Child Disaster Mental Health Services and Interventions

Betty Pfefferbaum, M.D., J.D.
University of Oklahoma Health Sciences Center
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Disaster Mental Health System of Care - 1

- Existing and new programs and networks
- Framework considers
  - Needs of the population
    - Exposures
    - Reactions
  - Aspects of the disaster
  - Disaster phase
  - Social ecology
Disaster Mental Health System of Care - 2

• Public health for the general child population

• Clinical for those with severe or enduring reactions
Assessment - 1

• Anchor referral and clinical interventions and traditional treatment in assessment

• Query children directly

• Match assessment domains to populations and context
Assessment - 2

Screening

• Identify children needing further evaluation or services when
  – Large numbers were exposed
  – Individual exposures and reactions are unknown

• Use only if services are available for those who screen positive

Clinical Evaluation

• Determine the need for clinical interventions or traditional treatment

• Identify
  – Disaster-related psychopathology
  – Pre-existing conditions and other vulnerabilities
Stepped Approach

• Sequenced interventions
  – Public health interventions for the general population
  – Additional interventions based on assessment and need
Delivery Sites

• Venues include
  – Schools
  – Health and mental health care facilities
  – Other community settings

• Selection depends on
  – Location and magnitude of disaster
  – Community characteristics
  – Availability of venues
  – Accessibility for families
  – Expertise of available professionals
  – Feasibility
School-Based Services

• Public health activities
  – Deliver psychoeducation and social support
  – Assess and monitor affected children
  – Identify and triage children who need professional attention

• Clinical services
Evidence Base for Child Interventions - 1

• Most interventions contain multiple components with considerable consistency in techniques

• Most interventions studied were beneficial

• Relatively few studies compared or dismantled interventions to identify specific techniques responsible for benefit

• Unclear what constitutes meaningful change as opposed to statistically significant findings
Evidence Base for Child Interventions - 2

• Intervention evaluation is essential

• Studies must consider natural recovery

• Studies have not addressed common factors among interventions including
  – Therapeutic relationship
  – Expectation of success
  – Process of acknowledging and confronting the problem
  – Opportunity to ventilate and develop mastery over the issues
Conclusions

• Multiple approaches to intervention appear to benefit children

• It is unclear what distinct and common elements are responsible for benefit

• The evidence base is inconclusive about which children may benefit and what approaches are most beneficial

• Attention to services should include efforts to equip those delivering interventions with needed training and resources