



Understanding the Impact of Katrina on Children and Adolescents

On August 29 the lives of millions of people, many of whom were children, were forever changed as Hurricane Katrina slammed into New Orleans and the Gulf Coast. The trauma and loss experienced by those hit by the storm has only begun to surface. Among those most affected by this disaster are the children. Children are far more vulnerable to traumatic events than adults and thus, are at a greater risk for emotional, social and mental health problems.

Experience Matters

- Experiences like surviving the devastation of Katrina are life changing. Experience matters because experience changes the brain – Experience changes children – Children’s experiences (and our response to them) change society

- Trauma alters neurodevelopment – literally the brain and body change in response to the prolonged alarm reaction

- These changes can include:
 - Altered cardiovascular regulation
 - Behavioral impulsivity
 - Increased anxiety
 - Increased startle response
 - Sleep abnormalities
 - Altered cognition and perception

Children and Trauma

- Trauma comes in various forms in varying intensities. No two children will respond to the same trauma in the same way.

 - Children exposed to trauma may react in a variety of ways
 - Aggressive behavior
 - Starring episodes
 - Sleep disturbances
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- Difficulty concentrating
 - Exaggerated startle response
 - Irritability
 - Outbursts of anger
 - Hypervigilance
 - Restricted range of emotion
- Several factors contribute to the development of PTSD
- Nature of the trauma
 - Developmental age at the time of the trauma and duration of the threat
 - Frequency of the threat
 - Presence of post-traumatic support from family and community
- *The number of traumatized children with PTSD prior to this disaster exceeded the total number of adult combat veterans who developed PTSD during the ten years of war in Vietnam. Imagine how that number has increased in just over the past week.*

Recognizing Trauma in the Classroom

- Traumatized children have a set of problems in the classroom, including:
- Difficulty attending to the teacher (paying attention)
 - Problems processing information
 - Trouble storing and retrieving information
 - Difficulty acting on their experiences in an age-appropriate manner
 - They may be jumpy or fidgety or have trouble staying in their chair (hypervigilance)
- Post Traumatic Stress Disorder (PTSD) and Attention Deficient Hyperactivity Disorder (ADHD) can present in similar ways
- Children with PTSD are commonly misdiagnosed with ADHD
 - Medication used to treat ADHD may exacerbate symptoms of PTSD
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What Should You as an Educator Know?

- Understand those things that will increase the alarm state in traumatized children/adolescents
 - External stressors
 - Impending harm
 - Complex tasks
 - Overwhelming stimuli (things that are confusing, multiple sensory inputs)
 - Atmosphere of fear
 - Internal stressors
 - Exhaustion, infection, illness
 - Pain (acute or chronic)
 - Sleep deprivation
 - Physiological states (e.g., hungry, tired, thirsty)
 - Thinking about emotional/traumatic events
 - Psychoactive medications
- Remember the child or adolescent's chronological age may not match their emotional, cognitive or social "age"
- Be aware that traumatized children/adolescents may learn differently and be prepared to provide information in alternative ways
 - On IQ testing done by the ChildTrauma Academy and others in clinical settings, traumatized children/adolescents were found to have a split in their verbal and performance scores.
 - These children/adolescents scored higher in areas of non-verbal questions/tasks

What Can Educators Do to Help?

- Be aware (as much as possible) of what is going on in the lives of your students
 - Be interested
 - Ask questions
 - Be available
 - Show you care and are interested with more than your words (non-verbal is just as important as what you say)
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- Try to understand the child's behaviors before implementing punishment or consequences
- Be consistent, predictable and repetitive
- Model and teach appropriate social behaviors
- Listen to and talk to these children
- Pay attention to the non-verbal language of children in your classroom
- Discuss your expectations for behavior and your "style of discipline" with the child
- Have realistic expectations of the child
- Be patient with the child's progress and praise their accomplishments

Key Elements of a Safe Healing Environment

Information
Predictability
Structure
Patience
Compassion
Physical activity
Productivity
Hope

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Please feel free to distribute this article to anyone you feel may benefit from it. For more detailed information about helping traumatized children or children dealing with traumatic death please visit the ChildTrauma Academy web-site (<http://www.childtrauma.org>).

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