

Immediate Psychological Support for Children after a Disaster: A Concept

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Abstract

Disasters, by their very nature, are extremely disruptive to people's lives in addition to the injuries and property destruction they cause. Also, the psychological effects can linger for years, long after the physical damage has been repaired.

Although many psychological studies have focused on children there is one aspect of this important topic that has never been addressed – how to begin psychological support in the field immediately after the disaster. EMS personnel by their nature, are compassionate people but have no training or equipment to help children to give psychological help and support to children caught up in a disaster. Hospital pediatric personnel have used play and art therapy for years to help children deal with the psychological trauma of being hospitalized. We present a concept that uses the basics of established hospital play and art therapy that can be easily used by disaster personnel at a disaster scene. Simple supplies and a page of easily understood instructions will allow this forgotten aspect of disaster to be addressed.

This paper presents a new concept that outlines how Emergency Personnel can offer support with a minimum of supplies and training.

INTRODUCTION

Many types of disasters, from earthquakes to tornadoes and floods, can strike a community or region. They all physically and socially disrupt people's lives and differ only in the extent to which they do it and the type of damage done.

An impressive array of help is available from both state and federal resources but the fact is that it takes time for these resources to be mobilized and put in place. In the interim the local fire, police and EMS personnel must use the people and equipment they have to begin mitigation.

The first efforts of the local emergency personnel, understandably, are aimed at rescuing and treating the injured and securing the area in an attempt to bring order out of chaos. Once this has been done they can work on meeting the needs of the people for food, water, and shelter, and restoration of electricity, phones, and healthcare (pharmacies, clinics, doctor's offices and hospitals).

The time frame of the above activities depends upon the type of disaster, the extent of geographic involvement and the population density but all disasters go through the same sequence of stages.

IMMEDIATE POST-DISASTER PHASE

A number of events occur during the time right after a disaster has struck when things are most chaotic and most stressful. One of these is that some families become separated from one another. Of course this will depend to a large extent on how unexpectedly the disaster happened but separation of family members is a common thread amongst all disasters.

The arrival of local fire/police/EMS personnel is, naturally, a drawing card for people in the area. The initial efforts of these personnel are aimed at the people with the most critical needs and dealing with issues of separated family members, as stressful as this may be, is not a top priority.

An unfortunate consequence of the chaos immediately after a disaster and separation of family members is that some of these family members are likely to be lost children. It won't be long before these children are brought to the nearest emergency personnel for safe-keeping.

Herein lies a big problem. As much as emergency personnel, by their very nature and training, are "helpers and doers", they are faced with a situation for which they have no training or supplies. They may have to be "baby sitters" for a

few hours or maybe even until the next day. They can help with food, water, and shelter, but “what to do with them” is a real problem.

Many organizations, local, state, and national, are experts in dealing with children under stress and these groups are to be praised for their fine work. The fact is they are not “right here, right now”, so what are the emergency personnel to do? They could do nothing, or, if they have a few supplies and a little knowledge, they could do something very positive.

THERAPEUTIC PLAY

The solution to this situation lies in the field of “therapeutic play”. A large body of information exists about the use of play therapy for children in hospitals. One can use a few simple pieces of this vast body of knowledge and easily apply it to the situation described above.

All children, when presented with toys or art supplies, will spontaneously begin to use them. This is therapy for the child who is in a stressful situation. Emergency personnel can have the children engage in therapeutic play if they have a few very simple supplies and an instructional page of “do's and don'ts”.

It should be mentioned that, after a disaster, it is common to have local residents present themselves to emergency personnel asking what they can do to help. A general rule of field disaster management is to give them tasks to do. If they aren't “put to work” they will undertake their own actions which may be dangerous or deleterious. It is very possible that one or more of these people would be willing and able to care for the children.

PLAY THERAPY

The most important requirements for play therapy for the children in our situation is that the “toys” be sturdy and unbreakable, can still be used if some pieces are lost, do not require batteries or electricity, and are functional if wet or muddy. What in the world could meet these requirements? Old fashioned wood blocks! The allure of wood blocks goes back for centuries and all children (and most adults!) spontaneously begin to play with them as soon as they see them.

It is actually difficult to find wood blocks in toy stores in today's high tech world. An easy solution would be to have a local organization (Boy Scouts, church group, men's group) make them from ordinary 1x2s, 1x4s 2x4s, etc.; it would

only require sawing and sanding (painting not required).

The second part of our play therapy is art. Children do not need to be coaxed or taught to draw if presented with drawing supplies. The only supplies needed in our situation are paper (a package of copier paper is ideal), a drawing surface (fifteen inch squares of masonite or formica), and colored pencils.

Colored pencils are best because magic markers will dry out and crayons run the risk of melting if they get hot during storage (they melt at 102-103 degrees F). Imagine the disappointment of a child ready to draw and the materials can't be used.

The colored pencils should be short (available from most school art supply companies) so that the children wouldn't have the risk of running around with a long pointed object. One will also need an ample supply of the old-fashioned hand-held twist-type pencil sharpeners (yes, they still make them).

Play materials such as paint or clay are not desirable because they won't store well until needed and will need water for cleanup which will be in short supply.

One final topic should be mentioned in dealing with a lost stressed child after a disaster. One may have a child so emotionally distraught that they are unable to participate in play therapy. A very useful intervention would be to give the child a stuffed animal to hold. A stuffed animal would be better than a doll since it would be sexually and racially neutral. It is very likely that a church group or service organization would be more than happy to supply an EMS organization with a dozen or so stuffed animals.

Table One is a brief list of important basic facts in dealing with children under stress. In a disaster situation one will not have people trained in the field of therapeutic play but rather will have EMTs or local citizens helping with children in distress. This list is aimed at such people and is very basic.

Table 1: Helping Children during Therapeutic Play

1. Children who have been through a disaster are normal children who have experienced a great stress. Behavior problems are transitory.
2. Let the child know you are interested in them.
3. Promise only what you can deliver and don't say “everything will be OK” (it doesn't look like it will

be to them).

4. Talk to the child face-to-face and use words they know.
5. Do something positive for them: get them water, wash their face, get them into a warmer/cooler place, etc.
6. Don't ask the child what he is drawing/making as he plays; he will tell you if he wants to – just be there with him.
7. The child may want to save his drawings or he may wad it up – both are OK.
8. The child may want you to join him in his play or he may not – both are OK.
9. Some children may verbalize their fears while playing. You should acknowledge their fears – “Yes, it was very scary” or “Yes, it was very sad”.
10. Your job is to be with the child and help him feel secure. The art and play therapy in which he is engaged, however he does it, is therapy.

This table should be printed on a single piece of paper (it is likely not to be read if it is longer) and multiple copies put in the box containing the art/play therapy supplies.

CONCLUSION

Psychologists and psychiatrists have studied for years the effects of disasters on children as well as on adults. The concept presented here addresses a topic never before discussed, namely how to begin helping the children in the field.

As outlined, one can see that Emergency Personnel can offer very useful psychological support with a minimum of supplies and training.

References

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