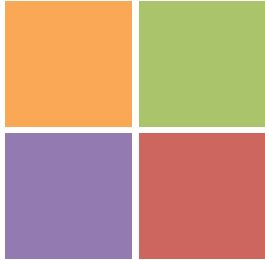


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Assisting Children Following Disasters & Large-Scale Traumatic Events




Robin E. Gurwitsch, Ph.D.
Duke University Medical Center
Center for Child and Family Health
Robin.Gurwitsch@Duke.edu

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What is Trauma??

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.


- SAMHSA definition 2014



Trauma Theory



Trauma can throw off the healthy developmental trajectory by overwhelming a person's ability to cope.



+ Types of Disasters Large-Scale Events that can Affect Children

- Environmental disasters (hurricanes, floods, tornadoes, fires, blizzards, earthquakes, etc.)
- Mass-casualty Community Violence
- Mass-casualty events at schools
- Terrorism (e.g., Chemical, Biological, Radiological, Nuclear, and Explosive events)

+ High-Risk Groups for Mental Health Concerns after Trauma or Disaster

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

+ Early Ideas About Trauma and Children

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





+ Impact of Trauma/Disasters on Children

- Academics
- Communication
- Feelings and reactions
- Pre-existing challenges may become worse

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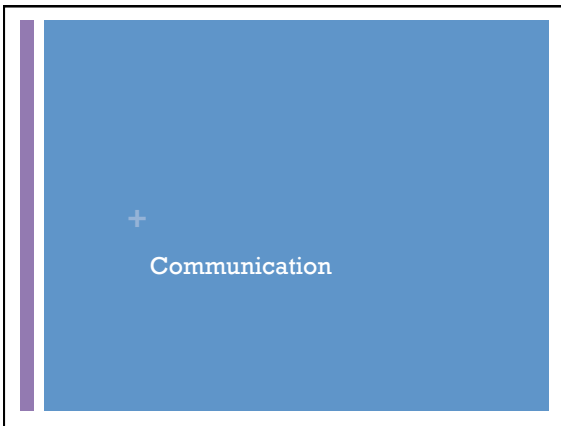


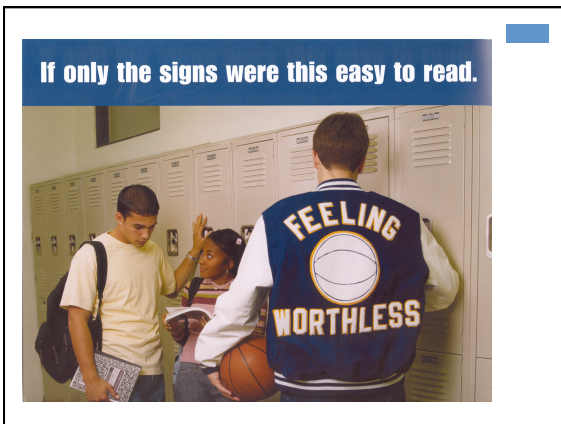
+ Academics

How Does Trauma Impact Learning?

- Decreased IQ and reading ability
 - Lower grade-point average
 - More days of school absence
 - Decreased rates of high school graduation
 - Higher rates of expulsions and suspensions
- *Taking time in schools to help children adjust to disasters, trauma and grief and their aftermath is essential to promote academic achievement*

copyright Gurwitsch 2012





**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

**+
Feelings and Reactions**

+ Possible Trauma Reactions Among Children

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



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

+ Guilt and Shame

- Common feelings
 - About actions taken
 - About actions not taken
 - About the person(s) who died/ hurt
 - In response to own thoughts and feelings

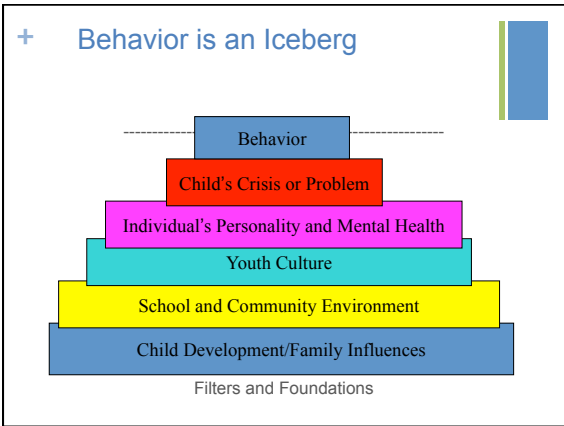
CHANGES IN BEHAVIOR

- 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

A young girl with dark hair, wearing a white t-shirt and white pants, is sitting on the floor with her arms crossed and head resting on her hands, looking down. She is wearing sandals.

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

+ Changes in Spirituality

- Changes in relationship with and/or beliefs about a higher power
- Increased or decreased involvement in spiritual activities
- Questioning of beliefs
- Struggle with sense of fairness
- Struggle with understanding

+ Special Considerations for Children

- Individuals with Special Health Care Needs
 - Physical
 - Developmental
 - Social/Emotional
 - Serious and persistent mental illness
- Un-documented persons
- Individuals who are new to the area
- Individuals who have experienced similar events
- Ethic, cultural, religious factors

+ Range of reactions to Trauma

- **Wide range of reactions and concerns**
 - Not just PTSD
- **Bereavement**
- **Secondary losses and stressors**
 - Relocations
 - Loss of peer network
 - Loss of network of supportive adults
 - Loss of community
 - Academic failure
 - Integrating into new social network (bullying)
 - Financial stresses
 - Parental stress

+ Now that we all feel a bit overwhelmed and “oh my goodness”—The Good News!

- The majority of children after disasters and traumatic events are resilient.
- The majority of children after traumatic events do not develop significant mental health problems
- *BUT, just because most children do well does not mean that we do not support them, create a positive school environment, and provide services to increase their positive coping for the future.*

+ 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

+ Why Training in Mental Health for Health Care Providers after Disasters?

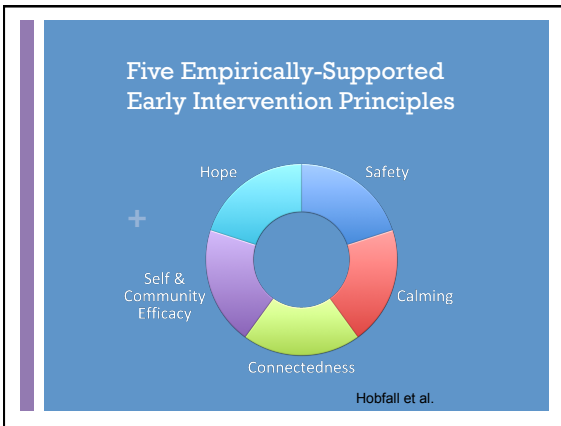
- Often the first to respond to the needs of children after a disaster, especially emergency care providers
- Often asked to address the physical and mental health needs of children (and their families)
- Often assist in assessment of needs (physical and mental health triage)
- Health care providers are seen as “trusted resources”
- After disaster, greatest need (short and long-term) will be mental health issues

+ Emotional Care After Disasters

- Professionals of all types provide vital care-Public/ Behavioral Health:

Physicians, Psychologists, Nurses, Social Workers, Teachers, Aides, Clergy, Community Counselors, Allied Health, Public Health, EVERYONE

- Each delivers psychosocial care to address emotional distress—after any disaster, terrorist, or other community-wide traumatic event



+ 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.

American Red Cross

Schell et al., 2005

+ 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

Schreiber & Curwitch, 2007

PSYCHOLOGICAL FIRST AID PFA

PFA Manual

Field Operations Guide
2nd Edition

National Child Traumatic Stress Network
National Center for PTSD

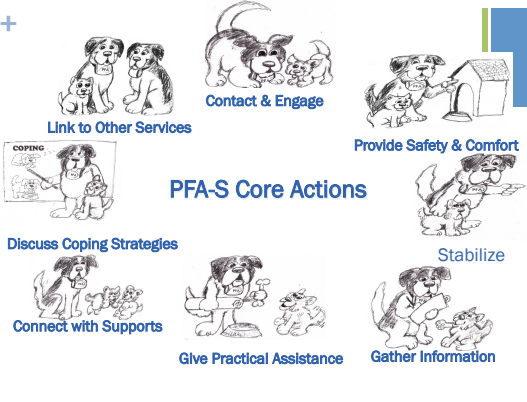
NCTSN SAMHSA PTSD

This work was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS), additional support was provided by the National Guard (Army/Reserve).

+ Psychological First Aid: Core Concepts

- 1 Contact & Engagement
- 2 Safety & Comfort
- 3 Stabilization
- 4 Information Gathering: Current Needs/Concerns
- 5 Practical Assistance
- 6 Connection with Social Supports
- 7 Information on Coping
- 8 Linkage with Collaborative Services

+



The diagram illustrates the PFA-S Core Actions. At the top center is the title "PFA-S Core Actions". Surrounding it are eight icons, each with a label: "Link to Other Services" (top left), "Contact & Engage" (top center), "Provide Safety & Comfort" (top right), "Discuss Coping Strategies" (middle left), "Stabilize" (middle right), "Connect with Supports" (bottom left), "Give Practical Assistance" (bottom center), and "Gather Information" (bottom right). A small "COPING" icon is also present near the top left.

Link to Other Services

Contact & Engage

Provide Safety & Comfort

PFA-S Core Actions

Discuss Coping Strategies

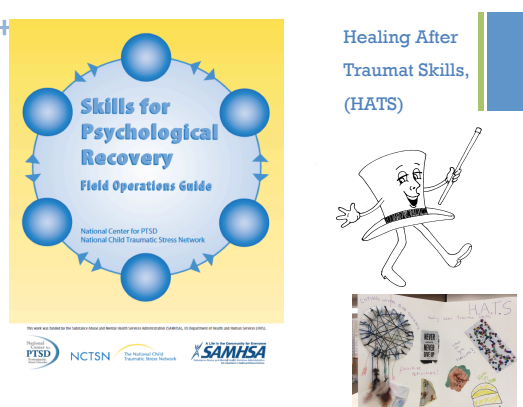
Stabilize

Connect with Supports

Give Practical Assistance

Gather Information

+



The graphic features a central blue circle with the text "Skills for Psychological Recovery Field Operations Guide" and "National Center for PTSD National Child Traumatic Stress Network". To the right is the title "Healing After Traumat Skills, (HATS)" and a cartoon character holding a pencil. At the bottom are logos for PTSD, NCTSN, and SAMHSA, along with a small image of a child's drawing.

Skills for Psychological Recovery
Field Operations Guide

National Center for PTSD
National Child Traumatic Stress Network

Healing After Traumat Skills,
(HATS)

PTSD NCTSN SAMHSA

+ Key Components of SPR

- 1 Gathering information/prioritizing assistance
- 2 Building problem-solving skills
- 3 Promoting positive activities
- 4 Managing reactions
- 5 Promoting helpful thinking
- 6 Rebuilding healthy social connections

Why Child Care Settings/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



Why Child Care Settings/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



+ When to Refer for Mental Health Services

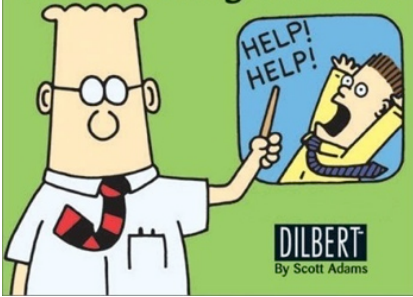
- Some children will need additional services from a mental health provider.
- Keep your eyes and ears open for:
 - Sudden school failure
 - Aggressive or delinquent behaviors
 - Truancy
 - Apathy
 - Depression (sadness, withdrawal, crying)
 - Self-destructive behaviors
 - Social withdrawal and isolation
 - Suicidal ideation
- *Anytime you are worried about how your child is doing at home, at school, or in any setting*



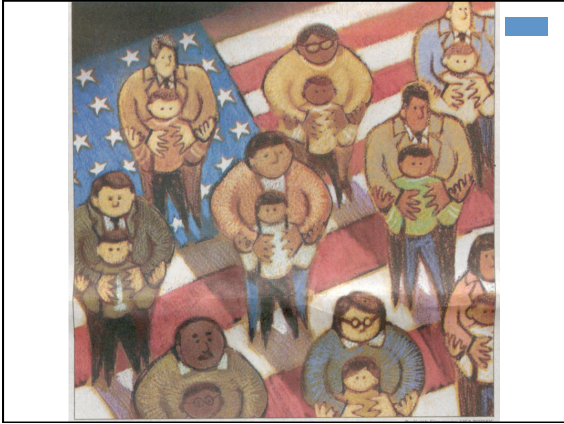
+ When to Refer (cont.)

- Anytime you are unsure or concerned about yourself or your children
- Help is available

Our Disaster Recovery Plan Goes Something Like This...

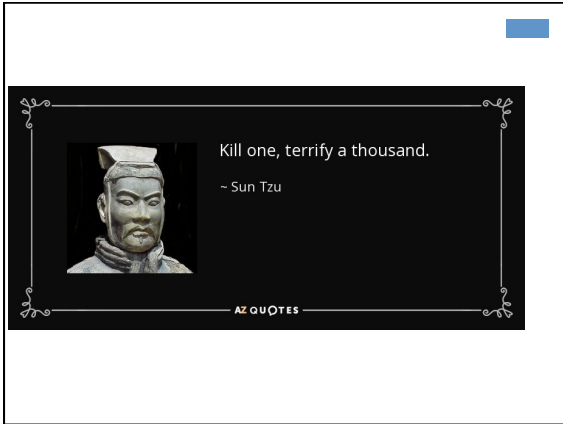


+ EXERCISE 1





+ In A Moment,
In a Heartbeat
...Everything Changes...

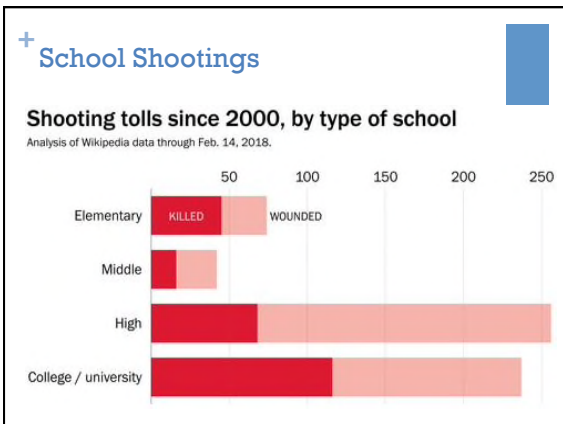




+ Psychological Issues with Invisible Agents

- "Walking Worried"
- Increased fear of the unknown and unseen
- Fear and anxiety contagion
- Unique exposure threats
- Unknown treatment regimen
- Fear of medical environment
- HAZMAT suits and decontamination





+ Factors that Can Make a Difference

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

+ Protective Factors

- Positive family relationships
- Good relationship with teachers
- Good relationship with peers
- Participation in school and other activities
- Good social skills and self-esteem
- Willingness to ask for help
- Lack of substance abuse
- Lack of access to guns





+ Prior to Delivering Services

- Learn about the school/community (e.g., previous adverse events, upcoming events, recent changes to leadership)
- Identify the distinguishing features of the event (e.g., magnitude and cause of the event, levels of exposure)
- Identify at-risk populations (permanent injuries, direct witnesses, close social proximity to deceased/injured, provided first aid)
- Be sensitive to racial and cultural diversity
- *WHO are your partners? Best to establish these in advance!*

+ Considerations when Working in Mass Violence: Need for Individual and Community (School) Interventions



+ Issues for Families of the Deceased

- Their loss is public and usually on display – can't grieve privately
- They may not share the same perspectives or want the same things as other bereaved families
- Tend to reassess their social networks
- Navigators in the community/school are critical to ensuring their voices are heard
- Additional protections are needed to address negative media
- Community members feel a duty to honor all those that died

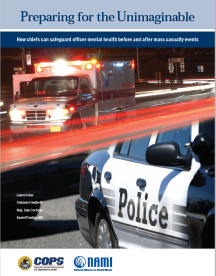
+ Complicated Mourning

- May not move forward in their grief process
- May have difficulty managing the ongoing responsibilities of their lives
- May have problems with social connections
- May not be able to stop thinking about the deceased and the way the death occurred

+ Likelihood of Complicated Mourning

- Traumatic circumstance of the death
- Traumatic circumstance is also associated with criminal act
- Deaths not socially sanctioned
- Deaths whose impact is not appreciated
- Sudden death
- Death after a long illness
- Deaths seen as preventable
- Deaths in the public eye

+ Considerations for those Involved in Handling the Crime



- First Responders (police, other law enforcement, paramedics, fire, dispatch)
- School Administration
- State's Attorney Office
- Coroner's Office
- Funeral Home Directors
- Media
- Human Resource Offices

+ Many Special Needs Communities

- Individuals with Special Health Care Needs
- Prisoners
- Non-documented persons
- People with serious and persistent mental illness

+ Factors to Consider with Children who are Grieving

- Individual factors:
 - Cognitive/developmental age
 - Personality characteristics (naturally outgoing vs. shy)
 - Past coping mechanisms at school and home
 - Past experiences with death
- Death related factors:
 - Relationship with the deceased
 - Involvement with rituals surrounding the death

+ Identifying Students who May Need Extra Support

- Students who were injured
- Students who witnessed the shooting
- Students who were close friends of the deceased
- Students who shared a class with the deceased
- Students who shared extracurricular activities with the deceased
- Students who shared a similar characteristic with the deceased
- Students with a troubled relationship with the deceased
- Students from other schools if deceased was a transfer or has siblings at another school
- Students with a history of prior losses or emotional difficulties

+ Other considerations

- Close friends of the shooter
- Strained relationship with the shooter
- Sibling(s) of the shooter
- Teachers of the shooter

+ Shared Experience of Grief

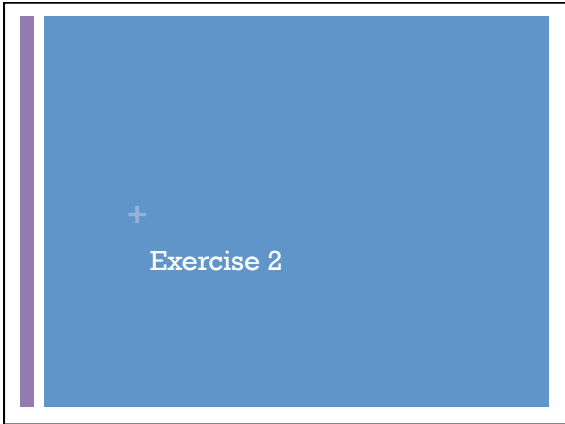
- ▶ Everything is multiplied
- ▶ Anxiety can grow
- ▶ There will be a range of experience and understanding
- ▶ Information can spread quickly and so can misinformation
- ▶ Individuals are unsure about what is expected of them
- ▶ Support system (family, peers, teachers, co-workers, responders) will also have a range of powerful emotions

+ “Triggers” in the School Setting

- Reading a book that contains a similar trauma
- Hearing a piece of information on the news
- Certain smells and sounds that remind the student of the event
- Special occasions (birthdays, holidays)
- Special school/community/activity events (recitals, sporting activities, prom)

Vigils, Memorials, & Anniversaries





+ Funding Sources After Mass Violence

- State Victim Assistance & Compensation Programs
- OVC Anti-Terrorism & Emergency Assistance Program
- Dept. of Education School Emergency Response to Violence (SERV) Program
- Donations (e.g., National Compassion Fund, Go Fund Me)
- CONSIDER: WHO, WHAT, WHERE...

+ Interventions

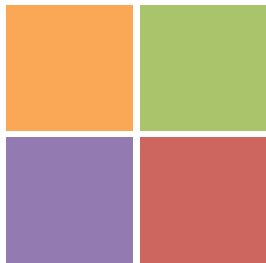
- Help Kids Cope
 - www.nctsn.org/resources/help-kids-cope
- Psychological First Aid
 - www.nctsn.org/interventions/psychological-first-aid
 - www.nctsn.org/resources/psychological-first-aid-schools
- Skills for Psychological Recovery
 - www.nctsn.org/interventions/skills-psychological-recovery
- Healing After Trauma Skills (HATS)
 - www.nctsn.org
- Evidence-Based Mental Health Treatments:
 - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
 - www.musc.edu
 - Cognitive Behavioral Interventions for Trauma in Schools (CBITS)
 - www.nctsn.org

+ Evidence-Based Treatments for Children with a Trauma History

- Trauma-focused Cognitive Behavior Therapy (TF-CBT)
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Parent-Child Interaction Therapy (PCIT)
- Child-Parent Psychotherapy (CPP)
- Alternatives for Families CBT (AF-CBT)
- Child and Family Traumatic Stress Intervention (CFTSI)
- Bounce Back
- Narrative Exposure Therapy

- Child-Adult Relationship Enhancement (CARE): Skills for engaging children with trauma exposure

+ Taking care of you: The hardest action for responders





+ What is Compassion Fatigue or Secondary Traumatic Stress (STS)

■ “The experience of short-term exhaustion and traumatic stress reactions associated with exposure to the suffering of one’s clients.”

(Boscarino, Figley, and Adams, 2004)

■ Also known as Vicarious Trauma

+ Difference Between Burnout and Compassion Fatigue

- Compassion Fatigue comes from the teacher's relationship with a student who has experienced trauma.
- Compassion Fatigue has symptoms similar to PTSD.
- Burnout comes from the helper's relationship to the institution.
 - Symptoms are emotional exhaustion, lethargy, lack of interest in the job, and a reduced feeling of personal accomplishment.



+

- The following nine slides are borrowed from “Compassion Fatigue: Understanding and Interventions for Educators”
- Department of Education, 2012 Course on Compassion Fatigue

+

Personal Impact of Compassion Fatigue

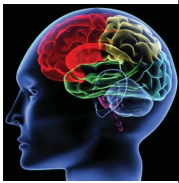
- Physical
- Emotional
- Behavioral
- Cognitive
- Interpersonal
- Spiritual



+


Physical Impact

- Low energy, fatigue
- Numb, Shock
- Upset stomach, nausea
- Rapid heartbeat
- Breathing difficulties
- Difficulty sleeping
- Dizziness
- Impaired immune system



+ Emotional Impact


- Numb, detached
- Emotional roller coaster or shutdown
- Denial
- Fear, Anxiety,
- Guilt
- Powerlessness
- Hopelessness
- Sadness, depression, grief
- Hypersensitivity
- Overwhelmed
- Minimization
- Irritability
- Anger



+ Behavioral Impact


- Changes in routine
- Appetite changes
- Changes in interactions with others
- Withdrawal
- Sleep disturbances, nightmares
- Emotional outbursts
- Impatience
- Elevated startle response
- Use of self-destructive coping behaviors (alcohol, drugs, work, food, gambling, shopping, etc.)
- Absent-mindedness & accident proneness
- Self-harm/suicidal behaviors

+ Cognitive Impact



- Diminished concentration
- Impaired thinking
- Difficulty decision making
- Loss of meaning
- Decreased self-esteem
- Apathy
- Confusion
- Rigidity
- Whirling thoughts
- Self-doubt
- Thoughts of harm
- Blame others
- Hyper-vigilance/alertness
- Trauma Imagery – seeing events(s) over & over


+ **Interpersonal Impact**



- Physical withdrawal
- Emotionally unavailable
- Decreased interest in intimacy or physical touch
- Mistrust
- Isolation from family, friends, support systems
- Impact on parenting (protectiveness, abandonment, shame, aggression)
- Projection of anger/blame onto others
- Impatience
- Intolerance
- Loneliness

+ **Spiritual Impact**

- Questioning the meaning of life
- Loss of purpose
- Lack of self-satisfaction
- Hopelessness
- Anger at God/Higher Power
- Question prior religious/spiritual beliefs



+ **Professional Impact**

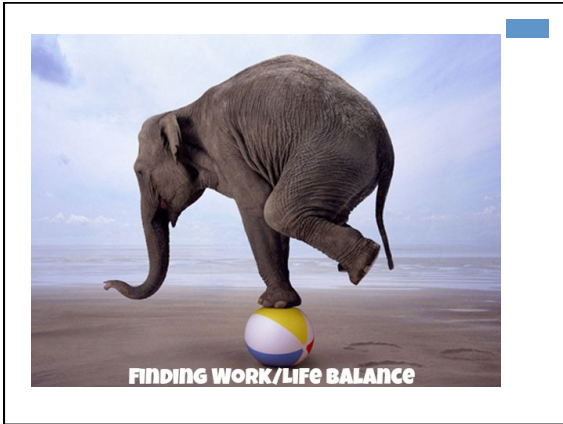
- Performance of Job Tasks
- Morale
- Interpersonal Relationships
- Behavioral Issues
- Attitude
- Avoidance or hyper-vigilance



What can be done to
+ prevent Compassion
Fatigue?



- + Awareness—What Agency/Systems
Need to Do
- Start with awareness of Compassion Fatigue/STS. Why must leadership be involved?
 - Compassion Fatigue and self-care should be introduced at their initial orientation and re-visited after any traumatic event.
 - Provide continuing education/reminders about Compassion Fatigue.
 - The agency/system should find ways to promote wellness and balance and provide support to all personnel to prevent Compassion Fatigue.
 - Encourage every staff person to have a Self-Care Plan.




+ Balance

- Balance the very difficult work with humor and fun
- Maintain balance between work and home
- Continuing education is encouraged so that personnel continue to be challenged and learn new skills to effectively meet work demands.

+ Connection

- Provide support opportunities at least once a month to discuss how self-care is going.
- Create specific protocols to deal with the aftermath of traumatic situations (e.g., offering one-on-one support or group support). Keep lines of communication open.
- Provide opportunities to address personnel's needs in the aftermath of any traumatic event in school or larger community.



“ Mindfulness means paying attention in a particular way; On purpose, in the present moment, and non-judgmentally.”

Jon Kabat-Zinn

+ Mindfulness and Health

- Boosts immune functioning
- Reduces chronic pain
- Reduces stress
- Lowers blood pressure
- Reduces the risk of heart disease

People who Practice Mindfulness are:

- Happier
- More exuberant
- More empathetic
- More secure
- Have higher self-esteem
- Reduces reactivity that underlie
 - Depression
 - Binge eating
 - Attention problems
- More accepting of own weaknesses and receptive of feedback
- Fight less with romantic partner
- Less defensive

+ Challenges to Self-Care

- Believing that Compassion Fatigue is real and can impact YOU
- Making time when all around you seem to need your help
- Feelings of guilt and shame for taking time for yourself
- Believing those around you are doing fine, so you should be doing fine too
- Lack of modeling or support from administration for self-care activities

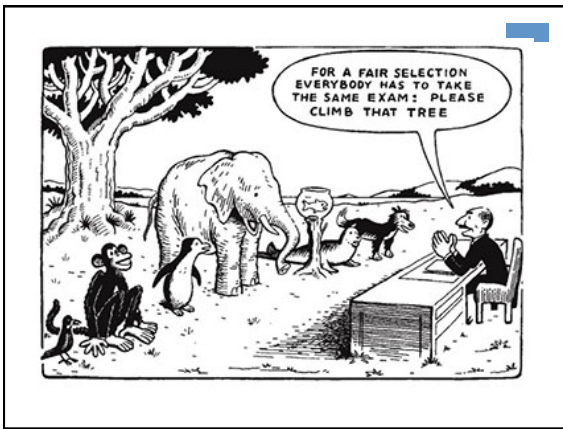
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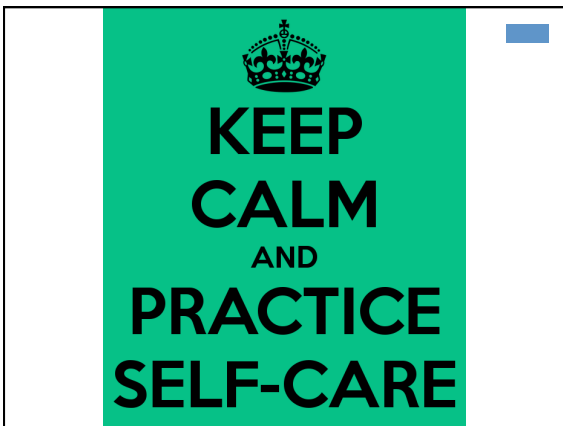
Adapted with permission from Mooli Lahad, PhD
by Robin Gurwitch, PhD

+ BASIC Ph

- **Beliefs** (Values, Beliefs, Self-statements)
- **Affect** (Expression of Feelings)
- **Social** (Time with others)
- **Imagination** (Creativity, humor)
- **Cognition** (information-gathering, organizing)
- **Physical** (For your body and your mind)

+
Exercise 3





The smart thing is to prepare for
the unexpected.

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2 4 6
