



Disaster Events and Young Children

BY BARBARA A. ELSE, MPA, LCAT, MT-BC

The Context of Disaster and Traumatic Events with Young Children

In order to tailor music therapy services for children affected by disaster, it is important to understand the context and typical immediate goals of music therapy and music-based activity during disaster recovery periods.

Preschool and young school-age children exposed to a traumatic event may experience a feeling of helplessness and uncertainty about whether there is continued danger. They may have a general fear that extends beyond the traumatic event into other aspects of their lives. Young children have difficulty describing in words what is bothering them or what they are experiencing emotionally. Therefore, music may help address and mediate that difficulty.

Feelings of helplessness and anxiety are often expressed as a loss of previously acquired developmental skills. Children who experience traumatic events might not be able to fall asleep on their own or might not be able to separate from parents at school or daycare. Children who normally venture out to play prior to a traumatic event now might not be willing to play in the absence of a caregiver. Often, children lose some speech and toileting skills, or their sleep is disturbed by nightmares, night terrors, or fear of going to sleep. Parents, family, caregivers, clinicians, and teachers may need to tolerate regression in developmental tasks for a period of time following a traumatic event.

In many cases, children may engage in traumatic play. This type of play is a repetitive and less imaginative form of play that may represent the child's continued focus on the traumatic event or an attempt to change a negative outcome of a traumatic event.

The therapist can support the child during this period using the basics of emotional first aid such as listening, being compassionate, showing great interest in the child, being persistent and calm, asking simple questions (where appropriate), and acknowledging the child's responses and behavior (Buell, 2006). Parents and caregivers may offer support, by providing comfort, rest, and an opportunity to play, draw, and engage in music, movement and the arts. Parents and caregivers need to provide reassurance that the traumatic event is over and that the children are safe. It is helpful when caregivers, clinicians, and teachers assist children in verbalizing and expressing their feelings so that they don't feel alone with their emotions. Providing consistent caretaking and a reasonable sense of routine is important. In some situations this may mean creating pseudo-routine within temporary or transitional living situations such as shelters, shared housing, or hotel rooms.

Development and Age Variance in Responding to Children Affected by Disaster

What children worry about varies and depends on their age. Firstly, if you listen to a child's questions and observe their behavior, you will have a better idea of what they are concerned about. Second, because children depend on the adults around them for safety and security, it is important for the adults to take care of themselves in order to take care of the children.

Infants (ages 0-2)

Infants depend totally on the adults who look after them. They sense the emotions of their caregivers and react accordingly. If the adult is calm and confident, the child will feel secure; if on the other hand, the adult is anxious and overwhelmed, the infant will feel unprotected. When adults are overtly anxious and distressed, infants may react. Infants may respond with fretful fussing, difficulty being soothed, or sleep and eating disturbances, or they may withdraw and seem lethargic and unresponsive.

Adults can help by remaining calm and maintaining ordinary routines of life.

Toddlers (ages 2-4)

At this age children have begun to interact with a broader physical and social environment. They still depend on the adults who look after them and therefore will respond to the situation depending on how adults react. As with infants, if the adult is calm and confident, the child will feel secure; if on the other hand, the adult is anxious and overwhelmed, the toddler will feel unprotected. Common reactions include disturbances in eating, sleeping and toileting, increased tantrums, irritability and defiance. They may also become more passive and withdrawn. It is also very common for children to become clingier.

Adults can help by remaining calm and maintaining ordinary routines of life. At this age, children have access to television. Television can generate anxiety because of the repetitive and graphic images it projects. Exposure should be limited as much as possible.

Preschool Children (ages 4-6)

At this age, children usually have become part of a social group beyond their family. Their language, play, social, and physical skills are more advanced. Through their play, talk and behavior, they show their ideas of good and bad, their pride in all the things they can do with their bodies, and their fears about possible injury. Common reactions include disturbances in eating and sleeping, bed-wetting, increased tantrums, irritability and defiance. Changes in play and drawings may include more aggression, fighting, or re-enactments of the frightening events. Some children may show they are upset through their inability to take part in play and other activities that usually give them pleasure. Children can have difficulties separating from parents or caregivers; they can also make a big fuss about small injuries. Preschoolers may be very preoccupied with questions related to who did it and what will happen to them.

Adults can help by remaining calm and maintaining routines. Caregivers can become aware of the specific worries of individual children by listening to their comments and questions and observing their play and other behavior. Once adults understand children's worries, they can answer questions, correct misunderstandings and offer reassurance. Exposure to television should be limited. An adult should be present to monitor and protect children from the overwhelming graphic images and to talk about what they are watching.

Source: National Center for Children Exposed to Violence at the Yale Child Study Center

continued

Disasters: Common Symptoms and Suggested Approaches: Ages 1-5

Behavioral Symptoms	Physical Symptoms	Emotional Symptoms	Intervention Options
Fears of dark	Loss of appetite Stomach aches	Anxiety	Give verbal assurance and physical comfort
Avoidance of sleeping alone	Nausea	Fear	Provide comforting bedtime routines
Increased crying	Sleep problems, nightmares	Irritability	Avoid unnecessary separations
Resumption of bed-wetting, thumb sucking, clinging to parents	Speech difficulties	Angry outbursts	Permit the child to sleep in parents' room temporarily
	Tics	Sadness	Encourage expression regarding losses (i.e., deaths, pets, toys)
		Withdrawal	Monitor media exposure to disaster trauma
			Encourage expression through play activities

Source: Field Manual for Mental Health and Human Service Workers in Major Disasters. DHHS ADM 90-537, 2006.

The Role of Music and Music Therapy in Disaster Recovery

During and immediately following a disaster event, responders must deal with immediate concerns related to rescue and safety. Typically, music and music therapy interventions begin once there is stability around the event and any geographic or physical "hot zones". A program of music and music therapy interventions in the immediate days following a disaster generally focuses on establishing stability and some sense of normalcy, even if that normalcy is reinvented and a "new normal" is established. Music therapy in response to crisis or trauma may provide opportunities for:

- Non-verbal outlets for emotions associated with traumatic experiences
- Anxiety and stress reduction
- Positive changes in mood and emotional states
- Active and positive participant involvement in treatment
- Enhanced feelings of control, confidence, and empowerment
- Positive physiological changes, such as lower blood pressure, reduced heart rate, and relaxed muscle tension

Source: AMTA Fact Sheet: Music Therapy in Response to Crisis and Trauma

Music therapists are reminded to only provide services within their scope of practice, training, and qualifications. There are numerous techniques and approaches available and in use by some music therapists such as Somatic Experiencing, Psychological First Aid, and a new modified technique under development and study by music therapy Professor Tian Gao called Music Entrainment Desensitization and Reprocessing (MEDR). However, only trained and qualified clinicians should consider using these techniques.

Following a disaster, young children often respond well to individual or small group activities. Preferably, this is with the consistent presence of a parent or caregiver. Initially, the most important function of live music is to quickly establish a relationship with the children (Gao, 2008). Music based activities tailored to the needs of the children provide much needed structure and routine, especially in temporary housing situations. Music-based activities should be designed to facilitate a sense of emotional stability and control. Therefore, activities should engage the child and/or allow the child to have some sense of empowerment in the process.

The music therapist can also provide an important consultation service with respect to the availability of live and recorded music for young children for the purpose of creating a calming environment, masking noise, and cueing children about transitions to nap time, bedtime, meals, and other daily activities that may be taking place in an unfamiliar, distracting, and/or transitional environment.

Finally, music therapists should consider designing activities that incorporate movement and touch with the music to reinforce a sense of presence, self, and "being in their own body". This is because trauma can trigger enormous physiological reaction as well as difficulty in focus and being present in the moment. Children (and adults) need time to rest, settle, and allow the body to return to a state of balance or homeostasis. The neuroscience and neuro-physiology behind these recommendations is a rapidly growing area of inquiry with positive trends in favor of the use of music and music therapy.

Contact:
 else@musictherapy.org
 barb@developmentlaboratory.com

Resources

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National Center for Traumatic Stress – National Resource Center <http://www.ncstnet.org>

T. Gao (personal communication, November 20, 2008).