increased levels of clinging behavior. Parents of these children may need the short-term support of the crisis worker. For example, parents would be helped by learning that their children have greater need for reassurance so that they can anticipate and be tolerant of the increased demands. The parents would also benefit from a crisis group with other parents of exceptional children. Special education teachers can be a source of assistance for the children; inasmuch as they are persons familiar to the families and children, they can be very effective in assisting both.

Planning in advance for the needs of children in residential settings, such as treatment centers for mentally ill, mentally retarded, or physically handicapped children, and for day programs for children, such as childcare centers and schools, should have high priority. These agencies should all have their own plans that include staff deployment, evacuation to alternate settings, and ways to contact and inform families of the well-being and location of their children.

2. The injured or ill children

Like any children who undergo medical procedures, children who have been physically injured in a disaster or who have become ill and have been brought to the hospital or the doctor's office will be less traumatized by the injury if the medical procedures that are about to occur are explained to them. In most up-to-date hospitals this is part of the hospital routine. Consultants can inquire about the local hospital and professional associations and involve them in crisis planning. Every effort should be made to have a member of the immediate family remain with the child during hospital stays and to be present when the child receives medical care. This is reassuring to the family and to the child.

F. Helping Techniques

1. The use of play

Few children are able to sit and talk directly about their difficulties or to explore the roots that underlie these difficulties. Most of them are not able to talk about their problems even at a superficial level. Involving the children in play is effective in helping them work through their troubled feelings. Play is one of the natural

modes of communication, and the fantasies that are verbalized while playing often provide much information about the psychological processes that are at the bottom of children's problems. Children's play following disasters will reflect their experiences. Paints, clay, dolls, and water play allow children outlets for their feelings. They will build dams out of blocks, for example, and have them collapse, or they will build towers and pretend the earth is shaking, activities that obviously mirror an earthquake. Children's drawings will depict on a more or less realistic level the feared hurricane winds or tornados. Fortunately, children's play discharges feelings that have been bottled up.

Children seem to use play therapeutically. It is best when they are allowed to make their own interpretations; adult interpretations often dampen this expressive avenue. Any adults who care for children—teachers, counselors, parents—can encourage children to express their feelings in play. The play experience should be a pleasurable one for both adults and children. Adult helpers should get down to the children's level—literally play on the floor with them when necessary. Secondly, the workers must have the capacity to project themselves into the children's situation and to see the world through the children's eyes. The workers must also have the ability to remember their own childhood experiences sufficiently to be able to appreciate the children's situation.

Parents sometimes feel guilty about the fact that their children are having problems and may feel threatened that outsiders are needed to help. Play therapy involves the parents who can be taught to understand how the children express their feelings and fears through play. Under optimal circumstances, parents play with their children. Following a disaster or other family crisis, parental energies are perforce drawn away from the children. Attracting the families back to their ordinary roles with the children is therapeutic to all concerned.

2. Individual counseling

Individual counseling may simply be a time for children to "have someone to talk to." As stated before, most children find "just talking about feelings" difficult. However, there are times when friendly, supportive adults are just what children need when their own parents are not able to listen to them because they are busy with their own problems. Following a disaster in which there may be a shortage

of trained mental health workers, friendly, caring people who have received some crisis training can be helpful to the children. Because disasters arouse natural fears and anxieties in children, workers' reassurances and emotional support are important. Individual therapy by trained, experienced therapists can be used in severe cases to help the families and children understand the underlying roots of the problem.

3. Group sessions

a. *Children's groups* The group experience for children of latency age and older is a natural one because of their daily experiences in classroom settings. Children find it easier to relate to each other than to adults. They gain a lot from a group in which they can talk openly and honestly about their feelings after a disaster. Finding peers who are interested encourages even withdrawn children to talk about their feelings. A leader can provide emotional support and needed information to the group. Children frequently distort the information they receive and are afraid of "feeling foolish" about asking questions. A peer group encourages them to ask their questions, foolish or not.

Group intervention with children is especially useful for therapeutic expression, as they are able to express their fears before their peers once they are reassured that having fears and anxieties is acceptable and that other children (even the bravest ones) also have these feelings. Children retell their experiences with great enthusiasm in group discussions with other children of similar age levels.

Groups function well when the leaders are democratic and care about children. If adults run the groups in an authoritarian manner, the groups will not "work," and the children will not feel free to talk about their feelings. When groups of children talk about disaster, or draw pictures about them, they are helped to dispel their fears about such happenings.

The following is one example of a group technique: Form a group with a maximum of 12 children. Introduce the purpose as a chance for everyone to learn about the experiences of others in the disaster.

(1) Ask all the children what happened to them and their families in the disaster.
(2) As the stories appear, ask the children to tell about their own fears (perhaps even act them out in dramatic play).

(3) In the course of the discussion, provide factual information on the disaster (what happened, why).
(4) Ask members of the group to take turns being helpers. The children are paired and then take turns, first asking for help with a problem and then acting as helpers with the others' problem.
(5) Assign two children as co-leaders to help control restlessness and distractibility among the children.
(6) Provide the children with paper, plastic materials, clay, or paints, and ask them to depict the disaster. The less verbal children find this helpful.

b. *Parents' groups* Working with parents in a group is an excellent means of helping them understand their children's behavior and providing them with specific advice on how they can deal with problems. In the group, parents have the opportunity to share their concerns with other parents who may be having similar concerns. Advice from other parents is frequently more acceptable than advice from "experts."

A parent group is useful when it is also educational. Parents often want to be informed on techniques for handling specific problems, such as fears and anxieties, sleep problems, school difficulties, and behavior problems.

Often the parents in groups express their own fears. Helping the parents understand their own fears makes them more effective with their children. The groups and group leaders are most supportive to the parents when they reinforce strengths present in the families and help them see how they have been able to deal efficiently with problems in the past. If additional help is needed from other resources in the community, the group leaders should have the information available.

4. Telephone crisis service

A telephone crisis line offering help with problems of children in disasters is effective in reaching the community. Families find it is an acceptable way to ask for help, and it is an efficient way to reach large numbers of families. The crisis line can be publicized on radio and TV as available "to help parents deal with their children's fears and anxieties." The media are usually pleased to announce the availability of the crisis line as a public service. The telephone line

- *Behavior signs*
  Signs are: restlessness, agitation, nervousness, inability to sit still; apathy, withdrawal, loss of ability to move; loss of ability for self-expression, either by talking or writing; slips of the tongue, staggering gait.
- *Feelings and mood*
  Feelings include depression, irritability, anxiety, easily triggered and excessive rage, guilt, ready overexcitement.

2. Management

The first step is to be aware of, to be alert for, and to recognize the symptoms when they begin to appear. The earlier they are recognized the better. All personnel need to be instructed about the early symptoms so that they may recognize burnout not only in themselves but also in their fellow workers. Any such observations should be reported to supervisors who should then talk to the individuals and try to get them to recognize the symptoms in themselves.

The supervisors should first attempt to persuade the helpers to take time off, but, if necessary, they should order it. Guilt over leaving the activity can be relieved by receiving official permission to stop and by being shown how the they are no longer helping because of the loss of their effectiveness. They can be reassured that they will be welcomed on their return, that their duties will be covered while they are absent, and that they will have improved greatly as a result of their short interruption in service.

The consultants may do so and share techniques and supportive behavior with the consultees. Another example is an evacuation shelter where the Red Cross is assisting distressed families and children. The consultants can lead a demonstration group in a joint activity, with the Red Cross workers as co-leaders.

C. Burnout

One of the primary responsibilities of the consultants is to alert the workers to the possibility of burnout, both in themselves and in their colleagues. Burnout is a condition frequently experienced by workers involved in disaster relief and related activities, occuring often among those working with children and families. Burnout is the normal result of increased demands and overwork after a disaster occurs. It appears as physical and emotional exhaustion, unrelieved feelings of fatigue, and marked irritability, and it decreases the individual's desire to work effectively.

Overwork and overcommitment are primarily responsible for the occurrence of burnout. After a disaster, workers make extreme demands on themselves as they try to help the victims. Even after this emergency phase has passed and they return to their regular jobs, many workers continue their disaster relief work, exhausting themselves in the process. Burnout may thus appear early or well into the postdisaster period.

1. Symptoms

Symptoms appear in at least four areas. Some people may develop just a few; others may develop many.

- *Thinking*
  Thinking ability slows, confusion appears, and the workers cannot seem to make their usual good judgments and decisions, cannot set priorities, nor evaluate their own functioning objectively.
- *Body symptoms*
  Symptoms include physical exhaustion and fatigue, sleep difficulties (inability to fall asleep and/or to sleep through the night); stomach and digestion problems, such as loss of appetite or compulsive eating; loss of energy; tremors; many minor physical complaints.