

## The Impact of Disasters on Youth: Implications for Prevention

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For Violence Prevention and Treatment



## Acknowledgements

### Key Collaborators Across Studies

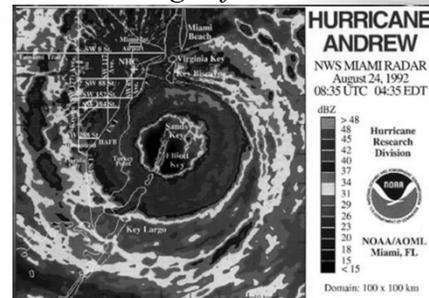
- Wendy Silverman, *Yale University*
- Eric Vernberg, *University of Kansas*
- Mitchell Prinstein, *University of North Carolina*
- Nicole Vincent, *Children's Hospital Orange County*
- Chris Yelland, Philip Robinson, Christine Lock, B. Kokegei, & V. Ridgway, *Women's and Children's Hospital, Adelaide AU*
- Beth Auslander, Fred Thomas, *University of Texas Medical Branch*
- Mary Short, *University of Houston – Clear Lake*
- Betty Lai, Maria Llabre, *University of Miami*
- Team of Grad Students and RA's at *University of Miami, FIU*

*Miami Dade County, Galveston, and Charlotte County Public Schools; BellSouth Foundation; United Way; National Institute of Drug Abuse; Cooper Fellow Award; National Institute of Mental Health; NICHD*

## Hurricane Andrew Approaching FL



## Last Radar Image of Hurricane Andrew



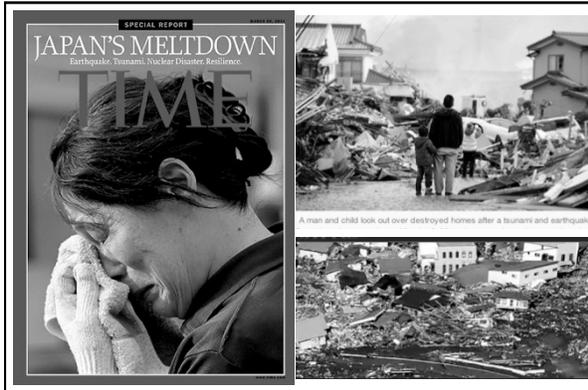
## Hurricane Andrew: August 24, 1992

- Category 5 Hurricane (sustained winds exceeding 160 mph)
- Devastated 400 square miles
- Over 150,000 homes severely damaged or destroyed; 55 people died
- Rebuilding costs exceeded \$45 billion (2006 \$\$)
- Until Katrina, the most costly natural disaster in US history

## Why Be Concerned About Disasters?

- Disasters occur worldwide, affecting millions of youth and adults annually
- For children alone....
  - Disasters affect > 66.5 million children annually<sup>1,2</sup>
  - This number is on the rise due to climate change
  - Estimates indicate that, in the next decade, 175 million children will be affected each year
- Children are a vulnerable population<sup>3</sup>

<sup>1</sup> Bartlett, 2008; Peck, 2008. <sup>2</sup> Demose & Takaki, 2006. <sup>3</sup> Morris et al., 2002



### *Overview of Presentation*

- Nature of Disasters
- How Disasters Affect Children
- Key Risk and Resilience Factors
- Clinical Implications

### *Nature of Disasters*

- Threaten one's personal safety and security and/or that of loved ones
- Frightening, and outside the realm of usual experiences
- Disrupt everyday life in the short-term and *often in the long-term*

### *Hurricane Andrew : Saga Bay*



### *Hurricane Katrina*



Loss and Disruption  
May Ensur for a  
Year or More

Photo of child on US Gulf Coast  
One year after Hurricane Katrina

### *Overview of Presentation*

- How Disasters Affect Children

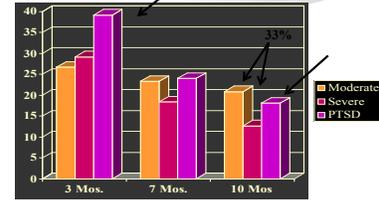
### Most Commonly Studied Disaster Reactions

#### Symptoms of Posttraumatic Stress Disorder

- **Re-experiencing**
  - Recurrent thoughts or dreams about the event
- **Avoidance/Numbing**
  - Avoiding reminders of the event
  - Feeling emotionally distant from others
- **Hyperarousal**
  - Nervous, jittery
  - Trouble concentrating

### Advances in Understanding the Effects of Disasters on Youth

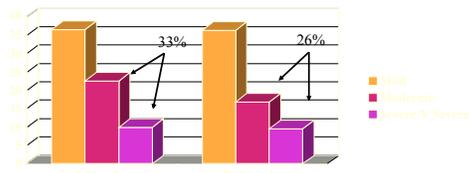
- Hurricane Andrew (1992)
  - Significant % of youth who were exposed to the hurricane reported elevated PTSD symptoms



La Greca, Silverman, Vernberg & Prinstein. *J Consulting Clinical*, 1996

### PTSD Symptoms 9 and 21 Months after Hurricane Charley

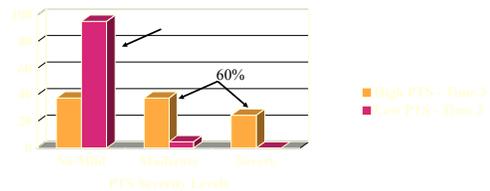
% of Children Reporting PTS Symptoms



La Greca, Silverman, Lai, & Jaccard, 2010, *Journal of Consulting and Clinical Psychology*

### Youths' Levels of PTS Symptoms: 44 Months Post Andrew (Time 4)

% of Youth Reporting PTS Symptoms



Vincent and La Greca, 1997

### Other Common Anxiety-Related Reactions

- Generalized anxiety
- Specific fears and avoidant behavior
  - Fears of flying, buildings, storms, bombs, fires, etc.
- Sleep difficulties
- Separation anxiety
  - Fear of separation from parents or loved ones; school refusal

See Vernberg & Vogel, 1993, *J Clinical Child Psych*

### Mental Health Problems in NYC School Children After WTC Attacks of 9/11/2001

Possible Diagnosis	Pre 9/11/2001	Post 9/11/2001
Posttraumatic Stress Disorder	2%	
Separation Anxiety Disorder	6%	
Panic	1%	
Agoraphobia (fear of open spaces)	5%	

Data collected 6 months after 9/11 from children in grades 4 - 12 Compared with earlier community estimates. Hoven and colleagues (2005), *Archives of General Psychiatry*

### Mental Health Problems in NYC School Children After WTC Attacks of 9/11/2001

Possible Diagnosis	Pre 9/11/2001	Post 9/11/2001
Posttraumatic Stress Disorder	2%	11%
Separation Anxiety Disorder	6%	12%
Panic	1%	9%
Agoraphobia (fear of open spaces)	5%	15%

Data collected 6 months after 9/11 from children in grades 4 - 12  
 Compared with earlier community estimates.  
 Hoven and colleagues (2005), Archives of General Psychiatry

### Other Types of Reactions

- Depression
- Bereavement
- Declines in Academic Performance/School
- Behavior Problems
- Security Concerns, Hypervigilance

See Vernberg & Vogel, 1993, *J Clinical Child Psych*

### Recent Advances

- Comorbidity of Depression and PTSD
- Health issues
  - Somatic Complaints
  - Diet/Exercise/Sedentary Behavior

### Hurricane Ike (2008): Comorbidity

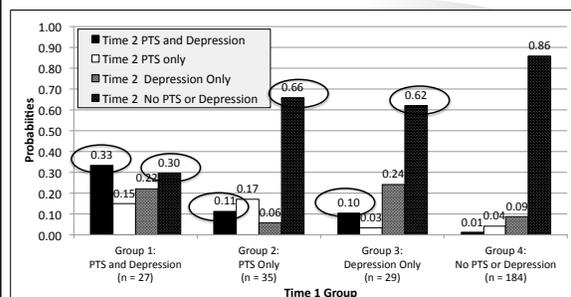


### Hurricane Ike: Comorbidity Rates

	Clinically Elevated Symptoms	Time 1	Time 2
		8 months	15 Months
<b>Group 1</b>	PTS & Depression	27 (10%)	18 (7%)
<b>Group 2</b>	PTS Only	35 (13%)	19 (7%)
<b>Group 3</b>	Depression Only	29 (11%)	31 (11%)
<b>Group 4</b>	No PTS or Depression	184 (67%)	209 (76%)

Lai, La Greca, Auslander, & Short, 2013, *Journal of Affective Disorders*

### Is Comorbidity Associated with Poorer Recovery?



Lai, La Greca, Auslander, & Short, 2013, *Journal of Affective Disorders*

### What About Health Outcomes?

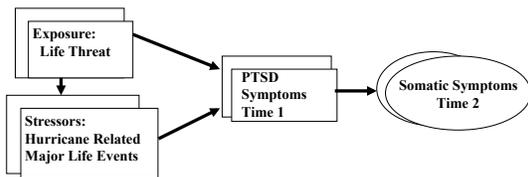
- Little known about the *health consequences* of children's exposure to disasters
  - Psychological stress plays a role in the development of disease and immune suppression
  - Stress can disrupt one's diet, exercise, and daily routine



### Hurricane Charley 2004

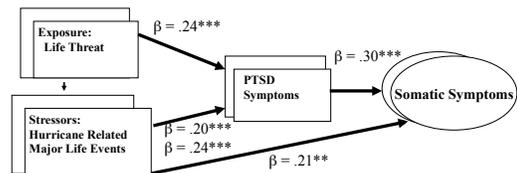


### Hurricane Charley: Impact on Somatic Symptoms



Hurricane Stressors and Life Events (aat 9 Months) as Predictors of PTSD (9 months) and Somatic Symptoms (21 months) Postdisaster

### Hurricane Impact: Final Model



Final model controlling for demographics and all other variables

Hurricane Charley Project: La Greca et al., 2008, 2010

### Health Risks: Unhealthy Eating, Sedentary Activity

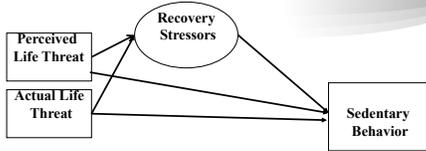
- Key health risk behaviors highlighted by CDC
  - Contribute to obesity and type 2 diabetes
- Disasters interfere with
  - Normal roles and routines<sup>1</sup>
  - Eating – consume “comfort food”, emotional eating when stressed<sup>2</sup>
  - Play areas in neighborhood, less activity in school

<sup>1</sup> Vinstein, La Greca, Vennberg & Silverman, 1996  
<sup>2</sup> Shimiyama, Dallman, & Epel, 2011

### Hurricane Ike: Ongoing Loss/Disruption (8 months after Ike - May 2009)

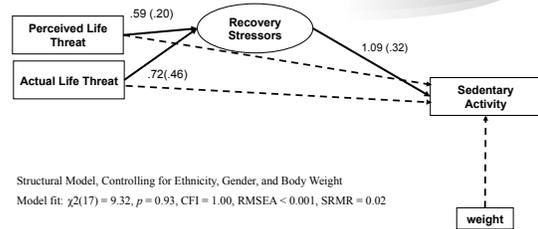


### Hurricane Exposure and Recovery Stress: Predictors of Sedentary Behavior?



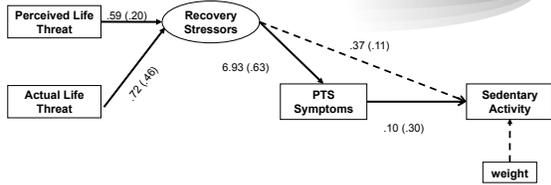
*n* = 204, 51% females, *M* age = 9.23 yrs; ethnically diverse  
Lai, La Greca, & Llabre, in press

### Sedentary Activity: Initial Model



Structural Model, Controlling for Ethnicity, Gender, and Body Weight  
Model fit:  $\chi^2(17) = 9.32, p = 0.93, CFI = 1.00, RMSEA < 0.001, SRMR = 0.02$

### PTS Symptoms as a Mediating Variable



Structural Model, Controlling for Ethnicity, Gender, and Body Weight  
Model fit:  $\chi^2(27) = 19.90, p = 0.83, CFI = 1.00, RMSEA < 0.001, SRMR = 0.02$   
Lai, La Greca, & Llabre, in press.

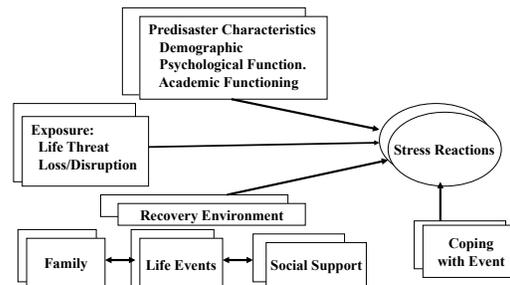
### Key Findings: Child Disaster Outcomes

- PTS reactions are common the first months postdisaster
- Over time, PTS reactions dissipate in most youth, but remain high in a significant minority
- Youth who have not recovered by 9 – 10 months postdisaster are at risk for chronic PTS
- Multiple reactions may occur among affected youth
  - Comorbidity of PTS with depressive symptoms is related to more persistent mental health problems
  - Health problems (somatic symp, sedentary behavior) occur

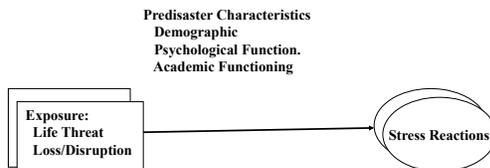
### Overview of Presentation

- Risk and resilience factors

### Risk and Protective Factors



## Risk and Protective Factors



## Elements of Exposure: Life Threat and Loss/Disruption

- **Life Threat**
  - Perception that one's life is in danger
  - Injury to self or loved one
  - Death of loved one
- **Loss and Disruption of Everyday Life**
  - Loss of "way of life"
  - Loss of homes, jobs, personal property, friendships, pets, leisure time
  - Life disruption further complicated by loss of life (family, friends, loved ones)

## Life Threat: Hurricane Andrew

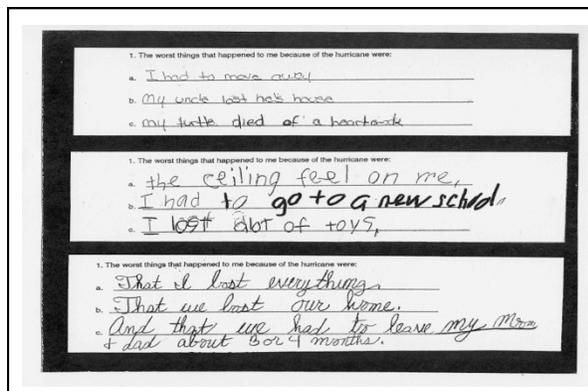
- 60% of Children<sup>1</sup> Thought They Might Die During the Storm
- 8% of Children<sup>1</sup> Were Hurt or Saw Someone Get Hurt

Loss of Life Is Not Necessary for Children to Perceive Their Lives are Threatened

<sup>1</sup> Vernberg, La Greca et al., 1996, *Journal of Abnormal Psychology*

## Loss and Disruption: Hurricane Andrew

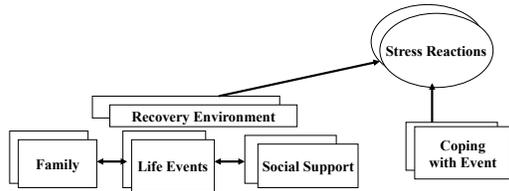
- **568 Children**
    - 61% = Home badly damaged or destroyed
    - 55% = Clothes or toys ruined
    - 44% = Hard to see friends because of moving
    - 37% = Trouble getting food or water
    - 26% = Had to move to a new place
    - 26% = Had to go to a new school
- Vernberg, La Greca, Silverman & Prinstein 1996, *J of Abnormal Psychology*



## % Variance in PTS Symptoms Predicted by Exposure Across Samples



## Risk and Resilience Factors



## Aspects of the Recovery Environment

- **Intervening Life Events**
  - Parental separation or divorce; illness in family, etc.
- **Availability of Social Support**
  - Family, friends, teachers, classmates
- **Family Functioning**
  - Parental adjustment; family conflict; cohesion
- **Child's Ability to Cope with Events**
  - Emotion regulation strategies

## Prospective Predictors of PTSD: 10 Months After Hurricane Andrew

**Exposure**  $R^2$  change = .12,  $p < .001$   
**Demographics**  $R^2$  change = .03,  $p < .05$   
 – Black, Hispanic ( $B$ 's = .11, .16)

-----  
**Life Events**  $R^2$  change = .02,  $p < .001$   
**Social Support**  $R^2$  change = .04,  $p < .01$   
**Coping (blame, anger)**  $R^2$  change = .03,  $p < .01$

La Greca et al., *J Consulting and Clinical Psychology*, 1996

## Hurricane Charley: Complex Changes Over Time

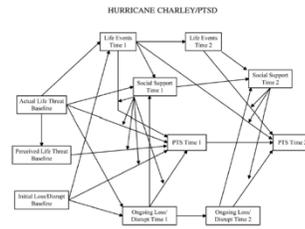
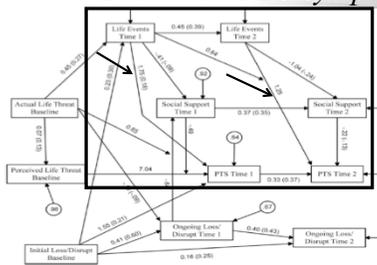


Figure 1. Study's theoretical model of persistent posttraumatic stress (PTSD) symptoms.

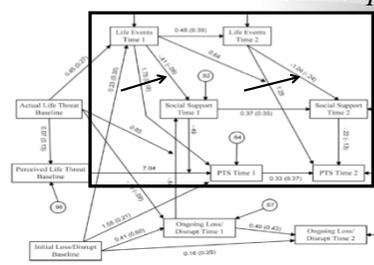
La Greca, Silverman, Lai, & Jaccard, 2010, *J of Consulting and Clinical Psychology*

## 1. Major Life Stressors Contribute to Persistent PTSD Symptoms



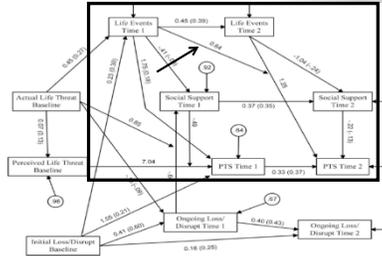
La Greca, Silverman, Lai, & Jaccard, 2010, *J of Consulting and Clinical Psychology*

## 2. Stressors Lead to Deteriorations in Children's Social Support



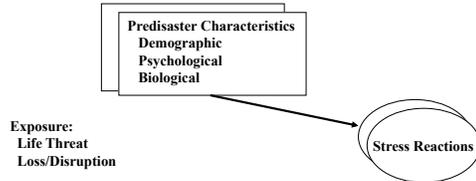
La Greca, Silverman, Lai, & Jaccard, 2010, *J of Consulting and Clinical Psychology*

### 3. Stressors Occurring Early in the Recovery Period Magnify the Impact of Later Stressors



La Greca, Silverman, Lai, & Jaccard, 2010, *J of Consulting and Clinical Psychology*

### Risk and Resilience Factors



### Pre-disaster Risk Factors

- Demographic Variables
  - Gender - Girls report more PTS, anxiety
  - Minorities - More stress reactions in some studies
  - Age – Younger children report more PTS symptoms
- Prior History of Trauma\*
- Prior Psychological Characteristics\*
  - Higher anxiety - More severe reactions
  - Poorer psychological and family functioning

\*Difficult to study

### Pre-disaster Predictors of PTS: 7 Months Post Andrew

<b>Exposure</b>	<b>R<sup>2</sup> change = .20, p &lt; .01</b>
<b>Demographics</b>	<b>R<sup>2</sup> change = .06, ns</b>
– African American (B = .27, p < .05)	
<hr/>	
<b>Anxiety Levels*</b>	<b>R<sup>2</sup> change = .12, p &lt; .01</b>
<b>Inattention*</b>	<b>R<sup>2</sup> change = .01, ns</b>
<b>Academic Problems*</b>	<b>R<sup>2</sup> change = .01, ns</b>

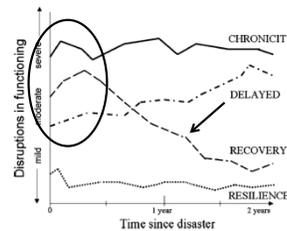
\*Measured 15 months pre-disaster

La Greca, Silverman, & Wasserstein, *J Consult Clinical Psy*, 1998

### Recent Advances: Patterns of Risk and Resilience

- Person-centered vs. a variable-centered approach
- Look at children's *patterns of recovery* over time
- Examine risk and resilience variables that *predict the patterns*

### Proposed Trajectories of Post Disaster Responses



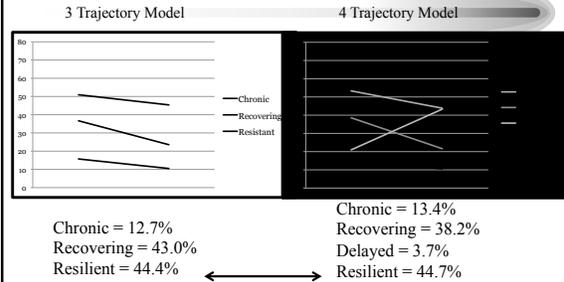
Bonanno, 2004, *American Psychologist*

## Children's Postdisaster Trajectories

- No studies of children's postdisaster functioning using a trajectory approach
  - Crucial for informing early intervention and screening
- Recent re-analysis of Hurricane Andrew cohort
  - Included all youth
  - Some new variables

La Greca, Lai, Llabre, Silverman, Vernberg, & Prinstein, In Press

## Comparing Trajectory Models



## Predictors of PTS Trajectories: Hurricane Andrew

Comparison Group	Resilient	
	Recovering (95% CI)	Chronic (95% CI)
Female Gender	3.25* (1.21 – 8.74)	6.61* (1.63 – 26.78)
Perceived Life Threat Loss/Disruption	1.63 (0.52 – 5.08) 1.82 <sup>†</sup> (0.97 – 3.42)	2.86 (0.62 – 13.16) 1.95 <sup>†</sup> (0.92 – 4.12)
Blame/Anger Coping	5.77*(2.41 – 13.83)	7.79* (2.93 – 20.72)
Social Support	1.95 (0.50 – 7.61)	0.83 (0.17 – 4.01)
Major Life Events	1.11 (0.68 – 1.82)	1.56 <sup>†</sup> (0.92 – 2.63)
General Anxiety	1.46* (1.19 – 1.79)	1.89* (1.42 – 2.51)

La Greca, Lai, Llabre, Silverman, Vernberg, & Prinstein, In Press

## Summary: Risk and Resilience<sub>1</sub>

Model identified factors that contribute to children's PTS reactions

- *Disaster exposure* a strong predictor of PTS early on, but less potent over time (as many youth recover)
- *Life stress during the recovery period* predicts persistent PTS, which undermines children's support and magnifies later stressors
- *Children's PTS* is also associated with poor health outcomes
  - More somatic complaints, more sedentary behaviors

## Summary: Risk and Resilience<sub>2</sub>

Model identified factors that contribute to children's PTS reactions

- *Children's social support and coping* differentiate those who recover versus those who remain chronically distressed
  - Lower support, poor emotion regulation associated with poor outcomes
- *Anxious youth* are vulnerable in the aftermath of disasters

## Overview of Presentation

- Clinical Implications
  - Assessment
  - Screening
  - Intervention

## Clinical Implications: Assessment

- Assess postdisaster symptoms/reactions broadly
  - Evaluate PTS, but also anxiety, depression
  - Assess somatic complaints and other health behaviors
  - Track what is going on during the recovery period, especially *major stressors* that occur
- Assess symptoms from the child's perspective
  - Parents are not good informants of children's postdisaster functioning

## Screening & Identifying Distressed Youth

- Early on many children report distress, but most recover
  - Screen too early -> include youth who recover on their own
  - 9 – 10 months postdisaster -> those with elevations are likely to be chronically distressed (and need help)
- Focus early intensive interventions on youth with
  - Co-morbid PTS and depression
  - Major life events and stressors during the recovery period
  - Anxious youth

## Interventions: How to Deliver ?

- Contextual factors (schools, homes, field settings)
- Who is the focus (child, parent, teacher, counselor)
- Training of professionals/paraprofessionals
- Type of intervention model
  - Universal; Selected; Targeted (already have disorder)
  - Stepped Care
- Time frame postdisaster
  - Immediate; Early Recovery; Long Term Recovery

## Phase I. Immediate Post-Impact (Event through first few weeks)

Most affected youth show stress reactions

- Attention to safety/security issues
- Attention to food, shelter, basic needs
- Psychological interventions
  - Brief, present-focused
  - To prevent long-term problems



## Phase I: Interventions

- Psychological First Aid - ([www.nctsn.org](http://www.nctsn.org))
- Psychoeducational – Fact Sheets, Websites
  - National Child Traumatic Stress Network ([www.nctsn.org](http://www.nctsn.org))
  - National Center for Posttraumatic Stress Disorder ([www.ncptsd.va.gov](http://www.ncptsd.va.gov))
  - NIMH [www.nimh.nih.gov/publicat/violence.cfm](http://www.nimh.nih.gov/publicat/violence.cfm)
  - American Academy of Child and Adolescent Psychiatry ([www.aacap.org](http://www.aacap.org))

## Psychological First Aid: [www.nctsn.org](http://www.nctsn.org)

Natural Disasters

Psychological First Aid Field Operations Guide  
Psychological First Aid (PFA) is an evidence-informed approach for assisting survivors of disaster and terrorism. PFA was developed in partnership with the National Center for PTSD. Access all versions of Psychological First Aid (PFA), including translations and adaptations here.

Psychological First Aid Online is a free 4-hour interactive course in the Learning Center for Child and Adolescent Trauma that puts the participant in the role of a provider in a post-disaster scene. Appropriate for those new to disaster response and seasoned professionals, PFA Online features activities, video demonstrations, and tips from trauma experts and survivors. This project was funded by the Substance Abuse and Mental Health Services Administration, the National Center for PTSD, and the National Association of County and City Health Officials.

PSFA Logo

Following disasters or emergencies, the PFA Mobile™ app can assist responders who provide Psychological First Aid (PFA) to adults, families, and children. Materials in PFA Mobile™ are adapted from the Psychological First Aid Field Operations Guide (2nd Edition).

Disasters and emergencies associated with PFA

## Psychological First Aid

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Chapter 1 Introduction and Overview

Chapter 2 Preparing to Deliver Psychological First Aid

Chapter 3 Core Actions

	Appendices for Psychological First Aid Manual
1. Contact and Engagement	Overview of PFA (PDF 1354)
2. Safety and Comfort	Service Delivery Sites and Settings (PDF 1114)
3. Stabilization	Psychological First Aid: Provider Care (PDF 1794)
4. Information Gathering: Current Needs	Provider Worksheets (PDF 1704)
5. Practical Assistance	Handouts for Survivors (PDF 484)
6. Connection with Social Supports	1. Connecting with Others: Seeking Social Support (For adults and adolescents)
7. Information on Coping	2. Connecting with Others: Giving Social Support (For adults and adolescents)
8. Linkage with Collaborative Services	3. When Terrible Things Happen (For adults and adolescents)
	4. Parent Tips for Helping Infants and Toddlers (For parents/caregivers)
	5. Parent Tips for Helping Preschool-Age Children (For parents/caregivers)
	6. Parent Tips for Helping School-Age Children (For parents/caregivers)
	7. Parent Tips for Helping Adolescents (For parents/caregivers)
	8. Tips for Adults (For adult survivors)
	9. Basic Relaxation Techniques (For adults, adolescents and children)
	10. Alcohol and Drug Use after Disasters (For adults and adolescents)

<http://www.ncptsd.va.gov>  
<http://www.nctsn.org/>

## Psychological First Aid – Online Course

**PFA Online**

PFA online includes a 6-hour interactive course that puts the participant in the role of a provider in a post-disaster scene. This professionally-narrated course is for individuals new to disaster response who want to learn the core goals of PFA, as well as for seasoned practitioners who want a review. It features innovative activities, video demonstrations, and mentor tips from the nation's trauma experts and survivors. PFA online also offers a Learning Community where participants can share about experiences using PFA in the field, receive guidance during times of disaster, and obtain additional resources and training.

**Get started by watching these 3 introductory videos**

- 📺 Welcome to the PFA Community
- 📺 About the PFA Online Courseware
- 📺 Tips while taking PFA Online

**Credits**

- 📺 Acknowledgments
- 📺 PFA Online Accreditation Information
- 📺 PFA Online Flyer

## Psychological First Aid – Mobile Phone

## Tip Sheets for Mental Health Professionals

**AFTERMATH OF TRAUMA: HELPING KIDS COPE**

In their roles as clinicians, scientists, teachers, and community members, mental health professionals can make a difference in the way our society responds to child trauma. Because child trauma exposure is so pervasive, it is important for all mental health professionals to have basic knowledge of its nature, effects, and appropriate initial responses.

**WHAT EVERY MENTAL HEALTH PROFESSIONAL SHOULD KNOW**

**Many children are exposed to traumatic life events.**

About half of all American children experience a traumatic event (such as physical or sexual abuse, family or community violence, terrorism, disasters, traumatic loss), and many experience more than one such event. Some children live with chronic trauma, with no time for healing between events.

**Almost all children experience acute distress immediately after exposure to a traumatic life event.**

Children's reactions will depend on their age and maturity. Children living with chronic trauma may become numb and appear unresponsive to further events. Most children will have some acute reactions but will return to their prior levels of functioning with time and with the support of family and trained adults.

**Parents and families are affected by trauma, and their responses affect children's trauma reactions.**

Family members may react very differently to the same traumatic experience, and their responses affect each other's responses. In addition, children's perceptions of trauma, their resources for coping, and their interactions with parents can vary by developmental level and culture.

**Most children with trauma-related distress do not receive psychological treatment.**

A substantial minority of trauma-exposed children develop psychological symptoms that warrant clinical attention, yet few receive services. Fewer still receive treatments that can be effective, such as cognitive-behavioral therapy.

**Children and Trauma**

*American Psychological Association*  
<http://www.apa.org/pi/families/resources/children-trauma-tips.aspx>

## Tip Sheets: Parents, Teachers, Caregivers

**SAMHSA**  
Substance Abuse and Mental Health Services Administration

**Behavioral Health Is Essential to Health  
Prevention Works • People Recover  
Treatment is Effective**

Home Grants Publications Data Newsroom Topics About Us

### SAMHSA Coping with Violence and Traumatic Events

- For Students
- For Parents, Teachers, and Other Caregivers
  - Tips for Talking with Children
  - Tips on Media Coverage
  - Coping with Grief
  - Coping with Mass Violence and Shooting
  - Coping with Traumatic Stress
- For Responders and Health Professionals
- Recommended Websites

## Evidence for Phase I Interventions

- **Evidence** - not well studied.
- **Possible Concerns**
  - Possible iatrogenic effects (e.g., re-traumatizing children)
  - Requires sophistication to adapt to current circumstances (but may be useful to MH professionals)
  - Psych First Aid requires training to implement

*Phase II: Short Term Recovery/Reconstruction  
(first few weeks/months postdisaster)*



Child surveys home damage

- Persistent/chronic stress reactions begin to emerge
- Ongoing life stressors interfere with recovery
  - Disruption of school, routines, and social ties
  - Relocation

*Preventive Interventions*

- Preventive Interventions are needed that
  - Enhance resilience factors
    - Social Support
    - Stress management (to enhance coping with multiple stressors)
    - Promote adaptive coping
  - Reduce risk factors
    - Reduce anxiety, feelings of depression
    - Reduce poor emotion regulation

A guide to help *parents and children* cope with hurricanes and their aftermath

- [www.7-dippity.com](http://www.7-dippity.com)



[www.7-dippity.com](http://www.7-dippity.com)



*After the Storm*

- Evidence-informed
- Designed for use in a supportive setting (child and adult)
- Intended to reduce stress reactions and promote adaptive coping
- Widely used after Katrina and Rita in State of Louisiana
- Japanese translation (*After the Earth Shakes*) in use

*After the Storm*

Things that Help Most Children

- Maintain normal roles and routines
- Focus on positive/avoid unhelpful coping
- Keep healthy and fit (diet, exercise, sleep)
- Reduce/limit TV and media exposure

**Some Positive Coping Strategies**

- Maintain normal routines.
- Talk with friends/family/coworkers.
- Take up a new hobby.
- Exercise/stay physically healthy.
- Get some R&R/take time off/vacation.
- Reduce exposure to media.
- Write about thoughts and experiences.
- Listen to soothing, calming music.
- Volunteer in the community/help others.
- Look at the positive side of things.
- Talk to a counselor/join a support group.

*Focus on helpful/  
avoid unhelpful coping*

**Adult Activity: Identifying How Your Child Copes**

While your child is completing their activity on the next page, think about how he or she usually copes with bad events. On a separate sheet of paper, write in the positive and negative ways your child copes. When you are both finished, go over your answers together.

Positive Ways My Child Copes	Negative Ways My Child Copes
_____	_____
_____	_____

*Keep Healthy and Fit*

**JOINT ACTIVITY: Coping Chart**

Take a look at the physical changes you have noticed in your child. If there are areas that need improvement, work together on creating a "Coping Chart." List things you and your child can do to better cope with any physical changes. Include some of your child's answers from the next page. Some examples are:

Eating (lack of appetite):	Trouble falling or staying asleep:
Drink a milkshake with fruit Take vitamins Have a regular family mealtime Purchase healthy snacks (raisins, carrots)	Sleep with a light or night-light on Snuggle with a favorite doll Play soft music Count backward from 100
Exercise (lack of):	Increased physical complaints:
Join a sports league or youth group Learn a new sport (tennis or dance lessons) Develop a personal exercise routine Do outdoor activities (hiking, biking, etc.)	Have child checked by family doctor Practice a relaxation exercise to reduce stress

*Reduce TV time and Media Exposure*

**Prepare vs. Scare**

Many news stations report on hurricanes and other natural disasters in a dramatic and sometimes scary way, to make sure that people prepare. However, once you and your family have the information you need (e.g., updates from the National Hurricane Center, which are delivered once every few hours), turn the television off! Too much viewing will scare, rather than prepare.

*After the Storm*

Coping with Special Situations or Reactions

- Dealing with Change
- Fears and Worries
- Intrusive Thoughts and Dreams
- Anger
- Sadness and Loss

Preparedness (Family Disaster Plan)

*After the Storm*

- **Pros:**
  - Evidence-informed
  - Easy to use, non stigmatizing, engaging materials
- **Possible Concerns**
  - Requires computer/internet connections to download
  - 8th grade reading level
  - May need adaptation to fit the specifics of a particular disaster

*III. Long-term Recovery Period  
(a year or more postdisaster)*

- Most children have recovered but a significant minority have persistent/chronic stress reactions
- Youths' reactions complicated by secondary stressors
- **Best Evidence**
  - Trauma-focused CBT



*2013 Hurricane Season*

- South Florida one of the highest risk areas in US for hurricanes
- South Florida is most vulnerable to the strongest hurricanes (Category 3 – 5)
- Even in a “low activity” season, one storm could be devastating

**2013**  
 Andrea  
 Barry  
 Chantal  
 Dorian  
 Erin  
 Fernand  
 Gabrielle  
 Humberto  
 Ingrid  
 Jerry  
 Karen  
 Lorenzo  
 Melissa  
 Nestor  
 Olga  
 Pablo  
 Rebekah  
 Sebastien  
 Tanya  
 Van  
 Wendy

*Thank You!*

Children living in a tent city after Hurricane Andrew

Boy drawing Hurricane Sandy