



HOW TO HELP YOUNG PEOPLE SURVIVE TRAUMA, LOSS AND BUILD RESILIENCE

Linda Chokroverty, MD, FAAP

**American Society for Adolescent Psychiatry, Annual Conference:
“Helping Adolescents and Young Adults Thrive” April 2, 2022**



**DISCLOSURES FOR
DR. CHOKROVERTY: NONE**

EDUCATIONAL OBJECTIVES:

**At this end of this session,
participants will**

- 1. Learn about the variety of traumas experienced by contemporary youth, especially among those from more vulnerable groups**
- 2. Learn about best practices to facilitate recovery from traumatic events and make meaning of losses sustained by adolescents and transitional age youth and their families**
- 3. Understand the importance of preparedness and how to fortify young people and their communities in being able weather traumatic stress**
- 4. Explore the roles that physicians and clinicians working with youth can have in promoting recovery and resilience to future adverse events**

TRAUMAS, TRAUMATIC STRESS AND LOSSES OUR CURRENT TEENS AND YOUNG ADULTS ARE EXPERIENCING:

Community

- Disasters-
COVID-19,
Natural,
“Man”-Made,
- Climate Stress
- Racial Stress
- Armed Conflict

Family

- Domestic Violence
- Housing/ Food insecurity
or Other losses
- Death(s) of Family members
- Intergenerational
Transmission of Trauma
- Parental illness, substance
abuse, deployment,
separation

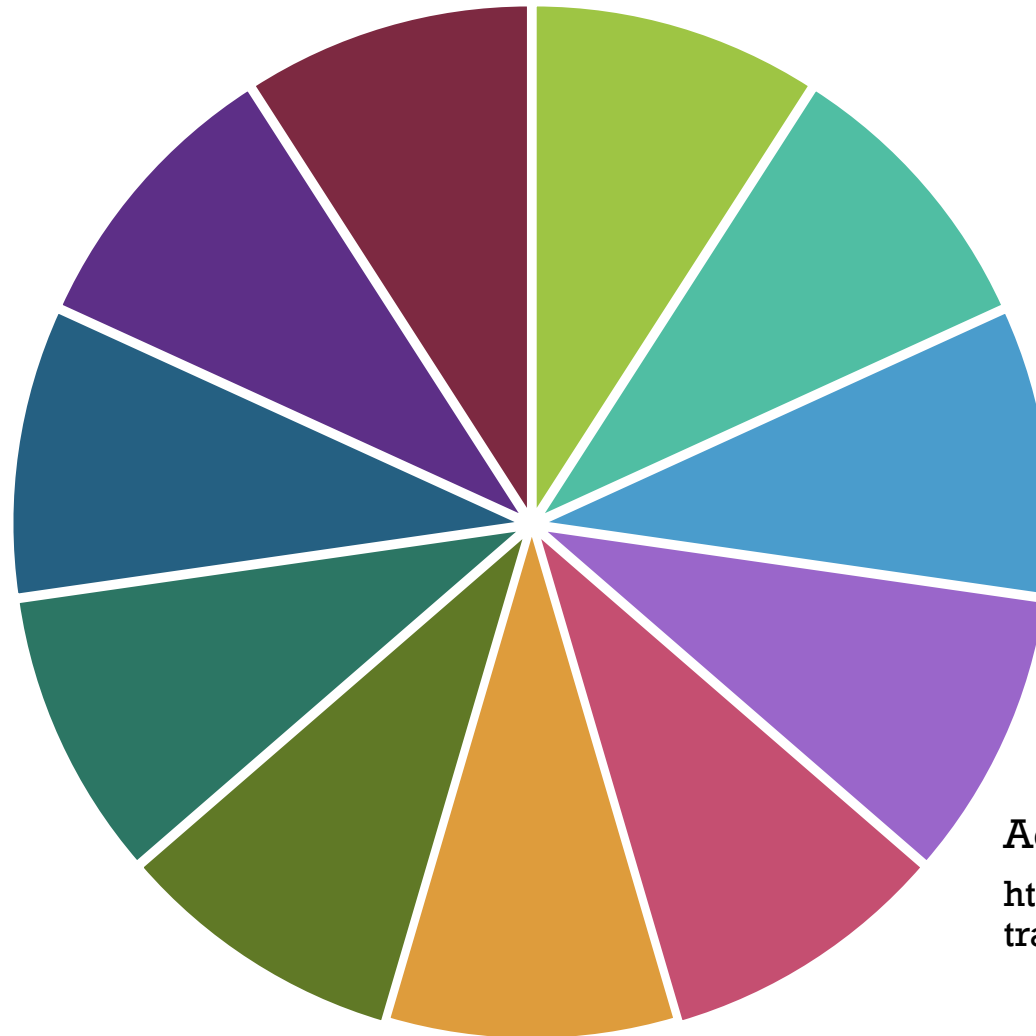
Individual

- Abuse/Neglect
- Separation From Primary
Caregivers
- Death of Parent(s)
- Witness to or Direct
Involvement in Traumatic
Event(s)
- Major and Prolonged
Disruptions in routines
- Life threatening injury or
illness

Trauma Types

[The National Child Traumatic Stress Network (NCTSN)]

- **Bullying**
- **Community Violence**
- **Natural Disasters**
- **Early Childhood Trauma**
- **Intimate Partner Violence**
- **Medical Trauma**
- **Physical Abuse**
- **Refugee Trauma**
- **Sexual Abuse**
- **Terrorism and Violence**
- **Traumatic Grief**



(Pie Chart Does not represent percentages of each trauma but only types)

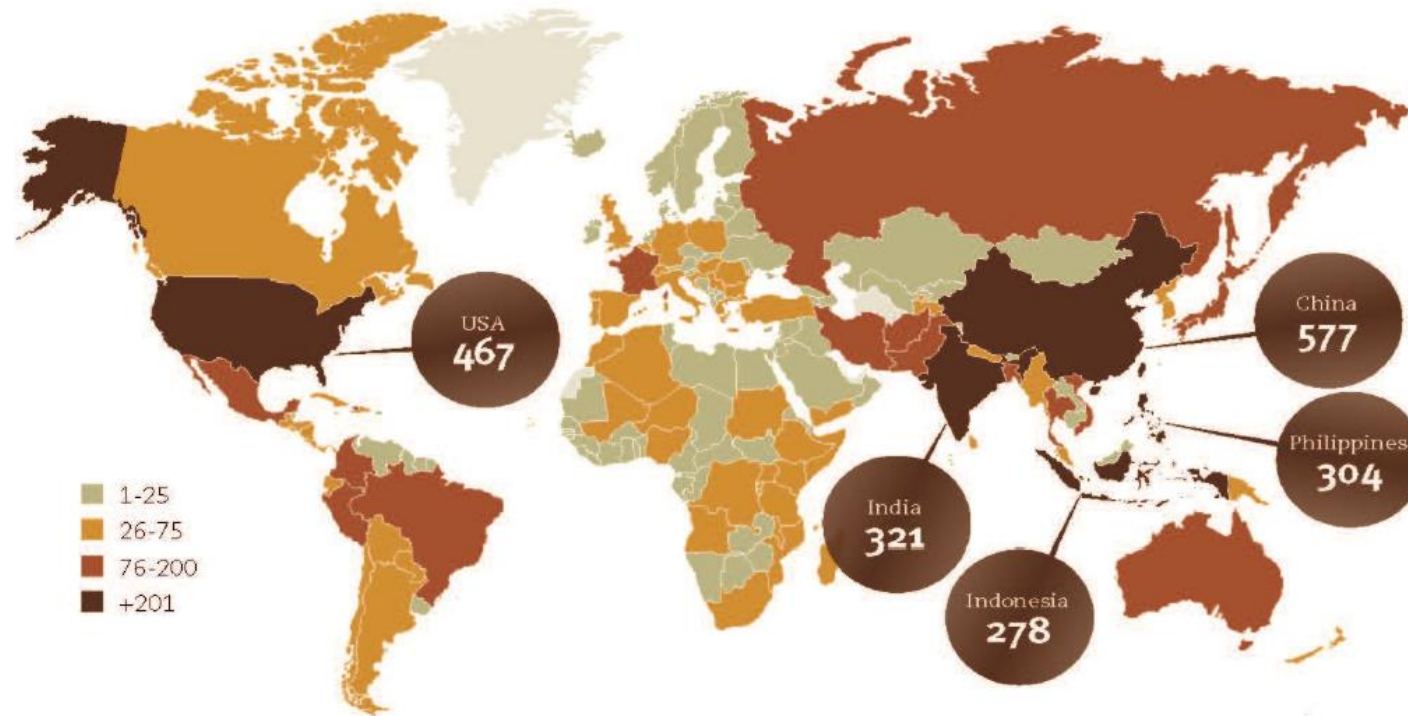
Adapted From:

<https://www.nctsn.org/what-is-child-trauma/trauma-types>

The Global Distribution of Reported Disasters Between 2000-2019

China>U.S.>India>Philippines>Indonesia

Number of disasters reported
per country/territory (2000-2019)

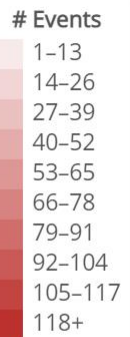
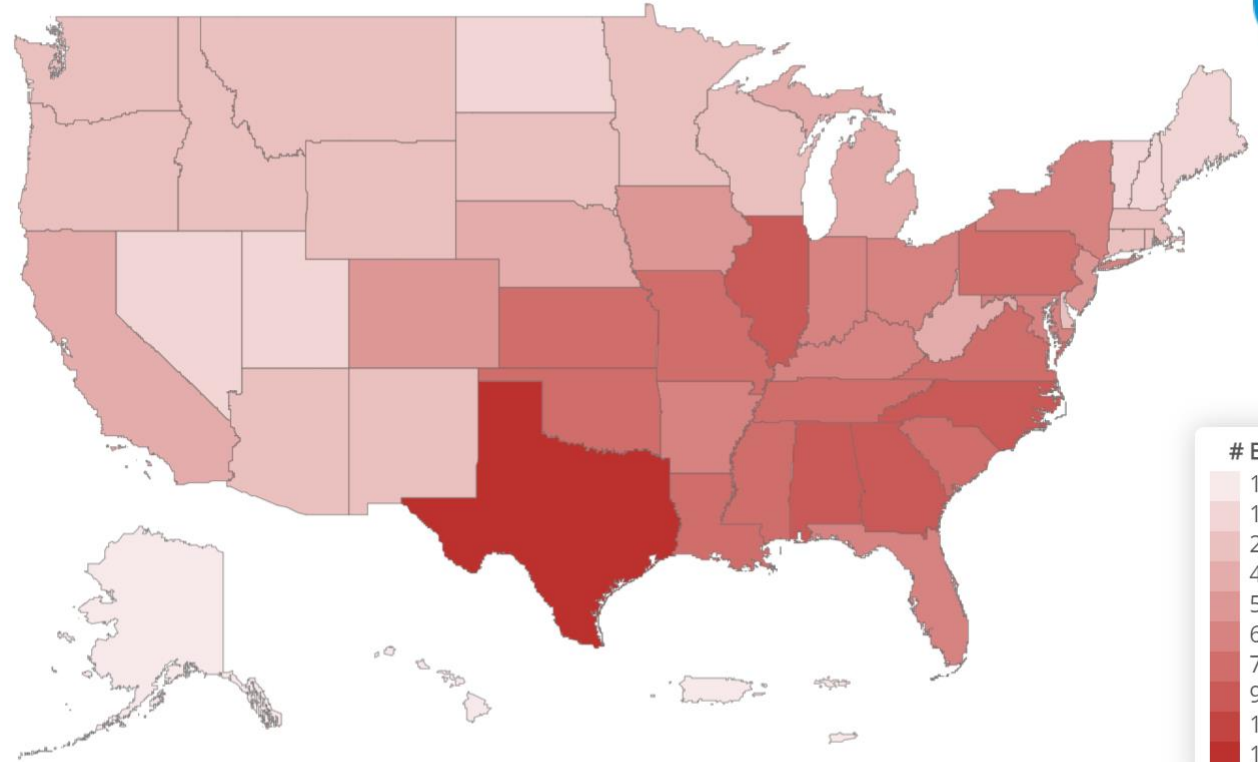


References:

CRED—Human cost of disasters. An overview of the last 20 years 2000-2019. <https://cred.be/sites/default/files/CRED-Disaster-Report-Human-Cost2000-2019.pdf>

The areas experiencing the highest frequency and diversity of disasters are the South, Central, and Southeastern U.S.

1980-2021* Billion-Dollar Weather and Climate Disasters (CPI-Adjusted)



United States

Drought:

29 Flooding:

35 Freeze:

9 Severe Storm:

141

Tropical Cyclone:

56 Wildfire:

19 Winter Storm:

19 All Disasters:

308

DISASTERS AFFECTING YOUTH



“Natural Disasters”

Hurricanes

Tsunamis

Earthquakes

Wildfires

Mudslides

Volcanoes

“Man-Made” Disasters:



- Chowchilla: 1976
- Oklahoma City: 1995
- Columbine: 1999
- 9-11: 2001
- D.C. Sniper: 2002
- Sandy Hook: 2012
- Boston Marathon Bombing 2013:
- Pulse nightclub shooting :2016
- Manchester: 2017
- Las Vegas: 2017
- Parkland 2018

“Natural and man-made”:

Challenger Shuttle: 1986 space shuttle explodes

TWA 800: 1996

AA 587: 2001

Columbia Shuttle: 2003 explosion

Fukushima: accident 2011 tsunami, earthquake
destroyed cooling system of nuclear reactor as well
as physical damage to plant, with subsequent
massive radiation release

Ebola Outbreak: 2014 , 2018

COVID-19 Pandemic:

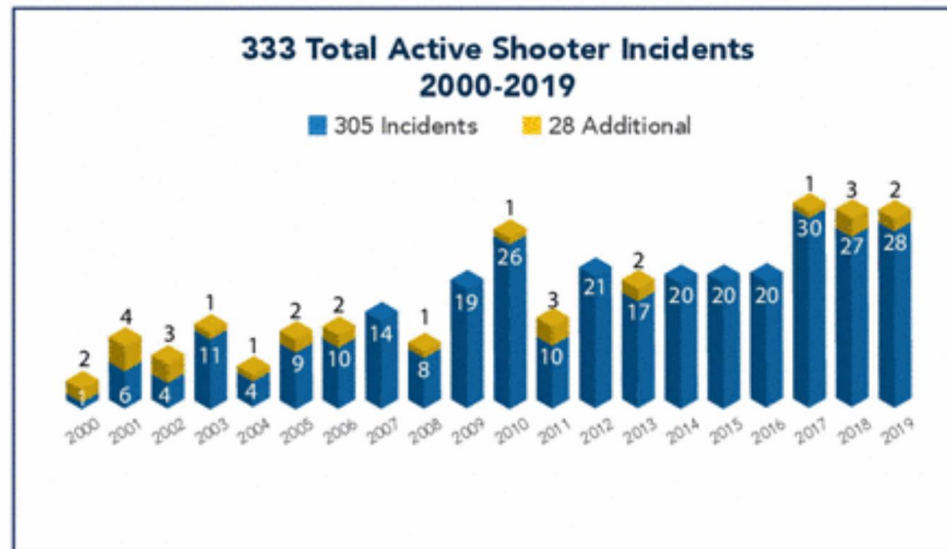


Total Active Shooter Incidents and Locations

The FBI reviewed active shooter incidents that occurred in the U.S. between 2000 and 2019 and identified 333 incidents involving 345 shooters.

Quick Look:

During an initial review of active shooter incidents, the FBI identified 305 incidents between 2000 and 2019. As explained in the introduction, the FBI later identified 28 additional active shooter incidents that occurred between 2000 and 2019, changing the total from 305 incidents to 333 incidents.



THE UNITED STATES (U.S.) HAS SEEN A 28-FOLD RISE IN ACTIVE SHOOTING INCIDENTS IN BETWEEN 2000 AND 2019

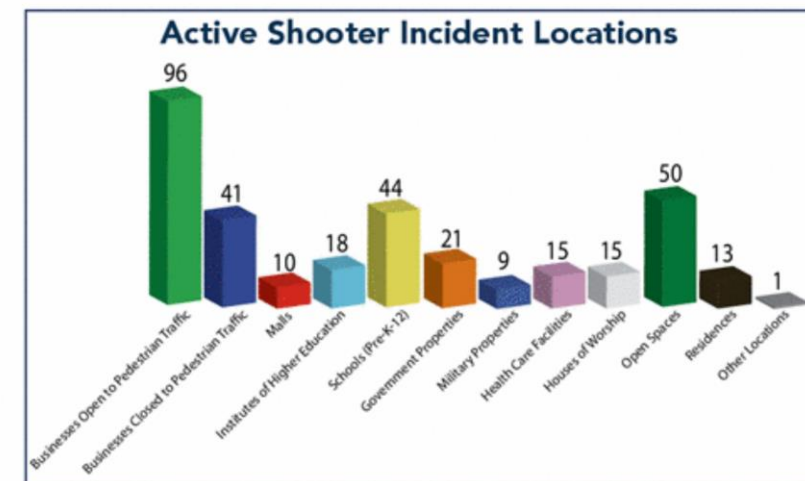
ACTIVE SHOOTER INCIDENTS



Total Active Shooter Incidents and Locations

Quick Look:

The 333 active shooter incidents are categorized into 12 different location types.¹



Active Shooter Incidents 20-Year Review, 2000-2019 — FBI

Eco-Anxiety Climate Stress

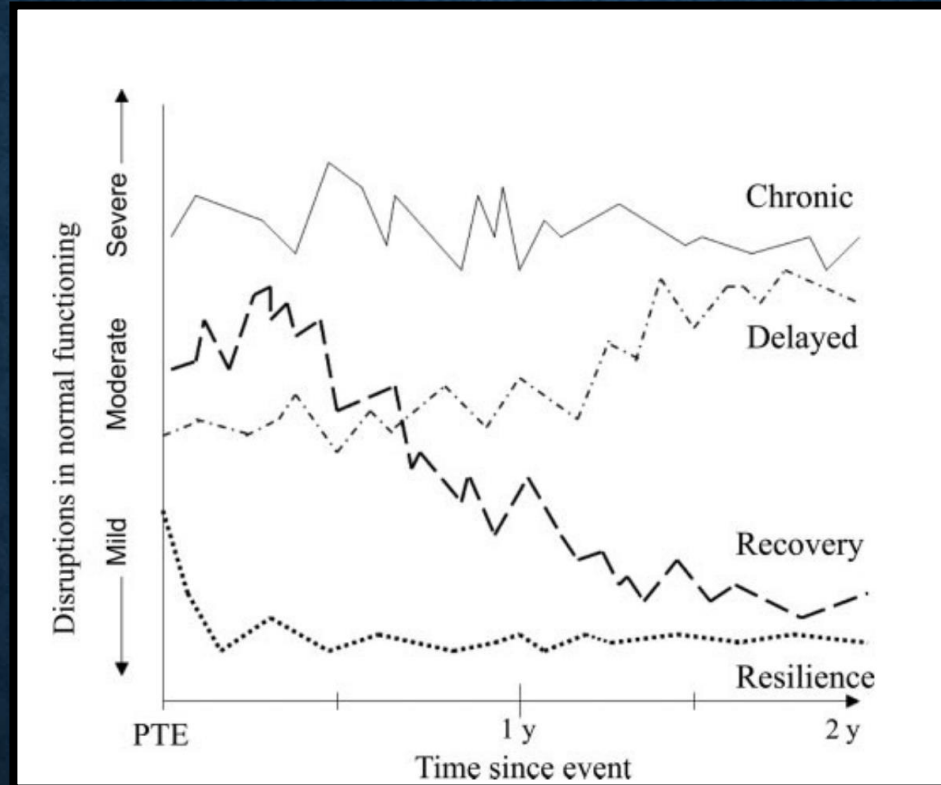


Racial Trauma and Community Unrest



Black Lives Matter protest in Washington Square Park on Saturday in NYC. Photo: <https://www.flickr.com/photos/shankbone/49978152721/> David Shankbone, public domain

Patterns of Disruption in functioning after a Potentially Traumatic Event



From: Bonanno GA, Mancini AD. The human capacity to thrive in the face of potential trauma. *Pediatrics*. 2008 Feb;121(2):369-75.
[Used with permission from GA Bonanno]

CHILDREN AND TEENS ARE DISTINCT FROM ADULTS WITH REGARDS TO TRAUMATIC EVENTS- WHY?

- Dependency on adults for protection, basic needs, and provision of a filter to modulate their experiences
- Vulnerability to maltreatment when adult structures and supervision are disrupted- e.g., trafficking, gang involvement, child soldier conscription
- Relationship/attachment to adult caregiver(s) is fundamental in managing highly stressful experiences- disruptions and separations can have devastating consequences and should be avoided whenever possible
- Impaired adults due to distress, psychopathology, or substance abuse can compromise parenting abilities
- The efficacy of the youth's support system/community (school, family, local community) must be ensured¹⁵

TEENS ARE ALSO DIFFERENT DUE TO THEIR DEVELOPMENTAL PROCESS

- *Adults may assume youth are not impacted by events because they don't appear to express their distress the same way; they may assume apathy or a lack of interest/engagement*
- Language and cognitive immaturities may cause them to convey their experience differently
- *Immature communicative skills, impulsivity and understanding of situations can result in disruptive behaviors- often hard for adults to interpret*
- Understanding of violence, disruptions, and loss may be very limited or misinterpreted by intellectually disabled/developmentally disordered youth who (like younger children) may not understand the meaning of death, or permanence of certain losses

VULNERABLE POPULATIONS OF YOUTH

- Children and families of First Responders, Healthcare workers, Essential workers
- Economically Disadvantaged & Homeless
- Those in Foster Care or Juvenile Justice system
- Migrants & Refugees, especially separated and/or unaccompanied youth
- Those with Pre-Existing Mental Health Disorders
- Prior personal traumatic experiences
- Developmentally delayed/disabled- includes speech and language impaired, autistic spectrum, physically disabled
- Racial and Ethnic Minorities due to Pre-existing Health and Economic Disparities
- Physically Injured or Medically Ill
- Those who have lost family member(s) especially suddenly or unexpectedly- e.g. death of a primary attachment figure due to COVID-19
- LGBTQ youth



Migrants, Refugees, Separated and/or Unaccompanied Youth

DVIDS - IMAGES - EL SALVADORAN SOLDIERS
PROVIDE ASSISTANCE TO WIDOWS, ORPHANS
IN NUMANIYAH (DVIDSHUB.NET)

- Photo: Sgt. Daniel West

LGBTQ Youth have higher risks for negative health and life outcomes through toxic stress, including chronic rejection by families:

The converse however, shows that family acceptance, seems to be protective and health promoting

Source: Substance Abuse and Mental Health Services Administration, A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children. HHS Publication No. PEP14-LGBTKIDS. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

FAMILY REJECTION & HEALTH RISKS

(Ryan et al., 2009)

LGBT young adults who reported high levels of family rejection during adolescence were:

- 8.4 times more likely to report having attempted suicide
- 5.9 times more likely to report high levels of depression
- 3.4 times more likely to use illegal drugs, and
- 3.4 times more likely to report having engaged in unprotected sexual intercourse –

compared with peers from families that reported no or low levels of family rejection

FAMILY ACCEPTANCE & WELL-BEING

(Ryan et al., 2010)

Family acceptance helps:

- protect against depression, suicidal behavior, and substance abuse
- promote self-esteem, social support, and overall health

Ryan, C. (2009). Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children. San Francisco, CA: Family Acceptance Project, Marian Wright Edelman Institute, San Francisco State University.

Ryan, C. (2010). Engaging families to support lesbian, gay, bisexual and transgender (LGBT) youth: The Family Acceptance Project. The Prevention Researcher, 17(4), 11- 13

UNIQUE FEATURES OF AUTISTIC PEOPLE IN EMERGENCIES

- ☐ Wander away, run away, or bolt from a safe environment
- ☐ Exhibit a diminished sense of fear causing them to engage in high-risk behavior
 - such as seeking water or active roadways
- ☐ Elude or hide from search teams
- ☐ Seek small or tightly enclosed spaces concealing themselves from search teams
- ☐ Be unable to respond to rescuers

From: Debbaudt, D. (2006)

Autism & Emergency Preparedness: Tips and Information for Emergency Shelter Staff and Trainers

Microsoft Word - DennisLetterhead.doc (autismriskmanagement.com)

Plan for On the Spot Identification and Education



From: Shore, Steven. *Disaster Preparedness for People on the Autism Spectrum and their Supporters*, March-April 2006 Autism-Asperger Digest, 44-46.
www.autismdigest.com, www.autism-society.org

REACTIONS TRAUMATIC STRESS ARE AFFECTED BY:

- Developmental level and cognitive understanding
- Degree of exposure
- Parental/other adult/peer response
- Separation from family/parents
- Death of loved one, loss of home, displacement
- Protective factors, resilience

REACTIONS TO TRAUMATIC STRESS ARE AFFECTED BY:

- Preexisting child or parent/adult psychopathology
- Injury or illness
- Past trauma history
- Information provided
- Media exposure
- How soon / to what degree daily routines are reestablished

Important Questions for Clinicians

- Other losses incurred as a result of a traumatic event (home, cherished belongings, pets)?
- Feelings of guilt or shame
- Child/Youth's distorted sense of responsibility?
- Thoughts about causing harm to self or others?
- Current social/support network
- Prior alcohol or drug use or psychiatric problems?
- Prior exposure to trauma and loss?
- Triage – identifying more severe mental disorder

Common reactions to trauma

- Intense and ongoing emotional upset
- Depressive symptoms
- Anxiety
- Behavioral Changes
- Difficulties with attention, academics
- Nightmares
- Physical symptoms-stomachaches, headaches
- Difficulty sleeping and eating

After a Trauma sleep disturbances are common and may include:

- Clinginess and need to co-sleep with parent(s) or family members
- Unwillingness to sleep in a place that is unfamiliar or frightening due to association with traumatic event
- Other regressions such as bedwetting when previously toilet trained (more so in younger children)
- Insomnia (problems falling asleep, staying asleep, or waking up too early)
- Poor sleep quality, reduced sleep duration-leading to daytime fatigue and sleepiness
- Nightmares
- Worsening of previous difficulties in getting good sleep

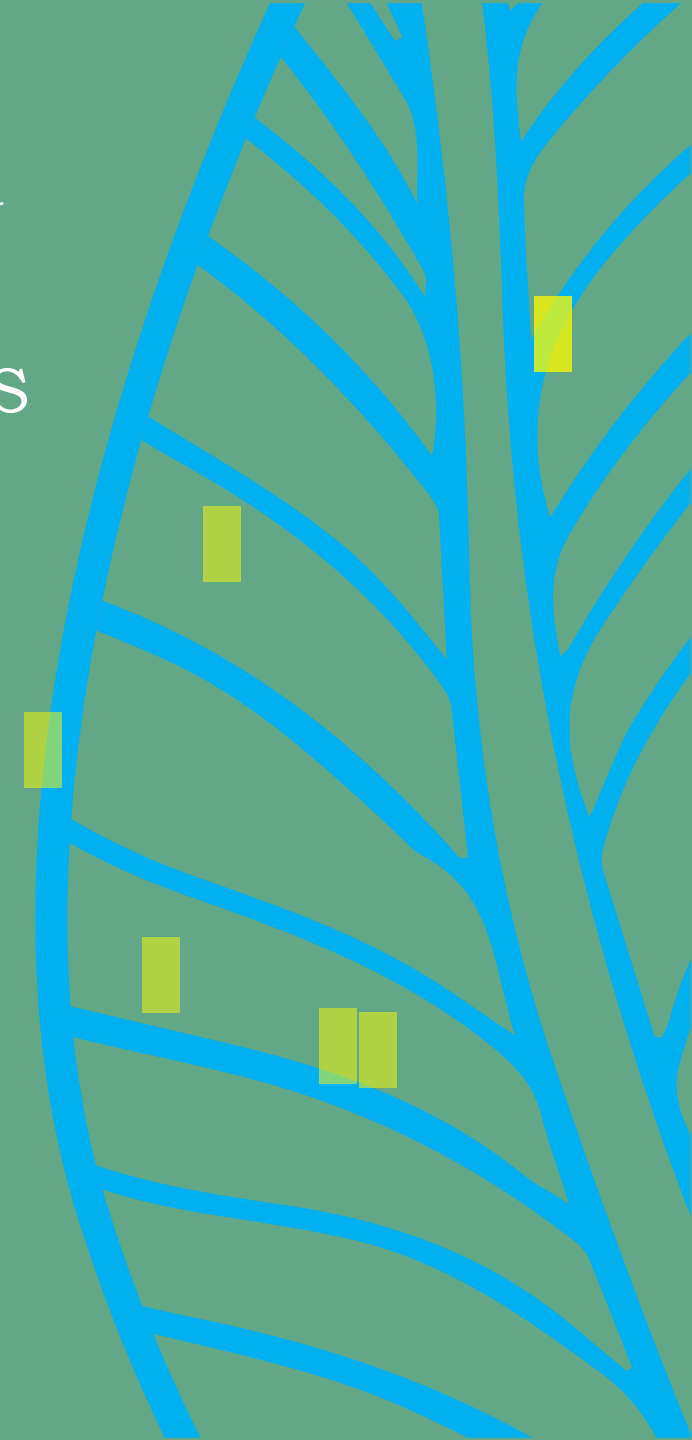


The National Child Traumatic Stress Network Core Data Set (CDS): 56 Mental Health Centers Across the United States; 14,088 racially and ethnically diverse youth included between 2004-2010; many studies use the CDS

- **In a study on sleep and trauma of 4043 youth who were trauma-exposed:**
 - 14% of youth between the ages of 7–12
 - 24% of trauma-exposed youth between the ages of 13–18

Met criteria for a clinician assessed sleep disturbance

Hall Brown T, Garcia E. Trauma-related sleep disturbance in youth. Curr Opin Psychol. 2020 Aug;34:128-132. doi: 10.1016/j.copsyc.2020.01.004. Epub 2020 Feb 8. PMID: 32229429.



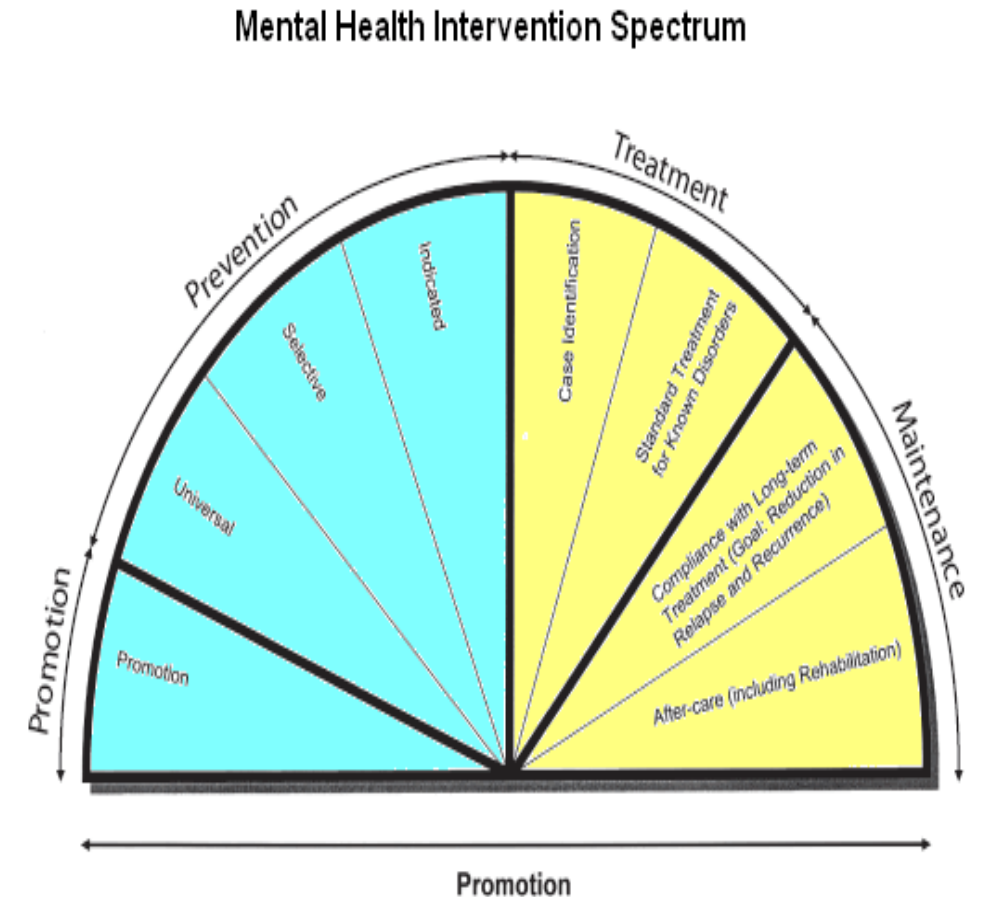
Sleep problems that are acute and persistent

- **are common symptoms of exposure to traumatic events**
- **are significant predictors of affective and anxiety disorders including PTSD.**

PREVENTION AND TREATMENT

Definitions of prevention and treatment (Weisz et al., 2005, p. 632)

- **Health Promotion/Positive Development Strategies** target an entire population with the goal of enhancing strengths so as to reduce the risk of later problem outcomes and/or to increase prospects for positive development;
- **Universal Prevention Strategies** are approaches designed to address risk factors in entire populations of youth – for example, all youngsters in a classroom, all in a school, or all in multiple schools – without attempting to discern which youths are at elevated risk;
- **Selective Prevention Strategies** target groups of youth identified because they share a significant risk factor and mount interventions designed to counter that risk;
- **Indicated Prevention Strategies** are aimed at youth who have significant symptoms of a disorder ... but do not currently meet diagnostic criteria for the disorder;
- **Treatment Interventions** generally target those who have high symptom levels or diagnosable disorders at the current time.



SOURCE: Adapted from Institute of Medicine (1994, p. 23).

PSYCHOLOGICAL FIRST AID (PFA)


AN EVIDENCE-INFORMED PREVENTIVE INTERVENTION

PROVIDES PROFESSIONALS WITH PRACTICAL METHODS TO HELP PEOPLE OF ALL AGES WITH THEIR BASIC NEEDS AND IMMEDIATE CONCERNS DURING, OR IN THE AFTERMATH, OF AN EMERGENCY

DESIGNED TO REDUCE THE INITIAL DISTRESS CAUSED BY TRAUMATIC EVENTS AND TO FOSTER SHORT AND LONG-TERM ADAPTIVE FUNCTIONING AND COPING

MANUALIZED, READILY AVAILABLE TEACHING MATERIALS, EASY TO USE APPS

DEVELOPED BY THE NCTSN AND NCPTSD



Sleep Hygiene -the practices and habits one can create to promote good sleep on a regular basis.

Sleep Hygiene | American Sleep Association



Sleep is Important for Youth Because it is required for:

- Physical health and immune function/
protection against infections
- Growth and brain development
- Memory and cognition
- Impulse control and decision making
- Emotional regulation
- Social Relationships-family, peers

- **Sleep Disturbances often precede the development and progression of several mental health disorders**
- **Treatment of sleep problems has a role in prevention of depression, anxiety, suicidality and PTSD**
- **Early identification and treatment of disrupted sleep improves daytime functioning, academic performance, and behavioral and emotional regulation.**



ABCs of SLEEPING mnemonic

- 1) **a**ge appropriate **b**edtimes and waketimes with consistency
- 2) **s**chedules and routines
- 3) **l**ocation
- 4) **e**xercise and diet
- 5) no **e**lectronics in the bedroom or before bed,
- 6) **p**ositivity
- 7) **i**ndependence when falling asleep
- 8) **n**eeds of child met during the day
- 9) equal **g**reat sleep

Stephanie L. Allen, Melissa D. Howlett, J. Aimée Coulombe, Penny V. Corkum, ABCs of SLEEPING: A review of the evidence behind pediatric sleep practice recommendations, Sleep Medicine Reviews, Volume 29, 2016,, Pages 1-14.

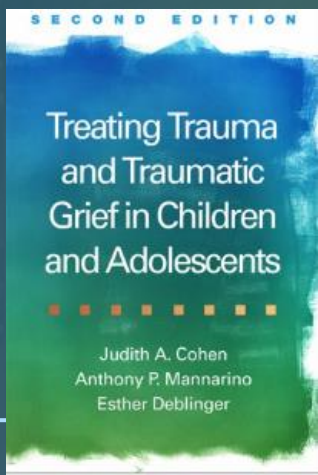


INTERVENTION STRATEGIES FOLLOWING TRAUMA

- **Psychoeducation**
- **Parent guidance/skills building**
- **Family intervention**
- **Supportive services**
- **Evidence based psychotherapies**
- **Pharmacotherapy**

Evidence-based Interventions for Trauma in Youth

- TF-CBT (Trauma Focused-CBT)
- UCLA-TGCT-A (Trauma and Grief Component Therapy for Adolescents)
- CBITS (Cognitive Behavioral Intervention for Trauma in Schools)
- Traumatic Grief Therapy



A Learning Resource for TF-CBT

TF-CBT Web^{2.0}

*A course for Trauma-Focused
Cognitive Behavioral Therapy*

- Web-based learning
- Learn at own pace
- Concise explanations
- Video demonstrations
- Clinical scripts
- Cultural considerations
- Clinical Challenges
- Resources
- Links
- Modest charge: \$35

Access at:

<https://tfcbt2.musc.edu>

Cognitive Behavioral Therapy for Insomnia (CBT-i) in youth

- **Less extensively studied than with adults but some studies are showing improvements with certain aspects of sleep: e.g., sleep onset and sleep efficiency (a meta analysis of randomized controlled trials and open label studies , non-randomized trials, randomized controlled trials)**
- **CBT-i may be useful for children and youth with insomnia**

Ma ZR, Shi LJ, Deng MH. Efficacy of cognitive behavioral therapy in children and adolescents with insomnia: a systematic review and meta-analysis. Braz J Med Biol Res. 2018;51(6):e7070. doi: 10.1590/1414-431x20187070. Epub 2018 May 21. PMID: 29791593; PMCID: PMC6002144.

GRIEF AND CAREGIVER LOSS

OVER THE FIRST 20 MONTHS OF THE PANDEMIC, 5.2 MILLION CHILDREN LOST A PARENT OR CAREGIVER TO COVID-19 WORLDWIDE

- >2 million of these children were/are 10–17 years old
- More than $\frac{3}{4}$ of orphaned children across all ages lost their fathers, and almost $\frac{1}{4}$ lost their mother

Global, regional, and national minimum estimates of children affected by COVID-19-associated orphanhood and caregiver death, by age and family circumstance up to Oct 31, 2021: an updated modelling study (thelancet.com)

Save-Lives-Now COVID-19-associated-orphanhood Feb-2022-FINAL.pdf (covidcollaborative.us)



IN THE UNITED STATES

- **14-17 year olds were most likely to have lost a caregiver**
- **Non-Hispanic Black and Hispanic children lost caregivers at rates more than double those of White children**
- **American Indian or Alaska Native (AI/AN) children and Native Hawaiian and Pacific Islander children had 4 times the rate of White children.**

IMPACTS OF LOSS OF A PARENT OR CAREGIVER

Grief is a normal process following loss, though how it manifests varies as a function of the age of the child, the characteristics of the loss experience, and the quality of the supports, especially from the surviving caregiver

— **The majority (90 to 95 percent) of children will experience a normative course of grief** that can be managed through existing familial and social supports and non-clinical community-based interventions like grief camps, peer support groups, or a mentoring program

5 to 10 percent may experience traumatic, complicated, or prolonged grief, for which clinical therapy may be required

Short Term Concerns around Caregiver loss include:

- **Increase in extreme vulnerability from loss of livelihoods, schooling, health, and usual sources of service provision and support.**
- **Immediate need for safe and loving family-based care**

Treglia, D., Cutuli, J. J., Arasteh, K., J. Bridgeland, J.M., Edson, G., Phillips, S., Balakrishna, A. (2021). Hidden Pain: Children Who Lost a Parent or Caregiver to COVID-19 and What the Nation Can Do to Help Them. COVID Collaborative.

The consequences of losing a parent or other caregiver can persist through a child's lifetime

They can include depression, post-traumatic stress disorder (PTSD), anxiety, lower rates of academic attainment and higher dropout rates, higher rates of alcohol and other substance use, suicide, and reduced employment

Treglia, D., Cutuli, J. J., Arasteh, K., J. Bridgeland, J.M., Edson, G., Phillips, S., Balakrishna, A. (2021). Hidden Pain: Children Who Lost a Parent or Caregiver to COVID-19 and What the Nation Can Do to Help Them. COVID Collaborative.

INTERVENTIONS FOR GRIEF AND TRAUMA

- **group peer-support and grief camps** They reduce or prevent symptoms of anxiety and depression and decrease the likelihood of complicated grief
- **social and emotional learning** help students and families cope with feelings of loss in contexts of positive relationships
- **Trauma informed mentoring programs for youth** demonstrate positive impacts on mental health, educational attainment, civic engagement, and healthy relationships with peers and adults.

INTERVENTIONS FOR GRIEF AND TRAUMA

- **The family bereavement program (FBP)** group counseling to bereaved children and a surviving caregiver with a focus on improving the caregiver's mental health so they can better attend to the needs of those in their charge
- **Cognitive behavioral therapy (CBT)** for children experiencing more severe forms of grief, including childhood traumatic grief (CTG) or symptoms of prolonged grief disorder (PGD)

HOW TO BE A HERO TO YOURSELF: FOR TEENS

WHEN SOMEONE IMPORTANT TO YOU DIES, IT TAKES AN INCREDIBLE AMOUNT OF STRENGTH TO DO ALL THE THINGS YOU NORMALLY DO. HERE ARE SOME SIMPLE THINGS TO TRY TO BE YOUR OWN HERO.

MOVE YOUR BODY

Dance, run, play sports, clean, stretch or punch a pillow. A little movement goes a long way.

RECHARGE YOUR BATTERIES

Try to get plenty of sleep, eat healthy, energizing foods and drink plenty of water.

REMEMBER TO BREATHE

Take some deep breaths. Start by noticing your breath and try to slow it down. Breathe out a little longer than you breathe in.

SLOW DOWN

When it feels like everything is moving too fast, take a minute to move slowly, sit in a quiet space or listen to soft music.

USE SUPPORTIVE SELF-TALK

Talk kindly to yourself like you would talk to a friend. Try saying: "you can do this", "you're doing the best you can in this moment", or "you will figure this out".

IDENTIFY YOUR STRENGTHS

Do something you're good at, whatever that may be, and celebrate small wins. It could be as simple as making it to school on time, remembering homework, helping a friend or scoring a goal at soccer.

STAY CONNECTED

Choose an object or make something to remind you of your special person. It may be something of theirs or a special stone you find. Keep it with you to feel connected whenever you need it.

IDENTIFY SUPPORTIVE ALLIES

Look for the people in your life you trust who you can talk to and will show up to listen. You may need different people for different needs (someone to talk deeply to, make you laugh, and/or be a cheerleader).

USE CREATIVE OUTLETS

Express yourself through art, journaling, drawing, dancing, or listening to/ playing music. Remember this is just for you, so don't worry about how it looks or sounds.

KNOW THAT BEING EMOTIONAL IS OK

Sometimes you just need to cry. Don't be afraid to release emotions and let it all out. Find safe ways to do this. Examples: cry with a family member/ friend or squeeze a stress ball.

NATIONAL ALLIANCE FOR
GRIEVING CHILDREN
WWW.CHILDRENGRIEVE.ORG

“SUPPORTING CHILDREN & TEENS WHEN SOMEONE DIES OF COVID-19”

- **Tell the Truth**
- **Allow for and Support a Variety of Emotional Reactions**
- **Listen Compassionately**
- **Create Routines and Consistency**
- **Provide Choices**
- **Make Space for Play and Creativity**
- **Remember the Person who Died**
- **Funerals, memorials, celebrations of Life Services**
- **Find Sources of Support for Yourself**
- **Get Extra Help if Needed**



RESILIENCE:

Youth, FAMILIES, COMMUNITY.....

Photo courtesy of Marcus Santos

ELEMENTS IMPORTANT TO BUILDING RESILIENCE

- Connectedness, commitment, and shared values
- Participation
- Structure, roles, and responsibilities
- Support and nurturance
- Critical reflection and skill building
- Resources
- Communication

Gurwitch, R. H., Pfefferbaum, B., Montgomery, J. M., Klomp, R. W., & Reissman, D. B. (2007). Building community resilience for children and families. Oklahoma City: Terrorism and Disaster Center at the University of Oklahoma Health Sciences Center.

IMPORTANT PREDICTORS OF CHILDHOOD RESILIENCE

1. Child's intelligence and cognitive ability
2. Positive parenting/ caregiving
3. Self-efficacy and positive self-perceptions
4. Hope, faith, and religious affiliations
5. Close relationships with other competent and prosocial people
6. Self-regulation skills
7. Effective schools

From: Masten, A.S. (2001). Ordinary Magic: Resilience processes in development. *American Psychologist*, **56**, 227-238.
Masten, A.S., Monn, A.R., and Supkoff, L.M. (2011) "Resilience in children and adolescents", in Southwick, S.M., Litz, B.T., Charney, D., and Friedman, M.J. (Eds.), *Resilience and Mental Health: Challenges Across the Lifespan*", Cambridge University Press, 111.

WHAT CHARACTERISTICS CONTRIBUTE TO FAMILY RESILIENCE?

- a) They have beliefs and attitudes that facilitate coping
- b) They do their best to maintain routines and rituals but with flexibility
- c) They use effective communication about both information and feelings
- d) They show adaptive problem solving

RISK AND RESILIENCE DURING COVID-19 STUDY (2020)

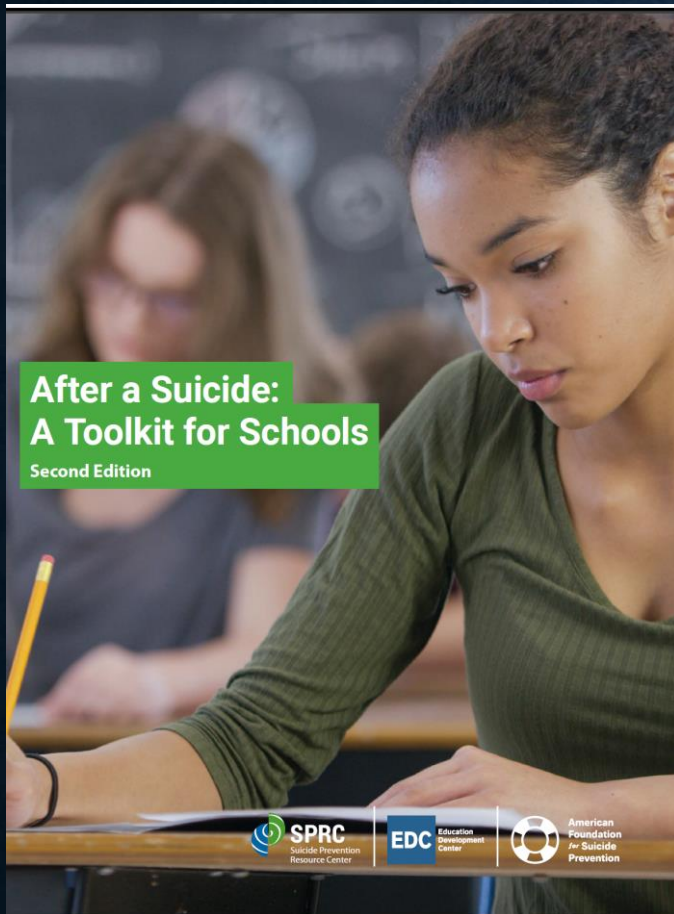
- Adolescents' mental health was inextricably linked with parents' functioning
- Resilience among adolescents rests on the quality of relationships with important adults in their lives
- Deliberate attention needed to the well-being of adults at home and school for their own sake and for their children
- Prior research after disaster (2004 Tsunami in Thailand) showed parents' self report or post-traumatic growth (PTG) was a significant predictor of PTG in their children

Hafstad GS, Gil-Rivas V, Kilmer RP, Raeder S. Parental adjustment, family functioning, and posttraumatic growth among Norwegian children and adolescents following a natural disaster. *Am J Orthopsychiatry*. 2010 Apr;80(2):248-57. doi: 10.1111/j.1939-0025.2010.01028.x. PMID: 20553518.

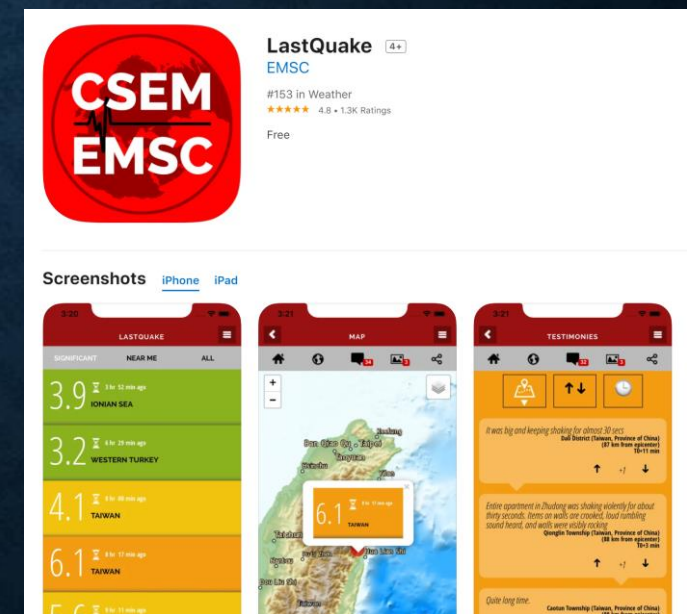
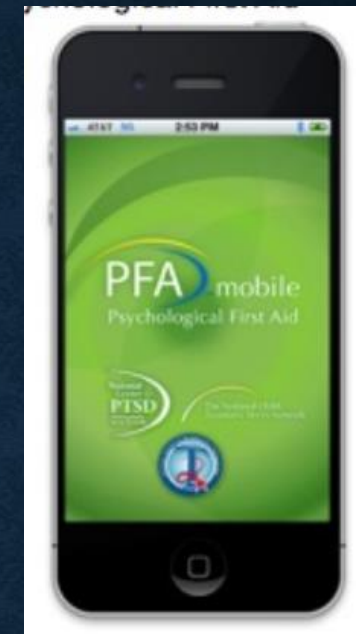
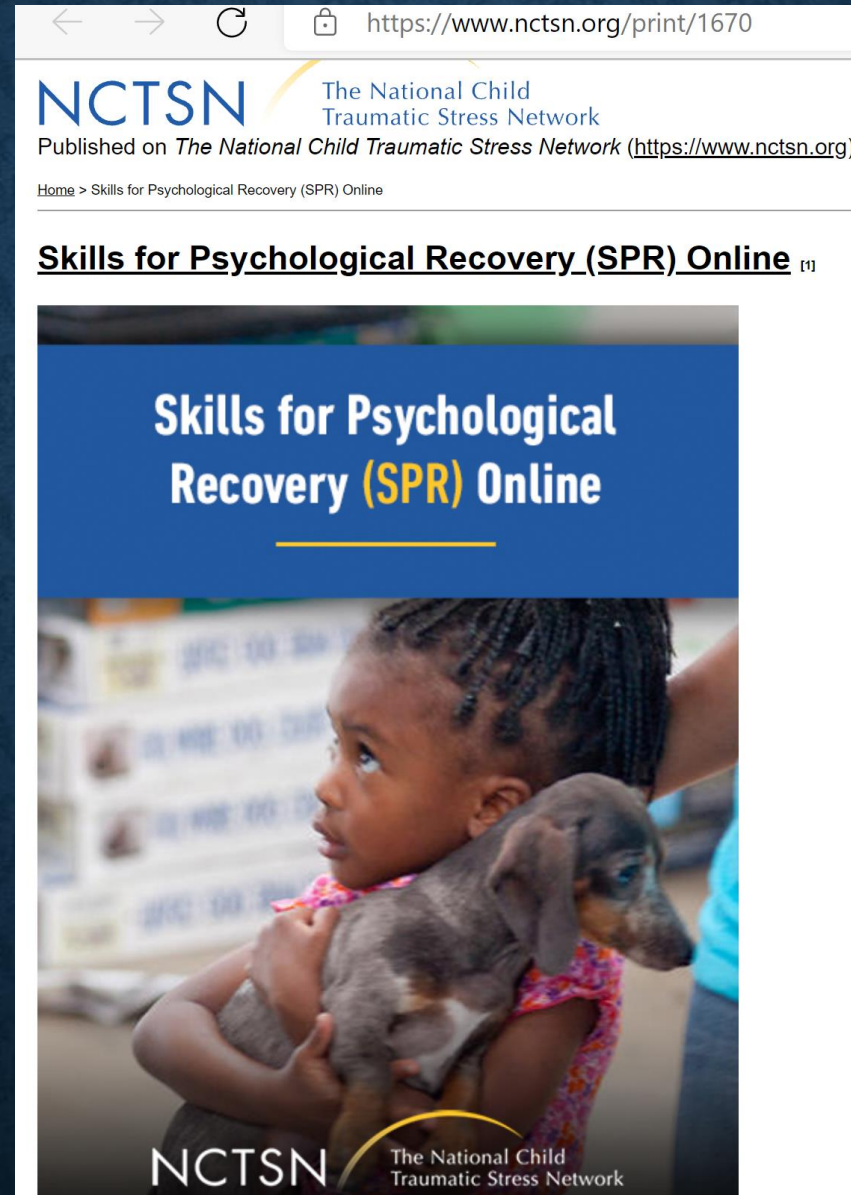
What Can Clinicians Do to Help our Youth?

**What Can Clinicians Do to
support our Youth?**

**Help by being prepared
And helping them prepare.**



American Foundation for Suicide Prevention, & Suicide Prevention Resource Center. (2018). *After a suicide: A toolkit for schools* (2nd ed.). Waltham, MA: Education Development Center
sprc.org
afsp.org



 **Ready**

Prepare. Plan. Stay Informed.

Family Emergency Plan



Make sure your family has a plan in case of an emergency. Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency.

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan

EMERGENCY CONTACT NAME:

TELEPHONE:

OUT-OF-TOWN CONTACT NAME:

TELEPHONE:

NEIGHBORHOOD MEETING PLACE:

TELEPHONE:

OTHER IMPORTANT INFORMATION:

DIAL 911 FOR EMERGENCIES

Ready

< FOLD
HERE >

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan

EMERGENCY CONTACT NAME:

TELEPHONE:

OUT-OF-TOWN CONTACT NAME:

TELEPHONE:

NEIGHBORHOOD MEETING PLACE:

TELEPHONE:

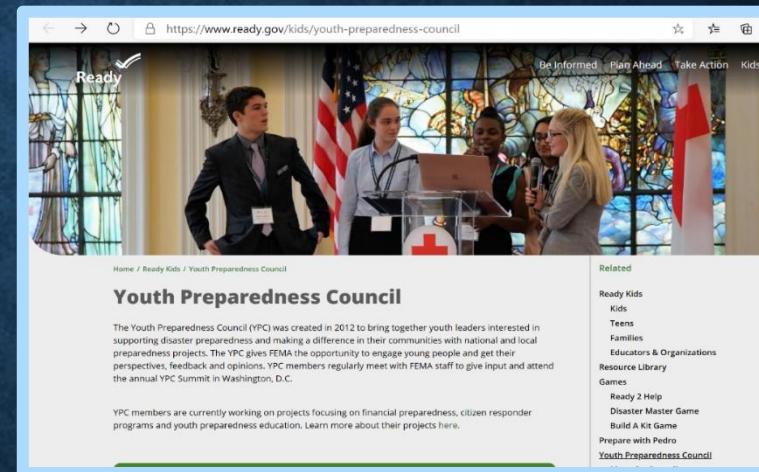
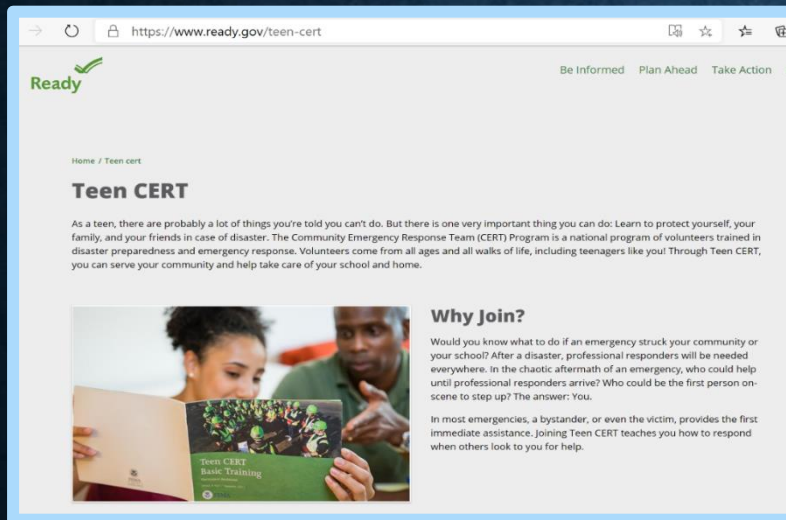
OTHER IMPORTANT INFORMATION:

DIAL 911 FOR EMERGENCIES

Ready

ENGAGE TEENS IN PREPAREDNESS AND AWARENESS

Youth leadership opportunities



<https://www.ready.gov/kids/youth-preparedness-council>

<https://www.ready.gov/teen-cert>

*Professional Roles for Clinicians in preventing, mitigating
and treating traumatic stress*

**COMMUNITY CONSULTANT – MAINTAIN ONGOING RELATIONSHIPS TO
SCHOOLS AND OTHER AGENCIES THAT ROUTINELY ENGAGE YOUTH**

**TEEN DEVELOPMENT EXPERT/ADVOCATE – UNDERSTAND AND
HIGHLIGHT THE UNIQUE ASPECTS OF ADOLESCENT DEVELOPMENT**

**EDUCATOR/MEDIA EXPERT – COMMUNICATE INFORMATION TO
DECISION MAKERS, COMMUNITY LEADERS AND THE GENERAL
PUBLIC**

**CLINICIAN- TREAT CLINICAL DISORDERS IN YOUTH, UNDERSTAND
THE IMPORTANCE OF INTERACTION WITH PARENTS AND FAMILIES**

Helpful Resources

The National Child Traumatic Stress Network
www.NCTSN.org

The American Academy of Pediatrics www.aap.org

The American Academy of Child and Adolescent Psychiatry www.aacap.org

**The National Alliance for Children's Grief [Home](http://Home(childrengrieve.org))
[\(childrengrieve.org\)](http://childrengrieve.org)**

Dougy Center / The National Grief Center for Children and Families. www.dougy.org

Children and screens www.childrenandscreens.com

THANK YOU!

Photo: Marcus Santos

