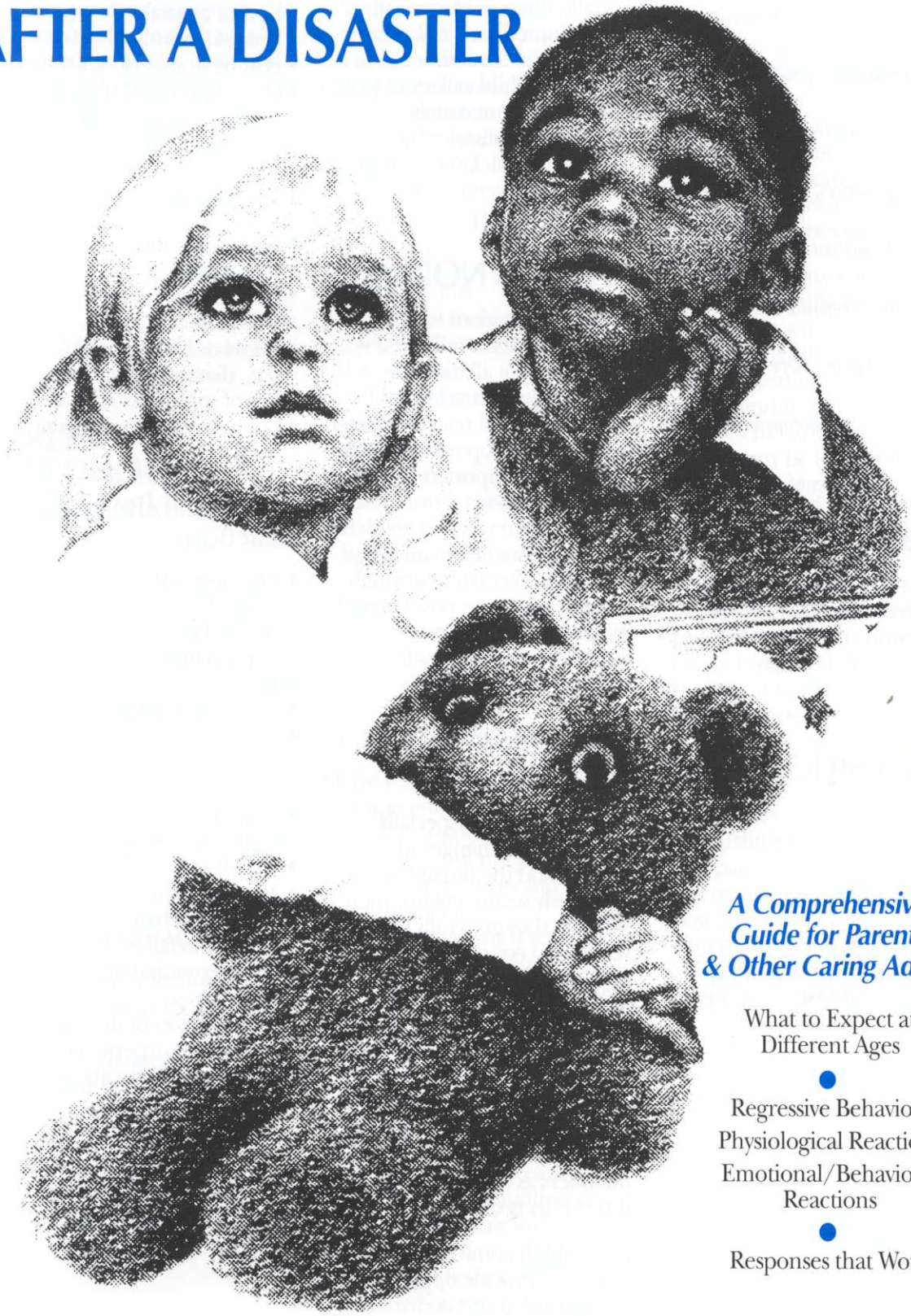
HELPING CHILDREN AFTER A DISASTER



A Comprehensive Guide for Parents & Other Caring Adults

What to Expect at Different Ages

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Regressive Behaviors
Physiological Reactions
Emotional/Behavioral Reactions

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Responses that Work

Disasters — civil and natural — leave children feeling frightened, insecure and upset. Personal experiences, the visual images broadcast on television and environmental changes affect everyone. Depending on the child's developmental stage, a variety of emotional and physiological reactions can occur.

WHEN DO REACTIONS OCCUR?

Usually, these reactions will occur immediately following the disaster. Sometimes, however, a child will seem to be doing fine immediately following the disaster but experience a delayed response weeks — or even months — later.

WHAT IS NORMAL?

"Normal" reactions vary widely. The information following is, therefore, not all-inclusive. However, understanding a child's potential reactions, given a certain developmental stage, can provide important cues for parental action.

This understanding can also help you to return to normal routine as soon as possible and minimize the anxiety felt by everyone when day-to-day activities are disrupted.

PRESCHOOL: AGES 1 to 5

Preschoolers are especially vulnerable to changes in routine and the disruption of previously secure environments. Because they generally lack the verbal and conceptual skills necessary to cope effectively with sudden stress by themselves, they are dependent on family members for comfort.

They may be affected as much — or more — by the reactions of parents and other family members as they are by the direct effects of a disaster.

Re-establish comforting routines. Provide opportunities for nonverbal and verbal expression of the child's feelings. Provide lots of reassurance.

Regressive Reactions

- Resumption of bedwetting
- Thumbsucking
- Fear of darkness
- Fear of animals
- Fear of "monsters"
- Fear of strangers
- Fear of previously unfeared noises/places that are reminiscent of the event

Physiological Reactions

- Loss of appetite
- Overeating
- Indigestion
- Vomiting
- Bowel or bladder problems (i.e., diarrhea, constipation, loss of sphincter control)
- Complaints of unexplainable pains

Emotional/Behavioral Reactions

- Nervousness
- Irritability
- Disobedience
- Hyperactivity
- Tics
- Speech difficulties
- Fear of separation from parents and "clingy" behavior
- Shorter attention span
- Aggressive behavior
- Withdrawal
- Attachment to one "safe" spot
- Sleep disturbances (e.g., inability to fall asleep, fitful sleep, extended sleep, nightmares
- Exaggeration or distortion of the disaster experience
- Repetitive talking about experiences

Reassuring Responses

- Give additional verbal reassurance and ample physical comfort (e.g., holding and caressing)
- Give warm fluids and provide comforting bedtime routines
- Permit child to sleep in parent's room temporarily
- Provide opportunity and encouragement of expression of emotions through play activities
- Allow repetitive re-enactment of disaster through fantasy play, with patient clarification of what actually took place
- Encourage healthy attempts to integrate the experience

EARLY CHILDHOOD: AGES 5 to 11

Regressive behaviors are especially common in this age group. Children may become more withdrawn and/or more aggressive. They may be particularly affected by the loss of prized objects or pets.

Encourage verbalization and play enactment of their experiences. Resume normal functioning as soon as possible, but temporarily relax routine expectations.

Regressive Reactions

- Increased competition with younger siblings for parental attention
- Excessive clinging
- Crying or whimpering
- Wanting to be fed or dressed
- Engages in habits previously given up
- Drop in level of school achievement

Physiological Reactions

- Headaches
- Complaints of visual or hearing problems
- Persistent itching and scratching
- Nausea
- Sleep disturbance, including nightmares and night terrors
- Complaints of unexplainable pains

Emotional/Behavioral Reactions

- School phobia
- Withdrawal from play group and friends
- Hyperactivity
- Withdrawal from family contacts
- Irritability
- Disobedience
- Fear of wind, rain, etc.
- Inability to concentrate
- Aggressive behavior (e.g., fighting with friends and siblings)
- Repetitive talking about the experience
- Sadness over losses

Reassuring Responses

- Give reassurance that child's competency will return
- Provide opportunity for structured but not demanding chores and responsibilities
- Encourage physical activity
- Give child permission to discuss his/her uneasiness by acknowledging your own fears
- Provide play sessions with adults and peers
- Rehearse safety measures to be taken in future
- Encourage attempts to integrate experiences
- Encourage verbalization of loss, grieving over loss of pets or toys
- Answer questions about the disaster honestly and simply
- Avoid giving child access to graphic television depictions of the event

PREADOLESCENT: AGES 11 to 14

Peer reactions are very important to this group. Children need acceptance from their friends and need to feel that their feelings and fears are normal. Anxiety and tension may be shown through aggression, rebellion, withdrawal or attention seeking behavior. "Survivor's guilt" may emerge in children of this age.

Group discussions with peers and adults are effective in reducing the sense of isolation and in normalizing the child's feelings. Resumption of group activities and routines and involvement in physical activities may be helpful in reducing tension.

Regressive Reactions

- Competing with younger siblings for parental attention
- Failure to perform chores, normal responsibilities
- Decline in school performance

Physiological Reactions

- Headaches
- Complaints of vague aches and pains
- Overeating or loss of appetite
- Bowel problems
- Skin disorders
- Sleep disorders, including sleeping excessively

Emotional/Behavioral Reactions

- Loss of interest in peer activities
- Drop in level of school performance
- Disruptive behavior
- Loss of interest in hobbies and recreation
- Withdrawal
- Resistance to authority
- Increased difficulty in relating to siblings and parents
- Sadness or depression
- Antisocial behavior (e.g., stealing, lying drug abuse)

Reassuring Responses

- Give additional consideration and attention
- Provide reassurance that ability to concentrate will return
- Reduce expectations temporarily of level of performance at school and home
- Encourage verbal expression of feelings
- Provide structured but undemanding responsibilities
- Encourage taking part in home or community recovery efforts
- Rehearse safety measures to be taken in future disasters
- Encourage physical activity
- Encourage play or contact with friends

ADOLESCENT: AGES 14 to 18

Adolescent activities and interests are primarily focused on the peer group. Fear that feelings or reactions are unusual or unacceptable may push adolescents toward withdrawal or depression. Psychosomatic reactions are common. Adolescents may resent disruption of social activities and contacts and be frustrated by the inability to assume full adult responsibilities in community efforts. Frustrations, anger or guilt may be shown in irresponsible, even delinquent, behavior.

Adolescents should be encouraged to maintain contacts with friends and to resume athletic and social activities. Group discussions are helpful in normalizing feelings. Adolescents should be encouraged to participate in community rehabilitation efforts.

Regressive Reactions

- Resumption of earlier behaviors and attitudes
- Decline in previous responsible behavior
- Decline in emancipatory struggles over parental control
- Decline in social interests and activities

Physiological Reactions

- Bowel and bladder complaints
- Headaches
- Skin rash
- Sleep disorders
- Digestive disorders
- Vague physical complaints or exaggerated fears of physical problems
- Painful menses or cessation of menses in young women

Emotional/Behavioral Reactions

- Marked increase or decrease in physical activity level
- Expression of feelings of inadequacy and helplessness
- Delinquent behavior, such as stealing or vandalism
- Increased difficulty in concentration on planned activities
- Isolation — withdrawal from family and peers
- Drug/alcohol abuse
- Increased/excessive aggression towards family members/peers
- Denial of negative reactions to incident

Reassuring Responses

- Encourage discussion of disaster experiences with peers and significant others
- Encourage involvement in rehabilitation and recovery efforts in the community
- Reduce expectations temporarily for level of performance at school and home
- Encourage resumption of social activities and athletics
- Encourage healthy outlet of aggressive feelings (including screaming in pillow, pummeling a punching bag, walking and other activities)
- Obtain professional counseling for drug abuse/denial

WHAT CAN I DO NOW TO PREPARE FOR A DISASTER?

Talk about what your family will do in the event of a disaster. Discussing the routines that will be followed during a disaster will increase a child's confidence and reduce anxiety. Children, especially young children, thrive on routine and ritual.

Because children experience so little sense of control in life, advance knowledge and a planned course of action are vitally important in minimizing negative impact.

WHAT SHOULD I DO DURING AND AFTER A DISASTER?

Maintain Family Routines

In the event of and following a disaster, maintain as many family routines as possible. Continue to read bedtime stories, if you've done so in the past. Or, if there is a power outage, substitute other quiet time activities.

Provide Reassurance

Children require physical contact, comfort and affection from adults in their daily lives. Use hugs and verbal messages to reassure your child that he/she is safe. A supportive environment can minimize the negative effects of disturbing incidents.

Talk It Out

Children will need help in understanding, integrating and recovering emotionally from traumatic events. Each child will cope with memory and feelings in different ways and at different speeds, given his/her developmental level.

When Problems Persist

Talk with a counselor or family therapist. Help is available through Project REBOUND by calling the information and referral hotline (800) 854-7771. This service is free and confidential.

With professional assistance, "adjustment reactions" can be dealt with relatively quickly and easily. Children can be helped to put earlier trauma behind and deal effectively with the current situation.

TAKING CARE OF YOURSELF: A NOTE TO PARENTS, EDUCATORS & CHILD CARE PROFESSIONALS

You, too, may experience a sense of dislocation when a disaster occurs. You may find yourself tense, cranky, thrown off-balance and occasionally frightened. In fact, you may be "acting out" your own reactions to the disaster. Take the time to acknowledge and cope with your own discomforts and anxieties.

Obviously, caring adults will do what is immediately necessary to provide care for children. But in the weeks thereafter, we must also find ways to tell our stories, obtain comfort and reconstruct our own internal and external lives.

In our haste to re-establish normalcy, we must not forget: we cannot take care of others if we are not just as caring of ourselves. Children gain an additional measure of security when they know that we nurture ourselves as well as others.

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