

CHILD SAFETY FOLLOWING DISASTERS

Handouts and Resources

Loma Linda University

International Behavioral Health Trauma Team

CHILD SAFETY FOLLOWING DISASTERS

Handouts and Resources

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- 2. Assessing Children who May Need Professional Assistance (Physical and Emotional/Behavioral)**
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 - Elementary School Activities
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 - Art Experiences for Children and Adolescents
 - Art Processes Which Provide Closure
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CREATING CHILD SAFE ENVIRONMENTS FOLLOWING DISASTERS

Overview: Creating Child Safe Environments Following a Disaster

- In the aftermath of a disaster all children need a safe place away from danger and other frightening experiences
- Parents and caregivers need a place for children to stay while they work, find safe housing, secure food, water, work, etc.
- Creating Child Safe Environments requires planning and consideration of the needs of children following disasters.
- Establishing child safe environments requires that we:
 - Protect-establish a shelter/safe zone
 - Direct-away from destruction/disaster site
 - Connect-to parents, relatives on regular intervals
 - Support-by providing emotionally safe environment
 - Triage-general assessment of physical and emotional needs and triaging to advanced professionals as appropriate

Protect: Establish a Safe Zone

- Preparation is Key:
 - Know your community
 - Consider how many sites will be need, i.e., enough to address the children in your community
 - Work with other churches and community groups to establish a plan to create and make ready multiple shelters
 - Multiple shelters provide better access for neighborhoods (i.e., walking distance within neighborhoods as transportation may be limited)
 - Allows for smaller groups of neighborhood children to be together
 - Provides more familiarity than a site where all of the children are strangers.

Finding the best sites/locations for the Child Safe Zones

- Identify alternative locations and sites
 - Alternatives provide better preparation as no one knows where a disaster will strike
 - Identify different community-oriented facilities (churches, schools, community centers)
 - Identify open land areas where temporary shelters can be erected
 - Visit each alternative site
 - Scan sites for safety issues

- Avoid locations where there are possible dangers (e.g., construction hazards, toxins, deep water, places where children could fall, animals, other harmful elements, etc.)
- All selected sites must be able to be secured (i.e., protection from intruders, predatory individuals who seek to abuse or exploit children)
- All sites should be accessible (i.e., nearest proximity to medical and other resources, access to transportation routes)
- Develop agreements in advance that these locations will be free to use in the event of a mass disaster

Identify and secure supplies in advance

- Identify a place to store all supplies (ideally can be stored in the site that will be the shelter/safe zone)
 - Emergency supplies (e.g., Water, First Aid, flashlight, batteries, radio, etc)
 - Food/snacks (7-10 days)
 - Eating and serving utensils, plates, paper towels, etc
 - Mats and Blankets
 - Diapers
 - Personal hygiene items for adolescents (bath soap, toothbrushes, tooth paste, deodorant and feminine hygiene products)
 - Magnifying glasses or hand-held magnifying lens for children with vision problems
 - Extra clothing (multiple sizes)
 - General school supplies (paper, pencils, pens, chalk, crayons, etc)
 - Assorted toys (consider giving each child their own toy when they enter the shelter—a toy they can take with them when they leave)
 - Assorted board games (games for varying age groups, including adolescents)
 - Assorted art supplies (paper, water-based paints, brushes, children's scissors, glue, etc)
 - Assorted books (books for varying age groups, including adolescents)
 - Cleaning supplies (dish soap and laundry detergent)
 - Camera (need ability to create and post instant pictures of children and their family)
 - Telephone (consider other emergency communication devices in the event that there are extended electrical power outages)

Develop Shelter Guidelines/Policies

- Examples of policies:
 - No one can remove a child other than preapproved adults
 - Only recognized individuals are permitted in the child safe zone
 - Parents dropping off children must complete data forms

- Pictures must be taken of both parents and children
- Volunteers must at all times be aware of the location of the children assigned to them
- Positive non-conflict communication must be used at all times to de-escalate tension with parents, children, and other volunteers
- Parents and approved family members must agree to check into the shelter to provide comfort for children

Identify shelter volunteers in advance

- Who should you look for?
 - Ideally individuals with experience working with children of varying ages
 - Adult male volunteers should be included to assist with safety issues and to help with needs of older male children
 - Parents of children in the shelter and older adolescents can be used as volunteers
 - Gives individuals something to do
 - Can provide respite for other volunteers
 - Dependable, emotionally stable
 - How many? (see table)

Suggested Guidelines for Adult to Child Ratios		
# of Adult Volunteers	# of Children	Age of Children
1	4	Under 24 months
1	5	25 to 35 months
1	7	36 months to 5 years
1	11	6 to 9 years
1	11	9 to 12 years
1	11	13 to 16 years
*2-3 Floating volunteers to assist in monitoring safety and assisting with special needs, meals, etc.		

- Volunteers—Additional Needs:
 - If children are likely to spend the night at the shelter then additional volunteer staff need to be identified for the night shift
 - There should always be a minimum of two volunteers awake at night to provide safety when children sleep in the same room

- More night volunteers are needed if the children are located in multiple rooms in the shelter, i.e., there should be a minimum of one volunteer awake at all times for each additional room where children are sleeping. Note: These extra volunteers are in addition to the two volunteers overseeing the shelter at night.

Preparing Volunteers

- Provide orientation of shelter guidelines and safety issues
- Develop a general plan of tasks assignments that need to be done in the event of a disaster
- Review/train individuals to be aware of volunteer functions
- Emphasize safety and child protection needs
- Review/train volunteers to understand how to identify and support basic physical and emotional needs of children
- Review/train volunteers how to interview parents to collect contact information and basic information of each child
- Review/train volunteers how to address distress and disruptive behaviors of parents and/or children

Operating the Shelter

- Registering Children
 - Completing Data Forms (See sample In-Take/Assessment Forms)
 - Parent contact and emergency information
 - Take pictures (child, parents, extended family)
 - Create family board (when possible for each child)
 - Know who can visit and pick up each child
 - Post in visible location for children as a source of comfort and for ease of access to all volunteer
- General guidelines for working with children
 - May be stunned, in shock or experiencing some degree of dissociation that can be made worse if not protect from reoccurring traumatic stimuli
 - Where possible, direct ambulatory children away from destruction stimuli, including injured survivors
 - Use kind but give firm direction when needed
 - Connect to familiar people
 - Connect to identified parents and/or family at regular intervals
 - Provide accurate information about at regular intervals if a child has questions about their parents or others
 - Support
 - Be supportive, compassionate, gentle
 - Learn and use the names of the children when communicating with them
 - Use nonjudgmental verbal and nonverbal communication with child

- However temporary use of positive relationship tools help to reconnect children and reduce sense acute loss
- Triage
 - Observe physical and emotional needs (see assessment materials provided in Session II)
 - Triage with advanced medical and behavioral health professionals
 - Arrangements should be made in advance as to the location and protocol for advance professionals to see children (e.g. at local hospital or emergency medical facility)

ASSESSING CHILDREN WHO MAY NEED PROFESSIONAL ASSISTANCE PHYSICAL

Attending to a child's medical needs is first priority. The following assessment to be completed with the parent and the child:

1. Was your child injured in any way during the disaster?
2. Is your child complaining of any pain?
3. Can your child get up off the floor or a chair without pain (have the child demonstrate this)?
4. Does your child complain of dizziness or have difficulty walking or running without stumbling?
5. Is there any unusual swelling in any part of his/her arm or leg compared to the other arm or leg?
6. Does your child show decreasing activity?
7. Does your child have a persistent cough or chest pain?
8. Did your child experience any loss of consciousness?
9. Is your child's stomach bloated or in pain?
10. Does your child want to sleep excessively or keep going to lay down?
11. Does your child complain of not seeing clearly?
12. Does your child have any open wounds that are showing signs of infection (i.e. bad smell, redness around the injury, heat, drainage)?
13. Is your child unusually cold?
14. Has there been any change in your child's urination or bowl movements?
15. Has your child experienced a recent nosebleed or coughed up blood?
16. Was you child receiving medical care prior to the disaster?

Refer immediately for medical assistance if the parent and/or child reports YES to any of the items above or if they expressed medical concern.

ASSESSING CHILDREN WHO MAY NEED PROFESSIONAL ASSISTANCE EMOTIONAL AND BEHAVIORAL

Although most children will be comforted by the suggested strategies discussed during the training, some children may require extra attention from childcare workers and/or professional intervention. Knowing what the child has experienced and his/her current behavior can assist with care and allow childcare workers to know when more intensive services for the child may be needed.

Helpful questions to ask parent or relative about the child's disaster experience:

Where was your child when the disaster struck?

1. Do you know what he or she saw heard smelled felt?
2. Was your child injured in any way?
3. Did your child witness any injuries?
4. Where was your child when the disaster struck?
5. Do you know what her or she saw, heard, smelled, felt?
6. Was your child injured in any way?
7. Did you child witness any injuries?
8. What did your child witness?

Helpful questions to ask parent or relative about the child's behavior since the disaster experience:

1. How has your child been sleeping?
2. Is your child quieter or more socially withdrawn?
3. Is your child more restless or agitated?
4. IS your child more emotional (i.e. crying)?
5. Is your child expressing specific fears or concerns about safety?
6. Is your child complaining more about stomachaches and other physical symptoms?
7. Is your child more angry or aggressive?
8. Is your child acting younger than his/her age?
9. What other changes have you noticed in your child?
10. Does your child have a history of behavioral health problems? If so, please describe.
11. Are you especially worried about your child's reactions?

Assessment considerations:

Consider degree of severity. Many children show crisis reactions following disaster. It is important to assess if the child is able to engage in normal daily activities and is not acting out in aggressive or self-destructive ways. Are the things that you and are parent trying not working? If any of these questions represent areas of concern additional supports and/or professional help is likely needed. Children often take their cues from parents. As such, it is important to also attend to the parents needs and educate them on their importance of being a healthy role model.

SAMPLE IN-TAKE/ASSESSMENT FORMS

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST _____
	DINNER	LUNCH _____
		DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
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PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

PRE-PLACEMENT QUESTIONNAIRE

INSTRUCTIONS: If the caregiver does not receive the Health and Education Passport for a "child" and the written plan identifying the specific needs and services of the "child" at the time of placement, the caregiver shall ask the placement social worker, at a minimum, all of the following Pre-Placement Questionnaire questions [Section 89468, Admission Procedures, subsections (b)(1) through (10)].

CAREGIVER NAME	DATE
CHILD'S NAME	

1. Does the "child" have any allergies? (i.e. any medications, peanuts, strawberries, dogs, cats, etc.)
2. Does the "child" have a history of infections or contagious diseases?
3. Is the "child" taking any prescription medications?
4. Does the "child" have physical limitations? Is any special care needed?
5. Does the "child" have any medical conditions I should know about? (i.e. diabetes, epilepsy, etc.)
6. Does the "child" have any mental health conditions I should know about? (i.e. schizophrenia, bi-polar disorder, etc.)
7. Does the "child" have a history of suicide attempts?
8. Does the "child" have any behavioral problems? (i.e. drug abuse, running away, or starting fires, etc.)
9. Does the "child" have a history of physical or sexual abuse?
10. Does the "child" act out sexually?

WHEN TO MAKE REFERRALS

Immediate referrals should be made, consistent with provisions listed under Privacy and Confidentiality laws and regulations when any of the following conditions or problems are discovered:

- *Medical:* An immediate referral to a health provider should be made when a worker or client has a life-threatening condition, such as high blood pressure, heart problems, diabetes, or symptoms related to substance abuse, that is not currently being treated (for example, with prescription medication) and is causing the worker or client problems at the time of the intervention.
- *Pre-existing mental health problems:* When a worker or client is known to have a pre-existing psychiatric disorder that has been exacerbated by the disaster or its aftermath, he or she may need a community referral for definitive treatment. Such a worker or client may be taking psychotropic medication, such as antipsychotics, antidepressants, mood stabilizers, or anti-anxiety drugs, which may need to be adjusted or changed. An intervention of this nature is beyond the scope of public mental health interventions.
- *Need for acute mental health intervention:* Referrals should be made for community evaluation and follow-up when a worker or client appears to be experiencing more severe or persistent symptoms. Hospitalization may be necessary when a worker or client is judged to be a danger to self or others. Signs and symptoms that support a referral for emergency or urgent community mental health attention include, but are not limited to—
 - Significant disturbance of memory.
 - Inability to perform necessary everyday functions. (For clients, this may include an inability to begin cleanup or apply for necessary assistance; among workers, signs may include consistent tardiness, incorrect procedures, or frequently calling in “sick.”)
 - An inability to care for one’s personal needs.
 - An inability to make simple decisions.
 - Preoccupation with a single thought.
 - Repetition of ritualistic acts.
 - Abuse (rather than “misuse”) of alcohol or drugs.
 - Talk that “overflows”—shows extreme pressure of speech.
 - Suicidal or homicidal talk or actions.
 - Psychotic symptoms, for example, disorganization of thought processes or lack of comprehension concerning time, place, or person; delusions; feelings of persecution; hallucinations; feelings that one’s body is unreal; or fear of losing one’s mind.
 - Excessively “flat” emotions, inability to be aroused to action, and serious withdrawal.
 - Frequent and disturbing occurrence of flashbacks, excessive nightmares, and excessive crying.
 - Regression to an earlier stage of development.
 - Inappropriate anger and/or abuse of others.
 - Episodes of dissociation.
 - Inappropriate reaction to triggering events.

EARLY POST-IMPACT PHASE PREVENTIVE INTERVENTION STRATEGIES WITH CHILDREN

*Young, Ford, Ruzek, Friedman & Gusman
National Center for PTSD*

Early Post-impact Phase Preventive Intervention Strategies with Children³

<u>Symptomatic Response/Issue</u>	<u>First Aid</u>
Preschool through Grade 2	
1. Helplessness and passivity	1. Support, rest, comfort
2. Generalized fear	2. Protective shield
3. Cognitive confusion	3. Repeated clarifications
4. Difficulty identifying feelings	4. Emotional labels
5. Lack of verbalization	5. Help to verbalize
6. Reminders become magical	6. Demystification of reminders
7. Sleep disturbance	7. Telling parents/teachers
8. Anxious attachment	8. Consistent care taking
9. Regressive symptoms	9. Allow time-limited regression
10. Anxieties about death	10. Explanations of death
Grades 3-5	
1. Responsibility and guilt	1. Expression of imaginings
2. Reminders trigger fears	2. Identification of reminders
3. Traumatic play and retelling	3. Listening with understanding
4. Fear of feelings	4. Supported expression
5. Concentration/learning difficulties	5. Telling adults
6. Sleep disturbance	6. Help to understand
7. Safety concerns	7. Realistic information
8. Changes in behavior	8. Challenge to impulse control
9. Somatic complaints	9. Link between sensations and event
10. Monitoring parents' anxieties	10. Expression of concerns
11. Concern for others	11. Constructive activities
12. Disturbed by grief responses	12. Positive memories
Adolescents (Grades 6 and up)	
1. Detachment, shame, guilt	1. Discussion: Event, feelings, limitations
2. Self-consciousness	2. Adult nature of responses
3. Post-traumatic acting out	3. Link: Behavior and event
4. Life-threatening reenactment	4. Address: Impulse to recklessness
5. Abrupt shift in relationships	5. Understanding expectable strain
6. Desire for revenge	6. Address: Plans/consequences
7. Radical changes in attitude	7. Link: Changes and event
8. Premature entrance to adulthood	8. Postponing radical decisions

³ Pynoos, R.S., & Nader, K. (1993).

THERAPEUTIC TOOLS FOR WORKING WITH CHILDREN AND YOUTH

HELPING YOUR CHILD AFTER THE DISASTER

Some things that will help your child are:

- Talk with your child about his/her feelings about the disaster. Share your feelings too.
- Talk about what happened, give your child information that he/she can understand
- Reassure your child that you are safe and together. You may need to repeat this assurance often.
- Spend extra time with your child at bedtime.
- Allow your child to mourn or grieve over a lost toy, a lost blanket, a lost home.
- If you feel your child is having problems at school, talk to his/her teacher so you can work together to help your child.
- Increase your child's sense of control by involving him/her in earthquake preparedness activities appropriate to their age.
- Build your child's feelings of competence by gently encouraging him/her to return to regular activities and duties.
- Praise your child for efforts made towards earthquake recovery.

General Goals and Objectives

- A. Acknowledge losses, fears and other emotional adjustments (feelings) since the earthquake.
- B. Focus on changes in your life since the earthquake.
- C. Enhance the student's sense of mastery and survivorship over a disaster and put the experience in a more adaptive perspective.
- D. Facilitate a realistically optimistic closure/ending to thoughts, feelings and reactions that may be opened up by the earthquake anniversary.

General Guidelines

- Take care that the student feels "safe". Communicate that there is no right or wrong and that each individual is to be respected.
- Convey to students that the thoughts, feelings and reactions stirred up by the earthquake anniversary are normal even though they may be upsetting.
- Speak to your student's strengths—i.e. all efforts made in the earthquake recovery.

- Sensitize your students to the fact that everyone may be at a different place in the healing process and that this is okay.
- Consult a school counselor or your local mental health counselor if you are concerned about the intensity or duration of a student’s anniversary response.

PRESCHOOL AND KINDERGARTEN ACTIVITIES

GOAL: Simple commemoration of the event.

- ACTIVITIES:**
1. Commemorate earthquake anniversary.
Construct a hat, serve cookies, drinks, sing songs.
 2. Draw a picture of yourself and your family now, after the earthquake. Discuss and share feelings.
 3. Have each child dictate a story to an adult about how their family survived the earthquake.
 4. Close with a physical activity (e.g. Duck Duck Goose) to provide comfort and sharing, or dance to music to “shake out” those scary feelings.

ELEMENTARY SCHOOL ACTIVITIES

GOAL: Commemoration and sharing of recovery feelings and experiences.

- ACTIVITIES:
1. Draw 2 pictures: fold paper in half and create both pictures on one side. On one side draw a picture of self and family the day of the earthquake. On the other half draw you and your family now, a year later.
 2. Write about how you think your family feels now that a year has past.
 3. Compose a list of people you can talk to who help you feel better about the earthquake.
 4. Now that you are a survivor of an earthquake, what advise would you give, to someone who has not been in an earthquake, about what to do? Make a list of what is important to remember during and after an earthquake.
 5. Describe to the class changes you have experienced since the earthquake. What have you noticed in yourself since the earthquake?
 6. Make a booklet of classroom drawings and reactions regarding the earthquake anniversary.
 7. Make a mural with topics such as how the school looks now, one year since the earthquake, followed by discussion. This is best for a group of no more than 8.
 8. Did anything good happen related to the earthquake?
 9. What have you learned from the earthquake about yourself? Family? School?
 10. How can you be of help at home and in your community now that you are a survivor of the earthquake?
 11. Sentence completion (see following page).

SENTENCE COMPLETION ACTIVITY

A. For me, the hardest thing about the earthquake is _____
_____.

For me, the best thing about the earthquake is _____
_____.

B. If I could suggest one thing to my teacher/parents during the earthquake anniversary, it would be _____
_____.

C. Before the quake I _____
_____.

During the quake I _____
_____.

Since the quake I _____
_____.

Right now I feel _____
_____.

The worst thing that happened to me was _____
_____.

The best thing that happened to me was _____
_____.

JUNIOR HIGH AND HIGH SCHOOL ACTIVITIES

GOAL: For teenagers, cooperative projects provide an action oriented way to deal with interpersonal aspects of the peer group (which is very important at this age) and work towards developing a sense of togetherness regarding issues about the earthquake.

The following topics can be adapted to classroom discussions, essays, projects, etc. All activities shall be focused on efforts made toward the earthquake recovery process, i.e. physical structural rebuilding and psychological healing.

- Funny stories about the earthquake;
- Human interest stories from the newspaper;
- Rebuilding after the earthquake – building permits;
- The role of government in reconstruction process;
- Bulletin board composed of original earthquake photos from students;
- Make “Survivor Club” buttons (requires purchase of a button clamp machine);
- Role of accumulative stress on health;
- Role of the community/individual/family in healing;
- Geological impact of the earthquake;
- Display of original earthquake memorabilia;
- Impact of earthquake on water supply;
- History of earthquakes in Bay Area – predictions for future earthquakes;
- How do people cope with future earthquake predictions?
- Discuss health issues related to the earthquake:
 - water contamination - waste disposal
 - communication breakdown - food spoilage

ART EXPERIENCES FOR CHILDREN AND ADOLESCENTS

MATERIALS:

Simple materials are used to de-emphasize the aesthetic value placed on the art product. Water-based marking pens (thin and thick), oil pastels, chalk pastels, charcoal in a variety of colors, collage box with glue and scissors. The collage box is composed of magazine pictures of all kinds which have the words cut off. Different sizes of paper for individuals, and very large paper for group projects is needed.

TAKE CARE:

The concrete visual image can be very confronting, as well as unintentionally revealing. Take care that the student feels “safe”; communicate that there is no right or wrong and that each individual is to be respected.

These art experiences involve not only the doing but also that sharing of the artwork and resulting feelings. Although other students may offer interpretations and ask questions, it is always the artist who has the last word on the meaning of his picture. This enables the student to feel some control over the process.

NON-THREATENING BEGINNING EXERCISES:

1. Draw your initials very large on a piece of paper. Add to them in any way that you want to finish the drawing.
2. Do a scribble. Discover a form or figure in the scribble and develop it into a picture. Give the picture a title.
3. Make some dots using the whole piece of paper. Now connect the dots in any way you like. Give your picture a title.

GROUP ART EXPERIENCES:

1. Do a clay sculpture – individually. When completed, put it on the tray with the sculptures by other group members. Find a place on the tray that is comfortable for you. Now together, decide on a title for the group work.
2. Group drawing. Do a free drawing, individually. When you finish, past your picture on the big piece of paper on the wall (or on the floor or table). Then, as a group, add to and enhance the picture in any way that you choose. As a group, give the finished picture a title.
3. Group Pass-Around. In small groups of 8 or less, each person take a piece of paper and choose one color and begin a drawing. After one minute, everybody pass their drawing one person to the left. Continue drawing for one minute and pass drawing again to the left. Continue doing this until the initial drawing and creator are matched.

Themes for the above experiences can center around feelings about the earthquake. Suggestions may include:

- Draw or sculpt what you fear about the earthquake.
 - Draw or sculpt a picture of how you feel when you feel strong, then one of how you feel when you feel weak.
 - Draw or sculpt your family and how you all made it through the earthquake.
 - Draw or sculpt what you learned about yourself because of the earthquake.
 - Draw or sculpt the strengths/skills you've gained as a result of the earthquake.
 - Draw or sculpt yourself before the earthquake and then after the earthquake.
 - Draw or sculpt what you feel is unfair about the earthquake.
 - Draw what was hard about the earthquake, draw what was easy about the earthquake.
 - Draw or sculpt your anger about the earthquake.
 - Draw how you could help other in an earthquake.
4. Together as a group, do a mural. (If the group is larger than 8, divide up into smaller groups). Use pastels or charcoals, a very large roll of paper, and all other art materials to re-create the earthquake and/or recovery process after the earthquake.
5. Role-play your family and neighbors as they recover from the earthquake: 1) immediately after the earthquake and 2) now, one year after the earthquake.

ART PROCESSES WHICH PROVIDE CLOSURE

1. Divide your paper in 3. Draw your past, present and future.
2. Divide your paper in half. On one side draw what you were like before we started talking about the earthquake, on the other side, draw what you are like now.
3. Choose 4 magazine pictures that remind you of things that are better for you now. Make a collage. You can add to it with drawing materials if you choose.
4. For the Group Art Experience, for closure, have the group fold up the collective drawing or project composed of everybody's drawings or pieces, and tape or tie it up together, to "concretely" wrap-up these issues.
5. Individually, have each child fold up their earthquake drawings or stories in any way they choose. Provide tape or string to "wrap it up." Let student know they can unwrap and open up their drawing if they want to discuss it in the future, but for now it will be closed.

BEHAVIORAL HEALTH RESOURCES FOR CHILDREN

KITS AND USEFUL RESOURCES

Behavioral health materials for children:

2-hand puppets (cheerful animals such as cats and dogs-nothing that might frighten a child)

Books of children's songs and rhymes:

*Let's Sing (songs and rhymes) ISBN: 9789861930138

Federal Emergency Management Agency

<http://www.fema.gov/kids/herman/beach.htm>

Other supports/items for children for the kit that could be provided:

Paper for drawing

Small box of crayons

Construction paper for crafts

Children's safety scissors

Paste/glue

Stickers

Small balls or other light weight and inexpensive toys

Handheld musical instruments

General Supplies:

Personal Workplace disaster kit

<http://www.prepare.org/basic/WorkKit.pdf>

School Kit:

Below is a list of items that can be found in an emergency school kit. The list of items is similar to those that UNICEF recommends for the early stages of an emergency. Note: The specific items on this list are only suggestions. What should be kept in mind is that the items in a school kit are easy to transport and distribute to children. The materials should also allow for a few individuals to quickly set up a temporary learning space that engages children in active learning experiences. The number of items of each type to include is dependent on the number of children to be served. *UNICEF kits serve either 40 or 80 children each. The UNICEF kits are currently \$186.00 each. The website for the UNICEF kits is: http://inspiredgifts.unicefusa.org/site/PageServer?pagename=ig_prod_schoolinbox

Container Suggestions

School kits should be in waterproof carrying cases or cartons. UNICEF uses lockable aluminum boxes/cases, the lid of which doubles as a blackboard when coated with the blackboard paint included in the kit. You can also paint cardboard sun visors (the type used for the front windshields of cars to block the sun). These may not be as convenient as painting the inside lid of a carrying case, but should be less expensive. Note: Another option for school kits instead of the portable blackboard is a flip chart and colored markers.

Teacher materials*

Ruled paper tablets
Black ball-point pens (1 box)
Blue ball-point pens (1 box)
Box of colored chalk (100 pieces)
Box of white chalk (100 pieces)
2 Tins of Black Paint (for blackboard) 500 ml per tin
1 Paintbrush (for blackboard) 50-60mm

Other teacher materials

Flash cards or posters of letters, numbers, and math
Construction paper for crafts
Children's safety scissors
Paste/glue

Students materials/per student**

1 lightweight canvas carrier bag
1 plastic ruler
2 pencils
1 eraser
1 pencil sharpener
1 box of color pencils or crayons
3 A5 exercise books (1 ruled, 1 squared, 1 drawing-not ruled)
1 black pen
(Materials should be sorted into carrier bags and ready for distribution.)