



WHAT TO EXPECT AFTER A DISASTER: CHILDREN'S TYPICAL REACTIONS

Parents often come to teachers to share their concerns about their children. Following a disaster, you might expect numerous requests for information and guidance as parents observe and worry about changes they see in their children's behavior. This document provides information on typical reactions of children following a disaster and suggestions for appropriate adult response. There is a wide range of "normal" reactions following a disaster. Usually, these reactions can be dealt with by support at home and at the pre-school setting. This is not always the case, however, and you might need to recommend professional intervention to some parents. In making such a referral, it is important to remember that it is not a sign of failure if you or the parents are not able to help the child. It might also be easier for the parents to accept a referral if you stress that there are counselors available who are trained to work with disaster victims. It is also important to note that early intervention will help the child return to normal and avoid more severe problems later.

Consider referring the family for professional help if the child:

- ♦ seems excessively withdrawn and depressed; does not respond to special attention or attempts to draw him/her out
- ♦ engages in overly self-destructive behavior such as holding his/her breath, head-banging, eating inedible objects or substances, intentionally injuring self or having repeated accidents that result in injury
- ♦ continues to have physical complaints such as diarrhea or constipation after clearance by a pediatrician
- ♦ refuses to eat anything at all; vomits every time s/he eats although has been cleared by a pediatrician
- ♦ acts out in an excessively aggressive manner that actually poses a danger to children or adults around him/her

If any of the behavior symptoms described in the following section, "Typical Reactions of Pre-School Children After a Disaster", persists two to four weeks after the disaster, special attention may be indicated. It is important to observe significant changes in the child's temperament or personality. A normally excitable child who becomes docile and quiet, obedient child who becomes aggressive and belligerent, may be demonstrating an inability to cope with stress.

Children who have lost family members or friends and children who were physically injured or felt that they were in life threatening danger are at special risk. Children who have been in previous disasters or who are involved in a family crisis (e.g. parental separation) may have more difficulty coping. Counseling may be recommended when those circumstances are known to exist.

PRE-SCHOOL AGES: 1 TO 5

Children in this age group are particularly vulnerable to the changes in their routines and disruption of their previously secure environments. Because they generally lack the verbal and conceptual skills necessary to effectively cope with sudden stress by themselves, they are particularly dependent on family members for comfort. In some cases, they might be affected as much or more by the reactions of parents and other family members as by the disaster. Responses might be geared toward reestablishing comforting routines, providing opportunity for nonverbal as well as verbal expression of the child's feelings and lots of reassurance.

Typical Reactions Of Pre-School Children During A Disaster

Regressive Reactions

- ♦ Resumption of bedwetting
- ♦ Thumb sucking
- ♦ Fear of darkness
- ♦ Fear of animals
- ♦ Fear of "monsters"
- ♦ Fear of strangers

Physiological Reactions

- ♦ Loss of appetite
- ♦ Overeating
- ♦ Indigestion
- ♦ Vomiting
- ♦ Bowel or bladder problems (e.g. diarrhea constipation, loss of sphincter control)
- ♦ Sleep disorders and nightmares

Emotional/Behavioral Reactions

- ♦ Nervousness
- ♦ Irritability
- ♦ Disobedience
- ♦ Hyperactivity
- ♦ Tics
- ♦ Speech difficulties
- ♦ Anxiety about separation from parents
- ♦ Shorter attention span
- ♦ Aggressive behavior
- ♦ Exaggeration or distortion of disaster experience
- ♦ Repetitive talking about experiences
- ♦ Exaggeration of behavior problems

How to Help

- ♦ Give additional verbal assurance and ample physical comfort (e.g. holding and caressing)
- ♦ Give warm milk and provide comforting bedtime routines
- ♦ Permit child to sleep in parents' room on a temporary basis
- ♦ Provide opportunity and encouragement of expression of emotions through play activities including drawing, dramatizing the experience, telling stories about the experience, etc.
- ♦ *It is important to resume normal routine as soon as possible*

Adapted by the Governor's Office of Emergency Services from the National Institute of Mental Health and the Los Angeles County Department of Mental Health.

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 might be particularly affected by the loss of prized objects or pets. Verbalization and play enactment of their experiences should be encouraged. While routines might be temporarily relaxed, the goal should be to resume normal functioning as soon as possible.

Typical Reactions Of Children Ages 5 to 11 During Disaster

Regressive Reactions	Physiological Reactions	Emotional/Behavioral Reactions
<ul style="list-style-type: none">♦ Increased competition with younger siblings for parents' attention♦ Excessive clinging♦ Crying or whimpering♦ Wanting to be fed or dressed♦ Engaging in habits they had previously given up	<ul style="list-style-type: none">♦ Headaches♦ Complaints of visual or hearing problems♦ Persistent itching and scratching♦ Nausea♦ Sleep disturbance, nightmares, night terrors	<ul style="list-style-type: none">♦ School phobia♦ Withdrawal from play group and friends♦ Withdrawal from family contacts♦ Irritability♦ Disobedience♦ Fear or wind, rain, etc.♦ Inability to concentrate and drop in level of school achievement♦ Aggressive behavior♦ Repetitive talking about their experiences♦ Sadness over losses

How to Help

- ♦ Give additional attention and ample physical comforting.
- ♦ Gentle but firm insistence on more responsibility than the younger child; positive reinforcement of child's age-appropriate behavior.
- ♦ Temporarily lessen requirements for optimum performance in school and home activities.
- ♦ Reassure child that competency will return.
- ♦ Provide opportunity for structured, but not demanding, chores and responsibilities.
- ♦ Encourage physical activity.
- ♦ Encourage verbal and written expressions of thoughts and feelings about the disaster, feelings of loss; encourage the child to "grieve" loss of pets or toys.
- ♦ Provide play sessions with adults and peers.
- ♦ Rehearse safety measures to be taken in future disasters.
- ♦ Encourage this attempt to integrate experiences.
- ♦ *It is important to resume normal routine as soon as possible.*

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PRE-ADOLESCENT: AGES 11 TO 14

Peer reactions are often very important to this age group. The children need acceptance from their friends and to feel that their feelings and fears are normal. Anxiety and tension might manifest in a number of ways including aggression, rebellion, withdrawal or attention seeking behavior. "Survivor's Guilt" might emerge in children of this age. Group discussion with peers and adults is effective in reducing the sense of isolation and in normalizing the child's feelings. Resumption of group activities, routines, and involvement in physical activity that might relieve tension are also helpful.

Regressive Reactions

- ♦ Competing with younger siblings for attention
- ♦ Failure to perform chores, normal responsibilities

Physiological Reactions

- ♦ Headaches
- ♦ Complaint 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
- ♦ Resistance of authority
- ♦ Increased difficulty relating to siblings and parents
- ♦ Sadness or depression
- ♦ Anti-social behavior (e.g., stealing or lying)

POSSIBLE RESPONSES

- Give additional attention and consideration
- Reassurance that ability to concentrate, etc., will return
- Temporarily lower expectations of performance at school and home
- Encourage verbal and written 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

Most of the activities and interests of the adolescent are focused on the peer group. Fear that feelings or reactions are unusual or unacceptable might push the adolescent toward withdrawal or depression. Psychosomatic reactions are common. The adolescent might tend to resent the disruption of social activities and contacts and be frustrated by the lack of full adult responsibilities in community efforts. Frustrations, anger or guilt might manifest 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 their feelings. They 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 interest and activities

Physiological Reactions

- ♦ Bowel and bladder complaints
- ♦ Headaches
- ♦ Skin rash
- ♦ Sleep disorders
- ♦ Disorders of digestion
- ♦ Vague physical complaints or exaggerated fears of physical problems
- ♦ Painful menses or cessation of menses

Emotional/Behavioral Reactions

- ♦ Marked increase or decrease in physical activity level
- ♦ Expression of feelings of inadequacy and helplessness
- ♦ Delinquent behavior (e.g., stealing, vandalism)
- ♦ Increased difficulty in concentration on planned activities
- ♦ Depression
- ♦ Isolation; withdrawal from family and peers

POSSIBLE RESPONSES

- Encourage discussion of disaster experiences with peers and significant others
- Encourage involvement in rehabilitation and recovery efforts in the community
- Temporarily reduce expectations for level of school and home performance
- Encourage resumption of social activities, athletics, etc.