The Mental Health Aftermath of Hurricane Katrina: How Can We Help Children get Back on Their Feet?

Hurricane Katrina victimized children in many ways. It took away homes, displaced children from neighborhoods, removed children from cities, separated children from loved ones, destroyed communities, and killed loved ones. Children will respond to the events of Hurricane Katrina in a variety of ways, based on a combination of preexisting temperament, what adversarial events were faced, and what services were provided in the aftermath of the trauma.

When we observe children, both those who have experienced hardship, as well as those who have not, it is apparent that different children respond to the ups and downs of childhood in vastly different manners. Some children seem to quickly bounce back from major stressors with grace and ease, while others have a difficult time recovering from even the most minor negative events. The ability of some children to effectively recover from life stressors more quickly and fully than others is an area of great exploration. This ability is called “resiliency” and is generally defined as “good adaptation in the context of high-risk exposure or significant threats to development.” In more manageable terms, resiliency can be defined as the ability to recover after a traumatic event. Resiliency implies two factors: 1) the person has experienced adversity and 2) that they have “bounced back” or recovered and are once again functioning in a manner that is similar to how they functioning prior to the trauma. It is important that their level of functioning be observed in a number of areas, including positive functioning in the social and academic realms, as well as positive behavioral and emotional functioning.

Several internal and external factors have been found to mediate the process of resilience. Children have been found to be more resilient if they are intelligent, competent, independent, have an easy temperament, and believe that they can effect positive change in their lives and in their community. Further, possessing a high level of self-esteem has also been related to resiliency in children, while, low levels of self-esteem have been related to increased levels of daily stress and depression.

Resilience is also affected by levels of family, teacher, and peer social support. Youth who live in a family environment characterized by support, closeness, and low levels of conflict have been found to be protected from stressors and exposure to violence. In addition, feelings of closeness and support by caregivers are some of the most powerful predictors of children’s adaptive response to exposure to extreme traumas, such as war or natural disasters. If, however, parents or caregivers are unable to provide support, responsive peers and teachers can offer social support and validate feelings of self-worth, competence, and personal control during stressful times.

When faced with a stressor, resilient children are proactive. They retreat to an area of safety, take
needed time to recuperate, and cognitively come to terms with the event or events that took place. In doing so, resilient individuals are able to recover from the traumatic event. In addition, this process often increases personal feelings of self-worth and of belonging to the greater community with whom they experienced the events and recovered.

Resiliency benefits children in many ways. First, resilient children are able to function at a higher level on a daily basis, as they more easily navigate the daily minor stressors that accompany school, family, and peer relations, such as having a difficult homework assignment, being required to complete family chores, or dealing with peer pressure. Further, resilient children are highly equipped to deal with major stressors on multiple levels. The resilient child will be able to handle the stressor more appropriately as it occurs, as well as be able to recover more quickly and completely once it has ended.

Research suggests that traumatized people benefit greatly when they are members of a supportive community and have access to help from a greater circle of people. Encouraging and promoting a culture of individual and community responsibility facilitates the healing process for victims of trauma as they are able to benefit from multiple systems of recovery. Through formal and informal education, children must be taught the importance of treating all people with dignity and not passing judgment on many, based on the actions of a few. In addition to strengthening the provision of recovery resources, an enhanced sense of community is likely to evolve as a result.

**Fostering Resiliency**

Parents, teachers, and other caregivers for children can play an important role in the development of resiliency in children. Below is a suggested list of techniques to foster resiliency in children.

*Help children develop relationships with a caring adult*: A relationship with a caring adult is a powerful buffer against stressful life situations. Having a relationship with an adult who not only listens and is supportive, but spends time with them, offers guidance, discipline, and information helps children cope with even the most difficult situations. Caring adults can come in all shapes and sizes, and need not necessarily be a parent or caregiver.

*Maintain routines and consistency*: Setting consistent rules and routines, such as regular meal and bedtimes helps create a sense of stability and predictability. When a child knows the rules and what events to expect in their day, they are often less anxious and have a greater sense of security. Maintaining consistent routines after a traumatic event can help children re-establish a feeling of normalcy and be able to cope with other aspects of the trauma.

*Help children find support, belonging, and role-models*: Encourage children to join activities and clubs with positive role models and peers. Positive groups and activities can help children feel like they belong and can offer them increased social support. In addition, it can also offer children another outlet for coping with their feelings.

*Help children find ways to relax and calm themselves*: Having methods of calming one’s self helps children cope and adjust better to stressful situations. For children, playing can naturally reduce stress. In addition, many children find exercise, listening to music, or taking a warm bath relaxing. Other techniques can include deep breathing or focusing on pleasant thoughts or images. Teens who
don’t have positive methods of reducing stress are much more likely to use destructive methods such as smoking, drinking, or using drugs. Mental health professionals can help both young children and teenagers find additional techniques of reducing their stress.

Help children understand the real likelihood of a tragedy occurring: After a tragedy, we are often left with the feeling that the event has a much higher likelihood of happening again than it really does. Children especially tend to personalize events and believe that the event will happen to them or someone they love. Helping children understand how unlikely an event (such as the tsunami that struck in December, 2004) will happen to them or their family decreases anxiety. Pointing out that while many people were hurt, many more people in the world were alright helps give children a sense of perspective.

Help children develop positive values: Parents can make known to children their beliefs about life and culture. In addition, parents can help children develop a personal set of values to guide their own behavior. Developing prosocial values can help children feel a greater sense of community and social support and engage in more positive coping behaviors.

Positive outlook for the future: Parents can help their children develop a positive outlook for the future by providing them with reassurance and encouragement that negative events are temporary, and that steps can be taken to make their future better. Parents can also share positive survival stories with their children, highlighting triumph over aversive circumstances. This will help children feel hopeful that bad situations can change.

Help children increase their self-esteem: Opportunities for children to be successful are very important in helping them deal with stressful situations. It increases children’s belief in their own ability to cope and handle difficult situations and gives them a feeling of control. Adults can encourage children’s success by breaking larger problems down into smaller, more manageable steps. Celebrating a child’s successes, be they in school, at home, or somewhere else encourages children to recognize their own strengths.

Help children gain mastery and control of their environment: Adults can also allow children to participate in a democracy, by allowing them to choose between two acceptable or positive choices. Getting children involved in an age appropriate volunteer project also helps give them a sense of control over difficult situations. For example, many children held penny drives or lemonade stands to raise money for victims of the tsunami. Children can also write letters to those in need or participate in a toy drive. This gives children the feeling of being able to control the outcome of a difficult trauma or situation.

Take care of yourself: Taking care of you is especially important. Children need adults who are physically and emotionally available and supportive. If you make sure you are safe, as calm as possible, rested, and in good mental health then children can gain strength and comfort from your presence. In addition, getting support, assistance, and rest for yourself models for children how they should take care of themselves and also gives you the strength you need to take care of them.

When to Get Help
Developing resilience is an important part of growing up. Children acquire varying abilities to
manage difficult situations and, while some kids seem to not be slowed by traumatic events, others require more direct guidance and support. In certain situations, a child may have higher risk factors, which may impede recovery. It is expected that children who directly experience any type of trauma will experience some stress reactions. These responses include: 1) emotional reactions of shock, numbness, guilt, resentment, anger, and hopelessness; 2) cognitive reactions of disorientation, confusion, worry, indecisiveness, difficulty concentrating, and unwanted memories; 3) physical reactions of difficulty sleeping, tension, fatigue, easy startle response, increased heart rate, and change of appetite; and 4) interpersonal reactions at school/work/in friendships/family of conflict, isolation, being distant, over-controlling, and distrust.

In most cases, the aforementioned symptoms will be short-lived and can promote personal growth as children work through them, strengthen relationships, and in turn, develop resiliency. Some children, however, develop more severe stress symptoms which can lead to Post-Traumatic Stress Disorder, other anxiety disorders, or depression. In general, if a person is experiencing intense or frequent symptoms, if symptoms persist for long periods of time, or if symptoms interfere with daily activities, such as a deterioration in school functioning or interpersonal relationships, the individual may need to be evaluated by a mental health professional. The more severe symptoms include intrusive re-experiencing of the event, avoidance of stimuli associated with the event, increased arousal, frequent nightmares about the event, severe anxiety, and severe depression. If you suspect your child is having a difficult time managing the stress of a traumatic event it is important that appropriate steps are taken. A mental health professional will be able to evaluate the underlying causes and triggers of your child’s symptoms and can provide appropriate services and teach your child specialized skills. Guidance and support can also be provided to parents and teachers. Although quite small in number, some children have such a difficult time dealing with traumatic events that they engage in self-harming behaviors (cutting, suicidal gestures, drug/alcohol use). Children who engage in these behaviors require immediate attention.

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