The Emotional Impact of Disasters on Children and their Families

Module 9

Peds Pediatrics in Disasters

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Learning Objectives

1. Characteristics that determine Vulnerability in Children & Adolescents
2. Children's Emotional response to disaster
3. Age Specific Interventions
4. Prevention, & Detection of MH problems

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Impact of Disasters & Types of Responses

Symptoms can be normal & of short duration – don't get in the way of normal recovery

Certain factors influence vulnerability – developmental stage matters

Emotional triage, referrals, action plans and the role of different providers

1) spot and educate about short term reactions

2) Understand how trauma is a process not an event

3) Victims and responders may experience shame and guilt (i.e. survivor guilt & moral injury)

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1

Emotional Vulnerability in Children & Adolescents (immediate)

Developmental stage

Extent of dependency on family adults

Gender

Personally witnessed the trauma event

Previous physical and mental health

Recovery or adaptive capacity (i.e. loss of favorite play area, loss of siblings/friends)

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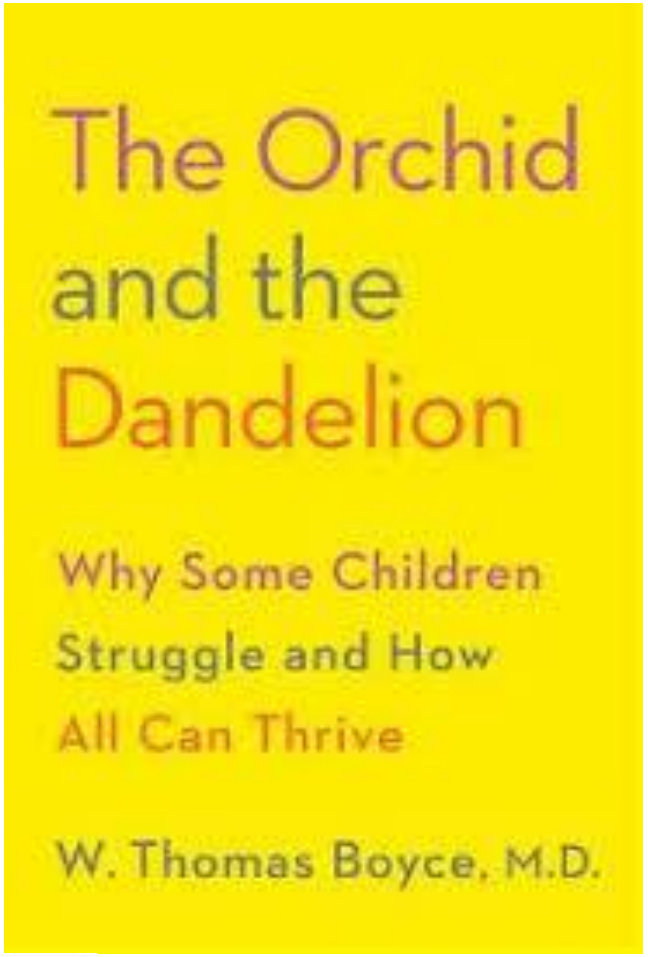
Risk Factors

Direct victims (e.g., those injured) or direct or indirect witness
parental divorce, high ACEs, prior Dx

Children and staff who felt at the time that their life was in jeopardy, families that struggles to communicate openly

Children and staff exposed to horrific scenes (e.g., bloody children or those severely injured), including those indirectly exposed through the media

Orchids & Dandelions



- Many children are able to thrive in any environment, while others may flourish only under the most favorable conditions. New findings reveal the complex interplay of factors that creates "dandelion" and "orchid" kids.
- A minority of children—about one in five—show an exceptional susceptibility to both negative and positive social contexts, with stress response circuits highly sensitive to adverse events.

"Wat I See in My Dreams"

Using Art to Heal Invisible Wounds

In September 2005, I was deployed to Nigeria as a clinical psychologist by Medicines Sans Frontiers/Doctors Without Borders (MSF). The emergency response followed a series of outbreaks of violence in the central Nigerian state of Plateau. In early May 2004 thousands of Nigerians fled from central Plateau State after clashes between rival militia culminated in a series of massacres. In the immediate aftermath of this horrendous tragedy, MSF created mobile clinics to medically assist more than 10,000 displaced people living in makeshift camps under extremely difficult conditions.

Two particularly brutal attacks took place in Yelwa, a market town located in the southern part of Plateau State. On February 4, 2004, armed Muslims killed more than 75 Christians and in an act of retaliation, on May 2 and 3, large numbers of armed Christians surrounded Yelwa, and killed more than 700 Muslims. Much of the city was destroyed and thousands of people were displaced.

MSF provided emergency medical aid to those who had fled Yelwa and helped with reintegration efforts once the violence had subsided. While treating many physically injured adults and children in displaced persons camps, members of the MSF team began hearing the horrific stories of what people had experienced during the attacks. The team realized that many survivors, including children, were experiencing acute trauma responses, including numbing, emotional detachment, muteness, depersonalization, psychogenic amnesia. They also had continued re-experiencing of the event via thoughts, dreams and flashbacks, as well as avoidance of any stimulation that reminded them of the event. MSF recruited me to help launch a psychosocial program aimed at helping adults and children as they returned home and tried to rebuild their shattered lives. The program we created for traumatized children used creative techniques and community support to achieve its success.

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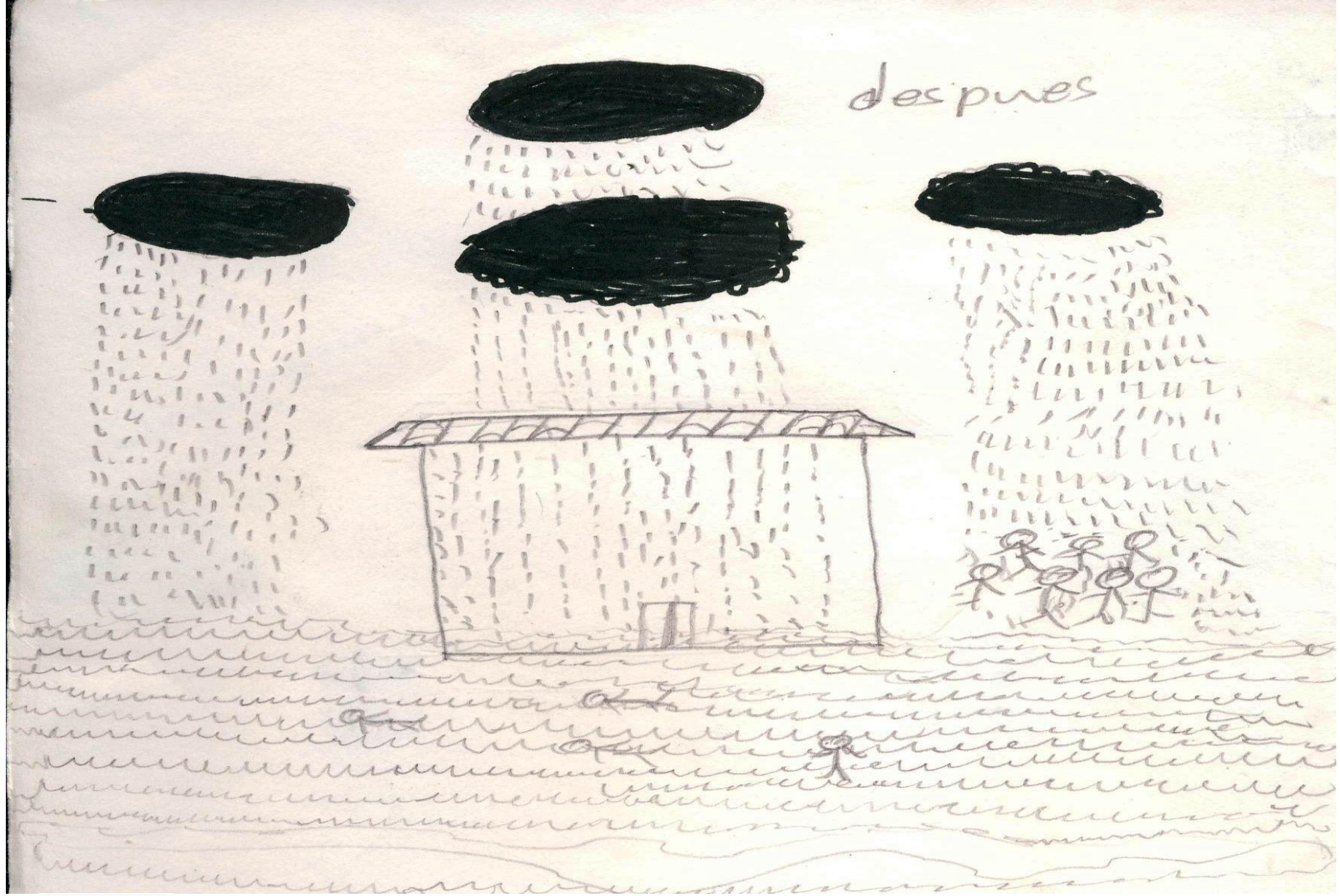

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Community related risk factors for emotional vulnerability

Disruption in schedules and routines
school closings
Induction of fear and erosion of safety
Opportunism that undermines safety

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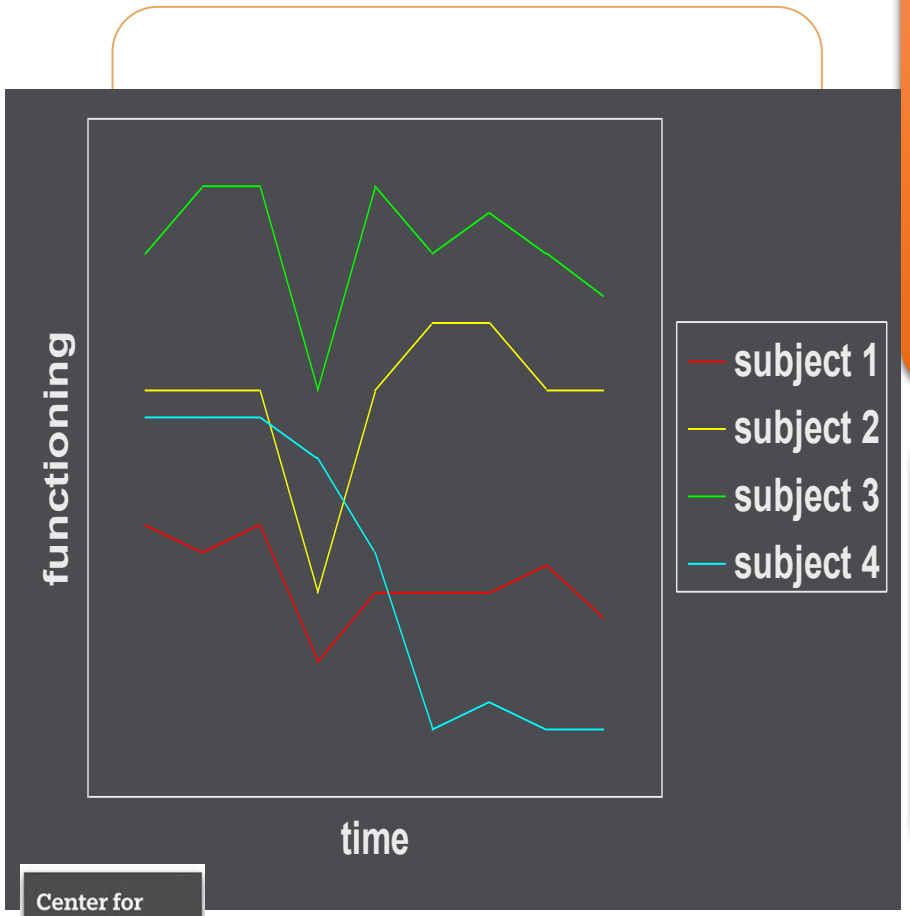
Resilience Variability in Trauma Response



Peek & Fothergill (2015)
Children of Katrina:
longitudinal study of children.
Discovered 3 trajectories

- Declining
- Finding equilibrium
- Fluctuating

Misleading perceptions on children:

1) The resilience myth
2) Helpless victim myth
3) Disasters are equal opportunity events myth

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CASE STUDIES:

Daniel: Cumulative vulnerability and continuing crisis

Mekana: DIsaster as Catalyst

Isabel & Zachary: Resource Depth and Long-term Stability

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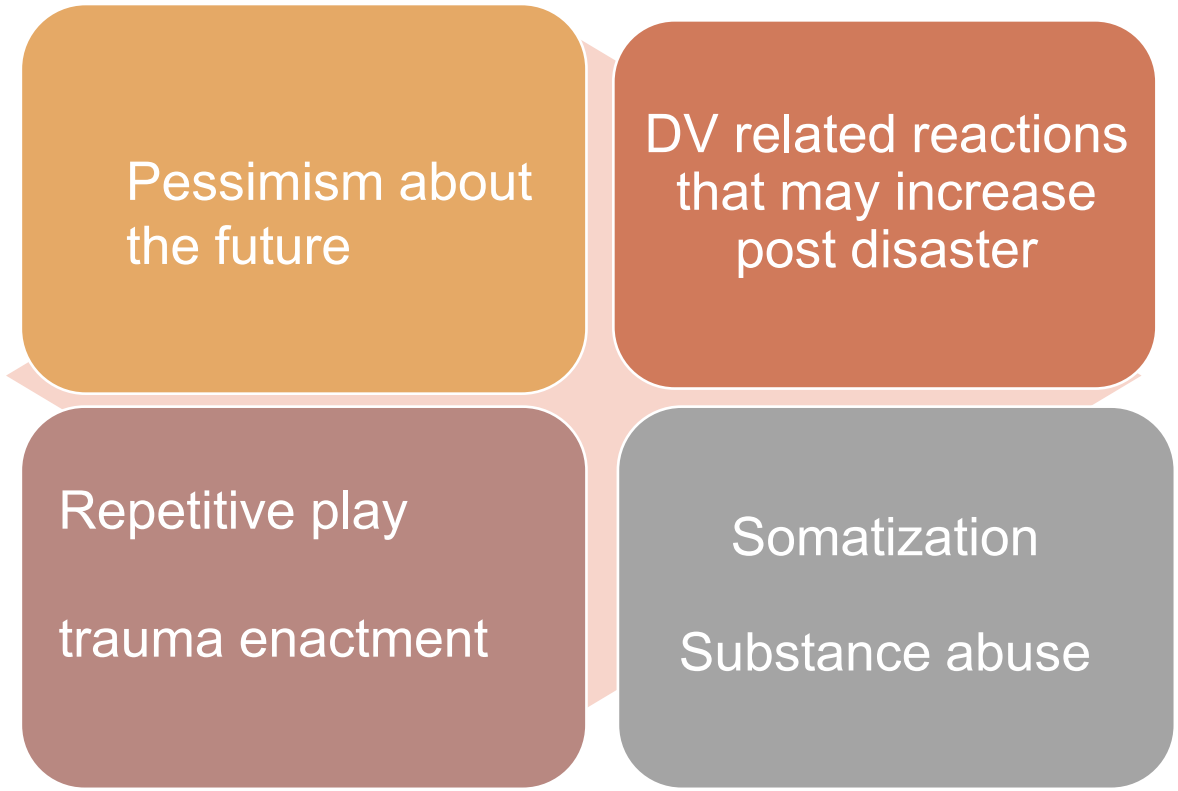
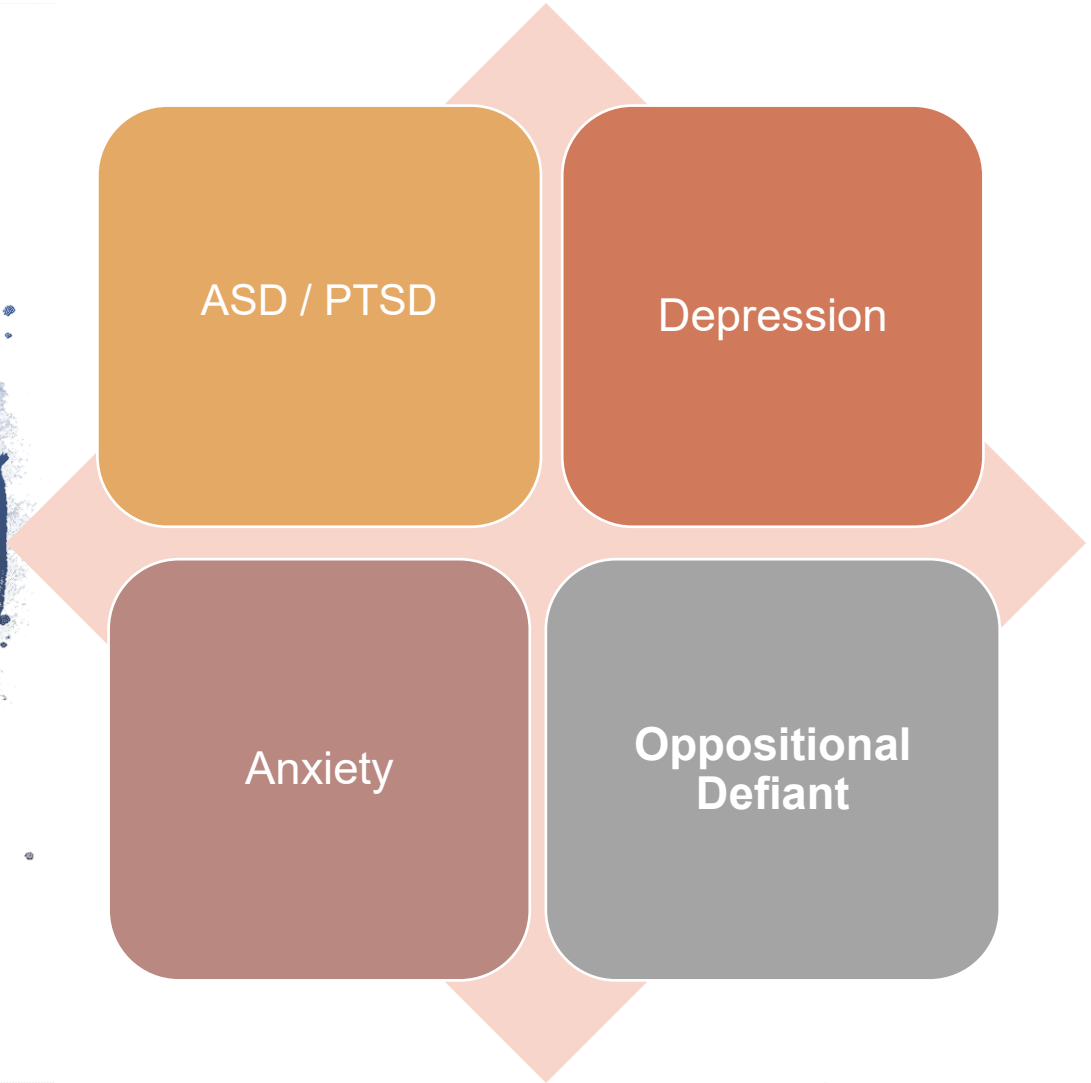
2

Emotional response: weeks, months, years



Most frequent emotional disorders /trauma responses



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3

Developmental Considerations (Age Specific)

- Children may express distress differently than adults
- Behavioral manifestations may be misunderstood
- Limited communication skills lead to non-verbal expressions – look for them!
- Younger children may harbor cognitive distortions especially around causation

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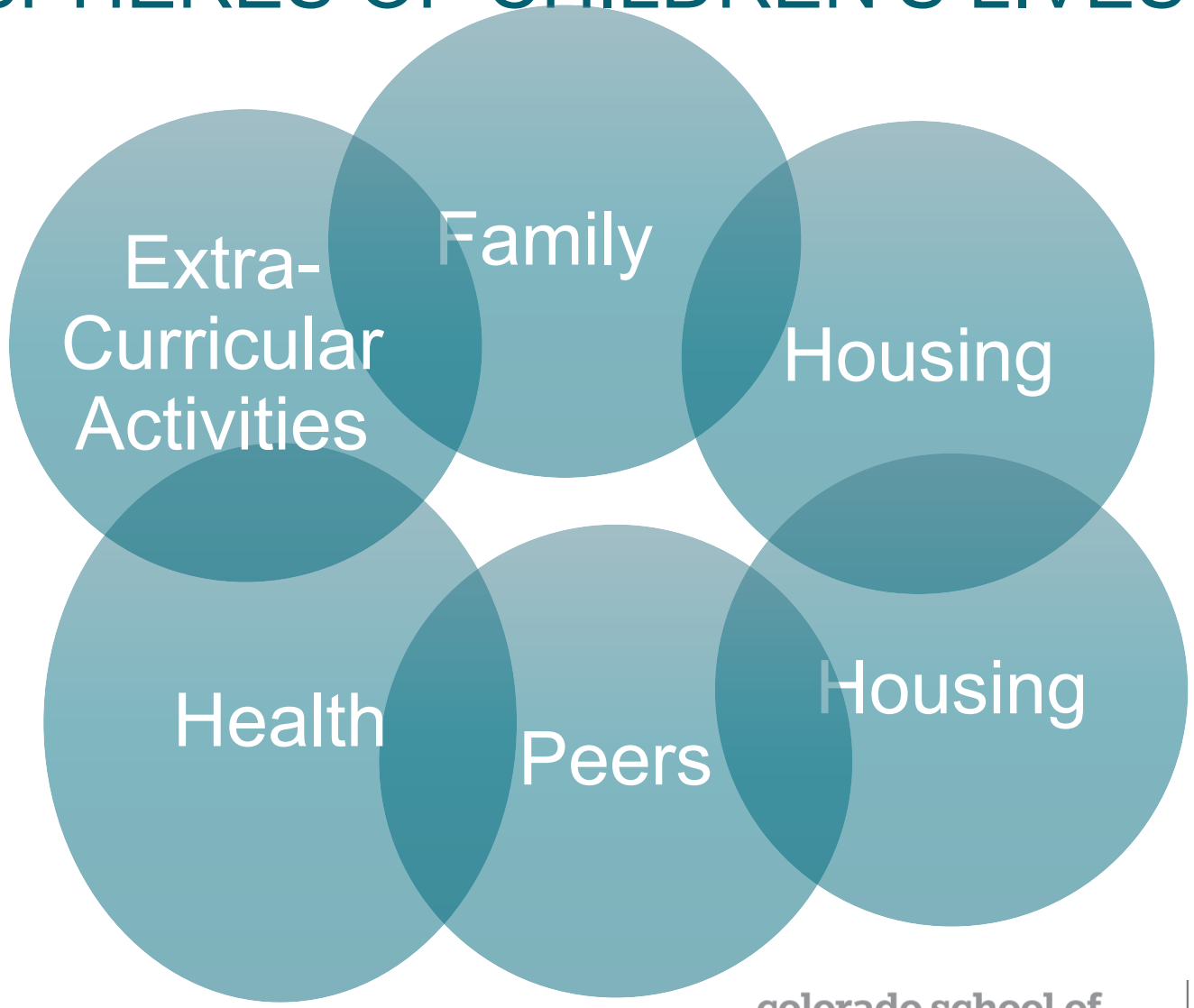
SPHERES OF CHILDREN'S LIVES



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Interventions: beyond the medical model (what to look for and who can intervene)

A. **Understand emotional reactions**

- Pay attention to behaviors at home and at school or daycare
- Don't underestimate children's distress
- Screening tools for PTSD and depression may be helpful

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

4

Interventions: parents & caregivers

Return to normal routines, with additional supports and appropriate accommodations

Patience

•Encourage children to spend time with friends

•Encourage children to resume their developmental tasks

Set normal and appropriate limits to children

Allow children to talk about their worries and feelings

Parents should get support and treatment if indicated

Help teachers see the problem and show understanding

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Saying Goodbye

It is 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.

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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

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Disaster type: Hurricane

Disaster stage: four months later

Emotional vulnerability/risk factors: witnessed death of relatives, friends, loss of home and school, poverty, separation from father

Emotional response: Separation anxiety, sleep difficulty, nightmares, Headaches, sadness, fear of bad weather, Intrusive thoughts

Interventions:3 months temporary safe place to stay, reunification with family, food, clothing, school, support groups, recreation

Result: symptom improvement, hope mixed with tears

CRITERIA TO SEEK MENTAL HEALTH ASSISTANCE

Suicidal or homicidal ideation

- Persistent somatic complaints
- Avoiding behavior or anxiety symptoms that interfere with everyday life
- Alcohol or substance abuse

Symptoms persist > 3 months and interfere with everyday life

Behavioral changes

Behavioral school problems

Withdrawal behavior that interferes with social life

Consider risk factors: recent parental divorce, death of a significant close relative, having moved or changed school recently

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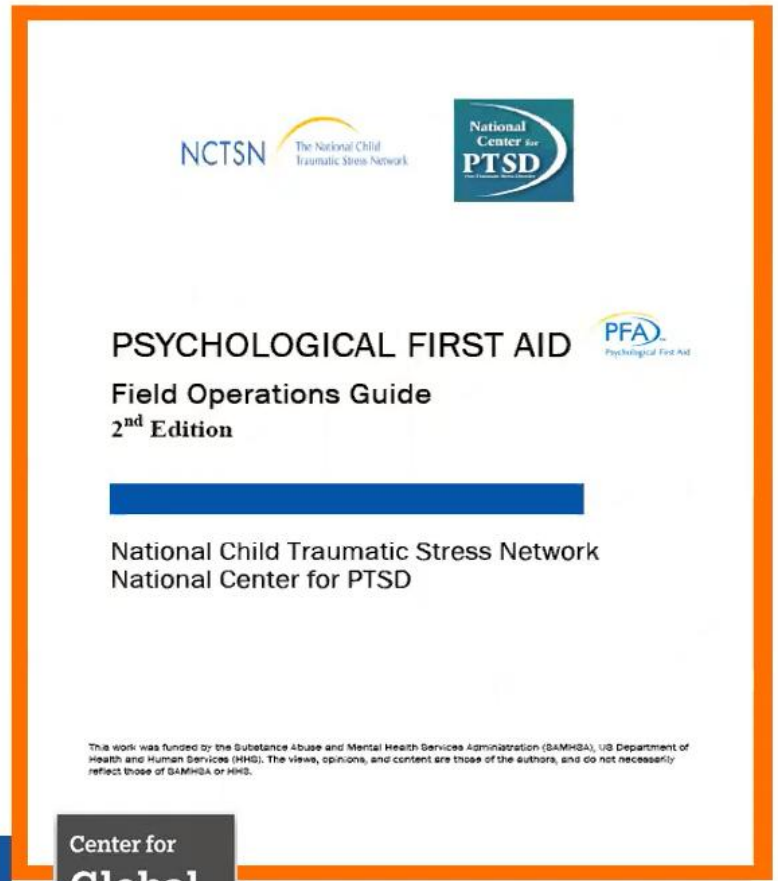
Principles of Psychological First Aid



ALGEE

Assess for suicide

Listen non-judgmentally

Give reassurance and info

Encourage self-help and other support strategies

Encourage professional help

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References & Resources

1. **American Academy of Child & Adolescent Psychiatry (AACAP) - Disaster Resource Center for Parents and Families**: Website: AACAP Disaster Resource Center
2. **National Child Traumatic Stress Network (NCTSN) - Resources for Parents and Caregivers**: Website: NCTSN Resources
3. **SAMHSA - Disaster Distress Helpline**: Website: SAMHSA Disaster Distress Helpline
4. **UNICEF - Child Protection in Emergencies**: Website: UNICEF Child Protection
5. **Save the Children - Emergency Response and Recovery Resources**: Website: Save the Children Emergency Response
6. **Child Mind Institute - Coping After a Disaster or Traumatic Event**: Website: Child Mind Institute - Coping
7. **Substance Abuse and Mental Health Services Administration (SAMHSA) - Children and Disasters**: Website: SAMHSA - Children and Disasters
8. **Psychological First Aid for Schools Field Operations Guide**: PDF: Psychological First Aid for Schools Guide (PDF)

These resources provide up-to-date information and support for parents, caregivers, and professionals dealing with children's mental health during and after disasters or traumatic events.

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