Responding to Hurricane Katrina: Information for Schools

Experiencing a hurricane or flood can be traumatic under any circumstance; however the scale and scope of the devastation from Hurricane Katrina will almost certainly increase the emotional and psychological impacts for the children and adults involved. Clearly those most at risk are residents of the most severely damaged regions, those living in poverty, and those exposed to extended periods of deprivation and civil unrest in the aftermath. However, the ripple effect is likely to encompass inland areas, neighboring states offering shelter to dislocated survivors, and families of survivors across the country. Civil servants and volunteers assisting in the recovery efforts may also be impacted by their experiences.

Children are particularly vulnerable. Even more than adults, they may have difficulty processing the extent of the physical threat, loss of life, destruction to homes and communities, breakdown of civil systems, and continued uncertainty. They will look to the significant adults in their lives for reassurance that they and their loved ones will be okay, and that life will eventually return to normal or at least stability. Recognizing and supporting their mental health needs in the immediate and long-term aftermath of the disaster is critical.

The Role of Schools
Schools will play a critical role in the response and recovery for impacted children and families. With the exception of the resumption of basic services (e.g., water and electricity) and the provision of basic needs (e.g., food and shelter), no other occurrence better represents the initial phase of a community’s post-disaster recovery than the return to school.

Obviously some schools will not re-open for months or longer, but their staff may be called upon to support the needs of families in the school community, facilitate the transition of students to other schools, and, in some cases, provide alternative learning opportunities. Schools in other locations that are accepting displaced students will need to be prepared for students with specific mental health needs, disabilities, and other special needs that may be aggravated due to their recent experiences. In the near term, those schools that can, may serve as shelters, resource centers, and places of familiarity and comfort. The return to school can provide a child with the healing environment of routine and structure, concrete expectations and predictability, and peer camaraderie and support; all of which are essential elements for reestablishing a sense of safety and security, and set the foundation for both recovery from hurricane related distress and continued academic achievement.

Possible Reactions of Children and Youth to a Hurricane and Flood
Reactions immediately following a hurricane and flood may include emotional and physical exhaustion, fear, anxiety, confusions, 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 media 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 parental support, the level of physical destruction, and pre-existing risks such as living in poverty, a previous traumatic experience and/or mental illness.

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 most likely horrific, they are very likely to have lost their homes and their schools, be relocated, 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 may be at risk for post-traumatic 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 inability to concentrate and startle reactions. Although 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 Initial Response and Re-Opening of School**

- **Meet with your crisis team.** If at all possible, convene your school crisis team and discuss how you can support students. Primary goals will be to re-establish a sense of safety and security, natural support systems and to as normal a school environment as possible. Meeting each of these goals are important prerequisites for recovery from hurricane related distress.

- **Connect with staff as soon as possible.** Schools in many areas may be closed for months or longer. Students and staff may be dispersed in other communities and states. To the extent possible administrators should try to locate staff and establish a uniform means of communications. School administrators, with the assistance and support of their mental health professionals (school psychologists, school counselors or school social workers,) should provide their school communities with information on dealing with trauma, contact information for staff, protocols, updates on the status of the building, plans for students, re-entry, payroll, etc. Keeping in mind that for many schools complete return to a “normal” routine and environment will be weeks to months in the future, school personnel should strive to provide as close an approximation of a normal school environment as is possible. In some cases this will involve getting students back to a school in another state with only one familiar face (e.g., a similarly displaced teacher or other students).

- **Contact families to the extent possible.** Direct contact with all families may prove difficult in the near term. Post information on the school website as soon as possible. Local newspapers, radio and televisions stations can also include information from the school in variety of formats, including their
websites. Appropriate information can include mental health tips, resources, status of school opening, alternative learning options, contact information, etc.) Any steps, no matter how small, schools can take to returning to normal will provide a measure of hope that recovery from this disaster is possible.

**Provide alternative learning opportunities, as feasible.** The time during an elongated period of school closure can be utilized efficiently to prepare for the reopening of schools. Following Hurricane Ivan, a district in Florida developed a K-12 curriculum insert that was delivered to each student’s household as part of the Pensacola News Journal. The school district directly mailed the insert to families that did not normally receive the daily newspaper. Incorporated in this document were age-appropriate educational activities, along with directions for parents to assist their child. This effort provided youth with structured learning experiences during the school closure period. Other Florida school districts used direct training, training of trainers, and video to prepare instructional personnel for addressing the emotional and learning needs of students.

**Allow time for staff to discuss their feelings and share their experiences.** In preparation for the return to school or even an interim location, it is important to allow time for a group discussion (in a safe and caring context) for staff to talk about their feelings and share their experiences. It is essential that teachers and staff be given permission to take care of themselves in order to ensure that they will be able to help their students. While a quick return to a normal school routine is preferable, this goal should not take precedence over making sure that caregivers are ready to provide care. Handouts regarding possible trauma reactions among children and other relevant information can be valuable resources for caring adults (e.g., some handouts are available at [www.nasponline.org](http://www.nasponline.org)). School personnel (including your school crisis team members) should also have the opportunity to receive support for their personal needs. 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 and others.

**Encourage teachers to maintain the routine and structure familiar to students prior to the disaster.** However, efforts should be taken to alter workload expectations and avoid the introduction of new material during the transitional school reentry period. The following recommendations are provided for teachers to assist students in making a successful return to school in the aftermath of disaster:

- 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.
- 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.
- Provide collaborative activities that strengthen student’s friendships and support

**Provide time for students to discuss the hurricane.** Depending on the situation, teachers may be able to guide this discussion in class, or students can meet with the school psychologist or other mental health professional for a group crisis intervention. Classroom discussions help children to better understand the perceptions and reactions of their classmates to the hurricane and the aftermath. They also encourage students to develop effective means of coping, discover that their classmates share similar questions, and develop peer support networks. **Teachers should not be expected to conduct such discussions if children are severely impacted or if they themselves feel unable to effectively talk about these matters.**

**Prepare staff to address difficult issues.** Depending on their age, students are likely to grapple with issues such as how God could let this horrible disaster happen, why grownups (or the government) did not provide help sooner, and why such lawlessness occurred in the aftermath. Staff should think about
how they might help address these issues prior to class discussions. In terms of civil unrest, it is important to acknowledge that looting and violence are inexcusable but that people who are frightened, exposed to extended periods of trauma, have few coping skills, do not receive help, can become desperate and do things they would not normally do.

**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 with each situation.

**Emphasize student's resiliency.** Focus on their 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 high risk and plan interventions for them.** 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. From classroom discussions, and 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.

**Be prepared for students with additional physical needs.** Many physical injuries also may occur as part of the disaster or during recovery efforts. Returning to living conditions that have had prolonged exposure to water and/or chemicals can result in an increase in mold and mildew. This and the flood's impact on water treatment plants and a home's plumbing can all lead to increases in students reporting asthma and allergies.

**Secure additional mental health support.** Although many caregivers are often willing to provide support during the immediate aftermath of a hurricane, long-term services may be lacking. School mental health professionals can help provide and coordinate mental health services, but it is important also to connect with community resources in order to provide such long-term assistance.

**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 that 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, disability status, gender, refugee/immigrant status, income, a possible disability, and size of the community. Given the diverse linguistic needs of populations in the impacted areas (e.g. French, Cajun) providers need to consider accessibility issues when addressing diverse groups of people.

**Facilitate Relocation of Students.** Some students will be living in temporary housing; others will be relocating to new communities and schools. They will be most impacted by the reactions of their parents and other family members, the duration of the relocation, their natural coping style and emotional reactivity, the inclusiveness of their host school community, and their ability to stay connected with friends and other familiar people and activities. To the extent possible:

- Determine the status of every child in the school. Make sure that each child absent from school is contacted by school personnel and a record is kept.
- Find out the phone numbers and addresses of every student that had to relocate. In this way classmates may be able to write notes or make phone calls.
- Help to provide accurate information and address inaccurate rumors or myths.
- Provide information on students to their new schools, once you know where they are.
- Keeping in touch with relocated families can help provide a sense of continuity. Frequent monitoring of these students will help their adjustment and support the work of staff in host schools.
- If feasible, deploy school support staff to visit students in new schools or shelters.
• Recognize and provide for the special needs of newly homeless students, which can impact their physical, emotional and learning capacity.
• Provide opportunities for friends to get together. Time with peers is critically important.
• Increase staffing for before and after school care. If possible, extend the service for additional
• Develop an advisory committee of students to report back to school staff about what resources and changes in routines will help them cope.

Internet Resources

American Red Cross, http://www.redcross.org/services/disaster/0,1082,0_587_,00.html
National Organization of Victim Assistance (NOVA), http://www.trynova.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.

Adapted from:

All of the above are available online at www.nasponline.org.


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