



**National Resource Center for
Family-Centered Practice and Permanency Planning**
at the Hunter College School of Social Work



A Service of the Children's Bureau/ACF/DHHS

Helping Children and Families Cope with PTSD Following Natural Disasters

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Disasters

- Sudden, overwhelming occurrences with little or no warning.
- Massive assaults on what we believe.
- Traumatic experiences.



Disasters → Severe Stress

Stress = increased physiological arousal

Manageable stress

Versus

Overwhelming stress

Common Stress Reactions

Behavioral

- Change in activity level
- Irritability
- Difficulty communicating
- Excessive worrying
- Emotional reactivity
- Avoidance of reminders that trigger memories
- Increase use or abuse of substances
- Decline in work or school performance
- Restlessness

More Common Stress Reactions

Physical

- Headaches
- Gastrointestinal disturbances
- Increased startle response
- Fatigue and sleep disturbances
- Weight loss/gain
- Visual disturbances
- Muscle twitching
- Chest pain
- Immune system disorders

More Common Stress Reactions

Psychological and Emotional

- Feeling heroic and invulnerable
- Denial
- Anxiety
- Fear
- Depression
- Guilt
- Apathy
- Hopelessness, Grief



More Common Stress Reactions

Thought Process

- Slowed processing
- Poor concentration
- Disorientation and confusion
- Loss of objectivity
- Loss of sense of future

Interpersonal Functioning

- Isolation
- Difficulty giving/ accepting support
- Projection and blame
- Inability to experience pleasure

Extreme Stress Reactions

- Overwhelming stress
- Protective Reactions
 - Shock
 - Denial
- No one standard pattern
- Reactions can change over time

Crisis Theory

- A crisis overwhelms our existing coping strategies
- 6 week period to reestablish equilibrium

Trauma

- Experiencing or witnessing something that is **life threatening**
- Stress reactions persist and result in *impaired functioning*

Post Traumatic Stress Disorder

DSM IV-TR (APA)

- Exposure to traumatic event
- Persistent re-experiencing
- Persistent avoidance
- Persistent symptoms of increased arousal
- Clinically significant distress or impairment

QUESTION

What is the most common posttraumatic reaction?

- A) Persistent re-experiencing
- B) Persistent avoidance
- C) Persistent symptoms of hyper-arousal
- D) Loss of sense of future

Course and Prevalence

Course

- Acute
- Chronic
- Delayed

Prevalence

- Community-based, lifetime:
If the cases: 1 – 14%
- At-risk populations: 3 - 58%

Psychological First Aid

NCTSN and NCPTSD (2005)

Standards

1. Consistent with research on risk and resilience
2. Applicable and practical to field settings
3. Appropriate to developmental level
4. Culturally informed and adaptable

Psychological First Aid

Core Actions

1. Contact and engagement
2. Safety and comfort
3. Stabilization
4. Information gathering about current needs and concerns

Core Actions Continued:

5. Offer practical assistance and develop an Action Plan
6. Connect with social supports
7. Provide information on coping
8. Linkage with collaborative services

General Guidelines

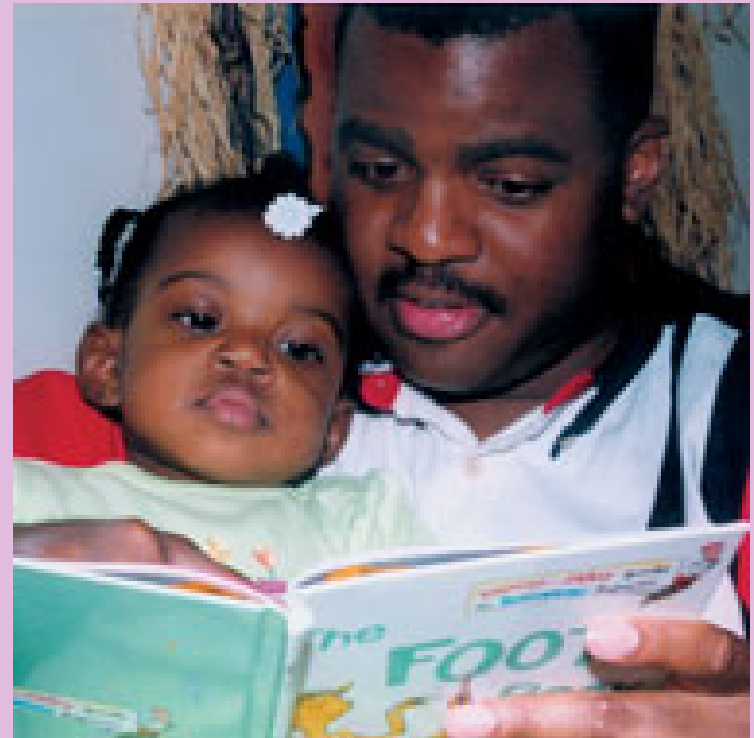
- Establish human connection in non-intrusive, compassionate manner
- Enhance safety and comfort
- Help calm and redirect excessive reactions
- Help articulate unmet needs and concerns
- Offer practical assistance and information

Guidelines for Professionals

- Operate only with framework of authorized disaster response system
- Model sound response (calm, courteous, helpful)
- Be visible and available
- Maintain confidentiality as appropriate
- Remain within scope of expertise and role
- Assess and make appropriate referrals
- Be knowledgeable of cultural & diversity issues

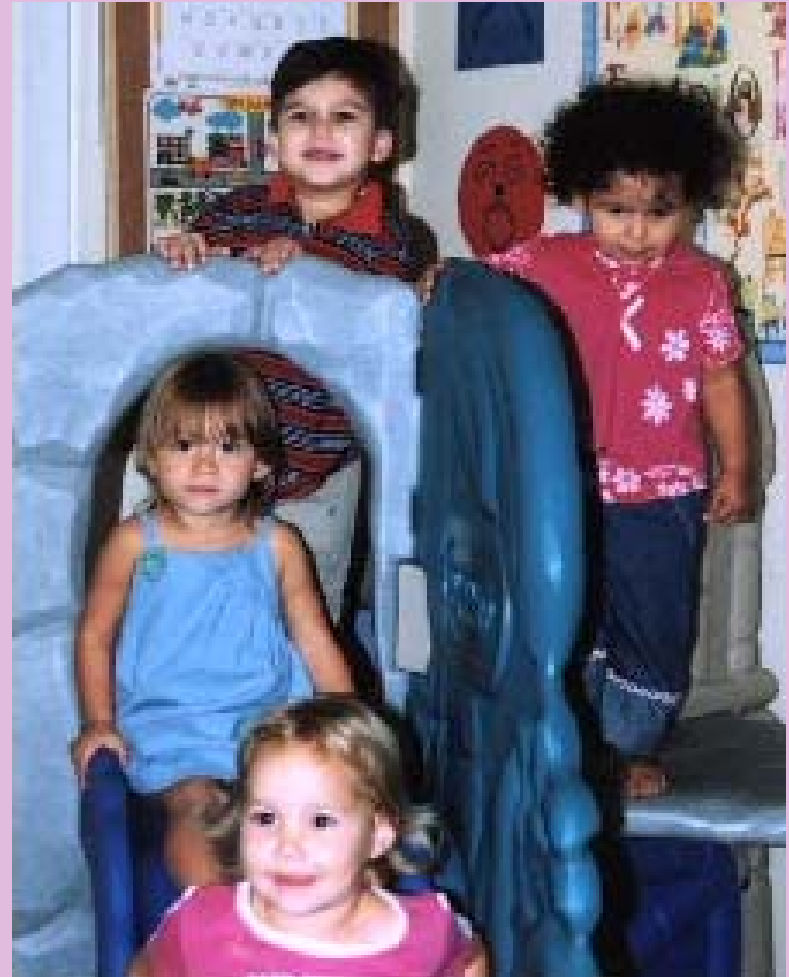
Helping Young Children

- Special attention if separated from parent!!
- Get down to eye level
- Provide comfort and soothing
- Put common feelings into words
- Match language to developmental level
- Simple, repeated explanations
- Protect from reminders and reduce stress



Helping School Age Children

- Provide comfort and soothing
- Use clear, simple explanations
- Reassurance that help is available
- Encourage to voice concerns
- Permit retelling story
- Give realistic information
- Protect from reminders



Help for Adolescents

- Provide safe time to discuss feelings
- Normalize feelings
- Protect from reminders
- Explain people cope differently
- Encourage postponing major decisions

DONT'S

DO NOT:

- Make assumptions!
- Interpret reactions as pathology
- Patronize or talk down
- Assume all will want or need to talk
- Debrief by asking for details
- Speculate (give FACTS) or give glib reassurance
- Suggest fad interventions

Aware of At-Risk Populations

- Children (especially if separated from parent)
- Medically fragile
- Elderly
- Disabled
- Serious mental illness
- Substance abuse
- Adolescents (risk takers)
- Significant loss and trauma
- First Responders and other helpers

Long Term Reactions

Factors determining:

- Degree of intensity and loss
- Baseline coping resources
 - Individual
 - Cultural and community
- History of trauma

Longer Term Interventions

- Healing and recovery depend on being able to “make meaning” of what happened
- Reclaiming a sense of future
- Claiming “survivor” identity vs. “victim”
- Constructive action

Important Resources

- National Child Traumatic Stress Network
www.ncts.org
- National Center on PTSD www.ncptsd.org
- SAMHSA www.samhsa.gov/disasters
- NSAW www.nasw.org
- APA www.apa.org



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Secondary Traumatic Stress in Social Work Practice

April Naturale, MSW, LCSW, ACSW

The Concept of Stress is Controversial

- It's not as simple as once thought
- Everyone perceives stress differently
- Stress is geographic and culture based

The Physiology of Stress

Good Stress

- Good stress allows us to perform at a higher level (fight or flight)
- Cortisol improves memory and enhances immune function
- Spikes in blood pressure flood our muscles and brain with oxygen

The Physiology of Stress

Bad Stress-Overload

- The allostatic system becomes charged too frequently with NO CHANCE TO VENT the build up of energy
- Too much cortisol will damage memory, hurt or weaken your immune system and enlarge your stomach

Work Stress

Stress measured by blood pressure increases is generally twice as high during the work day compared to when at home or time off. (Pickering, 2005)

Environmental Effects

- Exposure to clients stories of trauma, loss, grief , fear
- Exposure to stories of violent acts, negative thinking, destructive wishes
- Intense emotional projections of psychic pain



Additional Factors

- Depression-5-10% of the population (NIMH, 2005)
- Race-genetics, family illnesses
- Diet –high salt, high fat
- Social Constructs

Secondary Traumatic Stress

STS is the experience of trauma symptoms (acute or posttraumatic) in the counselor as a result of and in relationship to their exposure to the trauma material of clients.

(Stamm, 1995,1999; Kassam-Adams, 1999; Figley, 1995)

Differentiations

- Not burnout (Figley, 2002)
- Unlike countertransference (Green, 1992)
- Differentiated from vicarious trauma (Pearlman & Saakvitne, 1995; Figley, 1999)
- Compassion fatigue and secondary traumatic stress most similar (Stamm, 1999)

Symptoms

- Symptoms parallel those of their client
(Monroe, 1999)
- Negative cognitive schemas (Pearlman & Saakvitne, 1995)
- Depression; Substance use; Physical illness
- Morale, productivity; turnover and error effects (Stamm, 1997)

Risk Categories

- Emergency services personnel
- Health and mental health care providers
- Family members of trauma patients

Inhibited individuals in these groups are more likely to have dissociative responses - predictive of poor outcomes

Risk Variables

- Lesser educated and lesser experienced counselors suffer higher levels of STS (Birck, 2002; Adams, Matto & Harrington, 2001; Pearlman & McIan, 1995)
- Greater length of trauma assignment results in higher STS risk (Marmar et al., 1999; Eriksson et al, 2001; Wee & Meyers, 2002; Creamer & Liddle, 2005)
- Gender and ethnicity have been found to affect STS (Wee & Meyers, 2002)

Helping Professionals

Are generally self sacrificing

- many place themselves in danger
- many will work 'till it hurts
- many will skip breaks
- many will ignore direction to rotate,
go off duty or take benefit time

Prevention

Administrators and supervisors have the responsibility of structuring work in such a way as to mitigate the development of secondary traumatic stress in their staffs.

Prevention-Structural

- Vary caseload of trauma and non-trauma cases
 - limit daily numbers of most severe cases
- Design a buddy system for your staffs
- Schedule routine supervision (Dugall, Herberman, Delahanty, Inslicht & Baum, 2000)
- Rotate assignment and use of benefit time (Monroe, 1999)



SAMHSA
Emergency
Response
Team



Prevention-Supervisory

- Identify STS symptoms
- Provide STS psychoeducation
- Teach protection from projections
- Set Boundaries
- Model self care

Prevention-Personal

- ***BE AWARE*** of limitations and needs
- Recognize when you are:
 - Hungry**
 - Angry**
 - Lonely**
 - Tired**
- Practice Self Care

List 3 leisure activities that you enjoy doing (Activities that are NOT WORK).

Report if you have done ALL THREE of those things

- Last Week
- Last Month
- More than a Month

Self-Care

- Maintain support systems-personal and professional
- Use benefit time-take vacations, schedule personal time
- Maintain a balance - practice stress management exercises during breaks and opportune moments

Tools

- Interrupt the stress response
 - Breathing
 - Stretching
 - Walking
- Reduce the reaction
 - Use cognitive messaging
 - Thought stopping
 - Thought insertion
- Regulate emotion

Tools (Cont.)

Try Acupuncture, Art, Awareness, Create, Cook, Dance, Dream, Draw, Exercise, Enjoy, Explore, Go Home, Kick-Box, Laugh, Limit work, Loosen up, Listen to music, Massage, Meditate, Practice Yoga, Paint, Pet the Pet, Sing, Sit Quietly, Sleep, Start a Book, Stretch, Talk to Yourself, Family and Friends, Wade, Walk, Watch a movie or the sunset, Whistle, Wish

Do something other than *WORK*

Perspective and Commitment

- Be realistic
- Commit to implementing self-care
- Recognize that the world won't fall apart without you.
- ***LET GO***

Websites

National Center for Posttraumatic Stress Disorder www.ncptsd.org

Compassion Satisfaction and Fatigue Test
www.isu.edu/~bhstamm/tests/satfat.htm



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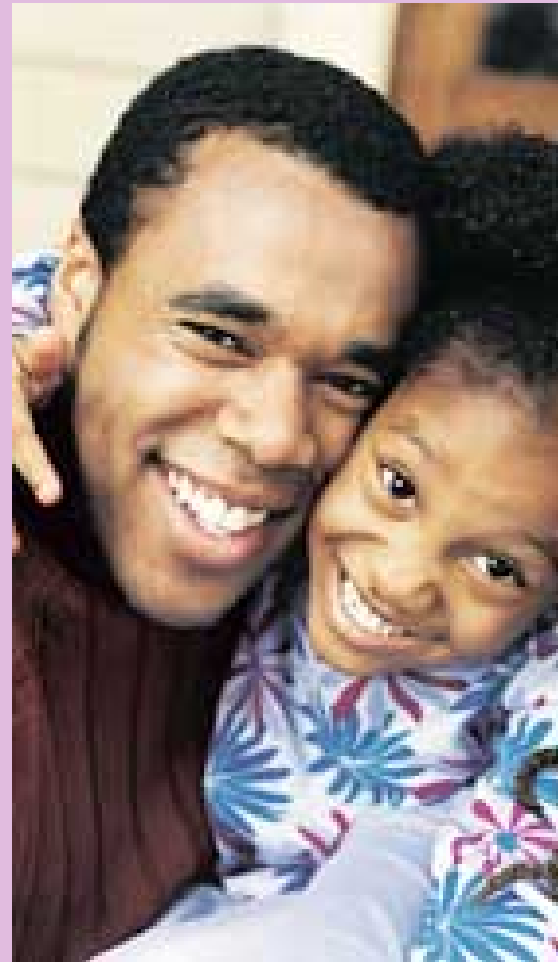
Texas Child Welfare Response to the 2005 Hurricane Season



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Overview

- Texas response philosophy
- Communication and Coordination
- Resource sharing to meet the needs
- “Best of the Best”
- Lessons learned / long term implications

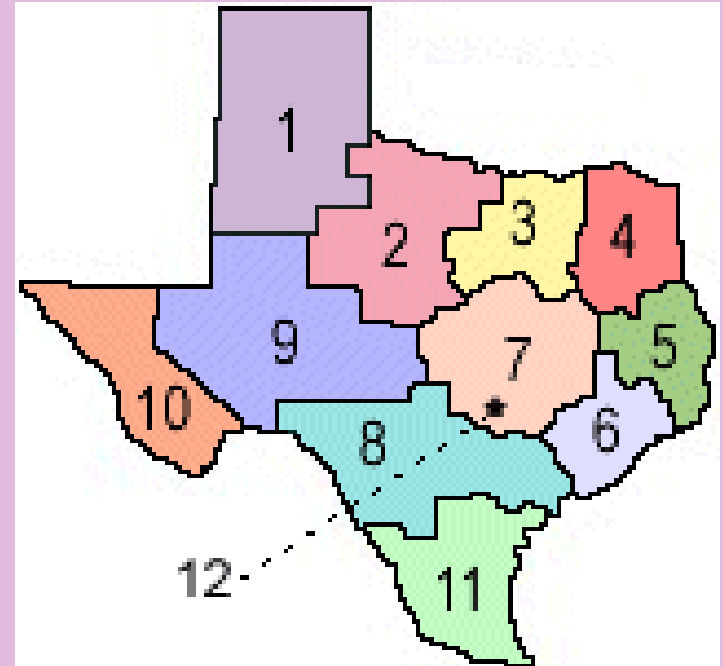


Snapshot of Texas CPS

During Fiscal Year 2005

(9/1/04 – 8/31/05):

- 160,069 Completed Investigations
- 26,741 Children in Substitute Care
- 3,173 consummated adoptions
- CPS Reform legislatively mandated in June 2005



What to do in a “Disaster”... A Philosophical Approach

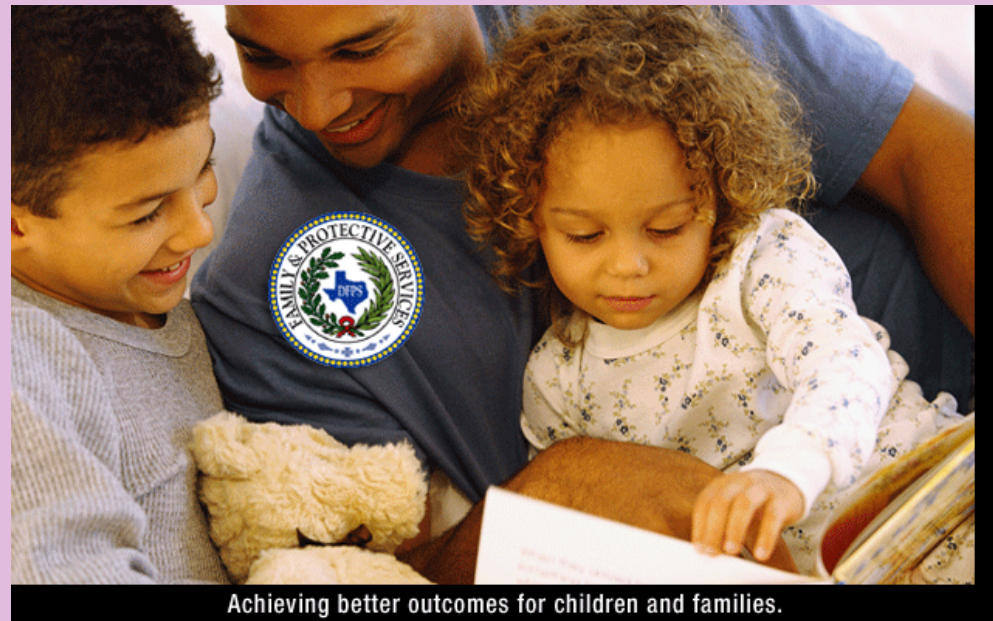
- It *COULD* have been us...
- “Golden Rule”
- Children First: Safe and Secure
- Do what Louisiana needs Texas to do...

Communication & Coordination

- Liaison roles – state to state; regional contacts; agency to providers
- Hurricane Response Team
- Role of centralized intake call center
- Mobile equipment and technology

“Best of the Best”

- Heroic stories
- Taking care of caretakers
- Do what it takes to get it done
- From a child’s eyes



Achieving better outcomes for children and families.

Resource Sharing

- Support to Louisiana for “Katrina”; support from West Texans to East Texans for “Rita”
- Placement providers
- Local staff efforts
- Human Service agencies
- Reunification efforts

Lessons Learned

- Long-Term Implications
- Disaster recovery plans
– think BIG
- Continuity of business
planning
- Be ready!





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Questions & Answers



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<http://www.nrcfcppp.org>



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