

# MODULE IX

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## The Emotional Impact of Disasters on Children and their Families

# Outline of presentation

- Psychological first aid in the aftermath of a disaster
- Common reactions to disaster
- Risk factors for difficulty with adjustment
- How pediatricians can promote children's psychological adjustment
- How pediatricians can work with schools to promote recovery
- The role pediatricians can play in disaster preparedness and response

# Psychological first aid

- Provide broadly to those impacted
- Supportive services to foster normative coping and accelerate natural healing process
- All staff should understand likely reactions and how to help children cope
- ***Anyone that interacts with children can be a potential source of assistance and support – if unprepared, they can be a source of further distress***
- **Attend to basic needs**
- Identify children who would benefit from additional services

# Explaining death to children

- Ask children their understanding of death
- Explain death using simple and direct terms.
- It is best to present both the facts about what happens to the physical body after death, as well as the religious beliefs that are held by the family
- After explanations have been given to children, it is helpful to ask them to review what they now understand about the death

# Saying Goodbye

- It is also helpful for children to find their own unique way of saying goodbye to someone they have lost- this can be achieved through painting, planting and caring for a tree, praying, lighting a candle, or any other suitable expression.

# Reactions immediately after the traumatic experience

- Anxiety and trauma-related fears, including concerns about recurrences
- Sleep problems (trouble falling or staying asleep; nightmares)
- Separation anxiety (refusal to separate from family members) and school avoidance
- Difficulties with concentration
- Feelings of guilt and self-blame

# Reactions immediately after the traumatic experience

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## Dissociative symptoms:

- Feelings of emotional numbing, being in a daze,
- A sense of what has occurred is not real or that one doesn't feel like oneself,
- Lack of memory for some aspects of the experience (amnesia).
- Other:

# Reactions days or weeks after the traumatic experience

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- Persistent guilt
- Anger
- Deterioration in academic performance
- Regression, both developmental and social
- Depression
- Avoidance of previously enjoyed activities

# Reactions days or weeks after the traumatic experience

- Pessimistic thoughts about the future
- Repetitive play enactment of the trauma
- Substance abuse
- Somatization (i.e., physical complaints that are due to underlying psychological distress, such as stomach aches or headaches)
- Symptoms of PTSD

# Risk factors for children and staff most likely to benefit from additional support

- Direct victims (e.g., those injured)
- Direct or indirect witnesses to the accident
- Children and staff who felt at the time that their life was in jeopardy
- Children and staff exposed to horrific scenes (e.g., bloody children or those severely injured), including those indirectly exposed through the media
- Children and staff who may experience feelings of guilt associated with the incident

# Risk factors for children and staff most likely to benefit from additional support

- History of prior psychopathology or traumatic experiences
- Children who experienced separation from parents/caregivers, loss of home or belongings, or other disruption in daily life
- Children whose parents are experiencing difficulty in coping
- Children whose families and communities have difficulty communicating openly about the event, its aftermath, and associated feelings or who lack resources and supportive services

# MOST FREQUENT EMOTIONAL DISORDERS

- Post-traumatic stress disorder
- Depression
- Anxiety
- Younger Children: Oppositional Defiant

# Post-traumatic stress disorder (PTSD)

- Re-experiencing traumatic event
  - Intrusive images or sense that event is recurring
  - Traumatic dreams
  - Intense distress at reminders
- Avoidance of stimuli associated with trauma; psychological numbing; foreshortened future
- Increased arousal
  - Difficulty concentrating or sleeping
  - Irritability or anger
  - Hypervigilance or exaggerated startle

# CRITERIA TO SEEK MENTAL HEALTH ASSISTANCE

1. Suicidal thoughts or suicidal ideation
2. Symptoms that persist > 3 months and interfere with everyday life
  - Behavioral changes
  - Behavioral school problems
  - Withdrawal behavior that interferes with social life
  - Frequent nightmares that persist over time
  - Persistent somatic complaints
  - Avoiding behavior or anxiety symptoms that interfere with everyday life
  - Alcohol or substance abuse
3. Consider risk factors: recent parental divorce, death of a significant close relative, having moved or changed school recently

# Model of patient and visitor triage for mental health needs (proposed by Schonfeld et al)

Level	Mental health status	Mental health services required
Psychiatric emergency	Extreme reactions, non-responsive, disruptive, etc.	Psychiatric evaluation and treatment after medical clearance
Symptomatic	Emotional reaction, decreased responsiveness, or major risk factors	Mental health support or interventions – individual or group
Asymptomatic	No overt manifestations	Mental health support and information, Ancillary services, Reunification

# Universal recommendations for parents

- Return to normal routines, with additional supports and appropriate accommodations
- Be patient and supportive
- Set normal and appropriate limits to children
- Allow children to talk about their worries and feelings
- Encourage children to spend time with friends
- Encourage children to resume their developmental tasks
- Help parents get support and treatment if indicated
- Help teachers see the problem and show understanding

# Parents and teachers often underestimate children's distress

- Children often withhold complaints in order to protect parents who are also distressed
- Parents who are in distress themselves may find it difficult to see their children's distress or may need to believe they are doing well
- Parents may not know that pediatricians are interested in hearing about their children's distress
- Stigma associated with mental illness continues even in aftermath of disaster

# How should pediatricians work with schools?

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- Getting children back to school as soon as possible encourages a more normal routine and provides access to emotional support from both teachers and peers
- Screening for grief reactions and mental health disorders such as PTSD can be done through the schools
- Programs should integrate efforts to identify and refer children in need of more intensive individual evaluation and treatment.

# How can we help children?

## A. Understand emotional reactions

- Pay attention to behaviors at home and at school or daycare
- Recognize that adjustment problems are common

## B. Reduce the emotional impact

- Provide support, comfort, and time for play and discussion
- Model healthy coping behavior
- Direct parents to seek help, if needed

## C. Facilitate recovery

- Normalize routines as soon as possible
- Listen to children and validate their feelings
- Encourage activities that help them express their feelings

# Role of pediatricians before the disaster

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- Promote plans in “high risk” communities
- Identify resources and plan distribution
- Provide advice on the emotional needs of children through talks, leaflets, etc., and educating the local media
- Train school personnel to detect emotional disturbances
- Help families build strategies to cope with disasters

# During the disaster

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- **Pediatricians must consider the safety of their families and their own; otherwise, their ability to help others will be affected**
- **Although the main responsibility is to save lives, the emotional impact on the providers should never be underestimated**

# After the disaster

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- **Be available for consultation about emotional reactions**
- **Assist and follow up children at higher risk or with special needs, and their parents**
- **Support development of early detection programs**
- **Availability for the school: assess children with persistent / severe symptoms**

# Mental health services

- Mental health triage (secondary triage)
- Acute psychiatric assessment and care
- Medication assessment and prescription
- Individual and group psychoeducation and brief psychological interventions
- Psychological first aid
- Referral for follow-up care
- Support re: death notification and decedent/remains identification
- Staff mental health support

# Mental health provider options

- Traditional mental health providers (e.g., psychiatrists, psychologists, social workers, etc.)
- Other healthcare providers (e.g., pediatricians, nurses, etc.)
- Additional hospital staff and personnel and community members that can provide supportive services (e.g., child life specialists, day care providers, teachers)
- Ancillary services (e.g., registration and secretarial staff that can assist with communication and reunification services).

# Psychological consequences of disasters and violence

## Distress Responses

- Insomnia
- Sense of vulnerability
- Emotional lability

*Action: ENHANCE  
INDIVIDUAL  
FAMILY COPING*



## Behavioral Changes

- Domestic and community violence
- Increased health care use
- Smoking
- Alcohol consumption

*Action: INTEGRATE  
CARE WITHIN GENERAL  
HEALTH  
SERVICES*



## Psychiatric Illness

- Post Traumatic Stress Disorder
- Major depression

*Action: REBUILDING  
mental health  
SERVICES*

# Self Care Plan Ideas

- Identifying and Planning for Triggers
- Managing Responses to Stress
- Personal “Crisis” Plan
- Workplace Support
- Physical Health
- Mental Health
- Emotional Health
- Home to Work and Work to Home Transitions
- Home
- Hobbies/Enjoyment
- Connection to Others
- Spiritual Renewal/Meaning Making

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**We are guilty  
Of many errors and faults  
But our worst crime  
Is the abandonment of children  
Disregarding the fountain of life**

**Many of the things which we need  
We can await. The child cannot.  
His bones are forming  
His blood is being made  
And his senses are developing.  
To him we cannot answer, "Tomorrow."  
His name is "Today."**

***Gabriella Mistral***