Identifying Psychological Distress in Children
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The concepts used in this document are adapted with permission from the works of Robert S. Pynoos and Kathi Nader on responses of children to community violence and interventions (including psychological first aid). (See reference section for details).

This document is in relation only to the post traumatic stress which develop as a result of traumatic events in daily life as well as disasters and not the mental illnesses.

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Note
If many of the descriptions mentioned under each age category are observed in the child consistently over a period of time, only then it should be considered as the child having difficulty in coping with the stressor and having distress.
Identifying Distress in Children

At some points in their lives almost every individual will experience stressful events or situations that exceed their capacity to deal with them through their natural coping mechanisms. Compared to adults, children encounter distress more frequently. It is because children are often unable to communicate their feelings accurately. Also, they find it difficult to understand their own responses to events over which they have no control. Instead of properly expressing their feelings and emotions, children generally behave in other ways to reduce the stress. They do this, for instance, by crying or being upset in order to show feelings such as abandonment when parents go to work. They also act in ways to cover or conceal feelings of their weakness or vulnerability. For example, acting out and being aggressive or disruptive when it's time for toys to be put away or playing to stop.

As children grow up, they increasingly use cognitive problem-solving strategies to cope with stressful situations or negative stress. They do this by asking questions about the stressful events and the circumstances in which they occurred and expectations for what will happen as a consequence, and finding details of what happened for their own clarification.

Why?

Continuation of distress in children develops into serious psychological issues and has long lasting consequences in the future. Therefore to prevent such serious future consequences it is essential to identify and deal with the distress at an early stage.

How?

Children spend their time primarily in two environments; the family and the school. Therefore the observation of behavior of children in both these settings is very helpful in identifying distress in them. In addition various activities conducted in the classroom such as creative expressive activities (drawing, clay modeling, drama, story writing etc) can also be used to identify distress in children.
Identifying distress in preschool (3-5 yrs) children

1. Helplessness and passivity: Seen in children as uncontrollable crying on small incidents or as minimal involvement with other children in the classroom. The children are unable to take simple decisions and there is poor initiative in them.

2. Generalized fear: Often seen as trembling in fright, anxious and easily startled during the general classroom activities such as when the child is asked a question by the teacher or asked to volunteer to do something; or when the parent is a little late to pick up the child.

3. Confusion: Child does not understand when danger is over.

4. Difficulty identifying what is bothering them: When the child is asked what is bothering him/her the child will be often unable to explain.

5. Unable to put it into words or speech: “not able to speak only in specific situations such as in the presence of a lot of people;” repetitive playing of the traumatic theme without speaking such as playing with a toy motorbike and making it crash again and again to depict a scenario in which the child has either seen or been in an accident, or playing with dolls quarreling with each other in a scenario of being exposed to quarreling in the family; “has unvoiced questions or has questions that the child is unable to ask/speak out to anyone.”
6. Anxious about attachment to near and dear ones - clinging, not wanting to be away from the parent, excessive worry about when the parent is coming back, etc.

7. Distress when they are exposed to (sight, sound or smell) anything in the surroundings that reminds them of the stressful event and are convinced that the ‘thing that reminds them of the stressful event’ will cause the event again. For example, the sound of waves reminding them of the Tsunami and they feel that the Tsunami is going to happen again.

8. Problems related to sleeping: e.g. fear of going to sleep because nightmares, etc. may be seen.

9. Reversing back and behaving below their age: e.g. restarting thumb sucking or bedwetting, and speech level dropping to a level below his/her normal capacity.

10. In case of death in family they may have anxieties related to incomplete understanding about death; imaginations of doing things for the dead; expectations that the dead person will return etc.
Identifying distress in 6-11 year old children

1. Issues of responsibility and guilt: Children feeling guilty and responsible for traumatic events that are actually beyond their control, for example, feeling guilty for not being able to prevent mother from getting injured in the disaster.

2. Specific fears, triggered by traumatic reminders: such as fear of the sea after the tsunami; fear of some individual after an uncomfortable experience.

3. Retelling and replaying of the stressor (traumatic play): Theme or topic of play that the child spontaneously does repeatedly reveal the painful experience the child has faced. For instance when playing with sand making sand castles and then destroying them by pouring water on it due to the traumatic experience of the Tsunami.

4. Fear that their feelings will exceed their capacity to handle: Distressed children are often seen as excessively crying or getting angry when they cannot handle their feelings.

5. Decrease in concentration and learning ability: Child may have poor school performance.
6. Disturbances in sleep such as fear of going to sleep because of nightmares, etc. may be seen. They also have trouble falling asleep or staying asleep.

7. Concerns about their own and others' safety: seen as the child constantly worried and asking questions about his/her safety and the safety of his/her near and dear ones.

8. Changes in behavior and behavior which is not consistent with the current circumstance the child is in, such as withdrawal from the activities in the surrounding (keeping to oneself), feelings of being unloved, being distrustful, not attending school or friends.

9. Bodily complaints: seen as ache in the abdomen, headaches, vomiting, etc. without any actual physical condition to attribute to it.

10. Child hesitates to disturb parent by telling them about his/her own anxieties/feelings.

Identifying distress in adolescents (12-18 yrs)

1. Lack of involvement, shame, and guilt: Adolescents feel disconnected with the surroundings, ashamed or guilty for traumatic events they had no control over.

2. Self-consciousness about their fears, sense of vulnerability or weakness, and other emotional responses; and fear of being labeled as abnormal.

3. Post-traumatic acting out behavior, e.g. drug use, antisocial behavior, sexual acting out.
4. Repeat the similar activities as the stressful event which is life threatening; self-destructive or accident-prone: Some distressed adolescents (due to traumatic event in their life) remain preoccupied with the trauma and continue to re-create it in some form for themselves or for others. For example: Riding bike very fast after serious accident in childhood; or mutilating himself/herself.

5. Abrupt shifts in interpersonal relationships: seen as suddenly becoming lonely and not interacting with peers and family members, becoming aggressive and adventurous, and changing peer group or friends circle etc.

6. Desires and plans to take revenge: especially when exposed to violence.

7. Drastic changes in attitudes towards life, which influence their identity formations: Stressful event in life results in the disturbing the adolescent's basic assumptions about the him/herself and the world around - the assumption that he/she is not vulnerable (i.e. adolescents tend to think the "it can't happen to me" e.g. riding motorbike very fast assuming that nothing would happen), the perception that everything in the world around them is meaningful and orderly (i.e. adolescents tend to exhibit a "justice" orientation. They are quick to point out inconsistencies between adults' words and their actions and see little room for error); and the perception that everything about him/herself is positive (i.e. adolescent's positive view about themselves). This causes the adolescent to make drastic changes in his/her attitudes towards his family members, friends and others in the society and also bring changes in the formation of his/her inner self or character.

8. Change in course of life such as premature entrance into adulthood (e.g., leaving school or getting married) or reluctance to leave home.
What to do?

In the school some teachers have been trained as School Psychosocial Support Facilitators (SFs) who can provide basic psychosocial support to children and will be able to suggest as to what needs to be done in a situation when the child is in distress. These SFs are also linked to other resources at the atoll and national levels who can help the child requiring more support. Therefore every teacher who identifies a child in distress in his/her classroom should inform the SF in the school. The SF then does the needful with the help of the school administration. The teacher also helps the SF in monitoring the child in the classroom.
Glossary:

**Stress:** Anything that physically, emotionally and psychologically pressures the individual.

**Stressor:** Factor that causes stress.

**Cognitive:** Through the mental process of knowing, including aspects such as awareness, perception, reasoning, and judgment.

**Distress:** An unpleasant state of arousal in which people are preoccupied with their own emotions of anxiety, fear, or helplessness due to continual stress that requires an individual to constantly readjust and adapt.

**Traumatic:** An emotional wound or shock that creates substantial, lasting damage to the psychological development of a person. It varies from individual to individual; for example, loss of a pet may be traumatic to a child but may not be for an adult.

**Passivity:** The state of being unreceptive and uninterested.

**Acting out behavior:** Acting out is defined as the release of out-of-control aggressive or sexual impulses in order to gain relief from tension or anxiety. Such impulses often result in antisocial behaviors.

**Antisocial behavior:** Behavior which is harmful or annoying to other people or society in general.

**Self destructive:** Deliberately doing acts that are harmful to one's own self.

**Grief responses:** The normal response to the loss of a loved one by death.

**Peer group:** A group of people who have equal standing as in rank, class, or age.

**Identity:** The psychological idea of identity in humans is related to self image, namely a person's view or mental model of him or herself, usually known as their personal identity.

**Mutilating:** Disfiguring ones own self by injuring self e.g. by cutting, puncturing etc.

References:


