Reactions of Children with Disabilities and Their Families Experiencing Disaster or Terrorism

Laura M. Stough[1], Donghyun Kang[1], & Elizabeth McAdams Ducy[2]
Texas A&M University[1]
Sonoma State University[2]

ABSTRACT

This study reviews the empirical literature on various factors relating to children with disabilities in the context of disaster or terrorism. Studies on the psychological effects of disaster/terrorism on children with pre-existing disabilities are exceedingly few and empirical evidence of the effectiveness of trauma-focused therapies for this population is limited. Thus, the current study extrapolated from research both on adult with disabilities and on children without disabilities. Reactions of children with disabilities and their families are summarized and empirical evidence of the effectiveness of trauma-focused therapies for this population is limited.

KEYWORDS

Disaster; Disability; Children; Terrorism; Trauma; Mental health; Treatment

CONTACT

Laura M. Stough, Ph.D.
Email: lstough@tamu.edu

Donghyun Kang, M.Ed.
Email: junsr30@tamu.edu

Elizabeth M. Ducy, Ph.D.
Email: ducy@Sonoma.edu

Purpose

- The purpose of this article is to present implications derived from empirical literature addressing the psychological recovery of children with disabilities affected by disaster or terrorism. Due to the exceedingly few empirical studies on children with disabilities, the current review extrapolated from research both on adults with disabilities and on children without disabilities.

Exposure and Vulnerability

Children with disabilities experience amplified exposure to disasters because they are psychologically and physically vulnerable (Ronoh et al., 2015), more exposed to traumatic life events (Charlton et al., 2004; Rooney & White, 2007), and more likely to live in poverty (Pfefferbaum et al., 2015; Batavia et al., 2001; Mitra et al., 2011; Emerson et al., 2007; UNICEF, 2013).

Disability-Related Factors

(1) Cognitive and Emotional Factors
Some cognitive or emotional disabilities (e.g., ADHD, ASD, PTSD, pre-existing mental illness) may make children more vulnerable to disaster or terrorism exposure. However studies have not yet closely examined how pre-existing cognitive or emotional disabilities affect reactions to disasters or terrorism.

(2) Health Factors
Pre-existing health disabilities or chronic health conditions can complicate evacuation and treatment, increase mortality during disasters, elevate adverse health concerns post-disaster, and generate new health problems post-disaster.

(3) Physical and Sensory Factors
Physical or sensory disabilities (e.g., visual impairments, hearing impairments, mobility impairments) can increase exposure to disasters or terrorist attacks by amplifying difficulties during evacuation and sheltering, thus leading to increased exposure to the impact of disaster.

Reactions of Children and Treatments

- **REACTIONS**

(1) Post-Traumatic Stress Disorder (PTSD)
Two clinical studies (Mehtar at al., 2011; Finzi-Dottan et al., 2006) showed that children with disabilities, specifically autism spectrum disorder and learning disabilities, can experience higher or more severe PTSD.

(2) Grief and Loss
Studies report that children with disabilities display less intrusive grieving behaviors and later onset of trauma-related behaviors (Christ & Christ, 2006) and receive more instrumental assistance (Ducy & Stough, 2011) when appropriate support is provided by special education teachers.

(3) Behavioral Responses
Several studies evidence that children with pre-existing disabilities display behavioral changes such as significant declines in communication skills, socialization skills, and daily living skills (Valenti et al., 2012), increases in enuresis and aggression (Durkin et al., 1993), and higher levels of sadness and withdrawal (Rath et al., 2007).

- **TREATMENT**

(1) Diagnostic Overshadowing
Clinicians need to distinguish trauma symptoms in children with disabilities from pre-existing disability-related behaviors. Parents are typically the best source of information on whether behavioral changes have occurred post-disaster (Peek & Stough, 2010).

(2) Cognitive-Behavioral Therapies (CBT)
Although the effectiveness of CBT for children with intellectual disabilities, developmental disabilities, and mental illness has not evidenced, utilization of CBT with adaptations can benefit these population. CBT has been shown effective in treating common mental health problems in children with autism (Walters et al., 2016) and in adults with intellectual disabilities (Unwin et al., 2016).

(3) Pharmapsychology
The use of medications with children exposed to disaster should be adjunctive to psychotherapeutic interventions and used only to relieve specific acute symptoms (Pfefferbaum & North, 2016). The use of medication as a sole treatment method does not have an established efficacy base (Unwin et al., 2016; Mevissen et al., 2010).

Reactions of Family and Treatments

- **REACTIONS**

Parents are the most important source of emotional support for children after emergency experiences (Pfefferbaum et al., 2015), but children also can be negatively affected by parents' distress reactions in disaster contexts (Norris et al., 2002; Masten & Narayan, 2012; Stough et al., 2010). As children with disabilities may manifest an increase in behavioral or emotional problems post-disaster (Rath et al., 2007; Sormanti &Ballan, 2011), these changes may increase parental stress which, in turn, negatively affect recovery.

- **TREATMENT**

Studies have evidenced that family-focused or parent-involved psychological treatment is more effective than solely child-focused interventions in reducing PTSD symptoms (Polusny et al., 2011; Kenardy et al., 2010; Newman et al., 2014)

Future Directions

(1) More research is needed about the resiliency of children with disabilities post-disaster/terrorism.

(2) The mental health of children with disabilities post-disaster/terrorism and trauma treatments have been overlooked. Appropriately modified and adapted interventions are needed for children with disabilities.

(3) Parental or caregiver reports are valuable sources of data on children's behavior, thus, more investigations using reports from family members are needed.