

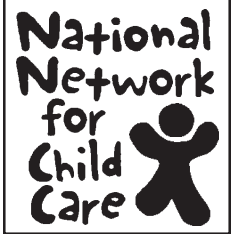


CHILD CARE CENTER

Volume 14 • Issue 3 • 2005

CONNECTIONS

Sponsored by the Extension Cares Initiative



Helping Children Cope with Disasters

by Rick Peterson, Ph.D., L.M.F.T., C.F.L.E.

A disaster is defined as a devastating, catastrophic event that may be life-threatening or injury producing and may create distressful experiences for those experiencing the event. Disasters may be chronic or acute. *Chronic disasters* are disasters that occur over a period of time, such as flooding and hurricanes. People often do what they can to prepare, then sit and wait.

An *acute disaster*, such as a house fire or a tornado, is an event that has little or no warning time. These events occur rather quickly.

People don't have a lot of time to react before the disaster hits. Much of the focus is on the immediate recovery period.

Both types of disasters affect communities, families, and individuals and produce stress and anxiety that is unique to the type of devastation that occurs.

Disaster Characteristics

Although disasters are not uniform events, they have many common characteristics. Disasters:

- involve the destruction of property,
- involve injury and/or loss of life,
- have a distinct beginning and end,
- are shared by multiple groups or families,
- are out of the realm of ordinary experience, and
- cause distress in almost everyone.

Each disaster has psychological implications for survivors and communities. These implications have the potential to shape and influence the nature, intensity, and duration of post-disaster stress.

Disaster Types

There are number of types of disasters, and each has unique circumstances. The types include:

- Natural – floods, fires, hurricanes, and earthquakes;
- Technological – chemical spills, transportation, and nuclear accidents;
- Health – epidemics and pollutants;
- Social – civil disorder and riots; and
- Terrorism and bio-terrorism – hostage taking, bombings, and chemical agents.

Degree of Personal Impact

Researchers have consistently found that the more personal exposure a survivor has to the disaster's impact, the greater the survivor's post-disaster reactions. The death of a family member, loss of a home, and destruction of a community represent high-stress impact events. In each event, the



intertwining of grief and trauma compounds the effects and extends the duration of the recovery period for many survivors.

Vulnerable Populations

Children, the elderly, and people with disabilities are considered vulnerable populations during a disaster. Children who are directly impacted by the disaster may experience both physical and psychological traumas as well as characteristics that make them susceptible to the effects of a disaster.

Children, Birth to 2

Young children, ages birth to two, for example, have little understanding of cause and effect relationships, and do not have past experiences to help them deal with a crisis. When these young children experience trauma, they cannot verbally articulate their stress. However, they can retain memories of sights, sounds, and smells related to the event, and their later play may involve acting out the trauma.



Children, Ages 2–5

Children, ages 2–5, may have fears of being abandoned after a disaster. They may not yet understand the concept of permanent loss, which often occurs in a disaster. Preschoolers may re-enact the disaster over and over to try and make sense of it. They may act out or regress in their behavior. They may experience loss of appetite, stomach aches, and sleep problems, including nightmares.

Interventions for Young Children

To assist young children:

- Give verbal assurance and physical comfort.
- Provide comforting bedtime routines.
- Avoid unnecessary separations.
- Encourage children to express their feelings and grief regarding their losses (i.e., pets, toys).
- Monitor media exposure to disaster trauma.
- Encourage expression through play activities.

Children, Ages 6–11

Children, ages 6–11, may become preoccupied with the event and show signs of regressive behavior or have night terrors. They understand the permanence of their loss and may express guilt or anger. They may avoid going to school, which is a common reaction to the event.

Interventions for School-Age Children

To assist school-age children who have been through a disaster:

- Give additional attention and consideration.
- Relax performance expectations temporarily at home and at school.
- Set gentle but firm limits for acting-out behavior.
- Provide structured but undemanding home chores and rehabilitation activities.
- Encourage them to express their thoughts and feelings verbally and through their play.
- Listen to the child's repeated retelling of the disaster event.
- Involve the child in preparing an emergency kit and participating in emergency drills.
- Rehearse safety measures for future disasters.
- Develop a school disaster program for peer support, expressive activities, education on disasters, preparedness planning, and identifying at-risk children.

Long-Term Problems

In some cases, children may have long-term problems such as depression, prolonged grief, and Post-Traumatic Stress Disorder (PTSD). Therefore, it is important to recognize the signs of depression or PTSD in children.

Symptoms of depression may include: persistent sad or irritable mood, loss of interest in activities once enjoyed, significant change in appetite or body weight, difficulty sleeping or oversleeping, loss of energy, feelings of worthlessness or inappropriate guilt, difficulty concentrating, and/or recurrent thoughts of death or suicide. Five or more of these symptoms that persist for two or more weeks may indicate a major depression. If you suspect a child is experiencing depression, the child should be evaluated by a qualified mental health professional.

To be classified with PTSD, symptoms must be present for longer than one month and may include: re-experiencing the event through play, nightmares, flashbacks and frightening thoughts, routinely avoiding reminders of the event and diminished interest or emotional numbness,

increased sleep disturbances, irritability, poor concentration, and depression or regressive behavior. As with depression, if you suspect a child is experiencing PTSD, the child should be evaluated by a qualified mental health professional. PTSD can develop at any age, including in early childhood. Symptoms typically begin within three months of a traumatic event, although occasionally they do not begin until years later. Once PTSD occurs, the severity and duration of the illness varies. Some people recover within six months, while others suffer much longer.

Monitoring Children after the Disaster

Research indicates that children who experience their first traumatic event before they are 11 years old are three times more likely to develop psychological symptoms than those who experience their first trauma as a teenager or later in life (FEMA). Some children may be slow to show distress because they don't feel upset. In these cases, it may take several weeks or even months for signs or symptoms of their distress to appear.

It is important to remember that all children are better able to cope with a traumatic event if parents, friends, family members, teachers, and other adults support and help them with their experiences. This help should start as soon as possible after the event and should include close monitoring of children's behavior. A useful tool to help adults assess the psychological trauma and whether or not to refer to a mental health professional is located on page 4. The checklist asks the adult to assess the impact of the disaster on the child's environment and any new behaviors that have started since the disaster took place. If a child scores higher than 35 on the checklist, it suggests that you seek a mental health consultation.



Referrals

In making appropriate referrals for children, you should consider how, where, and when to refer. Suggested steps for an appropriate referral include:

- Be aware of agencies and resources available in the community.
- Listen for and look out for signs of stress and/or depression.
- Discuss what you have observed with the child's parents.
- Check with the child's parents to see if they have witnessed similar behavior at home.

References

Center for Mental Health Services. (1994). *Disaster response and recovery: A handbook for mental health professionals*. Washington, DC: U.S. Department of Health and Human Services; Publication No. (SMA) 94-3010.

FEMA for Kids <http://www.fema.gov/kids/>

Dr. Rick Peterson is an Assistant Professor and Parenting Specialist with Texas AgriLife Extension Service. His areas of specialty include parenting, child care, and children's mental health issues.

Helpful Websites/Resources

Coping with Floods – Helping Children Deal with Stress and Anger

North Dakota State University Extension Service
<http://www.ag.ndsu.edu/disaster/floods/stress.htm>

Disaster Recovery – Children's Reactions to Stress
<http://www.extension.iastate.edu/Publications/DR12.pdf>

Extension Disaster Education Network
<http://www.eden.lsu.edu/>

FEMA for Kids
<http://www.fema.gov/kids/>

Helping Children Handle Disaster-Related Anxiety
National Mental Health Association
<http://www.nmha.org/reassurance/children.cfm>

Helping Children Understand Disaster
Purdue University Extension
Consumer & Family Sciences
<http://www.ces.purdue.edu/cfs/topics/HD/>



After a Disaster: A Children's Mental Health Checklist

Disasters can be particularly traumatic to children. Sometimes, it can be difficult to determine the extent of the psychological trauma and whether or not professional mental health services are indicated. This checklist is one way to assess a child's mental health status. If the child's score is higher than 35, it is suggested that you seek a mental health consultation.

Directions: Add the pluses and subtract the minuses to obtain a final score.		Pts.	Child
Has the child had more than one major stress within a year BEFORE this disaster, such as a death in the family, molestation, a major physical illness, or divorce?		+5	
Does the child have a network of supportive, caring persons who continue to relate to him daily?		-10	
Has the child had to move out of his or her house because of the disaster?		+5	
Was there reliable housing within one week of the disaster, with the usual household members living together again?		-10	
Is the child extremely disobedient or delinquent?		+5	
Is the child showing any of the following as new behaviors for more than three weeks after the disaster?			
Nightly states of terror?		+5	
Waking from dreams confused or in a sweat?		+5	
Difficulty concentrating?		+5	
Extreme irritability?		+5	
Loss of previous achievements in toilet habits or speech?		+5	
Onset of stuttering or lisping?		+5	
Persistent severe anxiety or phobias?		+5	
Obstinacy?		+5	
New or exaggerated fears?		+5	
Rituals or compulsions?		+5	
Severe clinging to adults?		+5	
Inability to fall asleep or stay asleep?		+5	
Startling at any reminder of the disaster?		+5	
Loss of ambition for the future?		+5	
Loss of pleasure in usual activities?		+5	
Loss of curiosity?		+5	
Persistent sadness or crying?		+5	
Persistent headaches or stomachaches?		+5	
Hypochondria?		+5	
Has anyone in the child's immediate family been killed or severely injured in the disaster (including severe injury to the child)?		+15	
If the child's score is higher than 35, it is suggested that you seek a mental health consultation.			
		Child Total:	

Adapted by Texas AgriLife Extension Service, 2004. This checklist was developed under the auspices of Project COPE, a federal funded (FEMA) crisis counseling program activated in Santa Cruz, California, in response to the October 17, 1989, Loma Prieta Earthquake. Peter J. Spofford, M.S. served as Project COPE Director.

Educational programs of Texas AgriLife Extension Service are open to all people without regard to race, color, sex, disability, religion, age, or national origin.

Child Care Center Connections Editorial Staff Texas AgriLife Extension Service

Stephen Green, Ph.D.
Managing Editor
Susan Lee, B.A.
Design Editor