that specific area. This extra training is crucial for all therapists.

However, the most critical factor is finding a therapist who is a good fit for your child. Cultural sensitivity can play a significant role in this fit, influencing how well the therapist

The most important issue is a good it. You want a good fit between your child and that therapist. Sometimes, part of that is related to cultural sensitivity.

and your child connect and work together effectively.

If a child is a Gerer Chosid and is brought to a secular therapist who is full of tattoos coming from a completely different world, it might be difficult for the child to connect to the therapist. That doesn't mean the therapist isn't competent and unable to manage the problem, but sometimes cultural issues can influence communication and the overall therapeutic process.

When choosing a therapist for children, it's crucial to consider that they may not always grasp or navigate the nuances of different life approaches or they may make judgments based solely on initial appearances. Children often lack the maturity to overcome these barriers on their own, unlike adults who can navigate such challenges more effectively. Therefore, cultural sensitivity is essential in selecting a therapist to ensure a strong fit and effective therapeutic relationship.

BASED ON AN INTERVIEW WITH PROF. RAEL STROUS

What can we expect from working with a trauma therapist?

Experiencing trauma disrupts how people think, feel, and navigate daily life, causing significant suffering. A skilled trauma therapist should have the experience and capability to support individuals in facing and processing these distressing thoughts, images, and feelings. This therapeutic journey is challenging and requires a therapist who can compassionately sit with their clients through discomfort, guiding them through the difficult process of trauma therapy.

A commonly used metaphor for the experience of trauma is envisioning all your baggage scattered around you, and you have to quickly gather everything together and pack it up hastily so you can move forward with your life. This process is often rushed, chaotic, and disorganized, with everything being dumped back into the baggage in a disorderly manner.

Similarly, after experiencing trauma, thoughts, feelings, and images can be thrown into disarray as individuals strive to cope and continue with their lives. As they navigate through life and encounter new experiences, this hastily packed emotional baggage can become even more disordered, sometimes bursting and scattering once again.

A trauma therapist plays a crucial role in helping to reorganize this baggage in a more functional and optimal way. This process can be painful because it involves carefully gathering the pieces, sometimes unpacking and reassessing what was originally packed, and then repacking it more effectively. This effort and discomfort are significant, requiring the therapist's patience and sensitivity to guide the journey toward healing and progress. It's a gradual process that demands both time and emotional investment to achieve a more stable and fulfilling state.

We want a therapist to help us come through our trauma, not only to function, but to function even better.

This process also requires a significant amount of trust. Therefore, it's crucial to ensure a good fit with the therapist and establish trust to navigate through the healing process. The therapist plays a vital role in reminding individuals that in life, we can't always control what happens to us, especially the traumas we experience. However, we do have complete control over how we choose to deal with and respond to those experiences.

We have no control over the fact that we were in a terrible car accident. We have no control over being in a terrorist attack. We have no control over who our parents are and, sometimes, even who our spouse is. But now, when we're going through difficult times in our lives, we have control

over how we deal with all that, both in the present and in the future.

What do we do? How can we learn to leave the past in the past where it belongs and to live in the future and move on? While everyone has a certain level of resilience, a person can use that trauma as a catalyst for personal growth. The challenge lies in utilizing these experiences in a manner that fosters strength and resilience. This process is often referred to as post-traumatic growth.

We seek a therapist who can guide us through trauma recovery, not just to regain functionality, but to emerge stronger. Here's a medical analogy: consider a leg breaking in a specific location. As it heals, the bone in that area undergoes reinforcement, becoming stronger than before the fracture. Consequently, future trauma or strain is less likely to cause another break in the same spot.

Similarly, in trauma recovery, with the support of a skilled therapist, we not only address depression, anxiety, and uncomfortable feelings but also strive to grow from the experience. A good therapist helps us reach a place where we can emerge stronger and more resilient than before the traumatic event.

BASED ON AN INTERVIEW WITH PROF. RAEL STROUS

Is it possible not to experience immediate symptoms from trauma but to go on to experience long-term symptoms?

That would be unusual. Anything is possible, but generally speaking, individuals would not necessarily develop post-traumatic stress disorder (PTSD) without prior symptoms. Even if they do not have an acute stress response, there may be subtle signs that they are experiencing a reaction to the trauma. These initial symptoms can vary widely—from increased heart rate when hearing distressing news to experiencing panic attacks or anything in between. These early indicators suggest that the brain is responding in an anxious manner to the trauma. If PTSD develops later on, it typically indicates that something significant occurred during the initial traumatic experience that triggered this response.

One key difference is that these symptoms may not be continuous. After the initial response, the brain may enter a period of quiescence, where symptoms are not immediately apparent. However, they can resurface months later. According to diagnostic criteria, PTSD is not diagnosed until at least six months have passed since the traumatic event.

This is a phenomenon that occurred with Vietnam veterans. Their symptoms were in quiescence for years, and then in the context of life issues—perhaps they came back from Vietnam, got married, had children, and then lost a job or

got a divorce—all of a sudden, the trauma that they had, the response to the trauma that they had been suppressing or trying to suppress all these years started coming out and manifesting as external symptoms that then brought them into treatment. These situations are not typical. More often than not, the symptoms present within six months to a year after the trauma.

The trauma stemming from October 7 is complex and ongoing, extending well beyond the initial massacre of that day, which was deeply horrific and difficult to comprehend. Alongside the initial event, the global response has not been as robust as expected given the severity of the event. Additionally, the ongoing war in Israel and the associated missile attacks continue to compound the layers of trauma. Furthermore, there has been a troubling rise in anti-Semitism connected to pro-Palestinian demonstrations, often marked by anti-Israel and anti-Semitic sentiments. These interconnected crises create multifaceted trauma with profound and lasting effects, impacting individuals and communities on multiple levels and contributing to continued distress and uncertainty. The trauma has not yet ended. We are still in the trauma. There is still a war going on. There is still anti-Semitism being expressed on all levels.

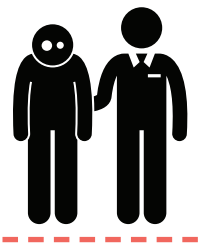
Once we've gone through this type of event and seen the response from our neighbors, our classmates, and our teachers, how do we ever put this type of thing behind us? How do we know when the trauma has ended? Determining

More often than not, the symptoms present within six months to a year after the trauma.

when the trauma has truly ended is complex and doesn't have a clear-cut answer. As a diagnostician and psychiatrist, this is a question that weighs heavily on my mind. How do we recognize the shift towards healing when the crisis remains so palpably present and there's no definitive timeline for its resolution?

While I don't have all the answers, I believe that continued communication and regular check-ins with our family, friends, and community are crucial. These connections provide support and help us navigate through the ongoing challenges we face.

BASED ON AN INTERVIEW WITH DR. BELLA SCHANZER

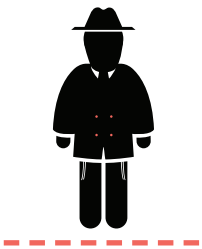


Are there specific aspects of our response to trauma unique to our frum lifestyle?

This touches on the issue of cultural sensitivity and the perspective individuals from the *frum* community bring to our lives. In our community, our outlook is deeply rooted in *Yirat Shomayim* and the belief that Hashem controls the world, that everything in this world is controlled by Him and everything is manifested by His Will.

In a traumatic experience or difficult experience, we approach these challenges with *Emunah* and we can think, "Let me try to find meaning in this experience. How can I understand that maybe at this time I don't see the bigger picture, but maybe later on I will."

We acknowledge that life's circumstances may not always seem fair or understandable in the moment, but we trust that there may be a greater purpose that will reveal itself in due time, whether in this world or the next. This perspective provides comfort and resilience. Our research indicates that individuals with faith, particularly those with a religious perspective, are better equipped to navigate stressors compared to their counterparts who lack such beliefs.



This is a wonderful, phenomenal, profound tool for coping

with stress and trauma throughout life. For example, with the Covid epidemic, people who had religion, *frum* people in Israel, were able to better cope with the trauma of Covid and everything that went with it.

If parents can engage and enable children and themselves to deal with difficult situations by using *Emunah*, that's a massive tool that can help their children.

Victor Frankl, a psychiatrist who went through the Shoah, the Holocaust, said, "In life, it's not so much what happens to me that's important, but how I deal with it by finding meaning in that situation." Those people who coped the best in those situations were not necessarily those who were the strongest, but those who could find meaning.

It doesn't matter what that meaning is. Everyone should find their meaning for themselves, whether it be in religion, *Yahadut, Yirat Shomayim,* or *Emunah*. It could be they find meaning in the fact that they're now looking after their family or contributing to society. Once again invoking the spiritual realm, the ability to find meaning helps people cope with the situation.

Coming from the *frum* world, if parents can engage and enable children and themselves to deal with difficult situations using *Emunah*, that's a massive tool to help their children. We must be very careful not to push or enforce

our value system on someone else. Even if we believe it is the right way, we should still listen to our children and our significant others because not everyone is necessarily in the same place as we are.

Let me describe it by sharing what my rabbi told me on the day of my graduation. It is something that accompanies me every single day of my work life.

At my graduation, he blessed me, "I bless you that when you go to work every day, you invest in your patients and your work as if there's no G-d. But every day when you come home, you accept the results of your investments in your patients as if there were no you."

This invokes the fact that as a doctor I am committed to doing everything for my patient within my capacity. However, as a religious Jew, as a religious doctor, and as a religious psychiatrist, I accept that I'm only a conduit, a *Shliach*, an intermediary in the healing process and everything is about G-d.

I will not bring that into my day-to-day, one-on-one interactions with a patient. At that point, I use my clinical, and biological experience as a doctor and my abilities, professionalism, and ethics to do everything I can for the patient. At the end of the day, I accept that it's not about me. This is a humbling and growth experience for me as a physician.

BASED ON AN INTERVIEW WITH PROF. RAEL STROUS

My kids are anxious about our relatives in Israel, asking about their safety daily. It's becoming obsessive, and I worry it's affecting their focus in school. How can I help them?

If the children keep bringing it up at home, then it must be that they are worried about it. Let's say they come home from school tomorrow and ask, "Is our family in Israel safe?" Say to them, "Are you worried about this? Do you think about this all the time? Are you thinking about this when you're in school?"

Nowadays, it seems like we've taken agency away from parents to be parents. Be a parent. Have a conversation with your children. Ask them what's going on inside their heads. The key is to not be afraid of the answer. You have to be ready for their answer. Once they've answered, you'll have enough information to create a game plan for moving forward.

If they tell you, "Yes, I'm thinking about this constantly; I can't stop thinking about the fact that our relatives are in danger," then tell them that for the most part at this point, most people in Israel are physically safe. Obviously, the men and women who are fighting in the war are not safe. So, if it's a brother or sister who's fighting in Gaza, then it's a legitimate worry. I can't tell someone whose child or sibling is

fighting in Gaza that they shouldn't be worried about the safety of their relatives.

If your child is obsessively worrying about the safety of their family in Israel—meaning they can't stop thinking about it and it's happening all the time—then they need to speak to a therapist.

Communication. Talk to each other. Talk to your children.

However, maybe it's something that's become routine to talk with you about at home because they feel it's the only thing they can talk about. This means the signal they've been receiving from you as the parent is that you're so worried about it that they feel if they talk about anything else you won't engage them in conversation. If this is the situation, then the problem is not with the children, it's really with the parents. But, you're not going to know that unless you ask.

The biggest message I could stress to parents and educators is communication. Talk to each other. Talk to your children. Make sure your home is supportive and that your children experience it as safe. They need to feel that they have a place to come to if they have concerns and if they are scared. They need to know they can come to you to talk about it. If you have worries and fears, which is understandable, then you should find someone to talk to. This way you can work on your fears and worries so you can then go home and be a safe support for your children.

BASED ON AN INTERVIEW WITH DR. BELLA SCHANZER

Does trauma affect children on the Autism Spectrum differently than neurotypical children? What are some strategies to help children with ASD cope?

Trauma can significantly impact individuals on the autism spectrum. Many individuals on the spectrum are more sensitive to changes in routine and environment. When they experience trauma, it can disrupt their established routines and predictability, leading to increased anxiety and difficulty coping.

For children on the spectrum, trauma is experienced differently than for other children. The trauma can be more profound in terms of distress, but children with autistic spectrum disorder (ASD) may not express that distress in the same way that someone who is not on the spectrum might.

Someone on the spectrum is more likely to get post-traumatic stress disorder (PTSD) or acute stress response, but they are not going to experience PTSD in the manner that a person without ASD will experience it. PTSD is often experienced more as a behavioral response in someone on the spectrum because they may lack the sophistication to deal with and express emotions. They

will not necessarily experience the trauma with flashbacks, but they may experience it with avoidance because that's something that is a very practical and concrete manner of response. The emotional response might be expressed in a less sophisticated manner, but the behavioral response often is more extreme.

Reassure children about what is going on and give them the facts. Children with ASD need things explained in a concrete way rather than an abstract way.

The modality of treating someone with ASD is very different from treating someone without ASD, because PTSD is expressed and experienced differently. Regardless of whether children with ASD develop long-term symptoms from trauma, such as PTSD, when they experience trauma, they need help to process what is happening.

Children learn from you by how you respond to trauma; if you are calmer, the child will also be calmer. It's important to ensure that children don't retreat too much into their own world as a way of dealing with the trauma, because then it affects their function overall. A sensitive teacher, educator, or parent will recognize that and ensure that routine is kept as best as possible. Reassure children about what is going on and give them the facts. Children with ASD need things explained in a concrete way rather than an abstract way.

It is important to keep routine, to explain things in a very

concrete manner, and to be sensitive to any changes in behavior that become destructive and dysfunctional. Examples of such behavioral changes are disconnecting from the world, more aggression, and agitation because they can't express their feelings. Because children on the spectrum struggle to express their feelings, we need to be a mirror for them to help them cope through that time.

BASED ON AN INTERVIEW WITH PROF. RAEL STROUS

Our son is studying in Israel and knows people who were killed. He sounds sad on the phone and blames us for not doing anything to help the war. How can we support him?

This is a two-part question, so we'll divide it up. In terms of your son himself, it sounds like he should probably speak to somebody. This is difficult because he's far away. You can't have a deep meaningful conversation over the phone, especially if he's upset, feeling like you don't understand him and that his experience is unique. At a minimum, recommend that he speak to somebody, even if it's just to do a screening, to make sure that he's okay.

In this way, somebody can see him with their eyes, do an assessment, and give him a chance to process and work through whatever grief he may be experiencing. In addition to everything else, there's a lot of grief going around. Giving him a chance to process his grief is really important. For your son himself, get him connected to somebody; that is the biggest help you can offer him right now. He needs to process everything, and he doesn't have his parents nearby to help him, so speaking to a professional will help him.

What are some meaningful things that we can do to help what's going on in Israel?"

As for him feeling angry at you for not doing enough, that's a very difficult question. It is hard to do enough when you're not with him in his experience. My guess is that a part of it is not just that you're not sending a check for a certain amount of money, but rather that he feels alone. He feels you do not really understand his experience. He feels isolated in what he went through, and as a child, it's very difficult to feel so disconnected from your parents.

To find out what exactly it is that he means, engage him in conversation. "What can we do to help? What are some meaningful things that we can do as American Jews to help what's going on in Israel?" See what your son is thinking. What does he mean

when he says you are not doing enough? In his mind, what would he see you, as parents, doing to be more helpful? Again, communication is crucial in this situation.

BASED ON AN INTERVIEW WITH DR. BELLA SCHANZER

How do I know if my child is processing all these frightening events in a healthy manner?

I grew up in South Africa. Anyone who grows up in Africa learns that if you're in the jungle and a lion chases after you, feeling anxiety is crucial because you need to run away to save your life. It's a *chesed* of Hakadosh Baruch Hu or a wonderful thing in nature that we have this anxiety to react appropriately to such threatening situations.

If there is a lion and we feel no stress, no anxiety, and we don't move, the lion eats us. That's not a good thing. If we feel too much anxiety, we freeze, and the lion eats us. That's not a good thing either. If we go into the local supermarket to buy milk or chocolate, and once we're in

the supermarket, we feel the level of anxiety as if a lion is running after us, that's also not a good thing because there's no lion there. That is an irrational anxiety response. We need to feel the appropriate amount of anxiety about the threat.

Too little anxiety, too much anxiety, or anxiety not in the right place is dysfunctional and needs to be dealt with. A certain level of anxiety is beneficial; it motivates us to prepare and respond appropriately to various situations. Without a healthy amount of anxiety, we wouldn't study for an exam, we'd never prepare to do teshuva before Yom Kippur, or strive to present our best selves before a date or shidduch. Everything in life needs a certain level of anxiety. In this situation that we're faced with, it is a normal, human response to feel anxiety. The question is, how am I dealing with anxiety? Is it too little? Is it too much? Or is it not directed in the right place? As parents, we need to look at our children to see how they are dealing with things.

If our children are dealing with things with too little anxiety to the point that they're going into dangerous places or they're completely not caring that twelve hundred Jews or Israelis were massacred on and since October 7, that is a problem in the moral infrastructure of our children. If our children are feeling too much anxiety to the point that they're scared to go out of their homes, to go to school or to go to play with friends, even if they're

How am I dealing with anxiety? Is it too little? Too much? Is it directed in the right place?

sitting in West Hempstead or Great Neck or Manhattan, that's a problem because they are not actually facing Hamas terrorists in Gaza. That is too much anxiety.

If they feel as if they are being chased by Hamas terrorists when they go to their local synagogue or go to buy some chocolate in the local shop, that is a problem also because it's an irrational response—it's too much. It's important to help the child understand the distinction between real and perceived threats. We need to address these fears and provide the child with appropriate support and reassurance to manage their anxiety and differentiate between safe and dangerous situations.

BASED ON AN INTERVIEW WITH PROF. RAEL STROUS

I've noticed cuts on my daughter's arm. Why is she doing this? Can it be related to what happened on October 7th?

For this question in particular, let's take October 7 off the table. The phenomenon of cutting has become much more prevalent than it used to be. So, this doesn't necessarily have to do with October 7 per se; it may or may not have to do with a history of trauma. Generally speaking, cutting is a phenomenon in which an individual is experiencing psychic pain and emotional pain, and they need to feel physical pain as a way to externalize the internal pain that they're experiencing. This is what we used to conceptualize as the phenomenon of cutting.

Cutting has become a behavior that's engaged in by young women more often than men, although some men are doing it too. This behavior often stems from feelings of pain and can sometimes be used as an attention-seeking device. It's generally not a suicide attempt. It's a form of self-harming that is a cry for help. Something is wrong, and they are saying "I'm experiencing distress, and I'm doing this as a way to get help." It has become more common, and in this regard, I do blame social media.

For the most part, external cutting is a sign of a lot of internal pain. If your daughter is cutting herself, she needs to see a mental health professional.

In my generation, you didn't really hear of people doing it to the same degree that you hear of people doing it now. People have learned about it. I'll even have some patients say, "Well, I tried cutting myself once to see how it felt because I know other people who cut themselves." That kind of muddies the situation a little bit in terms of the extent to which it reflects this deep-seated pain.

But, for the most part, external cutting is a sign of a lot of internal pain. If your daughter is cutting herself, she needs to see a mental health professional. Period, end of story. I don't care if it's October 7 or October 5 or any date, she needs to see a mental health professional because you need to understand why she's cutting.

BASED ON AN INTERVIEW WITH DR. BELLA SCHANZER

Since October 7, my daughter has spent hours scrolling the internet, responding to anti-Semitic and anti-Israel posts to the extent that she neglects to eat. Is this normal behavior?

It is important to recognize that for all of us, it's a time of fear and uncertainty, but especially for adolescents who are navigating their own uncertainties and, in this case, trauma. Children rely on adults for support and to alleviate these feelings. Without sufficient support, they may seek various outlets. In this situation, the child may seek to alleviate that fear and uncertainty through an obsessive connection and preoccupation with the news and global events."

It is important to validate that children are going through that process, and it's important to compartmentalize and not deny children their interests or their desire to be preoccupied and to understand what's going on. But, these interests and preoccupations shouldn't be allowed to affect other aspects of their lives. We need to ensure they're still having their social interactions, going to school, and achieving according to their level and potential. We need to ensure they also have other interests in their lives, whether it be sports, friends, religious

learning, or contributing to society in other functional and positive manners.

You can be engaged in the news for that ten minutes or that hour or that two hours, but then out of that period, make sure you do other things with your life.

We can say "Okay, you can do that. You can show your interest in what's going on in that particular news, but compartmentalize it. You can be engaged in the news for that ten minutes or that hour or those two hours, but then outside of that time, make sure you do other things with your life." Think of a bagel. If the inner circle of our work or our job or preoccupation is increasing because there's so much going on, we must make sure that the outer circle proportionately also expands. It's a lesson for us as adults too. If we get busier at work, that doesn't mean that our family, our learning, and our extra work interests become narrower because that outer circle is being pressured by the inner circle getting larger. That outer circle has to also grow proportionately.

Children learn from us; they pick it up. They pick up everything. If we show them that we preoccupy ourselves constantly with what's going on in the news, they will also start doing that. We can say, "Okay, I am finished looking at the news. I am now putting my phone to

the side when I am in the kitchen or the car."

I call that 'sacred space'. There are certain parts of my home or my life with my family that I ensure are phone-free. Everyone knows that when we are eating dinner together, there are no phones. There are other important moments of life and connections with our children, and our family, beyond eating. These could be when we're preparing food or having a discussion in the car. There are no phones; that is when we connect. That is when we learn from each other and connect with those who are dear to us.

This is setting boundaries. There are certain boundary limits on interactions as well. We do not allow the phone to come into that sacred space when we are preparing food together. That is a time when I bond with my child. Or when I'm driving to a certain place. We have our time. We compartmentalize. We can look at our phones and be on social media, but not while we are preparing that omelet together.

BASED ON AN INTERVIEW WITH PROF. RAEL STROUS

Every night since October 7th, my 15-year-old has been experiencing nightmares. How can I help him?

If he's had nightmares every night since October 7, he probably needs to see somebody. Nightmares and disturbed sleep in general are like a canary in a coal mine. It's often the first sign that there's severe anxiety brewing. During the day, we can keep ourselves distracted and keep ourselves occupied, because a lot is going on. We can often ignore how we're feeling.

At night, when we're sleeping, we can't ignore our feelings. There's nothing else going on besides sleep. You'll hear people complain about lying down and not being able to fall asleep. They'll say "I just keep thinking about things", or they'll start having nightmares, which is a form of re-experiencing that intrudes on sleep. While this may be all it is, maybe it's just nightmares and nothing else, we can't assume that.

If your child is not sleeping and is having nightmares, that's functional impairment. Whatever he saw or experienced is starting to affect him on some level, and it should be evaluated. It may turn out to be just nightmares and he only needs melatonin. Or it could be that the nightmares are a sign that he's very

anxious and hasn't told anybody. It could mean there's more going on, and he needs more intensive intervention. If somebody has been having nightmares for three months, they should speak to a therapist and see what's going on.

BASED ON AN INTERVIEW WITH DR. BELLA SCHANZER

Nightmares and disturbed sleep in general are like a canary in a coal mine.

When should parents seek professional help for their children who may be experiencing trauma-related symptoms?

It depends on the age of the child, but we should look at how they are functioning: is there social withdrawal, changes in social interaction, academic function, or changes at school? Maybe the child is more aggressive, or more withdrawn. Maybe the child is sad or experiencing anxiety. Maybe it's affecting their sleep. Any kind of change in behavior could be a manifestation of the response. These

are likely to be responses to the trauma.

The child may not just be impacted by other people talking, they are also likely picking up from how we as parents are behaving. As a sensitive parent, we sometimes need to compartmentalize our response to trauma because we know it's going to affect our child. This comes back to the most fundamental aspect of human interaction: boundaries.

The most important time for treatment is when it's affecting the child's function.

That function might be social, academic, or family.

We need to establish boundaries in our interactions with the world and the people around us to ensure safe relationships and healthy, positive behavior. When dealing with trauma, it is important to set boundaries regarding when and how we express our trauma and anxiety, especially when children are present. We don't want to overwhelm children who don't have the skills to deal with it as we mature adults can.

The most important time for treatment is when it's affecting the child's function. That function might be social, academic, or family. But before treatment, an assessment is needed. This doesn't just apply to children; it's for adults as well. In any kind of exposure to trauma or acute stress, it's normal for people to express a range of human behaviors that

may be dysfunctional, and that is okay for the first month or so. If it continues and starts affecting function in a social, academic, or occupational way or in a family way, that becomes a source of required intervention.

The extent of the effects on the child determines the extent of necessary investment in managing the situation. How long has it been lasting? How dysfunctional is it? How long has this child been unable to do normal tasks? How is this child suffering - is the child withdrawn, sad, or anxious?

The required intervention could involve parents sitting with the child and discussing the situation. In some cases, it may be necessary to involve the school counselor or to talk to the teacher. Depending on the length and extent of the dysfunction, referral to a professional might be needed.

BASED ON AN INTERVIEW WITH PROF. RAEL STROUS

How can mental health professionals differentiate between trauma-related symptoms and other mental health issues?

There must have been a trauma for it to be trauma-related. That's why early on we clarified the difference between trauma and stress. Anything can ultimately derive from the experience of a trauma, but technically speaking, there are specific symptoms we associate with a traumatic response. These have to do with the overexcitement of the brain's alarm system, essentially an anxiety response on steroids. A good diagnostician will first determine if there has been some type of trauma event.

Someone can also develop depression and feel overwhelmed with sadness because of what's going on in the world. We wouldn't necessarily consider that a post-trauma response but rather just something that that person is experiencing.

There is also something called an adjustment disorder, which involves symptoms that develop in response to a stressor. It is not necessarily something that rises to the level of trauma, but it can be. The short-term symptoms of that are in the depression and anxiety category, but they are specifically related to a stressor. In that situation, there's an obvious stressor.

Generally speaking, when there's no obvious stressor and there's no evident trauma, then the psychiatric symptoms somebody presents with have nothing to do with trauma or with stress. Part of doing a comprehensive psychiatric evaluation is determining whether or not there is an environmental trauma or stressor involved in the presentation of symptoms.

For parents and educators, it's more important to focus on giving your kids support rather than worrying about the pathology. Support is the first and most important intervention to prevent pathology from developing. You need to make sure you have good communication and that your children feel loved and safe. If pathology does present, then it will need to be evaluated and treated. But your focus should be on providing support rather than looking for a specific pathology.

Anything can derive from the experience of a trauma, but there are specific symptoms we associate with a traumatic response.

This isn't just for children. This is true for all of us. We need to make sure that people feel supported. In the wake of a trauma, support, communication, social connections, good sleep, and a good diet are crucial factors that can significantly help prevent the development of more serious symptoms.

BASED ON AN INTERVIEW WITH DR. BELLA SCHANZER

What happens if trauma is left untreated?

It depends at what stage it is left untreated. In the first month, it's normal for trauma to manifest in various ways, and many individuals naturally recover over time even without specific treatment. However, if trauma persists untreated for an extended period, it can lead to more severe symptoms where it starts affecting sleep. There may also be nightmares and flashbacks and avoidance from certain situations that may remind people of the trauma. There are also physiological reactions such as heart palpitations, sweating or tension every time they talk or hear about the trauma.

It could impact their mood and contribute to negative self-image or negative self-esteem. It could affect how they respond to normal sounds; they could be hyper-responsive to loud noises. They might not want to go out; or, every time they go out, they are hyper-vigilant to any kind of potential danger and constantly scan their environment.

More long-term, it affects their relationships because they're traumatized and less trusting of people. They will also be less comfortable engaging in deeper relationships due to unresolved issues that may affect their sense of identity and well-being, depending on their age and developmental stage.

Sixty to seventy percent of those who have experienced serious trauma and developed PTSD go on to develop substance abuse disorders. Over time, this can progress to full-blown depression, anxiety, and eating disorders.

Individuals with an underlying diathesis of biological predisposition to a psychotic disorder who experience stress or a trauma are more likely to develop a more severe, long-term psychotic disorder. The disorder was underlying, but the stress brought it out. For example, an individual may develop features of illnesses such as schizophrenia. The trauma didn't cause schizophrenia, but it brought out the disorder because there was always that underlying predisposition.

If trauma persists untreated for an extended period, it can lead to more severe symptoms, including PTSD.

There are a range of long-term serious dysfunctional potential responses to trauma if it's not dealt with. Only a small percentage will experience these long-term effects because only fifteen to twenty percent of people develop PTSD. However, a lot of people without PTSD can develop depression, anxiety, low self-esteem, social withdrawal, and even psychotic disorders.

In the mental health profession, we are preparing for the massive, massive wave of required intervention and treatment that's going to be needed for our population

here in Israel after October 7. The country is becoming geared and more sensitive to this issue. For example, after a terror attack, we hear that there were two people severely injured, five mildly injured, and ten suffering from very mild injuries who didn't even need to go to the hospital, but 150 to two hundred people had severe shock reactions.

That aspect was always present, but a heightened sensitivity and understanding is now developing from the ongoing war that started on October 7. For the first time in the history of the Israeli wars, the front was not the soldiers on the border, it was Israeli civilians. Now we're talking about exposure to trauma, not just those few thousand soldiers on the border, but the entire Israeli population that was exposed to the trauma because Israeli civilians, no matter where they live, are now at the front of the war.

Even if we're only talking about a percentage of those who are going to develop PTSD, we are talking about massive numbers. While so many people were experiencing acute stress disorder in the beginning, the wave of more severe responses—depression, anxiety, substance abuse, eating disorders, and low self-esteem—is going to come, and we are getting ready.

BASED ON AN INTERVIEW WITH PROF. RAEL STROUS

My 7-year-old has been struggling to concentrate in school since October 7. What should I do?

We must be sensitive to understand that if there's a change in behavior and a change in function of the child, then something is going on. We need to sit with the child and keep an open channel. We should never push a child to talk about something that they're uncomfortable talking about, but we can express concern and be objective about it. We don't want to say "You're doing this wrong, or you're doing that wrong."

Instead, we should say "I am concerned because I can see you are not functioning like you used to." Show the child that there's a change in what was before and what is going on right now. Keep open channels of communication. Everybody in this world has at least one person who they will talk to and listen to.

It could be that the child is not ready and not in a place where they're ready to talk to the parent, but that child will have a teacher, a madrich, a youth movement leader, a friend, or a close relative, such as an aunt or uncle, who they will be open to. It may not be easy, but as parents, we need to see that sometimes we are not the right person to talk to the child under

If the problem advances to the situation that it affects their function in a meaningful manner, then it becomes a focus of concern.

these circumstances. We need to help find another person who can help them.

If the problem advances to the situation that it affects their function in a meaningful manner, whether it's social, academic, or family function, then it becomes a focus of concern. Sometimes, we need a professional to get involved. That professional could be a counselor at school or could be a therapist out of the school. We need to be brave and not be ashamed to look for help in that manner.

BASED ON AN INTERVIEW WITH PROF. RAEL STROUS

Does technology, including social media, impact the mental health of individuals exposed to traumatic events?

There is so much to be said about the dangers of social media and how it affects our wonderful, growing children. We know the effects of depression, anxiety, bullying, and self-esteem. When it comes to trauma, we are engaging in a whole different area. We know that when a person is exposed to trauma and subsequently encounters further trauma, it can trigger a heightened and even more dysfunctional response, a phenomenon known as retraumatization.

Whether we call it nature or biology or a chesed of Hakadosh Baruch Hu, we are engendered with the ability to forget. It's a good thing to forget trauma. Certain things we want to remember, such as people's names and things we enjoy. We want to forget things that are not important; it's not necessarily important for us to remember what we ate for lunch on our first day of elementary school. We want to forget certain things that are irrelevant.

We also want to forget traumatic experiences. Sometimes these are ingrained in a level that affects our behavior, but the content of these traumatic experiences is not always a good thing. If we're looking through social media constantly and being re-exposed and then re-experiencing trauma from

negative massive events like October 7, that is not conducive to our healing. And Hakadosh Baruch Hu or nature or biology or whatever you invoke, allows us to heal by forgetting.

I highly advise people not to watch the October 7 video clips.

It is not healthy; it is not good for us. It is not good for our brains.

While it may be interesting to constantly watch and rewatch the clips from a vicarious voyeuristic perspective, it is not good for us and our mental health long-term. That's why, very responsibly, the Israeli government, after compiling a forty-five-minute clip of the worst bodycam footage from that day, has not released it to the public. It's simply not healthy to view such material.

That footage is crucial for certain people in positions of power so they understand why Israel is responding as they are. However, it would be very detrimental to the general public to view that. I highly advise people not to watch those clips. It is not healthy; it is not good for us. It is not good for our brains because it affects the biology of our brain, it affects the chemicals, and that is all expressed in dysfunctional behavior later. It is not a good thing.

Unless we limit children's access to their cell phones, we have no control over our children and their exposure to social media. This is why I think it's imperative at certain ages to control and monitor cell phone usage. It's like giving a loaded gun to a

ten-year-old, and we don't do that. Maybe we need to limit that ten-, twelve-, or fourteen-year-old's exposure to certain amounts of internet use. When they're twenty or twenty-five, they're still our children, but the cat's out the bag. We can't control them anymore. But by the time they are twenty, we want them to have gained those skills so they self-limit themselves.

BASED ON AN INTERVIEW WITH PROF. RAEL STROUS

Do drugs impact our response to trauma?

Some of the attendees at a festival on the Gaza border on Oct 7th were using drugs, and they were exposed to severe trauma while they were high on those drugs. Is the response of those who were exposed to severe trauma at the time they were using drugs better or worse in the long-term? Are those people less at risk for developing PTSD or more at risk for developing PTSD? Was there an intensification of their response to the trauma because of the drugs, or did certain drugs cause a numbing of their response to the trauma on that day?

Those are very interesting questions; the academics are

dealing with that now. It's not clear. What is clear is there is a cycle of worsening response if a person doesn't deal with a trauma. It is an unhealthy defense mechanism to deal with trauma by ignoring it and self medicating, and that only enforces or strengthens their dysfunctional response to the trauma.

Self medicating, when used to cope with PTSD or any trauma experience, makes things much worse in the long-term because they prevent the person from dealing with the actual issue.

It will become worse over time because they aren't dealing with the underlying cause of their substance abuse. Therefore, they feel increasingly numb or they feel a greater need to be numb. They feel lower and lower self-esteem and negative effects on their mood, so they self-medicate themselves with drugs. This creates a cycle where one problem compounds another.

If someone is feeling traumatized and needs to calm themselves and their emotions, they might resort to gateway drugs such as marijuana or alcohol. However, these substances don't address the underlying problem, and as such, they don't calm or improve their feelings. So, they may turn to more severe drugs. This takes on a life of its own and becomes severely dysfunctional, which has almost disconnected them from the original cause for starting this self-medicating. These gateway drugs lead

to more and more dysfunction and worsen the adverse manifestations of that original trauma.

Self medicating, when used to cope with PTSD or any trauma experience, makes things much worse in the long-term because they prevent the person from dealing with the actual issue. They cause much bigger problems long-term and they affect a person's life in other aspects that just exacerbate the original problem.

No unprescribed drugs used in the long-term can be positive for the individual. It could be that they are self-medicating at the time, and it helps them for that day or for that moment while they are using the drug to cope with their dysfunctional or uncomfortable feelings from the trauma, but in the long-term drugs are always dysfunctional.

BASED ON AN INTERVIEW WITH PROF. RAEL STROUS

OUR EXPERTS

PROFESSOR RAEL STROUS MD, MHA, the medical director of Mayanei Hayeshua's Mental Health Wing, is one of Israel's leading psychiatrists.

Prof. Strous, MD, MHA, is a Professor of Psychiatry at the Faculty of Medicine of Tel Aviv University, editor-in-chief of the Israel Journal of Psychiatry, and the chairman of the ethics committee of the Israel Psychiatry Association. With a vast array of expertise, Prof. Strous has published hundreds of articles on various research topics, including psychopharmacology, genetics, neuroimaging, neurosteroids, epidemiology, and ethics. Additionally, he regularly researches, publishes, and lectures on the role played by psychiatrists and other mental health workers in the process of euthanasia and genocide during the Nazi era.

BELLA SCHANZER, MD, is a board-certified general adult psychiatrist with over two decades of experience providing evidence-based, holistic care to individuals grappling with mental health challenges.

She graduated Phi Beta Kappa from Barnard College and AOA from Columbia College of Physicians and Surgeons. Additionally, she graduated with honors from the Mailman School

of Public Health, focusing on healthcare policy and administration.

Throughout her career, Dr. Schanzer has held various clinical and administrative positions, including roles such as Mental Health Director at the Montefiore AIDS Center, Medical Director at NYPH Adult Outpatient Clinic, and Chief of the Mental Health Service at the Detroit VA Medical Center. Most recently, she served as Vice Chair for Clinical Affairs at the Baylor College of Medicine-Menninger Department of Psychiatry and Behavioral Sciences.

Currently residing in Raanana since August 2020, Dr. Schanzer has established a private clinical practice where she sees patients both in-person and remotely using telepsychiatry modalities such as Zoom, providing accessible and comprehensive care to individuals in need.

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