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The DMH Responder
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Welcome

Welcome to the summer 2014 issue of the New York DMH Responder, our quarterly newsletter for the Disaster Mental Health community. This edition focuses on the needs of children and families pre- and post-disaster, which will be the subject of this year's annual webcast delivered by the Institute for Disaster Mental Health at SUNY New Paltz. Details about that event are included, along with articles about the often overlooked impact of media exposure on children, disaster's influence on children's physical well-being and other risks for this most vulnerable population.

As always, your feedback and suggestions for topics to cover in future issues are welcome; please email any comments to Judith LeComb at DOH or Steve Moskowitz at OMH.

There can be no keener revelation of a society's soul than the way in which it treats its children.

– Nelson Mandela

Training

Assisting Children and Families Post-Disaster

Fall, 2014 @1 to 4 p.m.

For the third autumn in a row, DOH will sponsor an in-person training that will be simultaneously webcast throughout New York State. This year's training, developed and delivered by the Institute for Disaster Mental Health at SUNY New Paltz (IDMH), will address the needs of children and families after disasters. This is an important group to focus on as children are recognized as a vulnerable population who not only can suffer short-term reactions to traumatic experiences, but who can experience long-term consequences that disrupt their emotional, social, and academic development if their distress is not adequately addressed. Parents and caregivers can play an essential role in protecting children and responding to their needs but their own distress can rise if they feel unable to



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Children and Media: The Hidden Stressor

In times of disaster or crisis many people's immediate reaction is to turn on the television or other mass media outlet to find out what's going. That's a natural and often productive action when there really is a potential threat looming: We need to know what's happening, if we're in danger, if we need to take protective measures and so on. However, in that quest for information it's easy to become so transfixed by sensationalized media coverage that we can't tear ourselves away despite the often repetitive nature of programming as reporters attempt to fill the void of actual news (i.e., CNN after Malaysia Airlines Flight 370 disappeared although other networks are equally guilty).

It's also easy to overlook who else may be exposed to that media – specifically, any children in the home. This combination of factors means that children may absorb hours of dramatic coverage without their parents realizing it or recognizing the potential impact of that exposure. Perhaps the best known example of this is the numerous anecdotes and research studies (i.e., Otto et al., 2007) that reported elevated rates of PTSD symptoms in children who experienced extensive television exposure of the 9/11 attacks. Younger children in particular were often described as being unable to recognize that the constantly repeated images of the planes hitting the buildings were not actually new incidents. This misperception created an ongoing sense of threat that kept physiological arousal high rather than allowing children to regain the sense of safety that's an essential first step toward recovering from a traumatic event.



Another issue parents may not consider is the potential impact on very young, even pre-verbal children: Caregivers may think their kids are too young to grasp what's happening on TV but even if they don't understand the words they may pick up on presenters' intense negative emotions, creating a sense of uncertainty or anxiety that compounds perceptions about a parent's distress.

Media exposure can influence older children and adolescents as well. For a study that was published this summer in the journal *Pediatrics*, Comer et al. surveyed 460 Boston-area parents/caretakers who reported on their child's (ages 4 to 19, mean age 11.8 years) experiences during the week of the Marathon attack which included extensive media coverage of the pursuit of the two suspects in addition to the bombing itself. Caregivers also reported on children's psychosocial functioning in the first six months after the attack. Not surprisingly,

children who were present at the marathon when the attack occurred, who knew someone who was injured or killed, or who were directly exposed to elements of the manhunt (such as seeing armed police in their neighborhoods) experienced PTSD symptoms at significantly higher rates than those who did not. Looking at the role of media these parents reported that children had extensive exposure to television coverage of the attack day, averaging 1.54 hours that day – and only about one-third of parents reported that they attempted to restrict exposure to coverage of the attack or subsequent manhunt. Controlling for demographic characteristics like age and family structure regression analysis found that longer television exposure was significantly associated with PTSD symptoms, conduct problems, and total difficulties over the next six months. As the authors conclude, "Despite needs for live information during disasters increasing evidence suggests parents should minimize children's media-based

exposure to whatever extent possible" (Comer et al., 2014, p. 6).

That said, it's important to distinguish between PTSD symptoms that may be related to media exposure and full-blown clinical PTSD, a point made by the diagnostic criteria for PTSD in the fifth edition of the Diagnostic and Statistical Manual, which specifically states that for adults and children age 6 and over, "exposure through electronic media, television, movies, or pictures" does not qualify as a triggering experience "unless this exposure is work related." The newly added PTSD criteria for children 6 and under note that witnessing an event "does not include events that were seen on the television, in movies, or some other form of media."

Therefore, parents should be encouraged to limit children's exposure to dramatic television coverage and other disaster-related media in order to prevent adding to their distress, but they should also be reassured that inadvertently allowing a child to overhear news in the first quest for information is not likely to cause lasting serious harm. Still, anything that can be done to shelter children from unnecessary distress is certainly worth recommending. Really, the best advice of all may be to encourage adults as well as children to step away from the screen and to avoid the compulsion to constantly monitor breaking news when none is really occurring but to check television or websites every hour or so when there may actually be new information worth paying attention to. Doing so is likely to interrupt the constant stream of stimulus that increases hyperarousal for adults as well as children and prevents us all from regaining a sense of safety.

Federal Preparedness Goals for Assisting Children

Mega-disasters like Hurricane Katrina drew particular attention to the under-served needs of children in disaster leading to the creation of the National Commission on Children and Disasters. According to its official website the Commission is an independent, bipartisan body established by Congress and the President to identify gaps in the nation's disaster preparedness, response, and recovery for children and to make recommendations to close the gaps. For its 2010 Report to the President and Congress the Commission "examined and assessed the needs of children in relation to the preparation for, response to, and recovery from all hazards, including major disasters and emergencies." The resulting report includes findings and recommendations concerning child physical health, mental health and trauma; child care in all settings; child welfare; elementary and secondary education; sheltering, temporary housing, and affordable housing; transportation; juvenile justice; evacuation; and relevant activities in emergency management.

Their recommendations regarding children's mental health needs included:

1. HHS should lead efforts to integrate mental and behavioral health for children into public health, medical and other relevant disaster management activities.
2. HHS should enhance the research agenda for children's disaster mental and behavioral health including psychological first aid, cognitive-behavioral interventions, social support interventions, bereavement counseling and support, and programs intended to enhance children's resilience in the aftermath of a disaster.
3. Federal agencies and non-Federal partners should enhance predisaster preparedness and just-in-time training in pediatric disaster mental and behavioral health including psychological first aid, bereavement support, and brief supportive interventions, for mental health professionals and individuals; such as teachers who work with children.
4. DHS/FEMA and SAMHSA should strengthen the Crisis Counseling Assistance and Training Program (CCP) to better meet the mental health needs of children and families.
5. Congress should establish a single, flexible grant funding mechanism to specifically support the delivery of mental health treatment services that address the full spectrum of behavioral health needs of children including treatment of disaster-related adjustment difficulties, psychiatric disorders, and substance abuse.

For more detail on these mental health goals and other recommendations, the entire report can be downloaded for free at: <http://archive.ahrq.gov/prep/nccdreport/nccdreport.pdf>

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help their children, leading to a kind of negative feedback loop that harms the entire family system. Therefore, it is essential that training on assisting this group includes not only instruction in how to work with children directly but also focuses on ways to increase caregiver self-efficacy in helping a troubled child.

We are fortunate to have two world-class experts on this topic who will work with IDMH to deliver this year's webcast. Athena A. Drewes, PsyD, MA, RPT-S, is a Licensed Psychologist, Certified School Psychologist, and Registered Play Therapist-Supervisor. She is the Director of Clinical Training and APA-Accredited Doctoral Internship at Astor Services for Children & Families. She is the author or co-author of nine books on play therapy and other clinical



topics as well as numerous book chapters and articles in academic journals. Dr. Drewes also has extensive experience in disaster response. Since 2006 she has sat on the Leadership Team for Disaster Mental Health Services for the Red Cross Greater NY Chapter and oversaw the response to families of 9/11 victims as well as many other local and national events.

Robin Guiney, LCSW, is employed by the Orange County Department of Mental Health in the Sex Abuse and Trauma Unit for children and families where she helps crime victims cope with trauma. She also co-chairs the Orange County Trauma Institute. From 2001 to 2006 she worked part-time with the FDNY counseling widows and children from 9/11 as well as the surviving firefighters and their families. At the time of the Coldenham Elementary School disaster she was working with Orange County Department of Mental Health's Child and Family Clinic and worked for an extended period with the families, children and school staff on recovering from the disaster.

Both experts have a wealth of clinical experience working with children and families to share with the webcast participants. In order to provide opportunities to practice the skills that will be taught in the training participants will view the webcast in groups at designated sites around the state. Trained facilitators at each site will lead the group through a number of exercises and there will be opportunities to submit questions to the presenters during the event.

Training date and registration information will be forthcoming.

Seats Still Available for Cognitive Behavioral Therapy for Depression Training

On October 8th and 9th, 2014 IDMH will host a Cognitive Behavioral Therapy for Depression Workshop at SUNY New Paltz. The Institute for Disaster Mental Health is proud to host this training with the Center for Deployment Psychology. This intensive two-day workshop provides training in the fundamentals of Cognitive Behavioral Therapy for Depression for civilian behavioral health providers. Depression in the military will be discussed as will the theory underlying cognitive behavioral therapy. Participants will learn how to conceptualize depressed patients, plan treatment and utilize both cognitive and behavioral strategies. Participants will have the opportunity to watch role-play videos and practice intervention strategies through their own role plays. CE credits are available. For more information, please visit <http://www.newpaltz.edu/idmh/cdp.html>.



Research Brief: Lack of Physical Activity Adds to Children's Post-Disaster Issues

In September of 2008, Hurricane Ike made landfall in Galveston, Texas devastating the area. Eight months post-disaster researchers studied the effects of hurricane exposure and post-traumatic stress symptoms on area children's sedentary activities such as watching TV, playing video games, or being on a computer. The children in this study reported an average of 5.91 hours per day engaged in sedentary activity after school. That was much higher than children's national averages of 6.0 sedentary hours total per day including sedentary time during school hours. Boys reported higher sedentary levels than girls, and African-American and Hispanic students engaged in more sedentary activity than white children.

These numbers are hypothesized to be the outcome of increased post-traumatic stress symptoms, parent stress, destroyed playgrounds and unsafe or perceived unsafe environmental conditions and other stressors that may inhibit children's playtime.

These findings should be used to inform a variety of services involved in children's care after a disaster. If you are responding to a disaster try to find out what parks or playgrounds are safe in the area to give as resources to stressed out parents. If you are working in a shelter consider activities that will get children moving such as basketball or musical chairs or duck-duck-goose for



younger children. In the longer term healthcare professionals might consider screening children for chronic health problems that may result from a lack of exercise such as obesity and Type 2 diabetes in post-disaster areas. Lastly, communities should try rebuilding parks, playgrounds, and other community recreational areas as quickly as possible. Just as we've recognized the need to get children in disaster-impacted areas back

to school as quickly as possible to support their cognitive and social development we also need to facilitate active play as a key factor in physical health and stress reduction.

Source:

Lai, B.S., La Greca, A.M. & Llabre, M.M. (2014). Children's sedentary activity after hurricane exposure. *Psychological Trauma: Theory, Research, Practice and Policy*, 6(3).