A Toolkit for Child Welfare Agencies to Help Young People Heal and Thrive During and After Natural Disasters

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Child **TRENDS**

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Introduction

The United States is among the top five countries in the world that are most affected by natural disasters, with an average of over 20 natural disasters per year from 2010-2020.[1] Approximately 14 percent of children and youth have experienced at least one natural disaster prior to age 18[2] and the majority of children and youth have been affected by the COVID-19 pandemic. Although the circumstances surrounding natural disasters and COVID-19 are different, the physical and emotional impacts on children, youth, and families can be similar.

Young people are especially vulnerable to the negative effects of natural disasters.[3] Those who are involved in the child welfare system are at particularly high risk for experiencing disaster-related traumatic stress and other mental health and behavioral challenges.[4,5,6] However, all children and youth have the capacity for resilience and healing when they receive the right types of supports.[7,8,9]

This Toolkit is for child welfare staff, supervisors, and administrators who work with and on behalf of children, youth, and families who experience natural disasters. The information and resources included in the Toolkit provide evidence- and trauma-informed guidance for promoting positive outcomes for children and youth who experience natural disasters.

Purpose of the Toolkit

This evidence-informed Toolkit was developed by Child Trends with support from The Annie E. Casey Foundation and in partnership with the National Child Traumatic Stress Network. The information and resources contained in the Toolkit aim to support child welfare staff and administrators in their efforts to enhance state, Tribal, territory, and county-led efforts to promote *healing and resilience* among system-involved children and youth who are exposed to a natural disaster. The materials in the Toolkit have not been tested with children and youth during pandemics, which occur only rarely (e.g., every 25-30 years for influenza pandemics),[10] but they may nonetheless be useful during and after pandemics given that natural disasters and pandemics have a number of similar challenges.

Staff and administrators can use the information and resources in the Toolkit to promote healing and resilience among children and youth in the child welfare system during and after a natural disaster. The Toolkit can also be integrated into state, tribal, territory, county, and agency disaster plans.

The aims of this Toolkit are to:

- **Support child welfare agencies in their efforts to promote healing and resilience among children and youth**, from birth to age 21, during and after a natural disaster.

- **Provide resources for incorporating youth, program, and community voices** into plans to support positive development among system-involved children and youth who experience natural disasters.

- **Summarize evidence to date on trauma, healing, and resilience during and after natural disasters** to increase knowledge among agency administrators, staff, and supervisors, and to provide the foundation for pursuing Toolkit recommendations.

- **Offer tools for infusing agencies and systems with trauma-informed care (TIC)** to mitigate disaster-related trauma and other adversities that are common among children and youth involved in the child welfare system.

- **Describe strategies to promote culturally and linguistically responsive care** during and after a natural disaster.

- **Offer practical tips for supporting agency staff and administrators by preventing secondary stress and promoting self-care** to reduce burnout and turnover and support staff well-being during and after natural disasters.

- **Provide actionable guidance for partnering with community service providers** to support healing and resilience among children and youth during and after natural disasters (e.g., guidance for schools, early childhood education, community mental health and substance abuse programs, home visiting programs, legal systems, and primary care facilities, along with services to meet families' basic needs).

Description of the Toolkit

Content and intended audience

A Toolkit for Child Welfare Agencies to Help Young People Heal and Thrive During and After Natural Disasters is a collection of tools and resources for child welfare frontline staff and administrators and their community partners. Many children and youth are involved in both the child welfare and juvenile justice systems, but this Toolkit presents separate information and recommendations for the child welfare system to ensure that the resources are as relevant as possible to each service setting. This Toolkit has three sections:

- **Section 1, Recommendations for Promoting Healing and Resilience Among Children and Youth Involved in Child Welfare Who Experience Natural Disasters:** Provides actionable recommendations for administrators, supervisors, and staff to prepare for natural disasters and respond to children and youth involved in these systems who experience a natural disaster.

- **Section 2, Promoting Healing and Resilience After Natural Disasters for Children and Youth Involved in Child Welfare:** Provides an overview of trauma-informed care and resilience for children and youth involved in the child welfare system who experience a natural disaster.

- **Section 3, Interventions to Support Healing and Resilience Among Children, Youth, and Families Who Experience a Natural Disaster:** Provides an overview of promising and evidence-based, trauma-informed frameworks and interventions to support children and youth who experience a natural disaster.

Research behind the toolkit

The Child Trends project team conducted extensive background research to inform the content, design, and accessibility of the Toolkit. Data collection took place over a two-year period, from 2020 to 2021. Research activities were designed to address questions posed by The Annie E. Casey Foundation (see Figure 1).

Figure 1. Questions guiding research for the Toolkit

Research Question 1	Are there tested effective programs that public systems can implement with youth in their care to help mitigate trauma from having experienced a natural disaster? If so, what are those programs and outcomes for youth? Have the outcomes been disaggregated for race, ethnicity, and gender?
Research Question 2	What gaps exist in tested effective programs to address trauma in public system-involved youth who have experienced a natural disaster?
Research Question 3	Have the effective programs assessed applicability and value for some or all youth population groups—African American, American Indian and Alaska Native, Latinx, Asian and Pacific Islander, and White—and across gender and gender identities?
Research Question 4	What would a guideline or best practice publication look like for mitigating natural disaster-imposed trauma in public system-involved youth for use in public systems?
Research Question 5	What elements would such a publication address to help ensure racial and ethnic equity across all youth groups?
Research Question 6	How can public systems respond to youth and their caregivers who have gone through a natural disaster to increase youths' healthy emotional well-being?
Research Question 7	How would a proposal address resolving this issue in a sustainable manner (versus continued investments)?

Consistent with a common refrain in youth development and community organizing—"Nothing about us, without us"—our data collection prioritized *youth voice*. Authentic youth engagement enables programs to partner with youth to gain important expertise in best supporting system transformation that promotes resilience and more equitable outcomes.[11,12] Similarly, another key goal of our research was including *program and community voice*. Specifically, the recommendations and tools provided in the Toolkit are based on the knowledge, insights, and experiences of the following:

- **Children and youth** who have been involved in the child welfare system and who have been affected by natural disasters

- **Child welfare frontline staff and administrators** with relevant expertise

- **Research to date** on natural disasters, trauma, healing, resilience, equity, and research-informed interventions to promote positive child and youth outcomes after a natural disaster

- **Current child welfare policies on natural disasters**, with a focus on disaster preparedness and response plans

See Figure 2 for the specific data collection activities that informed the Toolkit.

Figure 2. Data collection methods

Focus groups with youth	National survey of youth	Interviews with child welfare administrators	Focus groups with administrators to inform toolkit messaging	Advisory board
Senior advisors	Expert convening	Expert equity and content reviews	Literature review	Policy scan

Youth voice

We engaged youth directly in our research and in the development of recommendations for the Toolkit, via a national survey and focus groups/interviews with youth who are currently or formerly involved in the child welfare and/or juvenile justice systems and who had experienced a natural disaster. We briefly describe these two data collection efforts below. Importantly, family voice is also a critical component of resource development for family service systems. However, research with parents and other caregivers of children and youth involved in child welfare and/or juvenile justice was beyond the scope of this project. Child Trends used two methods for capturing youth voice:

- **Adding survey items on the impact of COVID-19 to the Opportunity Passport Participant Survey**, a national survey of youth involved in the child welfare and/or juvenile justice systems. A total of 2,951 youth provided information on the types of supports they received, the challenges and hardships they experienced, and their mental health and well-being during the pandemic.

- **Interviewing seven adults who had received services as youth from child welfare and/or juvenile justice systems.** Participants lived in Santa Barbara, California; Anchorage, Alaska; Baton Rouge, Louisiana; and Puerto Rico. This range of locations ensured representation from a range of geographies that experience different types of natural disasters, such as earthquakes, wildfires, floods, tornadoes, and hurricanes.

Program and community voice

Child Trends also solicited program input on the Toolkit by conducting interviews with child welfare and juvenile justice agency administrators.

- **Child Trends conducted interviews with four child welfare administrators and three juvenile justice administrators** in New York, Louisiana, California, Washington, Oklahoma, and Puerto Rico. This helped us better understand administrators' prior and current experiences supporting children and youth during and after natural disasters, and to gather information on what resources and recommendations would be most helpful to include in the Toolkit.

National subject matter experts

We engaged subject matter experts with a wide range of relevant expertise in the development of the Toolkit.

- **The Toolkit Advisory Board** included nine experts in trauma, child welfare, juvenile justice, natural disasters, program/agency leadership, and other stakeholder groups. The Board met six times throughout this two-year project to offer input and guidance on data collection efforts and Toolkit development. Members were selected to represent a diverse range of expertise, including mental health; child welfare; juvenile justice; disaster response; Tribal communities; racial and ethnic equity; lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) youth; and foster care youth voice. Two meetings were devoted to racial equity and supporting LGBTQ+ youth. In addition, senior advisors and Advisory Board members representing child welfare, juvenile justice, and disaster behavioral health reviewed the Toolkit to provide in-depth individual feedback and input into its content and design.

  - **Toni Buxton**, MSW, is an executive manager of Child Welfare Support Services for the state of Louisiana.

  - **Melissa Brymer**, PhD, PsyD, is the director of Terrorism and Disaster Programs at the University of California, Los Angeles/Duke University National Center for Child Traumatic Stress and National Child Traumatic Stress Network, in Los Angeles, CA and Durham, North Carolina.

  - **Shannon Catanzaro,** MSW, LCSW, is the executive manager of the Transitioning Youth and Extended Foster Care programs for the Department of Children and Family Services in Louisiana.

  - **Nicolette Louissaint**, PhD, is the executive director and president of Healthcare Ready in Washington, DC.

  - **Deborah Northburg**, MA, is the senior director of Child & Family Services at Cook Inlet Tribal Council in Anchorage, Alaska.

  - **Joy Osofsky**, PhD, is the Paul J. Ramsay Endowed Chair of Psychiatry and Barbara Lemann Professor of Child Welfare at Louisiana State University Health Sciences Center in New Orleans and director of the Harris Center for Infant Mental Health Center.

  - **Marcos Santana Andújar** is founder and president of the Puerto Rico Network for Children & Youth's Rights.

  - **Julie Segovia**, MS, is a doctoral student in the Eliot-Pearson Department of Child Study and Human Development at Tufts University.

  - **Gail Wasserman**, PhD, is the director for Columbia University's Center for the Promotion of Mental Health in Juvenile Justice and professor at Columbia University Department of Psychiatry.

- **Senior advisors** with expertise in diversity, equity, and inclusion, and with LGBTQ+ community experience, frequently participated in Advisory Board meetings to facilitate conversations on how to best incorporate the experiences of all youth into the Toolkit. Senior advisors also reviewed and provided feedback on Toolkit content and recommendations that were relevant to their field(s) of expertise.

  - **Melissa Brymer**, PhD, PsyD, is the director of Terrorism and Disaster Programs of the University of California, Los Angeles/Duke University National Center for Child Traumatic Stress and its National Child Traumatic Stress Network, Los Angeles, CA and Durham, North Carolina.

  - **Ellen Kahn**, MSS, is the senior director of Programs and Partnerships at the Human Rights Campaign in Washington, DC.

- **Joy Osofsky**, PhD, is the Paul J. Ramsay Endowed Chair of Psychiatry and Barbara Lemann Professor of Child Welfare at Louisiana State University Health Sciences Center in New Orleans and director of the Harris Center for Infant Mental Health.

- **Isaiah Pickens**, PhD, is the founder of iOpening Enterprises and assistant director of the Service Systems Program for the National Center for Child Traumatic Stress at the University of California, Los Angeles.

- **Marcos Santana Andújar** is founder and president of the Puerto Rico Network for Children & Youth's Rights.

- **Gail Wasserman**, PhD, is the director for Columbia University's Center for the Promotion of Mental Health in Juvenile Justice and professor at Columbia University Department of Psychiatry.

Communications science

Child Trends' strategic communications experts held **communication science interviews** with four frontline providers (two each from child welfare and juvenile justice) to gather input aimed at improving the utility of the Toolkit to ensure its responsiveness to community needs. Frontline providers offered input on the Toolkit's design, content, format, and messaging.

Literature and policy review

To ensure that Toolkit content, resources, and recommendations were grounded in the best available evidence to date, we conducted a literature review of natural disaster impacts and interventions. In addition, we reviewed child welfare and juvenile justice agencies' disaster planning and response policies.

- **Child Trends conducted a literature review** to review tested, effective child welfare and juvenile justice programs that public systems can implement with youth in their care to mitigate trauma from having experienced a natural disaster, explore whether effective programs assessed applicability and value for some or all youth population groups, and determine where gaps exist in programs to address trauma in public system-involved youth who have experienced a natural disaster.

- **Child Trends conducted a policy scan** to review the current landscape of state, tribal, and territory natural disaster preparedness and response plans in areas with frequent and/or severe natural disaster histories to assess how such plans meet the emotional, health, physical, and material needs of youth in the child welfare and juvenile justice systems. We rank-ordered states, territories, and tribes by frequency and severity of natural disasters (i.e., death toll) from 2000-2019 and included 10 states and territories with the most frequent and severe occurrences of natural disaster in the policy scan.

Glossary

▶ **Adversity** is a broad term that refers to a wide range of circumstances or events that pose a serious threat to an individual's physical or psychological well-being.

▶ **Anti-bias** is opposing discrimination against people based on race, ethnicity, religion, sexual orientation, gender identity, or other factors.

▶ **Anti-racist** is a process of explicitly identifying and opposing racism and the policies, systems, and behaviors that perpetuate racism.

▶ **Complex trauma** occurs when an individual is exposed to multiple forms of severe and chronic trauma that often begin early in life and occur in the context of important interpersonal relationships.

▶ **Equity** is just and fair inclusion. Equity is achieved by environments, systems, and policies that support equal access to opportunity.

▶ **Gender identity** is a personal sense of one's own gender as male, female, or another gender (e.g., gender neutral, non-binary, transgender).

▶ **Natural disaster** is a natural event such as a flood, earthquake, or hurricane that may cause great damage or loss of life.

▶ **Healing** is the process of repairing and recovering from disruptions to an individual's well-being.

▶ **Pandemic** is an outbreak of a disease that occurs over a widespread geographic area and affects a significant proportion of the population.

▶ **Prevention** is the process of stopping problems from arising (e.g., mental health problems, developmental or behavioral problems, disease). *Primary prevention* aims to avoid the development of symptoms or distress in individuals from occurring in the first place; *secondary prevention* aims to detect and address problems as early in their course as possible; and *tertiary prevention* aims to reduce the negative impact of already established problems by helping individuals return to healthy functioning.

▶ **Program, community, and youth voice** means that program, community, and youth expertise is prioritized through the inclusion and active participation of these groups in the development of interventions, resources, and supports designed for them.

▶ **Protective factors** are conditions or attributes of individuals, families, communities or the larger society that mitigate or eliminate risk.

▶ **Resilience** is the process of positive adaptation to adversity that arises through interactions between individuals and their environments.

▶ **Secondary adversities** are often generated by traumatic incidents and can impact different aspects of an individual's life. Examples of secondary adversities that can accompany a natural disaster are loss of property or possessions, the death of a loved one, or long-term displacement or relocation.

▶ **Secondary traumatic stress** is stress that results from learning or hearing about trauma experiences of someone else.

▶ **Sexual orientation** refers to the sex of those to whom one is sexually and/or romantically attracted (e.g., lesbian, gay, bisexual, heterosexual, asexual, pansexual).

▶ **Trauma** is one possible outcome of exposure to adversity. Trauma occurs when a person perceives an event or set of circumstances as extremely frightening, harmful, or threatening—either emotionally, physically, or both—and it overwhelms their capacity to cope.

▶ **Traumatic stress** is any feeling of distress related to exposure to a traumatic event(s).

▶ **Trauma-informed care** realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization[13]

Section 1: Recommendations for Promoting Healing and Resilience Among Children and Youth Involved in Child Welfare Who Experience Natural Disasters

This section includes actionable recommendations for child welfare administrators and for supervisors and staff to support children, youth, and families involved in the child welfare system who have experienced a natural disaster. Many of these recommendations may also be useful for responding to a pandemic. Recommendations are organized by timing of implementation—before a disaster occurs, during or immediately afterward, or for the intermediate and long-term recovery.

How to prepare BEFORE a natural disaster occurs

Ensuring that your agency is prepared and trauma-informed can go a long way to help children and youth recover and heal from a natural disaster.[14] Below are recommendations for child welfare administrators, supervisors, and staff to prepare for how to promote healing and resilience among youth when a natural disaster occurs.

Recommendation 1: Establish trauma-informed, agency-wide and system-wide plans and policies for natural disasters.

▶ **Natural disasters can place additional demands on child welfare agencies to respond to family safety concerns and needs.** Not only is it best practice for child welfare agencies to prepare for natural disasters before they occur, but federal law also requires state child welfare agencies to establish disaster plans. Use trauma-informed care and emotional well-being principles in disaster plans, policies, and procedures at the state, tribal, territory, and local level to help children, youth, and their families recover from a natural disaster.

Recommendation 1 for Administrators: Child welfare administrators should establish natural disaster-specific plans and policies[15] that align with trauma-informed care and prioritize the emotional and physical well-being of children and youth.

- Ensure that natural disaster planning[16] includes specific information about how to address child, youth, and staff emotional well-being and trauma. Consider establishing memorandums of understanding with mental health agencies to assist in resource sharing and recovery.

- Develop partnerships with community agencies and organizations that tailor resources to specific populations (e.g., children or youth who are immigrants or from families of immigrants, LGBTQ+), and religious organizations for assisting families with basic needs (e.g., clothing, food pantries).

- Engage in formal partnerships with local emergency response and community agencies to ensure the child welfare agency and system is included in community preparedness.

- Provide training and staff development on how to effectively implement the disaster plan. Consider cross-agency trainings involving all individuals who may interact with children and youth during a natural disaster to promote relationship-building and collaboration, including parents/caregivers, community members, child welfare staff, mental health providers, first responders, schools, and emergency personnel.

- Share comprehensive disaster plans widely within the child welfare agency and with community partners to ensure all stakeholders have access to disaster response information. Practice and review disaster plan implementation regularly with staff, including drills and evaluation of the drills (e.g., identifying lessons learned, amending plan as needed). Sharing and practicing disaster plans in advance of a natural disaster helps agencies collaborate and implement plans more effectively when the disaster does occur.

Recommendation 1 for Supervisors and Staff: Child welfare supervisors and staff should work together with children, youth, and their families to develop emergency plans before a natural disaster occurs and ensure the plan aligns with a trauma-informed approach and prioritizes the emotional well-being of children and youth.

- Partner with children, youth, and their families to develop a family preparedness, safety, and communication plan and review the plan regularly.[17] The plan should include measures for ensuring physical safety when a disaster occurs (e.g., shelter in place, escape routes), tailored to the type(s) of disaster that occur in the local area. The plan should also address what to do when children are at home and school. Include plans for communication if a child or youth is separated from parents or other caregiver(s) during the disaster, including easily accessible contact information for family members, caseworkers, therapists, and other supports. Identify alternative, safe placement options, in combination with a plan for reunification.[18] Review the plan every few months, particularly for children and youth who may experience changes in placement or who may be transitioning out of care. For a sample family preparedness, safety, and communication plan, download the NCTSN family preparedness plan[19] and wallet card.[20]

- Ensure that children, youth, and their families are informed about the nature and timing of common disasters and pandemics in your area (i.e., what time of year they tend to occur), common reactions among children and youth (particularly those with trauma histories), and how to access updated official disaster information.

- Assist families with identifying reliable information sources about natural disasters (e.g., website, radio, emergency lines). Encourage parents and caregivers to give children factual information about the disaster in simple, developmentally appropriate terms.[21,22,23] Share apps with parents and caregivers for ideas on talking with children and youth about natural disasters (e.g., **Help Kids Cope** app[24], **Bounce Back Now** app).[25]

- Assemble an emergency supply kit and plans for meeting the child, youth, and family's basic needs when a disaster occurs. Children and youth should have access to enough water, food, and other emergency supplies for at least three days and secure access to medications for at least seven days. Help children, youth, and their caregivers identify resources for basic needs after emergency supplies have been used, including whom to call for support. For a list of resources and templates for family emergency planning, go to https://www.ready.gov.

Recommendation 2: As a foundation for natural disaster response, build a trauma-informed child welfare agency and system focused on healing and resilience.

▶ **For child welfare agencies and systems to provide a trauma-informed response to natural disasters, it is critical to establish an agency-wide and system-wide commitment to trauma-informed policies and daily practices _before_ a natural disaster occurs.** A trauma-informed child welfare system[26] is one that is healing- and resilience-focused, with children and youth having access to the supports and services they need. Child welfare systems that are trauma-informed before a natural disaster occurs are better able to address the needs of children, youth, and families, resulting in better outcomes, such as reduced use of long-term behavioral health services, fewer transitions in placements, and reduced use of psychotropic medications.[27]

Recommendation 2 for Administrators: Child welfare administrators should implement or enhance comprehensive, agency-wide, and system-wide policies, procedures, and infrastructure that are trauma-informed and prioritize the emotional and physical well-being of children and youth.

- Include trauma-informed principles and language in agency-wide and system-wide policies and procedures, identifying exposure to natural disaster as a type of adversity that can lead to trauma.[28]

- Conduct an organizational self-assessment for trauma-informed organizations. To get started, see the **Put It Into Practice #4** resource.

- Implement training using an evidence- and trauma-informed curriculum tailored to the needs of children, youth, and families in the child welfare system; the curriculum should be implemented systemwide within the agency and throughout state, local, territory, and tribal child welfare systems (e.g., National Child Traumatic Stress Network's Child Welfare Trauma Training Toolkit).[29]

- Conduct universal screening using a valid, reliable, age-appropriate, and culturally sensitive universal screening[30] tool to identify types of adversity exposure and symptoms of trauma in response to a natural disaster[31] (e.g., UCLA Brief COVID-19 Screen for Child/Adolescent PTSD;[32] **Child PTSD Symptom Scale**).[33] Screening for adversity and trauma should be conducted as one component of a comprehensive, developmentally sensitive approach to assessing strengths and needs, including resilience and protective factors (e.g., PACEs Questionnaire[34]).

- Develop strong partnerships with mental health and community service organizations as well as a system for referral and follow-up (see **Section 3** of this Toolkit for a list of evidence-informed trauma and mental health interventions).

- Consult intervention registries, such as the Title IV-E Prevention Services Clearinghouse[35] or the Blueprints for Healthy Youth Development,[36] to identify effective preventive and therapeutic interventions for children, youth, and families that meet federal criteria for reimbursement.
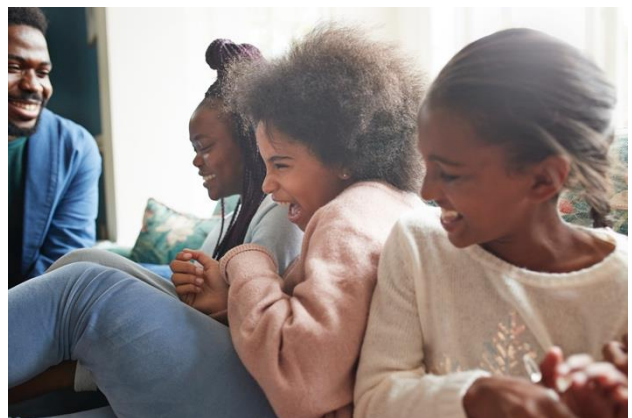
Recommendation 2 for Supervisors and Staff: Child welfare supervisors and staff should seek out and participate in trauma-informed and natural disaster-specific training and professional development to support engagement in practices that promote social and emotional well-being and positive development and behavior among children and youth who have experienced trauma.

- Engage in comprehensive training and professional development opportunities in trauma-informed practices for child welfare supervisors and staff, such as the **Child Welfare Trauma Training Toolkit**.[37]

- Complete training in evidence-informed models for natural disaster preparedness and response, such as **Psychological First Aid (PFA)**.[38] For more information on these models, see **Section 3** of this toolkit.

- Conduct universal screening for adversity and trauma symptoms with children and youth on your caseload, using a valid, reliable, and developmentally- and culturally- sensitive tool (e.g., UCLA Brief COVID-19 Screen for Child/Adolescent PTSD;[39] Child PTSD Symptom Scale;[40] Young Child PTSD Screener).[41]

- Become familiar with evidence-based treatments and supports for children and youth experiencing trauma; develop relationships with providers, community agencies, and schools that offer these types of services and supports; and make appropriate referrals to support the emotional well-being of children and youth. For a list of these approaches, see **Section 3** of this toolkit and reference intervention registries, such as the California Evidence-Based Clearinghouse for Child Welfare (www.cebc4cw.org) or Blueprints for Health Youth Development (www.blueprintsprograms.org), to obtain specific information on types of interventions, their level of evidence, for whom interventions were designed, and eligibility for federal reimbursement.

Recommendation 3: Ensure natural disaster plans, policies, and practices are culturally inclusive and intentionally address disproportionality.

▶ **Black, Latinx, American Indian, Alaska Native, and LGBTQ+ youth experience disproportionate exposure to adversity and trauma and are overrepresented in the child welfare system.** To be effective in disaster response and promote child and youth well-being, child welfare agency policies must incorporate anti-racist, anti-oppression guidance for administrators, supervisors, and staff to actively protect children, youth, and families from institutional racism and discrimination, which can cause further trauma, including during a natural disaster.

Recommendation 3 for Administrators: Child welfare administrators should ensure that disaster policies and procedures that incorporate anti-racist, anti-oppression guidance address the needs of children and youth who are disproportionately impacted by natural disasters and other adversities, and/or who are overrepresented in the child welfare system,[42,43] including Black, Latinx, American Indian, Alaska Native, and LGBTQ+ children and youth.

- Create a senior management position dedicated to promoting diversity, equity, and inclusion at the organizational level and ensure the individual in this position participates in disaster preparedness and response planning.

- Actively partner with children, youth, and families (e.g., through interviews, focus groups, committees and councils, or other approaches) to develop language, review and assess information on disparate impact, and utilize equity-focused resources to guide disaster response planning.[44] Ensure you partner with groups who are overrepresented in child welfare.

- Incorporate anti-racist and anti-discrimination policies and procedures within disaster plans and policies to reduce inequities in the child welfare system using a systematic approach, such as a racial equity impact analysis (REIA). Establish a policy review team to conduct the REIA of disaster plans and policies, ensuring representation of impacted groups on the team.[45]

- Incorporate LGBTQ+ responsive language and approaches[46] in disaster plans and policies and explicitly outline strategies for staff to affirm LGBTQ+ identities and strengths during a natural disaster. Ensure supports are applicable to both families of choice and families of origin for LGBTQ+ youth.

- Establish a plan for supporting the basic needs of families during a natural disaster, particularly in communities with high levels of poverty and lack of access to basic resources and services (e.g., provision of culture-specific foods, clothing, religious supports).

- Partner with schools, early childhood programs, mental health agencies, crisis response teams, and other community agencies that are committed to culturally responsive, anti-racist, and/or LGBTQ-affirming practices.

Partner with agencies and interpreters that can provide services and resources in the child/youth's preferred language.

Recommendation 3 for Supervisors and Staff: Child welfare supervisors and staff should engage in professional development and practices that are anti-racist and anti-oppressive, and that address disproportionality of representation in the child welfare system.[47]

- Seek out and participate in training and professional development on racial diversity, equity, and inclusion, particularly regarding disproportionality in the child welfare system. The California Evidence Based Clearinghouse has rated several models on their evidence for reducing disproportionality (e.g., Family Assessment Response, Preliminary Protective Hearing Benchcard)—become familiar with these models and their practices.[48]

- Seek out and participate in training on the needs of LGBTQ+ children and youth[49] using formalized resources and models. Use identity-affirming language when working with children and youth, ensure that resources are LGBTQ+ focused and affirming, and identify LGBTQ+-affirming referrals for outside services.[50]

- Talk and raise awareness about diversity, equity, and inclusion. Explicitly ask staff about discrimination and racism they have experienced and seek ways to address and prevent future harm. Engage in meaningful conversations with supervisors and colleagues about racial and ethnic diversity in the workforce. These discussions should be intentional and semi-structured. Group discussions should be moderated by a leader with expertise in diversity, equity, and inclusion and should follow best practices for discussing these topics.[51]

Recommendation 4: Establish natural disaster communication protocols and plans for staff and families.

▶ **When a natural disaster occurs, there are often short- or long-term challenges with maintaining regular communication with family, friends, and other supports.** Child welfare agencies should identify and use alternative communication and monitoring strategies, including virtual meetings, electronic communication, and telephone contact, when in-person contact with children, youth, or families is not possible. Building an infrastructure, including supplying both staff and families with the necessary equipment, for alternative methods of communication before a natural disaster is critical for a seamless transition during an emergency.

Recommendation 4 for Administrators: Child welfare administrators should establish staff protocols for maintaining regular contact with children, youth, and families during and after a natural disaster occurs.

- Establish formal protocols for frequent and ongoing contact with children, youth, and families during and after a natural disaster occurs to monitor their physical and emotional risk, safety, and well-being[52] and to keep them informed about the disaster and available resources while following safety guidelines[53].

- Build agency capacity for a seamless transition to virtual services (e.g., telehealth) before a natural disaster[54] and continuously monitor opportunities for emergency and grant funding for virtual services and technology supports.

- Develop electronic and printable resource libraries for staff to quickly access and provide information to children, youth, and their caregivers on natural disasters, their effects, and approaches to addressing the physical and emotional needs of children and youth.

Recommendation 4 for Supervisors and Staff: Child welfare supervisors and staff should partner with children, youth, and families to establish communication plans in the event of a natural disaster and review the plan regularly.

- Incorporate disaster communication plans into regular goal setting and service planning with children, youth, and families, including contingency plans for when in-person contact is unavailable, methods for getting in touch with loved ones within and outside the home or residential setting, and alternative emergency contacts and supports when electronic communication may be limited.

- Review the disaster communication plan regularly or any time a placement changes or another major transition occurs.

- Identify and become familiar with natural disaster-related resources for families and consider keeping printable copies of resource lists easily accessible to staff, children, youth, and their caregivers. Include information on natural disasters, their effects, and approaches to addressing the physical and emotional needs of children, youth, and their families.

Recommendation 5: Proactively identify and address staff needs related to secondary traumatic stress and well-being.

▶ **Child welfare staff can be directly impacted by a natural disaster and as essential workers may be separated from their families and support systems or experience property loss and displacement.** In addition, due to the nature and demand of their work, child welfare staff are at risk for experiencing secondary traumatic stress, burnout, and poor emotional and physical well-being. Staff well-being contributes to productivity, self-compassion and compassion for others, and positive engagement with children, youth, and families.[55,56] Child welfare agencies and systems must proactively identify and address staff well-being before a natural disaster occurs and make concerted efforts to monitor secondary traumatic stress reactions during times of emergency.[57]

Recommendation 5 for Administrators: Child welfare administrators should establish an organizational culture that prioritizes the physical and emotional well-being of staff and administrators.[58]

- If staff were directly impacted by the disaster, take immediate steps to support their physical and emotional well-being by connecting staff with available supports within the agency/system and in the community.

- Formalize strategies for preventing, identifying, and addressing secondary traumatic stress and vicarious trauma[59] among child welfare staff and administrators by creating and implementing a workforce wellness plan[60] that promotes high-quality, trauma-informed services and reduces staff burnout and turnover.[61]

- Model self-care and work-life balance for supervisors and staff throughout the organization.[62]

- Increase staff awareness of the potential impacts of working with traumatized individuals on their own well-being, and emphasize the importance of prioritizing self-care (e.g., mindfulness, exercise, good nutrition, rest, social support, counseling).

- Assess staff well-being by routinely screening for secondary traumatic stress among staff (e.g., Professional Quality of Life Measure;[63] Secondary Traumatic Stress Informed Organization Assessment Tool)[64] and in the organization (e.g., Secondary Traumatic Stress Informed Organization Assessment),[65] and offer information for self-care activities, employee assistance, or obtaining external sources of support.

- Provide consistent, high-quality reflective[66] and trauma-informed supervision[67] that focuses on positive and supportive professional relationships.

- Create "trauma-free zones" or "self-care rooms" to provide a space for mental and physical nourishment (i.e., snacks, water), including wellness activities (e.g., mindfulness, yoga, exercise, quiet time, time to connect with supportive colleagues) and resources on trauma, healing, and resilience for staff, supervisors, and administrators.

Recommendation 5 for Supervisors and Staff: Child welfare supervisors and staff should prioritize self-care and physical and emotional well-being in their work through regular, routine activities and practices.[68]

- Identify sources of social support and enjoyable activities outside of the workplace, such as spending time with family, spiritual/religious groups, clubs, or hobbies and make a routine for spending time engaging in them each week. The best way to make a routine into a habit is to share your intentions with someone else who can help encourage you in your goals.

- Reach out to supportive colleagues and supervisors about work-related stress, when you have a tough day, or when a case does not end well.

- Remember the importance of your work and your reason for working in child welfare, centering your thoughts on the beneficial aspects of your work.

- Keep an eye out for unhealthy coping methods, such as drinking too much alcohol, substance use, increased arguments or tension with family or friends, or losing too much sleep. Be aware of community resources and employee assistance programs to support you with these needs if they arise. Share these resources with a colleague who may benefit from them and follow-up to check if they were successfully connected.

Recommendation 6: Administrators should coordinate and collaborate with community and other service organizations before a natural disaster occurs to support preparedness, healing, and resilience.

▶ **Providing an effective, trauma-informed response to natural disasters by child welfare agencies requires collaborative leadership from administrators.** Partnering with community agencies and other service organizations before a disaster occurs is a best practice in child welfare.[69] During a natural disaster, these collaborations become even more critical for mobilizing an effective and timely response.

- Closely monitor changes in federal, state, territory, tribal, and county child welfare policies designed to address disaster-related challenges and to support child, youth, family, and staff well-being.

- Engage in cross-system collaboration and disaster planning with other national, state, and local child- and family-serving organizations, community organizations, and emergency systems (e.g., Red Cross,[70] FEMA,[71] law enforcement, schools) to coordinate a trauma-informed response.

How to respond DURING and AFTER a natural disaster occurs

Experiencing a natural disaster can result in anxiety, stress, and fear among children and youth in the child welfare system, all of whom have already experienced some form of adversity or trauma. Natural disasters can pose new challenges, such as displacement, death or injury to a parent/caregiver or a pet, loss of possessions, or loss of contact with social supports.[72] As with all types of trauma, children and youth experience a range of emotions and reactions to natural disasters, with many recovering and healing without ongoing formal intervention. Age, prior experiences of trauma, support from a primary caregiver and other social supports, and the severity of impact of the natural disaster are all important factors in child and youth response.[73]
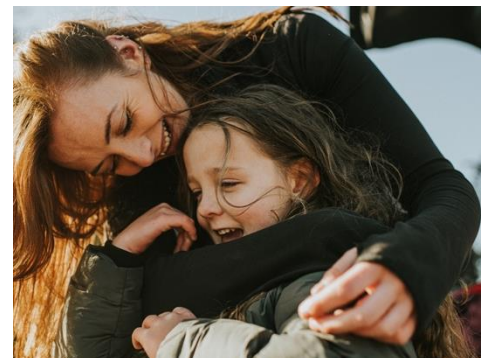
There are several strategies and supports child welfare systems can use to help children and youth recover. Many of these strategies will be implemented primarily by direct service supervisors and staff who work with children and youth on a day-to-day basis. However, in addition to mobilizing an agency- and system-wide response, there are

several specific actions administrators can also take during and after a natural disaster to promote emotional well-being for children and youth. This section outlines broad natural disaster response recommendations for administrators, followed by more specific recommendations for direct service supervisors and staff.

Recommendation 7: Administrators should continually monitor safety protocols and support staff and families to cope with uncertainty and maintain routines even if evacuation occurs.

▶ **When a natural disaster occurs, administrators are also faced with rapidly changing landscapes and must closely monitor changes in policies, recommendations for best practices, and funding opportunities.**

- Monitor updates to best practices for safety monitoring and emerging, promising approaches to addressing disaster-related trauma, in addition to existing evidence-informed approaches (see **Section 3**).

- Establish protocol and procedures for identifying and addressing primary and secondary trauma reactions among staff, particularly those regularly working in the field with children, youth, and families. Connect staff with supports for coping with uncertainty and encourage maintenance of routines, even in the event of displacement or evacuation.

- Monitor emergency and related funding opportunities to build agency infrastructure to respond to disaster-related needs for children and youth and maintain consistent service delivery (e.g., investing in telehealth, mental health training/consultation).

Recommendation 8: Supervisors and staff should use and refer to evidence- and trauma-informed training, services, and supports for children, youth, and families who experience a natural disaster.

▶ **Using evidence-informed, trauma-focused approaches to respond to children and youth involved in child welfare who experience a natural disaster is important for preventing and mitigating the long-term negative impacts and for promoting healing and resilience.[74]** Engaging parents and caregivers in emergency response, particularly for young children, is imperative to processing and recovering from a natural disaster. Research shows that parent and caregiver response during and after a natural disaster are correlated with child and youth response.[75] Because children and youth rely on their caregivers for information, basic needs, and support, it is important to talk with parents and caregivers about modeling calm reactions and taking their own time to process what has happened. Supporting parents and caregivers to develop family emergency and communication plans and to learn common reactions to natural disasters, how to support themselves, and how to respond to children and youth in their care are all critical components to a trauma-informed disaster response in child welfare systems.

- In the days and weeks after a natural disaster occurs, use an evidence-informed approach to support children and youth (e.g., Psychological First Aid[76]). Before asking questions or collecting information from children, youth, and their families, begin by establishing regular contact and engaging with children and youth on your caseload; assessing for physical and emotional risk and safety; offering ways to provide support and comfort; and connecting the child or youth to resources for stabilization, if there is ongoing crisis (e.g., loss of home). For additional tips on how to respond to a natural disaster in the immediate aftermath, see the **Put It Into Practice #5** resource. For additional information on Psychological First Aid, see **Section 3** of this toolkit.

- Encourage parents and caregivers to develop awareness and skills for supporting children and youth in their care during and after a natural disaster. Parents and caregivers should provide factual information on what has happened and what to expect after a natural disaster; discourage over-exposure to media about the natural disaster;[77] download the Help Kids Cope app developed by the NCTSN[78] for tips on talking to children and youth about natural disasters; and encourage engaging in regular routines as much as possible to instill a sense of normalcy.[79] Visit www.nctsn.org for additional disaster-specific resources for parents/caregivers and staff, which are updated regularly for major disasters.

- Avoid using "debriefing" techniques by having children and youth talk about the details of the natural disaster in the immediate aftermath, as these approaches can actually increase risk for ongoing posttraumatic stress.[80] If a child or youth shows ongoing reactions of trauma, referral to a structured, trauma-focused intervention is warranted. See **Section 3** of this toolkit for a list of evidence-based, trauma-informed models for children and youth in child welfare who have experienced a natural disaster.

- After initial contact is made and support and stabilization services have been provided (if necessary), begin gathering information about the needs of the child, youth, and families. Remember to discuss practical assistance with basic needs and supports in addition to connections with social supports, information on coping with common reactions, and linkage to outside services if necessary. Psychological First Aid offers several guides, handouts, and resources for talking about coping and common reactions with children and youth (see **Section 3**). For additional tips for talking to children and youth about natural disasters, see the **Put It Into Practice** resources for this section. For discussion guides on talking with parents/caregivers of young children about several types of natural disasters in a variety of languages, see the Trinka and Sam books developed by the National Child Traumatic Stress Network.[81]

Recommendation 9: Supervisors and staff should maintain close and regular contact with children, youth, and families in the weeks and months following a natural disaster to provide them with information and support.

▶ **Providing consistent social support during and after adversity and trauma is one of the most effective ways to prevent or reduce long-term, trauma-related mental health concerns and to promote healing and resilience.[82]** To effectively provide a vehicle for children, youth, and families to share their disaster-related needs, child welfare supervisors and staff must initiate and maintain regular contact with children and youth during and after a natural disaster.

- Maintain weekly or biweekly contact with children, youth, and families in the weeks and months following a natural disaster and provide information on common reactions and supports. Ensure that children and youth have a way to get in touch with you in a timely manner.

- When in-person contact is not possible, it is essential to identify alternative ways to connect with children and youth and to help them establish and maintain contact with others in their support network, including through the use of technology[83] (e.g., telephone, text messaging, virtual meetings, WhatsApp).

- Support and help maintain social connections[84] between children's and youth's families, friends, and communities to provide social support and ongoing information about their safety.

- Tailor strategies to the child's age and developmental stage. For young children,[85] case planning and implementation requires close contact with their primary caregivers. Ensure that older children, adolescents, and transition-age youth[86] have contact with peers, siblings, caring adults, and/or other social supports.

Recommendation 10: Recognize that certain family challenges, such as child abuse and neglect, domestic violence, and parental mental health and substance abuse problems, tend to increase during natural disasters, and be prepared to identify and respond with appropriate supports.

▶ **Research shows that violence in the home and child maltreatment increase during and shortly after natural disasters.[87]** Proactively conducting risk and safety assessments, trauma-focused screenings, and referrals to trauma-informed, culturally sensitive services and supports increases the chances that children and youth will recover from a natural disaster.

- Actively monitor the well-being, strengths, and needs of children, youth, and their parents/caregivers. Screen children and youth for disaster-related and other trauma symptoms using a valid, reliable, and developmentally- and culturally-sensitive tool (e.g., UCLA Brief COVID-19 Screen for Child/Adolescent PTSD;[88] Child PTSD Symptom Scale,[89] Young Child PTSD Screener[90]; SAMHSA Child/Youth and Adult Assessment and Referral Tools). [91,92]

- Conduct developmental screenings of children and youth to identify their strengths and needs and to inform effective intervention.

- For children and youth experiencing moderate levels of distress in the weeks following a natural disaster, consider using a short-term, evidence-based model to promote coping with natural disasters, such as **Skills for Psychological Recovery (SPR).**[93] See **Section 3** of this toolkit for more information on SPR.

- For children and youth experiencing severe distress or who have not shown improvement six weeks after a natural disaster, refer them to formal evidence-based, trauma-informed treatment. For a list of evidence-based treatments that have been used with youth in child welfare and/or in response to natural disasters, see **Section 3** of this toolkit.

Recommendation 11: Monitor staff well-being for signs of secondary traumatic stress and vicarious trauma and create regular opportunities for staff to engage in self-care and to improve their work-life balance.

▶ **When a natural disaster occurs, child welfare supervisors and staff often experience similar stressors and events as the children and youth in their care.** Monitoring and addressing signs of burnout and secondary traumatic stress are critical for sustaining the emotional well-being of the child welfare workforce, and it becomes even more critical during times of emergency.

- Learn about the signs of secondary and vicarious trauma and monitor yourself for these signs during and after a natural disaster. Try using a standardized tool to check your reactions (e.g., PROQoL;[94] Secondary Traumatic Stress Scale[95]).

- Use strategies and activities to prevent or reduce trauma symptoms, such as relaxation (e.g., deep breathing, visual imagery), engaging in enjoyable activities or socialization, and processing and expressing feelings (e.g., through journaling, art, music).[96] If symptoms persist, talk to your supervisor, colleagues, or employee assistance to obtain additional support and consider reaching out to a mental health provider.

Child Welfare Resource Library #1

Recommendations for Promoting Healing and Resilience Among Children and Youth Involved in Child Welfare who Experience Natural Disasters

▶ **Bounce Back Now App** (National Child Traumatic Stress Network): http://bouncebacknow.org/

▶ **Disaster Planning for Child Welfare Agencies** (Child Welfare Information Gateway): https://www.childwelfare.gov/pubs/factsheets/disasterplanning/

▶ **Family Preparedness: Thinking Ahead** (National Child Traumatic Stress Network): https://www.nctsn.org/resources/family-preparedness-thinking-ahead

▶ **Family Preparedness Wallet Card** (National Child Traumatic Stress Network): https://www.nctsn.org/resources/family-preparedness-wallet-card

▶ **Help Kids Cope App** (National Child Traumatic Stress Network): https://www.nctsn.org/sites/default/files/resources/flyer/help_kids_cope_flyer_0.pdf

▶ **Racial Equity Discussion Guide** (U.S. Department of Health and Human Services): https://ncwwi.org/index.php/resourcemenu/resource-library/inclusivity-racial-equity/advancing-racial-equity/1529-racial-equity-discussion-guide/file

▶ **Race Matters: Racial Equity Impact Analysis** (The Annie E. Casey Foundation): https://www.aecf.org/resources/race-matters-racial-equity-impact-analysis

▶ **Toolkit to Support Child Welfare Agencies in Service LGBTQ Children, Youth, and Families** (U.S. Department of Health and Human Services): Toolkit to Support Child Welfare Agencies in Serving LGBTQ Children, Youth, and Families

▶ **Trinka and Sam Book Series** (available or multiple types of disaster; National Child Traumatic Stress Network): https://www.nctsn.org/resources/trinka-and-sam-and-swirling-twirling-wind

▶ **Well-being of the Workforce** (U.S. Department of Health and Human Services): https://www.childwelfare.gov/topics/management/workforce/virtualpractice/

Put It Into Practice #1

PRACTICE 1

Five Ways To Support Children and Youth In Child Welfare Who Experience a Natural Disaster

▶ **When should I use this resource?** DURING and IMMEDIATELY AFTER a natural disaster occurs

1. Encourage adult caregivers and family members to model calm behavior

Children tend to mirror the reactions of adults around them and will learn ideas for how to take care of themselves from what adults in their environment do. Children and youth in child welfare who have already experienced trauma before a natural disaster are more likely to be triggered by an additional traumatic event. Modeling calm behavior and being aware of trauma reminders can help children and youth stay calm and feel supported. Parents and caregivers may benefit from finding opportunities to take a moment for themselves, express their feelings, acknowledge that the natural disaster is a scary situation, and engage in a coping strategy to calm themselves.

2. Provide simple and accurate information about the natural disaster in a calm voice

Proactively discuss with children and youth in a developmentally appropriate way what has happened and what will happen next. Many children involved in child welfare have experienced family separation or removal from their home, and they may be especially sensitive to additional separations from supports and loved ones. Talking openly about what to expect and avoiding further placement disruption is important for reducing anxiety and trauma reminders.

3. Maintain regular contact between children/youth and social supports

Allowing children and youth to have regular contact with safe and supportive adults, family, and peers during and immediately after a natural disaster is important for promoting their emotional wellbeing. Consider revising policies on electronic access and ensure regular check-ins with children and youth – ideally, in person or at minimum, via phone or video call.

4. Attend to physical safety

Assess for physical safety in the child or youth's home and school environment, particularly in cases of potential structural damage. Work with children, youth, and families to enhance safety in the physical environment or identify other safe environments, as needed.

5. Attend to emotional safety by encouraging comforting and distracting activities

Children and youth may benefit from doing slow breathing to calm their bodies, having a stuffed animal or blanket to hold, or having musical or artistic outlets. See handouts from the NCTSN for activities children and youth can do inside at https://www.nctsn.org/resources/simple-activities-children-and-adolescents

Put It Into Practice #2

Dos And Dont's For Talking With Children and Youth About a Natural Disaster

▶ **When should I use this resource?** AFTER a natural disaster occurs, once the child or youth is ready to receive support

Directions: Before talking to children, youth, their caregivers or family members about a natural disaster, review the 10 DOs and DON'Ts below, then review **Put it Into Practice #3** for examples of specific questions to ask.

DO	DON'T
DO listen and help the child, youth, or family member sort out their thoughts and feelings in a way that they feel is most helpful.	**DON'T** offer generic reassurance ("everything will be okay"), false hope or encouragement, or promises that you cannot fulfill.
DO carefully assess for current major stressors, dangers, or other safety risks.	**DON'T** make assumptions about what is stressful or feels like a threat to the child, youth, or family member; ask them directly.
DO learn about the specific ways the natural disaster has affected their personal life and their personal relationships.	**DON'T** overlook the importance of personal relationships, key supports, and important activities that a natural disaster may make more difficult.
DO acknowledge distress as understandable in the circumstances with empathy and without judgement.	**DON'T** provide overly simplistic reassurance or advice, and do not attempt to convince them to feel or think differently.
DO build on their strengths, interests, and talents to brainstorm new or different ways of coping.	**DON'T** use coping skills that focus on deficits or are not tailored to their development/age, personality, culture, and preferences.
DO identify and reinforce positive ways they interact with their support systems (including prosocial peers).	**DON'T** assume that their relationships are supportive or overlook areas of conflict or tension in their relationships.
DO identify and reinforce ways they get support through participation in activities (including faith-based) that are meaningful and enjoyable to each child and youth.	**DON'T** limit their ability to draw on sources of positive support from people and activities.
DO make sure they leave every conversation you have with them with at least one action step or tool that provides a sense of progress toward supporting their well-being.	**DON'T** treat any conversation with a youth or family member as pointless or worthless — that's a big missed opportunity.
DO establish practical ways for them to maintain ongoing contact with you.	**DON'T** ignore them because you are too busy or focused on someone else — check in with them whenever you can.

Source: Adapted from Ford, J. (2020). *Working together in the pandemic: Tips for front-line juvenile justice staff*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

Put It Into Practice #3
Questions For Older Children And Youth About Their Strengths And Needs

▶ **When should I use this resource?** DURING and AFTER a natural disaster occurs

Directions: Use the sample questions below to ensure that school-age children, adolescents, and transition-age youth have a voice in identifying their own strengths and needs in four key areas during and after a natural disaster: information and resources, social connections, physical safety and wellness, and emotional safety and wellness. This is not an exhaustive list, and you may want to add your own questions.

Information & Resources

Example questions for older children and youth

- Is there anything you want to know about [natural disaster/pandemic]?
- Is there anything you want to know about how the services you receive from [child welfare agency] may be different during [natural disaster/pandemic]?
- What types of support would help you during [disaster/pandemic]? *(Prompts: food, clothing, housing, financial assistance, education, employment, mental health or substance abuse treatment)*
- What other information or supports might you need during [disaster/pandemic]?

Social Connections

Example questions for older children and youth

- How are things going at home? *(Prompts: biological, foster, and/or kinship home)*
- How are your family members doing? *(Prompts: biological, foster, and/or kin)*
- Are you getting the support you need from your family and friends? If not, what do you need?
- Are there family members or friends that you need help getting in touch with?

Physical Safety & Wellness

Example questions for older children and youth

- How are you feeling physically? Are you having health concerns? If so, what?
- How well are you taking care of yourself? *(Prompts: exercise, sleep, nutrition, self-care, hobbies, medical care, mental health care)*
- Are your basic needs being met? *(Prompts: sleep, having enough food, safe housing, enough money, access to education/employment, medical care, and mental health care)*
- Is there anything that is making you feel physically unsafe right now? If yes, what's making you feel unsafe? What would you need in order to feel safe?

Emotional Safety & Wellness

Example questions for older children and youth

- How are you feeling about the [natural disaster/pandemic]?
- It's common to feel stressed, worried, irritable, or depressed when there's a natural disaster or pandemic. Are you having any of those feelings? If so, tell me about what you're feeling.
- Some people use more alcohol/drugs during a natural disaster or pandemic. Is this a concern for you?
- Are you getting the emotional support you need?
- What type of emotional support would be helpful to you?
- What's going well for you? Are there ways [child welfare agency] can help you continue to do well?
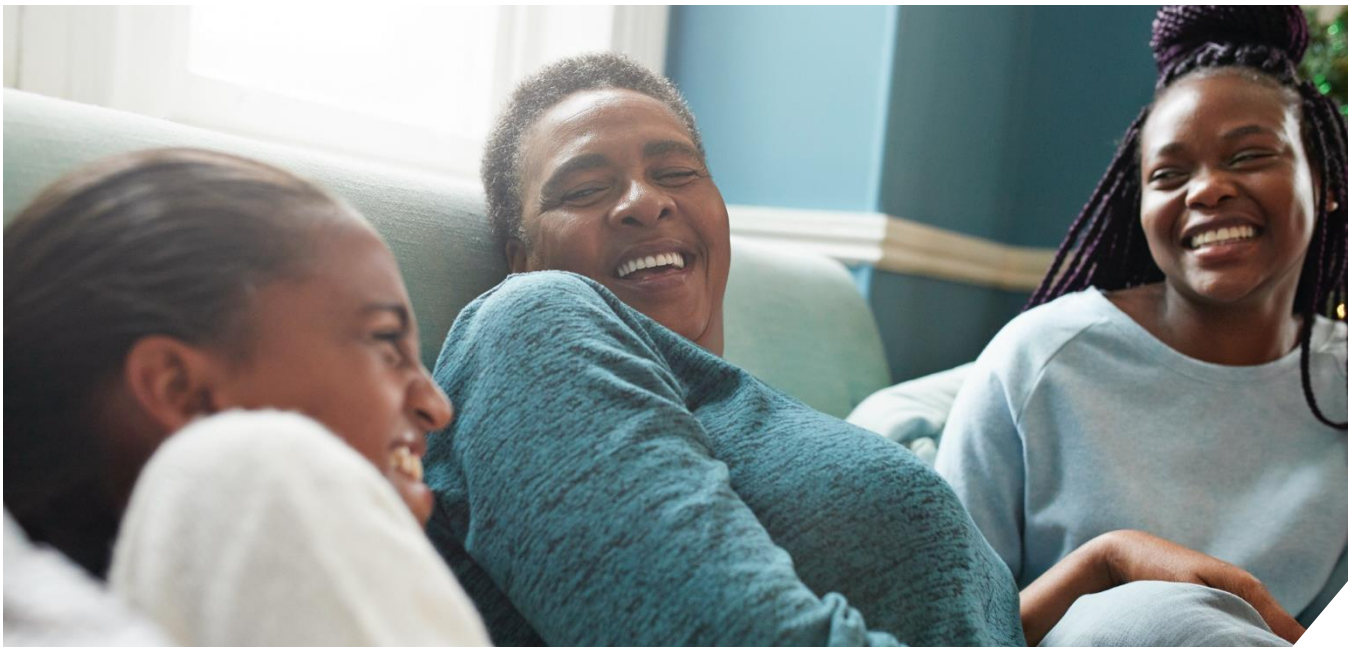
Section 2: Promoting Healing and Resilience After Natural Disasters for Children and Youth Involved in Child Welfare

This second section of the toolkit provides foundational concepts and research on the impact of trauma from **natural disasters** on children and youth in the child welfare system. It also describes how integrating trauma-informed care system-wide in state, county, tribal, and territory child welfare systems can support healing, resilience, and equitable outcomes for all children, youth, and families after a natural disaster.

Both natural disasters and child maltreatment constitute forms of adversity that can be traumatizing to young people of all ages.[97] Most children receiving child welfare services have already experienced abuse or neglect by caregivers, in addition to the natural disaster and secondary adversities associated with these experiences. The combination of these adversities place children and youth receiving child welfare services at especially high risk for trauma and related hardships, such as mental and physical health challenges, difficulties forming healthy relationships, poor school performance, and limited educational and occupational success.[98] Black, Latinx, American Indian, Alaska Native, and lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ+)[99,100] children and youth experience higher rates of secondary adversity related to natural disaster (e.g., displacement, property loss) and are overrepresented in the child welfare system. Thus, child welfare agencies must use an anti-bias, anti-racist approach focused on child, youth, and family strengths along with **trauma-informed care (TIC)** to be truly effective in natural disaster response. In addition, services must address the specific needs of each child, youth, and family, accounting for their age and developmental stage, racial and ethnic background, sexual orientation, and gender identity.

> *"Perhaps no other child-serving system encounters a higher percentage of children and parents with trauma histories than child protection agencies."*
>
> -**CASEY FAMILY PROGRAMS** *(2018, p. 1)*

Given the extent of exposure to trauma, loss, separation, and other adversities among families involved in the child welfare system, staff, supervisors, and administrators must be proactive in preventing and mitigating trauma from natural disasters. As a foundation for best practice, trauma-

informed care is increasingly recognized as an effective approach to promoting healing and resilience in the child welfare system.[101,102,103] As Casey Family Programs noted, child welfare agencies must be trauma-informed because, "Perhaps no other child-serving system encounters a higher percentage of children and parents with trauma histories than child protection agencies."[104]

The good news is that, with the right supports, all children and youth have the capacity to thrive after adversity or trauma, [105] including after natural disasters.[106] Child welfare agencies are most equipped to partner with young people to support their well-being during and after natural disasters when they incorporate the best evidence to date on trauma, healing, and resilience into their policies and daily practices.

What are trauma and grief, and how do they impact children and youth?

Over half of all children in the United States, approximately 35 million individuals under 18, experience trauma.[107] *Trauma* occurs when a child, youth, or adult perceives an event or set of circumstances as overwhelmingly frightening, harmful, or threatening, whether emotionally, physically, or both.[108] It is one possible outcome of childhood exposure to adversity, not an inevitable consequence. *Grief* occurs when there has been a death of a loved one or when other losses occur.[109]

Some children, youth, and families experience trauma and grief as a result of natural disasters. For example, up to 30 percent of children who have lived through a natural disaster develop long-term mental health challenges, including posttraumatic stress disorder (PTSD).[110,111] This statistic highlights the importance of taking proactive steps to prevent the re-traumatization of young people with a history of abuse and neglect when a natural disaster occurs. Natural disasters can cause children and youth who have previously experienced trauma to experience re-traumatization, the re-experiencing of prior trauma—consciously or unconsciously—which can also interfere with healing and recovery from prior trauma.[112,113]

It is important to understand what trauma is and how children and youth respond to trauma in its different forms. SAMHSA highlights three "Es" that help define trauma and individual reactions to it. [114] They include the events and circumstances that may lead to trauma, the nature of the experience, and the potential effects of trauma (see Figure 3).

Figure 3. SAMHSA's three "Es" of trauma

Event(s) and circumstances
• May include the actual or extreme threat of physical or psychological harm or severe, life-threatening neglect for a child that imperils healthy development. • These events and circumstances may occur as a single occurrence or repeatedly over time.

Experience of the event(s)
• Helps to determine whether it is a traumatic event. • A particular event may be experienced as traumatic for one individual and not for another. • How the individual labels, assigns meaning to, and is disrupted physically and psychologically by an event will contribute to whether or not it is experienced as traumatic. • Traumatic events by their very nature set up a power differential where one entity (whether an individual, an event, or a force of nature) has power over another. They elicit a profound question of "why me?" The individual's experience of these events or circumstances is shaped in the context of this powerlessness and questioning. • Feelings of humiliation, guilt, shame, betrayal, or silencing often shape the experience of the event.

Effect
• The long-lasting adverse effects of the event are a critical component of trauma. • These adverse effects may occur immediately or may have a delayed onset. • The duration of the effects can be short to long term. • In some situations, the individual may not recognize the connection between the traumatic event and the effects. • In addition to more visible effects, there may be an altering of one's neurobiological make-up and ongoing health and well-being.

Adapted from Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Author (pp. 7-8).

Childhood trauma can negatively impact multiple areas of development and functioning, including brain development, cognition, physical health, emotional well-being, the quality of relationships with others, mental health, and behavior, [115,116,117] such as:

• Internalizing problems (e.g., anxiety, depression)[118]

• Externalizing problems (e.g., tantrums, aggression, attention-deficit/hyperactivity disorder or ADHD), and poor self-regulation).[119]

• Posttraumatic stress disorder (PTSD) (less than 5 percent)[120]

• Insecure attachments with caregivers and difficulty forming healthy relationships with others[121,122]

• Physical health problems[123]

• Difficulties with learning, poor performance in school[124]

Advances in brain science have been especially useful to understanding the effects of trauma on children's development and functioning. For example, when trauma occurs during sensitive periods of brain development (e.g., the first few years of life), children are at higher risk for smaller brain volume, overreaction or underreaction to stress, poor connection and coordination between regions of the brain, and negative effects on gene expression (i.e., whether genes are turned on or off).[125]

Trauma also can negatively impact a child's ability to regulate emotions. Studies show there are three major parts of the brain involved in a response to trauma[126]:

1. **Brain stem,** or the "reptilian brain," which is in charge of basic functions;

2. **Limbic system**, which processes emotion and relationships; and

3. **Cortex,** or the "thinking" part of the brain.

When all three parts of the brain work together successfully, children and youth are able to regulate their emotions. But trauma increases the likelihood that these parts of the brain disconnect, leading a child or youth's emotions to take over. For example, if a child or youth has experienced trauma, the "alarm" center of the brain in the limbic system may be triggered even when danger is not present. This overreaction by the body's stress response system is referred to as "flipping your lid."[127] To learn more about this concept and how to talk to children, youth, and parents and other caregivers about trauma's impact on the brain, watch this brief video with psychologist Dr. Dan Siegel.
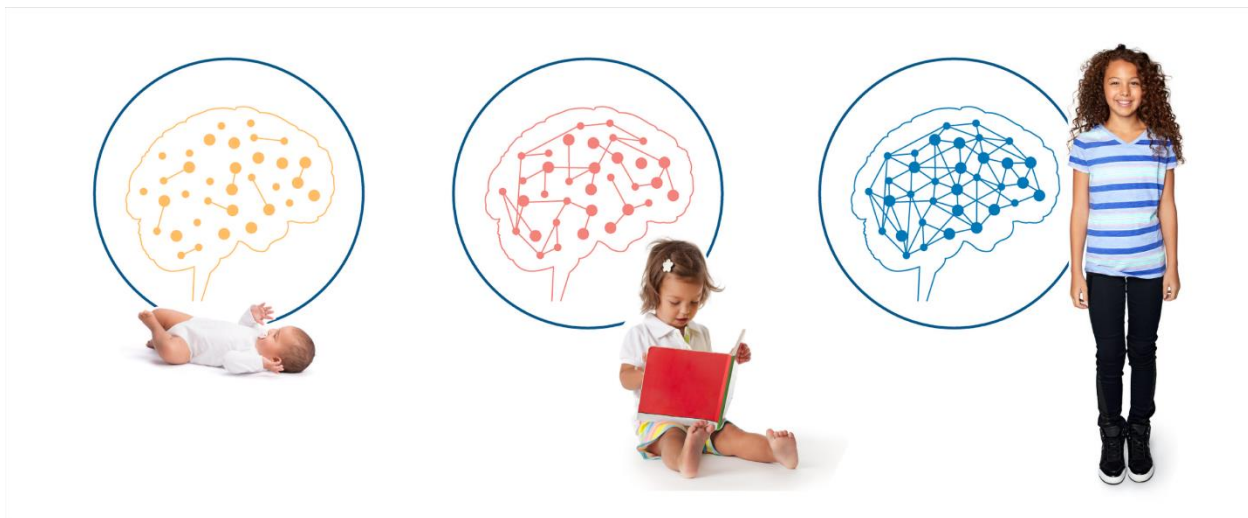
Image from: Office of Head Start, Early Childhood Learning and Knowledge Center (n.d.). *Child development: Brain building.* https://eclkc.ohs.acf.hhs.gov/school-readiness/article/child-development-brain-building

How do trauma and grief impact children and youth in the child welfare system?

To support healing and resilience among children and youth during and after natural disasters, it is essential that child welfare staff, supervisors, and administrators understand how trauma and grief impact the lives of children and youth in their care and how to address their related needs.

When a natural disaster occurs, children and youth in the child welfare system must cope with multiple adversities that accumulate over time. Not only do they have a history of child abuse and neglect, but many children and youth served by the child welfare system also endure:

- Separation from family, home, school, and community when placed in foster care
- Death of loved one(s)
- Multiple out-of-home placements
- Domestic violence
- Challenges resulting from parental mental health needs and/or substance abuse
- Poverty
- Community violence

In other words, a natural disaster can be especially difficult for maltreated children and youth due to an accumulation of adversity in their lives.[128] The build-up of severe and pervasive traumatic events of an interpersonal nature that often begin early in life (e.g., removal from home, multiple placements in foster care, substance abuse and mental health problems in the family) is referred to as **complex trauma**.[129] Complex trauma places a child or youth at especially high risk for behavior problems, difficulty forming healthy relationships with caregivers and others, and mental health problems, which decrease the chances that a child or youth is successful in important life domains, such as home, school, and work.[130] Some children and youth who experience the death or loss of a loved one may have ongoing challenges and have difficulty remembering their loved ones in a positive way. Children and youth may have trauma reactions following a death that was sudden, unexpected, or anticipated (e.g., due to illness).[131]

> **Complex trauma** places a child or youth at especially high risk for behavior problems, difficulty forming healthy relationships with caregivers and others, and mental health problems, which decrease the chances that a child or youth is successful in important life domains, such as home, school, and work.[132]

How do natural disasters affect children and youth?

Childhood exposure to natural disasters is widespread.[133,134] More than half of families and nearly 14 percent of all children and youth in the United States have experienced a natural disaster.[135] Furthermore, climate change has increased the frequency and severity of natural disasters across the globe, with rates of climate-related disasters tripling in the last 30 years.[136]

While natural disasters cause immediate distress for nearly everyone involved, many young people recover relatively quickly and return to pre-disaster levels of functioning, while others struggle with serious challenges.[137] In fact, a higher proportion of young people develop mental health problems after a natural disaster than adults,

> More than half of families and nearly 14 percent of all children and youth in the United States have experienced a natural disaster.

including traumatic stress reactions and posttraumatic stress disorder (PTSD).[138,139] This may occur through direct physical or psychological harm, or indirectly when important people in children's lives are affected, such as a parent/primary caregiver, sibling, educator, mental health provider, or caseworker.[140,141] Children or youth may be separated from their caregivers, homes, belongings, and communities; some are injured and/or witness others being injured or killed; and many endure long periods of stress, fear, and grief. [142] Those with prior histories of adversity and trauma tend to have more significant reactions to natural disasters than those without ongoing or prior histories of adversity.[143,144]

Although the evidence is still emerging in child and youth responses to COVID-19, pandemics can also result in similar or related types of adversity, stress, and trauma as other types of disaster. A literature review on the impacts of natural disasters on children[145] shows that certain children and youth are more susceptible to physical, mental health, and learning difficulties in the long-term when they:

- Were severely injured or ill due to the natural disaster or a family member had experienced significant injuries or illness[146]

- Endured other forms of trauma after the natural disaster[147]

- Experienced multiple events that are dangerous or life-threatening during the disaster[148]

- Experienced a death of a loved one or pet[149,150]

- Believed there was a direct threat to their life or a family member's life during the disaster[151]

- Experienced multiple adversities after a disaster[152]

- Missed school for an extended period of time or had to drop out[153]

- Were at greater risk for property loss and personal impact after the natural disaster (i.e., due to poverty, systemic racism, and oppression) [154,155]

- Had a family member/caregiver who was a rescue worker or essential worker[156]

Factors that contribute to child and youth outcomes after natural disasters include a wide range of risk and protective characteristics of the individual, family, and community, as well as the nature of the disaster[157] (see Figure 4 below).

Figure 4. Factors contributing to a young person's reaction to a natural disaster

Type and severity of natural disaster (e.g., hurricanes, floods, wildfires, earthquakes, tornadoes)

Community characteristics (e.g., racism, sexism, oppression, resource availability during & after disaster)

Child/youth reaction to natural disaster

Caregiver and family characteristics (e.g., caregiver-child relationships, parental mental health)

Child/youth characteristics (e.g., individual biology, age, sex, religion/spirituality, mental health, trauma history)

Adapted from: Lai, B. S., & La Greca, A. (2020). *Understanding the impacts of natural disasters on children*. Washington, D.C.: Society for Research in Child Development. https://www.srcd.org/sites/default/files/resources/FINAL_SRCDCEB-NaturalDisasters_0.pdf

During natural disasters, conditions can shift rapidly, depending on the nature of the event (e.g., flooding during a hurricane; displacement due to a wildfire) and the local, state, and federal response (e.g., whether there is a formal Disaster Declaration that allows public officials to use emergency resources to protect life, property, and public health). Given the often unpredictable and shifting conditions of natural disasters, frequent and ongoing communication with children, youth, and their caregivers is necessary to assess their well-being and needs as they

shift. It is also important to provide appropriate, trauma-informed supports along the way (see below for a detailed description of **trauma-informed care**).

Natural disasters can share similar characteristics (e.g., limited warning or predictability, property destruction, injury and loss of life, displacement from home, school, and community), but may also have impacts on children, youth, and their families that are unique to the type of disaster. In general, children and youth who experience secondary adversities from natural disasters tend to have more significant difficulties adjusting in the long-term.[159] **Secondary adversities** are additional negative experiences that are generated from a natural disaster, such as illness or injury, loss of property or possessions, death of loved ones or pets, financial hardships, or long-term displacement or relocation.[160] Preparing for a natural disaster before it occurs and engaging in safe evacuations can help buffer children from negative impacts and secondary adversities of a natural disaster.

How do impacts on children and youth vary by the nature of a natural disaster?

Natural disasters are environmental events that can take multiple forms, including:[157]

▶ Hurricanes, typhoons, or cyclones
▶ Tornadoes
▶ Floods
▶ Landslides, mudslides, avalanches
▶ Tsunamis

▶ Windstorms, derecho, haboob, dust storm
▶ Winter storms, blizzards, hailstorms
▶ Droughts
▶ Wildfires
▶ Earthquakes

How does the impact of natural disasters and other types of trauma vary by age and developmental stage?

The developmental timing of trauma exposure can impact brain development and the likelihood of developing mental health problems.[161] Children and youth of different ages and developmental stages respond to trauma in different ways and their reactions are often expressed differently than older children and youth. They may regress (lose skills previously acquired or return to earlier behaviors from an earlier stage), develop physiological reactions, or express their distress through their emotions and behaviors. For examples of common trauma reactions at each age and developmental stage, see Table 1.

Table 1. Common trauma reactions by age and developmental stage

Age/ Developmental Stage	Common Regressive Reactions	Common Physiological Reactions	Common Emotional and Behavioral Reactions
Infants and young children	• Bedwetting in a child who was previously toilet trained • Thumb-sucking • Greater fear (of darkness, animals, monsters, strangers)	• Loss of appetite • Overeating • Indigestion and other digestive problems	• Nervousness • Anxiety about being away from parents or other primary caregivers • Irritability and disobedience
School-age	• Clinginess with parents or other primary caregivers • Crying or whimpering • Requests to be fed or dressed	• Headaches • Complaints of visual or hearing problems • Sleep problems and nightmares	• School phobia • Social withdrawal • Irritability and disobedience
Adolescence and young adulthood	• Competing with younger siblings for attention from parents or other primary caregivers • Failure to perform chores and fulfill normal responsibilities • Resumption of earlier behaviors and attitudes • Decline in previous responsible behavior	• Headaches • Complaints of vague aches and pains • Overeating or loss of appetite • Skin problems • Sleep problems • Digestive problems	• Loss of interest in activities • Poorer school performance • Disruptive behavior • Mistrust of authority • Increase or decrease in physical activity • Depression • Isolation • Antisocial behavior • Risky behavior

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2018). *Disaster Technical Assistance Center Supplemental Research Bulletin: Behavioral Health Conditions in Children and Youth Exposed to Natural Disasters.* Rockville, MD: Author.

Research shows that the earlier in life trauma occurs, the higher the likelihood is that a child or youth will experience maladaptive outcomes. This is largely due to the negative impacts of trauma on the child's developing brain and on parenting quality. The infant brain develops rapidly, forming over 1 million new neural connections per second,[162] and it is during this period that natural disasters and other forms of trauma can have the most potential to influence brain structure and functioning. In addition, young children are highly dependent on their caregivers for their survival and well-being; traumatic conditions that lead to disturbances in caregiving can be especially damaging to children in the early years.[163]

Late childhood and adolescence is a stage of development during which experience also has a strong influence on the brain. Therefore, youth can be more vulnerable to trauma during this period compared to other age groups.[164] More significant mental health problems often begin to emerge during this time, as well.[165] Transition-age youth—

individuals, ages 16-24, who are transitioning from state care to independent living—in particular face specific needs for support, including building skills to transition to independent living, expanding social networks, identifying long-term resources, and connecting to more intensive adult-focused supports for those who need it (e.g., mental health treatment).[166] Consistent engagement and partnership with transition-age youth who have experienced adversity and trauma and whose plans for transition may be delayed or derailed by a natural disaster, is critical for long-term emotional and physical well-being.

Finally, children and youth who are not achieving expected developmental milestones, such as individuals with disabilities, may experience particularly high levels of stress and trauma due to cognitive, physical, or emotional limitations (e.g., a child with autism who has difficulty managing unexpected situations; a child who does not have the cognitive ability to understand what has happened or what to do).[167]

How does the impact of natural disasters and other forms of trauma vary by race and ethnicity?

Research on the mental health of people of color after a natural disaster is limited, but findings to date show that racial and ethnic inequities in the United States increase the vulnerability of children, youth, and families of color to natural disasters.[168] For example, African American and Latinx people are more likely to be exposed to natural disasters due to disparities in socioeconomic factors, such as housing conditions, poverty, and mobilization resources for evacuation.[169]

In addition, American Indian, Alaska Native, and African American children and youth are overrepresented in the child welfare system (see Figure 5). For example, one seminal study found that 53 percent of Black children and youth in the United States are investigated as potential victims of child abuse and neglect before age 18, compared to 37 percent of all children.[170] There are likely a number of root causes of overrepresentation in the child welfare system among certain racial and ethnic groups, but research strongly suggests that discrimination, structural racism, historical trauma, and high levels of surveillance by social service programs are major contributors to inequitable approaches to service provisions that are linked to poor outcomes compared to White families.[171] For instance, African American, American Indian, and Alaska Native youth who are involved in the child welfare system have poorer health and mental health outcomes compared to their White peers.[172] In some states, Latinx children and youth also experience disproportionate outcomes. These include:

- More out-of-home placements
- Longer involvement in foster care
- Less likelihood of being reunited with a birth family or permanent placement
- Less likelihood of receiving services[173]

Figure 5. American Indian, Alaska Native, and African American children and youth are overrepresented in the child welfare system

Chart: Rate per 1,000 children of the same race or ethnicity by Race or ethnicity

- American Indian/Alaska Native: 15.2
- African American: 14
- Multiple races: 11
- Pacific Islander: 9.3
- White: 8.2
- Hispanic: 8.1
- Asian: 1.6
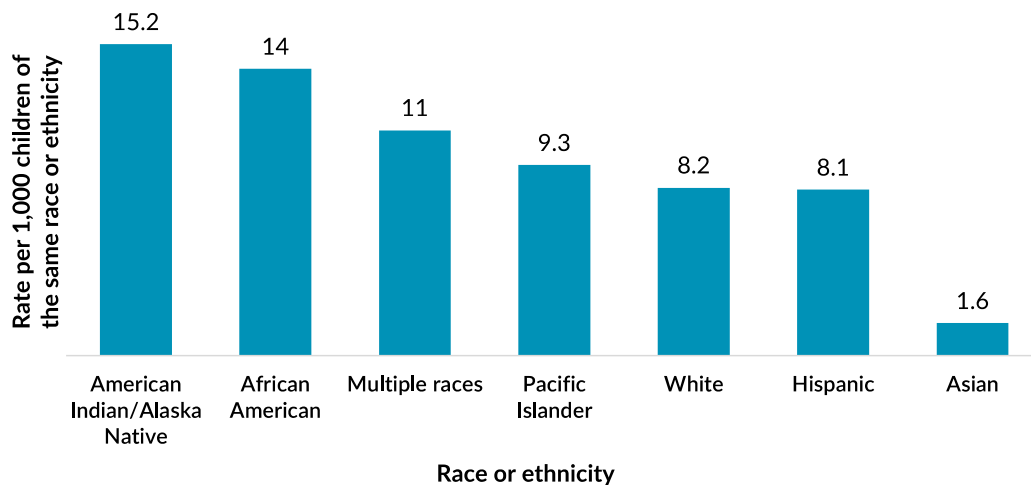
Source: U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2020). *Child maltreatment 2018*. https://www.acf.hhs.gov/cb/research-data-technology /statistics-research/child-maltreatment

Disproportionate rates of exposure to both natural disasters and the child welfare system among the children and youth of color compared may be due to factors including less access to disaster education and planning,[174] mistrust of government,[175] lower likelihood of evacuation,[176] less financial stability,[177] and structural racism that leads to a higher proportion of families of color experiencing poverty and living in poor quality housing and hazardous areas (which are not able to meet safety standards against harm).[178] Thus, services to meet families' basic needs (e.g., shelter, food, shelter) during and after a natural disaster, which affect mental health outcomes, are particularly important for survivors who experience these and other inequities.[179]

Taken together, research in this area indicates that young people of color who are involved in the child welfare system during a natural disaster are often forced to cope with high levels of exposure to trauma and adversity and need culturally responsive support and services to ensure equitable life outcomes. The U.S. Administration for Children and Families (ACF) describes cultural responsiveness in child welfare as responding, "respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations, and other diversity factors in a manner that recognizes, affirms, and values their worth" (ACF/Children's Bureau, n.d.).

How does the impact of natural disasters and other forms of trauma vary by gender identity and sexual orientation?

Few researchers have studied the effect of gender, gender identity, or sexual orientation on post- disaster outcomes. Existing research suggests that girls are more likely than boys to develop depression, PTSD, and substance use disorders after a natural disaster and therefore are more likely to require mental health supports.[180,181]

The impact of natural disasters on LGBTQ+ youth may differ from youth who are heterosexual and cisgender. Social isolation, distrust of authority figures due to prior experiences of discrimination, non-affirmation of gender by service providers (e.g., access to bathrooms or safe places to sleep), refusal by first responders to recognize LGBTQ+

relationships or nonbinary/transgender identities, homelessness, and harassment and violence can compound disaster-related trauma.[182,183]

What do children and youth need during and after a natural disaster?

Children and youth are more likely to heal from complex trauma and exhibit resilience in the face of a natural disaster when the environments with which they interact most often are responsive to their specific needs. Child welfare agencies, juvenile justice settings, schools, early childhood education programs, mental health agencies, primary care settings, and other community-based services can increase young people's chances of resilience by communicating directly with children, youth, and their parents/caregivers about their immediate and longer-term needs.

Because each child, youth, and family has their own strengths and needs during a natural disaster, this requires caseworkers and other front-line staff to maintain frequent contact with them to assess their status using approaches that are feasible at that time, such as conducting visits virtually. Research and practice show that talking to children, youth, and their caregivers about specific areas of strength and need are especially useful for promoting healing and resilience.[184]

To determine key areas of need for system-involved children and youth who experience a natural disaster, Child Trends engaged in several research-based activities to better understand the perspectives of youth, child welfare administrators, and the scientific literature. We conducted interviews with adults over age 18 who had received child welfare and/or juvenile justice services as youth during and after different types of natural disasters (Anchorage, Alaska; Santa Barbara, California; Baton Rouge, Louisiana). Key needs identified by youth during these focus groups and interviews are shown in Figure 6 and detailed below. For further information on research methods, see the **Introduction**.

> Child welfare agencies, juvenile justice settings, schools, early childhood education programs, mental health agencies, primary care settings, and other community-based services can increase young people's chances of resilience to the combined effects of child maltreatment and natural disasters by continually communicating with children, youth, and their caregivers about their immediate and long-term needs.

Figure 6. Four needs identified by youth formerly involved in the child welfare and/or juvenile justice system during and after a natural disaster
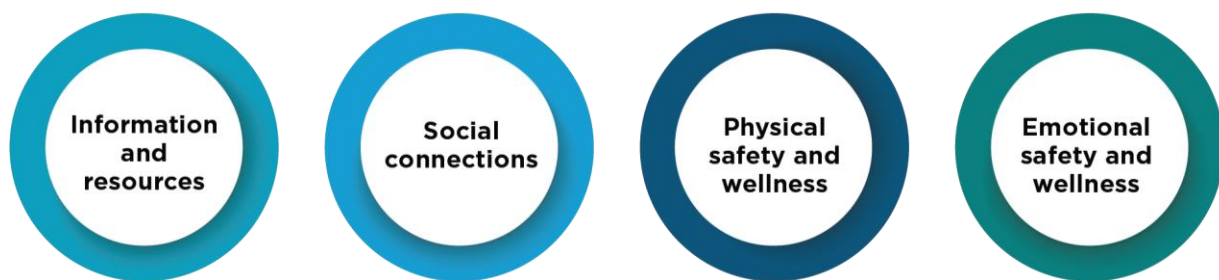
Information and resources

First, children and youth needed sufficient information and resources. Children and youth wanted more information about the natural disaster, what to expect, and anticipated impacts on their lives. They wanted more consistent communication about the event delivered calmly by adults in charge of their care. Youth reported that not being provided adequate information about the event and its consequences, as well as exposure to staff who were stressed and overwhelmed, increased their anxieties and worries. Overall, youth wanted more structure and support from the adults in their environment in order for them to manage their own stress and feelings.

Social connections

Youth reported feeling socially isolated and stated a clear desire to have stronger social connections during a natural disaster. For example, they wished they had more regular contact with supportive family members and adults, including biological, kinship, and foster family members. This was especially important during times that the disaster-imposed barriers that made it difficult to locate and reach loved ones. In some instances, separation from social connections occurred because youth or family members were displaced from their community. In other cases, the agency made a change in the child's foster home placement. In still other cases, individual family members and friends lacked access to the equipment necessary to allow for virtual visits when in-person visits were limited or not allowed. Several youth also wanted more intensive formal supports from a caseworker. For example, some youth recalled that check-ins with a caseworker did not occur regularly during a natural disaster, a period of time during which they desired more frequent contact.

Physical safety and well-being

Youth reported concerns about physical safety of their residences, buildings, and classrooms in the immediate aftermath of a natural disaster, particularly after earthquakes, where aftershocks continue for days or weeks after the initial quake. Youth reported differences in safety measures between residential or congregate housing and private foster homes (e.g., bolting down pictures or furniture after an earthquake), which impact youth's feelings of physical safety when transitioning between homes.

Emotional safety and well-being

Youth shared different experiences with receiving support for their emotional safety and wellness during and after a natural disaster. Few youth in the Toolkit focus groups reported receiving support from formal services, such as a mental health provider or counselor. Some relied on informal sources of support from foster siblings, case managers, or foster parents, but there were inconsistencies in the supports they received. Some youth who were experiencing acute stress reactions were dismissed or encouraged to move on without giving

"More information about what is happening would help a lot. It's a lot scarier when you don't know what's going on. Everyone's freaking out about it, but you don't know what they're freaking out about. I was confused. Why are you running and dragging me along? I'm [an adult now], and I [still] remember every single part that happened."

-YOUTH FORMERLY INVOLVED IN CHILD WELFARE AND/OR JUVENILE JUSTICE

"Communication was a big issue because I felt they were cutting off a lot of our communication by taking our phones. For those who have family or a support system outside, who needed to stay in contact when they're feeling down or low or going through something, that probably was one of the biggest issues."

-YOUTH FORMERLY INVOLVED IN CHILD WELFARE AND/OR JUVENILE JUSTICE

adequate time and space to process the events and provide reassurance. When consistent, nurturing supports were available, however, they were extremely helpful to the emotional safety and wellness of system-involved youth during a natural disaster.

What protective factors promote healing and resilience after natural disasters?

Everyone in a child welfare agency and system has a role to play in promoting healing and resilience among children and youth after a natural disaster. Resilience and recovery are common, and the chances increase when children and youth have the right supports in place. For example, 2-3 years after Hurricane Katrina, over 72 percent of children exhibited signs of positive development after exposure to a natural disaster.[185]

Protective factors are characteristics of an individual, family, or broader environment that are associated with *resilience*. Resilience is not an individual trait that one does or does not have, but rather a process of positive adaptation to adversity. Protective factors increase the chances of resilience in the face of hardships, as opposed to risk factors, which are associated with negative outcomes of exposure to adversity (see Table 2).[186] Respect for one's racial, ethnic, and gender identity as well as sexual orientation are essential to resilience among young people, as is respect for their voice and choice about what happens to them during and after a natural disaster.[187]

"Before I left [my residential placement], they made sure everyone was safe. They bolted the pictures and stuff on the walls so it wouldn't fall off. But when I transitioned to a foster home, they didn't do that."

-YOUTH FORMERLY INVOLVED IN CHILD WELFARE AND/OR JUVENILE JUSTICE

"Just having people you think are supposed to be there for you contact you. It would be reassuring that they cared, and that would help us out emotionally. Like you're not alone, you know? Just to show us there are people out there to tell us we'll be okay. I think that would be very helpful."

-YOUTH FORMERLY INVOLVED IN CHILD WELFARE AND/OR JUVENILE JUSTICE

Above all, the single most important protective factor is a safe, stable, and nurturing caregiver, particularly for very young children. Therefore, communicating with parents and caregivers about their own needs and strengths, and how to partner with them to support healthy parenting is essential to promoting the well-being of children in their care. This requires attention to parental mental health, including healing from their own histories of trauma.[188]

Table 2. Protective Factors at the Individual, Family, School, and Community Level

Individual children or youth	Family	School	Community
Nurturing and sensitive caregivers	Nurturing by family, care of vulnerable members	Nurturing by school community, disability services	Social capital, care of vulnerable members
Close relationships, trust, belonging	Close relationships, trust, belonging, cohesion	Close relationships, trust, belonging, cohesion	Social connections, trust, belonging, cohesion
Self-regulation, executive function skills	Skilled family management	Skilled school leadership	Skilled governance, collective efficacy

Individual children or youth	Family	School	Community
Agency; active coping	Active coping	Active coping	Community action
Problem-solving and planning	Family problem-solving and planning	School problem-solving and planning	Collaborative community problem-solving, planning
Hope, optimism	Hope, optimism	Hope, optimism	Hope, optimism
Sense of individual meaning and purpose	Sense of family meaning, purpose, family coherence	Sense of school meaning, purpose, and coherence	Sense of community meaning, purpose, and coherence
Positive views of self, self-efficacy	Positive views of family	Positive views of school	Positive views of community
Positive habits, routines	Family routines, traditions, celebrations	School routines, traditions, celebrations	Community routines, traditions, celebrations
Bodily/biological resources (e.g., good health, regulation)	Material resources (e.g., clothing, food, shelter, safety)		Community resources (e.g., clean water, safety, health, mental health care)
Cultural and religious guidance, rituals, traditions, belonging, hope, meaning, and purpose[189]			

Source: Adapted from Masten, A. S., & Motti-Stefanidi, F. (2020). Multisystem resilience for children and youth in disaster: Reflections in the context of COVID-19. *Adversity & Resilience Science, 1*, 95-106.

What is trauma-informed care and how does it support healing and resilience after natural disasters?

Ensuring that all children and youth have equitable access to services to meet their basic physical and mental health needs after a natural disaster is necessary, but insufficient for effectively supporting their healing and resilience. Child welfare administrators and staff must engage in a wide range of trauma-informed activities to increase the chances that children and youth impacted by disaster-related trauma recover and thrive. An important first step is to ensure that all staff and administrators understand the impact of natural disasters on children and youth. Research shows that state, territory, county, and tribal child welfare agencies can be most effective in preventing and mitigating trauma and promoting the mental health of the individuals they serve when they help build protective factors by offering trauma-informed care (TIC).[190,191]

TIC has been defined in a variety of ways, but SAMHSA developed one of the most widely used definitions. This definition is based on four assumptions—"the 4 Rs"—which are described below and shown in Figure 7.

> A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization.**[192]

Figure 7. SAMHSA's Four Rs of Trauma-Informed Care

Realize the widespread impact of trauma and understand potential paths for recovery

Recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system

Respond by fully integrating knowledge about trauma into policies, procedures, and practices

Resist re-traumatization of children, as well as the adults who care for them
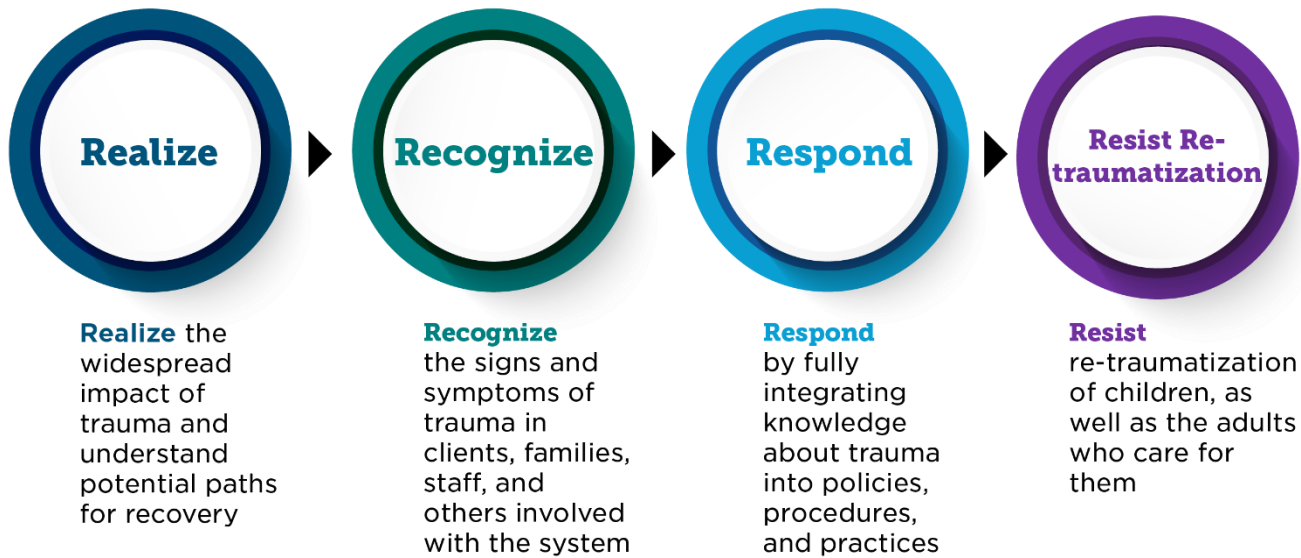
Source: Adapted from Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4774. Rockville, MD: Author.

This definition distinguishes TIC from trauma-specific treatment, emphasizing a systemic approach that "is inclusive of trauma-specific interventions, whether assessment, treatment or recovery supports, yet it also incorporates key trauma principles into the organizational culture."[193] In addition, SAMHSA emphasizes **six key principles**[194] to which organizations must adhere to support recovery from trauma and adversity.

1. **Safety:** Throughout the organization, staff, and the people they serve, whether children or adults, feel physically and psychologically safe. The physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.

2. **Trustworthiness and Transparency:** Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.

3. **Peer Support:** Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experiences to promote recovery and healing. The term "peers" refers to individuals with lived experiences of trauma; in the case of children, this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as "trauma survivors."

4. **Collaboration and Mutuality:** Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated: "One does not have to be a therapist to be therapeutic."

5. **Empowerment, Voice, and Choice:** Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built-upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. The organization understands that traumatic experiences may be a unifying

aspect in the lives of those who run the organization, who provide the services, and/or who come to the organization for assistance and support. As such, operations, workforce development and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goals setting to determine the plan of action they need to heal and move forward. They are supported in cultivated self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery. Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe as much as the people receiving services.

6. **Cultural, Historical, and Gender Issues:** The organization actively identifies and addresses cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, etc.); offers access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served; and recognizes and addresses historical trauma (e.g., through professional learning and development, incorporation of historical trauma into service delivery).

What are the essential elements of a trauma-informed child welfare system?

Implementing TIC in child welfare agencies means that all staff and administrators understand the impact of trauma, are knowledgeable about the most effective pathways for healing and resilience and have the knowledge and skills to meet the specific needs of all children and youth. Research suggests that child welfare agencies can help youth health and thrive by incorporating particular aspects of trauma-informed care. The National Child Traumatic Stress Network (NCTSN) and colleagues have defined a **trauma-informed child welfare system** as:

> *"I think it is a culture shift. And the more it's built-in and integrated into the everyday practices, the more it's just going to be natural to effectively respond to a traumatic event, whether it's an individual event or more a widespread pandemic."*
>
> **-STATE ADMINISTRATOR**

…one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive. [195]

The NCTSN and partners identified **eight essential elements of a trauma-informed child welfare system** (see Figure 8 below). [196] These same elements can be applied to other child and youth service setting seeking to understand and address childhood trauma, such as juvenile justice, education, mental health, primary care, and home visiting, among others.

Figure 8. Eight Essential Elements of a Trauma-Informed Child Welfare System

1 Continuously expands workforce knowledge and skills about trauma and its effects	**2** Addresses primary and secondary traumatic stress of the workforce	**3** Partners with children, youth, and families
4 Partners with agencies and systems that interact with children, youth, and families	**5** Maximizes physical and psychological safety of children, youth, and families	**6** Routinely screens for trauma-related needs of children and youth
7 Delivers and connects children and youth to services and supports that promote well-being, healing, and resilience	**8** Understands parent and caregiver trauma and deliver and links to services and supports that promote family well-being, healing, and resilience	

Source: Walsh, C., Pauter, S., & Hendricks, A. (2020). *Child Welfare Trauma Training Toolkit* (3rd ed.). Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress. https://www.nctsn.org/resources/child-welfare-trauma-training-toolkit

There is no single approach to trauma-informed care. Child welfare agencies can use the information above—particularly the 4 Rs, the Eight Essential Elements, the four needs identified by youth formerly involved in the child welfare and/or juvenile justice systems, and the tools in this Toolkit—to develop a plan to address trauma using a comprehensive, systemic approach. The evidence strongly suggests that offering ongoing professional development on trauma, healing, and resilience to both agency leaders and staff, as well as using evidence-informed interventions to address childhood trauma related to natural disasters, will enhance agency efforts to support children, youth, and families who have been exposed to a natural disaster. **Sections 1 and 3** provide information on interventions and overall recommendations for state, county, tribal, and territory child welfare system to prevent and mitigate disaster-related trauma.

Additional tools for partnering with children, youth, and families to promote their well-being before, during, and after a natural disaster in Section 2 include the **Resource Library** and **Evidence-at-a-Glance**. **Section 3** of the Toolkit describes evidence-informed interventions for incorporating trauma-informed care (TIC) into state, county, tribal, and territory child welfare systems to prevent and mitigate disaster-related trauma.

Child Welfare Evidence-at-a-Glance:
Healing And Resilience After Natural Disasters

- **175 million children across the globe experience natural disasters**, including floods, cyclones, droughts, heatwaves, tsunamis, severe storms, and earthquakes.[197] Approximately 14 percent of all children and youth in the United States have experienced a natural disaster. [198]

- **Children and youth who experience natural disasters and secondary adversities are more likely to develop mental health problems than adults**, such as
    - Depression
    - Anxiety
    - Traumatic stress symptoms
    - Posttraumatic stress disorder (PTSD)[199]
    - Grief
    - Suicide[200]

- **Some children and youth are more vulnerable to the physical, mental health, and learning difficulties after a natural disaster**, including those who:
    - Were severely injured or ill due to the natural disaster or a family member has experienced significant injuries or illness[201]
    - Endured other forms of trauma after the natural disaster[202]
    - Experienced multiple events that are dangerous or life-threatening during the disaster[203]
    - Experienced the death of a loved one or pet[204,205]
    - Believed there was a direct threat to their life or a family members' life during the disaster[206]
    - Experienced multiple adversities after a disaster[207]
    - Missed school for an extended period of time or had to drop out[208]
    - Were at greater risk for property loss and personal impact after the natural disaster (i.e., due to poverty, systemic racism, oppression) [209,210]
    - Had a family member/caregiver who was a rescue worker or an essential worker[211]

- **All children and youth have the capacity for healing and resilience following exposure to a natural disaster.** [212] Protective factors that support resilience to natural disasters include, but are not limited to:
    - Close relationships, trust, belonging
    - Self-regulation, executive function skills
    - Problem-solving and planning
    - Hope, optimism
    - Sense of individual meaning and purpose
    - Positive views of self, self-efficacy
    - Positive habits, routines, activities
    - Skilled school leadership
    - Positive views of family
    - Culture and religion
    - Family routines, traditions
    - Trauma-informed social service agencies and systems, schools, and communities

Put It Into Practice #4:

Organizational Self-Assessment

How trauma-informed is your agency, organization, or system?

▶ **When should I use this resource?** BEFORE a natural disaster occurs

In preparation for supporting healing and resilience among children and youth impacted by natural disasters, child welfare staff and administrators can begin by conducting an organizational self-assessment to identify the agency's strengths and needs related to becoming a trauma-informed child welfare system. This activity will work best if multiple people in different roles participate and engage in the discussion.

Directions: Using the eight elements of a trauma-informed child welfare system developed by the National Child Traumatic Stress Network (See **Section 2**), complete the table below by identifying your agency/organization/system strengths and needs. Then develop next steps for becoming more trauma-informed.

Essential elements of a trauma-informed child welfare system	Rating				Strengths	Needs	Next steps
	1 Never	2 Some of the time	3 Often	4 Always			
1. *Continuously expands workforce knowledge and skills about trauma and its effects*	1	2	3	4			
2. *Addresses primary and secondary traumatic stress of the workforce*	1	2	3	4			
3. *Partners with children, youth, and families*	1	2	3	4			

Essential elements of a trauma-informed child welfare system	Rating				Strengths	Needs	Next steps
4. Partners with agencies and systems that interact with children, youth, and families	1	2	3	4			
5. Maximizes physical and psychological safety of children, youth, and families	1	2	3	4			
6. Routinely screens for trauma-related needs of children and youth	1	2	3	4			
7. Delivers and connects children and youth to services and supports that promote well-being, healing, and resilience	1	2	3	4			
8. Understands parent and caregiver trauma and delivers and links to services and supports that promote family well-being, healing, and resilience	1	2	3	4			

Source adapted from: Walsh, C., Pauter, S., & Hendricks, A. (2020). *Child Welfare Trauma Training Toolkit* (3rd ed.). Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress. https://www.nctsn.org/resources/child-welfare-trauma-training-toolkit

Child Welfare Resource Library #2:
Promoting Healing And Resilience After Natural Disasters

▶ **Age-related Reactions to a Traumatic Event** [caregiver resource] (National Child Traumatic Stress Network, 2010)
https://www.nctsn.org/resources/age-related-reactions-traumatic-event

▶ **Child Welfare Practice to Address Racial Disproportionality and Disparity** (Child Welfare Information Gateway, 2021)
https://www.childwelfare.gov/pubs/issue-briefs/racial-disproportionality/

▶ **Healthy Organizations: Why Should Child Welfare Agencies Be Trauma-Informed?** (Casey Family Foundation, 2018)
https://caseyfamilypro-wpengine.netdna-ssl.com/media/SComm_Trauma-informed-1.pdf

▶ **Identifying the Intersection of Trauma and Sexual Orientation and Gender Identity** (National Child Traumatic Stress Network)
https://www.nctsn.org/resources/identifying-the-intersection-of-trauma-and-sexual-orientation-and-gender-identity-key-considerations

▶ **SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach** (Substance Abuse and Mental Health Services Administration, 2014)
https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

▶ **Understanding the Impacts of Natural Disasters on Children** (Society for Research on Child Development, 2020)
https://www.srcd.org/research/understanding-impacts-natural-disasters-children

▶ **What is a Trauma-informed Child and Family Service System?** (National Child Traumatic Stress Network, 2016) https://www.nctsn.org/resources/what-trauma-informed-child-and-family-service-system

▶ **Trauma Informed Child Welfare Systems—A Rapid Evidence Review** (Bunting et al., 2019)
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6651663/

▶ **Creating Trauma-Informed Child Welfare Systems: A Guide for Administrators (2nd ed.)** (Chadwick Trauma-Informed Systems Dissemination and Implementation Project, 2013)
https://ctisp.wordpress.com/trauma-informed-child-welfare-practice-toolkit/

▶ **The Importance of a Trauma-Informed Child Welfare System** (Child Welfare Information Gateway, 2020)
https://www.childwelfare.gov/pubs/issue-briefs/trauma-informed/

Section 3: Interventions to Support Healing and Resilience Among Children, Youth, and Families Who Experience a Natural Disaster

There are several evidence-informed, trauma-focused models and interventions to support children and youth who have experienced natural disasters and promote healing. Many of these models and interventions share *core components*, and thus have considerable overlap with one another in their content and approach.[213] Some models have been used specifically with child welfare and/or juvenile justice involved children and youth, while others have been used with a broader population. Models may vary in the timing of implementation—some are used during or immediately after the natural disaster, others are used in the intermediate or long-term.

When choosing which models and interventions to use, it is important to consider whether the model or intervention:

- **Targets the goals or outcomes valued by children, youth, and families** (e.g., providing immediate relief and referral to basic resources, reducing posttraumatic stress and other distress reactions).

- **Can be realistically implemented** given the specific child, youth, family, agency, and community context, using local resources available, and following federal, state, and county policies.

- **Is appropriate for the age, race, ethnicity, gender identity, and sexual orientation of children, youth, and their families and their cultural and historical context** (e.g., living in a foster home or group home, history of complex or historical trauma, cultural background).

The good news is that most children and youth show signs of resilience after exposure to natural disasters and return to normal functioning without receiving formal intervention—including those receiving child welfare services. For a smaller number of children and youth, clinical services are needed, specifically young people who experience significant mental health and behavioral problems that are best addressed through formal trauma and grief-focused

treatment with a mental health provider. Formal treatment is more likely to be needed following severe exposures, secondary adversities (e.g., severe injury/illness, other trauma and losses, housing instability), and pre-existing or co-occurring risk factors (e.g., prior trauma or mental health conditions). Making decisions about the appropriate level of support, services, and interventions after a natural disaster should follow a tiered approach, tailoring the intervention intensity to the needs of each child, youth, and family.[214]

What are the most promising and evidence-informed interventions for children, youth, and families in the child welfare system who experience natural disasters?

In the response phase of a natural disaster, it is recommended to begin with a needs assessment of children, youth, and their families to determine the extent of potential exposures to trauma and loss, identify co-occurring adversities and strengths, and differentiate high-risk groups that may need intensive supports. Needs assessments can be conducted in a variety of settings (e.g., home, school, community, shelter) using a semi-structured format. In addition, using a formal screening tool for posttraumatic stress reactions and secondary adversities is also recommended. For sample screening tools for children/youth and adults, see the **Section 3 Resource Library**.

There are also several psychoeducational materials, hotlines, and apps to help support children, youth, families, and those working with them:

Psychoeducational Materials
- **National Child Traumatic Stress Network:** https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters
- **Substance Abuse and Mental Health Services Administration:** https://store.samhsa.gov/?f%5B0%5D=audience%3A4963
- **Centers for Disease Control and Prevention:** www.cdc.gov/disasters/teens

Mobile Apps
- **Bounce Back Now App (English and Spanish):** http://bouncebacknow.org/
- **Help Kids Cope:** https://www.nctsn.org/resources/help-kids-cope
- **Transcend App:** https://www.nmvvrc.org/survivors/self-help/

Online Course

My Disaster Recovery: https://disaster.vast.uccs.edu/

Hotlines
- **National Suicide Prevention Lifeline**, Call (800) 273-8255
- **Disaster Distress Helpline**, Call or text (800)985-5990 (For Spanish, press "2") to be connected to a trained counselor 24/7/365
- **The JED Foundation** (for emotional health and suicide prevention), Call 1-800-273-TALK (8255) or text "START" to 741-741
- **Trevor Project** (for LGBTQ+ youth), Call 1-866-488-7386 or text "START" to 678-678

There are several evidence-informed **universal and targeted interventions**[215] (see Figure 9, **Tiers 1 and 2**) designed for preventing or reducing stress reactions and increasing positive supports among children and youth after a natural disaster. These models can be implemented by a range of providers in a variety of settings. It is recommended that staff, supervisors, and administrators in the child welfare system should seek training in one or

more of these models to be prepared to respond when a natural disaster occurs. These models are not intended to serve as mental health treatments or long-term interventions.

There are also several evidence-informed **indicated treatments and interventions (Tier 3)** that have been developed and tested for children and youth in the child welfare system who have experienced trauma. These treatments are designed to be used by licensed mental health professionals with adequate clinical training. Child welfare administrators, supervisors, and staff should be familiar with these evidence-informed treatments when making referrals for children and youth under their care (see Figure 9).

Figure 9. Universal, Targeted, and Indicated Interventions

Tier 3
Specialized treatment or intervention delivered by a trained health or mental health profession- al to build positive coping skills and treat mental health issues following natural disasters.

Tier 2
Targeted or short-term trauma or grief supports for moderate risk groups who directly experienced the natural disaster and are experiencing moderate distress of difficulties functioning. Can be delivered by a range of individuals and variety of settings with appropriate training and support.

Tier 1
Broad-scale supports to promote healthy functioning and reduce negative outcomes. These can be preparedness activities as well as immediately after a disaster. Supports can be delivered in a range of settings, including in child welfare.

Source: The National Child Traumatic Stress Network, 2021

Universal and targeted interventions (Tiers 1 and 2)

In recent years, numerous disaster behavioral health interventions for children and youth have been developed and evaluated. Although few have evaluated interventions specifically for children and youth receiving child welfare services, several evidence-informed universal and targeted models have been widely implemented in a variety of settings impacted by natural disasters. Table 3 provides intervention names, descriptions, and evidence to date for **three of the most promising Tier 1 and 2 interventions.** All are appropriate for service systems that work with children and youth of any age. These interventions can be used independently or in combination to meet the needs of a particular child, youth, or family in the days and weeks following a natural disaster.

Table 3. Promising Tier 1 and Tier 2 Interventions

Intervention	Target Population(s)	Description	Evidence to date
PREPaRE Curriculum[216] **(Brock et al., 2016)**	School-employed mental health professionals, administrators, educators, and staff	The PREPaRE Curriculum was developed by the National Association of School Psychologists (NASP) as a crisis prevention and preparedness training curriculum for school implementation. The program consists of two workshops. One covering school-wide safety planning and another for school mental health professionals focused specifically on crisis intervention and recovery. Learn more about PREPaRE, including training opportunities at: https://www.nasponline.org/professional-development/prepare-training-curriculum/about-prepare	Results from pre-post training evaluations indicate that PREPaRE improves knowledge of trauma-informed practices among those trained. There is not yet any evidence confirming that this training translates to better child outcomes in the face of a trauma, which is more challenging to study in the midst of disasters and crises.
Psychological First Aid (PFA)[217] **(Brymer et al., 2006)**	Mental health and other disaster response workers who provide early assistance to affected children, youth, families, and adults as part of an organized disaster response effort. These providers may be embedded in a variety of settings, including clinics, schools, shelters, faith-based organizations, or community agencies.	Psychological First Aid (PFA) is a modular approach informed by empirical evidence on trauma-informed care to support youth, adults, and families in the immediate aftermath of disaster (i.e., within days to weeks of the event). The most comprehensive PFA guide was developed by the National Child Traumatic Stress Network and the National Center for PTSD. PFA is designed to address acute distress reactions and bolster longer-term adaptive functioning and coping. The delivery of PFA is designed for maximum flexibility to meet the needs of acute crisis settings, including intervention contact time, provider background (e.g., mental health, education, community programming), and delivery location (e.g., community center, home, school, child welfare facility). PFA has been translated into several languages and has been adapted for a range of settings. PFA has been adopted and recommended by a range of mental health experts in consensus conferences and peer-reviewed literature. It has also been	PFA has widespread use and anchoring in empirically supported, trauma-informed, and cognitive-behavioral components of trauma-focused interventions and is supported by the American Academy of Child and Adolescent Psychiatry disaster parameter. Pre-post training evaluations of PFA have shown promising results for trainees, with statistically significant improvements in: (a) knowledge items supportive of PFA delivery, (b) perceived self-efficacy to apply PFA interventions, and (c) confidence about being a resilient PFA provider. These evaluations have also shown decreased PTSD and depressive symptoms among youth treated by these trainees 10 months following the disaster.

Intervention	Target Population(s)	Description	Evidence to date
		included in service guidelines both for PTSD and as an early intervention for disaster survivors by the American Academy of Child and Adolescent Psychiatry and other international organizations. Learn more about PFA, including training opportunities at: https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa	
Skills for Psychological Recovery (SPR)[218] (Berkowitz et al., 2010)	Mental health and other health workers (ideally with some prior experience in addressing traumatic stress or disasters) who provide ongoing support and assistance to affected children, youth, families, and adults as part of an organized disaster response effort. These providers may be embedded in a variety of settings, including clinics, schools, shelters, faith-based organizations, or community agencies.	Skills for Psychological Recovery (SPR) may serve as a stand-alone intervention or an extension of PFA. It was developed for the intermediate recovery phase by the National Child Traumatic Stress Network and National Center for PTSD. SPR aims to build stress management and coping skills among youth, adults, and families in the weeks and months following a disaster or other traumatic event. SPR is not a formal mental health treatment. Rather, SPR is a framework for training adults in skills-based, secondary prevention. SPR can be delivered in a variety of settings, such as schools, clinics, homes, child welfare facilities, and community centers. Learn more about SPR, including training opportunities at: https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-spr	In pre-post training evaluations, practitioners reported improved confidence in using each SPR intervention following training and at 6 months post-training. Based on available data, more than 6 out of 10 practitioners used an SPR intervention during the follow-up period, with each intervention used by over half of the practitioners at both 3 and 6 months. In an evaluation of SPR in Louisiana, approximately 80% of children and youth screened were referred to SPR. Among those who completed follow-up assessments, there was a significant reduction in behavioral and emotional symptoms over time after receiving services. Although children and youth receiving child welfare services were not a sub-population of focus in this study, they were served by the program. Specifically, 68% of children and youth were displaced from their homes and 25% had lived apart from their primary parent/caregiver during or after the disaster happened, with 10% being separated long-term.

Indicated interventions for natural disasters (Tier 3)

There are a variety of formal disaster behavioral health interventions for children and youth identified in the literature. In general, cognitive behavioral approaches have the strongest evidence in rigorous studies that compare outcomes for those who received mental health intervention compared to those who did not.[219] There is some evidence that group interventions may be equally effective as individual interventions and with better completion rates, but group treatments also require careful examination of the pros and cons of discussing trauma-related content in a group setting with peers.[220] Figure 10 shows common elements of Tier 3 (indicated) trauma- and evidence-informed interventions.

Figure 10. Common Components of Indicated (Tier 3) Evidence- and Trauma-informed Interventions for Children and Adolescents Who Experience a Natural Disaster[221]

Psychoeducation
Skills for Managing Stress
Feelings and Skills for Coping
Gradual Exposure to Reminders of Trauma
Social Support
Planning for Future Safety

Source: Adapted from Pfefferbaum, B., & North, C. S. (2016). Child disaster mental health services: A review of the system of care, assessment approaches, and evidence base for intervention. *Current Psychiatry Reports, 18*(1), 5. doi:10.1007/s11920-015-0647-0

The **California Evidence-Based Clearinghouse for Child Welfare**[222] indexes trauma-focused interventions for reducing trauma-related symptoms among children and adolescents. Interventions are categorized in three levels: *well-supported*, *supported*, or *promising*. Categorization is based on implementation considerations (existence of a manual), methodological considerations (published randomized controlled trials, reliable outcome measures, and follow-up data collection), and evidence of positive outcomes. The **Blueprints for Healthy Youth Development**[223] is another registry with evidence-based and promising interventions focused on promoting healthy youth development.

A unique feature of the Clearinghouse is that it also rates intervention applicability to child welfare populations as High (designed or commonly used to meet the needs of children and youth receiving child welfare services), Medium (designed or commonly used to serve children and youth who are similar to child welfare populations in history, demographics, or needs), or Low (designed, or commonly used to serve children and youth with little or no apparent

similarity to the child welfare services population). Some models have been used and evaluated specifically for natural disasters, though evidence of effectiveness for natural disasters is scarce.

Table 4 identifies **Tier 3 trauma-focused interventions (as categorized by the Clearinghouse) with the strongest evidence of effectiveness**. The table includes information on each intervention's relevance to child welfare and published findings related to natural disasters. Parents and other caregivers should be included in interventions whenever possible, especially during treatment for young children.[224] It is important to note that although some trauma-focused interventions may not have published findings specific to natural disasters, they may still have evidence for addressing trauma-related symptoms among children and youth generally and may have included disaster-exposed youth in their testing.

Cultural Relevance. Relatively little attention has been given to tailoring interventions to the needs of children and youth based on gender, gender identity, age, race, ethnicity, sexual orientation, socio-economic status, and culture. As a result, there are significant knowledge gaps in these areas. Although several intervention studies have included racially and ethnically diverse samples, few interventions have been rigorously tested to assess their effectiveness with children, youth, and families across racial and ethnic groups. Culturally responsive adaptations to interventions may be needed for certain populations (e.g., localized stories and games, language adaptations for mental health concepts, flexibility in community-based delivery and format).[225] When selecting an intervention, it is important to be aware of the characteristics of the population for which the intervention has been used and tested and whether they match the characteristics of the population being served. For example, an intervention developed and tested primarily with White, cisgender youth may not be culturally responsive for American Indian transgender youth. Partnering with program developers and evaluators to adapt existing models for specific cultural groups is important for targeted service delivery. The target age, modality (e.g., treatment for both parent and child), and the conditions under which it is delivered (e.g., at home or at an agency) are also important considerations for selecting an intervention that matches child and youth needs.

Table 4. Trauma-Focused Interventions for Children, Youth, and Their Families with Evidence Ratings for Child Welfare and Published Findings on Natural Disasters

Intervention	Child Welfare Relevance	Published Findings on Natural Disasters	Age (years)
Well-Supported			
Trauma-Focused Cognitive Behavioral Therapy	High	Yes	3-18
Eye Movement Desensitization and Reprocessing	Medium	Yes	4-18
Prolonged Exposure Therapy for Adolescents	Medium	No	8-18
Supported			
Child Parent Psychotherapy	High	Yes	0-5

Intervention	Child Welfare Relevance	Published Findings on Natural Disasters	Age (years)
Promising			
Alternatives for Families: A Cognitive Behavioral Therapy	High	No	5-17
Child and Family Traumatic Stress Intervention	High	No	7-18
Combined Parent-Child Cognitive-Behavioral Therapy	High	No	3-17
Stepped Care TF-CBT	High	No	3-12
Bounce Back	Medium	Yes	5-11
Cognitive Behavioral Intervention for Trauma in Schools	Medium	Yes	10-18
KIDNET	Medium	Yes	7-16
Preschool PTSD Treatment	Medium	Yes	3-6
Cue-Centered Therapy	Medium	No	8-17
Fairy Tale Model	Medium	No	13-18
Grief and Trauma Intervention for Children	Medium	No	7-12
Risk Reduction through Family Therapy	Medium	No	13-18
Sanctuary Model (Systems Level Intervention)	Medium	No	12-20
Seeking Safety	Medium	No	13+
SITCAP-ART	Medium	No	13-18
Trauma-Focused Coping	Medium	No	9-18

Source: The California Evidence-Based Clearinghouse for Child Welfare. (n.d.). *Welcome to the CEBC: California Evidence-Based Clearinghouse for Child Welfare.* The California Department of Social Services Office of Child Abuse Prevention. https://www.cebc4cw.org/

While a similar rating system does not exist for youth who are involved in the juvenile justice system, there are four evidence-based interventions that have published findings in at least one randomized trial with youth involved in juvenile justice (Table 5). Two of these models also appear in the Clearinghouse for child welfare.

Table 5. Trauma-Focused Interventions for Youth Involved in Juvenile Justice, with Evidence Ratings for Child Welfare and Published Findings on Natural Disasters

Intervention	Child Welfare Relevance	Published Findings on Natural Disasters	Age (years)
Well-Supported			
Treatment Foster Care Oregon for Adolescents (*formerly Trauma-Adapted Multidimensional Treatment Foster Care*)	High	No	12-18
Cognitive Processing Therapy	Medium	Yes	14+
Promising			
Trauma-Grief Components Therapy for Adolescents	Medium	Yes	12-20
Trauma Affect Regulation: Guide for Education and Therapy for Adolescents	Medium	No	10-18

Source: The California Evidence-Based Clearinghouse for Child Welfare. (n.d.). *Welcome to the CEBC: California Evidence-Based Clearinghouse for Child Welfare.* The California Department of Social Services Office of Child Abuse Prevention. https://www.cebc4cw.org/

To determine eligibility for Title IV-E reimbursement for prevention services, child welfare agency administrators should also consult the **Title IV-E Prevention Services Clearinghouse**[226], established by the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS). The Title IV-E Prevention Services Clearinghouse aims to prevent the need for placement in foster care by conducting ongoing reviews, and providing program ratings and services to support children, youth, and families. Program ratings (*well-supported, supported, promising,* or *does not currently meet criteria*) are assigned to mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator programs. States are only eligible for Title IV-E reimbursement for prevention services if they use programs and services that are well-designed and rigorously evaluated according to this Clearinghouse.
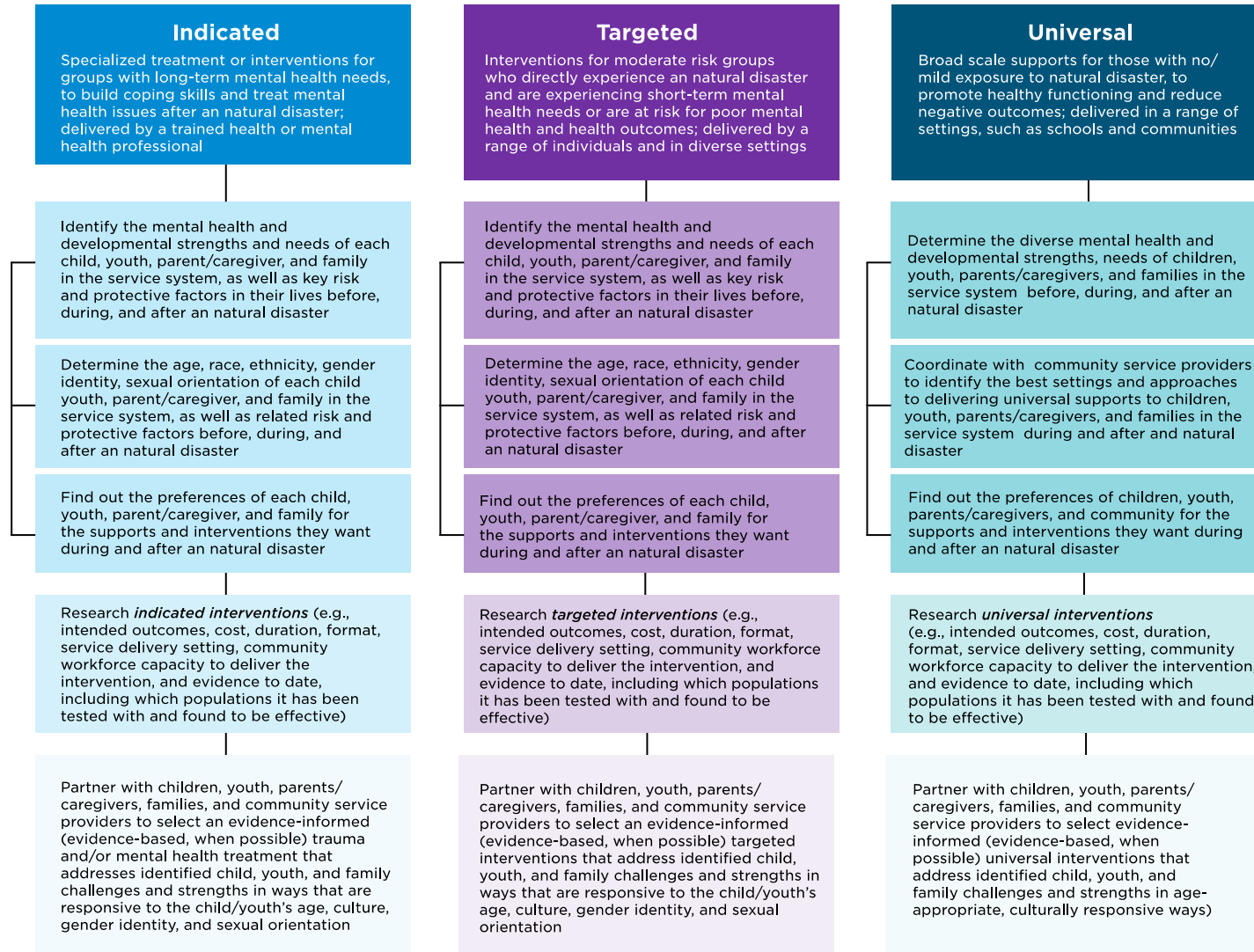
Put It Into Practice #5: How To Select An Evidence-Informed Intervention To Support Children And Youth Exposed To Natural Disasters

Directions: Use the following decision tree to determine which intervention, or combination of interventions, is the best fit for the children, youth, and families in your community when a natural disaster occurs.

What level of intervention does the child or youth need?

Indicated	Targeted	Universal
Specialized treatment or interventions for groups with long-term mental health needs, to build coping skills and treat mental health issues after an natural disaster; delivered by a trained health or mental health professional	Interventions for moderate risk groups who directly experience an natural disaster and are experiencing short-term mental health needs or are at risk for poor mental health and health outcomes; delivered by a range of individuals and in diverse settings	Broad scale supports for those with no/mild exposure to natural disaster, to promote healthy functioning and reduce negative outcomes; delivered in a range of settings, such as schools and communities
Identify the mental health and developmental strengths and needs of each child, youth, parent/caregiver, and family in the service system, as well as key risk and protective factors in their lives before, during, and after an natural disaster	Identify the mental health and developmental strengths and needs of each child, youth, parent/caregiver, and family in the service system, as well as key risk and protective factors in their lives before, during, and after an natural disaster	Determine the diverse mental health and developmental strengths, needs of children, youth, parents/caregivers, and families in the service system before, during, and after an natural disaster
Determine the age, race, ethnicity, gender identity, sexual orientation of each child youth, parent/caregiver, and family in the service system, as well as related risk and protective factors before, during, and after an natural disaster	Determine the age, race, ethnicity, gender identity, sexual orientation of each child youth, parent/caregiver, and family in the service system, as well as related risk and protective factors before, during, and after an natural disaster	Coordinate with community service providers to identify the best settings and approaches to delivering universal supports to children, youth, parents/caregivers, and families in the service system during and after and natural disaster
Find out the preferences of each child, youth, parent/caregiver, and family for the supports and interventions they want during and after an natural disaster	Find out the preferences of each child, youth, parent/caregiver, and family for the supports and interventions they want during and after an natural disaster	Find out the preferences of children, youth, parents/caregivers, and community for the supports and interventions they want during and after an natural disaster
Research *indicated interventions* (e.g., intended outcomes, cost, duration, format, service delivery setting, community workforce capacity to deliver the intervention, and evidence to date, including which populations it has been tested with and found to be effective)	Research *targeted interventions* (e.g., intended outcomes, cost, duration, format, service delivery setting, community workforce capacity to deliver the intervention, and evidence to date, including which populations it has been tested with and found to be effective)	Research *universal interventions* (e.g., intended outcomes, cost, duration, format, service delivery setting, community workforce capacity to deliver the intervention, and evidence to date, including which populations it has been tested with and found to be effective)
Partner with children, youth, parents/caregivers, families, and community service providers to select an evidence-informed (evidence-based, when possible) trauma and/or mental health treatment that addresses identified child, youth, and family challenges and strengths in ways that are responsive to the child/youth's age, culture, gender identity, and sexual orientation	Partner with children, youth, parents/caregivers, families, and community service providers to select an evidence-informed (evidence-based, when possible) targeted interventions that address identified child, youth, and family challenges and strengths in ways that are responsive to the child/youth's age, culture, gender identity, and sexual orientation	Partner with children, youth, parents/caregivers, families, and community service providers to select evidence-informed (evidence-based, when possible) universal interventions that address identified child, youth, and family challenges and strengths in age-appropriate, culturally responsive ways)

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Child Welfare Resource Library #3

Interventions To Support Healing And Resilience After Natural Disasters

▶ **Blueprints for Healthy Youth Development:**
https://www.blueprintsprograms.org/

▶ **California Evidence-Based Clearinghouse for Child Welfare** (Rady's Children's Hospital San Diego, California Department of Social Services, & Office of Child Abuse Prevention)
https://www.cebc4cw.org/

▶ **Child Welfare Trauma Training Toolkit (3rd ed.)** (National Child Traumatic Stress Network, 2020)
https://www.nctsn.org/resources/child-welfare-trauma-training-toolkit

▶ **Culture and Trauma** (National Child Traumatic Stress Network)
https://www.nctsn.org/trauma-informed-care/culture-and-trauma

▶ **New Directions in Child Abuse and Neglect Research, Chapter 6: Interventions and Service Delivery Systems** (Institute of Medicine and National Research Council, 2014)
https://www.ncbi.nlm.nih.gov/books/NBK195981/

▶ **Psychological First Aid: Field Operations Guide (2nd ed.)** (National Center for PTSD and National Child Traumatic Stress Network, 2006)
https://www.nctsn.org/sites/default/files/resources//pfa_field_operations_guide.pdf

▶ **PREPaRE** (National Association of School Psychologists, 2016)
https://www.nasponline.org/professional-development/prepare-training-curriculum/about-prepare

▶ **SAMHSA Disaster Technical Assistance Center Supplemental Research Bulletin: Disaster Behavioral Health Interventions Inventory** (Substance Abuse and Mental Health Services Administration, 2015)
https://www.samhsa.gov/sites/default/files/dtac/supplemental-research-bulletin-may-2015-disaster-behavioral-health-interventions.pdf

▶ **Skills for Psychological Recovery (SPR) Field Operations Guide** (National Center for PTSD and National Child Traumatic Stress Network, 2020)
https://www.nctsn.org/sites/default/files/resources/special-resource/spr_complete_english.pdf

- ▶ **Title IV-E Prevention Services Clearinghouse** (Abt Associates)
  https://preventionservices.abtsites.com/index.php/

- ▶ **Trauma-informed Strategies for Supporting Children and Youth in the Child Welfare System During COVID-19** (Child Trends, 2020)
  https://www.childtrends.org/wp-content/uploads/2020/09/CWCOVID_ChildTrends_September2020.pdf

- ▶ **Treatment for Traumatized Children, Youth, and Families** (Child Welfare Information Gateway)
  https://www.childwelfare.gov/topics/responding/trauma/treatment/

Natural Disaster Response Resources

- ▶ **Psychoeducational Materials**

  - **National Child Traumatic Stress Network:** https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters
  - **Substance Abuse and Mental Health Services Administration:** https://store.samhsa.gov/?f%5B0%5D=audience%3A4963
  - **Centers for Disease Control and Prevention:** www.cdc.gov/disasters/teens

- ▶ **Mobile Apps**

  - **Bounce Back Now App (English and Spanish):** http://bouncebacknow.org/
  - **Help Kids Cope:** https://www.nctsn.org/resources/help-kids-cope
  - **Transcend App:** https://www.nmvvrc.org/survivors/self-help/

- ▶ **Online Course**

  My Disaster Recovery: https://disaster.vast.uccs.edu/

- ▶ **Hotlines**

  - **National Suicide Prevention Lifeline**, Call (800) 273-8255
  - **Disaster Distress Helpline**, Call or text (800)985-5990 (For Spanish, press "2") to be connected to a trained counselor 24/7/365
  - **The JED Foundation** (for emotional health and suicide prevention), Call 1-800-273-TALK (8255) or text "START" to 741-741
  - **Trevor Project** (for LGBTQ+ youth), Call 1-866-488-7386 or text "START" to 678-678

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