



# Supporting Children in Times of Disaster

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## Feedback poll #1

I had the opportunity to review the majority of the CD of the Triangle Lecture Series presentation at Emory University?

YES

NO

# Objectives

**By the end of this training, you will be able to:**

- Describe common reactions children manifest after a crisis
- Recognize the underlying reasons why children and parents often underestimate children's adjustment after a crisis.
- Discuss risk factors for increased difficulty with adjustment after a crisis
- Identify at least 4 things to consider when planning for mental health needs after a disaster

# Outline of Presentation

- 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

# 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

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

# 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





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



Help children figure out  
what they can do to  
assist others

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

## Feedback poll #2

What percent of children in grades 4-12 in NYC reported that they had seen someone killed or seriously injured PRIOR to 9-11?

- A. 10%
- B. 20%
- C. 30%
- D. 40%

## Feedback poll #3

What percent of these same children reported having experienced the violent of accidental death of a close friend PRIOR to 9-11?

- A. 10%
- B. 20%
- C. 30%
- D. 40%

## Feedback poll #4

In 1978, Ewalt and Perkins conducted a survey in two public high schools in Kansas City, Kansas. What percentage of children reported having experienced the death of a close friend their own age?

- A. 10%
- B. 20%
- C. 30%
- D. 40%

# Factors that adversely affect adjustment

- Direct victimization or witnessing
- Life in jeopardy
- Exposure to horrific scenes (incl. media)
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## Feedback poll #5

My state has already given adequate consideration of mental health needs in its disaster/crisis preparedness planning efforts.

- A. **Strongly Agree**
- B. **Agree**
- C. **Disagree**
- D. **Strongly Disagree**

# 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 have 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

- Risk communications need to be informed by mental health considerations
- Not driven solely by political, legal, and practical concerns



## 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)

### **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)

# 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
- 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
- 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





Questions ?

