

# The Impact of Floods on the Mental Health of Children, Adolescents and Their Families



**Healthy Minds/Healthy Children Outreach Services  
2013**

# Disclaimer

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# Information For First Nations' Caregivers, Mental Health Professionals and Schools



# Outline

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- Introduction to the Series
- Grief and Loss
- Intergenerational Trauma
- What Professionals Can Do
- What Schools Can Do
- What Caregivers Can Do
- What Communities Can Do
- Resources
- Contact Info



## Introduction

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- Alberta Health Services' Healthy Minds/Healthy Children
- Created a webpage of modules and resources in hopes of lessening the Impact of Floods on the Mental Health of Children, Adolescents and Their Families
- This First Nations' module is the final one of the series
- Viewed in conjunction with the other modules, esp. Modules 1 or 2 for an introduction to understanding traumatic stress and Post-Traumatic Stress Disorder (PTSD).

# HM/HC Poster



The image shows a screenshot of a presentation slide. At the top left is the Alberta Health Services logo. At the top right, it says 'Available August 6<sup>th</sup>'. The main title is 'Healthy Minds/Healthy Children and Community Education Service Online Flood Information Presentations'. Below this is a photograph of a young girl standing in floodwaters. The main heading is 'The Impact of Floods on the Mental Health of Children, Adolescents and Their Families'. Below that is a link: '[link to the modules listed below: [www.hmhc.ca/flood.htm](http://www.hmhc.ca/flood.htm)]'. At the bottom, there is a quote: '“Traumatic Stress: What It Is and What It Looks Like for Caregivers and Teachers”'. Below the quote is a paragraph: 'This presentation serves as an introduction to other modules for caregivers and for teachers, and is a pre-requisite to them. It outlines terms one might hear, the physiological stress'. At the very bottom of the screenshot, there is a toolbar with icons for navigation and a zoom level of 120%.

Alberta Health  
Services

Available August 6<sup>th</sup>

Healthy Minds/Healthy Children and  
Community Education Service  
Online Flood  
Information Presentations



**The Impact of Floods on the Mental Health of Children,  
Adolescents and Their Families**

[link to the modules listed below: [www.hmhc.ca/flood.htm](http://www.hmhc.ca/flood.htm) ]

**“Traumatic Stress: What It Is and What It Looks Like for Caregivers and Teachers”**

This presentation serves as an introduction to other modules for caregivers and for teachers, and is a pre-requisite to them. It outlines terms one might hear, the physiological stress

Words: 300

120%

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## Rationale for a First Nations' focused module:

- A First Nations' population may represent a 'special population', similar to various immigrant populations and/or geographical location populations who may be at risk of increased vulnerability following the flood disaster.
- First Nations' intergenerational trauma can create this risk.
- Grief and loss are integral components of current and past traumas.

# What Is Grief?

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**Grief** describes the intense feelings a person experiences following a loss.

**Bereavement** refers to the state or fact of having lost a loved one (including pets) by death.

**Mourning** is the external expression of grief and may include rituals and traditions associated with bereavement.



# What Is Grief?

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- Grief is a full-body experience
- The only way out is *through*, and this takes honesty and courage
- Connection with others is very important

# What Is Grief?

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- A need exists for a grieving person (regardless of age) to tell her/his story about the death over and over again
- All aspects surrounding the loved one's death seem to be heightened in a person's memory
- People may become tired of hearing the story

# What Is Grief?

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Everyone grieves in a different way and you need not question or judge that.

Within a family, group of friends, workplace team, or community there will be significant differences in the way individuals mourn and how they cope with loss.

## Many First Nations' cultures:

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- Place great value on family, community, ancestors, the natural environment and spiritual beliefs
- Believe that a state of health exists when a person lives in total harmony with nature
- May attach stigma and shame to public displays of emotion, including grief



## Children:

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- Have the need and the right to grieve
- Need the opportunity to take part in all of the formal rituals and ceremonies, even though they may not appear to understand what is happening
- Need to be prepared for what they might experience



## Children:

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- Grieve intermittently and in doses, and therefore need to have permission to have fun or play in-between
- May act out the events
- May ask “gross” questions
- May forget
- Often repeat questions

## Legacy of Residential Schools and Inter-Generational Trauma

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While First Nations' children may experience loss and/or trauma from the natural disaster, possible current abuse and neglect, they also experience historical and inter-generational trauma and grief from hundreds of years of oppression and domination.



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Historical trauma is defined as “*the cumulative emotional and psychological wounding, over the lifespan of and across generations, emanating from massive group trauma experiences*” (Yellow Horse and Brave Heart, 2004).

Historical trauma refers to cumulative wounds across generations as well as during one's current lifespan

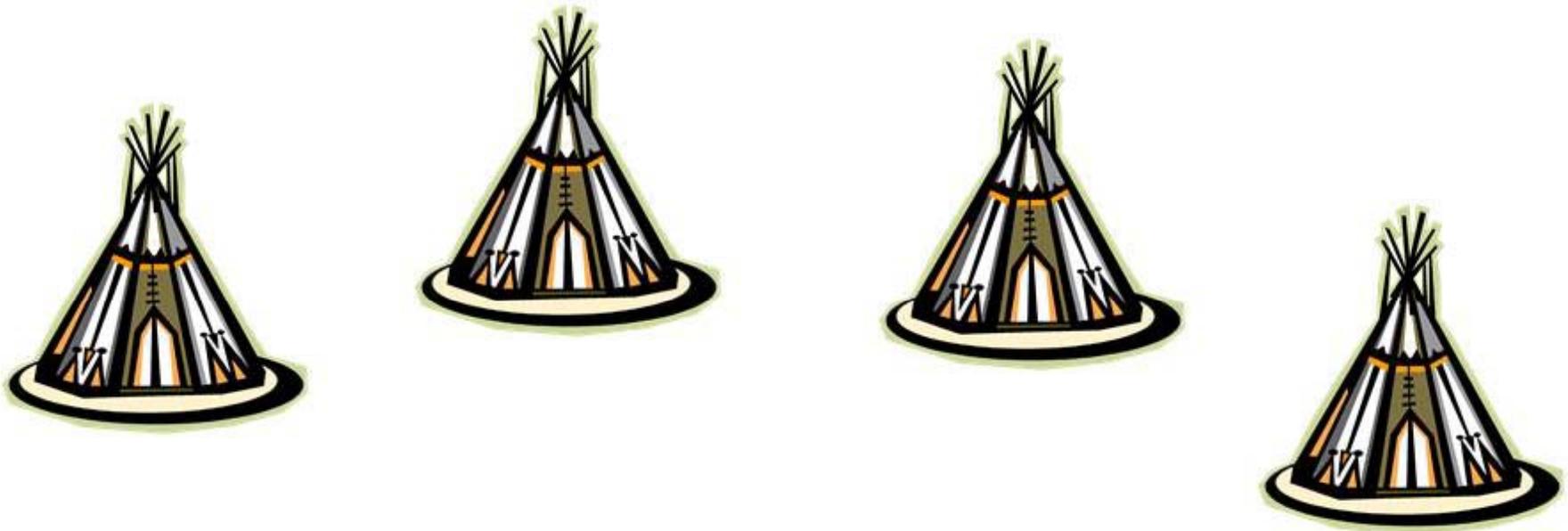


## Subsequent generations appear to suffer from:

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- Multiple losses and grief of family/cultural practices/language/spirituality
- Neglect: parenting issues
- Low self esteem
- Abuse: lateral violence in home/school/community
- Alcoholism and drug use/abuse (Chrisjohn et al., 1998)

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- First Nations' practices include communal settings to tell the story of their sufferings and trauma
  - Within these accounts, individual and current traumas and losses tend to be linked to collective traumas



## Trauma: What Mental Health Professionals Can Do

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Help is often not sought for Post-Traumatic Stress Disorder (PTSD) from current or collective traumas because the link between the symptoms and the traumatic event may not be recognized, particularly if the signs do not appear for months or years after the traumatic event(s) occurred.

In the case of children, it is often their depressed/anxious presentation or acting-out behaviours that leads caregivers to seek professional help.

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Treatment may initially be aimed at the most distressing symptoms, such as depression or anger outbursts. With concerns over safety addressed, processing can begin.

“The most important and most commonly used treatment for PTSD in children is psychotherapy” (Terr, in Gabbard, G.O., 1995).





Treatment needs to begin as close as possible to the event(s) having occurred, as the psyche's defences are activated immediately upon impact.

A delay, particularly a lengthy time period, may result in ingrained dysfunctional beliefs, attitudes, and patterns of behaviour which may be carried throughout life.

Play and Expressive Arts therapies, together with cognitive behavioural interventions, are most commonly used and are generally very effective in the treatment of childhood PTSD.



## Use of Medication

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- Medication may be used as an adjunct to therapy in the treatment of childhood PTSD, but should never be used as the sole intervention.
- Medications tend to be used to treat specific symptoms related to the PTSD, particularly those of depression and anxiety.



The medications most often prescribed for PTSD are:

- An SSRI anti-depressant for anxiety, depression, avoidance behaviour and intrusive recollections;
- A beta-adrenergic-blocking agent for hyper-arousal;
- An alpha-adrenergic agonist for inattention and hyperactivity; and/or
- A mood stabilizer for arousal, impulsivity and dissociation.

## Trauma: What Educators Can Do

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- Any disclosure of abuse, neglect, or family violence must be reported to Child and Family Services
- Remember, traumatized children are functioning from the primitive areas of the brain and higher order processing is not available to them. Calming and nurturing is required to return children to appropriate cognitive functioning.
- Recognize that behaviour problems may be trauma-based and may be transient.



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- Set clear, firm limits for inappropriate behaviour and logical consequences that allow *collection before correction*.
  - Provide a safe person with whom the child can talk and a cosy, safe place to retreat to when emotional regulation is difficult. You may want to schedule a regular time for this.



- Maintain usual routines – “normal” provides safety
- Warn children whenever something out-of-the ordinary is going to occur (lock downs, lights out, loud noises, etc.)
- Give children choices whenever appropriate and safe, in order to help them regain a sense of control





- Give simple, realistic answers to questions the child might ask and refer the child for professional support when you feel out of your league
- Be sensitive to cues in the environment that might trigger a trauma response
- Anticipate difficult times and provide additional support

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- Protect a traumatized child from peer's curiosity and protect other children from the details of the child's trauma
  - Re-enacting trauma in play, art, writing, and relationships is a child's coping skill. Validate feelings without allowing yourself to be drawn into the negative repetition, particularly if a child is using you to replicate an abuse situation.

- Be attentive to expressions of strong negative emotions (anger, guilt, shame, punishment) regarding a higher power. Suggest to caregivers that they involve a spiritual leader or a member of the clergy for support unless a spiritual leader is suspected of involvement in any trauma.
- Involve elders and other respected community members in supporting the child as appropriate



Consider modifying the child's program and academic expectations for a time:

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- Reducing the number of assignments (in class and for homework)
- Shortening assignments
- Chunking work into smaller pieces
- Allowing extra time to complete work (in class and homework)
- Providing gentle work reminders and support in completing assignments
- Allowing the child to access his/her special support person/place throughout the day

## Refer the child for professional help when:

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- The child appears down for a prolonged time and/or expresses a desire to be dead/to end it/to disappear/to sacrifice him/herself,
- Severe emotions (anger, sadness, despair, hopelessness, fear, etc.) continue to be expressed for longer than a month
- You are vigilant for vicarious trauma in yourself and seek help if this occurs.

## Trauma: What Caregivers/Parents Can Do



- Safety is of primary concern. Protection of the child from further traumatization must be the first priority.
- If a child seems suicidal (**LAS** = **L**ethal means/weapon, **A**ccessible to get, **S**pecific time/place, etc.) get professional help immediately.
- Parents, if you have also been traumatized, undergo treatment to better assist your children.

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- Whenever the parent was not party to the child's traumatization, he/she needs to be involved in the child's treatment.
  - Filial or family therapy might be used following a course of individual therapy to ensure transfer of treatment gains to the home environment.
  - Reassure your child that his/her feelings/responses are normal and that he/she is not "going crazy".
  - Let your child talk about the event(s) when he/she is ready.

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- Let your child make simple decisions where appropriate. Regaining a sense of self-efficacy and control is important in healing.
  - Tell your child that the traumatic event/outcomes are not his/her fault. Encourage him/her to *express* feelings of guilt, but do not allow your child to *blame* him/herself, as you also should not.

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- Do not criticize regressed behaviour. Meet your child at his/her regressed developmental level and nurture your child as you did when he/she was that age, with a focus on strengths.
  - Help other adults in your child's life – teachers, babysitters, relatives, and so on, to understand what your child is struggling with and encourage them to be supportive.



- Encourage participation in activities that are fun and at which your child does well (strengths), in order to boost self-esteem and self-confidence, and to encourage the belief that life can be worthwhile.

- Model healthy self-care.  
It will give you the energy and calmness needed to help your child, as well as teach your child coping skills and instil hope for the future.
- Remember, resiliency ("bounce-back") lies within each and every one of us!



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- Finally, consider your child's (and/or your) participation in a trauma survivors' support group.



## Trauma: What a Community Can Do

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- Reinststate traditional cultural and spiritual practices. These will help children and youth regain a sense of place and pride in who they are and where they have come from as a people. Elders can be a huge resource in this.
- Encourage young people to be all that they can be, as instilling hope for the future will help to break the cycle of despair.



<http://www.resiliency.com/free-articles-resources/crisis-response-and-the-resiliency-wheel/>

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## *The Resiliency Wheel*



## Additional Resources

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<http://www.nctsn.org/sites/default/files/assets/pdfs/hats2012.pdf>

[http://www.nasponline.org/resources/crisis\\_safety/Activities\\_No\\_Supplies.pdf](http://www.nasponline.org/resources/crisis_safety/Activities_No_Supplies.pdf)

<http://www.phac-aspc.gc.ca/publicat/oes-bsu-02/teens-eng.php>

<http://www.bt.cdc.gov/mentalhealth/>

## Additional Resources

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<http://cbitsprogram.org/>

<http://currents.plos.org/disasters/article/the-effects-of-flooding-on-mental-health-outcomes-and-recommendations-from-a-review-of-the-literature/>

[http://consultgerirn.org/uploads/File/trythis/try\\_this\\_19.pdf](http://consultgerirn.org/uploads/File/trythis/try_this_19.pdf)

[http://consultgerirn.org/uploads/File/trythis/try\\_this\\_19.pdf](http://consultgerirn.org/uploads/File/trythis/try_this_19.pdf)

<http://www.nctsn.org/content/psychological-first-aid>

## Contact Information

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\*If you are a caregiver (parent, foster parent, guardian, relative, aide, etc.) and you have additional questions, please contact:

Community Education Service

Ph: 1-403-955-7420

Email:

[ces@albertahealthservices.ca](mailto:ces@albertahealthservices.ca)

Website:

<http://fcrc.albertahealthservices.ca/ces.php>

\*\*If you are a professional (physician, provider of mental health, school, social work, first responder, daycare services, etc.) and you have additional questions, please contact:

Healthy Minds/Healthy Children  
Outreach Services

Ph: 1-403-955-8446

Email:

[hmhc@albertahealthservices.ca](mailto:hmhc@albertahealthservices.ca)

Website: <http://www.hmhc.ca>