

How Parents Can Help Their Children Cope

- Hug and lovingly touch your child often.
- Reassure the child frequently that you are safe and together.
- Talk about what happened in a honest and open manner. Invite your child to talk about his or her feelings. Give information the child can understand.
- Spend extra time with your child at bedtime.
- Allow children to grieve about their lost treasures; a blanket, toys, their home.
- Talk with your child about what you will do if another disaster strikes. Let your child help in preparing and planning for future disasters.
- Create positive memories and feelings by spending extra time in family activities.
- If your child is having problems at school, talk to the teacher so that you can work together to help your child.

COLORADO DEPARTMENT OF HUMAN SERVICES

Curt H Drennen, Psy.D., R.N.
Division of Mental Health
3824 West Princeton Circle
Denver, CO 80236

Phone: 303-866-7403
Fax: 303-866-7428
Email: curt.drennen@state.co.us

Referral to a Mental Health Professional

Following a disaster, children may respond in a number of different ways, all of which are normal. Children often relive the trauma through repetitive play or distressing dreams. Dreams may change into nightmares of monsters, of rescuing others, or of threats to self or others. Children also may regress to younger behaviors like thumb-sucking, bed-wetting or clinging. Sometimes this can be upsetting to parents and teachers. However, if behaviors and emotions that were not normal prior to the event continue months after the incident, you should consider professional advice or treatment.

Parents should be alert to these changes:

- Refusal to return to school and "clinging" behavior, shadowing the mother or father around the house
- Lasting fears related to the event (for example, fears about being separated from parents)
- Sleep disturbances such as nightmares, screaming during sleep, and bed-wetting, persisting more than several days after the event
- Loss of concentration and irritability
- Misbehaving in school or at home in ways that are not typical for the child
- Physical complaints (stomachaches, headaches, dizziness) for which a physical cause cannot be found
- Withdrawal from family and friends, and disinterest in normal activities.

Parents who are concerned about their children can ask their pediatrician or family doctor to refer them to a child and adolescent psychiatrist or psychologist.

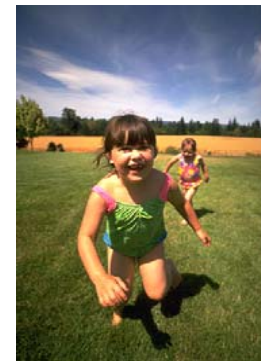
The American Academy of Child and Adolescent Psychiatry:

www.aacap.org/factsfam/disaster.htm

Colorado Department of Human Services

Colorado Mental Health Disaster Response System

Division of Mental Health



Age-Related Reactions of Children to Disasters

Reactions of Children to Disasters

When a disaster occurs it is important to recognize the normal age-related reactions of children to the event. Children experience a variety of reactions and feelings in response to a disaster and may need special attention. The two most common indicators of distress in children are changes in their behavior and more childish behavior. This brochure provides an overview of normal reactions within determined age groups and helpful hints for enabling children to cope.

PRESCHOOL (1-5 YEARS)

Children in this age range often feel helpless and experience an intense fear and insecurity when they can not protect themselves. Many children lack the verbal skills and reasoning needed to cope with sudden stress. The reactions of their families often strongly affect them. Abandonment is of great concern for preschoolers, and children who have lost a toy, pet, or a family member will need extra comfort. Very young children may regress to an earlier behavioral stage after a frightening event. Changes in eating and sleeping habits are common, as are unexplainable aches and pains.

Typical Reactions

- Bed-wetting
- Fear of the darkness or animals
- Clinging to parents

- Night terrors
- Loss of bladder or bowel control, constipation
- Speech difficulties
- Loss of or increase in appetite
- Cries or screams for help
- Immobility, with trembling and frightening expressions
- Running either toward an adult or in aimless motion
- Fear of being left alone; fear of strangers
- Confusion
- Disobedience
- Hyperactivity
- Aggressive or withdrawn behavior

Helpful Hints

- Encourage expression through play re-enactment
- Provide calming words and physical comforting
- Give frequent attention
- Encourage expression regarding loss of pets or toys
- Provide comforting bedtime routines
- Allow child to sleep in same room with parents until the child can return to their own room without the post-disaster fear

SCHOOL AGE (5-11 YEARS)

The school-age child is able to understand permanent changes or losses. Fears and anxieties are common in this age group. Imaginary fears that seem unrelated to the disaster may appear. Some children, however, become preoccupied with the details of the disaster and want to talk about it continuously. This can get in the way of other activities. These children also may return to "more childish" behaviors and withdraw from friends.

Typical Reactions

- Thumb-sucking
- Irritability, whining
- Clinging
- Aggressive behavior
- Competition with younger siblings for parental attention
- Night terrors, nightmares, fear of darkness
- Withdrawal from peers
- Avoidance of, loss of interest in, and poor concentration in school
- Headaches or other physical complaints

Helpful Hints

- Patience and tolerance
- Play sessions with adults and peers
- Discussions with adults and peers
- Relaxed expectations at school or at home (temporarily)
- Opportunities for structured but not demanding chores and responsibilities
- Rehearsal of safety measures to be taken in future disasters