

Behavioral reactions to 9-11

Pediatricians help parents understand kids

by Erin Verkler
Editorial Intern

With crayon and paper in hand, 2½-year-old William Watt draws people jumping out of twin buildings engulfed by flames. Taking the crayon, his mother calmly suggests they draw another picture together, one with ladders for the people to crawl down and escape the disaster. And when William repeatedly sobs, "buildings are falling on me," his mother continually reminds him that "it's over, William, it's over."

After several months, William, who witnessed the terrorist attacks at the World Trade Center, begins drawing scenes of people being saved and buildings staying up. His frightened sobs and other behavioral problems also begin to melt away with time.

Monica Watt, William's mother, learned to help her son deal with the trauma he experienced on Sept. 11, 2001, from the Community Support Program at Ground Zero. The program, initiated by Irwin Redlener, M.D., FAAP, educates parents and caregivers about behavioral responses children may exhibit in response to 9-11 and how to help them work through trauma.

While most pediatricians and parents expected to see post-traumatic stress disorder (PTSD) or depression, Dr. Redlener said less than 10% of the children he

encounters have PTSD. Instead, most are exhibiting behavioral problems that easily could be dismissed as a phase not connected with the events of a year ago.

"We don't need to have roving bands of psychiatrists treating our mentally deranged children," Dr. Redlener said. "It's just that families need a little more support to know how to deal with these kids and what they're experiencing."

Mental health needs

After Sept. 11, 2001, programs began springing up throughout the country to address mental health needs of children, whether they were traumatized by the attacks or affected by what they saw in the media.

David J. Schonfeld, M.D., FAAP, for example, has held numerous training workshops on crisis preparedness in schools throughout Connecticut and New York City. Thus far, Dr. Schonfeld has held 29 full-day workshops in New York City not aimed at children, but at the people in direct contact with them, like school guidance counselors and security and teaching staffs. Through these workshops and other speaking engagements throughout the United States, Dr. Schonfeld hopes to raise awareness of childhood bereavement and coping not only in the New York area, but around the country.

"I think that we need to be cautious about saying 'in

the Northeast and around Washington, this is what you're going to see, but if you're in the Midwest, you won't," he warns. "It doesn't really matter where you are in the world" because children will be affected in some way.

Joseph F. Hagan, M.D., FAAP, chair of the AAP Committee on Psychosocial Aspects of Child and Family Health and the AAP Task Force on Terrorism, agrees awareness is important because many people may dismiss behavioral problems.

"I think that we probably are under-attributing the connection of milder anxiety forms to the current political situation in this country since 9-11," said Dr. Hagan.

A series of polls of New York City schoolchildren, conducted by the Marist Institute, found that more than 50% of parents reported their children were concerned about their own safety and that of their family, even six months after the event.



Dr. Hagan

These concerns were manifested as extreme sadness, sleeping problems and refusal to attend school. Regressive behavior occurred in 37% of the children, and somatic complaints like headaches and stomachaches occurred in about one in every five children.

Although these polls isolated many of the possible behavioral responses, many more can occur. Children react differently to a traumatic event depending on factors such as their age and level of exposure to the event.

Addressing behaviors

While these symptoms do not necessarily mean children suffer from PTSD or depression, such behavioral problems must be addressed.

Dr. Redlener said pediatricians should point out these symptoms to parents and help them understand how to nurture their children through the coping process.

"One of the things pediatricians can do preventively is to just let parents know, without making a big deal out of it, that their children may exhibit, long after the fact, some behavioral manifestations as a consequence of a major event like an attack on the country," Dr. Redlener said.



Dr. Redlener

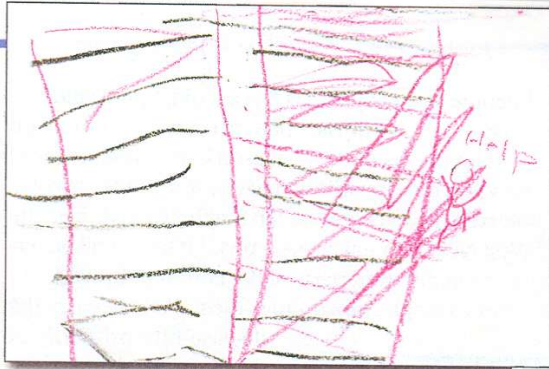
Once these behaviors are recognized, pediatricians can offer advice on what parents can do during this recovery time. One of the most important things pediatricians and parents should do is talk openly about the terrorist attacks and allow children to ask questions and air their concerns. Children have a greater sense of fear about events that are off-limits in conversation.

Children's mental health also is related to their parents' coping ability. Younger children, for example, often mirror and feed off their parents' reactions.

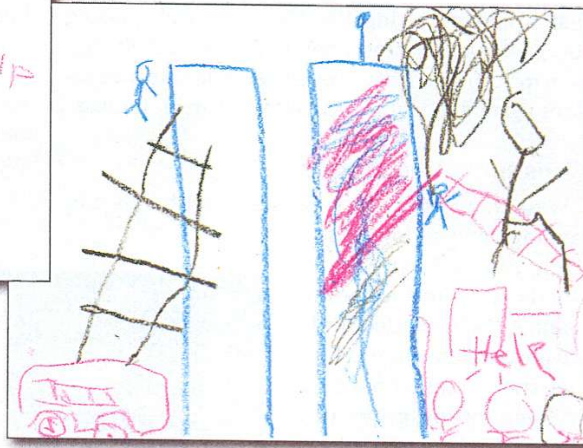
Seeing a parent repeatedly cry or slip into depression after an event can significantly affect a child. Therefore, parents should be encouraged to take care of themselves.

"[Parents] have a wonderful relationship already with their children and so we're really teaching parents themselves how to cope, how to help their children cope," said Susan Paula, Ph.D., a psychologist with the Community Support Program.

Dr. Redlener's program reaches out to parents through weekly meetings at convenient locations like coffeehouses. Along with allowing parents to talk



With help from his reluctant sister, William drew a picture last October of someone jumping from the Twin Towers (above). After William's mother learned how to help him deal with his trauma, he drew a more positive image in May of firefighters saving people.



about their own mental health, the meetings teach parents how to help their children deal with trauma.

Dr. Redlener suggests parents help their children cope by:

- maintaining family routines;
- spending more time with their children;
- being available more often;
- knowing the appropriate amount of information to give children based on their age; and
- providing truthful information.

He also often recommends that families prepare for a natural disaster by getting items such as flashlights, batteries, a battery-powered radio and enough prescription medication. "The act of being prepared in a mature way without going overboard can be reassuring to children," he said.

After pediatricians provide parents with this information, Dr. Redlener said, doctors need to be aware of symptoms that may require advanced mental health services.

Based on the demand for mental health services after the Oklahoma City bombing, some psycholo-

gists expect the need for services to peak one to two years after the attacks. However, doctors expect the response to 9-11 to differ from other disasters because of its magnitude and lack of closure.

"Even if we don't have another attack for a while, just the level of preparedness and what's in the news is going to exacerbate a lot of what we're seeing," Dr. Redlener warned.

In addition, the one-year anniversary of the attacks may uproot fear and anxiety in children as the media inundate the country with hours of commemorative footage. Experts warn this reminder may illicit behavioral problems in children similar to those from a year ago. Many suggest parents discuss with kids what they want to do to honor the anniversary and also monitor the exposure children have to the media in September.

When advertisements for the anniversary began to stream across the Watt's television in mid-August, Monica rushed to turn the channel. But, William looked at his mom and said, "it's over right?" She said, "yeah, that's over."

Academy unveils tools to aid pediatricians in a disaster

The Academy launched a new Web site Sept. 1 designed to aid pediatricians, parents, community leaders and others in preparing for and meeting children's needs during a disaster.

The comprehensive tool kit of resources is housed on the Academy's main site (www.aap.org/terrorism) and replaces the "Children and Bioterrorism" Web pages. The new site, "Children, Terrorism & Disaster," will provide timely medical information to AAP members and the public, a primary mission of the AAP Task Force on Terrorism.

According to Joseph F. Hagan, M.D., FAAP, AAP Task Force on Terrorism chair, the task force decided soon after its formation to design a Web site that centralized for pediatricians information and resources about caring for children in a disaster. "Pediatricians should be able to quickly access the appropriate information to diagnose and treat a child they are caring for in their office," said Dr. Hagan. "Our goal has been to make information available in a way that is utilizable."

The Web site is a comprehensive source on disasters, terrorism and psychological support as it:

- addresses clinical questions and concerns of the health care provider on issues such as bioterrorism, chemical terrorism, radiological events and the psychological aspects of terrorism;
- considers the needs of parents and their care and guidance to children in the wake of a disaster; and
- contains facts that primary care providers will need at their fingertips in an emergency.

Additionally, the task force has developed a print copy of the tool kit that will be sent to every AAP member, in addition to other health care professionals. "We recognized that not all physicians are online and, even

for those pediatricians who are comfortable with the Internet, in the event of another emergency, getting online may not be an option," said Dr. Hagan.

"The tool kit allows physicians to keep information in one place that is important to them based on where they practice. For example, if a pediatrician practices near a nuclear reactor he or she might want information about thermo/mechanical injuries. On the other hand, if the pediatrician practices in New York City he or she may want information about chemical or biological injuries. By having both these options, pediatricians can have a kit tailored to their communities' needs right at their fingertips," said Dr. Hagan.

The kit includes:

- a fact sheet outlining the unique treatment needs and vulnerabilities of children following a terrorist attack or other disaster;
- a fact sheet on the role of pediatricians in assisting parents and other caregivers in times of crisis, including tips for talking with children about disasters;
- a Rolodex card and reminder sheet on how to access the Web site quickly; and,
- space for pediatricians to store the information that is most relevant to their practice.

AAP members will receive the tool kits in early September. Both the development of the Web site and production of the tool kits were funded by grants from the Robert Wood Johnson Foundation and the Johnson & Johnson Pediatric Institute LLC.

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