The following information is provided to your school and parents in order to assist staff and parents who are caring for the children who recently moved to our community because of the devastating effects of Katrina Hurricane.

Helping Children Adjust To Relocation After A Natural Disaster

- Natural Disasters can be traumatic for adults and especially for children and youth. The devastation to a familiar environment (i.e., home, community, and the safety of familiar surroundings) can be long lasting and distressing to the whole family. Certain future weather events (i.e., thunder storms, flash flooding, and high winds) in southern Nevada may trigger intense emotional reactions in some of the children related to their trauma experience. Immediate response efforts should emphasize teaching effective coping strategies, fostering supportive friendships, and helping children understand their reactions.

- Helping Children Adjust to Relocation:
  1. Provide opportunities to see/contact friends/family
  2. Bring personal items that the child values, if possible
  3. Establish some daily routines as soon as possible
  4. Provide opportunities for students to share their ideas and listen to their fears and concerns
  5. Be sensitive to the disruption that relocation may cause and be responsive to the child’s needs
  6. Consider the developmental level and unique experiences of each child

- Possible Adjustment Reactions of Children and Youth to Natural Disasters:
  1. Preschool Age: thumb sucking, bedwetting, clinging to adults, sleep disturbance, loss of appetite, fear of dark, regression of toileting behaviors, withdrawal from friends and routines, and increase aggression
  2. Elementary Age: irritability, aggressiveness, clinginess, nightmares, school avoidance, poor concentration, withdrawal from friends and family, and increased sadness
  3. Adolescent: sleeping and eating disturbance, agitation, increase conflict, physical complaints (i.e., headaches, stomachaches, and rashes), delinquent behaviors, poor concentration, and decreased school attendance and overall school performance
• **Symptoms of Acute Stress Disorder**: re-experiencing of the trauma during play or dreams, avoidance of reminders of the trauma and general numbness to all emotional topics, and increased “Arousal” Symptoms. These symptoms occur within four weeks of the traumatic event then go away. When these symptoms persist for more than a month and are seen after three months the child should be evaluated through a psychiatrist for possible Post Traumatic Stress Disorder (PTSD). The longer the child is exposed to and the more traumatic the experience, the greater likelihood of severe distress and of developing PTSD.

• **Information for Parents and Teachers to Work with Children of Trauma:**
  1. Remain calm and reassuring
  2. Acknowledge and normalize feelings
  3. Promote positive coping and problem solving skills
  4. Emphasize children’s resilience (help them identify what has worked for them in the past to deal with the things that have happened to them).
  5. Strengthen children’s friendships and peer support (assign them a peer buddy, interact within a small group)
  6. Monitor television and other media viewing
  7. Encourage children to talk about the trauma related events
  8. Encourage children to participate in activities they enjoy
  9. Be prepared to discuss difficult questions related to the event

• **Identify High Risk Children and Youth. Risk Factors Include:**
  1. Prior psychiatric diagnosis/treatment
  2. Loss of an immediate family member, close friend, pet
  3. Limited coping skills
  4. Limited cognitive ability
  5. Prior traumatic experiences within the last six to twelve months
  **Consider referral for mental health evaluation/treatment, when warranted.**

• **Parent and Teacher Resources:**
  1. Use the resources within your school first, including: school psychologist, school counselor, nurse, classroom teacher, and child’s parents as well as the Title I Hope Office (855-6682)
  2. Utilize community support to help the family deal with the move and emotional impact of the trauma, e.g.: psychologist, psychiatrist, social worker, DCFS, welfare office, food stamps, housing, and employment opportunities, etc.

• **Federal Emergency Management Agency** [http://www.fema.gov/kids/hurr.htm](http://www.fema.gov/kids/hurr.htm)

• **American Red Cross** [http://www.redcross.org/service/disaster/0,1082-587-00html](http://www.redcross.org/service/disaster/0,1082-587-00html)

• **National Organization of Victims Assistance (NOVA)** [http://www.trynova.org/](http://www.trynova.org/)

• **National Association of School Psychologists (NASP)** [http://www.nasponline.org](http://www.nasponline.org)

For additional assistance, referrals, and continued support please contact the Office of School Safety and Crisis Management at 799-1515.

Information adapted from National Association of School Psychologists website.