Psychological Effects of Disasters on School-age Children and Adolescents

- Increased PTSD symptoms in those that experienced direct loss
- Increased stress reaction by girls
- Long-term worry
- Decreased sense of feelings of safety
- Difficulty concentrating
- Difficulty self-soothing feelings of anxiety


Chapter 25 Nursing Management of the Problems Associated With Exposure to Natural Disasters and Terrorism

Adults

Varying rates of PTSD are reported following exposure to disaster, with the range falling from 20% to 40% depending on the population studied and the degree of exposure. Terrorist events may be one of the most severe disaster stressors. Research on the Oklahoma bombing found high rates of PTSD and major depressive disorder (Ursano et al., 2003). Galea et al. (2002) found increased rates of PTSD in residents of Manhattan after the plane crashes of 9/11, and North et al. (1999) found that women were at higher risk for the development of PTSD, as were those with a history of psychiatric illness. More important, 40% of individuals with no history of psychiatric illness developed PTSD or major depression.

The severity, duration, and proximity of exposure to an event are the most important factors in determining the likelihood of development of PTSD. There is some evidence that availability of social support systems, family history, childhood experiences, and personality styles influence the development of this disorder (American Psychiatric Association, 2000).

All individuals react differently to the experience of disaster. Symptoms such as anxiety and fear about the safety of self and loved ones, mood swings, difficulty concentrating, feeling shocked and numb, smoking and drinking too much, using drugs, having difficulty falling asleep or staying asleep, or experiencing nightmares or obsessive thoughts about the event are common. Sometimes people find themselves feeling angry, guilty, and helpless. In some people, anxiety gets trapped in their bodies and they experience physical reactions, such as headaches, muscle aches, and bowel problems. Withdrawing from others slows the recovery process (Ursano et al., 2003). Early intervention is essential in reducing the chances that these symptoms will become long term. Refer to Box 25.6 for a summary of possible responses of adults experiencing trauma.

DIAGNOSIS

After completing the assessment and appraising the knowledge base, you are ready to analyze and synthesize the information. Nursing diagnostic statements include (North American Nursing Diagnosis Association, 2007):

- Anxiety [specify level]
- Ineffective Community Coping
- Potential for Enhanced Community Coping
- Ineffective Coping
- Ineffective Denial
- Fatigue
- Fear
- Hopelessness

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