

Supporting Families affected by Crisis, Disaster, or War

This tip sheet was compiled using information from several sources, including the National Child Traumatic Stress Network (NCTSN) and the National Association of School Psychologists (NASP). Providers may also want to review the Psychological First Aid Field Guide and the Psychological First Aid for Displaced Families Guide (published by the NCTSN and the National Center for PTSD) for more detailed information and suggestions.

Tips for Medical Providers

It is important to remember that while a provider may view their hospital as a safe and healing place, the children and families arriving from Ukraine may not yet feel the same. This may be the first time some have traveled outside their hometown or country. In many ways, relocating to another country will create continued and significant disruption in their lives, so Ukrainian families will still be in the middle of an ongoing trauma event/crisis even after they arrive.

For this reason, the first few weeks of intervention may be similar to a crisis intervention/disaster mental health response. Efforts will be focused on providing assistance and meeting tangible needs, helping families acclimate and settle into a highly unfamiliar environment, and providing ongoing assessment and support.

Families will also benefit from normalization and validation of emotional reactions and psychoeducation about how to best support their children and care for themselves. Psychosocial providers will provide ongoing support, but every member of the care team plays a role in promoting the emotional healing of patients and families!

Emphasize Safety and Normalize Responses

The emotional, physical, and spiritual reactions experienced during and following a crisis are NORMAL human responses to an ABNORMAL life event. A brain in crisis is focused on survival and safety, so ensuring patient/family safety and meeting basic needs is an essential first step.

It is helpful to provide simple and accurate information about where families can access resources.

Display Patience and Provide Accurate Information

When people are under intense stress, their neurocognitive function can change. As a result, some families may struggle to take in and process new information or recall past knowledge. It is unlikely caregivers will remember much about their first encounters with medical staff, so keep information to a minimum and encourage families to write down anything essential. Also, be prepared to repeat introductory details multiple times across several visit encounters. As the crisis reaction diffuses and people begin to feel safer, they will be better equipped to process and retain more information.

It is also important to remember that your medical system is different from that in Ukraine. These new patients/families may be unfamiliar with certain providers in a hospital setting (e.g., child life). And even those they have encountered before in other settings (e.g., social work, psychology, etc.) may have very different roles at your institution. Therefore, it is essential to explain the roles of each discipline and the care that will be provided.

Foster Support, Healing, and Connection

While your primary focus as a care team is often on a patient's physical care and healing, it is also important to provide attention and care to their emotional well-being. It can be helpful to listen

attentively when a patient or caregiver in crisis chooses to disclose their emotions. It is also beneficial to acknowledge and normalize their feelings.

Some common emotional reactions to war/violence include:

- **Fear:** This may include fear for their own safety or the safety of their family members and friends. Caregivers may also have fears about the health and safety of their child (the patient).
- **Guilt:** Some people may feel guilt or regret for escaping/leaving other family members and friends behind.
- **Sorrow/Sadness:** Displaced patients/families have experienced insurmountable losses over the past few weeks. Their lives have been changed and disrupted beyond measure, creating intense sorrow and pain.
- **Anger:** Anger can mask other emotions and serve as an attempt to regain control following too much change. It can also be directed at anyone- a Higher Power, medical provider, a disease, self, others, etc.
- **Isolation:** Displaced patients/families may feel isolated in a new country with a language barrier and without their usual sources of support.
- **Loss of stability:** Your patients/families are experiencing significant disruption by relocating to a new country during a time of significant concern for their ill child. They may also be feeling the absence of spouses/other family members left behind.
- **Confusion/Worry:** Patients/families may feel confused about the war and worried about future danger for themselves and others. They may also not be sure how long they can remain in this new country for medical treatment. They may have difficulty contacting loved ones and feel fearful for their safety.
- **Hypervigilance:** Some families may be distressed about the status of their family and friends still in Ukraine. This could cause preoccupation in thoughts or worry as they search for information.

Additional Suggestions for Providers

- Be patient and empathetic. Never force a conversation.
- Provide space for families to express worries or concerns, allowing them to guide the conversation.
- Keep information simple, accurate, and developmentally appropriate.
- Encourage families to share their experiences, customs, religious preferences, and culture.
- Acknowledge the ambiguity and confusion of the situation. It's okay to say "I don't know" when an answer is not clear.
- Help establish a supportive community for families within your setting and connect them to internal and external resources.
- It can be challenging to know what to say or how to respond at times. Some examples of validation include:
 - "It sounds like you've experienced unimaginable losses over the past few weeks. I am so sorry to learn how much your family has been through."
 - "It must have been frightening to leave your home in the middle of the night."
 - "Your sadness and anger are normal. You've been through extraordinary circumstances."