



Community Interest Page



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ROAD TO RESILIENCE PROJECT ADDRESSES CHILDREN'S NEEDS

CHARLOTTE HETTENA, Ph.D.

Soon after the 9/11 attacks, the American Psychological Association (APA) began its Road to Resilience campaign, aimed at helping people cope with what has become a more threatening world. Psychologists from all over the country began to share tips on bouncing back through public forums, the press, and other media at the local level.

Since young people have been as deeply affected as adults by the current atmosphere of uncertainty and repeated orange alerts, APA has now developed programs for children and adolescents. In order to learn to live with on-going fear, children need to build resilience. Resilience—the ability to adapt well in the face of hard times; disasters like hurricanes, earthquakes or fire; tragedy; threats; or even high stress—is what makes some people able to bounce back while others get stuck.

Resilient children bend rather than break under stress. They experience traumatic events as difficult and upsetting, but ultimately surmountable. The good news is that resilience isn't something you're born with or not—the skills of resilience can be learned.

Resilient children and adolescents:

- Are optimistic.
- Believe they have the skills necessary to effectively manage or accomplish the task at hand.
- Break down complex problems into smaller, more accomplishable tasks; thus making it more likely for them to be successful.
- Possess academic or social competencies that enable them to deal with stressors in a constructive manner.
- Have close and supportive families, get support from friends, and reaffirm ties to social and religious groups.
- Are hardy—actively engaged, believe they can influence the course of events in their lives and accept change as a part of life, as a challenge rather than a threat.

Parents, teachers, and other caring adults can help children and adolescents achieve these characteristics in several ways:

- Provide them with opportunities to express themselves, to share and discuss their feelings and concerns. This will enable the adults to correct any misinformation or misperceptions and to provide reassurance and safety. Tell children and adolescents that they need to “cut themselves some slack” and go easy on themselves at times of great stress.
- Encourage them to “stick to the program.” During times of major stress, they will feel safer if they map out a routine and

stick to it. They need to divert their focus from terrorism-related events.

- Maintain social connections. Youngster's friendships and social activities are important for normalizing their lives and promoting good adjustment.

- Help them “turn it off.” Reduce or minimize their exposure to upsetting media images related to terrorism.

- Encourage children and teens to stay healthy and fit. They need to eat well and get regular exercise as well as proper sleep. Maintaining good health, physically, mentally, and spiritually, is important for coping with stress.

- Encourage them to use positive strategies for coping with stress. An example of this would be to reach out to help others.

- Parents and children need to establish a safety plan in case of a traumatic event. Children should be reassured that the safety plan may never be used, but that it exists as a protection in case a terrorist event occurs in their area.

It's also important to pay attention to what doesn't work:

- Avoiding discussions of distressing events. Parents may think that discussions of events will be upsetting to their children; however, this may lead to missed opportunities for sharing and support.

- Pressuring children to talk. Create a positive, receptive atmosphere for discussions, and let children bring issues up as they choose.

For further information, log on to www.helping.apa.org. For a presentation by a psychologist, or to request individual help with resilience issues, call the Nassau County Psychological Association at 377-1010.

CAN YOU TOP THIS?—PTSD POST 9/11

BENJAMIN HIRSCH, Ph.D.

Since 9/11/01, many people hold a “can you top this” attitude about individuals suffering from post-traumatic stress disorder. If the person has been victimized by a stressor that appears to be less severe than what occurred on that terrible day in September, his or her suffering tends to be denigrated or not believed. This incredulity reaches a crescendo when the traumatized individual is involved in a lawsuit.

Even strangers feel no compunction at voicing their suspicion that the individual is “faking it” in order to gain sympathy or

perhaps to collect a lot of money. People in general tend to be so cynical that scorn and derision have all too often replaced care and compassion, adding insult to injury.

Attorneys who represent clients with post-traumatic injury complain that jurors are not prone to accept their client's disorder as "serious." Yet, that person is in great pain. What may be happening is that jurors' understanding of the severity of the individual's suffering is being influenced by a comparison to a "greater traumatic event," particularly what occurred on 9/11. Jurors may believe that the post-traumatic stress of an automobile accident may have been "terrible," but that other people have experienced "much worse" and they seem, at least on the surface, to be doing OK.

Recently, I was reminded of this minimization of suffering when my associate asked an insurance adjuster why we had not received payment for a particular client. She pointed out that a medical exam performed by the insurance company's own hired psychologist had confirmed my PTSD diagnosis.

The adjuster indignantly told her the building where she was employed had overlooked the World Trade Center and that she had physically witnessed its destruction. Yet, she was not experiencing that disorder so how could people in a mere car accident suffer from it? She refused to pay the claim.

The fallacious belief that an individual who did not experience 9/11 or perhaps combat "should not" be experiencing post-traumatic stress disorder has gained considerable public acceptance. This belief is wrong.

Those of us in the mental health field have seen people suffering less intense stressors experiencing full-blown post-traumatic stress disorders. We have seen persons who have sustained what seemed to be overwhelmingly severe stresses seemingly able to cope. Intensity of trauma is only one of a multitude of factors affecting the individual. Other important influencing factors include the continuing severity of the stressor, the individual's personality style and prior experience, and the individual's repertoire of coping resources.

PTSD needs to be judged only by the effect a stressor (whatever it may be) has on the individual. Post-Traumatic Stress Disorder is a major problem that must be addressed. It affects one out of every twelve adults in the U.S. In any given year, approximately three to twelve percent of people in our country are experiencing post-traumatic stress. We cannot evaluate traumatic stress by considering only the extremity of the stressor. We must look at what the individual is suffering, both inwardly and outwardly. It would be medically absurd to say that the person who fell out of the second floor window is "more" injured than if they "only" fell out of the first

floor window, without examining the patient.

This information must be given to physicians, who are often the gatekeepers for such patients. Primary physicians, orthopedists, neurologists and psychiatrists need to look for anxiety in their patients who have suffered trauma. Such complaints as headaches, decreased appetite, decreased libido, palpitations, shortness of breath, nausea and unexplained pain, may be PTSD symptoms. There is a great deal that can be done to help these individuals. This assistance can be psychotherapeutic, pharmacological or a combination of both.

But this help will not occur as long as we keep emphasizing that the only way to judge the intensity of an individual's trauma is by looking at the extremity of the stressor.

MENTAL HEALTH COMMISSION RELEASES REPORT

GLORIA S. ROTHENBERG, Ph.D.

The President's New Freedom Commission released its final report this past July. The Commission concluded that although many citizens suffer from mental health problems, few access the effective treatments that are available.

In the course of a year, it is estimated that about 20 percent of children and 30 percent of adults exhibit signs of a diagnosable condition. Thus, little has changed since former Surgeon General David Satcher published his mental health reports in 1999 and 2000.

The New Freedom Commission cites several serious barriers to effective treatment. They include the stigma associated with mental illness, geographical and ethnic disparities in availability of services, and the unequal discriminatory financing of mental health care by the insurance industry, compared to the funding of physical health problems.

According to the Commission, we need public campaigns to educate Americans about the importance of mental health to overall health. We also need greater coordination of services at the state and local levels to make it easier for individuals to navigate the services that are available. The report seconded President Bush's support for federal mental health parity legislation, which would prohibit insurers from discriminating against mental illness by creating coverage and benefit levels different from those that apply to physical illness. We are hoping that in the current State legislative session, the parity bill known as Timothy's Law, already passed in the Assembly, will be favorably considered in the State Senate. The number for the bill in the Senate is S5329.

