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A REVIEW ON PSYCHOLOGICAL IMPACT OF DISASTERS ON CHILDREN

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ABSTRACT

A disaster is a sudden calamitous event that seriously disrupts the functioning of a community or society and causes human, material and economic or environmental losses. There is on an average, at least one disaster everyday worldwide. In 2010, 330 million people were affected by disasters globally. Children are particularly vulnerable to disaster trauma, and this manifests in a variety of complex psychological and behavioural manifestations. Depending upon the developemental stage, level of cognitive and emotional maturity, and limited coping strategies, the psychological reactions in children are expected to be different from those in adults. Common post traumatic psychiatric morbidities among children are acute stress reactions, adjustment disorders, depression, panic disorders, Post Traumatic Stress Disorder, Anxiety disorders specific to childhood and phobias. As there is wide range of Psychological issues affecting children following disaster, greater awareness about this is needed for planning intervention strategies. An integrated approach using Psycho socio educational and clinical interventions is expected to provide better outcomes than any approach alone. Here an attempt is made to list out such psychological disorders in children due to various disasters.

Key words: Disaster, Children, Psychological disorders

INTRODUCTION:

A disaster is the result of exposure to a hazard that threatens personal safety, disrupts community and family structures, and results in personal and societal loss creating demands that exceed existing resources. Disasters are grouped into two major types: natural and human-made. Human-made disasters include technological accidents resulting from human error and intentional human acts such as terrorism. In general, human-made disasters have been shown to cause more frequent and more persistent psychiatric symptoms and distress[1]. Children and adolescents experience and respond to stress and crises in way quite different from adults. A child's age and developmental stage will modulate the emotional response to disaster. If not physically impaired by disaster, most children will be able to resume normal play, educational and other developmentally appropriate activities. Lower rate of impairment have been identified following disasters occuring in the USA in comparison to those occuring in other developed countries. The highest rate has been found in developing countries. This finding may be in part due to the nature of the samples that have been studied, but may also reflect the greater impact of disasters on these communities because of their limited resources to manage the recovery period.[2]

COMMON TRAUMA RESPONSES IN CHILDREN:

- ❖ Regression to younger developmental stage. Eg: bed wetting, clinging etc.
- ❖ Poor school performance
- ❖ Isolations.
- ❖ High risk behavior such as, in teens – promiscuous or adult like behavior, Use substance such as alcohol or drugs.
- ❖ Impaired concentration
- ❖ Impaired learning
- ❖ Aggression
- ❖ Recklessness
- ❖ Reduced inhibitions
- ❖ Somatic complaints
- ❖ School refusals.

More serious trauma response:

- ❑ Depression
- ❑ Anxiety
- ❑ Behavior disorder
- ❑ Mood disorder
- ❑ PTSD

Unique effect of childhood trauma:

- ❑ Disruption of child or adolescent development.

- ❑ Interfering in the growth of emotional maturity.
- ❑ Repeated exposure can affect the child's brain and nervous system.[3]

POST TRAUMATIC STRESS DISORDER (PTSD):

- PTSD and PTSR are the diagnostic term used in clinical and psychological settings. These terms allow mental health professional to communicate about treatment.
- PTSR is used to explain a cluster of possible symptoms. Overtime however, when the symptoms are explained together, they represent an extreme negative outcome of exposure to trauma. This sustained and repeated experience of symptoms is termed PTSD.
- PTSD is the exposure to an event either experienced or witnessed directly or confronted secondhand by the child that involves actual or threatened death or serious injury (to self or others) accompanied by feeling of extreme fear and helplessness. Children may exhibit agitated or disorganized behavior as an expression of the intense fear or horror.

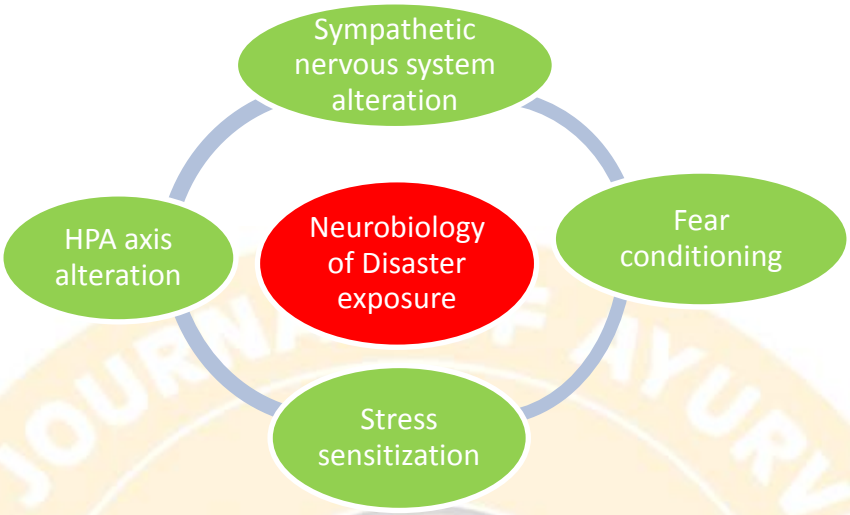
  In addition, at least one of the following experiences must persist for at least 1 month:

a) Intrusive re experiencing of the event. Young children may express this re experiencing by using themes or aspects of the trauma in their play.
b) Recurrent and distressing dreams of the trauma. Children often experience very frightening dreams that have no recognizable content.
c) Feeling or acting as if the traumatic event were happening again. Young children may reenact the trauma in their play and behavior.
d) Psychological distress or physical reactions when exposed to cues that symbolize or resemble an aspect of the trauma. Examples of this type of cue include hearing police siren, seeing a fire truck, experiencing lightning or high winds.

Reaction occurs in stages or phases:

- ➢ Pre-impact: Disasters with warning allow people to prepare and initiate coping mechanisms.
- ➢ Impact: Magnified arousal levels (fight, flight, or freeze); usually little panic; behavior in this phase is related to later recovery.
- ➢ Post – impact: Reactions unfold over the heroic, honeymoon, disillusionment and reconstruction phases. [4]

NEUROBIOLOGY OF DISASTER EXPOSURE:



MANAGEMENT:

Factors that influence children's recovery:

- ❖ Frequency of exposure to trauma reminders.
- ❖ Frequency of exposure to loss reminders.
- ❖ Type and severity of secondary stresses and adversities.
- ❖ Impairment in caregiver functioning.
- ❖ Overcrowded or adverse living conditions.
- ❖ School and community milieu
- ❖ Quality of peer relationships
- ❖ Physical injury, disability and rehabilitation.
- ❖ Inter-current trauma and loss.

❑ tailor interventions in a flexible manner. Of importance, concepts such as "clinical evaluation," "diagnosis," "symptoms," "disorder," and "psychopathology" are not

Stages and strategies of post disaster intervention:

❑ **Psychological First Aid:** the National Child Traumatic Stress Network and the National Center for PTSD has developed a Psychological First Aid (PFA) Field Operations Guide, second edition for the provision of early psychological assistance to children, adolescents, adults, and families after disaster and terrorism. The PFA Guide includes basic information-gathering techniques to help providers make rapid assessments of survivors' immediate needs and concerns, and to components of the provision of immediate assistance provided through PFA.

❑ **Skills for psychological recovery:** This intervention, "Skills for

psychological recovery" (SPR), which is currently under development, is more extended and in-depth than PFA. It includes more in-depth and systematic gathering of information to identify specific risks for post - disaster distress and problems, and to tailor the intervention to the specific needs of children, adolescents, adults, and families.

- **Enhanced services:** These interventions represent an intermediate step between crisis counseling services and longer-term mental health treatment. The goals are to accelerate recovery from ongoing or phasic distress toward a pre disaster level, to mitigate long-term mental health difficulties or disorders, and to promote adaptive functioning. Unlike PFA and SPR, Enhanced Services includes the use of instruments to evaluate baseline and post intervention levels of post-traumatic stress, anxiety, depression, and coping.
- **Treatment:** Over the past decade, there have been considerable advancements in the treatment of children and adolescents exposed to disaster. Post disaster interventions for children and adolescents have included the following components: psycho education, anxiety management, problem solving and coping skills, extended trauma narrative reprocessing, enhancing emotional regulation, progressive review of disturbing appraisals, cognitions and expectations, relapse prevention, and techniques for enhancing social support.[5]

AYURVEDIC VIEW:

According to Acharya charaka, the factors causing Psychic and somatic disorders are three in number, they are, Asatmendriyartha samyoga, Prajnaparadha and Parinama.[6] Acharya Charaka also explained three Ayatanas which are the causes of diseases as Atiyoga, Ayoga and Mithyayoga of Artha (Vishaya), Karma and Kala.[7] These factors can be considered as the reason for manifestation of various psychological conditions after exposure to disasters.

The vikara of manas due to disaster can be considered as,

1. Chittodvega[8]
2. Bhayaja Unmada
3. Shokaja Unmada[9]

Treatment:

The treatment include,

- To attend the course of conduct relating to the Dharma, Artha and Kama
- To render service of the person well versed in the nature and cure of psychic disease.
- To obtain all around knowledge of the self(Atmajnana)
- Following Daiva Vyapasraya, Sathvavachaya and Yukti Vyapasraya Chikitsa also helps to treat Manasika Vikaras.

CONCLUSION:

Adults often underestimate what children experience, the extent of their reactions and what they need to know. Child traumatic stress occurs when children are exposed to traumatic events or traumatic situations and when this exposure overwhelms their ability to cope with what they have experienced. Depending on their age, children respond to traumatic stress in different ways. Many children develop – disturbed sleep difficulty paying attention and concentration, anger and irritability, withdrawal, repeated intrusive thoughts and extreme distress – when confronted by anything that reminds them of their traumatic experience.

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