



ADMINISTRATION FOR
CHILDREN & FAMILIES



Child Care Emergency Preparedness and
Response (EPR) Webinar Series

Recovering: Responding to Trauma

November 10, 2014



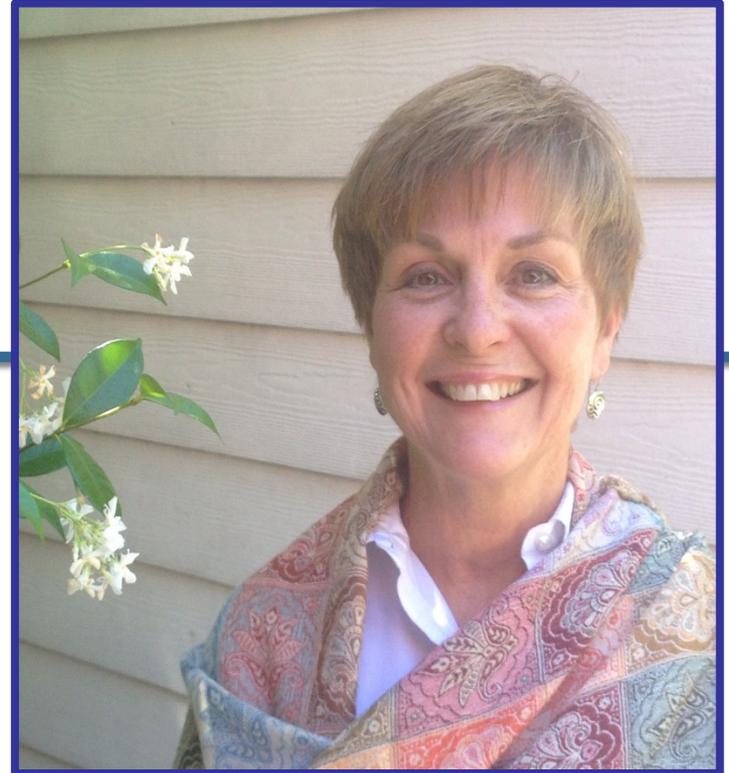
Technology Notes

- You will hear the presentation through your computer speakers;
- Q & A Pod (top middle) – content questions here; and
- Chat Pod (bottom middle) – enter any immediate needs here.

Reminder – if you experience technical difficulties, this Webinar is being recorded and the recording will be sent to all registrants.

Gail B. Kelso

State Systems Specialist, Region VI
Child Care State Systems Specialist
Network (CCSSSN)



EPR Series Overview

These six Webinars support States and Territories' development of collaborative EPR plans as framed by OCC:

1. Creating a Plan for Child Care Services: Coordinating With Key Partners and Emergency Management Agencies;
2. Subsidy Issues: Planning for the Continuation of Child Care Services;
3. Licensing Regulations and Policies for Emergency Planning and Response;
4. Training and Technical Assistance Supports for Child Care Providers;
5. Response, Recovery, and Rebuilding; and
6. **Recovering: Responding to Trauma.**

EPR Series Overview

- Speakers include federal government and state officials as well as national experts;
- Participants will be asked to interact via the Chat, Word Cloud, Polling, and Question and Answer Box;
- Webinars and resources will be archived; and
- Technical assistance is available.

Susan Rohrbough

State Systems Specialist,
Region V

Child Care State Systems
Specialist Network
(CCSSSN)



Poll Question 1: Who is with us today?

- State and Territory CCDF Administrators and staff;
- State Behavioral Health Administrators and staff;
- Staff at the state or county levels working in behavioral health;
- Faith-based, nonprofit and volunteer organizations;
- Emergency management officials and staff;
- Child care resource and referral (CCR&R) agencies;
- ACF Regional Office; or
- Other (please describe your role in the chat box).

Child Care EPR Planning is Important

- Planning minimizes the likelihood of injuries and death of children who are particularly vulnerable in disasters;
- Preparation can minimize the psychological impact (trauma) and can promote resilience in children and adults;
- Planning and preparation may reduce revenue lost and provider liability as well as promoting continuity of care; and
- Child care is a vital service to the community, so that the speed at which child care is able to recover speeds the overall recovery of the community.

Today's Agenda

- Understanding the Real Impact of Trauma
 - Margret Nickels, Ph.D. Erikson Institute
- Experiencing Disaster – Joplin 2011
 - Betty Lammle, ACF OCC Region VII
 - Nicole Piper, Child Care Aware of Southern Missouri
- Resiliency
 - Jessica Burton, Save the Children

*Biographies and contact information will be sent to registrants following the Webinar.

ACF

Administration
for Children
and Families

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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INFORMATION MEMORANDUM

1. Planning for continuation of services to Child Care and Development Fund (CCDF) families;
2. Coordinating with emergency management agencies and key partners;
3. Regulatory requirements and technical assistance for child care providers;
4. Provision of temporary child care services after a disaster; and
5. Rebuilding child care after a disaster.

A Question for Abby

Abby Cohen, J.D.



Child Care EPR Plan Webinar Series
Project Lead

State Systems Specialist, Region IX
Child Care State Systems Specialist
Network

Margret Nickels, PhD

Director, Center for Children
and Families
Erikson Institute



Recovering: Responding to Trauma - a child mental health perspective

Margret Nickels, Ph.D.

Director, Center for Children and Families, Erikson Institute Chicago

Topics we will cover

- Foundations for children's physical and psychological well-being
- What is psychological trauma and what does it look like in children?
- What do we know about the impact of psychological trauma on children?
- What children are at greatest risk for lasting negative impacts (ACE study)?
- Basic trauma impact prevention principles

Foundations for children's physical and psychological well-being

- Nurturing, caring, and protective adults
- Good, healthy nutrition
- Good medical care
- Environmental stimulation, including education
- Predictability and structure in their life

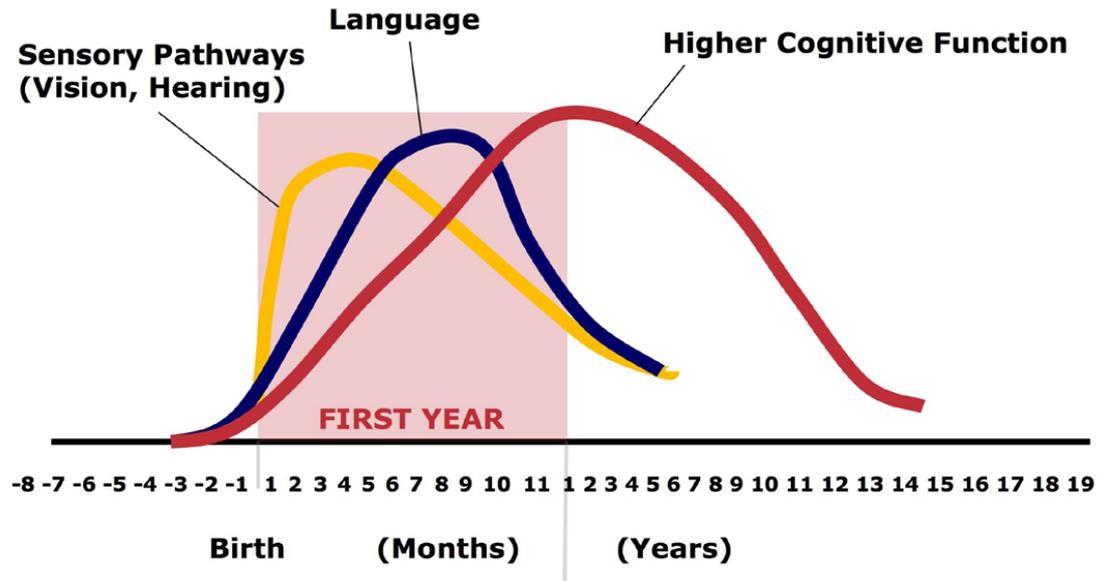
All these factors support optimal development



Center on the Developing Child
HARVARD UNIVERSITY

Human Brain Development

Neural Connections for Different Functions Develop Sequentially



Source: C.A. Nelson (2000)

What is childhood psychological trauma?

Childhood psychological trauma can occur

- when faced with potential life threatening events,
- when witnessing life threatening events to loved ones,
- when experiencing threats to their physical or psychological integrity.

Result: feelings of terror, horror, or helplessness.

Kinds of trauma: (1) acute traumatic events

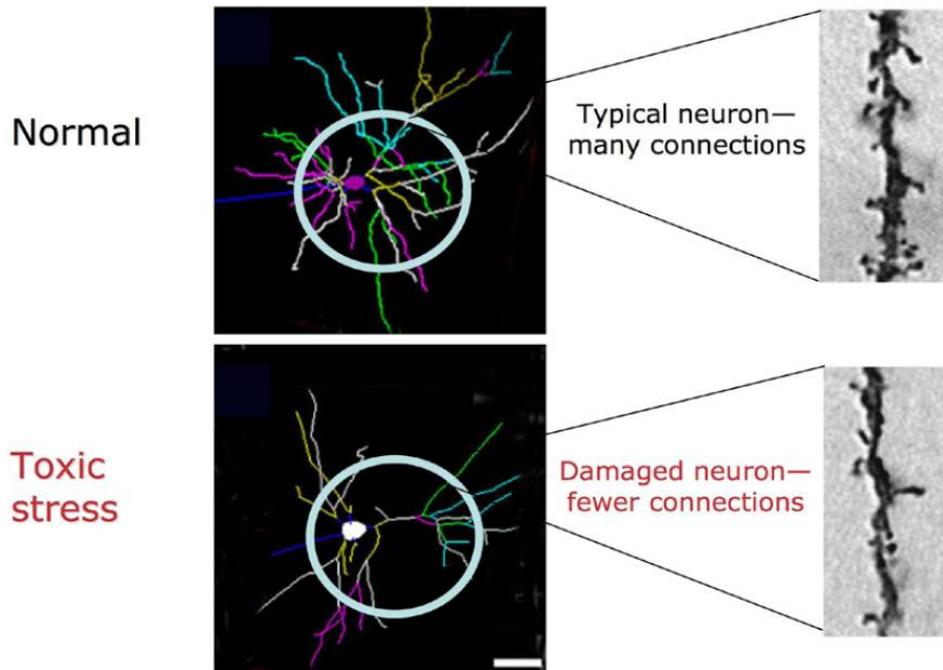
(2) chronic traumatic situations, (3) chronic traumatic stress

What may psychological trauma look like in children?



Center on the Developing Child
HARVARD UNIVERSITY

Persistent Stress Changes Brain Architecture



Prefrontal Cortex and Hippocampus

Sources: Radley et al. (2004)
Bock et al. (2005)

Potential impact of psychological trauma on children

Short and long-term consequences generated by brain processes:

- Risk of low academic performance
- Aggressive behaviors, bullying, disruptive behaviors
- Attention and hyperactive behavior
- Depression and anxiety, social isolation, withdrawal
- Sleep, eating, or elimination problems
- Parent-child relationship problems
- In adolescence: high-risk behaviors such substance abuse, school drop out, criminal activities, gang membership

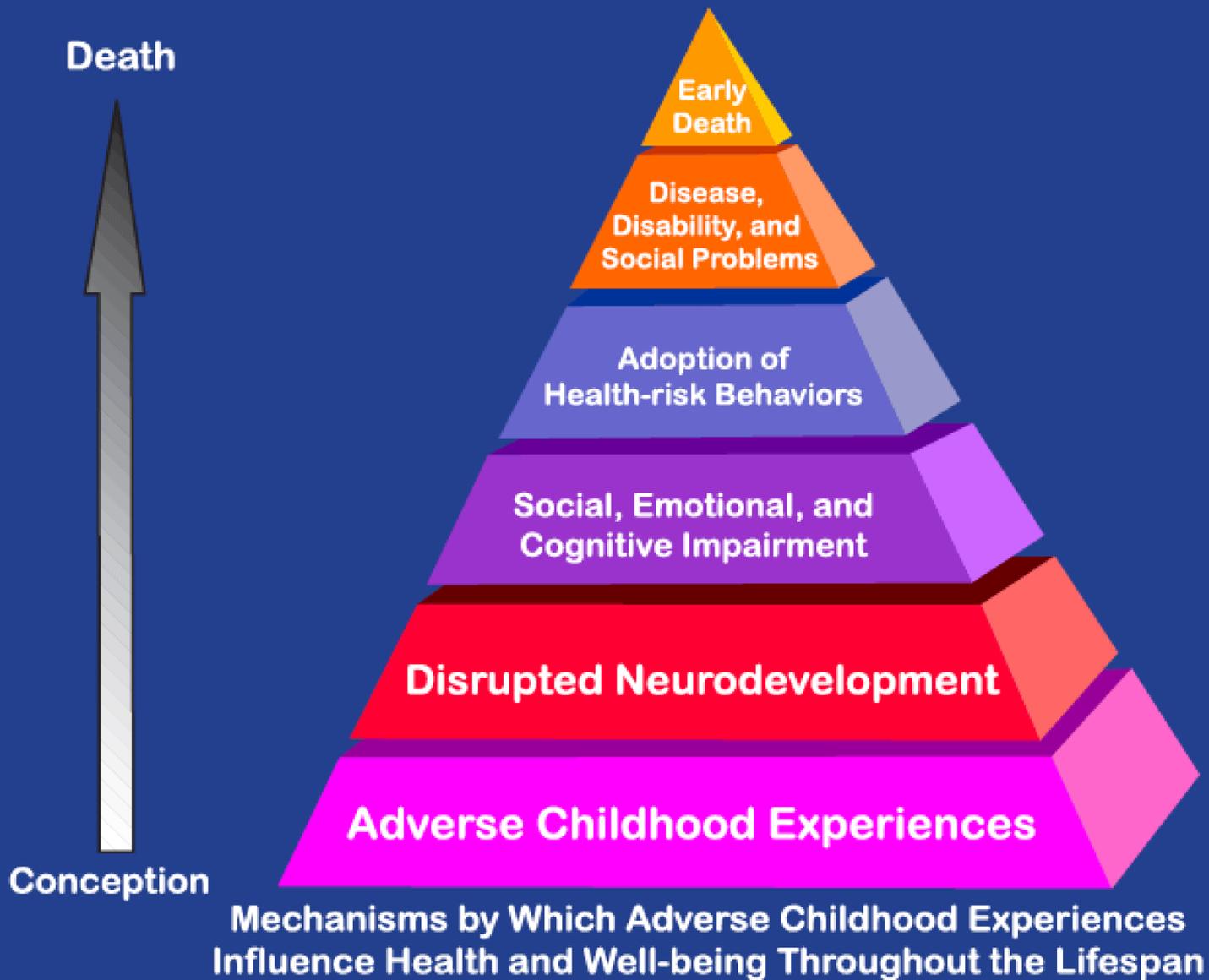
Children at greatest risk for lasting negative impacts

The Adverse Childhood Experiences (ACE) study explored 10 important childhood risk factors:

Emotional abuse, physical abuse, sexual abuse, emotional and physical neglect, domestic violence, substance abuse, mental illness, separation/divorce, incarceration of household member

- In adults, increased ACE factors were related to increased smoking, drug abuse, promiscuity, and severe obesity, depression, heart disease, chronic lung disease and shortened lifespan
- Having 4 adverse childhood experiences was associated with 7-fold increase in alcoholism, 2-fold risk of cancer, 4-fold increase in emphysema
- Having ACE score above six was associated with a 30-fold increase in attempted suicide.

["The Adverse Childhood Experiences \(ACE\) Study"](#). *Centers for Disease Control and Prevention*. Retrieved November 2, 2014.

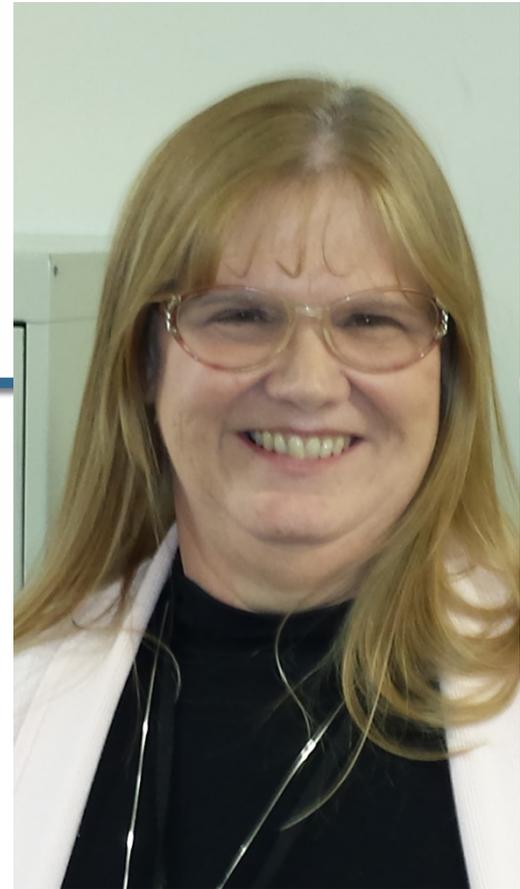


Trauma prevention principles during emergency response

- Reunite children with their parents or relatives
- Remove children from traumatic stimulus
- Create safe and calm environment
- Be reassuring
- Create familiarity
- Create predictability
- Create normalcy
- Allow expression of trauma experience

Betty Lammle

Regional Program Manager
Region VII
Office of Child Care





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After the Storm Forming a Task Force and Healing the Wounds



Why a Task Force?

May 22, 2011



Task Force First Steps

Convening all the Players

Identify the landscape after disaster

Determine the overarching Issues and goals

Overarching Goals of the Task Force

Ensure Early Childhood Care and Education is available for families.

Restore the infrastructure for child care, early childhood and children services.

Support the healthy recovery for children, families and children services providers.

Support the healthy recovery for children, families and children's service providers.

- Everyone in Joplin was affected by the tornado's destruction.
- Expected child abuse, Domestic Violence, substance abuse and other family stressors to increase.
- Children were going to need stable and consistent care while families and community recovered.
- Early Childhood Providers had both personal and business stresses to cope with.

Inviting Mental Health Experts to Our Game

- MO Dept. of Mental Health and Ozark Center offered their insights and response plans.
- “Healing Joplin” project planned
- Building new partnerships and collaborations.

What Could We Expect?

- Poor coping behaviors or mental health issues might not exhibit immediately.
- We would probably see “Cycles” of behaviors.
- Recovery would take a long time.

What Did Joplin Experience?

*Within a few months mental health providers saw...

- 19% increase in child abuse/sexual trauma;
- 40% increase in Domestic Violence;
- 40% increase in gambling;
- 80% increase in substance abuse;
- 30 % increase in suicides with 5 more suicides related to storm occurring outside the state;
- 29% suicidal subjects;
- Decreased scores in 11 areas tested in State MAP tests for grades 3 through 12.
- 52% increase in crisis calls over previous years.

*Ozark Center Report, *Continuing Recovery Response*.

Lessons Learned

- Assessment, response and recovery must start immediately after a disaster.
- A Child focused response and recovery is essential and must be infused into preparation, response, and recovery activities.
- A Children's Task Force dedicated to ensuring stable environments and a return to normalcy, and supportive to the social/emotional and mental health needs of children is critical for the recovery of communities.

Nicole Piper

Child Care Aware of
Southern Missouri





**Collaboration After the Storm
at the Local CCRR level**

The Days Immediately After...

- Main question on everyone's mind—
How do we help?
- Plenty for everyone to do—
Work smarter/not harder overall
philosophy
- What agencies are needed at the
table to address child care issues?
- Important for national, state and
local expertise to work together



Collaboration Key to Success



Meetings, Meetings, and more meetings....

- Joplin Child Care Task Force

Conference calls twice weekly to discuss facts about child care programs and what their needs were and how we could best meet those needs.

- Long Term Recovery Committee (LTRC) and LTRC Mental Health Sub-Committee

Presence at community meetings keeping child care and children in the forefront.

New Relationships and New Funding

- Child Care Aware[®] of Southern Missouri and Ozark Center tackling the issues from two perspectives
- Ozark Center had a medical perspective and potential access to funding from the Missouri Foundation for Health.
- Child Care Aware[®] of Southern Missouri had social-emotional expertise and existing relationships with child care programs.

Examples of Collaborative Work

Healing Joplin/Ozark Center

- Neighborhood visits included child care programs—focusing on mental health needs of individuals

Child Care Aware® of Southern Missouri

- SE Project in Jasper County focusing on training and on-site technical assistance to child care programs around social-emotional development. Funding from Ozark Center/Missouri Foundation for Health.

Result---

- One year's worth of services to the community continuing through important transition times such as the anniversary and start of next school year.

Social Emotional Project

- Group training and onsite technical assistance for child care providers. Focus on SE development and best practices
- Development of individual plans for children as needed
- Resource sharing including information on how to help children and families after the tornado, during holiday season that year and during the one year anniversary.
- Resource sharing with Kindergarten teachers
- Resource sharing with area businesses

Special Events

Connect 2 Protect Conference

- Community collaboration between multiple agencies
- Designed for professionals, educators, child care providers, parents and caregivers
- Information on providing trauma-informed care to families and children



Special Events Continued

Comfort Kits for Kids

- Kit containing special items to help children cope with stress and anxiety. Along with information for the adults on how to use the items in the kits.
- Over 10,661 delivered to child care programs, elementary schools and community agencies.



Why was the Joplin Child Care Response a Success?

- Plenty of work to go around
- No feelings of competition
- True collaboration with a meshing of funds
- National, state and local working together
- Relationships developed that will last
- Understanding that the work will never be complete

Additional Information:

Nicole Piper, Director

Child Care Aware[®] of Southern MO

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A Question for Abby

Abby Cohen, J.D.



EPR Webinar Series

Project Lead

Region IX Child Care State
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Resources

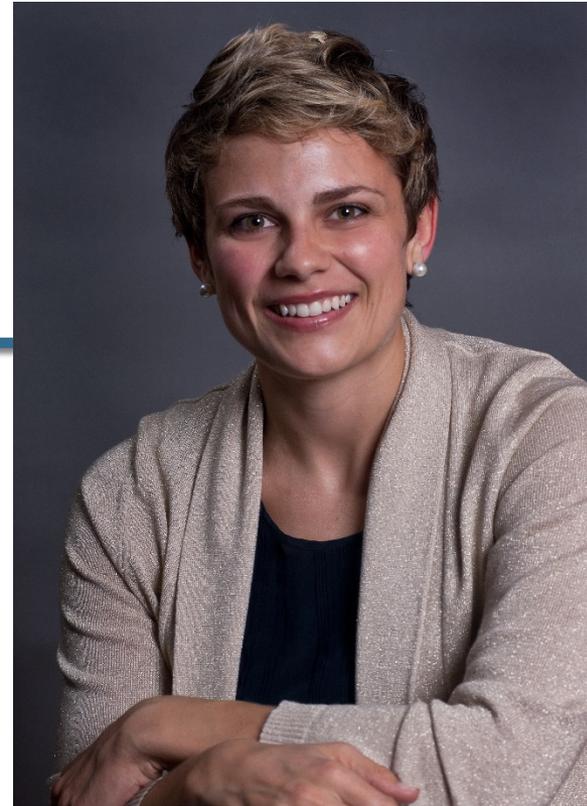
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http://www.acf.hhs.gov/sites/default/files/ohsepr/childrens_task_force_development_web.pdf
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https://www.acf.hhs.gov/sites/default/files/ohsepr/new_york_childrens_issues_task_force_web.pdf

Registration Question: How are you intentionally working on building resiliency in young children and families?

- Child Care Mental Health Consultants and Emergency planning team
- Creating an emergency preparedness guide for our child care community.
- Through trauma informed practices.
- Child Care Provider training on Emergency Preparedness via the Health Promotion Consultant Network. Part of the training focuses on the responsibility of the provider to the children and families as well as the role of the organization to their staff.
- Through agreements with Mental Health & Department of Health; child care mental health consultants
- Taskforce to develop child care disaster plan, training for providers
- Collecting resources
- Emergency & Disaster Prep Project team in process
- Implementing the Strengthening Families Initiative
- Children and Youth Task Force

Jessica Burton

Associate Director,
Psychosocial Programs
US Programs
Save the Children





PSYCHOSOCIAL PROGRAMS FOR RESILIENCY

Jessy Burton, Associate Director, Psychosocial Programs, Save the Children US

Save the Children Psychosocial Programs

To name a few...

- Psychological First Aid for Children
 - “Humane, supportive response to a fellow human being who is suffering and may need support.”
- Child Friendly Spaces
 - “Provide children with protected environments in which they participate in organized activities to play, socialize, learn, and express themselves during the recovery process after a disaster or other emergency.”
- Journey of Hope
 - “Through cooperative play, literacy, discussion, art, and physical activities, children are provided a small-group setting to explore and normalize their emotions.”

Psychosocial Programming: The Need

Psychosocial Programming for Domestic Emergencies

- No child lives without risk to traumatic experiences.
- When a child lives with several risk factors over an extended period of time, that child can be traumatized, further disrupting healthy development.
- Consequences of trauma include:
 - difficulties with learning,
 - ongoing behavior problems,
 - impaired relationships, and
 - poor social and emotional competence.

“I’m a survivor”

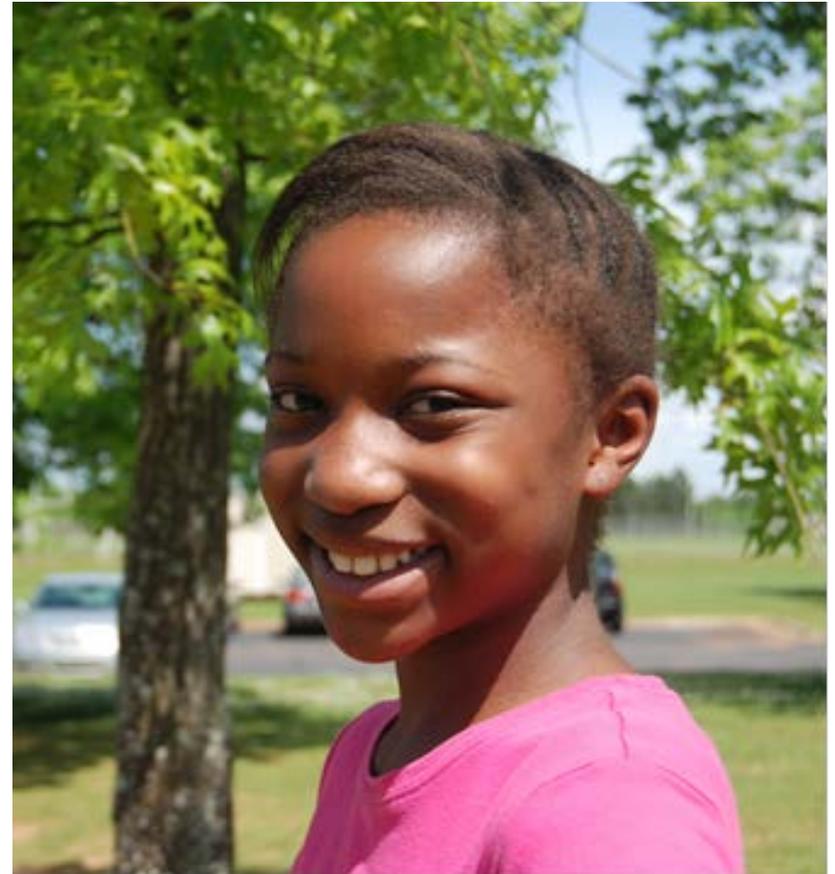
Larissa, age 8, Tuscaloosa, Ala.

Larissa, 8 years old.

Risk factors:

- single parent family,
- transient family,
- 83% Free and Reduced Lunch Rate.

Alberta Elementary School demolished by April, 27th 2011 tornadoes.



Psychosocial Issues for Children and Adolescents in Disasters

“Childhood is the culture in which individual development occurs.”

“**Psychosocial Issues for Children and Adolescents in Disasters**” U.S. Department of Health and Human Services;
Substance Abuse and Mental Health Services Administration; Center for Mental Health Services

Children's Unique Needs

Children have unique **physical, cognitive, and emotional** needs from adults.

Physical needs for protection vary greatly by age group (0-18).

Higher risk for long-term mental health consequences.

Dependent on guardians for protection, food, clothing, shelter, learning and development.

The **social “norms”** of the child may not have been positive prior to the event.

Facts About Trauma: Children's Mental Health

National Center for Children in Poverty

- Ongoing risks for exposure to trauma include:
 - Difficulty with learning
 - Ongoing behavior problems
 - Impaired relationships
 - Poor social/emotional competencies

The younger the child, the more vulnerable the brain.

“National Center for Children in Poverty 2 **Facts About Trauma for Policymakers: Children's Mental Health**”
http://www.nccp.org/projects/unclaimedchildren_pubs.html

The Developing Child: An Emergency Context

A **child's behavior during a disaster** will be heavily reliant on many factors including:

- Age
- Social supports
- Cognitive development
- Development of attachment (developed within the first 7-8 months of life)

Disasters disrupt the stages of development, creating inconsistency of environment and function of social systems.

"Psychosocial Issues for Children and Adolescents in Disasters" U.S. Department of Health and Human Services;
Substance Abuse and Mental Health Services Administration; Center for Mental Health Services

The Developing Child: An Emergency Context

For children **developing within a negative environment**, a disaster can create further complexity.

Examples:

- Academic performance
- Disruptions in social interactions (friends, siblings, parents, etc.)
- Social and cognitive functioning may be impacted
- Children at higher risk for developing PTSD or emotional disorder

Most children will recover with time and support.

Some will need deeper intervention services.

“**Psychosocial Issues for Children and Adolescents in Disasters**” U.S. Department of Health and Human Services;
Substance Abuse and Mental Health Services Administration; Center for Mental Health Services

Typical Reactions of Children

Signs and symptoms to stressful events:

Cognitive

- Trouble concentrating
- Preoccupation with event
- Recurring dreams or nightmares

Emotional

- Depression
- Irritability, anger, resentment
- Hopelessness, guilt

Physical

- Isolation from others
- Increased conflicts with family
- Sleep issues

Behavioral

- Headaches
- Fatigue
- Physical complaints with no physical cause

“Psychosocial Issues for Children and Adolescents in Disasters” U.S. Department of Health and Human Services; Substance Abuse and Mental Health Services Administration; Center for Mental Health Services

Final Thoughts? Questions?

- We will ask our presenters for any final thoughts based on today's discussion.
 - Margret
 - Betty
 - Nicole
 - Jessy
- Question and Answer

Word Cloud

What key words will you take away from today's discussion of mitigating disaster-related trauma?

Poll Question 2

- How will you use the information provided today to move planning in your State, Territory, or community forward?

Helping Children Recover from Exposure to Trauma: Resources for Child Care Providers and Parents



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This recently updated resource contains

- Teaching Resources and Training Modules
- Publications, Articles, and Fact Sheets
- Links to Additional Resources such as federal agencies, national organizations and more

<https://childcareta.acf.hhs.gov/resource/helping-children-recover-exposure-trauma-resources-child-care-providers-and-parents-0>

Child Care EPR Plan Resources

OCC Resources

- OCC's Child Care Resources for Disasters and Emergencies Web site: <http://www.acf.hhs.gov/programs/occ/resource/child-care-resources-for-disasters-and-emergencies>.
 - Includes Information Memorandums, Joint Letter to State Governors, FEMA Guidance, Checklists, Past Response Efforts, etc.

CCTAN Resources

- CCTAN's EPR page: <https://childcareta.acf.hhs.gov/emergency-preparedness-0>.
 - Includes Resource Guide, EPR Planning for Licensing Agencies, EP and Child Care Facilities Lockdowns, lists of state-level trainings, etc.

Return to these pages often as information may be updated in response to CCDF Reauthorization/Rulemaking

Next Steps

- CCDF Reauthorization and/or rulemaking may impact the requirements related to Child Care EPR Plans.
- Resources will continue to be available and additional resources are planned.
- Technical assistance may be available to CCDF Lead agencies and their partners through the Child Care State Systems Specialist Network in collaboration with CCTAN partners and Regional Offices.

Conclusion

- Development of a meaningful, specific, comprehensive EPR plan is a complex and time-consuming task involving engagement and commitment of numerous stakeholders;
- Immediate and ongoing assistance to families and providers to navigate the recovery process is important; including provision of information through multiple forms of media, in multiple languages, about the availability of resources.

Conclusion

- We hope you will take examples and ideas from today's discussion and this entire series into the broader effort within your State or Territory as you take steps towards developing your State or Territory's Child Care Emergency Preparedness and Response Plan.
- This is the final session in the Child Care Emergency Preparedness and Response Plan webinar series but not the end of our interest or willingness to help states think about, collaborate to develop, implement and revise plans for supporting the CCDF program, child care providers, children and families in your state.



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Thank You

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