Disaster Mental Health Response for Children

Third Edition
Revised November 2018
Illinois EMS for Children is a collaborative program within the Illinois Department of Public Health, aimed at improving pediatric emergency care within our state.

Since 1994, Illinois EMS for Children has worked to enhance and integrate pediatrics into emergency care system through:

- Education
- Practice standards
- Injury prevention
- Data initiatives
- Disaster preparedness

This educational activity is being presented without the provision of commercial support and without bias or conflict of interest from the planners and presenters.
Acknowledgements

This educational module was developed by the Illinois EMS for Children Pediatric Preparedness Workgroup.

A listing of the members of the committee at the module’s development and the time of revision is provided at the end of this module.

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<th>Special thanks to:</th>
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<td>American Red Cross</td>
<td>Diane Cuddeback</td>
<td>Margaret L. (Peg) Maher, LCSW, ACSW</td>
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<td>for permission to use their photos in this presentation</td>
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<td></td>
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Objectives

- Define common and abnormal reactions that children may experience following a disaster
- Describe methods for providing support to address the post-disaster needs of children
- Review the current mental health response technique of Psychological First Aid and PsySTART
- List existing available mental health disaster resources for caregivers
Introduction

(Photo Credit: Bob Carey; Talia Frankel/Red Cross)
“For children, the ‘costs’ of disaster extend far beyond those of rebuilding. Disasters take a toll in terms of children’s personal growth and development, missed school, reduced academic functioning, missed social opportunities and increased exposure to life stressors such as family illness, divorce, family violence and substance use.”

(La Greca, Silverman, Vernberg & Roberts, 2002)
Types of Disasters Impacting Children Around the World

**Natural Disaster**
- Tornados
- Earthquakes
- Flooding
- Hurricanes
- Tsunamis
- Wildfires
- Ice storms

**Disasters Caused by Humans and Technology**
- Acts of violence
- Terrorism
- War
- Toxic waste spills
- Residential fires
- Dam/levee breaks
Reactions to Disasters

1. Common Reactions to Disasters
2. Childhood Grief and Childhood Grief in Disasters
3. Severe Reactions to Disasters: Stress, Acute Stress Disorder and Post Traumatic Stress Disorder (PTSD)
4. Risk Factors for Developing PTSD
5. When to Seek Help
Reactions to Disasters

In a post-disaster setting, parents and children need to remember that they are having a **NORMAL** reaction to an **ABNORMAL** situation!

(Mitchell, 2006)
### Common Reactions to Disasters: Infants & Toddlers (Birth to Age 2)

<table>
<thead>
<tr>
<th>Physical</th>
<th>Emotional</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Exaggerated startle reflex</td>
<td>- Separation fears</td>
<td>- Fussiness/tantrums</td>
</tr>
<tr>
<td></td>
<td>- Worries</td>
<td>- Feeding and sleeping problems</td>
</tr>
<tr>
<td></td>
<td>- Sad</td>
<td>- Regression</td>
</tr>
<tr>
<td></td>
<td>- Missing people and/or things</td>
<td>- Aggression</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Hyperactivity</td>
</tr>
</tbody>
</table>

(Brymer et al., 2006)
### Common Reactions to Disasters: Preschoolers (Ages 3-6)

<table>
<thead>
<tr>
<th>Physical</th>
<th>Emotional</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Confusion</td>
<td>• Fear of separation</td>
<td>• Regressive behaviors</td>
</tr>
<tr>
<td>• Sensitive to noise</td>
<td>• Fear of being alone</td>
<td>• Excessive clinging</td>
</tr>
<tr>
<td></td>
<td>• Helplessness</td>
<td>• Eating/sleeping problems</td>
</tr>
<tr>
<td></td>
<td>• Passive behaviors</td>
<td>• Crying</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Not talking</td>
</tr>
</tbody>
</table>
Common Reactions to Disasters: School-Aged (Ages 7-12)

Physical
- Aches & pains
- Confusion
- Poor concentration

Emotional
- Withdrawal
- Fearfulness
- Sadness
- Irritability
- Feels responsible
- Safety concerns

Behavioral
- Appetite & sleep changes
- Competition for attention
- Regressive behaviors
- School avoidance
- Aggression
- Stuck on event

(Brymer et al., 2006)
### Common Reactions to Disasters: Teens (Ages 13-18)

<table>
<thead>
<tr>
<th>Physical</th>
<th>Emotional</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Aches &amp; pains</td>
<td>• Withdrawal</td>
<td>• Sleep changes</td>
</tr>
<tr>
<td>• Poor concentration</td>
<td>• Fearfulness</td>
<td>• Acting out</td>
</tr>
<tr>
<td></td>
<td>• Sadness</td>
<td>• Substance abuse</td>
</tr>
<tr>
<td></td>
<td>• Irritability</td>
<td>• Avoidance</td>
</tr>
<tr>
<td></td>
<td>• Hopelessness</td>
<td>• Isolation</td>
</tr>
<tr>
<td></td>
<td>• Detached</td>
<td>• Abrupt social change</td>
</tr>
<tr>
<td></td>
<td>• Shame/guilt</td>
<td>• Risk taking</td>
</tr>
<tr>
<td></td>
<td>• Change in attitude</td>
<td></td>
</tr>
</tbody>
</table>

(Brymer et al., 2006)
# Childhood Grief

<table>
<thead>
<tr>
<th>Children often:</th>
<th>Respond differently than adults</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Have inaccurate beliefs about death/loss</td>
</tr>
<tr>
<td></td>
<td>React to death based on cognitive developmental level</td>
</tr>
</tbody>
</table>

*Helping Children Cope with Grief* tip sheet
Childhood Grief in Disasters

May occur following the death of someone important to a child

Common after mass casualty disasters

Trauma symptoms interfere with child’s ability to go through bereavement process

(NCTSN, n.d.)
Severe Reactions to Disasters: Stress

- Cognitive symptoms
- Emotional symptoms
- Physical symptoms
- Behavioral symptoms

(Mitchell, 2006; Photo Credit: Talia Frenkel Red Cross)
Severe Reactions to Disasters: Acute Stress Disorder & Post Traumatic Stress Disorder

**ASD**
- Early reaction to trauma
- Symptoms present 2 days to 4 weeks
- Symptoms similar to PTSD

**PTSD**
- Pathological variant of normal trauma response
- Symptoms persist beyond one month
- Symptoms interfere with daily functioning
Risk Factors for Developing PTSD

Event Risk Factors

Personal Characteristics

Pre-event Risk Factors
When to Seek Help

- Risk factors present
- Reaction appears severe
- Reaction is concerning
- Symptoms persist beyond one month
- Child appears “stuck” on the trauma
- Symptoms of Acute Stress/PTSD or prolonged grief present
Interventions

1. Helping Children
2. Psychological First Aid
3. PsySTART
Tips for helping Infants & toddlers and preschoolers after disasters

(Brymer et al., 2006; CDC, n.d.; Photo credit: Bob Carey/Red Cross)
Helping Children: Ages 6-12

Time with adults

Physical activity

Physical contact

Reassurance

Opportunities to talk

Tips for helping school-aged children after a disaster

(Brymer et al., 2006; CDC, n.d.; Photo credit: Talia Frankel/Red Cross)
Helping Children: Ages 13-18

Time with peers

Listen

Opportunities to contribute

Discuss healthy coping

Encourage self-care

Tips for helping adolescents after a disaster

(Brymer et al., 2006; CDC, n.d.; Photo credit: Chuck Haupt /Red Cross)
Separation from caregivers during a disaster increases a child’s vulnerability to:

- Abuse
- Neglect
- Trafficking
- Malnutrition
- Psycho-social trauma
- Disease

(Photo Credit: Patrick Fuller/Red Cross)
Helping Children: Children Separated from their Caregivers

- Unaccompanied minors are a priority
  - Provide for their safety and security first

- Assign a provider to each unaccompanied child and have the provider stay with the child at all times

- Provider should:
  - Comfort child if he/she becomes distraught
  - Model good coping
  - Address child’s physical needs
Helping Children: Children Separated from their Caregivers

- Keep child in safe area
  - Prevent further exposure of event
  - Control flow of people in safe area
  - Report suspicious people/activity

- Begin Psychological First Aid

- Work with community services to reunify child with caregiver
Psychological First Aid

Addresses:
• Safety
• Ability to calm oneself or others
• Basic needs
• Disruptions in social connections

Interventions:
• Focus on the here and now
• Enhance current functioning
• Prevent further injury

(La Greca, Silverman, Vernberg, & Roberts, 2002; Brymer et al., 2006)
Psychological First Aid

8 basic actions:

1. Contact and Engagement
2. Safety and Comfort
3. Stabilization
4. Information Gathering
5. Practical Assistance
6. Connection with Support
7. Information on Coping
8. Linkage with Services

(Brymer et al., 2006)
Step 1: Contact and Engagement

- Introduce self
- Ask about immediate needs
- Maintain confidentiality

(Brymer et al., 2006; Photo Credit: Bob Carey/Red Cross)
## Step 1: Contact and Engagement

<table>
<thead>
<tr>
<th>Adult/Caregiver*</th>
<th>“Hello, My name is <em><strong><strong><strong>. I work with</strong></strong></strong></em>. I’m checking in with people to see how they are doing and to see if I can help in any way. Is it okay if I talk to you for a few minutes? May I ask your name? Before we talk, is there something right now that you need like some water or fruit juice?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child*</td>
<td>“And is this your daughter? Hi, I’m ________ and I’m here to help you and your family. Is there anything you need right now? There is some water and juice over there, and we have a few blankets and toys in those boxes.”</td>
</tr>
</tbody>
</table>

*Sample Dialogue

(Brymer et al., 2006)
### Step 2: Safety and Comfort

<table>
<thead>
<tr>
<th>Immediate physical safety</th>
<th>Attend to children separated from caregivers</th>
<th>Attend to physical comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protect from additional traumatic experiences</td>
<td>Information about disaster response</td>
<td>Promote social engagement</td>
</tr>
<tr>
<td>Other support services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Brymer et al., 2006)
Step 2: Safety and Comfort

Immediate Physical Safety

- Find officials
- Help make environment more safe
  - Provide safe area for children
  - Remove dangerous objects
- Ask about specific needs
- Document survivors with special needs
- Look for signs of threat to self/others
- Look for signs of shock

(Brymer et al., 2006)
**Step 2: Safety and Comfort**

| Child/Adolescent* | “Do you need anything to drink or eat? Is your family here with you?”
|                  | “Do you have a place to stay?”
|                  | “We are working hard to make you and your family safe.”
|                  | “Do you have any questions about what we’re doing to keep you safe?” |

*Sample Dialogue*  

(Illinois EMSC, 2014)
Step 2: Safety and Comfort
Attend to Children Separated From Caregivers

Set up a secure child-friendly space

- Safe, designated space
- Experienced caregivers
- Monitor who comes and goes
- Stock with materials
- Plan soothing activities
- Invite older children to help
- Include activities for adolescents

(Brymer et al., 2006)
Step 2: Safety and Comfort
Attend to Physical Comfort

- Look for ways to make physical environment more comfortable
- Encourage survivors to get things they need
- Help children find a toy to “care” for

(Brymer et al., 2006; Photo Credit: Bob Carey/American Red Cross)
Step 2: Safety and Comfort
Promote Social Engagement

- Facilitate group/social interactions
- Keep children with family/primary caregiver as much as possible
- Place children by calm adults

(Brymer et al., 2006; Photo Credit: Bob Carey/Red Cross)
Step 2: Safety and Comfort
Information about Disaster Response

- What to do next
- What is being done to help
- What is known about the event
- Available services
- Common stress reactions
- Self-care, coping

(Brymer et al., 2006)
Step 2: Safety and Comfort
Protect from Additional Traumatic Experiences

- Reduce exposure to reminders
- Protect privacy of survivors
- Discuss risks of media exposure

(Brymer et al., 2006)
“You’ve been through a lot already. People often want to watch TV or go to the internet after something like this, but doing this can be pretty scary. It’s best to stay away from TV or radio programs that show this stuff. You can also tell your mom or dad if you see something that bothers you.”
Step 2: Safety and Comfort

Other Support Services

- Help survivors who have a missing family member
- Help survivors when a family member or close friend has died
- Support survivors who receive death notification
- Attend to grief and spiritual issues
- Support survivors involved in body identification
- Help caregivers confirm body identification to a child or adolescent

(Brymer et al., 2006)
Step 3: Stabilization

- Stabilize emotionally overwhelmed survivors
- Orient survivors
- Consider medication

(Brymer et al., 2006)
Child* 

“After bad things happen, your body may have strong feelings that come and go like waves in the ocean. Even grown-ups need help at times like this. Is there anyone who can help you feel better when you talk to them? Can I help you get in touch with them?”

*Sample Dialogue
Step 4: Information Gathering

Gather information on current needs and concerns:

- Nature/severity of experience
- Death of loved one
- Concerns about ongoing threat
- Concern for loved ones
- Losses
- Guilt/shame
- Available social support
- Other risk factors

(Brymer et al., 2006)
Step 5: Practical Assistance

- Offer physical assistance
- Identify most immediate needs
- Develop an action plan
- Act

(Brymer et al., 2006; Photo Credit: Bob Carey/Red Cross)
Step 6: Connection with Support

- Access to primary support persons
- Encourage use of available support
- Discuss support-seeking and giving
- Modeling support

(Brymer et al., 2006)
### Step 6: Connection with Support

<table>
<thead>
<tr>
<th><strong>Adolescent</strong>*</th>
<th>“When something really upsetting like this happens, even if you don’t feel like talking, be sure to ask for what you need.”</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child</strong>*</td>
<td>“You are doing a great job letting grown-ups know what you need. It is important to keep letting people know how they can help you. The more help you get, the more you can make things better. Even grown-ups need help at a time like this.”</td>
</tr>
</tbody>
</table>

*Sample Dialogue

(Brymer et al, 2006)
Step 7: Information on Coping

- Provide information about coping
- Relaxation techniques
- Assist with developmental issues

(Tips for Relaxation)

(Brymer et al, 2006)
Step 8: Linkage with Services

- Assist children and families in connecting to community resources
- Provide referrals for additional assistance
- Promote continuity in helping relationships
- Assist with reunifying unaccompanied children with caregivers

(Brymer et al., 2006)
Additional Intervention: PsySTART

- Evidence based mental health screening system
- Used for rapid triage decisions for emergency mental health interventions
- Flexible and scalable
PsySTART Triage Stepped Care Continuum Model
PsySTART triage “tag” seeks to identify:

- Key risk factors (e.g. witnessed death of loved one)
- Ongoing/evolving post event stressors (e.g. housing issues)
- Four triage risk levels
Triage Risk Levels and Care Strategy

- **Purple: Acute danger to self/others**
  - Emergency care to evaluate for danger by clinical providers and trained mental health professional-immediate interventions to be implemented to protect from harm

- **Red: High risk**
  - Immediate disaster crisis intervention by trained mental health professional (clinical providers)

- **Yellow: Moderate risk**
  - Secondary mental health screening (non-clinical providers)

- **Green: Low risk**
  - “Listen, Protect and Connect” approach with PFA
Using PsySTART

- PsySTART used for mental health screening only
- Does not replace mass casualty incident medical triage systems (e.g. START, JumpSTART©)
- Used with victims after medical needs have been attended to
- Not intended to be used by EMS on initial scene
- Does not need to be completed by mental health professionals
For more information or to become trained on using PsySTART, visit:

https://www.calhospitalprepare.org/post/psystart
Conclusion
Resources:

Websites

- Illinois EMS for Children: Mental Health for Children Resources
- The National Child Traumatic Stress Network
- FEMA for Kids
- CDC: Emergency Preparedness and Response: Coping with a Disaster or Traumatic Event
- Substance Abuse and Mental Health Services Administration (SAMHSA)
Resources:
Tip Sheets & Documents

- Psychological First Aid Tip Sheets
  - Parent Tips for Helping Infants and Toddlers
  - Parent Tips for Helping Preschool-Age Children
  - Parent Tips for Helping School-Age Children
  - Parent Tips for Helping Adolescents
  - Connecting with Others: Seeking Social Support
  - Connecting with Others: Giving Social Support
  - When Terrible Things Happen
  - Tips for Adults
  - Basic Relaxation Techniques
  - Alcohol and Drug Use after Disasters
Resources:
Tip Sheets & Documents (continued)

- Psychological First Aid (PFA) Field Operations Guide
- Listen, Protect, Connect-Psychological First Aid for Children and Parents
- Listen, Protect, Connect-Psychological First Aid for Students and Teachers
- National Child Traumatic Stress Network:
  - Childhood Traumatic Grief Educational Material for Parents
  - Childhood Traumatic Grief Educational Material for Pediatricians and Pediatric Nurses
  - Childhood Traumatic Grief Educational Material for School Personnel

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References/Works Cited


The American Red Cross. (n.d.). Permission was granted to use the photos in this educational module.
