Responding to Hurricane Katrina: Helping Students Relocate and Supporting Their Mental Health Needs

Schools will play a critical role in the recovery of children and families impacted by Hurricane Katrina, including those taking in students who need to be relocated. Host schools will face unique challenges integrating displaced students. In addition to logistical issues (space, class assignment, cost, curriculum alignment, communication with families and former schools), school staff will need to be prepared to support the mental health and special education needs of these students.

The scale and scope of the devastation from Hurricane Katrina will increase the emotional and psychological impact on the children and adults involved. This includes students who evacuated and watched their homes destroyed on television as well as those who lived through the hurricane and horrific aftermath. Children who require relocation are particularly vulnerable and will need the support and reassurance of all adults, including school staff.

With proper planning and understanding of the mental health issues involved, host schools can provide relocated students with the healing environment of familiar routines and structure, concrete expectations and predictability, and peer camaraderie and support. These are essential elements for reestablishing a sense of safety and security, and set the foundation for academic achievement. Schools accepting large numbers of relocated students and/or those in impacted areas should also refer to Responding to Hurricane Katrina: Information for Schools at www.nasponline.org.

Possible Reactions of Children and Youth to a Hurricane

Reactions immediately following a hurricane may include emotional and physical exhaustion, fear, anxiety, confusion, disbelief, and grief. In some instances children may experience survivor guilt (e.g., that their home was left unharmed, while others were completely destroyed). The sights, sounds, and smells of a hurricane often generate fear and anxiety. Consequently, similar sensations (e.g., strong rain, thunder, or winds) may generate distress among children in the months that follow. Given the scale of Hurricane Katrina, individuals living outside the primary impact area may still feel exposed to the danger from local wind damage, flooding, the impact on family or friends, and television reports. Some children may also react to follow-up news coverage, and even weather reports that talk about hurricane related conditions after the fact.

With the passage of time and support from adults (in particular parents and other familiar caregivers), most children will be able to cope with their hurricane experiences. While all children exposed to Hurricane Katrina can be expected to display initial crisis reaction, some may be at risk of more extreme and long-term reactions. The severity of children's reactions will depend on their specific risk factors. These include exposure to the hurricane, personal injury or loss of a loved one, relocation from their home or community, level of family support, the level of physical destruction, and pre-existing risks such as living in poverty, a previous traumatic experience, or pre-existing mental illness. Moreover, those children who thought they were about to die or experienced the death of a friend or loved one are increasingly at risk.

In addition, those children exposed to extended or severe deprivation, seeing dead bodies in the streets, and/or the violence in the days following the hurricane will have their own set of heightened risks. Not only were their experiences horrific, they very likely lost their homes and their schools, and have parents and other family members who may have difficulty coping.
Attention must also be directed to the multiplicity of losses that accompany disaster of this magnitude. The tangible losses such as those of a home, pet, or a loved one all impact recovery, as do intangible factors including a decline in a child’s sense of safety and security, and eroding trust in parents/adults as protective agents, which further lead to an increase in emotional distress.

**Initial Common Crisis Reactions**
Most all children regardless of their age, who lived through the hurricane, will experience some sense of disorientation, confusion, regression, and anxiety. Other initial crisis reactions that might be expected at different age levels include:

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

**Severe Crisis Reactions**
Some children will be at risk for posttraumatic stress disorder (PTSD). Symptoms can include those listed above that last for several weeks. Other symptoms may include re-experiencing the hurricane during play and/or dreams; anticipating or feeling that a hurricane is happening again; avoiding reminders of the hurricane; general numbness to emotional topics; and increased arousal symptoms such as an inability to concentrate and startle reactions. Although extremely rare, some adolescents may also be at increased risk of suicide if they suffer from serious mental health problems like PTSD or depression. Students who exhibit these symptoms should be referred immediately for appropriate mental health evaluation and intervention.

**Suggestions to Facilitate Integrating Displaced Students**

**Meet with your crisis team.** Convene your school crisis team and discuss how you can support students. Primary goals will be to re-establish natural support systems and as normal a school environment as possible. You will need to establish a process for integrating students and determining their personal situation, potential risks, and mental health needs. If at all possible, contact the students’ home school administrators to obtain any necessary background information, records, IEPs, etc. If your school does not have a crisis team then it is advisable to develop a team to coordinate efforts to support relocated students and their families.

**Coordinate with community services.** Incoming families will need help finding housing, jobs, healthcare providers, transportation, babysitters and other “normal” life services. Working with government agencies such as FEMA and private organizations such as the American Red Cross, the school can serve as a clearinghouse for this information. Identify community-based mental health providers that can work with your school mental health professionals and crisis team.

**Meet with staff.** Provide all staff with information on the process for integrating students, possible mental and physical health and logistical issues of relocated students and their families, suggestions for helping students cope, curriculum and teaching issues, and community and school-based resources. Make crisis team members available to support teachers and other staff. Allow time for meetings to plan and discuss issues.

**Assign displaced students to schools together.** To the extent possible, try to match displaced students with other hurricane survivors and/or displaced staff members to give them a sense of connection. Establishing support groups between schools within the community can also help students
feel less disoriented and alone in their recovery process. Internet communications between relocated students and teachers can provide reassurance that dispersed members of there are safe. This knowledge can help to further reinforce the belief that recovery is possible.

**Establish a "Welcome Taskforce."** This should include mental health personnel, teachers, students, and staff who can help create welcome materials, hold fundraisers, be identified as people to go to for questions, and organize events and welcome activities to help incoming families feel comfortable and get to know the community. Current students are particularly important in this activity. Take into account any cultural or language barriers of incoming students.

**Orient the entire community to the process and needs of displaced students.** Provide current students and families with information on the need to welcome and extend a helping hand to the students and families who will be coming to the school. Information should include who to contact to get involved, list of activities, and mental health information.

**Establish a mentoring program.** Assign current students to an incoming student to help them acclimate to their new environment. Student mentors should have a similar schedule to their new student. Student mentors might provide homework help, introduce the students to potential friends and include the new student in after school activities. A staff member should oversee the student mentors and be available to help with any difficult issues. Depending on the degree of trauma of the incoming students, mentors may need time for group discussions to talk through some of potential issues raised. **Make clear to student mentors that they should seek adult help if the student they are mentoring exhibits any signs of distress.** A mentoring program can also match entire families.

**Communicate with families.** Meet with parents and students personally. Be sure they have all relevant information regarding school procedures and rules, names, contact and function information of key staff, and community resources. Assign them a lead staff member as their primary point of contact in addition to the child’s teacher. Encourage them to share any relevant information about their child’s emotional state or potential risk factors (loss of a family member).

**Monitor relocated students.** School crisis team members should be assigned to incoming students and meet with them regularly. Keep parents or other caregivers informed. Coordinate with teachers. Tell students where and who they can go to when they feel distressed. Reassure them that school staff members are there to help and/or find help.

**Identify students’ special needs.** Many relocating students may have special needs and/or have IEPs. Obtaining this information from the home school is ideal but students may need to be assessed as well. Even students without formal IEPs may have individual learning needs. School psychologists should work with general and special education staff to determine needs and implement supports. Understand that school records, psychological evaluations or IEP’s from the student’s previous school may not be available. Initially, it may be necessary to place students based upon the parent’s report while the student is awaiting an evaluation.

**Encourage teachers to maintain the routine and structure.** Efforts should be taken to alter workload expectations for the incoming students and avoid the introduction of too much new material during the transitional school reentry period. Teachers should:
- Meet and greet students as they enter the classroom.
- Remain calm and reassuring.
- Acknowledge and normalize feelings/reactions.
- Provide opportunities for children to share their concerns, but don’t force discussion.
- Promote and praise positive coping and problem solving skills.
- Involve children in activities that permit them to make choices and re-establish some control over their environment.
• Involve students in recovery-oriented activities and projects.
• Consider the developmental stage and experiences of each child and tailor experiences of each child to their developmental needs and capacities.
• Incorporate disaster-related information into the curriculum, as appropriate.
• Provide collaborative activities that strengthen students’ friendships and support.
• Do not require incoming students to complete homework as many of the students may not even have homes.

Provide time for students to express their feelings. Depending on the situation, class discussion may or may not be appropriate. Incoming students may prefer not to discuss the issues or their situation and may be distressed by such class discussions. Students might meet with the school psychologist or other mental health professional for an individual or small group crisis intervention. Other activities include creative writing, arts and crafts, music and theater. Efforts should encourage students to develop effective means of coping, discover that classmates share similar questions, and develop peer support networks. Teachers should not be expected to conduct discussions if students are severely impacted or if they themselves feel unable to effectively talk about the issues.

Engage students in activities they enjoy. It is neither possible nor healthy for students to focus all of their attention and energy on understanding and coping with the hurricane. All hurricane survivors will need a break for such efforts. Participating in fun activities, such as recreational reading, games, sports, and arts and crafts can help distract children from the situation and foster a sense of security. This is particularly important for displaced students and those living in shelters for whom a return to a “normal” routine is unlikely in the near future.

Promote positive coping and problem-solving skills. Activities should teach students how to apply problem-solving skills to hurricane-related stressors. Encourage students to develop realistic and positive methods of coping that increase their ability to manage their anxiety and to identify which strategies fit best with each situation.

Emphasize students’ resiliency. Focus on student’s competencies. Help children identify what they have done in the past that helped them cope when they were frightened or upset. Bring their attention to other communities that have experienced hurricanes and recovered.

Identify children and youth who are at high risk and plan interventions. Risk factors are outlined in the above section on children’s reactions. Interventions may include parent education, classroom discussions, individual counseling, or small group counseling. Depending on the number of students affected in the school, form discussion groups. By maintaining close contact with teachers and parents, the school crisis response team can help determine which students need counseling services. A mechanism also needs to be in place for self-referral and parent-referral of students.

Support the mental health needs of staff. Depending on the location of the school (e.g., impacted by Hurricane Katrina) or the number of displaced students being served, school staff may need the opportunity to discuss their feelings and experiences. It is essential that teachers and staff be given permission to take care of themselves to ensure that they will be able to help their students. Providing crisis intervention is emotionally draining and caregivers will need an opportunity to process their crisis response. This could include teachers and other school staff if they have been serving as crisis caregivers for students.

Ensure culturally appropriate services. It is essential that intervention efforts are sensitive to the cultural, religious and linguistic realities of the school population. Whenever possible, disaster mental health support services should be delivered by professionals who reflect the diverse characteristics shared by a community. Consider language and ethnic barriers that may impede the acceptance and benefit of
needed services. Other factors germane to the provision of appropriate support services include race, age, gender, refugee/immigrant status, income, possible disability, and size of the community.

**Additional Tips**
- Provide opportunities for children to see friends or make new friends
- Bring personal items that the child values when staying in temporary housing.
- Establish some daily routines so that the child is able to have a sense of what to expect (including returning to school as soon as possible).
- Provide opportunities for children to share their ideas and listen carefully to their concerns or fears.
- Be sensitive to the disruption that relocation may have and be responsive to the needs of each child.
- Consider the developmental level and unique experiences of each child; it is important to remember that as children vary, so will their responses to the disruption of relocation.
- Help to provide accurate information and address inaccurate rumors or myths.
- Understand that it is perfectly normal for children to discuss the event over and over again.
- Use the creative arts (e.g., drama, art, band, chorus, photography) to help children express their emotions.
- Increase staffing for before and after school care. If possible, extend the service for additional hours and even on weekends.
- Utilize the information about the hurricane in related subject areas. Science, math, history, and language arts are especially relevant.
- Younger students may not even know what a hurricane is, so it is important to explain this to the class.
- Use drama, art, music, and photography to help children express their emotions.
- Develop an advisory committee of relocated students to report back to school staff about what resources and changes in routines will help them cope in the aftermath.
- Most of all, listen to all the students. If you listen closely enough they will be able to tell you what they need.

**Internet Resources**

American Red Cross, [http://www.redcross.org/services/disaster/0,1082,0_587_,00.html](http://www.redcross.org/services/disaster/0,1082,0_587_,00.html)
National Association of School Psychologists, [www.nasponline.org](http://www.nasponline.org)

This is one in a series of handouts available from NASP to help parents and school support the needs of children and youth in the aftermath of Hurricane Katrina, which are available at [www.nasponline.org](http://www.nasponline.org).

Adapted from:

All of the above are available online at [www.nasponline.org](http://www.nasponline.org).


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