MODULE IX

The Emotional Impact of Disasters on Children and their Families

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• I do not intend to discuss unapproved/investigative use of commercial product(s)/device(s) in my presentation
Outline of module presentation

- Psychological first aid in the aftermath of a disaster and importance of basic needs
- Common reactions to disaster – Exercise 1
- Risk factors for difficulty with adjustment – Exercise 1
- 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
Exercise 1

- Responding to a natural disaster impacting a school
  - Make a list of immediate, short-term and long-term reactions you might expect among students and staff
  - Make a list of some risk factors for adjustment problems
  - List main points to cover with parents about what to say to their children and how to provide support and assistance -- SKIP
Potential symptoms of adjustment reactions

- Sleep problems
- Separation anxiety and school avoidance
- Anxiety and trauma-related fears
- Difficulties with concentration
- Deterioration in academic performance
- Regression
- Depression; Avoidance of previously enjoyed activities
- Somatization
- Substance abuse
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
- Increased arousal
  - Difficulty concentrating or sleeping
  - Irritability or anger
  - Hypervigilance or exaggerated startle
Wide range of reactions

• Wide range of reactions and concerns, in addition to post-traumatic stress disorder and symptoms
• Bereavement
• Secondary losses and stressors
  – Loss of homes and community
  – Relocation
  – Loss of peer network
  – Loss of network of supportive adults
  – Academic failure
  – Financial stresses
  – Parental stress
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.
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
Additional content covered

- 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
Exercise 2

• Preparing a hospital disaster management plan for mental health services
  – Outline services that may be required by patients, family members and visitors; and healthcare workers
  – Develop plan for triage
  – (Identify likely sites of delivery of services)
  – List professionals who might be called up to deliver supportive and mental health services
Ancillary/supportive services

- Communication and reunification
- Case management and emergency placement services
- Information
- Food and drink; clothing
- Transportation
- Shelter information
- Spiritual counseling
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
Additional services for hospital staff

- Mobile Crisis Team to respond to units (i.e., hospital staff may not be able to leave sites of medical care in order to meet their own needs)
- Employee Assistant Programs Crisis Intervention and services
- Crisis intervention information
- Consultation for managers/supervisors about handling employee issues
- Ancillary and support services and supplies (similar to those outlined prior)
## Model of patient and visitor triage for mental health needs (proposed by Schonfeld et al)

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