

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# Helping Children and Youth Cope in the Aftermath of Disasters: Tips for Parents and Other Caregivers, Teachers, Administrators, and School Staff

Robin Gurwitch, Ph.D.  
Russell Jones, Ph.D.



# Welcome and Introductions

- Welcome by host Julie Liu, M.A., Public Health Advisor, Substance Abuse and Mental Health Services Administration
- Introduction of presenters:
  - Robin Gurwitch, Ph.D., Center for Child and Family Health, Duke University Medical Center
  - Russell Jones, Ph.D., Professor of Psychology, Virginia Tech University

# Purpose

The purpose of this podcast is to inform parents and other caregivers, teachers and other school staff, and behavioral health professionals about what kinds of responses to expect in their children and youth in the aftermath of disasters, such as a school shooting, and to help determine when a child or youth exposed to a disaster may need mental health services.

# Learning Objectives

- Identify common reactions seen in children and youth after a disaster such as a school shooting.
- Identify helpful ways to talk to and calm children and youth in the aftermath of a disaster.
- Present helpful approaches to working with children and youth impacted by a disaster.
- Identify signs that mental health services may be needed.



# Dr. Robin Gurwitch



# Common Reactions to Trauma

Young children ages 3–5 years may react to trauma in the following ways:

- Have changes in behavior (more irritability, temper tantrums, crying)
- Become more clingy or withdrawn
- Regress in skills
- Repeatedly ask questions, as they may not fully understand what happened, including experiences of loss
- Demand more attention from others

# Common Reactions to Trauma (continued)

Children ages 6–10 years may react in these ways:

- Regress in skills
- Demand more attention from others
- Have problems with attention and/or concentration
- Have more behavior problems
- Have problems with homework/schoolwork, chores
- Feel helpless and guilty about what happened
- Fear going to school

# Common Reactions to Trauma (continued)

Older children and youth ages 11–19 years may react in the following ways:

- Withdraw into silence and isolation (including depression)
- Become more irritable with peers and family, often starting arguments
- Have feelings of guilt and shame about the event
- Express physical pains with no medical cause
- Have a brief decline in school performance
- Engage in high-risk behaviors such as alcohol or drug use



# Tips on How Parents and Other Caregivers, Teachers and All School Staff, and Behavioral Health Professionals Can Help



# Pay Attention and Be a Good Listener

- Find out what they know about the event—what are they hearing or seeing on television and the Internet and from friends?
- Allow children and youth to ask questions, answering honestly at a level they can understand.
- Most children and youth want to talk about their experience. Let them talk, and listen to them.
- Accept their feelings, letting them know that all feelings are okay and that crying is just one way to help express feelings.
- Help children and youth express their emotions through conversation, writing, drawing, music, and body movement such as running, playing, dancing, and yoga.

# Actively Engage with Children and Youth

- Balance talk of the event with the important routine of school and home activities.
- Take a break and do something relaxing or fun together.
- Let them know it's okay to laugh and have fun even in the aftermath of a traumatic event.
- Let them know that you care about them.
- Provide extra attention and patience.
- Check back in on a regular basis.

# *Note of Caution*

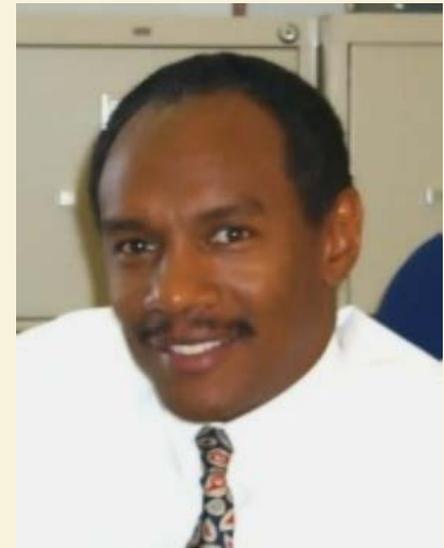
- Be careful not to pressure children or youth to talk about the trauma or join in expressive activities related to the trauma. While most will easily talk about what happened, some may become frightened. Some may even become more upset by talking about a trauma, listening to others talk about it, or looking at coverage of the event. Allow children to remove themselves from these activities, and monitor them for signs of distress.
- Limit media exposure about the event, particularly with young children.

# You Are a Role Model for Coping

- It's okay for children and youth to see adults sad, crying, or expressing other emotions, but try not to show intense negative emotions. Be sure they see you “pulling it together” too.
- Refrain from yelling, hitting, or kicking furniture or walls to release your own stress, as this can be scary for children and increase their stress and distress.
- Monitor adult conversation as children and youth may not understand it completely.
- Never hit, tease, or isolate children or youth.
- REMEMBER: You are a role model for coping.



# Dr. Russell Jones



# Parents: Address Your Own Trauma

- Know signs and symptoms of distress.
  - Posttraumatic stress disorder (PTSD)
  - Depression
- Remember the old saying: “What doesn’t kill you . . .”
- Admit that at times, you may have difficulty coping.
- Don’t use avoidance coping.
  - E.g., alcohol, drugs, risky behaviors (unprotected sex, reckless driving)

# Parents: Use Active Coping

## *Model Self-Care for Your Children*

- If you are in good physical and emotional health, you are more likely to be readily available to support the children and youth that you care about.
- Adults can show children and youth how to take care of themselves by modeling.
- Set routines, eat healthy meals, get enough sleep, exercise, and take deep breaths to handle stress.

# Remind Children and Youth

- Let children and youth know they are not to blame for disasters or traumatic events.
- And if human violence or error caused an event, be careful not to blame a cultural, racial, or ethnic group, or people with psychiatric disabilities.
- This may be a good opportunity to talk with children and youth about discrimination and diversity.

# Moving Forward: Good News

- Most children and youth are quite resilient and get back to feeling “okay” soon after a trauma.
- With good support from others around them including parents, caregivers, teachers, and peers, they can thrive and recover.
- The most important ways to help are to make sure children and youth feel connected, cared about, and loved.

# Steps for Recovery in the Immediate Aftermath

- Nurture these children and youth. Spend more time with the children than usual, even for a short while.
- Offer comfort with gentle words, a hug when appropriate, or just being present with them.
- Make sure children and youth have age-appropriate tasks and can participate in a way that makes them feel useful.

# School-Aged Children and Youth

- Make sure children and youth return to school as soon as possible and engage in after-school activities. Get back to routines at home too.
- Ask your children and the children in your care what worries them and what might help them to feel better.
- Help children make meaning of their experience. Provide opportunities to talk with trusted adults and peers about what the event means to them.
- Encourage positive coping. Children may want to draw a picture or write a letter to those who have been hurt or lost their homes or to rescue workers. Encourage these kinds of activities.

# Long-Term Recovery

- Be aware that signs and symptoms of trauma *may* persist.
- Delayed PTSD
- The Virginia Tech story
  - Shootings at Virginia Tech
- Prevention model
  - Universal, collective, and indicative

# Long-Term Recovery: *Prevention Model Components*

- Tier 1
  - Conduct response activities in the acute aftermath.
- Tier 2
  - Implement specialized mental health services for those with persistent, severe distress.
  - Conduct assessment activities.
    - Posttraumatic stress
- Tier 3
  - Provide intensive treatment services.
    - Trauma-focused cognitive behavioral therapy, trauma-/grief-focused treatment, exposure therapy
  - Coordinate and maintain prevention model.
  - Conduct long-term assessment.

# Conclusion

- “Out of darkness comes light.”
  - Posttraumatic growth: Good things *can* follow disaster.
    - Examples from Virginia Tech shootings
      - Fall 2012 was the fifth year in a row that the number of applicants exceeded those in 2007.
      - The strong sense of community within the Hokie Nation has continued.
      - Virginia Tech has shown persistent growth and resiliency.
        - » As poet Nikki Giovanni proclaimed at the convocation the day following the shootings, “We are the Hokies. We will prevail. We will prevail. We will prevail. We are Virginia Tech.”



# When Children and Youth, Parents and Families, and Teachers and School Staff Need More Help



# Identifying Individuals Who Need More Help

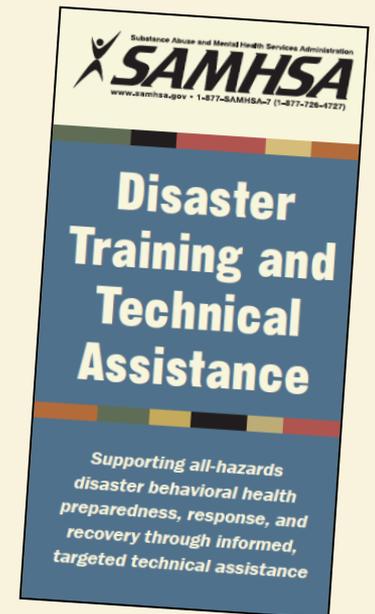
- In some instances, a child or youth and his or her family may have trouble getting through a trauma.
- If problem behaviors persist 2–4 weeks after the trauma or get worse rather than decreasing, a professional assessment will help determine next steps. Yet any time caregivers feel they need to, they should reach out for professional help.
- If a family member has lost a loved one, consider working with someone who knows how to support those who are grieving.

# Individuals Who Need More Help

- Find a caring professional that you trust, like a primary care physician, to give you a mental health referral, or contact a therapist you know.
  - Ask for an assessment by a trauma specialist.
- Use the Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health Services Locator available at the toll-free number 1-800-789-2647 or online at <http://store.samhsa.gov/mhlocator>.

# About the SAMHSA Disaster Technical Assistance Center (DTAC)

Established by SAMHSA, DTAC supports SAMHSA's efforts to prepare states, territories, and tribes to deliver an effective behavioral health (mental health and substance abuse) response to disasters.



# SAMHSA DTAC Disaster Behavioral Health Information Series (DBHIS)

The DBHIS contains themed resources and toolkits about disaster behavioral health preparedness and response specific to children and other special populations:

- Children and Youth Resource Collection

[http://www.samhsa.gov/dtac/dbhis/dbhis\\_children\\_intro.asp](http://www.samhsa.gov/dtac/dbhis/dbhis_children_intro.asp)

- Languages Other than English

[http://www.samhsa.gov/dtac/dbhis/dbhis\\_loe\\_intro.asp](http://www.samhsa.gov/dtac/dbhis/dbhis_loe_intro.asp)

# Resources

- The SAMHSA Coping with Violence and Traumatic Events webpage:  
<http://www.samhsa.gov/trauma/?from=carousel&position=1&date=12142012>
- Or go to the SAMHSA Store, where you can obtain electronic copies of *Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event*:  
<http://store.samhsa.gov/shin/content/KEN01-0093R/KEN01-0093R.pdf>

# Resources (continued)

- National Center for PTSD (information on PTSD and access to the Published International Literature On Traumatic Stress [PILOTS] database): <http://www.ptsd.va.gov>
- National Child Traumatic Stress Network's Learning Center: <http://learn.nctsn.org>
- The Disaster Distress Helpline: Toll-free 1-800-985-5990 or text "TalkWithUs" to 66746
- Ready.gov, the Federal Emergency Management Agency's planning and preparedness website: <http://www.ready.gov>
- SAMHSA DTAC: Toll-free 1-800-308-3515 or online at <http://www.samhsa.gov/dtac>

# Presenter Contact Information

- Julie Liu  
[Julie.liu@samhsa.hhs.gov](mailto:Julie.liu@samhsa.hhs.gov)
- Robin Gurwitch  
[robin.gurwitch@duke.edu](mailto:robin.gurwitch@duke.edu)
- Russell Jones  
[rtjones@vt.edu](mailto:rtjones@vt.edu)

Thank you!