

Recognizing Stress in Children

Helping Children Cope With a Disaster

A disaster is frightening to everyone. Several factors play an important part in a child's reaction to the event. Children will be affected by the amount of direct exposure they have had to the disaster. If a friend or family member has been killed or seriously injured and/or the child's school, home or neighborhood has been destroyed or severely damaged, there is a greater chance that the child will experience difficulties.

Adults can help children grieve by patiently listening and being able to tolerate feelings. This is a major factor in a child's perception of adults' reactions to the disaster. Most of the time children are very aware of adults' worries, but they are particularly sensitive during the period of a disaster. Acknowledging your concerns to the child is important, as is your ability to cope with stress. Another factor that affects a child's response is his/her developmental age. Talking about the disaster together using words children can understand is important, as is being sensitive to their different responses.

Preschool children will cling to parents and teachers. They will worry about their parents' whereabouts. School-age children whose homes have been damaged by a fire may express the fear that life isn't safe or fair, whereas adolescents may minimize their concerns but fight more with parents and spend more time with their friends. It is important to listen to children's individual concerns and to be alert to signs of difficulty.

Children are the most vulnerable population. Times of disaster and trauma increase their vulnerability. Recognizing children's symptoms of stress is not easy. Some stress reactions may include the following:

- Sleep disorders
- Persistent thoughts of trauma
- Belief that another bad event will occur
- Conduct disturbances

- Hyperalertness
- Avoidance of stimulus or similar events, i.e., boating, swimming, baths, traveling
- Moving
- Regression, thumb sucking
- Dependent behaviors
- Time distortion
- Obsession about the event
- Feeling vulnerable
- Excessive attachment behaviors

Extension professionals, parents and caregivers can work with child care providers to help them understand that parents who are under stress may not be able to provide enough love and affection for their children. Some of this lack of affection can be supplemented in child care settings.

There are multiple factors that determine how to negotiate stress with children.

Child's Developmental Level

Elementary school children in the developmental stage of accomplishing and feeling competent may not progress well in school. This is an interference in development. Research indicates that the stage of identity development (usually in adolescent and teen years) can be hampered if fear is pronounced.

Latent reactions observed in children experiencing the Buffalo Creek flood in New York were depression, powerlessness, vulnerability, difficulty distinguishing fact from fantasy, fear of separation and chronic anxiety.

Child's Perceptions of Family Reactions

Sometimes, anxiety in children can be attributed to anxiety in parents. Children who realize that their parents are powerless (the inevitability of flood waters, for example) are fearful. Erikson suggests a loss in the belief of adults' power results in the questioning of adult authority in other instances and may manifest itself in juvenile misconduct.

Collaboration between parents, caregivers and social workers has worked in the past. Meaningful adaptations in children's environments will aid in their feelings of security.

Expected Reactions of Children and Adolescents to Disasters

- Refusal to return to school or child care. This may emerge up to several months after the disaster.
- Fears related to the disaster (i.e., the sound of wind, rain, thunder, sirens, etc.).
- Sleep disturbances persisting several months after the disaster, manifested by nightmares and bed wetting.
- Misconduct and disobedience related to the disaster reflecting anxieties and losses that the child may not be talking about may appear weeks or months later.
- Physical complaints (stomachaches, fevers, headaches and dizziness) for which no immediate physical cause is apparent.
- Withdrawal from family and friends, listlessness, decreased activity and preoccupation with the events of the disaster. Many children may be confused or upset by their normal grief reaction. Children have reported that they do not feel enough support from adults during a disaster.
- Loss of concentration and irritability.
- Increased susceptibility to infection and physical problems related to the disaster.

The most common psychological disturbances found among children who have lived through a disaster include anxiety disorders, sleep disturbances, phobias, depression and post-traumatic stress disorder.

Children proceed through a variety of stages following a trauma. The following stages have been identified as stages one might expect following a disaster.

- *Terror* – Exhibited by children through crying, vomiting, becoming mute, loss of temper or running away.
- *Rage or Anger* – Adrenaline release, tense muscles and/or heart rate increases.
- *Denial* – Adults may exhibit denial differently than children. Some behaviors include feeling

numb, blocking off pain and emotion, dreaming, feeling removed from experiences or no feelings at all. Children may withdraw into noncustomary behavior patterns. One study reported avoidance and resistance to participating in art therapy by not drawing anything related to the actual disaster (Newman, 1976). Behaviors may appear non-responsive and be overlooked.

- *Unresolved Grief* – Unresolved grief could move into deep depression or major character changes to adjust to unresolved demands of grief and trauma. A child may stay sad or angry, passive or resistant.
- *Shame and Guilt* – Children do not believe in randomness and may even feel at fault after a disaster. Shame is one's public exposure of vulnerabilities. Guilt is private. There is a need to resolve these feelings, regain a sense of control, gain a new sense of independence and feel capable.

The effects of trauma in childhood can be found both immediately and after a long period of time. Trauma changes those involved. Knowing what to look for in children can lead caring adults to seek professional assistance.

Generally the world for small children is predictable and stable, served by dependable people. Any disruption in stability causes stress. The two most frequent indicators that children are stressed are **CHANGE** in behaviors and **REGRESSION** of behaviors. Children can change their behavior and react by doing things that are not in keeping with their usual style. Behaviors seen in earlier phases of development such as thumb sucking and regression in toileting may reappear.

Age groups differ in reactions. For example, loss of prized possessions, especially pets, holds greater meaning during middle childhood. Of concern to adolescents during or after a major disaster is the fear related to own body (intactness), disruption of peer relationships and school life. Adolescents feel their growing independence from parents and family is threatened. At this time, it feels different since the family needs to pull together during this time and less independence is allowed.

There will be a difference between age groups, as shown in the following table:

Normal Behavior/Stressed Behavior			
Age Group	Normal Development	Possible Stressful Reactions	Consider Referral for Professional Assistance
Preschool (1-5)	thumb sucking, bed wetting	uncontrollable crying	excessive withdrawal
	lack self-control, no sense of time, wants to exhibit independence (2+)	trembling with fright, immobile	does not respond to special attention
	fear of the dark or animals, night terror	runs aimlessly	
	clinging to parents	excessive clinging, fear of being left alone	
	curious, explorative	regressive behavior	
	loss of bladder/bowel control	marked sensitivity to loud noises, weather	
	speech difficulties	confusion, irritability	
	changes in appetite	eating problems	
Middle Childhood (5-11)	irritability	marked regressive behaviors	
	whining	sleep problems	
	clinging	weather fears	
	aggression, questions authority, tries new behaviors for 'fit'	headache, nausea, visual or hearing problems	
	overt competition with siblings for parents' attention	irrational fears	
	school avoidance	refusal to go to school, distractibility, fighting	
	nightmares, fear of dark	poor performance	
	withdrawal from peers		
Early Adolescence (11-14)	loss of interest/concentration in school		
	sleep disturbance	withdrawal, isolation	disoriented, has memory gaps
	appetite disturbance	depression, sadness, suicidal ideation	severely depressed, withdrawn
	rebellion in the home/refusal to do chores	aggressive behaviors	substance abuser
Adolescence (14-18)	physical problems (skin, bowel, aches and pains)	depression	unable to care for self (eat, drink, bathe)
	psychosomatic problems (rash, bowel, asthma)	confusion	much the same as middle childhood
	headache/tension hypochondriases	withdrawal, isolation	hallucinates, afraid will kill self or others
	appetite and sleep disturbance	antisocial behavior, i.e., stealing, aggression, acting out	cannot make simple decisions
	begins to identify with peers, have a need for alone time, may isolate self from family on occasion	withdrawal into heavy sleep OR night frights	excessively preoccupied with one thought
	agitation, apathy	depression	
	irresponsible behavior	poor concentration	

Adapted for use from Department of Family and Consumer Sciences, North Carolina Cooperative Extension, North Carolina State University.

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