

TITLE PAGE

THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA

Report by - ROBERT JONES - 2007 Churchill Fellow

To study classroom and mental health strategies for schools after experiencing natural disasters - USA,

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Signed

Dated

Robert Jones

28/01/2008

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INTRODUCTION

A significant and world wide increase in the number of severe (category 4 and 5 cyclones) has occurred since 1974 (Dr N Smith, Chief Scientist Australian Bureau of Meteorology, 2006). The author has experienced this trend first hand. While living in Innisfail in North Queensland, I have experienced the serious damage wrought by two severe cyclones, Winifred in 1986 and Larry in 2006.

Cyclones have a significant psychological effect on residents including students. Schools play a critical role in community recovery after a cyclone. To fulfil this role, schools need specific mental health and classroom strategies to meet the immediate and long term needs of students, their families, staff and the local community.

The goal of this fellowship was to seek out world best strategies for schools affected by cyclones. I chose to visit various centers in the United States due to their vast experience in dealing with severe tropical storms and the many similarities between the respective school systems.

ACKNOWLEDGEMENTS

I wish to gratefully acknowledge the Winston Churchill Memorial Trust for providing the opportunity to travel to various schools and disaster research facilities in the USA. It was one of the highlights of both my person and professional life. Above all, I hope my work proves useful to schools and students.

I wish to thank my wife Will and children Sarah, Yana and Sasha for their patience and support during my Fellowship.

I want to particularly thank my Senior Guidance Officer, Peter Williams for his support. He will always be an inspiration.

I sincerely thank the many Americans associated with the fellowship who freely gave their time, thoughts and opinions.

Finally I must thank the staff of Innisfail High School and in particular the Principal, Julie Pozzoli for their support.

EXECUTIVE SUMMARY

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Undertaken between 22nd September and 4th November 2007, the aim of this fellowship was to seek out world best strategies for schools affected by cyclones. United States (US) schools and disaster research centres were visited because of their vast experience in dealing with severe tropical storms and the similarities between US and Australian schools.

HIGHLIGHTS

- Visiting the Louisiana University Adolescent Trauma Team and schools in New Orleans
- The resource collections at the National Child Traumatic Stress Network (NCTSN) Resource Centre at Duke University and the Disaster Research Centre at Delaware University
- Feedback from experts at the NCTSN centre at University of California at Los Angeles (UCLA) and the Mailman Centre at Columbia University
- Interactions with staff and graduate students at State University of New York

RECOMMENDATIONS

Schools in cyclone prone areas can best support students, staff and families after a cyclone by implementing two sets of strategies. One set of strategies pertain to preparing for a cyclone. All schools in cyclone prone areas should consider implementing these strategies and reviewing their preparation annually.

Another set of strategies are recommended for schools affected by a cyclone. They pertain to the mental health of students and school staff and to effective classroom strategies. Details of these two sets of strategies recommendations appear at the end of this report. They are a combination of strategies gained via my fellowship and Innisfail schools' experiences after Cyclone Larry.

IMPLEMENTATION AND DISSEMINATION

The author was video-taped by NCTSN staff at UCLA presenting the combined findings of his experiences in Cyclone Larry and fellowship findings. This will soon be available as a podcast on the NCTSN website. The fellowship report will be made available to schools and guidance officers. It will also be made available through the Queensland Principals' Association.

PROGRAMME

Week commencing 24 September- New Orleans

Meetings with the Adolescent Trauma Team at the Louisiana State University Health Sciences Centre, School Of Medicine, Department of Psychiatry, Louisiana State University in New Orleans. This team has been working with children and adolescents suffering mental health problems post Hurricane Katrina.

Meetings with Staff at Benjamin Franklin High School: in particular, Janet De Grazio, Head of Counselling; Kimbell Burt Parent Liaison Officer; various teachers and students. Unplanned meeting with Bradley Barnes Consultant for FEMA (staying at same hotel).

Week commencing 1 October – University of Delaware Disaster Research Centre

Meetings with Professor Russell Dynes and John Barnshaw, Projects Coordinator; Accessed relevant resources at the E L Quarantelli Resource Collection at the Centre The Resource Collection Coordinator, Ms Pat Young supplied me with a list of over 300 documents regarding schools and disasters, many of which are not available elsewhere. Interactive presentation regarding Innisfail schools' responses to Cyclone Larry to a small group of staff and graduate students.

Week commencing October 8 - National Centre for Child Traumatic Stress-National Resource Centre- Duke University

Meetings with Philip Little, Director, Communications and Public Relations and various staff;

Accessed various resources and materials;

Video conference with staff at National Centre for Child Traumatic Stress at UCLA.

Week commencing October 22 – State University of New York, Albany

Meetings with Dr Amanda Nickerson to review the applicability of The PREPaRE curriculum to Australian schools;

Interactive presentation regarding Innisfail schools' responses to Cyclone Larry to staff and a small group of graduate students.

Week commencing October 22 – Mailman Centre for New York

Meetings with staff including Dr Paula Madrid;

Interactive presentation regarding Innisfail schools' responses to Cyclone Larry to staff and a small group of graduate students.

Week commencing October 29- National Centre for Child Traumatic Stress-National Resource Centre- UCLA Los Angeles

Meetings with Dr Melissa Brymer, Dr Alan Steinberg and Dr Chris Pyne; Observations at UCLA Adolescent Psychiatric Clinic.

MAIN BODY

New Orleans

- Meetings with the Adolescent Trauma Team at the Louisiana State University Health Sciences Centre;
- Visit to the Benjamin Franklin High School: meetings with Janet De Grazio, Head of Counselling; Kimbell Burt Parent Liaison Officer; various teachers and students;
- Unplanned meeting with Bradley Barnes Consultant for Federal Emergency Management Agency.

Key Finding 1: The Hurricane Katrina Assessment and Referral Tool

The Hurricane Katrina Assessment and Referral Tool was developed by Dr Brymer and Dr Steinberg from UCLA. It is available at no cost on the NCTSC website, www.NCTSN.org. Its purpose was to gather information about students' physical and psychological needs. It administered by a mental health professional interviewing the student and/or the student's parent. It has two pages of questions that gather information about the student's experiences prior to, during and after Hurricane Katrina, their living circumstances and their current emotional state. This information was used to assess the child's needs and their family's needs. Such information can be used to screen for students at risk of significant mental health issues. The information about individual students can also be collated to determine needs across all schools. The only disadvantage of the Screening Tool is that it requires a considerable number of staff and significant time to screen all students.

Key Finding 2: Focus mental health services for students in schools

Schools are critical to providing mental health services to children. It is much easier to provide such a service in schools than in a clinic. However, schools must be committed to supporting the provision of such a service.

It was mentioned that principals should not minimise the psychological effects of the natural disaster. Instead, principals should support the implementation of mental health strategies for as long as they are needed.

Key Finding 3: Use of professionals from outside of the affected area

Many New Orleans staff thought that mental health professionals coming in from other parts of the country for a limited time frame (e.g., two weeks) created some significant problems. For example, after establishing a relationship with students they suddenly left. This was viewed as less than effective in assisting students.

It was suggested that all "outside" mental health workers could begin by assisting with practical problems rather than working in a clinical setting. For example, mental health workers could begin by helping make sandwiches or helping in class. This helps the mental health workers establish working relationships and students and teachers are more likely to seek their help.

Key Finding 4: Monitor all students with a prior mental health condition

Students who had significant psychological issues prior to Hurricane Katrina were at a higher risk of having significant mental health issues after Hurricane Katrina. Such students should be closely monitored by teachers and mental health staff.

Key Finding 5: Quickly re-establish prosocial activities

Prosocial activities are out of classroom social activities such as clubs at school, community sporting teams and groups such as Scouts, Guides and Church Youth groups. Such activities play a vital role in helping students re-establish social groups and reducing psychological distress.

Disaster Research Centre (DRC) – University of Delaware

- Meetings with Professor Russell Dynes and John Barnshaw, Projects Coordinator for the centre;
- Located a list of over 300 relevant resources at the E L Quarantelli Resource Collection at the Centre;
- Interactive presentation regarding Innisfail schools' responses to Cyclone Larry to a small group of staff and graduate students.

Key Finding 6: The strategies and procedures implemented in Innisfail schools were effective but could be improved

I gave an interactive presentation regarding Innisfail schools' responses to Cyclone Larry to staff and graduate students. They commented that our actions were well informed by research and practice.

Key Finding 7: Allow for flexibility in any disaster response plan

Effective disaster management requires improvisation. Therefore any school disaster plans must be flexible enough to respond to unanticipated issues. The DRC had numerous examples of detailed disaster response plans that did not anticipate the type and magnitude of the problems that arose from the disaster. However, the centre also had extensive research to show that creative improvisation by local disaster workers often generated effective solutions to the unanticipated problems. Of great interest was the study by Tricia Wachtendorf a staff member of the DRC. She studied how in the hours immediately after of the 9/11 attacks, hundreds of thousands of people were evacuated by boat from lower Manhattan. The evacuation was not part of a disaster response plan. It was an effective, spontaneous and creative response by emergency workers to an enormous and unexpected problem.

Key Finding 8: Make maximum use of local skills and knowledge.

A significant body of research shows that the most effective responses to disasters make maximum use of the local people and their knowledge and skills. Unfortunately the opposite sometimes occurs. Disaster workers and managers from outside the disaster area take complete command and control of the disaster response. Often this is well intended and based on the assumption that local people having experienced a disaster may be

incapable of leading the response. Research by the DRC has shown this assumption to be untrue. The research has also shown that ignoring local expertise often leads to a less effective disaster response.

National Child Traumatic Stress Network (NCTSN)
Resource Centre Duke University
www.NCTSN.org

- Meetings with Philip Little and various staff;
- Examined various resources;
- Teleconference with NCTSN staff University of California in Los Angeles.

Key Finding 9: Schools must develop specific responses for each of the crises that may affect them

The NCTSN has developed generic resources to meet the specific needs of students who suffer specific types of traumatic stress. For example, they have developed specific resources for natural disasters, community violence, all types of abuse, terrorism, medical traumas and grief as well as resources for refugee children. The decision to develop such a wide range of resources was based on research and clinical experience. It indicates that particular types of trauma require particular and specific responses and resources. In other words, no generic set of resources is adequate to deal with the many different types of childhood trauma. This suggests that schools need to develop specific sets of responses for the various crises that may affect them.

Key Finding 10: The NCTSN website has many cyclone specific resources that are easily adapted for local use

The NCTSN site has a section that deals specifically with hurricanes. It has excellent resources for parents, teachers and students. These resources may be found at http://www.nctsn.org/nccts/nav.do?pid=typ_nd

Searching for specific resources on the NCTSN website can be carried out at the following website:

http://www.nctsn.org/nccts/nav.do?pid=sch_database&oldpid=typ_nd

Key Finding 11: Psychological First Aid

A key resource for schools affected by hurricanes is Psychological First Aid (PFA). This may be downloaded at no cost from the following site:

http://www.nctsn.org/nccts/nav.do?pid=typ_terr_resources_pfa

PFA is an evidenced based set of strategies for mental health professionals and disaster response workers. It is designed to assist students, parents and staff in the immediate aftermath of a natural disaster by reducing distress and to promoting coping skills.

However, two significant limitations of PFA became evident during the teleconference with staff at NCTSN centre at UCLA. First, only certain sections of PFA are applicable to use in schools which have reopened after a natural disaster. Second, PFA is not designed to deal with psychological effects that occur many months after a natural disaster. In the weeks and months after a disaster families may face multiple stressors, for example, parents losing jobs, problems with insurance companies, problems and delays associated with rebuilding. These stressors may lead to range of psychological issues in parents such as grief, a sense of loss, anxiety or depression. The parents' psychological issues may impact on their children's psychological state.

The NCTSN staff at UCLA has recognised these limitations. They are currently writing a version to be used in schools after they reopened. It includes a section on dealing with potential long term psychological problems.

The following Key Findings are based on NCTSN resources reviewed by the author and on discussions held with NCTSN staff.

Key Finding 12: Schools should reopen as soon as possible after a disaster

A considerable body of research and anecdotal records clearly demonstrate the benefits for students, their families and the local community when schools reopen as soon as possible after a disaster. For example, it conveys a sense of routine and stability to students and the community. As well as continuing students' education, schools are able to provide a venue for the provision of services such as mental health support.

Key Finding 13: Refer to all community members including students as **survivors**

Referring to students and indeed all community members as survivors (not victims) has several important effects. It implies that the students are resilient and able to deal with the challenges that face them.

Key Finding 14: Immediately check the basic needs of students and staff

After schools reopen, the critical first step is to determine if the basic needs of students and staff and their families are being met. As well as food and shelter, other basic needs such as children being in the care of their family should be checked. A modified version of the Hurricane Assessment and Referral Tool may be used to accomplish this task.

Key Finding 15: Psychoeducation

Psychoeducation is a vital strategy for all staff and students. It entails mental health workers having discussions with students and staff about the following: eliciting an understanding of the disaster from students, correcting misconceptions, providing accurate information about potential psychological effects and detailed discussions about how to deal with them. It also includes providing information on how to access both basic support (e.g., food, shelter) and psychological support.

Two key points must be made to teachers, parents and students. First, the majority of adults and students will not develop long term psychological problems.

Second, many will have temporary reactions that are natural and normal but will not persist. A list of such reactions appears on the NCTSN website.

Key Finding 16: Open communication and problem solving are vital

Clear, open and frequent communication among school administrators, teachers, students and parents is vital. It prevents rumor, reduces uncertainty and prevents the negative interpretation of events. It also encourages problem solving.

Key Finding 17: Facilitate the natural social and psychological healing processes

After any natural disaster, it is critical role for schools and teachers to facilitate natural social and psychological healing processes. This can be done simply by setting aside time for staff and students to discuss their experiences. For example, hold a staff BBQ prior to reopening the school. During the first few hours of the first day allow older students to discuss and write down their experiences. Encourage younger children to discuss and create drawings of their experiences. If possible collate these stories and drawings. Allowing students and staff time to re-establish social support is vital. Research shows such support increases psychological well being and decreases mental health issues.

Key Finding 18: School staff taking care of themselves

Teachers play a vital role in the recovery of a community after a natural disaster. This can be quite demanding given that they have faced the same type of traumatic experiences, losses and secondary stresses as their students. Thus it is critical that they take care of themselves as well as their students. Suggested strategies for teachers include:

- Scheduled regular times to talk together in order to give each other support
- Try not to overdo clean-up activities at home or at school
- Avoid any unnecessary life-altering decisions during the stressful post-cyclone period
- Seek help early for any signs of ongoing stress
- Take good physical care including: eating, sleeping and proper medical care
- Put aside time for personal and family needs
- If cyclone-related responsibilities become overwhelming, talk with school administrators about modifying your duties.

Key Finding 19: Classroom strategies

A natural disaster may lead to significant changes for teachers and students. For example, students may have difficulties with concentration, attention and behaviour. Students may become withdrawn, disruptive and overly active and may have impaired academic functioning. These reactions may vary depending on the type of disaster and its differential effects on students.

The following is a list of classroom strategies that may be applied as needed by teachers:

- Modify lesson plans. Consider reducing students' workload, working at a slower pace, and including a range of "fun" activities;
- Communicate openly with students. Be open when talking with students about their feelings and concerns about the cyclone. It is important to provide accurate factual information to help clarify misunderstandings and reduce fear. Discuss safety procedures and strategies for coping;

- Know your students' experiences. It is important to invite students and parents to let you know when a student is affected by the cyclone so that you can better understand any change in classroom behavior or school performance;
- Talk to other school staff to share information and monitor students' progress;
- Provide structure. Maintain a predictable, structured class schedule with specific rules and consequences to provide support and consistency for your students;
- Refer distressed students immediately for help;
- Encourage students as much as possible;
- Teachers should encourage students to get appropriate rest and exercise and to eat a healthy diet;
- Set clear and firm limits on anger. It is especially difficult for teachers to have students acting irritably or being disruptive. Be clear about the behavior that is expected and reinforce age-appropriate anger-management and conflict-resolution concepts to ensure a climate of nonviolence;
- Reduce students' exposure to unnecessary reminders of the cyclone. This includes limiting teacher-to-teacher conversations about the cyclone in front of students and limiting their exposure to television stories and images of the cyclone during class time;
- Many students may suffer from lack of restful sleep. Tired students often cannot concentrate, learn well and may be irritable. If a student is having any of these problems, ask them and their parents about their sleep patterns;
- Be patient. Recovery comes in stages over weeks and months. Don't become discouraged because some students take more time than others or have temporary setbacks;
- Promote prosocial activities. It is very important to engage students in prosocial activities to help rebuild their social life. Such activities have been shown to reduce psychological distress; and
- Consider cultural differences, for example, handouts for parents may need to be translated.

Key Finding 20: Supporting displaced students

Principals and teachers in schools that receive displaced students need to implement many of the strategies listed in this report such as those found in Key Findings 4, 5, 13-17 and 19. Teachers also need to:

- Find ways for displaced students to actively participate in school and prosocial activities;
- Consider the special needs of displaced students while integrating them into the school;
- Have the same behavioural expectations for all students; and
- Assure them they are safe, secure and have a place at their new school.

Key Finding 21: Common mental health issues after a disasters

Reviews of available research regarding mental health problems and natural disasters indicate that most adults and students will not develop long term mental health issues.

Many will develop some behavioural symptoms and adjustment reactions that will quickly dissipate without the need for professional support. However, there may be as much as a 17% increase in psychopathologies. The most common mental health condition found in children and adults after a natural disaster is Post Traumatic Stress Disorder (PTSD) with intrusion and arousal. Depression is the next most common condition.

Key Finding 22: Preparing for a Cyclone

Schools in cyclone prone areas should be prepared in two ways. First, they should have a crisis plan specifically designed for cyclones. Many US schools use a template for a plan available at www.ed.gov/emergencyplan. The NCTSN has a checklist of mental health strategies to be included in such a plan available at http://www.nctsn.org/nctsn_assets/pdfs/edu_materials/Challenger%20Newsletter%20ChecKFist-final-sw_rvsd.pdf

Most US schools at risk of hurricanes also have a pre hurricane season education program for staff and students. The program consists of basic cyclone preparation and safety information. However, it also includes some education regarding the psychological effects of a cyclone and how to deal with them.

The PREPaRE curriculum Dr Amanda Nickerson State University of New York, Albany

- Meeting with Dr Amanda Nickerson, one of the authors of the PREPaRE curriculum provided me with details of the program. It was developed by the National Association of School Psychologists to provide school personnel with training in crisis preparation, prevention, intervention, response, and recovery procedures.
- Interactive presentation regarding Innisfail schools' responses to Cyclone Larry to graduate students.

Key Finding 23: The strategies and procedures implemented in Innisfail schools were effective but could be improved

I gave an interactive presentation regarding Innisfail schools' responses to Cyclone Larry to staff and graduate students. They were very complimentary of our responses and commented that our actions were well informed by research and practice.

Key Finding 24: A framework for school and classroom strategies

PREPaRE is based on the premise that all school based crisis plans must encompass the following set of sequential activities.

P—Prevent and prepare for psychological trauma

R—Reaffirm physical health and perceptions of security and safety

E—Evaluate psychological trauma risk

P—Provide interventions

a—and

R—Respond to psychological needs

E—Examine the effectiveness of crisis prevention and intervention

This is a comprehensive framework for school and classroom mental health strategies. Examination of PREPaRE generated a number of key points that should be considered by schools when developing a framework in the form of a school crisis plan

- Preparedness includes defining the most likely crises a particular school could experience and developing appropriate plans for each particular crisis
- Such plans are implemented by a crisis team with clearly defined roles
- The plans should have clearly defined strategies for school administrators and staff.

Key finding 25: PREPaRE curriculum needs further investigation

School staff must receive a week's intensive training to implement the entire PREPaRE process. The program has been adapted by several schools (e.g., schools in New Orleans). Further, it appears very comprehensive and would seem to be able to be adapted to Australian conditions. However, there is a considerable financial cost and time commitment for training. Training is not available in Australia. These issues may preclude most Australian schools from adopting PREPaRE.

**National Centre for Disaster Preparedness, Mailman School of Public Health,
Columbia University, New York**

- Meeting with Dr Paula Madrid, centre director.
- Interactive presentation regarding Innisfail schools' responses to Cyclone Larry to staff and graduate students.

Key Finding 26: The strategies and procedures implemented in Innisfail schools after Cyclone Larry were well informed by research and practice.

I gave an interactive presentation regarding Innisfail schools' responses to Cyclone Larry to staff and graduate students. They commented that our actions were well informed by research and practice. Staff thought two particularly effective strategies had not been used in similar situations in the US. The first was that high school administrators and guidance officers successfully applied for special consideration for all students. This took two forms. First, all students were exempt from assessment in term one. Second, special consideration was given to all Seniors (Year12s) who applied for university entry. This was extended to the Seniors of 2007 as both groups had severe disruptions to their education.

The second strategy was giving high school students dispensation to be released from school to assist their families. For example, many students were needed to assist their parents to clean up farms. Other students worked for a few days for organisations such as the Salvation Army.

Key Finding 27: Avoid excessive exposure to negative media reports

Teachers and parents need to closely monitor children's exposure to media reports of a disaster. Media reports can sometimes focus on very negative issues, for example, the

most extensively damaged areas or the extreme emotional distress of a small number of survivors. Repeated exposure to such reporting can convey distorted and negative impressions to students. This could make any existing mental health issues such as depression worse.

Disaster and Terrorism Centre at the National Centre for Child Traumatic Stress (NCTSN) The University of California in Los Angeles (UCLA)



Author being video taped at the NCTSN centre at UCLA for a podcast to be placed on NCTSN website. Dr Melissa Bymer is seated to the left.

- Meetings with Dr Melissa Brymer, Director, Terrorism and Disaster programs
- Meeting with Dr Robert Pynoos Director of NCTSN
- Meeting with Dr Alan Steinberg, Associate Director of NCTSN and author of UCLA PTSD Index
- Meetings with Dr Christopher Layne
- Attended staff meeting at UCLA Trauma Psychiatric Clinic, supervised by Dr Bill Saltzman
- Interactive presentation regarding Innisfail schools' responses to Cyclone Larry to staff

Key Finding 28: The strategies and procedures implemented in Innisfail schools after Cyclone Larry were effective but could be improved

As with staff at the Mailman Centre, the NCTSN staff commented that the strategies used in schools after Larry were well informed by research and practice.

Key Finding 29: Modify mental health responses

The mental health strategies used in schools may need to be modified according to community needs and type of disaster. In other words, a single tightly prescriptive response will not meet all needs. Innovation and local decision making will play a key role in developing mental health programs.

Key Finding 30: Use reliable and valid psychometric techniques

Dr Steinberg and his associates stressed the critical role reliable and valid psychometric techniques play after a disaster. Such instruments screen for students and adults at risk of significant mental health issues. The information about individuals can be collated to determine needs across all schools. Dr Steinberg provided the author with multiple instruments that have proven useful in disasters. The two key instruments that would seem most useful in Australian schools are the abbreviated UCLA PTSD Reaction Index and the CES-DC depression index. The former was used extensively in New York schools after 9/11. Dr Steinberg suggested the following process for their use:

- Administer to students 4 or more weeks after event
- Any student with a score over the suggested threshold (e.g., a score of 17 or more on the PTSD index) should be considered at risk and should have full assessment.
- Scores on the PTSD index should not be used as the sole basis for a diagnosis or inclusion in a treatment group.

Other instruments supplied by Dr Steinberg were the UCLA Trauma Reminder Inventory and the full versions of the UCLA PTSD index.

Key Finding 31: Avoid the premature diagnosis of psychological conditions

Dr Brymer and Dr Steinberg urged caution when considering the diagnosis of mental health conditions after a disaster. Many students and adults may display a variety of reactions in the days and weeks following a natural disaster. For example, the author can recall that in the days after Cyclone Larry, many students and teachers had sleep disturbances, short term memory lapses and mood swings. Such reactions are not indicative of a mental health problem but are a result of exposure to a natural disaster. Such reactions very often dissipate quickly. In fact, individuals who continue to function even while enduring such reactions have a lower risk of developing long term mental health problems.

However, if such reactions persist for 1-3 weeks after disaster, are severe and/or cause significant interference with functioning, the student or teacher should be referred to mental health services. Persistent and severe reactions after a disaster may be predictive of long term mental health problems.

Key Finding 32: Training for mental health professionals

NCTSN has produced two valuable training programs for mental health professionals. The first is a three disc DVD series containing 16 training vignettes. The vignettes demonstrate intervention strategies for students and families after a disaster. Strategies demonstrated are dealing with acute grief, relaxation and problem solving techniques, dealing with prior trauma, psychoeducation, parenting after a disaster, dealing with traumatic reminders, classroom intervention techniques and counselling techniques including cognitive restructuring. The intervention strategies may be easily adapted for Australian schools thus making this a very valuable resource. The author was given a copy which is available upon request.

The second training resource is a series of podcasts available at

<http://mentalhealth.samhsa.gov/samhsadr/contents.htm>

These podcasts cover a range of topics including PTSD, PSA, Child trauma and substance abuse after a natural disaster.

Key Finding 33: counselling approaches after a disaster

Students and staff identified as being at risk of having a mental health issue (see key Findings 30-31) should be referred for brief individual or group counselling. If symptoms persist, referral for specialized treatment is necessary.

Dr Chris Layne provided research he had conducted on the use of group counselling techniques with students after a disaster. For example, he worked in Bosnia with war exposed adolescents. In his view, group counselling and classroom strategies are superior to individual counselling for students at risk of a mental health issue. (Article supplied upon request).

Several examples of group counselling programs for students diagnosed with PTSD were reviewed. These may be found by accessing the NCTSN resource search facility at http://www.nctsn.org/nctsn/nav.do?pid=sch_database&oldpid=typnd.

CONCLUSIONS

All US teachers, researchers and psychologists consulted during this fellowship commented that the strategies implemented in Innisfail schools after Cyclone Larry were soundly based on the available research. Many of the strategies were either identical or very similar to standard practices followed by US schools after a hurricane. However, a number of significant improvements and additions to the strategies used in Innisfail schools were suggested by US teachers, researchers and psychologists.

The following section (Recommendations) is an attempt to combine two sets of strategies. It is based on the proven strategies implemented in Innisfail schools post Cyclone Larry. However, many have been modified in line with Key Findings gained through the fellowship. A range of additional strategies gained through the fellowship have also been included.

The aim has been to write the recommendations section in a user friendly manner. That is, hopefully it has been written in a way that teachers, administrators and school mental health staff can put the strategies into practice in Australian schools.

The recommendations section has been divided into two parts. The first set of strategies applies to all schools in cyclone prone areas. It entails preparation schools can make in case they are affected by a cyclone. Such preparation can have a significant and positive effect on students, staff and families. The second more detailed section contains strategies for schools affected by cyclones. However, the strategies should not be followed rigidly. Instead, a core group of local school based mental health professionals should consider modifications to these strategies in line with local conditions and needs.

Dissemination of this report will take two forms. The author was video-taped by NCTSN staff at UCLA presenting the combined findings of his experiences in Cyclone Larry and fellowship findings (see photo p14). This will soon be available as a podcast on the NCTSN website. The fellowship report will be made available to schools and guidance officers. It will also be made available through the Queensland Principals' Association.

RECOMMENDATIONS

The specific Key Finding(s) that form the basis of a recommended strategy are cited in brackets after the recommendation. For example, when (KF1) appears in a recommended strategy, it means that strategy is based on Key Finding 1. Readers can thus refer to the appropriate Key Finding for more details regarding a particular strategy.

Preparation: Strategies for all schools in cyclone prone areas

Schools in areas prone to cyclones should prepare develop a school crisis plan specifically for cyclones (KF10; 22). It could include cyclone education programs for staff and students. Mental health professionals based in these schools could update their skills for dealing with a crisis through NCTSN training programs (KF32).

Strategies for schools affected by a cyclone

Preamble

Mental health professionals and teachers working within schools affected by a cyclone should consider implementing the following strategies. However, certain variables associated with a cyclone will affect exactly how these strategies are implemented (KF7, 8 & 29). These variables include if any people were killed and injured, the extent of destruction, the extent of pre-existing mental health issues within individuals and the long term effects of the cyclone on the community and individuals (e.g., effects on the local economy, job losses, problems associated with insurance and repairs). The strategies listed below may need to be modified in accordance with these variables. Further, staff could also consult with mental health professionals experienced in dealing with the effects of cyclones such as the Guidance Officers from the Innisfail district.

General Strategies

- I. Schools should open as soon as possible after a natural disaster (KF12). Once opened, schools may serve as a focus for mental health services for students (KF2).
- II. In all communication, refer to students and all community members as **survivors** not victims (KF13). Clear, open and frequent communication between school administrators, teachers, students and parents is vital to prevent problems (KF16).
- III. A key resource to guide mental health professionals working in affected schools is Psychological First Aid (KF11). This may be downloaded from the following website:
http://www.nctsn.org/nccts/nav.do?pid=typ_terr_resources_pfa
- IV. The issue of mental health workers from outside the affected area working within the affected school system may cause some significant problems (KF3). The

decision to have such staff work in affected schools and their role are issues to be decided by the local Senior Guidance Officer and local staff.

Key mental health and classroom strategies

1. Form a team headed by the local Senior Guidance Officer to manage the implementation of mental health strategies in all affected schools. This team should include all guidance officers from affected schools. The team may also consult genuine experts in the field of mental health post natural disasters such as the staff at National Centre for Child Traumatic Stress (NCCTS) Centre at UCLA. The team should meet regularly to determine the overall mental health needs of staff and students. The team should take a flexible approach that maximises the use of local staff and local solutions (KF 7 & 8).
2. A modified version of the Hurricane Assessment and Referral Tool, the UCLA brief PTSD index and feedback from schools and families all may be useful in gathering information about students, teachers and parents (KF1 & 30). This information should be the basis of local strategies for meeting mental health needs including providing basic mental health services at schools and/or referring students and families to support agencies.
3. Check that the basic needs (e.g., food, shelter) of students and teachers and their families are being met and concurrently identify students and staff at immediate risk of mental health problems (KF14). A modified version of the Hurricane Assessment and Referral Tool may be used to accomplish both of these tasks (KF1).
4. Facilitate the natural social and psychological healing processes by setting aside time for staff and students to discuss their experiences. For example, hold a staff BBQ prior to reopening the school. During the first few hours of the first day allow older students to discuss and write down their experiences. Encourage younger children to discuss and create drawings of their experiences. If possible collate these stories and drawings (KF15, 16 & 17).
5. Distribute information to students, their families and staff about the typical psychological responses to cyclones and how to deal with them. This information must emphasise that most adults and students will not develop psychological problems. Information sheets from the NCTSN website, www.NCTSN.org may be modified to suit local needs (KF15). Adults should not expose students, in particular young children to excessive negative media reports (KF27).
6. Distribute a list of recommended classroom strategies to teachers as detailed in KF19. Discuss with teachers which of these strategies could be practically implemented.

7. High school administrators and guidance officers need to consider applying for special consideration for all students. This may take two forms. First, all students may be exempted from assessment for a short period. Second, special consideration may be needed for all Seniors (Year12s) who apply for university entry. This may need to be extended to the Seniors of the following year (the current Year 11s) as both groups have experienced severe disruptions to their education (KF26).
8. Older students may need dispensation and/or special consideration to be released from school to assist their families. For example, many students may be needed to assist their parents to clean up family businesses, farms and homes. Other students may be released to work for community recovery organisations such as the Salvation Army (KF26).
9. Check the status of all students who had a history of mental health issues prior to the cyclone (KF4). A modified version of the Hurricane Assessment and Referral Tool may be used to accomplish this task (KF1).
10. Monitor the physical and psychological needs of staff are being met (KF17). The strategies mentioned in KF17 could be discussed with teachers at a staff meeting.
11. Where possible, help re-establish prosocial activities (KF5).
12. Four or more weeks after the cyclone, administer suitably modified version of the UCLA brief PTSD index to identify those students and staff at risk of developing PTSD (KF 30 & 21). Students identified as being at risk will require a full assessment by qualified staff. However, diagnosis of any mental health condition should be done with caution (KF31).
13. Implement group and individual counselling programs for students with a diagnosed mental health problem (KF33).
14. Locate students and families evacuated from the district. When these students are located, request the mental health professionals in their new schools assess the needs of these students and support them as per KF 20.
15. Monitor staff and students for long term effects, perhaps for up to 1-2 years after the cyclone. For example, if the cyclone has devastated the local economy, grief, a long term sense of loss and depression may be evident within adults and this may significantly affect students.