

## Coping With Natural Disaster: Suggestions for helping children with special needs

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### **Direct and indirect trauma:**

You don't have to be a victim of a disaster to be traumatized. Trauma can also be experienced *indirectly* by watching the disaster on television, or imagining a horrible accident that befell a loved one. The long-term effects of trauma depend on many things, including how direct the trauma was, whether the person suffered injury or loss, the person's coping style, and the support received after the event.

### **Parents and educators look for ways to help children cope:**

It can be hard to know how much information to share with children. You may find yourself struggling to answer a child's questions and feeling unsure what reactions are typical. Fortunately, most children will learn to cope with a trauma over time. There will be many children, however, who will take months or years to adapt, with stress reactions waxing and waning over time.

### **Suggestions for helping children with special needs to cope:**

Below are some suggestions for helping children with special needs to cope with disaster situations. Like everyone, children with special needs have fears and concerns unique to their experiences and skills. Below is some information about what to expect.

### **Reactions to disaster and loss - What to expect in children:**

People respond differently to disaster. Some may appear unaffected, and others show distress, rage, and fear. Children's reactions vary according to many factors, including their ages, abilities, and experiences. The children most directly affected are likely to have the greatest difficulty coping. Children with prolonged indirect exposure (including television) may also have trouble coping. Understand that some children may appear relatively unaffected, and this may be okay, especially if their exposure to the disaster was limited. Listed below are some of the predictable ways that children exposed to trauma may respond.. For most, these responses will diminish over the next few months, especially if the child did not experience injury, loss of a family member, or further trauma.

### **Very young children:**

About ages two to five: sleep disturbance; difficulty separating from parents; fussiness; confusion; fears about safety; somatic symptoms (stomach aches); exaggerated startle to loud noise; and re-enactment of the events through play. These reactions will be most evident in children with greatest exposure to the trauma and when parents display a great deal of distress. Children with special needs may experience any of these reactions

### **School-age children:**

Ages 5 to 11: will worry about the safety of loved ones; attention to adult reactions; withdrawal or hyperactivity; repetitious play; impaired concentration and academic performance; sleep disturbances and nightmares; magical ideas about how the disaster might have been averted. Children with special needs may experience any of these reactions.

### **Adolescents:**

Ages 12 to 18: sadness; outrage; risk-taking behaviours; substance use or abuse; sleep or eating disturbances; anger or rage; talk of retaliation; increased sense of alienation; shifts in peer groups; and focus on death. Adolescent thinking style tends to be all-or-nothing and teens are especially vulnerable to peer influences and failing to consider the consequences of their actions. As such, teens may be particularly vulnerable to impulsive responses. Children

### **General strategies to promote coping: What parents, educators and other support people can do:**

#### **Natural supports work best:**

Children with special needs, like other children, adapt best in their own environments and routines. There is comfort in the familiar, so allow children to go about routines of school, recreation, and play. Consider the community supports you would turn to in any time of need: extended family, religious faith, community organizations, and recreational activities that provide outlets for tension and opportunities to spend time together. Use *your* support network. Take care of yourself so that you can be available when children need guidance.

### **Education helps:**

Educate yourself about the impact of trauma and how it changes over time. Knowing what to expect helps you be prepared to provide support. For example, expect children to misunderstand some of the things they hear and see. Be prepared to learn what they know and supply accurate and timely information. Teach older children that recovery is a process: it takes time, everyone responds uniquely, and there is no "right" way to feel. There *are* right ways to act, however, and children need good role models. Help them learn about federal, state, and community leaders whose responses are constructive and inspire confidence. Use reputable resources to guide your own education efforts.

### **Focus on doing:**

When you demonstrate caring for yourself and others, you are engaged in coping. It is important to express feelings, but coping is also about learning, thinking, and doing. Some specific steps you can take:

- **Limit further exposure to trauma.** Given how immersed we are in unfolding events, assume that children know about them. It is important, however, to limit ongoing exposure to the trauma. For younger children, turn off the television during the news. Set aside some time to look at newspaper stories and photographs and answer questions. For older children, watch the news together. Change channels if you feel the media coverage is not constructive. Talk about what you see while you are watching and after you turn it off.
- **Address concerns about safety.** Discuss safety and the rescue efforts with children. Children will be assured by knowing steps authorities are taking to rescue and help people and rebuild the devastated areas. Discuss these things in concrete terms, using real examples, as you can. Be honest and calm about risk; don't promise that nothing like this will happen again. Explain that natural disasters do not occur often and reassure children that you will do everything in your power to protect them.

### **Some specific strategies:**

Children with special needs will benefit from all of the strategies listed above. Maintaining regular schedules may be particularly important for children who rely on routine as a coping method. Because of their information-processing differences, however, children with special needs may also require strategies that address their unique needs.

- **Use language the child understands.** Speak at the child's language level, giving short explanations. Children often ask questions that adults don't have answers to, such as "Why did this happen" and "Will this happen to our house?" Answer as best you can and give the child a chance to respond. It's also okay to admit there are things you don't know.

- **Check the child's understanding.** Ask often about what children are thinking and feeling. Encourage them to draw pictures if they are able. Draw, paint, or colour with them. Provide choices of emotions they may be experiencing. Use pictures that represent "sad" or "upset" if they are not good at expressing themselves with words. Ask open-ended questions like "What have you seen and heard about the flood?" Prompt them with questions such as "What happened next?" Avoid yes/no questions that do not encourage children to talk more.
- **Expect misunderstanding.** Children with language and learning difficulties may be particularly vulnerable to misconceptions. Multiple television rebroadcasts may be confusing.
- **Correct misunderstandings.** Ask children about what they hear and tune in closely to their reactions, including facial expressions.
- **Repeat your responses patiently.** Children may have questions about these events and ask them repetitively. Use clear examples and repeat yourself as needed. If you are aware of misconceptions a child has, you are in a good position to help. Gently and carefully repeat correct information and be sure the child grasps what you mean. Later, check in again about the same information because misconceptions can be hard to shake.
- **Use pictures and talk together.** Each discussion offers an opportunity to help children understand and cope. Provide information to more than one sense at a time, allowing children to see, hear, touch, talk, and do. For very young and elementary-age children, show photos of recovery operations. Tell them how the SES or police officer pictured is helping. This can be done many times over the coming days. For older children and adolescents, talk about television and newspaper coverage every day. Expose them to leaders who appear strong, sympathetic, and reasonable.
- **Identify the human element of the tragedy if inappropriate questions are asked.** Some children may want to talk about aspects of the tragedy that may seem irrelevant or insensitive. A child with restricted interests might want to review details about the aircraft involved or equipment used in the recovery effort. Answer the questions, but remind the child that this is a sad time because so many people have lost their homes, business and some people have died. If an attempt to redirect the child does not work, try to structure or contain this conversation. Provide times and places for the child to discuss this with you. Give the child guidelines for talking to others in a sensitive way. Offer "okay" topics such as the number of rescue personnel on the scene or which bridges and tunnels have reopened.
- **Look at what might be upsetting.** If a child has a strong emotional response, look first at the immediate context.

***Therapeutic approaches to traumatic stress in children with cognitive disabilities:***

Despite all of the above, some children with special needs may develop stress disorders related to their exposure to this traumatic event. These children should be referred to a mental health professional with appropriate training in both stress disorders *and* special needs. These professionals might use one of the following approaches.

***Relaxation training:***

Several relaxation techniques can be used to reduce anxiety and fears in children. A child might be taught, for example, to count slowly from one to five, while picturing himself in a pleasant place. Another child might be taught to imagine a scene in which she is slowly backing away from a troubling situation, counting each step as it is taken, and being "free" when she reaches ten steps. A child may learn to breathe slowly and deeply when confronted with a stressful situation. With each of these examples, the child would require a period of instruction in a highly supportive setting and then extensive practice before being expected to use the skill in "real life."

***Social Stories:***

Social stories are a way to teach social knowledge and skills to students with autism-spectrum disorders. A story is written and illustrated with pictures or photographs from a child's perspective. The story describes a social situation in which a child is having trouble and provides step-by-step guidelines on how to respond. Read these stories together. They provide students with information about other people and their feelings, settings, social cues, and coping. For example, a social story could describe a child entering the playground, feeling anxious, and then telling himself "It's okay, I can do this." The story then would go on to describe how he approaches a friend. He asks to join in play and his friend responds with an enthusiastic "Yes!"

**Sources:**

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