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By Dr. Edward Bailey
Chief of Pediatrics,
NSMC North Shore Children's Hospital



Be open with children about disasters

Ninety-five percent of Americans say they have never thought about making a disaster plan. They say, "It could never happen to me." In reality, as Danvers families learned last month, up to 60 percent of Americans will be involved with a disaster or catastrophic event, personally or within their community, at some time in their lives.

It's important for families to have a general response and evacuation plan for any emergency. The plan should include specifics on how family members will get out of the house (consider, for example, how you would escape if trapped on a second floor), who will be responsible for collecting small children, a designated meeting place outside the home in case you get separated, and an emergency bag of supplies, medicine, and money.

Include children in planning for disasters. Experts now believe children find planning and conversation supportive and reassuring, rather than frightening.

Much of the public attention since the Danvers explosion has focused on the 'miraculous' outcome -- no lives lost and only minor injuries. There's been little mention of the psychological effect on families traumatized by the event or forced in panic from their homes. It is important to be aware of the risk of post-traumatic injury to both adults and children, whether or not they were personally involved or were exposed through the intense media coverage.

Children have unique mental health needs, and their reactions to strange and frightening situations vary depending on each child's intellectual, emotional and social developmental levels. In addition, the potential emotional instability of parents or caretakers who may be severely traumatized themselves is likely to influence a child's response.

Many parents who are overwhelmed, upset and insecure are unprepared to discuss upsetting events and resist initiating those discussions. They hope their children will simply forget about the problem, and fear that discussion will make things worse. Although every child is different, many facing distress develop a sense of safety and control when caretakers provide facts in an age appropriate manner.

Post-traumatic stress disorder has been documented in children of all ages, but rarely diagnosed in infants. Young children, unable to understand the complexity of situations, develop more general symptoms including fear, anxiety, behavioral problems, crying, irritability and behavioral regression (for example, toilet training). Older, school-age children, may deal with the trauma by re-creating the event through play, becoming aggressive or developing a separation disorder. The adolescent response is frequently similar to that of adults: severe anxiety, depression and sleep problems.

Many cope well, without developing signs of psychological injury. But public awareness of potential psychological problems in children affected by disaster is critical. Parents may need help to work through personal feelings of guilt, fear and anxiety before they can provide guidance and facts, discuss a tragedy, and give their children comfort and support. In these cases, it's important for parents to seek counseling and care.

A wealth of information including a disaster preparedness kit, can be found at the Academy of Pediatrics website (www.aap.org), the Federal Emergency Management Agency (www.fema.org). Or contact your pediatrician for more information on post-traumatic stress disorder.

Dr. Edward Bailey is chairman of pediatrics at NSMC North Shore Children's Hospital, on staff at Massachusetts General Hospital for Children, and a father of three. He can be contacted at NSMC North Shore Children's Hospital, 57 Highland Ave., Salem, MA 01907 or at ebailey@aap.org