

**Recommendations for First Responses of Educators  
And School Health Professionals  
When a Catastrophic Event Takes Place  
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School districts across the U.S. have developed emergency plans; however, few educators receive preparation to be first responders when catastrophes occur. *Teachers are not therapists*, but there is much that educators can do to support children and their families and make sure their classrooms are safe places for students to be. The following recommendations are based upon the findings of psychiatric and medical research and build on the advice the National Child Stress Network (2006). The recommendations are also supported by the findings of my ethnographic research in schools in Israel, the West Bank and Gaza, and in schools in Louisiana in the aftermath of Hurricane Katrina. The most recent review of the recommendations took place in May 2008 when teachers in St. Bernard Parish and Jefferson Parish, Louisiana (their advice is included in parentheses). Here are the recommendations:

First Responses When Catastrophic Events Take Place:

1. Talking with children and youth and their families, who have experienced a catastrophic event, *is* an intervention. Just being comfortable with the fact that children are distressed, helps first responders.
2. Make sure children with special needs are located and that their immediate needs are met. This might include making sure the child receives medical attention (“be prepared to take care of children who are autistic” “and those who are wheelchair bound”).
3. When there are young children involved, activities that promote mental health at this time include things like:
  - a. Playing with children to help distract them;
  - b. If parents are present holding babies so parents can eat or rest;
  - c. If there is nothing to do, helping with care giving, just making yourself available, and “being there” with them.
4. Do not ask children to reveal emotional information, but if they do, listen, (“provide opportunities” “give them crayons”).
5. Try to focus on their immediate needs by reducing hassles for survivors. If you assist doctors and Red Cross workers in problem-solving and logistics (e.g. making telephone calls, replacing personal items, etc.) you are providing a service.

6. If possible provide personal hygiene items including antibacterial wipes, tissues, lotion, tooth brushes and tooth paste, child and adult diapers, female tampons and pads.

First Responses In schools:

7. Assume that students are doing their absolute best to cope.
8. Encourage students to engage in self-care.
9. Help students feel as much in control as they can.
10. Make sure students with special needs receive assistance (“think about allergies” “peanut butter”).
11. Don’t assume first responders have taken care of basic needs.
12. Make sure students have food, clothing and shelter.
13. Keep parents informed and send letters when possible (“*If possible*” “Finding ways to communicate is very difficult”).
14. Teachers should not provide psychological intervention, but simply listen and support students who are in distress.
15. It is important that students are not asked to tell their stories. Talking about what happened to them and their families can lead to students reliving the catastrophic event and to retraumatization.
16. If students talk about the events that have taken place, listen and “be there” for them.
17. If students focus on the catastrophic event when they write or draw, make sure that they keep their work.
18. Respect students’ wishes.
19. Do not make false assurances.
20. Do not speculate! Only provide information that you know is accurate about school routines and classroom activities.
21. Re-establish basic routines with students (“move up” “try to do this as soon as possible”).
22. Engage students in creative activities. Music and art are important.

23. Read stories and then more stories.
24. Suspend all activities that might be stressful.
25. Test prep and tests should be postponed (“we did this the first year”).
26. Make sure there is time for students to play, have fun, and participate in sports activities. Participating in pleasurable activities is essential for recovery.
27. Reassure students that with the exception of self-destructive behaviors and emotions, their feelings and reactions are reasonable given the situation. (“We are seeing students who coped after the storm who are now having difficulties”).
28. If you are concerned about a student, know what to do to triage that student and get them mental or physical health services at your site.
29. Let an administrator or someone in charge of the relief effort know what needs you identify, so services can be provided to help meet those needs.
30. Make sure that every teacher has a list of resources and knows what services are available.
31. Remember that teachers have also experienced the catastrophic event and need support too.

In Louisiana in May 2008 teachers talked about the importance of making time for teacher support groups. Meetings can be held at lunch time or after school. Teachers need time to discuss what’s happening and share feelings. These groups should be non-hierarchical and rotate leadership. The Louisiana teachers emphasized the importance that time is also set aside for students to talk. “Morning meetings,” one teacher said, “we roll a dice with happy, sad, embarrassing, scary, and funny on it and children talk if they want to.” They all talked about the importance of helping students find out what had happened to their friends and of reuniting friends whenever possible.

“One catastrophe can lead to another,” a teacher says. She recounts, “A child holding on to a tree with his mother and father was coping okay and then his mother tried to commit suicide.” Other teachers shares similar stories. Three years after Hurricane Katrina tragedies are still occurring. They talk of time. “Catastrophes happen and children might cope but a year later, two years later problems might surface.”

The psychiatrist, Anand Pandya (2006), provides verification of the experiences of the Louisiana teachers when he speaks of the expectation of “symptoms” during the acute phase of an emergency that become “transient and fluid,” often recurring weeks, months or years after the disaster happened. He spoke of the “let down,” and so did the Louisiana teachers, who spoke at length at the changes they were observing in their students’ behaviors, as they began to understand that their families, schools and communities would never be the same as they were before Katrina. One teacher spoke to the way in which she is approaching this problem. “When something is happening in the community I point it out,” she says. “Did you see the street signs!” “Did you see the new trees they’ve planted?”

The Louisiana teachers talked of recovery, of the lack of support from Federal agencies and repeatedly spoke of schools as the center of the recovery effort. “It’s important for schools to have a single point of entry for all services that they need,” one says. “If there was a place in school,” another begins. “If schools could have a resource place just like a medical tent,” another continues. “When the school reopened it was the only place parents could eat.” “They came in to use the bathroom.” “It was the only place they could get help.” “We took care of the parents too.” “We are still helping them.”

### **Trans-System Emergency Preparedness in Schools and Public Health Providers**

John LaCour (2006) adds support for the idea of a “single point of entry” for trans-systems services in “Children of the Storm: A Dialogue with Children, Parents and School Staff about the Impact of Hurricanes Katrina and Rita on their Lives and Public Institutions.” LaCour writes, “In most systems, it is clear that parents, teachers, and service providers made heroic efforts to open schools and offer services, often while managing their own traumas of lost and damaged homes, jobs, and family members” (p. vi). He states, “Where there were problems, they were often related to systems issues” (p. vi). He continues, “There was a disconnect between school systems and public behavioral providers sometimes because of the loss of capacity to provide services but more often because of a lack of any history of partnership in serving children and their families. There was no plan for healthcare services and no direction or teaching strategy given to faculty with large numbers of displaced students” (p.vi).

An abbreviated list of the recommendations of LaCour’s report follows:

1. Have a plan. Share the plan. Follow the plan. Plans can be modified but are difficult to create in the middle of a disaster.
2. Schools should be central to community solutions. They should be the organizing principle.
3. Develop easy accessed electronic academic and health records.

4. Think systematically. Much of the recovery response is contained to single systems (an LEA, a school, a public mental health agency) and does not typically cross organizational or geographic boundaries, though the scope of the problems extend beyond any of these artificial limitations.
5. Move toward a public health intervention model. ... A public health model suggests that behavioral health agencies would partner with school systems to target services to students and their families most at risk for trauma and initiate services in more natural settings such as within schools. ... A successful strategy requires shared responsibility for critical outcomes in terms of health, learning, and social relationships.
6. Have an effective communication strategy that allows the community to know the plan and will continue to inform them before, during, and after the disaster.
7. Develop an orientation program for students and families displaced into new school systems to help them understand the curriculum, school culture, and to identify other needs that will impact their school participation (getting students' medication, transportation issues).
8. Reopen schools as early as possible but only when teachers have direction and reasonable amounts of needed materials are available.
9. LEAs should be less committed to getting on schedule with their curriculum.
10. Develop a single, brief information form that parents and/or students can complete and that is useful for various applications at multiple agencies.

Trans-system initiatives are critical when local, national and global crises occur. Much of my work takes place in international settings where similar principles apply. It is critical that the divisions between educational and health care professions are removed and that new appreciations are developed for the relationships between children's health and well being and their academic development (Taylor, 2008). In the US an article by Pat Cooper (2005) about the trans-system school and community based initiatives in McComb School District, Mississippi, provide a starting point. Cooper writes, "In short, to ensure the future of our society, we joined with parents and community partners in taking responsibility for the whole child. We believed that academic achievement would come for all children only when we addressed their basic needs. This approach would mean truly leaving no child behind! (p. 34). Cooper coordinated a school health model that was based upon the model developed by the Centers for Disease Control and Prevention (2005). Cooper states, "The model provided a framework for school reform based on programs in eight areas: (1) health education, (2) physical education, (3) health services, (4) nutrition services, (5) counseling services and psychological services, (6) health promotion for staff, and (7) health promotion for staff, and (8) family and community involvement. To bring the circle back to teaching and learning, we added a ninth component: academic opportunity" (p. 34). The

article provides an outline of the coordinated school health and educational plan, and the outcomes which included increased attendance, a reduction in disciplinary hearings, a decrease in the drop-out rate and improved academic achievement. In the community there was a drop in teenage pregnancy rates and in juvenile crime. Cooper writes, "The common denominators for success have been a focus on common human needs, a coordinated school health program and believing in the community" (p.36).

Children need schools to be safe joyful places *before* disasters occur if they are going to have the opportunity to recover when catastrophes take place. Trans-system approaches are critical. Every effort should be made to recognize the importance of children's families and friends. Have a plan, share the plan and stick to the plan. Build strong communities, incorporate health and well being into pedagogical initiatives. Every attempt should be made to take care of the whole child, *every child*, and make school a joyful place for children to be. This is the basis for school and community preparedness for catastrophes.

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