

A satellite image of Hurricane Katrina over the Gulf of Mexico. The hurricane is a large, swirling mass of white and grey clouds, with a distinct eye. The surrounding ocean is a deep blue, and the landmasses of North and South America are visible in shades of green and brown. The text of the article is overlaid on the image.

Coping with Disaster

Strategies for Individuals and Families with AD/HD

by Petrina Chong Hollingsworth

T“There was so much to think about; it was mind boggling. I had to gather all the emergency items, put away pictures and photos for safe keeping, get laundry done, and get gas and money. We monitored the news all day and decided that the best time to leave would be in the early morning hours the Sunday before Katrina hit,” said former CHADD board member Karran Harper Royal. Her family, including her son Kendrick who has attention-deficit/hyperactivity disorder (AD/HD), was forced to evacuate from New Orleans before Hurricane Katrina struck.

In the face of disaster, individuals can feel displaced, confused and scared. For adults and children with AD/HD and their families, these normal reactions can be made worse by having to also deal with symptoms of the disorder.

Hurricane Katrina—at this point only a tropical storm—moves slowly westward from the Atlantic Ocean, across southern Florida and into the warmer waters of the Gulf of Mexico on its way to Alabama, Mississippi and Louisiana. Its storm surge breached the levee system that protected New Orleans from Lake Pontchartrain and the Mississippi River, flooding the city with lake water. This and other major damage to the coastal regions of all three states left as many as one million people homeless and made Katrina the most destructive and costliest natural disaster in the history of the United States.



Communication is essential. Parents should work hard to understand what their children are feeling and let the children know that they're safe, the family is together and they're going to get through the crisis.

Sam Goldstein, Ph.D., an expert on resiliency and AD/HD, believes that individuals with the disorder face particular challenges when it comes to managing disasters. "They often miss critical cues in the environment necessary to shift behavior," said Dr. Goldstein. "They have trouble doing what they know consistently, predictably and independently, and they are less likely to be prepared and more likely to respond in non-thinking, impulsive ways in the face of problems."

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"Upon arriving in Irving, Texas, we all settled into our hotel. We stayed glued to the television, watching the horrible story unfold about those who couldn't get out," said Royal, who had to leave her home near Lake Pontchartrain. "The day after the storm, we were relieved to see that New Orleans had mostly dodged the worst of Katrina. That relief gave way to despair as the city began to flood from the breaks in the levees. It was a nightmare before our eyes, watching people wait to be rescued from rooftops. The hope for our

homes quickly began to fade. We now had to begin to think about making arrangements for a more long-term stay in Irving."

Dr. Goldstein emphasizes that planning is the key to helping individuals with AD/HD prepare for adversity. "Taking their medication, learning stress and anger management strategies and being connected to others capable of making good decisions in the face of crisis can help people with AD/HD control their impulsivity," he said.

According to Dr. Goldstein, all of us can better cope with disaster if we have developed a mindset that allows us to deal with adversity that may be unexpected and uncontrollable, for which there could be sudden and significant consequences. "Individuals are better able to handle disaster if they can recognize what they can and cannot control, develop strategies to manage stress, strive for empathy, communicate effectively, accept themselves, connect to others, be self-disciplined and develop strategies for maintaining a resilient lifestyle even in the face of stress," he said.

AD/HD Friendly Ways to Organize for Disaster by **Petrina Chong Hollingsworth**

ALTHOUGH NO ONE KNOWS if and when disaster will strike, advanced planning can help individuals prepare. Judith Kolberg, author of *Organize for Disaster* and co-author of *ADD-Friendly Ways to Organize Your Life*, provides these suggestions for individuals with attention-deficit/hyperactivity disorder (AD/HD).

1. Pay attention to and obey warnings, watches and evacuation orders. Kolberg says that many individuals with AD/HD are plugged into the media, but they may have a tendency to become overwhelmed with the sheer volume of information and sources. "Choose one or two reliable sources and stick with them," she recommends. "If the disaster is occurring in your immediate area, pick one local medium [such as a radio or television station] since local stations can tell you where the shelters are and what streets are gridlocked or closed."

2. Establish and practice an escape route from the house. Individuals need to have an advanced plan of escape not only from the area but specifically from their house. Kolberg recommends that people practice their escape routes at least once or twice each year. To help individuals with AD/HD remember to practice, she suggests that they pick a couple of "sleepy" holidays, such as Memorial Day, when not much is going. They can set aside these days as Disaster Preparedness Days, involve the whole family and also make sure that all their supplies are in order (see #4 and #5).

3. Equip the house. Each household should be equipped with fire extinguishers, flashlights and smoke detectors, at a minimum. Kolberg says that individuals with AD/HD fall into two main categories when it comes to shopping: those who make meticulous lists and those who shop

more haphazardly, conducting what she refers to as "Zen shopping." For the list maker, the key is to actually put these items on the list and buy them. They do not have to be purchased at a specialty store. For the Zen shopper, it can be helpful to assign a responsible person to help buy and install these items. Kolberg emphasizes, "The action of buying is not the end." The task is not complete until the items are removed from the box, have the batteries in them and are installed in the house.

4. Pack a "grab and go" bag. Kolberg recommends that individuals keep a backpack packed with disaster provisions. Basic provisions should include an extra supply of any prescription medications; water; small toiletries; high energy foods, such as protein bars, nuts, peanut butter and low-sodium crackers; a whistle; cash (Kolberg suggest \$300 to \$500, if possible); change of clothing; and a lightweight flashlight. Refresh and check this bag on Disaster Preparedness Day.

5. Organize essential documents. These can include copies of emergency contact information, driver's license or other photo identification, passports, credit cards and social security cards. It is also helpful to have a list of important account codes, insurance policy information and other materials necessary to obtain disaster relief. Kolberg recommends placing these items in a sealable waterproof bag and including them in the "grab and go" bag. For individuals taking prescription medication, include a piece of paper with the name of the prescribing physician or psychiatrist, medication and potency. The flyer usually provided by the pharmacist that includes the name of the pharmacy, its telephone number, the name of the medication, the dosage and when it should be taken is particularly useful for this purpose.

6. Stock a first aid kit. Supplies can also be checked on Disaster Preparedness Day.

7. Prepare to hunker down. Experts recommend that individuals stock enough provisions to last 72 hours, as it may be that long before critical systems, such as power, can be restored. Kolberg recommends that individuals stock water, always in plastic not glass containers (figure on one gallon/person/per day); canned food that does not require heating; a non-electric can opener; blankets, extra clothes and shoes; and a land-line telephone, since cell towers are quite fragile and cordless phones rely on electricity. A battery-operated radio or TV is also useful to keep up with developments and further warnings. It is helpful to keep all of these items in one dedicated spot in the event of an emergency, so it is not necessary to have to hunt frantically for them. These supplies should be checked and if necessary refreshed on Disaster Preparedness Day.

8. Fill out and carry a Family Communications Plan. The Family Communications Plan is a form available on the Internet (www.ready.gov/family_plan.html) that includes essential information for each member of the family, contacts, out-of-state contacts and other important information.

It is important to involve the whole family in disaster preparation. Make sure each person knows what they need to do and where they need to meet in the event of an emergency. "What you really want to do is to have everything in place and automatic so you don't have to think when disaster strikes, and you can focus on those things that you really cannot plan for," says Kolberg. ■

Judith Kolberg is a speaker, author and consultant and is the founder of FileHeads, a professional organizing company (www.fileheads.net).



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Helping Children Cope during a Disaster

Children are vulnerable in times of crisis, not only physically but emotionally and mentally. According to Rahn Bailey, M.D., a psychiatrist and chair of the National Medical Association's Section on Psychiatry and Behavioral Science, parents can help their children cope with disaster by first and foremost providing them with a sense of safety. "The child has to feel safe, and safety is a function of the environment that the parent creates. It is up to the parents to inform and instruct their children in age-appropriate language. The children need to feel comfortable and confident that their parents will keep them safe, and it's the parents' job to create that type of environment in what they do and say."

Jeffrey Katz, Ph.D., is a clinical psychologist in private practice and co-coordinator of the Tidewater Chapter of CHADD in Virginia Beach, Va. He is also in charge of disaster mental health services for the American Red Cross of Southeastern Virginia and nationally for the American Red Cross Disaster Team.

After Hurricane Katrina hit, he was sent to Mississippi.

Communication, according to Dr. Katz, is essential when coping with a crisis. Parents should work hard to understand what their children are feeling and let the children know that they're safe, the family is together and they're going to get through the crisis. He cautions, "Don't lie to your children. First convince yourself that things are going to be okay, and then convince your kids." He also recommends that parents talk with their children about other times when they dealt with distress and discuss how they coped with them. "Help them reconnect with their coping skills," Katz said. "Let them know as much as possible, step by step, what you're going to do."

Establishing Routines and Helping Others

"I had to arrange for Kendrick to attend a local school. I knew that I needed to make him feel as normal as possible. Going to school would do that and protect him from the stress we were feeling because of Katrina," said Royal.

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Royal's experience underscores the importance of establishing routines to help individuals cope once the immediate danger is over. According to Dr. Katz, "Certainly, there are things that will be out of routine, but everything you can control, you should. Even if individuals are missing routine outside of the family, you can maintain some semblance of routine within the family. Send the kids out to play; have lunch at regular times; maintain a schedule as much as you can."

As part of his role with the Red Cross, Dr. Katz spent two days at a shelter in Columbus, Miss., working with evacuees and then was assigned to Biloxi, Miss., helping in devastated neighborhoods. Dr. Katz noticed how helping other people can be an effective coping mechanism for individuals in the aftermath of disaster. "Even as people are suffering, you still see them wanting to help," said Katz. He spoke about one man who had lost his house, "He said, 'I don't have a house, where can I go to volunteer to help?'"

In one shelter, an 8-year-old boy gave Katz \$49 for the American Red Cross relief efforts. The boy had approached people and offered to take out the trash if they would donate money. Katz recommends that peo-

ple "give kids opportunities to be involved in helping other people."

Facing the Aftermath

"The task of rebuilding lives even for the short-term is overwhelming. Thanks to the assistance of many people, it's made easier every day. Knowing that people care about you and your family at a time like this helps to get through it," said Royal. "This is the first time in our adult lives that we don't have jobs to go to. My husband has always provided for our family, and I think it was a little scary not knowing if he would be able to keep his job of 23 years at UPS. We are still awaiting word on his continued employment. We are feeling a little more confident that something will work out for him."

"Life has changed tremendously in Baton Rouge," said Belynda Gauthier, former CHADD board member and founding member of the Louisiana Capital Area Chapter of CHADD. "Our population has essentially doubled, while our infrastructure has not. We have experienced gas and food shortages, occasional recurring power outages, traffic jams and road rage. Everyone, particularly many of our family members



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dealing with AD/HD, are especially nervous and irritable. Tempers flare easily.”

Gauthier is the human resources director for the Louisiana Office of Group Benefits and serves in a leadership capacity in the State Human Resource Managers Association. “As an employee of the state, I have had to deal with many issues surrounding the displacement of employees and nearly one-third of our clients, the closing of most of our hospitals that specialize in transplants and other critical procedures, and the relocation of employees and others into our Baton Rouge offices,” said Gauthier.

“The ripple effect of the storm is seen in areas of life that no one had even imagined,” continued Gauthier. “For those who are also dealing with AD/HD, anxiety, depression and other challenges—either their own, their family members’ or both—the stress can be unbelievable.”

Moving Forward

“There’s a lot of frustration,” said Katz. “People with

AD/HD tend to want immediacy. Day by day, things are getting better, and it’s important for individuals to take the long view.”

Dr. Bailey suggests that parents can help their children by reminding them that “things that made them happy before the disaster such as soccer, church and friends, can occur in a new place with new people.”

“We must help [individuals] understand at a level consistent with their development and emotional capabilities what such a disaster means but also provide them with opportunities to help others and develop hope,” said Dr. Goldstein. Dr. Goldstein is developing a model along with fellow resiliency expert Robert Brooks, Ph.D., that involves acceptance, connection and care. “Acceptance of what you can and cannot control, connections to others and care by helping others—not as a way of avoiding personal feelings of loss, grief, sadness or worry but as an effective way to ease pain and stress.” ■

Petrina Chong Hollingsworth is managing editor of *Attention!*® magazine.

Coping in the Aftermath of a Disaster by Dawn Leeks

WHEN DISASTER STRIKES, the resulting emotional, mental and financial setbacks can be overwhelming. People with mental health conditions face a uniquely challenging post-disaster journey, particularly if they experience disruptions in treatment. While some events are beyond human control, a disaster’s impact can be lessened through the use of helpful coping mechanisms and awareness of available resources.

In response to the challenges faced by survivors and victims of tragedy in its many forms, CHADD has compiled a list of strategies and resources relevant to the attention-deficit/hyperactivity disorder (AD/HD) community.

Children

■ **Pay attention.** Certain behaviors such as difficulty relating to peers, sleep problems, misbehavior and bedwetting, are not uncommon in children with AD/HD. However, parents should also be aware that any new development of these behaviors could be associated with emotional trauma or anxiety. If this happens, consider contacting a professional.

■ **Encourage questions.** Allow children to express their feelings and concerns. Offer answers that are age-appropriate and take into account the child’s maturity and development.

■ **Set reasonable expectations.** Temporary drops in school performance as the child adjusts can be quite common. Know your child’s rights and work with the school to design or adapt a suitable education plan.

■ **Develop routines.** Predictability and structure are important for children with AD/HD, but can be particularly crucial to re-establishing a sense of security in new surroundings. So, as much as possible, try to restore some structure as soon as you are able.

■ **Ask for help.** Recovering from a traumatic event is a process that takes time. Reach out to your community for helpful resources.

Adults

■ **Alleviate stress.** AD/HD alone can introduce a multitude of stressors. This compounded with the distress of a tragedy can be overwhelming. Participate in memorials, engage in calming activities and be attentive to your physical well-being.

■ **Talk to someone.** Find a support system. This may be friends, family, church and/or local support groups. Many individuals with AD/HD are susceptible to depression, anxiety, low self-esteem, etc. Having an outlet for emotions is important to maintaining a positive outlook.

■ **Re-establish a treatment plan.** Look for doctors or mental health services in your area or contact a relief organization. For health insurance, you can also look to public assistance like Medicaid.

■ **Arrange a new schedule.** Adults with AD/HD also benefit from structure. Look to resume a practical schedule that can help reintroduce a sense of normalcy. Resources for finding employment and other necessities can be found below.

Resources

Education

Children with AD/HD are potentially eligible for services under either IDEA or Section 504. If your child was previously receiving assistance, speak with school administrators about resuming services. (www.help4adhd.org/en/education/rights)

Additionally, the McKinney Vento Homeless Assistance Act obligates school districts to make accommodations for displaced or homeless students. (www.nationalhomeless.org)

U. S. Department of Education Regional Offices (www.ed.gov or 1-800-USA-LEARN)

The Federally Funded Parent Training and Information Centers (PTIs) and Community Parent Resource Centers (CPRCs) are located in each state to provide training and information to parents of infants, toddlers, children and youth with disabilities and to professionals who work with children. (www.taalliance.org)

Mental health and disaster recovery

The Substance Abuse and Mental Health Services Administration (SAMHSA) is developing a new series of programs aimed at providing crisis response professionals, public health officials and others with information about how best to plan for and manage mental health and substance use components of their disaster response efforts.

The first two “ChimeraCasts” (enhanced Webcasts) are now available online through the SAMHSA Web site at www.samhsa.gov under the Latest News drop-down menu

Employment

U.S. Department of Labor—Disaster Unemployment Assistance (www.dol.gov or 1-866-4-USA-DOL)

Health care and prescription assistance

Mental Health Services Locator & Prescription Assistance Resources (www.mentalhealth.samhsa.gov or 1-800-789-2647)

Partnership for Prescription Assistance (www.helpingpatients.org or 1-888-4PPA-NOW)

Together Rx Access—prescription assistance for the uninsured (www.togetherrxaccess.com)

Shelter and financial assistance

Federal Emergency Management Agency (FEMA) (www.fema.gov or 1-800-621-FEMA)

Red Cross (www.redcross.org or 1-800-975-7585)

For other resources or referrals to local support groups:

National Resource Center on AD/HD (www.help4adhd.org or 1-800-233-4050)

National Alliance for the Mentally Ill (NAMI) (www.nami.org or 1-800-950-NAMI)

Articles and publications

National Child Traumatic Stress Network (www.nctsnet.org)

National Mental Health Information Center—Center for Mental Health Services (<http://store.mentalhealth.org>)

National Institute of Mental Health—for information on Coping with Traumatic Events (www.nimh.nih.gov or 1-866-615-6464)

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