## DEVELOPMENTAL PHASES OF CHILDREN'S REACTIONS FOLLOWING NATURAL DISASTERS

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Mental health professionals are increasingly becoming aware of the number and variety of catastrophic events affecting the lives of individuals. These sources of stressors are being generally categorized into man-made (radiation leaks, chemical pollution, terrorism) and natural disasters (earthquakes, tornadoes, volcanoes). The need to plan, develop and offer assistance to the victims of these injurious events is prompting further study into the human health and mental health consequences and sequelae. This is highlighted by the fact that the Diagnostic and Statistical Manual of Mental Health Disorders of the American Psychiatric Association (1980) has reinstated the diagnostic category of "Post Traumatic Stress Disorder" and defines it as follows:

The essential feature is the development of characteristic symptoms following a psychologically traumatic event that is generally outside the range of usual human experience.

The characteristic symptoms involve reexperiencing the traumatic event; numbing of responsiveness to, or reduced involvement with, the external world; and a variety of autonomic, dysphoric, or cognitive symptoms.

As one analyzes the clinical and behavioral manifestations of children's reactions to traumatic events found in the literature, one finds complex descriptions that involve the biological, psychological, interpersonal, behavioral and social perspectives. To develop an understanding of individual variability in the reactions of post-traumatic behavior, it is necessary to find a conceptualization that combines knowledge and semantics originating from a large number of diverse professional disciplines—sociology, psychology, biology. This necessity presents a novel situation to traditional, clinically trained mental health

professionals. Not only do they need to expand their understanding of how multi-variate circumstances unleased by the traumatic event affect the individual but, in addition, they must devise a new interventive approach to develop psychotherapeutic techniques that take all these new concepts into account. This, in turn, will influence his role as a member of the disaster assistance team. To make these change the clinical mental health professional needs to acquire a body of knowledge which includes awareness of the changing reactions of individuals through time and relocation sites.

This paper has the primary aim of describing observed behavior after disasters. The method of documented observations has been obtained from an extensive study of the literature (see List of Additional Bibliography) and personal experiences of the author. These experiences started in Lima, Peru, after the 1970 Callejon de Huaylas, earthquake and "aluvion". The author assisted the organized governmental teams plan intervention approaches. In 1973 she led a U.S. disaster assistance team in Managua, Nicaragua, following the Christmas earthquake that devastated that city. She organized the mental health team operation and was part of the group that participated and documented the services to several thousand victims assisted by the U.S. effort.

In 1978, following the Boston Blizzard Disaster, she designed the mental health services to her "catchment," mental health area, of which she was the Director. At the end of 9 months, the team had documented and put on computers the psychological profiles of over 4,000 victims (Crisis Counseling after the Blizzard of 1978, Final Report, Mass. Dept. of Mental Health, 1978). The author has continued to consult and participate in the activities of the Center for Mental Health Studies of Emergencies, NIMH, Washington, D.C. In this capacity she had access to several thousand case reports presented by professionals working in national programs for post-disaster interventions. She has obtained supporting evidence of the profiles developed in this document from several hundred professionals who participated in over 15 regional and national training workshops she developed in the last 15 years.

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