

Pediatric Emergency Preparedness Seminar
Children with Behavioral Health Needs

- Goals**
- * Understand the basic neurobehavioral impact of experiencing trauma/disasters
 - * Review the expression of behaviors through the stages of childhood
 - * Review special needs of those children with intellectual/developmental disabilities
 - * Discuss basic interventions of psychological first aid to those children suffering from trauma as a result of disasters

Essence

* Self-regulation/co-regulation is neurobiologically based!

* Being *Seen, Heard* and *Validated* leads to a sense of

Safety

Disasters

- * Disasters are “one-time or ongoing events of human or natural cause that lead groups of people to experience stressors including the threat of death, bereavement, disrupted social support systems, and insecurity of basic human needs such as food, water, housing, and access to close family members.
- * Disasters have the potential to cause short- and long-term effects on the psychological functioning, emotional adjustment, health, and developmental trajectory of children.

Traumatization

- * Being traumatized, as during a disaster, means that the emotions and physical sensations, and the imprints (including images) of the trauma on the mind and brain, continue to be experienced in the present, not only as memories, but as disruptive physical and emotional reactions.
- * Traumas may be remembered as sensations – noise, pain, heat, etc.

The Effect of a Disaster on the Individual Child Depends Upon:

- * The nature of the event and the amount of death, destruction, and disruption.
- * The degree of personal involvement of children and their families.
- * The duration of time before children's daily environment, and that of the overall community, returns to a safe, predictable, and comfortable routine.
- * Whether the stressor is a 1-time or chronic event.

The Effect of a Disaster on the Individual Child Depends Upon:

- * The level of coping ability of the children's caregivers.
- * The children's preexisting mental health, developmental level, and baseline resiliency and coping skills.
- * The nature of the secondary stressors and losses that follow the crisis event.
- * Emotional trauma affects how children think, feel, behave, and regulate biological and psychological processes.
- * Damage may result in later problems with emotional/behavioral self regulation, aggression, impulse control, attention and dissociative problems, actual physical problems, somatization, and poor interpersonal relationships.

Common Adjustment Reactions of Children Who Experienced Disasters

- * Many of the following reactions are normal and expected when children are handling the stress shortly after a traumatic event.
- * If any of these behaviors lasts for more than 2 to 4 weeks, or if they suddenly reappear later on, these children may need more assistance, including professional, to assist with processing and coping.

Infants and Toddlers, 0–2 years Old

- * Cannot understand that a trauma is happening, but they know when their caregiver is upset.
- * They may start to show the same emotions as their caregivers, or they may act differently, like crying for no reason or withdrawing from people and not playing with their toys.

Children 3–5 Years Old

- * Children, 3–5 years old can understand the effects of trauma.
- * They may have trouble adjusting to change and loss.
- * They may depend on the adults around them to help them feel better.
- * Very young children may go back to thumb sucking or wetting the bed at night after a trauma.
- * May fear strangers, darkness, or monsters.

Children 6–10 Years Old

- * It is fairly common for children to become clingy with a parent, caregiver, or other adult or to want to stay in a place where they feel safe.
- * May express the trauma repeatedly in their play or tell exaggerated stories about what happened.
- * Some children's eating and sleeping habits may change. They also may have somatic complaints that cannot be explained.
- * May become aggressive or withdrawn, hyperactive, exhibit speech difficulties, and disobedience.

Children and Adolescents, 11–18 years Old

- * Children and adolescents, 11–18 years old, go through a lot of physical and emotional changes because of their developmental stage. So, it may be even harder for them to cope with trauma.
- * Older teens may deny their reactions to themselves and their caregivers. They may respond with a routine "I'm ok" or even silence when they are upset.
- * May express somatic complaints because they cannot identify what is really bothering them emotionally.

Children and Adolescents, 11–18 years Old

- * Some may become argumentative and difficult, resisting any structure or authority.
- * Adolescents may engage in risky behaviors such as using alcohol or drugs.
- * Some may feel helpless and guilty because they cannot take on adult roles as their family or the community responds to a trauma or disaster.

To Intervene Effectively Self Awareness Is Essential

- * Refers to how our projections, values, beliefs, perceptions, and thoughts influence our interactions.
- * If we respond with fear or anger, the response will more likely increase the stress and the risk of the situation.
- * Identify and manage your own triggers and reactions – “know yourself.”
- * Monitor your own levels of stress and take care of yourself well.

Regulate Your Self State: Breath Control

4×6 Breathing Technique

- * Realize that you are feeling anxious!
- * Inhale deeply for 4 seconds and follow with six seconds of steady exhaling.
- * Do for a minimum of 1 minute to be effective in controlling arousal, longer if needed.

Regulate Your Self State: Visualization

- * Visualize yourself responding in the correct manner, step by step
- * This will help you predict potential threat cues and interpret them accurately
- * Develop alternative plans with your mind...
"Plan B... Plan C"....

Co-regulation and Self-regulation

- * Children develop abilities to regulate their emotions through interactions with adult caregivers who calm and soothe them – **Co-Regulation**.
- * As children learn from adults, they begin developing skills in **Self-Regulation**.
- * Regardless of age, all people need assistance in managing emotions, especially in times of stress.
Children who have not learned how to self-regulate will need adults to help them co-regulate (identify and manage emotions) throughout the day and during times of stress and upset – this will teach self-regulation.

Co-regulation and teaching self-regulation are some of our primary responsibilities and our tool to help children feel safe

Questions to Ask Ourselves Before Intervening

- * What am I feeling now?
- * What does this child feel, need or want?
- * How is the environment affecting the child?
- * What is the cognitive capacity of this child?
- * How do I best respond?

Short Term Interventions

- * The goal of short-term interventions is to address immediate physical needs and to keep children safe and protected from additional harm.
- * Help children understand and begin to accept the disaster.
- * Identify, express, validate, and cope with their feelings and reactions.
- * Reestablish a sense of safety through routines and family connections.
- * Start to regain a sense of mastery and control over their life.
- * Return to developmentally appropriate activities.

Short Term Interventions

- * Provide timely and accurate age appropriate information to promote an understanding that will facilitate adjustment.
- * Offer appropriate (but not false) reassurance that corrects misconceptions and misperceptions that might otherwise unnecessarily increase the appraisal of risk.
- * Supply information about likely reactions and practical strategies to facilitate coping with distress.
- * Help children and adolescents identify supports in their family and age appropriate useful resources in their community.

Support for Children, 0–5 Years Old

- * Give these very young children a lot of cuddling and verbal support.
- * Take a deep breath before holding or picking them up and focus on them, not the trauma.
- * Get down to their eye level and speak in a calm, gentle voice using words they can understand.
- * Tell them that you still care for them and will continue to take care of them so they feel safe.

Support for Children and Adolescents, 6–18 YEARS OLD

- * Nurture children and adolescents.
- * Ask those in your care what worries them and what might help them cope.
- * Offer comfort with gentle words, a hug when appropriate, or just being present with them.

Support for Children and Adolescents, 6–18 YEARS OLD

- * Spend more time with the children and adolescents than usual, even for a short duration. Returning to normalized routines as soon as possible is desired and helpful.
- * Excuse traumatized children from chores for a day or two. After that, make sure they have age-appropriate tasks and can participate in a way that makes them feel useful.
- * Support children spending time with peers or having quiet time to write or create art.

Intellectual and Developmental Disabilities

- * Those children and adolescents with intellectual and developmental disabilities have unique needs specific to each individual, in addition to any limitations that they had pre-disaster.
- * Within these limitations, the general impact of emotional trauma and its trajectory is similar.
- * Expression of distress behaviors will be a function of the individual's developmental level and limitations.
- * Pay particular attention to the behaviors.

If There is an Emotional Outburst

- * Provide immediate help and support to reduce emotional intensity.
- * Resolve the immediate crisis if one exists.
- * Keep the child engaged in the process.
- * Drain off emotions (active listening skills to help co-regulate emotions).
- * Clarify the events.
- * Maintain the relationship and lines of communication.
- * Remind the child of expectations and mediate the situation if necessary.

A NOTE OF CAUTION!

- * Be careful not to pressure children to talk about a trauma or join in expressive activities.
- * While most children will easily talk about what happened, some may become frightened.
- * Some may even get traumatized again by talking about it, listening to others talk about it, or looking at drawings of the event.
- * Allow children to remove themselves from these activities, and monitor them for signs of distress.

Factors Associated With an Increased Risk of Adjustment Problems After a Disaster

- * Preexisting factors such as previous psychopathology, significant losses, attachment disturbances, limited coping skills, or other traumatic events.
- * Socioeconomic differences that result in lower levels of post-disaster resources and support.
- * Nature of disaster experience.
- * Injury of the child or death or injury of those close to the child.

Factors Associated With an Increased Risk of Adjustment Problems After a Disaster

- * Nature and extent of exposure, including number of deaths, physical proximity to disaster, and extent of personal loss.
- * Human-made disasters, especially terrorist attacks that have a high degree of intentionality, generally create reactions that are more prevalent and long-lasting.
- * Extent of exposure to horrific scenes (including indirectly through the media).

Factors Associated With an Increased Risk of Adjustment Problems After a Disaster

- * Child's perception (at the time of the event) that his or her life was in jeopardy.
- * Personal identification with the disaster or victims.
- * Separation of child from parents or other important caregivers as result of event.
- * Loss of property or belongings; need to relocate or other disruption in daily routine or environment.

Factors Associated With an Increased Risk of Adjustment Problems After a Disaster

- * Parental difficulty in coping, substance abuse, mental illness.
- * Lack of supportive family communication style.
- * Lack of community resources and support.

Remember!

Being *Seen, Heard* and *Validated*

leads to a sense of

Safety

Questions?

Charles O'Donnell has no conflict of interest regarding this lecture.

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