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Children and Disasters



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Jonathan Kirkpatrick of the Federal Emergency Management Agency (FEMA) Corps helps a young child understand the importance of emergency preparedness during an event in Missouri in April 2015. Photo by Steve Zumwalt/FEMA.

The Dialogue is a quarterly technical assistance journal on disaster behavioral health which is produced by the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC). Through the pages of *The Dialogue*, disaster behavioral health professionals share information and resources while examining the disaster behavioral health preparedness and response issues that are important to the field. *The Dialogue* also provides a comprehensive look at the disaster training and technical assistance services SAMHSA DTAC provides to prepare states, territories, tribes, and local entities so they can deliver an effective disaster behavioral health response. To receive *The Dialogue*, please go to SAMHSA's home page (<https://www.samhsa.gov>), click the "Sign Up for SAMHSA Email Updates" button, enter your email address, and mark the checkbox for "SAMHSA's Disaster Technical Assistance newsletter, The Dialogue," which is listed in the Newsletters section.

SAMHSA DTAC provides disaster technical assistance, training, consultation, resources, information exchange, and knowledge brokering to help disaster behavioral health professionals plan for and respond effectively to mental health and substance misuse needs following a disaster.

To learn more, please call 1-800-308-3515, email dtac@samhsa.hhs.gov, or visit the SAMHSA DTAC website at <https://www.samhsa.gov/dtac>.

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In This Issue

Disasters have the potential to affect the short- and long-term functioning, psychosocial adjustment, health, and the developmental trajectory of children. While all populations are affected during a crisis, children often react differently to disasters than adults and have varying needs before, during, and after disasters. Children are particularly vulnerable to separation from their parent or guardian, disruption of their daily routines, and other adverse events. According to the Federal Emergency Management Agency (FEMA), following Hurricanes Katrina and Rita in 2005, over 5,100 children were separated from their parents. It took up to 8 months for the children to be reunited with their parents. Being prepared in case of a disaster can help limit the risk of separation and speed up recovery. Despite this knowledge, 18 states don't meet basic emergency planning standards for schools and child care and less than half of families have an emergency plan (**Save the Children**).

Disaster behavioral health professionals, communities, and families can take steps to help children prepare for and cope with their reactions to disasters. With proper planning, children can be resilient when faced with disasters especially if they are prepared or have talked to an adult about their thoughts and feelings as well as what they can do in the event of a disaster. Some steps to take with children to help them feel more in control is to make an emergency plan, practice it with your family, and encourage your children and their friends to make a "go bag." Schools, local coalitions, and communities can also help children before, during, and following disasters by providing information to families, creating

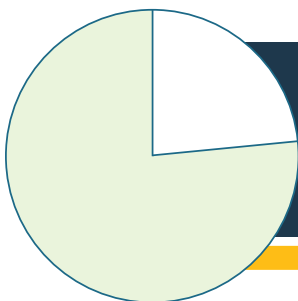


Firefighter hands holiday gift to a little girl who attended the Grand Three Kings Celebration at the Humacao Arenas Coliseum in Puerto Rico. Photo by Andrea Bajandas/FEMA.

opportunities for children to express their feelings, and establishing a sense of normalcy following a disaster.

For more information on children and disasters, please see the following resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC):

- **Helping Children and Youth Cope in the Aftermath of Disasters: Tips for Parents and Other Caregivers, Teachers, Administrators, and School Staff** podcast helps identify common disaster reactions in children and discusses their needs during immediate and long-term recovery.
- **Behavioral Health Conditions in Children and Youth Exposed to Natural Disasters Supplemental Research Bulletin** reviews research on mental health and substance use issues and conditions in children and youth after natural disasters.
- **Talking With Children: Tips for Caregivers, Parents, and Teachers During Infectious Disease**



“In community samples, more than two-thirds of children report experiencing a traumatic event by age 16.”

Source: 2008 Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents

Outbreaks provides strategies for helping children manage their stress during an infectious disease outbreak.

Federal, state, and local professionals as well as community members all play an important role in incorporating and reaching children in disaster response and recovery. This issue highlights activities that Crisis Counseling Assistance and Training Program (CCP) grants have undertaken to successfully reach children. In the first article, several members of the Texas CCP Team discuss steps they have taken to support children affected by Hurricane Harvey. Our second article showcases a program used in schools by a Colorado CCP grant.

Has your program had success reaching out to children? Do you have suggestions or lessons learned from your

experiences? We encourage you to contact us to share your recommendations. ■

Captain Erik Hierholzer, B.S.N. Program Management Officer, Emergency Mental Health and Traumatic Stress Services Branch
erik.hierholzer@samhsa.hhs.gov

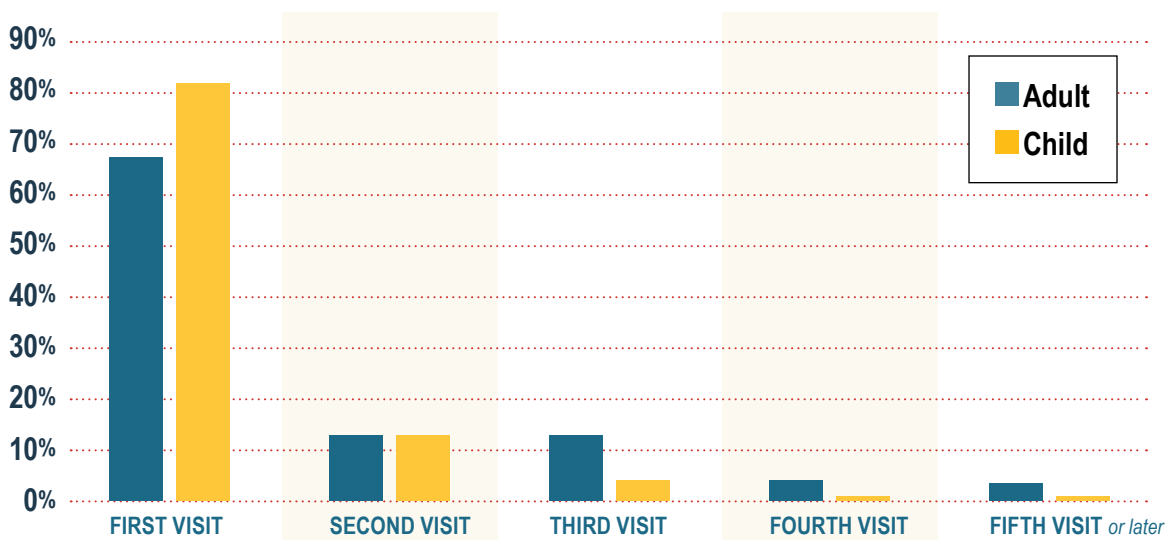
Nikki Bellamy, Ph.D. Public Health Advisor, Emergency Mental Health and Traumatic Stress Services Branch
nikki.bellamy@samhsa.hhs.gov

Shannon Loomis, M.A. Director, SAMHSA Disaster Technical Assistance Center
dtac@samhsa.hhs.gov

TECHNICAL ASSISTANCE SNAPSHOT

CCP Assessment and Referral Tools

CCP teams use these tools to collect data on people who are experiencing more serious reactions. Typically, they are recommended to be completed on the third or fifth or later visit. A crisis counselor may also complete the tools anytime they suspect the individual may be experiencing serious reactions to the disaster. Between September 1, 2017, and August 31, 2018, 12 percent of assessments (101 of 863 assessments) were completed at the third visit and 3 percent (25 of 863 assessments) at the fifth or later visit. Over 65 percent of adult assessments (498 assessments) and over 80 percent of child/youth assessments (96 assessments) were completed on the first visit.



Contributors



Koral O'Brien's career has been in public health. Of her 30 years at the Colorado Department of Public Health and Environment 17 years have been with the Office

of Emergency Preparedness and Response. Her expertise is in community engagement and in her role as Volunteer Coordinator she manages the statewide Colorado Volunteer Mobilizer. This program houses 21 Medical Reserve Corps and the 539 volunteers within them providing redundant communications, training opportunities, and more. Ms. O'Brien also works with children throughout the state via the "I'm Not Scared When I'm Prepared" program. She has found a job she loves in working with her community.



Chance A. Freeman is the Director of Disaster Behavioral Health Services at the Texas Health and Human Services Commission where he provides direction for the state's Disaster

Behavioral Health Services program and CCP. As the former Associate Director of School Safety Education at the Texas School Safety Center at Texas State University, he worked with a team that served as a clearinghouse for the dissemination of school safety and security information through research, training, and technical assistance for K–12 schools and junior colleges throughout the state of Texas. He began working in the field of disaster mental health in 1998 as an outreach/crisis counselor. Since that time, Mr. Freeman has responded to over 26 federally declared disasters and a variety of emergency events such as

the Space Shuttle Columbia Recovery project, the West Fertilizer plant explosion, the church shooting in Sutherland Springs, Texas, the school shooting in Santa Fe, Texas, and local criminal events. As a result of his extensive experience with the FEMA CCP, Mr. Freeman has provided technical assistance and training on CCP grant development and management to a variety of states and federal agencies. Through his experience, Mr. Freeman has also provided training at FEMA's Emergency Management Institute in Emmitsburg, Maryland. Mr. Freeman serves as Chair of Texas' Disaster Behavioral Health Consortium. He assisted as a field reviewer for SAMHSA's *Disaster Planning Handbook for Behavioral Health Treatment Programs, TAP 34*. Most recently, Mr. Freeman contributed to the book *Integrating Emergency Management and Disaster Behavioral Health—One Picture Through Two Lenses* by Brian W. Flynn and Ronald Sherman.



Veronica Martinez served as Associate Program Director for the Hurricane Harvey Crisis Counseling Assistance and Training Program grant administered by Texas Health

and Human Services. Mrs. Martinez served originally as a regional coordinator administering over Harris County and the Coastal Bend region. Previously, Mrs. Martinez worked in children's behavioral health as a Certified Family Partner for families of children with intense behavioral health needs. Mrs. Martinez also serves on the Texas Family Voice Network and other groups working to empower families of children with special needs, promote behavioral health initiatives, and help build more resilient communities.



Melissa Pattison served as Child Program Specialist for Hurricane Harvey Crisis Counseling Grant with the Texas Health and Human Services Commission. Ms.

Pattison has 15 years of experience and a passion for working within Texas state agencies to improve the quality of systems of care for children, youth, and families in Texas. Ms. Pattison's experience includes program management of a statewide teen pregnancy prevention program with the Lyndon B. Johnson School of Public Affairs at the University of Texas at Austin and the Texas Office of the Attorney General. She has also worked within numerous positions to provide grant administration, policy analysis, and program administration for children and youth within the Texas Health and Human Services Commission. Ms. Pattison has extensive child abuse investigation experience, conducting high-profile child abuse investigations for the Texas Department of Family and Protective Services, coordinating with all levels of law enforcement including local district attorneys' offices, the Texas Rangers, and the Federal Bureau of Investigation. Ms. Pattison is a native Houstonian, and her hometown and high school received catastrophic damage from

Hurricane Harvey. Ms. Pattison was moved to use her professional knowledge of children's services in Texas to lead the recovery process for children with the Crisis Counseling Assistance and Training Program grant. Ms. Pattison received a bachelor of science degree in sociology from Texas A&M University in College Station, Texas.



Charles C. (Cory) Walton served as Communications Specialist for Texas Health and Human Services Commission's administration of the Hurricane Harvey Crisis Counseling

Program. Mr. Walton's previous communications experience spans over 25 years and ranges from Fortune 500 corporations to local and regional business and non-profit organizations. He has developed and managed strategic communications programs across media platforms for a wide range of industries including consumer goods and services, manufacturing, technology, municipal and public policy, medical and health care, financial, education, and entertainment.



FEMA Individual Assistance Task Force Lead Michelle "Chelle" Howard (L) and FEMA inspector Jeff Smith (C) are working with disaster survivor Mary Solomon on her losses associated with the severe flooding that has struck Fort Yukon, Alaska, July 7, 2013. Photo by Adam DuBrowa/FEMA.

INTERVIEW

Texas Child Specialists Serve Communities

By **Melissa Pattison, Veronica Martinez, Chance Freeman, and Cory Walton**

In August 2017, Hurricane Harvey moved through the Caribbean and made landfall in Texas as a category 4 storm. Harvey set records for rainfall—27 trillion gallons in 6 days—and flooding. With damages at \$125 billion, it is the second costliest U.S. hurricane in recorded history.

Along with setting records, Harvey was notable for when it happened—it hit the United States at the start of the school year. As staff from Texas’s post-Harvey CCP reported, “It was traumatic for a lot of youth and families. In rural areas in particular, the school is kind of the cultural hub.”

To meet the needs of children and youth, Texas’s Hurricane Harvey CCP, Texans Recovering Together, included child specialists as part of its team to provide resources, training and technical assistance, and other supports for children and youth. *The Dialogue* recently talked with the Texas CCP about the work they’ve done, what they’ve learned, and how best to reach young survivors.

How many child specialists have worked under your CCP?

Melissa Pattison: We have several. I’m the Child Specialist at the state level, and we have seven provider sites within the state, some with

their own child specialists, to ensure outreach and best practices in working with children.

Veronica Martinez: We have five child specialists with Harris Center, a provider site in Harris County which includes Houston, and one of our local mental health authorities (LMHAs).

What is the role of the child specialist?

Melissa Pattison: I work with three of our LMHAs and our other providers, offer them technical assistance, help them troubleshoot barriers in providing support to children, and help address needs ranging from building issues to school supplies to assisting school counselors when they’re trying to get a handle on what kids need.

What factors have contributed to the success of the child- and youth-focused parts of your CCP?

Melissa Pattison: The key that has really made this project successful has been support from the Governor’s Hurricane Harvey Task Force on School Mental Health Support, and the Commissioners of the Texas Education Agency, and Texas’s Health and Human Services Commission. Also, for the first time in this grant, Texas brought on four

of the state’s 20 Education Service Centers (ESCs) as providers.

Chance Freeman: Traditionally our LMHAs host crisis counseling teams. Due to the impact of Harvey on our LMHA system, we looked to the ESCs as host sites because the LMHAs did not have the capacity to host teams.

Texas established ESCs to serve school districts throughout the state. Each ESC serves a specific region. They support schools in operations and in helping children succeed. You can learn more at https://tea.texas.gov/About_TEA/Other_Services/Education_Service_Centers/Education_Service_Centers.

Cory Walton: The ESCs’ focus has always been in communities on student and parent populations, but they have had no prior experience in really focusing on mental health and substance use. The LMHAs have expertise in mental health and substance use but sometimes in the past have had trouble integrating with student and parent groups in the communities. With this program, there has been collaboration and integration of those two skill sets,

which is turning out to be a real asset to the parties in the program.

What are the benefits of having child specialists in a CCP?

Chance Freeman: The child specialist role helped us keep children, youth, and families at the forefront of strategic planning and program development, as well as a primary focus of service delivery. We are continuing to build resilience and have a culture shift in terms of educating youth on stress management techniques and coping mechanisms, so as they mature we've built a skill set and concepts. It's an opportunity for us to mitigate stigma, educate kids, and teach them life skills. It's also really beneficial to have dedicated staff able to vet resources and interventions. This

position can do that legwork so that providers hosting teams or programs delivering services at the local level don't have to do that.

How would you suggest other states incorporate the use of child specialists into their CCP grant activities?

Melissa Pattison: It's helpful to incorporate them from the beginning. It's hard to gather and relay the information to someone else midstream.

Chance Freeman: The child specialist is a great position to have, but it's also helpful to have guidance in incorporating child specialists into CCPs. Other programs are welcome to contact Texas; please refer others to us with questions. State

staff should sit down together and brainstorm what this position looks like for their state. Once they figure that out, they need to think through how to implement it. We found someone with relevant skill sets who also understands the state system, knows the resources available, and can access those resources.

Veronica Martinez: Specific goals for the position might be helpful for some states. If they have a county they're serving, what percentage of people served should be children? What is their goal for primary services for children? How many encounters would they like? There is not a lot of structure with any of these specialized positions in the CCP.

Is there any type of background or experience you look for from the individuals you have hired for this role?

Melissa Pattison: Some sort of knowledge of state resources available for children and youth would be helpful.

Veronica Martinez: They should have a good grasp of systems and the ability to do data analysis, be willing to travel, be people-oriented, and comfortable with community outreach. They should be creative and willing to take initiative. The ability to train others is another key skill. A child specialist should understand development and trauma, how to engage children at different levels, and how to engage children with special needs. ■



Moore residents visit their tornado destroyed property as volunteers clean up the debris. The Moore area was struck by a F5 tornado on May 20, 2013. Photo by Andrea Booher/FEMA.

Studies show that children may show symptoms of posttraumatic stress up to 5 years following a natural disaster.

Source: Furr et al., 2010

Preparedness and Recovery Resources for Children

Staff in CCPs and other disaster mental health programs can use the following resources in their outreach efforts to children:

American Red Cross Mickey and Friends Disaster Preparedness Activity Book

Mickey and his friends provide emergency preparedness tips for children in this fun activity book. The activity book covers floods, tornadoes, fires, winter storms, thunderstorms, hurricanes, and earthquakes.

https://www.redcross.org/content/dam/redcross/atg/PDF_s/Preparedness__Disaster_Recovery/General_Preparedness__Recovery/Home/MM_RedCross_ActivityBook-English.pdf

CDC's Children in Disasters: Kids and Families

This website provides children and their families with emergency preparedness tips through interactive games and activities.

<https://www.cdc.gov/childrenindisasters/children.html>

FEMA's Prepare with Pedro Disaster Preparedness Activity Book

Pedro teaches children how to prepare for and be safe during disasters and emergencies.

https://www.fema.gov/media-library-data/1529697264473-a5db8ca59fe98c307545e5f5be5aba460/FEMA_PrepareWithPedro_508.pdf



Ready.gov Kids Information Website

This website has preparedness tips, tools, and games for children, parents, and teachers. Information to help families respond to a wide range of disasters is provided.

<https://www.ready.gov/kids>

Ready Marine Corps Kids: Emergency Preparedness Program

Use these activity sheets to build an emergency kit and develop a family emergency plan.

<https://www.ready.marines.mil/Ready-Marine-Corps-Kids/Fun-Activities>

Sesame Street: Emergency Preparation Toolkit

This toolkit provides fun games and resources caregivers, parents, and educators can use to help inform and prepare children for disasters.

<https://www.sesamestreet.org/toolkits/ready>

The National Child Traumatic Stress Network (NCTSN) Books

These books describe common reactions children may have to disasters and provide an opportunity to discuss any fears or questions. Each book covers a different type of disaster.

Trinka and Sam: The Rainy Windy Day

<https://www.nctsn.org/resources/trinka-and-sam-rainy-windy-day>

Trinka and Sam: The Big Fire

<https://www.nctsn.org/resources/trinka-and-sam-big-fire>

Trinka and Sam: The Day the Earth Shook

<https://www.nctsn.org/resources/trinka-and-sam-day-earth-shook>

Trinka and Sam: The Swirling Twirling Wind

<https://www.nctsn.org/resources/trinka-and-sam-and-swirling-twirling-wind>

Too Much Weather: A Disaster Activity Book for Kids Prepared by Shenandoah Valley Project Impact

This activity book provides activities designed to help children feel better after disasters.

http://nhma.info/wp-content/uploads/2012/03/508_Disaster_Activity_Book_for_Kids_English_20170907.pdf

Colorado Spirit's Approach to Helping Children Recover After a Disaster

By Koral O'Brien

On June 23, 2012, the Waldo Canyon Fire broke out on the far western edge of Colorado Springs, Colorado. Over the next 18 days it moved into the city, consuming over 18,000 acres, destroying 346 homes, and requiring the evacuation of 32,000 residents. Following the implementation of the CCP and the return to the school year, the impact of this fire on children and their families became crystal clear. The Colorado Spirit Team, the CCP associated with this disaster, realized that they would have to work to reach this special population. With funding from the Hospital Preparedness Program (HPP), the Colorado Department of Public Health and Environment's Office of Emergency Preparedness and Response and Colorado Spirit Team implemented the "I'm Not Scared When I'm Prepared" project in local schools.

What Is "I'm Not Scared When I'm Prepared"?

The program targeted children from kindergarten to sixth grade with a focus on addressing the fear and stress related to disasters by improving family preparedness. It helps parents and children become more aware of the need for preparedness, which may reduce the likelihood of stress during an event. The program began with two half-hour sessions, one week apart. The instructor, utilizing a preparedness



FEMA Disaster Survivor Assistance (DSA) team member gives snacks to a young girl in Jayuya, Puerto Rico, November 15, 2017. Photo by Andrea Booher/FEMA.

"Children and adolescents have likely comprised a substantial proportion of the nearly **2.5 billion** people affected worldwide by disasters in the past decade."

Source: 2008 Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents.

"go bag" as a working prop, talked to the children and asked the following questions:

1. What does being prepared mean to you?
2. Why do you need to be prepared?

The presenter then showed the students the items in the bag and asked them to identify the item and the purpose of the item. After the discussion the students were given a packet of information and three activities to take home and complete

with their parents. The activities included the following:

- A family scavenger hunt for preparedness items
- A word search
- A preparedness matching activity game

Upon completion, the parents signed the verification form and returned it to the school. When the presenter(s) returned usually a week later they talked again about being prepared,

when the bags would be needed and why, what the students would receive in their bags, and what other items they needed to add. Those who returned the verification form were provided a preparedness bag via a school assembly or a variety of other ways. The children got very excited and loved the bags. In fact, the bags have been seen with children at the zoo, parks, and other venues.

Successful Partnership

In partnership with the Medical Reserve Corps (MRC) of El Paso County, the Colorado Spirit CCP purchased 7,000 cinch bags labeled “I’m Not Scared When I’m Prepared.” Within the bags the following items were included: a large orange bandana, bandages, whistle, pump flashlight, emergency blanket, and a plastic bag. The plastic bag held the child’s identification form (printed on heavier brightly colored paper) with a family picture—including pets and a photo of the child which could be changed as the child grew. It also contained information about the child, such as allergies. This form was designed to help ensure children with special needs would be taken care of and to assist with family reunification should the parents and child become separated during a disaster, as well as getting pets back to the correct owners.

After they received their bag, the children were encouraged to add items such as water, granola bars, one of their favorite toys, and some



clothing. In one case, the parent put certain items in a large Ziploc bag and told the child that they were to not take anything out of that bag but could change the other items (such as the toys and clothing) as they wished.

The remaining 2,000 preparedness bags were shared with the other MRC units in Colorado to pilot the project in other parts of the state. A request for additional HPP dollars was made to purchase more bags which were given to the CCP groups to provide to victims of the floods in El Paso County, Boulder County, Weld County, and Larimer County in 2013 and for the Black Forest fire in 2013. Additional bags were given to MRC units to help prepare students in other areas of the state.

Lessons Learned

Overall, this program was well received and, if funding is available, would be used again during a CCP. It’s a great way to engage children, parents, and schools in a positive activity after a disaster while preparing children for possible future incidents. We found that there are several key ingredients for this program to be a success, the most important being developing strong partnerships with organizations that can step in and fill gaps in existing recovery efforts. This program is an example of how partnerships can help in the recovery process and reach key special populations. Colorado Spirit was fortunate to have funding and the support of our senior staff and our HPP Project Officer for this project. Other items to keep in mind when implementing this program include the following:

- Secure funding to purchase the cinch bags and associated materials.
- Locate schools that are willing to participate.
- Find the right staff to provide the program, which is key.

The following page is an informational pullout poster that you can print and post. It provides information on possible disaster reactions in children and youth and how to get help.

Have you and your family been affected by a disaster?

Children and youth react to disasters differently than adults. Adults need to know what type of reactions to look for and when to seek additional help.

Here are some common reactions children may have to disasters:

Preschool Children (0–5 years old)

- Changing eating and sleeping habits
- Feeling general fear, uncertainty, and anxiety
- Experiencing sleep disturbances such as nightmares or night terrors
- Showing aggressive or withdrawn behavior, hyperactivity, speech difficulties, and disobedience

Children (6–10 years old)

- Feeling concern over their own safety and the safety of their family
- Engaging in reckless or aggressive behavior or not acting their age
- Having trouble paying attention in school or not wanting to go to school
- Experiencing difficulty falling asleep or having nightmares

Youth and Adolescents (11–19 years old)

- Withdrawing from family and friends
- Engaging in risky behaviors such as alcohol and drug use
- Experiencing unexplained aches and pains
- Resisting authority or starting arguments

If your child is experiencing any of the listed or other reactions 2–4 weeks after a disaster or if signs suddenly start later after the disaster, you may want to seek professional support.

THERE ARE PLACES TO GO FOR HELP.

Disaster Distress Helpline

TOLL-FREE: 1-800-985-5990

(English and español)

TTY: 1-800-846-8517

Mental Health Treatment Facility Locator

TOLL-FREE: 1-800-789-2647

(English and español)

TDD: 1-866-889-2647

National Suicide Prevention Lifeline

TOLL-FREE: 1-800-273-TALK

(1-800-273-8255)

TTY: 1-800-799-4TTY

(1-800-799-4889)

Substance Abuse Treatment Facility Locator

TOLL-FREE: 1-800-662-HELP

(1-800-662-4357)

(24/7 English and español)

TDD: 1-800-487-4889



FOR MORE INFORMATION on common disaster reactions in children as well as tips for talking to children after a disaster, check out the *Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event: A Guide for Parents, Caregivers, and Teachers* at <https://store.samhsa.gov/product/tips-talking-helping-children-youth-cope-after-disaster-or-traumatic-event-guide-parents>. Other disaster mental health resources are available on the Substance Abuse and Mental Health Services Disaster Technical Assistance Center website at <https://www.samhsa.gov/dtac> or call us at 1-800-308-3515.

Spotlight on Disaster Behavioral Health Programs for Children

The National Child Traumatic Stress Network (NCTSN)

Created by Congress in 2000 as part of the Children's Health Act, NCTSN is made up of a network of partners who seek to better the lives of children and families who experience or witness traumatic events. NCTSN works to accomplish this through improved standards of care and increased access to services. NCTSN provides information and resources to assist children before, during, and after disasters; acts of violence; or terrorism. Their website provides a wealth of information including tip sheets, apps, and trainings.

Psychological First Aid Online is one of the many resources

available through NCTSN. This interactive 6-hour online training course features activities, video demonstrations, and mentor tips from trauma experts and survivors. Check out additional resources at <https://www.nctsn.org>.

Save the Children

Save the Children works tirelessly to reduce the impact of natural and human-caused disasters on children. Their team works with communities to develop child-focused emergency plans and provide training and resources before disasters occur.

One of their initiatives to reach children is called Journey of Hope. Through Journey of Hope, their team helps children of all ages as well as adults recover after a disaster. To accomplish this goal, the Journey of Hope program uses cooperative play, literacy, discussion, and art. Save the Children has been a part of the recovery efforts during numerous disasters including Hurricanes Irma, Maria, Florence,

Approximately **14 percent** of children in the United States will experience a disaster in childhood.

Source: Becker-Blease et al., 2010

Harvey, and Michael. For more information on their programs and past activities, check out the Save the Children website at <https://www.savethechildren.org>.

The American Red Cross

The American Red Cross is a great resource for schools to assist in preparing their staff and students for disasters. The website has a tool for schools to use to help determine their level of preparedness as well as resources for staff and activities for students.

The Pillowcase Project, sponsored by Disney, is a customizable disaster preparedness program for third through fifth grade students. The program, which is led by Red Cross volunteers, teaches children about personal and family preparedness and safety skills, local hazards, and basic coping skills. Check out the American Red Cross website for more information at <https://www.redcross.org/get-help/how-to-prepare-for-emergencies/resources-for-schools.html>. ■

Six months following the September 11 World Trade Center terrorist attacks, probable depression was identified in about **8 percent** of New York City school children.

Source: Comer et al., 2010

Following the September 11 World Trade Center terrorist attacks, about **5.4 percent** of New York City high school students reported initiation or increase of cigarette smoking, and **10.9 percent** reported increased alcoholic beverage consumption. However, only direct exposure to the attack was significantly associated with increased alcohol consumption.

Source: Pfefferbaum et al., 2015; Wu et al., 2006

Recent Technical Assistance Requests

In this section, read about recent questions SAMHSA Disaster Technical Assistance Center (DTAC) staff have answered and technical assistance requests to which they have responded. Send your questions and comments to dtac@samhsa.hhs.gov.

Request: SAMHSA DTAC received a request in the dtac@samhsa.hhs.gov email box from an individual looking for information on trainings for suicide prevention hotline workers. The hotline she works with is specifically for wildland firefighters to contact when they become overwhelmed or are experiencing thoughts of suicide.

Response: SAMHSA DTAC provided her with information about the following trainings and resources:

- 1. Service to Self**—This 1-hour online course is accredited by the Commission on Accreditation for Pre-hospital Continuing Education and is specifically for fire and emergency medical services personnel. The course addresses occupational stressors such as substance use issues, depression, posttraumatic stress disorder, and suicidality. To access and participate in the course go to: <https://www.samhsa.gov/dtac/education-training>.
- 2. Publications and Resources on Suicide Prevention**—This SAMHSA web page provides several trainings, toolkits, and resources that may be helpful to educate hotline workers on suicide prevention. The web page can be found at: <https://www.samhsa.gov/suicide-prevention/publications-resources>.
- 3. National Suicide Prevention Lifeline**—The National Suicide Prevention Lifeline can be reached at 1-800-8255 and more information can be found at: <https://suicidepreventionlifeline.org/>.

Request: SAMHSA DTAC received a request in the dtac@samhsa.hhs.gov email box from a Hurricane Harvey survivor who was still experiencing reactions and wanted to be connected to services.

Response: SAMHSA DTAC will share her information with the crisis counseling program serving Hurricane Harvey survivors. Resources provided include the following:

- **Behavioral Health Treatment Services Locator**—This SAMHSA resource allows individuals looking for treatment facilities for substance misuse, addiction, and mental health issues to locate a provider near them. It can be accessed at: <https://indtreatment.samhsa.gov>.
- **Disaster Distress Helpline**—SAMHSA's Disaster Distress Helpline provides crisis counseling and support to people experiencing emotional distress related to disasters. It is a 24/7, 365-day-a-year helpline and can be reached at 1-800-985-5990. More information can be found at: <https://www.samhsa.gov/ind-help/disaster-distress-helpline>.

Request: SAMHSA DTAC received an email from a representative of a community-based mental health treatment center who was looking for assessment tools related to disasters and resilience in order to identify strengths and challenges of communities faced by disasters.

Response: SAMHSA DTAC sent her the following information on tools that can be used by her organization to assess the needs of community it serves:

- **CCP Assessment and Referral Tools**—The CCP Assessment and Referral Tools are used by crisis counselors in the field to identify survivors who may be in need of more advanced mental health services. The tools can be accessed at: <https://www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings>.

▪ **Communities Advancing Resilience Toolkit**

Assessment—This theory-based survey instrument assesses a community’s resilience and provides a snapshot of strengths and challenges of the community and participating organization. More information can be found at: <https://www.nctsn.org/measures/communities-advancing-resilience-toolkit-assessment-survey>.

▪ **Community Assessment for Public Health**

Emergency Response (CASPER)—The Centers for Disease Control and Prevention (CDC) developed CASPER to provide quick, low-cost information about a community. The toolkit assists in determining the health status, basic needs, practices, and knowledge or attitudes of a community. More information and access to the toolkit can be found at: <https://www.cdc.gov/nceh/hsb/disaster/casper/default.htm>. ■

AGE RANGE (YEARS)	COMMON REGRESSIVE REACTIONS	COMMON PHYSIOLOGICAL REACTIONS	COMMON EMOTIONAL AND BEHAVIORAL REACTIONS
1–5	<ul style="list-style-type: none"> • Bedwetting in a child who before the disaster was toilet trained • Thumb-sucking • Greater fear (of darkness, animals, monsters, strangers) 	<ul style="list-style-type: none"> • Loss of appetite • Overeating • Indigestion and other digestive problems 	<ul style="list-style-type: none"> • Nervousness • Anxiety about being away from parents or other primary caregivers • Irritability and disobedience
5–11	<ul style="list-style-type: none"> • Clinginess with parents or other primary caregivers • Crying or whimpering • Requests to be fed or dressed 	<ul style="list-style-type: none"> • Headaches • Complaints of visual or hearing problems • Sleep problems and nightmares 	<ul style="list-style-type: none"> • School phobia • Social withdrawal • Irritability and disobedience
11–14	<ul style="list-style-type: none"> • Competing with younger siblings for attention from parents or other primary caregivers • Failure to perform chores and fulfill normal responsibilities 	<ul style="list-style-type: none"> • Headaches • Complaints of vague aches and pains • Overeating or loss of appetite • Skin problems • Sleep problems 	<ul style="list-style-type: none"> • Loss of interest in activities • Poorer school performance • Disruptive behavior • Resistance of authority
14–18	<ul style="list-style-type: none"> • Resumption of earlier behaviors and attitudes • Decline in previous responsible behavior 	<ul style="list-style-type: none"> • Headaches • Sleep problems • Digestive problems • Vague physical complaints 	<ul style="list-style-type: none"> • Increase or decrease in physical activity • Depression • Isolation • Antisocial behavior

Source: Columbia University, Earth Institute, National Center for Disaster Preparedness

RECOMMENDED RESOURCES

Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event: A Guide for Parents, Caregivers, and Teachers

This tip sheet from the SAMHSA covers possible reactions to a disaster or a traumatic event from children from infancy to age 19 and how you can best support and comfort them, and know when it is time to get outside help. Learn more about how paying attention, allowing children to ask questions, and being a good model of self-care can benefit the children in your life after a disaster.

Find the tip sheet at <https://bit.ly/2AvZeDR>.

Psychosocial Issues for Children and Adolescents in Disasters

This guide from SAMHSA was developed for anyone working with children after a disaster. It walks through common reactions children may display after a traumatic event and steps that can be taken in the process of supporting them. The guide also shares several stories that show children reacting after a disaster. They demonstrate how anxiety, disruptive behavior, and other emotions can display themselves and how you can help.

Find the resource at <https://bit.ly/2SCGnxX>.

Helping Children Cope

This page from Ready.gov informs parents trying to properly care for their children after a disaster. It details several ways you can help make disasters less traumatic and shares a list of frequently asked questions from parents with children of a range of ages. Its answers in detail the best ways to approach different emotions and reactions after various disasters.

Find the tip sheet at <https://bit.ly/2CwdWNP>.

Age-Related Reactions to a Traumatic Event

This tip sheet from NCTSN helps parents, schools, and communities develop a better understanding of how children of various ages may react to a traumatic event.

Preschool children, school-age children, and adolescents can each be supported in a variety of ways to promote their emotional recovery after a disaster or traumatic event.

Find the tip sheet at <https://bit.ly/2A26UOq>.

For more in-depth research on children and disasters, check out the recent and upcoming *SAMHSA DTAC Supplemental Research Bulletins*.

Behavioral Health Conditions in Children and Youth Exposed to Natural Disasters

The September 2018 issue of the *SAMHSA DTAC Supplemental Research Bulletin* focused on mental health and substance use issues children and youth may experience after natural disasters. SAMHSA DTAC reviewed literature on the different issues and conditions that youth may present with after a disaster as well as risk and protective factors and possible interventions.

To read the full issue, visit <https://www.samhsa.gov/sites/default/files/srb-childrenyouth-8-22-18.pdf>.

Mental Health Issues and Conditions in Children and Youth Exposed to Human-caused Disasters

The upcoming issue of the *SAMHSA DTAC Supplemental Research Bulletin* reviews the literature on the mental health and substance use and misuse effects of human-caused disasters on children and youth. This issue begins by stating SAMHSA DTAC's definition of human-caused disasters. Then, as with the issue on natural disasters, the issue moves into a discussion of the conditions that may occur in children and youth after a human-caused disaster. The issue also highlights risk and protective factors and possible interventions. The full issue will be released later this year.

Remember to check the SAMHSA DTAC website at <https://www.samhsa.gov/dtac/disaster-behavioral-health-resources/supplemental-research-bulletin>.

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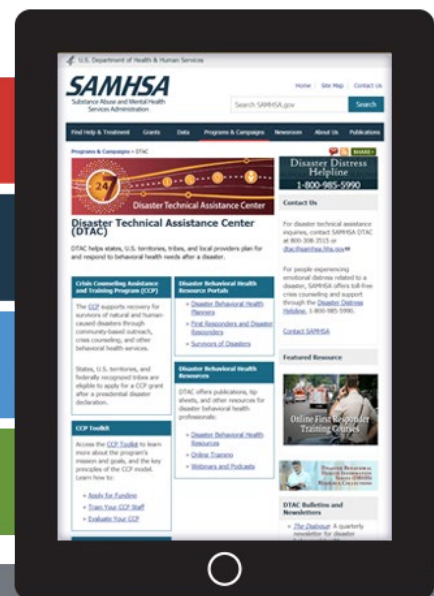
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Readers are invited to contribute to *The Dialogue*. To author an article for an upcoming issue, please contact SAMHSA DTAC at dtac@samhsa.hhs.gov.

ACCESS ADDITIONAL SAMHSA DTAC RESOURCES

The *SAMHSA DTAC Bulletin* is a monthly e-communication used to share updates in the field, post upcoming activities, and highlight new resources. To subscribe, please enter your email address in the "SAMHSA DTAC Bulletin" section of the home page of our website at <https://www.samhsa.gov/dtac>.

The SAMHSA Disaster Behavioral Health Information Series contains resource collections and toolkits pertinent to disaster behavioral health. Installments focus on specific populations, specific types of disasters, and other topics related to all-hazards disaster behavioral health preparedness and response. Visit the SAMHSA DTAC website at <https://www.samhsa.gov/dtac/dbhis-collections> to access these materials.

CONTACT US

SAMHSA Disaster Technical
Assistance Center

Toll-free: 1-800-308-3515
dtac@samhsa.hhs.gov
<https://www.samhsa.gov/dtac>