Operation Rebound: Helping Students Who Experience Psychological Trauma

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

Faculty

Jayne Carson, MS, NCC
Network Coordinator
Helping Families Initiative
Mobile County District Attorney's Office

Wanda Hannon, RN, MSN, CNS Supervisor, Health Services Mobile County Public Schools

Monica Hunter, PhD Assistant Professor College of Education University of South Alabama

Faculty

Vaughn S. Millner, PhD, LPC
Assistant Professor
College of Education
University of South Alabama

Cathy O'Keefe, MEd, CTRS
Therapeutic Recreation Specialist
College of Education
University of South Alabama

Faculty

Maggie Posey, MS, LPC Clinical Director Child & Adolescent Services Mobile Mental Health Center

Rhonda N. Waltman, EdS Assistant Superintendent Mobile County Public Schools

Objectives

- Define the features and frequency of psychological responses to trauma.
- Describe common responses to psychological trauma in preschoolers, children and adolescents.
- Distinguish normal from abnormal responses to trauma.

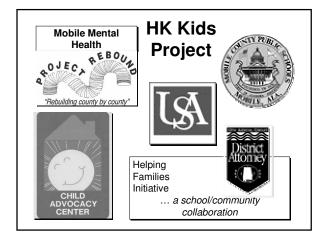
Objectives

- Describe common interventions used to help children and adolescents experiencing trauma and related stress.
- Define resources available to assist educators with students who demonstrate abnormal stress reactions.
- Outline the role of family stress in worsening the symptoms of trauma in children.

HK Kids Project Program Goals

- 1. Connect children and families with needed services in an efficient and effective manner.
- 2. Promote academic success by removing barriers to learning for affected children.





USA and MCPSS CD Response:

"Transcending Trauma After the Disaster: A Guide for Schools"

- · Enrichment activities
- Medical health issues
- Stress management
- · Care for the professional helper
- Handouts
- Resources

"Transcending Trauma After the Disaster: A Guide for Schools"

For a copy of the CD, call: Dr. Sue Adams 334-242-8165

Prevention & Support Services
Alabama Department of Education

Disaster

- · Natural or man-made event
- · Severe and large
- · Requires coordinated effort

Disaster vs. Trauma

- · Disasters exceed resources
- Trauma needs are addressed locally

Who is Impacted by a Disaster?

- Anyone who has seen it
- Two Types:
 - 1. Individual disaster trauma
 - 2. Collective disaster trauma

Factors Influencing Impact of Disasters

- Health
- · Social and cultural
- Demographics
- Past history

Grief Reactions to Disaster

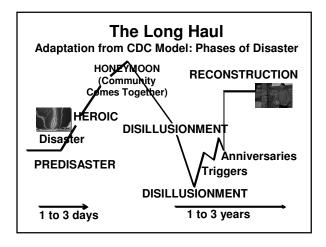
- Most people function well
- With disaster, many show emotional and psychological strain
- Grief responses such as sadness and anger are normal
- Survivors and helpers experience the symptoms

Losses

- Loved ones
- Homes
- Possessions
- Pets
- Hopes
- Dreams
- · Assumptions about life

Psychological Stages of a Disaster

- Heroic
- Honeymoon
- Disillusionment
- Reconstruction



We Can Do This!

Ask not "Why can't I?"
Ask "How can we?"

Floyd, R. T.

Helping Students

- · Learn about symptoms
- · Obtain referral sources
- · Normalize their concerns and fears
- Listen

Vulnerability

- Children are particularly vulnerable to uncertainty and destruction.
- Children with special needs are even more vulnerable.



Biochemistry of Trauma Event

Brain triggers fear

- = Greater alertness or mental clarity
- = Greater physical reaction/stamina

Typical Stress Reactions Emotions Cognitions Physical Interpersonal Problems ·Anger Inability to ·Tired ·Social (feeling concentrate ·Insomnia withdrawal on-edge, Inability to ·Cardio-Distrust irritable) make vascular ·Shock decisions strain Blaming others •Blame Difficulty Headaches with Reduced Stomach Guilt memory intimacy problems Grief or Confusion Vulnerability sadness Nightmares to illness •Feeling numb

Consider How the Trauma Impacts Developmental Stages

- Preschooler Initiative vs. Guilt
- Encourage positive behavior
- School-Age Child Industry vs.
 Inferiority
- Remind of prior skills
- Adolescent Identity vs. Role
 - Talk about what people ARE doing
- Young Adult Intimacy vs. Isolation
- Discuss importance of connecting with others

What To Do

- · Spend time with them.
- · Hug them.
- · Give them hope.

Prevention of Long-Term Problems Involve

- · Talking about the experience
- Providing information about normal reactions
- Providing ways to handle the reactions
- · Attending to early trauma symptoms

Symptoms Likely to Increase or Change Over Time

- Children returning to ruin will be newly traumatized
- Long process of recovery can be exhausting
- Could last for 1 to 3 years

Look for More Severe Reactions

- Overwhelming nervousness
- Sadness that does not go away
- · Continuous outbursts
- Preoccupation with traumatic event
- Extreme withdrawal
- Any other signs of intense anxiety or emotional disturbance

Disaster Mental Health Response

- Active listening
- · Know when to refer
- · Help find hope; cognitive reframing
- · Attend to feelings
- Assess suicide risk
- · Disaster-related activities

Identify the Elephant in the Room





Summary

- A disaster requires a coordinated community effort. WE can do it!
- Grief reactions to disaster are normal and need to be expressed.
- Psychologically, disaster recovery could take from 1- 3 years.
- Age impacts how children and adolescents are impacted by trauma.
- · Listen.
- · Help provide hope.

Environmental Issues

- Accidents
- Water flood, drinking, bathing, washing clothes
- · Mold contact, breathing
- · Disease contamination
- · Shelter disease

Disease Exacerbations

- Respiratory problems
 - Asthma, bronchitis, etc.
- Stomachaches
- · Opportunist infections
- Headaches
- Mental emotional
- Chronic illnesses
 - Diabetes
 - Crohn's Disease
 - Dialysis
 - Sleep apnea

Self-Regulated Diseases Processes

- Stress
- Increase psychosomatic illnesses
 - Stomachache
 - Headache
 - General malaise
- Auto Immune Diseases
- Decrease Immune System

Updated Disease Reports September 23, 2005

- 34 Vibrio Illnesses 6 deaths post Katrina
- · Several carbon monoxide deaths
- Many fecal oral contaminations
- · Many upper respiratory infections
- · Many chainsaw accidents
- Many abrasions, contusions, bruises etc.

Prevention

- · Hand washing
- Cleanliness disinfectingmold/mildew
- Stress relieving routines, sleeping, eating, resting, drinking plenty of water
- · Seek medical help immediately
- Talk with someone who cares listen to someone who needs you

Summary

 The aftermath of disasters often exacerbates or brings on many health concerns. Environmental conditions, lack of medical care and the disruption of lives including homes, jobs, schools and communities all play a part of where a person lies on the continuum of health.

Resources

- · www.cdc.gov
- http://www.hhs.gov/katrina/
- http://www.fema.gov/press/2005/reso urces_katrina.shtm
- http://smhp.psych.ucla.edu/
- http://nasn.org/
- mental health provider
- · public health department
- · Your local school nurse

Summary

 We must be committed to learning all we can about grief and loss, being open to ideas not only from professional sources but from the experiences of our students, families, colleagues, and community members.

Summary

 The suffering of many families is unprecedented in scope of financial and material loss, stress and confusion; any kindness or extra effort that we provide may be perceived as Herculean and met with extraordinary gratitude. But any lack of kindness, rigidity, or failure to listen will be perceived as cruel or horrific, and the result will be additional reactions of anger and grief than can prolong the recovery process.

Summary

 Activity that promotes healthy, selfexpression, social bonding, emotional assurance, and physical well-being is as vital a part of the educational experience as the curriculum and must be woven into the students' daily lives.

Summary

 Making meaning of life's experiences is, in and of itself, therapeutic. Our efforts must lead to a future time when each family's story contains as much evidence of resiliency as suffering.

FEMA/Center for Mental Health Services (Project Rebound)

Purpose

 Provides for direct mental health services for survivors of major disaster

Authority for crisis counseling

 The Stanford Act authorizes funds for mental health services after a Presidential declared disaster

Types of counseling programs

- Immediate services (1 to 60 days)
- Regular services (9 months)

Crisis Counseling Rebound

Crisis counseling staff:

 Masters and Bachelors in a mental health related field.

Service locations:

- · Disaster Relief Centers
- Shelters
- Schools
- Churches
- · Community meetings
- · Disaster affected neighborhoods

Range of Crisis Counseling Services Rebound

- · Psychological first aid
- Assessment of strengths, adaptation and coping skills
- Seeks to restore pre-disaster functioning
- Psycho-educational focus
- Brief intervention

Range of Crisis Counseling Services Rebound

- Outreach
- Monitoring for purposes of referrals
- · Individual and group counseling
- · Information and referral
- · Public education

Crisis Counseling Interventions Rebound

- Emotional support and normalization of experiences
- Outreach
- Supportive listening
- Promotion of resiliency
- · Education about disaster stress
- · Community meetings
- Information and referral

Crisis Counseling Rebound

Current services delivered in the Mobile County Public School System:

- Partnership with school social workers in outreach effort
- Participation in PTSA meetings for parent/family support
- · Staff debriefings and self-care
- Group and individual child/adolescent activities

Mental Health Services

- Referrals from rebound and community agencies
- Psychosocial assessment
- · Individualized treatment planning
- Individual therapy
- · Family therapy

Mental Health Services

- · Group therapy
- Mental health consultation
- Psychiatric evaluation and medication monitoring
- · Case management

Case Management with in Mental Health System

Focus:

- · Mental illness recovery
- · Outreach services
- · Needs assessment
- Linkage with needed services
- Advocacy
- Monitoring
- · Crisis intervention
- · Long-term care

Rainbows After The Storm

Partnership between Mobile Mental Health and Child Advocacy Center

Disaster related trauma counseling

- Individual therapy
- Group therapy
- · Family support and education
- Expressive therapies such as art, play and dance

Coordination of Community Services

Disaster response and recovery efforts include partnerships:

- FEMA
- Community mental health services
- Voluntary Organizations Active in Disaster Recovery (VOADS)
- Local agencies
- Community stakeholders

Coordination of Community Services

- · Create a "seamless system"
- · Support other agencies' activities
- Utilize other agencies' expertise and resources
- Open communication and information exchange
- Training
- Joint planning and response
- · Integration, not duplication of services

Community Disaster Response Model

- Community agencies meeting (MCPSS, MCDA, MMHC, CAC, DHR, USA, Volunteer Mobile, Faith Base)
- Assess training needs
- · Service coordination
- Data sharing
- · Model development
- · Crisis Counseling

Caregiver Stress

- Contacting and working with disaster survivors is inherently stressful and may lead to caregiver distress.
- Understanding the effects of this distress increases the ability to help and decreases the chance of doing harm.

By any other name...

- Burnout
- Secondary traumatic stress
- Compassion stress
- Compassion fatigue
- Vicarious traumatization

Areas Affected by Compassion Fatigue

- · Cognitive functions
- · Physical health
- · Emotional well-being
- Behavior
- Interpersonal relations
- · Work related issues
- Spirituality

Cognitive Dysfunction

- Lowered concentration
- Apathy
- · Black and white thinking
- Perfectionism
- · Disorientation, especially time
- · Preoccupation with events

Physical Symptoms

- Fatigue
- · Somatic complaints
- Physical depletion/ Headaches
- exhaustion
- Joint/muscle pain
- Sleep difficulties
- Increased heart rate
- Impaired immune
- Gastric distress
- system functioning _ Dizziness
- Shallow breathing
- Intensified preexisting medical
 - conditions

Emotional Well-Being

- · Feelings of:
 - Powerlessness
 - Guilt/survivor guilt
 - Anger
 - Sadness
 - Depression
 - Heightened sensitivity

Behavior

- Moody
- Impatient
- · Hyper vigilance
- Accident prone
- · Losing things
- · Increase in addictive behaviors

Interpersonal Relations

- Withdrawal
- · Increase in conflicts
- · Decreased interest in intimacy
- · Overprotective of spouse/children
- Projected blame
- Loneliness

Work Related Issues

- Low morale
- · Task avoidance
- · Obsession with details
- Negativity
- Detachment
- Absenteeism
- · Poor work quality

Spirituality

- · Questioning the meaning of life
- Loss of purpose
- Anger at God
- · Questioning religious beliefs
- Skepticism

Planning Ahead - Depleters

- Caffeine
- Nicotine
- · High sugar/high fat foods
- Eating for
- comfort
- Alcohol
- Isolation

- Avoidance
- · Eating alone or on the run
- Compulsive buying
- Gambling
- Sexual acting out
- Workaholism

Planning Ahead - Replenishers

- Storytelling
- · Hearing other's healing stories
- Music
- Meditation/prayer
- · Guided imagery
- Massage
- Journaling

- Exercise
- · Healthy diet
- · Positive hobbies
- Accountability with healthy friends
- Relationship time
- · Deep breathing

Compassion Satisfaction

- · Respect for human resiliency
- · Sense of strength
- Self-knowledge
- Confidence
- · Sense of meaning
- Spiritual connection

Summary

- Contacting and working with disaster survivors is stressful and may lead to the caregiver becoming distressed.
- · Knowledge about the stress response increases our ability to help and decreases the chance of doing harm.

Summary

- Compassion stress affects the caregiver physically, emotionally, behaviorally and even spiritually.
- A plan of self care can ameliorate the effects of prolonged exposure.
- On the other hand, the work can lead to "Compassion Satisfaction."

Crisis Counseling and Mental Health Services in Alabama

Call: 1 - 800 - 367 - 0955

Co-Sponsored by:

Alabama Department of Mental Health and Mental Retardation

Alabama Board of Education

Alabama Department of Public Health

For a complete list of upcoming programs, go to the

Alabama Public Health Training Network web site at

www.adph.org/alphtn

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Alabama Department of Public Health
(334) 206-5618
alphtn@adph.state.al.us
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