

Activity Instructions:

Potato Head Family

Goal:

To demonstrate impact of stress and coping strategies on individuals and systems.

Materials Needed:

- One Playskool Potato Head Family (father, mother, and child) for each small group of participants
- Stopwatch to time activity
- Prizes for winning team

Trainer Preparation:

- Prior to distributing the Potato Head Family to each group, remove one critical body part from each package (i.e. eye, ear, arm, leg) and hide in discreet location.
- DO NOT DISCLOSE information to groups that a critical body part is missing when providing instructions.

Activity Instructions:

- A. On each table you will see the necessary components to fully assemble the Potato Head Family: father, mother, and child.
- B. The goal of this activity is for each group to completely assemble the Potato Head Family as quickly as possible while being timed.
- C. The first group to successfully and completely assemble the entire Potato Head Family in the fastest time will receive the winning prize.

Group Process Questions:

- A. Describe how the process of assembling the Potato Head Family went in your group.
- B. How did your group adapt to the challenges presented?
- C. How can this experience be compared to coping with changes and stress?

Stress and Coping in Childhood

By: *Avis Brenner*

Taken from: "Helping Children Cope with Stress"

Children's lives have always been stressful. From birth to puberty youngsters face and somehow cope with a myriad of tensions. However in the past twelve years, the number and severity of childhood stresses has increased dramatically. People who work with children report an uneasy sense that youngsters today have fewer sources of adult support, affirmation, and love than in the recent past. In fact, the number of children living in single-parent homes has doubled. There has been a fourfold increase in the number of youngsters living with mothers who have never been married (Bureau of the Census 1982).

We have become aware that children are being pressured to grow up faster and that protected, sheltered, young people are a rarity instead of the norm. The statistics suggest some of the reasons for this erosion of childhood. There are literally fewer caring adults living with children. Child abuse, in all forms, is still increasing.

At the same time, a growing number of organizations have dedicated themselves to helping children. Social scientists are studying the phenomenon of childhood stress. This book attempts to synthesize the work being done on behalf of children from birth to twelve years of age. Its aim is to make available to teachers, social workers, mental health personnel, child care staff, and parents a summary of what is known about each kind of stress and what can be done to help children to cope.

The Nature of Stress

Stress is a part of life. All kinds of events, from the euphoria of falling in love to the stabbing pain of a cut finger, evoke a similar biological response which is called stress (Selye 1974). To date, research on childhood tension has been limited to negative experiences. We do not know as yet the nature of the stress that occurs when a child is chosen captain of the best team, visits a beloved grandparent, or opens a gift and sees a coveted toy. Lists of childhood stresses have been developed which rank life events in order of the amount of tension which adults suppose each will cause for youngsters (Chandler 1982). In these lists, positive experiences such as an outstanding personal achievement or decrease in the number of arguments between parents are uniformly considered by adults to involve low levels of stress for children (Coddington 1972; Cohen-Sandler, Berman, and King 1982). There are no assessments of the degree to which children agree with these adult estimates.

A Spectrum of Childhood Stressors

The volume and quality of research on negative childhood stress make it possible to describe a spectrum of life experiences which range from ordinary to severe in terms of stress. At the ordinary end are events which occur to most children in our society and for which there are fairly well-defined good coping patterns. For example, most parents are aware that older children are likely to be jealous of newborn siblings. They know how youngsters usually act out their jealousy and how they can be helped to cope.

A short distance along from the ordinary end of the spectrum are the stresses which occur when children have only one parent in the home or when they live in multiple-parent, multiple-dwelling households. In these cases, society, particularly through television, is beginning to outline a variety of ways in which youngsters can cope and thrive. Teachers faced with more and more children in such living situations have helped them to define their problems and seek constructive solutions.

Toward the severe end of the spectrum is the stress caused by separation of children from their parents or siblings. Healthy coping strategies are less well-delineated and society has been less able to spell out its attitudes towards this group of lonely youngsters. Some are well cared for and others are ignored when there is a separation caused by divorce, death, illness, incarceration, or foster placement.

At the severe extreme of the spectrum are those stressors which occur to relatively few children but which are so long-lasting as to require the child to make major personality adaptations in order to survive. Victims of incest, for instance, have no coping guidelines prepared for them by society. Through fear and shame, they remain unknown to their teachers and relatives and receive little support.

Also at the severe end of the spectrum are the children who live for years in situations of abuse, neglect, and parental alcoholism. Society's attitude is one of horror at the situation and blame for the parents. There is considerable public outcry for court intervention and punishment of the adults, ignoring the fact that these corrective actions cause additional stress for children.

Combinations of Stresses

Usually more than one stress occurs at a time in a child's life. Recent research suggests that when several stresses are combined, the effects are more likely to increase geometrically than to be simply additive. In a carefully designed study, Rutter (1979) showed that ten-year-olds living in London under two chronic life stresses were four times as likely to eventually need psychiatric care as youngsters who had to cope with only one chronic stress. He found a similar multiplier effect for children who were exposed to more than one short-term strain at a time. In fact, these brief tensions, which Lazarus calls hassles, also exhibit a multiplier effect. In adults, Lazarus and his colleagues found that

numerous concurrent hassles have deeper effects on mental health than individual instances of major stress (Kanner, Coyne, Schaefer, and Lazarus 1981).

Ecology of Stress

The sources of tension for children can be understood by employing the concept of interaction among the ecological factors in their lives. Belsky (1980) and Brofenbrenner (1979) postulate that youngsters live simultaneously in a microsystem, an exosystem, and a macrosystem. If these systems are visualized as concentric circles, the microsystem is in the center completely surrounded by the exosystem. In its turn, the exosystem is enclosed within the macrosystem. By examining the stressors in each system and recognizing that each continuously interacts with and affects the others, it becomes possible to appreciate the complexity of childhood stress.

The microsystem consists of the child's own characteristics, his family setting, and interaction patterns. Stress in the microsystem can be caused by the process of maturing physically, intellectually, and emotionally; becoming the object of new rules and regulations; and being required to take responsibility for self and siblings. Changes in the microsystem produce stress as the family adds new members and adjusts to the varying needs of children and adults.

The exosystem encompasses the family's social networks of acquaintances, friends, and relatives. It includes the neighborhood in which they live and the children's school and daycare arrangement. Exosystem sources of stress arise when families move to new homes, add or subtract relatives, join or leave religious organizations, and when there are changes in parental employment status.

Encircling both the micro and exosystems, the macrosystem is made up of those cultural values and beliefs evident in the surrounding larger society. Stress occurs when a family deviates from accepted cultural norms.

A child's first day of school is an example of the way in which the three systems interact. Long before the day, factors in the macrosystem (i.e., society's attitudes toward education) begin their impact on children. Television and newspapers show youngsters hating to enter the classroom. Clearly, society expects them to be under stress each year on the first day of school. Influenced by macrosystem pressures, friends, and neighbors commiserate with children for having to return to school. Classmates conjure up horror stories about the terrible teacher they will have this year. Under exosystem influences, microsystem stresses mount. Children who dislike school have their distress heightened. Those who love it are dismayed at how different they are from everybody else.

Coping with Stress

As stress is a part of life, so too is the act of coping with unexpected events and adapting to long-term changes. Coping always involves mental and/or physical action. Over time, patterns of coping are developed for specific stressors. These become habitual or routine and are termed adaptations (Iscoe 1977).

Babies begin to cope as soon as they are born. Murphy and Moriarty's (1976) longitudinal study of middle-class children in Topeka, Kansas, found that as early as four weeks after birth, infants have habitual ways of responding to new experiences. The patterns they establish as infants are modified but not basically changed as they grow to be toddlers and preschoolers. The baby who looks long and hard at a new toy before reaching for it is also the toddler who stands in the nursery school doorway and watches the other children before joining their play.

While maintaining innate patterns, youngsters learn additional coping modes from parents, peers, teachers, and relatives. Because their abilities develop over time, it is tempting to make lists of coping techniques which are typical of children at different stages in their growth. Certainly, three-year-olds are more apt to cope with loneliness by inventing imaginary friends than are eleven-year-olds. Yet, we see all kinds of coping mechanisms used quite effectively at every age from birth to puberty.

If we cannot get up an age-stage list of healthy ways of coping, how can we judge the effectiveness of a child's adaptation to stress? The answer to this question is complex. First of all, children seldom use only one strategy at a time. In the course of a day, most respond in several different ways to the same event. For example, when Brian's kitten died, he prepared a shoebox coffin and ceremonially buried it in the backyard. A favorite TV show took his mind off his loss for a while. He spoke sadly of the kitten at supper, was distracted by a game of cards with his older brother, then returned to his grieving again at bedtime, crying himself to sleep. He used three different methods of coping with his stress. It is important, then, to know all of child's strategies, to examine and weigh them as a group, taking into account how one mode affects the others and how it alleviates or adds to his burden of tension.

Most of the time children are not conscious of their own coping strategies. They simply act without thinking when they are under stress. For example, when his brother went away to college, Kevin responded by spending hours perfecting tiny details on his model airplanes. The concentration made him feel better but he was not aware that this was a way of coping with his sadness and loss. The particular techniques children use always seem to them to be good solutions to their problems, no matter how foolish, illogical, or self-destructive these actions may appear to adults.

Patterns of Coping

Practitioners need to consider whether a child's coping mode is a way of avoiding or facing stress. Strategies which enable children to go on with their lives without confronting the cause of tension are generally thought to be more useful in the short term. Adaptations which acknowledge and accept the stress are usually deemed to be healthy over the long term.

While there are many ways of avoiding stress, the following four broad categories describe the most typical evasive actions. They are denial, regression,

~~withdrawal and impulsive acting out.~~ All have both positive and negative consequences for children.

Denial. When using denial, ~~children act as though the stress does not exist.~~ For example, a preschooler goes on playing with her toys while being told that her father has died. ~~Denial serves to alleviate pain and thus can help children preserve their equilibrium.~~ They may conjure up imaginary friends to keep them company or rely on magical beliefs to protect themselves and their loved ones.

Regression. ~~When children act younger than their years and engage in earlier behaviors, they are using regression.~~ They become dependent and demanding. As a result, they may receive more physical comforting and affection than usual, thus easing the existing stress.

Withdrawal. ~~In withdrawal children take themselves physically or mentally out of the picture.~~ They run away from the stressful environment or become quiet and almost invisible. They concentrate their attention on pets and inanimate objects or lose themselves in daydreams to escape mentally when they cannot escape physically. Their efforts bring them respite from tension for the time being.

Impulsive Acting Out. ~~Children act impulsively and often flamboyantly to avoid thinking either of the past or of the consequences of their current actions.~~ They conceal their misery by making others angry at them. They seek quick and easy ways to stop their pain. In the process they draw attention to themselves and find ways of momentarily easing their feelings of stress. ~~However, in the long run, this coping strategy is almost guaranteed to be self-destructive.~~

In contrast to the evasive mechanisms, we can examine five of the many ways in which children accept and face stress. Vaillant (1977) identifies altruism, humor, suppression, anticipation, and sublimation as the mature mechanisms which are most used by adult males who are judged effective copers. Children use these strategies too. Again, each had both positive and negative aspects.

Altruism. When children use altruism, ~~they forget their own troubles by helping others, especially parents and siblings.~~ They gain satisfaction from the ~~helper role and from knowing that they are being useful.~~ On the negative side, some altruistic youngsters are more like old men and women than children. ~~They do not allow themselves to be carefree or irresponsible.~~

Humor. ~~Children joke about their difficulties.~~ They use humor to express anger and pain. When this is taken to its extreme, children lose the ability to cry and to reach out to others for help.

Suppression. ~~Suppression enables children to~~ set aside their anxieties temporarily. For some hours they forget their cares, yet are not afraid to go back to the stressful situation when the free time is over. When there is a death in the family, preschoolers often unconsciously use suppression to maintain their balance. They cry for a while, then go and play as though nothing had

happened. Apparently during this time they ignore their pain and gather their strength against the moment when they will return to the adult's side to sob some more. The negative aspect of suppression is that children may suppress feelings to the point of denial.

Anticipation. Children who use anticipation are able to foresee and plan for the next stressful episode. They are then prepared to protect themselves and to accept what cannot be avoided. Anticipation can be a strong coping tool. Its negative aspect is that children may become too fearful and develop compulsive needs to know and plan for what is coming next.

Sublimation. With sublimation, children find ways to vent their anger, overcome their fears, or express their sadness through becoming absorbed in games, sports, and hobbies. These activities become their satisfactions and compensate for the stressful events in their lives. The negative aspect of sublimation is that children can become so engrossed that other pleasures, or the needs of family members can be ignored.

Proposed Helping Strategies

This book proposes that helping professionals use the following three approaches to their work with children under stress. Each can be effective on its own, or they can be applied in combination. These techniques include removal of at least one stressor in a child's life, teaching the youngster new coping strategies, and showing children ways in which they can transfer existing coping techniques to other, more appropriate life situations.

Remove at Least One Stressor. Based on Rutter's (1979) research showing the effects of multiple stresses, it seems reasonable to expect that even a small improvement in the overall situation, that is, the removal of one stress or hassle, can help children to feel stronger and more able. For example, when her teacher arranged a hot breakfast for Lisa (who had been coming to school hungry each morning) the child was then able to concentrate on her schoolwork. This in turn made it possible for Lisa to suppress for a time her anxieties about her parents' impending divorce.

Teach New Coping Strategies. Researchers agree that children who use large repertoires of coping techniques seem to have the best chance of maintaining a healthy equilibrium. When they learn alternative actions, they no longer feel boxed in by fate. For example, Kim was relieved when her social worker helped her to anticipate what it would be like to visit her seriously ill sister. She had been frightened of the hospital and had coped by withdrawing and saying that she didn't want to see her sibling, even though she missed her sister terribly.

Transfer Some Coping Strategies to Other Life Situations. Children tend to apply their coping techniques only to the situations in which they were developed. Adults can show youngsters new ways to use established skills

to their best advantage. For example, Jennifer used altruism to cope with her mother's hospitalization for cancer. She coped with the separation by mothering her father, her little brother, and all of her classmates. The children in school quickly got annoyed and began to tease Jennifer. Her teacher helped Jenny to transfer her altruism to taking care of the class pets and being responsible for some daily clean-up chores. The mothering of the other children stopped and so did the teasing.

The three approaches which have been outlined here—removing stressors, teaching new coping strategies, and helping children to transfer existing techniques to other areas of life—can be used by any lay person or professional who works with children. It is, of course, important to be able to recognize when a child will need treatment by a trained therapist. However, considering the large numbers of youngsters who live under stress today, it is equally important that as many adults as possible take responsibility for helping them to cope.

Before Adults Can Help

Effective helpers need a combination of knowledge, appreciation, skill, and self-awareness.

Knowledge. It is important to know as much as possible about the constellation of stressors the child faces, his or her typical coping strategies, and their likely effects on both youngster and family. Workers need to know a variety of alternative actions that might be taken, the legal issues which they must confront, and the community resources which are available.

Appreciation. The helping professional must appreciate children's points of view and their reasons for unconscious choices of coping modes. It is useful to be able to see the stressor through the child's eyes and to understand the good intentions of poor coping mechanisms. The worker needs an appreciation of the complexities of each child's situation and the tangled interactions that can frustrate the most earnest efforts.

Skill. Of course, practitioners need to be skilled in working with children. It is important to be able to communicate easily and warmly with them and, in turn, to gain their trust and to help them to talk openly and completely about their problems.

Self-awareness. A helper's honest awareness of his or her own biases and belief systems in regard to each kind of stressor and each kind of child and family is the fourth requirement.

No matter how adept children become at coping with stress, it is never possible for them to be completely successful; to avoid all negative consequences; and to be able to take everything that comes. Children cannot cope on a daily basis without help and support from at least one caring adult.

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Stress and Young Children

By: *Jan Jewett and Karen Peterson*

Traditionally, stress has been defined in terms of its source (e.g., internal and external) (Marion, 2003). Internal sources of stress include hunger; pain; sensitivity to noise, temperature change, and crowding (social density); fatigue; and over- or under-stimulation from one's immediate physical environment. External stressors include separation from family, change in family composition, exposure to arguing and interpersonal conflict, exposure to violence, experiencing the aggression of others (bullying), loss of important personal property or a pet, exposure to excessive expectations for accomplishment, "hurrying," and disorganization in one's daily life events (Bullock, 2002). Although the research literature tends to focus on the impact of single-variable stressors on children's development, in real-life situations, children experience stress from multiple sources. Researchers note that multiple stressors interact with one another and can have cumulative effects (Stansbury & Harris, 2000). This Digest discusses how children experience and adapt to stress, and offers suggestions to teachers and parents on preventing and reducing children's stress.

How Vulnerable are Young Children to Stress?

Stress is experienced in many forms and varies by the individual, the child's developmental level, and the child's previous life experience. Adapting or managing stress appears to be highly dependent on a child's developmental capabilities and coping-skill inventory. Researchers suggest that children under the age of 6 are developmentally less capable of (1) thinking about an event in its entirety; (2) selecting from a menu of possible behaviors in response to any new, interesting, or anxiety-inducing event; (3) comprehending an event separate from their own feelings; and (4) modifying their physical reactions in response to change in stimuli (Allen & Marotz, 2003).

Stress can have positive as well as negative influences. The younger the child, the greater the impact of new events, and the more powerful and potentially negative stress becomes. Some stress is a normal part of a child's everyday life and can have positive influences. However, excessive stress can have both immediate and far-reaching effects on children's adaptability to new situations, even events that are seemingly unrelated to the specific stressful event.

Research indicates that the negative impact of stress is more profound on children who are younger than age 10, have a genetic temperament that is "slow-to-warm-up" or "difficult," were born premature, are male, have limited cognitive capacity, or have experienced prenatal stress (Monk et al., 2000). Children who live in poverty, who live in violent communities, or who are

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bullied in school settings are also subject to more external stress (McLoyd, 1998) than other children. Children who have lower thresholds for external and internal stimuli will find a wider variety of events and conditions to be negatively stressful (Stansbury & Harris, 2000).

How Do Children Experience Stress?

Specialists have identified two categories of stressful experiences. Acute stress is defined as a sudden, intense onset (e.g., short-term parental illness) and then the subsidence of stressful stimuli. Chronic stress (e.g., loss through death or prolonged separation of a significant person in the child's life—grandparent, caregiver, sibling) is, on the other hand, ongoing and has the most significant and detrimental effects on children, including changing brain chemistry and function, and lowering resistance to disease (Gunnar & Barr, 1998; Lombroso & Sapolsky, 1998).

Zegans (1982) theorizes that stress is experienced in four somewhat distinct stages: (1) alarm and physical reaction; (2) appraisal, as a child attempts to make meaning from the event; (3) searching for adaptation and coping strategies; and finally (4) implementation of a strategy or strategies. This implementation stage may be a one-time action or may be extended over hours or days. Children's appraisal of stressful events and their choices of viable coping strategies are different from those used by adults (e.g., leaving a favorite toy at child care overnight may have a negative impact on children who cannot "find" a way to "wait" until they are reunited; this reaction and fear of its recurrence may last for several days). In addition, experts have observed that children's physical responses to stress are also different from adult responses in that they may be more intense and involve the whole body (Zegans, 1982).

How Does Stress Manifest Itself in Children?

Stress is most often seen as an overt physical reaction: crying, sweating palms, running away, aggressive or defensive outbursts, rocking and self-comforting behaviors, headaches and stomachaches, nervous fine motor behaviors (e.g., hair twirling or pulling, chewing and sucking, biting of skin and fingernails), toileting accidents, and sleep disturbances (Stansbury & Harris, 2000; Fallin, Wallinga, & Coleman, 2001; Marion, 2003). Experts suggest that children may react globally through depression and avoidance; excessive shyness; hyper-vigilance; excessive worrying; "freezing up" in social situations; seemingly obsessive interest in objects, routines, food, and persistent concern about "what comes next"; and excessive clinging (Dacey & Fiore, 2000).

How Do Children Adapt to Stress?

Theorists believe that these behaviors represent children's struggles to manage and react to stressful events. They believe that children generally distance themselves emotionally from stressful situations by behaving in ways to diminish the stress (e.g., crying and being upset in order to show feelings of abandonment

when parents go to work) or acting in ways to cover or conceal feelings of vulnerability (e.g., acting out and being aggressive or disruptive when it's time for toys to be put away or play to stop). With age, children increasingly use cognitive problem-solving strategies to cope with negative stress by asking questions about events, circumstances, and expectations for what will happen and clarification of what has happened (Kochenderfer-Ladd & Skinner, 2002).

Prolonged exposure to stress and a child's continued use of coping strategies may result in behavior patterns that are difficult to change if the child perceives the strategy as being effective (Kochenderfer-Ladd & Skinner, 2002; Stansbury & Harris, 2000).

How Can Adults Respond to Children's Stress?

Assisting children in understanding and using effective adaptation and coping strategies must be based on the child's developmental level and understanding of the nature of the stress-inducing event. Teachers and parents can prevent and reduce stress for children in many ways:

- Help the child anticipate stressful events, such as a first haircut or the birth of a sibling. Adults can prepare children by increasing their understanding of the upcoming event and reducing its stressful impact (Marion, 2003). Over-preparing children for upcoming stressful events, however, can prove even more stressful than the event itself (Donate-Bartfield & Passman, 2000). Adults can judge the optimal level of preparation by encouraging the child to ask questions if he or she wants to know more.
- Provide supportive environments where children can play out or use art materials to express their concerns (Gross & Clemens, 2002).
- Help children identify a variety of coping strategies (e.g., "ask for help if someone is teasing you"; "tell them you don't like it"; "walk away"). Coping strategies help children feel more effective in stressful situations (Fallin, Wallinga, & Coleman, 2001).
- Help children recognize, name, accept, and express their feelings appropriately.
- Teach children relaxation techniques. Consider suggesting to a child such things as "take three deep breaths"; "count backwards"; "tense and release your muscles"; "play with play dough"; "dance"; "imagine a favorite place to be and visit that place in your mind" (use creative imagery) (O'Neill, 1993).
- Practice positive self-talk skills (e.g., "I'll try. I think I can do this.") to help in promoting stress management (O'Neill, 1993).

Other basic strategies include implementing sound positive discipline strategies, following consistent routines, enhancing cooperation, and providing time for children to safely disclose their concerns and stresses privately and in groups.

Conclusion

Our increasing knowledge about the importance and impact of stress on young children should be put to good use in reducing stress factors for young children and in assisting children to increase coping strategies and healthy responses to the unavoidable stresses in their lives.

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HELPING CHILDREN COPE WITH STRESS

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While some stress is normal and even healthy, children today seem to encounter many stressful life events at earlier ages. Stress shows itself in children by complaints about stomachaches, being nervous, trouble sleeping, anger flares, and infections.

Stress is a life event or situation that causes imbalance in an individual's life. An unhealthy response to stress occurs when the demands of the stressor exceed an individual's coping ability. Often stress results from something that is beyond our control. Control has a great deal to do with levels of stress.

Some stress is normal. Daily and life challenges can be expected. For example, most children will attend school and will have to go through many transitions. Most adolescents will have to grapple with their sense of identity to determine where they "fit." Being afraid of the dark and feeling peer pressure are predictable stressors. Other stressors are not as predictable. Disruptions to what is considered normal for the child cause problems with stress. Small amounts of stress, as experienced before a test or when meeting new people, are necessary to present challenges for greater learning. Simple stress experienced when learning a new skill or playing an exciting game raise a person's level of excitement or pressure above the normal level.

When Is Stress Distress?

Problems begin when ordinary stress becomes too much stress or distress. There are a variety of reasons for children to feel stress. Death, divorce, remarriage, moving, long illness, abuse, family or community violence, natural disaster, fear of failure, and cultural conflict may each heighten stress. Under stress, the heart rate and breathing are at a higher speed and muscles are tense. Multiple stressors worsen the stress level and the length of the stress. Our bodies need relief from stress to reestablish balance.

Children's Reactions

Reactions to stress vary with the child's stage of development, ability to cope, the length of time the stressor continues, intensity of the stressor, and the degree of support from family, friends, and community. The two most frequent indicators that children are stressed are change in behaviors and regression of behaviors. Children under stress change their behavior and react by doing things that are not in keeping with their usual style. Behaviors seen in earlier phases of development, such as thumb sucking and regression in toileting, may reappear.

Some of the Typical Signs and Symptoms of Stress for Children

Preschoolers:

Typically, preschoolers lack self-control, have no sense of time, act independently, are curious, may wet the bed, have changes in eating habits, have difficulty with sleep or speech, and cannot tell adults how they are feeling.

Preschoolers under stress each react differently. Some behaviors may include irritability, anxiety, uncontrollable crying, trembling with fright, eating or sleep problems. Toddlers may regress to infant behaviors, feel angry and not understand their feelings, fear being alone or without their parent, withdraw, bite, or be sensitive to sudden or loud noises. Feelings of sadness or anger may build inside of them. They may become angry or aggressive, have nightmares, or be accident prone.

Elementary-age Children:

Typical elementary-age children can whine when things don't go their way, be aggressive, question adults, try out new behaviors, complain about school, have fears and nightmares, and lose concentration.

Reactions to stress may include withdrawal, feelings of being unloved, being distrustful, not attending to school or friendships, and having difficulty naming their feelings. Under stress, they may worry about the future, complain of head or stomachaches, have trouble sleeping, have a loss of appetite, or need to urinate frequently.

Preteens and Adolescents:

Adolescents typically are rebellious, have "growing" pains and skin problems, may have sleep disturbances, may go off by themselves, be agitated, and act irresponsibly.

Adolescents and teens under stress may feel angry longer, feel disillusioned, lack self-esteem, and have a general distrust of the world. Sometimes adolescents will show extreme behaviors ranging from doing everything they are asked, to rebelling and breaking all of the rules and taking part in high-risk behaviors (drugs, shoplifting, skipping school). Depression and suicidal tendencies are concerns.

Building Safety Nets for Stress

Just as children's reactions are each different, so are their coping strategies. Children can cope through tears or tantrums or by retreating from unpleasant situations. They could be masterful at considering options, finding compromising solutions, or finding substitute comfort. Usually a child's thinking is not developed fully enough to think of options or think about the results of possible actions.

Children who live in supportive environments and develop a range of coping strategies become more resilient. Resiliency is the ability to bounce back from stress and crisis. For many children, a supportive environment is not present and many children do not learn a set of positive coping strategies.

Factors that support children and create a safety net for them during stressful times include:

- A healthy relationship with at least one parent or close adult.
- Well-developed social skills.
- Well-developed problem-solving skills.
- Ability to act independently.
- A sense of purpose and future.
- At least one coping strategy.
- A sense of positive self-esteem and personal responsibility.
- Religious commitment.
- Ability to focus attention.
- Special interests and hobbies.

Families can provide further protection by:

- developing trust, particularly during the first year of life.
- being supportive family and friends.
- showing caring and warmth.
- having high, clear expectations without being overly rigid.
- providing ways for children to contribute to the family in meaningful ways.
- being sensitive to family cultural belief systems.
- building on family strengths.

Children who live in supportive environments and develop a range of coping strategies become more resilient.

Coping Strategies

It is not necessary to be a therapist to help children cope with stress. One key element in reducing stress is a stress-free environment. A stress-free environment is based on social support, having the ability to find hope by thinking through solutions, and being able to anticipate stress and learn ways to avoid it.

Social Support

Social support means having people to lean on during difficult times. Parents who listen, friends to talk to, hugs, and help in thinking through solutions are ways children feel support.

Specifically:

Notice them. Well-developed observation skills are essential. Observe for more quarrels with playmates, poor concentration, or bed-wetting.

Praise children. Encourage children and show you care. Be positive.

Acknowledge feelings. Let children know it is okay to feel angry, alone, scared, or lonely. Give children the names for their feelings and words to express how they are feeling.

Have children view the situation more positively. Some stressors make the child feel ashamed. Shaming truly affects self-esteem.

Structure activities for cooperation, not competition. This allows individuals to go at their own pace and increases the learning of social skills.

Involve parents, family members, and friends. They can read books together, encouraging openness and listening. They also can ensure good nutrition and proper rest.

Host regular, safe talks. Members of the family or classroom group who feel comfortable can share experiences, fears, and feelings. Adults can recognize the steps a child uses to cope and help others learn from these experiences. Hold regular family conferences or classroom meetings to plan activities or to suggest solutions.

Thinking It Through Clearly

Children must learn to think through a problem. Some specific strategies include self-talk, writing about the problem, and making a plan. Thinking positively and thinking up real solutions is important.

Adults can:

Show how they can cope in a healthy way. Keep calm, control anger, think through a plan, and share the plan with the family.

Be proactive. Plan plenty of playtime, inform children about changes, and plan activities where children can play out their feelings. Books, art, puppetry, play, and writing help children think through and name their feelings.

Develop thinking skills. Help children think through the consequences of actions. Pose situations (friendship, stealing, emergencies) and think through actions. Ask open-ended questions about what the solutions to problems could include, such as "What could we do about this?"

Help children tell reality from fantasy. A child's behavior, for example, did not cause his or her parents' separation.

As an adult, focus on the stressor. Model how thinking through options for dealing with difficult people, situations, or problems helps you find solutions.

Find individual talk time. Talk about stressful events and everyday events.

Use stories and books. Stories can help the child identify with the feelings of the character and tap their own feelings to ease them out for discussion and to discuss coping strategies.

Use art for expressing feelings. Paint, clay, sand, and water all allow for active expression.

Encourage children to act out coping skills. Playing with dolls, boxes, toy telephones, puppets, blocks, cars, and similar items provides another avenue to bring feelings out for discussion.

Give the child some degree of control. Children should be allowed to choose within the framework of what is expected. Allow them to make some manageable decisions, such as how to arrange their room, to voice their opinion in some family decisions, which activity to complete.

Foresee Stressful Situations and Avoid Them

If we can foresee an event, we can often block it as a stressor. Ignoring problems, changing the subject, not worrying about it, or changing an action can be coping strategies.

- Identify what could cause stress and plan ways to avoid it or how to deal with it.
- Encourage children to be proud of themselves in some way. Developing a special interest or skill can serve as a source of pride and self-esteem.
- Use gentle humor or read a silly book to create laughter and to reframe negative thoughts into opportunities.
- Offer personal space. Modify the environment. Quiet space and alone time should be allowed. (Adjust noise levels and check the traffic pattern.)
- Teach relaxation and deep breathing techniques. Ask children to close their eyes and imagine a quiet and or happy place (the beach with waves, a birthday party, a warm cup of cocoa).
- Teach conflict-resolution strategies. Teach children to think through alternative ways to solve problems. Who else can help solve given problems? What additional information do they need?

As adults, we can make sure we don't add to children's stress by expecting them to act in adult ways. We can praise, be positive, seek positive solutions, help children name their feelings, teach fairness, help children learn to like themselves, be patient, teach honesty, and give lots of love and encouragement, particularly during difficult times.

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Recognizing Stress in Children

Helping Children Cope with a Disaster

A disaster is frightening to everyone. Several factors play an important part in a child's reaction to the event. Children will be affected by the amount of direct exposure they have had to the disaster. If a friend or family member has been killed or seriously injured and/or the child's school, home or neighborhood has been destroyed or severely damaged, there is a greater chance that the child will experience difficulties. Adults can help children grieve by patiently listening and being able to tolerate feelings. This is a major factor in a child's perception of adults' reactions to the disaster. Children are very aware of adults' worries most of the time but they are particularly sensitive during the period of a disaster. Acknowledging your concerns to the children is important, as is your ability to cope with stress. Another factor that affects a child's response is his/her developmental age. Talking about the disaster together using words children can understand is important, as is being sensitive to their different responses.

Preschool children will cling to parents and teachers and will worry about their parents' whereabouts. School-age children whose homes have been damaged by a fire may express the fear that life isn't safe or fair, whereas adolescents may minimize their concerns but fight more with parents and spend more time with their friends. It is important to listen to children's individual concerns and to be alert to signs of difficulty.

Children are the most vulnerable population. Times of disaster and trauma increase their vulnerability. Recognizing children's symptoms of stress is not easy. Some stress reactions may include the following:

- Sleep disorders
- Persistent thoughts of trauma
- Belief that another bad event will occur
- Conduct disturbances
- Hyperalertness
- Avoidance of stimulus or similar events, i.e., boating, swimming, baths, traveling
- Moving
- Regression, thumb sucking
- Dependent behaviors

- Time distortion
- Obsession about the event
- Feeling vulnerable
- Excessive attachment behaviors

Extension professionals, parents and caregivers can work with child care providers to help them understand that parents who are under stress may not be able to provide enough love and affection for their children. Some of this lack of affection can be supplemented in child care settings.

There are multiple factors that determine how to negotiate stress with children.

Child's Developmental Level

Elementary school children in the developmental stage of accomplishing and feeling competent may not progress well in school. This is an interference in development. Research indicates that the stage of identity development (usually in adolescent and teen years) can be hampered if fear is pronounced.

Latent reactions observed in children experiencing the Buffalo Creek flood in New York was depression, powerlessness, vulnerability, difficulty distinguishing fact from fantasy, fear of separation, and chronic anxiety.

Child's Perceptions of Family Reactions

Sometimes, anxiety in children can be attributed to anxiety in parents. Children who realize that their parents are powerless (the inevitability of flood waters for example) are fearful. Erikson suggests a loss in the belief of adults power results in the questioning of adult authority in other instances, and may manifest itself in juvenile misconduct.

Collaboration between parents, care givers, social workers has worked in the past. Meaningful adaptations in children's environments will aid in their feelings of security.

Expected Reactions of Children and Adolescents to Disasters

- Refusal to return to school or child care. This may emerge up to several months after the disaster.
- Fears related to the disaster (i.e. the sound of wind, rain, thunder, sirens, etc.)
- Sleep disturbances persisting several months after the disaster, manifested by nightmares and bed wetting.
- Misconduct and disobedience related to the disaster reflecting anxieties and losses that the child may not be talking about may appear weeks or months later.
- Physical complaints (stomachaches, fevers, headaches, dizziness) for which no immediate physical cause is apparent.

- Withdrawal from family and friends, listlessness, decreased activity, preoccupations with the events of the disaster. Many children may be confused or upset by their normal grief reaction. Children have reported that they do not feel enough support from adults during a disaster.
- Loss of concentration, irritability.
- Increased susceptibility to infection and physical problems related to the disaster.

The most common psychological disturbances found among children who have lived through a disaster include: anxiety disorders, sleep-disturbances, phobias, depression and post-traumatic stress disorder.

Children proceed through a variety of stages following a trauma. The following stages have been identified as stages one might expect following a disaster.

- **Terror**—Exhibits for children through crying, vomiting or bodily discharge, becoming mute, loss of temper, or running away.
- **Rage, anger**—Adrenaline release, tense muscles, heart rate increases.
- **Denial**—Adults may exhibit denial differently than children. Some behaviors include feeling numb, blocking off pain and emotion, dreaming, feeling removed from experiences, or no feelings at all. Children may withdraw into unc customary behavior patterns. One study reported avoidance and resistance to participating in art therapy by not drawing anything related to the actual disaster (Newman, 1976). Behaviors may appear non-responsive and be overlooked.
- **Unresolved grief**—Unresolved grief could move into deep depression or major character changes to adjust to unresolved demands of grief and trauma. A child may stay sad or angry, be passive or resistant.
- **Shame and guilt**—Children do not believe in randomness and may even feel at fault after a disaster. Shame is one's public exposure of vulnerabilities. Guilt is private. There is a need to resolve these feelings, regain a sense of control, gain a new sense of independence and feel capable.

The effects of trauma in childhood can be found both immediately and after a long period of time. Trauma changes those involved. Knowing what to look for in children can lead caring adults to seek professional assistance.

Generally the world for small children is predictable and stable served by dependable people. Any disruption in stability causes stress. The two most frequent indicators that children are stressed are CHANGE in behaviors and REGRESSION of behaviors. Children can change their behavior and react by doing things that are not in keeping with their usual style. Behaviors seen in earlier phases of development such as thumb sucking and regression in toileting may reappear. Age groups differ in reactions. For example, loss of prized possessions, especially pets, hold greater meaning during middle childhood. Of concern to adolescents during/after a major disaster is the fear related to own body (intactness), disruption of peer relationships and school life. Adolescents

feel their growing independence from parents and family is threatened. At this time, it feels different since the family needs to pull together during this time and less independence is allowed.

There will be a difference between age groups:

Normal Behavior/Stressed Behavior

	Normal Development	Possible Stressful Reaction	Consider Referral for Professional Assistance
Preschool (1-5)	thumb sucking, bedwetting	uncontrollable crying	excessive withdrawal
	lacks self-control, no sense of time, wants to exhibit independence (2+)	trembling with fright, immobile	does not respond to special attention
	fear of the dark or animals, night terrors	run aimlessly	★
	clinging to parents	excessive clinging, fear of being left alone	★
	curious, explorative	regressive behavior	★
	loss of bladder/bowel control	marked sensitivity to loud noises, weather	★
	speech difficulties	confusion, irritability	★
	changes in appetite	eating problems	★
Middle Childhood (5-11)	irritability	marked regressive behaviors	★
	whining	sleep problems	★
	clinging	weather fears	★
	aggression, questions authority, tries new behaviors for 'fit'	headache, nausea, visual or hearing problems	★
	overt competition with siblings for parents' attention	irrational fears	★
	school avoidance	refusal to go to school, distractability, fighting	★
	nightmares, fear of dark	poor performance	★
	withdrawal from peers	★	★
	loss of interest/concentration in school	★	★

Normal Behavior/Stressed Behavior continued

	Normal Development	Possible Stressful Reaction	Consider Referral for Professional Assistance
Early Adolescence (11-14)	sleep disturbance	withdrawal, isolation	disoriented, has memory gaps
	appetite disturbance	depression, sadness suicidal ideation	severely depressed, withdrawn
	rebellion in the home/ refusal to do chores	aggressive behaviors	substance abuser
	physical problems (skin, bowel, aches and pains)	depression	unable to care for self (eat, drink, bathe)
Adolescence (14-18)	psychosomatic problems (rash, bowel, asthma)	confusion	much the same as middle childhood
	headache/tension hypochondriases	withdrawal, isolation	hallucinates, afraid will kill self or others
	appetite and sleep disturbance	antisocial behavior, i.e., stealing, aggression, acting out	cannot make simple decisions
	– begin to identify with peers – have a need for alone time – may isolate self from family on occasion	withdrawal into heavy sleep OR night frights	excessively preoccupied with one thought
	agitation, apathy	depression	★
	irresponsible behavior	★	★
	poor concentration	★	★

Strategies for Parents and Teachers

Strategies to Assist Children Manage Stress

During disasters, many families suffer from the onset of sudden stress. Severe stress can disrupt functioning. Over time, relief from stress enables families to eventually reestablish equilibrium. Informed intervention can speed up this process and in many instances can prevent serious problems later.

On the other hand, families that were dysfunctional (prior to the disaster), will not be cured through intervention. The most vulnerable and those with the lowest resources were most susceptible before the disaster and remained so after the disaster.

A theory worthy of consideration in dealing with disaster stress is attachment theory. Throughout life, young children are more resilient if they have become attached to at least one significant adult. Being able to trust at least one adult pulls them through stressful times. Secure attachment provides a foundation for healthy development and healthy mental functioning.

Although attachment exists all of the time, it is particularly evident when a child is ill, tired, or afraid. A child searches out that person who makes them feel safe and secure. Stress occurs when that person is not available...in proximity or emotionally.

Separation is the flip side of attachment. Any indication that separation may occur causes stress. Children going into a new child care situation, to a new class, or to spend the night away from home (even to camp), can be stressed due to separation. Children can bring an attachment item along (blanket, bear) to child care, to ease the separation from parents.

The more severe the disaster, the more serious the threat and the greater the chance for actual separation or loss. Sleeping alone in a strange place, being separated from parents and other family members, losing toys and pets are ways children were affected during the disaster.

Parents should be assured that they are not spoiling their child by responding to fright. If feelings are not recognized, then buried and later may surface...when the reason is not as evident. Significant adult availability and responsiveness is of great importance to move through the stressful time.

Helping Children Handle Disaster-Related Anxiety

Pre-School Age Children

Behavior such as bedwetting, thumb sucking, baby talk, or a fear of sleeping alone may intensify in some younger children, or reappear in children who had previously outgrown them. They may complain of very real stomach cramps or headaches, and be reluctant to go to school. It's important to remember that these children are not "being bad". They are afraid. Here are some suggestions to help them cope with their fears:

Reassure pre-schoolers that they're safe. Provide extra comfort and contact by discussing the child's fears at night, by telephoning during the day and with extra physical comforting.

Get a better understanding of a child's feelings about the disaster. Encouraging children to draw pictures about the disaster, and then discussing them, will offer insight into each child's particular fears and concerns. You can work to structure children's play so that it remains constructive, serving as an outlet for expressing fear or anger.

School Age Children

Children this age may ask many questions about the disaster, and it's importance that you try to answer them in clear and simple language. If a child is concerned about a parent who is distressed, don't tell a child not to worry, doing so will just make him or her worry more.

Here are several important points to remember with grade-school-age children:

False reassurance does not help this age group. Don't say disasters will never affect your family again; children will know this isn't true. Instead say "I'll always try to keep you safe," or "Adults are working very hard to make things safer for next time." Children's fears often get worse around bed time, so you might want to stick around until the child falls asleep in order to make him or her feel protected.

Monitor children's media viewing. Images of the disaster and the damage are extremely frightening to children, so consider limiting the amount of media coverage they see. A good way to do this without calling attention to your own concern is to regularly schedule an activity—story reading, drawing, movies, or letter writing, for example during the news hour.

Allow them to express themselves through play or drawing. As with younger children, school-age children sometimes find comfort in expressing themselves through playing games or drawing scenes of the disaster. Allowing them to do so, and then talking about it gives you the story they have expressed in pictures with an emphasis on personal safety.

Don't be afraid to say "I don't know." Part of keeping discussion of the disaster open and honest is not being afraid to say you don't know how to answer a child's question. When such an occasion arises, explain to your child that disasters are very unpredictable, and they cause things that even adults have trouble dealing with. Temper this by explaining that, even so, adults will always work very hard to keep children safe and secure.

Adolescents

Encourage youth to work out their concerns about the disaster. Adolescents may try to downplay their worries. It is generally a good idea to talk about these issues, keeping the lines of communication open and remaining honest about the financial, physical and emotional impact of the disaster on your family.

Adolescents typically are going through an identity phase of development. Their sense of "who they are" at this point in their lives may be tied to possessions and friends. Having to transfer schools may be traumatic and telling friends they are living in a shelter equally difficult.

Offer support and encouragement that things will get better and elicit their contribution to work on repairs or prevention of additional damage.

General Guidelines for Parents

Spend more time with your child, using at least part of that time to talk.

Some comfort may be restored through recreating familiar surroundings (i.e., obtaining copies of photos from family and friends and allowing the child to replace stuffed animals).

Children can be expected to have greater difficulty with times of separation (school drop-offs, bedtime) so extra reassurance is important. Let your child know where you are. Daytime phone calls may be increased.

Monitor your child's viewing of the disaster on television and other media. Repeated viewing is traumatic. If possible, watch television with your child.

Allow the child to discuss the disaster, but do not force it. When discussing it, emphasize that the child is now safe.

General Guidelines for Teachers

Greet each child warmly each day. That transition from parent to teacher is an important one. Often mornings are extremely stressful for families. Children may have been yelled at, hurried, and given breakfast in the car. A warm smile or hug as a child walks in the door can go a long way to help a child feel accepted and wanted.

Spend time with each child every day. Even if it's just for one or two minutes, get down on the child's level, make eye contact, listen, and watch.

Value each child. Children learn to value themselves through the eyes (and words) of others. What you say (or don't say) to a child has tremendous impact.

Eliminate stressful situations from your classroom and routines. Ask yourself the following questions:

- Is my room arrangement simple and easy to move through?
- Are activity areas clearly defined (e.g., art area, block area, reading/quiet area)?
- Do I have a balance of noisy areas (e.g., blocks, dramatic play), and quiet areas (books, manipulatives)?
- Have I planned my day so that it alternates between active and quiet activities, organized projects and free play?
- Do I stick to routine as much as possible so that children know what to expect each day?

Previous guidelines prepared by Extension Specialists at Iowa State University.

Parent and Teachers Can Assist Children

In a calm, supportive manner talk honestly about the facts of the disaster. Falsely minimizing the disaster will not end the children's concerns.

Encourage children to share their feelings and discuss their experiences.

Methods for Helping Children Cope in School:

Story-telling. Oral or written story-telling are among the methods that can be used to help children reenact their experiences in a constructive manner. Encouraging group discussion after each child relates his/her story allows the children to assist each other.

Arts projects. Encouraging children to draw what they have felt, wished or dreamed after a disaster allows them to express their feelings. Like story-telling, the drawings can be shared during a period of group discussion. Non-verbal activities promote the sharing of feelings and the beginning of grieving.

Group projects. In a discussion led by their teacher, children can discuss what they could do to assist with the recovery efforts. Examples include gathering books and toys for the relief effort or working together on a clean-up project, especially in schools that have been seriously affected.

During the disaster and during recovery, there are many concerns about child care. Where are children safe? Who can watch them while parents are busy in "fighting the disaster" or assisting with a clean-up?

Some possibilities are churches, clergy/members, child care facilities, relatives, some high school students or elderly in community. Check for after school or summer school activities. This would give the child a meaningful place to be and would free your time for dealing with the crisis. Other ideas include: Library programs; foster grandparents agencies; 4-H Club; church youth groups; child care centers.

Classroom Activities

Many teachers respond to disasters with creative classroom activities to assist their students in ventilating and integrating their experiences. Some of these activities are appropriate for various age groups. They are meant to be vehicles for expression and discussion for your students, important steps in the healing process. These are examples of what can be done. They can be used to stimulate your own ideas and can be adapted to meet your own students' needs and your teaching style.

Preschool Activities

1. Availability of toys that encourage play reenactment of children's experiences and observations during the disaster can help children integrate these experiences. These might include fire trucks, dump trucks, rescue trucks, ambulances, building blocks or playing with puppets or dolls as ways for the child to ventilate and act out his or her own feelings about what has occurred.
2. Children need close physical contact during times of stress to help them reestablish ego boundaries and a sense of security. Games that involve physical touching among children within a structure are helpful in this regard. Some examples might be:
 - a. Ring Around the Rosie
 - b. London Bridge
 - c. Duck, Duck, Goose
3. Providing extra amounts of finger foods, in small portions, and fluids is a concrete way of supplying the emotional and physical nourishment children need in times of stress. Oral satisfaction is especially necessary as children tend to revert to more regressive behavior in response to feeling that their survival or security is threatened.
4. Have the children do a mural on long paper with topics such as what happened in your house (school or neighborhood) when the big storm hit (earthquake, etc.). This is recommended for small groups with discussion afterward facilitated by an adult.
5. "Short stories" dictated to an adult on a one-to-one basis on such topics as "What I do and don't like about the rain." This activity can help the child verbalize his/her fears, as well as to perhaps get back in touch with previous positive associations with the disruptive phenomena.

6. Have the children draw pictures about the disaster and then discuss the pictures in small groups. This activity allows them to vent their experiences and to discover that others share their fears.
7. Do a group collage.

Primary School Activities

1. For the younger children, availability of toys that encourage expressive play reenactment of their experiences and observations during the disaster can be helpful in their integrating these experiences. These might include ambulances, dump trucks, fire trucks, building blocks, and dolls. Playing with puppets can provide ways for the older children, as well, to ventilate their feelings.
2. Help or encourage the children to develop skits or puppet shows about what happened in the disaster. Encourage them to include anything positive about the experience as well as those aspects that were frightening or disconcerting.
3. Stimulate group discussion about disaster experiences by showing your own feelings, fears or experiences during the disaster. It is very important to legitimize their feelings and to help them feel less isolated.
4. Have the children brainstorm on their own classroom or family disaster plan. What would they do? What would they take if they had to evacuate? How would they contact parents? How should the family be prepared? How could they help the family? Encourage them to discuss these things with their families.
5. Encourage class activities in which children can organize or build projects (scrapbooks, replicas, etc.), thus giving them a sense of mastery and control over events.
6. Have the children color the pictures in "The Awful Rain and How It Made Me Feel" (or similar material appropriate to the disaster). *Encourage the children to talk about their own feelings during and after the disaster.*

Junior High and High School Activities

1. Group discussion of their experiences of the disaster is particularly important among adolescents. They need the opportunity to vent as well as to normalize the extreme emotions that come up for them. A good way to stimulate such a discussion is for the teacher to share his/her own reactions to the disaster. They may need considerable reassurance that even extreme emotions and "crazy thoughts" are normal in a disaster. It is important to end such discussions on a positive note (e.g., What heroic acts were observed? How can we be of help at home or in the community? How could we be more prepared for a disaster?). Such discussion is appropriate for any course of study in that it can facilitate a return to more normal functioning.

2. Break the class into small groups and have them develop a disaster plan for their home, school or community. This can be helpful in repairing a sense of mastery and security, as well as having practical merit. The small groups might then share their plans in a discussion with the entire class. Encourage students to share their plans with their families. They may wish to conduct a "Family Disaster Preparedness" meeting and invite family members and disaster preparedness experts to participate.
3. Conduct a class discussion and/or support a class project on how the students might help the community rehabilitation effort. It is important to help them develop concrete and realistic ways to be of assistance. This helps them to overcome the feelings of helplessness, frustration, and "survivors guilt" that are common in disaster situations.
4. Classroom activities that relate the disaster to course study can be a good way to help the students integrate their own experience or observations while providing specific learning experiences. In implementing the following suggestions, or similar ideas of your own, it is very important to allow time for the students to discuss feelings that are stimulated by the projects or issues covered.

Journalism—Have the students write stories that cover different aspects of the disaster. These might include community impact, lawsuits that result from the disaster, human interest stories from fellow students, geological impact, etc. Issues such as accurate reporting of catastrophic events as sensationalism might be discussed. The stories might be compiled into a special student publication.

Science—Cover scientific aspects of the disaster, e.g., discuss climate condition, geological impact, etc. Project about stress: physiological responses to stress and methods of dealing with it. Discuss how flocks of birds, herds of animals, etc., band together and work in a threatening or emergency situation. What can be learned from their instinctive actions?

English composition—Have the students write about their own experiences in the disaster. Such issues as the problems that arise in conveying heavy emotional tone without being overly dramatic might be discussed.

Literature—Have students report on natural disaster in Greek mythology, American and British literature, in poetry.

Psychology—Have the students apply what they have learned in the course to the emotions, behaviors, and stress reactions they felt or observed in the disaster. Cover post-traumatic stress syndrome. Have a guest speaker from the mental health professions involved in disaster work with victims, etc. Have students discuss (from their own experience) what things have been most helpful in dealing with disaster-related stress. Have students develop a

mental health education brochure discussing emotional/behavioral reactions to disaster and things that are helpful in coping with disaster-related stress. Have students conduct a survey among their parents or friends: What was the most dangerous situation in which you ever found yourself? How did you react psychologically?

Peer counseling—Provide special information on common responses to disaster; encourage the students' helping each other integrate their own experiences.

Health—Discuss emotional reactions to disaster, the importance of taking care of one's own emotional and physical well-being, etc. Discuss health implications of the disaster, e.g., water contamination, food that may have gone bad due to lack of refrigeration, and other health precautions and safety measures. Discuss the effects of adrenalin on the body during stress and danger. A guest speaker from Public Health and/or Mental Health might be invited to the class.

Art—Have the students portray their experiences of the disaster in various art media. This may be done individually or as a group effort (e.g., making a mural).

Speech/Drama—Have the students portray the catastrophic emotions that come up in response to a disaster. Have them develop a skit or play on some aspects of the event. Conduct a debate: Women are more psychologically prepared to handle stress than men (or vice-versa).

Math—Have the class solve mathematical problems related to the impact of the disaster (e.g., build questions around gallons of water lost, cubic feet of earth that moved in a mud slide).

History—Have students report on natural disasters that have occurred in your community or geographic area and what lessons were learned that can be useful in preparing for future disasters.

Civics/Government—Study governmental agencies responsible for aid to victims, how they work, how effective they are, the political implications within a community. Examine the community systems and how the stress of the disaster has affected them. Have students invite a local governmental official to class to discuss disaster precautions, warning systems, etc. Have students contact the California Seismic Safety Commission of State legislators regarding recent disaster-related bills passed or pending. How will this legislation affect your community and other areas of the state? Visit local emergency operating centers and learn about their functions.

Types of Prevention Strategies

(Excerpt from "Drug Abuse Prevention: What Works",
National Institute of Drug Abuse, 1997, pp. 10–15)

In a 1994 report on prevention research, the Institute of Medicine (IOM 1994) proposed a new framework for classifying prevention based on Gordon's (1987) operational classification of disease prevention. The IOM model divides the continuum of care into three parts: prevention, treatment, and maintenance. The prevention category is divided into three classifications—universal, selective and indicated prevention interventions, which replace the confusing concepts of primary, secondary, and tertiary prevention. Although the IOM system distinguishes between prevention and treatment, intervention in this context is used in its generic sense and should not be construed to imply an actual treatment protocol.

Universal

Universal prevention strategies address the entire population (national, local community, school, neighborhood), with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs. For example, it would include the general population and subgroups such as pregnant women, children, adolescents, and the elderly. The mission of universal prevention is to deter the onset of substance abuse by providing all individuals the information and skills necessary to prevent the problem. All members of the population share the same general risk for substance abuse, although the risk may vary greatly among individuals. Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk. The entire population is assessed as at-risk for substance abuse and capable of benefiting from prevention programs.

Selective

Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment—for example, children of adult alcoholics, drop-outs, or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse (IOM 1994), and targeted subgroups may be defined by age, gender, family history, place of residence such as high drug use or low-income neighborhoods, and victimization by physical and/or sexual abuse. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. One individual in the subgroup may not be at personal risk for substance abuse, while another person in the same subgroup may be abusing substances. The selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher

risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the at-risk subgroup.

Indicated

Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet DSM-IV criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs. The individuals are exhibiting substance abuse-like behavior, but at a subclinical level (IOM 1994). Indicated prevention approaches are used for individuals who may or may not be abusing substances, but exhibit risk factors that increase their chances of developing a drug abuse problem. Indicated prevention programs address risk factors associated with the individual, such as conduct disorders, and alienation from parents, school, and positive peer groups. Less emphasis is placed on assessing or addressing environmental influences, such as community values. The aim of indicated prevention programs is not only the reduction in first-time substance abuse, but also reduction in the length of time the signs continue, delay of onset of substance abuse, and/or reduction in the severity of substance abuse. Individuals can be referred to indicated prevention programs by parents, teachers, school counselors, school nurses, youth workers, friends, or the courts. Young people may volunteer to participate in indicated prevention programs.

Resources

For more information on the three types of prevention strategies, you can order "Drug Abuse Prevention: What Works" by National Institute on Drug Abuse (1997), (800) 553-6847, www.drugabuse.gov.