

Understanding and Responding to the Needs of Children After Crisis and Disaster

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Thank you

Why learn about disasters?

- Current worry among adults and children today
- Traumas touch children on a regular basis
- Being prepared increases resilience in face of crisis

What are traumas that can
impact children?

Traumas that can touch our lives

- Accidents
- Child Abuse and Neglect
- Community violence
- Dog Bites
- Domestic Violence
- Hostage Situations
- Medical Illness
- Murder
- Natural Disasters
- Parent/Caregiver Death
- School Shootings
- Sexual Abuse and Rape
- Substance abuse
- Terrorism and other man-made disasters
- War

Why Learn About Disasters and Terrorism?

- Current worry among adults and children today
- Little traumas touch children on a regular basis
- Being prepared increases **resilience** in face of crisis

What is Disaster Mental Health?

Key Concepts for Disaster Mental Health?

- Disasters impact individuals as well as communities
- Disasters touch individuals directly as well as indirectly
- Disasters have phases which require varying responses
- Disaster stress reactions are “normal responses to abnormal situations”
- Practical assistance vs. traditional psychotherapy
- Services must keep in mind the community and the phase of the disaster
- Recognition of support systems available
- Understanding of impact on responders

High-Risk Groups for Mental Health Concerns after Traumatic Event

- Individuals with direct exposure
- Individuals who experienced loss
- Children
- Women with young children
- Individuals with disabilities
- Individuals with previous trauma history
- Individuals with psychiatric history

Why Worry About Mental Health after Disasters?

- Actual victims vs. “walking worried”
- Potential overload of emergency rooms and other services by indirect victims
- Survivors/victims likely to have significant mental health reactions
- Spill-over into school setting
- Impact on community’s mental health
- Impact on adherence to public health messages

Early Ideas About Trauma and Children

- Children's reactions were mild
- Children's reactions were transient
- No interventions were needed

Possible Trauma Reactions Among Children

- Worries and Fears
- Changes in Behavior
- Physiological Responses
- Focus on Event

WORRIES AND FEARS

- Increased worries and fears about safety of self and others
- Increased worries and fears about security
- Worries and fears about re-occurrence of the event
- Worries about on-going situation

CHANGES IN BEHAVIOR

- Changes in school performance
- Decreased concentration
- Decreased attention
- Changes in sleep
- Changes in appetite
- Changes in mood (swings)
- Changes in activities
- Increased irritability
- Increased anger outbursts or temper tantrums
- Increased withdrawal
- Increased hate talk/play

PHYSIOLOGICAL RESPONSES


- Increased sensitivity to sound
- Increased startle response
- Increased somatic complaints
 - Headaches
 - Stomachaches
 - Fatigue
 - Vague aches and pains

FOCUS ON EVENT

- Repeated questions about event
- Repeated discussion or story-telling about the event
- Increased interest in media coverage (TV, print, internet)
- Trauma Reminders
- Loss Reminders

Age Related Issues

- Infants

- Sleeping problems
- Feeding problems  weight gain problems
- Increased screaming behaviors
- Decreased developmental levels being met

Age Related Issues

- Young children
 - Whiny
 - Clingy
 - Withdrawn & subdued
 - Post-traumatic play
 - Increased temper tantrums and irritability
 - Regressive behaviors
(e.g., baby talk, needing more help with daily activities, bedwetting)

Age Related Issues

- Young Children

- Not meeting developmental milestones
- Concern about own and family's safety and security (teacher's too)
- Nightmares and fears (may be unrelated to the event)
- Immature understanding of the permanency of death

Age Related Issues

- **School-aged children**
 - Safety and security worries extend to school, neighborhood, and community
 - Repeated questions and story-telling
 - Questions containing gruesome details
 - Minimization of impact
 - Somatic complaints

Age Related Issues

- **School-aged children**
 - Increased irritability with peers and parents
 - Increased negative behaviors and non-compliance
 - Younger school-aged children: regressive behaviors
 - Increased compassion for innocent victims
 - Some feelings of guilt/blame

Age Related Issues

- **School-aged children**
 - School performance changes (generally decrease)
NOTE: Some children may become wholly school-focused
 - Harder time mastering new concepts
 - Problems with sleep onset and nightmares
 - Fascination with weaponry
 - Understanding of the permanency of death

Age Related Issues

- **School-aged children**
 - Safety and security worries extend to school, neighborhood, and community
 - Repeated questions and story-telling
 - Questions containing gruesome details
 - Minimization of impact
 - Somatic complaints

Age Related Issues

- **Adolescents**

- Increased concerns about security and safety beyond themselves
- Concerns about others near own age
- Increased irritability with friends; may change peer groups
- Increased guilt and blame
- Increased withdrawal and indifference
- Changes in sleep and eating habits

Age Related Issues

- Adolescents

- Decreased school performance
- High-risk behaviors
 - Risk for absenteeism
 - Risk for substance abuse/alcohol use
 - Promiscuity
 - Driving recklessly
- Discussions and/or fascination with death and dying
- Concern about the future and their place in it

Age Related Issues

- Adolescents

- Decreased impulse control
- Increased risk for depression
- Increased risk for suicide

Biggest challenge: Adolescents striving for independence at a time when adult support is important

Factors That Can Make A Difference

- Level of exposure
 - Media
- Separation from parents
- Age and level of understanding
- Gender
- Disruption of routine
- Parental adjustment
- Premorbid functioning
- Family functioning and stressors
- Social and community supports

Traumatic Loss/Grief

- Death due to an unpredictable and traumatic nature
- Difficulty with images related to the death
- Reactions may be same as with bereavement
- The traumatic nature of the death makes it difficult to grieve and move forward

What is Unique About WMD Events and Children?

- Children somatize in response to stress
 - complicating assessment for parents, teachers and health care providers)
- Varying capacity to verbalize symptoms
- Children may be more vulnerable to injury and death depending on agent and harder to treat
 - respiration, ground,surface/mass ratio,decontam.
- EMSC equip., unaccompanied children with loss exposures
- More prone to Mass Psychological Reactions?
- Applicability of standard interventions?

Myths about Assessment

- Talking about the event can make matters worse
- Some children are too young to handle this
- If we just return to a routine, that will be better
- We will KNOW which children need extra attention and help

How Does Trauma Impact Learning?

- Decreased IQ and reading ability (Delaney-Black et al., 2003)
- Lower grade-point average (Hurt et al., 2001)
- More days of school absence (Hurt et al., 2001)
- Decreased rates of high school graduation (Grogger, 1997)
- Higher rates of expulsions and suspensions (LAUSD Survey)
- Taking time in schools to help children adjust to disaster and aftermath is essential to promote academic achievement

Purpose of Assessment

- Identification of children in need of interventions
- Better triage to determine appropriate intensity of interventions
- Allow for follow-up to determine long-term recovery or problems
- Allow for more effective allocation of resources
- Allow for better communication with parents
- Guides future policy and planning activities

Why Not Just Ask Parents, Caregivers, or Teachers?

Adults generally

UNDERESTIMATE

children's reactions and levels of
stress

Reasons for Underestimation

- Parents/Teachers do not know what to look for in children's reactions to traumatic events
- Parents/Teachers "hope and pray" that their children are doing well
- Parents'/Teachers' level of distress makes it difficult to recognize the signs in their children
- Some reactions can't be seen
- Children try to hide their reactions and stress from parents/teachers because they do not want to upset parents/teachers
- Teachers feel pressured to "get back to routine"
- Communication may be poor

The PsySTART Incident Management System

What is PsySTART (PsySTART (PsySychological Simple Triage and Rapid Ix_) ?

1. Framework of “disaster systems of care” (including MH, PH, ED, Primary Care, Schools, NGOs, Coroner, 1st responders)
2. Mental health evidence based Triage tags
3. Matches high risk in near real time
4. Operational IMS model across NIMS(SEMS) levels
4. Resource typed tracking (staff, psych beds, cache, spec. pop)
5. All residing on an Information technology (IT) backbone that allows rapid information management and geospatial import
6. Permits public health disaster principles to mental health

PsySTART Operating Features

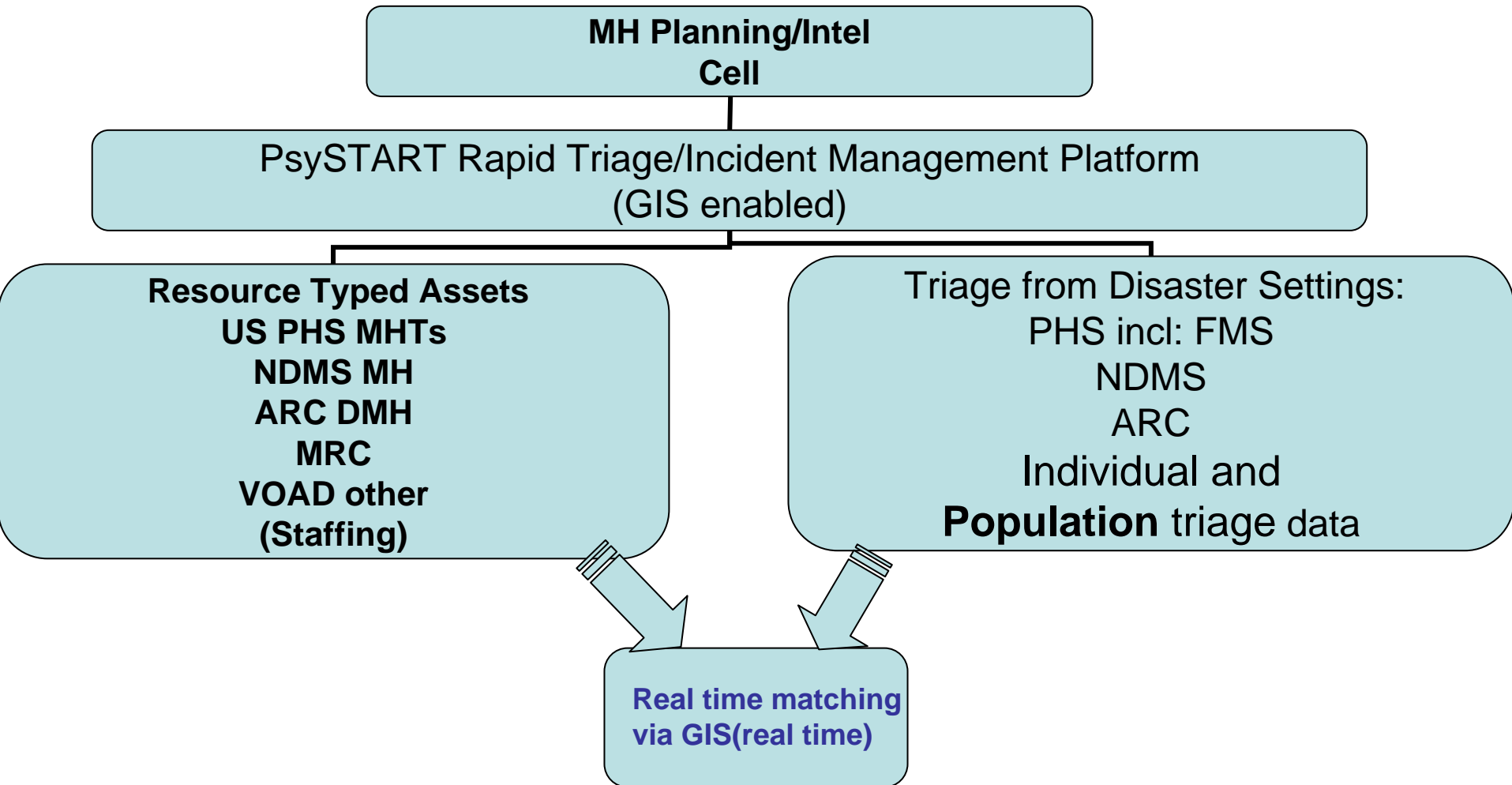
- Evidence based
- Common Operational Picture
- Serves “at risk” and special populations
- Tracks MUPS proxy by site/time
- Guides acute response triage and long term recovery
- “Common Operational Picture”
 - Near real time situational awareness
- Interoperable
 - Across NIMS levels and “Disaster Systems of Care”
 - Across ESF6/8, Catastrophic Incident Response Annex
- Tracking/behavioral epi capacity

PsySTART IMS

- Why rapid triage:
Matches high risk to short term evidence based interventions, guides surge allocation of resources based on evidence based need
- Why is that important from a PH perspective?
 - Evidence that some EBTs soon after events(2-4wks) results in *reduced or prevented* PTSD and/or depression with long term benefits (i.e.,4yrs+) after only a few hours of these certain interventions provided early on!
 - Better outcomes/ faster/ Less cost to all
- PsySTART matches these ebts to high risk
- Floating triage algorithms:
- Can match triaged risk to *particular local* resources based on specific triage criteria(ie traumatic grief and floating triage triggers(


Integrated Triage Platform

Draft Developed for USPHS MHTs



PsySTART® Rapid Triage and Incident Management System: How does it work?

- **Impact of severe/extreme stressors or “dose of exposure” factors** :
- **The PsySTART system taps acute exposure, traumatic loss and secondary factors:**
 - **Severe/extreme exposure):** exposed to dead, dying or, mutilated bodies, hearing screams for help, delayed evacuation, trapped, separated from family Exposure to toxic agents/debris.
 - **Traumatic Loss (inc. missing family members)**
 - **Secondary Factors (home loss, relocation, job loss)**
 - **Injury/illness: acute injury/illness, extended health risks**
 - **Peritraumatic severe panic**
 - ***what happened to the person, not their symptoms or mental health per se***



PsySTART™ Disaster Mental Health Triage System

FIRST NAME Age


LAST NAME

CURRENT LOCATION

RATER'S NAME or ID

DESCRIBE EVENT EXPOSURE/LOSS (NARRATIVE):


DISPLACED FROM HOME?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SAW TSUNAMI WAVES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SAW ANYONE DIE OR INJURED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HEARD SCREAMS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
TRAPPED OR HAD A DELAYED EVACUATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FELT ONE'S OWN OR FAMILY MEMBER'S LIFE WAS IN DANGER?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FELT COULD NOT ESCAPE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FELT EXTREME PANIC OR FEAR?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAD SOMEONE CLOSE DIE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAD SOMEONE CLOSE INJURED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SAW DEAD BODIES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
LOST IMPORTANT BELONGINGS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
RECEIVED INJURIES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PARTICIPATED IN FUNERAL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



TSUNAMI

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PsySTART “**Solution Focused**” MH Rapid Triage Incident Management System

PsySTART™ Disaster Mental Health/Human Services Triage System

FIRST NAME Age

LAST NAME

CURRENT LOCATION

HOME ADDRESS (PRE-EVENT)

SSN

PsySTART™
Mental Health Triage and Management System

DESCRIBE EVENT EXPOSURE/LOSS (NARRATIVE):

UNACCOMPANIED MINOR? YES NO

FAMILY MEMBER MISSING OR UNACCOUNTED FOR? YES NO
IF YES, LIST BELOW:

SAW / HEARD DEATH or SERIOUS INJURY OF OTHER? YES NO
IF YES, CIRCLE ALL THAT APPLY ABOVE AND/OR LIST BELOW:

FELT OR EXPRESSED EXTREME PANIC? YES NO

FELT DIRECT THREAT TO LIFE OF SELF and/or FAMILY MEMBER? YES NO
IF YES, CIRCLE ALL THAT APPLY ABOVE AND/OR LIST BELOW:

RECEIVED PHYSICAL INJURY or ILLNESS TO SELF or FAMILY MEMBER? YES NO
IF YES, CIRCLE ALL THAT APPLY ABOVE AND/OR LIST BELOW:

DEATH OF PARENT, SIBLING, FAMILY FRIEND, PEER, PET or OTHER SIGNIFICANT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, CIRCLE ALL THAT APPLY ABOVE AND/OR LIST BELOW:		YES <input type="checkbox"/> MULTIPLE LOSS	YES <input type="checkbox"/> IMMEDIATE FAMILY	YES <input type="checkbox"/> NO <input type="checkbox"/>
SEPARATED FROM IMMEDIATE FAMILY DURING EVENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	TRAPPED or DELAYED EVACUATION? YES <input type="checkbox"/> NO <input type="checkbox"/>			
STILL SEPARATED FROM IMMEDIATE FAMILY? YES <input type="checkbox"/> NO <input type="checkbox"/>	EVACUATED or SHELTERED IN PLACE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, NOTE TOTAL NUMBER OF RELOCATIONS:			
DE-CONTAMINATED? YES <input type="checkbox"/> NO <input type="checkbox"/>	HOME NOT LIVABLE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
CONFIRMED EXPOSURE TO AGENT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LIST AGENT(S):	INDIVIDUAL WITH DISABILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LIST:			
RECEIVED MEDICAL TREATMENT FOR EXPOSURE? YES <input type="checkbox"/> NO <input type="checkbox"/> (e.g. ANTIBIOTIC, ANTIDOTE, ETC.)	SPECIAL HEALTH CARE NEEDS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LIST:			
HEALTH CONCERNS TIED TO EXPOSURE? YES <input type="checkbox"/> NO <input type="checkbox"/>				

PsySTART™ Incident Command Center
FAX: 866-724-6437

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- “What happened” **not** symptoms: based on objective “exposure”(home loss, injury, loss of family member), secondary factors
- “Solution Focused Triage”
 - Ties particular risk factors directly to human services/MH resources (ie housing, traumatic loss)
 - Early identification
 - The “Golden Month” idea!
- Near real time situational awareness with GIS view
- Systems of care real time linkage
- Interoperable, common data metric

Proposed Draft Triage to Individual Care Strategy: “At Risk” Child Specific Triage Model

High Risk

TF/CBT
Clinical

Moderate Risk

CBITS
School Based

Lower Risk

“Listen, protect and
connect”
(parent/teacher ver)

INTERVENTIONS

- A number of disaster mental health interventions are necessary and appropriate depending on the
 - Population being served
 - Phase of the disaster
 - Purpose of the intervention
- **IMMEDIATE RESPONSE:
Psychological First Aid**

What is Psychological First Aid?

- The practice of recognizing and responding to people who need help because they are feeling stress, resulting from the disaster situations within which they find themselves.

Psychological First Aid

- Emotional support
- Information and education
 - Answer frequently asked questions
 - Encourage practical & adaptive ways of coping
- Early recognition of core mental health problems & referral

Why is PFA Important?

- Knowing how to provide Psychological First Aid can help you to:
 - Create a compassionate environment for disaster survivors and workers.
 - Assess what a person might need at a particular time.
 - Provide immediate support to those in stressful situations.
 - Help others cope in the face of stressful events.

Psychological First Aid Actions

- Making a connection
- Helping people be safe
- Being kind, calm, and compassionate
- Meeting people's basic needs
- Listening
- Giving realistic assurance
- Encouraging good coping
- Helping people connect
- Giving accurate and timely information
- Making a referral
- Ending the conversation
- Taking care of yourself

Models of Psychological First Aid

- American Red Cross
 - New Course in Psychological First Aid for *ALL* volunteers
- Listen, Protect, and Connect
 - Psychological First Aid Ideas for Families and Teachers
 - http://www.ready.gov/kids/_downloads/PFA_Parents.pdf (parent version)
 - http://www.ready.gov/kids/_downloads/PFA_SchoolCrisis.pdf (teacher version)

Listen Protect and Connect

PSYCHOLOGICAL
FIRST AID FOR
CHILDREN AND PARENTS



Helping you and your child
in times of disaster.

Listen, Protect, Connect — Model & Teach

PSYCHOLOGICAL
FIRST AID (PFA) FOR
STUDENTS AND TEACHERS



Helping you help your students
in times of disaster.

Available at:

http://www.ready.gov/kids/_downloads/PFA_Parents.pdf

Listen

- Encourage children to share experiences and express feelings of fear or concern
- Be willing to listen and respond to verbal and nonverbal cues
- Give children extra reassurance, support, and encouragement
- Determine the exposure to the loss. This may help determine need for more intensive mental health services

Protect

- Validate the child's life experience
- Maintain structure, stability, and predictability. Having predictable routines, clear expectations, consistent rules, and immediate feedback
- Keep your ears open and eyes watchful for bullying or other negative behaviors. Try to keep environment free of anything that could re-traumatize the child
- Monitor media exposure to the event

Connect

- Check in with children on a regular basis
- Encourage interaction, activities, with friends and peers
- Work with school counselors and other mental health and health care professionals to assure that children are connected to services
- Work with parents on the importance of “connections”
- Listen for positive experiences the children have

Model Calm Behavior

- Maintain level emotions and reactions with children – Stay in the middle – no highs or lows – to help them achieve balance
- Be mindful of how others in their environment are behaving

Teach About Normal Symptoms and How to Cope

Acknowledge the normal changes that can occur in people who grieve

- Behavioral Changes
- Physical Changes
- Emotional Changes
- Cognitive Changes
- Changes in Spiritual Beliefs

Help children to problem solve: How to go to school everyday/How to stay in school everyday/How to do well in school

- Be particularly mindful of adolescents after loss

Evaluating Your Efforts

Desirable Outcomes

- Returns to Daily Attendance
- Resumes teacher and peer relationships
- Maintains Academic Achievement
 - Look at Grades and Standardized Test

Undesirable Outcomes

- Increases school avoidance
- Increased negative behaviors
- Increased Office Referrals
- Increased Expulsions/Suspensions/Risk Taking Behaviors
- Drops out of school

Where to find “*listen, protect and connect*” on line

- www.cphd.ucla.edu
- http://www.ready.gov/kids/_downloads/PFA_Parents.pdf (parent version)
- http://www.ready.gov/kids/_downloads/PFA_SchoolCrisis.pdf (teacher version)
- <http://www.ercm.org/index.cfm?event=resources#PFA> (US ED/ERCM site)

Common Elements of Intervention

- Directly address the incident
- Educate both child and family
- Correct inaccurate and maladaptive attributions
- Teach anxiety management
- Teach coping skills
- Provide parallel components for caregivers

Thinking Outside the Box

Service Delivery
Outside of the Office

What About Schools?

- Children spend majority of their days in school
- Familiar and comfortable setting
- Seen as a safe and secure environment
- Large numbers can be screened, triaged and served
- Decreased stigma often associated with mental health services

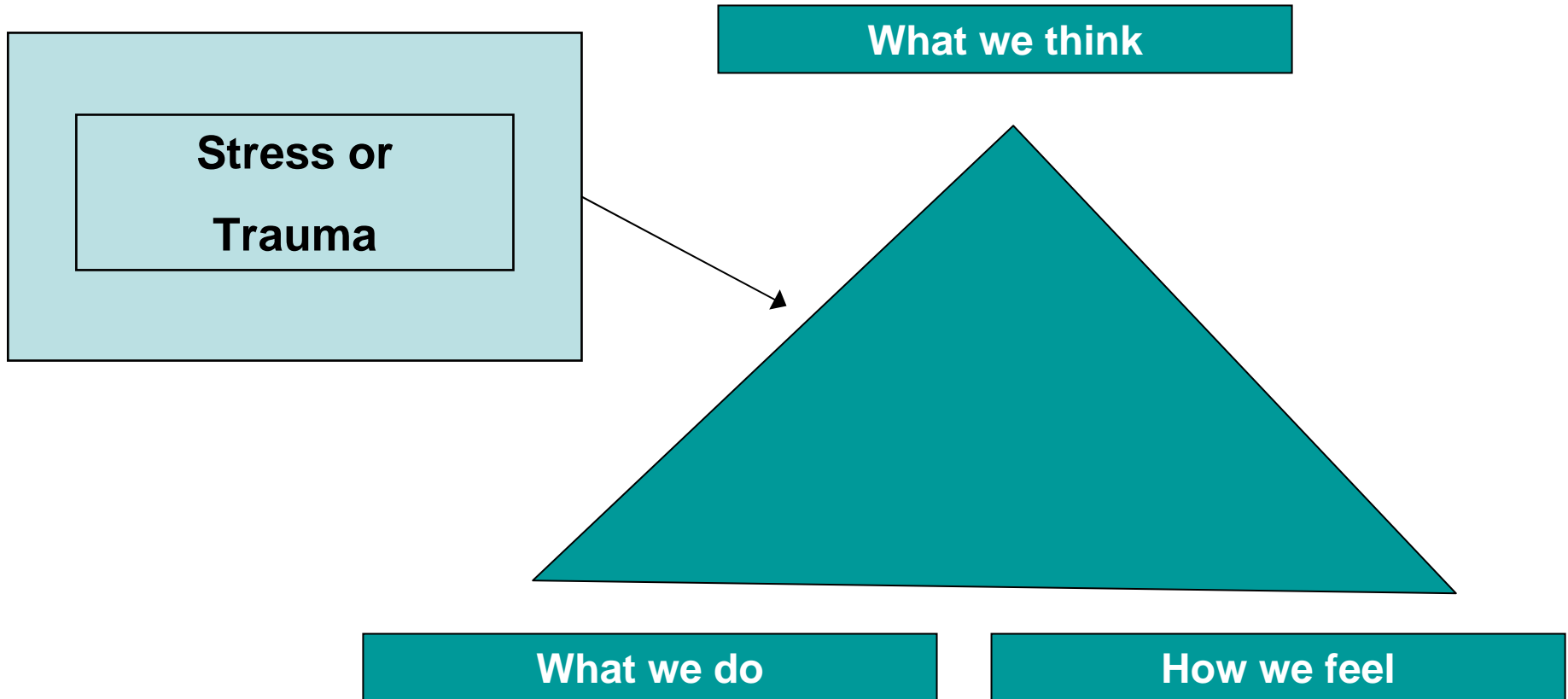
What About Schools?

- Parents more likely to agree to services
- Parents may be willing to participate in school sponsored programs
- Primary recommended site BEFORE, DURING, and AFTER traumatic events for children's services

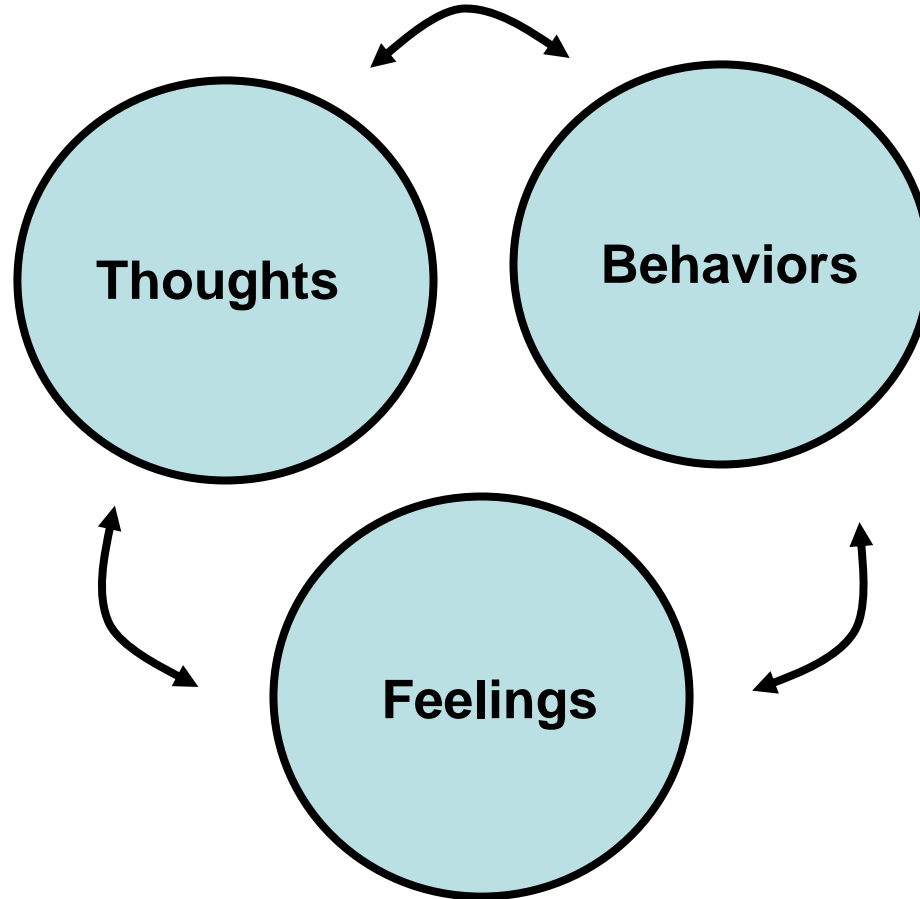
Other Options

- Faith-based settings
- Club meetings (e.g., Scouts, Camp Fire, Cultural or Ethnic club activities)
- Sports meetings (extramural sports special programming)
- Home-based services
- Community centers

How Trauma Impacts Us



The Cycle



Interventions

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
 - www.musc.edu
- Cognitive Behavioral Interventions for Trauma in Schools (CBITS)
 - www.nctsn.org
- Healing After Trauma Skills (HATS)
 - www.nctsn.org
- Listen, Protect, and Connect (Model and Teach): Psychological First Aid for Parents (and Teachers)
 - www.ready.gov
- School crisis guidelines
 - www.cincinnatichildrens.org/school-crisis

What is Resilience?

- Definition: ability to recover from or adjust easily to misfortune or change
- Ability to “bounce back” from difficult experiences
- Resilience can be learned
- Resilience can be enhanced

Building Resilience

- Making Connections
- Helping others
- Routine
- Take a Break
- Healthy habits

Building Resilience (cont.)

- Setting small goals and moving toward them
- Positive self-view
- Positive perspective
- Look for opportunities
- Life is change

To the World, you may be just One Person, but
to One Person you just may be the World