

Disaster Preparation and Response

*A Toolkit for North Carolina
Child Welfare Agencies*



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
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1. Overview of the Toolkit

Disasters such as Hurricane Matthew and the COVID-19 pandemic demonstrate the importance of being prepared for crisis events that can negatively impact child welfare systems. In North Carolina, we face a variety of disaster threats, such as hurricanes, tornadoes, mudslides, cyber and ransomware attacks, and extreme weather, just to name a few. These events can have a significant impact on agencies, staff, and clients alike, and can occur anywhere. We must all be disaster ready.

The families and children served by child welfare are among the most vulnerable in the aftermath of a disaster. Children are displaced from their families, caregivers are overwhelmed, housing is damaged, food supply is disrupted—these are a few reasons why risk and safety concerns are paramount during and after disasters (First et al., 2016).

As a result, federal law ([Title IV-B, Subpart 1, §422 \[42 U.S.C. 622\(b\)\(16\)\]](#)) requires that every state has a disaster plan that addresses how child welfare agencies mitigate risk and plan for, respond to, and recover from disasters. The North Carolina Division of Social Services (NCDSS) also requires each local child welfare agency to have a disaster plan. All public and private child welfare agencies should be equipped to do the following when a disaster occurs:

- Identify, locate, and continue services for children,
- Respond to new cases,
- Remain in communication with case workers and other essential personnel,
- Preserve essential program records, and
- Coordinate services and share information with other states and providers.

With this in mind, we are pleased to share this disaster preparation and response toolkit. This toolkit is for all child welfare and child-placing agencies in NC, and will provide resources to support coordinated disaster preparedness, response, and recovery efforts throughout our state. This toolkit uses a trauma-informed approach to all stages of disaster management and is organized into three broad areas:

1. Planning and preparing for disasters
2. Responding to disasters
3. Recovering from disasters

Each section shares best practices in disaster management, lessons learned from NC disasters, and resources to help you do this work.

Don't Miss These Highlights



This icon appears next to advice and input provided by NC child welfare agencies based on their firsthand experience with disasters.

References to resources that appear in the appendix will be bold, italicized, and marked by an asterisk. Example: ***Tips for Managing Volunteers****

Included in the Appendix are tools that can be reproduced and shared with staff and families. We encourage you to add local resources to this toolkit, so it is a comprehensive guide for your agency around disasters.

Before you dive into the toolkit, we encourage you to review **North Carolina's Child Welfare Disaster Plan**, which outlines the expectations for child welfare programs around planning and responding to disasters. Child welfare leaders should review this information and use it to add to their agency's disaster plan, as needed. The plan can be found on the NCDSS Disaster Preparedness Resources web page: <https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/disaster-preparedness-resources>

While disaster planning does require an investment of time and energy, these efforts will equip your agency to be prepared for disasters, *while also making your day-to-day services to children and families more efficient, cohesive, and productive* (O'Brien et al., 2007).



Child welfare agencies usually don't realize the importance of disaster planning until they experience a disaster. Agencies that have experienced disasters have become much better at disaster preparation over time. Reviewing this toolkit is a great starting place for getting your agency ready for a disaster.

Thank you for taking the time to review the toolkit. We encourage you to print and make copies of it, in its entirety, so this information is available to you even if there is a power outage. We hope the resources herein will be useful to you and your agency.

2. Planning & Preparing for a Disaster

Disaster planning is important! Here are a few things we would like you to know:

- Most people (about 60%) don't have an emergency plan in place.
- People *underestimate* the risk of disasters and *overestimate* their ability to bounce back quickly.
- Thorough disaster plans can reduce fear, anxiety, and losses from disasters; sometimes they can even help us avoid danger completely.
- Disaster preparedness decreases the money spent on disaster response and recovery.

To swiftly carry out relief activities *after* a disaster, communities must engage in disaster preparedness activities—on a habitual basis—*prior to* a disaster (Wilson et al., 2007).

2.1. County Planning

Most disaster incidents begin and end locally and are managed at the local level. The county-wide disaster plan is often developed by the County Emergency Management Team, which typically involves all county departments, including social services. The county-wide disaster plan details how counties will mitigate risk and plan for response and recovery. You can find your county's Emergency Management Agency at: <https://www.ncdps.gov/emergency-management/em-community/directories/counties>

The state-required county Child Welfare Plan can be a part of this larger County Emergency Preparedness document or can be a stand-alone resource for the local child welfare agency.

2.1.1. Community Hazard Analysis

There are two ways to begin thinking about disaster preparedness: preparing for a specific disaster event (i.e., the disaster-specific approach) and the all-hazards approach. Either is useful, but the **Department of Homeland Security's National Response Framework** encourages an all-hazards approach. Due to financial and time constraints, your agency may opt for the disaster-specific approach.

Regardless of approach, **your agency's first step is to determine which disasters are most likely to occur in your community.**

- Here is a site to help you assess natural disaster risk. All you have to do is enter your zip code: <https://www.servicemasterrestore.com/blog/weather/u-s-natural-disaster-risk-map-learn-if-your-area-is-at-risk/>
- Further information about developing a risk assessment for hazards in your area can be found at: <https://www.planningforhazards.com/home>

Once your agency has determined which disasters are more likely in your area, the next step is to analyze the population, resources, and needs of the community. This process is called "Community Resource Mapping."

2.1.2. Community Resource Mapping

Community Resource Mapping is a system-building process used by many different groups to align resources and policies to meet specific goals, strategies, and expected outcomes (Sperling, 2016). It is an

important step in developing disaster plans because it can highlight the assets, resources, and needs of a community that affect disaster response. Further information about Community Resource Mapping can be found here:

- **Preston City Council’s** Community Mapping Toolkit: <https://ucanr.edu/sites/CA4-HA/files/206668.pdf>
- The **Enterprise Center** at Salem State University’s (free) community mapping software: <https://enterprisectr.org/blog/community-mapping/>

2.1.3. *Disaster Planning in Child Welfare*

Local child welfare agencies, private child-placing agencies, and by extension NCDSS carry the heavy responsibility of protecting children and families who are often marginalized within the community. These families are especially vulnerable before, during, and after a disaster.

The purpose of the county Child Welfare Disaster Plan is to clarify requirements and methods of meeting state and federal requirements in the area of child welfare when a disaster occurs. Both public and private child welfare agencies should have a child welfare disaster plan. Here is a short resource for agency leaders from the U.S. Children’s Bureau on planning for a disaster:

<https://www.childwelfare.gov/topics/management/disaster-preparedness/planning/>

Plan Considerations

As mentioned, federal law requires that each state develop a disaster plan for child welfare ([Title IV-B, Subpart 1, §422 \[42 U.S.C. 622\(b\)\(16\)\]](#)). **State law and policy require local child welfare agencies to maintain mandatory services in times of disaster.** Your agency’s child welfare disaster plan should include **general operations, access to essential records, and a crisis communication plan.** The following section outlines how to plan effectively in these areas.

General Operations

The purpose of the Child Welfare Disaster Plan is to ensure the following occurs during and after a disaster:

- Identification, location, and continuation of services for children,
- Response to new cases,
- Maintenance of communication with case workers and other essential personnel,
- Preservation of essential program records, and
- Coordination of services and information with other states and agencies.

The following list will help you identify action steps for each of the five areas. This list is not exhaustive.

Recommended Action Steps, at the Agency Level, for Disaster Planning:

1. **Start with an “all hands” meeting in the agency.** At this meeting, which should occur annually, the agency would:
 - Hear from the County Emergency Management team about the types of disaster events to prepare for and outline the incident command structure.
 - Clarify the chain of command and communication structure within the agency, with other agencies and the public, and with NCDSS.

- Determine points of contact if regular communications are unavailable.
- Determine which office(s) would remain open if others close, and for how long.
- Clarify the role and expectations of child welfare staff during and after a disaster.
- Clarify county policies around evacuation.

2. Following the “all hands” meeting, agencies should:

- Encourage employees to develop disaster plans for themselves/their families. Personal disaster plans should also include arrangements for childcare and pet care. See the [Staff Preparation/Family Preparation section*](#) of this toolkit for more guidance in this area.
- Document workers’ emergency contacts and evacuation plans.
- Determine which staff would evacuate and/or shelter in place in the event of an emergency. Create a list of agency personnel and current contact numbers (including potential evacuation point of contact) to be printed and kept on file, so that it is accessible during a loss of internet access or electrical power.

3. Develop a plan to conduct Community Resource Meetings in the neighborhoods where agency clients are located. This will enable your agency to identify assets to be utilized in the event of a disaster, as well as how to activate them.

4. Identify disaster teams, team leads, and assign individual duties. The following areas would need to be covered:

- ✓ *Staff assigned to county call center/Emergency Operations Center.* These should be individuals who would not evacuate, who know the county, and have adequate coverage for children and pets.



It is recommended that one team is identified as the first to respond to the disaster, with plans for a second “standby” team to step in after a short period of time (approximately 12 hours).

- ✓ *Staff to maintain the office and agency vehicles.* Agency leaders should determine:
 - o Where agency vehicles will go if their current location is not safe from disaster.
 - o Who will keep vehicle keys.
- ✓ *Point of contact for resource parents.*
 - o Ensures all resource parents have a disaster plan on file at the agency.
 - o Ensures emergency contact information and potential evacuation locations are on file for each child and family.
 - o Prints a list of **current contact information for resource parents, a current list of all children in the custody or placement responsibility of the agency, and a current list of displaced families prior to the event**, if possible, so this information is accessible during a loss of internet or electricity.
- ✓ *Point of contact for partnering agencies, such as child placement agencies.*
 - o Obtains copies of each agency’s disaster plan, keeps them on file, and ensures they are up-to-date.
- ✓ *Media point person(s).*
 - o Prepares scripts for use when in contact with local and national media outlets. For more information, see the [Crisis Communications*](#) section of this toolkit.

- o Prepares a script for all other staff on how to respond to media requests, when agency policy designates another individual speak to the media.
- ✓ *Point of contact with NCDSS*, who is responsible for obtaining, compiling, and submitting all disaster-related data to NCDSS.
- ✓ *A shelter team*, which would:
 - o Have shelter agreements signed.
 - o Assign a point person for each shelter.
 - o Visit shelter locations to assess supply needs.
 - o Obtain needed supplies and provide them to shelters.
 - o Clarify who will feed shelter residents, and how.
 - o Determine whether the families of staff managing the shelter can stay at the shelter.
 - o Complete a shelter staffing schedule if an event is imminent.
- ✓ *Information technology and records retention team*. These individuals should:
 - o Troubleshoot communication challenges within and outside of the agency.
 - o Plan for a loss of power due to the disaster.
 - o Determine how to protect and preserve paper records.
- ✓ *A volunteer team*, which would identify, vet, and manage volunteers. See the [*Tips for Managing Volunteers**](#) tool.

5. Conduct annual trainings, of all staff, of the major components of the disaster plan. To include:

- Training of each of the teams identified above.
- Training across teams and across agencies, to ensure staff can serve in multiple roles, based on the needs of the community and agency.
- Cross training with community organizations and stakeholders to ensure they are aware of child welfare’s role in a disaster (e.g., the local American Red Cross chapter, fire department, police departments, etc.). This fact sheet is a resource to share with Disaster Response Teams: <https://www.childwelfare.gov/pubPDFs/cw-disaster-preparedness.pdf>
- Following are free training modules that can be found on the FEMA website that may be useful in preparation for a disaster event.
 - o Local Mitigation Planning: https://www.fema.gov/sites/default/files/2020-06/fema-local-mitigation-planning-handbook_03-2013.pdf
 - o Shelter Manager training: https://www.fema.gov/sites/default/files/2020-05/fema_nims_509_shelter-manager_0.pdf
 - o Winter Storm: https://www.fema.gov/sites/default/files/2020-03/fema_faith-communities_winter-storm-playbook_0.pdf

6. Check agency storage to ensure adequate supply of emergency items, such as:

- Charged lightning chargers for electronic devices (cell phones, tablets, computers), should power be unavailable
- Cots and blankets
- Generators
- Intake and assessment forms
- Other paper forms as needed
- Notepads, pens, clipboards, and other office supplies

- Waterproof / fireproof boxes to store important files/materials
- “Sorry we missed you” door hang tags, if offices are closed
- Shelter needs
- Electronic equipment for staff (internet hot spots, battery packs, satellite phones, etc.)
- Animal crates, if the shelter accepts animals

7. Conduct meetings with agency partners and local organizations to ensure coordination of disaster-related activities. This includes partners such as the American Red Cross, the Salvation Army, and faith-based and civic organizations.

- **Make arrangements for special shelters, if your agency does not already have access to them.** You will likely need a place for children with special needs, fragile adults, and disabled individuals.

Recommended Action Steps *if a disaster event is imminent or occurs without warning.*

As quickly as possible:

- Activate emergency teams.
- Hold a meeting with all agency staff to go over roles and provide important contact information.
- Await an emergency declaration by county personnel.
- Once a disaster begins, team leads should contact teams to determine action steps, to include:
 - Confirming who will stay and who will evacuate
 - Distributing information on shelter locations (if pertinent) and evacuation routes
 - Packing of personal bags (in case the stay is longer than expected at the Emergency Operations Center or shelters)
- Move vehicles, if necessary; gas up if possible.
- If necessary, leave the office. Unplug all electrical devices before doing so.
- Distribute hot spots and other electronic equipment as needed.
- Print paper copies of essential forms, in case records need to be kept on paper.
- Print lists of resource parents’ contact information.
- Print lists of children in agency custody or under placement responsibility, along with:
 - Contact information for their caregiver(s), extended family, and important contacts
 - The family disaster and evacuation plan for each child

Access to Essential Records

In preparation for a disaster, the agency’s plan may identify ways to access information during a disaster due to lack of power or internet access, flooding, or building damage.

If child welfare agencies are unable to access important information on birth families, resource families, agency staff, or agency partners, it is possible to utilize NCDSS record systems for assistance.

Information from these systems is accessible to counties upon request, should their paper or computer systems be destroyed. NCDSS record systems include:

- a. **NC FAST (North Carolina Families Accessing Services through Technology)**. Since a wide variety of information is put into this system, counties can request data across several program areas from NC FAST, if they lose access to their own records during a disaster.
- b. The **Central Registry** can provide historical data on families that have received child welfare services from local child welfare agencies, including the details surrounding their involvement with child protective services and in-home services.
- c. The **Daily Report of Services System** and the **Services Information System** can provide counties with a list of children that may be involved with child protective services but who were not yet determined to be abused or neglected. This information is available by child's name and by the child welfare worker's name.
- d. The **Foster Care Facility Licensing System** has information available if agencies lose access to computer or paper records of foster parents they supervise.
- e. The **Child Placement and Payment System** and the **Records Management System** have information on the placement of each child in care. Should a disaster occur, these data sources could be used to assist agencies in locating and maintaining contact with foster children for whom they are responsible, as well as their caregivers.

See this website for details on accessing the above information from NCDSS:

<https://www.ncdhhs.gov/divisions/social-services/child-welfare-services/requests-information>



Agencies should update and maintain the accuracy of their electronic records with NCDSS prior to a disaster event, so that NCDSS can help them more effectively during a disaster.

Crisis Communication

A crisis communication plan is a set of guidelines and procedures used to help agencies prepare for disruptions in typical communication because of an emergency. The crisis communication plan should:

- Identify and prioritize audiences with whom contact needs to be maintained.
- Clarify communication mechanisms for each audience (email, phone, etc.).
- Develop response statements for telephone, email, text messages, website, social media, and crisis site inquiries. These messages can be for resource families, birth parents, staff, and/or to relay information to NCDSS.
- Specify ways to maintain phone and email logs of key personnel, clients, agency partners, etc., who may be inquiring about the situation (when usual means of keeping logs is not possible).
- Clarify existing media policies for all staff.
- Plan for communicating updates as needed.
- Identify methods for maintaining contact with local emergency officials and NCDSS as necessary.

Workshop has a template to help your agency develop a crisis communication plan:

<https://useworkshop.com/resources/crisis-communications-plan-template-and-example/>

The **NC Department of Public Safety's** website has great tips on communicating with the public via social media. <https://www.ncdps.gov/our-organization/emergency-management/social-media-toolkit-outreach-materials>

Testing the Agency Disaster Plan

Child welfare agencies are strongly encouraged to engage in exercise drills (sometimes called “tabletop” exercises) to determine:

- if their disaster plan is workable,
- what other supports may be needed, and
- where plans must be modified.

Tabletop exercises are also used to clarify roles and responsibilities and to identify additional agency mitigation and preparedness needs. They can help agencies answer questions such as:

- Is the list of foster children/resource families/staff contact information accurate and available?
- Is the agency aware of NCDSS expectations for child welfare in a disaster situation?
- Are supplies readily available for continuation of services/opening a shelter (if needed)?

Exercise drills should result in action plans for continued improvement of the emergency plan. Here are strategies for implementing effective tabletop exercises in your agency:

<https://www.cidrap.umn.edu/news-perspective/2007/05/designing-conducting-and-evaluating-tabletop-exercises-primer-optimizing>

2.2. Partnering with Stakeholders

Effectively planning and preparing for disasters requires working with stakeholders who can help identify local hazards and community resources and assess risk. Partnering with stakeholders will ensure your agency’s disaster plan is comprehensive. This partnership should be a collaborative, multi-sector, and inclusive process.

For example, consider working with some of the following to conduct a risk assessment:

- Emergency managers
- Community planners
- City engineers
- Law enforcement
- Geographic Information Systems (GIS) specialists
- Community leaders and organizations
- Natural resource and/or hazard experts (e.g., geologists, foresters, floodplain managers, etc.)

Building these relationships *before* a disaster occurs will pay dividends *during* and *after* the disaster (Rumbach, n.d.).

2.2.1. Key Partners: State and Community Emergency Response Teams


In times of emergency, state and federal agencies, nonprofit relief organizations, faith-based organizations, and some private sector companies come together as a group known as the **State Emergency Response Team (SERT)**. These partners work to protect the people of North Carolina, under the command of the SERT leader.

The Human Services group within SERT works with counties to set up shelters and develop feeding plans to address the needs of residents. See this website for more information on the NC SERT team: <https://www.ncdps.gov/blog/2020/07/31/responding-all-hazards-work-state-emergency-response-team>

The **Community Emergency Response Team (CERT)** is a national organization that offers localized volunteer training and organization so that agencies can focus on more complex tasks during and after the disaster. Visit these sites to learn more: <https://www.ready.gov/cert> and <https://www.nc.gov/agencies/volunteer/cert>.

2.3. Staff Preparation/Family Preparation


Child welfare staff are strongly encouraged to complete disaster plans for themselves/their families (i.e., *personal* family disaster plans), as well as to work with *families on their caseload* to complete disaster plans. Child welfare agencies should encourage staff members' personal disaster planning by:

 **Using existing staff meetings to educate personnel on the importance of disaster preparedness.**

- **Sharing disaster planning templates with staff during individual and/or team supervision.**
- **Including disaster preparedness information in ongoing communication with staff.**

The steps for staff and family disaster planning are the same. We recommend the following steps:

- **Plan ahead**, including signing up for emergency alerts and warnings and knowing the types of disasters likely to affect your local area.
 - Here are a few websites to get you started:
 - <https://www.readync.org/stay-informed/emergency-alerts>
 - <https://www.ready.gov/plan>
 - Guidance for caregivers is available from the **American Academy of Pediatrics**: https://www.aap.org/en-us/documents/disasters_family_readiness_kit.pdf
 - Here is a family emergency planning template: https://files.nc.gov/readync/documents/files/famemeplan_2012.pdf?afG1pOUovPjKZE7_xEBbVYdH.iTrdw1O
 - A template from the **Resilient Children/Resilient Communities Initiative**, specifically for out-of-home placements, can be found here: <https://rcrctoolbox.org/wp-content/uploads/2020/03/Out-of-Home-Placement-Emergency-Preparedness-Template.pdf>

 **Caregivers should use developmentally appropriate language to ensure that all older children and extended family members know what the family disaster plan is. PSEG Foundation and Sesame Street's website has resources for caregivers for talking about emergency plans with children. <https://sesamestreetincommunities.org/funder/pseg/>**

- **Build a disaster kit, including having a portable one for your car.**
 - Here is a checklist from **FEMA** to get started: https://www.ready.gov/sites/default/files/2021-02/ready_checklist.pdf
 - Other disaster kit guides:
 - <https://www.ready.gov/kit>
 - <https://www.ready.gov/car>
- **Get tech ready:**
 - <https://www.readync.org/stay-informed/emergency-alerts>
 - <https://www.ready.gov/get-tech-ready>
- **Develop an evacuation plan and evacuation route.**
 - Be familiar with alternate routes and other means of transportation out of your area.
 - Consider what you will do if you are ordered to evacuate and have family members in different locations.
 - If you have a car, keep your gas tank full if evacuation seems likely. Always keep a half tank of gas in your car, in case of an unexpected need to evacuate. Gas stations may be closed during emergencies and unable to pump gas during power outages. Plan to take one car per family to reduce congestion and delay.
 - During a pandemic, check to see if there are virus outbreaks in locations you are going to. Have masks and personal protective equipment for all members of the family.
 - Online evacuation resources:
 - <https://www.ready.gov/evacuation>
 - <https://www.readync.org/plan-and-prepare/evacuating>
 - <https://www.ncdot.gov/travel-maps/maps/Pages/evacuation-routes.aspx>
- **Develop a shelter plan.** <https://www.ready.gov/shelter>
 - If you evacuate to a shelter, you may need a place that will accept pets. Most public shelters allow only service animals.
 - Develop a plan and kit for your pets using these tips: <https://www.ready.gov/pets>

2.3.1. *Planning with Families Who Have Special Needs*

The disruption that can occur during a disaster may have the greatest impact on individuals with disabilities, special needs, and chronic health conditions. These individuals may require special consideration in the planning process. Issues that have the greatest impact on people with disabilities include:

- notification of a disaster,
- evacuation from a disaster area,
- emergency transportation,
- sheltering,
- access to medications, refrigeration, and back-up power,
- access to their mobility devices or service animals while in transit or at shelters, and
- access to important information.

This website outlines a four-step framework for helping persons with disabilities plan and prepare for disasters. It includes information specific to the type of disability: <https://www.ready.gov/disability>

The Disability Rights Section of the U.S. Department of Justice has developed a guide to help agencies ensure disaster preparation and response programs are compliant with the Americans with Disabilities Act (ADA) and accessible to persons who have disabilities: <https://www.ada.gov/emereprepguideprt.pdf>



Agencies should consider offering specialized training for families with special needs on planning and preparing for disasters.

2.3.2. *Spotlight on Financial Preparedness*

Americans at all income levels have experienced the challenge of rebuilding their lives after a disaster or emergency. Since having access to personal financial, insurance, medical, and other records is crucial, a bit of advanced planning will help families start the recovery process quickly and efficiently. Here are a few tips for doing so:

- **Gather and safeguard critical documents and valuables**, such as identification records, financial and legal documents, medical information, and priceless personal items. Store these in a safety deposit box, an external drive, or on the cloud to ensure easy access during and after a disaster.
 - <https://www.ready.gov/financial-preparedness>
 - https://www.ready.gov/sites/default/files/2020-03/fema_safeguard-critical-documents-and-valuables_0.pdf
- **Consider keeping money in an emergency savings account that could be used in any crisis; keep a small amount of cash at home in a safe place.** It is important to have small bills on hand because ATMs and credit cards may not work during a disaster, when you need to purchase supplies, fuel, or food.
- **Obtain property (homeowners or renters), health, and life insurance.** Not all insurance policies are the same. Review your policy to make sure the amount and types of coverage you have meets the requirements for all possible hazards. Homeowners insurance does not typically cover flooding, so you may need to purchase flood insurance from the National Flood Insurance Program: www.floodsmart.gov
- For more helpful financial preparedness tips, download the *Emergency Financial First Aid Kit* from **Operation Hope** and **FEMA**: https://www.ready.gov/sites/default/files/2020-03/ready_emergency-financial-first-aid-toolkit.pdf

2.3.3 *Disaster Planning with Children and Young People*

As child welfare workers, we know that children and youth are an integral part of our community. It is important to ensure their protection while considering their needs in disaster planning, response, and recovery efforts. Children and youth can and should be involved in disaster planning efforts, at a developmentally appropriate level, for several reasons:

- They have unique abilities and skills that can be utilized in disaster planning.
 - Older children can supervise/entertain younger ones.
 - Children want to help. They can carry their own backpack or water bottle, hold on to an older adult who may need assistance, or pack prized possessions.
- Children and youth are empowered when they understand the risks of a disaster and know how to protect themselves.

- Empowered youth can help involve their families, peers, and communities in disaster preparedness.

All disaster planning with children and youth should be done at an age-appropriate level using a trauma-informed approach, such as:

- Ensuring the child feels safe
- Giving information timely
- Giving the child/young person specific tasks to complete
- Ensuring the child's perspectives and concerns are respected

Ready.gov has several pages on their website to get young people involved in disaster planning—see <https://www.ready.gov/kids>.

Specific information about trauma informed care can be found at: <http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html>

2.3.3. *Planning and Evacuation of Foster Families*

North Carolina's Child Welfare Disaster Plan suggests foster families create a family disaster plan and submit it annually to their supervising agency.

- Foster families are expected to stay in contact with their supervising agencies prior to and during a disaster.
- Foster families must alert their agency of their plans to evacuate and provide information about their planned destination and contact numbers.

For a tool agencies can use to help resource parents develop disaster plans, see the [NC Resource Parent Disaster Plan*](#) in the Appendix.



All child welfare workers should contact all families on their caseload (birth families, kinship families, and foster families) ahead of imminent disasters to review and confirm disaster plans, to update contact information, to ask about urgent needs, and to share the best way to reach the worker during and following the disaster. Staff should print and keep paper copies of families' contact information and evacuation plans to ensure this information is readily accessible in the event of power outages.

2.4. Checklist: Planning & Preparation

For a summary of important tasks to complete as your agency plans and prepares for a disaster, see the following checklist from the National Child Welfare Resource Center for Organizational Improvement. Also, see the [Key Questions to Consider When Developing a Disaster Plan*](#) tool.

Before a Disaster: At a Glance

Create a Plan

- Assess the types of disasters the agency might face.
- Develop a child welfare disaster plan (coordinate with department-level and statewide disaster plans, assign person responsible, consult with stakeholders, state expectations for providers, write the plan—how to manage, build critical infrastructure, prioritize).
- Conduct or participate in drills on all levels.
- Update the plan regularly.

Prepare to Manage

- Designate managers in charge and backups.
- Identify essential functions; designate staff and backups to oversee these functions, provide training; plan for communication.
- Assign other critical roles (media, volunteers, liaisons to other States, federal partners, and courts).
- Stress leadership.
- Consider post-disaster workload demands and resources.
- Identify locations for operations (prepare buildings, consider generators, determine possible alternative locations).
- Prepare disaster supply kits.
- Consider flow of funds.

Enhance Critical Infrastructure

Coordinate with Key Partners

- Work with emergency management agencies.
- Establish liaisons with other States to coordinate services and share information.
- Build collaborations with other relevant State agencies and programs.
- Collaborate with service providers.
- Coordinate with courts.
- Establish liaisons with federal partners.
- Identify potential volunteers and their tasks.

O'Brien, M., Webster, S., & Herrick, A. (2007, Feb.). *Coping with disasters and strengthening systems: A framework for child welfare agencies*. National Child Welfare Resource Center for Organizational Improvement.
<http://muskie.usm.maine.edu/helpkids/rcpdfs/copingwithdisasters.pdf>

Develop Communication Systems

- Establish toll free numbers.
- Establish and use internal communication systems.
- Designate websites for disaster information.
- Prepare for media communication.
- Arrange for and use communication technology (e.g., alternatives to land line telephones; computers and mobile computing; explore GPS locators).

Strengthen Information Systems

- Build on existing plans.
- Store critical information in statewide automated systems.
- Provide access to automated systems.
- Protect vital records (e.g., off-site backup, protect computers).
- Protect equipment.
- Assess paper records.

Prepare Staff and Contractors

- Encourage staff to develop personal disaster plans and keep them updated; store information from the plans so they are accessible during a disaster.
- Require staff to check in after disasters and provide information on how to do so.
- Keep emergency supplies in offices.
- Train all agency staff on agency disaster plan; participate in drills.
- Establish support services for staff.
- Develop expectations and support for contracted staff.

Prepare Families, Providers and Youth*

- Require foster and adoptive families and providers to develop disaster plans and keep them updated; store information from the plans so they are accessible during a disaster.
- Require families, providers and youth to check in after disasters.
- Provide families, providers and youth with information on emergency preparedness.
- Prepare birth families and families receiving in home services.
- Collect critical identifying information for birth parents when possible; store contact information so it is accessible during a disaster.

* This includes foster parents, relative caregivers, adoptive families, group homes, residential treatment centers, other facilities serving children in the care of child welfare agencies (psychiatric hospitals).

3. Responding to a Disaster

3.1. Overview

Our response to a disaster occurs during the first few hours and days after a disaster occurs. Our primary focus in disaster response is **saving and stabilizing lives** of children, youth, families, and staff. Disaster response efforts should be trauma-informed and done in collaboration with key partners, such as emergency management officials, law enforcement, the American Red Cross, schools, and mental health providers (CWIG, 2015; Vivrette & Bartlett, 2020).

We encourage public and private child welfare agencies to take an “all hands on deck” approach by having staff work across service areas based on the needs of your agency, families, and community (O’Brien et al., 2007). This overview includes examples of challenges agencies may face in disaster response and ways to avoid or address those challenges.

Typical communication methods may be inoperable due to the disaster:



Utilize a phone tree to ensure key messages are communicated to all staff timely. Visit these sites to learn more:

- <https://searchdisasterrecovery.techtarget.com/definition/Call-tree>
- <http://www.intermountainpro.com/wp-content/uploads/2011/01/Phonetree-IP.pdf>



Use radio, text messaging, local media, and social media channels to communicate with staff.

- Agencies should designate a point of contact at each work location, where staff can send messages to their direct supervisor (if their cell phone has died or is out of service), and/or receive important agency updates.

Staff are sometimes unclear about work responsibilities during and immediately after the disaster:

- Agencies should inform all staff, as soon as possible, that the disaster plan has been enacted. Supervisors and managers should remind staff of their specific roles and responsibilities, as outlined in the agency’s disaster plan.
- The senior leadership team should meet often to assess disaster response activities and adjust staff roles and responsibilities as needed.

Staff may have difficulty reporting to work due to the disaster:

- Supervisors and managers should locate their staff within 24 hours to assess and respond to urgent needs that impact their capacity to return to work. See the [*Survivor Current Needs**](#) tool.
- Child welfare leaders should document their findings in a spreadsheet, so the agency will have a clear picture of who has *not* been located. Finding unaccounted for staff should be a priority.



Supervisors should work with staff to arrange for safe housing that is close to their work location when roads are unsafe and/or inaccessible due to the disaster (e.g., in hotels, shelters, etc.).

There may be a lack of coordination between local agencies:

- Identify a liaison between the local child welfare agency and local emergency management officials, to ensure the agency's response is in line with broader efforts in the community.
- **Leaders of local public and private child welfare agencies and child-placing agencies should meet regularly to coordinate disaster services provided to families.**
- The **Children and Youth Task Force in Disasters (CYTFiD)** model is an approach for ensuring human services agencies work together effectively during and after a disaster:
<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/childrens-task-force-disasters-guidelines-development.pdf>



Child welfare agencies should partner with local organizations such as tribes, faith-based groups, and nonprofit organizations during disaster response. These groups have a strong track record of mobilizing resources quickly to meet the needs of the community. They are an invaluable resource to child welfare agencies.

(AECF, 2009; O'Brien et al., 2007; Proffitt & Galasso, 2021)

3.2. Ensuring Children, Youth, and Families Are Safe and Accounted For

The top priority in disaster response efforts is ensuring children, youth, and families are safe and accounted for. Your disaster response should begin here, and it should remain your top priority throughout your disaster management efforts.

This section outlines challenges child welfare agencies may face in ensuring clients are safe and accounted for, along with recommendations for agency leaders and caseworkers.

Children and youth are in danger of being displaced from their families due to a disaster.

- Agencies should identify, in advance:
 - where displaced children and youth will be housed,
 - how staff will be assigned to these cases, and
 - a process for identifying the families of these children.
- Child welfare agencies should have policies and procedures for evacuation centers and shelters, to ensure children and families remain together.
- Public and private child welfare agencies and child-placing agencies should work together to locate children and youth.
- For children who reside in NC but are under the placement authority of another state, child welfare staff must locate each child and provide an update on the safety and well-being of that child to the North Carolina ICPC office **within 48 hours**.

- See the *Office of Interstate Services: Guidance for Disaster Planning & Response** tool for guidance specific to Interstate Compact on the Placement of Children (ICPC) cases. Here are some helpful resources for ICPC cases:
 - **Office of Interstate Services Contact List:** <https://www.ncdhhs.gov/divisions/social-services/child-welfare-services/interstate-services>
 - **ICPC State Pages**, where you can find contact information for ICPC Administrators and consultants throughout the U.S.: <http://icpcstatepages.org/>

Strategies for locating unaccounted for children and youth:



When child welfare staff know a disaster event may be coming, they should print the disaster plans for all children on their caseload (including the contact information of key relatives) before the disaster begins.

- Child welfare agencies should pull a list of youth in foster care, resource parents, and families that need to be located from NC FAST (or county data systems) and utilize diligent efforts to find them as soon as possible.
 - For more on diligent efforts to locate, please refer to the [DSS-5105](#) and the [NC Child Welfare manual](#).



Staff should document their findings in a spreadsheet so the agency has a clear picture of who has *not* been located, so finding these children and families can be prioritized.



Child welfare workers have successfully located children quickly by sharing their cellular phone number with families and requesting that families check in via text during and after the disaster.

- For American Indian Youth, consider requesting the tribe’s help in locating the child:
 - <https://ncadmin.nc.gov/public/american-indians/nc-tribal-communities>
 - <https://www.bia.gov/bia/ois/tribal-leaders-directory/>
- The following resources were created to assist with reuniting families:
 - **Safe and Well**, created by the American Red Cross, is a tool where individuals can register themselves as “safe and well” after a disaster, or can inquire about the safety of loved ones. <https://www.safeandwell.org/>
 - The **National Emergency Child Locator Center (NECLC)**, operated by the National Center for Missing and Exploited Children, is activated through a request to FEMA during Presidentially declared disasters. The NECLC assists with the reunification of children who were separated from their parents or legal guardians during a disaster. <https://youth.gov/federal-links/national-emergency-child-locator-center-neclc>
 - The **Unaccompanied Minors Registry**, also operated by the National Center for Missing & Exploited Children, allows the public to report information related to children who have been separated from their parents or guardians. Information can be reported online or by calling NCMEC 24/7 at 1-800-843-5678. <https://umr.missingkids.org/umr/>

Children, youth, and families may move across state and county lines to access housing and natural support systems after the disaster.

- Caseworkers should ask youth in foster care, resource parents, and families to inform the agency **any time** their housing location changes.
- For families that relocate across **county** lines, child welfare staff should work closely with that county to ensure children and youth are located timely and that urgent safety and well-being needs are addressed.
- For children and families who relocate across **state** lines, child welfare staff should work closely with North Carolina’s ICPC office to:
 - ensure children and youth are located timely and urgent safety needs are addressed;
 - ensure ICPC policy and procedures are followed; and
 - pursue waivers or expedited placement requests, when applicable, to meet the needs of the child.
 - See the *Office of Interstate Services: Guidance for Disaster Planning & Response** tool for guidance specific to ICPC cases.

Families may face serious safety concerns due to the disaster, putting children and youth at high risk for maltreatment.

- Caseworkers should connect with youth in foster care, resource parents, and families within **24 hours** of the disaster to assess safety and risk.
- Explore urgent needs of the child and family using tools such as the *Survivor Current Needs Worksheet** and develop a plan for addressing these needs.
- Provide families with information about disaster and community resources available to them, particularly in the areas of food, water, utilities, housing, and medical needs.
- The **NC Department of Public Safety** and **American Red Cross** websites have information on shelters open in the local community, what to bring, and services available at the shelter.
 - <https://www.ncdps.gov/our-organization/emergency-management/emergency-preparedness/storm-shelters>
 - <https://www.redcross.org/get-help/disaster-relief-and-recovery-services/find-an-open-shelter.html>
- The **NC Department of Public Safety** has helpful information on these areas:
 - Safety tips around disruptions in utilities (gas, water, electricity): <https://www.readync.org/recover-and-rebuild/utility-safety>
 - Livestreams of emergency briefings: <https://www.ncdps.gov/news-conference>
 - Information on the Emergency Management agency in all 100 counties: <https://www.ncdps.gov/emergency-management/em-community/directories/counties>
- The **Centers for Disease Control** has helpful information on these areas:
 - Preventing illness and injury: <https://www.cdc.gov/disasters/illness-injury.html>
 - Ensuring food and water safety: <https://www.cdc.gov/disasters/foodwater/index.html>
 - Preventing carbon monoxide poisoning: <https://www.cdc.gov/disasters/cofacts.html>
 - Water supply and safe drinking water: <https://www.cdc.gov/healthywater/emergency/drinking/index.html>
 - Emergency wound care: <https://www.cdc.gov/disasters/woundcare.html>

(AECF, 2009; Cage & Salus, 2010; O’Brien et al., 2007)

3.3. Ensuring Service Delivery Continues: Guidance for Agency Leaders

The next step in disaster response is ensuring child welfare service delivery continues, with a focus on the essential operations of the local child welfare program. This section outlines common challenges for continuing service delivery and recommendations for overcoming them.

There may be confusion over what services are available. Agency leaders should inform staff, youth, and families of:

- which child welfare services and programs will continue;
- which non-essential functions will be paused or limited in capacity, and for how long; and
- how to access essential services.

The method and timing of the ways leaders will inform staff of the above should be included in the agency's child welfare disaster plan.

Public and private agencies may have a significant increase in demand for services, as children may be dependent, maltreated, or separated from their families due to the disaster.

- Ensure intake and assessment services resume as soon as possible, using paper forms if necessary.
- For DSS agencies: temporarily reassign staff to CPS Intake, CPS Assessments, and Permanency Planning services to ensure adequate coverage of these areas. Supervisors should orient staff to their reassigned job function.



For DSS agencies: identify which staff will be designated as “first responders” for disaster response and emergency shelter work and have a team of staff who will rotate in and out of this role every 12 hours. CPS Intake staff should not be on this team, due to the anticipated increase in reports due to the disaster.

- Increase flexibility in your agency's procedures and requirements, so they do not become barriers to meeting the needs of children and families impacted by the disaster.

Disruption may occur in payments to staff, youth, and resource parents due to the disaster.

- Make staff payroll and foster care payments a top priority.
- Issue paper checks if electronic systems are unavailable. Disruption in payments will cause significant, rapid changes in morale, which impacts service delivery.

There may be an increase in service needs that impacts child safety, due to the disaster.

- Agency leaders should work with local partners to ensure key services are available based on the needs of the community, such as: childcare, emergency housing, financial assistance, and services for medically fragile children and elderly caregivers.
 - Advocate for services and resources to flow to low-income and marginalized communities, who are disproportionately impacted by disasters.

- The **NC Commission of Indian Affairs** website has information on state- and federally-recognized tribes in NC with contact information for each tribe. Tribes may be able to assist with disaster response efforts and services to American Indian children, youth, and families. <https://ncadmin.nc.gov/public/american-indians/nc-tribal-communities>
- Agency leaders should determine how to distribute emergency funding (from the county, LME-MCO, FEMA, TANF, etc.) to address service needs, with a focus on meeting concrete needs of families first (e.g., housing, food, water, etc.).
- The **NC Department of Public Safety** has information on individual assistance programs. <https://www.ncdps.gov/Emergency-Management/Disaster-Recovery/Individual-Assistance>
- **NCCARE360** is a resource for connecting children and families with services and resources in their local area: <https://nccare360.org/resources/>

Staff may face safety concerns while trying to provide child welfare services, due to the disaster.

- Agency leaders should reference the **Capacity Building Center for States’ Child Welfare Worker Safety Guide** for information on promoting staff safety.
 - The *Five Essential Elements of Immediate and Mid-Term Trauma Interventions* may be especially helpful after a disaster: <https://capacity.childwelfare.gov/states/resources/child-welfare-worker-safety-guide/>



Agency leaders should work with law enforcement and emergency management officials to provide guidance to staff on when and how to travel to provide services to families.



Staff should be given the option to conduct home visits and other case contacts virtually when concerns for worker safety are paramount. See the *Low or No Cost Technology Options for Virtual Participation and Contact tool.**

(AECF, 2009; Cage & Salus, 2010; O’Brien et al., 2007; Proffitt & Galasso, 2021; Vivrette & Bartlett, 2020)

3.4. Trauma Response (Short-Term)

In the immediate aftermath of a disaster, child welfare’s main goal in working with survivors is to ensure safety, decrease distress, and increase their ability to adapt to their situation (CWIG, 2015 & 2016).

Disaster events can be highly distressing, and survivors may experience a variety of stress reactions. See the *Critical Incident Stress Information Sheets** for information about these reactions and how to manage them.

Stress reactions should resolve within 30 days without professional help. If these reactions persist, survivors should have a mental health assessment and ongoing services, if indicated. **Children and youth served by child welfare agencies are more likely to need these services, due to prior traumatic experiences** (CWIG, 2015; NCBH, 2015; Proffitt & Galasso, 2021).

3.4.1. Trauma Response (Short-Term) with Child Welfare Staff

For trauma response to be effective, agencies must first attend to the safety and well-being of their workforce. When staff are well, they are better able to attend to the safety, permanency, and well-

being of children, youth, and families (Vivrette & Bartlett, 2020). This section outlines strategies for doing both.

Supporting Physical and Emotional Safety:

- Ensure disaster response services are offered in a location outside the disaster area. This promotes physical safety and decreases exposure to trauma triggers.
- Advocate for staff priority in emergency housing and childcare services, when indicated.
- Organize a collection of food and other goods for staff who are in need.



Provide flexibility in work schedules, including work-from-home and/or hybrid work options, so staff have time to address their own urgent needs due to the disaster.

- Limit work shifts to 12 hours or less and encourage work breaks.
- Ensure adequate coverage of key services, so staff workloads are manageable.
- Mandate time off, so staff can engage in personal recovery efforts and self-care.

(O'Brien et al., 2007)

Promoting Stabilization & Well-Being:

- Establish support services for staff, such as peer support groups and on-site therapists.
- Encourage the use of Employee Assistance Programs.
- Screen all staff for primary and secondary traumatic stress reactions and monitor how staff are doing. The **Substance Abuse and Mental Health Services Administration (SAMHSA)** describes warning signs to look for: <https://www.samhsa.gov/find-help/disaster-distress-helpline/warning-signs-risk-factors>
- Provide information to help staff manage their stress reactions.
 - The **National Child Traumatic Stress Network (NCTSN)** has tips for self-care for caseworkers. While originally written for juvenile justice staff, this information is very applicable to child welfare. <https://www.nctsn.org/resources/strengthening-your-resilience-take-care-of-yourself-as-you-care-for-others>
 - The **National Center for PTSD** has a list of mobile apps that provide education, support, and self-help strategies. <https://www.ptsd.va.gov/appvid/mobile/index.asp>
 - **SAMHSA** factsheets and resources:
 - Tips for survivors and what to expect: <https://store.samhsa.gov/product/Tips-for-Survivors-of-a-Disaster-or-Traumatic-Event-What-to-Expect-in-Your-Personal-Family-Work-and-Financial-Life/SMA13-4775>
 - Tips for preventing and responding to stress, with a focus on disaster responders: <https://store.samhsa.gov/product/Preventing-and-Managing-Stress/SMA14-4873>
 - The **Disaster Mobile App for First Responders** provides access to a directory of providers, tip sheets, and other resources. Visit the App Store, Google Play, or <https://store.samhsa.gov/product/samhsa-disaster>.
 - The **Olga Phoenix Project's Self-Care Wheel** provides self-care strategies for professionals, which can be helpful in managing trauma reactions. <http://olgaphoenix.com/self-care-wheel/>

- **Crisis Text Line:** Free 24/7 support by a crisis counselor. Text HOME to 741741.
<https://www.crisistextline.org/>

(Brymer et. al, 2006; CWIG, 2015; O’Brien et al., 2007)

3.4.2. Trauma Response (Short-Term) with Children, Youth, & Families

Supporting Physical and Emotional Safety

- Be gentle, yet firm in directing children and youth away from:
 - the disaster site,
 - those who are seriously injured,
 - onlookers, and
 - media outlets (i.e., to avoid interviews or photos).
- Keep children with family and friends who will provide physical and emotional support.
- Ask the child what would help them feel safe and advocate for these things for the child.
- Give choices to help children and families regain a sense of control (this helps reduce anxiety).
- Provide caregivers with information to help them support children and youth. For example:
 - **Sesame Street’s** website has resources and videos, including “Support After a Hurricane.” <https://sesamestreetincommunities.org/topics/emergency-preparedness/>
 - The **Help Kids Cope** app is a resource for understanding how kids respond to disasters, talking to children, and helping them cope. It also provides information for how parents can cope themselves.
https://www.nctsn.org/sites/default/files/resources/flyer/help_kids_cope_flyer_0.pdf
 - **Resilient Children/Resilient Communities.** Look for their handout *Children and Disasters: Top 10 Things to Know* (<https://rcrctoolbox.org/toolbox/children-disasters-top-10-things-to-know/>) as well as their *Common Stress Reactions Experienced by Children (1-18)** tool.
 - This **National Institute of Mental Health** factsheet provides tips on how parents, workers, and community members can support children and youth after a disaster.
<https://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-disasters-and-other-traumatic-events/>
- Provide resources to help caregivers manage their own traumatic stress reactions, such as:
 - **NCTSN’s** list of tips to help parents cope after a disaster:
<https://www.nctsn.org/resources/assisting-parents-caregivers-in-coping-with-collective-traumas>
 - **SAMHSA’s** Disaster Distress hotline, which is available 24/7/365 to provide counseling and support to survivors. Call or text **1-800-985-5990** (Spanish speakers press option 2).
<https://www.samhsa.gov/find-help/disaster-distress-helpline>
 - **Crisis Text Line:** Free 24/7 support by a crisis counselor. Text HOME to 741741.
<https://www.crisistextline.org/>
- Encourage caregivers to be patient and understanding with children’s challenging behaviors.
 - Remind them their behavior is a normal response to trauma. The **Triple P Positive Parenting Program** has information for caregivers on parenting during stressful times.
<https://www.triplep-parenting.com/nc-en/triple-p/>

- Identify children and caregivers who are in acute distress (See [Critical Incident Stress Information Sheets*](#)) and link them to a professional trained in Psychological First Aid or another crisis intervention strategy.
- Be aware of cultural differences in how acute stress is presented; engage in culturally relevant disaster response activities.
 - **SAMHSA** has information and guidance specific to American Indian tribes and communities. <https://store.samhsa.gov/product/Understanding-Historical-Trauma-When-Responding-to-an-Event-in-Indian-Country/SMA14-4866>

(Brymer et. al, 2006; Cage & Salus, 2010)

Psychological First Aid (PFA)

Psychological First Aid (PFA) is designed to decrease the initial distress of traumatic events while improving short- and long-term functioning after these events. PFA can be provided to children, youth, families, and to first responders such as child welfare staff. PFA is the “acute intervention of choice” for addressing the psychosocial needs of survivors in the immediate aftermath of a disaster. PFA can be provided in individual or group settings.

We highly encourage child welfare agencies to have staff trained in Psychological First Aid, so they are equipped to support staff and families during and after a disaster.

Staff can be trained in PFA by visiting the National Child Traumatic Stress Network’s online training modules at: <https://learn.nctsn.org/course/index.php?categoryid=11>

(Brymer et. al, 2006; Everly Jr. 2016)

Promoting Stabilization & Well-Being

- Do a thorough assessment of the home and family, with a focus on identifying challenges that may impact placement stability, due to the disaster.
 - Focus on front-loading services to address areas of concern.
 - After primary needs are met, switch casework efforts to fostering a sense of normalcy.
- Limit the child’s exposure to stories about the disaster on TV and other media.
- Provide space for children and youth to process their feelings by talking, drawing, writing, or playing with toys.
 - **Caregivers should not force children to talk about their feelings, as this can increase traumatic stress.**
 - **Sesame Street** has valuable tools caregivers can use with children such as the app *Breathe, Think, Do with Sesame* and *Sesame Street Art Maker*.
<https://sesamestreetincommunities.org/topics/traumatic-experiences/>
 - **SAMHSA** has tips for caregivers on talking with children, based on the age of the child.
https://rems.ed.gov/docs/samhsa_tipstalkingchildrenyouthtraumaticicevents.pdf

(NCBH, 2015; Proffitt & Galasso, 2021)

3.5. Checklist: Responding to a Disaster

For a summary of important tasks to complete as your agency responds to a disaster, see the following checklist from the National Child Welfare Resource Center for Organizational Improvement (O'Brien, et al., 2007).

During a Disaster: At a Glance

Manage

- Designated disaster managers take charge; those in charge of essential functions take on their roles; communicate with staff and providers.
- Those assigned to “other critical roles” take on their tasks.

Workload Management

- Assess the availability of child welfare staff.
- Deploy staff to meet the demands of the disaster and draw on extra resources.
- Carry out work functions identified as essential; waive others.
- Find out what special waivers might go into effect during a crisis and communicate those to all parties needing the information.
- Train staff to answer the toll free phone numbers.
- Rotate local and non-local staff.
- Have managers log situations they address.

Assess and Respond to Client Needs

- Establish contact with/locate families, providers and youth; maintain database to track.
- Conduct an initial assessment of locations and needs of families, providers and youth.
- Provide information, support and services to families, providers and youth; coordinate with other agencies.
- Provide additional programs/services for children, youth and families affected by the disaster.
- Identify and serve children separated from parents.
- Relocate services to alternate locations as required.
- Locate services close to where families and children are.
- Make services culturally competent.
- Inform clients of other available disaster-related services and programs.

Support Staff

- Offer staff support and opportunities to process emotions.
- Allow staff scheduling flexibility.
- Advocate for staff to have priority in emergency housing.
- Establish a separate administrative center for staff to meet and take breaks.
- Address immediate staff needs (child care, need for goods, funds).

Manage Volunteers

- Assign a person or position the responsibility of screening, assigning and communicating with volunteers.
- Develop brief manuals or one-page “tip sheets” of instructions for tasks.

Coordinate

- Draw on established relationships with key partners to communicate as necessary about the crisis. Include:
 - statewide emergency management staff,
 - liaisons in other jurisdictions,
 - contractors,
 - service providers,
 - courts,
 - federal partners, and
 - potential volunteers.

Communicate

- Use internal communication system to broadcast messages.
- Ensure that toll free numbers are working.
- Post critical information on websites; keep updated.
- Implement the media plan.
- Review communication technology.

Assess Information Systems

- Review access to computers for staff.
- Check off-site locations with backups of critical information systems.

O'Brien, M., Webster, S., & Herrick, A. (2007, Feb.). *Coping with disasters and strengthening systems: A framework for child welfare agencies*. National Child Welfare Resource Center for Organizational Improvement.
<http://muskie.usm.maine.edu/helpkids/rcpdfs/copingwithdisasters.pdf>

4. Recovering from a Disaster

During a disaster, an agency's focus is on identifying, prioritizing, and responding to immediate needs. After the immediate danger and urgency have passed, a long period of recovering and rebuilding begins.

In this stage, which can last for months or years, the agency's focus will shift to responding to a broader array of needs. Because recovery can be a daunting process, it works best when approached in partnership with other community organizations and providers.

4.1. Stabilizing Service Delivery

Service delivery is often disrupted during and immediately after a disaster. As soon as possible, agency leaders and child welfare workers should take steps to stabilize service delivery and return to normal operations. This section includes examples of challenges that can continue to destabilize service delivery, along with recommendations for avoiding or responding to these challenges.

4.1.1. Recommendations for Agency Leaders

Large fluctuations in caseloads may cause a change in staffing needs. Agencies can expect caseload fluctuations due to relocated families, displaced families, and staff being personally affected by the disaster.

- Hire more staff and shuffle caseloads to make the work more manageable.



If additional staffing needs are temporary, the NC Division of Social Services help bring in backup from unaffected areas.

- Build staffing capacity by offering hiring incentives or contracting with private providers who can offer supplemental staffing support during a disaster (AECF, 2009). For example, Vanguard Professional Staffing provides workforce support for human service agencies.

<https://www.vanguardprostaff.com/>

Lack of sufficient support may damage agency morale and effectiveness. Staff members may be experiencing stress reactions due to primary trauma and secondary trauma, which can lead to compassion fatigue and decrease the effectiveness of their work.

- Agency leaders should take an active and visible on-scene role during disasters. Tour the site of the disaster, learn firsthand what the needs are, and encourage staff.



Leaders should check in with case workers daily, if possible, to listen and to ask what staff need, and to meet those needs (AECF, 2009). Be proactive in addressing staff members' mental health needs. Offer staff treatment for trauma and secondary trauma and encourage them to participate in treatment.



Allow staff members affected by the disaster to take a leave of absence, when necessary.

- Encourage staff, acknowledge and celebrate successes, and promote activities to support physical, emotional, social, and spiritual wellness.

Disasters are always a risk, and it is hard to anticipate and prepare for every type of disaster.



Following a disaster, capture lessons learned and share information with staff and other stakeholders. This is a good time to review and update disaster management plans, while lessons are fresh in everyone’s mind.

- Focus planning on the types of disasters most likely to occur; think beyond natural disasters.



Pandemics create a unique set of needs that can be much more long-lasting than the impact of a natural disaster. Some of the recommendations in natural disaster-focused plans are impractical for pandemics. Separate plans for pandemics are advised (AECF, 2009).

4.1.2. *Recommendations for Child Welfare Workers*

Disasters can disrupt long-term permanency plans.



Prioritize casework activities, if there is not enough time to do everything that is needed. Be mindful in determining which areas will take priority if there is limited capacity. Talk with your supervisor for help in setting these priorities.

- Reevaluate each child’s permanency plan. Assess new placements for safety and revise permanency goals to accommodate disruptions related to the disaster.
- When judicial proceedings are delayed or only taking place virtually, parents and youth should have access to technology with internet access (e.g., cell phones, tablets, or computers) so they can participate remotely and maintain familial connections.

After a disaster, foster parents may be unable or unwilling to foster, which can lead to a shortage of resource homes. Children in previously stable placements may experience disruption if their foster parents choose to stop fostering after a disaster.

- Expect foster parent attrition after a disaster; make plans to manage it.
- Think about ways to recruit new families who may be motivated to begin fostering after a disaster.
- Federal funds may be available to help with recruitment of new families for displaced children.

4.2. Prioritizing and Addressing Needs

Once urgent safety needs are addressed and the initial crisis has passed, families may still require support to ensure other needs are met. Some resources may be available only for a limited time after a disaster. Workers can help families stabilize by talking about what steps they can take to “get back to normal.” In this section, we will share strategies for meeting physical health, housing, environmental safety, financial, and educational needs after a disaster.

4.2.1. Meeting Physical Health Needs

Coordinate treatment of children’s physical health needs. Children can be more vulnerable than adults to disaster-related injuries and illnesses. After a disaster, there may be a shortage of doctors. Families who are evacuated to other states may have issues using their Medicaid or insurance benefits to see doctors or get medications. Children who cannot verbalize their symptoms require extra care when evaluating or treating physical health issues. Poor health can be widespread among disaster survivors.

- Ensure that families have access to necessary medications after a disaster.
- Ensure that children receive treatment for injuries and illnesses as soon as possible.
- Help children and families access their “medical home” —or find a medical home—to provide continuity of care (AECF, 2009).

4.2.2. Meeting Housing Needs

Help families find safe and stable housing after a disaster. Displacement following a disaster and multiple relocations can delay the recovery process for children. Relocations make employment difficult, keep children from engaging in education and forming social connections, and impede healthcare delivery (AECF, 2009).

- Link families to FEMA and the U.S. Department of Housing and Urban Development (HUD), who may provide housing assistance following a disaster.

4.2.3. Meeting Environmental Safety Needs

Even after the initial disaster has passed, there may still be additional hazards that remain as communities recover (e.g., inaccessible roads, downed power lines, contaminated water, gas leaks, debris, etc.). Children, youth, and families should be aware of the dangers of these hazards, which should be reported to local authorities (youth.gov, n.d.).

The CDC offers guidance to help families when returning home and cleaning up after disasters:

- **Clean Up Safely after a Disaster:** Includes general safety information and tips for preventing disease and avoiding potential hazards. <https://www.cdc.gov/disasters/cleanup/facts.html>
- **Reentering Your Flooded Home:** <https://www.cdc.gov/disasters/floods/after.html>
- **Cleaning up Mold:** <https://www.cdc.gov/disasters/mold/index.html>

Families should not return to their homes until local officials say it is safe to do so.

Ready.gov outlines other safety issues to be mindful of when returning home following a disaster, along with guidance for families with insurance who will be filing damage claims:

- <https://www.ready.gov/recovering-disaster>

4.2.4. Identifying Financial Resources

Help connect families with disaster funds and support services. Families may not be knowledgeable about the financial assistance they are eligible for or may have trouble navigating the process of applying for assistance. People of low socioeconomic status are more vulnerable to the effects of a disaster than others and have poorer long-term outcomes as a result (SAMHSA, 2017).

Child welfare workers can help families access resources—including financial assistance—after a disaster. In addition to the federal sources below, refer families to community-based supports from nonprofit organizations or local government (AECF, 2009).

- **FEMA Emergency Assistance:** FEMA offers funds for disaster recovery needs not covered by insurance. FEMA funds may be used for housing assistance, home repair, hazard mitigation, medical/dental, transportation, cleaning and removal, childcare, miscellaneous expenses, and other needs.
 - **DisasterAssistance.gov:** Find disaster-related assistance and apply for funds online.
 - <https://www.disasterassistance.gov/>
 - **Fact Sheet:**
https://www.disasterassistance.gov/sites/default/files/daip/Disaster_Assistance_Fact_Sheet_Dec2019.pdf
 - **Survivor Application Checklist:**
https://www.disasterassistance.gov/sites/default/files/daip/DAIP_Disaster_Survivor_Application_Checklist_Dec2019.pdf
 - **Help After a Disaster: Individual Assistance through FEMA:**
https://www.fema.gov/sites/default/files/2020-08/fema_help-after-disaster_english_trifold.pdf
 - **Hazard mitigation** funds may cover the cost of roof repairs or replacement, furnace and water heater mitigation measures, and electrical panel mitigation measures.
<https://www.fema.gov/fact-sheet/hazard-mitigation-under-individuals-and-households-program>
 - **Disaster Legal Services** may help with insurance claims, landlord disputes, replacing legal documents lost in a disaster, home repair contracts, proof of homeownership, and FEMA appeals. <https://www.disasterassistance.gov/get-assistance/forms-of-assistance/4464>
 - **Disaster Unemployment Assistance:** https://www.fema.gov/sites/default/files/2020-07/fema_disaster-unemployment-assistance_fact-sheet.pdf
- **Benefits.gov:** Use the Benefits Finder tool on this site to identify the types of assistance a family is eligible for. Assistance categories include disaster relief, healthcare and medical assistance, financial assistance, and loans. <https://www.benefits.gov/>
- **Assistance with Filing Insurance Claims:** <https://www.readync.org/recover-and-rebuild/filing-insurance>

4.2.5. Meeting Educational Needs

Make sure children attend school regularly. Following a disaster, schools may be closed.



As soon as possible, children should be placed in a stable educational environment. This will help them regain a sense of normalcy and support their recovery. Children benefit from having the support of a peer group.

- Schools often offer post-disaster supports like healthcare and counseling, along with critical resources like free meals, childcare, referrals to services, and other programs to support families (Proffitt & Galasso, 2021).
- Children who are relocated may need to be enrolled in a new school and may need support as they adjust to unfamiliar surroundings.
- School placements should consider issues of diversity and special needs of the child. It may be helpful if displaced children are placed in a new school together. Try to find a school that offers recovery assistance.
- Children who exhibit “clinging” behavior and refuse to return to school may need professional help coping. Very young children who have been traumatized may need to stay at home with a caregiver (AECF, 2009).

4.3. Recognizing and Addressing Mental Health Needs (Longer-Term)

Disasters can have short-term impacts on survivors’ mental health, but most issues resolve within 2 to 4 weeks after the event. Some individuals will experience a longer-term impact on their mental health, and symptoms may not go away or may worsen over time (SAMHSA, 2021)

This section focuses on the longer-term mental health issues survivors may experience. Here, you will learn:

- risk factors for children who may struggle to cope,
- signs and symptoms to watch for in children and adults,
- how to know when someone may need professional help, and
- where to locate resources.

4.3.1. Children and Youth

Potential Long-Term Effects of Disasters

Because children and youth differ from adults physically, emotionally, and developmentally, they respond to disasters differently (Proffitt & Galasso, 2021). Children are especially at risk for mental health issues after a disaster because they:

- understand less about the situation than adults,
- feel less control over events,
- may see events as punishment for misbehavior,
- have less experience dealing with stressful situations, and
- may not be able to communicate their feelings, like fear or anxiety.

(CDC, 2021; Proffitt & Galasso, 2021)

Child welfare workers should assess risk and protective factors in children, so they are aware of the potential long-term effects on each child. Risk factors increase the risk of long-term effects of a disaster on children. Protective factors help mitigate these effects.

Exhibit 5-1 Experiencing Disasters: The Risk of Trauma-related Problems¹²⁷

The following characteristics influence to what extent a child may experience problems after a disaster or other traumatic event:

	Characteristic of the Event	Characteristic of the Individual	Characteristic of the Family and Community
Increase risk of trauma-related problems	<ul style="list-style-type: none"> Includes multiple or repeated events (e.g., numerous aftershocks, ongoing domestic violence or physical abuse) Causes physical injury to the child Involves physical injury or death to a loved one, particularly the mother Results in dismembered, dead, or disfigured bodies Destroys home, school, or community Disrupts community infrastructure (e.g., a hurricane) Is perpetrated by a family member Has a long duration (e.g., flood). 	<ul style="list-style-type: none"> Is female Is a younger child (the younger the child, the more vulnerable) Has a subjective perception of physical harm Has a history of previous exposure to trauma Has no cultural or religious anchors Has no shared experience with peers (experiential isolation) Has a low IQ Has a pre-existing psychiatric disorder (especially anxiety related). 	<ul style="list-style-type: none"> Affected directly by the trauma Are anxious (primary caregivers) Are continually threatened and disrupted Are chaotic or overwhelmed Are physically isolated Are distant or absent (caregivers).
Decrease risk of trauma-related problems	<ul style="list-style-type: none"> Is a single event Perpetrated by a stranger Does not disrupt family or community structure Has a short duration (e.g., tornado). 	<ul style="list-style-type: none"> Is cognitively capable of understanding abstract concepts Has healthy coping skills Is educated about normative posttraumatic responses Receives immediate posttraumatic interventions Has strong cultural or religious belief systems. 	<ul style="list-style-type: none"> Are intact and nurturing Have not been traumatized (caregivers) Are educated about normative posttraumatic responses Have strong cultural and religious belief system Possess mature and attuned parenting skills.

Cage, R. & Salus, M. K. (2010). *The role of first responders in child maltreatment cases: Disaster and nondisaster situations (Child Abuse and Neglect User Manual Series)*. U.S. Department of Health and Human Services Office of Child Abuse and Neglect.

In addition to the potential long-term mental health impact, disasters can also make children and youth more vulnerable to exploitation and abuse. Economic need, unstable living conditions, and social isolation can increase the risk of sex trafficking (Proffitt & Galasso, 2021).

How Child Welfare Workers Can Help

Educate caregivers about how to monitor children’s mental health. Parents and caregivers may miss subtle signs of mental health problems because they are overly optimistic about children’s resiliency. Also, signs of PTSD vary by age, so they can be difficult to recognize (AECF, 2009).



With education, parents and caregivers can help their children recover from a traumatic event and can recognize when their children need professional help. It is important to treat suspected mental health issues as early as possible, as problems may worsen over time if left untreated.

Resources that can be used to educate caregivers:

- **Tips for Talking with and Helping Children and Youth Cope After a Disaster or Traumatic Event: A Guide for Parents, Caregivers, and Teachers:** This fact sheet from SAMHSA helps adults recognize and address problems in children and teens (ages 0-19) after a disaster or traumatic event. <https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4732.pdf>
- **Understanding Child Trauma:** This fact sheet from the National Child Traumatic Stress Initiative gives an overview of child trauma, signs of stress reactions, and tips for supporting children. https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4923_0.pdf
- **PFA: Parent Tips for Helping Children after Disasters** (by age group): These resources from the *Psychological First Aid Field Operations Guide* describe changes in behavior that can occur in children after a disaster, tips for understanding these changes, and helpful ways to respond.
 - **Infants and Toddlers:**
https://www.nctsn.org/sites/default/files/resources/pfa_parent_tips_for_helping_infants_and_toddlers_after_disasters.pdf
 - **Preschool-Age Children:**
https://www.nctsn.org/sites/default/files/resources/pfa_parent_tips_for_helping_preschool_age_children_after_disasters.pdf
 - **School-Age Children:**
https://www.nctsn.org/sites/default/files/resources/pfa_parent_tips_for_helping_school_age_children_after_disasters.pdf
 - **Adolescents:**
https://www.nctsn.org/sites/default/files/resources/pfa_parent_tips_for_helping_adolescents_after_disasters.pdf

Monitor children and caregivers for signs of mental health issues, paying special attention to children who have experienced previous trauma or loss, or who have existing mental health conditions.

- **Behavioral Health Innovations** has a free tool for screening post-traumatic stress symptoms in school-age children and adolescents, which can help caseworkers determine when to refer for a full mental health assessment. https://www.reactionindex.com/tools_measures/

When It's Time to Get Professional Help for Children

There is no set timeline for recovery from a traumatic event. However, referral for assessment by a mental health professional may be necessary:

- If a child is still very upset (anxious, fearful, angry, or sad) after two to four weeks,
- If a child's problems worsen instead of improving over time, or
- If a child's reactions affect their schoolwork or relationship with friends and family for a prolonged period.

Source: CDC, 2021

4.3.2. Parents and Caregivers

Child and youth reactions to disasters often mirror the response of their parents and other adults. Parents and caregivers can help youth cope by modeling positive coping skills and by providing calm and confident reactions even when they are stressed.

Like children, adults may experience a range of emotional, behavioral, and physical responses to a disaster. The most common symptoms include (SAMHSA, 2021):

- Numbness
- Stomachaches or diarrhea
- Headaches or other physical pains
- Jumpiness or being easily startled
- Trouble falling asleep, staying asleep, sleeping too much, or trouble relaxing
- An increase or decrease in energy and activity levels
- Use of alcohol, tobacco, illegal drugs, or even prescription medications to reduce distressing feelings and/or to cope
- Self-isolation
- Trouble remembering things
- Trouble thinking clearly and concentrating
- Difficulty talking about what happened or listening to others talk about it

Risk Factors for Adults

Some factors increase a person's risk of experiencing ongoing psychological stress and PTSD. These risk factors include:

- Direct exposure to a disaster, such as being evacuated, observing injuries or death, or experiencing injury,
- Loss/grief related to the death or injury of loved ones,
- Ongoing stress from the secondary effects of a disaster, such as temporary living arrangements, loss of friends and community, loss of personal property, unemployment, and costs incurred during recovery,
- High levels of stress prior to the disaster, and
- Pre-existing medical problems.

Demographic risk factors include: female gender, younger age, Hispanic ethnicity, and less education.

(SAMHSA, 2015; SAMHSA, 2013; youth.gov, n.d.).

When It's Time to Get Professional Help for Adults

If the symptoms above continue for longer than two to four weeks after a disaster, or if any of the following signs of stress occur, it may be time to seek help from a mental health professional:

- Disorientation or confusion and difficulty communicating thoughts
- Inability to see or hear properly
- Limited attention span and difficulty concentrating
- Becoming easily frustrated
- Overwhelming guilt and self-doubt
- Feelings of hopelessness
- Overwhelming or uncontrolled anger
- Frequent mood swings or continuous crying
- Cold or flu-like symptoms
- Reluctance to leave home
- Fear of crowds, strangers, or being alone
- Increased use of illegal drugs, alcohol, or prescription medication
- Worsening of existing medical problems

Source: SAMHSA, 2013

How Child Welfare Workers Can Help

Child welfare workers can remind parents and caregivers to take care of their own mental health needs and can help them notice if they are having long-term effects that need professional support. We recommend that child welfare staff:

- **Address stigma** around mental health services by educating families about available resources.
- **Ensure services are delivered in a culturally sensitive manner.** Many resources referenced in this toolkit are available in other languages online.
- **Connect children and families with appropriate mental health supports.** Area LME/MCOs should be able to assist in locating mental health treatment, if needed.
 - LME/MCO directory: <https://www.ncdhhs.gov/providers/lme-mco-directory>



If local mental health services are scarce, consider contracting with providers from outside the area. Teletherapy or telemedicine appointments are an option if local providers are unavailable.

- **Good Therapy:** <https://www.goodtherapy.org/>
- **Psychology Today:** <https://www.psychologytoday.com/us>
- **Behavioral Health Treatment Services Locator from SAMHSA:** <https://findtreatment.samhsa.gov>

4.3.3. Child Welfare Workers

As child welfare workers, you act as first responders during and immediately following a disaster. It is important to keep an eye on your own health and well-being during this stressful time. Be aware of your own experiences of primary and secondary traumatic stress, burnout, exhaustion, and compassion fatigue. You can take steps to proactively address these issues if you notice them when they first start to develop. Reference the above section for tips on knowing when it might be time to seek professional help and how to locate mental health professionals.

Burnout: Burnout can be described as having feelings of extreme exhaustion and being overwhelmed. Burnout often includes feelings of cynicism or inefficacy related to your work (CDC, 2018; Finlay, 2017).

Secondary Traumatic Stress (STS): STS is the name for stress reactions and symptoms resulting from exposure to another individual’s traumatic experiences, rather than direct exposure to a traumatic event.

Signs of Burnout	Signs of STS
<ul style="list-style-type: none"> • Sadness, depression, or apathy • Easily frustrated • Blaming of others, irritability • Lacking feelings, indifferent • Isolation or disconnection from others • Poor self-care (hygiene) • Tired, exhausted, or overwhelmed • Feeling like: <ul style="list-style-type: none"> ○ A failure ○ Nothing you can do will help ○ You are not doing your job well ○ You need alcohol/other drugs to cope 	<ul style="list-style-type: none"> • Excessive worry or fear about something bad happening • Easily startled, or “on guard” all the time • Nightmares or recurrent, intrusive thoughts about the traumatic situation • Feeling that others’ trauma is yours • Physical signs of stress (e.g., racing heart, difficulty sleeping, headaches, etc.) • Behavioral signs of stress (e.g., avoiding clients, difficulty making decisions) <p style="text-align: right;"><i>Source: CDC, 2018</i></p>

STS Assessment Tools for Workers and Agencies:

- **Professional Quality of Life (Pro QOL) Measure:** This is a self-assessment for compassion fatigue, burnout, and secondary traumatic stress. <https://proqol.org/proqol-measure>
- **Secondary Traumatic Stress Informed Organization Tool (STSI-OA):** An assessment tool that can be used by agency leaders to evaluate their workplace for how STS-informed it is and how prepared it is to respond to STS in the workplace. <https://www.uky.edu/ctac/stsioa>

Resources for Child Welfare Professionals

- **Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals:** https://www.nctsn.org/sites/default/files/resources/fact-sheet/secondary_traumatic_stress_child_serving_professionals.pdf
- **Tips for Disaster Responders: Returning to Work:** Workers can experience challenges returning to routine work after spending weeks or months responding to a disaster. This resource describes tips for overcoming those challenges as you adjust to work “as usual.” <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4870.pdf>
- **Tips for Disaster Responders: Preventing and Managing Stress:** <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4873.pdf>

Resources for Supervisors and Agency Leaders

- **Secondary Trauma and Child Welfare Staff: Guidance for Supervisors and Administrators:** https://www.nctsn.org/sites/default/files/resources//secondary_trauma_child_welfare_staff_guidance_for_supervisors.pdf
- **Tips for Supervisors of Disasters Responders: Helping Staff Manage Stress when they Return to Work***
- **Using the Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision:** https://www.nctsn.org/sites/default/files/resources/fact-sheet/using_the_secondary_traumatic_stress_core_competencies_in_trauma-informed_supervision.pdf
- **Helping Personnel Who Experience Work-Related Trauma Exposure: Recommendations for Supervisors:** https://www.cstsonline.org/assets/media/documents/CSTS_FS_Helping_Personnel_Who_Experience_WorkRelated_Trauma_Exposure.pdf

4.3.4. General Resources for Coping with the Long-Term Effects of a Disaster

These resources provide tips for coping with disasters and are intended for all audiences (i.e., parents and caregivers, child welfare staff, agency leaders, etc.).

- **What to Expect in Your Personal, Family, Work, and Financial Life.** This fact sheet describes normal and problematic responses to disasters and traumatic events, along with tips for coping and resources. <https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4775.pdf>
- **Tips for Survivors of a Disaster or Other Traumatic Event: Managing Stress.** This fact sheet describes warning signs of stress responses in adults after a disaster, tips, and resources. <https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4776.pdf>
- **Tips for Survivors: Coping with Anger.** Anger is a normal response to a disaster or traumatic event. This fact sheet describes common signs of anger, tips for coping, and when to seek help. https://store.samhsa.gov/sites/default/files/d7/priv/pep19-01-01-002_0.pdf
- **Tips for Survivors: Coping with Grief After a Disaster or Traumatic Event.** Contains information about grief, the grieving process, and offers tips and resources for coping with complicated or traumatic grief. <https://store.samhsa.gov/sites/default/files/d7/priv/sma17-5035.pdf>
- **Tips for Survivors: Coping with Re-traumatization.** Re-traumatization can happen when something reminds survivors of a trauma. This fact sheet describes risk factors, signs and symptoms, and how to build resilience to protect against re-traumatization. <https://store.samhsa.gov/sites/default/files/d7/priv/sma17-5047.pdf>
- **Post-Traumatic Stress Disorder.** Fact sheet on PTSD from the National Institute of Mental Health. <https://infocenter.nimh.nih.gov/pubstatic/20-MH-8124/20-MH-8124.pdf>

4.4. Community Recovery and Interventions

Disasters have significant and long-lasting effects on entire communities. Disasters can create or worsen existing community disadvantage (Proffitt & Galasso, 2021). Community-level interventions that focus on building and strengthening community resilience can be helpful prior to disasters, to help mitigate

the impacts of disasters, or after disasters, to help support the recovery of the community (SAMHSA, 2016).

This section discusses some community-level interventions for both pre- and post-disaster use and is especially relevant for child welfare leaders and agency directors.

4.4.1. *Crisis Counseling Assistance and Training Program (CCP)*

The **Crisis Counseling Assistance and Training Program (CCP)** is a federal program that funds short-term mental health assistance and training activities in disaster-affected areas. The program is funded by FEMA and administered by SAMHSA's Disaster Technical Assistance Center (DTAC). Requests for CCP funds are made jointly by the NC Department of Health and Human Services and NC's emergency management agency, through a federal grant application process.

CCP includes two grant programs: the Immediate Services Program (60 days), and the Regular Services Program (up to 9 months). Providers at the local and community level deliver services, which include individual, family, and group crisis counseling; assessments, referrals, and linkages to resources; and outreach and psychoeducational services (FEMA, 2020; SAMHSA, 2016).

- Learn more about CCP here: <https://www.samhsa.gov/dtac/ccp> and see the [*Crisis Counseling Assistance and Training Program Fact Sheet**](#)
- Regardless of disaster funding/FEMA approval of the CCP, the **Hope for NC** phone line serves as 24/7 emotional support line for anyone in the NC:
 - Hope4NC number: 855-587-3463
 - Learn more about Hope4NC: <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/hope4nc>

4.4.2. *Community Resiliency Model*

The goal of the **Community Resiliency Model**[®] (CRM) is to “help to create ‘trauma-informed’ and ‘resiliency-focused’ individuals and communities.” The model accomplishes this goal by training community members to help themselves and others recognize the impact of trauma and chronic stress on the nervous system, and to learn techniques for improving resiliency using a skills-based approach.

CRM can be used as a self-care program for front-line workers, or it can be taught as a peer-to-peer program in the larger community. Through the CRM Teacher Training program, community members and professionals can learn to teach CRM skills in their own communities (Trauma Resource Institute, 2021). To learn more about CRM, visit <https://www.traumaresourceinstitute.com/crm>.

4.4.3. *Reconnect for Resilience*[™]

Reconnect for Resilience is a somatic-based, resiliency-focused, 14-hour training offered by Resources for Resilience. The purpose of this training is to offer practical strategies that can be used by individuals, organizations, and communities to promote well-being. The training teaches participants how stress affects the nervous system and skills for staying healthy, connected, and resilient during stressful times (Resources for Resilience, 2018). To learn more, visit <https://resourcesforresilience.com/>

4.4.4. *Family Assistance Centers in Mass Fatality Incidents*

Family Assistance Centers last for one to three weeks after a disaster and are run by the **FBI's Office for Victim Assistance**. "The FAC is focused on the *immediate aftermath* of a MFI (mass fatality incident) to give survivors and families of victims a safe, central gathering place in proximity to the disaster site. The FAC provides a venue for authorities to provide information to victims, coordinate access to support services, and facilitate the collection of information from families that is necessary for victim identification." Visit this website to learn more: <https://www.hsd.org/?view&did=735044>

For a comprehensive list of disaster-related interventions, see SAMHSA's *Disaster Behavioral Health Interventions Inventory*: <https://www.samhsa.gov/sites/default/files/dtac/supplemental-research-bulletin-may-2015-disaster-behavioral-health-interventions.pdf>

4.5. Checklist: Recovery

For a summary of important tasks to complete as your agency recovers from a disaster, see the following checklist from the National Child Welfare Resource Center for Organizational Improvement.

After a Disaster: At a Glance

Manage

- Assess need for new or modified services as a result of the disaster.
- Continue to provide additional services and supports to affected families.
- Provide services to children, youth and families from other States who arrive in your State.
- Coordinate services for children who are out of the area or out of State.
- Continue to provide services to unaccompanied children.
- Ensure service delivery is culturally sensitive and competent.
- For staff answering the toll-free numbers, develop a frequently asked questions document.
- Maintain contact with federal partners.
- Communicate with staff and contractors frequently so they know what is going on.
- Continue support services for staff and contractors to help them deal with the trauma and stress of child welfare work and disaster work.
- Recognize staff efforts.
- Invest in rebuilding; collaborate with partners and with broader emergency response efforts.

Capture Lessons Learned

- Hold debriefing sessions.
- Update the plan based on these debriefing sessions.
- Communicate revisions to the plan.

Rebuilding Better Systems

- Assign a person to collect information on rebuilding resources.
- Identify systems that need to be strengthened.
- Build new systems that will improve disaster response and also strengthen critical infrastructure to improve performance and outcomes.

O'Brien, M., Webster, S., & Herrick, A. (2007, Feb.). *Coping with disasters and strengthening systems: A framework for child welfare agencies*. National Child Welfare Resource Center for Organizational Improvement.
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6. Appendix of Additional Resources

6.1. Index of Resources

Here is information about what to do before, during, and after different types of disasters, from the National Child Traumatic Stress Network, the Centers for Disease Control and Prevention, and the Ready Campaign.

Cyberattack

- https://www.ready.gov/sites/default/files/2020-11/ready_cyberattack_information-sheet.pdf

Extreme Heat

- <https://www.cdc.gov/disasters/extremeheat/index.html>
- https://www.ready.gov/sites/default/files/2021-01/ready_extreme-heat_info-sheet.pdf
- <https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters/extreme-heat-resources>

Flood

- <https://www.cdc.gov/disasters/floods/index.html>
- https://www.ready.gov/sites/default/files/2020-03/flood_information-sheet.pdf
- <https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters/flood-resources>

Hurricane

- What to do before, during and after a hurricane:
 - https://www.ready.gov/sites/default/files/2020-03/hurricane_information-sheet.pdf
 - <https://www.cdc.gov/disasters/hurricanes/index.html>
 - <https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters/hurricane-resources>
- Information for college students impacted by a hurricane:
<https://www.nctsn.org/resources/college-students-coping-after-hurricane>
- How to help children:
 - <https://www.nctsn.org/resources/parent-guidelines-helping-children-after-hurricane>
 - <https://www.nctsn.org/resources/after-hurricane-helping-young-children-heal>

Landslide

- <https://www.cdc.gov/disasters/landslides.html>
- <https://www.ready.gov/sites/default/files/2020-03/landslide-information-sheet.pdf>
- <https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters/landslide-resources>

Mass Violence and/or Terrorism

- Psychological impact and coping:
 - <https://www.nctsn.org/resources/psychological-impact-mass-violence>
 - https://www.nctsn.org/sites/default/files/resources/fact-sheet/coping_after_mass_violence.pdf
- Tips for parents for caring for self and child: <https://www.nctsn.org/resources/parent-guidelines-helping-youth-after-mass-violence>
- Helping children after a bombing: <https://www.nctsn.org/resources/parent-guidelines-helping-youth-after-bombings>

- Talking to children:
 - <https://www.nctsn.org/resources/talking-children-about-mass-violence>
 - <https://www.nctsn.org/resources/talking-children-about-bombings>
- Helping a child after a parent or caregiver dies: <https://www.nctsn.org/resources/power-of-parenting-how-to-help-your-child-after-a-parent-or-caregiver-dies>

Nuclear/Radiation Emergencies

- Get inside, stay inside, stay tuned framework from FEMA: https://www.ready.gov/sites/default/files/2020-11/ready_nuclear-explosion_fact-sheet_0.pdf
- How to protect yourself and loved ones: https://www.cdc.gov/nceh/radiation/emergencies/index.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fradiation%2Findex.asp

Pandemic

- General information about pandemics: <https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters/pandemic-resources>
- What to do and how to cope:
 - <https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019> (English)
 - <https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019-sp> (Spanish)
- Coping with collective trauma: <https://www.nctsn.org/resources/assisting-parents-caregivers-in-coping-with-collective-traumas>
- Tips for supporting youth and families: <https://www.nctsn.org/resources/working-together-in-the-pandemic-tips-for-supporting-youth-and-families-in-a-time-of-crisis>
- Coping strategies for high school and college aged youth: <https://www.nctsn.org/resources/coping-hard-times-fact-sheet-youth-high-school-and-college-age>
- How to support and talk to children: <https://www.nctsn.org/resources/supporting-children-during-coronavirus-covid19>
- Activity ideas for families sheltering in place, homeschooling, etc.: <https://www.nctsn.org/resources/simple-activities-children-and-adolescents>
- Tips for parents around media coverage: <https://www.nctsn.org/resources/tips-parents-and-caregivers-media-coverage-traumatic-events>

School and/or Mass Shooting

- Helping youth after a shooting: <https://www.nctsn.org/resources/parent-guidelines-helping-youth-after-recent-shooting>
- Talking to children:
 - <https://www.nctsn.org/resources/talking-children-about-shooting>
 - <https://www.nctsn.org/resources/guiding-adults-talking-children-about-death-and-attending-services>
 - <https://www.nctsn.org/resources/talking-to-children-about-hate-crimes-and-anti-semitism>
- Helping children with traumatic grief:
 - <https://www.nctsn.org/resources/helping-young-children-traumatic-grief-tips-caregivers>

- <https://www.nctsn.org/resources/helping-school-age-children-traumatic-grief-tips-caregivers>
- <https://www.nctsn.org/resources/helping-teens-traumatic-grief-tips-caregivers>
- Information for college students: <https://www.nctsn.org/resources/college-students-coping-after-the-recent-shooting>
- Restoring a sense of safety: <https://www.nctsn.org/resources/restoring-sense-safety-aftermath-shooting-tips-parents-and-professionals>

Tornado

- What to do before, during, and after a tornado:
 - <https://www.cdc.gov/disasters/tornadoes/index.html>
 - <https://www.ready.gov/sites/default/files/2020-03/tornado-information-sheet.pdf>
 - <https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters/tornado-resources>
- How to help children afterward: <https://www.nctsn.org/resources/parent-guidelines-helping-children-after-tornado>
- Helping young children heal: <https://www.nctsn.org/resources/after-tornado-helping-young-children-heal>

Wildfires

- What to do before, during, and after a wildfire:
 - <https://www.cdc.gov/disasters/wildfires/index.html>
 - https://www.ready.gov/sites/default/files/2021-01/ready_wildfire_info-sheet.pdf
 - <https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters/wildfire-resources>
- Information for caregivers about whether to return to the home/community: <https://www.nctsn.org/resources/preparing-children-after-a-wildfire-damages-your-community>
- How to help children afterward: <https://www.nctsn.org/resources/parent-guidelines-helping-children-impacted-wildfires>

Winter storm

- <https://www.cdc.gov/disasters/winter/index.html>
- https://www.ready.gov/sites/default/files/2020-11/winter-storm_information-sheet.pdf
- <https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters/winter-storm-resources>

6.2. NC Resource Parent Disaster Plan Template

NC Resource Parent Disaster Plan

The purpose of this tool is to help you prepare for disasters. As a foster, adoptive or kinship parents, you are responsible for the safety and care of the children in your home. There are many disasters that can occur in North Carolina. Planning will help ensure you are ready to respond.

Fill out this plan with the other members of your household and update it every six months.

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REMINDERS AND EMERGENCY ALERTS

- NC resource parents must follow the guidance of their licensing agencies and local emergency management system regarding evacuation.
- Your licensing agency will communicate with you in the event of an evacuation.
- During an emergency, licensing agencies are responsible for facilitating contact between children and youth in foster care and their families.

Emergency Alerts

- During emergencies, pay attention to messages sent through **NC's Emergency Alert System**, which go out via TV, radio, and phone. They are also available online: <https://www.ncdps.gov/news-conference>
- **Wireless Emergency Alert** messages are also sent to most newer models of cell phones. If you do not receive Wireless Emergency Alerts, contact your local cell phone provider to inquire about the service.

This tool was adapted from one developed by the Resilient Children/Resilient Communities Initiative at the National Center for Disaster Preparedness, Earth Institute, Columbia University.

CONTACT INFORMATION

Placement Type: FOSTER CARE KINSHIP CARE

In the event of evacuation, please report your change in location to the following person:

AGENCY REPRESENTATIVE: _____ REPRESENTATIVE'S CONTACT INFO: _____

Caregiver Name (Last, First)		Caregiver Name (Last, First)		County
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Email Address		Date Created

Agency Contact Name (Last, First)		Telephone Number	Date Last Updated
Emergency Number		Email Address	

Having a strong social network is an important step in building resilience to emergency/disaster situations. Attach an extra page of contacts if necessary.

Social Network Contacts

Contact Name	Relationship	Phone Number
Contact Name	Relationship	Phone Number

If *shelter-in-place* is necessary, there should be a designated safe location within the home. In the event of an emergency *in the home*, use the escape route, and meet at a designated location then account for all household members.

Safe Location Within Home

Outside Home

In the case of a *natural disaster or catastrophic event* requiring evacuation, the family may need to relocate either within your local jurisdiction or outside of your region:

First Choice, Within the Same Community

Contact or Shelter Name		County	Date	
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Email Address		

Second Choice, Within the Same Community

Contact or Shelter Name		County	Date	
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Email Address		

Third Choice, Outside of Region

Contact or Shelter Name		County	Date	
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Email Address		

Disaster risk may vary by your home's location. Review the hazards below and discuss how different disasters may change your emergency plan. Contact your local emergency management office for specific planning questions.

Hazard Assessment

Check any of the following disasters that could like affect your household and plan accordingly.

<input type="checkbox"/> Avalanche	<input type="checkbox"/> Forest Fire	<input type="checkbox"/> Power Failure
<input type="checkbox"/> Blizzard	<input type="checkbox"/> Hurricane	<input type="checkbox"/> Tornado
<input type="checkbox"/> Earthquake	<input type="checkbox"/> Landslide/ Mudslide	<input type="checkbox"/> Tsunami
<input type="checkbox"/> Flood	<input type="checkbox"/> Nuclear Radiation	<input type="checkbox"/> Other: _____

Individuals should locate utility (water, natural gas, etc.) shutoffs and be familiar with emergency shutoff procedures in the event of a disaster such as, but not limited to, an explosion, power outage, earthquake, or hazardous waste spill.

Utility Shut Offs

Gas	Gas Co. Phone
Electric	Electric Co. Phone
Water	Water Co. Phone

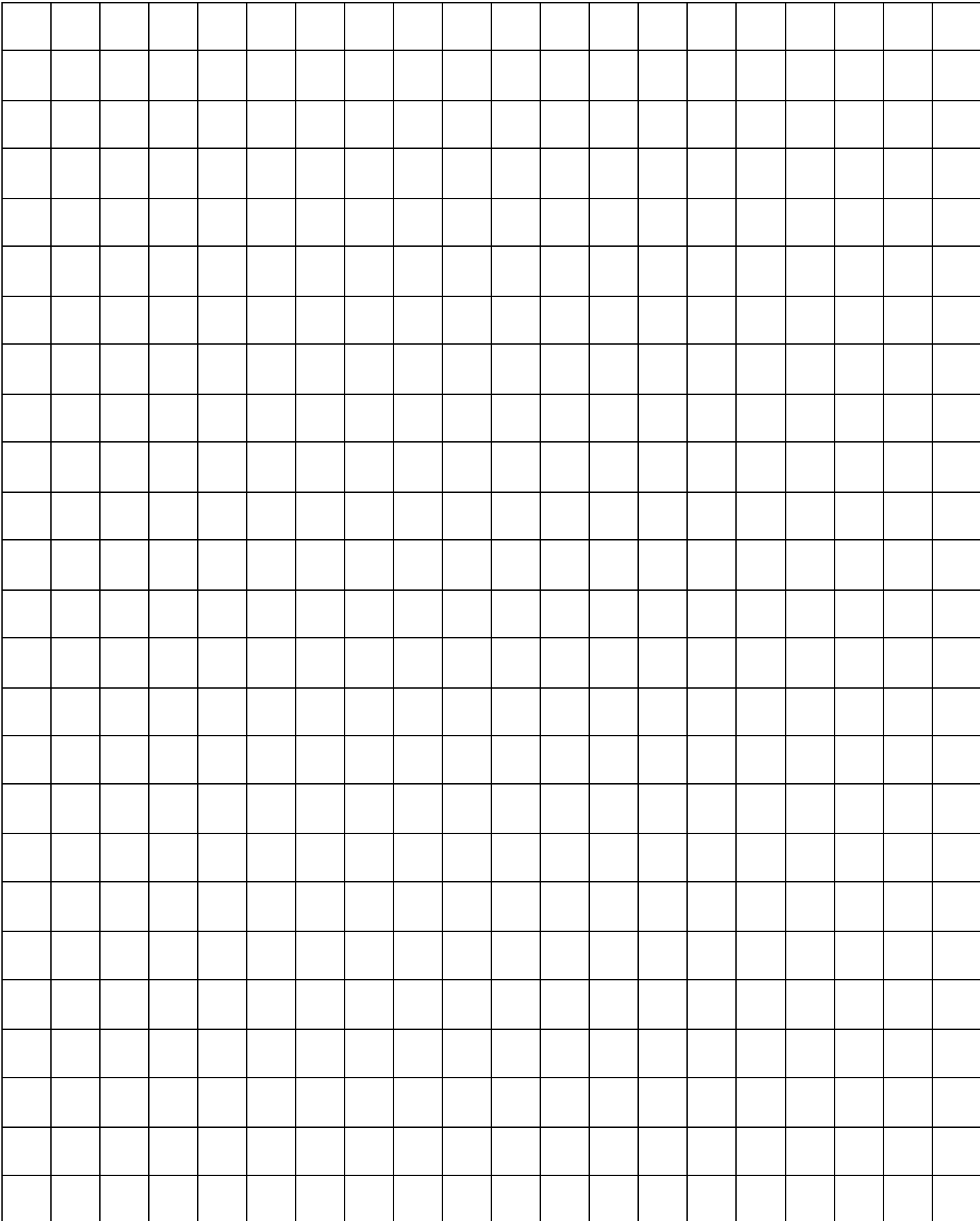
Local Non-Emergency Contacts: Work with Agency Staff to Complete.

Child Care	Hospital
Child Protective Services	Primary Physician
Crisis Center	Poison Control
Dentist	Police/Sheriff
Fire/Paramedics	School
NC Division of Social Services (NCDSS)	Insurance
Foster Care Licensing	Other
Important website URLs or social media handles to follow	

EMERGENCY KIT CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> All relevant paperwork for the youth in your care (life book, social security cards, Medicaid cards, social worker, birth family contact, etc.) | <input type="checkbox"/> Flashlight and batteries |
| <input type="checkbox"/> Medication information – what to take with you and write down the dosage | <input type="checkbox"/> Blankets or sleeping bags for each person |
| <input type="checkbox"/> Face coverings/mask | <input type="checkbox"/> Prescription glasses/contact solution |
| <input type="checkbox"/> Hand sanitizer and sanitizing wipes | <input type="checkbox"/> Change of clothes/hygiene supplies (toothpaste, feminine products) |
| <input type="checkbox"/> 1 gallon of water per person per day for up to 3-7 days | <input type="checkbox"/> Extra house and car keys |
| <input type="checkbox"/> Non-perishable food for up to 3-7 days & can opener | <input type="checkbox"/> Cash |
| <input type="checkbox"/> Cell phone and charger | <input type="checkbox"/> Any items for those with special needs |
| <input type="checkbox"/> First-aid kit | <input type="checkbox"/> Bicycle helmet (for protection) |
| | <input type="checkbox"/> Any supplies and food for pets |

USE THIS GRID AREA TO HELP MAKE A MAP.



ROSTER OF CHILDREN AND YOUTH IN FOSTER CARE IN THE HOME

Complete for each child /youth in the home and update when they depart. Brief all young people on the family's emergency plan upon arrival and whenever the plan is updated.

1	Child's Name		Phone	Child's Date of Birth Date: ____/____/____
	Medical Info/Allergies/Special Needs Equipment		Medications & Dosage	Arrived Date: ____/____/____ Departed Date: ____/____/____ Reviewed Emergency Plan Date: ____/____/____
	Social Worker Name	Phone	E-mail	Reviewed Educational Materials Date: ____/____/____
2	Child's Name		Phone Number	Child's Date of Birth Date: ____/____/____
	Medical Info/Allergies/Special Needs Equipment		Medications & Dosage	Arrived Date: ____/____/____ Departed Date: ____/____/____ Reviewed Emergency Plan Date: ____/____/____
	Social Worker Name	Phone	E-mail	Reviewed Educational Materials Date: ____/____/____
3	Child's Name		Phone	Child's Date of Birth Date: ____/____/____
	Medical Info/Allergies/Special Needs Equipment		Medications & Dosage	Arrived Date: ____/____/____ Departed Date: ____/____/____ Reviewed Emergency Plan Date: ____/____/____
	Social Worker Name	Phone	E-mail	Reviewed Educational Materials Date: ____/____/____

4	Child's Name		Phone Number	Child's Date of Birth Date: ____/____/____
	Medical Info/Allergies/Special Needs Equipment		Medications & Dosage	Arrived Date: ____/____/____ Departed Date: ____/____/____ Reviewed Emergency Plan Date: ____/____/____
	Social Worker Name	Phone	E-mail	Reviewed Educational Materials Date: ____/____/____
5	Child's Name		Phone Number	Child's Date of Birth Date: ____/____/____
	Medical Info/Allergies/Special Needs Equipment		Medications & Dosage	Arrived Date: ____/____/____ Departed Date: ____/____/____ Reviewed Emergency Plan Date: ____/____/____
	Social Worker Name	Phone	E-mail	Reviewed Educational Materials Date: ____/____/____
6	Child's Name		Phone Number	Child's Date of Birth Date: ____/____/____
	Medical Info/Allergies/Special Needs Equipment		Medications & Dosage	Arrived Date: ____/____/____ Departed Date: ____/____/____ Reviewed Emergency Plan Date: ____/____/____
	Social Worker Name	Phone	E-mail	Reviewed Educational Materials Date: ____/____/____

WORK, SCHOOL, CHILDCARE, AND AFTERSCHOOL INFORMATION

Resource Parent Name	Work Address	Phone	Alternative Phone	Notes

	Child/Youth Name	Name and Address of School, Childcare, or Afterschool	Phone	Notes
1				
2				
3				
4				
5				

PET PLAN CHART

Name	Type of Animal	Breed	Medications	Vet Information	Rabies ID #

DRILL SHEETS

Practicing evacuating and sheltering in place can be a way to make sure you are prepared for a disaster. Use these drill sheets when you practice with the children or youth in your home. Take drills seriously but avoid re-traumatizing children/youth who may have experienced a disaster previously. Make drills fun if you can.

Fire Drill Evacuation Chart:

Date of Drill	# People Present	Time It Took to Evacuate	Meeting Place	Notes

Tornado Drill Chart:

Date of Drill	# People Present	Time It Took to Shelter in Place	Notes

TIPS FOR DURING A DISASTER

Stay emotionally connected with children and youth so working as a team is easier. Connecting emotionally and distracting children can help reduce worries. Here are actions you can take during a disaster:

- Reassure children and youth that you have a plan to stay safe. Working a team is a great way for everyone to stay safe. Invite them to ask questions and share their feelings.
- Reassure children that birth parents also have information about how to stay safe.
- Stay calm to show what calm looks and feels like. Children and youth will follow your lead. They learn how to care for themselves and navigate the situation from you.
- Share simple information using a calm and steady voice.

Preschoolers	School-aged children	Adolescents
are easily confused and need reassurance. Say, “it’s my job to keep you safe” and that the family is a team and will stay safe working together. Give extra hugs and cuddles as needed.	can process basic information. Share the basic plan and simple facts based on the child’s ability to understand. Offer extra hugs and cuddles. Only hug and cuddle if the child wants this contact.	may be able to process more information about the plan. Limit or prevent adolescents from being online getting updates from the media. Show adolescents support in whatever way feels good to the youth.

- Organize comforting and distracting activities. Examples include holding a favorite stuffed animal, blanket, or toy. Depending on the age and ability of the child or youth, distractions can include singing, dancing, playing games, reading, or watching a downloaded movie or show.
- If possible, create a “child safe space” where they are as far away from scary noises, action, and disturbing scenes as possible. This space is conducive to distracting activities and shields young people from confusing or scary experiences that can produce worries.
- Take care of yourself. Take time to care for yourself so you can care for children and youth. Take breaks with support from other adults to acknowledge feelings, reflect and use a healthy coping strategy. Examples include deep breathing, meditation, reading, exercising, talking with a supportive adult, and moments of silence.

TIPS FOR AFTER A DISASTER

After a disaster you are likely to experience a variety of strong feelings. It is important to know these feelings are normal.

Following are some initial, immediate steps to assess and ensure physical safety after a disaster:

- Check for injuries. Call for immediate medical assistance if needed or begin providing basic first aid.
- Check the safety of the shelter and/or of your immediate surroundings.
- Go outside or leave the shelter only when official messages say it is safe to do so.
- Check the safety of the yard or other open areas. If there are fallen power lines, keep children away from them and notify the power company immediately.
- Keep children away from spilled liquids and all unknown substance and objects. Clean them up only when determined safe.

Following are some initial, basic strategies for assessing property damage and preventing further damage:

- Consider boarding up broken windows and other entry points to prevent further damage or vandalism.
- Make a list of damaged or lost items that includes a description, the manufacturer, the date of purchase, the brand name, and the age of the item. These records are for insurance claims.
- Keep records and receipts of all expenses from the disaster.

Notes:

PROMOTING THE RESILIENCY OF CHILDREN AND YOUTH

Resiliency, or the ability to recover from difficult experiences, is important for emotional well-being. Supporting young people's resiliency can help prevent behavioral health problems from developing.

Staying emotionally connected with children and youth is a way to promote their recovery. Your safe, calm, and loving relationship teaches them how to have healthy relationships for a lifetime.

If you notice the following behaviors change, worsen, or last over six weeks, inform the child's social worker, therapist, and pediatrician. If needed, seek additional support services.

Infants and toddlers may cry more often or may want to stay close to you. They may seem cranky, clingy and want to be cuddled more usual.

- You may cuddle, rock, soothe, and intentionally make eye contact more often than normal. Reading books, singing songs, playing with toys that promote laughter—without interruptions of phones or the TV—are ways to promote recovery. Encourage the child to explore new toys and experiences during this time together.

3- to 6-year-olds may repeat things they had outgrown. Examples include separation anxiety, soiling clothing or wetting the bed, tantrums, or difficulty sleeping.

- They may benefit from special, uninterrupted play time each day. Give the child a sense of control and ask them to choose the game, toy, book, or activity and then follow their lead. Promote interactions that lead to laughter and relaxation. Praise desired behaviors. Be patient with undesired behaviors. Give and receive affection from the child.

7- to 10-year-olds may be afraid the event will recur. They may have feelings of being sad, mad, or confused. Information from peers may be false and can heighten feelings. They may become obsessed with the details of the disaster and want to talk about it all the time—or not at all. They may be less able to focus and concentrate, which can cause grades to fall.

- They may benefit from daily special, uninterrupted time where you follow the child's lead in a special interest, hobby, game, book, or online adventure. Promote interactions that lead to laughter and relaxation. Praise desired behaviors. Be patient with undesired behaviors. Give and receive affection from the child.

Preteens and teenagers may respond by staying home or reducing social time with friends. They may act out in new ways like driving unsafely, drinking alcohol, trying drugs, or skipping school. Their feelings of fear, confusion, anger, and being overwhelmed can cause arguments with adults, caregivers, friends, and siblings.

- They may need longer periods of special, uninterrupted time with you once or twice a week. Since children this age can have expensive interests, generate a list of choices and have the youth select what they would like to do during your time together. Offer praise for responsible choices and behavior. Be patient if there are impulsive choices. Offer support and affection in the way the youth prefers.

Medically fragile and special needs children have less control over their daily lives. They may have more intense responses to a disaster, including feelings of worry, anger, and stress.

- They may need more explanations of the disaster and extra words of reassurance. If they consent, they may need the extra physical reassurance of hugs or touch.

Routines and Predictability

Routines can help children and youth feel safe because they know what to expect, and when. As soon as possible after a disaster, get back to old routines or give children and youth some control over creating new ones. For example:

- Pick times where they choose what activity they want to do or in what order their routine is to occur. For example, give them a chance to shape their morning or evening routine.
- Routines don't need to be rigid. However, they are most effective when they are specific and posted where everyone can see them for a quick reference and reminder if needed.
- List your special time in the routine schedule to make sure it happens.
- Consider rewarding children and youth for following their routines with extra screen time, a later bed time, or extra time to play with a neighborhood friend.

- Support their feelings. Children and youth may have difficulty expressing their feelings. Use your words to describe your feelings to show them how it is done. However, this may not be enough. They may need extra support. And they will definitely need you to be patient with how they express their feelings.
- Be patient and do not force the child or youth to talk. Offer them some space but let them know you are available if they want to talk. Encourage them to do things they enjoy.
- Be patient and offer praise for desired behaviors. Generally, feelings are expressed through undesired behaviors (difficulty cooperating, challenges in following directions, being argumentative, or saying things they do not mean).
- Being active through exercise and outdoor play or activities is excellent for releasing stress from the body. Routine exercise with loving and caring adults helps children recover from disasters. It helps the adults recover as well. They following questions may help you identify exercise activities:
 - Based on the age of the child/youth, is there a favorite park?
 - Are bike rides, scooters, or a nature trail a favorite activity?
 - Is there a skateboard park?
 - Is there a low-cost swimming pool?
 - Does someone have a yard with a beach ball or other simple toys?

Notes:

YOUR SELF-CARE STRATEGIES

Nurturing Activities	Daily Activities	In The Moment Strategies
<ul style="list-style-type: none"> • _____ • _____ • _____ 	<ul style="list-style-type: none"> • _____ • _____ • _____ 	<ul style="list-style-type: none"> • _____ • _____ • _____

Notes:

6.3. Tools for Child Welfare Directors & Administrators

- Key Questions to Consider When Developing a Disaster Plan
- Tips for Managing Volunteers
- Office of Interstate Services: Guidance for Disaster Planning & Response
- Tips for Supervisors of Disaster Responders: Helping Staff Manage Stress When They Return to Work
- Have You and Your Family Been Affected by a Disaster?
- Crisis Counseling Assistance & Training Program [fact sheet]

Key Questions to Consider When Developing a Disaster Plan

The following are some questions agencies should consider when developing a disaster plan:

- When certifying and approving caregivers, do you ask where they will evacuate to in a disaster and collect that location's contact information?
- Do you know where your workforce will evacuate to during a disaster and collect that location's contact information?
- How often will the agency update the above information?
- Is there a personnel requirement that the agency staff check in within a certain timeframe after a disaster? How would they contact the agency?
- How will the agency transmit information to caregivers and staff (e.g., via a toll-free hotline, website)?
- Can the agency issue paychecks during an emergency? How?
- Are all critical documents in a centralized, accessible system, including documents that might not have originated in the agency but are critical to client well-being and services (e.g., court orders, birth certificates)?
- How will the disaster affect funding levels for the agency?
- How will the agency use the media in getting messages to the public?
- What types of training do staff need?
- How will the agency coordinate volunteers or other outside support?
- What partners should the agency include in the development of its plan?
- Will the disaster in the agency's State or locality affect the service delivery system or assistance provided during and after the disaster by neighboring States and localities?¹⁴²

Cage, R. & Salus, M. K. (2010). *The role of first responders in child maltreatment cases: Disaster and non-disaster situations* (Child Abuse and Neglect User Manual Series). U.S. Department of Health and Human Services Office of Child Abuse and Neglect.

Tips for Managing Volunteers

This list was compiled by Sarah Webster, who worked on managing an emergency shelter in Texas in the aftermath of the Hurricanes Katrina and Rita, and it is drawn from the shelter's written manuals and policies, and from her own experience:

Ensure you have policy in place as to how you will handle volunteers in general and include such things as:

- an application so that you have basic information.
- a criminal background check and internal abuse/neglect check.

Ensure you have a volunteer coordinator to which volunteers are accountable to during a disaster.

Make sure you have a job to assign a volunteer.

During a disaster volunteers should:

- Have an official agency badge with a picture that verifies them as a volunteer
- Receive mini orientation as to the job they will be doing
 - basic medical procedures e.g. hand washing
 - hours they will work (suggest 4 hour shifts)
 - who they will go to if they have a question
 - what to do if they suspect abuse/neglect
 - sign a confidentiality statement

Always ensure volunteers are thanked for volunteering their time and if possible do some type of recognition for volunteers once the disaster has passed.

Office of Interstate Services: Guidance for Disaster Planning & Response

The information in this section is intended to provide guidance to agencies and child welfare workers who have children in other states, or who are providing services to children from other states, under the Interstate Compact on the Placement of Children (ICPC), in the event of a disaster.

Requirements and Important Guidance:

- All resource parents should develop a disaster plan and share this plan with the local child welfare supervising agency, which will be shared with the North Carolina ICPC office (if requested). See the *Resource Parent/Caregiver Disaster Plan** template in this toolkit.
- **Mandatory evacuation areas:** Neither NC nor the resource parent have the authority to make the decision to remain in the area. **When a mandatory evacuation goes into effect, the resource parent and the child *must* leave the area.**
- Child welfare staff and agencies should ensure the data submitted to NCFASST regarding children under ICPC is accurate. This will ensure that the information shared in the event of a disaster is helpful in identifying and locating children quickly.
- When there is an impending disaster, agencies should designate one point of contact (POC) who will be responsible for providing status updates on children to the North Carolina ICPC office. Agency staff should provide updates to their point of contact as they receive them, who will then contact the North Carolina ICPC office at least once per day with status updates.
- If the North Carolina ICPC office is adversely impacted by the disaster, the office will designate a point of contact within NCDSS who will temporarily assume responsibility for emergency requests. NCDSS will communicate this information to local child welfare agencies and sending states in an expeditious manner.
- The North Carolina ICPC office will serve as a central point of contact in responding to status update requests of children from sending states. It will also be a central point of contact in communicating with national organizations that assist in locating children and reuniting families, such as the National Center for Missing and Exploited Children.
- The North Carolina ICPC office will respond to requests for waivers, expedited placement requests, and flexibility in interpretation of federal requirements, based on the needs of children impacted by the disaster.
- The North Carolina ICPC office will maintain communication with the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC). If necessary, the AAICPC can send communication to all states regarding the status of the disaster and the steps the North Carolina ICPC office is taking to provide an update on the status of children placed within our state.

Required Activities in the Event of a Disaster:

- Monitoring of children and families affected by the disaster.
- Contact with local, state, and national points of contact to collect, centrally maintain and share, as appropriate, pertinent information regarding children and families receiving interstate services in cases of emergency. These activities include recording:
 - initial location of the child (and date of location)
 - status update on the condition of the child

- relocation information, if applicable (i.e., address, phone, expected length of stay)
- previously identified well-being needs
- identification of new needs due to the disaster (e.g., education, medical care, shelter, transportation, prescriptions, etc.)
- new and ongoing service needs and the caregiver and/or community's ability to access these services
- ability to communicate with supervising agency and family members

This information should be documented in an Excel spreadsheet by each local child welfare worker, who will send it to the local agency's ICPC point of contact. This information should be compiled into one file by the agency's point of contact and shared with the North Carolina ICPC office once per day during and after the disaster. You can access this spreadsheet on the NCDSS Disaster Preparedness Resources web page: <https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/disaster-preparedness-resources>.

If utilities (electricity, phone, internet) are impacted by the disaster, the status of the child must still be communicated to the North Carolina ICPC office. Consider doing so via a variety of channels such as US mail, email (NC.ICPC@dhhs.nc.gov), and/or fax (919-733-3052).

Identification and Location of Children:

The first step in identification and location of children who may be displaced will be to determine the geographic area affected by the disaster.

- The North Carolina ICPC office will contact NC FAST to obtain a list of children placed in North Carolina who live in the geographic area affected by the disaster and will provide this information to child welfare agencies.
- The agency worker should check on the safety of the child assigned to them in the affected area by:
 - Immediately contacting the resource (parent, relative, and foster parent) by phone. If the resource parent cannot be reached by telephone and it is safe to travel in the area where the child resides, the worker should attempt contact via a home visit.
 - The child welfare worker should identify and locate the child and will assess their safety.
 - The child welfare worker should provide a status update to the agency ICPC point of contact, who should send it to the North Carolina ICPC office as soon as possible, or *within 48 hours* after the onset of the disaster. See the **Office of Interstate Services Contact List** for contact information.
- For children under the supervision of the local child welfare agency, the child welfare worker should assess the needs of the child and will continue to provide available services to children who are displaced or adversely affected by a disaster.
- In the event the local child welfare agency is unable to continue to provide services to children in their custody due to being overwhelmed by a disaster or emergency, the North Carolina ICPC office will work with the affected counties and/or state emergency services to assist in the location of children in county custody located out of state.
- Under ICPC guidelines, the North Carolina ICPC office is responsible and will contact the sending state ICPC office with the status of children who were affected by the disaster.

When NC Children Are Placed in Another State and a Disaster Occurs:

- The North Carolina ICPC office will contact NC FAST to obtain a list of children placed in another state.
- The North Carolina ICPC office will share the names of these children, along with any applicable resources, to the receiving state's ICPC office.
- Local child welfare staff in the receiving state should then:
 - immediately contact the resource (parent, relative, and foster parent) by phone; and
 - identify and locate the child and assess for safety.
- The receiving state's ICPC office should communicate with NC local agencies regarding the status of the child as soon as possible.
- The family should implement the family disaster plan that they have previously developed. This should include evacuation of the disaster area, when directed to do so by local authorities.

Relocation of Families Across State Lines:

- The severity of the disaster may cause families to temporarily or permanently relocate to another state, to ensure safety after a disaster. At this time, the Interstate Compact does not specifically address emergency or disaster-related movement.
- If a family relocates across state lines, local child welfare staff, the sending state's ICPC office, and the receiving state's ICPC office should work together to ensure expedited approval of these moves, as well as services and supervision of these placements.
- **Regulation 1: Relocation of Family Units** allows for dependent children to move with the family rather than having to wait in his or her home state while the family waits to go through the home study and approval process. Regulation 1 applies to all placements: parents, relatives, licensed care, and adoptive settings.
- It is of utmost importance that states receiving these children be notified of the move, and that information is shared about the child's medical, behavioral, and educational history; safety and well-being needs; family history; case plan; information on visitation allowances and limitations; and contact information for siblings and other important persons to the child.
- Evidence on the suitability of current caregivers, the home study, background checks, and information on training and education provided should be obtained and/or shared as quickly as possible.

ICPC Resources:

- **Office of Interstate Services Contact List:** <https://www.ncdhhs.gov/divisions/social-services/child-welfare-services/interstate-services>
- **NCCARE360** is a resource for connecting children and families with services and resources in their local area: <https://nccare360.org/resources/>
- **ICPC State Pages**, where you can find contact information for ICPC Administrators and consultants throughout the U.S.: <http://icpcstatepages.org/>
- **NC Department of Health and Human Services'** website on interstate services: <https://www.ncdhhs.gov/divisions/social-services/child-welfare-services/interstate-services>



Tips for Supervisors of Disaster Responders:

HELPING STAFF MANAGE STRESS WHEN RETURNING TO WORK

Many people who are involved in disaster response work find that it has a unique blend of stressors and rewards, both of which are powerful parts of the response experience. Upon completing a disaster response assignment, many responders find their return to regular duties to be a complicated, prolonged, and difficult process. In addition, coworkers who maintained the ongoing operation of the office during the response period may have experienced unwelcome demands, causing them to experience stress, as well. Supervisors can help manage the stress of returning disaster response team members and encourage them to gain perspective on their experience, contributing to their employees' personal and professional growth. This tip sheet can help supervisors ease the transition for disaster responders returning to work, recognize and reduce potential difficulties in the workplace, and enhance positive consequences for all of their staff.

STRENGTHENING STRESS MANAGEMENT SKILLS BEFORE AND DURING A DISASTER RESPONSE

The ideal time to strengthen stress management skills, both for you and your employees, is before a disaster occurs. These skills are also important for employees who stay behind when

their coworkers are engaged in offsite disaster response work. You can offer the following self-care tips to your employees, and practice them yourself, to prevent and manage stress in your workplace both before and during disaster response and recovery efforts:

- Maintain a healthy diet, and get routine exercise and adequate rest.
- Spend time with family and friends.
- Pay attention to health concerns, and schedule routine checkups to ensure you are ready when called for an assignment.
- Keep up with personal tasks (e.g., pay bills, mow the lawn, shop for groceries). This can help you avoid having to complete last-minute tasks that can take away from time spent preparing for your response assignment.
- Think about your goals for upcoming assignments, and how you can apply lessons learned from past assignments to future situations.
- Reflect upon what your disaster response experiences have meant personally and professionally.
- Get involved in personal and family disaster preparedness activities.

TIPS FOR SUPERVISORS OF DISASTER RESPONDERS: HELPING STAFF MANAGE STRESS WHEN RETURNING TO WORK



PREPARING YOUR ORGANIZATION FOR RETURNING EMPLOYEES

Supporting your returning employees starts with organizational policies and priorities. You can work with other leaders of your organization to:

- Create an atmosphere where people can be open with supervisors about their experiences, feelings, and concerns.
- Create structured forums for responders to present their lessons learned or recommendations for organization-wide preparedness activities.
- Optimize liberal or flexible leave policies for returning employees.
- Be candid about the complex and potentially difficult job that supervisors and managers face—meeting both individual needs and the need to maintain ongoing work.

HELPING YOUR RETURNING EMPLOYEES TRANSITION TO ROUTINE WORK

Upon returning to their duties, some employees may face difficulties readjusting. Many of these challenges typically subside over time as staff return to previous routines. If these difficulties do not subside, refer to the **When To Suggest That Your Staff Seek Help** section of this tip sheet. A few potential difficulties are described below, along with some tips on how you can help.

Unrelenting fatigue. Sometimes excessive stress results in never feeling rested. Some employees may experience extreme fatigue, even when they are getting a sufficient amount of sleep each night. Encourage your employees to get a medical evaluation if the problem persists.

Pace change. Disaster responders grow accustomed to the rapid pace of the disaster

environment, and for some employees, returning to a more typical rhythm of work may be challenging. It may appear as though people are moving at a much slower pace than they remember. Encourage returning responders to refrain from judging colleagues or criticizing the difference in the pace of work in your organization compared to their disaster work.

Cynicism. During disaster work, responders often see the worst in individuals and systems, and it is easy to become cynical. These feelings are expected, and they typically diminish over time. Try to help your team members regain perspective by reviewing the successes and positive results from their assignment.

Dissatisfaction with routine work. Saving lives and protecting our fellow citizens' health and safety can be rewarding and energizing, but most work does not provide such dramatic and immediate reinforcement. As a result, some returning team members may perceive their daily work routine as lacking in meaning and satisfaction. Ask about the positive things your employees learned and experienced during the disaster response, and find ways to incorporate these things into their work. For example, you may consider giving them a role in your company's emergency response planning.

Easily evoked emotions. Sometimes the combination of intense experiences, fatigue, and stress leaves disaster responders especially vulnerable to unexpected emotions. For example, they may cry easily, be quick to anger, or experience dramatic mood swings. These are fairly common reactions that typically subside over time. You can help responders cope with their emotions in the following ways:

- Provide support and education to all your staff members, and allow them to discuss their experiences with you in order to determine the best way to decrease these reactions in the workplace.
- Encourage returning employees to be aware of and monitor their reactions.

- If strong emotions become disruptive in the workplace, consider the following strategies:
 - Discuss the options of additional leave.
 - Help disaster responders locate a stress management or responder stress training course.
 - Encourage them to seek professional help. Some disaster responders are concerned about being stigmatized when seeking mental health or substance misuse support services, so it is important for you to create a “safe place” without judgment for employees to discuss accessing support services if needed. Check out the **Helpful Resources** section of this tip sheet for more information on finding support services.

Sharing experiences. Though returning employees may want to share their experiences with others, some may feel uncomfortable doing so. You can help ease team members’ worries by taking the following actions:

- Consider facilitating group meetings that provide a structured opportunity for your employees to share experiences, especially coping skills, with others who have had similar experiences. Encourage returning employees to reflect on their experience in terms of the following:
 - How did they function in the stressful disaster environment?
 - What unrecognized skills or talents did they discover?
- Caution staff to take care when discussing disturbing scenes. Others may be upset by graphic descriptions of the disaster environment.

Difficulties with colleagues and supervisors.

Returning employees may not experience a “welcome back” from their colleagues that meets their expectations. Some coworkers may resent the additional workload they had to carry as a result of employees’ absence, or they may resent the recognition that the disaster responders

receive upon their return. Consider taking steps to avert these difficulties:

- Be sure to show proper appreciation for the impact that everyone feels when one or more employees are on assignment and others are not.
- Remind staff that everyone is a part of the response effort, not only those directly deployed but also those who remain in their regular posts providing coverage for those in the field.
- Be aware that, if the returning staff were exposed to potentially contagious illnesses while on the disaster assignment (or coworkers *believe* this to be the case), returning staff may be isolated or stigmatized. Accurate information, delivered to the entire team by an unbiased source (such as a local medical expert), can help ease this type of situation.

CHECK YOURSELF: HOW ARE YOU FEELING NOW THAT YOUR EMPLOYEES HAVE RETURNED?

You also need to be aware of your own reactions and adjustments as a result of your team’s disaster assignment and return. Seeking support from other supervisors you work with (or friends in similar positions) can help you prepare for and adjust to the return of your team members. Planning for every possibility is important—consider taking the following actions:

- Be prepared with resources and referrals for staff members who may require help addressing severe or prolonged stress symptoms that are affecting their work.
- Know what types of interventions you can employ if you witness team members degrading others who are seeking help.
- Be sure to apply self-care recommendations to yourself, especially if you are starting to identify with returning staff members’ descriptions of stress symptoms, such as sleep problems, stomach ailments, or irritability.

**TIPS FOR SUPERVISORS OF DISASTER RESPONDERS:
HELPING STAFF MANAGE STRESS WHEN RETURNING TO WORK**

Helpful Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane--Rockville, MD 20857
Toll-Free: 1-877-SAMHSA-7 (1-877-726-4727)
SAMHSA Store: <https://store.samhsa.gov>
Email: info@samhsa.hhs.gov

Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC)
Toll-Free: 1-800-308-3515
Website: <https://www.samhsa.gov/dtac>
SAMHSA Behavioral Health Disaster Response Mobile App
Website: <https://store.samhsa.gov/product/PEP13-DKAPP-1>

Department of Veterans Affairs*
National Center for Posttraumatic Stress Disorder (PTSD)
PTSD Information Voicemail: 1-802-296-6300
Website: <https://www.ptsd.va.gov>

Federal Occupational Health*
Employee Assistance Program for Federal and Federalized Employees
Toll-Free: 1-800-222-0364
TTY: 1-888-262-7848
Website: <https://foh.psc.gov>

Treatment Locators

Mental Health and Substance Abuse Treatment Facility Locator--Toll-Free: 1-800-662-HELP (1-800-662-4357)
(24/7 English and español); TTY: 1-800-487-4889
Website: <https://findtreatment.samhsa.gov>

MentalHealth.gov
Website: <https://www.mentalhealth.gov>
MentalHealth.gov provides U.S. government information and resources on mental health.

Hotlines

National Suicide Prevention Lifeline
Toll-Free: 1-800-273-TALK (1-800-273-8255)
TTY: 1-800-799-4TTY (1-800-799-4889)
Website: <https://www.samhsa.gov>
This resource can be found by accessing the Suicide Prevention Lifeline box once on the SAMHSA website.

SAMHSA Disaster Distress Helpline
Toll-Free: 1-800-985-5990 Text "TalkWithUs" to 66746
Website: <https://www.samhsa.gov/find-help/disaster-distress-helpline>

Workplace Helpline
Toll-Free: 1-800-WORKPLACE (1-800-967-5752)
Website: <https://www.samhsa.gov/workplace>

**Note: Inclusion of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.*

WHEN TO SUGGEST THAT YOUR STAFF SEEK HELP

Stress is an anticipated reaction to situations like disasters and other traumatic events, and many signs of stress typically diminish over time. Returning employees may need more support, however, if they exhibit one or more of the following symptoms:

- Disorientation (e.g., appearing dazed, experiencing memory loss, being unable to give the date or time or recall recent events)
- Depression (e.g., feeling continuing sadness, withdrawing from others)
- Anxiety (e.g., feeling constantly on edge or restless)
- Acute psychiatric symptoms (e.g., hearing voices, experiencing delusional thinking)
- Inability to care for self (e.g., not eating, bathing, or handling day-to-day life tasks)
- Suicidal or homicidal thoughts or plans; feelings of hopelessness or despair
- Problematic use of alcohol, illicit drugs, or prescription medication
- Evidence of domestic violence, child abuse, or elder abuse

If you think any of your employees are experiencing persistent or severe stress, suggest that they talk with a primary care physician (especially if they have been exposed to an infectious disease or potentially toxic materials), seek assistance from your organization's Employee Assistance Program, or seek help from a licensed mental health professional. You can also download SAMHSA's new Disaster Behavioral Health App and access resources specific to the post-deployment phase, including tips for re-entry (for responders, supervisors, and family members). Find additional supports and services in the **Helpful Resources** section of this tip sheet.



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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

SAMHSA's National Helpline

TOLL-FREE: 1-800-662-HELP
(1-800-662-4357)

(English and español)

TTY: 1-800-487-4889

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

SAMHSA

Substance Abuse and Mental Health
Services Administration

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 Administration (SAMHSA) Disaster Technical Assistance Center website at <https://www.samhsa.gov/dtac> or call us at 1-800-308-3515.

PEP19-01-01-004

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.
1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD) • www.samhsa.gov

FACT SHEET

Crisis Counseling Assistance & Training Program

FEMA implements the Crisis Counseling Assistance and Training Program (CCP) to fund mental health assistance and training activities in areas that have received a Presidential major disaster declaration for Individual Assistance upon request by a state, tribal or territorial government. Funding is through a federal grant award application. Within the application, the requestor must identify a non-federal entity to administer CCP.

The U.S. Department of Health and Human Services' (HHS) Center for Mental Health Services, within Substance Abuse and Mental Health Services Administration (SAMHSA), works in partnership with FEMA to provide technical assistance, consultation, grant administration, program oversight, and training for state and tribal designated mental health authorities.

Program Overview

The mission of the program is to assist individuals and communities in recovering from the psychological effects of disasters through the provision of community-based outreach and educational services. It supports short-term interventions to assist disaster survivors in understanding their current situation and reactions, mitigating stress, promoting the use or development of coping strategies, providing emotional support, and encouraging links with other individuals and agencies who may help survivors in their recovery process.

Services are provided at no cost and are available to any survivor who has been impacted by the disaster. These services are delivered in accessible locations, including survivors' homes, shelters, temporary living sites, and places of worship. Services can be provided in a group setting or one-on-one.

Disaster Crisis Counseling vs. Mental Health Treatment

The key difference between traditional mental health services and crisis counseling is the way services are provided. Mental health treatment, as typically defined within the mental health community, implies assistance to individuals for a diagnosable disorder. Typically, the mental health professional and client will discuss various treatment options and agree to certain interventions and treatment goals.

In contrast, crisis counseling seeks to help survivors understand that they are experiencing common reactions to extraordinary occurrences. Crisis counselors treat each individual and group they encounter as if it were the only one, keep no formal individual records or case files. They also find opportunities to engage survivors, encouraging them to talk about their experiences and teaching ways to manage stress. Counselors help enhance social and emotional connections to others in the community and promote effective coping strategies and resilience. Crisis counselors work closely with community organizations to familiarize themselves with available resources so they can refer survivors to behavioral health treatment and other services.

Programs Available

Supplemental funding for crisis counseling is available to state, territorial, and designated tribal authorities through two separate federal grant programs.



FEMA

Immediate Services Program (ISP)

- Application is due 14 days after a Presidential major disaster declaration that includes Individual Assistance.
- FEMA provides funds for up to 60 days of services immediately following the approval of IA for a disaster.
- FEMA awards and monitors the ISP federal award in coordination with SAMHSA.

Regular Services Program (RSP)

- The application is due 60 days after a Presidential major disaster declaration that includes IA.
- FEMA provides funds for up to nine months from the date of the notice of award.
- SAMHSA awards and monitors the RSP federal award in coordination with FEMA.

These are separate programs that require separate applications. ISP is not a prerequisite for RSP, nor is RSP required automatically when ISP has been approved.

Key Principles

The Crisis Counseling and Training Program is guided by key principles:

- **Strengths Based:** Services promote resilience, empowerment and recovery.
- **Diagnosis Free:** Crisis counselors do not classify, label, or diagnose people, nor keep records or case files.
- **Outreach Oriented:** Crisis counselors deliver services in affected communities proactively rather than waiting for survivors to seek their assistance.
- **Culturally Sensitive:** The model embraces cultural and spiritual diversity, as reflected in culturally-relevant outreach activities that represent the communities served.
- **Flexible:** Services are conducted in nontraditional settings, not clinical or office settings.
- **Capacity Building:** Services are designed to strengthen existing community support systems.
- **Practical More than Psychological:** Crisis counselors help survivors develop a plan to address self-identified needs and suggest connections with other individuals or organizations who can assist them.
- **One Identity:** While delivered by various agencies, the CCP strives to be a single, identifiable program.

Services Funded

The following services may be funded under the Crisis Counseling and Training Program:

- **Individual Crisis Counseling:** Helps survivors understand their reactions, improve coping strategies, review their options, and connect with other individuals and agencies who may assist them.
- **Basic Supportive or Educational Contact:** Provides general support and information on resources and services available to disaster survivors.
- **Group Crisis Counseling:** Hosts group sessions led by crisis counselors offering skills to help survivors.
- **Public Education:** Offers information about reactions, coping strategies, and available resources.
- **Community Networking and Support:** Builds relationships among community resource organizations, faith-based groups, and local agencies.
- **Assessment, Referral, and Resource Linkage:** Assesses needs of adults and children and provides referral to additional disaster relief services, mental health or substance abuse treatment.
- **Development and Distribution of Educational Materials:** Produces and distributes flyers, brochures, tip sheets, educational materials, and website information developed by CCP staff.
- **Media and Public Service Announcements:** Works in partnership with local media outlets, governments, charitable organizations, and/or other community brokers to develop and share public messaging.

6.4. Tools for Child Welfare Staff

- Provider Worksheet: Survivor Current Needs
- Low or No Cost Technology Options for Virtual Participation and Contact
- Critical Incident Stress Information Sheets
- Electronic Resources to Help Manage Stress

Provider Worksheet

Survivor Current Needs

Date: _____ Provider: _____

Survivor Name: _____ Location: _____

This session was conducted with (check all that apply):

Child Adolescent Adult Family Group

Provider: Use this form to document what the survivor needs most at this time. This form can be used to communicate with referral agencies to help promote continuity of care.

1. Check the boxes corresponding to difficulties the survivor is experiencing.

Behavioral	Emotional	Physical	Cognitive
<input type="checkbox"/> Disorientation	<input type="checkbox"/> Acute stress reactions	<input type="checkbox"/> Headaches	<input type="checkbox"/> Inability to accept/cope with death of loved one(s)
<input type="checkbox"/> Increased drug, alcohol, or prescription drug use	<input type="checkbox"/> Acute grief reactions	<input type="checkbox"/> Stomachaches	<input type="checkbox"/> Distressing dreams or nightmares
<input type="checkbox"/> Isolation/withdrawal	<input type="checkbox"/> Sadness, tearfulness	<input type="checkbox"/> Sleep difficulties	<input type="checkbox"/> Intrusive thoughts or images
<input type="checkbox"/> High-risk behavior	<input type="checkbox"/> Irritability, anger	<input type="checkbox"/> Difficulty eating	<input type="checkbox"/> Difficulty concentrating
<input type="checkbox"/> Regressive behavior	<input type="checkbox"/> Anxiety, fear	<input type="checkbox"/> Worsening of health conditions	<input type="checkbox"/> Difficulty remembering
<input type="checkbox"/> Separation anxiety	<input type="checkbox"/> Despair, hopelessness	<input type="checkbox"/> Fatigue/exhaustion	<input type="checkbox"/> Difficulty making decisions
<input type="checkbox"/> Violent behavior	<input type="checkbox"/> Guilt or shame	<input type="checkbox"/> Chronic agitation	<input type="checkbox"/> Preoccupation with death/destruction
<input type="checkbox"/> Maladaptive coping	<input type="checkbox"/> Feeling emotionally numb, disconnected	<input type="checkbox"/> Other _____	<input type="checkbox"/> Difficulties completing assignments or chores
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____

2. Check the boxes corresponding to other specific concerns.

- | | |
|---|--|
| <input type="checkbox"/> Past or preexisting trauma/psychological problems/substance abuse problems | <input type="checkbox"/> Living arrangements |
| <input type="checkbox"/> Injured as a result of the emergency | <input type="checkbox"/> Lost job or school |
| <input type="checkbox"/> At risk of losing life during the emergency | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> Loved one(s) missing or dead | <input type="checkbox"/> Physical/emotional disability |
| <input type="checkbox"/> Displaced from home | <input type="checkbox"/> Medication stabilization |
| <input type="checkbox"/> Assisted with rescue/recovery | <input type="checkbox"/> Concerns about child/adolescent (for parent) |
| <input type="checkbox"/> Pets missing/injured/dead | <input type="checkbox"/> Separation from primary caregiver (for child) |
| <input type="checkbox"/> Other _____ | |

3. Please make note of any other information that might be helpful in making a referral.

4. Referral

- Within school (specify) _____
- Community response agencies
- Professional mental health services
- Other _____
- Substance abuse treatment
- Other community services
- Medical treatment

5. Was the referral accepted by the individual? Yes No



Low or No Cost Technology Options for Virtual Participation and Contact

- Facetime - Video Calling
 - Get it on: Apple Products from the Apple App Store
 - Cost: Free
 - This is a video calling app that can only be downloaded from the Apple App store for video calling other Apple products
- Snapchat - Video Calling, Text Messaging, Video Messaging
 - Get it on: Android and Apple mobile devices.
 - Cost: Free
 - This is a video messaging app that allows all messages and conversations to not be saved.
- Whatsapp - Video Calling, Text Messaging
 - Get it on: Computers, and Android and Apple mobile devices.
 - Cost: Free
 - Whatsapp is an internationally used messaging app that is widely popular globally.
- Skype - Video Calling, Text Messaging
 - Get it on: Computers, web browsers, and Android and Apple mobile devices.
 - Cost: Free
 - Skype is a widely known video calling platform that uses Microsoft's AI technology for features such as live translations.
- Hangouts - Text Messaging, Video Calling
 - Get it on: Web browsers, and Android and Apple mobile devices.
 - Cost: Free
 - Google Hangouts is a robust communication platform on the web.
- Duo - Video Calling
 - Get it on: Android and Apple mobile devices
 - Cost: Free
 - This is the Google analog to Apple Facetime. But can be used on Android phones and iPhones.
- Signal / Telegram - Encrypted Text Messaging
 - Get it on: Android and Apple mobile devices
 - Cost: Free
 - Both Signal and Telegram are messaging applications that use end to end encryption.
- Facebook Messenger - Video Calling, Text Messaging
 - Get it on: Computers, web browsers, and Android and Apple mobile devices
 - Cost: Free
 - This is a communication service tied to Facebook's social network.
- Microsoft Teams - Video Calling, Text Messaging, Community Management, Productivity
 - Get it on: Computers, web browsers, and Android and Apple mobile devices.
 - Cost: Free
 - Teams is Microsoft's chat productivity application. It allows for collaborating and staying in contact with multiple people within the team.
- Discord - Video Calling, Text Messaging, Community Management

- Get it on: Computers, and Android and Apple mobile devices
 - Cost: Free
 - Discord is a robust community management tool. Create servers or rooms for different interests or teams to communicate and keep in touch.
- FreeConference / FreeConferenceCall / FreeConferenceCalling - Conference Calling Service that is Free
 - Get it on: Create the account online using an email address and use the service with a phone.
 - Cost: Free
 - Each of the listed above are not typos. Each is an individual company that provides conference calling for free.
- Google Voice - Cloud Based Phone Number
 - Get it on: Computers, and Android and Apple mobile devices
 - Cost: Free if used to make calls within the United States. Calls to other countries have a cost per minute.
 - Google Voice is a cost effective way to have a phone number and make phone calls so long as you have access to the internet.
- GotoMeeting
 - Get it on: Computers, and Android and Apple mobile devices
 - Cost: Free for two weeks.
 - Video conference calling for many people
- Marco Polo
 - Get it on: iphone and ipad
 - Cost: free
 - "video walkie talkie," a video chat app that lets you send quick messages back and forth.

In response to COVID-19 developments, some internet providers are offering free services to low-income families and households with students.

Free Comcast Xfinity internet

Comcast Xfinity is currently offering its [Internet Essentials](#) program free for two months to new customers. The internet provider is also automatically increasing speeds for all Internet Essentials customers.

Comcast Xfinity Wi-Fi hotspots are also open and free to use by anyone.

Free internet for students from Charter Spectrum

Households with students K–12 or university students can sign up for a new Charter Spectrum internet account to get the first two months of internet with speeds up to 100 Mbps for free.

Installation fees will be waived for those who qualify for the offer. Call 1-844-488-8395 to enroll.

Spectrum Wi-Fi hotspots are also currently open and free to use.

Free internet for students from Altice

Altice internet providers Suddenlink and Optimum are offering 60 days of free internet service for households with K–12 or college students. Internet speeds are up to 30 Mbps if you do not already have access to a home internet plan. To sign up, call 1-866-200-9522 if you live in an

area with Optimum internet service, or call 1-888-633-0030 if you live in an area with Suddenlink internet service.

Free low-income internet from Cox

Until May 12, 2020, Cox is offering the first month of its low-income internet program, [Connect2Compete](#), for free. The internet service is also providing free phone and remote desktop support for technical support during that time.

For more information from the college, go to:

www.highspeedinternet.com/resources/are-there-government-programs-to-help-me-get-internet-service



CRITICAL INCIDENT STRESS INFORMATION SHEETS ©

You have experienced a traumatic event or a critical incident (any event that causes unusually strong emotional reactions that have the potential to interfere with the ability to function normally). Even though the event may be over, you may now be experiencing or may experience later, some strong emotional or physical reactions. It is very common, in fact quite *normal*, for people to experience emotional aftershocks when they have passed through a horrific event.

Sometimes the emotional aftershocks (or stress reactions) appear immediately after the traumatic even. Or they may appear a few hours or a few days later. And, in some cases, weeks or months may pass before the stress reactions appear.

The signs of symptoms of a stress reaction may last a few days, a few weeks, a few months, or longer, depending on the severity of the traumatic event. The understanding and the support of loved ones usually cause the stress reactions to pass more quickly. Occasionally, the traumatic event is so painful that professional assistance may be necessary. This does not imply mental instability or weakness. It simply indicates that the particular event was just too powerful for the person to manage by himself.

Here are some common signs and signals of a stress reaction:

Physical*	Cognitive	Emotional	Behavioral
chills	confusion	fear	withdrawal
thirst	nightmares	guilt	antisocial acts
fatigue	uncertainty	grief	inability to rest
nausea	hypervigilance	panic	intensified pacing
fainting	suspiciousness	denial	erratic movements
twitches	intrusive images	anxiety	change in social activity
vomiting	blaming someone	agitation	change in speech patterns
dizziness	poor problem solving	irritability	change in appetite
weakness	poor abstract thinking	depression	hyperalert to environment
chest pain	poor attention/decisions	intense anger	increased alcohol consumption
headaches	poor concentration/ memory	apprehension	change in usual communications
elevated BP	disorientation of time, place or person	emotional outbursts	
rapid heart rate	difficulty identifying objects or people	loss of emotional control	
muscle tremors	heightened or lowered alertness	inappropriate emotional response	
shock symptoms	increased or decreased awareness of surroundings	emotional shock	



grinding of teeth		feeling overwhelmed	
visual difficulties			
profuse sweating			
difficulty breathing			

THINGS TO TRY

- WITHIN THE FIRST 24 – 48 HOURS: periods of appropriate physical exercise, alternated with relaxation will alleviate some of the physical reactions.
- Structure your time; keep busy
- You're normal and having normal reactions; don't label yourself crazy.
- Talk to people; talk is the most healing medicine
- Be aware of *numbing* the pain with overuse of drugs or alcohol. You don't need to complicate this with a substance abuse problem.
- Reach out; people do care.
- Maintain as normal a schedule as possible
- Spend time with others
- Help your co-workers as much as possible by sharing feelings and checking out how they are doing.
- Give yourself permission to feel rotten and share your feelings with others.
- Keep a journal; write your way through those sleepless hours.
- Do things that feel good to you.
- Realize those around you are under stress
- Don't make any big life changes.
- Do make as many daily decisions as possible that will give you a feeling of control over your life; i.e., if someone asks you what you want to eat, answer them even if you're not sure.
- Get plenty of rest.
- Don't try to fight reoccurring thoughts, dreams, or flashbacks – they are normal and will decrease over time and become less painful.
- Eat well-balanced and regular meals (even if you don't feel like it).

FOR FAMILY MEMBERS AND FRIENDS

- Listen carefully
- Spend time with traumatized person
- Offer your assistance and a listening ear if they have not asked for help



International Critical Incident Stress Foundation, Inc.

- Reassure them that they are safe
- Help them with everyday tasks like cleaning, cooking, caring for the family, minding children
- Give them some private time
- Don't take their anger or other feelings personally
- Don't tell them that they are 'lucky it wasn't worse;' a traumatized person is not consoled by such statements. Instead, tell them that you are sorry such an event has occurred, and you want to understand and assist them.

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Electronic Resources to Help Manage Stress

Apps (available in the Apple Store and Android/Google Play)



Sattva

One of the most comprehensive and advanced meditation apps.
Free



Headspace

For people just learning the art of meditation.
Free



Insight Timer

More than 2,000 free guided meditations and a supportive community to get started.
Free



The Mindfulness App

Features guided meditations by a number of teachers.
Fee involved



Calm

Over 50 guided meditations for a variety of goals from sleep to focus.
Free



Buddhify

80 different guided meditation tracks, ranging from five to 30 minutes.
Fee involved



iChill App

Teaches relaxation and self-help skills based on the Community Resilience model.
Free



National Center for PTSD

Offers a variety of mobile apps you can use to cope with trauma and stress reactions.
<https://bit.ly/3hBmCpd>
Free

6.5. Tools for Families


- Backpack Emergency Card (CDC)
- Family Preparedness Plan (NCTSN)
- Important Contacts for Families During and After Disasters
- DisasterAssistance.gov [fact sheet]
- Disaster Survivor Application Checklist
- Help After a Disaster: FEMA Individual Assistance Can Help You Recover [brochure]
- Keep Children Safe During Disaster Cleanup
- Disaster Distress Helpline Brochure
- What Is Child Traumatic Stress?
- Common Stress Reactions Experienced by Children
- After a Crisis: How Young Children Heal
- Tips for Talking with and Helping Children and Youth Cope After a Disaster or Traumatic Event: A Guide for Parents, Caregivers, and Teachers [fact sheet]
- When Terrible Things Happen: For Students
- Connecting with Others

BACKPACK EMERGENCY CARD

It is important to have your emergency contact information with you in case of an emergency. Complete the cards below and keep one in your wallet and one in your child's backpack.


Cut Here

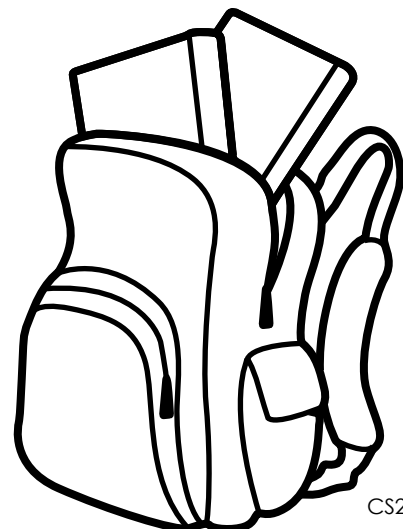
Fold Here

<p>BACKPACK EMERGENCY CARD</p> <p>Child's Name: _____</p> <p>Date of Birth: _____</p> <p>Home Phone: _____ Cell Phone: _____</p> <p>School Name: _____</p> <p>School Phone Number: _____</p> <p>Special needs, medical conditions, allergies, important information: _____ _____</p> <p style="text-align: center;"> DIAL 911 FOR EMERGENCIES</p>	<p>Parent/Guardian/Caregiver</p> <p>Name: _____ E-mail: _____</p> <p>Cell Phone: _____ Alternate Phone: _____</p> <p>Text Okay: Yes <input type="checkbox"/> No <input type="checkbox"/> Employer: _____</p> <p>Name: _____ E-mail: _____</p> <p>Cell Phone: _____ Alternate Phone: _____</p> <p>Text Okay: Yes <input type="checkbox"/> No <input type="checkbox"/> Employer: _____</p> <p>Out of Town Contact</p> <p>Name: _____ E-mail: _____</p> <p>Cell Phone: _____ Alternate Phone: _____</p> <p style="text-align: center;">DIAL 911 FOR EMERGENCIES</p>
--	---

Cut Here

Fold Here

<p>BACKPACK EMERGENCY CARD</p> <p>Child's Name: _____</p> <p>Date of Birth: _____</p> <p>Home Phone: _____ Cell Phone: _____</p> <p>School Name: _____</p> <p>School Phone Number: _____</p> <p>Special needs, medical conditions, allergies, important information: _____ _____</p> <p style="text-align: center;"> DIAL 911 FOR EMERGENCIES</p>	<p>Parent/Guardian/Caregiver</p> <p>Name: _____ E-mail: _____</p> <p>Cell Phone: _____ Alternate Phone: _____</p> <p>Text Okay: Yes <input type="checkbox"/> No <input type="checkbox"/> Employer: _____</p> <p>Name: _____ E-mail: _____</p> <p>Cell Phone: _____ Alternate Phone: _____</p> <p>Text Okay: Yes <input type="checkbox"/> No <input type="checkbox"/> Employer: _____</p> <p>Out of Town Contact</p> <p>Name: _____ E-mail: _____</p> <p>Cell Phone: _____ Alternate Phone: _____</p> <p style="text-align: center;">DIAL 911 FOR EMERGENCIES</p>
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U.S. Department of Health and Human Services
 Centers for Disease Control and Prevention

CS259306-D

www.nctsn.org

Insurance:

Veterinarian:

Pharmacy:

Mental Health Agency:

Hospital:

Doctor:

Out of State Emergency Contact:

Relative/Friend Home/Cell:

Child's Cell Phone:

Family Work/Cell:

After-school Care:

District Hotline

Schools:

Key Phone #s



Emergency Services: 911

Download:

Help Kids Cope

nctsn.org/content/help-kids-cope



Call:

Disaster Hotline 800-985-5990

Text: SHELTER to 43362 (4FEMA)

To Find an Open Shelter

Download: MonsterGuard

<http://www.redcross.org/monsterguard>

FOLD FOLD FOLD FOLD

Red Cross National #s:

1-866-GETINFO (866-438-4636)

1-800-733-2767

Important Web Sites:

www.ready.gov

www.nctsn.org

www.ready.gov/kids

www.disasterassistance.gov

www.emergency.cdc.gov

Notes:

Blank area for notes.

NCTSN

The National Child Traumatic Stress Network



FAMILY PREPAREDNESS PLAN

(check when complete)

- Make a Family Emergency Plan**
 - Have a Family Communication Plan
 - Make an Emergency Supply Kit
 - Learn Your School's Plan
- Be Informed**
- Practice**

Important Contacts for Families, During and After Disasters

The **NC Department of Public Safety** and **American Red Cross** websites have information on shelters open in the local community, what to bring, and services available at the shelter.

- <https://www.ncdps.gov/our-organization/emergency-management/emergency-preparedness/storm-shelters>
- <https://www.redcross.org/get-help/disaster-relief-and-recovery-services/find-an-open-shelter.html>

The **NC Department of Public Safety** has helpful information on these areas:

- Safety tips around disruptions in utilities (gas, water, electricity) <https://www.readync.org/recover-and-rebuild/utility-safety>
- Live Streams of Emergency Briefings from public officials. <https://www.ncdps.gov/news-conference>
- Information on the Emergency Management agency in all 100 counties. <https://www.ncdps.gov/emergency-management/em-community/directories/counties>
- Information on individual assistance programs available after a disaster. <https://www.ncdps.gov/Emergency-Management/Disaster-Recovery/Individual-Assistance>

NC Emergency Management has resources for planning, responding, requesting assistance, and evacuating, as well as information on specific disaster types. <https://www.readync.org/>

The **Centers for Disease Control** has helpful information on these areas:

- Preventing illness and injury. <https://www.cdc.gov/disasters/illness-injury.html>
- Emergency wound care. <https://www.cdc.gov/disasters/woundcare.html>
- Ensuring food and water safety. <https://www.cdc.gov/disasters/foodwater/index.html>
- Preventing carbon monoxide poisoning. <https://www.cdc.gov/disasters/cofacts.html>
- How to clean up safely. <https://www.cdc.gov/disasters/cleanup/facts.html>

Accessing Emergency Services and Resources:

- **FEMA Hotline – for disaster assistance applications and appeals.** 1-800-621-3362 • TTY 1-800-462-7585
- **DisasterAssistance.gov** – to see what disaster assistance is available and to apply. <https://www.disasterassistance.gov/>
- **NCCARE360** is a resource for connecting children and families with services and resources in their local area. <https://nccare360.org/resources/>

Addressing Mental Health Needs and Concerns:

- **LME/MCOs directory.** <https://www.ncdhhs.gov/providers/lme-mco-directory>
- **Behavioral Health Treatment Services Locator by SAMHSA.** <https://findtreatment.samhsa.gov>
- **Disaster Distress Helpline** – free, 24/7 helpline. Call 1-800-985-5990 • Text ‘talkwithus’ to 66746
 - Spanish-speakers: Text “Hablanos” to 66746 • TTY 1-800-846-8517

What can I do on DisasterAssistance.gov?

- Look up your address to see if it is in a federally declared disaster area.
- Search for and learn about different types of assistance you may qualify for.
- Find information that can help you learn how to prepare for, respond to, and recover from the effects of a disaster.



Find Helpful Information

If you need immediate assistance, you can:

- Find resources in your community.
- Get help with immediate needs and shelters.
- Search for Disaster Recovery Centers (DRCs).
- Stay informed with disaster-related news.
- Read about our mission and background, and learn more about our partners.

Apply for Disaster Assistance

You'll need the following information to apply:

- Personal information (address, social security number, contact information, etc.)
- Household income
- Insurance information
- Bank account information (to deposit funds into your account)

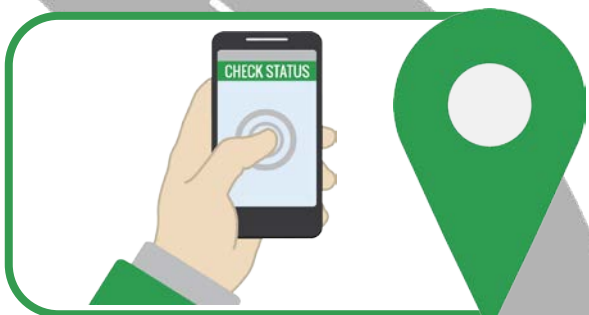
When you apply, you will be able to:

- Answer questions about disaster damage.
- Choose how you get messages about disaster assistance.
- Get referrals to other agencies that can help.

Create & Manage Your Online Account

After you apply for assistance, create an online account to:

- Check the status of your application.
- Upload documents.
- Read messages about your application.
- Update your personal information.



NEED HELP?



Search our FAQs to find answers to common questions, read about our policies, and find the contacts you may need.



To apply by phone, or if you have questions, call: 1-800-621-3362 (also for 711 & VRS) or TTY 1-800-462-7585.

DISASTER SURVIVOR APPLICATION CHECKLIST

To apply online at DisasterAssistance.gov:

- Go to www.DisasterAssistance.gov on your desktop, mobile, or tablet device.
- Click **Find Assistance** and answer questions to get a list of assistance you may be able to apply for.
- Click **Apply Online** to complete a FEMA application.
- Come back after you apply and click **Check Status** to check the status of your application.

To apply by phone for FEMA assistance only:

- 1-800-621-3362 (also for 711 & VRS)
- TTY 1-800-462-7585

To apply for assistance that FEMA doesn't manage:

You must follow the instructions provided for each program on DisasterAssistance.gov. This may require going to other agency websites.



INFORMATION CHECKLIST

Before you start your application, please have the information below and a pen and paper ready.

- Social Security Number**
You, another adult member or minor in your household must have a Social Security number. You or they must also be a U.S. citizen, non-citizen national, or qualified alien.

If you don't have a Social Security number, follow the steps below to get instructions on what to do and what documents you will need.

1. Go to faq.ssa.gov.
2. Click on *How do I apply for a new or replacement Social Security number card* in the *Most Popular FAQs* section.

Once you have your number, you can go to DisasterAssistance.gov or call FEMA at one of the phone numbers above to apply.

- Insurance Information**
Describe the type(s) of insurance coverage you have. This could include coverage under policies like homeowners, flood, automobile, or mobile home.

- Damage Information**
Describe the damage caused by the disaster. Include the type of disaster (like flood, hurricane, or earthquake) and the type of dwelling or vehicle (like a condo, house, or mobile home, or a car or truck).

- Financial Information**
Provide your total annual household income, before taxes, at the time of the disaster.

- Contact Information**
Provide the address and phone number of the property where the damage occurred, and the address and phone number of where we can reach you now.

- Direct Deposit Information (optional)**
If approved, we can deposit the funds directly into your bank account. You just need to provide the following banking information:

- Bank name
- Type of account (like checking or savings)
- Routing number
- Account number

Apply for Disaster Assistance

Internet or Smartphone Application: Disaster survivors may apply for the Individuals and Households Program or check their application status at www.DisasterAssistance.gov. Disaster survivors may also access FEMA via smartphone by downloading the application from www.fema.gov or through their mobile provider's application store.

By Phone: Disaster survivors may call FEMA toll-free at 800-621-3362 to register for assistance or check their application status. Disaster survivors who are deaf, hard of hearing, or have a speech disability and use a Text Telephone (TTY) may call 800-462-7585. Disaster survivors who use 711 or VRS (Video Relay Service) may call 800-621-3362.

In Person: Visit a Disaster Recovery Center.

- For locations, check FEMA's mobile app www.fema.gov/mobile-app or call 1-800-621-3362, or visit www.DisasterAssistance.gov.
- Disaster Survivor Assistance team members may visit door-to-door in your area. They will have official FEMA photo identification.

WHAT to DO if YOU DISAGREE with FEMA'S DECISION LETTER



YOU HAVE THE RIGHT TO APPEAL FEMA'S ELIGIBILITY DECISIONS
INCLUDING THE AMOUNT OF YOUR AWARD.

When do I need to submit my appeal?

You must submit your appeal within **60 days** of the date on your eligibility notification letter.



What do I need to provide?

A signed, written explanation outlining why you believe FEMA's decision is incorrect and copies of any documents supporting your appeal, including proof of your disaster losses.

Your full name, your FEMA Application Number and Disaster Number, your pre-disaster primary residence address, and your current phone number and address should be included on all submitted documents. These numbers are printed on Page 1 of your Decision Letter, above your name and address.

Where do I send my appeal?



Mail to:
FEMA
P.O.Box 10055
Hyattsville, MD 20782-8055

Or



Fax to:
800-827-8112
Attn: FEMA Appeals Officer

How long will it take before I know if my appeal is approved or denied?

You will receive a decision letter from FEMA within **90 days** of FEMA's receipt of your appeal.

To check the status of your appeal, or to notify FEMA of any change to your mailing address or contact information, please visit www.DisasterAssistance.gov and select *Check Your Application Status*, or call FEMA's Helpline at 800-621-FEMA (3362)

Who can I call if I have questions about my appeal?

Call the FEMA Helpline at 800-621-3362 (voice/711/VRS). For Spanish, press 2. TTY: 800-621-3362. Or visit: www.DisasterAssistance.gov.

Help After a Disaster

FEMA Individual Assistance Can Help You Recover

FEMA B-545/ April 2019



How can FEMA help you?

Assistance from FEMA may help you and members of your household affected by a disaster take care of necessary expenses and serious needs that cannot be met through insurance or other forms of assistance.

Housing Assistance:

Housing Assistance may provide financial or direct assistance, including:

Rental Assistance: Financial assistance to rent temporary housing while disaster-caused repairs are made to your primary residence, or while transitioning to permanent housing.

Lodging Expense Reimbursement: Financial assistance reimbursement for short-term lodging expenses.

Home Repair: Financial assistance for homeowners to repair uninsured home damage caused by the disaster. The assistance is intended to repair the home to a safe, sanitary and functioning living condition.

Home Replacement: Financial assistance for homeowners who must replace or rebuild their primary residence as a result of the disaster.

Direct Housing: In limited circumstances where adequate temporary housing resources are not available within a reasonable commuting distance, FEMA may provide a temporary housing unit directly to homeowners and renters.

Other Needs Assistance:

Personal Property: Financial assistance to repair or replace common household items including, but not

limited to, furnishings, appliances, essential tools and assistive equipment that supports daily living activities.

Medical/Dental: Financial assistance to pay for medical or dental expenses or losses caused by the disaster. This includes, but is not limited to, hospital and ambulance services, medication, and the repair or replacement of medically necessary assistive devices or technology.

Funeral: Financial assistance for expenses incurred due to a death or disinterment caused directly or indirectly by the disaster. Expenses include, but are not limited to, the cost of a casket or urn and funeral services.

Child Care: Financial assistance for increased child care costs as a result of the disaster. Eligible expenses include child care costs for children aged 13 and under and/or children with a disability, as defined by Federal law, up to age 21, who need assistance with activities of daily living.

Miscellaneous Expenses: Financial assistance to purchase specific items not owned prior to the disaster. They may include, but are not limited to, items such as a wet/dry vacuum, chainsaw, or a generator for a medically necessary device.

Transportation: Financial assistance to repair or replace a vehicle damaged by the disaster.

Moving and Storage Expenses: Financial assistance to temporarily move and store personal property from the damaged primary residence while repairs are made. Assistance may also be provided for moving essential household goods to a new primary residence.

Clean and Removal: Financial assistance for services to remove contaminants and disinfect surface areas of the home affected by floodwater.

Critical Needs: Financial assistance for applicants who have immediate or critical needs because they are displaced from their primary dwelling.

Eligibility Criteria for Housing and Other Needs Assistance:

- Your disaster losses must be in a Presidentially declared disaster area;
- A member of your household must be a United States citizen, a non-citizen national, or a qualified alien;
- You have necessary expenses or serious needs as a result of the disaster that are not covered by insurance, or you filed an insurance claim but your benefits are not enough to cover your expenses, or your damage was not covered by insurance or other sources.

Additional FEMA Individual Assistance Programs

Crisis Counseling: Assists individuals and communities recovering from the effects of a disaster through the provision of community-based outreach and educational services.

Disaster Unemployment: Provides unemployment benefits and re-employment assistance services to survivors affected by a Presidentially-declared major disaster. These services are under the responsibility of the U.S. Department of Labor and administered by the State, Local, Territory, or Tribal government emergency management officials of the affected area(s).

Disaster Legal Services: Provides free legal assistance to low income individuals who are otherwise unable to secure legal services to meet their disaster related needs.

Disaster Case Management: Assists individuals with unmet needs caused by the disaster through the development and implementation of a Household Recovery Plan.

Partner Agency Assistance

To meet the needs of disaster survivors, FEMA partners with other governmental and non-governmental agencies.

FEMA works with the U.S. Small Business Administration to offer low-interest disaster loans to homeowners and renters in a declared disaster area. You do not need to own a business to apply for a disaster loan.

Learn more about applying for a disaster loan or about assistance available from other FEMA partners at: www.DisasterAssistance.gov.

KEEP CHILDREN SAFE DURING DISASTER CLEANUP

Keep children and pets away from debris.

Children should cover their arms, legs and feet when outside.

Do not allow children to play in moving or standing water.

Wash hands with soap and clean water. Clean and cover open wounds.



Children should not help with clean-up. Do not use N-95 masks on children.

Disinfect toys with diluted bleach. When in doubt, throw toys out.

Keep children away from dead or stray animals.

Use insect repellent with DEET or Picaridin on children when outside.

HELP YOUR CHILDREN PREPARE FOR AND RECOVER FROM DISASTERS WITH THESE ACTIVITY BOOKS. www.cdc.gov/phpr/readywrigley/books.htm AND www.cdc.gov/childrenindisasters/pdf/Being_Safe_After_a_Flood-Activity_Book.pdf

MORE INFORMATION ON CLEAN UP:
www.cdc.gov/disasters/cleanup/facts.html

MORE INFORMATION ON DISINFECTING TOYS:
www.cdc.gov/healthywater/emergency/cleaning-sanitizing/household-cleaning-sanitizing.html




Disaster Distress Helpline

PHONE: 1-800-985-5990
TEXT: "TalkWithUs" to 66746

 **Call us:**
1-800-985-5990

 **Text:**
'TalkWithUs' to 66746

 **Visit:**
<http://disasterdistress.samhsa.gov>

 **Like us on**
Facebook:
<http://facebook.com/distresshelpline>

 **Follow us on**
Twitter (@distressline):
<http://twitter.com/distressline>

Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

Call 1-800-985-5990
or text 'TalkWithUs' to 66746
to get help and support
for any distress that you or someone
you care about may be feeling
related to any disaster.

The **Helpline** and **Text Service** are:

- Available 24 hours a day,
7 days a week, year-round
- Free (standard data/text messaging
rates may apply for the texting service)
- Answered by trained crisis counselors.

TTY for Deaf / Hearing Impaired:
1-800-846-8517

Spanish-speakers:
Text "Hablanos" to 66746



Administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Dept. of Health and Human Services (HHS).

Disaster Distress Helpline

PHONE: 1-800-985-5990
TEXT: "TalkWithUs" to 66746

**If you or someone you
know is struggling
after a disaster,
you are not alone.**



*"Ever since the tornado,
I haven't been able to get a full
night's sleep ..."*

*"I can't get the sounds of
the gunshots out of my mind..."*

*"Things haven't been the same
since my shop was flooded ..."*

Talk With Us!

Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

Disasters have the potential to cause *emotional distress*.

Some are more at risk than others:

- Survivors living or working in the impacted areas (youth & adults)
- Loved ones of victims
- First Responders, Rescue & Recovery Workers.

Stress, anxiety, and depression are common reactions after a disaster.

Warning signs of distress may include:

- Sleeping too much or too little
- Stomachaches or headaches
- Anger, feeling edgy or lashing out at others
- Overwhelming sadness
- Worrying a lot of the time; feeling guilty but not sure why
- Feeling like you have to keep busy
- Lack of energy or always feeling tired
- Drinking alcohol, smoking or using tobacco more than usual; using illegal drugs
- Eating too much or too little
- Not connecting with others
- Feeling like you won't ever be happy again.

TIPS FOR COPING WITH STRESS AFTER A DISASTER:

Take care of yourself. Try to eat healthy, avoid using alcohol and drugs, and get some exercise when you can- even a walk around the block can make a difference.

Reach out to friends and family. Talk to someone you trust about how you are doing.

Talk to your children. They may feel scared, angry, sad, worried, and confused. Let them know it's okay to talk about what's on their mind. Limit their watching of TV news reports about the disaster. Help children and teens maintain normal routines to the extent possible. Role model healthy coping.

Get enough 'good' sleep. Some people have trouble falling asleep after a disaster, others keep waking up during the night.

If you have trouble sleeping:

- Only go to bed when you are ready to sleep
- Don't watch TV or use your cell phone or laptop computer while you're in bed
- Avoid eating (especially sugar) or drinking caffeine or alcohol at least one hour before going to bed
- If you wake up and can't fall back to sleep, try writing in a journal or on a sheet of paper what's on your mind.

Take care of pets or get outside into nature when it's safe. Nature and animals can help us to feel better when we are down. See if you can volunteer at a local animal shelter- they may need help after a disaster. Once it's safe to return to public parks or natural areas, find a quiet spot to sit in or go for a hike.



Know when to ask for help. Signs of stress can be normal, short-term reactions to any of life's unexpected events- not only after surviving a disaster, but also after a death in the family, the loss of a job, or a breakup.

It's important to pay attention to what's going on with you or with someone you care about, because what may seem like "everyday stress" can actually be:

- Depression (including having thoughts of suicide)
- Anxiety
- Alcohol or Drug Abuse.

If you or someone you know may be depressed, suffering from overwhelming feelings of anxiety, or possibly abusing alcohol or drugs ...

Call 1-800-985-5990 or text 'TalkWithUs' to 66746.

You Are Not Alone.

What is Child Traumatic Stress?



What is child traumatic stress, how does it develop, and what are the symptoms? To answer these questions, we first have to understand what trauma is.

From a psychological perspective, trauma occurs when a child experiences an intense event that threatens or causes harm to his or her emotional and physical well-being.

Trauma can be the result of exposure to a natural disaster such as a hurricane or flood or to events such as war and terrorism. Witnessing or being the victim of violence, serious injury, or physical or sexual abuse can be traumatic. Accidents or medical procedures can result in trauma, too. Sadly, about one of every four children will experience a traumatic event before the age of 16.

When children have a traumatic experience, they react in both physiological and psychological ways. Their heart rate may increase, and they may begin to sweat, to feel agitated and hyperalert, to feel “butterflies” in their stomach, and to become emotionally upset. These reactions are distressing, but in fact they’re normal — they’re our bodies’ way of protecting us and preparing us to confront danger. However, some children who have experienced a traumatic event will have longer lasting reactions that can interfere with their physical and emotional health.

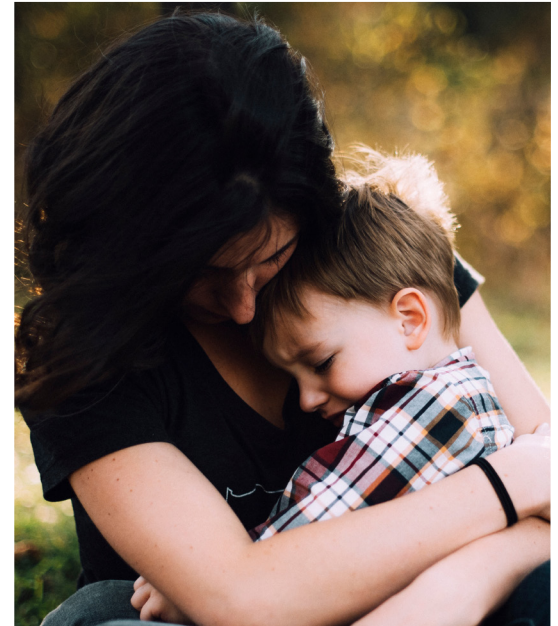
Children who suffer from child traumatic stress are those children who have been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives after the traumatic events have ended. Traumatic reactions can include a variety of responses, including intense and ongoing emotional upset, depressive symptoms, anxiety, behavioral changes, difficulties with attention, academic difficulties, nightmares, physical symptoms such as difficulty sleeping and eating, and aches and pains, among others. Children who suffer from traumatic stress often have these types of symptoms when reminded in some way of the traumatic event. Although many of us may experience these reactions from time to time, when a child is experiencing child traumatic stress, they interfere with the child’s daily life and ability to function and interact with others.

Although many of us may experience reactions to stress from time to time, when a child is experiencing child traumatic stress, these reactions interfere with his or her daily life and ability to function and interact with others.

Some of these children may develop ongoing symptoms that are diagnosed as post-traumatic stress disorder (PTSD). When we talk about child traumatic stress, we’re talking about the stress of any child who’s had a traumatic experience and is having difficulties moving forward with his or her life. When we talk about PTSD, we’re talking about a disorder defined by the American Psychiatric Association as having specific symptoms: the child continues to re-experience the event through nightmares, flashbacks, or other

symptoms for more than a month after the original experience; the child has what we call avoidance or numbing symptoms—he or she won't think about the event, has memory lapses, or maybe feels numb in connection with the events—and the child has feelings of arousal, such as increased irritability, difficulty sleeping, or others. Every child diagnosed with PTSD is experiencing child traumatic stress, but not every child experiencing child traumatic stress has all the symptoms for a PTSD diagnosis.

And not every child who experiences a traumatic event will develop symptoms of child traumatic stress. Whether or not your child does depends on a range of factors. These include his or her history of previous trauma exposure, because children who have experienced prior traumas are more likely to develop symptoms after a recent event. They also include an individual child's mental and emotional strengths and weaknesses and what kind of support he or she has at home and elsewhere. In some instances, when two children encounter the same situation, one will develop ongoing difficulties and the other will not. Children are unique individuals, and it's unwise to make sweeping assumptions about whether they will or will not experience ongoing troubles following a traumatic event.



For children who do experience traumatic stress, there are a wide variety of potential consequences. In addition to causing the symptoms listed earlier, the experience can have a direct impact on the development of children's brains and bodies. Traumatic stress can interfere with children's ability to concentrate, learn, and perform in school. It can change how children view the world and their futures, and can lead to future employment problems. It can also take a tremendous toll on the entire family.

Not every child who experiences a traumatic event will develop symptoms of child traumatic stress. Whether or not your child does depends on a range of factors.

The way that traumatic stress appears will vary from child to child and will depend on the child's age and developmental level. The good news is that over the past decade the mental health community has developed treatments that can help children suffering from traumatic stress. It's important to seek help from someone who has experience working with children and knows how to access resources in your community.

Although not every child will experience traumatic stress, it's unlikely that any of us are immune from exposure to trauma. To learn more about child traumatic stress, please visit the National Child Traumatic Stress Network website at www.NCTSN.org.

This article first appeared in the fall 2003 issue of Claiming Children, the newsletter of the Federation of Families for Children's Mental Health, www.ffcmh.org, which was co-produced by the Federation and the NCTSN.

COMMON STRESS REACTIONS EXPERIENCED BY CHILDREN (1—18) AFTER A DISASTER AND COPING STRATEGIES TO USE DURING THEIR TIME OF TRAUMA

Adapted from “What to Expect after a Disaster: Children’s Typical Reactions

Age Group	Reactions	How to Help
Pre-School 1-5 Years	<ul style="list-style-type: none"> • Regressive Reactions: resumption of bedwetting, thumb sucking, fear of darkness, fear of animals, fear of “monsters”, fear of strangers • Physiological Reactions: loss of appetite, overeating, indigestion, vomiting, bowel or bladder problems (e.g., diarrhea, constipation, loss of sphincter control), sleep disorders and nightmares • Emotional/Behavioral Reactions: nervousness, irritability, disobedience, hyperactivity, tics, speech difficulties, anxiety about separation from parents, shorter attention span, aggressive behavior, exaggeration or distortion of disaster experience, repetitive talking about experiences, exaggeration of behavior problems. 	<ul style="list-style-type: none"> • Give additional verbal assurance and ample physical comfort (e.g., holding and caressing) • Give warm milk and provide comforting bedtime routines • Permit child to sleep in parents’ room on a temporary basis • Provide opportunity and encouragement of expression of emotions through play activities including drawing, dramatizing the experience, telling stories about the experience • Resume normal routine as soon as possible
Childhood 5-11 Years	<ul style="list-style-type: none"> • Regressive reactions: increased competition with younger siblings for parents’ attention, Excessive clinging, crying or whimpering, wanting to be fed or dressed, engaging in habits they had previously given up • Physiological Reactions: headaches, complaints of visual or hearing problems, persistent itching and scratching, nausea, sleep disturbance, nightmares, and night terrors. • Emotional/Behavioral Reactions: school phobia, withdrawal from play groups and friends, withdrawal from family contacts, irritability, disobedience, fear of wind, rain etc. (anything that reminds them of the disaster), aggressive behavior, repetitive talking about their experiences, sadness over losses 	<ul style="list-style-type: none"> • Give additional attention and ample physical comforting • Gentle but firm insistence on more responsibility than the younger child; positive reinforcement of child’s age-appropriate behavior • Temporarily lessen requirement for optimum performance in school and home activities • Reassure child that competency will return • Provide opportunity for structured, but not demanding, chores and responsibilities • Encourage physical activity • Encourage verbal and written expressions of thought and feelings about the disaster, feelings of loss; encourage the child to “grieve” loss of pets or toys. • Provide play sessions with adults and peers • Rehearse safety measures to take in the future

This was developed as part of the Resilient Children/Resilient Communities Initiative, a partnership between the National Center for Disaster Preparedness at Columbia University’s Earth Institute and Save the Children. Funded by a grant from the global healthcare company GSK.

Age Group	Reactions	How to Help
<p>Pre-Adolescent 11-14 Years</p>	<ul style="list-style-type: none"> • Regressive Reactions: competing with younger siblings for attention, failure to perform chores, normal responsibilities • Physiological Reactions: headaches, complaints of vague aches and pains, overeating or loss of appetite, bowel problems, skin disorders, sleep disorders • Emotional/Behavioral Reactions: loss of interest in peer activities, drop in level of school performance, disruptive behavior, loss of interest in hobbies and recreation, resistance of authority, increased difficulty relating to siblings and parents, sadness or depression, anti-social behavior (e.g., stealing or lying) 	<ul style="list-style-type: none"> • Give additional attention and consideration • Reassurance that ability to concentrate will return • Temporarily lower expectations of performance at school and home • Encourage verbal and written expression of feelings • Provide structured but undemanding responsibilities • Encourage taking part in home or community recovery efforts • Rehearse safety measures to be taken in the future • Encourage physical activity • Encourage social interactions
<p>Adolescent 14-18 Years</p>	<ul style="list-style-type: none"> • Regressive Reactions: resumption of earlier behaviors and attitudes, decline in previous responsible behavior, decline in emancipatory struggles over parental control, decline in social interest and activities • Physiological Reactions: bowel and bladder complaints, headaches, skin rash, sleep disorders, disorders of digestion, vague physical complaints or exaggerated fears of physical problems, painful menses or cessation of menses • Emotional/Behavioral Reactions: marked increase or decrease in physical activity level, expression of feelings of inadequacy and helplessness, delinquent behavior (e.g., stealing or vandalism), increased difficulty in concentration on planned activities, depression, isolation 	<ul style="list-style-type: none"> • Encourage discussion of disaster experiences with peers and significant others • Encourage involvement in rehabilitation and recovery efforts in the community • Temporarily reduce expectation for level of school and home performance • Encourage resumption of social activities and sports.

AFTER A CRISIS: HOW YOUNG CHILDREN HEAL

Young children, toddlers, and preschoolers know when bad things happen, and they remember what they have been through. After a scary event, we often see changes in their behavior. They may cry more, become clingy and not want us to leave, have temper tantrums, hit others, have problems sleeping, become afraid of things that didn't bother them before, and lose skills they previously mastered. Changes like these are a sign that they need help. Here are some ways you can help them.

S SAFETY FIRST—YOUR YOUNG CHILD FEELS SAFE WHEN YOU

- Hold your child or let them stay close to you.
- Tell your child you will take care of them when things are scary or difficult. With children who are learning to talk, use simple words, like saying "Daddy's here."
- Keep them away from frightening TV images and scary conversations.
- Do familiar things, like singing a song you both like or telling a story.
- Let them know what will happen next (to the degree that you know).
- Have a predictable routine, at least for bedtime: a story, a prayer, cuddle time.
- Leave them with familiar people when you have to be away.
- Tell them where you are going and when you will come back.

A ALLOW EXPRESSION OF FEELINGS

- Young children often "behave badly" when they are worried or scared. Children can "act out" as a way of asking for help. Remember! Difficult feelings=Difficult behavior.
- Help your child name how they feel: "scared," "happy," "angry," "sad." Tell them it's OK to feel that way.
- Show your child the right way to behave, like saying "It's OK to be angry but it's not OK to hit me."
- Help your child express anger in ways that won't hurt, using words, play, or drawings.
- Talk about the things that are going well to help you and your child feel good.

F FOLLOW YOUR CHILD'S LEAD

- Different children need different things. Some children need to run around, others need to be held.
- Listen to your child and watch their behavior to figure out what they need.

E ENABLE YOUR CHILD TO TELL THE STORY OF WHAT HAPPENED DURING & AFTER

- Having a story helps your child make sense of what happened and cope better with it.
- Children use play to tell their story. For example, they may make popping sounds to show what they experienced. They may hide in the closest to show what it was like to shelter-in-place.
- Join your child in showing and telling not only what happened, step by step, but also how you both felt.
- As you tell the story, follow your child's lead. When the story is difficult, your young child may need breaks: running around, being held, playing something else. This is OK. They will come back to the story when they are ready.
- It can be hard to watch your children's play or listen to their stories of what happened. Get support if it is too hard for you to listen without becoming upset.

T TIES—RECONNECT WITH SUPPORTIVE PEOPLE, COMMUNITY, CULTURE & RITUALS

- Simple things like a familiar bedtime story, a song, a prayer, or family traditions remind you and your child of your way of life and offer hope.
- If you belong to a group, like a church, try to find ways of reconnecting with them.
- You can help your child best when you take care of yourself. Get support from others when you need it.

Y YOUR CHILD NEEDS YOU

- Reassure your child that you will be together.
- It is common for children to be clingy and worried about being away from you.
- Just being with your child, even when you can't fix things, helps your child.
- If you need to leave your child, let them know for how long and when you are coming back. If possible, leave something that belongs to you, or a picture that your child can have.



Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event:

A GUIDE FOR PARENTS, CAREGIVERS, AND TEACHERS

Adult support and reassurance is the key to helping children through a traumatic time.

Children and youth can face emotional strains after a traumatic event such as a car crash or violence.¹ Disasters also may leave them with long-lasting harmful effects.² When children experience a trauma, watch it on TV, or overhear others discussing it, they can feel scared, confused, or anxious. Young people react to trauma differently than adults. Some may react right away; others may show signs that they are having a difficult time much later. As such, adults do not always know when a child needs help coping. This tip sheet will help parents, caregivers, and teachers learn some common reactions, respond in a helpful way, and know when to seek support.

Possible Reactions to a Disaster or Traumatic Event

Many of the reactions noted below are normal when children and youth are handling the stress right after an event. If any of these behaviors lasts for more than 2 to 4 weeks, or if they suddenly appear later on, these children may need more help coping. Information about where to find help is in the **Helpful Resources** section of this tip sheet.

PRESCHOOL CHILDREN, 0–5 YEARS OLD

Very young children may go back to thumb sucking or wetting the bed at night after a trauma. They may fear strangers, darkness, or monsters. It is fairly common for preschool children to become clingy with a parent, caregiver, or teacher or to want to stay in a place where they feel safe. They may express the trauma repeatedly in their play or tell exaggerated stories about what happened. Some children's eating and sleeping habits may change. They also may have aches and pains that cannot be explained. Other symptoms to watch for are aggressive or withdrawn behavior, hyperactivity, speech difficulties, and disobedience.

- **Infants and Toddlers, 0–2 years old,** cannot understand that a trauma is happening, but they know when their caregiver is upset. They may start to show the same emotions as their caregivers, or they may act differently, like crying for no reason, withdrawing from people, and not playing with their toys.
- **Children, 3–5 years old,** can understand the effects of trauma. They may have trouble adjusting to change and loss. They may depend on the adults around them to help them feel better.

EARLY CHILDHOOD TO ADOLESCENCE, 6–19 YEARS OLD

Children and youth in these age ranges may have some of the same reactions to trauma as younger children. Often, younger children want much more attention from parents or caregivers. They may stop doing their school work or chores at home. Some youth may feel helpless and guilty because they cannot take on adult roles as their family or the community responds to a trauma or disaster.

- **Children, 6–10 years old,** may fear going to school and stop spending time with friends. They may have trouble paying attention and do poorly in school overall. Some may become aggressive for no clear reason. Or they may act younger than their age by asking to be fed or dressed by their parent or caregiver.
- **Youth and Adolescents, 11–19 years old,** go through a lot of physical and emotional changes because of their developmental stage. So, it may be even harder for them to cope with trauma. Older teens may deny their reactions to themselves and their caregivers. They may respond with a routine “I’m okay” or even silence when they are upset. Or, they may complain about physical aches or pains because they cannot identify what is really bothering them emotionally. Some may start arguments at home and/or at school, resisting any structure or authority. They also may engage in risky behaviors such as using alcohol or drugs.

How Parents, Caregivers, and Teachers Can Support Children’s Recovery

The good news is that children and youth are usually quite resilient. Most of the time they get back to feeling okay soon after a trauma. With the right support from the adults around them, they can thrive and recover. The most important ways to help are to make sure children feel connected, cared about, and loved.

- Parents, teachers, and other caregivers can help children express their emotions through conversation, writing, drawing, and singing. Most children want to talk about a trauma, so let them. Accept their feelings and tell them it is okay to feel sad, upset, or stressed. Crying is often a way to relieve stress and grief. **Pay attention and be a good listener.**
- Adults can ask the teens and youth they are caring for what they know about the event. What are they hearing in school or seeing on TV? Try to watch news coverage on TV or the Internet with them. And, limit access so they have time away from reminders about the trauma. Don’t let talking about the trauma take over the family or classroom discussion for long periods of time. **Allow them to ask questions.**
- Adults can help children and youth see the good that can come out of a trauma. Heroic actions, families and friends who help, and support from people in the community are examples. Children may better cope with a trauma or disaster by helping others. They can write caring letters to those who have been hurt or have lost their homes; they can send thank you notes to people who helped. **Encourage these kinds of activities.**
- If human violence or error caused an event, be careful not to blame a cultural, racial, or ethnic group, or persons with psychiatric disabilities. This may be a good opportunity to talk with children about discrimination and diversity. **Let children know that they are not to blame when bad things happen.**
- It’s okay for children and youth to see adults sad or crying, but try not to show intense emotions. Screaming and hitting or kicking furniture or walls can be scary for children. **Violence can further frighten children or lead to more trauma.³**
- Adults can show children and youth how to take care of themselves. If you are in good physical and emotional health, you are more likely to be readily available to support the children you care about. **Model self-care, set routines, eat healthy meals, get enough sleep, exercise, and take deep breaths to handle stress.**

Tips for Talking With Children and Youth of Different Age Groups After a Disaster or Traumatic Event

PRESCHOOL CHILDREN, 0–5 YEARS OLD

Give these very young children a lot of cuddling and verbal support:

- Take a deep breath before holding or picking them up, and focus on them, not the trauma.
- Get down to their eye level and speak in a calm, gentle voice using words they can understand.
- Tell them that you still care for them and will continue to take care of them so they feel safe.

EARLY CHILDHOOD TO ADOLESCENCE, 6–19 YEARS OLD

Nurture children and youth in this age group:

- Ask your child or the children in your care what worries them and what might help them cope.
 - Offer comfort with gentle words, a hug when appropriate, or just your presence.
 - Spend more time with the children than usual, even for a short while. Returning to school activities and getting back to routines at home is important too.
 - Excuse traumatized children from chores for a day or two. After that, make sure they have age-appropriate tasks and can participate in a way that makes them feel useful.
 - Support children spending time with friends or having quiet time to write or create art.
 - Encourage children to participate in recreational activities so they can move around and play with others.
- Address your own trauma in a healthy way. Avoid hitting, isolating, abandoning, or making fun of children.
 - Let children know that you care about them—spend time doing something special with them, and make sure to check on them in a nonintrusive way.



A NOTE OF CAUTION: *Be careful not to pressure children to talk about a trauma or join in expressive activities. While most children will easily talk about what happened, some may become frightened. Some may even get traumatized again by talking about it, listening to others talk about it, or looking at drawings of the event. Allow children to remove themselves from these activities, and monitor them for signs of distress.*

Helpful Resources

Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC)
Toll-Free: 1-800-308-3515
Website: <http://www.samhsa.gov/dtac>

Treatment Locators

Mental Health Treatment Facility Locator
Toll-Free: 1-800-789-2647 (English and español)
TDD: 1-866-889-2647
Website: <http://findtreatment.samhsa.gov/MHTreatmentLocator>

MentalHealth.gov
Website: <http://www.mentalhealth.gov>
MentalHealth.gov provides U.S. government information and resources on mental health.

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
Website: <http://www.findtreatment.samhsa.gov>

Hotlines

National Suicide Prevention Lifeline
Toll-Free: 1-800-273-TALK (1-800-273-8255)
TTY: 1-800-799-4TTY (1-800-799-4889)
Website: <http://www.samhsa.gov>
This resource can be found by accessing the Suicide Prevention Lifeline box once on the SAMHSA website.

Disaster Distress Helpline
Toll-Free: 1-800-985-5990 Text "TalkWithUs" to 66746
Website: <http://disasterdistress.samhsa.gov>

Child Welfare Information Gateway
Toll-Free: 1-800-4-A-CHILD (1-800-422-4453)
Website: <http://www.childwelfare.gov/responding/how.cfm>

Additional Behavioral Health Resources

National Child Traumatic Stress Network
Website: <http://www.samhsa.gov/traumaJustice>
This behavioral health resource can be accessed by visiting the SAMHSA website and then selecting the related link.

Administration for Children and Families
Website: <http://www.acf.hhs.gov/>

When Children, Youth, Parents, Caregivers, or Teachers Need More Help

In some instances, a child and his or her family may have trouble getting past a trauma. Parents or caregivers may be afraid to leave a child alone. Teachers may see that a student is upset or seems different. It may be helpful for everyone to work together. Consider talking with a mental health professional to help identify the areas of difficulty. Together, everyone can decide how to help and learn from each other. If a child has lost a loved one, consider working with someone who knows how to support children who are grieving.⁴ Find a caring professional in the **Helpful Resources** section of this tip sheet.

- ¹ National Center for Statistics and Analysis. (n.d.). Traffic safety facts, 2003 data: Children. (DOT HS 809 762). Washington, DC: National Highway Traffic Safety Administration. Retrieved from <http://www-nrd.nhtsa.dot.gov/Pubs/809762.pdf>.
- ^{2,4} National Commission on Children and Disasters. (2010). National Commission on Children and Disasters: 2010 report to the President and Congress. (AHRQ Publication No. 10-MO37). Rockville, MD: Agency for Healthcare Research and Quality. Retrieved from <http://archive.ahrq.gov/prep/nccdreport/nccdreport.pdf>.
- ³ Children's Bureau. (2010). Child maltreatment 2009. Washington, DC: Administration on Children, Youth and Families; Administration for Children and Families; U.S. Department of Health and Human Services. Retrieved from <http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2009>.



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When Terrible Things Happen: For Students

When a bad thing happens, people have many different kinds of thoughts and feelings. There is no right or wrong way to feel. Some of the ways we respond may be helpful like how being around family and friends can help us feel happy or safe, while some of the ways we respond can make us feel very sad, scared, or angry.

A crisis can affect how you feel, how you think, and how you act.

You may feel confused, worried, shocked, sad, scared, angry, guilty, or numb. Maybe even scared about things that you weren't scared of before, such as being alone, being in the dark, or getting hurt.

You may have feelings in your bodies, such as:

- Being tired
- Headaches or stomachaches
- A fast heart beat
- Feeling jumpy
- Having problems sleeping

You may have thoughts, such as:

- Believing that what happened was your fault
- Images of the bad thing repeatedly popping into your head
- Nightmares
- Worrying that bad things will happen again

You may act differently:

- You may not want to be around family or friends
- You may get into more fights
- You may have a hard time concentrating or getting schoolwork done
- You may not want to talk about, think about, or have any feelings about the bad thing that happened
- You may not have as much fun as you used to
- You may not want to be around things that remind you of what happened

Many of these thoughts, feelings, and behaviors may occur when your reminded of the bad thing that happened. Reminders may include places, people, sights, sounds, smells, and feelings related to the event.

What does NOT help when you are affected by a crisis:

- X** Staying away from fun activities
- X** Fighting
- X** Avoiding thinking about what happened
- X** Staying away from family and friends
- X** Avoiding asking for help when you need it
- X** Using drugs or alcohol
- X** Taking risks, such as climbing too high, being careless crossing the street, or driving recklessly

What helps when you are affected by a crisis:

- ✓** Talking to and spending time with family and friends
- ✓** Doing fun things with family and friends
- ✓** Eating well, getting enough sleep, and exercising
- ✓** Getting back to a regular schedule—doing things that you would usually do
- ✓** Playing outside
- ✓** Listening to music
- ✓** Keeping a journal
- ✓** Giving yourself extra time to do homework
- ✓** Accepting that you may need extra help temporarily and being willing to ask others for support

It is okay to feel sad or scared after a bad thing happens, but if these feelings get in the way of getting along with family or friends or schoolwork, talk to an adult about your feelings.



Connecting with Others

Giving Social Support

You can help family members and friends cope with the disaster by spending time with them and listening carefully. Most people recover better when they feel connected to others who care about them. Some people choose not to talk about their experiences very much, and others may need to discuss their experiences. For some, talking about things that happened because of the disaster can help those events seem less overwhelming. For others, just spending time with people they feel close to and accepted by, without having to talk, can feel best. Here is some information about giving social support to other people.

Reasons Why People May Avoid Social Support

- Not knowing what they need
- Not wanting to burden others
- Wanting to avoid thinking or feeling about the event
- Feeling embarrassed or “weak”
- Doubting it will be helpful, or that others will understand
- Assuming that others will be disappointed or judgmental
- Fearing they will lose control
- Having tried to get help and feeling that it wasn’t there
- Not knowing where to get help

Good Ways to Give Support

- Show interest, attention, and care
- Show respect for the person’s reactions and ways of coping
- Talk about expectable reactions to disasters, and healthy coping
- Find an uninterrupted time and place to talk
- Acknowledge that this type of stress can take time to resolve
- Express belief that the person is capable of recovery
- Be free of expectations or judgments
- Help brainstorm positive ways to deal with reactions
- Offer to talk or spend time together as many times as is needed



Behaviors That Interfere with Giving Support

- Rushing to tell someone he/she will be okay or that he/she should just “get over it”
- Discussing your own personal experiences without listening to the other person’s story
- Stopping people from talking about what is bothering them
- Acting like someone is weak or exaggerating because he or she isn’t coping as well as you are
- Giving advice without listening to the person’s concerns or asking the person what works for him or her
- Telling them they were lucky it wasn’t worse

When Your Support is Not Enough

- Let the person know that experts think that avoidance and withdrawal are likely to increase distress, and social support helps recovery.
- Encourage the person to get involved in a support group with others who have similar experiences.
- Encourage the person to talk with a counselor, clergy, or medical professional, and offer to accompany them.
- Enlist help from others in your social circle so that you all take part in supporting the person.