Addressing the Needs of Children and Youth After Disasters and Critical Incidents

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Objectives

1. Increase the knowledge and understanding of the response of children and youth after disasters and critical incidents, and signs of childhood traumatic stress

2. Participants will learn strategies and resources to incorporate in preparedness plans and response to disasters and critical incidents to help prevent the impact of trauma in children and families

3. Provide an overview of best practices used with children, youth and families in the response to disasters and critical incidents.
Trauma Informed Care (TIC) is a framework that guides our principles, day to day operations, and relationships by creating a culture that recognizes, understands, prevents, responds and is sensitive to the impact of trauma on individuals, families and the workforce.

TIC creates a safe environment for all individuals impacted by trauma by helping rebuild a sense of control, awareness and empowerment that can foster recovery and resilience.
TIC Framework

- Recognizes
- Understands
- Prevents
- Responds

Sensitive
Recognizes
Understands
Prevents

Safe Environment

Individual, Families, Workforce

Empowerment
Awareness
Self Control
3Rs

- READINESS
- RESPONSE
- RECOVERY
Understanding the responses of children and youth after disasters and critical incidents.
Definition:

CHILDHOOD TRAUMATIC STRESS

1. Child traumatic stress occurs when children and adolescents are exposed to traumatic events or traumatic situations that overwhelm their ability to cope.

2. These reactions interfere with his or her daily life and ability to function and interact with others.

(National Child Traumatic Stress Network)
Terminology: Trauma, Traumatic Event or Stressor

An “Event” or “Stressor:
- The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: (1 required)
  - **Direct exposure.**
  - **Witnessing,** in person.
  - **Indirectly,**
  - Repeated or extreme indirect exposure to aversive details of the event(s), usually **in the course of professional duties**

(DSM 5)

SAMHSA’s 3 E’s of TRAUMA
- “**Individual** trauma results from an “**EVENT**”.
- Series of events or set of circumstances that is
- “**EXPERIENCED**” by an individual as physically or emotionally harmful or life threatening and
- has lasting adverse “**EFFECTS**” on the individuals’ functioning and mental, physical, social, emotional or spiritual well-being.”
  (SAMHSA)

The PERCEPTION of the Individual plays a key role in determined what is traumatic.
Be Aware of At-Risk Populations

• Those who:
  • Had direct exposure
  • Have been injured
  • Experienced death or serious injury of a loved one
  • Have a history of depression or suicidal thoughts or attempts
  • Have history of anxiety, shyness or low self-confidence
  • Have history of risk-taking behaviors
  • Have experienced prior traumatic events
12 Core Concepts on Childhood Trauma (NCTSN)

For understanding traumatic stress responses in childhood.

1. **COMPLEXITY:** Traumatic experiences are inherently complex.

2. **LIFE EXPERIENCES & CIRCUMSTANCES:** Trauma occurs within a broad context that includes children’s personal characteristics, life experiences and current circumstances.
Strategy

- Identify Immediate Needs and Concerns
- Provide practical and concrete help
3. SECONDARY ADVERSITIES & REMINDERS:

Traumatic events often generate secondary adversities, life changes and distressing reminders in children’s daily lives.

Disasters, terrorism and critical incidents may create a series of cascade events in the lives of children as a result of an original event.

For Example:

1\textsuperscript{st} event
Hurricane

2\textsuperscript{nd} event
Separation From Family

3\textsuperscript{rd} event
Involvement in Child Protective Services
Reducing the impact of cascading events in children

- Restore structure and routines such as: attending school, sleep times (even in shelters)
- Prioritize restoring a sense of safety
- Prioritize Family Reunification
- Preparedness plan and post-vention plan addresses the risk of abuse and exploitation of children after disasters
Distressing Reminders

**LOSS REMINDERS**
- Family & Friends
- School
- Favorite Place
- Community
- Unemployment

**TRAUMA REMINDERS**
- Sensorial reminders (triggers)
- Physical locations
- Environmental reminders
- Personal Space
- Persons in authority
4. WIDE RANGE OF REACTIONS:

• Children can exhibit a wide range of reactions to trauma and loss after a disaster or critical incident.
FIGHT OR FREEZE
Common Responses to Trauma (Signs)

**Physical**

- Difficulty sleeping and/or nightmares
- Physical complaints (headaches, stomach etc.)
- Lack of appetite
- Bed-wetting
- Sexual transmitted diseases / infections in genital area

*(Kirbie T., 2014)*
Common Responses to Trauma

**Developmental**

- Regression in behavior
- Interference (disruption or delays) with developmental milestones
- Delays in speech
- Delays in reading and writing in some children

*(Kirbie T., 2014)*
Common Responses to Trauma

Cognitive: **Thinking Patterns**
- Intrusive memories of the event
- Distorted beliefs/thoughts about themselves

**Self**: “I’m bad”, “I’m dirty”

**Others**: “Men are bad”, “People can’t be trusted”

**World**: “The world is a scary place”, “Nothing’s ever gonna change”
Common Responses to Trauma

**Behavioral**

- Refusing to go to school/frequent absences
- Skipping certain classes (e.g. P.E.)
- Temper Tantrums / Anger Outbursts
- Difficulty paying attention or concentrating
- Withdrawal from friends or activities
- Avoidance of scary situations or people
- Play that includes reenacting the event
Common Responses ( Signs )

**Emotional**

- Difficulty regulating emotions (e.g. unable to calm down, crying hysterically)
- Anger
- Depression
- Anxiety or nervousness
Common Reactions

1. Re-experiencing the event in diverse manners (Intrusions)
2. Avoidance
3. Negative cognitions (thoughts) and mood (feelings) that began or worsened after the event
4. Alterations in arousal and reactivity
Strategy

• Provide Information on Coping and common stress reactions and behavior changes in children and youth (age and developmentally appropriate)
Simple Strategies to support emotion regulation (calm down)

1. Sigh
2. Grounding (Mindful presence here & now). Make stuff toys and blankets available
3. Touch Nose-Ear
4. Deep breathing (belly in-out)
5. Visual image
6. Touch soothing textures
7. Drums / music
8. Aromatherapy
9. Shower
10. Walk / Exercise
Danger and safety are core concerns in the lives of traumatized individuals.

“A child/individual’s ability to believe in and trust in a protective shield has been broken and must be restored”.

5. DANGER & SAFETY
1. **Safety is a priority in the immediate and long-term needs of a child impacted by trauma.**

2. **Traumatic experiences impact:**
   a. Sense of Protection
   b. Sense of Safety
   c. May lead to significant changes in Risk Taking Behavior
“The Danger Apparatus”

Thinking System

Prefrontal Cortex

Amygdala

Hippocampus

“Alarm System”

External Stimuli

Filing System
Responding to the Alarm

1. Activate Alarm
2. Respond based on thoughts/values

OR

External Stimuli

Trigger Alarm
Strategy

- Enhance immediate safety and ongoing safety
A Focus Strategy to Use with Youth/Teens and Caregivers

• **S**low down:
  • Take a moment and slow down
  • Let your mind, body and spirit become quiet and calm

• **O**rient Yourself (the youth/caregiver)
  • Focus on ONE thought that helps you remember:
    • Who you are
    • What you believe and value, and
    • What’s most important to you right at this moment

• **S**elf-Check (On a Scale of 1-10)
  • Level of Stress
  • Level of Personal Control
6. FAMILY / CAREGIVING SYSTEMS

Traumatic experiences affect the family and broader caregiving systems.

“Everyone is shaken up by what happened”
Family experiences that impact the child.

- **Attachment Disruption:** Children separated from their parents, death

- **Caregiver’s own distress or traumatic experiences** may impact their ability to parent or support the child.

- **Family violence** / Multigenerational Violence

- **Historical Trauma** – regions commonly frequently impacted by natural disasters

- **Family’s alcohol and substance use issues**

- **Hunger / Malnutrition**
Strategy

• Connect with Social Supports
  • Establish brief and ongoing contacts with primary supports and other natural supports (family, friends, teachers, school, community resources)
Strategy

• Assess the caregiver’s needs and check their ability to parent (care for the child)
  • Provide support and child-care in shelters

• Respect and promote the autonomy of the caregiver to parent the child and make decisions that can help restore a routine for the child and the family
7. Protective & Promotive Factors

- “**Protective Factors** buffer the adverse effects of trauma and its stressful aftermath.”
  - Intrinsic (e.g. Personality, belief, locus of control, talents)
  - Extrinsic (e.g. Family, Culture, Religious Beliefs, Friends, Resources, Community Connectedness)

- “**Promotive Factors** generally enhance children’s positive adjustment regardless of whether risk factors are present.”

Strengths & Resilience

• Resourceful
• Personal Talents/Skills/Traits
• Positive outlook (regarding life and the future)
• Religious beliefs/spirituality
• Use of healthy coping mechanisms
• Connection to peers
• Other individual internal strengths: self-esteem, self-efficacy
• Presence of reliable adult mentors and sponsors & connected to organizations that support people after disasters

Strategy

• **Linkage to Collaborative Services**
  • Referral to immediate or future services

• **Involve youth in altruistic activities**
  • Volunteer and help response efforts
  • Help lead peer support efforts (e.g. welcoming youth that are new arrivals to a shelter and provide tour of services and logistics of the shelter)
Trauma and posttrauma adversitites can strongly influence development.

“Just don’t think symptoms, think development”
• Trauma exposure can:
  • Profoundly influence the acquisition and capacity to reach important developmental milestones

• Lead to developmental disruptions:
  • **Regressive behavior** (e.g. mutism, bed wetting, thumb sucking)
  
  • **Developmental accelerations** (e.g. assuming adult responsibilities, engage in precocious sexual behavior)

  • **Reluctance or inability to participate in developmentally appropriate activities**

  • **Difficulties regulating emotions** (e.g. unable to calm down)
Strategy

• Establish activities for children and youth that are developmentally appropriate in shelters or schools.

• Provide informational handouts to the caregiver to recognize child developmental milestones and common reactions to trauma according to developmental age of child.

• Create a comfort station or have multi-sensorial materials that can help a child/youth calm down: warm blankets, soaps with calming aromas, calming background music
9. NEUROBIOLOGY

- Developmental neurobiology underlies children’s reactions to traumatic experiences.
Exposure to multiple traumatic experiences carries a greater risk for significant neurobiological disturbances:

- Memory impairments, forgetfulness
- Emotional Dysregulation (e.g. hyperarousal: anxiety, anger)
- Dissociation
- Behavioral Dysregulation (e.g. hyperactivity, impulsivity)
- Disruption of Sleep cycles/ Sleep disturbances
- Traumatic Brain Injury
Strategy

• Encourage Sleep routine for the child/youth

• When possible arrange shelter in sections where the sleep areas are away from service areas.

• Refer for medical triage if there was any head injury during the critical event.
Culture is closely interwoven with traumatic experiences, response and recovery.
Culture can affect the meaning that a child or family attributes to:

a. Specific types of traumatic events  
b. Eye Contact and Shaking Hands  
c. The definition/concept of trauma  
d. Ways to express distress and describe feelings  
e. Healing, Healers and who can provide support  
f. Privacy & disclosure of personal information  
g. Gathering of evidence (e.g. taking pictures for the court)  
h. Grieving, mourning and the view of death
Strategy

• Practice Culture Humility to foster cultural competence

• The only assumption made is that you don’t know their culture and must ask and learn from the child and family.
11. Social construct & the legal and ethical issues

Challenges to the social contract, including legal and ethics issues, affect trauma response and recovery.

“Protection has failed in some way”
Ethical & Legal issues related to children after a disaster/critical incident.

1. Consent to Treatment & Services:
Who will provide consent if child has been separated from caregiver?
Child Welfare/CPS must have staff available to provide temporary custody of the child who has been separated from the caregiver.

2. Community and local government does not offer stable government and resources – Failing to provide appropriate 1st response and post-vention services.

3. Securing shelters for children and families from perpetrators of violence or sex offenders.
Strategy

- Preparedness Plan must consider and address:
  - Children with special healthcare needs and access to appropriate medical care for children/youth
  - A plan to address temporary custody and consent for services for children separated from their caregivers
  - Schools must be included in community preparedness plans to help address educational needs of children
  - Training for 1st responders, school personnel and religious organizations in best practices of addressing the needs of children after disasters or critical incidents.
12. Provider distress

Working with trauma-exposed children / individuals can evoke distress in providers that makes it more difficult for them to provide good care.

“We are stewards not just of those who allow us into their lives, but of our own capacity to be helpful.”
Provider Distress: Secondary Traumatic Stress in the Workforce

• **Secondary Traumatic Stress** – “Refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material.”

• **Vicarious Trauma** – Changes in the inner experience of the therapist (provider) resulting from empathic engagement with a client with trauma; such as disturbances in the cognitive frame of reference of trust, safety, control, esteem and intimacy.

• **Burnout** – Emotional exhaustion, reduction of feeling of personal accomplishment as a result of occupational stress (not due to trauma exposure).

Workforce Self-Care

• Eat, Sleep, Laugh
• Expect stress in your work and unexpected changes and a sense of powerlessness
• Acknowledge the impact their history has on you
• Debriefing is part of the post-vention and 1st response effort
• Consult/Talk to Supervisors and/or use your support system at work and home.
• Training in best practices to respond to critical incidents, disasters and terrorism
• Give your self time to rest physically and mentally and nurture yourself
• Take a break/vacation
• Remind yourself that you are not an untouchable hero.
Best Practices

• Have a Disaster Response Plan for Children and Youth
• 1st Response Practices / Early Interventions
  (Immediate aftermath – 1 month)
• Intermediate Interventions
  (1 month – 6 months)
• Long-term Interventions & Treatment
  (6 months – 1 year – multiple years/anniversaries)
• Prepare the media for appropriate coverage of disaster and terrorism that impact children
1st Response Practices: Early Intervention

- Psychological First Aid (PFA)
- Psychological First Aid for Schools
- PFA Mobile App
- Community Emergency Response Team (CERT)
- Screening, Brief Intervention, Referral to Treatment (SBIRT)
- Mental Health First Aid (MHFA)
- ASK About Suicide (ASK)
- Available Screenings: trauma, suicide and mental health
Intermediate Practices

- Crisis Counseling Assistance and Training Program (CCP)
- Cognitive Behavior Interventions in Schools (CBITS)
- Skills for Psychological Recovery (SPR)
- Classroom Based Interventions (CBI)
- Available Screenings: trauma, suicide and mental health
Long-Term Practices

• Trauma-Focused Cognitive Behavior Therapy (TF-CBT)
• Child-Parent Psychotherapy (CPP)
• Trauma Systems Therapy (TST)
• Other trauma-focused evidence-based practices
• Available Screenings: trauma, suicide and mental health
“You gotta give them hope” — Harvey Milk

Articulate that recovery from traumatic experiences is possible.
Where to find information and resources about TIC

- **SAMHSA’s Disaster Kit**
  https://store.samhsa.gov/product/SAMHSA-s-Disaster-Kit/SMA11-DISASTER

- **National Child Traumatic Stress Network:**
  www.nctsn.org
Available Disaster Response and Critical Incident Services at HHSC

• Office of Disaster Behavioral Health 512-206-5555
  DBHS@dshs.state.tx.us

• Suicide Prevention/Post-vention Coordination
  www.texassuicideprevention.org

• Support post-vention coordination for critical incidents in schools
Thank you

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