

WHEN BAD THINGS HAPPEN: HELPING CHILDREN AND ADOLESCENTS COPE

Wednesday April, 23, 2014, 6:00 pm

Brought to you by:

UNM Department of Psychiatry

Albuquerque Public Schools

New Mexico Department of Health Office of School and Adolescent Health

City of Albuquerque Cultural Services Department



DEPARTMENT OF PSYCHIATRY



When Bad Things Happen: Helping Children and Adolescents Cope

Introduction: Mauricio Tohen, MD, DrPH, MBA
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Moderator: Barry W. Ramo, MD, FACC
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Clinical Professor of Medicine and Emergency
Medicine, University of New Mexico
Consulting Professor of Medicine, Duke
University School of Medicine

Facilitator: David Graeber, MD
Vice Chair & Professor of Child & Adolescent
Psychiatry, UNM School of Medicine

Program Agenda

Welcome

Topic Introduction & Overview

Panel #1: What is the potential impact of exposure to “bad things” and how do you know if a child or adolescent is having problems?

Panel #2: How do and how can schools respond?

Panel #3: Supporting children and adolescents when bad things happen.

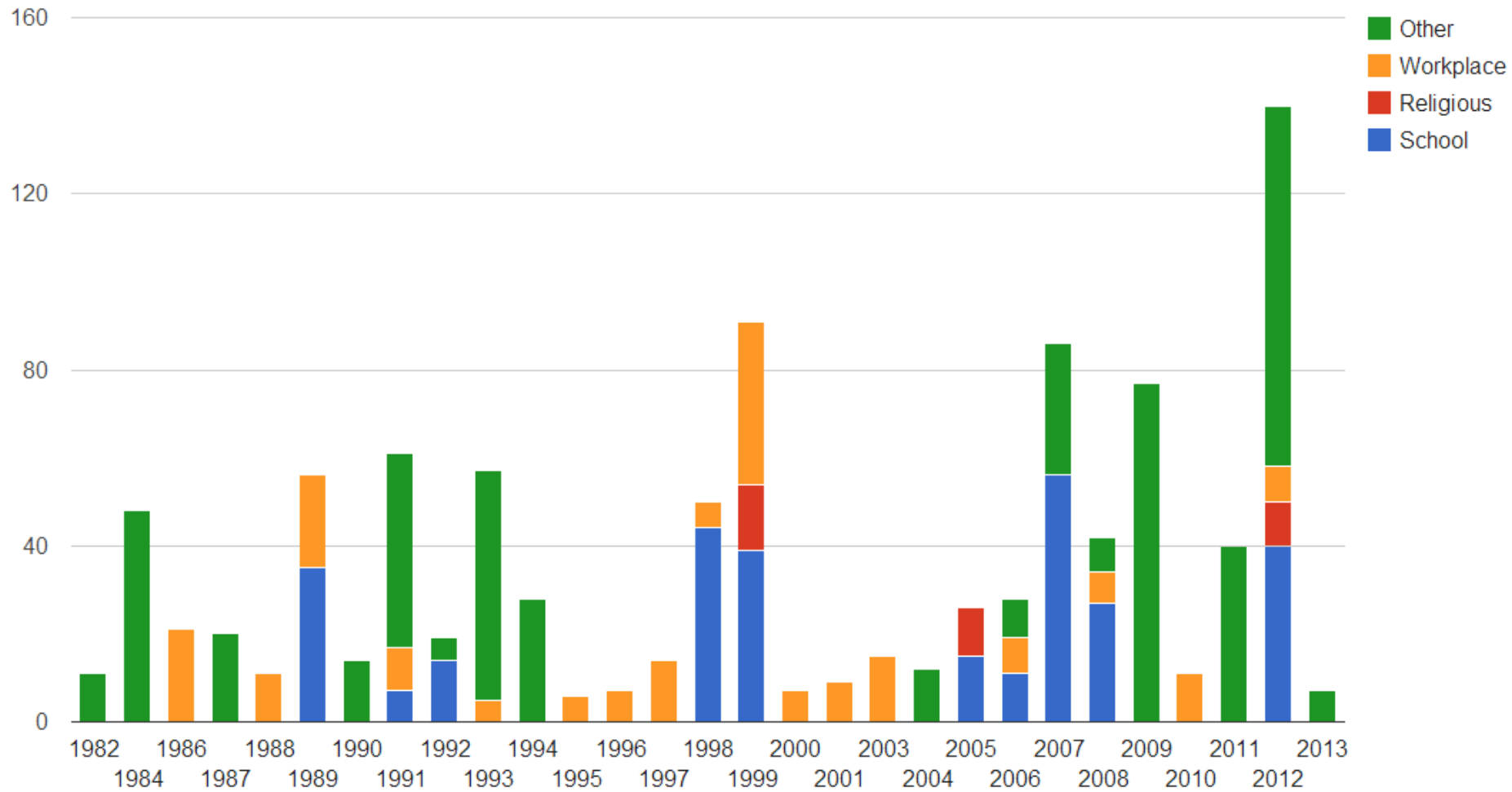
Discussion/Conclusion

Mass Shootings

(death of at least 4 people):

- Since 2005 an average of 55 people per year died in mass shootings in the U.S.
- 15 Mass Shootings occurred in the U.S. since 1982

Victims by Venue - US Mass Shootings 1982-2012



In 2010 alone – 31,000 Americans died by gunfire

11,078 firearm homicides

19,392 firearm suicides

606 unintentional firearm deaths

Profile of school shooters:

Recent threat of violence

Suicidal ideation or behavior

Having been bullied by a peer

Hindsight does not increase foresight:

- 9% of U.S. High School Students have been threatened or injured at school
- 13-18 year olds: 12% report suicidal ideation; 4% report suicidal plans; 4% report a suicide attempt
- 29% Adolescent report being bullied

HOW COMMON ARE “BAD THINGS?”

Sexual Victimization

- 6% of youth ages 1 – 17 years of age report sexual victimization
- 16% of youth ages 14 – 17 years of age
- 3% of adolescent boys and 13% of adolescent girls report attempted or completed rape

HOW COMMON ARE “BAD THINGS?”

Physical Abuse and Assault

Physical Abuse:

9% of adolescents report abuse resulting in need to seek medical help, leaving bruises/welts or punishment by burning, cutting or being tied up

Assault:

17% of adolescents report being attacked, threatened or seriously injured

Witnessing Violence

- **38% adolescents report witnessing serious community violence**
- **9% adolescents report witnessing serious violence between parents/caregivers**

HOW COMMON ARE “BAD THINGS?”

Traumatic Death of a Loved One

1 in 5 adolescents report loss to homicide

- 9% Criminal Homicide
- 7% Vehicular Homicide
- 2% Both

Relationships of losses

- 53% Close Friend
- 42% Non-immediate family member
- 5% Immediate family member

- **Disasters**

- 25% of adolescents report exposure to a disaster (natural or man-made).
- 1 in 3 feared they would be injured or killed

- **Accidents**

21% of Adolescents report being in a serious accident (MVA or other setting)

- 10% in a Motor Vehicle Accident

- **Bad things can happen and are not uncommon even for children & adolescents**
- **How can we (and you help)?**
- **Parents and teachers need every tool possible to help children and teens cope with difficult news and events.**
- **All of us participating in the panels designed this evening with that in mind. Our goal is to learn about and share information parents and teachers can really use.**

NEXT PROGRAM FORMAT:

- 3 brief panel discussion with questions and comments from audience welcomed and encouraged.
- Question can be written and with microphone
- Program is being recorded for future educational use
- Format assumes respect for panelist and audience members will be shown

When Bad Things Happen:

Helping Children and Adolescents Cope

Panel #1

How do we know if a Child or Adolescent is Having Problems?

- **Anilla Del Fabbro, M.D.** (Child Psychiatrist/UNM)
- **Brian Isakson Ph.D.** (Child Psychologist/UNM)
- **Avi Kriechman, M.D.** (Child Psychiatrist/UNM)

What Kind of “Bad Things” are we Talking About?

- Victim of or witness to domestic or community violence
- Firearm homicides and suicides
- Physical abuse and assault
- Sexual victimization
- Loss of a loved one to homicide, suicide or illness
- Natural disasters (fire, flood, storm)
- Accidents (motor vehicle, falls, injuries)
- Uncertain future of self and loved ones

Why are Some at Higher Risk for Developing Child Traumatic Stress?

- Living through dangerous events and traumas
- Getting hurt
- Seeing people hurt or killed
- Feelings of helplessness, extreme fear, horror
- Having a history of emotional problems (depression, anxiety, social withdrawal)
- Amount of destruction from disaster
- Reactions of caregivers
- Lack of community support
- Dealing with extra stress after the event (loss of a loved one, pain and injury, loss of home, parent's loss of job)

What are the Symptoms of Posttraumatic Stress?

- Intrusive thoughts or re-experiencing (bad dreams, frightening thoughts, reliving the trauma)
- Avoidance: staying away from reminders of the experience
- Negative changes in thoughts and mood (losing interest in enjoyable activities; feeling strong depression, worry, guilt; feeling emotionally numb)
- Increased arousal (feeling tense or “on edge”, angry outbursts, difficulty staying still or sleeping)

What are the Different Reactions to Trauma at Different Ages?

- Developmental differences in preschool children, school-age children, and adolescents

How Do Preschool Children React?

- Feelings of helplessness and sadness
- Worries and fears
- Difficulty expressing what is bothering them
- Loss of previously acquired skills (toilet training, language)
- Being unusually clingy with a parent or other adult
- Need to act out the scary event during playtime
- Sleep and eating problems

How do School-Age Children React?

- Persistent concerns over safety
- Constant retelling of the traumatic event
- Feelings of guilt or shame
- Fear or sadness that get in the way of daily activities or cause problems in relationships

How do School-Age Children React?

- Out-of-control aggression and irritability that can reach the point of endangering other people
- Difficulty concentrating, remembering, and/or staying still
- Lots of physical complaints
- Sleep problems
- Withdrawal from family and friends

How Do Adolescents React?

- **Self-consciousness about emotional responses (like being overly irritable or impatient with loved ones)**
- **Concern over being labeled “abnormal”**
- **Withdrawal from family and friends**
- **Feelings of shame and guilt**
- **Fantasies of revenge and retribution**
- **Radical shift in perceptions of the world (like feeling the world is a dangerous place and that there’s no one who can look out for you)**

How Do Adolescents React?

- “Pretend it didn’t happen”
- Thoughts or attempts at self-harm or other self-destructive or risky behavior
- Getting involved in multiple fights, using a weapon, wanting badly to hurt others
- Problems with attention and memory
- Repeated use of drugs or alcohol to cope with feelings
- May turn to friends for support

How can and how do schools respond?

- **Monica Armenta** (Executive Director of Communications for APS)
- **Leslie Kelly** (APS Director of Counseling Services)
- **Yolanda Cordova** (State of NM DOH, Office of School and Adolescent Health)

APS protocol is to be as transparent as possible.

- Parents have a right to know
- External Communication methods:
 - “School Messenger”
 - Website(s)
 - Letters home
 - Traditional Media
 - Social Media
- School Board
- Ensure your administration is **decisive, visible and available** in a time of crisis

Disclosure, when appropriate, inspires public confidence.

Transparency and the Law

- **FERPA** (Family Educational Rights & Privacy Act)
- **HIPPA** (Health Insurance Portability and Accountability Act)
- **IDEA** (Individuals with Disabilities Education Act)

What Efforts are Taken to Maximize School Safety?

Safety and Security Always First

School, Student, and Staff Support:

- Counselors
- Threat Assessment Protocol/Suicide Protocol
- D-SMRT (District Stress Management Response Team)
- Prevention
 - Every School has a site safety plan
 - Lockdowns/Shelter-in-place

Albuquerque Public Schools Police Dept.

- Support from BCSO and APD
- Encourage school community to report any and all safety concerns

Challenges

- Inability to predict human behavior
- Rumor mill
- Media monitoring/corrections.
 - Don't leave misinformation to chance
- Distinguish “can’t” from “won’t”
- Diverse community/language barriers
- Not all parents want information shared with their children
- Avoid unnecessary panic or escalating the situation

Panel #3

**Supporting Children and
Adolescents
When Bad Things Happen**

- **Laura Rombach, MA** (Project Director
ACTION/
Therapist/UNM Dept. of Psychiatry)
- **Raven Cuellar, Ph. D.** (Child
Psychologist/UNM
Dept. of Psychiatry)

How to Support Young Children

- Maintain normal routines
- Allow children to express fears and fantasies through play.
- Be available to provide reassurance that the traumatic event is over and that the children are safe
- May need to tolerate regression in developmental tasks for a period of time following a traumatic event.

How to Support School Age Children

- Encourage school-age children to discuss their worries, sadness or fears.
- Acknowledge the child's feelings and correct any distortions of the traumatic events that they express.
- Assure children that they are safe.
- Parents can communicate with the school if there is a need for additional support for their child.

How to Support Adolescents

- Reestablish a sense of safety for youth
- Family can encourage discussion of the event and feelings about the event.
- Discuss youth's expectations of what could have been done to prevent the event
- Help adolescents understand “acting out” behavior as an effort to voice anger about traumatic events.
- Discuss thoughts of revenge
 - Address realistic consequences of actions
 - Help youth identify alternatives that lessen their sense of helplessness

Support for Parents

- Eat regularly, sleep and exercise
- Take time with friends and family members for support
- Take time for yourself to do things you enjoy

Things Kids Heard That Helped

There is no correct timetable for healing.

Some children will recover quickly. Other children recover more slowly.

- “I’m ready to listen when you’re ready to talk.”
- "I can't know how you feel, but I want to help you in any way that I can."
- “I see that you are sad. It's OK to cry.”
- “I'm sorry that _ died.”

Things Kids Heard That *Didn't* Help

- “I know how you feel.”
- “It's been four months now, you should be over it.”
- “You'll get over it in time.”
- “Just concentrate on what you have left.”
- “You shouldn't be this angry. Being angry won't bring your brother back.”

How to Help Kids Cope

Mindfulness Activities

- Take a walk together
- Go outside, take in the sounds, smells, and sights of nature
- Deep breathing exercises
- Encourage your child to journal thoughts and feelings
- Prepare a healthy snack

Distraction Activities

- Play a family game
- Watch a movie or show together
- Quiet reading time
- Exercise, sports, hobbies, or fun activities
- Soothing activities –
 - Take a hot bath
 - Curl up with a blanket or stuffed animal

Other Coping Skills

- When upset, "Take 5 and walk away"
- Parents can help children to label their feelings and rate their intensity
 - *Example:* "I can tell that you're feeling upset about..."
- Provide choices to kids whenever possible
 - *Example:* "Would you like to take a walk together or color/draw on your own?"
- Remind children that it's okay to have strong feelings, that it's okay to cry
- Model for your children how you would like them to behave and communicate