



EMERGENCY RESPONSE TOOLKIT: AN EARLY RELATIONAL APPROACH

Home-Visitor Edition



AIMHiTN.org

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Tennessee is committed to the wellness and development of its youngest children and those who care for them. To further this commitment, the Association of Infant Mental Health in Tennessee (AIMHiTN), through Tennessee Department of Health (TDH) funding, has developed a home visitor edition of the Emergency Response Toolkit: An Early Relational Approach. This toolkit aims to help home visiting programs develop an Emergency Preparedness Plan. The toolkit has a specific focus on implementing emergency preparedness, response, and recovery procedures in an individualized, trauma-informed manner to further infants' and young children's healthy early development. In this toolkit, you will find tips, tools, and handouts to guide you as you are supporting families with the home visiting experience.



Emergency Response Toolkit: An Early Relational Approach is based on the science of early childhood development that affirms:

- Infants and young children are born ready to relate, communicate, and learn.
- Infants and young children are aware of and impacted by their caregivers and their environments.
- Early stress and trauma impact infants' and young children's brain development and well-being. It also affects their long-term development including both physical and mental health.
- While infants and young children are vulnerable to negative experiences, they are also very receptive to positive relational experiences.
- The health and development of infants and young children requires safe, stable, and supportive relationships and environments.
- Because of the impact of culture and environment, ensuring practices are individualized and accessible to support all children.
- Because children grow and develop well with consistent, positive relationships, supporting the health and well-being of caregivers is necessary to provide support to children.

An Emergency Preparedness Plan that focuses on ways to support positive interactions that will help meet the unique developmental needs of infants and young children who are particularly vulnerable to the impact of negative events, such as disasters. While emergencies and disasters are extraordinary events, they are not uncommon. Recently, in addition to natural and technological disasters, young children are exposed to the need for active shooter drills and pandemic preparedness. Tennessee is at specific risk for floods, tornadoes, and earthquakes.



During a 2022 focus group conducted by AIMHiTN and evidence-based home visitors; staff shared concerns about emergency events that could impact young children and families; including tornadoes, fires, earthquakes, gas leaks, a death of a child, parent, or staff, child abduction, active shooter, and responding to suspected child abuse or violence.

Toolkit Organization

This toolkit is divided into three sections on (1) emergency preparedness, (2) emergency response, and (3) emergency recovery. Each section focuses on the early relational needs of infants, young children, and their families. Resources by disaster type are provided at the end of the toolkit.

Relationships are Key to Supporting Emotional Development

A primary message of this toolkit is that relationships are crucial to supporting infants' and young children's healthy development and early relational health. While the importance of relationships does not end with childhood, it is during this time that children

depend on relationships to stay safe, to learn to play and love, and to learn about their world. Children also need relationships with adults to support them in managing their emotions. As caregivers and professionals working with children know, infants and young children come with big feelings that they cannot deal with on their own. Children learn to understand, express, and manage their feelings and behaviors through warm and supportive interactions with adults. The type of support children require depends on their developmental age. (Murray, et al., 2014).

For example:

- A crying infant needs an adult to soothe them by holding and rocking them.
- A toddler who cries because they want their friend's toy, needs an adult to calmly listen, validate their impatience and frustration, and help them find another activity.



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Key Considerations for Emotional Regulation During Emergency Situations

When adults are able to tolerate, provide comfort, and be with children when they experience big feelings, children learn that feelings can be managed (Cassidy et al., 2017). Children who receive support with emotions early in life are better able to cope with emotions on their own and ask for help when they need it by the time they are 3 ½ to 5 years old (ZERO TO THREE, 2016).

- Both relationships and emotions might be challenged during an emergency.
- Both children and adults experience intense feelings such as fear or helplessness during emergencies.
- Children, adults, and professionals who have been exposed to adverse experiences early in their lives might have increased difficulty managing and coping after an emergency.
- All children, because of their early stage in life, will require extra support with emotional regulation during times of stress.



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How to **PREPARE** for Emergencies Using an Early Relational Approach

As an Evidence-Based Home Visitor that supports infant and young children's healthy early development, you are already taking the first steps in disaster preparedness. When disaster strikes, all children are impacted. Even when they are too young to understand, they experience the anxiety and stress of the adults around them and the changes that occur. While adults cannot completely shield and protect children when bad things happen, caregivers can prepare in advance to ensure that children's outcomes will be as good as possible. In addition to being prepared with emergency preparedness plans for safety, developing and maintaining safe, stable, and supportive relationships is crucial. By utilizing this toolkit, you can provide families with tools to support healthier outcomes.

"How you are is as important as what you do" in making a difference for infants, toddlers, and their families"
(Pawl & St. John, 1998).

Infant Mental Health professionals often cite this quote to emphasize the importance of a professional's way of "being" while relating to an infant or young child. "How you are" in your relationship with children provides them with a strong foundation and serves as a protective factor following disasters.



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Table 1

HOW YOU ARE	You try to be...
RELATIONSHIP FOCUSED	You know that children grow and develop in the context of relationships and that your relationships with children are key to their development and well-being. You work closely with children's parents and caregivers, knowing that maintaining communication and positive relationships with children's families is an important part of your role.
FULLY PRESENT	<p>As a busy professional, you strive to be fully aware of what is going on around you, keeping your attention focused on the child, children, or family who is there. You work to keep your attention on the present moment and relationship.</p> <p>For more information on mindfulness in early childhood, see https://www.zerotothree.org/?s=mindfulness%20in%20early%20childhood resource from ZERO TO THREE and https://www.naeyc.org/resources/pubs/yc/mar2018/rocking-and-rolling from NAEYC.</p>
EMOTIONALLY AVAILABLE	<p>You strive to not just be present, but also aware of your feelings and those of others. When infants and young children are overwhelmed by big feelings, you strive to support them without minimizing or denying their emotional experiences.</p> <p>This video from the Circle of Security International program describes "being with" children's emotions. Home visitors can utilize this video to normalize that caregivers may be triggered by the emotions of the child(ren) in their care, especially during emergencies. https://youtu.be/Vy3EwAQ0lwo</p>
SAFE	<p>You understand the importance of emotional, as well as, physical safety. You as a home visitor help families create a supportive environment in which children know their needs will be met. This helps them feel secure and confident and ready to explore and learn.</p> <p>This video from the Circle of Security International program describes how children use adults as secure bases from which they can explore. The video explains why it is so important for caregivers to strive towards a commitment to connect with the child(ren) in their care. https://youtu.be/1wpz8m0BFM8</p>



Table 1

HOW YOU ARE

You try to be...

RESPONSIVE RATHER THAN REACTIVE

You notice when you feel frustrated by a child's or adult's behavior and pause to think of alternative ways to respond. You seek to understand what a child (or adult) is communicating when they show socially inappropriate or negative behaviors. Understanding children's behavior means that you are developmentally informed, culturally aware, and trauma-sensitive.

This video describes different ways to understand young children's challenging behaviors. <https://youtu.be/acAJsIEKxzg>

Practice the Pause: Everyone feels frustrated or reactive at times. It is important to use skills that help you regulate – "Practice the Pause." This is a great activity for the home visitor to practice themselves and with families.

- To regulate yourself, try breathing deeply – or doing something else to manage your emotions
 - Notice: What are you thinking? What are you feeling?
- Talking to someone about your feelings might be helpful. Everyone needs help at times
- Consider the situation or other person
- What might they be thinking and feeling?
- Decide how you want to respond
 - What will be most helpful in this situation?
 - Check: Are you behaving in a way you would want the other person (or the children) to model?

CULTURALLY RESPONSIVE

You recognize that children (and adults) grow and develop in the context of their families, communities, and cultures. You are self-aware and examine your own cultural identity and initial judgments, understanding that certain children are more likely to be punished based on assumptions associated with race and gender rather than the children's actual behavior (Gilliam, 2005). You recognize the unique identity of each child, celebrating each child and their familial and cultural strengths. You work with families to learn about their hopes and dreams for their children and provide individualized opportunities to help each child succeed.

ENGAGED IN SELF-CARE & OPEN TO OTHERS PROVIDING SUPPORT WHEN NEEDED (COMMUNITY CARE)

To be relationship-focused, fully present, emotionally available, safe, and responsive, rather than reactive, your own needs must be met. You seek advice or reflective consultation regularly. You practice self-care, support others, and allow others to provide support for you. This allows you to be available to meet the needs of the children and families with whom you work.



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Developing Your Disaster Plan:

Knowing Disaster Planning Requirements and Available Tennessee Resources

Connecting with disaster resources before you need them will help you inform and encourage disaster planning for the families you serve. The State of Tennessee has multiple agencies and resources to support disaster planning and response.

Tennessee Disaster Support Network (TDSN) <https://www.tn.gov/health/cedep/cedep-emergency-preparedness/community-resilience/tennessee-disaster-support-network.html>. TDSN, a TN Department of Health web-based resource, links to resources for use before, during, and following a disaster with a focus on responding to individuals with special needs.

Tennessee Emergency Management Agency (TEMA) <https://www.tn.gov/tema.html>. Through regional offices, TEMA, a TN Department of Military agency, coordinates with stakeholders for disaster preparedness, response, and recovery in Tennessee. The website provides resources, regional contact information, and updated information regarding state-wide emergencies.

Relationships are as important as resources. Children develop and thrive in relationships and depend on others to meet their needs. This is also true of adults, especially in disaster situations. Supportive communities, accessible resources, and strong relationships are factors associated with post-disaster recovery. Thus, forming supportive and working relationships with peers and professionals is an important part of preparedness leading to effective disaster response. Encouraging families to take part in disaster preparedness events with community members can help develop better relationships.

In Practice



As part of your advisory board, you invite a police officer to come speak about a new community program. A few months later, you arrive to a family's home and see that the police are there. The mother reports that a family member has violated their no contact order. You are relieved when you recognize that the police officer who spoke to your advisory board arrives at the scene. You are able to facilitate conversation between the police officer and mother and feel confident due to your previous work with this police officer.

Familiarizing and connecting yourself with disaster resources, even before you need them, will prepare you for immediate, efficient, and effective action. The State of Tennessee has multiple agencies and resources to support disaster planning and response.



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Emergency Preparedness Starts at Intake

Information gathered from parents or caregivers about children's experiences helps Home Visitors respond to children's needs and understand the meaning of behavior. This information can be especially important in understanding children's responses to emergencies when they may be reminded of earlier negative experiences.

Questions about family configuration and relationships, custody issues, and/or restraining orders will prepare Home Visitors for difficult situations that may arise. Many Home Visitors report being surprised when a caregiver(s) is incapacitated while visiting a home. When reviewing your program's policies, it is helpful to have open conversations about these issues.

This information is crucial in preparation for a possible disaster. Intake is also a good time to begin evaluating the families preparedness for emergencies.

Parents need information on emergency notification, relocation sites, and procedures for reunification. It is important to review the parent handbook and allow parents to ask questions, not only at intake, but also throughout the year.

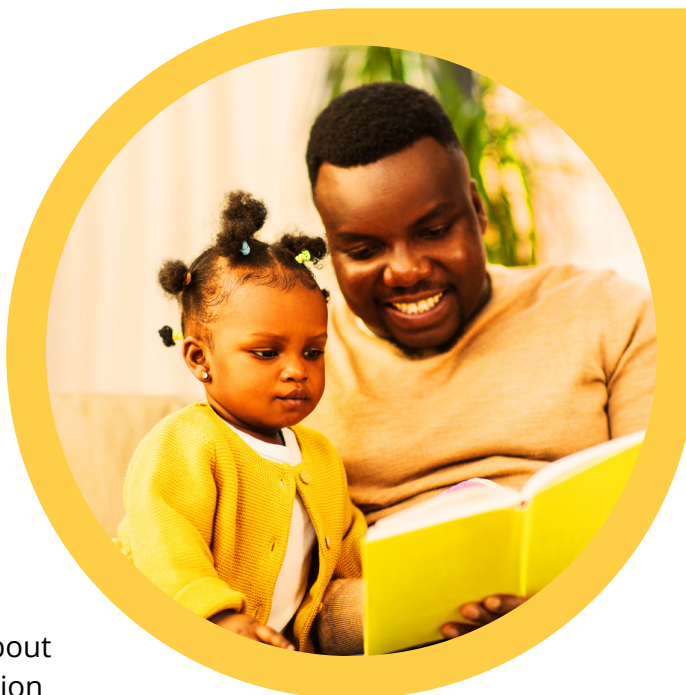
Example: Parent newsletters can be used to convey this information at times when disasters are more likely to occur (e.g. March, the beginning of tornado season in Tennessee).

Tips for discussing sensitive topics

It may feel intrusive to ask parents questions about their personal lives. However, detailed information supports your ability to provide individualized support and resources. Parents may choose not to provide the information. Even when this is the case, asking the questions may influence them to share information at a later time.

When discussing sensitive topics, it may be helpful to keep the following in mind:

- Include standard questions in an intake packet or interview, so families do not feel singled out as can happen when the questions are only asked after a child is identified as having challenging behavior.
- The goal of asking these questions is to understand the whole child. It is important to ask about family strengths and values as well as negative experiences.



Sample questions to include in intake packet for relationship-based, trauma-practice:

(Note: These are sample questions. It may be helpful for your staff to have discussions about which questions you would like to add or to create your own questions.)

Questions about family, community, and culture:

- Who lives at home with your child? (This can include family and friends that stay at your house periodically as well as your child's pets.)
- Who are other people outside of your home that help to care for your child?
- How do you discipline your child? (For example, do you use physical discipline, time out, removal of privileges, rewards for positive behaviors...?)
- Has your child attended childcare in the past? What did you/your child like about that childcare? Was there anything you/your child did not like about that childcare?
- How would you describe your family's culture?
- What are special traditions/routines in your family?

Questions about child's emotions and temperament:

- What five words would you use to describe your child?
- How do you know if your child is happy? What makes your child happy?
- How do you know if your child is sad? What makes your child sad?
- How do you know if your child is scared? What makes your child scared?
- How do you know if your child is angry? What makes our child angry?
- How do you know if your child is frustrated? What makes your child frustrated?
- What helps to soothe your child?
- Does your child have a special security blanket, stuffed animal, or something else that comforts them?
- What is special/unique about your child?

Questions about events that may have impacted your child:

- Has your child experienced the death of anyone close to them?
- Has your child ever been separated from you for a long period of time due to changes in custody, child welfare involvement, or any other reason?
- Has your child seen or heard violence in your home?
- Has your child seen or heard violence in the community?
- Have there been any negative events in the past that have impacted on your child (e.g., car accident or natural disaster)?
- Have there been any recent changes in your family or in your child's life? Please keep us updated of any events that may impact your child.



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Preparing For Emergency Response:

Considering Adverse Childhood Experiences and Disaster

Several of the above questions refer to early adverse experiences. Adverse Childhood Experiences (ACEs) were first recognized in 1995 in a groundbreaking research study conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente (Felitti, et al., 1998). The original study showed that children under 18 years of age who had been exposed to a traumatic or stressful event such as exposure to domestic violence, physical or sexual abuse, or neglect which often occurs in a household with drug or alcohol problems, have a significantly increased risk as an adult for chronic health conditions (cancer, diabetes, heart disease), mental health issues (depression, anxiety, PTSD), risky behavior (early pregnancies, HIV, STDs, alcohol or drug abuse), or early death.

Children who have experienced early childhood adversity are often less able to cope with later adversities and may be more negatively impacted by a disaster.

As the number of ACEs a child experiences increases, so does the likelihood of negative health and behavioral outcomes. Disasters whether they are natural or technological (“man-made”) can be extremely stressful and traumatic for young children and their caregivers, with the impact on the young child depending on the support and protection provided by their parent or caregivers. When a significant disaster occurs, children and families may experience many losses, ranging from the loss of housing to the loss of a close family member, friend, or pet.

They may also experience more global losses, such as changes in community- routines and places familiar to children. Because of the unpredictable nature of disasters, children may experience anxiety, which can contribute to ACEs and potential longer-term impacts on the child’s health and wellness. Knowing a child’s history of adverse childhood experiences provides you with information that is important in understanding and building a relationship with that child. With this information, you can develop individualized plans to support the child who is impacted by a disaster.

In Practice



You are working with a family who has previously experienced a house fire. You’re meeting with them in their new home and working with them to create a fire plan. You notice that the child becomes dysregulated when you begin discussing the plan and the caregiver’s become increasingly distracted. You pause to acknowledge how creating this plan may be difficult due to the family’s previous trauma and discuss therapeutic resources that the family can engage with. You make sure to spend time on how the family can receive support and concrete resources after this disaster and help them to feel more comfortable with disaster planning for the future.

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How to **RESPOND** to Emergencies Using an Early Relational Approach

The primary aim of disaster preparedness and response is safety. Much of disaster planning focuses on concrete planning for physical safety. For example, they tend to include specific information on frequency of smoke detector inspection, evacuation routes, and relocation sites so that physical safety is maximized if a disaster occurs. However, just as physical safety must be addressed, the State of Tennessee also recognizes the importance of emotional safety.

During emergencies, whether large-scale disasters or smaller-scale crisis events, it is natural for adults and children to respond with strong emotions. These emotions can help you act quickly to ensure your own safety as well as the safety of those around you. However, it is important to balance this sense of urgency with regulated emotions and an “in-charge” presence. It is your ability to remain calm, take control, and be supportive that will support infants’ and young children’s mental health during emergencies. Infants and young children are uniquely sensitive to the anxiety and worry of adults. Because they depend on and follow the lead of adults to know how to respond to events going on around them, they can be even more sensitive during a crisis.

Infants’ and young children’s responses to emergencies are largely determined by watching the responses and reactions of their parents and caregivers. Helping caregivers and parents understand their own responses to stressful situations can help them alert children to an emergency without causing alarm.



Table 2

HOW YOU ARE	You try to be...
RELATIONSHIP FOCUSED	You remember that children understand and respond to emergencies based on the response of adults around them. Your demeanor is important when discussing emergency response with families. It can impact how families cope during the emergency and how they recover after the emergency ends.
FULLY PRESENT	You are aware of the situation and the needs of the children and families.
EMOTIONALLY AVAILABLE	You notice your own emotional response first. You check in with yourself and manage your own emotional reaction so you can be ready to respond to the emotional needs of the children and families you serve.
SAFE	You focus on physical safety while also remembering the importance of emotional safety. Your tone conveys urgency as well as warmth. You talk to children (and their parents) in a way that lets them know you are working to protect them.
RESPONSIVE RATHER THAN REACTIVE	You understand that children (and adults) may not react as you would expect or wish and that their reactions may be based on their previous experiences. When you feel frustrated or confused by a behavior, you remember that behavior communicates a need. With this understanding you respond in a manner that will ensure safety.
CULTURALLY RESPONSIVE	You recognize that responses to disaster are determined, in part, by the child's and family's culture. While ensuring safety, you focus on the unique needs of each child and family.
ENGAGED IN SELF-CARE & COMMUNITY CARE	You recognize that you are also experiencing an emergency and that your own physical and emotional well-being is important. You do what you need to do to care for yourself, support others, and allow others to support you.





You get a call from a family that a shooting occurred outside of the community center where they were. You assess their current safety and how they are feeling. The mother reports that the family is physically safe, but the children are afraid to go outside. You assess with mom what the family can do at home to help increase their sense of safety and regulation.

You go to meet with the family the following day. You notice on your way to the home that you are feeling anxious about discussing the shooting with the family. Before going into the home, you take a moment to take some deep breaths and remember concrete action steps you can take to support the family in what they are experiencing.

While meeting with the family, the children express fear of going outside and voice that they never want to leave the home again. You validate the family's experience and begin to discuss how safety planning can be a helpful tool for knowing what to do if future disasters occur. You spend the remainder of your visit safety planning and providing the family with helpful resources.

What to Expect from Infants and Young Children During an Emergency

There is no single way that adults or children will respond to a crisis. A child's response will depend on their temperament, their previous experiences, and the responses of the adults around them. As always, children will demonstrate their needs through behavior, and, as caregivers, it is important to understand the meaning of this behavior. However, during a crisis, when adults' emotions are strongly activated, slowing down to consider a child's needs can be difficult. Often, a caregiver can easily determine how to respond to a child who appears frightened or indicates a wish to be held, but some behaviors are more difficult to interpret. Home Visitors can help them learn to appropriately identify and respond to behaviors by showing they understand and modeling. The following list describes reactions that may be observed during an emergency. Note, this list is meant to promote thinking about the possible meaning of children's behavior. All children are different, and behavior has different meanings depending on the situation and the child. It is important to remember that children do not choose to engage in challenging behaviors. During emergencies, behavior is often a reflexive response to danger. For children who have previous exposure to trauma, behavior may be based on how their brains and bodies have learned to respond to difficult situations.

- **Overactivity.** A child who displays excessive activity during an emergency may be displaying a natural "fight or flight" response to fear.
- **Noncompliance/Refusal to move.** A child who doesn't follow directions may be displaying a natural "freeze" response to fear.



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- **Staring off into space/Ignoring directions.** Some children respond to trauma by disconnecting themselves from the distressing event. This may be their way of responding to fear.
- **Silliness/Laughter.** When children's bodies are activated by stress, they may engage in behavior that appears playful and not appropriate to the situation. Silliness may be a child's way of discharging excessive energy when scared.
- **Moving towards danger.** Most children and adults move away from danger; however, some seem to seek out danger. These may be children who are accident prone. While this behavior is the opposite of what is expected, it may represent another response to fear, and, like all the others, demonstrates that the child has a need for the adult to keep them safe.
- **Appearing undisturbed.** Some children who do not appear distressed may be more upset than they appear. Researchers have found that a subset of children have learned to cope with stressful situations by not appearing distressed though their fear is evident based on their physical response (e.g. elevated heart rate) (Gander & Buchheim, 2015).

Some children with flexible temperaments may have minimal responses to emergencies. It is important that caregivers and home visitors do not overlook these children as all children have a need for support, communication, and reassurance. It is also helpful to remember that children are unlikely to respond in the same ways as adults. Specifically, children can be described as having short emotional attention spans. They are more likely to show many emotions - positive, neutral, and negative. They also may return to play even during stressful events. This does not mean that they are not affected by the crisis, but is a sign of children's push towards positive development.

Tips for Evacuation and Relocation

Children feel safe when they are with familiar adults. During and following large scale disasters, emergency volunteers may arrive to help with infants and children at shelters or relocation sites. Ideally, the sites will have special play areas for the children. Make sure that a familiar adult stays with the children.

In addition to maintaining proximity with familiar caregivers, children will do best during disaster if, as much as possible, familiar routines and objects are available. In preparing an emergency toolkit with a family in the event of evacuation, you will want to travel as light as possible and bring only necessary items. These may include a first aid kit, infant formula, diapers, and blankets. Packing blankets that are the same as those the child already uses on a day-to-day basis will offer consistency and comfort even in the midst of disaster. It is also helpful to have parents provide items for an emergency comfort kit that can be taken with each child in the event of evacuation. Items in comfort kits may include:

- blanket
- change of clothes
- small stuffed animal, book, or toy
- family picture
- comforting note from parents that other caregivers can read to the child.
- Age Appropriate activities such as coloring sheets and crayons, playdoh, singing, or story-telling.



How to Support **RECOVERY** Following Disaster

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The Importance of Home-Visiting in Disaster Recovery

Remember, infants and young children grow, develop, and recover through relationships with the adults who care for them. As part of the home-visiting community, you provide services not only to the child but also to that child's family. Following disasters, you are likely to interact with parents who are experiencing distress and who will seek support and resources from you. Many families may not have been connected with professionals who will support them in preparing for disasters. As a home-visitor, you can offer information on disaster recovery to the families you work with. Your positive interactions with parents will help support parents' positive interactions with their children.

Following a community-wide disaster, children, families, and home-visitors are all likely impacted and recovering. Each may be dealing with their own stresses and concerns. This situation occurs with all major disasters and has certainly been evident during the COVID-19 pandemic. Therefore, recovery services need to consider the stress that home-visitors and support staff may also be experiencing.

While this toolkit focuses on the importance of building supportive relationships between young children and their caregivers to aid recovery following disaster, supporting children's well-being requires having and rebuilding strong communities with adequate resources and supports and that these supports are integrated into the home and childcare settings. Recovery depends on advanced preparation that includes not only having adequate resources, but also preexisting relationships within the community (Murray et al., 2015). When communities are strong and provide families with support, families will have the internal and external resources to meet their needs.



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Key concepts in stress/trauma response

- Every person who has been involved in a disaster will have some type of emotional reaction to it.
- These reactions are expected. When people are threatened, they react.
- Adults and children react to stress and trauma differently based on their culture and their developmental age/stage.
- Not everyone who is exposed to a disaster or emergency event will experience mental health problems.

Researchers have identified several patterns of response following trauma (Bonanno & Mancini, 2012; Masten & Obradovic; Tedeschi & Calhoun, 2004).

- Resilience
 - Most individuals fall into this category. They have a response to the disaster, but this response does not interfere with their everyday functioning. Just like having a stress response does not mean that the individual is weak or has failed, resilience is not a characteristic or success of the individual. Rather, people described as resilient have protective factors within themselves, their families, and their communities.
- Normal Response and Recovery
 - Individuals with this pattern show a stress response following the event. The response begins to decrease within months after the event and resolves over time.
- Chronic Dysfunction
 - Individuals with this pattern have a severe response following the disaster, and symptoms remain without getting better more than a year after the event. Few individuals have chronic problems. For individuals who do, referral to mental health services is important.
- Delayed Onset Response
 - This is another response pattern that is rare though it occurs in a small group of people. Individuals with a delayed response have some symptoms after the disaster, and the symptoms become increasingly severe more than a year following the event. Individuals whose symptoms get worse over time should be referred to mental health services.



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- Post-traumatic growth
 - Post-traumatic growth occurs when people who have experienced disaster or other types of trauma show positive changes after the event. These changes may include:
 - A greater appreciation of life
 - Closer, more meaningful relationships
 - A sense of increased personal strength
 - Ability to see new possibilities
 - A richer spiritual life
 - Post-traumatic growth has been described in older children, adolescents, and adults rather than in young children who are just developing their understanding of the world and relationships and, therefore, are not yet able to demonstrate changes in these areas. For those who experience post-traumatic growth, it is possible to experience this type of growth along with post-traumatic stress or other mental health symptoms.

The type of response an individual will have following a disaster is dependent on multiple factors including characteristics of the traumatic event, the individual, the family and other relationships, and the community. With protective factors in each of these areas, infants and young children will have more of the necessary components to be able to recover and move forward following disaster.

Table 3

	PROTECTIVE FACTORS	RISK FACTORS
CHARACTERISTICS OF THE DISASTER	<ul style="list-style-type: none"> • Short, single incidents • Little personal impact based on the event • Not separated from caregivers • No perception of threat or actual threat to self or loved ones • Trauma occurring within caregiving relationships (e.g. interpersonal violence) 	<ul style="list-style-type: none"> • Prolonged, repeated incidents • Significant and direct impact (e.g. damage/loss of belongings or home, interrupted daily routines, parent's loss of job) • Separated from caregivers • Perception of threat or actual threat to self or loved ones • Trauma outside of interpersonal relationships (e.g. natural disaster)
CHARACTERISTICS OF THE INDIVIDUAL	<ul style="list-style-type: none"> • No previous exposure to trauma/disaster • Older age for children who are better able to use language to make meaning and have developed coping skills 	<ul style="list-style-type: none"> • Previous exposure to trauma/disaster • Younger age, before a child is able to understand what is happening or has developed coping skills

Table 3 (continued)

	PROTECTIVE FACTORS	RISK FACTORS
CHARACTERISTICS OF THE RELATIONSHIPS/FAMILY	<ul style="list-style-type: none"> Caregiver's adaptive response to the disaster Close attachment relationships Positive connections among family members 	<ul style="list-style-type: none"> Caregiver's difficulty functioning following the disaster Lack of secure attachment relationships Conflictual relationships among family members
CHARACTERISTICS OF THE COMMUNITY	<ul style="list-style-type: none"> Strong social and community networks Strong cultural/spiritual supports Positive childcare environment Disaster planning and supports in place childcare and community 	<ul style="list-style-type: none"> Lack of community and social networks Lack of cultural/spiritual supports Lack of support and resources in childcare environment Lack of disaster planning and supports in the childcare and community

Recognizing Stress/Trauma-Related Responses in Infants and Young Children

Knowing signs of stress and trauma that are common at different ages can help caregivers recognize problems and respond appropriately. Infants and young children respond to trauma, disasters, and loss in many different ways. Some may show disorganized and dysregulated behaviors right after the disasters, others may withdraw, and others may react like nothing has happened. Some children may show these reactions soon after the event while others may seem to be doing fine for weeks or even months and then some event may trigger anxiety or dysregulated and troubling behaviors.

Just like during the disaster itself, some children with flexible temperaments may have minimal responses to emergencies. It is important that caregivers not overlook these children as all children have a need for support, communication, and reassurance after they have experienced an emergency. It is helpful to remember that children are not little adults, and they display emotions differently. Specifically, children can be described as having short emotion attention spans. They are more likely to move back and forth between positive, neutral, and negative emotions and will return to play even during stressful events. This does not mean that they are not affected by the crisis, but is a sign of children's push towards positive development.

Recognizing symptoms of stress or trauma requires knowledge of a child's behavior prior to the event since disaster-related responses generally represent a change from the child's previous behavior. Similarly, it is important to have knowledge of typical development to differentiate age-appropriate behavior from responses associated with disaster.





Sam is an eight-month-old boy who has been at your center for four months. Several weeks ago, his family's house was destroyed by a fire. Prior to the fire, Sam never had any difficulty separating from his parents. Soon after the fire, you notice that Sam has begun to cry when his parents leave him. You wonder if this is a trauma response to the fire. You also know that separation anxiety commonly starts between the ages of seven and nine months. Before assuming the crying is a trauma-related response, you seek more information.

Jessica is a 24-month-old girl who has been at your center for a year-and-a-half. She has always displayed a flexible temperament, but over the past month you notice that she easily cries and is aggressive with other children. You know two-year-old children are not yet able to manage their feelings and often show frustration through aggression, so you don't mention the change to Jessica's mother. After three weeks, Jessica's aggression is becoming worse, and you decide to ask Jessica's mother if she has noticed a similar change in behavior at home. Jessica's mother responds she has and says, "Everyone warned me about the 'terrible two's';" I was waiting for this." You continue to ask questions, and Jessica's mother tells you that the arguing between her and her husband got so loud that a neighbor called the police about a month ago. She says Jessica was asleep so didn't know what happened. You wonder if Jessica's behavior is related to what's going on at home, saying, "I'm so sorry. It sounds like it has been a hard time for everyone. Is it ok if I keep checking in with you and asking how things are going at home?" You know that children are highly sensitive to their parent's moods and more aware of their environments than their parents sometimes think they are. You decide to look for opportunities for ongoing conversations with Jessica's mother about how to best support Jessica.

Stress/Trauma Responses in Infants Under One Year

Very young infants under one-year show distress through their bodies, for example, by startling easily or holding their bodies in a rigid, stiff way. Problems in eating, sleeping, and elimination are common after disaster.

Below is a list of possible stress/trauma reactions to look for in infants. Remember that a behavior can have many different meanings, and the items on the list may be signs of distress after disaster. However, before assuming a trauma reaction, consider other possibilities such as illness or a temporary state (for example, is the baby sleepy or hungry?). If you are concerned about a baby's reaction it is important to refer the family to an infant mental health professional.



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- Sad or bland affect
- Lack of eye contact
- Lack of responsiveness
- Intense, prolonged crying
- Unresponsiveness to soothing
- Rejects being held or touched
- Prefers “strangers” to familiar caregiver
- Muscular rigidity, restlessness, agitation, intense startle response
- Feeding, sleeping, or elimination problems
- Weight loss

Stress/Trauma Responses in Young Children

Young children find it difficult to adjust to change which is why routines and listening to them is so important. Also, they do not understand the implications of the disaster or the finality of loss, but they know something in their life has changed. Young children have not yet developed their own coping skills and depend on the adults around them, including home-visitors, to help them through difficult times. Their reactions will also depend on the impact of the trauma on parents, caregivers, and environments.

Some behaviors are commonly seen in very young children following a disaster or other traumatic events. Regression to an earlier behavioral stage is common; a child may engage in bedwetting after being toilet trained or thumb sucking after this behavior has stopped. They may show increased anxiety and fear of strangers, being alone in the dark, or imagine “monsters” in their room. They may also become clingier to a parent or home-visitor showing separation anxiety when they used to feel comfortable in a setting. They may not want to leave home to go to childcare, preschool or other places in the community. Other changes may include fussiness with eating, changes in sleep habits including difficulty going to sleep or staying asleep. Dysregulation in behaviors and emotions is also common including aggressive or withdrawn behaviors.

Experiencing a disaster can also affect play with a young child repeating the same play over and over. Younger children tend to have a self-focused lens, so they might be afraid that something they thought or did caused bad things to happen.

A list of possible stress/trauma reactions to look for in young children is described below. Remember that a behavior can have many different meanings, and the items on the list might be signs of distress after disaster. However, before assuming a trauma reaction, consider other possibilities such as illness or a temporary state (for example, Is the child sleepy or hungry?). If you are concerned about a young child’s reaction it is important to refer the family to an infant or early childhood mental health professional.



- Sad or bland affect
- Crying, whimpering, screaming
- Not able to be soothed
- Frightened facial expression
- Immobility, aimless motion, trembling, muscular rigidity
- New fears that cannot be resolved
- Fear of being separated
- Increase in clingy or needy behavior
- Being withdrawn, avoiding interactions
- Lack of interest in usual activities
- Sensitive to loud noises, jumpy, or anxious
- Preoccupation with safety
- Emotional outbursts including anger and aggression
- Physical complaints (stomach aches, headaches, change in appetite.)
- Changes in sleep patterns
- Regression in developmental milestones
- Feeding, sleeping, or elimination problems
- Difficulty concentrating
- Seeming spaced or zoned out
- Repeated play or talk about the trauma with no resolution and blunted or intense affect
- Precocious competence in self-care or attempts to care for adults

Table 4

HOW YOU ARE	You try to be...
RELATIONSHIP FOCUSED	You understand that your relationships with children are key to their post-disaster response and recovery. You support both children and their families in recovery as you understand that how adults respond to disaster will influence how children respond.
FULLY PRESENT	Following a disaster, it might be more difficult to be present as your mind is more likely to wander back to the disaster or to other present concerns. You are forgiving of yourself when this occurs as it is natural. You notice when your mind wanders and bring it back to the present moment to focus on the child, children, or family in front of you.
EMOTIONALLY AVAILABLE	You recognize that children display symptoms in the context of relationships and might behave in ways that push adults away at the same time they need them the most. You are consistently available to children (and their families), being with their strong feelings that may include sorrow, fear, and rage, while helping them express their feelings in an appropriate and safe manner.



Table 4 (continued)

HOW YOU ARE	You try to be...
SAFE	You recognize that young children think adults are all powerful and can keep them safe; therefore, a disaster may result in broken trust, and children might relate differently to you than before. You ensure a safe physical environment as well as a safe emotional environment by being appropriately flexible while also being consistent, keeping routines, and setting limits.
RESPONSIVE RATHER THAN REACTIVE	You understand that children and adult behavior has meaning and that behavior which may feel annoying or disrespectful is communicating a need. You notice when you feel hurt or frustrated and seek to understand the situation from different perspectives. You ask questions and wonder about possible meanings of behavior as you try different ways of responding.
CULTURALLY RESPONSIVE	<p>You recognize that post-disaster responses are determined, in part, by the child's and family's culture. For example, a protective response in some cultures for children and families is to sing and dance as an important part of the recovery.</p> <p>You also recognize that sociocultural factors, such as poverty, lack of resources, language barriers, and discrimination, may influence a family's ability to recover from disaster. You strive to break down barriers that families face and focus on the unique needs of each child and family.</p>
ENGAGED IN SELF-CARE & COMMUNITY CARE	Disaster work is hard. Whether or not you also have experienced the disaster, disaster work is associated with highly-charged emotions and complex needs. To do this work, you know that your well-being is important. You practice self-care, support others, allow others to support you, and receive consultation. You allow yourself the same grace and compassion you hold for others.



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Supporting Infants and Young Children Following Disaster

Responding to trauma reactions in infants and young children might be especially difficult following disasters that have impacted communities since adults are often coping with their own emotional reactions. Children always depend on adults to protect and support them. However, the adults may question their own safety and ability to keep children safe while children need support to feel safe again and believe that adults can protect them. Following a disaster, children need adults to hear, acknowledge, and respond to their feelings even when they do not express themselves in ways that are easy to understand. They need extra support in managing their emotions and making sense of what has happened.

Since infants and young children can pick up the stress of adults, supporting and seeking support for yourself as well as children's other adult caregivers is the first step in supporting infants and young children. (see pages 32 – 34 for more information).

As always, how you are in your relationships with children and families is a key component to their recovery following a disaster.

Supporting Infants Under One Year Following Disaster

Following a disaster, infants do not have the words to understand the frightening event(s) they experienced, but they do “remember” the trauma in the emotional and body-based feelings that accompanied it (Van der Kolk, 2015). For this reason, supporting infants after trauma means helping them feel comfortable, safe, and secure in relationships. While they might not understand the words you use to comfort them, they understand your tone of voice and the tension or relaxation in your body. As they begin to understand language, the words you use will help them make meaning of their feelings. Most importantly, as you hold and create a safe environment, the infant's body will have a restored sense of safety. Consider the following list when working with infants who have experienced disaster or other types of trauma.

- It is important to notice what calms the infant and helps them regulate their bodies and emotions.
- Pay attention to the types of touch, movement, music, and lighting that soothes the infant and surround them with what makes them comfortable.
- Maintain routines and consistent care as much as possible.
- Use gentle touch and a soothing tone of voice.



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- When an infant is scared or upset or when scary things are happening around the infant, make sure they are with a familiar caregiver.
- Provide support to the caregiver, including helping the caregiver find resources to meet basic needs such as food and housing.

Supporting Young Children Following Disaster

While being in supportive relationships with young children following a disaster, there are important things that you can do to help them in the following areas:

- Focusing on age-appropriate activities, play, and learning
- Managing their bodies, emotions, and behaviors
- Building trusting relationships with adults
- Responding realistically to danger and recognizing the difference between the danger of the past and the safety of the present (if the present is, in fact, safe)
- Understanding scary and confusing experiences (Lieberman, Ippen, & Van Horn, 2015)

In Practice



You are working with a family who recently witnessed a school bus accident. The child has appeared increasingly dysregulated during your visits and makes statements around never getting into a school bus again. You validate the caregivers and child's feelings around witnessing the accident and provide resources for mental health support. You guide the caregivers in explaining to the child that accidents can happen and there are steps you can take to increase safety in case an accident were to occur. You talk through safety planning for traveling by car or bus and support the child in making cards for the children involved in the school bus accident.

Here are additional ways to guide caregivers and professionals in supporting young children in the context of their development and culture.

Provide extra affection and attention. Consider scheduling extra time if a disaster or a community violence has taken place. After a disaster or other traumatic event, children will need additional support. When possible, spend individual quiet time with each child. Children may want to be by your side more often or seek more physical attention. This is normal after something scary happens. If the child wants to talk, listen to them. If the child wants to be held, hold them. If the child is clingy, be patient, and if the child shows fears, provide support without dismissing or minimizing their fears. When children get the additional attention they need, they will be more likely to return to their typical levels of play.



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Return to routines and normalcy as appropriate. When possible, maintain regular routines such as mealtime, bath time, and nap time. When old routines are not possible, establish new routines since consistency is important in helping children feel safe and secure.

Play. Play is the most important work of children. It helps them develop, learn, express feelings, and relax. Provide props (such as dolls, barbies, cars, books, paper, and crayons) for children to act out their experience of disaster, but do not force or over-encourage this type of play. Allow children to play both individually and with peers. Offer soothing activities like singing, coloring, or listening to music. Encourage physical play and activities so children can release anxious energy.

Teach relaxation skills. It is never too early to help children learn ways to manage their feelings. Toddlers can learn simple breathing exercises. Some suggestions and examples can be found in our website resource section like the videos listed below. Please follow the link or QR code at the end of this section to access those.

Sample Resources:

- Daniel Tiger's Close Your Eyes, Snuggle, or Take a Deep Breath, You Can Do What Helps You Rest
- Sesame Street Big Bird's Comfy-Cozy Nest supports children in relaxation, visualization, and using adults to help them manage feelings

Encourage expression of thoughts and feelings. It is important to help families or caregivers understand how children might express themselves. Encourage caregivers to be present and listen to their children when they express their thoughts and feelings. Not all children are verbal or express themselves best through language. Many will tell their stories through dramatic play, puppets, and art.

Tips for Caregivers to Encourage Expression:

- Watch and listen without interrupting.
- Avoid asking too many questions, or correcting.
- Paraphrase what the children say.
- Give words to describe their play.
- Label emotions children display
- Example: "You have tears running down your face, you might be sad?"
- "You are stomping your feet and yelling, are you angry?"
- Validate their feelings and experiences.
- Example: A child describes a tornado as a monster. "That tornado was so loud and scary, I can see how it sounded like a monster. Tornadoes happen when the wind gets so strong that it makes a loud noise and can hurt our houses and buildings."
- Watch and listen for children who blame themselves and reassure them that it was not their fault.
- Let children know you appreciate them sharing and that they can continue to talk with you.



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During your lunch break, you look at your phone notifications and see that there has been extreme flooding in an area you serve. You later find out that the mother of Jennifer, a 30-month-old girl in your program, was killed. Jennifer's grandmother lives in the home and has also been a participant in your program alongside Jennifer and her mother. You receive a call from Jennifer's grandmother sharing that she plans to tell Jennifer that her mother had to go out of town for work.

The home visitor validates how hard the situation is and explains that it is important that Jennifer be told the truth. Jennifer may not understand the meaning of death, but she will see a lot of relatives crying and will know that something happened to her mother. She will also miss her mother and may think that her mother doesn't want to come home to be with her if she is not told the truth. The home visitor shares that it helps to explain death to children by saying that death means a person's body doesn't work anymore, that the person can't talk, walk, run, eat, or play anymore. The home visitor also stresses that it is important to remind Jennifer that other adults are there to take care of her. Jennifer's grandmother agrees. She wants to wait until other family members including her aunt and cousin arrive to tell Jennifer that her mother has died.

Share stories. Reading storybooks about disaster written at an age-appropriate level are a helpful way to begin conversations about a child's experience of disaster. Some children have an easier time talking about a character's experience rather than their own. There are freely available stories about disaster online for public use. For example,

- Children's Health Queensland Hospital and Health Services developed a series of stories entitled, Birdie's Tree: Growing Together through Natural Disasters. This series can be found at [and](#) includes stories about Birdie and the Virus, the Fire, the Cyclone, the Very Hot Day, the Big Sickness, the Flood, the Drought, the Earthquake, and Relaxing with Birdie.

Remind the caregiver that before reading any story, make sure to read it yourself. You'll want to leave out any parts of the story that are not developmentally appropriate or relevant to your situation; you can adapt the story to fit your circumstances. As you would when reading any story, encourage children's questions, comments, and involvement while reading. Be mindful that caregivers may need to use more picture oriented books, or oral stories to accommodate reading levels and help them communicate ideas to the children on a developmentally appropriate level.

Let children help when it is safe. Disasters are associated with a lack of control. Both children and adults feel better when they can help themselves and others. Plan activities that give children and caregivers control over their environments. For example, children can draw cards for family members of a child who has died. If there was a natural disaster that destroyed the local playground, children can plant flowers to make the playground pretty again.



Watch for trauma triggers. Trauma triggers can be anything that reminds the child of the disaster or trauma. A trigger can be a place, object, sound, smell, time of year, type of weather, or feeling. Since it can be hard to know what a child's trauma triggers are and if a child is responding to a trauma trigger, it is helpful to look for patterns in a child's behavior. It is also helpful to wonder if a child is being triggered by something if they misbehave "for no reason." Often when children misbehave "out of nowhere," they are responding to a trauma trigger about which adults are unaware. When adults are aware of triggers, they can help the child make a connection between the trigger and their feelings or behaviors. It can also be helpful for the home visitor to encourage adults and caregivers to share their feelings in an age-appropriate way. For example, on a rainy day after there has been a tornado, a caregiver might say, "Rainy days remind me of the tornado, and make me feel scared. This is a regular rainy day. Let's get our musical instruments out and play inside."

Limit media coverage. Given children's cognitive development, they do not understand that events portrayed on the news are not occurring in real time, and they might think the disaster is happening over and over again each time it is shown. Limit the amount of news and potentially violent television and movies that children (and adults) watch. In addition to limiting exposure to media, remember that children are very aware of what adults are saying even when the adults think children are not listening. Protect children from heated or stressful discussions. Home visitors should avoid presenting these concerns in a critical way. Families will likely need support in learning to assess media and respond appropriately.

An example to use with caregivers might be: If children do overhear the news or other discussions you wish they would not have heard, acknowledge what the children heard or saw, explain it to them in a developmentally appropriate manner, and reassure them that you are there to keep them safe.

Refer for mental health services if needed. Infant and early childhood mental health clinicians provide evidence-based social, emotional, and behavioral support to infants, young children, and their families. Most infant and early childhood mental health providers:

- Start with an assessment that involves the caregiver(s) alone to understand the issue that needs to be addressed as well as the child's and family's strengths, difficulties, and needs.
- Meet with caregiver(s) alone to offer support and to help them understand and respond to their child's reactions to trauma.
- Work with caregiver(s) and child together to strengthen the parent-child relationship when it has been impacted by trauma.
- Work with caregiver(s) and children using methods like play to help the child share their thoughts and feelings around the emergency event.

The Association of Infant Mental Health in Tennessee (AIMHiTN) has a list of infant and early childhood mental health resources which can be found at <https://AIMHiTN.org/resources/tennessee-resources>.



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It is important to remember that recovery from disaster or trauma takes time.

Trauma reactions develop as a way to adapt to a stressful situation and survive. For example, a child who has been exposed to a fire that destroyed their house is more likely to be on the lookout for fire. Similarly, a child who has experienced neglect including food deprivation is likely to hoard food. Even when the behaviors are no longer necessary, they often persist. It can be frustrating for adults who know a child is safe and well fed to have a child that continues to display these behaviors. At these times, it helps to remember that behavior has meaning and that the behaviors are not simple defiance. Mental health support can help both children and adults cope with the long-term impacts of trauma.

Supporting Caregivers Following Disaster

Caregivers often turn to home visitors for information and support following disasters, and providers must be prepared to support caregivers as they navigate their own and their children's recoveries. Hosting caregiver meetings is a good way to offer information and resources and to provide opportunities for social support for parents who feel isolated.

Tips on supporting caregivers following disasters:

- Recognize that caregivers may feel powerless to keep their children safe.
- Help caregivers understand the power of their relationships with their children and how important those relationships are in children's recovery.
- Focus on and point out caregivers' successes.
- Notice if caregivers are having difficulty with their children's reactions. They may label children's trauma reactions as "behavior problems," "bad," or "defiant." They may call their child a "crybaby" or "scaredy cat." Listen to caregivers' concerns and offer information.
- Prepare caregivers by normalizing common trauma reactions in children and offering information about how caregivers can help children after a disaster.
 - Psychological First Aid: Parent Tips for Helping Infants and Toddlers after Disasters offers information about common disaster responses in infants and young children and how parents can respond to those reactions. The handout is available in multiple languages and can be downloaded and copied (<https://www.nctsn.org/resources/pfa-parent-tips-helping-infants-and-toddlers-after-disasters>).
 - The CDC website (<https://www.cdc.gov/childrenindisasters/children-disaster-help.html>) offers information and links on Helping Your Child Cope with Disaster and is available in English and Spanish.
 - Ten Considerations for Infants and Young Children After Disasters and Violent Events: General Handout for Parents: See page 36.
- Caregivers may want quick fixes when their children are having behavior problems or other reactions following a disaster. Validate the caregivers' frustrations while helping them understand the children's behavior in the context of disaster.
- Help caregivers find ways to talk to their children about the disaster. Discuss the ways you are talking about it during visits and share any handouts or books you are using with the children.
- Be familiar with community resources and have an updated list of resources including food pantries, parent support groups, mental health referrals, financial assistance, etc.



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- Be aware of misdirected anger. When feeling helpless or scared, parents may blame or yell at you. Know that this is not your fault.

Self- and Community-Care

It is noteworthy that this section is entitled self- and community-care. Self-care is of utmost importance to effectively support children and their families. However, it is also necessary to recognize that true self-care requires adequate community resources, agency support, funding, and societal recognition and respect for the importance of home-visitors and their roles. Furthermore, just like infants and young children thrive in the context of relationships, adults also need relationships to support their well-being and recovery. In community care, responsibility for care is shared. When home visitors are able, they notice and provide support if another staff member is having difficulty.

Tennessee supports its home visitors through resources such as Reflective Supervision, Mental Health Warmlines, and ECHO programs ... which are described on page 8 of this toolkit.

When impacted by a disaster, be aware of signs of stress. Common reactions include:

- Nightmares or upsetting thoughts and images of the event that come to mind
- Avoidance of thoughts, situations, or other reminders of the event
- Strong feelings of sadness, helplessness, anxiety, anger
- Feeling overwhelmed, confused, or emotionally numb
- New or renewed fears, jumpiness, difficulty with sleep, problems with concentration

Remember, these can be normal reactions to very stressful events. With adequate resources, supportive communities, and the help of family and friends, most people gradually feel better. However, if the symptoms remain or interfere with your work, relationships, or life satisfaction, seek support from a mental health professional who specializes in trauma.

Even if you have not been directly exposed to disaster, working with children who have experienced disasters or other traumas can lead to burnout or secondary traumatic stress (Stamm, 2010).

- Burnout is associated with feelings of exhaustion, lack of work satisfaction, feeling unproductive in your work, difficulty coping with work-related responsibilities, and distancing yourself from your work.
- Secondary traumatic stress occurs when you repeatedly hear stories of disaster or trauma. Secondary traumatic stress symptoms are similar to the traumatic stress symptoms you may have if you are directly exposed to disaster. For more information on secondary traumatic stress, the National Child Traumatic Stress Network has many resources.
- Helping others who have been through disasters or other traumas can have positive impacts and lead to compassion satisfaction which is the pleasure you receive from feeling effective in your work and your ability to help others.



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Tips on self-care after disaster:

Watch for risk factors. Burnout and Secondary Traumatic Stress are associated with specific risk factors including:

- Measuring your self-worth by how much you help others
- Unrealistic expectations of yourself and others
- Perfectionism and critical self-view
- Fearing others will judge you if you show weakness
- Avoidance of feeling or showing feelings
- Having difficulty receiving emotional support
- Having a personal trauma history
- Not having a balance in your work and personal life

Following disaster:

- Take care of yourself – try to eat healthy meals, get enough sleep, and exercise
- Spend time with other people. Resist the tendency to isolate yourself from your support, such as trusted friends, family, or your spiritual community.
- If it helps, journal or talk about how you are feeling. However, it may be difficult for you to listen to the distress of others when they need to talk, so use your own judgment.
- Get back to your everyday routines. Familiar habits can be very comforting.
- Give yourself permission to feel moody, nervous, or blue. Take time to grieve and cry. It can be helpful to let your feelings out.
- Instead of trying to do everything at once which can be overwhelming, do one thing at a time.
- Try not to make any major life changes during a stressful time.
- Make as many daily decisions as possible to have a feeling of control over your life.
- Do something that just feels good to you.
- Turn off TV news and stay away from media reports. If you need to be knowledgeable, look at the news once in the morning and once in the evening.
- It is important to take breaks from the stress of the event.

All of these tips can be used when home visitors are working with families, to help them create self-care routines and understand their own needs.



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Handout 1

Children grow, learn, and thrive through sensitive and responsive relationships with adults

In supportive relationships, children learn...



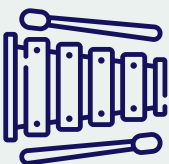
How to calm and deal with big feelings.

Children are not born with the ability to manage their emotions. Holding, rocking, or quietly speaking to a child who is scared, angry, disappointed, or overexcited will help them become calm. Over time, they will learn ways to calm down on their own or seek out support when they need it.



What is safe and what is dangerous; what is acceptable and what is not?

Children need adults to keep them safe. Children watch you closely and learn about safety and appropriate behavior based on your responses. They will learn what makes you scared or angry and how you control your emotions.



It's safe to explore, play, and learn.

When children trust that you will support them in managing their emotions, keep them safe, and be there when they need you, they can focus on their "work" of playing and learning.



How relationships work.

In our culture, children interact with a few, special adults. When you treat a child with care and kindness, the child learns that most people are caring and kind. In turn, they learn to be caring and kind towards others.

**Relationships Matter:
You Are Important in the Life of a Child.**



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Handout 2

Ten considerations for infants and young children after disasters and violent events

In Supportive Relationships, Children Learn

1. Infants and young children are impacted by disasters and trauma. They are not “too young” to notice but may not have the language or skills to tell you how they feel. How they react and their recovery often depends on the resources in the community and the responses of their caregivers.
2. Infants and young children exposed to disasters and trauma may show how they feel through changes in their behaviors and emotions.
 - a. They may cry more, be more clingy or more withdrawn.
 - b. They may show regression (like bedwetting after being trained or loss of language skills).
 - c. They may show new fears, sleep problems, or repeatedly play about what happened.
 - d. They may have more difficulty paying attention and be more defiant, active, or aggressive.
 - e. Very young babies will respond with changes in crying, eating, sleeping, and eliminating, and by startling easily or having a rigid body posture.
3. Risk factors from different disasters or traumas may add up, resulting in increases in stress response.
4. It is important to be hopeful. With community and family support, most children will recover after disasters or violent events.

Ways to Help Infants and Young Children

5. Children need support from parents, caregivers, teachers, and other adults.
6. Reestablish routines for infants and young children after disasters or other violence; try to provide opportunities for them to play, relax, and recover.
7. Infants and young children need extra attention and affection after a disaster or violent event.
8. Be prepared to listen to a young child. Find out what they know, answer any questions, explain what is happening in a way they can understand.
9. Watch for trauma triggers (things that remind your infant/young child of the event). When children misbehave for no apparent reason, they may be responding to a trauma trigger.

Support for Adults

10. Self-care for the adults who are caring for young children is very important. If available, it is important that adults use community resources, support others, and allow others to support them.



Parenting Under Pressure

Tips for staying calm during emergencies



During emergencies, it is natural for both adults and children to react with strong emotions. These emotions can help you act quickly and ensure your safety as well as the safety of the children in the home. Infants and young children will watch your responses to understand the safety or danger of the situation and respond based on how they see you react.



Recognize the physical signs of when your stress level is increasing. Stress signals such as:

(1) Increased heart rate; (2) clenching teeth or fists; (3) changes in breathing, face turning red and/or hot; (4) dizziness, yelling, and feelings of “fight or flight.”



These physical signals above can help you know how you are feeling and what to do next. Below are some tips that could be helpful.

(1) Check in with yourself. Pause and take a deep breath (or use whatever strategy works for you) so that you can respond with regulated emotions and an “in-charge” presence. (2) Use the emergency response plan you have developed as your guide. (3) Give clear directions that the children will be able to follow. (4) Your tone of voice should convey the seriousness of the situation while also conveying care and concern. (5) Reassure infants/young children that what you are doing and what they need to do will keep them safe. (6) If it is safe, sing songs, tell stories, and provide physical comfort. (7) Listen and watch the child(ren) learn what they understand about the situation. (8) Use simple and developmentally appropriate language to provide basic but accurate information about what is happening and what you are doing.



Questions for caregivers:

(1) What are the physical signals that show you that you are stressed? (2) How have you navigated a previous emergency? (3) What did your body feel like during the previous emergency? (4) How did you regulate yourself to help get through the emergency? (5) How did you reassure your children during the emergency?



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Tuning In

How to read your baby's cues and respond appropriately

It's so important to read your child's cues and respond in a nurturing and developmentally appropriate way. Responding to your child's cues with nurturance is not always easy to do, but it makes your attachment with them secure. Let's take a few minutes to look at how you're tuning into your baby.

It is especially important to consistently respond to your baby in a nurturing way after a disaster in order to help them know their needs are important and will be met.

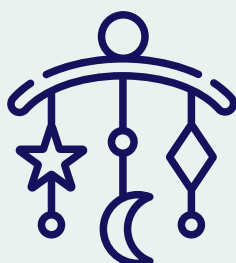
Here are some questions to help with tuning in:



- What is my baby feeling or experiencing right now?
- What cues are they telling me with this?
- Are they stressed out? If so, why?
- What do they need or want from me right now?
- What words could I use to describe what they are telling me?



- How can I use my voice and touch to communicate that I understand and care?
- What else could I do to comfort, help, or have fun with them?
- How could reviewing these questions regularly help my baby and make our attachment even stronger?



- What part of getting in tune with your baby feels challenging?
- What are some messages you heard when you were a child or in the past that makes it hard to be in tune with your baby?
- What are ways you are overriding messages you may have from your past that impact being in tune?



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Growing Together

The importance of communication with your child after an emergency or disaster



Talking with children after a disaster can feel challenging. Caregivers may be tempted to not talk about it, but this can cause distress and confusion for the children. Children will most likely hear others talking about the disaster and may make up incorrect details in their brain if they don't have the information.



It is important to talk with your children about the disaster in an age appropriate way and you do not have to go into disturbing details. Here are some steps that may be helpful:

1. Provide a brief age appropriate statement of what occurred.
2. Validate how your child may be feeling.
3. Share what adults are doing in the child's life to keep them safe.

Example:



There was a tornado that happened close by last night. You may be feeling scared and anxious. "I'm here to keep you safe by knowing about the weather and moving us to a safe space in our home if there is ever a storm."

Other Helpful Communication Tips:

It is helpful for you to state how the child may be feeling, even if you don't understand it.

Say things like, "I'm here with you," "It's okay to feel sad or scared," "I know this is hard," instead of saying, "It's okay!" "You're fine!" Making statements like this can make the child feel misunderstood and alone.

You can share some things you do to help yourself feel safe and calm. "I like to read a book when I'm feeling worried. Would you like to read together?"

Becoming Your Child's Anchor

The role of being a safe base in their emotional development



It is helpful whenever possible to follow your child's needs and help to organize their feelings. You can do this by voicing how they may be feeling, "You feel scared after that storm. I'm here with you."



What are ways that you feel you encourage your child to explore?



What are the ways you nurture and care for your child when they are feeling upset or frightened?



What cues does your child give you when they are needing your safety and comfort?

Disaster-Specific Resources

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Supporting Infants and Young Children Around Tornadoes

Before a Tornado

Having a safe, stable, and supportive relationship serves as a protective factor for children who are later impacted by tornadoes.

Regularly review your tornado plan with parents and keep updated contact information. Keep your tornado plan updated and plan regular tornado drills.

What home-visitors might encourage caregiver(s) to say or do: *

For young children



"Today we're going to learn about tornadoes. Tornadoes don't usually happen, but sometimes when there's a really bad storm, the wind starts swirling and gets so strong it can knock things down. In a little while, you're going to hear a loud alarm that will tell us it's time to practice how to be safe if there's a tornado. I'll be right here with you."

During a Tornado

Always check in with yourself first. If you feel overwhelmed or frozen, pause and take a deep breath (or use whatever strategy works for you) so that you can effectively follow your tornado emergency plan. Ask for help if you need it.

It is important to talk to children even before they understand the words. Talk about what is going on around them. In times of danger, assure them you are there to keep them safe.

- Be honest.
- Use simple language that is appropriate for the children's ages.
- Let children know what is happening next.

How you speak to children is as important as the words you use. Children respond to your volume and tone of your voice. They notice your emotions, facial expressions, and body language.



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What home-visitors might encourage caregiver(s) to say or do: *



For infants

"That loud sound made you cry. I'm going to pick you up, hold you, and keep you safe."



For young children

"That loud siren is telling us there's a really big storm. We need to go to our safe place away from the windows."

"The tornado messed up our house. The windows broke, and there's lots of glass and stuff everywhere. We need to stay in our safe space until we know it's safe to leave or help comes."

After a Tornado

Children who have had their personal lives or normal routines impacted are more likely to show reactions following a tornado. Notice times when children are reminded of the tornado. It's not always possible to know, but common reminders include sirens, dark, windy, or rainy days.

Infants and young children will share their thoughts and feelings through behavior, emotions, play, and, when they are able, language. Watch and listen closely. Expect that some children will show emotion and behavior dysregulation. Behavior like defiance, aggression, regression, or withdrawing can mean children are trying to process how they feel. Other examples of dysregulation may occur as well. Home visitors should try to be available to help caregivers provide support.

Remember that it is ok, and even helpful, to talk about what happened. Home visitors can help model this skill by talking to caregivers about the disaster. When children hear adults talking about experiences and feelings, they know they can too.



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What home-visitors might encourage a caregiver(s) to say or do: *



For infants

"You still cry when you hear loud noises. I'm going to pick you up, hold you, and keep you safe."



For young children

"I wonder if this rain and wind scare you because you remember when the rain and wind were so big that your house got messed up." Pause, listen, and ask questions. Correct any misinformation. "This storm sounds loud and scary, but it's a regular storm. We can play inside and stay warm and dry and safe."

As much as possible, keep regular structure and routines while expecting that children may need extra attention and reassurance.

Communicate with children's parents/caregivers. Listen to caregivers' concerns and share any concerns you have. Work together to find ways to best support the child.

*Note: These are examples. Use your own words and describe your own plan.



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TORNADOES/SEVERE WEATHER



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We **receive warnings of severe weather** using:

The designated **safe gathering location** inside the home is:

Severe Weather Procedures Include:

Materials Needed for Severe Weather:



Supporting Infants and Young Children Around Floods

Before a Flood

Having a safe, stable, and supportive relationship serves as a protective factor for children who are later impacted by floods.

Regularly review flood plans with caregivers and keep updated emergency contact information. Encourage caregivers to keep an updated plan for flood response and check supplies regularly.

What home-visitors might encourage caregiver(s) to say/do: *

For young children



Caregivers can be helped to think through how to explain in detail the plan, "Rainwater is good for the earth. It gives the plants and animals water they need. Sometimes when it rains a lot and the rain comes down really fast, there can be too much water, and there is a flood. If we ever have a flood and water gets into our house, we'd go upstairs to stay safe and dry." Pause throughout to listen to any remarks, respond to questions, and clarify any misinformation.

During a Flood

Home visitors can help caregivers think through their plans and how they will react to keep families safe. Caregivers should always check in with themselves first. If they feel overwhelmed or frozen, they can pause and take a deep breath (or use whatever strategy works for them) so that they can effectively follow the flood emergency plan.

It is important that caregivers talk to children even before they understand the words. Talk about what is going on around them. In times of danger, caregivers can assure them they are there to keep them safe. Encourage caregivers to:

- Be honest.
- Use simple language that is appropriate for the children's ages.
- Let children know what is happening next.

How you speak to children is as important as the words you use. Children respond to volume and tone of voice. They notice emotions, facial expressions, and body language. Home visitors can support caregivers by helping them understand this and practice how they interact with children.

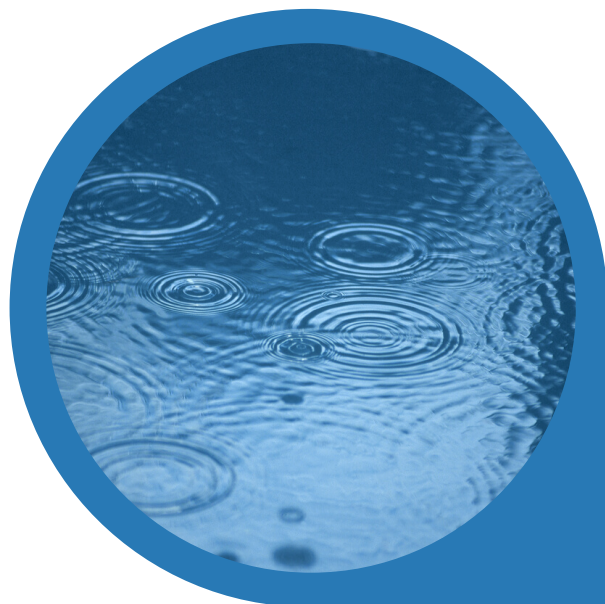


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What home-visitors might encourage caregiver(s) to say or do: *



For infants

"I'm going to pick you up and put you in your car seat. We'll get in the van and go to a place where it's safe and dry."



For young children

"It's raining really hard and fast. There is a flood warning, and we need to go where it's safe and dry. Grab your favorite toy and follow me. I think the loud thunder can be a little scary. Let's take a big belly breath and then we'll walk together to the car."

Pay attention to what you say to other adults even when you do not think children are listening.

After a Flood

Infants and young children will share their thoughts and feelings through behavior, emotions, play, and, when they are able, language. Watch and listen closely. Expect that some children will show emotion and behavior dysregulation. Behavior like defiance, aggression, regression, or withdrawing can mean children are trying to process how they feel. Other examples of dysregulation may occur as well. Home visitors should try to be available to help caregivers provide support.

Remember that it is ok, and even helpful, to talk about what happened. When children hear adults talking about experiences and feelings, they know they can too.

Children who have had their personal lives or normal routines impacted are more likely to show reactions following a flood. Notice times when children are reminded of the flood. It is not always possible to know, but common reminders include thunder, lightning, sirens, dark, windy, or rainy days, wet clothes, broken or messed up toys.



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What home-visitors might encourage caregiver(s) to say or do: *



For infants

"You hear thunder like you did when it flooded. Let's sing a song." You sing your or the baby's favorite song about rain.



For young children

"I wonder if this rain and wind scare you because you remember when it rained so much that our house flooded, and our toys got all ruined." Pause, listen, and ask questions. Correct any misinformation. "This storm sounds loud and scary, but it's a regular storm. We can play inside and stay warm and dry and safe."

As much as possible, keep regular structure and routines while expecting that children may need extra attention and reassurance.

Communicate with children's parents/caregivers. Listen to parents' concerns and share any concerns you have. Work together to find ways to best support the child.

*Note: These are examples. Use your own words and describe your own plan.



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To receive flood warnings, we have:

Flooding Procedures Include:

Flooding Materials Needed:



Supporting Infants and Young Children Around Earthquakes

Before an Earthquake

Having a safe, stable, and supportive relationship serves as a protective factor for children who are later impacted by an earthquake.

Regularly review your earthquake plan with caregivers and keep updated emergency contact information. Keep your earthquake plan updated and plan regular earthquake drills.

What home-visitors might encourage caregiver(s) to say or do: *

For young children



Today we are going to learn about our earthquake plan. "Earthquakes don't happen often. When they do, the rocks that are deep underground can move and make the earth shake. When this happens, we stay safe by dropping to the ground, getting under a strong table, and holding on until the shaking stops. I'll show you."

During an Earthquake

Always check in with yourself first. If you feel overwhelmed or frozen, pause and take a deep breath (or use whatever strategy works for you) so that you can effectively follow your earthquake emergency plan. Call for help if you need it.

It is important to talk to children even before they understand the words. Talk about what is going on around them. In times of danger, assure them you are there to keep them safe.

- Be honest.
- Use simple language that is appropriate for the children's ages.
- Let children know what is happening next.

How you speak to children is as important as the words you use. Children respond to your volume and tone of your voice. They notice your emotions, facial expressions, and body language.

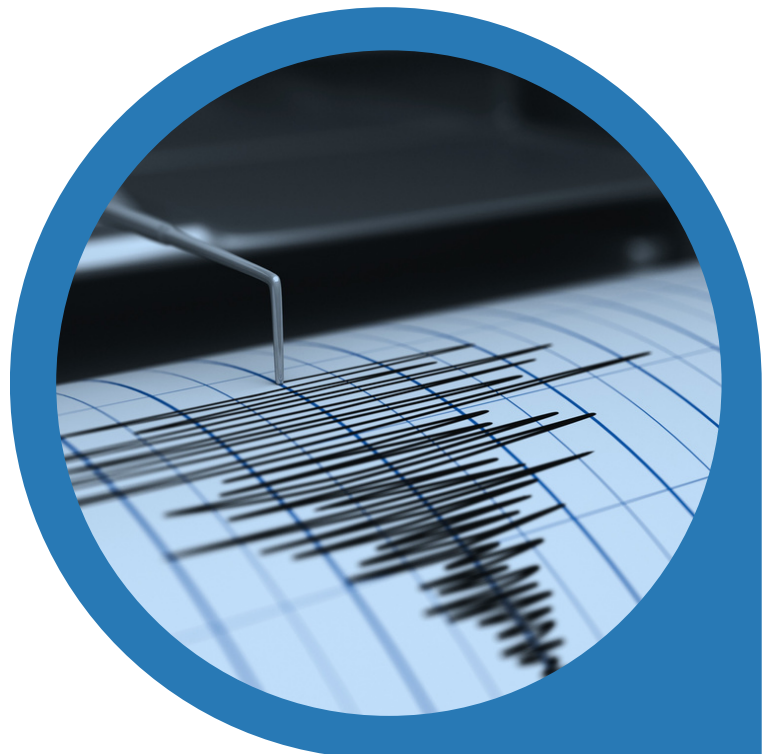


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What home-visitors might encourage caregiver(s) to say/do: *



For infants

"I'm going to pick you up and keep you safe."

For young children

While physically supporting the child in following your directions, you say, "I hear a loud sound and the earth is shaking. Quickly, drop, cover, and hold on."



"That was an earthquake. It made things fall down all around us. Sometimes after a big earthquake the earth will shake a little more. Let's stay where we are for a little while. We can sing a song together while the caregiver comes around and makes sure everyone is safe."

Pay attention to what you say to other adults even when you do not think children are listening.

After an Earthquake

Infants and young children will share their thoughts and feelings through behavior, emotions, play, and, when they are able, language. Watch and listen closely. Expect that some children will show emotion and behavior dysregulation. Be available to provide support.

Remember that it is ok, and even helpful, to talk about what happened. When children hear adults talking about experiences and feelings, they know they can too.

Children who have had their personal lives or normal routines impacted are more likely to show reactions following an earthquake. Notice times when children are reminded of the earthquake. It is not always possible to know, but common reminders include loud sounds, when a heavy object drops and causes shaking, broken toys.



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What home-visitors might encourage caregiver(s) say or do: *



For infants

"Baby, your body gets so jumpy and stiff when you hear a loud noise. I'm going to rub your arms and legs, hold you, and rock you." You hum softly as you do this.



For young children

"I wonder if it's been hard to rest during rest time because that's when the earthquake happened. I think you may feel scared. Let's stand up and get the shakes out of our bodies. Wiggle and shake along with the child. If the child is having a hard time sleeping you can sit next them, rub their back, let them know you are there and you will keep them safe. If they have a favorite music or sound to listen to when going to bed you can put that on as well.

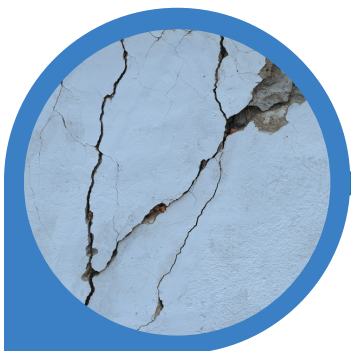
As much as possible, keep regular structure and routines while expecting that children may need extra attention and reassurance.

*Note: These are examples. Use your own words and describe your own plan.

EARTHQUAKES



After an earthquake, our plan is:



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Supporting Infants and Young Children Around Fires

Before a Fire

Having a safe, stable, and supportive relationship serves as a protective factor for children who are later impacted by a house or wildfire.

Regularly review the family's fire plan with the caregivers. Encourage the family to keep their fire plan updated, keep updated contact information, and know where your safe place is in case of a fire.

What home-visitors might encourage caregiver(s) to say/do: *

For young children



Today we're going to learn about what to do if there is a fire. Fires don't usually happen. When they do, we need to leave the house to be safe. Later today, you're going to hear a loud alarm from the smoke detector, that will tell us it's time to practice what we would do when there is a fire. When you hear the alarm, it's important to use your listening ears. I'll tell you what you need to do, and I'll be with you the whole time."

During a Fire

Always check in with yourself first. If you feel overwhelmed or frozen, pause and take a deep breath (or use whatever strategy works for you) so that you can effectively follow your earthquake emergency plan. Call for help if you need it.

Always check in with yourself first. If you feel overwhelmed or frozen, pause and take a deep breath (or use whatever strategy works for you) so that you can effectively follow your fire emergency plan. Ask for help if you need it.

It is important to talk to children even before they understand the words. Talk about what is going on around them. In times of danger, assure them you are there to keep them safe.

- Be honest.
- Use simple language that is appropriate for the children's ages.
- Let children know what is happening next.



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How you speak to children is as important as the words you use. Children respond to your volume and tone of your voice. They notice your emotions, facial expressions, and body language.

What home-visitors might encourage caregiver(s) to say/do: *



For infants

"I'm going to pick you up. I know I'm moving quickly but I'm keeping you safe."



For young children

"I hear a loud fire alarm. That means it's time to get up and go outside Quickly! Just like we practiced. Remember I'll be with you the whole time."

After a Fire

Infants and young children will share their thoughts and feelings through behavior, emotions, play, and, when they are able, language. Watch and listen closely. Expect that some children will show emotion and behavior dysregulation. Be available to provide support.

Remember that it is ok, and even helpful, to talk about what happened. When children hear adults talking about experiences and feelings, they know they can too.

Watch for changes in children's behavior and emotions. Notice times when children are reminded of the fire. It is not always possible to know, but common reminders include sirens, fire trucks, things that have been burned, or seeing people upset.



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What home-visitors might encourage caregiver(s) to say/do: *



For infants

"Baby, ever since the fire, you want me to hold you. I will hold you if you need me to." You hold the baby and notice when the baby is ready to play or explore. "I see that you're looking at the blocks. Would you like to go play?" You walk to the blocks and notice the baby's body language to see if they're ready to be put down.*



For young children

You notice your child, Alicia, fighting over a toy with her friend, Lacy. You say, "It looks like you're having a hard time sharing. Alicia, I see that's the special bear that the firefighters gave to you when the house burned down. Lacy, that's Alicia's special toy. Let's go find a special toy you can play with."*

As much as possible, keep regular structure and routines while expecting that children may need extra attention and reassurance.

Communicate with children's parents/caregivers. Listen to parents' concerns and share any concerns you have. Work together to find ways to best support the child.

*Note: These are examples. Use your own words and describe your own plan.



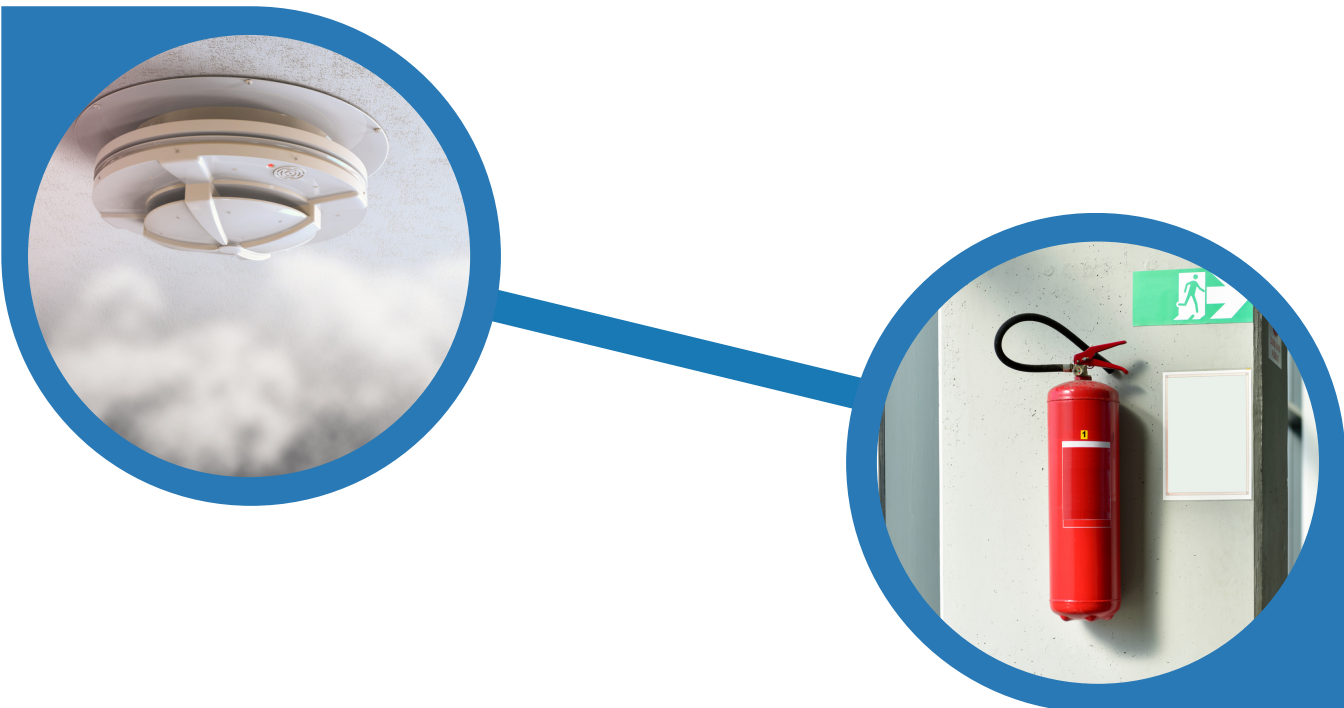
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To receive fire warnings, we have:

Fire Procedures Include:

Testing of **all smoke detectors and/or fire alarms** will occur on:



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Supporting Infants and Young Children Around Gas Leaks, Chemical Spills, or Potentially Hazardous Materials Incidents

Before a gas leak, chemical spill, or hazardous material incident

Infants and young children will share their thoughts and feelings through behavior, emotions, play, and, when they are able, language. Watch and listen closely. Behaviors like defiance, aggression, regression, or withdrawing can mean children are trying to process how they feel. Other examples of dysregulation may occur as well. Home visitors should try to be available to help caregivers provide support.

Remember that it is ok, and even helpful, to talk about what happened. When children hear adults talking about experiences and feelings, they know they can too.

Children who have had their personal lives or normal routines impacted are more likely to show reactions following a gas leak, chemical spill, or hazardous material event. Notice times when children are reminded of the event. It is not always possible to know, but common reminders include smells, alarms, or seeing adults upset.

What home-visitors might encourage caregiver(s) to say/do: *



For infants

Knowing that infants look to you to understand the world, you use your tone of voice and facial expressions to communicate safety and danger and your actions to keep them safe. It is important for you to be patient if you have to use repetition to get your children to safety.



For young children

You speak to children about safety, focusing on how they can be protected rather than focusing on the dangerous situations.

During a gas leak, chemical spill, or hazardous material incident

Always check in with yourself first. If you feel overwhelmed or frozen, pause and take a deep breath (or use whatever strategy works for you) so that you can effectively follow your gas leak, chemical spill, or hazardous material emergency plan. Call for help if you need it.

It is important to talk to children even before they understand the words. Talk about what is going on around them. In times of danger, assure them you are there to keep them safe.

- Be honest.
- Use simple language that is appropriate for the children's ages.



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- Let children know what's happening next. How you speak to children is as important as the words you use. Children respond to your volume and tone of your voice. They notice your emotions, facial expressions, and body language.

What home-visitors might encourage caregiver(s) to say/do: *



For infants

You notice the smell of gas and say "I smell a funny smell, we are going to go outside." You grab your emergency kit and check to make sure all the children are with you as you leave



For young children

You have just received notification that there is a gas leak in your community and that you need to evacuate, "that funny smell we've been smelling means that it's not safe to stay inside. We're going to all go outside together." You grab your emergency kit and check to make sure all the children are with you as you leave."*

Pay attention to what you say to other adults even when you don't think children are listening.

After a gas leak, chemical spill, or hazardous material incident

Infants and young children will share their thoughts and feelings through behavior, emotions, play, and, when they are able, language. Watch and listen closely. Behaviors like defiance, aggression, regression, or withdrawing can mean children are trying to process how they feel. Other examples of dysregulation may occur as well. Home visitors should try to be available to help caregivers provide support.

Remember that it is ok, and even helpful, to talk about what happened. When children hear adults talking about experiences and feelings, they know they can too.

Children who have had their personal lives or normal routines impacted are more likely to show reactions following a gas leak, chemical spill, or hazardous material event. Notice times when children are reminded of the event. It is not always possible to know, but common reminders include smells, alarms, or seeing adults upset.



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What home-visitors might encourage caregiver(s) to say or do: *



For infants

You are returning home after being away for a few days due to gas leak repairs. You say, "It is hard when we haven't been home in a few days and have been out of our routine. You are safe now"

For young children

You see your children playing and acting out the event. One pretends to be a firefighter, one a teacher, and one a student. You observe without interrupting, knowing that play is how children learn about the world and feel a sense of control when scary things have happened.



You notice Jerilyn is sitting in the corner crying. You say, "I see you are crying. Can I sit here with you?" You wait silently for a few minutes until Jerilyn says, "I washed my hands and didn't turn off the water tight." You are confused and say "You didn't turn off the water tight?" Jerilyn continues to cry, until you realize that Jerilyn may be connecting her actions to the gas leak evacuation yesterday. You say, "Jerilyn, do you think we had to leave home yesterday because you did not turn the water off tight?" Jerilyn nods, and you say, "Jerilyn, that was not your fault. We had to leave home because of a gas leak. The gas leak happened because a pipe broke. It wasn't anyone's fault. We called the plumber. The plumber fixed the leak so we are all safe in our home." Jerilyn gives you a hug and then hands you a book and asks you to read it to her.

As much as possible, keep regular structure and routines while expecting that children may need extra attention and reassurance.

Communicate with children's caregivers. Listen to their concerns and share any concerns you have. Work together to find ways to best support the child.

*Note: These are examples. Use your own words and describe your own plan.



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To receive notifications of hazardous materials incidents, we:

In the event of a hazardous materials incident, our **response plan** is:



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Supporting Infants and Young Children Around Impaired Caregivers, Child Abuse, and Violence at the Home

Before the event

Having a safe, stable, and supportive relationship serves as a protective factor for children who are later impacted by an impaired caregiver, child abuse or witnessing violence.

Regularly review your policies with caregivers, as a home-visitor, and keep updated contact information. Ask caregivers to let you know about any changes in custody or personal events that might impact their children.

Personal Safety for Home-Visitors

As a home visitor, you want to prepare yourself for any emergency that may arise. Home visitors could encounter various different situations in the community. When we're working with children and families, we want to be prepared for all sorts of situations. If you are unsure of your programs policy and procedures, review those with your supervisor to ensure you are comfortable and know the steps to take when you encounter an emergency situation.

When there is an impaired caregiver, suspected child abuse, or violence at the home

Always check in with yourself first. If you feel overwhelmed or frozen, pause and take a deep breath (or use whatever strategy works for you) so that you can effectively follow your emergency plan. Ask for help if you need it.

It is important to talk to children even before they understand the words. Talk about what is going on around them. In times of danger, assure them you are there to keep them safe.

- Be honest.
- Use simple language that is appropriate for the children's ages.
- Let children know what is happening next.

How you speak to children is as important as the words you use. Children respond to your volume and tone of voice. They notice your emotions, facial expressions, and body language.



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What home-visitors might encourage caregiver(s) to say or do:

You arrive at a home and the caregiver shares that the family witnessed a physical altercation happen between two neighbors outside of their home. The caregiver states that the police had to be called and were in the family's front yard. The caregiver expresses that her children have seemed frightened and confused since the event. You provide the caregiver with statements she can make to her children about what occurred.



For infants

You are returning home after being away for a few days due to gas leak repairs. You say, "It is hard when we haven't been home in a few days and have been out of our routine. You are safe now"



For young children

You see your children playing and acting out the event. One pretends to be a firefighter, one a teacher, and one a student. You observe without interrupting, knowing that play is how children learn about the world and feel a sense of control when scary things have happened.

Pay attention to what you say to other adults even when you don't think children are listening.

After there is an impaired caregiver, suspected child abuse, or violence at the home

Infants and young children will share their thoughts and feelings through behavior, emotions, play, and, when they are able, language. Watch and listen closely. Behavior like defiance, aggression, regression, or withdrawing can mean children are trying to process how they feel. Other examples of dysregulation may occur as well. Home visitors should try to be available to help caregivers provide support.

Remember that it is ok, and even helpful, to talk about what happened. When children hear adults talking about experiences and feelings, they know they can too.

Children who have had their personal lives or normal routines impacted are more likely to show reactions following the event. Notice times when children are reminded of the incident. It is not always possible to know, but common reminders include loud noises, arguing, police sirens, separation, seeing adults upset, or being upset themselves.



What home-visitors might encourage caregiver(s) to say/do: *



For infants

"You cry so much, I think that there is so much going in your life that your body has a hard time feeling calm. I will hold and rock you." You continue to speak to the baby in a soft, gentle tone. As the baby calms, you engage in play.



For young children

You are working with a grandmother who has begun caring full time for her grandson due to his parents fighting frequently. The grandmother shares that her grandson has had trouble staying calm since he has moved in with her. You encourage the grandmother to acknowledge with her grandson that he may have big feelings since moving in with her. You can show grandmother how to complete a feelings check in with her grandson so that he can learn how to express himself. You can also talk with grandmother about establishing routines so that her grandson can know what to expect. It could even be great to have the grandson participate in creating the routines so that he can feel a sense of control.

As much as possible, keep regular structure and routines while expecting that children may need extra attention and reassurance.

Communicate with children's caregivers. Listen to caregivers' concerns and share any concerns you have. Work together to find ways to best support the child.

*Note: These are examples. Use your own words and describe your own plan.



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Supporting Infants and Young Children Around Active Shooter Drills and Incidents

Before an active shooter

Having a safe, stable, and supportive relationship serves as a protective factor for children who are later impacted by a violent incident.

Regularly review your active shooter plan with caregivers and keep updated contact information. Be aware from the initial intake of children who may have been exposed to violence or trauma and may be more reactive.

Caregivers need to be prepared to talk to their children in advance of an active shooter situation. Home-visitors should encourage caregivers to describe what will happen, why it is being done, and reassure their children that they will be safe. Also, caregivers should be told by the home-visitor that they will be available to answer any questions and provide support.

What home-visitors might encourage caregiver(s) to say or do: *

During an intake with a family enrolling their child, you review all procedures and say, “My main job is to care for and keep your child safe. I tell every parent from the beginning how I do that and that we will be carrying out active shooter drills to be prepared for any emergency situation.” You share your protocol and ask caregivers to share questions and concerns.

During an active shooter incident

Always check in with yourself first. If you feel overwhelmed or frozen, pause and take a deep breath (or use whatever strategy works for you) so that you can effectively follow your active shooter plan and be able to explain and provide support to the children as needed. Ask for help if you need it.

Tennessee Department of Homeland Security recommends (1) Evacuate (if possible), (2) Hide (if evacuation is not possible), (3) Take action (direct confrontation is a last resort if your life or the lives of their children are in danger).

It is important to talk to children even before they understand the words. Talk about what is going on around them. In times of danger, assure them you are there to keep them safe.

- Be honest.
- Use simple language that is appropriate for the children’s ages.
- Let children know what is happening next.

How you speak to children is as important as the words you use. Children respond to your volume and tone of your voice. They notice your emotions, facial expressions, and body language.



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What home-visitors might encourage caregiver(s) to say/do: *



For infants

If you hear gunshots or feel there is a threat close to you. As you pick your infant, you whisper, "It's not safe; we're all going to sit together." You sit in the middle of the room or go to a place without windows (possibly the same spot as your tornado safe place), remember to silence your cell phone, and quietly hum as you rock the children.



For young children

If you hear gunshots or feel there is a threat close to you. You say to your child(ren), "I need you to all follow me." A child says, "That was a gun." You respond, "That was a gun shot. Follow my directions. We're going to sit right here together and be really quiet." You remember to mute your cell phone and put your finger to your lips to remind the children to be silent. You and/or your children may start to cry. You whisper to the children, "I think she may be scared. I think we all may be scared. Let's all practice our belly breathing." You wrap your arms around as many children as possible. You notice other children are holding each other's hands.

Pay attention to what you say to other adults even when you do not think children are listening.

After an active shooter incident

Infants and young children will share their thoughts and feelings through behavior, emotions, play, and, when they are able, language. Watch and listen closely. Behavior like defiance, aggression, regression, or withdrawing can mean children are trying to process how they feel. Other examples of dysregulation may occur as well. Home visitors should try to be available to help caregivers provide support.

Remember that it is ok, and even helpful, to talk about what happened. When children hear adults talking about experiences and feelings, they know they can too.

Notice times when children are reminded of the active shooter incident. It is not always possible to know, but common reminders include loud noises, closed in spaces, seeing people upset, seeing people in uniforms, or seeing strangers.



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What home-visitors might encourage caregiver(s) to say/do: *



For infants

If you and your infant have been a part of an active shooter incident, then you both are most likely feeling dysregulated, scared, and anxious. You may also be feeling in shock. It is important for you to identify what helps you to feel safe in order for your infant to feel safe as well. When your infant appears upset or afraid, then you can hold them and let them know you are going to stay close with them.



For young children

Your child recently witnessed an active shooter incident. You hear him say to a friend, "Next time there's a bad guy, I'm going to bring a knife and kill him!" You immediately respond, "We don't talk like that!" After the words come out of your mouth, you realize that the child is letting you know he may be scared, may think he could have stopped the situation, and may be trying to gain a sense of control. You get on your child's level and say, "I think you have a lot of big feelings about what happened" You are ready to explain in simple terms that his feelings may be because someone came in the school and hurt people, but he starts talking. You listen, reflecting back what he says, highlight his feelings, talk about how well he listened and did what he needed to do, and focus on how you will keep him safe.

As much as possible, keep regular structure and routines while expecting that children may need extra attention and reassurance.

Communicate with children's caregivers. Listen to caregivers' concerns and share any concerns you have. Work together to find ways to best support the child.

*Note: These are examples. Use your own words and describe your own plan.



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Active Shooter Drills and Incidents



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To **receive notifications of an active shooter**, we:

In the event of an active shooter incident, our **response plan** is:



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Supporting Infants and Young Children Around Death, Grief, and Loss

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Before the death/loss

Having a safe, stable, and supportive relationship serves as a protective factor for children who are later impacted by death, grief, or loss.

At intake, ask caregivers about children's experiences around grief and loss. If the child has recently experienced loss, ask how the family explained the loss to the child and about any rituals or spiritual beliefs that would be helpful for you to know. Let caregivers know that you want to stay updated on important events in the child's life and that if the family experiences any loss or other life changes (e.g. moves or separations), you would like to be able to support them.

What home-visitors might encourage caregiver(s) to say or do: *

At intake, you ask parents about children's experiences, including those related to death, because you know that grief might impact a child's behavior and that issues related to death most commonly when a child's family member or pet has died. You say to the parent of a 3 ½-year-old girl, "One of the things that's important to me in enrolling your child is to really understand your child. The more I know, the better I'm able to meet her needs." You ask questions including those suggested on page 12 of this toolkit. You further explain, "Sometimes children talk to each other about things like going to a funeral or saying someone is in heaven. Since these are such personal topics, parents are sometimes surprised when their children come home and talk about what their friends say. Is there anything that you would like me to know about your family's spiritual or religious beliefs?"

After the death/loss

It is important to talk to children even before they understand the words. Talk about what is going on around them. In times of grief, assure them you and other adults are there to care for them and keep them safe.

- Be honest.
- Use simple language that is appropriate for the children's ages.
- Let children know what is happening next.

Pay attention to what you say to other adults even when you don't think children are listening.

Infants and young children will share their thoughts and feelings through behavior, emotions, play, and, when they are able, language. Watch and listen closely. Behavior like defiance, aggression, regression, or withdrawing can mean children are trying to process how they feel. Other examples of dysregulation may occur as well. Home visitors should try to be available to help caregivers provide support.



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Remember that it is ok, and even helpful, to talk about what happened. When children hear adults talking about experiences and feelings, they know they can too.

Notice times when children are reminded of death/loss. It is not always possible to know, but common reminders include people with the same role as or who looks like the person that died (Grandmother is at the home visit when normally it is the aunt who recently passed away.), feelings of sadness, or seeing other people upset or crying.

What home-visitors might encourage caregiver(s) to say/do: *



For infants

Rachel has been crying all day; she stops and reaches out when her aunt, comes in, you say to her aunt, "I think you remind Rachel of her mom. Y'all have the same long, brown hair. If you have a minute and want to hold Rachel that would be ok." You say to Rachel, "You miss your mom so much."*



For young children

You find out that a child you have been seeing for two years was involved in a car accident and his father died in the accident. You are shocked and unsure what you should do next for the family. You decide to consult with your supervisor. She offers the following advice about talking to children about death.

- Use simple and honest words to explain what happened.
- It is ok, and even helpful, to use the word death. Children do not understand words like "passed away," "gone," "lost," or "resting in peace." Using these words can be confusing for children because they have a hard time understanding the permanency of death.
- It is helpful to explain that the person's body stopped working and that the person can no longer talk, move, eat, breathe, or play.
- When someone dies from illness, it is important to let children know that while some people die from serious illness, most of the time when people get sick, they get better.
- It is ok to let children know that you are sad.
- Let children know that it is ok to feel sad and also to continue to play and have happy times.

As much as possible, keep regular structure and routines while expecting that children may need extra attention and reassurance.

Communicate with children's caregivers. Listen to caregivers' concerns and share any concerns you have. Work together to find ways to best support the child.

*Note: These are examples. Use your own words and describe your own plan.



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Supporting Infants and Young Children Around a Pandemic

Having a safe, stable, and supportive relationship serves as a protective factor for children who are impacted by a pandemic.

Encourage caregivers to keep an updated plan in case of a pandemic and check supplies regularly.

Always check in with yourself first. If you feel overwhelmed or feel frozen, pause and take a deep breath (or use whatever strategy works for you) so that you can effectively follow your pandemic emergency plan. Ask for help if you need it.

It is important to talk to children even before they understand the words. Talk about what is going on around them. In times of danger, assure them you are there to keep them safe.

- Be honest.
- Use simple language that is appropriate for the children's ages.
- Let children know what is happening next.

How you speak to children is as important as the words you use. Children respond to your volume and tone of your voice. They notice your emotions, facial expressions, and body language.

Pay attention to what you say to other adults even when you do not think children are listening.

Infants and young children will share their thoughts and feelings through behavior, emotions, play, and, when they are able, language. Watch and listen closely. Behavior like defiance, aggression, regression, or withdrawing can mean children are trying to process how they feel. Other examples of dysregulation may occur as well. Home visitors should try to be available to help caregivers provide support.

Remember that it is ok, and even helpful, to talk about what happened. When children hear adults talking about experiences and feelings, they know they can too.

Children's pandemic-related stress will depend on the impact it has had on their family. For example, children whose families are healthcare providers, whose caregiver has lost their job, or who has a family member that is sick may have more behavioral and emotional reactions.



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What home-visitors might encourage caregiver(s) to say/do: *

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For infants

A new family has enrolled in services and you are going to the first home visit. You meet the family outside, stand over six feet apart, greet the child without your mask, and then say, "Now I'm going to put my mask on to keep you safe."*



For young children

You are at a home visit with Mikey and his family and learn of an incident that happened at school. Mikey didn't want to play in the arts and crafts center with Grace because she was wearing a mask. The caregiver informs you that Grace is encouraged to wear a mask to prevent illness during a pandemic. You respond saying, "Grace wears a mask to prevent from getting sick, but that does not mean Grace is sick. Any person can get sick, but we all can wear masks and wash our hands to be as safe as possible."

As much as possible, keep regular structure and routines while expecting that children may need extra attention and reassurance.

Communicate with children's caregivers. Listen to caregivers' concerns and share any concerns you have. Work together to find ways to best support the child.

*Note: These are examples. Use your own words and describe your own plan.



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Characteristics of Home-Visitors Who Work from a Relationship-based Perspective

"How you are is as important as what you do:" (Pawl & St. John, 1998).

Guiding Principles for "being" and "doing" with infants, toddlers and their families.

RELATIONSHIP FOCUSED	We know that relationships with children and their families are key to children's well-being and ability to recover post-disaster.
FULLY PRESENT	We slow down and are aware of all that is going on around us. Keep the attention focused on the children and families in the present moment.
EMOTIONALLY AVAILABLE	We check in with ourselves and attend to our own emotional reactions so we can be present and available to children and support them when they have "big" feelings.
SAFE	We focus on physical and emotional safety. Create supportive environments in which children and families know their needs will consistently be met.
RESPONSIVE RATHER THAN REACTIVE	We notice when we feel frustrated by behavior and remember that behavior has meaning. We recognize that children's actions are a direct reflection of their experiences. We pause to think of the best way to respond.
CULTURALLY RESPONSIVE	We recognize that culture affects how children behave in general and in response to disaster. We are aware that sociocultural factors, including inequities and discrimination, negatively impact families and can limit opportunities for disaster recovery. We celebrate families' cultural strengths and strive to meet the unique needs of each child and family.
ENGAGED IN SELF-CARE & COMMUNITY CARE	We practice self-care and allow others in the community to provide support for us so that we can be available to meet the needs of children and families.



Infants and Disasters

Even before infants can understand what is going on around them, they are strongly impacted by what happens in their environments. Infants' bodies and brains react to stressful events, and when they experience chronic stress, the stress can impact their physical development as well as their ability to feel safe and relate to others.

A safe, stable, and supportive relationship with a caregiving adult helps infants during disaster and is a key factor contributing to infants' post disaster recovery.

Following disaster, signs of stress for young children may be:

- Frequently seeming sad
- Lacking interest in the environment or in other people
- Intense, prolonged crying
- Difficulty being soothed
- Rejecting touch
- Having muscular rigidity, restlessness, agitation, or intense startle response
- Feeding, sleeping, or elimination problems

How to support infants and caregivers following disaster:

- Notice what calms the infant.
- Surround the infant with the types of touch, movement, music, and lighting that makes them comfortable.
- Maintain routines and consistent care.
- When an infant is scared or upset or when scary things are happening, make sure the infant is with a familiar caregiver.
- Provide support to the infant's caregiver.



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Disaster Drills: Supporting Infants and Young Children

Disaster drills can be scary for infants and young children. They often include loud noises and involve changes in routine. It is important that caregivers prepare young children for any disaster drill as young children may have difficulty telling the difference between a drill and a real emergency. The following recommendations will help support infants and young children during or after disaster drills that may occur at home or school.

- Provide information about the sequence of activities to expect during the drills so they can help prepare the children.
- When possible let children know that when a drill happens, it does not mean there is an emergency. Explain, although emergencies are unlikely to happen, drills help them learn how to be safe.
- Children with developmental delays, disabilities, or histories of trauma may be more likely to become upset during the drill. Be sure that they are appropriately prepared.
- Watch children carefully during the drill as they may become upset. As always, put the children's current needs before the drill.
- Encourage children to use the coping skills they have learned previously during the drill.
- During the drill, praise children for following directions and thank them for their participation.
- Listen to and watch the children to help learn how they feel and what they understand about the situation.
- Talk to the children after the drill about what happened.
- Help children build empathy for others who might be frightened by normalizing children's natural fear reactions during the drill.



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Self and Community Care for Home-Visitors Following Disasters

Self-care is critical for you to best support children and their families. True selfcare requires adequate community resources and agency supports. As a home-visitor, you know the importance of relationships to support children's wellbeing. Supportive relationships are also important for your well-being and recovery. In community care, you often notice and provide support to other home-visitors. It is just as important to accept the support other home-visitors offer you.

Following disaster, signs of stress for young children may be:

- Nightmares or upsetting thoughts and images of the event that come to mind
- Avoidance of thoughts, situations, or other reminders of the event
- Strong feelings of sadness, helplessness, anxiety, or anger
- Feeling overwhelmed, confused, or emotionally numb
- New or renewed fears, jumpiness, difficulty with sleep, problems with concentration

Even if you have not been directly exposed to disaster, watch for signs of burnout or secondary traumatic stress which can occur in professionals who care for those who have experienced trauma.

- Burnout is associated with exhaustion, lack of work satisfaction, feeling unproductive, difficulty coping with work responsibilities, and distancing yourself from your work.
- Secondary traumatic stress symptoms are similar to the traumatic stress symptoms you may have if you are directly exposed to disaster.

Self- and community-care following disaster:

- Resist the tendency to isolate yourself
- Spend time with people who support you
- Try to eat healthy meals, get enough sleep, and exercise
- If it helps, journal or talk about how you are feeling.
- Get back to your everyday routines. Familiar habits can be very comforting.
- Give yourself permission to feel moody, nervous, or blue.
- Instead of trying to do everything at once, do one thing at a time.



Self and Community Care for Home-Visitors Following Disasters (continued)

Self- and community-care following disaster (continued)

- Try not to make any major life changes during a stressful time.
- Make as many daily decisions as possible to have a feeling of control over your life.
- Do something that just feels good to you.
- Do something nice for someone else.
- Limit media. If necessary, watch the news once in the morning and once in the evening.
- Watch for colleagues who may be having difficulty and provide support.







What supervisors can do to support home-visitors:

- Appreciate & recognize how hard this work is.
- Provide/receive necessary education for staff, for example, on the impact of trauma.
- Provide a safe environment and opportunities for staff to share their experiences and concerns without fear of judgment.
- Debrief after stressful incidents.
- Know resources available for staff in need/provide referrals upon request.



Supporting Infants and Young Children During Emergencies

During emergencies, it is natural for both adults and children to react with strong emotions. These emotions can help you act quickly and ensure your own safety as well as the safety of the children in the home. Infants and young children will watch your responses to understand the safety or danger of the situation and respond based on how they see you react. The following recommendations will help support infants and young children during an emergency.

Check in with yourself. Pause and take a deep breath (or use whatever strategy works for you) so that you can respond with regulated emotions and an “in-charge” presence.	
Use the emergency response plan you have developed as your guide.	
Give clear directions that the children will be able to follow.	
Your tone of voice should convey the seriousness of the situation while also conveying care and concern.	
Reassure infants/young children that what you are doing and what they need to do will keep them safe.	
If it is safe, sing songs, tell stories, and provide physical comfort.	
Listen and watch the child(ren) to learn what they understand about the situation.	
Use simple and developmentally appropriate language to provide basic but accurate information about what is happening and what you are doing.	



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Supporting Parents and Caregivers Following Disasters

As part of the home-visiting community, you provide services not only to children but also to children's families. Following disasters, you are likely to interact with caregivers who are experiencing distress and who will seek support and resources from you. Your positive interactions with caregivers will help support caregivers' positive interactions with their children.

Tips on supporting caregivers following disasters:

- Listen to caregivers' concerns.
- Recognize that caregivers may feel powerless to keep their children safe.
- Help caregivers understand the power of their relationships with their children and how important those relationships are in children's recovery.
- Help caregivers recognize the importance of their well-being to be able to provide the care that their child needs.
- Focus on and point out caregivers' successes.
- Prepare caregivers by normalizing common trauma reactions in children.
- Offer information about how caregivers can help children after a disaster.
- Help caregivers find ways to talk to their children about the disaster. Discuss the ways you are talking about it in the home and share any handouts or books you are using with the child.
- Be familiar with community resources and have an updated list of resources including food pantries, mental health referrals, social support, financial assistance, etc.
- Be aware of misdirected anger. When feeling helpless or scared, caregivers may blame you or yell at you. Know that this is not your fault.



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Bonanno, G. A., & Mancini, A. D. (2012). Beyond resilience and PTSD: Mapping the heterogeneity of responses to potential trauma. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(1), 74.

Bonanno, G. A., Westphal, M., & Mancini, A. D. (2011). Resilience to loss and potential trauma. *Annual Review of Clinical Psychology*, 7, 511-535.

Cassidy, J., Brett, B. E., Gross, J. T., Stern, J. A., Martin, D. R., Mohr, J. J., & Woodhouse, S. S. (2017). Circle of Security–Parenting: A randomized controlled trial in Head Start. *Development and Psychopathology*, 29(2), 651.

Centers for Disease Control and Prevention. (2022). Caring for Children in Disaster: Helping your child with a disaster. Retrieved from: <https://www.cdc.gov/childrenindisasters/children-disaster-help.html>

“Circle of Security Animation.” YouTube. Uploaded by Circle of Security International. 1, December 2014. <https://www.youtube.com/watch?v=1wpz8m0BFM8>

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258.

Gander, M., & Buchheim, A. (2015). Attachment classification, psychophysiology and frontal EEG asymmetry across the lifespan: a review. *Frontiers in Human Neuroscience*, 9, 79.

Gehl, M., & Bohlander, A. H. Rocking and Rolling. Being Present: Mindfulness in Infant and Toddler Settings.

Gilliam, W. S. (2005). *Prekindergartners Left Behind: Expulsion Rates in State Prekindergarten Systems*. New York, NY: Foundation for Child Development.

“Happy Healthy Littles Ones Circle of Security Parenting Being With and Shark Music.” YouTube, uploaded by Sojourn Psychology, 26, December 2016. <https://www.youtube.com/watch?v=Vy3EwAQ0lwo>

Lieberman, A. F., Ippen, C. G., & Van Horn, P. (2015). “Don’t Hit My Mommy!”: A Manual for Child-Parent Psychotherapy With Young Children Exposed to Violence and Other Trauma. Zero To Three Press. Available for purchase at <https://myzerotothree.force.com/s/store#/store/browse/detail/a3Gf4000000gYDwEAM>



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Masten, A. S. (2015). Ordinary Magic: Resilience in Development. Guilford Publications.

Masten, A. S., & Obradovic, J. (2008). Disaster Preparation and Recovery: Lessons from Research on Resilience in Human Development. *Ecology and Society*, 13(1).

Moore, K. A., Murphey, D., Beltz, M., Martin, M. C., Bartlett, J., & Caal, S. (2016). Child Well-Being: Constructs to Measure Child Well-Being and Risk and Protective Factors that Affect the Development of Young Children. <https://www.childtrends.org/publications/child-well-constructs-measure-child-well-risk-protective-factors-affect-development-young-children> (05.09. 2019).

Murray, D. W., Rosanbalm, K., Christopoulos, C., & Hamoudi, A. (2014). Self-Regulation and Toxic Stress Report 1: Foundations for Understanding Self-Regulation from an Applied Perspective. OPRE Report # XXX, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Murray, V., Aitsi-Selmi, A. & Blanchard, K. The Role of Public Health Within the United Nations Post-2015 Framework for Disaster Risk Reduction. *Int J Disaster Risk Sci* 6, 28–37 (2015). <https://doi.org/10.1007/s13753-015-0036-7>

Pawl, J. H., & St John, M. (1998). How You Are Is as Important as What You Do...in Making a Positive Difference for Infants, Toddlers and Their Families. *Zero to Three*.

Sambile, A. F. (2018). Energy Exchange: The Urgency to Move from Self-Care to Community-Care in Student Affairs. *The Vermont Connection*, 39(1). <https://scholarworks.uvm.edu/tvc/vol39/iss1/7>

Schonfeld, David J. , Melzer-Lange, Marlene, Hashikawa, Andrew N. , Gorski, Peter A., and COUNCIL ON CHILDREN AND DISASTERS, COUNCIL ON INJURY, VIOLENCE, AND POISON PREVENTION, COUNCIL ON SCHOOL HEALTH. Participation of Children and Adolescents in Live Crisis Drills and Exercises. *Pediatrics* September 2020, 146 (3) e2020015503; DOI: <https://doi.org/10.1542/peds.2020-015503>

Stamm, B. (2010). The concise manual for the professional quality of life scale.

The National Child Traumatic Stress Network. (2012). PFA: Parent tips for helping infants and toddlers after disasters. Retrieved from: <https://www.nctsn.org/resources/pfa-parent-tips-helping-infants-and-toddlers-after-disasters>

Tedeschi, R. G., & Calhoun, L. G. (2004). Target Article: "Posttraumatic Growth: Conceptual Foundations and Empirical Evidence". *Psychological Inquiry*, 15(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01

Tennessee Department of Health. Tennessee Disaster Support Network. <https://www.tn.gov/health.html>. <https://www.tn.gov/health/cedep/cedep-emergency-preparedness/community-resilience/tennessee-disaster-support-network.html>



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Tennessee Department of Military. TEMA. <https://www.tn.gov/tema.html>.

"Understanding Challenging Behaviors in Young Children." YouTube. 25, September 2015.
Uploaded by CECE Early Childhood Videos at Eastern CT State U. <https://www.youtube.com/watch?v=acAJsIEKxzg>

van der Kolk, B. A. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma. Viking.

Zero to Three, Mindfulness in Early Childhood. <https://www.zerotothree.org/?s=mindfulness%20in%20early%20childhood>

Zero to Three, "National Parent Survey Overview and Key Insights"
<https://www.zerotothree.org/resources/1424-national-parent-survey-overview-and-key-insights>



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