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.
“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
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.”

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 PREPâRE Model

<table>
<thead>
<tr>
<th>P</th>
<th>Prevent and prepare for psychological trauma</th>
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</thead>
<tbody>
<tr>
<td>R</td>
<td>Reaffirm physical health and perceptions of security and safety</td>
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<tr>
<td>E</td>
<td>Evaluate psychological trauma risk</td>
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<tr>
<td>P</td>
<td>Provide interventions</td>
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<td>and</td>
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<td>R</td>
<td>Respond to psychological needs</td>
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<td>E</td>
<td>Examine the effectiveness of crisis prevention and intervention</td>
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</table>
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

- Predictability
- Consequences
- Duration
- Intensity

Crisis Event

Crisis Event Devastation
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’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, repetitive 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

- PTSD
- Depression
- Anxiety
- Suicide

Most People Post Traumatic Growth

Resilience
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, behavioral 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

Crisis Event Variables

- Predictability
- Duration
- Consequences
- Intensity

Risk Factors

- Development
- Exposure
- Threat Perceptions
- Culture
- Vulnerability

Early Warning Signs (reactions displayed during impact and recoil phases)
Enduring Warning Signs (reactions displayed during postimpact and recovery/reconstruction phases)

Initial Crisis Reactions
Durable Crisis Reactions
Common Reactions
Psychopathological Reactions

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?

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

<table>
<thead>
<tr>
<th>Level</th>
<th>Timing</th>
<th>Variables considered</th>
<th>Goals</th>
</tr>
</thead>
</table>
| 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

<table>
<thead>
<tr>
<th></th>
<th>Low Risk</th>
<th>Moderate Risk</th>
<th>High Risk</th>
</tr>
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<tbody>
<tr>
<td><strong>Physical Proximity</strong></td>
<td>- Out of vicinity of crisis site</td>
<td>- Present on crisis site</td>
<td>- Crisis victim or eye witness</td>
</tr>
<tr>
<td><strong>Emotional Proximity</strong></td>
<td>- Did not know victim(s)</td>
<td>- Friend of victim(s)</td>
<td>- Relative of victim(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Acquaintance of victim(s)</td>
<td>- Best friend of victim(s)</td>
</tr>
<tr>
<td><strong>Internal Vulnerabilities</strong></td>
<td>- Active coping style</td>
<td>- No clear coping style</td>
<td>- Avoidance coping style</td>
</tr>
<tr>
<td></td>
<td>- Mentally healthy</td>
<td>- Uncertainty about precrisis mental health</td>
<td>- Preexisting mental illness</td>
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<td></td>
<td>- Good self-regulation of emotion</td>
<td>- Some difficulties with self-regulation of emotion</td>
<td>- Poor self-regulation of emotion</td>
</tr>
<tr>
<td></td>
<td>- High developmental level</td>
<td>- Appearance of immaturity at times</td>
<td>- Low developmental level</td>
</tr>
<tr>
<td></td>
<td>- No trauma history</td>
<td>- Trauma history</td>
<td>- Significant trauma history</td>
</tr>
<tr>
<td><strong>External Vulnerabilities</strong></td>
<td>- Living with intact nuclear family members</td>
<td>- Living with some nuclear family members</td>
<td>- Not living with any nuclear family members</td>
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<tr>
<td></td>
<td>- Good parent–child relationship</td>
<td>- Parent–child relationship at times stressed</td>
<td>- Poor parent–child relationship</td>
</tr>
<tr>
<td></td>
<td>- Good family functioning</td>
<td>- Family functioning at times challenged</td>
<td>- Poor family functioning</td>
</tr>
<tr>
<td></td>
<td>- No parental traumatic stress</td>
<td>- Some parental traumatic stress</td>
<td>- Significant parental traumatic stress</td>
</tr>
<tr>
<td></td>
<td>- Good social resources</td>
<td>- Social resources/relations at times challenged</td>
<td>- Poor or absent social resources</td>
</tr>
<tr>
<td><strong>Immediate Reactions During the Crisis</strong></td>
<td>- Remained calm during the crisis event</td>
<td>- Displayed mild to moderate distress during the crisis event</td>
<td>- Displayed acute distress (e.g., fright, panic, dissociation) during the crisis event</td>
</tr>
<tr>
<td><strong>Current or Ongoing Reactions and Coping</strong></td>
<td>- Only a few common crisis reactions displayed</td>
<td>- Many common crisis reactions displayed</td>
<td>- Mental health referral indicators displayed (e.g., acute dissociation, hyperarousal, depression, psychosis)</td>
</tr>
<tr>
<td></td>
<td>- Coping is adaptive (i.e., it allows daily functioning at precrisis levels)</td>
<td>- Coping is tentative (e.g., the individual is unsure about how to cope with the crisis)</td>
<td>- Coping is absent or maladaptive (e.g., suicidal or homicidal ideation, substance abuse)</td>
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<tr>
<td><strong>Total:</strong></td>
<td></td>
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</table>
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 there 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.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 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
1. Introduce session (10–15 min).
2. Provide crisis facts and dispel rumors (30 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. 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

<table>
<thead>
<tr>
<th>Indicated Crisis Interventions</th>
<th>Provided to those who were severely traumatized</th>
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<tbody>
<tr>
<td></td>
<td>Typically a minority of crisis survivors; however, depending upon the nature of the crisis can include a significant percentage</td>
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</table>

<table>
<thead>
<tr>
<th>Selected Crisis Interventions</th>
<th>Provided to those who were moderately to severely traumatized</th>
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<tbody>
<tr>
<td></td>
<td>Following highly traumatic crises, can include an entire school</td>
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</table>

<table>
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<tr>
<th>Universal Crisis Interventions</th>
<th>Provided to all students who were judged to have some risk of psychological trauma</th>
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<tbody>
<tr>
<td></td>
<td>Depending on the nature of the crisis, can include an entire school</td>
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</tbody>
</table>

### Tier 1
- Caregiver Trainings
- Classroom Meetings
- Informational Bulletins, Flyers, and Handouts
- Reestablishing of Social Support Systems
- Evaluation of Psychological Trauma
- Endured Perceptions of Security and Safety
- Reaffirmation of Physical Health
- Prevention of Psychological Trauma

### Tier 2
- Individual Crisis Intervention
  - Classroom-Based Crisis Intervention
  - Student Psychoeducational Groups

### Tier 3
- Psychotherapy
KEEP CALM AND CALL THE CRISIS TEAM