Helping Children in the Wake of Disaster

These guidelines are offered to provide relief workers ways to help children address their concerns and worries arising from displacement, injury, and loss associated with natural disasters. In addition, these guidelines are intended to help relief workers support caregivers to identify and address signs of adjustment difficulties in children, and suggest ways to talk to children about their fears and concerns.

Key ingredients for attending the emotional well-being of children and families in the immediate aftermath of a catastrophic event include:

- Shelter and provision of food and necessary medical care.
- Reunification of children with parents, other family members or when possible, alternative caregivers known to children.
- Round-the-clock care for children separated from parents-
    - Consistency of care should be a priority in assignment of providers
    - Siblings should not be separated from one another
- Regular information/briefings to caregivers about the status of response efforts (e.g., status of arrangements for shelter, food, medical, psychological, educational and social services).
- Establishment of daily routines within shelters as quickly as possible (e.g., time of meals, bedtime routines, medical and psychological services, educational and other activities, regular briefings).
- Psychological screening and services in an effort to enhance emotional stabilization of caregivers and their children.
- Printed information for parents, caregivers and aid-workers about symptoms of distress that may typically follow a disaster.

What parents, caregivers and aid-workers need to know about the emotional response of children following a disaster

- Symptoms and signs of distress may include:
    - Depressed or irritable mood

    - More needy or clingy and difficulty separating
    - A resistant and defiant attitude
    - Difficulty focusing on tasks or activities
    - Increased conflict with siblings and peer group
    - Social isolation or withdrawal
    - Physical complaints (e.g. headaches, stomach aches)
    - Changes in appetite
    - Sleep disturbances
    - Toileting difficulties
- The extent and nature of these potential difficulties may be related to many factors, including:
    - Age and developmental level (see developmental guidelines below)
    - Personal history (e.g., prior trauma, loss, or emotional difficulties)
    - The degree and quality of support from peers, parents, and systems of care
- Children and adolescents who exhibit these difficulties are not typically aware of their symptomatic behaviors and may not recognize what is causing them.
- While children may exhibit a broad range of post-event symptoms, they are likely to resolve and do not necessarily predict the development of long term/chronic psychiatric disturbances.
- Many children, especially young ones, may remain focused on the typical concerns of childhood.
- Early clinical approaches that address the cognitive, behavior and emotional domains of psychological response may help reduce the incidence, duration and severity of acute stress disorder, post-traumatic stress disorder, depressive and additional anxiety disorders.
- Early interventions in the form of single one-on-one recitals of events and emotions evoked by traumatic events (often referred to as "debriefing sessions") do not consistently reduce risks for later post-traumatic stress disorder or related adjustment difficulties.

Risk factors for longer-term adaptation

Acute and early interventions should be based on the assessment for a range of factors that place children at greatest risk for post-event difficulties. These factors include:

- Peri-traumatic symptoms (those that may appear in the days and weeks following catastrophic events):
  - Dissociative states—individual's emotional and cognitive disconnect from the world around them
  - Acute depression—withdrawal, flat or quickly shifting emotional states, shutdown
  - Hyperarousal—agitated, hyper-alert, increased startle, irritable, suspicious of others and environment
- Children who have a pre-existing psychiatric disorder and significant histories of loss and trauma.

Event factors

- Children who have lost a parent, family member or friend.
- Children who require medical or surgical attention.
- Children whose exposure to the disaster was particularly intense and of long duration (e.g., urgency of evacuation; witnessing destruction of their home, of injuries and death; severity of adult distress).
- Children whose parents fall into any of the above categories.
- Children whose daily routines are likely to be disrupted in significant and enduring ways (e.g., displacement of home, school, loss of pets and possessions, etc.).
- Children whose families are at greatest risk for financial distress secondary to disruption of economy, employment.

What parents and caregivers can do to help children affected by disaster

The first and most important source of help for children comes from parents and other adults who are most centrally involved in their lives. Children need parents' support and recognition of their emotional distress. Several principles can help us think about ways we can support our children in the uncertain times that follow natural disasters.

- Parents and caregivers can be reminded to:
    - Make time to be with their children
    - Check-in with their children to see what they need and what concerns they may have
    - Help them to engage in supervised activities (e.g., recreational, educational, etc.,) that should be established as quickly as possible.
    - Let them be kids. Its O.K. and good to play and find acceptable sources of distraction even under the worst of conditions
- Encourage parents and caregivers to watch for symptoms of distress.
- Encouraging parents to listen for children's questions and concerns about:
    - Their current circumstances,
    - About the catastrophic events themselves
    - Aspects of life that have been left behind
- When responding to children's questions and concerns remind parents and caregivers to consider the following:
    - Children's questions provide an excellent opportunity to learn what they are thinking and feeling.
    - Ask children for their ideas first so that responses can be to the specific details of *their* concerns.
    - Resist over-explaining--the degree of detail children want and need will depend on their age and the specifics of their concerns.
    - Do not force children to talk about the catastrophic events.
    - Keep the door open for children to discuss a range of concerns, ideas and questions they may have.
    - Don't worry about knowing exactly the right thing to say – *there is no answer that will make everything okay*.
    - Children will feel safer and more secure when someone they trust can accept their feelings and calmly listen to their questions and concerns.
    - Get help and information from mental health care professionals and other aid-workers when unable to help children with the symptoms of distress they may demonstrate.

Remember that if the **television** is tuned to hours and hours of disturbing news, children may have no choice about whether they see or hear too much.

- Adults can help lessen the impact of television news reports on children. To do this:
    - Monitor and limit the amount of TV coverage they watch.
    - Remember that the more bad news young preschool and school-age children see/hear, the more worried they will be.

- If your school-age and older children are interested in watching reports about terrifying events, watch with them when you can so you can talk about what they have seen and heard.
- Adolescents and adults who are unable to detach themselves from TV news programs may be trying to deal with anxiety in ways that often. don't work. Turn off the television long enough to talk with one another about the ideas and concerns that the news arouses.

What parents and caregivers can do to help themselves

Children are especially vulnerable to their parent's moods and emotional states. In, order to be most attentive and responsive to children, parents and caregivers need to know their own reactions first.

When adults are able to acknowledge the ways that they are themselves distressed they may be in a much better position to listen to and appreciate the often different concerns/distress their children may be experiencing. When this happens, parents and caregivers are able to connect with their children and provide the psychological and emotional presence that is so crucial for them.

- Identify and put specific personal concerns into words by talking with a spouse, partner, friends, colleagues and aid-workers about specific—often obvious, but unspoken—concerns including:
  - Loss
  - Food
  - Shelter
  - Safety
  - Financial
  - Employment
  - Children's (medical, psychological, educational, social etc.)

  and about emotional states that may include:
  - Disrupted sleep and appetite
  - Increased irritability and readiness to get into struggles with others
  - Profound hopelessness and/or emotional withdrawal
  - Suicidal thoughts and feelings
  - Feelings of panic and increased jumpiness
  - Decreased concentration, inability to focus or think straight
  - Decreased feelings of intimacy and affection toward loved ones

    - Increased obsessional thinking and compulsive, repetitive behaviors
    - Increased bodily complaints and/or unrealistic preoccupation with illness
    - Parents and caregivers need the help of finding words for their own personal concerns and emotional states.
- Helping parents and caregivers identify significant symptoms of distress may be the first opportunity to ensure that they receive appropriate psychological/psychiatric attention and care through mental health services that are part of the shelter or emergency living arrangements.

Additional information that may be of help can be found through the following websites or contact the NCCEV directly at (203) 785-7047 or 1-877-49-NCCEV (62238):

National Center for Children Exposed to Violence at the Yale Child Study Center (New Haven, CT) www.nccev.org

National Center for PTSD (White River Junction, VT) www.ncptsd.va.gov

Center for the Study of Traumatic Stress (Bethesda, MD) www.usuhs.mil/csts

National Traumatic Stress Network www.nctsnet.org

DEVELOPMENTAL GUIDELINES

The impact of events that are beyond children's immediate worlds of family, friends, neighborhoods and schools always occur in the context of their life circumstances and stage of development. Appreciating characteristics of typical development can help parents and caregivers appreciate their children's experiences of catastrophic events.

- What worries us as adults is probably very different from what worries our children.
- What children worry about will vary depending on their age.
- If you listen to your children's questions and observe their behavior, you will have a better idea of what they are concerned about.
- Because children depend on the adults around them for safety and security, it is important for the adults to take care of themselves in order to take care of the children.

Infants

Infants depend totally on the adults who look after them. They sense the emotions of their caregivers and react accordingly. If the adult is calm and confident, the child will feel secure; if on the other hand, the adult is anxious and overwhelmed, the infant will feel unprotected.

When adults are overtly anxious and distressed, infants may react. Infants may respond with fretful fussing, difficulty being soothed, or sleep and eating disturbances, or they may withdraw and seem lethargic and unresponsive.

Adults can help by remaining calm and maintaining ordinary routines of life.

Toddlers

At this age children have begun to interact with a broader physical and social environment. They still depend on the adults that look after them and therefore will respond to the situation depending on how adults react. As with infants, if the adult is calm and confident, the child will feel secure, if on the other hand, the adult is anxious and overwhelmed, the toddler will feel unprotected.

Common reactions include disturbances in eating, sleeping and toileting, increased tantrums, irritability and defiance. They may also become more passive and withdrawn. It is also very common for children to become more clingy.

Adults can help by remaining calm and maintaining ordinary routines of life. At this age, children have access to television. Television can generate anxiety because of the repetitive and graphic images it projects. Exposure should be limited as much as possible.

Preschool Children

At this age, children usually have become part of a social group beyond their family. Their language, play, social, and physical skills are more advanced. Through their play, talk and behavior, they show their ideas of good and bad, their pride in all the things they can do with their bodies and their fears about possible injury.

Common reactions include disturbances in eating and sleeping, bed-wetting, increased tantrums, irritability and defiance. Changes in play and drawings may include more aggression, fighting, or re-enactments of the frightening events. Some children may show their upset through their inability to take part in play and other activities that usually give them pleasure. Children can have difficulties separating from parents or caregivers; they can also make a big fuss about small injuries. Preschoolers may be very preoccupied with questions related to who did it and what will happen to them.

Adults can help by remaining calm and maintaining routines. Caregivers can become aware of the specific worries of individual children by listening to their comments and questions and observing their play and other behavior. Once adults understand children's worries, they can answer questions, correct misunderstandings and offer reassurance. Exposure to television should be limited. An adult should be present to monitor and protect children from the overwhelming graphic images and to talk about what they are watching.

School-age Children

At this age, children become more independent; they are more able to talk about their thoughts and feelings, play with friends and participate in groups. Ideas of what is fair and just become important and they can cope with difficulties with better skills. School-age children are more involved in learning, sports and recreational activities.

Common reactions at this age include a need to stay close to parents and an inability to participate in ordinary activities. They can become too preoccupied with the events and ideas about revenge and punishment. School-age children can, like younger kids, experience nightmares, find it difficult to go to bed or wake up in the middle of the night. They may also change their eating habits. They can begin to have difficulties at school and can become anxious and aggressive.

Adults can become aware of the specific worries of individual children by listening to their comments and questions, or by observing changes in their play and other behaviors. Attention should be given to answer questions with accurate information and relate it to the children's worries. Friends' ideas should be discussed and misinformation corrected. As with younger children, exposure to television news should be limited. An adult should be present to monitor and protect children from the overwhelming graphic images and to talk about what they are watching.

Adolescents

Adolescents can feel out of control due to the many changes that are happening in their bodies. They struggle to become independent of their families and to define themselves. The world of peers and teachers becomes central. It is common for adolescents to have conflicts with parents, teachers and other authority figures. There is a tendency to deny or exaggerate what happens around them and to feel that nothing can harm them.

Common reactions may include a preoccupation with what is happening; they can feel frightened and out of control and may feel completely helpless or imagine themselves as unrealistically strong and powerful. Adolescents can also become even more judgmental and critical of the adults around them and those dealing with the crisis situation. They may also act in ways that can put themselves and others in danger, such as increased experimentation with alcohol and drugs, reckless driving or other behaviors which may serve an attempt to avoid feeling vulnerable and small.

Adults can help by using the adolescents' more advanced ability to think and talk to discuss their thoughts, feelings and worries. Some teenagers may feel more comfortable talking in groups with their peers and/or with teachers. Adults should be aware that drastic changes in adolescents' behaviors might indicate distress. Forcing adolescents to talk about their feelings may cause more harm than good; instead, adults should make sure that adolescents have a variety of opportunities to talk to whom they want and when they are ready.

National Center for Children Exposed to Violence
at the Yale Child Study Center
230 South Frontage Road
New Haven, CT 06520-7900
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www.nccev.org