

Disasters, Mental Health and Primary Care

Danielle Laraque, MD,FAAP
Professor of Pediatrics and Community & Preventive
Medicine
Mount Sinai School of Medicine
AAP (NYS) District II Vice-Chair



Acknowledgement

- *The faculty of the Reaching Children Initiative and especially:*
 - MaryEllen Salamone
 - Minna Barrett

Objectives

- To provide a brief overview of types of disasters, trauma and traumatic stress
- To characterize the role of pediatrician in response to disasters
- To understand the emotional and behavioral responses of children to traumatic stress
- To characterize the role of pediatricians in identifying children with symptoms and supporting families



Definition of Disaster

- A disaster is a calamitous event that affects a large population and generally results in injury, death, and destruction of property.



Figure 1. The flooded city of Gonaives after Hurricane Hanna, September 3, 2008. Image credit: Lambi Fund of Haiti.

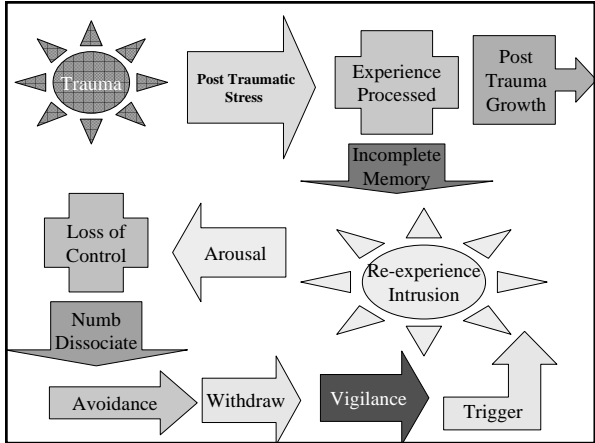
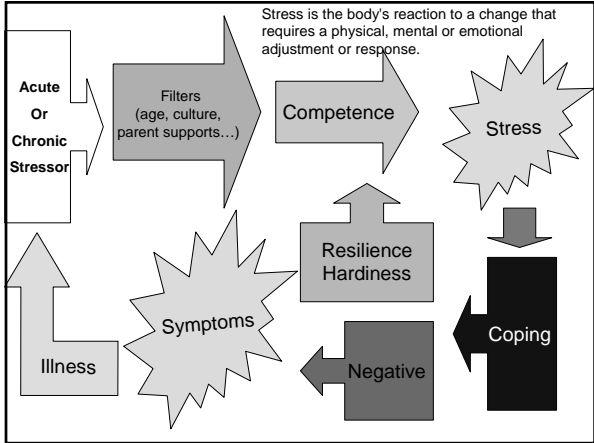
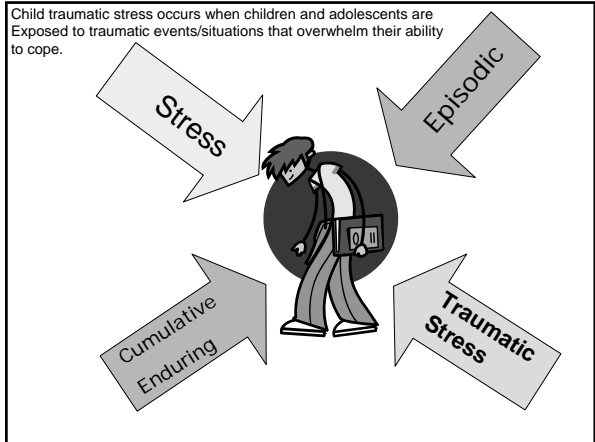
Types of Trauma

Acute:

- Natural disasters
- Community and School violence
- Medical trauma
- Terrorism
- Sudden or violent loss of a loved one
- Physical or sexual assault

Chronic:

- Domestic Violence
- Neglect
- Physical abuse
- Sexual abuse
- Refugee and War Zone Trauma



A large number of our children are exposed to traumatic events

Kilpatrick, Saunders & Resick, (1998): Survey of 12 – 17 year olds - 8% with history of sexual assault, 17% physical assault & 39% witnessing violence

Kilpatrick et al (1995): National survey of 1245 adolescents 71% witnessed violence, 25% committed assaults

Costello et al.(2002): Longitudinal study of 9-16 year olds in NC – 1 out 4 had experienced one potentially traumatic event -65 in the past 3 months.

NCANDS (2006): 3.3 million reports of child abuse & neglect, 905,000 found to be abused or neglected.

New York City Board of Education (2002): Prior to 9/11, 64% were exposed trauma with 39% witnessing a killing or injury

Spencer (2000): 98% of 17-19 year olds had witnessed another person being a victim of community violence at least once, & two-thirds had been victims at least once.

Distinguishing Stressors from Trauma and PTSD

- Common life-stressors do not qualify as traumatic events unless their intensity and duration are extraordinary and include threat or danger to self or loved one
 - Sibling Rivalry
 - Parental Discipline & Limit Setting
 - Conflicts with Friends
 - School Demands
 - Social Demands

Role of Pediatricians

- Practice Readiness
- Supporting the family
- Identifying the child in need
- Referring or providing needed services
- Follow-up

Role of Primary Care in Disasters Internal Operations

- a. Framework for disaster preparedness
 - a. Child-oriented, comprehensive, emergency care system – the whole child
 - b. Builds on established relationship with a primary care clinician
 - c. Systematic
 - d. Ecologically sound
- b. Office Readiness
- c. Communication
- d. Infectious Disease
- e. Triage
- f. Practice Readiness and staff development
- g. Insurance

Source: Pediatric Terrorism and Disaster Preparedness: A Resource for Pediatricians, AHRQ Publication No. 06(07)-0056-1 September 2006

Role of Primary Care in Disasters External Operations

- Communication Systems
- Community as a Resource
- Policies and Procedures

Source: Pediatric Terrorism and Disaster Preparedness: A Resource for Pediatricians, AHRQ Publication No. 06(07)-0056-1 September 2006

Pediatrician's Role Stages of response to a Disaster

- There are four basic phases of response to a disaster. They are:
- 1. Preparedness (including prevention and planning; proactive).
- 2. Actual response to the event.
- 3. Mitigation (actions to stop further damage, stabilize)
- 4. Recovery (short- and long-term) and critique; returning to normal

Impact of Disasters on children

- Death
- Injury
- Displacement and dislocation
- Loss
- Witnessing
- Psychological trauma
 - ASD –the development of characteristic anxiety, dissociative, and other symptoms that occur within 1 month after exposure to an extreme traumatic stressor
 - PTSD – trauma exposure which involves a threat to life + intense fear: triad of re-experiencing, avoidance + hyperarousal for more than one month; causes distress or impairment
 - acute –symptoms less than 3 months
 - 3 months or more
 - Emotional and behavioral adjustment problems

Child Needs

- The physically and psychologically injured child needs injury and pain assessment, trauma care, pain management, brief consultation and crisis intervention after the specific trauma, and systems in place to support resiliency.

Mental Health Needs of Children in Disasters*

*Laraque D, Adams R, Steinbaum D et al. Reported Physician Skills in the Management of children's mental health problems following an educational intervention. Academic Pediatrics;9(3):164-171 -May-June 2009

Obtaining the History: What traumatic memories may your patients bring up?

- 1. What they thought at the time
- 2. What they said at the time
- 3. What they heard or were told about what happened
- 4. What they saw or witnessed
- 5. What they touched, tasted and/or smelled
- 6. What they felt (feelings & intensity) at the time
- 7. What they imagined happened
- 8. What they were told to remember
- 9. What they believe we should remember
- 10. What they learned afterwards
- 11. What helped them feel comfortable

Prediction of PTSD

- 1. Violence
- 2. Personal Life threat
- 3. Personal Injury
- 4. Witnessing of grotesque injury & death
- 5. Severity and duration
- 6. Subsequent life stress & poor social support
- 7. Poor parent adjustment

Complications of Trauma

- 1. Increased Dissociation / Less "Reality Contact"
- 2. Re-enactment
- 3. Survivor Guilt
- 4. Traumatic Grief / Loss
- 5. Pre-Occupation with Revenge
- 6. Social & Academic Slide
- 7. Self-esteem damage: loss of power, control, innocence, trust...
- 8. Stigma & Shame
- 9. Association with Negative Peer Groups
- 10. Loss of meaning / Future Orientation
- 11. Mental Illness / Substance Abuse
- 12. Health Problems due to chronic stress arousal
- 13. Self-destructive behaviors
- 14. Criminal Behavior

Tools for Pediatricians in Identifying Children

- The trauma history –allow children to tell their story
- Let children know they are safe
- Use tools to assist you in obtaining the story:
 - UCLA-PTSRI
 - Pediatric Symptom Checklist (PSC)
 - The Trauma Symptom Checklist for Children -TSCC
 - Post-traumatic stress diagnostic scales -PDS
 - Screening Tool for Early Predictors of PTSD - STEPP

A Trauma History

Brief Trauma question derived from UCLA PTSD Index (Pynoos, 1998)

- (To be asked of children and adolescents. The question can be prefaced by saying VERY SCARY, DANGEROUS OR VIOLENT things sometimes happen to people. During these times, someone could have been HURT VERY BADLY OR KILLED. Some people have had these experiences; some people have not had these experiences.)

- Has anything ever happened to you that was really scary, dangerous or violent?
OR
- Have you ever seen something really scary, dangerous or violent happen to someone else?

Yes [] No []

- If the answer is yes, this should initiate a more detailed interview/discussion with the child.
- For younger children direct interview of the parent is indicated. The UCLA PTSD Index for DSM IV does include a checklist of stressful events that can be used to begin this interview. (Pynoos, 1998, see reference list)

Pediatric Symptom Checklist (PSC)

Scoring - quick, easy

- Total score
 - 3 subscale scores
 - Attention
 - Externalizing
 - Internalizing
- 17 item or 35 item formats (PSC 17 or PSC 35)

12% middle income children "screen-in" or have positive scores; higher for lower income children[2]

QUESTIONS FOR PARENTS			No	Yes
1. Did you see the incident (accident) in which your child got hurt?	0	1		
2. Where you with your child in the ambulance/helicopter coming to the hospital?	0	1		
3. When your child was hurt (or when you first heard about it), did you feel really helpless?	0	1		
4. Before the injury, had you child ever had behavior or attention problems for a while?	0	1		
QUESTIONS FOR KIDS				
5. Was anyone else hurt or killed (when you got hurt)?	0	1		
6. Was there a time when you didn't know where your parents were?	0	1		
7. When you got hurt, or right afterwards, did you feel <i>scally afraid</i> ?	0	1		
8. When you got hurt, or right afterwards, did you think you might die?	0	1		
INFORMATION FROM MEDICAL RECORD				
9. ED triage heart rate	over 104 (child under 12)	over 97 (child 12 and older)	0	1
10. Extremity fracture?			0	1
11. Child is a girl			0	1
12. Child is 12 or older			0	1

Scoring the STEPP
Assessing Child's Risk:
 Questions - 4, 5, 6, 7, 8, 9, 10, 11
 If 4 or more (of these 6 items) are YES, child screener is positive (higher risk for later PTSD symptoms)

Assessing Parent's Risk:
 Questions - 1, 2, 3, 4, 10, 12
 If 3 or more (of these 6 items) are YES, parent screener is positive (higher risk for later PTSD symptoms)

Copies of the STEPP can be obtained from TraumaLink - Contact Angela Marks at marksa@email.chop.edu

What parents want us to know

RESILIENCY

- Resiliency is a process, not a destination
- Resiliency is the ability to enjoy life again, despite a trauma or loss, while on a journey to learn to accept your loss.
- A child can be BOTH resilient and have difficulties coping at times.
- Resilient traits and maladaptive traits can co-exist.

Pediatricians are important

- Pediatricians are the first person to whom a parent will turn for concerns about their children's health.
- Pediatricians do not have a stigma attached.
- If the pediatrician/family relationship is developed over years, there is a greater level of trust.

How can pediatricians help?

- Be aware of the developmental implications of an early trauma or loss. Behavioral change can be a result of an incident that occurred many years earlier.
- Offer sources and referrals for parental education on the topic of childhood trauma and loss. An understanding parent can often prevent the development of mental health difficulties.
- Ask the tough questions regarding emotional health at checkups, particularly for families of children who suffered through trauma and/or loss.
- Develop a strong network for referrals.

Mental Health Illness: The Gray Area

- Pediatricians should also be aware of the ever expanding “gray area” between mental health dysfunction and “normal”.
- Increased graphic media coverage of tragic events and security drills in school delay healing from loss and trauma and increase fear.
- Recommending intervention while a child is in a “gray area” may prevent their progression to developing more serious mental health difficulties.

The Effects of Trauma and Loss

- The effects of trauma and loss can challenge any child, even one who has not experienced it directly.
- Extended family and friends often suffer similar patterns of fear and trauma recovery.
- Lock-downs and media coverage of the tragic events in our world today may affect a child's perception of safety and fear and lead to increased anxiety.

Resources for Pediatricians

- www.aap.org
- National traumatic stress network
- LifeNet – 24 hour/7day telephone resource
1-800-LifeNet
- Feelings Need Checkups Too –CD and Toolkit -American Academy of Pediatrics
- Reaching Children Initiative:
www.mssm.edu/peds/general_pediatrics/education/reaching_children

