G. Case Examples

The following are examples of typical cases which appear in disasters.

1. Phobic reaction

The family—mother, father, and 8-year-old daughter—were awakened at 6 a.m. by an earthquake violently shaking their home. The mother had difficulty reaching her daughter because of a large bookcase that had fallen across the threshold to the child's room. Fortunately, the home received only minor damage. However, problems appeared a few days later when the child refused to return to her room for fear of being trapped there. The mother began to suffer severe headaches. In reaction to her daughter's fears she was not allowing her out of her sight. The father, a policeman, had to go on duty for several days and was unavailable to the family during the first several days following the quake.

Mrs. H., the mother, called the crisis line and was invited to come to the crisis center to talk out her own and her daughter's fears. She felt reassured when told that her child's fears would diminish as time went on. She was advised to let her daughter sleep with her or in a sleeping bag in a closer room for a while and to give her much warmth and attention. Mrs. H. was also able to become more permissive with her daughter, once her own fears for the child's safety were alleviated by discussing them. She was seen with her husband and was able to express her anger and frustration at being "abandoned" by him because of his work responsibility. Mr. H. had found himself under additional stress when family needs came into conflict with his job responsibility. Mrs. H. was encouraged to seek more actively the comfort of the community support system of family and friends in order to reduce her feelings of isolation and abandonment.

2. Sleep disturbance

Ms. Jones, mother of an 18-month-old daughter, called the crisis line for advice. The family had been evacuated in a flood and had just returned home. Her baby was clinging to her and refusing to sleep in her crib. Ms. Jones was advised to stay with the toddler for longer periods at bedtime and to be comforting to her. Moving the

crib to another wall in the room also helped. Understanding that the baby's reaction was "normal" was reassuring to this mother.

3. School-avoidance behavior

Eight-year-old Joan refused to return to school after a tornado. Her mother was reluctant to force her to go because she might cry in school. Mrs. P. was encouraged to volunteer at the school for a few days and to become actively involved there. Joan's refusal behavior stopped in a few days. Her mother was helped by being advised about how to be firm and at the same time supportive to the child. She was encouraged to recognize and accept her daughter's fears and to share her own with her. As the mother learned to feel secure in separating from her daughter, her child's fears lessened and disappeared.

4. Confusion

A 16-year-old, wandering about seemingly confused and disoriented, was seen by a Red Cross worker at an evacuation site. The Red Cross worker recognized the potential seriousness of the symptoms and sought help for the boy. It was learned that his home had been destroyed and his favorite pet had died. The counselor was able to get him to talk out his feelings of loss and frustration. His family was brought into the sessions and was helped to understand their youngster's intense feelings of loss. A volunteer job cleaning up debris was located for the boy in order to keep him occupied and involved with other teenagers.

5. Suspected abusive behavior

The housing assistance advisor reported that a family in a mobile home was having serious arguments. The children appeared neglected, and one child was bruised. A mental health professional was called in, since this family was coping badly under a great deal of stress. Family sessions were started in the home, and a referral was made to a family service worker because of the suspicion of child abuse and the parents' use of drugs. Community resources were tapped to meet the multiple needs of this family.

6. Disruptive classroom behavior

The principal of a local elementary school invited a mental health consultant to meet with his teaching staff. The teachers had a high absentee rate since a tornado had struck and were unable to handle their classes. The children were restless, while the teachers tried to work as usual. The consultant conducted two training sessions: one on understanding children's reactions to disaster; and the second on specific skills, such as rap groups and play for children in the classroom. The teachers responded positively to the help since they needed to learn specific intervention techniques.

7. Reaction in a child with special needs

The mother of a deaf boy told a field worker that her son was showing regressive behavior since a tornado had forced the family to evacuate. The child seemed confused and unable to stay in one place. He did not seem to understand why his family had moved and what had caused the destruction around him. The family was urging the housing advisor to return them to their former home or at least to the same neighborhood, since the boy needed a more familiar routine and environment. The mental health consultant was called in to help. By explaining the psychological reasons for the child's reactions to the family and the advisor, the consultant devised a plan which included providing the boy with an explanation of the events of the tornado, what a tornado is, and how the family planned to resume its normal life. The parents were advised that their son's needs for attention at this time were greater than usual; that this was a transitory situation. Once the child's fears were alleviated by parental support, his regression was reduced.

8. Problems in a childcare center

A director of a daycare center sought help from a mental health worker during a postflood period. The young children were more clinging, unwilling to nap, and having difficulty leaving their parents when they were dropped off at the center. Attendance had been erratic since the flood. The consultant met with the director and the teachers to discuss the kinds of problems they were having in the classroom. The consultant also encouraged the staff to talk about their own experiences resulting from the disaster.

The teachers, exhausted from their work, ended their day by returning to their own homes, which were in need of extensive repairs. They were unable to perform at their usual work level. Volunteers to help in the classroom were recruited from among local teenagers. Suggestions for games and play activities to assist the children in expressing their feelings were made to the teachers. The consultant helped lead a parent-teacher group to provide advice and mutual support.

9. Apathetic behavior

A Red Cross field worker at an interagency meeting expressed concern at the apathy of the families in evacuation centers. He said that people were just lolling about, barely doing anything, and children were running about unsupervised. A flood had caused these families to be evacuated from their homes, and there was nothing that they could do at this point. The mental health worker assisted the Red Cross volunteers in forming discussion groups and starting recreational activities in the center. The evacuees themselves were organized to develop programs for children and adults.