

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Cultural Awareness: Children and Disasters

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Welcome and Introductions

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Purpose

The purpose of this podcast is to assist disaster behavioral health responders in providing culturally aware and appropriate disaster behavioral health services for children and families impacted by natural and human-caused disasters.

Learning Objectives

- Define cultural awareness.
- Understand the importance of cultural awareness in disaster services.
- Identify common reactions of children to disaster and trauma.
- Present helpful approaches to working with children impacted by a disaster.

Culture and Diversity

- The United States is multiracial, multicultural, and multilingual, but professional training has remained relatively monocultural.
- The United States is all about diversity.
- Individuals representing various cultures are found in many towns, cities, and States across the Nation.
- Disaster workers need to be aware that these individuals are in affected communities.

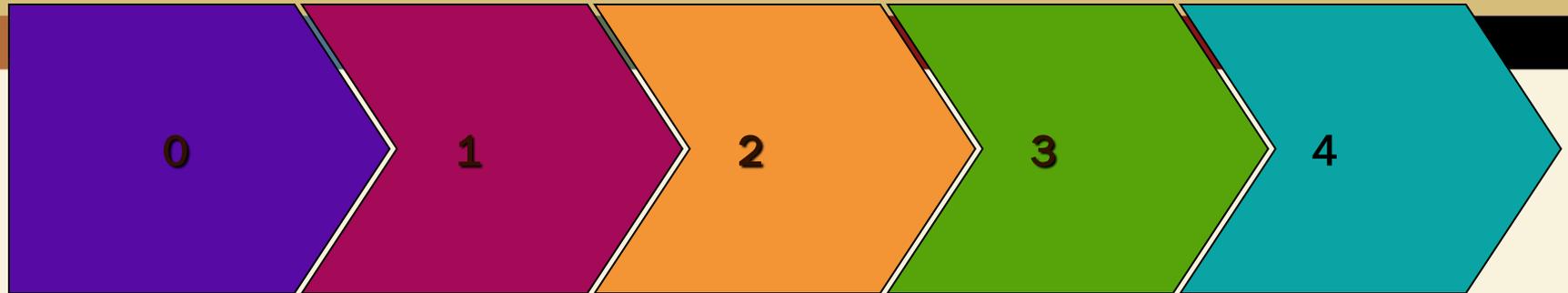
Defining Cultural Awareness

- Obtaining knowledge about specific people and groups of people
- Integrating and transforming this knowledge into specific standards, policies, practices, and attitudes
- Using these tools to increase the quality of services and produce better outcomes



(Davis, 1997)

Different Levels of Cultural Awareness



- 0: Little to no awareness of cultural differences; approaching each individual the same way with no regard for culture, ethnicity, and background
- 1: Awareness of cultural differences, but little variation in the way in which individuals from different groups are approached
- 2: Awareness of cultural differences; approaching individuals from different groups in more culture-specific ways
- 3: Beginning to take note of individuals' ethno-cultural environments and to take this into account when modifying the way in which you approach them
- 4: Taking cultural differences into account when conceptualizing an intervention/study, forming collaborations, choosing instruments to be used, approaching individuals in the study in culturally specific ways, etc.

Necessity of Cultural Awareness

- An elevated number of traumatic events occur within minority and marginalized groups.
- There is often greater risk for negative mental health outcomes in these same groups after a disaster.
- In many situations, disaster services for ethnic minorities and marginalized groups are not provided.

Greater Risk for Trauma

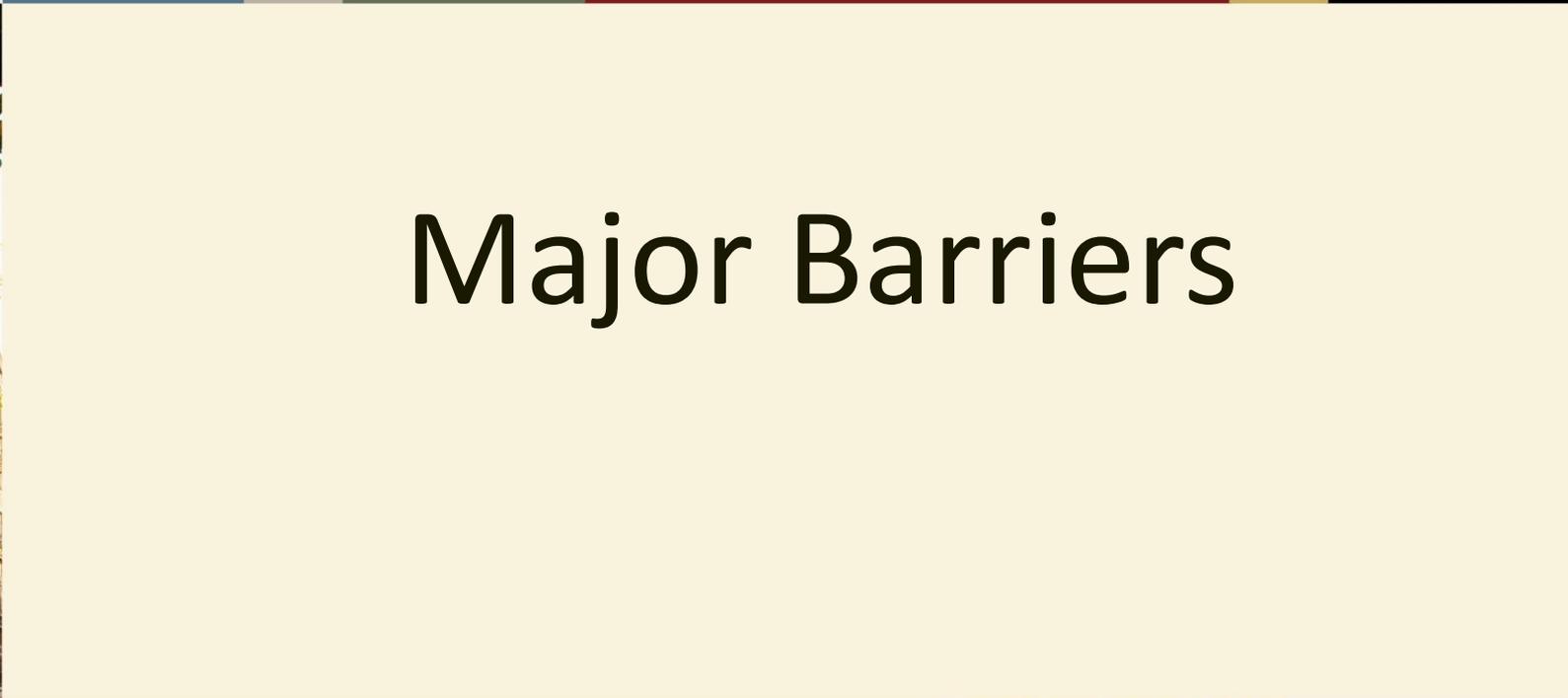
Factors predisposing ethnic minorities and marginalized groups to greater trauma following disaster:

1. Racism
2. Discrimination
3. Experience
4. Diathesis

(Jones, Hadder, Carvajal,
Chapman, & Alexander, 2006)



Major Barriers



Lack of Familiarity with Varied Cultures

- Professionals' lack of understanding and appreciation of the thoughts, communications, actions, customs, beliefs, values, and institutions of various cultures jeopardizes the extent to which service providers can access these populations.
- Service providers unfamiliar with group members' body language, gestures, postures, and inflections risk a lack of rapport with participants.

Language Barriers

- Absence of bilingual mental health workers results in a lack of psychological services for members of some ethnic groups.
- There are real dangers of misdiagnoses and poor quality of treatment when working with populations that do not speak English.

(Norris & Alegria, 2005)

Family Reorganization

- Disasters sometimes force older children of many cultures to assume the roles and responsibilities of the family head.
- One's cultural background largely influences how he or she will perceive these new responsibilities and roles.
- There may be limited or no ability of family to communicate in the host language—children are used as interpreters.

(Saylor, 1993)



Overcoming Barriers



Language Issues

- Find a cultural liaison to assist with professionals' understanding of behavioral health issues and trauma.
- Use professional or adult interpreters and/or trusted community organizations to stifle rumors and correct distorted perceptions.
- Focus on supporting children through the traumatic stressors and loss.

(Gordon, Farberow, & Maida, 1999)

How to Reach Children

- Work with schools.
- Publicize services through local media (e.g., radio, newsprint) in primary language of identified population.
- Identify family dynamics and acknowledge role status changes.
- Approach immigrants who seek out medical assistance.

(Gordon, Farberow, & Maida, 1999)



Children and Disasters

Dr. April Naturale



Working with Children

Children's perception of a disaster or trauma and their response may be determined by several factors:

- Their developmental level
- The response of their caregivers and their proximity to parents/caregivers during the event
- Exposure to the event/damage caused
- Their cultural and religious or spiritual beliefs about causality, health, and mental illness
- Their previous mental health status

Younger Children's Reactions

- Very young children may not understand the event but respond to their caregiver's emotions.
- Toddlers may regress to thumb-sucking or wetting the bed.
- They may fear strangers, darkness, or monsters.
- They commonly become clingy.
- They may express trauma repeatedly in their play or tell exaggerated stories of what happened.

Younger Children's Reactions

(continued)

- Eating and sleeping habits may change.
- Children who have fewer language skills may have unexplained aches and pains.
- Other symptoms to watch for are aggressive or withdrawn behavior, hyperactivity, speech difficulties, and disobedience.

Older Children and Youth

- Older children and teenaged youth go through many changes due to their developmental stage. It may be harder for them to cope with trauma.
- While they often want more attention from caregivers, older youth may deny their reactions or refuse to voice them to their caregivers.
- Some may start arguments at home and/or at school, resisting any structure or authority.

Older Children and Youth (continued)

- Older children and youth may engage in risky behaviors such as using alcohol or drugs.
- They may stop doing their schoolwork or chores at home.
- Some may feel helpless and guilty because they cannot take on adult roles during the course of a disaster in their community.

Good News

- Most children are quite resilient and get back to feeling “okay” soon after a trauma.
- With the good support from others around them including parents, caregivers, teachers and peers, they can thrive and recover.
- The most important ways to help are to make sure children feel connected, cared about, and loved.

The Role of Parents, Teachers, Caregivers, and Responders

- Adults can help children be expressive through conversation, writing, drawing, and singing.
- Most children want to talk about a trauma, so let them. Accept their feelings. Tell them it is okay to feel sad, upset, or stressed.
- Crying is often a way to relieve stress and grief.
- Pay attention and be a good listener.

Positive Interactions

- Ask children and youth what they know about the event. What are they hearing in school or seeing on television and the Internet?
- Allow them to ask questions.
- Limit access to television and Internet so they have time away from reminders of the trauma.
- Do not let talking about the trauma take over the family or classroom discussion for long periods of time.

Guidance

- Adults can help children see the good in any trauma. Heroic actions of families and friends who help and support from people in the community are examples.
- Children may better cope by helping others— writing caring letters to those who experienced the event and those that may have helped during an event.
- Adults should encourage these kinds of activities.

Exposure

- It is okay for children to see adults sad or crying in response to a disaster, but try not to show emotions that are too intense.
- Refrain from yelling, hitting, or kicking furniture or walls to release your own stress, as this can be scary for children and increase their traumatic responses.
- Let children know that they are not to blame when a disaster has happened.

Modeling

- Adults can show children how to take care of themselves.
- Model self-care, set routines, eat healthy meals, get enough sleep, and exercise.
- Engage in calming experiences; take deep breaths to handle stress.

Attention

- Encourage children to participate in recreational activities where they can move around and play with others.
- Avoid hitting, isolating, abandoning, or making fun of children who are upset after a disaster.
- Let children know that you care about them. Spend time with them. Do special things with them and check on them in nonintrusive ways.

A Note of “*Caution*”

Be careful not to pressure children to talk about the trauma or join in expressive activities related to the trauma. While most children will easily talk about what happened, some may become frightened. Some may even get traumatized again by talking about a trauma, listening to others talk about it, or looking at drawings of the event. Allow children to remove themselves from these activities, and monitor them for signs of distress.

Summary

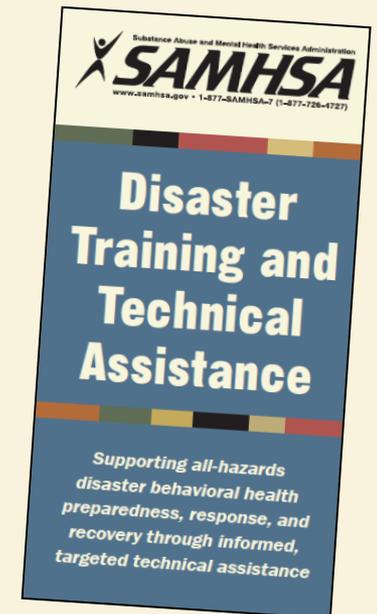
- Culture extends to all groups—ethnicities, organizations, neighborhoods, schools, and faith organizations who define themselves as such.
- Adults can show children how to take care of themselves by modeling self-care.
- Be aware of differences and help children address cultural barriers to healing.
- Most importantly, listen and attend to children, helping them feel safe, cared about, and loved.

Frequently Asked Questions

- How much information about a traumatic event do we share with children?
- What are the most important factors in helping children recover? Does it have more to do with their exposure level or with their understanding of the event?

About SAMHSA DTAC

Established by SAMHSA, DTAC supports SAMHSA's efforts to prepare States, Territories, and Tribes to deliver an effective behavioral health (mental health and substance abuse) response to disasters.



SAMHSA DTAC Disaster Behavioral Health Information Series (DBHIS)

The DBHIS contains themed resources and toolkits about disaster behavioral health preparedness and response specific to children and other special populations:

- Children and Youth Resource Collection

http://www.samhsa.gov/dtac/dbhis/dbhis_children_intro.asp

- Languages Other than English

http://www.samhsa.gov/dtac/dbhis/dbhis_loe_intro.asp

Resources

- National Center for PTSD (information on posttraumatic stress disorder and access to the Published International Literature On Traumatic Stress [PILOTS] database):
<http://www.ptsd.va.gov>
- National Child Traumatic Stress Network's Learning Center:
<http://learn.nctsn.org>
- The Disaster Distress Helpline: Toll-free 1-800-985-5990 or text "TalkWithUs" to 66746
- Ready.gov, the Federal Emergency Management Agency's planning and preparedness website: <http://www.ready.gov>
- SAMHSA DTAC: Toll-free 1-800-308-3515 or online at
<http://www.samhsa.gov/dtac>

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Thank you!