Supporting Adolescents Exposed to Disasters

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The emerging physical, cognitive, and emotional capabilities of adolescents present a double-edged sword when it comes to facing disasters. On the one hand, adolescents' growing maturity and capabilities may offer some protection from intense fear or helplessness during the disaster and allow them to be more involved in constructive activities post-disaster to help regain a sense of control and efficacy. On the other hand, adults (or adolescents themselves) may overestimate adolescents' abilities and place greater burdens and responsibilities on their shoulders than they can bear. Similarly, autonomy-related desires to be independent and appear strong may interfere with adolescents' reaching out to parents and professionals when they need additional support in dealing with the crisis (Tatar & Amram, 2007). The purpose of the present article is to provide an overview of ways to prepare and support adolescents during different phases of a major disaster.

BEFORE THE DISASTER

Taking action to support adolescents in the event of a disaster begins long before the onset of crisis. A risk factor for longer-lasting problems after a disaster is having greater trauma exposure during the disaster (Vernberg et al., 1996). Creating a family safety plan that includes input from the adolescent potentially reduces exposure and promotes a sense of safety. There are several resources available online to help in this process (Table 2.1). Safety plans should incorporate developmentally appropriate actions for adolescents, such as gathering supplies, monitoring the news for weather alerts, or keeping younger siblings calm. It remains important for parents to shield adolescents and minimize their exposure to traumatic sights, sounds, and smells. Investing time in staying connected as a family and creating nurturing, not restricting, relationships is important in prevention as well. Positive parent-child relationships characterized by less conflict are related to better adolescent coping after disasters (Gil-Rivas, Holman, & Silver, 2004).

School safety plans are worthy of review with a careful eye towards minimizing trauma exposure during disasters and building capacity for an appropriate post-disaster psychological response. Adolescents often look to their teachers and other school staff for support during and following disasters, making it important to prepare a well-informed and achievable plan (Dean et al., 2008). This often includes building relationships with community organizations involved in disaster mental health response before crises emerge to create an effective and efficient use of resources. Although adolescents look to school personnel for post-disaster support, they are also typically reticent to utilize more specialized disaster mental health services (Tatar & Amram, 2007). Establishing plans that include evidence-based psychoeducation on posttraumatic stress reactions and coping may help normalize support-seeking and promote resilience after a disaster.

IMPACT AND SHORT TERM ADAPTATION PHASES OF DISASTERS

Reactions During and After the Event

It is believed that children are more vulnerable than adults to feeling helpless or overwhelmed during traumatic events (Silverman & La Greca, 2002), although investigation of the relative vulnerability of adolescents in the midst of crises is still in an early stage. In the days and weeks following the crisis phase of the disaster, adolescents' reactions vary. Feelings of hyperarousal and excess energy along with nightmares and intrusive thoughts about the disaster may cause sleep disturbances, difficulties concentrating in classes, and problems following-through with parents' expectations at home. Adolescents may find themselves consumed with fears

TABLE 2.1

Online Resources Related to Supporting Adolescents Following Disasters

Organization and Web Address	Information Available
American Academy of Pediatrics http://www.aap.org/disasters/	• Family resource kit and action plans
American Medical Association http://www.ama-assn.org/ama/pub/category/16389.html	• Resources for physicians and health professionals working with teens after natural disasters
American Red Cross http://www.redcross.org/services/prepare/0,1082,0_77_,00.html	• Disaster preparedness plans
Disaster Mental Health Institute http://www.usd.edu/dmhi/publications.cfm	• Helping with issues of grief; includes books for youth dealing with death
Federal Emergency Management Agency http://www.fema.gov/kids/teacher.htm	• Curriculum, terrorism-related resources, and disaster resources for parents and teachers
International Society for Traumatic Stress Studies http://www.istss.org/resources/index.cfm	• Traumatic stress resources for clinicians, professionals, and the public
National Association of School Psychologists http://www.nasponline.org/resources/crisis_safety/naturaldisaster_teams_ho.aspx	• Information for school crisis teams, predominately post-disaster responses and how to help
National Child Traumatic Stress Network http://www.nctsn.org/ http://www.nctsn.org/nccts/nav.do?pid=typ_nd_hurr_resource	• Preparedness, response, and recovery information • Family preparedness guide and preparedness wallet card
National Institute of Mental Health http://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/children-and-violence.shtml	• Fact sheets for parents helping adolescents cope with violence and disasters
National Mental Health Information Center http://mentalhealth.samhsa.gov/cmhs/EmergencyServices/after.asp	• Tips for talking about disasters for teachers, adults, and families

that the disaster will happen again. For example, rainfall can trigger fears that another hurricane will occur. Some adolescents may struggle with feelings of guilt or shame over actions that they took, or failed to take, during the disaster. This can lead to depressed mood and feeling disconnected from others. At the other extreme, some teens focus on feelings of anger or revenge in response to others who are perceived to have contributed directly or indirectly to the disaster or difficulties getting resources post-disaster. Increased risk-taking and alcohol or drug use may also occur in response to feelings of hopelessness or pessimism for the future.

How to Help

There are several things that adults can do to support adolescent coping following a disaster. These guidelines are described in greater detail in the evidence-informed field operations guide, *Psychological First Aid, 2nd Edition* (PFA; National Child Traumatic Stress Network & National Center for Posttraumatic Stress, 2006). The goal of PFA is to reduce initial distress and foster adaptive functioning and coping among survivors. PFA comprises eight core actions (see Table 2.2) which are described in more detail below.

> Adults should not assume that just because a teen is not asking for help, help is not needed.

Contact and engagement refers to the need to check in with adolescents following a disaster. Adults should not assume that just because a teen is not asking for help, help is not needed. By introducing oneself, the PFA provider begins the process of helping adolescents re-engage with a calm, respectful, social support system that may have been disrupted during the disaster. In working with minors, it is important to try to obtain parental consent before interacting with the adolescent. When this is not possible, the provider is encouraged to make contact with the parent or guardian at the earliest opportunity and inform them of the basic content of the discussion with the adolescent.

Next, a sense of *safety and comfort* needs to be established. This pertains to promoting the physical safety of adolescents in an environment that may contain hazards and monitoring impulsive behaviors that may turn risky (e.g., going out to search for someone). A psychological sense of safety can be promoted by shielding adolescents from further trauma exposure such as grotesque scenes or disturbing sounds. Greater exposure to media coverage of the disaster has been linked to greater distress in younger children (Pfefferbaum et al., 2003). While it is recommended for parents to restrict children's viewing of such images, it is not feasible to cut adolescents off from the media in a similar way. Instead, parents or other adults should discuss media coverage with teens, and encourage breaks from media coverage to engage in positive activities. Maintaining a sense of self-efficacy has been linked to better adjustment following traumatic events (Benight et al., 2000), so adults should look for ways to to enlist adolescents in helpful activities such as keeping younger children calm and entertained.

Stabilization techniques are only used when adolescents are emotionally overwhelmed. They include actions such as: refocusing the adolescent's attention on the present by asking him or her to listen and look at you, to describe non-distressing features of the current surroundings, and to engage in "grounding" activities (e.g., naming non-distressing sounds or objects in the room, breathe in and out slowly).

Information gathering allows adults to ascertain the adolescent's most pressing needs and concerns to identify the next step to take while avoiding detailed discussions of the traumatic event. The information gathered can help the PFA provider identify concerns that need immediate attention, become aware of adolescents who may be at a higher level of risk based on prior history or degree of trauma exposure, and tailor the PFA modules based on the adolescent's resilience and risk factors.

The fifth PFA core action is providing *practical assistance* through helping adolescents articulate their immediate needs, develop a realistic plan to meet these, and take action. Adult support may be needed to follow through on plans, so caregivers should be involved when appropriate. The PFA guide also gives guidance on how to prioritize when creating action plans.

Connection with social supports is paramount following a disaster. As compared to younger children and many adults, adolescents tend to have diverse means of communicating with loved ones including texting, instant messaging, and chat rooms. Helping adolescents stay connected to others may include finding ways to get them access to the electronic means to do so. In a disaster situation where family and friends are not immediately available, adults can help isolated teens find a time and space separate from young children where they can connect with each other.

Information on coping includes offering basic information about stress reactions and adaptive and maladaptive coping. The focus of this section is to assist adolescents in coping by promoting positive functioning and increasing a sense

TABLE 2.2
Eight Core Actions of Psychological First Aid

Core Action	Summary
Contact and Engagement	Check in with adolescents following a disaster
Safety and Comfort	Can be promoted by shielding adolescents from further trauma
Stabilization	Only used when adolescents are emotionally overwhelmed
Information Gathering	Used to ascertain the adolescent's most pressing needs and concerns
Practical Assistance	Help adolescents articulate their needs, develop a plan, and take action
Connection with Social Supports	Help adolescents stay connected to others, including peers
Information on Coping	Offer basic information about stress reactions and coping
Linkages to Collaborative Services	Take steps to connect adolescents with helpful services within their community

of self efficacy. It is often helpful to talk with adolescents about common reactions to the type of trauma they experienced, thus normalizing their reactions and addressing concerns that they might be "going crazy." In the short-term, adults can support adolescents by relaxing some of their expectations at home and school with a plan to gradually return to typical routines. Despite the fact that adolescents are at a developmental stage typified by increased independence, they will benefit from emotional support of family members and friends. Instituting either formal family nights to engage in fun activities or allowing extra informal time to talk while running errands or working on a project together can help adolescents stay connected to their families during this difficult time. Temporarily increasing supervision may be necessary in order to monitor difficulties such as risk-taking, drug or alcohol use, or unsafe sexual activity. It is important to remember that these restrictions should gradually taper off as the need for a higher level of supervision decreases.

Adolescents often look to their teachers and other school staff for support during and following disasters, making it important to prepare a well-informed and achievable plan.

The *Information on Coping* module illustrates other types of behaviors that are likely to benefit adolescents following a disaster. Working together with other teens on constructive projects related to rebuilding life after a disaster, such as fundraising or cleaning up a neighborhood park can build upon adolescents' strengths in a healthy way. It is often important to have frank talks with adolescents about the need to wait longer before making major life decisions. Active coping strategies such as problem-solving, seeking social and/or spiritual support, and exercise are linked to better functioning after disasters (Carver, 1999; Smith, Pargament, Brant & Oliver, 2000). Non-productive coping strategies, including isolating oneself, trying to ignore the issue, and using drugs/alcohol, lead to more problematic functioning. It is important to help adolescents evaluate their coping strategies and find ones that are more likely to be successful. This is particularly warranted in the case of boys who tend to rely on nonproductive coping strategies more than girls do (Tatar & Amram, 2007).

Linkages with collaborate services includes steps to connect adolescents with helpful services within their community to support their physical and emotional health. Some signs that immediate professional help is warranted include: acting in ways that are potentially harmful to oneself or others, feelings of hopelessness, and severe difficulty coping with loss (such as refusing to believe that a loved one who died in the disaster is actually dead). Parents should be involved in this process because adolescents are unlikely to seek out or follow-through on services without adult support.

LONG-TERM ADAPTATION

Reactions

In the early stages after disasters, difficulties are not talked about in terms of "symptoms" or "disorders," instead, the view is one of normal individuals reacting to an abnormal event. For adolescents with high exposure to life threat, loss, or grotesque scenes, the presence of Posttraumatic Stress Disorder (PTSD) may need to be considered if difficulties in adjustment are severe and last longer than a month (Silverman & La Greca, 2002). PTSD is characterized by three clusters of symptoms:

- Re-experiencing the traumatic event (e.g., intrusive thoughts, recurring nightmares);
- Avoidance of traumatic reminders and numbness (e.g., avoiding activities, feeling detached, sense of a foreshortened future); and
- Increased arousal (e.g., problems falling asleep, angry outbursts, problems concentrating).

Careful assessment of adolescents who continue to experience difficulties is necessary as some of the symptoms of PTSD may mimic other disorders such as Attention Deficit Hyperactivity Disorder. Additionally, other disorders such as Separation Anxiety Disorder or depressive disorders may emerge with or without the occurrence of PTSD. In other cases, teens struggling with trauma-related symptoms in school have erroneously been labeled by adults as "lazy" (Stallard & Law, 1993).

It can be difficult for adults and even teens themselves to recognize that some of the difficult behaviors displayed several months out may indeed be related to the disaster that otherwise appears to be "over." Prevalence rates of PTSD vary between studies and types of traumatic events (Copeland, Keeler, Angold, & Costello, 2007), but returning to a healthy level of functioning without formal mental health intervention is the rule rather than the exception. Some adolescents may find that the disaster allowed them to demonstrate strengths and resilience they did not realize they possessed. Community responses following the disaster may increase adolescents' positive view of the society around them. Traumatic experiences may even result in adolescents pursuing a different area of study or possible vocation that they find meaningful.

How to Help

Adolescents are at risk for being overlooked in the aftermath of a disaster for several reasons, including the adults in the family being overwhelmed themselves and teens trying to protect their caregivers by not reporting their own emotional difficulties (Silverman & La Greca, 2002). Generally if adolescents are still struggling significantly to function at home, school, and/or with friends a month or two post-disaster, more formal mental health services may be warranted. There are a number of time-limited therapies that have shown promise in helping youth cope with PTSD symptoms including: Trauma-Focused Cognitive Behavioral Therapy (Cohen, Mannarino, & Knudsen, 2005; online training for professionals available at: http://tfcbt.musc.edu/), Cognitive Behavioral Intervention for Trauma in Schools (CBITS; Jaycox, 2003; Dean et al., 2008), and brief trauma/grief-focused psychotherapy (Goenjian et al., 1997). These therapies can be provided individually, within groups, in schools, or with families.

The therapies with empirical support so far are largely cognitive behavioral and tend to share some common strategies: providing information on coping and anger management skills, teaching techniques to deal with intrusive thoughts, relaxation techniques to counter hyperarousal, and gradual exposure to traumatic reminders while reprocessing the event in a constructive way. Adults can support adolescents by getting them connected to these services, participating in the therapy, and providing a supportive environment during this time.

It is important to note that there are some popular therapies (e.g., Thought Field Therapy, Traumatic Incident Reduction, and "energy" therapies) that have not been empirically supported, yet are widely advertised and utilized. Often these therapies lack

grounding in a solid psychological theory and rely on personal testimonies as opposed to data to support their "successes" (Lilienfeld, 2007). Disasters can deplete families' emotional and financial resources. During a stage when money, time, and hope may be in short supply, it is important to ensure that adolescents get connected with the types of interventions that have the greatest likelihood of positive results.

Maintaining a sense of self-efficacy has been linked to better adjustment following traumatic events, so adults should look for ways to enlist adolescents in helpful activities.

Anniversaries

Reactions to anniversaries of major traumatic events are highly variable, ranging from a denial of negative feelings and desire to focus on the future to a recurrence of highly distressing emotions (Jordan, 2003). Reactions may also vary according to how widespread the disaster was. Adolescents who experienced a private traumatic event may have difficulties eliciting the support and understanding from others that they may need as the anniversary of the event approaches. In contrast, disasters with extensive impacts such as Hurricane Katrina tend to have anniversaries marked by increased media coverage and outreach efforts by mental health professionals and other organizations. These actions are intended to increase a sense of community support, but they may also result in unwanted and unproductive media exposure to frightening scenes from the disaster. Concerns specific to adolescents include spreading rumors or sharing "prophesies" of impending danger throughout their peer group (National Center for Child Traumatic Stress & Federation of Families for Children's Mental Health, nd).

The research regarding anniversary reactions in adolescents is limited, but a few suggestions for providing support have been offered. Adults are encouraged to allow time for adolescents to talk about their feelings related to the disaster, monitor their exposure to the media, and help them find constructive ways to deal with difficult feelings (National Center for Child Traumatic Stress & Federation of Families for Children's Mental Health, nd). While anniversaries may cause difficult feelings to reemerge, they are also valuable opportunities for adults to touch base with adolescents again to help them talk about their feelings now that they have some distance from the event.

CONCLUDING COMMENTS

The evidence base to guide prevention efforts for adolescents exposed to disasters continues to grow. This has allowed the development of evidence-informed guidelines and manualized materials that can be used in prevention efforts tailored for adolescents in schools, homes, and communities. Important steps can be taken to prevent traumatic exposure during and after disasters, foster conditions that promote resilience in post-disaster settings, and provide appropriate disaster mental health services for adolescents who need them.


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