

## **Supporting Children in Times of Crisis**

**Satellite Conference  
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Produced by the Alabama Department of Public Health  
Video Communications Division

## **Faculty**

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## **Objectives**

- Be able to outline practical advice for parents on how to support their children in times of crisis.
- Be able to list common symptoms of adjustment reactions of children in the setting of crisis and risk factors for adjustment problems.
- Be familiar with four basic principles related to preparedness planning to address the mental health needs of children in the setting of a terrorist event or disaster.

## **Why Consider Mental Health Needs?**

- Psychological impact often greater than biomedical impact
- Response plans need to be informed by understanding of psychological and behavioral reactions in crisis settings
- All emergencies create mental health needs -- need to be prepared to mitigate the psychological impact

## **Mental Health Approaches in Aftermath**

### **Psychological first aid**

- Provide broadly to those impacted
- Supportive services to foster normative coping and accelerate natural healing process

### **Triage and referral**

- Identify and deliver services to those who would benefit from additional mental health care

## **Outline of Presentation**

- Practical advice about how to support children after a crisis
- Symptoms of adjustment reactions
- Which children are likely to benefit from additional mental health services beyond psychological first aid
- General considerations for hospital and community preparedness planning related to mental health

### **Inform Children and Help Them Understand**

- Inform children as information is available
- Silence is rarely comforting in crisis situations
- Amount of information depends in part on age, personalities, and typical coping styles
- No matter how old, start by stating basic facts; start by asking children what they already know
- Avoid graphic details

### **Television and Terrorism**

- Television and other media often provide detailed and unnecessarily graphic information
- Limit television viewing
- Consider watching along with children and/or videotaping for later viewing
- Establish policy that explicitly discourages use of live television in classrooms

### **Assure Children of Safety**

- Children may inquire if another event could occur.
- Underlying and central question is whether they should feel safe.
- Time to reassure children that they are safe.

### **Assure Children of Safety**

- Reassure children of steps adults and government are taking to keep them safe.
- Children may have different fears than adults.
- Ask explicitly what concerns they might have.

### **Issues of Responsibility: Guilt and Anger**

- Children may wonder what they could have done to prevent a crisis.
- May feel guilty even if there is no logical reason.
- Magical thinking allows children to feel more powerful...also allows children to feel more responsible.

### **Issues of Responsibility: Guilt and Anger**

- Guilt associated with more severe post-traumatic reactions.
- May express anger at those they perceive to be responsible for causing or failing to prevent crisis, including parents.

### **Children May Appear Disinterested**

- Generally not appropriate to force conversations.
- Children generally concerned most about what impacts them directly.
- Children and adolescents may think mainly of themselves at times of crisis—at least at first.

### **Children May Appear Disinterested**

- May not know or understand what has occurred, appreciate implications, feel comfortable expressing feelings.
- May conclude little to gain by discussing event or reactions.

### **For Further Information**

- American Academy of Pediatrics (AAP):
  - [www.aap.org/terrorism](http://www.aap.org/terrorism)
- National Center for Children Exposed to Violence (Yale Child Study Center):
  - [www.nccev.org](http://www.nccev.org)

### **For Further Information**

- School Crisis Response Initiative:  
[www.nccev.org/initiatives/schoolcrisis.html](http://www.nccev.org/initiatives/schoolcrisis.html)
- Parent Guidance Documents:  
[www.nccev.org/resources/publications.html](http://www.nccev.org/resources/publications.html)

### **Potential Symptoms of Adjustment Reactions**

- Sleep problems
- Separation anxiety and school avoidance
- Anxiety and trauma-related fears
- Difficulties with concentration
- Deterioration in academic performance

### **Potential Symptoms of Adjustment Reactions**

- Regression
- Depression; foreshortened future
- Avoidance of previously enjoyed activities
- Substance abuse
- Somatization

### **Post-traumatic Stress Disorder**

- 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

### **Post-traumatic Stress Disorder**

- Increased arousal
  - Difficulty concentrating or sleeping
  - Irritability or anger
  - Hypervigilance or exaggerated startle

### **Range of Reactions to 9-11**

- Wide range of reactions and concerns
  - Not just PTSD
- Bereavement
- Challenge assumptive world
- Resultant sense of:
  - Vulnerability
  - Fear
  - Anxiety

### **Parents Often Underestimate Symptoms**

- Children may withhold complaints because of concerns they are abnormal, or to protect parents who are upset.
- Parents may not think professionals are interested or assume “normal reactions to abnormal event”.
- Issue isn’t whether children NEED counseling or support, but whether they might benefit from it.

### **Factors That Adversely Affect Adjustment**

- Direct victimization or witnessing
- Life in jeopardy
- Exposure to horrific scenes (incl. media)
- Separation from parents
- Loss of belongings; disruption in environment

### **Factors That Adversely Affect Adjustment**

- Prior psychopathology or traumatic experiences
- Parental difficulty in coping
- Lack of supportive family communication style
- Lack of community resources and support

### **Victimization of Family Member as Risk Factor for PTSD – NYC Public Schools**

- Half of children who lost parent or sibling
- One of four with parent or sibling who survived
- NYC public schools
  - 1.1 million students
  - 11% had family member or close friend exposed
  - 1% family member killed

### **Children’s Exposure to Traumatic Events**

- NYC public schools: 64% exposed to traumatic events prior to 9/11/01
  - 39% have seen someone killed or seriously injured
  - 29% violent/accidental death of close friend
  - 27% violent/accidental death of family member

### **Children’s Exposure to Traumatic Events**

- Survey by Ewalt & Perkins in 2 public high schools
  - 90% experienced death of grandparent, aunt, uncle, sibling, or someone else they cared about
  - 40% death of close friend their own age
  - 20% witnessed a death

### **Basic Needs Are Basic**

- UWF (brief therapy)
- Need to deal with basic needs before able to address emotional needs
  - Safety, security
  - Food, shelter
  - Communication and reunification with family
- Staff has their own basic needs
  - Family disaster plans
  - Notification systems for professional staff to contact family

### **Mass Casualty Events Involve Masses**

- Consider issues of crowd management
  - Not only a safety issue; also a mental health issue
- Chaos is unsettling; poor crowd management can escalate safety concerns
- Individuals with adjustment problems least able to negotiate confusing or overwhelming environment

### **Children Generally Are Part of Families**

- May need to care for families as intact units
- Adult hospitals may need to care for children
- Children’s hospitals may need to treat adults who may refuse to leave their children for decontamination or treatment

### **Communications About a Crisis Should Not Be a Cause of Crisis**

- Two basic reasons for public communications in setting of crisis: to reassure or to provide information to direct people to take specific actions

### **Communications About a Crisis Should Not Be a Cause of Crisis**

- Risk communications need to be informed by mental health considerations so that:
  - Reassuring announcements are reassuring
  - Optimize likelihood people understand message and respond in desired manner

### **What We CAN Do**

- Identify and address underlying vulnerabilities
- Enhance coping skills
- Promote infrastructure to support optimally children and families in crisis
- Ensure early identification, triage, and intervention for adjustment reactions