Behavioral Health

In the midst and aftermath of a pediatric emergency children, families, and hospital staff all need emotional support. When the emergency occurs on a large scale the emotional impact of the event can be overwhelming to any and all involved.

Physical medicine and stabilization is vital but long term adverse psychological impacts can linger for a life time if not properly addressed. Significant traumas can lead to post traumatic symptoms in children and adults and can produce Post Traumatic Stress Syndrome and long term adverse health consequences years later (www.acestudy.org).

RCHSD Behavioral Health professionals are trained to support children, families, and staff.

Role of Behavioral Health Departments: In the event of a significant pediatric event or surge the first line of response to needs within the hospital and outpatient clinics is the Medical Social Work Department. Additional support can be secured from the Chadwick Center for Children and Families and the Psychiatry Department.

Medical Social Work

Immediate response to a disaster requires Medical Social Work to coordinate actions with Hospital Incident Command Center. In concert with Trauma staff, Medical Social Work will conduct an assessment to support triage activities, including:

Clinical

- On site assessment of the crisis situations
- Crisis intervention and short term trauma counseling – children and adults
- Crisis intervention and short term trauma counseling –adult (staff, parents, child caregivers)
- Clinical supervision and coordination of deployments

Non-Clinical

- Logistical support of team
- Media relations
- Internal communications
- Triage telephone line

Staffing will be supported by a Call Back system and is managed by either the Director or Supervisor of Medical Social Work Department. Social Workers from all hospital units can be deployed as needed by leadership to provide both Clinical and Non-Clinical services during the disaster. All activities will be coordinated through the Hospital Incident Command Center.

In the event of a major event or surge and demands that exceed the capacity of Medical Social Work Department, RCHSD has expanded capacity in the Behavioral Health Crisis Response Team (BHCRT).

Behavioral Health Crisis Response Team (BHCRT) mobilizations may occur in response to:

1. A major national or local event that places RCHSD staff in a state of emotional stress or crisis that exceeds the capacity of normal Human Resources and Employee Assistance Program (EAP) support.

2. A major national or local event that places significant numbers of children and/or patient families within the hospital in a state of emotional stress or crisis that exceeds the capacity of existing social work and/or child life resources.

3. A major national or local event in the community in which significant numbers of children are suffering the after effects of emotional trauma ranging from those who witness violence or who are vicarious victims of violence to those suffering emotional distress as a result of major manmade or natural disasters.

Long Term Follow-up: Children requiring mental health treatment for post traumatic stress symptoms should be referred to the Chadwick Center or Psychiatry Department.

In the aftermath of a disaster RCHSD Behavioral health professionals will often be guided by the principals of **Psychological First Aid** (see below) for child and adult patients. Critical Incident Debriefing is utilized to support Hospital staff during and after the disaster.

Important Note: Critical Incident Debriefing is not appropriate for use with children

Critical Incident Response for Staff

In an emergency, hospital staff and doctors will respond to the incident utilizing all prior training and experiences in order to deliver appropriate care to patients and families. Physicians, nurses, and allied health providers are highly trained to intervene and treat patients, regardless of the volume or acuity. Frequently in such situations, patients are triaged and treated consecutively without the opportunity for staff to process the events or consider the impact on them.

Healthcare providers are a valued resource and need to be educated, supported, assessed, and sometimes offered mental health treatment in order to allow them to continue to provide the services they deliver during and after emergencies and critical events. Emotional support intervention should be immediately available following any critical incident, event, or emergency. Resources should be made available to all providers and staff involved in the event, including physicians, nurses, CHET team, paramedics, lab, radiology, pharmacy, transport, ancillary services, BA staff, housekeeping, etc. All staff has

some relative exposure to the event in the course of completing their jobs. Implementation of support for hospital staff includes:

1. Education of key hospital staff, including House Supervisors, Department Directors, Charge Nurses, and Social Work staff on signs and symptoms of the emotional impact of the disaster or trauma on hospital staff. These staff is the first level of intervention and support to providers and are critical to assisting staff in continuing their functions and resolving issues encountered in the course of their work.

2. Screening, Assessment, and Triage of all involved staff.

3. Intervention options:
   a. One-to-one immediate intervention on the job
   b. Support and advise
   c. Back up resources for staff who may have to leave shift
   d. Offer of options to staff, including brief discussion, ongoing supervisor support, brochure, referrals, and follow-up contacts
   e. Group critical incident debriefing for all involved in incident
   f. Referrals to ongoing therapy, as needed

4. Resources for support:
   a. Internal multi-disciplinary critical incident debriefing team
   b. External, including EAP programs and Physician Well-Being Committees

What is Psychological First Aid?

Psychological First Aid is an evidence-informed[1] modular approach to help children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism. Psychological First Aid is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping. Principles and techniques of Psychological First Aid meet four basic standards. They are:

1. Consistent with research evidence on risk and resilience following trauma
2. Applicable and practical in field settings
3. Appropriate for developmental levels across the lifespan
4. Culturally informed and delivered in a flexible manner

Psychological First Aid does not assume that all survivors will develop severe mental health problems or long-term difficulties in recovery. Instead, it is based on an understanding that disaster survivors and others affected by such events will experience a broad range of early reactions (for example, physical, psychological, behavioral, spiritual). Some of these reactions will cause enough distress to interfere with adaptive coping, and recovery may be helped by support from compassionate and caring disaster responders.

Normal Reactions to Disaster for Adults and Children

Age	Parameter	Normal Reactions May Include
All Ages	**Emotional**	• Shock • Fear • Grief • Anger • Guilt • Shame • Helplessness • Hopelessness • Numbness • Emptiness • Decreased ability to feel interest, pleasure, love
	Cognitive	• Confusion • Disorientation • Indecisiveness • Worry • Shortened attention span • Poor concentration • Memory difficulties • Unwanted memories • Self-blame
	Physical	• Tension • Fatigue • Edginess • Insomnia • Generalized aches and pains • Startles easily • Rapid heartbeat • Nausea • Decreased appetite • Decreased sex drive
	Interpersonal	• Difficulties being intimate • Being over-controlling • Feeling rejected or abandoned

Children's age-specific disaster response:

Preschool	**Emotional**	• Separation fears • Temper tantrums
	Cognitive	• See All Ages
	Physical	• Regression • Fussiness • Somatic complaints • Sleep disturbances including nightmares, somnambulism and night terrors
	Interpersonal	• Likely to seek comfort
School-age	**Emotional**	All of above, plus: • Excessive guilt and worries about others' safety
	Cognitive	• Poor concentration and loss of school performance
	Interpersonal	• Repetitious re-telling or play related to traum
Adolescent	**Emotional**	• Depression • Wish for revenge
	Cognitive	• Altered view of the future
	Physical	• Sleeping disturbances • Eating disturbances
	Interpersonal	• Acting out

FISH Educational Tools for Staff # 3

Mental Health Consequences of Disaster – An Overview for Emergency Department Staff

Developmental Considerations in the Comprehension of Death in Children & Adolescents				
	Infants	**Preschool**	**School-Aged**	**Adolescents**
Developmental considerations	• Object permanence • Establishing trust • Dependency for basic needs	• Magical thinking • No concept of time • Egocentric	• Logical thinking • Concept of time • Differentiation of self from others	• Abstract thinking • Establishing independence • Identity formation • Feelings of omnipotence
Effect of disaster	• Destroyed routine • Loss of loved ones			
Behavioral changes seen as result of disaster	• Regression • Detachment	• Post-traumatic play • Withdrawal • Apathy	• School problems • Anxiety • Anger • Somatic complaints • Post-traumatic play	• Risk-taking • Somatic experiences • Depression • Anger • Hostility to others • Self-doubt • Shame • Guilt
View of disaster	• No comprehension	• Reversible	• Understands loss as a consequence of injury and illness	• Full understanding
Modified from: American Academy of Pediatric Workgroups on Disasters, *Psychological issues for children and families in disasters: a guide for the primary care physician.* US Department of Health and Human Services, 1995 [DHHS Publication (SMA) 95-3022].				

FISC Educational Tools for Staff # 4

Helping Children Deal with Disasters

Listen to the child

- Ask the child what he/she knows, what they heard, or what their friends are saying
- Ask the child how they are feeling. They may feel angry, scared, sad or anxious
- Let the child know that you understand their feelings
- It is important not to laugh at the child's fears, even if they seem silly to you
- Let the child ask questions
- When the child ask questions, answer briefly and honestly
- Remember: it is OK to answer, "I don't know."

Try to make the child feel safe

- Let the child know that many people (police, teachers, doctors and our President) are working hard to:
    - Take care of the hurt people
    - Help keep us safe
- If the child is worried that his/her home is not safe, explain the nature of the event as simply as possible
- Try to keep to the child's regular routine as much as possible

Adapted from: Child Life Department, (2001) Bellevue Hospital Center Pediatric Resource Center

Source:

http://www.health.state.ny.us/facilities/hospital/emergency_preparedness/guideline_for_hospitals/support.htm#fisced