Module 7:
Psychological Responses to Disaster, Terrorism and Bioterrorism
Children are exposed to the same disasters and acts of violence as adults.
Children and Trauma

The child’s psychological response is mediated by the fact he/she is still a developing and maturing organism

a. Separation-individuation issues
b. Regulation of impulses and affects
c. Cognitive development
d. Identity formation
The Child’s Response to Disaster
Psychosocial Impact of Disasters

(Ursano, 2002)

Distress Response

Behavioral Changes

Psychiatric Illness
Violent Events

- Life Threat/Threat of Injury
  - PTSS
  - Grief/Depression

- Loss
  - Worry About Self/Others
  - Anxiety

- Anger/Rage
  - Risk Behaviors

Psychiatric Diagnosis

Pynoos, 1998
Differences between Children and Adults

- Egocentric theories of casualty
- Cognitive perceptual distortions
- Traumatic play/behavioral reenactments
- Rarely flashbacks
- Developmental effects
The Traumatic Moment
The Traumatic Moment

The traumatic moment represents an unmasking of the illusion of safety when the individual suddenly becomes aware of the presence of death and vulnerability to an imminent and pressing danger.
Central Role of Anxiety

The essential response to terrorism is **anxiety**, **fear**, **horror** and **helplessness** and it is the management of these emotions and the underlying cognitive constructs that dominate the clinical presentation.
ILLUSION OF SAFETY
Evolution from childhood experiences

- There is an omnipotent servant
- The group is all powerful
- Good triumphs over evil
- I can depend on my fellow man
- I will live a long life
- I am invulnerable to injury and death
Developmental Effects
Preschool Children

- Sleep and appetite disturbances
- Fear of the dark
- Separation anxiety
- Nightmares
- Regressive behaviors
- Hypervigilence
- Clinging/dependant behavior)
School-age Children

- Re-experiencing symptoms
- Disorganized or confused behaviors
- Somatic complaints
- Arousal symptoms
- Disruptive behaviors
- Spectrum of anxiety/mood symptoms
- Decreased academic performance
Adolescents

- PTSD symptoms
- Anxiety
- Depression
- Guilt, anger, fear, disillusionment

- Fears of a foreshortened future
- Flight into action-oriented behaviors
- Narrowing the scope of life
Trauma-Related Psychological Responses
Mental Health Outcomes

- Trauma-related disorders:
  - Acute Stress Disorder (ASD)
  - PTSD
  - Depression
  - Anxiety disorders
  - Substance abuse
- Bereavement
- Resilience/psychological growth
Acute Stress Disorder
Acute Stress Disorder

- An acute response to a traumatic event
- Four major types of symptoms:
  - Re-experiencing of events
  - Dissociation
  - Avoidance
  - Increased physiologic arousal
Acute Stress Disorder

- Clinically significant distress/impairment
  - Social
  - Occupational
  - Other areas of functioning
- Impairs ability to pursue necessary tasks
  - Obtaining assistance
  - Mobilizing personal resources such as telling family about traumatic experience
Acute Stress Disorder

- Symptom duration: 2 days - 4 weeks.
- Must occur within the first month following the traumatic event.
- Most people exposed to trauma will have some symptoms of ASD.
- For the majority (even those diagnosed with ASD) most symptoms will subside with time.
Posttraumatic Stress Disorder
Post-Traumatic Stress Disorder
Criteria A

The individual experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury or a threat to the physical integrity of self or others associated with intense fear, helplessness and horror.

Children: Disorganized/agitated behavior
Post-Traumatic Stress Disorder
Criteria B

(Reexperiencing: 2 or more s/s)

- Recurrent images, thoughts, perceptions
- Recurrent distressing dreams
- Reliving of the traumatic experience
- Psychological distress to traumatic reminders
- Physiological distress to traumatic reminders

Children: repetitive play; dreams without recognizable content; trauma reenactments
Post-Traumatic Stress Disorder Criteria C

(Avoidance: 3 or more s/s)

- Avoid thoughts, feelings, conversations
- Avoid activities, places or people
- Inability to recall aspects of trauma
- Decreased interest in significant activities
- Feelings of detachment/estrangement
- Decreased range of affects
- Sense of foreshortened future
Post-Traumatic Stress Disorder
Criteria D

(Increased arousal: >2 S/S)

- Insomnia
- Irritability
- Difficulty concentrating
- Hypervigilence
- Exaggerated startle response
Depression
Trauma and Depression

10-40 % of those exposed to a traumatic situation will experience depressive symptomatology
Depression

Frequent symptoms

1. Changes in mood
2. Changes in behavior
3. Changes in relationships
4. Changes in thinking
5. Changes in bodily functioning
Changes in Mood

- Feelings of sadness and depression
- Irritability
- Loss of pleasurable activities
Changes in Behavior

- Changes in personality
- Change in vocational/occupational performance
- Loss of interest in previously enjoyed activities
- Tearfulness
- Impaired functioning
Changes in Relationship

- Social avoidance
- Social withdrawal/isolation
- Interpersonal conflicts
Changes in Thinking

- Low self-esteem
- Self-depreciation
- Preoccupation with death/suicide
- Inability to think or concentrate
- Negative expectations about the future
- Feelings of hopelessness
- Self-absorbed
Changes in Bodily Functioning

- Change in appetite/weight
- Change in sleep pattern
- Change in psychomotor activity
- Somatic complaints
Mediators of the Psychosocial Response
Mediators of the Psychosocial Response

- Exposure effect
- Gender effects
- Developmental effects
- Parental, family response and social disruption
- Child specific factors
- Subjective appraisal
- Protective factors
Acute Trauma Exposure to Single Event Stressor

- Anxiety
- Emotional numbing
- Helplessness
- Frozen emotionality
- Agitation
- Sleep and appetite disturbance
- Disorganized behavior
- Somatic symptoms

- Clinging, dependency
- Fear
- Terror
- Nightmares
- Regressive behaviors
- Disbelief
- Omen formation
- Dysphoria
- Anger-irritability
Separation from loved ones

Closing of schools

Inactivity

Death of a family member

Displacement

Loss of social supports

Loss of community

Physical injury

Decreased food and water

Secondary Stressors

Loss of community

Displacement

Decreased food and water

Physical injury

Inactivity

Death of a family member

Closing of schools

Separation from loved ones

Secondary Stressors
Chronic Trauma
Chronic Trauma

- PTSD
- Personality change
- Denial
- Repression
- Dissociation
- Psychic Numbness
- Externalizing symptoms
- Somatic Ills

- Identification with the aggressor
- Loss and grief reactions
- Psychiatric co-morbidity
- Trauma specific disorders
- Substance abuse
Chronic Stress: Long-Term Consequences

- Immune Suppression
- Depression/Anxiety Disorders
- Cognitive Impairment
- Aggressive-Violent Behaviors
- Other Psychological Morbidities
- Earlier Aging
- Cardiovascular Diseases

Illnesses related to stress

McEwen, 2000
Parental and Family Functioning as Mediators

- Family atmosphere
- Parental psychopathology
- Parent symptom choice
- Over-protectiveness
- Separations from mother and siblings
- Prohibitive response to regression
- Reversal of the dependency role
- Multiple stressors
Factors that may contribute to resilience:

- Family social support
- Shared ideology
- Religion
- Sense of community