PRESTON HOLLOW PRESBYTERIAN CHURCH

OCTOBER 18, 2020

**Factors that Influence the Emotional Impact**

**on Children in Disaster Situations**

1. Characteristics, extent, and duration of the disaster
	1. The pandemic is hard to understand, Indeterminate in length, varied in severity geographically
	2. Responses vary, people a child relies on disagree with what their family is doing/saying about the pandemic
	3. Being denied normal requests: playmates, trips to the store, parties, etc. when they SEEM possible is confusing. Hearing the unexpected “No” over and over is demoralizing
2. Direct exposure to someone who is sick or dies. Being exposed or getting Covid themselves.
3. Earlier exposure to other disasters and chronic adversity
4. Perception of life-threat to self or significant other
5. Separation from caregivers
	1. Spend More time Alone
	2. Miss teachers/babysitters/grandparents/extended family
6. Physical injury or sickness
7. Effects on parents or caregivers
	1. Adults, who normally provide support, protection, and stability, may be unable to provide shelter, food, or safety. They may fail to respond appropriately to their child’s emotional distress because they are incapacitated by their own emotional response. An over-whelmed caregiver frequently leads to a distressed child. Emotional or behavioral disorders manifested by care- givers increase a child’s feelings of insecurity and fear making long-term emotional and behavioral disorders more likely.
	2. Children feel their needs are an inconvenience. Or that their neediness is dangerous to their caregivers.
8. Inner resources of the family, and relation and communication patterns among the family members
	1. Families characterized by tense and conflicting relationships prior to the disaster are more likely to react in nonadaptive and disorganized manners. This reinforces feelings of helplessness and insecurity in children.
9. Exposure of children to mass media
	1. Indirect exposure to disaster through TV images is associated with anxiety and other emotional disturbances in children not directly exposed to the disaster. Social media may also be a source of distressing images and inaccurate information. Having accurate information available on the internet may be desirable.
10. Cultural and context differences
	1. Children and families who have previously endured traumatic experiences, or have lived with chronic adversity, including violence, abuse, separation from caregivers, abject poverty, discrimination and social exclusion have a greater risk of experiencing serious adverse emotional reactions to disaster. A strong and extensive social network may serve as a protective buffer. Likewise, some religious beliefs may serve as protective factors for children and their families.
11. Degree of disorganization and loss of social control in the community
	1. Pandemic and racial injustice invites chaos and disruption that undermines the normal rule of law and lead to desperate and criminal behavior such as looting, robbery, and vandalism.
12. Community response
	1. The more social cohesiveness the community retains, the quicker that society will gain a sense of stability, normalcy, or, at least, hope. Having a community response and recovery plan that is implemented in a prompt, effective, and coherent manner will create a more supportive environment that lessens the risk for long-term emotional disorders.
	2. Changing mandates about masks, closures, schools, sports are confusing

**Resilience**

More resilient children are able to focus their energy on developmentally appropriate activities such as play, friendships, and learning. We all want resilient children and want to be resilient ourselves. Some people seem to be naturally resilient. Can we influence how resilient our children are?

Resilience, or the ability to ‘bounce back’ and to thrive in the context of adversity, is a multidimensional construct, that is dependent on both the capacity of the individual, and the capacity of the social and physical environment to facilitate the individual’s coping with adversity. Rather than a ‘trait’ of a person it is the outcome of a process involving developmental factors, promotive and protective influences and vulnerabilities in the person and the ecological system. Resilience can be promoted by strengthening factors in the individual child, but also by strengthening factors in the social or material ecology of a child.

**Child Factors Affecting Adaptation**

Child’s developmental stage

Child’s degree of dependency on adults

Child’s unique individual characteristics

Child’s their previous experiences (previous history of trauma, loss, family distress, or emotional/ behavioral problems increases the likelihood of a more intense and persistent emotional disturbance after disasters. The tornado!)

Child’s gender (Cultural and biological differences between girls and boys make it more likely for boys to have more disruptive or externalizing behavioral symptoms and longer recovery periods than girls. Boys tend to react with aggressive behavior, violence, substance abuse and antisocial attitudes. Girls, on the other hand, are more at risk for internalizing disorders such as depression and anxiety. Girls may be more willing and able to verbalize their experiences.)

Child’s previous physical and mental health (Having a chronic physical or mental disease is a risk factor for poor adaptation.

Child’s subjective perceptions of the pandemic and its effects (A perceived threat is as important as any objective risk. A perceived threat of death or death of a parent, friend, etc is a strong risk factor for developing an emotional disorder.)

**System Factors Affecting Adaptation**

Physical and emotional availability and stability of their caregivers (This is especially true for younger children. Older children may have the support of other adults that can help compensate for missing support from their caregivers.)

Availability of peers, siblings. (A cohort makes most situations easier.)

Economic resources including medical support

Availability of technology

Availability of information

Availability of support for the family (extended family, friends, church, temple)

Consistency of the response by the community and government at every level

Exposure to media

**Do**

* + Make efforts to strengthen the families a priority: a loving and caring family is a key protective factor in strengthening a child’s resilience and supports healthy development.
	+ As soon as is safely possible, help kids access education, health services and opportunities for play and social interaction
	+ Communicate your plans and strategies to cope with the situation, answer questions, provide reassurance. Be calm and confident to the extent possible. Present a united front with your spouse (co-parent) if possible.
	+ Nurture secure and ongoing attachment relationships. Use photo shares, Marco Polo, FaceTime, Caribou, zoom, etc. to stay in touch with people you cannot see in person.
	+ Teach self-regulation skills: Take Space, Stomp It Out, Drawing, Breathing, Distraction
	+ Keep or make new routines for anything your family struggles with. Try to make mornings, mealtimes, nap time, bath time, bedtime predictable and stress free. Make hand washing a routine.
	+ Teach self-care skills that might have been “put off” because of frantic pre-pandemic schedules.
	+ Give kids control of anything that is appropriate. Give them choices, even if they are forced choices. Find ways to say “yes” to offset all the times you have to say “no”.
	+ Use rewards liberally, discipline sparingly and punishment rarely.
	+ Involve older children in activities that provide meaning and structure. Work on scouting badges, journal (provide prompts), crafts, sewing.
	+ Share information appropriately and honestly. Correct misinformation gathered from peers, social media.
	+ Grieve together about losses from cancelled events to death. It is normal and natural to be upset.
	+ Take care of yourself. Stay **S** (sleeping) **A**(attitude) N(nutrition) **E**(exercise).
	+ Roll model the behaviors you want to encourage.
	+ Acknowledge that virtual school is preferred by some and hope them process their reluctance to return when it is time

**Do Not**

* + Make kids assume parental roles that are inconsistent with their developmental and emotional needs. (Make responsible for siblings, paying bills)
	+ Rely on your children for emotional comfort.
	+ Fight with your spouse or co-parent in front of the kids, especially about pandemic precautions.
	+ Overreact to regressed behaviors.
	+ Fail to explain and interpret the crisis.
	+ Leave children “on their own” for inappropriate lengths of time.
	+ Ignore your own needs.
	+ Take out your frustrations on your kids
	+ Share inappropriately with your children
	+ Fail to seek professional services for yourself of children if this is indicated

Expected Adaptive Behaviors

 In most cases a child’s emotional response after a disaster represents “expected” adaptive behaviors. These include:

Sleep disturbances including Insomnia, refusal to go to sleep, frequent waking, nightmares, night terrors, and fears of sleeping alone are quite common. This is related to a child’s sense of security. A compassionate and flexible response is appropriate. Parents should try to resume bedtime rituals, spend more time with children near bedtime, discuss the pandemic calmly with a faith perspective and prayer time if appropriate, provide a soothing transitional object (doll, stuffed animal), leave a light on, and stay with a child until he or she is asleep are possibilities. If sleeping problems persist, a professional consult is appropriate.

Inappropriate guilt feelings plague some children. Younger children are egocentric and may believe that they have something to do with causing the virus. They may believe they caused the pandemic by not behaving or for having mean thoughts and fantasies. Older children and adolescents may have excessive feelings of guilt and inappropriate self-blame. They may have survivor’s guilt or feel guilty because they are unable to prevent their loved ones from being sick. Children may be aware of stress that their parents’ experience while trying to meet their kid’s needs. They may feel responsible if their parents are fighting. It is necessary that children understand that they are not responsible for what is happening to prevent inappropriate feelings of guilt. Your pastor, youth minister or children’s minister may be helpful with this.

Regressive behavior is also common, especially among younger children whose developmental achievements are not as well consolidated. They become more dependent on adults, perhaps even clinging to them, and symptoms of separation anxiety or school refusal may appear. They may often regress to thumb-sucking, fearing the dark, wetting the bed, and even have encopretic episodes. These symptoms usually resolve with patience and support.

However, this “expected” adaptive behavior can become a significant mental health problem that will chronically impair a child’s social and emotional development when it is too intense or persistent. Identification of intense and problematic responses needs to be followed by adequate support and treatment, according to the emotional needs and developmental stage of each child and taking the social supportive networks in consideration.

**Signs to Monitor**

**Depression:** When the return to normal routines and settings is delayed or impossible, temporary symptoms of depression can become chronic and may require intervention of medical and mental health professionals. Watch for:

* + Sleep disturbance: insomnia, hypersomnia, nightmares
	+ Eating pattern disturbances: rejection of food or excessive feeding/eating
	+ Feelings of hopelessness and helplessness
	+ Feelings of frustration, irritability, rest- lessness, emotional outbursts.
	+ Reduced or no interest in usual every-day activities, feelings of discourage- ment (despondency)
	+ Reduced or no capacity for enjoyment of activities that were usually pleasant
	+ Loss of interest in playing
	+ Loss of interest in relating with peers
	+ Loss of friends
	+ Regressive behaviors (going back to earlier developmental stages)
	+ Tendency towards withdrawal and annoyance
	+ School performance problems
	+ Somatic symptoms since they are sometimes equivalent to depressive symptoms (e.g. headaches, stomachaches among the most frequent)
	+ Suicidal thoughts or suicidal ideation in adolescents and older children, requiring immediate attention by mental health professionals

**Anxiety Disorders:** Symptoms of anxiety may appear at all ages. Among the most frequent include:

* + Fears (often of the dark)
	+ Irritability
	+ Restlessness
	+ Avoidance behavior
	+ Recurrent stressful thoughts or feeling of being in danger
	+ Recurrent images
	+ Attention, concentration, and memory disturbances
	+ Shaking
	+ Dizziness, instability, Tachycardia, upset stomach, chest pain
	+ Muscle cramps
	+ Gastrointestinal disorders (diarrhea, constipation)
	+ Sweating
	+ Chewing clothes, inside of mouth, blankets; hair pulling, twirling and eating; scratching; fidgeting

 **Conduct Disorders (Defiant and Aggressive Behavior)**

* + Aggressive behavior (Younger children may hit or bite others, older children may get quite violent, especially with their peers, and pushing and fighting becomes common. Rebellious, antisocial, and even criminal behavior can also occur.)
	+ Emotional outbursts, and other disruptive behavior.
	+ New or increased substance use and alcohol consumption.
	+ Running away or leaving school without permission
	+ Lying or exaggerating
	+ Shoplifting or stealing from parents
	+ Defiance of rules, especially concerning internet use and phone
	+ Porn

**Signs Indicating Possible PTSD**

 Preschool-age Children

Toddlers and preschool-age children cannot verbally communicate their distress. Instead, they frequently look withdrawn, silent, indifferent, quiet, fearful, demonstrate regressive behaviors and fears especially increased separation anxiety. They may re-enact intrusive memories through repetitive play of the trauma.

School-age Children

Older children can manifest symptoms including irritability as well as emotional constriction. They often suffer from difficulties in attention that impair their concentration at school. In addition, somatic symptoms, such as headaches and stomachaches, are typical. Their worries about the disaster might become pervasive. They may attempt to prevent future dangers by asking questions about aspects of the event, including minor details that may seem obsessional. They may also re-enact troubling recollections through play or drawing.

 Adolescents

Adolescents can experience recurrent thoughts or dreams about the incident that may lead to feelings of anxiety, depression, helplessness, and guilt, and suicidal ideation. Occasionally, to relieve their distress, they may increase their use of illicit substances. In addition, they may demonstrate rebellious and antisocial behavior.

**If Serious Symptoms Develop, Then What?**

Start with a visit to your pediatrician or family practice doctor and follow their recommendations. It is important to rule out any physical causes for symptoms. They will provide tips for solving problems and refer you, if necessary, to other professionals.

Use the resources provided through your church and school and community. In addition, brush up on parenting strategies to cope. It is paramount to restore safety and routine in the life of the child, and to promote a sense of agency and self-efficacy as soon as possible.