




EXPRESSIONS OF GRIEF IN RESPONSE TO DISASTER AND CRISIS

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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 bedwetting.
- 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.

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- Physical complaints (stomach aches, fevers, headaches, dizziness) for which no immediate physical cause is apparent.
 - Withdrawal from family and friends, listlessness, decreased activity, preoccupations 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, irritability
 - Increased susceptibility to infection and physical problems related to the disaster.




PSYCHOLOGICAL COMPLICATIONS


- Anxiety disorders
- Sleep-disturbances
- Phobias
- Depression
- Post-traumatic Stress Disorders




STAGES OF LOSS

- Terror – exhibits for children through crying, vomiting or bodily discharge, becoming mute, loss of temper, or running away.
- Rage, anger – Adrenaline release, tense muscles, heart rate increases.

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- **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 uncustomary behavior patterns. One study reported avoidance and resistance to participating in art therapy by not drawing anything related to the actual disaster (Newman, 1979), Behaviors may appear non-responsive and be overlooked.**

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- 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, be passive or resistant.

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- Shame and guilt – Children do not believe in randomness and may even feel at fault after a disaster. Shame is one's public exposure to 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.

PRESCHOOL (1-5)

<i>Normal Development</i>	<i>Possible Stressful Reactions</i>	<i>Consider referral for professional assistance</i>
Thumb sucking, bedwetting	Uncontrollable crying	Excessive withdrawal
Lacking self control; no sense of time; wanting to exhibit independence (2+)	Trembling with fright, immobile	Does not respond to special attention.
Fear of the dark or animals, night terrors	Running 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 difficulty	Confusion, irritability	
Changes in appetite	Eating problems	



MIDDLE CHILDHOOD (5-11)

<i>Normal Development</i>	<i>Possible Stressful Reactions</i>
Irritability	Marked regressive behaviors
Whining	Sleep problems
Clinging	Weather fears
Aggression, questioning authority, trying new behaviors	Headaches, nausea, visual or hearing problems
Overt competition with siblings for parents' attention	Irrational fears
School avoidance, Loss of interest, concentration in school	Refusal to go to school, distractibility, fighting
Nightmares, fear of dark	Poor performance
Withdrawal from peers	



Parent and Teacher Strategies: Preschool and Early Childhood

- Encourage play reenactment where appropriate. Watch, and positively acknowledge what you see them doing.
- In later childhood, encourage drawing and journaling memories, and interpretations.
- Respond with patience and tolerance
- Relax expectations at school and home
- Provide regular, but not too demanding chores, and classroom responsibilities.
- Provide verbal reassurance and comforting
- Provide frequent, but appropriate attention
- Encourage the child's expression of feelings and concerns
- At home, provide daily, comforting meal time, and bed-time routines

EARLY ADOLESCENCE (11-14)

<i>Normal Development</i>	<i>Possible Stressful Reactions</i>	<i>Referral for Professional Assistance</i>
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 abuse
Physical problems (skin, bowel, aches and pains)	Depression	Unable to care for self (eat, drink, bathe)

ADOLESCENCE (14-18)

<i>Normal Development</i>	<i>Possible Stressful Reactions</i>	<i>Consider referral for professional assistance</i>
Psychosomatic problems (rash, bowel, asthma)	Confusion	Disoriented, has memory gaps
Headache, tension, hypochondrias	Withdrawal, isolation	Hallucinations, Homicidal ideations
Appetite and sleep disturbances	Antisocial behavior, stealing, aggression, acting out	Cannot make simple decisions
Begin to identify with peer group Have a need to be alone May isolate from family on occasion	Withdrawal into heavy sleep or night frights	Excessively preoccupied with one thought
Agitation, apathy	Depression	
Irresponsible behavior		
Poor concentration		




Parent and Teacher Tips: Adolescents

- Encourage participation in peer, group and community responses, such as letter writing, journaling, illustration.
- Encourage resumption of routines
- Group discussions to examine crisis responses, and appropriate behaviors to manage stress.
- Structured, but undemanding responsibilities
- Temporarily relaxed expectations of performance at school and home
- Individual attention and consideration
- Structured meal times with family, and weekly peer time
- Comforting night-time discussions with family, before bed, to encourage open communication, recognize grief process.



EXPRESSIONS OF GUILT MAY ALSO INCLUDE


- EMOTIONAL SHOCK – and at times an apparent lack of feelings, which serve to help the child detach from the pain of the moment.
- REGRESSIVE (IMMATURE) BEHAVIOR – such as needing to be rocked or held, difficulty separating from parents or significant others, needing to sleep in parent's bed or an apparent difficulty in completing tasks well within the child ability level

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- EXPLOSIVE EMOTIONS AND ACTING OUT BEHAVIOR - that reflect the child's internal feelings of anger, terror, frustration and helplessness. Acting out may reflect insecurity and a way to seek control over a situation for which they have little or no control.
 - ASKING THE SAME QUESTIONS OVER AND OVER – not because they do not understand the facts, but rather because the information is so hard to believe or accept. Repeated questions can help listeners determine if the child is responding to misinformation or the real trauma of the event



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Referral : Prolonged Stress; Frequency and Intensity of Crisis Reaction

- If the child 's or adolescent's crisis reaction is prolonged, and intense, professional assessment and diagnosis of a possible medical or mental disorder may be involved.***

IN THE END THERE IS ALWAYS
HOPE

