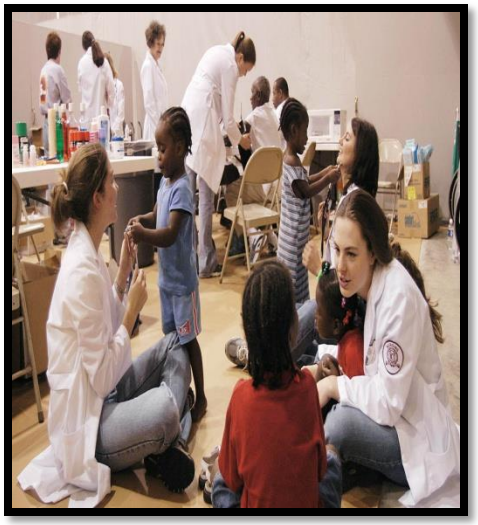
P Prevent | R Reaffirm | E Evaluate | PaR Provide and Respond | E Examine

NASP

Pediatric Disaster Mental Health



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Workshop Outline

I. Understanding Disaster (15 minutes)
   I. Nature of Crisis
   II. Crisis Management
   III. Crisis Reactions
II. Psychological Triage (20 minutes)
   I. Triage variables
   II. Levels of triage
III. Overview of Disaster Mental Health Interventions (15 minutes)
   I. Psychological First Aid
   II. Psychoeducational Interventions
   III. Individual Crisis Intervention
   IV. Group Crisis intervention
   V. Individual Trauma Therapies

Workshop Objectives

- Participants will be able to identify:
  - The characteristics of a crisis event and the variables that determine its traumatizing potential.
  - Typical and problematic responses to traumatic events in children and teens.
  - The variables that predict psychological trauma.
  - The major disaster mental health interventions provided to children and teens.

Psychological vs. Medical Footprint

"In many disasters, the size of the psychological footprint greatly exceeds the size of the medical footprint"

Source: Dr. J. M. Schultz, of the DEEP Center (Disaster and Extreme Event Preparedness Center) at the University of Miami

Preface

On the importance of being prepared to intervene with children:

- "*It is generally accepted now that children represent a highly vulnerable population, for whom levels of symptoms may often be higher than for adults.*"

- "*Recent literature also suggests that childhood trauma can have a lasting impact on child cognitive, moral, and personality development, and coping abilities.*"

Source: Barenbaum, Ruchkin, & Schwab-Stone (2004, p. 42).

Preface

- Dependent on others for basic needs and protection
- Disruption of their familiar world
- Less experiential learning
- Less developed language abilities
- Sensitive to emotional tone of the environment

Conceptual Framework of the PREPaRE Model

P	**Prevent** and prepare for psychological trauma
R	**Reaffirm** physical health and perceptions of security and safety
E	**Evaluate** psychological trauma risk
PaR	**Provide** interventions and **Respond** to psychological needs
E	**Examine** the effectiveness of crisis prevention and intervention

Disaster Characteristics

Disaster Event Characteristics

a. Perceived as **extremely negative**

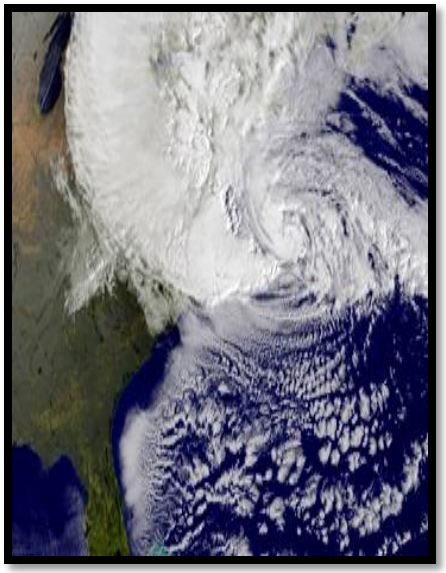
b. Generate feelings of **helplessness, powerlessness,** and/or **entrapment**

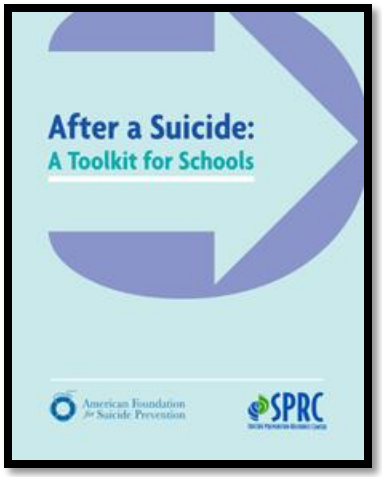
c. May occur **suddenly, unexpectedly,** and **without warning**

Note. APA. (2000); Brock (2002a; 2006, July; 2006); Brock et al. (2009); Carlson (1997).

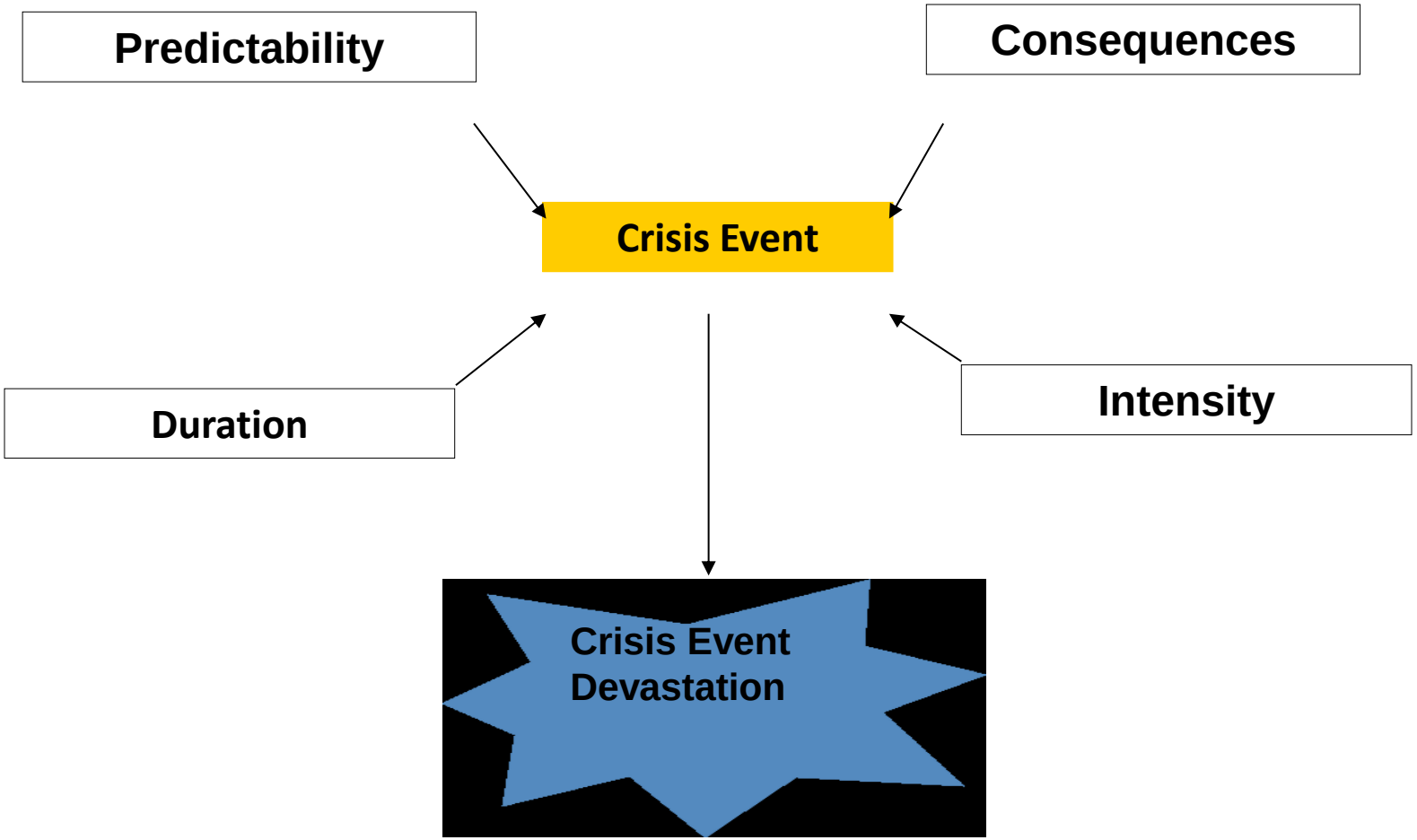
Disaster Characteristics

- **Scope**
  - Local
  - Regional
  - National





Disaster Characteristics



Crisis Characteristics

Disaster Event Characteristics

Variables that affect the traumatic potential of an event:

a. Type of disaster

i. Human caused vs. natural

ii. Intentional vs. accidental

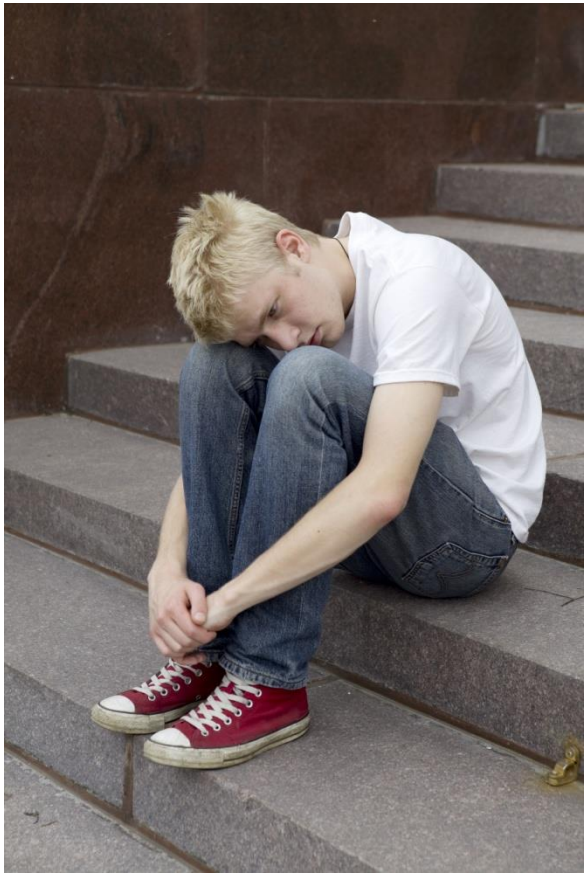
b. Impact of the disaster

i. Consequences

ii. Duration

iii. Intensity

Crisis Reactions



Disaster Event Consequences

- The crisis state
- Problematic/pathological reactions

Crisis Reactions

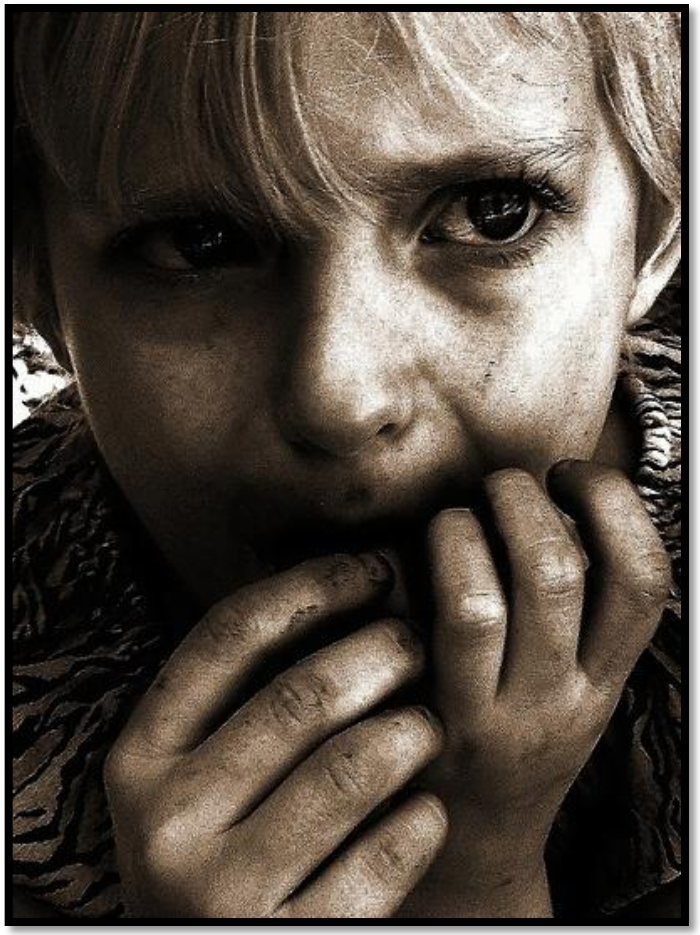
The crisis state is

"…a temporary state of **upset and disorganization**, characterized chiefly by an individual's **inability to cope** with a particular situation using customary methods of problem solving, and by the potential for **a radically positive** or **negative outcome**."

- More than simple stress
- Not necessarily mental illness

Note. Slaikeu (1990, p. 15).

Crisis Reactions: Emotions



- Shock and numbness
- Irritability/anger
- Sadness/Despair
- Fear/anxiety/terror
- Emotional numbing
- Hypersensitivity
- Guilt/shame
- Loss of trust
- Increased vulnerability
- Hopelessness/helplessness
- Dissociation

Crisis Reactions: Physical

- Fatigue
- Insomnia
- Hyperarousal
- Hypersensitive startle response
- Shaking/trembling
- Headaches
- Gastrointestinal problems
- Decreased appetite
- Decreased libido

Crisis Reactions: Cognitions

- Confusion
- Lack of Concentration
- Intrusive thoughts
- Racing thoughts
- Memory disruption
- Impaired decision making
- Sense of impending danger
- Nightmares
- Disorientation
- Disbelief

Crisis Reactions: Behaviors

- Crying easily
- Social withdrawal/isolation
- Not responding to others
- Absent-minded behavior
- Avoiding reminders
- Functional problems
- Change in eating and sleeping patterns
- Aggression

Children & Crisis Reactions

- Children's reactions to trauma:
  - cover a range of behaviors.
  - immediate or much later
  - differ in severity

- Influential Factors
  - Developmental Level
  - Family Environment
  - Culture

Children & Crisis Reactions

Preschoolers

1) Reactions not as clearly connected to the crisis event

2) Reactions often expressed nonverbally.
   - Facial expressions of fear, clinging to parent or caregiver, crying or screaming, whimpering or trembling, moving aimlessly, becoming immobile, repetetive trauma-related play

3) May include a temporary loss of recently achieved developmental milestones.
   - Thumb sucking, bedwetting, being afraid of the dark, separation anxiety

Note. American Psychiatric Association (2000); Berkowitz (2003); Cook-Cottone (2004); Dulmus (2003); Joshi & Lewin (2004); Yorbik et al. (2004).

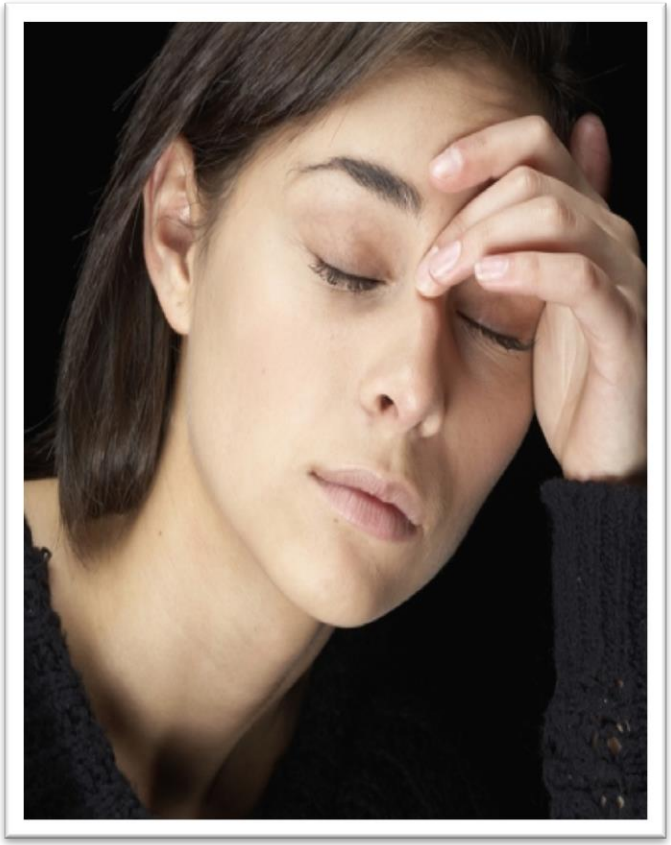
Children & Crisis Reactions

School-age children

1) Reactions more directly connected to crisis event
2) Event-specific fears
3) Reactions expressed behaviorally
4) Physical expression of feelings
5) Elaborate/complex trauma-related play
6) Repetitive verbal descriptions of event.
7) Problems paying attention.

Note. American Psychiatric Association (2000); Berkowitz (2003); Cook-Cottone (2004); Dulmus (2003); Joshi & Lewin (2004); Yorbik et al. (2004).

Children & Crisis Reactions



Preadolescents and adolescents

1) More adult like reactions
2) Sense of foreshortened future
3) Oppositional and aggressive behaviors
4) School avoidance
5) Self-injurious behavior and thinking
6) Revenge fantasies
7) Substance abuse
8) Learning problems

Note. American Psychiatric Association (2000); Berkowitz (2003); Cook-Cottone (2004); Dulmus (2003); Joshi & Lewin (2004); Yorbik et al. (2004).

Predicting Crisis Reactions

Early Warning Signs

- In the immediate aftermath of exposure to a traumatic event, some crisis reactions are to be expected.
- In most cases, these are normal reactions to unusual circumstances and will subside within days to weeks
- Some can be mental health referral indicators
  - Reactions that interfere with daily functioning.
  - Acute reactions (panic, dissociation, extreme fright).
  - Increased arousal (exaggerated startle, hypervigilance, and sleep disturbance).
  - Maladaptive coping (suicidal or homicidal thoughts and behaviors).

National Institute of Mental Health (NIMH), 2001; McNally, Bryant, & Ehlers, 2003); Brymer et al., 2006; Ruzek et al., 2007

Enduring Warning Signs

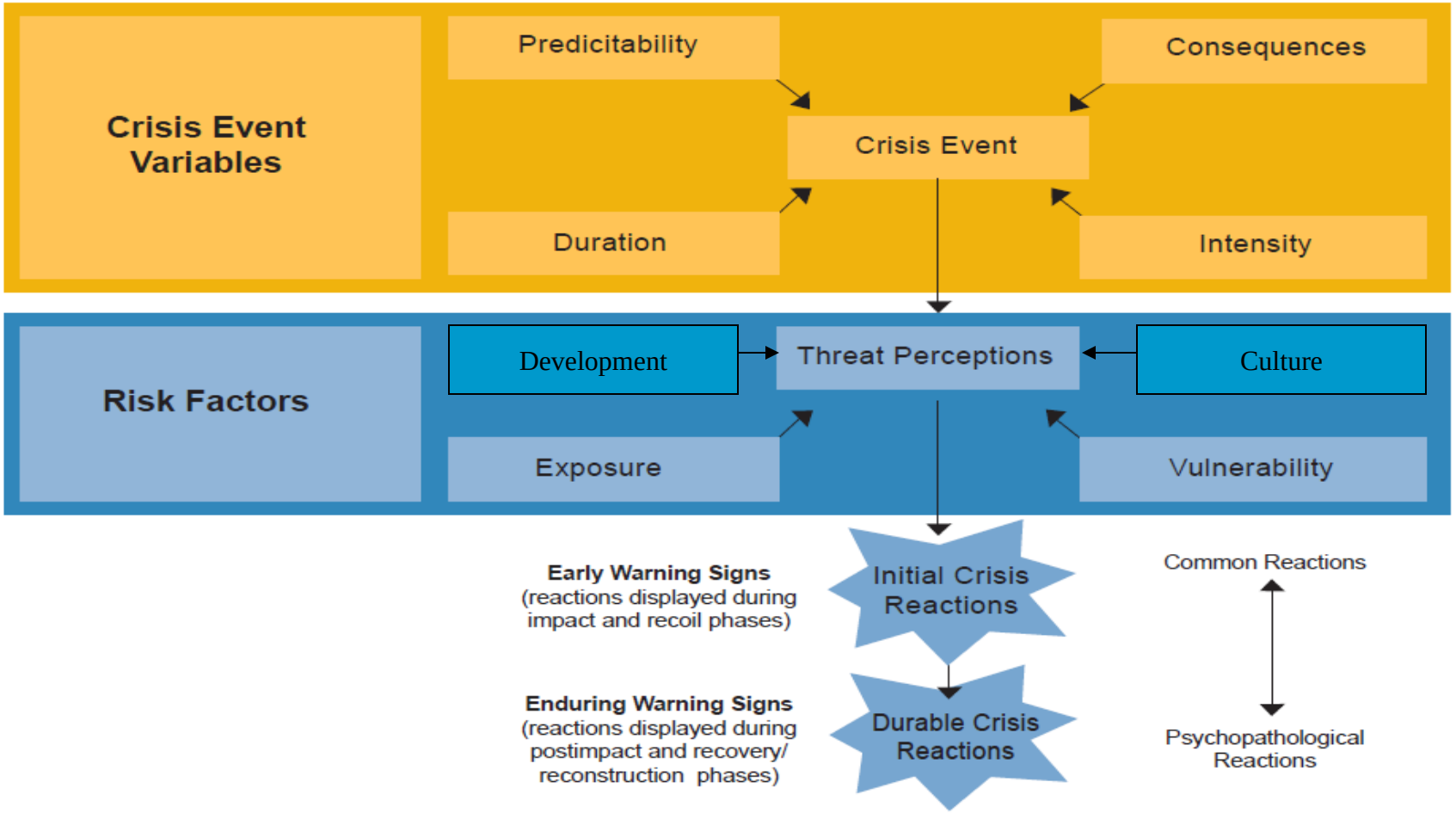
- Crisis reactions that do not remit or worsen
- Although initial crisis reactions may be adaptive or protective, prolonged states of emotional distress may lead to a variety of mental health challenges (Harvey & Bryant, 1998; Shalev & Freedman, 2005).
- Anxiety disorders, depression, beahvioral problems and PTSD are the most common diagnoses associated with traumatic event exposure.

Evaluate Psychological Trauma

Rationale for Psychological Triage

- Not all individuals are equally affected.
- Children with enduring trauma reactions benefit from treatment of their distress
- Crisis intervention may cause harm if not truly needed.
  - It may increase crisis exposure.
  - It may reduce perceptions of independent problem solving.
  - It may generate self-fulfilling prophecies.

Evaluate Psychological Trauma



Note. Adapted from *School Crisis Prevention and Intervention: The PREPaRE Model* (pp. 130–147), by S. E. Brock et al., 2009, Bethesda, MD: National Association of School Psychologists. Adapted with permission.

Psychological Triage Variable

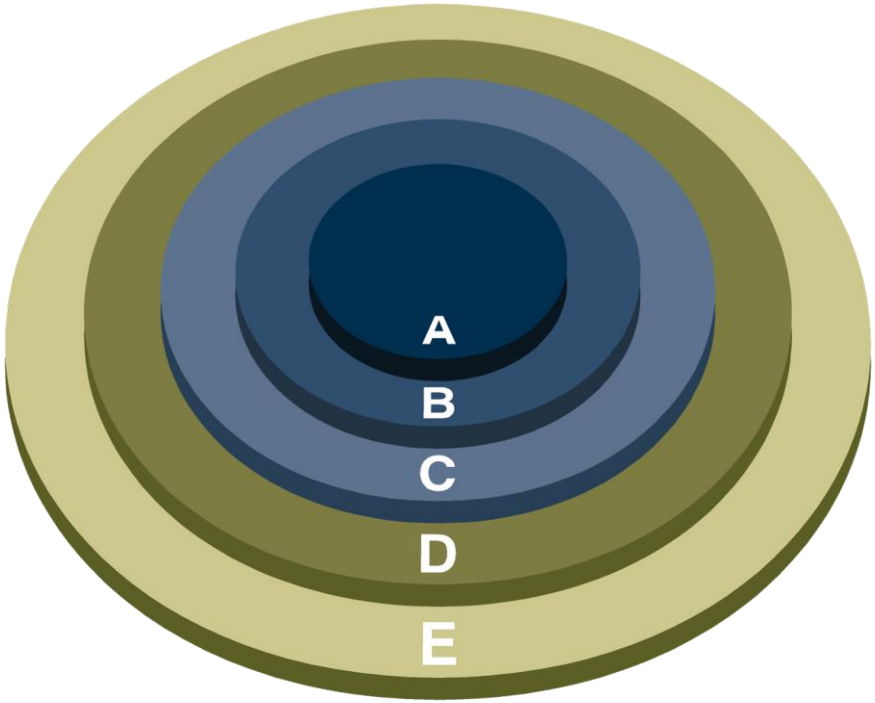
Children's reactions to trauma are strongly influenced by:

1. Crisis exposure
2. Developmental factors
3. Cultural factors
4. Internal vulnerabilities
5. External vulnerabilities

Psychological Triage Variable

1. Crisis Exposure
   - Physical proximity
   - Emotional proximity

The Population Exposure Model: Who is Affected by Disaster?



Adapted from: U.S. Department of Health and Human Services. (2004).*Mental Health Response to Mass Violence and Terrorism: A Training Manual*. DHHS Pub. No. SMA 3959. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. p. 11

Psychological Triage Variable

3. Cultural Factors
   - Impact world view
   - Impact grief reactions

Psychological Triage Variable

4. Internal Vulnerabilities
   - Avoidant coping style
   - Pre-crisis psychiatric issues
   - Poor ability to regulate emotions
   - Low developmental level
   - Poor problem solving skills
   - Prior exposure to trauma

Psychological Triage Variable

5. External Vulnerabilities

- Family Factors
  - Not living with nuclear family
  - Family dysfunction
  - Parental PTSD or maladaptive coping
  - Ineffective/uncaring parenting
  - Poverty or financial stress
- Extra familial Factors
  - Social isolation
  - Lack of perceived social support

Conducting Psychological Triage

Levels of Triage

Level	Timing	Variables considered	Goals
Primary	Before immediate crisis intervention	Selected risk factors and early warning signs	1. Establish initial intervention priorities 2. Make initial decisions about intervention needs
Secondary	During the provision of crisis intervention	Risk factors and warning signs	1. Refine intervention priorities 2. Match interventions to individual needs 3. Begin to consider mental health referrals
Tertiary	As crisis intervention concludes	Risk factors and warning signs	1. Identify individuals who need mental health referrals 2. Make appropriate referrals

Conducting Psychological Triage

	Low Risk	Moderate Risk	High Risk
Physical Proximity	☐ Out of vicinity of crisis site	☐ Present on crisis site	☐ Crisis victim or eye witness
Emotional Proximity	☐ Did not know victim(s)	☐ Friend of victim(s) ☐ Acquaintance of victim(s)	☐ Relative of victim(s) ☐ Best friend of victim(s)
Internal Vulnerabilities	☐ Active coping style ☐ Mentally healthy ☐ Good self-regulation of emotion ☐ High developmental level ☐ No trauma history	☐ No clear coping style ☐ Uncertainty about precrisis mental health ☐ Some difficulties with self-regulation of emotion ☐ Appearance of immaturity at times ☐ Trauma history	☐ Avoidance coping style ☐ Preexisting mental illness ☐ Poor self-regulation of emotion ☐ Low developmental level ☐ Significant trauma history
External Vulnerabilities	☐ Living with intact nuclear family members ☐ Good parent–child relationship ☐ Good family functioning ☐ No parental traumatic stress ☐ Good social resources	☐ Living with some nuclear family members ☐ Parent–child relationship at times stressed ☐ Family functioning at times challenged ☐ Some parental traumatic stress ☐ Social resources/relations at times challenged	☐ Not living with any nuclear family members ☐ Poor parent–child relationship ☐ Poor family functioning ☐ Significant parental traumatic stress ☐ Poor or absent social resources
Immediate Reactions During the Crisis	☐ Remained calm during the crisis event	☐ Displayed mild to moderate distress during the crisis event	☐ Displayed acute distress (e.g., fright, panic, dissociation) during the crisis event
Current or Ongoing Reactions and Coping	☐ Only a few common crisis reactions displayed ☐ Coping is adaptive (i.e., it allows daily functioning at precrisis levels)	☐ Many common crisis reactions displayed ☐ Coping is tentative (e.g., the individual is unsure about how to cope with the crisis)	☐ Mental health referral indicators displayed (e.g., acute dissociation, hyperarousal, depression, psychosis) ☐ Coping is absent or maladaptive (e.g., suicidal or homicidal ideation, substance abuse)
Total:			

See Handout 9 & Handout 12 for psychological triage strategies and forms

Psychological First Aid

Definition

Humane, supportive and practical help to fellow human beings suffering through a crisis

- Helping people reestablish a sense of safety
- Helping people address basic needs
- Listening to people
- Comforting people
- Connect people to information and supports

World Health Organization (2011)

Psychological First Aid: Core Actions

1. Reestablish a sense of safety
2. Reaffirm physical needs
3. Help people address basic needs
4. Help people solve problems
5. Give information
6. Reconnect with loved ones and social supports

Psychological First Aid

Who, When and Where

- Adults or children who have been recently exposed to a crisis situation
- Usually provided during or immediately after an event; but can also be done days or weeks after.
- Can be performed at the scene or in reunion areas, health centers, schools, shelters
  - wherever it is safe enough to do so

Psychological First Aid

Contraindications

- Not for people who need medical care
- Not for people who are so distressed they cannot care for themselves or others
  - Not professional counseling
- Not for people who may hurt themselves or others

Culture

Dress

- Do I need to dress a certain way to be respectful?
- Will impacted people be in need of certain clothing items to keep their dignity and customs?

Language

- What is the customary way of greeting people in this culture?
- What language do they speak?

Gender/Age/Power

- Should affected women only be approached by women helpers?
- Who is it best to approach (the head of the family or community)?

Touching and behavior

- What are the customs about touching people?
- Are their certain things to consider in terms of behavior around the elderly or children?

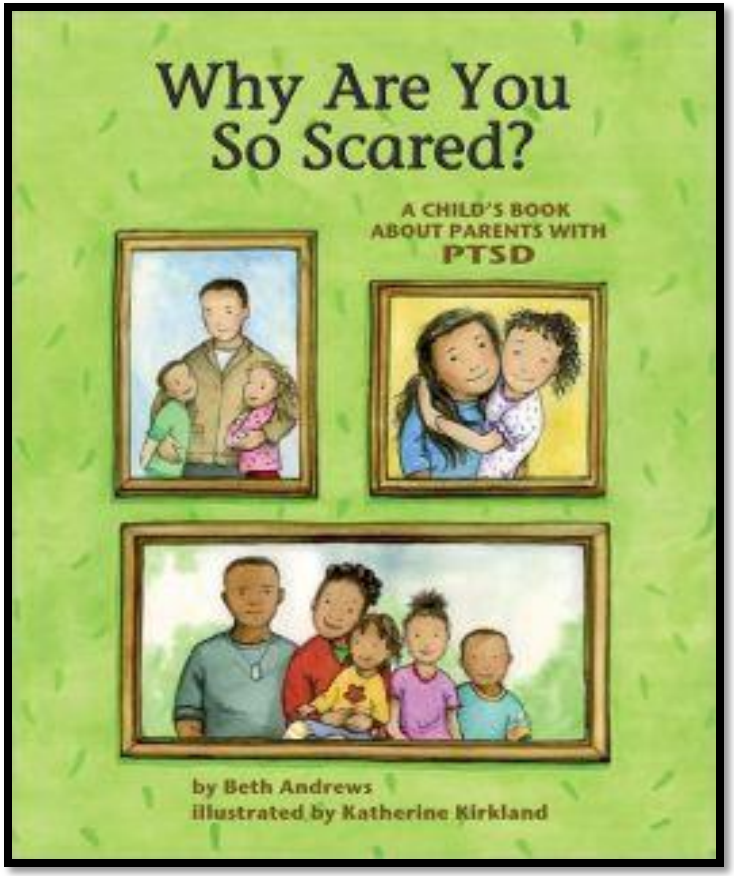
Religious Beliefs

- What religious groups are there among the affected people?
- What beliefs or practices are important to the affected people?
- How might they understand or explain what has happened?

Psychoeducation

Crisis Psychoeducation

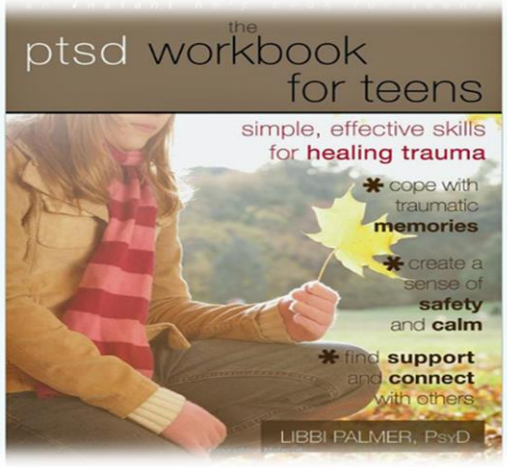
- The provision of direct instruction and/or information that helps crisis survivors and their caregivers in understanding, preparing for, and responding to the crisis event, and the problems and reactions it generates.



Psychoeducation

Strategies

1. Informational documents
2. Caregiver trainings
3. Group meetings



Psychoeducation

Goals of Psychoeducational Disaster Interventions

- Children and teens gain a developmentally appropriate understanding of the disaster event.
- Disaster rumors are stopped.
- Participants learn how to take care of themselves and obtain assistance.
- Participants at risk for traumatic stress are identified.
- Participants who have crisis reactions that suggest the need for additional crisis intervention are identified.

Psychoeducation Resources

1. A National Tragedy: Helping Children Cope (handout from the National Association of School Psychologists [NASP])
   - http://www.nasponline.org/resources/crisis_safety/terror_general.aspx
2. Coping With Traumatic Event (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration [SAMHSA])
   - http://www.samhsa.gov/trauma/index.aspx
3. Children and Violence (a Health Topics webpage of the National Institute of Mental Health)
   - http://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/children-and-violence.shtml
4. Finding Comfort in Books: Publishers Recommend Books for Children Dealing With Crisis and Tragedy (Society of Children's Books Writers and Illustrators)
   - http://www.scbwi.org/Resources/Documents/Children_Crisis.pdf

Psychoeducation

Limitations of Psychoeducation

1. Not sufficient for the more severely traumatized
   - Must be paired with other psychological interventions and professional mental health treatment
2. Limited research

Individual Disaster Interventions

Definition

- Active and direct attempts to facilitate adaptive coping and directly respond to symptoms of traumatic stress
- Designed to help individuals cope with immediate crisis-generated problems, and/or to allow them to access more intensive psychotherapeutic treatment
- Is not psychotherapy
- Does not require crisis resolution

Individual Disaster Interventions

Individual Crisis Intervention Elements

1. Establish contact.
2. Verify readiness.
3. Identify and prioritize problems.
4. Address crisis problems.
5. Evaluate and conclude.

Refer to **Handout 25** for a summary.
Refer to **Handout 30** for Sample Dialogue.

Group Disaster Interventions

- Explores individual experiences and reactions
- Helps individuals feel less alone and more connected
- Normalizes experiences and reactions
- Is a psychological triage tool
- Is similar to “debriefing”

Group Disaster Interventions

Indicated

1. For individuals who are secondary or vicarious crisis survivors
2. When offered as a part of a comprehensive crisis intervention program
3. When used with individuals similarly exposed to a common crisis event

Group Disaster Interventions

Not indicated

1. For physically injured or acute trauma victims
2. As a stand-alone or brief crisis intervention
3. As an individual crisis intervention
4. With individuals exposed to different crises
5. With groups that are historically hurtful or nonsupportive
6. When witness credibility is a concern

Group Disaster Interventions

1. Introduce session (10–15 min).
2. Provide crisis facts and dispel rumors (30 min).
3. Share crisis stories (30–60 min).
4. Identify crisis reactions (30 min).
5. Empower students (60 min)
6. Close (30 min).

Trauma-Focused Psychotherapy

Trauma-focused psychotherapies should be considered first line treatments for children and adolescents with PTSD. These therapies should

- Directly address children's traumatic experiences
- Include parents in treatment in some manner as important agents of change
- Focus not only on symptoms improvement but also on enhancing functioning, resiliency, and/or developmental trajectory.

Trauma-Focused Psychotherapy

Cognitive–Behavioral Therapies

1. Imaginal and in vivo exposure
2. 2. Eye-movement desensitization and reprocessing (EMDR)
3. Anxiety management training
4. Cognitive–behavioral intervention for trauma in schools (CBITS; group delivered)
5. Parent training

Brock et al. (2009); Cohen et al. (2010).

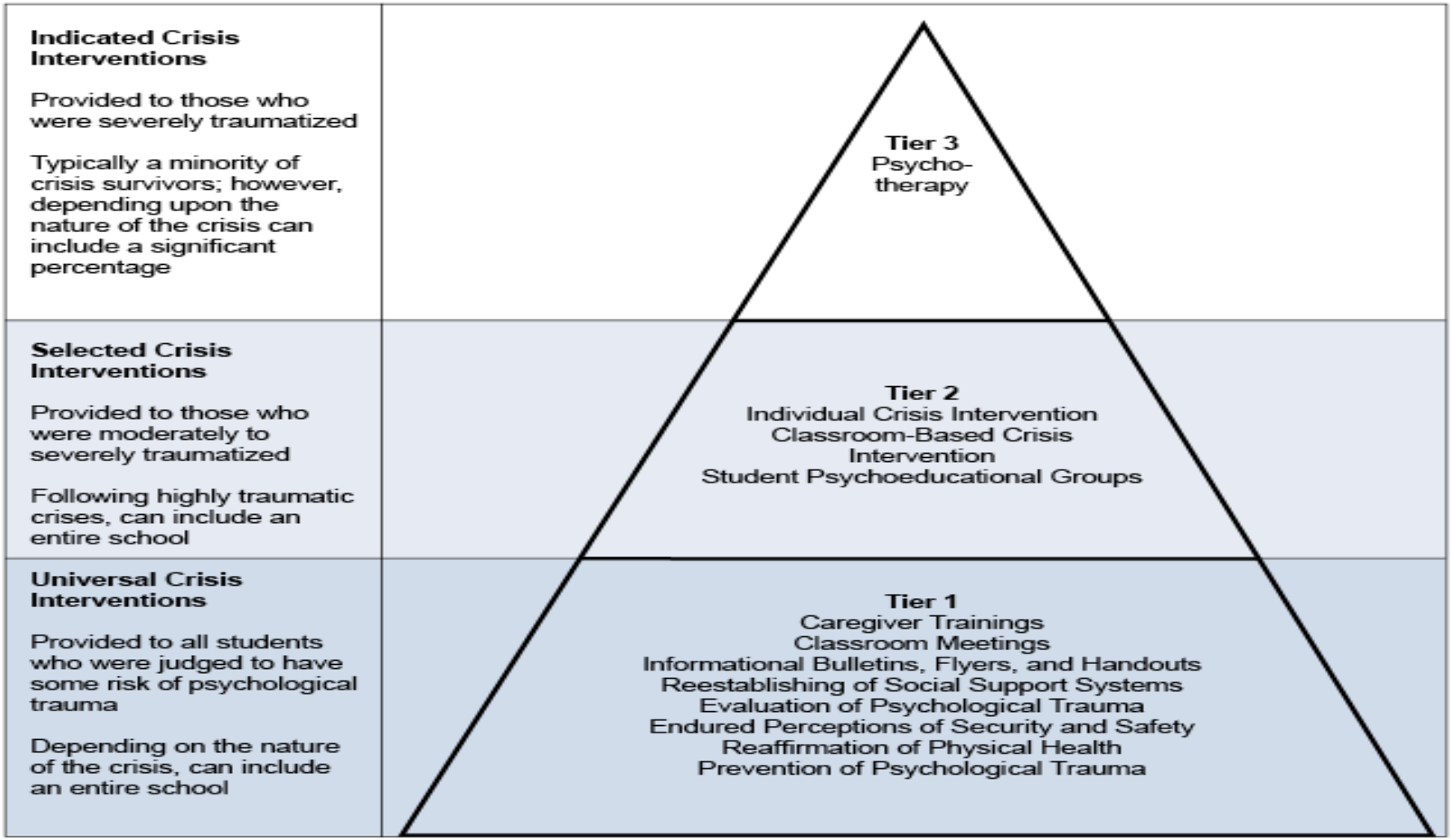
Trauma-Focused Psychotherapy

Psychopharmacological Treatments

- Used in combination with ongoing psychotherapy
- Most appropriate for youth who do not respond to psychosocial interventions.
- Tailored to the needs and symptoms of the individual

Brock et al. (2009); Cohen et al. (2010).

Selecting Disaster Mental Health Treatments




KEEP
CALM
AND CALL THE
CRISIS
TEAM