

Tips for Talking to Children After a Disaster

A Guide for Parents and Teachers



Natural disasters such as tornados, or man-made tragedies such as bombings, can leave children feeling frightened, confused, and insecure. Whether a child has personally experienced trauma or has merely seen the event on television or heard it discussed by adults, it is important for parents and teachers to be informed and ready to help if reactions to stress begin to occur.

Children respond to trauma in many different ways. Some may have reactions very soon after the event; others may seem to be doing fine for weeks or months, and then begin to show worrisome behavior. Knowing the signs that are common at different ages can help parents and teachers to recognize problems and respond appropriately.

Preschool Age

Children from age 1 to 5 find it particularly hard to adjust to change and loss. These youngsters have not yet developed their own coping skills, so they must depend on parents, family members, and teachers to help them through difficult times.

Very young children may regress to an earlier behavioral stage after a traumatic event. Preschoolers may resume thumb sucking or bedwetting or may become afraid of strangers, animals, darkness, or “monsters.” They may cling to a parent or teacher, or become very attached to a place where they feel safe.

Changes in eating and sleeping habits are common, as are unexplainable aches and pains.

Other symptoms to watch for are disobedience, hyperactivity, speech difficulties, and aggressive or withdrawn behavior. Preschoolers may tell exaggerated stories about the traumatic event or may speak of it over and over.

Early Childhood

Children age 5 to 11 may have some of the same reactions as younger children. They may also withdraw from play groups and friends, compete more for the attention of parents, fear going to school, allow school performance to drop, become aggressive, or find it hard to concentrate. These children may also return to more childish behaviors, such as asking to be fed or dressed.

Adolescence

Children age 12 to 14 are likely to have vague physical complaints when under stress and may abandon chores, schoolwork, and other responsibilities they previously handled. Though they may compete vigorously for attention from parents and teachers, they may also withdraw, resist authority, become disruptive at home or in the classroom, or even begin to experiment with high-risk behaviors such as alcohol or drug use.





These young people are at a developmental stage in which the opinions of others are very important. They need to be thought of as “normal” by their friends and are less concerned about relating well with adults or participating in recreation or family activities they once enjoyed.

In later adolescence, teens may experience feelings of helplessness and guilt because they are unable to assume full adult responsibilities as the community responds to the disaster. Older teens may also deny the extent of their emotional reactions to the traumatic event.

How to Help

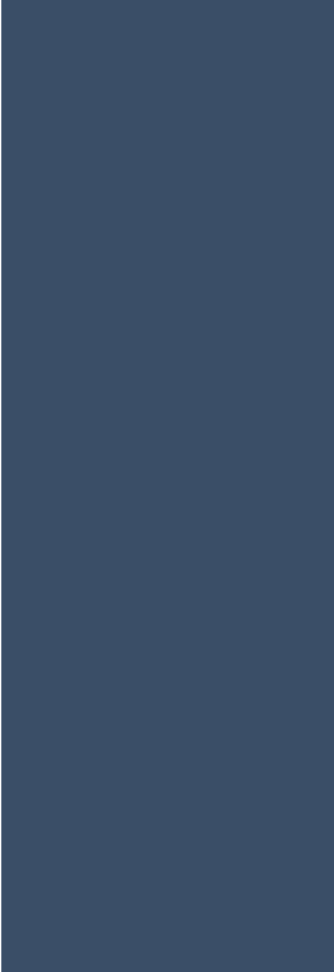
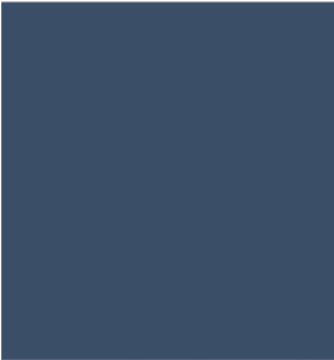
Reassurance is the key to helping children through a traumatic time. Very young children need a lot of cuddling, as well as verbal support. Answer questions about the disaster honestly, but don't dwell on frightening details or allow the subject to dominate family or classroom time indefinitely. Encourage children of all ages to express emotions through conversation, drawing, or painting and to find a way to help others who were affected by the disaster.

Try to maintain a normal household or classroom routine and encourage children to participate in recreational activity. Temporarily reduce your expectations about performance in school or at home, perhaps by substituting less demanding responsibilities for normal chores.

Acknowledge that you too may have reactions associated with the traumatic event, and take steps to promote your own physical and emotional healing.

Tips for Talking to Children After a Disaster

- Provide children with opportunities to talk about what they are seeing on television and to ask questions.
- Don't be afraid to admit that you can't answer all their questions.
- Answer questions at a level the child can understand.
- Provide ongoing opportunities for children to talk. They will probably have more questions as time goes on.
- Use this as an opportunity to establish a family emergency plan. Feeling that there is something you can do may be very comforting to both children and adults.
- Allow children to discuss other fears and concerns about unrelated issues. This is a good opportunity to explore these issues also.
- Monitor children's television watching. Some parents may wish to limit their child's exposure to graphic or troubling scenes. To the extent possible, watch reports of the disaster with children. It is at these times that questions might arise.
- Help children understand that there are no bad emotions and that a wide range of reactions is normal. Encourage children to express their feelings to adults (including teachers and parents) who can help them understand their sometimes strong and troubling emotions.



Additional Resources

American Academy of Child and Adolescent Psychiatry (AACAP)

3615 Wisconsin Avenue, N.W.
Washington, DC 20016-3007
Local phone: 202-966-7300
Toll-free: 800-333-7636
Fax: 202-966-2891
Web site: www.aacap.org

National Association of School Psychologists National Emergency Assistance Team

4340 East West Highway, Suite 402
Bethesda, MD 20814
Phone: 301-657-0270
Web site: www.nasponline.org/NEAT

National Center for Children Exposed to Violence

Yale Child Study Center
230 South Frontage Road, P.O. Box 207900
New Haven, CT 06520-7900
Local phone: 203-785-7047
Toll-free: 877-49 NCCEV (496-2238)
Fax: 203-785-4608
Web site: www.nccev.org/violence/children_terrorism.htm

National Mental Health Association

2001 N. Beauregard Street, 12th Floor
Alexandria, VA 22311
Local phone: 703-684-7742
Toll-free: 800-969-NMHA (6642)
Fax: 703-684-5968
Web site: www.nmha.org/reassurance/anniversary/index.cfm

Federal Emergency Management Agency (FEMA)

(Information for Children & Adolescents)
P.O. Box 2012
Jessup, MD 20794-2012
Toll-free: 800-480-2520
Web site: www.fema.gov/kids

National Institute of Mental Health

Office of Communications
6001 Executive Boulevard, Room 8184, MSC 9663
Bethesda, MD 20892-9663
Local phone: 301-443-4513
Toll-free: 866-615-NIMH (6464)
TTY: 301-443-8431
Fax: 301-443-4279
Web site: www.nimh.nih.gov

Note: Inclusion of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.

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- Try not to focus on blame.
- In addition to the tragic things they see, help children identify good things, such as heroic actions, families who are grateful for being reunited, and the assistance offered by people throughout the country and the world.

When Talking Isn't Enough

For children closer to the disaster scene, more active interventions may be required.

- The family as a unit might consider counseling. Disasters often reawaken a child's fear of loss of parents (frequently their greatest fear) at a time when parents may be preoccupied with their own practical and emotional difficulties.
- Families may choose to permit temporary regressive behavior. Several arrangements may help children separate gradually after the agreed-upon time limit: spending extra time with parents immediately before bedtime, leaving the child's bedroom door slightly ajar, and using a nightlight.
- Many parents have their own fears of leaving a child alone after a disaster or other fears they may be unable to acknowledge. Parents are often more able to seek help on the children's behalf and may, in fact, use the children's problems as a way of asking for help for themselves and other family members.
- Teachers can also help children with art and play activities, as well as by encouraging group discussions in the classroom and informational presentations about the disaster.

Note: Some of this information in this brochure was gathered from a brochure developed by Project Heartland—a project of the Oklahoma Department of Mental Health and Substance Abuse Services in response to the 1995 bombing of the Murrah Federal Building in Oklahoma City. Project Heartland was developed with funds from the Federal Emergency Management Agency in consultation with the Federal Center for Mental Health Services.