

Psychological First Aid for Children

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I Introduction

Natural disasters, such as earthquakes and floods, have become increasingly frequent in recent years owing to global climate change. Furthermore, amid the occurrence of various emergencies, such as the COVID-19 pandemic, wars, and ethnic conflicts, we need to confirm common conventions to provide mutual help and maintain the functioning of communities.

The Disaster Prevention Committee of the Japanese Society of Psychosomatic Pediatrics has provided topics that members must know about in the form of a committee symposium at the Annual Meeting. At the 41st Annual Meeting, the Committee provided an introductory training course titled “Psychological First Aid for Children.” This paper summarizes the content of this course.

II What is Psychological First Aid for Children?

Various emergencies occur worldwide, and each time international organizations and NGOs rush to the scene and provide humanitarian assistance to the affected people. In 2011, the World Health Organization and several international NGOs worked together to create “Psychological First Aid” (PFA), which has become widely used as a guideline for humanitarian, supportive, and practical assistance for people involved in disasters or accidents¹⁾. However, although this version of the PFA is designed to cover all possible situations, it has been found lacking in explanations of support for children. Therefore, in 2013, the child support-specializing international NGO Save the Children created “Psychological First Aid for Children” based on the WHO version of the PFA, specialized for children²⁾. This version includes information on the developmental characteristics of children that should be considered during emergencies, age-appropriate ways to interact with them, and ways to support the children’s caregivers. This manual, which was created in Denmark, has been translated into Japanese and has been distributed in Japan since 2014. A standard training session lasts one day (total of six

hours) and consists of lectures, group work, role play, and other activities. Those who complete the entire session are awarded a certificate of completion. As with the WHO version, the training is structured using simple language and avoiding technical terms to the extent possible to ensure that even non-professionals can understand.

III Child development and emergency responses

The main reason for the creation of a PFA specifically for children is that children respond in a variety of ways when facing an emergency. There are no differences in reflexive responses when facing an emergency, but children differ in the actions they take after recognizing an event. PFA for children involves an explanation of the responses as follows according to the cognitive abilities of each age group.

- 0–3 years old

They may not understand what has happened and may simply cling to their parents or caregivers, or may become afraid of things that they were not afraid of before. There may be changes in their sleeping and eating behavior, and they may revert to more childish behavior.

- 4–6 years old

They infer facts from the reactions of their parents or caregivers (primary attachment figures). Therefore, support from parents and caregivers is important at this stage. They may also have a rich imagination and be creative thinkers. They may blame themselves for tragic events and say things that are not true.

- 7–12 years old

They may repeatedly talk about aspects related to the events that transpired or express them during play (e.g., pretending to be in an earthquake or a shelter). These are natural ways for children to process memories; forcibly stopping them from playing like this is unnecessary. However, children who develop violent behavior and have a negative impact on those around them should be calmly stopped.

- 13 years old and older

They are able to understand the seriousness of the emergency not only from their own perspective but also from that of others. Children in this age group may develop a strong sense of responsibility or guilt and behave in a self-destructive manner, avoid others, or become aggressive. They may become rebellious toward their parents and authorities and rely more on their peers to fit in society.

This study explains the reactions and behaviors according to age, although age is not the only factor that determines behavior. For example, children with delayed or biased cognitive development may have a distorted understanding of events and may behave differently from how supporters around them would expect them to react. Children who have experienced similar emergencies in the past may also exhibit different reactions from other children of the same age.

IV PFA principles of action

Even in an emergency, some children can regain their composure independently if their basic needs for life are met. It is important to provide support such that children regain their daily routines and habits to the extent possible, and to create opportunities and places where they can play, learn, rest, and spend time with friends and family in safety. Additionally, parents and caregivers close to the children are stressed, and they need to be encouraged to be with the children as they were before.

In PFA, the principles of action during the emergency are explained as “P+3L,” which is an abbreviation for “prepare,” “look,” “listen,” and “link.”

Prepare

First, information must be gathered about the incident for which support is being provided. This includes asking the question of whether the event is a natural disaster or human-made disaster, who is injured, and what kind of customs and culture people living in that area have. Securing a place for them to link with others when support staff withdraw is also necessary, as is confirming what services are available in that area.

Look

Ensuring one’s own safety is important when providing support for preventing secondary damage and disasters. Next, support staff should look for children who clearly need emergency care and provide them with basic support, including food, clothing, and shelter. Furthermore, support staff should look for children who are seriously stressed and need special support, such as specialized treatment, and link them to a specialized support team.

Listen

Support staff should be by the side of the children who seem to need support. They should speak to the children gently and calmly,

meet them at eye level, introduce themselves, and create an environment where the children can talk. The support staff often leans forward, and so the tempo of the conversation tends to be fast. They may also talk a great deal. They should be conscious of this, nod slowly, and repeatedly practice listening. They should ask about the child’s needs and concerns and help the child solve these needs and issues.

Link

Support staff should support children so that the basic needs for life, such as food, clothing, and shelter, are met and they receive appropriate support. During an emergency, it is important that children regain “autonomy” for them to deal with their own surroundings. Support staff should endeavor to try to interact with children in a way that allows them to deal with problems on their own rather than trying to fulfill everything that they want. Support staff should understand the unique needs of children, such as playing and learning, and link them to local resources.

V Psychological debriefing

PFA requires a careful approach to psychological debriefing. Psychological debriefing is a method of support that involves intervention as soon as possible after a painful event, where the support staff may delve into the content of the experience and encourage the expression of emotions. In the 1990s, this practice was believed to be effective in trauma clinical practice. Therefore, this resulted in the mistaken belief that “the sooner one expresses their painful experience, the sooner they will heal.” There were times that survivors at natural disaster sites were supported in this way. However, a review of previous research has shown that this method is ineffective or harmful in external support during emergencies. Recent media reports after disasters have shown footage of external support staff interviewing children or having them perform compositions. The same can be said for having children draw pictures, act out plays, or have them perform in front of a camera without building sufficient rapport. Such interactions had been considered to promote recovery for some children. However, current knowledge indicates that these are intrusive acts on children who are defenselessly forced to be involved or children who do not have the courage to refuse. The basic principle of PFA is “do no harm.” Involvement that may worsen conditions should be avoided as much as possible.

VI Children who need specialized support

Children who have their basic needs met, their safety, dignity, and rights protected, and are receiving support from their families and communities are able to return to their original state on their own without the need for specialized support. Support staff must be careful not to be driven by the desire to help and provide more support than necessary. Excessive support can create dependencies that would undermine children’s ability to recover on their own. Ideally, support staff should establish a system where team members can always check in on each other.


Some children are unable to cope on their own and require further support, such as those who are under a large amount of stress over a long period of time or whose abilities for daily life are impaired. Such cases need to be linked to specialized mental healthcare institutions and experts. Recent disaster relief efforts in Japan often deploy Disaster Psychiatric Assistance Teams (DPATs), some of whom are child specialists³). If immediately linking the person to a specialist is difficult, they must be linked to local people, such as public health nurses, school nurses, and teachers, for them to receive further support.

References

- 1) Kaneyoshi, H., Suzuki, Y. (trans.). National Center of Neurology and Psychiatry. Psychological First Aid (PFA) Field Guide. http://saigai-kokoro.ncnp.go.jp/pdf/who_pfa_guide.pdf
- 2) Save the Children. Psychological First Aid for Children. Save the Children on behalf of the Child Protection initiative. 2013.
- 3) Ministry of Health, Labour and Welfare of Japan. Disaster Psychiatric Assistance Team (DPAT) Activities Guidelines. https://www.dpat.jp/images/dpat_documents/2.pdf

Mental healthcare for children in emergencies

Psychological First Aid for Children (PFA for Children)



How would you talk to a child during an emergency, such as a disaster?

What is PFA for children?


Respond to emergencies such as disasters without hurting the mental state of children. It is mental first aid for children based on the principles of action of “prepare, look, listen, and link.”

“PFA for Children” includes the following.

- Identify needs and concerns.
- Be by the side of children who seem to need support.
- Help them feel safe and calm.
- Listen to the children’s stories.
- Meet their basic needs (food, clothing, shelter, basic medical care, etc.).
- Link affected children and their parents/caregivers to information, public services, and social support.
- Protect them from further harm.
- Help children deal with their problems on their own.

“PFA for children” is not the following.

- It is not something only experts can do.
- It is not counseling or medical treatment that is conducted by experts.
- It is not asking children to analyze what happened or to put what happened in chronological order.
- It is not forcing children to express their feelings or reactions.



Save the Children