



The Impact of Katrina on Children Special Comments for Educators



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This article is one in a series developed by the ChildTrauma Academy to assist those professionals working with the victims of Hurricane Katrina.

These special resources created for the children of Katrina are generously supported by the Greater Houston Community Foundation's Richard Weekley Family Fund.

On August 29 the lives of millions of people were forever changed as Hurricane Katrina slammed into New Orleans and the gulf coast. The impact in terms of loss of life, homes and whole communities is unimaginable. Parents and children have been separated, loved ones did not survive the storm or the following flood, entire homes and generations of memories have been washed away in a single event. 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. As the weeks pass, families displaced by Katrina will struggle to cope with the many losses and try to make sense of what has happened.

A central task for these families is to get their children back into school. Hundreds of thousands of children have been impacted by this disaster; many displaced, many entering a new school, in a new community. Many of these children have endured a host of terrible experiences; and many have seen generosity, kindness and compassion of complete strangers. These children are coming into school in a daze. For most this fog of distress will pass – in no small part to the structure, predictability, patience and compassion they will find at school. For others the trauma-related problems will persist or worsen.

There can be no simple guide for all children in all school settings. The following broad recommendations are based upon experience working with children traumatized by large scale events such as the Oklahoma City bombing and the September 11 terrorist attacks. Some teachers will have only one or two evacuee children in a classroom; others may be teaching in a community that was impacted but not evacuated. Please read these in the context of your specific situation.

Key Elements of a Safe Healing Environment

Information
Predictability
Structure
Patience
Compassion
Physical activity
Productivity
Hope

Don't be afraid to talk about these events. Talk about these events in class in factual and focused ways. It is appropriate to talk about these events in the classroom. But it is not appropriate to turn each class into an unstructured group therapy session. There should be open, honest, and accurate discussion in classes that is directed and contained by a teacher. Once this initial period of grief has subsided, try to keep discussions focused on aspects relevant to the content of your curriculum. You should not ignore the impact of Katrina: children never benefit from 'not thinking about it' or 'putting it out of their minds.' But your students will be better served if they take an aspect of the overall situation and discuss it in focused, thoughtful and rationale ways. A government class, for example, could talk about separation of city, state and federal agencies. This is likely much more important in classrooms where the majority of children were displaced or impacted by Katrina. In classrooms with one or two evacuees, the group "pressure" to talk about Katrina will fade with time. In these cases, you should be more focused on the individual functioning and performance of the impacted children.

Find out what the children think and feel. An important first step in talking about this event is to find out what the children think and feel. Many of the children will have distorted information. Young children, for example, often make false assumptions about the causes of major events. These distortions can magnify his sense of fear and make him more likely to have persisting emotional or behavioural problems. Correct misperceptions with accurate but age-appropriate explanations.

Don't over focus on these events: resume normal patterns of activity at school as soon as possible. In the immediate post-event period, children and adults often over-focus on traumatic events. The horror of this event, the pervasive media coverage, the frustration, anger, sadness and grief of the adults in the child's life can all saturate a child's capacity to process and move forward in a healthy way. These children need some "rest periods" away from this. School can become this break. Unfortunately, when this is the case, the child uses school for a mental break. They won't be in an optimal state for academic learning. But it is important that we make the classroom a safe place to get some structured relief from this emotional barrage. When focusing on school work – even if they are not learning quickly or easily - a child's over-worked stress-response systems can get a little rest period.

Take a child's lead on when, what and how much to say. After you have some sense of what your students know, and you have clarified any distortions, let them take the lead during your informal discussions about this topic. Students may ask you many difficult questions, "How long can you live if without water?" You do not need to be too detailed or comprehensive in your answers. If you let children direct unstructured discussions by their questions – you will find that you will have many, many short discussions and not one "big" talk. These little discussions make it easier for students to digest this huge emotional meal.

Don't feel that you have to have all the answers. Some aspects of this will forever remain beyond understanding. How can you understand Nature – or bureaucracy? You can explain that you just don't know – and that sometimes we will never know why some things happen. Help teach your students that we all learn to live with some unknowns. When you share your struggles to make sense of something with the child, their own struggles become easier.

Reassure the children about their safety and security. Many children will still be in a state of fear. This may be expressed in various ways – both excessive daydreaming and inattention and hyperactivity may be related to this persisting fear response. For many of these children this event has shattered a sense of security that is associated with authority; the world is now a capricious place where Nature can strike and the adults who were supposed to help you don't. These children will rebuild a sense of security from the predictable, consistent and compassionate actions of adults in authority; in other words, you. The most common and ever-present representative of the adult world for these children is the teacher. The school is now the best ambassador of the adult world for these children. How the teacher and the school help these children will shape how they come to feel about the world.

Inform parents and children about the risks of children watching too much media coverage. Watching the images of this over and over only won't help child. In fact, it may make this worse for them. Young children are very vulnerable to this. Many of these children have had limited access to media and television. The balance between the need for information and over focus on this disaster has to be struck. Help parents understand that they can be best source of information for their children. Tell children and parents to limit their viewing of the media coverage with explicit images. Ultimately, the goal is to decrease the traumatic power of these images and that is very difficult when the images permeate the media.

Anticipate increased behavioural and emotional problems and decreased capacity to learn. When children feel overwhelmed, confused, sad or fearful, they will often "regress." And so do adults. You may see a variety of symptoms in your students: these include anxiety (or fearfulness), sadness, difficulty concentrating, sleep problems, increased impulsivity or aggression. These symptoms are usually short-term (days or weeks) and tend to resolve with reassurance, patience and nurturing. When children feel safe, they will be most likely start to "act their age."

Some children will be more vulnerable than others. Not all children will react to these events in the same way. Some children may seem disinterested and no changes in their behaviours will be noticed. Other children may have profound symptoms that seem out of proportion to their real connection to these events. We can not predict how a given child will react but we do know that children with pre-existing mental health or behavioural problems are more likely to show symptoms. We also know that the closer a child is to the actual traumatic event (i.e., if a loved one was injured or killed) the more severe and persisting the symptoms will be. The high-risk children in your class are high risk for having increased problems following this event.

Your reactions will influence children's reactions. Children sense emotionally intensity around them and will mirror the emotional responses and interpretations of important adults in their life. That includes their teachers. Younger child will try to please you – sometimes by avoiding emotional topics if they sense that it may upset you. Try to gauge your own reactions. If you find yourself crying or being very emotional, it is fine. Just make sure that you try to tell your students why you cried. It is reassuring to children to know they are not alone with their feelings. Make sure they hear, many times, that even though it may be upsetting it is still important to share feelings and thoughts with each other.

Don't let anger be misdirected. There is reason for anger. There was preventable suffering and loss and trauma. When any family or community is distressed and challenged it unmasks some of the underlying weaknesses. An underlying weakness in our culture is racism. There have been very public articulations about race and response in this disaster. The children in your classroom have likely heard discussions about this. It would be so unfortunate if we let the shortcomings of our generation poison the next generation. It is important to separate legitimate discussions and debate about racism in our culture from other important discussions about the inability of government to provide supports and services during the acute phase of Katrina.

Don't hesitate to get more advice and help. If you feel overwhelmed or if you see persisting problems with your students don't hesitate to reach out for help. In most communities there are professionals and organizations that can answer your questions and provide the services your students need.

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>).

Why is the Katrina Disaster likely to cause trauma-related problem?

Simply stated, for many of the residents of New Orleans and the Gulf Coast, the evacuees and the front-line first responders, Katrina has caused a series of stressful, distressing and, ultimately, traumatic experiences. We know that the likely-hood of trauma-related problems is related to the intensity and duration of the adaptive stress responses that each individual uses during and immediately after the distressing or traumatic experience. There are significant individual differences in how we respond to stress and threat; even with those differences, however, with events that are of sufficient intensity and duration, even the most resilient among are at risk for problems.

In the case of Katrina there was the pre-Katrina anticipation, then the long destructive landfall, the post-hurricane flooding, destruction, death and confusion, and, sadly, for thousands, continuing confusion, displacement and fear. This has, for many families, lasted for days and days. One of the most overwhelming aspects of this disaster is the way in which it destroyed community cohesion, social fabric and even family integrity. Evolving research is showing the critical nature of relational health in buffering distress and trauma; Katrina, in brief, is not "a" traumatic event, for many it is a series of distressing traumatic experiences compounded by the compromise of two main post-traumatic stabilizing factors for children; family and community.

The table below summarizes some of what is known about factors which either increase or decrease risk for trauma-related problems. The red-highlighted sections indicate characteristics of the Katrina disaster.

<p><u>Increase Risk</u> (Prolong the intensity or duration of the acute stress response)</p>	<ul style="list-style-type: none"> • Multiple or repeated event (e.g., domestic violence or physical abuse) • Physical injury to child • Involves physical injury or death to loved one, particularly mother • Dismembered, dead or disfigured bodies seen • Destroys home, school or community • Disrupts community infrastructure (e.g., hurricane) • Perpetrator is family member • Long duration (e.g., flood) 	<ul style="list-style-type: none"> • Female • Age (Younger = more vulnerable) • Subjective perception of physical harm • History of previous exposure to trauma • No cultural or religious anchors • No shared experience with peers (experiential isolation) • Low IQ • Pre-existing neuropsychiatric disorder (especially anxiety related) 	<ul style="list-style-type: none"> • Trauma directly impacts caregivers • Anxiety in primary caregivers • Continuing threat and disruption to family • Chaotic, overwhelmed family • Physical isolation • Distant caregiving • Absent caregivers
	<p><i>Characteristics of the EVENT</i></p>	<p><i>Characteristics of the INDIVIDUAL</i></p>	<p><i>Characteristics of the FAMILY and COMMUNITY</i></p>
<p><u>Decrease Risk</u> (Decrease intensity or duration of the acute stress response)</p>	<ul style="list-style-type: none"> • Single event • Perpetrator is stranger • No disruption of family or community structure • Short duration (e.g., tornado) 	<ul style="list-style-type: none"> • Cognitively capable of understanding abstract concepts • Healthy coping skills • Educated about normative post-traumatic responses • Immediate post-traumatic interventions • Strong cultural or religious belief systems 	<ul style="list-style-type: none"> • Intact, nurturing family supports • Non-traumatized caregivers • Caregivers educated about normative post-traumatic responses • Strong family beliefs • Mature and attuned parenting skills

About The ChildTrauma Academy

The ChildTrauma Academy, a not-for-profit organization based in Houston, TX, is a unique collaborative of individuals and organizations working to improve the lives of high-risk children through direct service, research and education.

For more information on helping the children of Katrina visit The ChildTrauma Academy's Katrina Support page: <http://www.childtrauma.org/CTAMATERIALS/katrina.asp>

Web Resources:

www.ChildTrauma.org

www.ChildTraumaAcademy.com

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
 - Difficulty concentrating
 - Exaggerated startle response
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- 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

What Should You as an Educator Know?

- Understand those things that will increase the alarm state in traumatized children/adolescents
- External stressors
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- 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)
 - Try to understand the child's behaviors before implementing punishment or consequences
 - Be consistent, predictable and repetitive
 - Model and teach appropriate social behaviors
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- 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

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