Supporting Children’s Mental Health Needs in the Aftermath of a Disaster: Pediatric Pearls

Satellite Conference and Live Webcast
Thursday, August 25, 2011
5:30 – 7:00 p.m. Central Time

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

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Outline of Presentation
• How to support children after a disaster
• Symptoms of adjustment reactions
• Which children are likely to benefit from additional mental health services beyond psychological first aid

Psychological First Aid
• Provide broadly to those impacted
• Supportive services to foster normative coping and accelerate natural healing process
• All staff should understand likely reactions and how to help children cope

Psychological First Aid
• Anyone that interacts with children can be a potential source of assistance and support
– If unprepared, they can be a source of further distress

PFA Actions
• Observation or awareness
• Make a connection
• Help people feel comfortable and at ease
• Be kind, calm, and compassionate
• Assist with basic needs
• Listen
PFA Actions

- Give realistic reassurance
- Encourage good coping
- Help people connect
- Give accurate and timely information
- Suggest a referral resource
- End the conversation

- Source: American Red Cross

Basic Needs Are Basic

- UWF (Brief Therapy)
- Need to deal with basic needs before able to address emotional needs
  - Safety, security
  - Food, shelter
  - Communication and reunification with family

Basic Needs Are Basic

- Staff have their own basic needs
  - Crisis plans need to address them as a priority

Potential Symptoms of Adjustment Reactions

- Sleep problems
- Separation anxiety and school avoidance
- Anxiety and trauma-related fears
- Difficulties with concentration
- Deterioration in academic performance

Potential Symptoms of Adjustment Reactions

- Regression
- Depression
  - Avoidance of previously enjoyed activities
- Substance abuse
- Somatization

What to Expect in Schools in Absence of Intervention

- Cognitive functioning and academic achievement
  - Anxiety, concentration, sleep problems, depression
- Absenteeism
  - School avoidance
What to Expect in Schools in Absence of Intervention

• Suspensions/expulsions
  – Irritability, social regression, substance abuse
• Graduation
• Taking time in schools to help children adjust to disaster and aftermath is essential to promote academic achievement

Post-traumatic Stress Disorder

• Re-experiencing traumatic event
  – Intrusive images or sense that event is recurring
  – Traumatic dreams
  – Intense distress at reminders

Post-traumatic Stress Disorder

• Avoidance of stimuli associated with trauma
  – Psychological numbing
  – Foreshortened future

Post-traumatic Stress Disorder

• Increased arousal
  – Difficulty concentrating or sleeping
  – Irritability or anger
  – Hypervigilance or exaggerated startle

Range of Reactions to Disaster

• Wide range of reactions and concerns
  – Not just PTSD
• Bereavement
• Secondary losses and stressors
  – Relocations

Range of Reactions to Disaster

– Loss of peer network
– Loss of network of supportive adults
– Loss of community
– Academic failure
– Integrating into new social network
  • Bullying
Range of Reactions to Disaster
- Financial stresses
- Parental stress

Parents Often Underestimate Symptoms
- Children may withhold complaints because of concerns they are abnormal, or to protect parents who are upset
  - Invite children to share their concerns
    - Wait for them to accept the invitation

Parents Often Underestimate Symptoms
- Parents may not think professionals are interested or assume “normal reactions to abnormal event”
- Stigma related to mental illness

Factors that Adversely Affect Adjustment
- Direct victimization or witnessing
- Life in jeopardy
- Exposure to horrific scenes
  - Includes media
- Separation from parents
- Loss of belongings
  - Disruption in environment

Factors that Adversely Affect Adjustment
- Prior psychopathology or traumatic experiences
- Parental difficulty in coping
- Lack of supportive family communication style
- Lack of community resources and support

Anticipate Staff Reactions
- Typical reactions to crisis (including staff):
  - Ambivalence or conflicting emotions
  - Shame, lowered self-esteem
  - Anger or irritability
  - Distrust or suspiciousness
Anticipate Staff Reactions

- Anxiety
- Confusion

• Reactions often misinterpreted blaming, withdrawal, and anger

Adjustment Over Time in Crisis

A = Baseline functioning
B = Event
C = Vulnerable state
D = Usual coping mechanisms fail
E = Helplessness, hopelessness
F = Improved functioning
G = Continued impairment
H = Return to baseline
I = Post-traumatic growth

National Center for School Crisis and Bereavement

• Partial list of NCSCB resources
  - Parent guide on supporting a grieving child
    • New York Life Foundation
    • Guidelines for addressing death of student or staff in school
      • Including suicide

National Center for School Crisis and Bereavement

- Psychological first aid
- Guidance on addressing anniversary of crisis
- Guidance document for school security staff

www.nylgriefguide.com

AAP Resources

Disasters Webpage
www.aap.org/disasters

Adjustment Resources
www.aap.org/disasters/adjustment.cfm

Disaster Preparedness for Pediatric Practices: An Online Tool
http://practice.aap.org/disasterpreptool.aspx

Pediatric Terrorism and Disaster Preparedness: A Resource for Pediatricians
www.ahrq.gov/research/pedprep/resource.htm
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