Responding to Hurricane Katrina: Information for School Crisis Teams

Experiencing a hurricane or flood can be traumatic under any circumstance; however the scale and scope of the devastation from Hurricane Katrina will 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. 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.

Schools can play an important role in this process by providing a stable, familiar environment. School personnel can help children return to normal activities and routines (to the extent possible), and provide an opportunity to transform a frightening event into a learning experience. It is important to keep in mind, however, that in communities that are devastated by a hurricane, school personnel may very well be personally impacted as well, including potentially having lost their homes. Administrators and supervisors should assess the degree to which additional support is necessary from outside resources.

Collaboration between the school crisis response team and an assortment of community, state, and federal organizations and agencies is necessary to respond to the many needs of children, families, and personnel following hurricanes. Immediate response efforts should emphasize teaching effective coping strategies (e.g., how to respond to hurricane threats), fostering supportive relationships, and helping children understand hurricanes. Healing in the aftermath of a natural disaster takes time; however, an immediate response will facilitate subsequent coping and healing.

Issues and Challenges Associated With Hurricanes

Reactions immediately following a hurricane may include emotional and physical exhaustion. In some instances children may experience survivor guilt (e.g., that their home was left unharmed, while others were completely destroyed). In general it might be expected that greater symptomatology in children will be associated with more frightening experiences during the hurricane and with greater levels of damage to their community and homes. The sights, sounds, and smells of a hurricane often generate fear and anxiety. Consequently, similar sensations (e.g., e.g., strong rain, thunder, or winds) may generate distress among children in the months that follow. Given the scale of most hurricanes, 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 conditions after the fact. It is important to acknowledge that although a hurricane will last for only a specific period of time, survivors can be involved with the disaster aftermath for months or even years. In attempts to reconstruct their lives, families are often required to deal with multiple people and agencies (e.g., insurance adjustors, contractors, the Red Cross, the Federal Emergency Management Agency (FEMA), and the Salvation Army).
Possible Reactions of Children and Youth to Hurricanes

Most children will be able to cope over time with the help of parents and other caring adults. However, some children may be at risk of more extreme 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 a previous traumatic experience or mental illness. Symptoms may differ depending on age but can 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, clingingness, 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.

A minority of children may be at risk of post-traumatic stress disorder (PTSD). Symptoms can include those listed above, exhibited over an extended period of time. 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 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 for appropriate mental health evaluation and intervention.

Immediately Following a Hurricane: Information for School Crisis Teams

**Support teachers and other school staff.** A hurricane may result in the temporary or permanent closure of a school. Upon return to school, it is important to provide all staff information on the symptoms of children's stress reactions and guidance on how to handle class discussions and answer children's questions. Providing handouts to staff and parents 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). As appropriate, offer to help conduct a group discussion. Reinforce that teachers should pay attention to their own needs and not feel compelled to do anything makes them feel uncomfortable. Suggest that administrators provide time for staff to share their feelings and reactions on a voluntary basis as well as help staff develop support groups. In addition, teachers that had property damage or personal injury to themselves or family members must be given leave time to attend to their needs. It is essential that staff be given permission to take care of themselves in order to ensure that they will be able to help their students.

**Conduct a Loss Assessment.** Identifying the extent of losses for each student (and school personnel) will help staff know which individuals are at greatest risk and how to prioritize resources. Losses could include parents or other family members, pets, homes, possessions, jobs, and even personally significant places such as school or a church or other house of worship.

**Identify children and youth who are high risk and plan interventions.** Risk factors are outlined in the section above on children's reactions. Interventions may include group crisis interventions, individual counseling, small group counseling, or family therapy. Through group crisis interventions, and by maintaining close contact with teachers and parents, the school crisis response team can determine which students need supportive crisis intervention and counseling services. A mechanism also needs to be in place for self-referral and parental-referral of students.

**Engage in post-disaster activities that facilitate healing.** La Greca and colleagues have developed a manual for professionals working with elementary school children following a natural disaster. Activities
In this manual emphasize three key components supported by the empirical literature:

(a) exposure to discussion of disaster-related events, (b) promotion of positive coping and problem-solving skills, and (c) strengthening of children's friendship and peer support. Specifically:

• **Encourage children to talk about disaster-related events.** Children need an opportunity to discuss their experiences in a safe, accepting environment. Provide activities that enable children to discuss their experiences. These may include a range of methods (both verbal and nonverbal) and incorporate varying projects (e.g., drawing, stories, audio and video recording). Again provide teachers specific suggestions or offer to help with an activity.

• **Promote positive coping and problem-solving skills.** Activities should teach children how to apply problem-solving skills to disaster-related stressors. Children should be encouraged 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.

• **Strengthen children's friendship and peer support.** Children with strong emotional support from others are better able to cope with adversity. Children's relationships with peers can provide suggestions for how to cope with difficulties and can help decrease isolation. Following some hurricanes, friendships may be disrupted because of family relocations and school closures. In some cases parents may be less available to provide support to their children because of their own distress and their feelings of being overwhelmed. It is important for children to develop supportive relationships with their teachers and classmates. Activities may include asking children to work cooperatively in small groups in order to enhance peer support.

**Emphasize children's resiliency.** Focus on their competencies in terms of their daily life and in other difficult times. Help children identify what they have done in the past that helped them cope when they were frightened or upset. Tell students about other communities that have experienced natural disasters and recovered.

**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.

**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.

**Support all members of the crisis response team.** All crisis response team members need an
opportunity to process the crisis response. Providing crisis intervention is emotionally draining. This is 
likely to include teachers and other school staff if they have been serving as crisis caregivers for students.

**Secure additional mental health support.** While support and services may be available during the 
immediate aftermath of a hurricane, long-term services may be lacking. School psychologists and other 
school mental health professionals can help provide and coordinate ongoing mental health services. It is 
important to connect with community resources in order to provide such long-term assistance and ideally 
these relationships have been established in advance.

**Important Influences on Coping Following a Hurricane**

**Relocation.** The need for hurricane survivors to relocate creates unique crisis problems. For example, it 
may contribute to the social, environmental, and psychological stress experienced by children and families. Research suggests that relocation is associated with higher levels of ecological stress, crowding, isolation, and social disruption.

**Parents' Reactions and Family Support.** Parents’ adjustment is an important factor in children's 
adjustment, and the adjustment of the child in turn contributes to the overall adjustment of the family. Altered family functions, separation from parents after hurricane, and ongoing maternal preoccupation with the trauma are more predictive of trauma reactions in children than is the level of exposure. Thus, parents' reactions and family support following hurricane are important considerations in helping children's cope.

**Emotional Reactivity.** Preliminary findings suggest that children who tend to be anxious are those most 
likely to develop post-trauma reactions following a natural disaster. Research suggests that children who 
had a preexisting anxiety disorder prior to a natural disaster are at greater risk of developing PTSD 
symptoms.

**Coping Style.** It is important to examine children’s coping following hurricane because coping responses 
appear to influence the process of adapting to traumatic events. Research suggests that the use of blame 
and anger as a way of coping may create more distress for children following disasters.

**Helping Children Relocate**

Schools accepting displaced students will face unique challenges integrating them into the system and 
meeting their needs. 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. Suggestions include:

- Provide opportunities for children to see friends or make new friends.
- Provide opportunities for children to at least make contact with their teachers and classmates. This can 
  be complicated given that these individuals will be in many different locations and the Internet can be a 
  helpful tool in making such contact.
- 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.
- Establish a mentoring program that assigns current students with incoming students to help them 
  adjust.
- 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.
• Identify students’ special needs; keep in mind that student records and IEPs may not be available.
• 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.

Long-Term Effects

Research suggests that long-term difficulties (e.g., PTSD) following natural disasters are most likely to be seen among children who experienced any of the following:
• had threats to their physical safety.
• thought they might die during the disaster.
• report that they were very upset during the disaster.
• lost their belongings or house as a result of the disaster.
• had to relocate in the aftermath.
• were unable to return to their school and/or community following the disaster.
• attended schools following the disaster that had multiple schedule changes, double sessions or a lot of disruptions.

Consequently, crisis response team members need to identify students who experience these risk factors and closely monitor their status. These students may require long-term coping assistance.

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:

Selected References


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For further information on helping children cope with crises, visit www.nasponline.org.

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