

Earthquake Safety Information for Staff and Parents

- *EARTHQUAKE RESPONSE GUIDELINES
Quake-Safe Actions During School Hours*
- *EARTHQUAKE SAFETY CHECKLIST*
- *A BLUEPRINT FOR EARTHQUAKE SURVIVAL*

EARTHQUAKE RESPONSE GUIDELINES

If INDOORS:

Stay inside. Move away from windows, shelves, and heavy objects and furniture that may fall. **Take cover** under a table or desk, or in a strong doorway.

Although doorways have traditionally been regarded as safe locations, it's important to anticipate that doors may slam shut during an earthquake.

In halls, stairways, or other areas where no cover is available, move to the interior wall. Turn away from windows, kneel alongside wall, bend head close to knees, cover sides of head with elbows, and clasp hands firmly behind neck.

In library, immediately move away from where books and bookshelves may fall and take appropriate cover.

In laboratories, all burners should be extinguished (if possible) before taking cover. Stay clear of hazardous chemicals that may spill.

*There are no uniform guidelines for protecting students in other areas inside school buildings (e.g., gymnasium and auditorium). **DETERMINE PROCEDURES FOR YOUR SCHOOL WITH ADVICE FROM EXPERTS** (structural engineers and fire officials).*

If OUTDOORS:

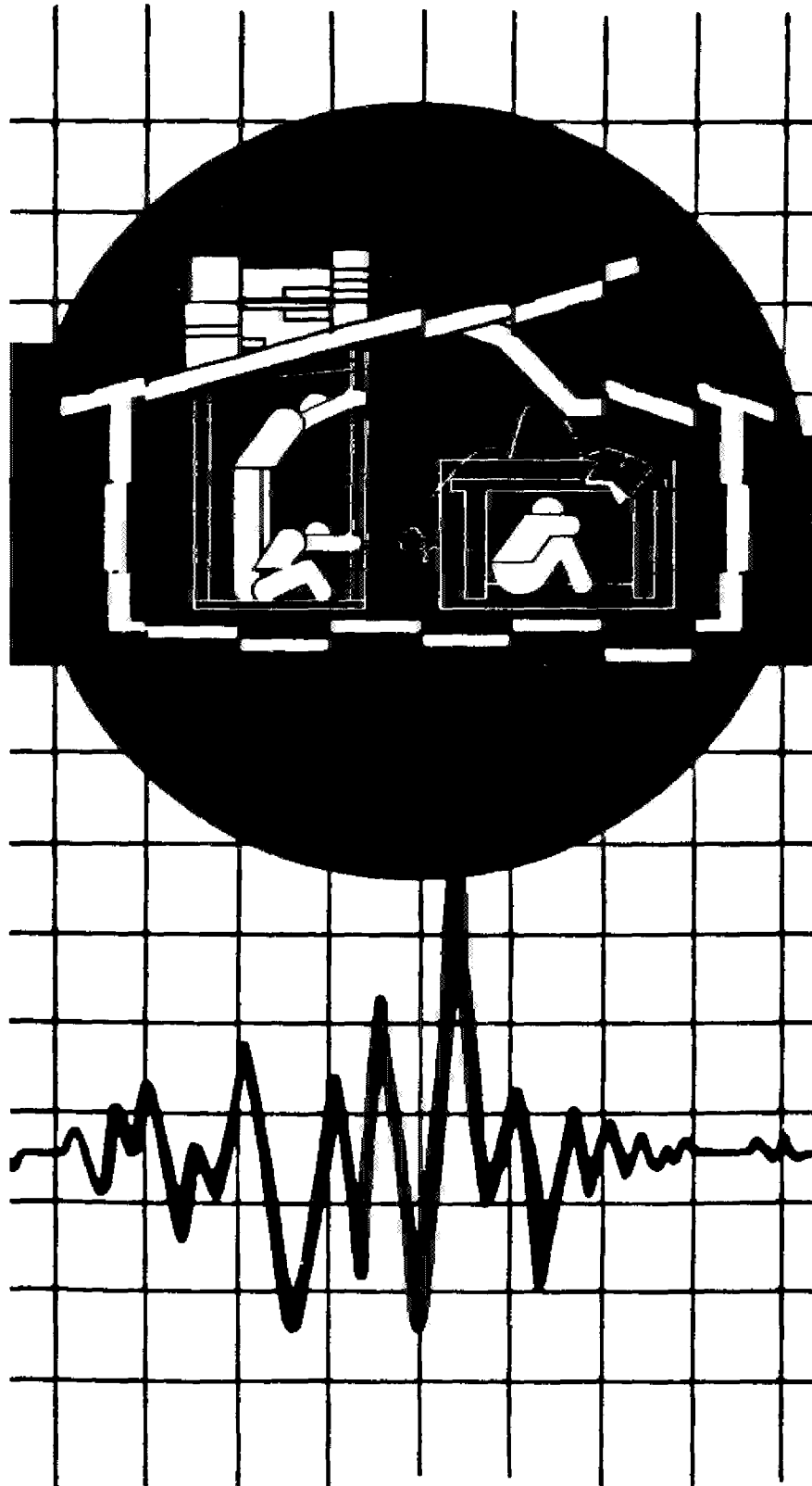
Move to an open space, away from buildings and overhead power lines. Lie down or crouch to the ground (legs will not be steady). Keep looking around to be aware of dangers that may demand movement.

On the school bus, stop the bus away from power lines, bridges, overpasses, and buildings. Students should remain in their seats and hold on.

Indoors or outdoors, when an earthquake occurs:

TAKE ACTION AT THE FIRST INDICATION OF GROUND SHAKING.

EARTHQUAKE SAFETY CHECKLIST



For more information:

U. S. Geological Survey
Public Inquiries Office
302 National Center
Reston, Virginia 22092

Federal Emergency Management Agency
Natural Hazards Division, ONTH-SLPS
500 C Street, S.W
Washington, D.C. 20472

Contact your American Red Cross Chapter.

Important Numbers and Addresses

During the first 24 hours following a major earthquake, use your telephone only in case of an emergency.

Police _____

Fire _____

Ambulance _____

_____'s work address

Phone _____

_____'s work address

Phone _____

_____'s school policy is:

☐ Hold Student ☐ Release Student

_____'s school policy is:

☐ Hold Student ☐ Release Student

Name and telephone number of an out-of-town relative or friend who could act as point-of-contact for separated family members.

Are You Prepared for the Next Earthquake?



This booklet is designed to help you and your family plan for and survive a major earthquake. By taking certain preparedness measures, the impact of an earthquake can definitely be lessened. Set aside some emergency supplies, and teach your family what to do at home during and after a disaster. You could be without help for up to 72 hours, so learn to cope for at least that long.

Movement of the ground is seldom the actual cause of death or injury. Most casualties result from partial building collapse, falling objects and debris, like toppling chimneys,

falling bricks, ceiling plaster and light fixtures, and many of these conditions are easily preventable.

Because earthquakes occur without warning, it's important to take steps now to prepare, so that you know what you can do and how to respond—constructive, protective action is possible.

Have on Hand—For Any Emergency

Check ☐



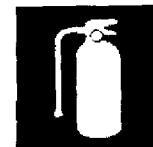
Flashlights with spare batteries. Keep a flashlight beside your bed. Do not use matches or candles after an earthquake until you are certain no gas leaks exist.



Portable radio with spare batteries. Most telephones will be out of order or used for emergency purposes so radios will be your best source of information.



First Aid Kit; first aid knowledge — have a first aid book such as the *Standard First Aid & Personal Safety* by the American National Red Cross. Have members of your household take basic Red Cross first aid and CPR courses.



Fire Extinguishers. Keep a fire extinguisher handy for small fires. Some extinguishers are only good for certain types of fires—electrical, grease, or gas. A multipurpose extinguisher labeled "ABC" puts out most types of fires. Your fire department can demonstrate proper use.



Food. It's always a practical idea to keep a supply of non-perishable food on hand which can be rotated into your diet and replenished on a regular basis. Have a sufficient supply of canned or dehydrated food, powdered milk and canned juices for at least 72 hours. Dried cereals and fruits and non-salted nuts are a good source of nutrition.



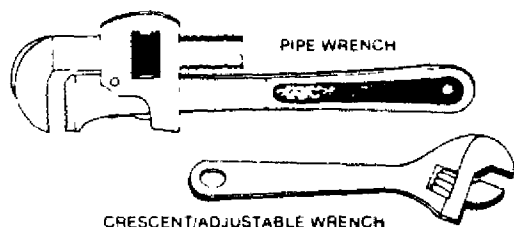
Water — should be stored in airtight containers and replaced about every six months. Store at least three gallons of water per person to be prepared for a 72-hour period. Also have purification tablets such as Halazone and Globaline but read the label on the bottle before using tablets.



Special Items. Have at least a week's supply of medications and special foods needed for infants or those on limited diets

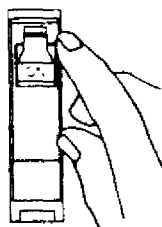


Tools. Pipe Wrench and Crescent Wrench — for turning off gas and water mains.

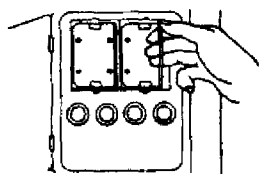


Home Preparedness

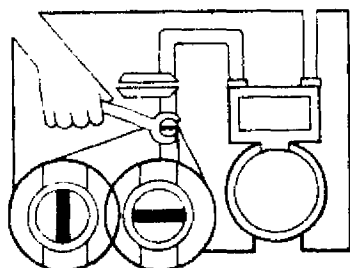
Teach responsible members of your family how to turn off electricity, gas and water at main switch and valves. **Caution:** Do not shut off gas unless an emergency exists. If gas is ever turned off, remember that all pilot lights must be relit



Circuit Breaker



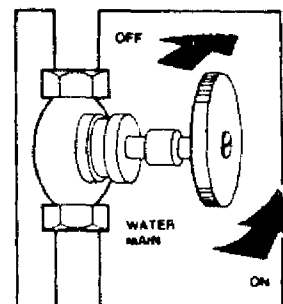
Pull-out Cartridge Fuses



Gas Valve

ON OFF

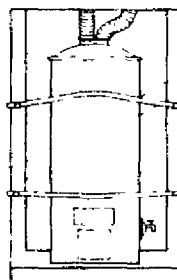
Label water shut-off valve, found where water enters the house. Also main water shut-off valve, found with meter in a concrete box in the sidewalk.



Earthquake Hazard Hunt

You can identify potential dangers in your home by conducting an earthquake hazard hunt. Foresight and common sense are all that are needed as you go from room to room and imagine what would happen in an earthquake.

Some possible hazards are:



- Tall heavy furniture which could topple, such as bookcases, china cabinets, or modular wall units.
- Hot water heaters which can be pulled away from pipes and rupture.
- Appliances which could move enough to rupture gas or electrical lines.
- Hanging plants in heavy pots that could swing free of hooks.
- Heavy picture frames or mirrors over the bed.
- Latches on kitchen or other cabinets which will not hold the door closed during shaking.
- Breakables or heavy objects that are kept on high or open shelves.
- A masonry chimney that could crumble and fall through an unsupported roof.
- Flammable liquids, like painting or cleaning products, that would be safer in a garage or outside shed.

Take steps to correct these hazards—secure or relocate heavy items as appropriate

Family Earthquake Drill

It's important to know where you should go for protection when your house starts to shake. By planning and practicing what to do before an earthquake occurs, you can condition yourself and your family to react correctly and spontaneously when the first jolt or shaking is felt. An earthquake drill can teach your family what to do in an earthquake.

- Each family member should know safe spots in each room.
- Safe spots: The best places to be are under supported archways, against inside walls, and under heavy pieces of furniture like a desk or sturdy table.
- Danger spots: Stay away from windows, hanging objects, mirrors, fireplaces and tall, unsecured furniture.
- Reinforce this knowledge by physically placing yourself in the safe locations. This is an especially important step for children.
- In the days or weeks after this exercise, hold surprise drills.
- Be prepared to deal with what you may experience after an earthquake—both physically and emotionally.

How to Ride Out the Earthquake!

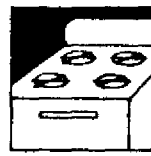
During a major earthquake, you may experience a shaking that starts out to be gentle and within a second or two grows violent and knocks you off your feet .

or

you may be jarred first by a violent jolt—as though your house was hit by a truck. A second or two later you'll feel the shaking and, as in the first example, you'll find it very difficult (if not impossible) to move from one room to another.



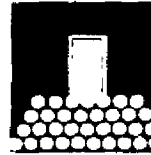
If you are indoors, stay there. Get under a desk or table or stand in a doorway or corner like you practiced in your drills. Remember, stay clear of windows, bookcases, china cabinets, mirrors, and fireplaces until the shaking stops.



If you happen to be in the kitchen, turn off the stove at the first sign of shaking and quickly take cover under a counter or table, or in a doorway.



If you are outside, get into the open away from buildings, trees, walls and power lines.



If in a crowded public place, do not rush for the doorway since other people are going to have the same idea. Move away from display shelves containing objects that may fall.



If in a highrise building, get under a desk, stay away from windows and outside walls. Stay in the building on the same floor. Don't be surprised if the electricity goes out, or if elevator, fire alarm or sprinkler systems go on. **Do not use elevators!**



If you are in your car, pull to the side of the road and stop the car. Do not park under overpasses or power lines. Stay in your car until the earthquake is over. If the earthquake has been severe, do not attempt to cross bridges or overpasses that have been damaged.

When the Ground Stops Shaking—

Check for Injuries



If anyone has stopped breathing, give mouth-to-mouth resuscitation. Stop any bleeding injury by applying direct pressure to the wound. Do not move seriously injured people unless they are in immediate danger of further injury. Cover injured persons with blankets to keep them warm.



Do not use the telephone unless there is a severe injury. For more detailed emergency procedures, consult your first aid book



Wear shoes in areas near fallen debris and broken glass.

Check for Hazards

If possible, put out small fires; if not, leave your home immediately and alert your neighbors.



Check gas, water and electrical lines and check appliances for damage. If you smell gas or see a broken line, shut off main valve. *Do not switch on the gas or electricity again until the power company has first checked your home.* Do not search for gas leaks with a lighted match.

Do not use electrical switches or appliances if gas leaks are suspected because sparks can ignite gas from broken lines.



Switch off electrical power if there is damage to your house electrical wiring.



Do not touch downed lines or broken appliances.



Clean up spilled medicines, bleaches, gasoline and other flammable liquids.



Check to see that sewage lines are intact before using the toilet. Plug bathtub and sink drains to prevent sewage backup.



Check food and water supplies. If water is cut off, use emergency water supplies found in toilet tanks (*not* the bowl), water heaters, melted ice cubes.



Check the building for cracks and damage, particularly the chimneys or masonry walls. Do not use fireplaces unless the chimney is undamaged and without cracks.



Check closets and cupboards. Open doors cautiously. Beware of objects tumbling off shelves.



Turn on your battery-powered radio (or car radio) for damage reports and information.



Use charcoal broilers for emergency cooking, only out of doors.



Do not use your vehicle, unless there is an emergency. Do not go sightseeing through badly damaged areas. You will only hamper the relief effort. Keep streets clear for the passage of emergency vehicles.



Be prepared for aftershocks. These are usually smaller than the main quake but some may be large enough to do additional damage to structures weakened during the main shock.

If You Have to Evacuate.

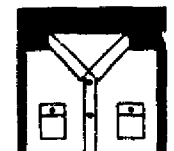
Post a message in clear view where you can be found. List reunion points in case of separation. Such points may be neighbors, friends, relatives, school or community center.

a. _____

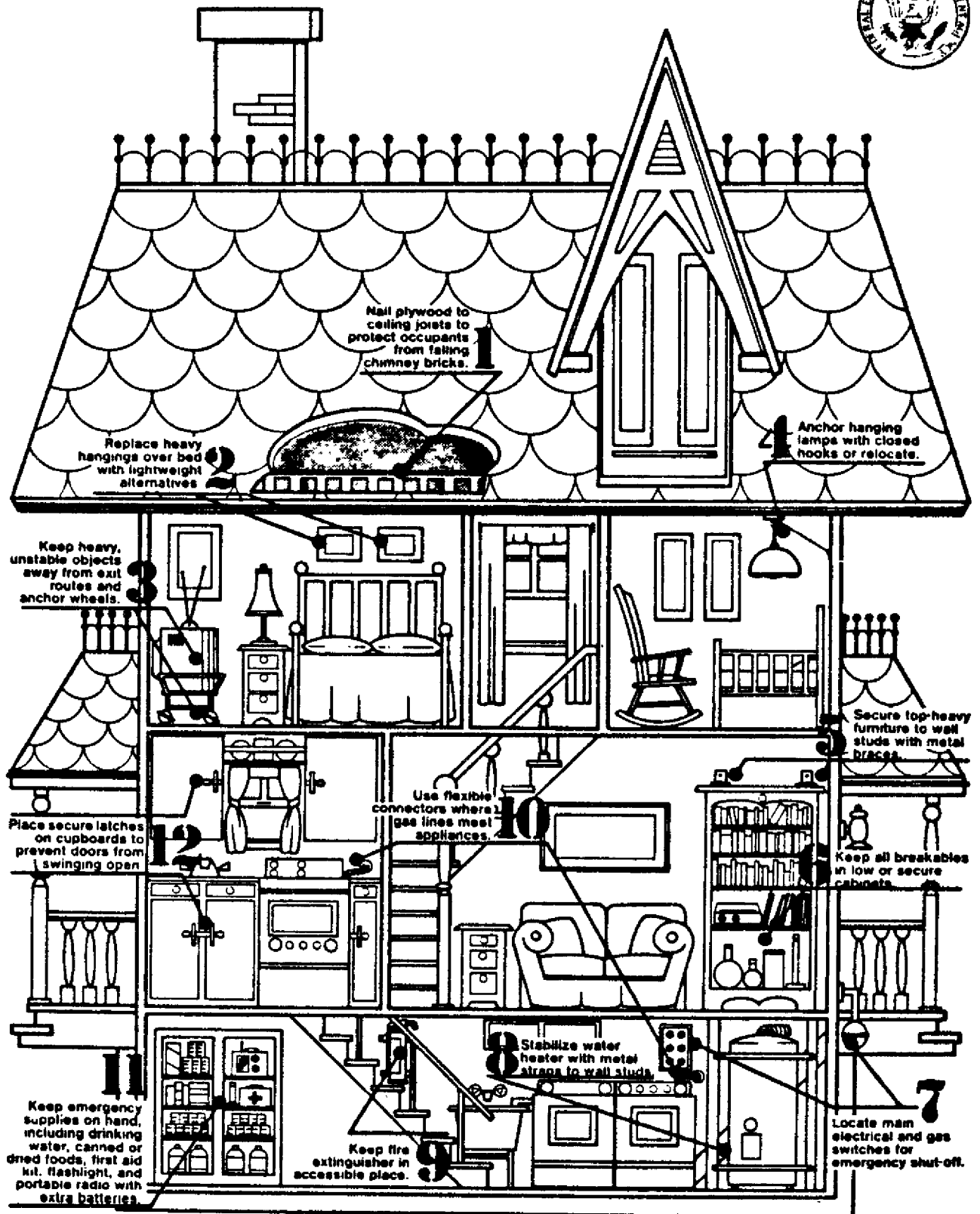
b. _____

Take with you:

- a. Medicines and first aid kit
- b. Flashlight, radio and batteries
- c. Important papers and cash
- d. Food, sleeping bags/blankets and extra clothes



A BLUEPRINT FOR EARTHQUAKE SURVIVAL



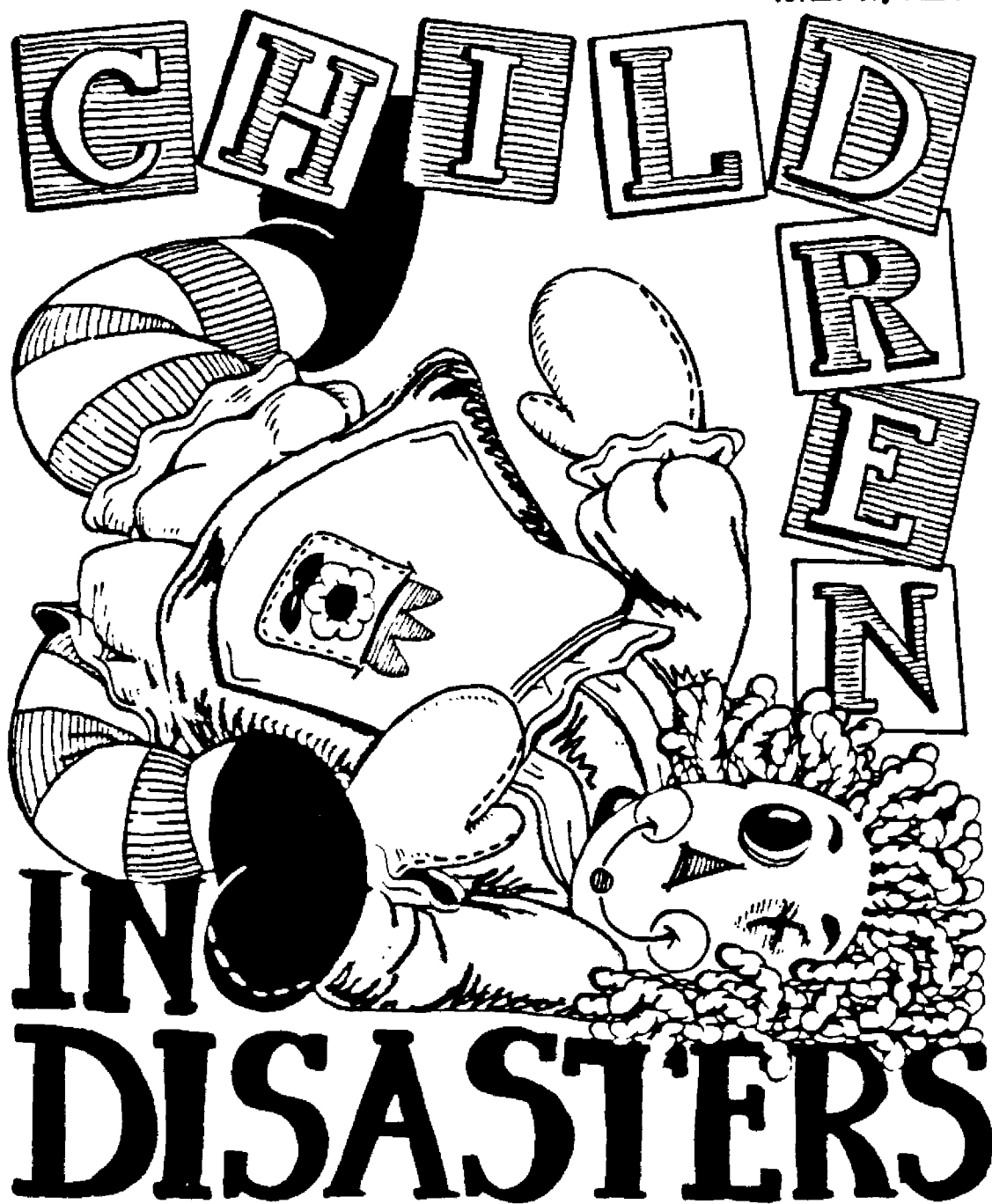
Children and Disasters

- *CHILDREN IN DISASTERS*
- *COPING WITH CHILDREN'S REACTIONS TO EARTHQUAKES AND OTHER DISASTERS*

HAZARD

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Excerpted from the National Institute of Mental Health Training Manual for Human Service Workers in Major Disasters. Reprinted with permission from Hazard Monthly, Box 34408, Bethesda, MD 20817.

Problems Differ As Children Grow Older

Although there are many feelings and reactions people share in common response to the direct and indirect effects of disaster, special attention will be required for persons of particular age groups and unique social circumstances and for those handicapped by physical and emotional disabilities.

Each age period is accompanied by special problems which must be dealt with in everyday living. Some age groups, however, appear to be vulnerable in unique ways to the stresses of disaster. For example, research indicates that younger children and senior citizens are subject to significantly higher rates of fatalities and to greater proportions of emotional and physical traumata when compared with the general age population in disaster situations. Adolescents as a group are susceptible to unique and possible long-range effects of disaster from the disruption of their peer group activities and from a lack of access to full adult responsibilities in community rehabilitation efforts.

The age groups considered here are:

- Pre-school (ages 1-5)
- Early childhood (6-11)
- Preadolescent (11-14)
- Adolescent (14-18)

Problems will vary also depending upon the phase of the post-disaster period. Some of the problems discussed below appear immediately, many appear months later. Workers need to be aware of

the potential for their occurrence and for the phase in which they are most likely to appear.

In general, children of all ages will show as their most frequent symptoms: sleep disturbances and night terrors, persistent fears about natural events, fears of future disasters, loss of interest in school, and a loss of personal responsibility with regressive symptoms. Regressive symptoms are behaviors typical of a child much younger in age than the victim.

Pre-School (Ages 1-5)

In the pre-school years children generally lack the verbal and conceptual skills necessary to cope effectively by themselves with sudden and unexpected stress. They typically look to their parents, older siblings, or others as behavior models and for comfort in such situations. Even if the child seems relatively unaffected by the disaster itself (for instance, he might have slept through the earthquake or tornado), he may still be strongly affected by the reactions of parents and others to the disaster. Such strong emotions may be repressed (automatically made unconscious) or simply "stored-up" because of lack of opportunity for expression or because such expression is strongly discouraged as "childish."

In the natural course of events, small children, if given the opportunity, will try to resolve emotionally traumatic experiences by

reliving them in their play activities. It is less usual at these early ages for the child to attempt to verbalize the traumatic episode without explicit encouragement. Unfortunately, well-intentioned but psychologically naive parents often discourage verbal, and even play forms, of reliving the disaster, thinking thereby to spare the child unnecessary or harmful emotional effects. Without such opportunity for expression, the child, and the adult as well, may display somatic symptoms or regressive or other problem behaviors.

Children who have lost one or both parents are especially in need. Loss of a relative, a playmate, or a favorite pet are also disturbing events for children. They need an opportunity to express their grief by talking about the loss. One of the major fears of childhood is that of being abandoned, so that a child who has lost his family will need reassurance that he will be looked after in the future.

Children in this age group display their upsets most often through regressive behavior. Such behavior may include thumbsucking, bedwetting, old fears of darkness or of animals, night terrors, clinging to parents, and loss of bowel and bladder control. These problems are best understood as expressions of anxiety about the disruption of their formerly secure worlds.

Relief of such fears is attained through actions and attitude of parents and others, aimed at reestablishing security. Ample verbal reassurance, physical comforting, more frequent attention, and comforting bedtime routines are helpful. The child may even be allowed to sleep in the parents' bedroom, but it should be with discussion and explanation, and with a time limit agreed upon by both parents and child and adhered to

firmly. Play procedures and games may help the child to integrate the experience and reestablish a sense of mastery.

Early Childhood (Ages 5-11)

Regressive behaviors will also be most characteristic in this group, taking such forms as irritability, whining, clinging, fighting with friends and siblings, open competition with younger siblings for the parents' attention, and others. Night terrors are frequent, with nightmares and fear of the darkness. School problems emerge also, with behaviors such as refusal to attend, fighting, withdrawal, loss of interest, and inability to concentrate. Loss of pets or of prized objects may hold special meaning for this age group.

Response to these behaviors requires tolerance and patience. Routine rules and regulations which are generally being integrated in this period can be temporarily relaxed, if necessary, e.g., responsibility for some of the chores or for optimal behavior in school. Play sessions and discussion sessions, both with peers and with adults, help the child to realize he is not alone in his reactions. However, such relaxation in expectations should be accompanied by the clear, mutual understanding that it is temporary and that the expectations will be resumed after a suitable period. The aim should be to resume normal, routine functioning as soon as possible.

Preadolescent (Ages 11-14)

Peer reactions are usually very important in this age group. The child needs approval and acceptance from his friends. He needs to feel

that his fears and anxieties are both appropriate and shared. These fears and anxieties may express themselves as sleep disruptions or appetite disturbances. Other symptoms may include rebellion in the home and refusal to do chores, school misbehavior, including fighting, withdrawal, loss of interest, need for excessive attention, and physical symptoms of headaches, vague aches and pains, skin eruptions, bowel problems, and various psychosomatic symptoms.

Responses most helpful in relieving such symptoms aim at lessening tensions and anxieties and possible guilt feelings. Individual and group discussions should be encouraged and group activities, especially those which encourage resumption of routines, are most helpful. The discussions and activities are most effective when shared with his friends. The discussions may include reliving the disaster and rehearsing future behaviors which are effective in saving lives should a disaster ever strike again.

Adolescent (Ages 14-18)

As with the preadolescent age group, most of the activities and interests of the adolescent are focused in his own age-group peers. The reactions to a disaster may take the form of psychosomatic symptoms (rashes, bowel problems, asthma, etc.), physical symptoms (headaches,

tension, hypochondriasis, appetite and sleep disturbances, amenorrhea or dysmenorrhea, etc.), and social behaviors (withdrawal, apathy, agitation, decline in interest in opposite sex, irresponsible and/or delinquent behavior, etc.).

The most effective response to the problems of the adolescent is one which encourages activity in reestablishing his community, school, and social spheres. He should be given every opportunity to participate in the rehabilitation and reclamation work necessary to rebuild his community, especially if it involves working with his peer group. Wherever possible, responsibility should be given for specific tasks. Social activities, such as athletics, clubs, dances, etc., should be encouraged as much as possible.

The Summary Table reprinted here summarizes the regressive, body, and emotional symptoms for the four age groups discussed above, along with some of the treatment options. The Table illustrates the overlap among the age groups both in symptoms and treatment responses. For all ages, body or somatic symptoms should be referred for medical care. Professional mental health treatment should be sought when efforts of parents and nonprofessional helpers do not seem to alleviate the client's emotional distress.

Excerpted from NIMH Training Manual for Human Service Workers in Major Disasters.

Summary table of behavior symptoms and treatment options: Age group — 1-18

Ages	Behavior symptoms	Possible treatment options
1-5	<p>Regressive</p> <p>Resumption of bedwetting, thumb-sucking, fear of darkness</p> <p>Body</p> <p>Loss of appetite Indigestion Vomiting Bowel or bladder problems e.g. diarrhea Constipation Loss of sphincter Sleep disorders</p> <p>Emotions</p> <p>Nervousness Irritability Disobedience Intractability Tics (muscle spasms) Speech difficulties, e.g. appearance of stammering Refusal to leave proximity of parents</p>	<p>symptoms persist refer to professional</p> <p>Provide opportunity and encouragement for expression of emotions through play activities e.g. finger painting, clay modeling, physical reenactment of disaster</p> <p>Give additional verbal assurance and ample physical comfort e.g. holding and caressing Give warm milk and comforting bedtime routines Permit child to sleep in parents' room temporarily if necessary, if</p>
6-11	<p>Increased competition with younger siblings for parents' attention</p> <p>Headaches Complaints of visual or hearing problems Persistent itching and scratching Sleep disorders</p> <p>School phobia Withdrawal from play group and friends Withdrawal from family contacts Unusual social behavior e.g. lighting with close friends or siblings Loss of interest in previously preferred activities Inability to concentrate and drop in level of school achievement</p>	<p>Encourage verbal expression of thoughts and feelings about the disaster</p> <p>Provide opportunity for structured but not demanding chores and responsibilities at home</p> <p>Rehearse safety measures to be taken in future disasters</p> <p>Give additional attention and consideration Gentle but firm insistence on relatively more responsibility than would be expected from younger child Temporarily lessen requirements for optimum performance in school and home activities</p>
12-14	<p>Competing with younger siblings for parental attention Failure to carry out chores previously completed without complaint School phobia Reappearance of earlier speech and behavior habits</p> <p>Headaches Complaints of vague aches and pain Loss of appetite Bowel problems Sudden appearance of skin disorders Sleep disorders</p> <p>Loss of interest in peer social activities Loss of interest in hobbies and recreations Increased difficulty in relating with siblings and parents Sharp increase in resisting parental or school authority</p>	<p>Encourage and assist child to become involved with same-age group activities</p> <p>Rehearse safety measures for future disaster</p> <p>Give additional attention and consideration Temporarily lower expectations of performance at school and home Encourage verbal expression of feelings Provide structured but undemanding responsibilities and rehabilitation activities</p>
15-18	<p>Resumption of earlier behaviors and attitudes Decline in previous responsible behavior Decline in emancipatory struggles over parental control Decline in heterosexual interests and activities</p> <p>Bowel and bladder complaints Headaches Skin rash Sleep disorders Disorders of digestion</p> <p>Marked increase or decline in physical activity level Frequent expression of feelings of inadequacy and helplessness Increased difficulties in concentration on planned activities</p>	<p>Provide opportunity for involvement in rehabilitation planning and participation to fullest extent possible</p> <p>Encourage and assist in becoming fully involved in peer social activities</p> <p>Rehearse safety measures for future disaster rehearsal</p> <p>Encourage discussion of disaster experiences with peers and extra-family significant others If adolescent chooses to discuss disaster fears within family setting such expression is to be encouraged but not insisted upon Reduce expectations for level of school and general performance temporarily</p>

COPING WITH CHILDREN'S REACTIONS TO EARTHQUAKES AND OTHER DISASTERS



Reprinted with permission from the San Fernando Valley Child Guidance Clinic,
9650 Zelzah Avenue, Northridge, CA 91325.

This pamphlet has been prepared to help parents deal with children's fears and anxieties following a disaster. When we use the word "parents" here and throughout the pamphlet, we are also including teachers and other adults having responsibility for the child.

This manuscript was developed by
SAN FERNANDO VALLEY CHILD GUIDANCE CLINIC
9650 Zelzah Avenue, Northridge, California 91325

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THE EARTHQUAKE

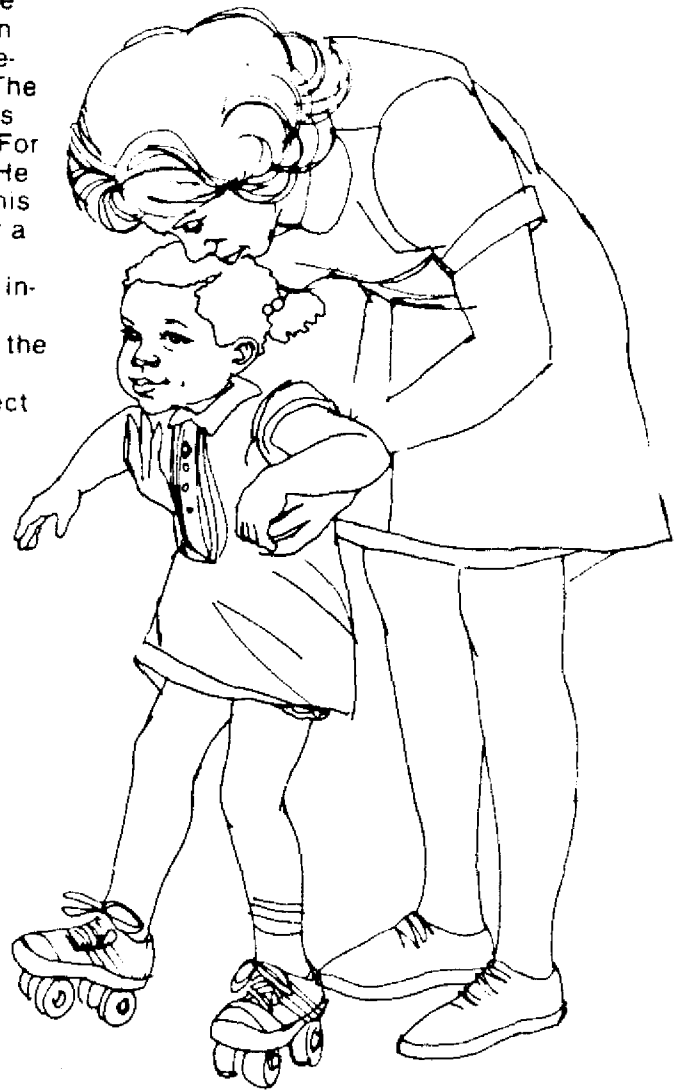
The February 1971 earthquake was one of the most dramatic and unpredictable events that had ever occurred to many children in the Los Angeles area. They were awakened at 5:59 a.m. by a frightening shaking of the earth, their beds rocking—sometimes moving across the room, furniture tumbling over, walls rattling, toys falling off the shelves. In many instances they saw their parents upset and frightened and perhaps clutching them.

An earthquake is a "natural disaster." Other such events are fire, flood, or tornadoes. These are traumatic or frightening events that may occur in some children's lives. These events result in families having to leave their homes and familiar surroundings. A child does not usually understand such events and feels confused, anxious, and frightened.

In the concern for the physical safety of the child and family, attention to and awareness of the emotional consequences to the child are frequently neglected. We cannot control these events. However, they need not result in permanent emotional damage to the child.

UNDERSTANDING THE CHILD

The course of growing up for the average child consists of certain regularities. For most school age children regularity involves the presence of parents, awakening in the morning, preparing for school, meeting with the same teacher, the same children, playing with friends, sleeping in his own bed, essentially being able to depend on a series of predictable events. The child expects a dependability from adults and certainly from the forces of nature. For the pre-schooler life is much the same. He spends his day within the familiarity of his world, be it at home, with babysitters, or a nursery school, etc. His family remains more or less constant. When there is an interruption in this natural flow of life, the child experiences anxiety and fear. How the adults help the child to resolve these "problem times" may have a lasting effect on the child.



FEAR AND ANXIETY

Fear is a normal reaction to any danger which threatens life or well-being.

What is a child afraid of after a disaster?

He is afraid of recurrence, or injury, or death.

He is afraid of being separated from his family.

He is afraid of being left alone.

Parents should recognize, however, that there are fears that stem from within the child, his imagination or his fantasies, as well as those fears that are stimulated by a real event. Even after the event has passed, his anxiety will sometimes remain. The child may not be able to describe his anxious feelings. Even though he is intensely afraid, he may be genuinely unable to give an explanation that makes rational sense.

The child, who is dependent on adults for love, care, security—even food, fears most the loss of his parents and being left alone. In a disaster, even the child who is usually competent and unafraid may react with fear and considerable anxiety to an event which threatens the family. Since adults also react emotionally with normal and natural fear to disaster, the child becomes terrified, taking parental fears as a proof that the danger is real. A child having less experience in distinguishing a real threat is likely to be plagued by fears with no basis in reality. It is important to note that fantasized danger can be as real and threatening as “real danger.”

A child experiences similar fear in other situations; for example, when parents separate, or divorce, when a child goes to the hospital or when there is a death in the family. *Parents all recognize these more familiar fears and attempt to deal with them.*

In natural disasters like fires, floods, tornadoes, or earthquakes, our first concern is with and our first attention goes to physical safety. This is as it should be.

However, parents tend to ignore the emotional needs of the child once they are relieved that nothing "serious" has happened to members of the family.

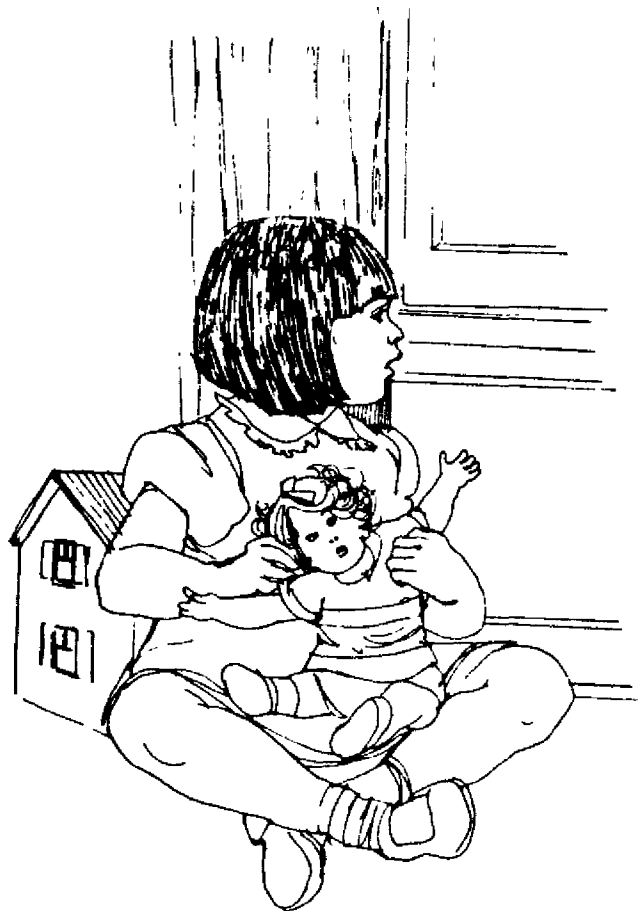
When there has been no physical injury, they may be surprised about the persistence of the child's fears. They may even feel resentment, particularly if the child's behavior disrupts or interferes with the daily routine of the family.

One must recognize that a child who is afraid is afraid!

He is not trying to make life more difficult for himself or his parents. His fear is uncomfortable to him. He would like nothing better than to be rid of his fears. If the child feels that parents are not understanding of his fear, he feels ashamed, rejected, unloved and consequently, even *more* afraid.

A first step for parents is to understand the kinds of fear and anxiety a child experiences.

Parental understanding and helpful intervention can reduce the severity of fears and can prevent more serious problems from developing. This is not a new role; parents routinely and effectively help children cope with fears encountered in day-to-day situations. However, when an unusual situation occurs, the ability of some parents to reassure their child, particularly when they themselves have been frightened, may be impaired. The child feels even more fearful or anxious when suddenly he is unable to turn to the adults for reassurance.



ADVICE TO PARENTS

What can parents do to help their child?

It is of great importance for the family to remain together.

Being together with the family provides immediate reassurance to a child. Fears of being abandoned and unprotected are immediately alleviated. For example, immediately after a disaster parents should not leave the child in a "safe" place while they themselves go elsewhere to inspect possible damage. They should not leave the child alone in the evacuation center while they go back to the damaged area; they should not leave the child to go shopping, but should take him along. With no opportunity to experience the fear of being left alone, the child is less likely to develop clinging behavior.

The child needs reassurance by the parents' words as well as their actions!

"We are all together and nothing has happened to us."

You don't have to worry, we will look after you."

Realistically, parents are also experiencing fear. However, they have the maturity to cope with the stresses upon them. A demonstration of strength should be apparent to the child who will feel more secure and reassured; however, it will not harm the child to let him know that you are also afraid. As a matter of fact, it is good to put these feelings into words. This sharing will encourage him to talk about his own feelings or fears. Communication is most helpful in reducing the child's anxiety and, for that matter, the adult's anxiety. The child may then express some fears which are not real and the parents will have an opportunity to explore these fears and reassure the child.

Listen to what the child tells you about his fears.

Listen when he tells about how he feels, what he thinks of what has happened.

Explain to the child, as well as you can, about the disaster (the fear-inducing event), about the known facts and, again, listen to him.

A child may express his fears in play or in actions. If these are unrealistic, explain and reassure him. You may have to repeat yourself many times. Don't stop explaining just because you have told him this once before.

Encourage him to talk.

The silent child needs to be encouraged to talk. His difficulty in expressing himself may be very frustrating to the parents. It can be helpful to include other members of the family, neighbors, and their children in a talk about reactions to the disaster. Through the sharing of common experiences, fears are further reduced. It is essential that an attempt should be made to provide an atmosphere of acceptance where a child will feel free to talk about his fears (be it at home or at school). Adults are often reluctant to encourage the child to talk about fears and anxieties. They believe that this will only increase the fears and anxieties. Also, parents may feel helpless in reassuring the child, and may be afraid of actually harming the child by continued discussions. Statements like, "I know you are afraid," or, "It is a scary feeling," are helpful and should be used. Being told it is normal and natural to be afraid is also reassuring.



A child's fears do not need to completely disrupt his and the family's activities

It is apparent that there will be important concerns and things to do after a disaster: checking on the damage, cleaning up broken glass or fallen furniture. A child can and should be included in these activities. It is actually reassuring for a child if he is involved with the parent in these jobs. It is reassuring to see progress being made in bringing the house back to order and the routine of the household resumed: meals prepared, dishes washed, beds made, playmates coming over. For the parents of a very young child, the task is more difficult. Such a child may need more physical care, more holding, and this makes it harder for parents to attend to the other things that should be done. Unfortunately, there is no short-cut. If the child's needs are not met, the problem will persist for a longer period.

SETTLING DOWN

When things begin to settle down after the "excitement" of the event has passed, some degree of lethargy may set in for both the parents and children. It is very important that parents make a deliberate effort to avoid inactivity and to get back to routine.

Parents should indicate to the child that they are maintaining control, they should be understanding but firm, supportive and make decisions for the child

Parents may become appropriately more permissive, but discipline has to be maintained. If the family is evacuated, there will be a delay in a return to normal. Planned activities in such centers will increase the morale of all and prevent immobilization of the child's own resources.

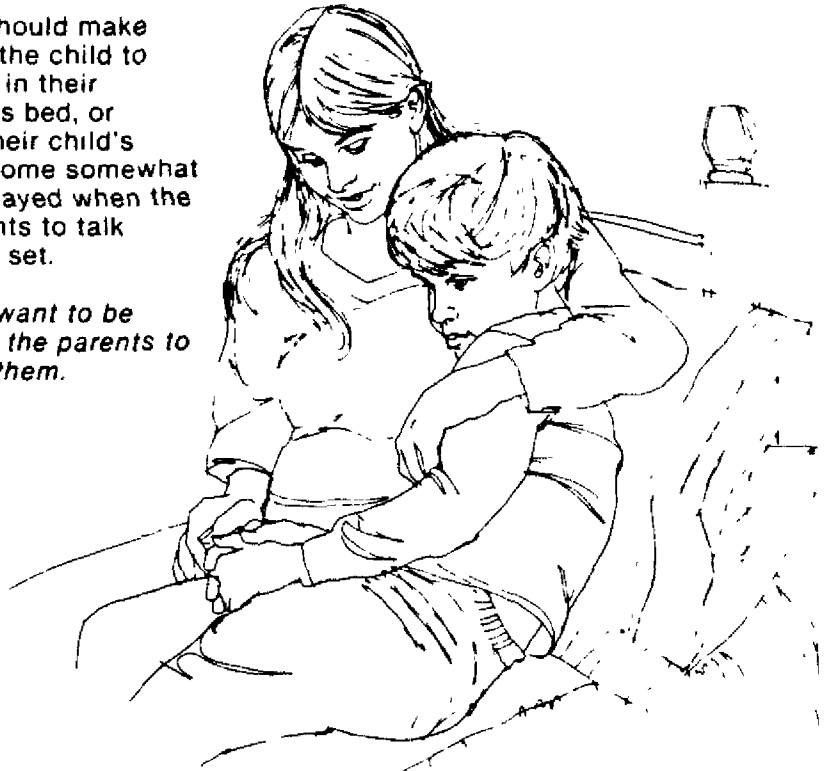
BEDTIME PROBLEMS

The most frequently reported problem that parents encounter with their children occurs at bedtime.

The child may refuse to go to his room to sleep by himself. When he does go to bed, he may have difficulty falling asleep. He may wake up often during the night; he may have nightmares.

Parents question if they should make changes. Should they allow the child to sleep in the parents' bed, or in their bedroom or in another child's bed, or should the parent sleep in their child's room? It is necessary to become somewhat flexible. Bedtime may be delayed when the child is more anxious or wants to talk longer, but a limit should be set.

It is natural for a child to want to be close to his parents, and for the parents to want to have the child near them.



Some children, who are more anxious than others, can be allowed to move into a room with another child, or sleep on a mattress in the parents' bedroom. For another child it may be sufficient for the parent, at bedtime, to spend a little extra time in the child's bedroom reassuring him. All such arrangements, however, should return to normal after a few days. The parents and the child together should agree on the day for the return to his own bed (ideally not longer than 3-4 days hence) and the parents should abide by the decision. It is important for the child's independence that the parent be firm about his commitment.

Parents should also be aware of their own fears and their own uncertainty and of the effect these have upon the child.

If parents question—Is it going to be safe there? Will he be frightened?—they contribute to the child's continuing fear and his inability to go back to his room. Reassurance with firmness is an effective approach. Getting angry at the child, punishing, spanking, or shouting at him will rarely help. If the child comes out of his room, calmly return him to it and reassure him of your presence nearby. It may be helpful to leave a nightlight on in the room, or in the hall, and leave his door ajar. Spending more time with the child during the day will make him feel more secure in the evening and at night.

SPECIFIC FEARS

Following a traumatic event, such as a natural disaster, irrational fears may develop in which some particular thing or situation evokes great anxiety to the point of panic, and is, therefore, strongly avoided. The child may become afraid of beds, his house, or darkness. A younger child may explain that imaginary monsters are threatening him. An older child may be afraid to go to school or even to leave his home. Reassurance to the younger child regarding monsters can be done by words, explanations, pointing out to the child the difference between his fantasy and reality. With school phobias (refusal to go to school), it is essential to see to it that the child gets to school. In this instance, firmness is necessary and the child should know that you do expect him to attend school. The teacher or the school counselor can be of help to you.

REGRESSIVE BEHAVIOR

A child may sometimes revert to "childish" behavior which he has outgrown. Wetting his bed, clinging to the parents, thumb sucking, and other problems may occur temporarily, and should not alarm parents. They are normally of short duration. These behaviors are only signs of the child's anxiety, and parents' acceptance will reassure the child and shorten the duration of such behaviors. When parents over-react to these behavior patterns (become over-concerned, punish, or nag the child) these symptoms will persist much longer.

Children respond to praise, and parents should make a deliberate effort not to focus upon the child's immature behavior.

HOW CAN THE PARENTS RECOGNIZE WHEN TO SEEK PROFESSIONAL HELP?

Most parents are capable of helping their child overcome fears and anxiety. However, it is not a sign of failure if the parents find that they are unable to help their child by themselves. A telephone call to a pediatrician, family physician, the local mental health center or clinic could be helpful. In some cases, advice can be given on the telephone. In other instances, parents will be counseled to bring their child for an interview. In cases of severe anxiety, early action will result in a return to normal. Parents will recognize rather soon whether or not their attempts to help their child have been successful.

If the sleeping problem continues for more than a few nights, if the clinging behavior does not diminish, if the fears become worse, it is time to ask for professional advice.

Mental health professionals are specially trained to help people in distress. They can help parents cope with and understand the unusual reactions of their child. By talking to the parents and child either individually or in groups, a child's fears can be overcome more easily.

Some parents are reluctant to consider seeking the help of a mental health professional or a clinic. However, more and more people are becoming aware that there is no stigma attached to seeking help. It is a way to avoid severe problems.

