



# Hurricanes

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# Information for Parents

## Acknowledgements

During the first six weeks of the 2004-2005 school year, the state of Florida was struck by four hurricanes, resulting in \$42 billion dollars in damage and the destruction of over 65,000 homes. Following each natural disaster, school psychology leaders throughout the state worked to secure resources to support parents, teachers and administrators, often while coping with their own personal losses. The president of the Florida Association of School Psychologists at the time, Mary Alice Meyers, mobilized our state association to support the communities affected. It became clear that a document designed to assist adults in responding to the mental health needs of children following a hurricane was critically needed.

Kim Richardson, Psy.S., a classroom teacher for over ten years and a school psychologist, volunteered to steward this ambitious project. Kim has given countless hours to the compilation of these materials, which has resulted in an extremely comprehensive, user-friendly document that brings together “Best Practices” in preparing for, responding to and coping in the aftermath of a hurricane. Documents were gleaned from organizations such as the National Association of School Psychologists, FEMA, the Red Cross, and Education World.

Many thanks go to Mary Alice Meyers, Bob Templeton, Gene Cash, and Scott Poland for their leadership and feedback in the dissemination of these materials.

Please make copies of this CD, print out the materials and help support anyone for whom they may be of use. Hurricane Katrina has made us all powerfully aware of the potential devastation a natural disaster can bring. It has also made us keenly aware of the potential power of humanity following such tragedy. Perhaps Adam Lindsay Gordon, said it best: *“Life is mostly froth and bubble, Two things stand like stone; Kindness in another’s trouble, Courage in your own.”* May these materials provide you with resources to support both kindness and courage.

Respectfully Submitted,

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**TABLE OF CONTENTS:**

**I. Introduction to the manual.....Page 3**

**II. Are You Ready for a Hurricane? .....Page 4**

**III. Fact Sheet: Using a Generator When Disaster Strikes.....Page 8**

**IV. Fact Sheet: Safety Information for Short-Term Power Outages or “Rolling Blackouts”.....Page 11**

**V. Fact Sheet: Post-Disaster Water Treatment.....Page 15**

**VI. After a Flood: The First Steps.....Page 16**

**VII. Parent Guidelines for Helping Children After a Hurricane.....Page 18**

**VIII. Little Listeners in an Uncertain World: Coping strategies for you and your young child after traumatic events.....Page 22**

**IX. Reassuring Your Child After the Storm.....Page 25**

**X. Helping Children Cope with Crisis: Care for Caregivers.....Page 28**

**XI. Coping with Crisis: Helping Children with Special Needs.....Page 32**

**XII. A National Tragedy: Helping Children Cope.....Page 37**

**XIII. Responding to National Crises: Advice for Caregivers..... Page 41**

**XIV. Children’s Reaction to Trauma.....Page 46**

**XV. Identifying Seriously Traumatized Children.....Page 49**

**XVI. Managing Strong Emotional Reactions to Traumatic Events..... Page 53**

**XVII. How Children Cope with Trauma and Ongoing Threat: The BASIC Ph Model.....Page 57**

**XVIII. Responding to Hurricane Katrina: The American Red Cross..... Page 61**

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Dear Parents:

Hurricanes may have friendly names, but there is nothing nice about them. These catastrophic storms can produce winds anywhere from 74 mph to 200 mph. In addition, hurricanes can create torrential rains causing floods and devastation. Not only can this happen along the coast, but hundreds of miles inland as well. On August 29, 2005 Hurricane Katrina hit the coastline of Louisiana and Mississippi with winds clocked at 160 mph. Thousands of people lost their homes, lives, and basic services such as water, gas, and electricity.

Preparation for emergencies is critical at home and in your community. Long before hurricane season begins, parents can start educating their children about what to expect during the stages of a hurricane. When disasters of this kind occur, children can be the most affected. They may experience varying emotions and reactions. Just knowing that these reactions are likely and normal can help you be better prepared. As parents, it is important to remember that children look towards you for information and comfort.

So what specifically can parents do to help alleviate their child's stress during the aftermath of a hurricane? Providing children with an opportunity to express their emotions will enable them to feel more secure in their environment. Enclosed are materials and activities designed to help parents assist with children's varying emotions. These resources are geared with you, the parent, in mind.

Respectfully Submitted,



**Are You Ready for a Hurricane?**

**Know what a hurricane WATCH and WARNING means**

- ? WATCH: Hurricane conditions are *possible* in the specified area of the WATCH, usually within 36 hours.
- ? WARNING: Hurricane conditions are *expected* in the specified area of the WARNING, usually within 24 hours.

**Prepare a Personal Evacuation Plan**

- ? Identify ahead of time where you could go if you are told to evacuate. Choose several places—a friend’s home in another town, a motel, or a shelter.
- ? Keep handy the telephone numbers of these places as well as a road map of your locality. You may need to take alternative or unfamiliar routes if major roads are closed or clogged.
- ? Listen to NOAA Weather Radio or local radio or TV stations for evacuation instructions. If advised to evacuate, do so immediately.

**Assemble a Disaster Supplies Kit containing—**

- ? First aid kit and essential medications.
- ? Canned food and can opener.
- ? At least three gallons of water per person.
- ? Protective clothing, rainwear, and bedding or sleeping bags.
- ? Battery-powered radio, flashlight, and extra batteries.
- ? Special items for infant, elderly, or disabled family members.

**Identify what to do when a hurricane WARNING is issued**

- ? Listen to the advice of local officials, and leave if they tell you to do so.
- ? Complete preparation activities.
- ? If you are not advised to evacuate, stay indoors, away from windows.
- ? Be aware that the calm “eye” is deceptive; the storm is not over. The worst part of the storm will happen once the eye passes over and the winds blow from the opposite direction. Trees, shrubs, buildings, and other objects damaged by the first winds can be broken or destroyed by the second winds.
- ? Be alert for tornadoes. Tornadoes can happen during a hurricane and after it passes over. Remain indoors, in the center of your home, in a closet or bathroom without windows.
- ? Stay away from flood waters. If you come upon a flooded road, turn around and go another way. If you are caught on a flooded road and waters are rising rapidly around you, get out of the car and climb to higher ground.

**Know what to do after a hurricane is over**

- ? Keep listening to NOAA Weather Radio or local radio or TV stations for instructions.

- ? If you are evacuated, return home when local officials tell you it is safe to do so.
- ? Inspect your home for damage.
- ? Use flashlights at all times; avoid using candles.

**Here's what you can do to prepare for such an emergency: Hurricane**

- ? Written instructions on how to turn off electricity, gas, and water if authorities advise you to do so. (Remember, you'll need a professional to turn natural gas service back on.)

**Prepare for high winds**

- ? Install hurricane shutters or purchase precut 1/2" outdoor plywood boards for each window of your home. Install anchors for the plywood and predrill holes in the plywood so that you can put it up quickly.
- ? Make trees more wind resistant by removing diseased and damaged limbs, then strategically removing branches so that wind can blow through.

**Know what to do when a hurricane WATCH is issued**

- ? Listen to NOAA Weather Radio or local radio or TV stations for up to-date storm information.
- ? Prepare to bring inside any lawn furniture, outdoor decorations or ornaments, trash cans, hanging plants, and anything else that can be picked up by the wind.
- ? Prepare to cover *all* windows of your home. If shutters have not been installed, use precut plywood as described above. *Note:* Tape does not prevent windows from breaking, so taping windows is not recommended.
- ? Fill your car's gas tank.
- ? Recheck manufactured home tie-downs.
- ? Check batteries and stock up on canned food, first aid supplies, drinking water, and medications.

Hurricanes are most threatening to residents along our nation's coastlines. But such fierce storms also have been known to build up enough momentum to carry their destructive

winds inland for hundreds of miles. Heavy rains, flooding, and tornadoes add to the damage hurricanes can inflict on your home and community.

Prepare for a hurricane by completing each item on the checklist below. Then meet to discuss and finalize your Family Disaster Plan:

**FAMILY DISASTER PLAN:**

**\_\_\_ Put together a Disaster Supplies Kit in a clearly labeled, easy-to-grab container.**

Location of Disaster Supplies Kit:

\_\_\_\_\_

**\_\_\_ Call your local emergency management or planning and zoning office to find out if you live in an area that could flood during a hurricane or heavy rains.**

Flood area: | Yes | No

**\_\_\_ Prepare an evacuation plan in case you must leave. Share your plan with the relatives or friends you plan to stay with—or plan to go to a Red Cross shelter. Add to your Disaster Supplies Kit a map marked with two alternative routes to your destination.**

Evacuation plan completed:

\_\_\_\_\_

(date)

**\_\_\_ Write instructions on how to turn off your home’s electricity, water, and gas if advised to do so by local authorities. (A professional must turn gas service back on.)**

Instructions written:

\_\_\_\_\_

(date)

**\_\_\_ Make a list of items to bring inside in the event of a storm. Keep this list in your Disaster Supplies Kit.**

List completed:

\_\_\_\_\_

(date)

**\_\_\_ Buy any items needed to board up windows and protect your home well ahead of time. Precut plywood to fit windows so that you can quickly cover windows.**

Items purchased to protect home:

\_\_\_\_\_  
(date)

**\_\_\_ Have an engineer check your home and advise you about ways to make it more resistant to hurricane winds.**

Engineer checked home:

\_\_\_\_\_  
(date)

Changes recommended:

\_\_\_\_\_  
And remember . . . when a hurricane, earthquake, flood, tornado, or other emergency happens in your community, you can count on your local American Red Cross chapter to be there to help you and your family. Your Red Cross is not a government agency and depends on contributions of your time, money, and blood. For more information, contact your local Red Cross chapter, National Weather Service office, or emergency management agency. You can also visit these Web sites:

American Red Cross: **[www.redcross.org](http://www.redcross.org)**

National Weather Service: **[www.nws.noaa.gov](http://www.nws.noaa.gov)**

Federal Emergency Management Agency: **[www.fema.gov](http://www.fema.gov)**

The following information, developed by the Red Cross with technical advice from the Centers for Disease Control and Prevention, the National Fire Protection Association (publisher of the National Electric Code ®) and the U. S. Consumer Product Safety Commission, is provided to address questions about using a generator when disaster strikes.

### **Purchasing a Generator**

If you choose to buy a generator, make sure you get one that is rated for the amount of power that you think you will need. Look at the labels on lighting, appliances, and equipment you plan to connect to the generator to determine the amount of power that will be needed to operate the equipment.

For lighting, the wattage of the light bulb indicates the power needed. Appliances and equipment usually have labels indicating power requirements on them. Choose a generator that produces more power than will be drawn by the combination of lighting, appliances, and equipment you plan to connect to the generator including the initial surge when it is turned on.

If your generator does not produce adequate power for all your needs, plan to stagger the operating times for various equipment. If you can not determine the amount of power that will be needed, ask an electrician to determine that for you. (If your equipment draws more power than the generator can produce, then you may blow a fuse on the generator or damage the connected equipment.)

### **Using a Generator**

The primary hazards to avoid when using a generator are carbon monoxide (CO) poisoning from the toxic engine exhaust, electric shock or electrocution, and fire. Follow the directions supplied with the generator. Every year, people die in incidents related to portable generator use.

**Under no circumstances should portable generators be used indoors**, including inside a garage, carport, basement, crawlspace, or other enclosed or partially-enclosed area, even with ventilation. Opening doors and windows or using fans will not prevent CO buildup in the home. The CO from generators can rapidly lead to full incapacitation and death, but CO can't be seen or smelled. Even if you cannot smell exhaust fumes, you may still be exposed to CO. If you start to feel sick, dizzy, or weak while using a generator, get to fresh air RIGHT AWAY -DO NOT DELAY.

Because you may have windows open to get fresh air while the power is out, be sure to place the generator away from windows, doors, and vents that could allow CO to come indoors. To avoid electrocution, keep the generator dry and do not use in rain or wet conditions. To protect the generator from moisture, operate it on a dry surface under an open canopy-like structure, such as under a tarp held up on poles. Dry your hands if wet before touching the generator.

It is a good idea to install battery-operated CO alarms or plug-in CO alarms with battery back-up in your home, according to the manufacturer's installation instructions. If CO gas from the generator enters your home and poses a health risk, the alarm will sound to warn you. Test the battery frequently and replace when needed.

**Be sure to turn the generator off and let it cool down before refueling.** Gasoline spilled on hot engine parts could ignite.

Store fuel for the generator in an approved safety can. Use the type of fuel recommended in the instructions or on the label on the generator. Local laws may restrict the amount of fuel you may store, or the storage location. Ask your local fire department for additional information about local regulations. Store the fuel outside of living areas in a locked shed or other protected area. Do not store it near a fuel-burning appliance, such as a natural gas water heater in a garage. If the fuel is spilled or the container is not sealed properly, invisible vapors from the fuel can travel along the ground and can be ignited by the appliance's pilot light or by arcs from electric switches in the appliance.

**Plug appliances directly into the generator. Or, use a heavy duty, outdoor-rated extension cord** that is rated (in watts or amps) at least equal to the sum of the connected appliance loads. Check that the entire cord is free of cuts or tears and that the plug has all three prongs, especially a grounding pin. Never try to power the house wiring by plugging the generator into a wall outlet, a practice known as "backfeeding." This is an extremely dangerous practice that presents an electrocution risk to utility workers and neighbors served by the same utility transformer. It also bypasses some of the built-in household protection devices.

### **Future Considerations**

The only recommended method to connect a generator to house wiring is by having a qualified electrician install a power transfer switch. This switch must be installed in accordance with the National Electrical Code ® (NEC), which is published by the National Fire Protection Association, and all applicable state and local electrical codes. Call a qualified electrician or check with your utility company to see if they can install the appropriate equipment.

For power outages, permanently installed stationary generators are better suited for providing backup power to the home. Even a properly connected portable generator can become overloaded. This may result in overheating or stressing the generator components, possibly leading to a generator failure. Be sure to read instructions that come with the generator to make sure you operate it within its limitations for power output.

This information was developed by the American Red Cross with technical advice from the National Fire Protection Association (publisher of the National Electric Code®) and the U.S. Consumer Product Safety Commission.

Revised and updated September 2004.

**Fact Sheet: Safety Information for Short-Term Power Outages or  
“Rolling Blackouts”**

***What is a “Rolling Blackout?”***

A rolling blackout occurs when a power company turns off electricity to selected areas to save power. The areas are selected using sophisticated computer programs and models. The blackouts are typically for one hour, then the power is restored and another area is turned off. Hospitals, airport control towers, police stations, and fire departments are often exempt from these rolling blackouts. These blackouts usually occur during peak energy usage times, usually between 4:00 p.m. and 7:00 p.m. on weekdays, but they can happen at any time of day. Blackouts may affect the same area more than once a day, and may exceed an hour’s duration.

***How Do I Find Out if My Area Will Have a Rolling Blackout?***

Listen to local television, radio, and check the web site of your power company. Usually, rolling blackouts occur when power usage increases, especially during hot weather when many people are using air conditioning to keep cool. Power companies try to give warning when they will turn off power to an area, but they can not always do that.

***Top Safety Tips for a Blackout***

1. Only use a flashlight for emergency lighting. *Never use candles!*
2. Turn off electrical equipment you were using when the power went out.
3. Avoid opening the refrigerator and freezer.
4. Do not run a generator inside a home or garage.
5. If you use a generator, connect the equipment you want to power directly to the outlets on the generator. Do not connect a generator to a home’s electrical system.
6. Listen to local radio and television for updated information.

***How Can I Prepare Before a Blackout Happens?***

- Assemble essential supplies, including:
- Flashlight
- Batteries
- Portable radio
- at least one gallon of water
- a small supply of food.

*Due to the extreme risk of fire, do not use candles during a power outage.*

- If you have space in your refrigerator or freezer, consider filling plastic containers with water, leaving about an inch of space inside each one. (Remember, water expands as it freezes, so it is important to leave room in the container for the expanded water). Place the containers in the refrigerator and freezer. This chilled or frozen water will help keep food cold if the power goes out, by displacing air that can warm up quickly with water or ice that keeps cold for several hours without additional refrigeration.
- If you use medication that requires refrigeration, most can be kept in a closed refrigerator for several hours without a problem. If unsure, check with your physician or pharmacist.
- If you use a computer, keep files and operating systems backed up regularly. Consider buying extra batteries and a power converter if you use a laptop computer. A power converter allows most laptops (12 volts or less) to be operated from the cigarette lighter

of a vehicle. Also, turn off all computers, monitors, printers, copiers, scanners and other devices when they're not being used. That way, if the power goes out, this equipment will have already been safely shut down. Get a high quality surge protector for all of your computer equipment. If you use the computer a lot, such as for a home business, consider purchasing and installing an uninterruptible power supply (UPS). Consult with your local computer equipment dealer about available equipment and costs.

- If you have an electric garage door opener, find out where the manual release lever is located and learn how to operate it. Sometimes garage doors can be heavy, so get help to lift it. If you regularly use the garage as the primary means of entering your home upon return from work, be sure to keep a key to your house with you, in case the garage door will not open.
- If you have a telephone instrument or system at home or at work that requires electricity to work (such as a cordless phone or answering machine), plan for alternate communication, including having a standard telephone handset, cellular telephone, radio, or pager. Remember, too, that some voice mail systems and remote dial-up servers for computer networks may not operate when the power is out where these systems are located. So even if *you* have power, your access to remote technology may be interrupted if the power that serves those areas is disrupted. Check with remote service providers to see if they have backup power systems, and how long those systems will operate.
- Keep your car fuel tank at least half full because gas stations rely on electricity to power their pumps.
- Follow energy conservation measures to keep the use of electricity as low as possible, which can help power company(ies) avoid imposing rolling blackouts.

### ***Specific Information for People With Disabilities***

- If you use a battery-operated wheelchair, life-support system, or other power-dependent equipment, call your power company before rolling blackouts happen. Many utility companies keep a list and map of the locations of power-dependent customers in case of an emergency. Ask them what alternatives are available in your area. Contact the customer service department of your local utility company(ies) to learn if this service is available in your community.
- If you use a motorized wheelchair or scooter, have an extra battery. A car battery also can be used with a wheelchair but will not last as long as a wheelchair's deep-cycle battery. If available, store a lightweight manual wheelchair for backup.
- If you are Blind or have a visual disability, store a talking or Braille clock or large-print timepiece with extra batteries.
- If you are Deaf or have a hearing loss, consider getting a small portable battery-operated television set. Emergency broadcasts may give information in American Sign Language (ASL) or open captioning.

### ***Using a Generator***

If you are considering obtaining a generator, get advice from a licensed professional, such as an electrician. Make sure the generator is listed with Underwriter's Laboratories or a similar organization. Some municipalities, Air Quality Districts, or states have "air quality permit" requirements. A licensed electrician will be able to give

you more information on these matters. Always plan to keep the generator outdoors — *never* operate it inside, including the basement or garage. Do not hook up a generator directly to your home’s wiring. The safest thing to do is to connect the equipment you want to power directly to the outlets on the generator. Connecting a cord from the generator to a point on the permanent wiring system and *backfeeding* power to your home is an unsafe method to supply a building during a power outage.

For more information about using generators safely, see the “Generator” fact sheet at:

<http://www.redcross.org/services/disaster/afterdis/generator.html>

### ***What Do I Do During A Blackout?***

- Turn off or disconnect any appliances, equipment (like air conditioners) or electronics you were using when the power went out. When power comes back on, it may come back with momentary “surges” or “spikes” that can damage equipment such as computers and motors in appliances like the air conditioner, refrigerator, washer, or furnace.
- Leave one light turned on so you’ll know when your power returns.
- Leave the doors of your refrigerator and freezer closed to keep your food as fresh as possible. If you must eat food that was refrigerated or frozen, check it carefully for signs of spoilage. See the Red Cross brochure called, “Help The Power Is Out” on the web at: <http://www.redcross.org/services/disaster/afterdis/food.html> for more information.
- Use the phone for emergencies only. Listening to a portable radio can provide the latest information. Do not call 9-1-1 for information — only call to report a life-threatening emergency.
- Eliminate unnecessary travel, especially by car. Traffic signals will stop working during an outage, creating traffic congestion.
- Remember that equipment such as automated teller machines (ATMs) and elevators may not work during a power outage.
- If it is hot outside, take steps to remain cool. Move to the lowest level of your home, as cool air falls. Wear lightweight, light-colored clothing. Drink plenty of water, even if you do not feel thirsty. If the heat is intense and the power may be off for a long time, consider going to a movie theater, shopping mall, or “cooling shelter” that may be opened in your community. Listen to local radio or television for more information. Also see the tips on the web site at: <http://www.redcross.org/services/disaster/keepsafe/readyheat.html>
- Remember to provide plenty of fresh, cool water for your pets.
- If it is cold outside, put on layers of warm clothing. Never burn charcoal for heating or cooking indoors. Never use your oven as a source of heat. If the power may be out for a prolonged period, plan to go to another location (relative, friend, or public facility) that has heat to keep warm.

### ***Energy Conservation Recommendations***

To conserve power to help avoid a blackout, the power industry recommends:

- In heating season, set the furnace thermostat at 68 degrees or lower. In cooling season, set the thermostat at 78 degrees or higher. Consider installing a programmable thermostat that you can set to have the furnace or air conditioning run only when you are at home. Most power is used by heating and cooling, so adjusting the temperatures on your thermostat is the biggest energy conservation measure you can take.

- Turn off lights and computers when not in use. This is especially true about computer monitors – avoid using a “screen saver” and just simply turn the monitor off when you won’t be using the computer for a while. Turn the computer off completely each evening. It is no longer true that computer equipment is damaged from turning it off and on.
- Close windows when the heating or cooling system is on.
- Caulk windows and doors to keep air from leaking, and replace old windows with new, energy-efficient windows.
- Clean or replace furnace and air-conditioner filters regularly.
- When buying new appliances be sure to purchase energy-efficient models.
- Wrap the water heater with an insulation jacket, available at most building supplies retailers.
- If you have to wash clothes, wash only full loads and clean the dryer’s lint trap after each use.
- When using a dishwasher, wash full loads and use the “light” cycle. If possible, use the “rinse only” cycle and turn off the “high temperature” rinse option. When the regular wash cycle is done, just open the dishwasher door to allow the dishes to air dry.
- Replace incandescent light bulbs with energy-efficient compact fluorescent lights.
- Use one large light bulb rather than several smaller ones.

*For More Information*

If you would like more information about rolling blackouts and how to deal with them, contact the power company that serves your area.

## Water Treatment

Many people have asked the Red Cross for information and suggestions on treating water after disaster strikes. The following information is provided to address those questions.

In addition to having a bad odor, and taste, water from questionable sources may be contaminated by a variety of microorganisms, including bacteria and parasites that cause diseases such as dysentery, cholera, typhoid, and hepatitis. All water of uncertain purity should be treated before use. To treat water, follow these steps:

1. Filter the water using a piece of cloth or coffee filter to remove solid particles.
2. Bring it to a rolling boil for about one full minute.
3. Let it cool at least 30 minutes. Water must be cool or the chlorine treatment described below will be useless.
4. Add 16 drop of liquid chlorine bleach per gallon of water, or 8 drops per 2-liter bottle of water. Stir to mix. Sodium hypochlorite of the concentration of 5.25% to 6% should be the only active ingredient in the bleach. There should not be any added soap or fragrances. A major bleach manufacturer has also added Sodium Hydroxide as an active ingredient, which they state does not pose a health risk for water treatment.
5. Let stand 30 minutes.
6. If it smells of chlorine. You can use it. If it does not smell of chlorine, add 16 more drop of chlorine bleach per gallon of water (or 8 drops per 2-liter bottle of water), let stand 30 minutes, and smell it again. If it smells of chlorine, you can use it. If it does not smell of chlorine, discard it and find another source of water.

### **Past information that has changed and is no longer recommended**

1. The only agent to use to treat water should be liquid household bleach. Other chemicals, such as iodine or products sold in camping or surplus stores for water treatment that do not contain 5.25% hypochlorite as the only active ingredient, *are not recommended and should not be used.*
2. The only accepted measurement of chlorine (or water treatment agents) is the drop. A drop is specifically measurable. Other measures such as "capful" or "scant teaspoon" are not uniformly measurable, and are not to be used.
3. There is no difference between treatment of potentially contaminated water that is cloudy or clear.

***If local public health department information differs from this advice, the local information should prevail.*** For more information, contact your local Red Cross chapter and ask for a copy of the brochure entitled, "Food and Water in an Emergency" (A5055).

## After a Flood: The First Steps

*Your home has been flooded. Although floodwaters may be down in some areas, many dangers still exist. Here are things to remember in the days ahead.*

\*Roads may be closed because they have been damaged or are covered by water. Barricades have been placed for your protection. If you come upon a barricade or a flooded road, go another way.

\*Keep listening to the radio for news about what to do, where to go, or places to avoid.

\*Emergency workers will be assisting people in flooded areas. You can help them by staying off the roads and out of the way.

\* If you *must* walk or drive in areas that have been flooded —

- Stay on firm ground. Moving water only 6 inches deep can sweep you off your feet. Standing water may be electrically charged from underground or downed power lines.
- Flooding may have caused familiar places to change. Floodwaters often erode roads and walkways. Flood debris may hide animals and broken bottles, and it is also very slippery. Avoid walking or driving through floodwaters.

\*Play it safe. Additional flooding or flash floods can occur. Listen for local warnings and information. If your car stalls in rapidly rising waters, get out immediately and climb to higher ground.

### Staying Healthy

\* A flood can cause emotional and physical stress. You need to look after yourself and your family as you focus on cleanup and repair.

- Rest often and eat well.
- Keep a manageable schedule. Make a list and do jobs one at a time.
- Discuss your concerns with others and seek help. Contact the Red Cross for information on emotional support available in your area.

### Cleaning Up and Repairing Your Home

\* Turn off the electricity at the main breaker or fuse box, even if the power is off in your community. That way, you can decide when your home is dry enough to turn it back on.

\* Get a copy of the book *Repairing Your Flooded Home*. It will tell you :

- How to enter your home safely.
- How to protect your home and belongings from further damage.
- How to record damage to support insurance claims and requests for assistance.
- How to check for gas or water leaks and how to have service restored.
- How to clean up appliances, furniture, floors, and other belongings.

*Repairing Your Flooded Home* is available free from the American Red Cross or your state or local emergency manager.

**Getting Help**

- \* The American Red Cross can help you by providing you with a voucher to purchase new clothing, groceries, essential medications, bedding, essential furnishings, and other items to meet emergency needs. Listen to local radio stations to find out where to go for this assistance, or look up American Red Cross in the phone book and call.
- \* The Red Cross can provide you with a cleanup kit: mop, broom, bucket, and cleaning supplies.
- \* Contact your insurance agent to discuss claims.
- \* Listen to your radio for information on assistance that may be provided by the state or federal government and other organizations.
- \* If you hire cleanup or repair contractors, be sure they are qualified to do the job. Be wary of people who drive through neighborhoods offering help in cleaning up or repairing your home. Check references.

*Issued in furtherance of the International Decade for Natural Disaster Reduction.*

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## Parent Guidelines for Helping Children after a Hurricane

Being in a hurricane can be very frightening, and the days, weeks, and months following the storm can be very stressful. Most families recover over time, especially with the support of relatives, friends, and their community. But different families may have different experiences during and after a hurricane, and how long it takes them to recover will depend on how frightening the hurricane and/or evacuation experience was and the extent of damage and loss. Some families will return to normal routines fairly quickly, while others may struggle with damage to their home and possessions, medical care, and financial strain. Some families may have lost a loved one or a pet. A family's recovery may also be strongly affected by school closings or changes in school schedules. Children may react differently to the hurricane and its aftermath depending on their age, developmental level, and prior experiences. Parents should expect that different children may respond to events in different ways and be supportive and understanding of different reactions.

Children's reactions to the hurricane and its aftermath are strongly influenced by how their parents, teachers, and other caregivers cope during and after the storm. They often turn to these adults for information, comfort, and help. There are many reactions to hurricanes and other frightening events that are common among children. These generally diminish with time, but knowing that these reactions are likely – and normal – can help parents be prepared.

### Common Reactions:

- Feelings of anxiety, fear, and worry about safety of self and others (including pets):
  - Children may have increased fears and worries about separation from family members
  - Young children may become more clingy to parents, siblings, or teachers
- Fears about another hurricane coming
- Increased anxiety over future hurricane warnings
- Changes in behavior:
  - Increased activity level
  - Decreased concentration and attention
  - Increased irritability
  - Withdrawal
  - Angry outbursts
  - Aggression
- Increased physical complaints (e.g., headaches, stomachaches, aches and pains)
- Changes in school performance
- Prolonged focus on the hurricane (e.g., talking repeatedly about it – young children may “play” the event)
- Increased sensitivity to sounds (e.g., thunder, wind, and other loud noises)

- Changes in sleep
- Changes in appetite
- Lack of interest in usual activities, including interest in playing with friends
- Regressive behaviors in young children (e.g., baby talk, bedwetting, tantrums)
- Increased chance of high-risk behaviors in adolescents (e.g., drinking, substance abuse, self-injurious behaviors)

### **How Can I Help My Child?**

- Spend time talking with your child. This will let your child know that it is OK to ask questions and to express their concerns. Because the aftermath of a hurricane includes constantly changing situations, children may have questions on more than one occasion. Issues may need to be discussed more than one time. You should remain flexible and open to answering new questions and providing clarifications.
- Finding time to have these conversations is important. One way is to use family times (such as mealtimes) to talk about what is happening in the family as well as in the community. You should answer questions briefly and honestly, but also ask your children for their opinions and ideas about what is discussed. For younger children, try to follow hurricane conversations with a favorite story or a family activity to help them feel more safe and calm.

### **Things I Can Do for Myself**

Take care of yourself. Make sure you take good physical care of yourself, including eating well, sleeping well, and receiving proper medical care.

Listen to each other. Parents and other caregivers should provide support for each other during this time.

Put off major decisions. Avoid making any unnecessary life-altering decisions during this stressful post-hurricane period.

Give yourself a break. Try not to overdo clean-up activities after the hurricane. These activities may include lifting heavy items or working for extended periods of time. Using moderation when doing such work can reduce injury.

### **Things I Can Do for My Child**

Be a role model. Changes in living conditions can be extremely stressful for children. They will take cues of how to handle situations from their parents. Modeling calm behaviors will be important during chaotic times.

- Encourage your children. Help children help take care of themselves by encouraging them to get appropriate rest, exercise, and diet. Be sure there is a balance of quiet and physical activities.
- Reassure children that they are safe. This may need to be repeated many times following the hurricane. You should spend extra time with your children and stay connected. It doesn't matter whether it's playing games outside, reading together indoors, or just cuddling. Be sure to tell children they are loved.
- Maintain routines. Even in the midst of chaos and change, children feel more safe and secure with structure and routine. As much as possible, stick to everyday routines (including mealtimes, bedtime, etc.).
- Maintain expectations. Stick with family rules, such as rules about good behavior and respect for others.
- Limit media exposure. It is important for you to protect your child from overexposure to sights and images of the hurricane, including those in newspapers, on the Internet, or on television.
- Calm worries about friends' safety. As phone service may be disrupted, communication will be difficult. Reassure your children that their friends' parents are taking care of them just as they are being cared for by you.
- Communicate about community recovery. Reassure children that things are being done in their community to restore electricity and water, to remove debris, and to help families find permanent housing.
- Encourage children to help. Children recover and cope better when they feel they are helping. Find opportunities in which they can contribute in the aftermath of the hurricane. Give small tasks related to clean-up or family activities. After children spend time in clean-up activities, provide activities that are not related to the hurricane. This may include playing a game, reading a book, playing cards, etc.
- Reduce boredom. Many children may complain of boredom. Their daily activities such as watching television, playing on the computer, or playing with friends have been disrupted. Their extracurricular activities like sports, dance, etc. have been suspended. Helping children think of alternative activities during this time will be important. Try to find community programs that have child-friendly activities and games that your children can be involved in.
- Be patient. Children may need a little extra patience and attention during these times. They may need added reminders or extra help with chores or homework once school is in session as they may be more distracted.
- Give support at bedtime. Children may become anxious when they separate from their parents, in particular at bedtime. First try to spend more time with your child at bed time with such activities as reading a book. It's okay to make a temporary arrangement for young children to sleep with you, but with the understanding that they will go back to normal sleeping arrangements at a set future date.
- Monitor adult conversations. Be aware of what is being said during adult conversations about the hurricane and its aftermath. Children may misinterpret

what they hear and can be frightened unnecessarily about something they do not understand.

Seek professional help. If children have difficulties for more than six weeks after the hurricane, parents should consult a mental health professional for an evaluation.

Keep things hopeful. Even in the most difficult situations, it is important to identify some positive aspect and to stay hopeful for the future. A positive and optimistic outlook helps children see the good things in the world around them. This outlook can be one way to help them get through even the most challenging times.

Further information about children, families, and hurricanes can be found at the website of the National Child Traumatic Stress Network, [www.NCTSNet.org](http://www.NCTSNet.org)

## **Little Listeners in an Uncertain World: Coping strategies for you and your young child after traumatic events**

### **Your world has changed. How are you handling it?**

Traumatic events, such as natural disasters, are especially difficult times for parents who feel tremendous responsibility in trying to make their babies feel safe when they themselves don't. When you're anxious, your child often senses it. The first step in taking care of your child is taking care of yourself.

### **Tune into yourself**

Stress is a normal part of everyday life. But after a traumatic event, feelings of worry and insecurity affect our daily lives.

The following are some changes you may experience:

- Sleep difficulties, like middle-of-the-night awakenings and nightmares.
- Changes in eating habits, such as loss of appetite, overeating.
- Irritability, emotional outbursts and tearfulness.
- A generalized sense of fear and anxiety, especially for your child's safety.
- Lack of energy and decreased pleasure in daily living.
- The feeling that you have little control over your life.
- Constant thoughts about the traumatic event.
- A feeling of hopelessness about the future.

### **What you can do**

You may find yourself feeling nervous, moody or blue. **When you're worried or sad, your child knows it.** It's important to be tuned in to your feelings and needs and to nurture yourself. By soothing yourself, you are also helping to soothe and reassure your child. For example:

- Stay connected. Keep in close touch with family and friends. Share your feelings, fears and concerns.
- Maintain your daily routine as best you can.
- Make time for the things you enjoy.
- Turn off the TV and radio if they are making you anxious.
- Enjoy your child. Delight in the everyday moments that you both enjoy.
- Rest, exercise and try to eat regular, balanced meals.
- Consider talking to a trusted health professional or seeking other professional help if you have further questions or need more support.

### **Your world has changed. How is your child coping?**

How much are young children affected by events that take place around them? A lot. Babies are active players in the world. Even though they may not understand the meaning of what they see or hear, children absorb the images that surround them and are deeply impacted by the emotions of the people they rely on for love and security. There's

nothing “simple” about childhood. Young children are complex human beings who react to situations in different ways, depending on their age, stage of development and temperament. While you may not understand exactly why your child acts as she does, your sensitive response can help your child cope during a difficult time.

### **Behaviors you might see**

- Increased clinginess, crying and whining.
- Greater fear of separation from parents.
- Increase in aggressive behavior.
- More withdrawn and harder to engage.
- Play that acts out scary events.
- Changes in sleeping and eating patterns.
- More easily frustrated and harder to comfort.
- A return to earlier behaviors, like frequent nighttime awakenings and thumb sucking.

### **Helping your child cope**

The primary role of parents is to protect children. One important way to do this is to prevent their exposure to information they cannot handle. Babies and toddlers do not need to be told about traumatic events that they have no way of understanding. Keep the following in mind:

- Turn off TV and radio news reports; don't leave newspapers lying around.
- Ask friends and family members not to discuss scary events around your child.
- Maintain a regular routine with your child.
- Respond to your child's need for increased attention, comfort and reassurance. This will make him feel safer sooner.
- Pay close attention to your child's feelings and validate them. Ignoring feelings does not make them go away.
- Help your child identify her feelings by naming them, i.e., “scared,” “sad,” “angry.”
- Offer your child safe ways to express feelings, such as drawing, pretend play, or telling stories.
- Don't discourage your child's play because you find it disturbing. Many young children work through frightening events by reenacting them in play. If your child seems to be distressed by his play, comfort him and offer another activity.
- Be patient and calm when your child is clingy, whiny and aggressive. He needs you to help him regain control and feel safe.
- Answer children's questions according to their level of understanding: “Yes, a bad thing happened but we are keeping you safe.”

### **Your world has changed. But the joy of parenting prevails.**

Providing your child with sensitive and responsive care takes a lot of emotional and physical energy. But the everyday moments you share with your child can be healing for both of you. Do things together that feel good:

- Laugh and be silly together.
- Read your favorite stories
- Listen to music and sing along.
- Take walks and enjoy new discoveries.
- Enjoy the warmth of cuddling close.
- Plan special outings like a picnic in the park, a trip to the zoo or a visit to a friend.

This shared joy, and the sense of fulfillment that comes from it, can ease the burden and provide an important foundation for coping during these difficult times.

For an in-depth exploration of the ideas addressed in this handout, please visit the ZERO TO THREE web site at [www.zerotothree.org/coping](http://www.zerotothree.org/coping). You will find additional information and links to resources.

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## Reassuring Your Child After the Storm

Children may feel stress, anxiety, and fear after experiencing trauma such as a hurricane. They may have been scared by loud noises, fierce winds, and damaged houses and trees in their neighborhood. They sense the stress, loss and anxiety of others around them. They may be upset by the change in routine. They may be sad because they are separated from their family or friends. *Even little children, who can't yet talk, can feel stress and loss. Although they can't tell us what is bothering them, their feelings show in their faces and expressions.* Florida State University Center for Prevention and Early Intervention Policy, 2004 / Permission to reprint for storm victims

### Ways to Reassure Your Child

**1 View the situation from your child's perspective.** How does this feel from *your child's* point of view? Is she frightened? Does she know what's going to happen next? Is she afraid of all the new people and strange places? Does she miss his toys or friends? Is she scared by the "port-a-potty" or the loud noises? Be understanding if your child won't leave your side.

**2 Comfort your child.** See when your child is having a hard time and needs comforting. Respond promptly and talk calmly. Hold him close. Remind your child that you love him and will keep him safe. When he has trouble sleeping, rub his back, give him a toy to cuddle, lay with him awhile, or let him sleep with you for the night. Reassure him that you will be nearby and that everything will be all right.

**3 Children thrive on routines.**

Most children get stressed and fussy when routines are changed. Changes in sleeping or mealtime can upset a child for the rest of the day. When you can, reestablish some normal routines. A familiar routine gives children a sense of order and security.

**4 Tell children what to expect about daily activities.**

Talk about plans. This helps children adjust to new situations. *"First, we're going to have breakfast, and then we're going to the insurance office, to Home Depot, and then we'll be back at the shelter for dinner and bedtime. Tomorrow we're going to a new house."* Familiar things from home may help your child feel more comfortable — his favorite stuffed animal, toy, or blanket. Knowing what to expect reduces anxiety and makes life seem easier for everyone.

**5 Acknowledge fear and its causes.** Help put words to your child's feelings. *"Yes, the storm was really scary — but now everything is OK."* Encourage your child to talk about fears. Don't ignore or laugh at his fears. *"That loud noise scared you. That's okay."* Give lots of encouragement and talk about what's going on.

**6 Slow down.** When you feel hurried or scared, so do your children. Everyone gets fussy. Be realistic about what you can accomplish today. Find a moment to enjoy doing

something with your child.

**7 Accept temporary changes in behavior.** Children may lose previous skills. For example, they may revert to baby talk or wet the bed. If this happens, don't make a big deal out of it. It may be a call for extra comfort in a stressful time.

**8 Reassure.** You are your child's security. Children are more confident when they know you are nearby. Tell your child where you're going, even if you're out of sight for just a few minutes. *"I'm going to the bathroom or outside and will be back in 5 minutes."* Sneaking out when he's not looking may make him worry more. Instead, give him a hug and kiss, and tell him when you'll be back.

**9 Keep 'em busy.** Try to find ways to entertain your children. Telling stories, singing songs, or playing "pretend" may help time pass and be a way to share happy feelings.

\*Florida State University Center for Prevention and Early Intervention Policy, 2004 / Permission to reprint for storm victims.

## Dealing with Storm Fears

### 1. Parents: Handling Your Own Concerns

Find a trusted adult that you can talk with about the experience.

**Adult concerns are best shared with other adults.** When you have a safe place for your feelings then you can provide a safe place for your child's feelings.

### 2. Ways to Talk with Your Child

#### When your child looks frightened or can only describe the worst moments...

*You can say:* "Yes it's been scary, but ...

...think about all the people who've helped us

...remember the funny \_\_\_\_\_ (food/place/person)

...remember how silly it looked when \_\_\_\_\_"

*What this conveys to your child:*

You acknowledge their fear but also help them remember and talk about other emotions.

#### When your child is impatient...

*You can say:* "Yes the day seems long but when we get things done together, it is such a help to mommy."

*What this conveys to your child:*

It is important for everyone to help each other.

#### When your child keeps asking when things will happen...

*You can say:* "I'm not sure when it will happen, but Mommy or Daddy is working on it."

*What this conveys to your child:*

Adults are here for me and will keep me safe.

### **3. Remembering the Experience**

Even very little children will remember the experience – what it sounded like, who was there. How you tell and retell the story of the hurricane will be a part of your family’s history. *Be sure to include:*

- how people helped you
- how you found new safe places
- how your family helped each other feel better

The stressful event becomes a story of coping. It will help your child make sense of all that happened.

\*Florida State University Center for Prevention and Early Intervention Policy, 2004 / Permission to reprint for storm victims

## Helping Children Cope With Crisis: Care for Caregivers

### The Challenge of Caregiving

It almost goes without saying that parents, teachers, and other caregivers play a critical role in helping children cope with crises. The natural instinct is to put one's own needs aside and tend to children first. **It is extremely important, however, for caregivers to monitor their own reactions and take care of their own needs.** Failure to do so can result in burnout, which interferes with one's ability to provide crisis intervention assistance. This can be true in the aftermath of immediate crisis like a natural disaster or terrorist attack as well as during extended periods of stress and anxiety like the war in Iraq. Following are some suggestions that help caregivers maintain their own well-being even as they support the needs of children in their care.

### Role of the Caregiver

Traditional crisis caregivers include emergency response professionals, mental health providers, medical professionals, victim assistance counselors, and faith leaders. They are trained to handle exposure to images of destruction and loss and to assist victims or survivors to cope with the impact. Teachers and administrators are key stabilizing elements in the lives of children, but most have had no formal training in mental health or crisis response and intervention. **Educators who lack the requisite skills need to be careful not to go beyond their training because they run the risk of making a very difficult situation worse.**

### The Potential for Burnout

At the early stages of crisis response, caregivers may have abounding energy and motivation. Their cognitive functioning, training, and resilience make them important assets to the children under their care. However, as a crisis intervention continues, caregivers may find themselves experiencing physical or psychological "burnout." Images of violence, despair and hardship and/or continuous concern over possible danger can contribute to feeling professionally isolated and depressed, particularly if caregivers do not have the opportunity to process their reactions. Successes may be ambiguous or few and far between, and, in some cases lack of sleep and limited opportunities for healthy nourishment breakdown the capacity to cope effectively. Caregivers can begin to feel more like a victim than a helper. Additionally, caregivers who have their own history of prior psychological trauma, mental illness (including substance abuse), or who lack social and family resources will be more vulnerable to burnout.

### Signs of the Burnout

Burnout develops gradually, but its warning signs are recognizable beforehand. These include:

*Cognitive*

- An inability to stop thinking about the crisis, crisis victims, and/or the crisis intervention.
- Loss of objectivity.
- An inability to make decisions, and/or express oneself either verbally or in writing.
- Personal identification with crisis victims and their families.

*Physical*

- Overwhelming/Chronic fatigue and/or sleep disturbances.
- Gastrointestinal problems, headaches, and other aches and pains.
- Eating problems including eating too much or loss of one's appetite.

*Affective*

- Suicidal thoughts and/or severe depression.
- Irritability leading to anger or rage.
- Intense cynicism and/or pessimism.
- Excessive worry about crisis victims and their families.
- Being upset or jealous when others are doing crisis interventions.
- A compulsion to be involved in every crisis intervention.
- Significant agitation and restlessness after conducting a crisis intervention.

*Behavioral*

- Alcohol and substance abuse.
- Withdrawal from contact with co-workers, friends, and/or family.
- Impulsive behaviors.
- Maintaining an unnecessary degree of contact/follow-up with crisis victims and their families.
- An inability to complete/return to normal job responsibilities.
- Attempts to work independently of the crisis intervention team.

**Preventing Burnout**

Whether it is in the aftermath of a serious crisis or during an extended period of high stress, unrelenting demand for support may result in burnout for even the most seasoned crisis caregivers, particularly if they themselves are feeling vulnerable due to the circumstances. The risk may be even higher for teachers and other caregivers who are not trained crisis responders. Consequently all caregivers need to consider the following personal and professional suggestions to prevent burnout:

- Know your limitations and with what you feel reasonably comfortable or uncomfortable handling.

- Recognize that your reactions are normal and occur frequently among many well-trained crisis professionals.
- To the extent possible, maintain normal daily routines (especially physical exercise activities, meal-time, and bed-time routines). Connect with trusted friends or family who can help take the edge off of the moment
- Give yourself permission to do things that you find pleasurable (e.g., going shopping or out to dinner with friends).
- Avoid using alcohol and drugs to cope with the effects of being a caregiver during times of crisis.
- Ask for support from family and friends in terms of reducing pressures or demands during the crisis response.
- Be sure to maintain healthy eating habits and drink plenty of water.
- Take periodic rest breaks at least every couple of hours.
- As much as possible, try to get some restful sleep, preferably without the use of sleep aids or alcohol.
- Take time at the end of each day to process or debrief the events of the day with other caregivers or colleagues.
- Be kind and gentle on yourself and others, as you have all shared exposure to a life-changing event. Everyone needs time to process the impact of these events into their lives.

## References and Resources

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**For further information on helping children cope with crisis, visit [www.nasponline.org](http://www.nasponline.org).**

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## Coping with Crisis --Helping Children With Special Needs

National Association of School Psychologists

### Tips for School Personnel and Parents

When a crisis event occurs—in school, in the community or at the national level—it can cause strong and deeply felt reactions in adults and children, especially those children with special needs. Many of the available crisis response resources are appropriate for use with students with disabilities, provided that individual consideration is given to the child’s developmental and emotional maturity. Acts of healing such as making drawings, writing letters, attending memorial ceremonies and sending money to relief charities are important for all children.

How adults express their emotions will influence the reactions of children and youth. Further, children with disabilities (e.g., emotional, cognitive, physical, etc.) will react to the trauma and stress based on their past experience and awareness of the current situation. Caregivers and school personnel who know a child well can best predict his or her reactions and behaviors because they have observed the child’s response to stress in the past.

***Triggers and Cues:*** Children with disabilities generally have specific “triggers”—words, images, sounds, etc.-- that signal danger or disruption to their feelings of safety and security. Again, these are specific to each child but come from past experiences, association with traumas, seeing fear in adults, etc. Children tend to develop their own “cues” in response to these trigger events, warning signals that adults can “read” to understand that the child is having difficulty. These cues may include facial expressions or nervous tics, changes in speech patterns, sweating, feeling ill, becoming quiet or withdrawn, complaining or getting irritable, exhibiting a fear or avoidance response, etc.

When adults anticipate these triggers or observe these cues, they should provide assurance, support and attention as quickly as possible. If adults miss these cues, children may escalate their behavior to a point where they completely lose control. If this occurs, adults need to remove the child to the safest place available, allow the child to calm down, and then talk to the child about the triggering fears or situation.

Because parents and teachers see children in different situations, ***it is essential that they work together to share information about triggers and cues.*** This is best done on a regular basis, such as during the IEP meeting or a periodic review meeting, rather than in response to a crisis. However, when a crisis occurs, parents, case managers and others who work with the child should meet to briefly discuss specific concerns and how to best address the child’s needs in the current situation.

In the context of prevention and the development of effective IEPs, some children need specific training and interventions to help them to develop self-control and self-

management skills and strategies. During the teaching process, these skills and strategies should be taught so they can be demonstrated successfully under stressful conditions (e.g., school crises, terrorism, tornado) so that children can respond appropriately and effectively. Adults should still expect that children will demonstrate their self-control skills with less efficiency when confronted by highly unusual or stressful situations.

## **Tips for Special Populations**

All children benefit from concrete information presented at the proper level of understanding, and maturity. Helping all children to stop and think about their reactions and behavior, especially with regard to anger and fear, is recommended and often necessary in order for them to make “good choices.” For some students with behavioral disorders, training in anger management, coping and conflict resolution skills are important additions to a comprehensive intervention program. The following information addresses specific, additional considerations for children with special needs.

***Autism:*** Children with autism pose very difficult challenges to caregivers. It is difficult to know how much information a nonverbal child is absorbing from television and conversations. It is important to pay close attention to the cues they may provide regarding their fears and feelings and provide them with ways to communicate. Remember that any change in routine may result in additional emotional or behavioral upset. If the child’s environment must be changed (e.g., an evacuation, the absence of a parent), try to maintain as much of the normal routine (e.g., meals, play, bedtime) as possible—even in the new environment. In addition, try to bring concrete elements from the child’s more routine environment (e.g., a toy, blanket, doll, eating utensils) into the new environment to maintain some degree of “sameness” or constancy.

Many students with autism can be helped to comprehend behavior they observe but poorly understand through the use of “social stories.” The parent or teacher’s explanation of what is happening can be reduced to a social story. A storybook can then be kept by the child to help reinforce the information on a concrete, basic level. For further information on the use of social stories visit the Autism Homepage at <http://members.spree.com/autism/socialstories.htm>.

Verbal children with autism may state a phrase repeatedly, such as, “we are all going to die.” This type of statement will serve to isolate the child socially from his peers and other adults. To help the child avoid such statements, it will be necessary to provide very concrete information about the situation and appropriate ways to react and respond that are within the child’s skill level.

***Cognitive Limitations:*** Children with *developmental or cognitive impairments* may not understand events or their own reactions to events and images. Teachers and caregivers need to determine the extent to which the child understands and relates to the traumatic event. Some lower functioning children will not be able to understand enough about the event to experience any stress, while some higher functioning children with cognitive

impairments may understand the event but respond to it like a younger child without disabilities.

Overall, children with cognitive limitations may respond to traumatic events based more on their observations of adult and peer emotions rather than the verbal explanations that they may receive. Discussions with them need to be specific, concrete and basic; it may be necessary to use pictures in explaining events and images. These children will need concrete information to help them understand that images of suffering and destruction are in the past, far away (if true) and that they are not going to hurt them. A parent may offer words of reassurance such as, “We are lucky to have the Red Cross in our community to help all the families who were hurt by the flood;” “The boys who brought the guns to school are in jail, they can’t hurt anyone else now.”

***Learning Disabilities:*** Students with learning disabilities (LD) may or may not need supports that are different from students without disabilities, depending upon their level of emotional maturity and ability to understand the concepts discussed. Many students with LD are able to process language and apply abstract concepts without difficulty, while others have specific deficits in these skills. In particular, some students with LD interpret very literally; therefore teachers and parents need to choose their words carefully to insure the child will not misinterpret. For example, even referring to terrorism as “acts of war” may confuse some children who interpret language literally; they may envision foreign soldiers, tanks and fighter planes attacking America.

If your child or student appears to have difficulty following the news reports and class discussions of the traumatic events and their aftermath, reinforce verbal explanations with visual materials; use concrete terms in discussion; check for understanding of key vocabulary. Remember that some students with LD have difficulty with time and space concepts, and may be confused by what they see on television-- they may have difficulty understanding what happened when, what is likely to happen next, etc. They may also be uncertain as to where these events took place and might benefit from looking at simple maps.

Some students with LD have difficulties with social skills and self-management, and may need additional instruction in anger control, tolerance of individual differences and self-monitoring. Additionally, some of the tips listed for children with cognitive impairments may be applicable to some students with LD who, despite their higher cognitive ability, have similar difficulties with verbal learning, memory and communication.

***Visual, Hearing or Physical Limitations:*** Children who do not possess developmental or cognitive impairments but who are *visually impaired, hearing impaired or physically challenged* will understand, at their level of development, what is happening and may become frightened by the limitations their disability poses on them. In your explanations, be honest but reassuring. Safety and mobility are major concerns for students challenged by visual, hearing and physical impairments. As with all children, they need to know that they are going to be safe and that they can find a safe place in an emergency. Review safety plans and measures with them, provide lots of reassurance, and practice with them,

if necessary. When explaining plans that may take them into unfamiliar territory, provide very simple and explicit explanations. Students with visual impairments will need to have the area carefully described to them, while the students challenged by physical or hearing impairments may need visual aids as to what they have to do and where they have to go.

- **Vision-impaired:** The child with a visual impairment cannot pick up on visual cues such as facial expressions. Use verbal cues to reinforce what you are feeling and seeing. Many children have seen video clips of the disaster or traumatic event and are talking about them. The vision-impaired child may need a verbal description to reinforce what they have heard about the events. Ask questions to clarify their understanding of what has happened. Children with visual impairments may have extraordinary concerns about their mobility and ability to move to safety during a crisis. Answer questions and give additional orientation and mobility training if needed.
- **Hearing Impaired:** Children who are hearing impaired will generally not be able to keep up with the fast talking of adults during traumatic events. Caregivers will need to be aware of the child's frustration when trying to keep up with the conversation, if the child has sufficient hearing to participate. Children who are unable to hear or lip-read will need interpretation. Not being able to understand will result in greater fear reactions. Children who are hearing impaired may not be familiar with all the new terminology used in describing or explaining the events that are occurring. Be aware of the language you use, be very concrete and check for understanding. Use visual materials in conjunction with any verbal or signed explanations.
- **For total communication students** it is important to have a signer near them. They need to know that someone will be there for them. For oral communicators distance may be an issue as they may experience difficulty with lip reading. Darkness such as blackouts or disaster drills in areas with poor lighting, presents problems for total and oral communicators. In helping them understand that they are safe, that you are going to keep them safe, be sure and show them a flashlight and let them know where they are going to be kept and that they are a part of the safety plan and available for them in darkness.

***Severe Emotional Disturbance/Behavior Disorder:*** Students who have serious emotional and behavioral problems are at high risk for severe stress reactions following a crisis. Typically these students have limited coping skills with which to handle "normal" daily stress; they are likely to be overwhelmed by unexpected and traumatic events such as a terrorist attack or the loss of family member. Those who suffer from depression and anxiety disorders are likely to exhibit exaggerated symptoms-- greater withdrawal, heightened agitation, increased feelings of worthlessness and despair, increase in nervous behaviors such as thumb sucking, nail biting, pacing, etc. Children with a history of suicidal thinking or behavior are especially prone to increased feelings of hopelessness and need to come to the attention of school personnel following any serious event likely

to trigger these feelings. Additional information on preventing suicide in troubled children and youth may be found on the NASP website ([www.nasponline.org](http://www.nasponline.org)).

Those children who experience conduct problems, noncompliance and aggression are also likely to exhibit more extreme versions of problem behaviors—higher levels of disruptive and oppositional behaviors, more frequent or more severe acts of aggression, etc. These students thrive on the consistent, predictable routines that are difficult to maintain in an emergency or crisis situation.

## Summary

Staff and parents must consider how children with special needs respond to any form of stress and anticipate these and more extreme reactions following a crisis. Strategies that have been effective with these students in the past are the best strategies to implement now, understanding that steps might need to be more concrete and consequences more immediate. Identify the triggers and cues for these students and anticipate rather than react—prepare students for changes in routines; allow time for discussion of the traumatic events in a safe and familiar setting; provide choices in activities to the extent feasible to give these students some sense of control over even a small part of their lives. Some students may need to be more protected or isolated to minimize distractions and sources of agitation during the height of a crisis, and adult supervision may need to be more intense for a while. Expect some regression (increase in problem behaviors) and deal with inappropriate behaviors calmly and consistently—it helps students to understand that despite a lot of other changes and disruptions, there are some constants in class and family rules and expectations, and that they can depend on their support network to be available.

## Further Information

Additional information on how children with learning differences cope with tragedy and grief may be found on the Schwab Learning website at [www.schwablearning.org](http://www.schwablearning.org). For further information on crisis support and helping children manage anger and strong emotional reactions, visit the NASP website at [www.nasponline.org](http://www.nasponline.org).

*Revised from materials posted on the NASP website, September 2001.*

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## A National Tragedy: Helping Children Cope

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### Tips for Parents and Teachers

Whenever a national tragedy occurs, such as terrorist attacks or natural disasters, children, like many people, may be confused or frightened. Most likely they will look to adults for information and guidance on how to react. Parents and school personnel can help children cope first and foremost by establishing a sense of safety and security. As more information becomes available, adults can continue to help children work through their emotions and perhaps even use the process as a learning experience.

#### All Adults Should:

- 1. Model calm and control.** Children take their emotional cues from the significant adults in their lives. Avoid appearing anxious or frightened.
- 2. Reassure children that they are safe** and (if true) so are the other important adults in their lives. Depending on the situation, point out factors that help insure their immediate safety and that of their community.
- 3. Remind them that trustworthy people are in charge.** Explain that the government emergency workers, police, firefighters, doctors, and the military are helping people who are hurt and are working to ensure that no further tragedies occur.
- 4. Let children know that it is okay to feel upset.** Explain that all feelings are okay when a tragedy like this occurs. Let children talk about their feelings and help put them into perspective. Even anger is okay, but children may need help and patience from adults to assist them in expressing these feelings appropriately.
- 5. Observe children's emotional state.** Depending on their age, children may not express their concerns verbally. Changes in behavior, appetite, and sleep patterns can also indicate a child's level of grief, anxiety or discomfort. Children will express their emotions differently. There is no right or wrong way to feel or express grief.
- 6. Look for children at greater risk.** Children who have had a past traumatic experience or personal loss, suffer from depression or other mental illness, or with special needs may be at greater risk for severe reactions than others. Be particularly observant for those who may be at risk of suicide. Seek the help of mental health professional if you are at all concerned.

7. **Tell children the truth.** Don't try to pretend the event has not occurred or that it is not serious. Children are smart. They will be more worried if they think you are too afraid to tell them what is happening.

8. **Stick to the facts.** Don't embellish or speculate about what has happened and what might happen. Don't dwell on the scale or scope of the tragedy, particularly with young children.

9. **Keep your explanations developmentally appropriate.** *Early elementary school* children need brief, simple information that should be balanced with reassurances that the daily structures of their lives will not change. *Upper elementary and early middle school* children will be more vocal in asking questions about whether they truly are safe and what is being done at their school. They may need assistance separating reality from fantasy. *Upper middle school and high school* students will have strong and varying opinions about the causes of violence and threats to safety in schools and society. They will share concrete suggestions about how to make school safer and how to prevent tragedies in society. They will be more committed to doing something to help the victims and affected community. ***For all children, encourage them to verbalize their thoughts and feelings. Be a good listener!***

10. **Monitor your own stress level.** Don't ignore your own feelings of anxiety, grief, and anger. Talking to friends, family members, religious leaders, and mental health counselors can help. It is okay to let your children know that you are sad, but that you believe things will get better. You will be better able to support your children if you can express your own emotions in a productive manner. Get appropriate sleep, nutrition, and exercise.

### **What Parents Can Do**

1. **Focus on your children over the week following the tragedy.** Tell them you love them and that things will improve with time. Try to help them understand what has happened, keeping in mind their developmental level.

2. **Make time to talk with your children** Remember if you do not talk to your children about this incident someone else will. Take some time and determine what you wish to say.

3. **Stay close to your children.** Your physical presence will reassure them and give you the opportunity to monitor their reaction. Many children will want actual physical contact. Give plenty of hugs. Let them sit close to you, and make sure to take extra time at bedtime to cuddle and to reassure them that they are loved and safe.

4. **Limit your child's television viewing of these events.** If they must watch, watch with them for a brief time; then turn the set off. Don't sit mesmerized re-watching the same events over and over again.

5. **Maintain a “normal” routine.** To the extent possible stick to your family’s normal routine for dinner, homework, chores, bedtime, etc., *but don’t be inflexible*. Children may have a hard time concentrating on schoolwork or falling asleep at night.

6. **Spend extra time reading or playing quiet games with your children before bed.** These activities are calming, foster a sense of closeness and security, and reinforce a sense of normalcy. Spend more time tucking them in. Let them sleep with a light on if they ask for it.

7. **Safeguard your children’s physical health.** Stress can take a physical toll on children as well as adults. Make sure your children get appropriate sleep, exercise, and nutrition.

8. **Consider praying or thinking hopeful thoughts for the victims and their families.** It may be a good time to take your children to your place of worship, write a poem, or draw a picture to help your child express their feelings and feel that they are somehow supporting the victims and their families.

9. **Find out what resources your school has in place to help children cope.** Most schools are likely to be open and often are a good place for children to regain a sense of normalcy. Being with their friends and teachers can help. Schools should also have a plan for making counseling available to children and adults who need it.

### **What Schools Can Do**

1. **Assure children that they are safe** and that schools are well prepared to take care of all children at all times.

2. **Maintain structure and stability within the schools.** It would be best, however, not to have tests or major projects within the next few days.

3. **Have a plan for the first few days back at school.** Include school psychologists, counselors, and crisis team members in planning the school’s response.

4. **Provide teachers and parents with information** about what to say and do for children in school and at home.

5. **Have teachers provide information directly to their students,** not during the public address announcements.

6. **Have school psychologists and counselors available** to talk to students and staff who may need or want extra support.

7. **Be aware of students who may have recently experienced a personal tragedy** or a have personal connection to victims or their families. Even a child who has merely

visited the affected area or community may have a strong reaction. Provide these students extra support and leniency if necessary.

**8. Know what community resources are available** for children who may need extra counseling. School psychologists can be very helpful in directing families to the right community resources.

**9. Allow time for age appropriate classroom discussion and activities.** Do not expect teachers to provide all of the answers. They should ask questions and guide the discussion, but not dominate it. Other activities can include art and writing projects, play acting, and physical games.

**10. Be careful not to stereotype people or countries that might be associated with the tragedy.** Children can easily generalize negative statements and develop prejudice. Talk about tolerance and justice versus vengeance. *Stop any bullying or teasing of students immediately.*

**11. Refer children who exhibit extreme anxiety, fear or anger to mental health professionals** in the school. Inform their parents.

**12. Provide an outlet for students' desire to help.** Consider making get well cards or sending letters to the families and survivors of the tragedy, or writing thank you letters to doctors, nurses, and other health care professionals as well as emergency rescue workers, firefighters and police.

**13. Monitor or restrict viewing** scenes of the event as well as the aftermath.

*For information on helping children and youth with this crisis, contact NASP at (301) 657-0270 or visit NASP's website at [www.nasponline.org](http://www.nasponline.org).*

*Modified from material posted on the NASP website in September 2001.*

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## Responding to National Crises: Advice for Caregivers

### A National Challenge

In the wake of large-scale tragedies, such as school shootings, floods or terrorist attacks, many helping professionals find themselves thrust into the role of a crisis caregiver. Typically crisis caregivers respond at the scene of a tragic event and are *specially trained* to assist victims or survivors in their efforts to cope with the impact of the event. Crisis caregivers usually include emergency response professionals, mental health providers, medical professionals, victim assistance counselors, and faith leaders. Teachers and other educators are also included in the caregiver category when a crisis affects children in their care.

When a “crisis” event has a long-term aftermath or when there is no immediate closure, *all caregivers are at risk of burnout, even without direct personal contact with the crisis*. Burnout is also known as “vicarious traumatization,” “compassion fatigue,” or “empathetic strain.” It is extremely important that caregivers monitor their own reactions and take care of their own needs. Failure to do so can diminish their ability to function and potentially lead to more serious stress reactions, such as Secondary Traumatic Stress Disorder (STSD). Moreover, caregivers who have not been trained in crisis recovery should seek the advice or assistance of a trained professional and/or get information on best practices in crisis response, particularly if they are serving in communities most affected by the attacks. Well-intended individuals who lack the requisite skills run the risk of making a very difficult situation worse.

The following information can help caregivers understand the appropriate role of a crisis caregiver, normal reactions to the stress inherent in providing care, and methods for preserving their own emotional and psychological health.

### The Caregiver’s Role

Crisis caregivers assist victims or survivors of a tragedy in their efforts to cope with the loss and destruction caused by the event, as well as the fracturing of life as they have known it. They seek to help individuals, schools, and communities reestablish a sense of balance in a world that seems radically out of kilter with what they previously knew and expected. When caregivers go to the scene of an event to help those most immediately affected, they should have formal training in crisis response and only go into the crisis situation if they are invited to do so by major authorities in the impacted area. To presume to go into such settings without an invitation may be perceived as an intrusion or arrogant invasion of privacy. Effective crisis caregivers try to offer support and assistance in ways that maintain the integrity and freedom of choice of the individual(s) in need. They also coordinate their efforts with other crisis response activities at the scene.

Caregivers help to educate survivors with factually accurate information and connect them to available resources in their community, city or state. They also help survivors

deal with feelings of guilt, helplessness, anger, fear, and grief. The intensity and duration of care needed depend on individual circumstances. Some individuals will have an inordinate need for support; those with a pre-existing physical or emotional problem may find their situation exacerbated by the crisis. While most individuals will not require intensive services, caregivers sometimes are nevertheless needed to provide ongoing support to individuals who are feeling anxious, stressed, and/or fearful about the event and its impact on their future. Caregivers serving severely impacted communities are under greater stress to help victims, survivors, and their families, as well as frontline responders who may have experienced the horror of death and destruction and the immediate aftermath.

After a disaster or major crisis, people yearn to get “back to normal.” Caregivers understand that life will stabilize and most people will be able to resume many of the activities that took place before the crisis, but things will never be completely the same as they were before the event. Caregivers need to:

- Ask survivors how they are doing and listen carefully to the answers.
- Allow people to talk but acknowledge their right to just listen.
- Encourage people to share information about their losses or feel free to just communicate about whatever is on their minds.
- Accept all feelings and reactions as valid.
- Be prepared to hear “worse case” scenarios related to the crisis.
- Respect and confirm the confidentiality of the information shared (at least as it is related to individual contacts with survivors).

### **The Potential for Burnout**

Caring for the victims of crisis events is both physically and psychologically draining. The sense of normalcy is disrupted; the services we all rely on may not function; and the level of human need may be enormous. Need for care may continue for an extended period of time, as in the case of the September 2001 terrorist attacks or the Oklahoma City bombing of 1995. Caregivers may find that they spend significantly more time than they had anticipated offering support to those in need because of the scale of the tragedy and the inevitable expectations and pressures to “be there” for persons in pain. This can be particularly difficult since many crisis responders have other jobs from which they are taking a leave of absence or are trying to conduct at the same time. This is especially true for teachers, school mental health professionals, and administrators who are trying to meet the needs of students, staff, and families while maintaining a “normal” learning environment.

### **Monitoring Caregivers’ Needs**

Caregivers must be aware of their own needs while at the same time attending to the many needs of others. We know that caregivers who do not heed some of the basic rules of good crisis response may find their effectiveness diminished and their personal health impacted. At the early stages of crisis response, caregivers may have abounding energy

and motivation to offer assistance. Their cognitive functioning, training, and resilience make them important assets to the disaster recovery. As time and the profound nature of the crisis continue, the responders may find themselves experiencing both physical and emotional fatigue or burnout. Scenes of overwhelming despair and hardship coupled with a lack of opportunity to process these reactions may contribute to feeling professionally isolated and depressed. Successes may be ambiguous or few and far between, and the lack of sleep and limited opportunities for healthy nourishment breakdown the caregiver's capacity to be of help to others. At times, the caregiver may begin to feel more like the victim than the helper.

### **Signs of Burnout**

It is important to realize that burnout develops gradually, but its warning signs are recognizable beforehand. These include:

- Overwhelming fatigue
- Physical symptoms including gastrointestinal (GI) problems, headaches, aches and pains
- Sleep disturbances
- Inability to express yourself --verbally or in writing
- Inability to make decisions
- Loss of objectivity
- Irritability leading to anger or rage
- Cynicism
- Depression
- Suicidal thoughts
- Pessimism
- Fear
- Feeling ineffective
- Personal identification with victims and families
- Becoming cold and unfeeling

### **Preventing Burnout**

Poland et al (2000) refer to some of the things that crisis responders need to know in order to maintain their effectiveness and strength in the midst of a crisis intervention.

- Crises will personally affect all participants including caregivers.
- Training and emotional discipline will help you function at desired levels in a crisis, but it will not eliminate the potential for personal reactions that can create problems at the scene or afterwards.
- Past history of personal losses or trauma may resurface and are often characterized as "vicarious victimization"
- Although people expect you, by virtue of your title or professional background, to be available to assist, you may have been traumatized by the events and truly be unprepared to render assistance to others.

The repeated stories and disclosures of crisis-impacted individuals as well as the unrelenting demand for support may result in burnout for even the most seasoned crisis caregivers, particularly if they are feeling vulnerable due to personal histories or current events. All crisis caregivers need to consider the following suggestions before entering into a crisis response:

- Know your limitations and with what you can feel reasonably comfortable or uncomfortable handling in a crisis.
- Ask for support from family and friends in terms of reducing pressures or demands during the crisis response.
- Be sure to maintain appropriate and healthy dietary and water intake.
- Take periodic rest breaks at least every couple of hours while on crisis response.
- As much as possible, try to get some restful sleep, preferably without the use of sleep aids or alcohol.
- Consider brief intervals of vigorous exercise as a natural stress reliever.
- Connect with trusted friends or family who can help take the edge off of the moment.
- Take time at the end of each day while on a crisis call to process or debrief the events of the day with team members or colleagues.
- When back at home, seek out a mental health colleague or trusted other to talk about your experiences and feelings.
- Recognize that your reactions are normal and occur frequently among many well-trained crisis professionals.
- Be kind and gentle on yourself and others, as you have all shared exposure to a life-changing event. Everyone needs time to process the impact of these events into their lives.

A crisis has the potential to highlight the worst and the best in the human spirit. As caregivers to the thousands of children, families, and school personnel across this country who need our counsel and support during and after tragic events, we must endeavor to take good care of ourselves so that we are able to take good care of those in our charge.

### **Resources**

Brock, S., Lazarus, P. & Jimerson, S. (2001). *Best practices in school crisis prevention and intervention*, National Association of School Psychologists.

Mitchell J. & Bray G. (1990). *Emergency services stress: Guidelines for preserving the health and careers of emergency services personnel*, Prentice-Hall.

Poland S. & McCormick J. (2000). *Coping with Crisis: A Quick Reference*, Sopris West.

**For additional resources in crisis support, see the NASP website at [www.nasponline.org](http://www.nasponline.org)**

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## Children's Reaction to Trauma

### Suggestions for Parents

Trauma can change the way children view their world. Assumptions about safety and security are now challenged. Children's reactions will depend upon the severity of the trauma, their personality, the way they cope with stress and the availability of support. It is common for children to regress both behaviorally and academically following a trauma. A good way to view the situation is that they are normal children in an abnormal circumstance.

It is natural for children to first experience some sort of denial that the situation really happened. Fears, worries or nightmares are common following a trauma. Sleep disturbances or eating difficulties may happen. Also children may begin to regress emotionally or act younger than their chronological age. They also may become more clinging, unhappy and needy of parental attention and comfort. Feelings of irritability, anger, sadness or guilt may often emerge. Somatic complaints such as headaches, stomachaches or sweating are not unusual. Children and adolescents may repeatedly relive the trauma by acting it out in play or dreams. Other students may seek to avoid all reminders of the trauma by withdrawing from others, refusing to discuss their feelings, or avoiding activities that remind them of the people or places associated with the trauma. Some loss of interest in school, misbehavior, and poor concentration are other common reactions.

These symptoms may range from mild to severe. More severe symptoms may indicate that your child is experiencing Post Traumatic Stress Disorder or Depression.

### **What can parents do to help?**

The following list of suggestions may assist you in responding to your child's symptoms:

1. Children experiencing self-blame and guilt: Parents should help the child figure out events that he/she can control from those that are uncontrollable. Additionally parents can encourage their child to talk positively about themselves.
2. Children experiencing helplessness and hopelessness: Parents can ask the child to write or tell current feelings and record pleasant thoughts 3 to 4 times a day in order to increase pleasant thoughts over a period of 4 to 6 weeks.
3. Children losing interest and experiencing a "blue mood": Arrange an interesting activity per day; plan for future special events; discuss enjoyable topics.
4. Children who lose their appetite or experience weight problems: Don't force eating; prepare favorite foods; make meal-time a pleasant occasion.
5. Children who experience sleep difficulties: Keep regular bed-time hours; do relaxing and calming activities one hour before bed-time such as reading or listening to soft music; end the day with a positive experience.
6. Children who are agitated and restless: Change activities causing agitation; teach the child relaxation techniques; massage may help; encourage physical exercise and

recreation activities.

7. Children experiencing excessive fears: Minimize anxiety-causing situations and uncertainty; be supportive and reassuring; planning may reduce uncertainty.

8. Children demonstrating aggressive behavior and anger: Use a kind but firm approach to let your child know that the behavior is unacceptable. Let your child know that their emotions are normal, but encourage your child to express his or her anger in appropriate ways. Do not react in anger; be consistent with your responses to inappropriate behavior. Let your child know that many emotions are normal responses to trauma such as sadness, guilt, loneliness, fear, pain, and isolation.

If your child's symptoms persist or you are concerned about your child's reactions, contact your school's psychologist, school social worker, school counselor or your community mental health center.

*NOTE: This handout is adapted from the Trauma and Children (Authors: Lazarus, P.J.) and Depression in Children (Authors: Saklofske, D., Janzen, J., Hildebrand, D., and Kaufmann, L.) Handouts for Parents, published by the National Association of School Psychologists, Andrea Canter and Servio Carroll, editors., 1998. (301) 657-0270 [www.naspweb.org](http://www.naspweb.org)*

## **Your Reaction to Trauma: Suggestions for Teens**

Trauma can change the way you view your world. You may feel unsafe and insecure about situations and places you normally would enjoy. Your reactions to trauma will depend upon how closely you were involved with the people involved in the trauma, your personality makeup, your normal way of handling situations, and the type and amount of support you have in your life. It is common for youth, like you, to have difficulty controlling your emotions or to become disinterested in normal activities. A constructive way to view this situation is that you are normal kids involved in an abnormal circumstance.

It is natural for you to first experience some sort of denial. Fears, worries or nightmares are common following a trauma. Sleep disturbances or eating difficulties may happen. Also, you may begin to regress emotionally or act younger than your age. You may become more clingy, unhappy and needy of parental attention and comfort. Feelings of irritability, anger, sadness or guilt may often emerge. Somatic complaints such as headaches, stomachaches or sweating are not unusual. You may repeatedly relive the trauma by acting it out in activities or dreams. Other youth, like you, may seek to avoid all reminders of the trauma by withdrawing from relationships, refusing to discuss their feelings, or avoiding activities that remind them of the people or places associated with the trauma. Some loss of interest in school, misbehavior, and poor concentration are other common reactions.

These symptoms may range from mild to severe. More severe symptoms may indicate that you are experiencing Post Traumatic Stress Disorder or Depression. You need to be aware of how you are coping and try to seek assistance.

### **What can you do to feel better?**

The following list of suggestions may assist you in getting back on track:

1. If you find that you are experiencing self-blame and guilt: Try to figure out which events you can control and which are uncontrollable. You didn't ask to be involved in this crisis...you just are. Try and be positive and focus on the good that you can do to help other youth avoid experiences like yours.
2. If you feel helpless or hopeless: Write or tell your current feelings to others. Share your experience. You are not alone. You need others and others need you. Try and participate in school and community events, memorial services, and future school violence prevention activities.
3. If you are losing interest and feeling down: Try to arrange an interesting activity every day; plan for future special events; discuss enjoyable topics; and focus on the future....You do have one.
4. If you lose your appetite or find yourself gaining or losing weight: Don't force yourself to eat; cook your favorite foods; make meal- time a pleasant occasion.
5. If you experience sleep difficulties: Keep regular bed-time hours; do relaxing and calming activities one hour before bed-time such as reading or listening to soft music; end the day with a positive experience.
6. If you feel that you can't concentrate and you feel restless: Change the activities that may increase your restlessness; participate in some activities that make you feel relaxed; increase your physical exercise and recreation activities.
7. If you feel overly scared or fearful: Participate in planned activities with your friends or family. Keep yourselves active and busy.
8. If you feel angry or you might want to strike back at yourself or someone else: Know that your feelings are normal. Express your feelings in appropriate ways such as talking to friends, family, and other adults that you trust; working out frustration and anger with physical exercise; or create a living memorial to your friends such as memory books, poems, or other artistic creations. Remember your emotions are normal responses to trauma-dealing with them requires good judgment, self-control, and positive support from others.

If you continue to feel emotions you are concerned about, contact your school's psychologist, school social worker, school counselor or your community mental health center.

*NOTE: This handout is adapted from the Trauma and Children (Authors: Lazarus, P.J.) and Depression in Children (Authors: Saklofske, D., Janzen, J., Hildebrand, D., and Kaufmann, L.) Handouts for Parents, published by the National Association of School Psychologists, Andrea Canter and Servio Carroll, editors., 1998. (301) 657-0270 [www.nasponline.org](http://www.nasponline.org)*

## Identifying Seriously Traumatized Children:

National Association of School Psychologists

### Tips for Parents and Educators

Events such as the Oklahoma City bombing, terrorist attacks in New York and Washington, DC, and even natural disasters such as tornadoes and floods place everyone at risk for some degree of trauma reaction. It is normal and expected that most children will experience some symptoms of acute distress—shock, crying, anger, confusion, fear, sadness, grief and pessimism. Depending on circumstances, particularly the additional trauma of loss of family members, most children will experience a gradual lessening of these symptoms over the days and weeks following the event and will be able to resume normal routines and activities with little change in performance. However, a large-scale crisis event places a significant number of children at risk for severe stress reactions.

It is important to recognize that severe psychological distress is not simply a consequence of experiencing a threatening and/or frightening event; it is also a consequence of how a child experiences the event, coupled with his or her own unique vulnerabilities. If a child you are teaching or caring for has had experiences and risk factors such as those described below, you may need to consider a referral to a mental health professional such as a school psychologist or a private practitioner.

### **The Child's Experience With Trauma**

How traumatic is the event for a given child? The degree of psychological distress is associated with several factors:

1. **Exposure.** The closer a child is to the location of a threatening and/or frightening event, and the longer the exposure, the greater the likelihood of severe distress. Thus children living near, or whose parents work at or near, the site terrorist attacks, a school shooting, or a severe tornado are at greater risk than children living far away. However, for many children, the length of exposure is also extended by repeated images on television, regardless of their location.
2. **Relationships.** Having relationships with the victims of a disaster (i.e., those who were killed, injured, and/or threatened) is strongly associated with psychological distress. The stronger the child's relationships with the victims, the greater the likelihood of severe distress. Children who lost a caregiver are most at risk.
3. **Initial reactions.** How children first respond to trauma will greatly influence how effectively they deal with stress in the aftermath. Those who display more severe reactions (e.g., become hysterical or panic) are at greater risk for the type of distress that will require mental health assistance.

4. ***Perceived threat.*** The child's subjective understanding of the traumatic event can be more important than the event itself. Simply stated, severely distressed children will report perceiving the event as extremely threatening and/or frightening. Among the factors influencing children's threat perceptions are the reactions of significant adult caregivers. Events that initially are not perceived as threatening and/or frightening may become so after observing the panic reactions of parents or teachers. In addition, it is important to keep in mind that children may not view a traumatic event as threatening because they are too developmentally immature to understand the potential danger. Conversely, unusually bright children may be more vulnerable to stress because they understand the magnitude of a disaster.

### **Personal Factors Related to Severe Distress**

Personal experiences and characteristics can place children at risk for severe stress reactions following traumatic events. These include the following

1. ***Family factors.*** Children who are not living with a nuclear family member, have been exposed to family violence, have a family history of mental illness, and/or have caregivers who are severely distressed by the disaster are more likely themselves to be severely distressed.
2. ***Social factors.*** Children who must face a disaster without supportive and nurturing friends or relatives suffer more than those who have at least one source of such support.
3. ***Mental health.*** The child who had mental health problems (such as depression or anxiety disorders) before experiencing a disaster will be more likely to be severely distressed by a traumatic event.
4. ***Developmental level.*** Although young children, in some respects, may be protected from the emotional impact of traumatic events (because they don't recognize the threat), *once they perceive a situation as threatening*, younger children are more likely to experience severe stress reactions than are older children.
5. ***Previous disaster experience.*** Children who have experienced previous threatening and/or frightening events are more likely to experience severe reactions to a subsequent disaster event severe psychological distress.

### **Symptoms of Severe Stress Disorders**

The most severely distressed children are at risk for developing conditions known as Acute Stress Disorder (ASD) or Posttraumatic Stress Disorder (PTSD). Only a trained mental health professional can diagnose ASD and/or PTSD, but there are symptoms that

parents, teachers, and caregivers can look out for in high-risk children. Symptoms for ASD and PTSD are similar and include:

1. ***Re-experiencing of the trauma during play or dreams.*** For example, children may: repeatedly act out what happened when playing with toys; have many distressing dreams about the trauma; be distressed when exposed to events that resemble the trauma event or at the anniversary of the event; act or feel as if the event is happening again.
2. ***Avoidance of reminders of the trauma and general numbness to all emotional topics.*** For example, children may avoid all activities that remind them of the trauma; withdraw from other people; have difficulty feeling positive emotions.
3. ***Increased "arousal" symptoms.*** For example, children may have difficulty falling or staying asleep; be irritable or quick to anger; have difficulty concentrating; startle more easily.

ASD is distinguished from PTSD primarily in terms of *duration*. Symptoms of ASD occur within four weeks of the traumatic event, but then go away. If a youngster is diagnosed with ASD and the symptoms continue beyond a month, your child's mental health professional may consider changing the diagnosis to PTSD.

## **Know the Signs and Get Help if Necessary**

Parents and other significant adults can help reduce potentially severe psychological effects of a traumatic event by being observant of children who might be at greater risk and getting them help immediately. Knowledge of the factors that can contribute to severe psychological distress (e.g., closeness to the disaster site, familiarity with disaster victims, initial reactions, threat perceptions and personal vulnerabilities) can help adults distinguish those children who are likely to manage their distress more or less independently from those who are likely to have difficulties that may require mental health assistance.

The mental health service providers who are part of the school system—school psychologists, social workers and counselors—can help teachers, administrators and parents identify children in need of extra help and can also help identify appropriate referral resources in the community. Distinguishing “normal” from extreme reactions to trauma requires training and any concern about a child should be referred to a mental health professional.

For further information about the signs and symptoms of AST and PTSD in children and adolescents, please refer to the National Center for PTSD at the following website: [http://www.ncptsd.org/facts/specific/fs\\_children.html](http://www.ncptsd.org/facts/specific/fs_children.html) or the National Association of School Psychologists [www.nasponline.org](http://www.nasponline.org)

*Adapted from "Identifying Psychological Trauma Victims," by Stephen E. Brock . In Best Practices in School Crisis Prevention and Intervention, edited by S. E. Brock, P. J. Lazarus, and S. J. Jimerson (2001), National Association of School Psychologists. Modified from the article posted on the NASP website in September 2001.*

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## Managing Strong Emotional Reactions to Traumatic Events:

### Tips for Parents and Teachers

Our society has been plagued by a number of traumatic events in recent years—schoolyard shootings, the Oklahoma City bombing, floods and tornadoes, and the terrorist attacks of September 2001. When a large-scale tragedy occurs, it can cause strong and deeply felt reactions in adults and children. *How adults express their emotions will influence the reactions of children and youth.* Parents and teachers can help youngsters manage their feelings by both modeling healthy coping strategies themselves and closely monitoring their own emotional state and that of the children in their care.

### Common Reactions to Trauma

It is not uncommon to feel any or all of the following:

- Shock/disbelief
- Fear
- Guilt
- Grief
- Confusion
- Shame/loss
- Anger

These reactions are often closely linked and can be difficult to separate, (e.g., where does grief end and outrage begin). Children, in particular, may have trouble understanding and talking about their feelings. Emotional reactions take place over a period of time and may not happen in any particular order. They can affect our behavior, our ability to function, and our overall sense of well-being. The intensity and ways we express our reactions will vary depending on our personal experience, general mental health, other stress factors in our lives, our coping style, our ability to self-monitor our emotional state, and our support network. This is true for both adults and children. Children of all ages may need guidance and support from the significant adults in their lives (parents, teachers, coaches, etc.) as they work through their thoughts and emotional reactions to the event.

### Anger: A Natural Reaction

For many people, adults and children alike, anger will be a natural extension of other emotions because it is a defensive mechanism that makes us *feel* more in control. As well, anger with the perpetrators of these horrible acts is, in many ways, justified. The desire to “retaliate” can be strong—but quite harmful if not redirected to a positive outlet. In some situations, a significant factor in the expression of anger is the lack of a concrete “enemy” on which to focus our feelings. As long as there is doubt about the identity of the perpetrators and a lack of closure, or when the trauma is a natural disaster,

anger and other strong emotions have no specific target. Such situations can lead to more inappropriate expressions. Adults must ensure that children do not “take out” their anger in inappropriate ways, such as lashing out at classmates or neighbors who might be unfairly associated with the perpetrators of violence because of their ethnicity or other affiliations. The key is to direct anger and other strong emotions in socially and psychologically healthy ways.

### **Recognizing Anger**

The first step in helping children manage their anger is getting your anger under control. Be aware of cues in your own behavior. If necessary, ask someone you trust (a family member, friend or colleague) to give you feedback on your anger reaction. Observe the behavior of other adults around you and your child(ren) and be supportive if they show signs of increased anger.

### **Signs of Anger in Adults**

- Short temper/impatience.
- Sleep problems.
- Eating problems.
- Restlessness and agitation.
- Hitting and slamming objects, pets, or people.
- Desire to inflict harm.
- Verbal outbursts toward family, friends, or fellow workers.
- A sense of losing control over your life.
- Poor concentration or attention span.
- Obsessing about the event.
- Physical health affected; increase in blood pressure, dizzy, headaches, heart rate elevated, clenched jaw, knot in the stomach, and tight muscles, etc.
- You feel life should be fair, but it is not; and things are not how you want them to be.

### **Signs of Anger in Children**

- Behavioral outbursts, many times without an obvious cause.
- Sleep problems.
- Fights at school or home.
- Physical attacks on others or animals, even among pre-schoolers.
- Disobedience from otherwise well behaved child(ren).
- Child state he/she is really sad and does not know why.
- Complaints of stomachaches and headaches; or vague aches and pains.
- Other reactions similar to those of adults.

## **Dealing with Anger**

Some people have more problems than others dealing with anger. They either try to deny or ignore their feelings and keep them inside, or overreact and “blow-up.” These negative coping strategies can be physically and emotionally unhealthy. Pretending we don’t feel badly can have long-term affects that may eventually cause us to “lose it.” Conversely, psychological research shows that acting out your anger will not relieve it, but instead will make it more intense. We can learn to control or diffuse anger by how we think about the event or people involved and by finding other ways to regain our sense of control and security. Anger can also mask other emotions, such as grief, loss, or fear. It is important to address these related emotions as a way to deal with angry feelings.

## **Controlling Your Anger**

- Admit you are angry.
- Recognize this is a common reaction to an overwhelming event. It is how you control and manage your reaction that makes the difference.
- Try to identify the related emotions that may be fueling your anger, (e.g., sorrow, fear.)
- Find appropriate outlets for these related and equally important emotions, (e.g., talk with family members or friends, seek grief counseling, get involved in activities to help victims, etc.)
- Understand that it not just the actual event that drives your anger, but how you think about it.
- Develop a “positive” outlook and look for what can be done to help rather than harm.
- Stop, take a deep breath, visualize something peaceful or enjoyable, and try to relax for a few minutes.
- Avoid/decrease negative ways to cope, such as misuse of alcohol or drugs.
- Find an acceptable outlet, such as exercise, getting involved with your favorite hobby, sports.
- Distract yourself from continuing to think about the event -- call a friend, go to a movie.
- Keep a sense of humor.
- Turn off the TV and radio; play your favorite music.
- Keep to your daily routines.
- Consult your doctor or a mental health specialist if your reactions continue to intensify, or you feel like doing harm to yourself or others.
- If you are seeing a mental health professional, be sure to share your angry feelings with him or her.

## **Helping Children Control Anger**

- Realize they will imitate your responses and reactions.

- Let them understand anger is a normal emotion under these circumstances that can even include feelings of revenge. However, acting out anger, hurting others, and uncontrolled anger is not okay.
- Answer their questions honestly and openly; but always consider their developmental age.
- Make family time to talk to the child(ren) about their reaction to the events.
- Have child(ren) come up with ideas on how to help those who have been injured, left homeless, or otherwise effected by the tragedy.
- Teach them to stop, take a deep breath, and imagine a restful scene or enjoyable activity for a few minutes as a way to relax.
- Turn off the TV and make sure violence in the media is restricted or monitored.
- Try to understand and encourage children to talk about their fears/sense of loss.
- Try to help them see how they would feel if someone hurt, yelled at, or hit them.
- Sports, exercise, or other physical activity can be quite helpful.
- Be flexible in discipline and monitor your reactions to their misbehaviors.
- Seek mental health or physician consultation if these reactions do not clear up after 30 days.
- Keep family and school routines; get back to a normal life schedule as soon as possible.
- If age permits, get the child involved in volunteer work or community service, such as the Red Cross or Animal Shelter, where a child can feel that he/she is making a difference.

### **Warning Signs of Serious Emotional Trauma**

While strong emotional reactions to tragic events are normal, most will fade over the following weeks and most children soon will be able to resume normal activities with minimal displays of anger or anxiety. However, if any of the following symptoms or behaviors continue beyond a few weeks, or if any of these symptoms are exhibited to such a degree that it severely impacts the child's ability to participate in school or home activities, parents and teachers should seek mental health services for evaluation and possible treatment.

- Disruption in peer relationships (little or no interactions with friends, significant increase in conflict with classmates or friend).
- Strained family relationships (high degree of misbehavior, lashing out against family members, refusal to participate in normal family routines).
- Significant decrease in school performance.
- Ongoing physical complaints with no apparent cause.
- Use of chemicals, alcohol (or increase in comparison to previous behavior).
- Repeated nightmares and reporting strong fears of death, violence, etc.
- Repetitive play re-enacting the traumatic events.
- Low self esteem, negative talk about self (if this was not apparent prior to the trauma).
- General lack of energy and lack of interest in previously enjoyed activities.

Parents and teachers can help children overcome traumatic effects of a tragedy or disaster and use the process as an opportunity to teach them how to cope more effectively and deal with new challenges. (Interestingly, the Chinese sign for “crisis” is two symbols – “Danger” and “Opportunity.”) Depending on the scope of the event, the process may take time and patience and the willingness to reach out to friends, neighbors, and co-workers to lend mutual support.

For further information on managing anger or other strong emotions following a crisis or disaster event, contact NASP at (301) 657-0270 or visit NASP’s website at [www.nasponline.org](http://www.nasponline.org)

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## Information for Parents and Teachers

Understanding how children and adolescents cope with trauma and the psychological stress associated with extended periods of feeling at-risk is critical to helping them manage their reactions. Threat related stress can be caused by a variety of circumstances such as personally experiencing a traumatic event, living in a neighborhood with frequent drive-by shootings, proximity to repeated acts of terrorism such as suicide bombings, living in a war zone, or experiencing reoccurring natural disasters such as the hurricanes in Florida. Even the cumulative exposure to news accounts of extreme violence such as the deaths in Iraq, beheadings of U.S. personnel, and the hostage-taking and violent deaths of school children in Russia can lead to psychological stress in some people.

How an individual reacts to a traumatic event or an ongoing sense of danger depends on both their personal risk factors and coping strategies. Adults need to be aware of a child's risk factors (e.g., actual proximity to an event, past exposure to trauma, mental health problems, isolation, family stress, and loss or fear of loss of a loved one directly at risk) in order to recognize potential problems and provide the necessary supports. Similarly, recognizing a child's individual coping style enables parents, teachers and other caregivers to better support their needs and reinforce their coping strengths.

### BASIC Ph Model

One unique approach to identifying coping strategies is the **BASIC Ph Coping Model** developed by Dr. Mooli Lahad, Director of the Community Stress Prevention Center in Qiryat Shmona, Israel. The model suggests that people possess six potential characteristics or dimensions that are at the core of an individual's coping style. Everyone has the innate ability to utilize each dimension as part of their approach towards coping, although, most people tend to rely upon comfortable coping methods that have been developed over time. Coping efforts are considered to be effective as long as a child can sustain his or her basic routine. Parents and teachers can assist children in expanding their coping repertoire by providing the environment, modeling, and encouragement necessary to help them strengthen and build new skills.

### Six Coping Styles

**Belief (B)**-A child who turns to his/her belief system as a means of coping is relying upon his/her core values. Meaning and values are incorporated from the adults that are important to the child. Seeking meaning through religion or spirituality is common. Children reared in a system of faith often find great solace in formal ceremonial practices during times of stress and uncertainty. Parents can reinforce this coping strategy by reaching out to their faith community and providing opportunities for their children to spend time with others, particularly peers, who share their beliefs. Teachers should be sensitive to a student's belief system and may expose them to a variety of value building literature and activities.

**Affect (A)**-Feelings or emotions. A child who utilizes his/her affect as a coping mechanism is relying upon the ability to express or ventilate through emotion. He/she will require opportunities to share anxieties, fears, anger, sorrow, and grief, and have those emotions validated by the adults in his/her life. Parents can foster their child's emotional development by modeling open and genuine expression of feelings, while emphasizing that they are always available to assist them, as needed.

**Social (S)**-A child who copes with adversity through the social channel seeks support and control through the structure of his or her relationships. The roles and responsibilities assigned to a child within a social context such as a family or a classroom can increase connections and decrease isolation, as well as restore emotional security and strengthen the child's sense of well being. Extracurricular activities that expand a child's socialization and collaboration skills are to be encouraged.

**Imagination (I)**-Children frequently turn to their creativity as a means of coping with trauma. The pre-school child will recreate with toy cars a witnessed accident; an elementary aged student writes a fictitious essay about how his father who was killed in Iraq returned home alive as a war hero; and a high school student uses "gallows" humor to deal with a recent community tragedy. These are examples of imaginative processing of traumatic occurrences. Adults should provide opportunities for children to express their feelings creatively by supplying the materials, resources, environment, and encouragement necessary to support their efforts. Teachers can make time in class for students to do art projects, essays, drama activities, and music.

**Cognitive (C)**-The child with a cognition based coping style utilizes a problem solving, direct approach to dealing with issues of concern. He/she will greatly benefit from age-appropriate honest dialogue regarding events and will likely be open to suggested strategies for addressing problems, anxieties and fears. Exposure to support-oriented literature may be well received by these children.

**Physiological (Ph)**-Physical activity provides coping fulfillment for many children. Whether formal, as in games or exercise, or spontaneous hands-on busywork, there is a means to motion. Children cannot deal with intense issues in a continuous manner; they need to be diverted. Directed physical activity has a dual benefit, allowing necessary buffer time and permitting informal processing of traumatic experiences to occur in a non-threatening format. Opportunities for formal and informal physical activities should be abundant.

Creating a sense of adult support and normalcy (to the extent possible) is critical to helping children deal with psychological stress. Parents may want to work with their pediatrician, faith leader or other relevant adults who can provide additional resources. Teachers should coordinate with parents and the school psychologist, counselor or social worker on providing appropriate supports to students in the classroom.

## Severe Psychological Stress

Most children are able to cope with psychological stress with the help of parents and other caring adults. However, some children may be at risk of more extreme reactions because of personal circumstances. Symptoms may differ depending on age. Adults should contact a professional if children exhibit significant changes in behavior or any of the following symptoms over an extended period of time.

- Preschoolers-thumb sucking, bedwetting, clinging to parents, sleep disturbances, loss of appetite, fear of the dark, regression in behavior, withdrawal from friends and routines.
- Elementary School Children-irritability, aggressiveness, clinginess, nightmares, school avoidance, poor concentration, withdrawal from activities and friends.
- Adolescents-sleeping and eating disturbances, agitation, increase in conflicts, physical complaints, delinquent behavior and poor concentration.

Further information on children's reactions to trauma, war and terrorism, natural disasters, loss and grief, and other issues related to crisis is available on NASP's website at [www.nasponline.org](http://www.nasponline.org) under Crisis Resources.

*This information was provided by Frank Zenere, Ed.S, who is Crisis Management Specialist for Miami-Dade Public Schools and a member of NASP's National Emergency Assistance Team. Mr. Zenere recently attended training workshops with Dr. Mooli Lahad in Israel.*

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## RESPONDING TO HURRICANE KATRINA

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Last year was a record year for responding to disasters, large and small. From floods and tornadoes to wildfires and residential fires...from hurricanes that devastated entire communities throughout the southeast U.S. to a catastrophic earthquake and tsunami that caused a giant wave to crash into parts of southern Asia and eastern Africa destroying lives, families, homes and livelihoods.

Because of the public's generous support, the American Red Cross has been able to respond immediately whether the need was around the corner or halfway around the world...

But we continue to need your support as we provide relief for victims of local, national and international disasters. In the southeast, Hurricane Katrina has ripped apart thousands of lives and left thousands homeless. In response, the American Red Cross is launching the largest mobilization of resources for a single natural disaster involving thousands of trained disaster relief workers, tons of supplies and shoulders to lean on.

Additionally, donations from you and other generous supporters will ensure that we meet the demand of collecting and supplying more than 6 million units of blood for over 3,000 hospitals around the country, provide classes to nearly 12 million people annually including CPR, First Aid and other life-saving skills, keep military families around the globe connected and prevent 1.2 million measles – related deaths by vaccinating 200 million children in Africa by the end of 2005.

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\*\*\*Website for The American Red Cross is: [www.redcross.org](http://www.redcross.org)