

## **Preparing and Coping With Disasters Involving Children in Early Childhood Settings**

**Chair:** Moushumi Beltangady

**Discussant:** Judith W. Loyde

**Presenters:** Irwin Redlener, Michelle R. Kees

- **Disasters Involving Children: The 6 Stages of Response to Trauma**

Irwin Redlener (Redlener incorporated George L. Foltin's paper, Getting Prepared, Being Safe: Practical Strategies for Early Childhood Programs into his presentation)

- **Children's Reactions and Mental Health Needs Following a Disaster**

Michelle R. Kees

**Loyde:** For Head Start, the first step after the devastating effects of the Hurricane Katrina was to figure out how to quickly restore services to children and families throughout the six parishes. The most difficult part was waiting for electricity to be restored at each site and thoroughly cleaning each facility. Only 8 days after the violent storm, all but six members of the management team gathered to form a plan, and they adopted three new watch words, none of which were defined in the Head Start program performance standards: compassion, flexibility, and creativity. The fear, when surveying damages, was what effect the biggest natural disaster in history would have on children and families. These families were already fragile and vulnerable. The programs had only served children for 5 days of the new program year when the storm struck.

One by one, the 16 centers were re-opened to children. The Slidell Head Start center was the last to re-open in late October. Several types of children and families now needed service. The first group was the displaced children enrolled in the Head Start programs prior to the storm. Program staff searched diligently for those displaced children and families. The second group of children just started showing up everyday. The staff refused to call them displaced or evacuees and adopted the term "new friends". Many of these children would have been considered ineligible for Head Start programs before the storm because their incomes were well above the poverty guidelines. Now the families were without homes, possessions, or jobs. Many of these families were provided home-based services in make-shift shelters set up by the Red Cross. Twelve home visitors trained other staff workers to work with them.

Prior to the storm, Head Start was funded to serve 1,540 Head Start children, 168 early Head Start children, and 80 migrant children. Since Hurricane Katrina, that number has fluctuated drastically. By the end of the program year in May, 1,825 children had been served by Head Start, and 337 infants, toddlers, and pregnant women had participated in Early Head Start.

Immediately after the storm, children were quiet and compliant, seeming to be happy in a safe, welcoming environment; however, the quiet compliance soon gave way to a larger number of children than usual acting out and demonstrating obstreperous behavior. As more children were added to classrooms, the need for mental health support for children grew exponentially. Using a variety of different funding sources, teachers were equipped with the skills needed to address the

mental health issues faced by both themselves and the families. The training program provided a venue for the teachers to discuss how they felt, and to give them information about how children may react.

The storm also created a new type of family in poverty. These were middle-class families with jobs and incomes well above the poverty line; but the loss of homes, possessions, and employment left them as helpless and desolate as those who had been entrenched in poverty for years. Over 95% of the trained staff returned to work after the hurricane. Even in places where Head Start had power, their staff often did not have electricity in their homes. Head Start used whatever resources at their disposal to help children, families, and staff get through this terrible time.

Parents and staff are now trained and encouraged to develop emergency family plans prior to future hurricanes. These include plans for where and when to evacuate, how to account for all family members including those who are unable to plan and care for themselves, procuring supplies, and becoming aware of various evacuation routes. In terms of anticipating mental health needs of children, families, and staff, a natural disaster of this magnitude impacts the mental health of everyone. As a direct result of Hurricane Katrina, there is a significantly greater need for ongoing play therapy for behavior problems, as well as a growing need for family counseling for parents.

To address the situation in such a disaster, funds must be found to augment the current mental health services provided by Head Start. In addition, training and resources must be provided for staff to address growing mental health needs. The stress inflicted by Katrina was not a one-time event. Many Head Start students and families still live in temporary, stressful situations, including crowded, multifamily households.

The program, prior to Hurricane Katrina, engaged no more than four contracted therapists for all of its 16 centers. Since Katrina, Head Start has hired 10 additional therapists. The challenge will be to continue finding the resources to meet these ongoing needs. The challenge of meeting other health and social service needs in such a disaster is that of helping families re-establish medical and dental services as their health care providers and their health records have been displaced or destroyed. Replacing family records such as immunization cards, birth certificates, and social security cards, was a learning experience as the agencies that normally provided these services were often based in New Orleans and they too were destroyed.

Teaching families and staff to deal with bureaucracy and the ineptitude of the Federal Emergency Management Agency (FEMA), Red Cross, local public officials, and insurance companies also offered a new learning curve. An even greater challenge was the emotional strain on staff of helping families track down family members and loved ones who were missing or dead.

**Redlener:** The degree to which the country is incapable of coping with the needs of children before, during, and after disasters is worse than the general capacity of the country to address disaster. The country had fundamentally changed after 2001. There have been three moments that define our level of vulnerability. The first was September 11th. The second event is

Hurricane Katrina. The third event is the issue of pandemic flu. All of these factors have increased the heat on disaster planning in the United States. Therefore, the country is in a major transition in defining, describing, and financing what preparedness means. The U.S. government and individuals are struggling with a definition. On one end of the continuum is absolute complacency, and on the other end is extreme paranoia.

Children cannot be treated like adults. The antidotes, treatments, and protocols are often grossly different. Children are much more vulnerable, as they have more rapid respiratory rates, and they absorb toxic material more quickly than adults. They are also much more likely and able to get dehydrated or go into shock. Children are also dependent. They cannot be expected to run away from danger like an adult, and the mental health effects are extraordinarily important. Profound psychological effects can be seen among children who have been directly or indirectly affected by major disasters, even through exposure in the media.

The other vulnerability for children is that they are sometimes intentionally targeted. It has happened internationally, and some Al-Qaeda doctrines claim the right to kill children. There have even been failed attempts to do so.

Children's vulnerability makes them less able to reduce or defend against risks. In addition to the stress that families have in not being able to make a livelihood for their children, poor families who are displaced become extraordinary burdens for the communities they go to. In terms of preparation, poor families have less capacity to evacuate. For people who stay, stockpiling three days of food, water, flashlights and battery operating radios is an unaffordable expense. All of these realities create an excessive level of vulnerability for poor families. The uncertainty of the future is probably the most difficult aspect of all.

Half the children in the FEMA trailers who had a regular doctor or health center that they went to prior to the storm, no longer had that. More than a third of the children had a chronic health condition. Between 20 and 25 % of school-aged children were either not enrolled in school or missed more than 10 school days a month. As much as possible, children should not lose an academic year, and they should have access to play. In regular times, when there is not a disaster, it is important to reduce avoidable risks and vulnerabilities such as poverty and chronic disease. Once the disaster happens, the response in that phase is about ensuring the safety of children, getting them out of harm's way, sheltering them, and providing rapid access to medical care. As rapidly as possible, children need to get back to a routine in a new, secure, normal environment.

Each center should have a disaster response leader. It is also important to provide awareness training to the staff on safety needs of psychological response, like how to develop resiliency within children. Emergency drills should be practiced periodically in the school to review and update each Head Start's emergency plans. More advanced stages of disaster planning might be to decide the evacuation plans and meeting places. Keeping digital photographs and records of children can help children reunite with their family, if separated. Working with other Head Starts might also be important so as to not reinvent the wheel. Regional planning among Head Starts would also be helpful for specific issues like pandemic flu.

**Kees:** Head Start centers are one of the most important locations to impact change, both in preparedness and response. Children at Head Start centers are already a vulnerable population. If a vulnerable population is exposed to a disaster, then to another trauma, the likelihood is high that negative reactions will follow. Parents are quick to return their children to Head Start after a disaster. For this reason, school settings are often recommended as the primary site for intervention with pediatric populations.

Because they have to address all sorts of issues in the classroom, teachers become experts in everything. Some early ideas about children in disaster are consistent with the early ideas about children and trauma overall. Children will try to make sense of an event with whatever information they can access. Parents and professionals need to make sure that information for children is accurate and at a level that they can understand, so children can process the information and move forward. Children have an immature understanding of the permanency of death. It important to keep in mind their cognitive set, where they are, and how they are understanding things.

Following a disaster, young children show a significant increase in the fear of their safety, with accompanying worries about the aftermath and reoccurrence of the disaster. Regression is the most characteristic change, particularly in young children. Developmental milestones may have been met, but they can slide backward. School performance may also change for some children, because they are not as attentive or able to concentrate. Some children become perfectionists and feel that they must be correct every time.

Displacement from homes can lead to huge changes in routine, sleep, and mealtimes. Bad patterns can become cyclical, and it becomes harder to catch up or change. A child who has experienced a trauma or disaster will show increased sensitivity to sound and startle response. There are changes in children's physiological systems, with frequent complaints of headaches, stomachaches, fatigue, aches, and pains. It goes back to the need to be closer to parents.

As a frontline care provider, keeping these issues in mind can be helpful to identify which children are most likely to have the most problems. Children with greater exposure to an event are more likely to have negative outcomes. Research from the Oklahoma City bombing showed that the longer children are separated from their parents, the more negative outcomes emerge.

One of the first recommendations is get back to routine as quickly as possible. Children find unique ways to blame themselves. If a child blames him/herself for some part of the event, the chances are s/he will have a more difficult recovery. Children or families with pre-existing mental health conditions have a more difficult time adapting to trauma or disaster. While it is normal for parents to be upset, children will fare worse if a parent has been leveled by an event and is unable to cope. For children, some change in feelings is also expected, but this should only be a concern if it starts interrupting their day-to-day functioning. Not every child will show a reaction, and not all children understand the implications of disasters. Similarly, children who might initially appear without symptoms can develop symptoms later on.

Head Start is a good place to do a mental health intervention. There is not as much stigma associated with an intervention at a Head Start center. Parents may even be more likely to

participate because they are coming to the center anyway. With an early intervention, it is important to triage children and families to the appropriate service. Not everyone will need six months of therapy, nor will one session of debriefing be sufficient or appropriate for all people. Handouts can be given as to what parents can expect as not normal and what is concerning. There can also be a follow-up system in case symptoms appear later.

It is important to think about what other kinds of intervention services are necessary. Creating a safe and secure environment that appropriately encourages expression can be healing and positive. Children tend to say things when least expected. It is important to prepare for that in advance not only to be able to respond appropriately, but also to contain the environment and what other children might be hearing. Tolerate some of their questions, but institute some boundaries and limits. One of the most important acts is to normalize children's reactions. For the most part, children are resilient. Communities will come together to find a way to heal and move on. Head Start needs to help them and help plan for the inevitable.

**Discussion:** Audience member addressed concern of sending children with normal responses to treatment and about how current teaching practices that reduce startle response and revictimization can be incorporated into the classroom. Redlener responded that the issue about mental health services for children is less about pathology and more of support. He added that families need help coping with ongoing stress and uncertain living conditions.

The panel talked about how this study is intended to drive an advocacy agenda and ultimately provide emergency funding to renormalize the environments for these children. Unfortunately, there is not enough data to know what works in these settings. While play therapy and support groups feel good, more research is needed to determine if they have real benefit. It would be helpful for people at the centers to team up with researchers to create evidence-based practice.

Kees addressed the importance of being stringent and calculated when screening for research purpose, as opposed to clinical screening. It is helpful to use teacher reports and measure factors such as number of trips to the nurse's office or number of days missed from school. Teacher reports are especially helpful if the teachers have known the population well over a period of time.

The internalizing symptoms are extremely difficult to get at. Assessments such as the Devereux Early Childhood Assessment would probably show changes, but it was not designed to specifically measure trauma. Kees stated that she knew of no trauma inventories for young children. She then reiterated the importance of establishing normalcy. In response to a question from Redlener, she stated that she was absolutely sure that she could restore normalcy even in a FEMA trailer park.