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17 October 2017

Helping Young Children Recover after the Northern California Wild Fires

In the aftermath of the wild fires in Napa, Sonoma, Mendocino and Solano counties that started on Sunday, October 8, 2017, many children and their parents may be experiencing varying levels of distress related to events associated with the fires. The way in which this time of acute stress is handled can be very predictive of the long-term impact of the fires on each of us, especially children. The most important thing you can do right now is to help your child feel safe and protected. This is the first step in the mental health or emotional recovery process.

Many people may tell you that your child has been traumatized or that s/he have experienced a traumatic event. "Trauma" is what the person experiences inside and is not the event itself, so one child may be experiencing traumatic stress while another child may not. Because the experience is within each person, adults should carefully watch for behavioral changes that can provide clues into what the child is experiencing.

In this acute or early phase after an event like the fires, children may display a wide range of symptoms, from showing no behavioral changes at all to behavior changes such as becoming tearful, aggressive, or not wanting their parent (teacher or other caregiver) out of their sight. Care should be taken not to assume that the child showing almost no behavioral change is not experiencing any distress from the fires. Many children will internalize their distress, showing few outward signs, while other children will externalize and their distress becomes easier to see. Watch for the following signs of post-fire distress in children that represent distinct changes from their usual way of behaving:

- Sleeping too much or too little (including difficulty getting to sleep, staying asleep, or waking up)
- Eating too much or too little
- Physically more active or less active
- Being more talkative or less talkative, or being unusually quiet or remote
- Being afraid to go to sleep or afraid of the dark (again, a distinct change from usual)
- Becoming more angry, tearful, or aggressive than usual
- Changes in elimination (bowel or bladder) including bedwetting or diarrhea
- Somatic complaints like a stomach ache, headache, nausea, body aches, etc.
- Fear or big responses to loud or sudden noises, sirens, household sounds, etc.
- Difficulty separating from parents or other important people in the child's life
- Rituals of patterned behavior like rocking, thumb sucking, or humming, that is new
- Other sudden, new changes in a child's baseline behavior

Such signs and symptoms are often indications of: 1) the distress children and adults may feel about the unpredictable nature of an event like this; 2) recovering from the enormity of the event itself; or, 3) the fear of recurrence. Check with your child's health care provider if anything presents that is extreme or worries you.

Watch for what your child is telling you they need. Your nearby presence or the nearby presence of another trusted caregiver or teacher is probably the single most important factor in helping a child recover in a healthy way from a disturbing event. Your child will "*re-regulate*" or recover best from any stressful event with the loving support and mindful efforts of those they trust and are closely connected to (parents, grandparents, aunts, uncles, close friends, caregivers, and educators).

Routines can be especially helpful in conveying a sense of safety and protection to children. Children find comfort in the predictable rhythms of their usual day, particularly when something so disruptive has changed their ability to predict what is coming next in the day. So keeping or returning to your typical daily routines and times of going to bed, waking up, eating, bathing, playing, etc. can be very therapeutic for children.

We are often tempted to try to push young children to talk about their experience, but for most children it can be extremely distressing to recall and recount the memory of what happened to them when they are not ready to do this. Take your child's lead...when they feel ready to talk be ready to listen. This may happen in short bursts, like *"I smelled a lot of smoke that night"* or *"the sirens were really loud"* and nothing more. Just listening is helpful or you can simply nod or say things like *"Yeah"* or *"what was that like for you"* or *"I think that, too"* to let your child know that you are listening. Pressing for more conversation may increase a child's distress at this time.

Engaging in some age appropriate side-by-side activities right now, like walking, drawing or coloring together, playing with blocks or playdough, working on a puzzle, gardening, or cooking together may create moments when your child feels like talking. Sometimes children will choose someone to talk to about their experience that may surprise you. They may comment to a neighbor or a store clerk that they were scared by the fire, even when they have said nothing to you. This is typical and it's helpful not to take it personally. Children, like adults, tend to process such information in small bursts and may talk freely to someone nearby when they are thinking or feeling something about the event.

For infants and very young, pre-verbal children, their experience is mostly driven by you – the parent or other caregiver. Babies and children watch your mood or affect and get information about their world in this way long before they understand what something like a wild fire really is. When you are distressed, they will notice subtle changes in your face, voice, and behavior even when you think you may be disguising your upset or fear. Think about ways to take care of yourself right now, to help you cope with your own fear, anger, sadness, exhaustion, etc. It is helpful to say to children (*even infants and very young children*) that you are upset about something, but that it is not anything that the child has done. And, reassure your child that you will still be there to care for him or her - - and do it. If you feel unable to care for your child at times, seek support from other caring adults who can look after your child, and seek support for your own mental health and well-being.

Being more available to your child for the next few weeks, especially at bedtime, will help promote a sense of safety and protection, and will give you a chance to watch for what your child's behavior can tell you. Think about what makes you feel safe and what you think makes your child feel safe and protected. Mostly this is conveyed in your presence, warm attention, and loving interactions with your child. Overt efforts to promote physical safety in your home may help some children while others will be distressed by such things. For example, one child may be comforted by watching mom or dad install a smoke alarm with a comment like *"this is to help keep us safe in our house"*. Another child may find the sound or sight of watching you install a smoke alarm very upsetting. Only you will know how your child reacts, but try to keep in mind what is your reaction and what is your child's, so you can guard against assuming that how you feel is how your child must be feeling, too.

If your child is with another care provider during the day or in school, discuss with the provider or teacher what behaviors you are seeing and what (if any) changes you have made in your child's routine. Also, ask what s/he is seeing in your child's behavior, and how any changes in behavior are being addressed. Make a plan together for how to keep one another informed about your child's status.

Some parents may feel that they and their child might be comforted by small changes in routine. Think carefully about how you want to do this. For example, if you decide to leave a light on in your child's room or the hallway at night, or if you decide to sleep beside your child now when this has not been your usual practice -- wonder deeply if you are doing this for you or for your child. Are you doing this to make you feel better or are you doing it in response to something your child has requested or seems to be needing. Then reflect on how long you want to keep this change in place and how you will know when and how to go back to your usual routine. You are the expert on the style of coping for you and your child, but if you want consultation or help, seek a competent professional to discuss this with.

Sometimes what seems related to an event, such as a wild fire, may actually be the result of cumulative stress or another event altogether. For example, the child who just started kindergarten, enrolled in a new preschool, or moved to a new house may be experiencing distress from that event and any behavioral changes may not be linked to the fire at all, or your child's response to the fire may be more severe because of these other stressors. Thinking deeply about this will help guide you in knowing how to best support your child during this time.

The development of a condition called Post-Traumatic Stress Disorder (PTSD) is a possibility after an event like this. However, the way you support both yourself and your child during this immediate time after the fire can reduce the risk of PTSD developing. Over the next several weeks, any behavioral changes in your child should slowly return to typical. For example, fearfulness of separation should slowly diminish and return to typical, or a new fear of the dark or going to bed should resolve. If behavioral changes are severe, worsen suddenly, or persist for more than a few weeks, consider this a sign that consulting a professional skilled in working with the mental health needs of children may be important. Such professionals include physicians, counselors, psychologists, nurses, social workers, educators, clergy persons, etc. who are trained and skilled in working with children with trauma-related concerns. How can you find out if a provider has such skills? Ask them about their training and certification in this kind of work.

In addition, you can visit the ChildTrauma Academy's website at <http://childtrauma.org> to look for providers in your area who are trained in the recognition and treatment of trauma in children 0-18, or visit the California Center for Infant-Family & Early Childhood Mental Health <http://cacenter-ecmh.org> to find providers in your area who are trained and endorsed in addressing the mental health needs of children age 0-5. For more information on children and trauma in general, visit the ChildTrauma Academy's informational website at: <http://childtrauma.org>.

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