

Children Needing Extra Help: Guidelines for Mental Health Providers

What We Know

- Not all interventions are created equal: cognitive-behavioral therapy (CBT) has the strongest empirical support for helping children
- If children are suicidal, experiencing ongoing stress in their environment, or are actively grieving the loss of a loved one, they may need a combination of interventions in addition to CBT
- Some interventions can be harmful: psychological debriefing may have negative effects and should not be used with children

Treatment Should Include

1. *Awareness of the child's developmental level*
 - Use language that the child can understand
 - Use play techniques (e.g., drawing, dollhouse) to engage child in therapy
2. *Awareness of cultural or religious differences*
 - Child's culture may influence the child's symptoms or description of symptoms
 - Interventions may include members of child's extended family or church
3. *Assessment of preexisting mental health problems and prior traumas*
 - Preexisting disorders may make a child more vulnerable to severe trauma reactions
 - Interventions need to address need arising from comorbid disorders
4. *Normalization of the children's psychological reactions to the hurricane*
 - Provide education on children's typical reactions to abnormal events
 - Reassure children and parents that they are not "crazy"
5. *Gradual exposure to reminders of the hurricane while reprocessing the event in a constructive way*
 - Having children write or the story about the hurricane may help them organize thoughts
 - Help children face (rather than avoid) thoughts about the hurricane in a safe environment,
 - Provide perspective: help children view the hurricane as time-limited, incident in their lives
6. *Teaching coping and anger management skills as needed*
 - Help children become aware of thoughts, feelings, and physical responses
 - Teach children ways to relax their bodies (e.g., deep breathing, muscle relaxation)
 - Teach children thought-stopping techniques and promote positive thoughts
 - Show children acceptable releases of emotions (e.g., physical exercise)

7. *Family involvement*

- Educate parents about children's typical responses to trauma
- Have parents demonstrate and encourage children to use positive coping skills
- Have parents praise and celebrate children's mastery of skills in therapy
- Help family develop a safety plan for next storm season

References

- La Greca, A. M., Silverman, W. K., Vernberg, E. M., & Roberts, M. C. (Eds.). (2002). *Helping children cope with disasters and terrorism*. Washington, D.C.: American Psychological Association.
- Lipovsky, J. A. (1991). Children's reaction to disaster: A discussion of recent research. *Advances in Behaviour Research and Therapy*, 13, 185-192.
- Norris, F. H., Friedman, M. J., Watson, P. J., Byrne, C. M., Diaz, E., & Kaniasty, K. (2002). 60,000 disaster victims speak: Part I. An empirical review of the empirical literature, 1981-2001. *Psychiatry*, 65, 207-239.
- Norris, F. H., Friedman, M. J., & Watson, P. J. (2002). 60,000 disaster victims speak: Part II. Summary and implications of disaster mental health research. *Psychiatry*, 65, 240-260.
- Pynoos, R. S., Goenjian, A. K., & Steinberg, A. M. (1998). A public mental health approach to the postdisaster treatment of children and adolescents. *Child and Adolescent Psychiatric Clinics of North America*, 7, 195-210.