

By the Numbers:



Helping Children of All Ages Cope After a Disaster

Children are just as affected as adults by a disaster or traumatic event. Some may be affected even more and yet go unnoticed. Without intending to, parents may send children a message that it is not okay to talk about their feelings or the event. This can cause confusion, self-doubt and a sense of helplessness.

Children need to hear that it is normal to feel frightened during and after a traumatic event such as a hurricane or flood. When you acknowledge and normalize these feelings for your children, it will help them make peace with their experience and move on.

Having been exposed to the recent historic flooding, Louisiana's children are likely to show signs of stress. Their reactions are normal and usually do not last long. The Substance Abuse and Mental Health Services Administration, a division of the U.S. Department of Health and Human Services, lists the following reactions to stress by children's age, as well as suggestions for helping children within each age group.



Typical reactions for children of all ages include:

- Fear of future disasters
- Loss of interest in school
- Regressive behavior
- Sleep disturbances and night terrors
- Fears of events associated with disaster

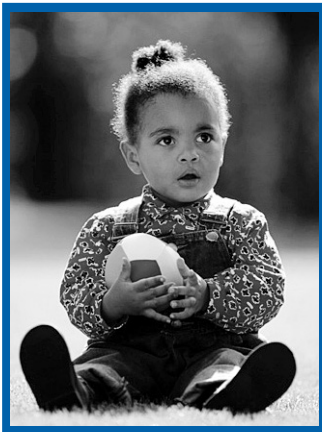
Age-Specific Responses to Trauma and Ways for Parents to Help

Preschool (ages 1-5)

Children in this age group are particularly vulnerable to disruption of their previously secure world. Because they generally lack the verbal and conceptual skills necessary to cope with sudden stress by themselves, they look to family members for comfort. Abandonment is a major fear in this age group, and children who have lost family members and even pets or toys will need special reassurance.

Typical responses include:

- Thumb sucking
- Bed wetting
- Fears of the darkness or of animals
- Clinging to parents
- Night terrors
- Loss of bladder or bowel control, constipation
- Speech difficulties (e.g. stammering)
- Loss or increase of appetite



What parents can do to help:

- Stick to regular family routines
- Make an extra effort to provide comfort and reassurance
- Encourage expression of feelings and emotions through play, drawing, story telling
- Give frequent attention
- Avoid unnecessary separations

- Encourage expression regarding loss of pets or toys
- Limit media exposure
- Plan calming, comforting pre-bedtime activities
- Allow short-term changes in the child's sleep arrangement, such as allowing children to sleep with a light on or with the door open, or on a mattress in the parents' or another child's room

Early Childhood (ages 5-11)

Regressive behavior is most typical of this group. Loss of pets or prize objects is particularly difficult for them to handle.

Typical responses include:

- Irritability
- Whining
- Clinging
- Aggressive behavior at home or school
- Overt competition with younger siblings for parents' attention
- Night terrors, nightmares, fear of darkness
- School avoidance
- Withdrawal from peers
- Loss of interest and poor concentration in school

What parents can do to help:

- Provide extra attention and consideration
- Set gentle but firm limits for "acting out" behavior
- Relax expectations at school or at home (with a clear understanding that this is temporary and the normal routine will be resumed after a suitable period)
- Listen to a child's repeated telling of his/her trauma experience
- Encourage expression of thoughts and feelings through conversation and play
- Provide home chores and rehabilitation activities that are structured, but not too demanding
- Point out kind deeds and the way in which people helped each other during the disaster.

Early Childhood (ages 5-11), *continued*

- Show extra patience and tolerance
- Arrange play sessions
- Rehearse safety measures to be taken by the family in future disasters

Pre-adolescent (ages 11-14)

Peer reactions are especially significant in this age group. The child needs to feel that his/her fears are both appropriate and shared by others. Responses should be aimed at lessening tensions and anxieties and possible guilt feelings.

Typical responses include:

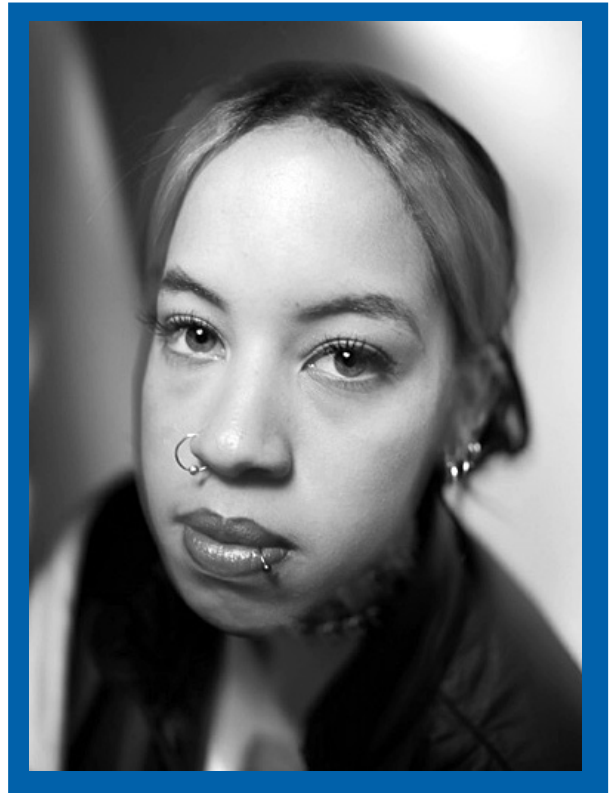
- Changes in eating or sleeping patterns
- Rebellion in the home
- Refusal to do chores
- School problems (e.g. fighting, withdrawal, loss of interest, attention-seeking behavior)
- Physical problems (e.g. headaches, vague aches and pains, skin eruptions, bowel problems, psychosomatic complaints)
- Loss of interest in peer social activities

What parents can do to help:

- Encourage them to participate in group activities that are geared toward resuming a routine
- Have family discussions to create a plan of action for future disasters
- Involve children with same age group activities
- Hold group discussions about the disaster and aftermath
- Rehearse appropriate behavior for future disasters
- Encourage discussion of trauma experiences with peers
- Urge participation in physical activities
- Provide structured but undemanding responsibilities
- Temporarily relax expectations of performance at school or at home
- Give additional individual attention and consideration
- Promote involvement with community recovery work

Adolescent (ages 14-18)

Most of the activities and interest of the adolescent are focused in his/her own age group peers. They tend to be especially distressed by the disruption of their peer group activities and the lack of access to full adult responsibilities in community efforts.



Typical responses include:

- Psychosomatic symptoms (e.g. rashes, bowel problems, asthma)
- Headaches and tension
- Appetite and sleep disturbance
- Changes in menstrual cycle or menstrual cramps
- Agitation or decrease in energy level
- Apathy
- Irresponsible and/ or delinquent behavior
- Less struggle to assert independence from parents
- Poor concentration

What parents can do to help:

- Encourage participation in the community rehabilitation work
- Promote resumption of social activities, athletics, clubs, etc.
- Encourage discussion of disaster experiences with peers, extended family members, significant others
- Temporarily reduce expectations for level of school and general performance
- Encourage, but do not insist upon, discussion of disaster fears within the family setting
- Rehearse family safety measures for future incidents

Remember

- You do not have to “fix” how your child feels. Instead, focus on helping your child understand and deal with the experience.
- Children and youth are usually quite resilient and will get back to feeling okay soon after a traumatic event. With the right support from the adults around them, they can thrive and recover.
- Adults can help children and youth see the good that can come out of a trauma. Heroic actions, families and friends who help and support from people in the community are examples. Children can write encouraging letters to those who have lost their homes, or send thank you notes to people who have helped.
- Adults can model self-care to children by setting routines, eating healthy meals, getting enough sleep, exercising and taking deep breaths to handle stress.
- The most important ways to help are to make sure children feel connected, cared about and loved.
- If needed, KIDLINE, 1-800-CHILDREN (1-800-244-5373) is available from 8 a.m. to 8 p.m. daily to provide crisis counseling, parenting information and access to local resources. Don't hesitate to reach out if you need a little extra help during this especially trying time.



Source: *The Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services*



Parenting is hard. We can help.