

Head Start Heals: Episode 5

Mental Health Planning for Disaster and Trauma

Dr. Neal Horen: Hello, everyone. Welcome to the Head Start Heals podcast series. I'm Dr. Neal Horen, co-director of mental health at the National Center on Early Childhood Health and Wellness. Our goal here is to help Head Start leaders and staff address key issues you may be facing so we can all help children, families, and communities heal. Today, we'll be talking about how Head Start and Early Head Start programs can develop a mental health plan to support families experiencing traumatic events like natural disasters.

I'm pleased to be joined today by Dr. Sadia Gonzalez, who is a clinical psychologist, and worked with the Municipality of Guaynabo Head Start program in Puerto Rico as a disaster recovery and preparedness specialist after Hurricane Maria hit in 2017.

Dr. Gonzalez, thank you so much for joining us, and I think you have so much to share about mental health planning for disaster and trauma, both before and after disasters, so we're really excited and grateful that you have some time for us today.

Dr. Sadia Gonzalez: Thank you for having me. I feel very honored.

Dr. Horen: Maybe we should start with a little bit of a description of ... In Guaynabo, what were staff and families dealing with after Hurricane Maria and Irma?

Dr. Gonzalez: The municipality of Guaynabo is an autonomous land, and the program composition covers 16 geographical zones. We have six managers, about 250-300 employees, and 300-700 children and families. The centers are inserted in 12 wards, and they are very different from each other. Some of them are in the countryside of the municipality. Those were the most affected by Hurricane Irma and Hurricane Maria because of the floods and the wind.

The mental health team is composed by four psychologists, including myself. Three of the psychologists intervene with children directly and families on a regular basis. My interventions are somewhat broader with the disaster preparedness and post-disaster recovery efforts. That includes trained advocates, families, the parents, administrators in matters associated to the disaster. So, most of the employees were actively working with the families. We make an assessment of every family and the children and how we can help them to survive for the next weeks and months after Hurricane Maria.

Dr. Horen: Was that always the arrangement of four psychologists, three of whom sort of focused on children and families, while you focused on others? Or was that a result, was that a shift or a change because of the impact of the hurricanes?

Dr. Gonzalez: Yes, it is. How I get there is because of the disaster recovery proposal. So, I was the only one in the team that has the academic skills in disasters and preparedness for a disaster. So, I inserted in the team, and I helped to train my colleagues in the how are we going

to handle the disaster. I was a little late, but for the first year and maybe the first 18 months, the situation was more or less the same all around the island, except for the metropolitan areas. But in the country, and we have many children in the country, it was really, really, really hard. So, the mental health team went directly to the families, to the places where they live, to bring the services to the parents, and to the children, and to the families that were affected by the hurricane. We were only four in the team, so we have to distribute ourselves among 600-700 children and families. So, it was a huge work.

Dr. Horen: Your background, education, and knowledge at least helped you as you had to think about how to mobilize right after the disaster. So, now, we're almost three years out. I hesitate to even bring up the anniversary coming up, but let's talk a little bit about some of the lessons learned about planning for mental health disaster. Could you share a little bit about what you would recommend people start to think about now? If they're doing planning – not just in Puerto Rico, necessarily, but just in terms of disaster – what are the kinds of steps that people should be taking or thinking about right now?

Dr. Gonzalez: This is a very, very good question because if we want to look for a mental health plan preparation after the disaster, then we need to know what involves pre-disaster preparation. In an emergency, we have to consider that it's a serious, and unexpected, often dangerous situation. So, we need an urgent intervention in order to leave pain or minimize pain effect of the situation.

And in addition to that, it is important to distinguish among the natural disasters and the man-made disasters. In our case, we have been experiencing a hurricane, so the first thing we need to do is to drill, drill and drill with our children in advance, what are we going to do when we are in a disaster. And we need to prepare them in terms of explaining what precisely is going to happen, or at least, the most that we understand that can happen in the disaster.

We need to teach the parents how they are going to deal with their children and train the parents to identify signs of trauma, like crying, like screaming, freezing up, regress behaviors in the children, isolation. And how are we going to handle them in a post-disaster situation? It's possible, if we can get in contact with a parent – and this is what we did at the municipality – we make a list of all our children and our families. And we make an inventory, and what were their needs, their particular needs when we went to these streets, each and every family in our program after the hurricane.

Dr. Horen: That's super helpful, and it seems like if you've identified the needs of children and families now, that sort of is part of that preparation, because now you have a sense – it's unfortunate it comes at the expense of having experienced it already. I wonder though, as you're developing this plan, are you involving staff in the development of the plan?

Dr. Gonzalez: One of the precautions, or one of the steps that we have been doing is integrate our staff in this plan preparation. The teachers should be included in the creation of this plan because the teachers know each child in their classroom. They know them very well, and they used to know very well their families. They can teach the teachers to identify what are those

trauma signs and symptoms, because we need to integrate the plan. If not alone, we need to integrate the plan with the structural plan and the reaction to the processes that we already have.

The thing that we have learned is that we have been practicing the protocols in the classroom. It's essential for us to include a representative of the community, or community leaders because ... This is a very good example: We have two centers that are very close to the tsunami zone. There is the ocean just in front of the centers, and after the hurricane lessons learned, we understand that the ocean waterfront comes over the town, and then we get floods there. The children were not at the centers at that moment, but if we question of ourselves, OK and what will happen if there is a tsunami, and the children are in the center?

So, we start figuring out what are we going to do in that case. Well, we start looking for ways to take the children out, and how we will be organizing with the community leaders to the safest place that they will have in the zone. And what other thing can we do? We can buy lifesaver vests; we can get some boats if we need it in an emergency. So, we need to bring the children South in about 2-5 minutes. We doesn't have more time than that in a tsunami alert. So, these are the things that are very peculiar and that involves all the key players, like the teachers, the psychologists, the management, and the community at home. So, everyone can bring a part into the preplanning and the post disaster response to what happened.

Dr. Horen: Were there specific people within the community? So, was it folks from the municipality, like government leaders? Was it partners who might be able to provide supplies or things? What were some of the specific community partners that you would recommend?

Dr. Gonzalez: In Puerto Rico, there is a particularity, and this is very important, because in every place in the nation, your plan should be aligned with your community, and the place that you are. Our communities, they are organized and have leaders, community leaders, and this is the person who knows everything about what is happening in that community. So, it's a very key person, because they will know precisely how they can help in the event that something happened, that a disaster happened, all of a sudden. Not a hurricane, because we are usually prepared for a hurricane. But in any other kind of disaster, the community leaders are very significant, and the tasks that they perform aren't very precise. Other institutions also help. Community-based institutions, nonprofit organizations that are in the surroundings of the centers have been helping us. We received help from New York. We received help from Florida. So, it has been a huge integrated effort after hurricane Irma and Maria.

Dr. Horen: So, what really strikes me – and one last question in this space – if I would have done this discussion with you three Summers ago, would you have already had all those same people involved? Those community partners and leaders, as you described, who are sometimes not the authorized leader? Were they part of any kind of planning you were doing, or is this because of your experience having gone through two major hurricanes, earthquakes, COVID? We like to throw as many disasters at you as possible, but would your answer have been the same before Irma and Maria, or is that one of your lessons learned?

Dr. Gonzalez: This is a combination of ingredients. I think that this is a lesson learned, and we, as Puerto Ricans, we have to understand after Hurricane Maria that solidarity is a word that is not only in theory, but in practice. So, we have organized our communities, and the knowledgeable community leaders, they make a difference organizing the citizens and providing the help to institutions, as well as the community emergency response teams, like CERT.

We were the first that entered to help the communities, because we are an island. So, it's not like in mainland, that probably the surrounding states can go and help pretty fast. But here, the big, big, huge help came after three or four weeks of Maria. The first thing was that we doesn't have any kind of communication. So, we didn't have cell phones, we didn't have laptops working, we didn't have electricity.

So, after that is a lesson learned to get in touch, to be aware of what is happening around, to ... Don't get lost because you do not agree with someone else, because at the end of the story, we needed each other to survive.

Dr. Horen: That's really – that's a powerful way, I think, of describing what people need to be thinking about, both in their planning and, obviously, in terms of a post disaster. But this idea that everyone needs each other and getting in touch. So, I'm going to shift us a little bit, but sort of stick with your getting in touch, because I think once the children came back, your mental health folks were going out and working with families. One of the things that they're encountering is a lot of trauma. How do you go about helping families talk to their children about these kinds of things? How did your mental health team, and quite honestly your big team – you had other staff and your community leaders – how do you help families talk to their children about this?

Dr. Gonzalez: When we have previously teach a child about natural disasters, we are somewhat one step ahead then if children are surprised by a traumatic event. We have children's books in Spanish, written in a simple language, appropriate to their ages and their developmental stages. If as educators and as psychologists, we can bring the new information according to the ages of our children, that they can comprehend in a very simple way, they will have some idea when, oh, there is a hurricane coming, or, oh my god, this is an earthquake. It is not that the event will not surprise them, it is that they know precisely, or a little, how it's happening and what is happening. Now, a child that is experiencing a disaster event, we can observe that the child will be confused, will be scared, probably will be anxious.

And then, one of the teachings that we provide to the parents is that children need – they need to reconnect with their parents, with their family, with their friends. And they have to feel that they are helped, that they are supported, and someone is taking good care for them. They need to feel that they are loved and appreciated, and we can support families and children by paying the children attention. If you pay attention to a child, he will respond to you in a different manner than if you are not paying attention to him. And learn to be good listeners. If we listen to a child, to what he is saying, then we need to teach parents, if the disaster does not permit us to be in contact, what they are going to do.

Teach the parents to let the children speak about the disaster. Some parents try to evade the theme, and they need to express it, the children need to express what they are feeling. And it's very important that we can let them tell their story, because in the minds of the little kids, they make a construction of a story, and it's important that they can express it. Bring the opportunity that the children can draw, can write, can make a song about the disaster, to let them get involved in the situations. This is the way that the children manage things that are complicated, and things that can converge in a very complex trauma. We also need to explain to them that it is OK to be sad, it is OK to be a little angry. Sometimes we are angry when we know we lost our home, or we lost our stuff, our things, our important things.

And it is OK to be stressful or anxious or feeling like crying, and that these are normal feelings that we human beings have. Let them ask questions about the event. Limit the children access to the social media, to the TV, to the radio, to the internet, because if they want to be informed about what is happening, the best way that they can be informed is through their parents.

Dr. Horen: So, I think that those are the great ways in which we can think about this post disaster, but also in our planning about how will we address those things. Some of the work, obviously, in Puerto Rico is about how do we explain to children if they've lost their homes. Are there specifics about some of what you all did in helping people explain those kinds of losses to children?

Dr. Gonzalez: With little ones, it is a little bit more complicated, because sometimes they don't really understand what is happening, but they are sensing what is happening. With the oldest children, children 3-years to 5-years, that is the core of our program, it is probably that we can reorient what happened about the disaster because they understand what happened, or they are overwhelmed, or they are scared. The way to do these is to confirm the truth. As an example, it is if someone familiar to the children that has lost, at least, his home or something else. And it is so sad that this has happened to her, and we are trying to change to a positive aspect of the trauma. So, we confirm, "Yes, you are right. I'm so sorry about her, we are so sorry about her, I know you're overwhelmed." Something that we can do is to change the issue to a positive aspect of the trauma. It's important that when we are answering questions to our children, these answers will be custom-made according to what he is asking.

So, we can say, in this example, families in our community are very united, and we will help each other. We can say also we are working together to support those in need. Tell the child about the sadness and the love we feel toward this person, towards his teacher. We can also say sometimes a natural disaster hits us, and no one is responsible about it. That just happens, and we will surpass this bad moments, and better moments will come. We can bring some comfort, some way to look at the future in a better way, and in a positive attitude.

Dr. Horen: You had mentioned when we started that about somewhere around 90% of the staff, more or less, were back within the next day, and it made me think about: What kinds of supports did you have in place? What would you recommend that people put in place for staff?

As you've talked, I heard so many good things about here's how to discuss this with children, here's how to comfort children, here's how to support families. And made me think those 90% of the people who came back the next day, including, I know, yourself and others, you had your own things to deal with. So, how do we help ... What's the recommendation for how people might put supports in place for staff?

Dr. Gonzalez: This is another lesson learned. The whole program was intensely working during the last almost three years after the hurricane, and 18 months, more or less. We started designing a program to support our employees. We started designing a training program, and the first thing we did was to support them with management of anxiety and depression, because after so many months of helping others, you get affected in some way.

So, we start taking care, first of all, of the teachers. And we prepare workshops for them to deal with anxiety, to deal with depression, to deal with self-help, and brought them a space so they can realize, wow, now is the time that I can start feeling comfortable, because now I have the tools and the skills to worry about myself.

And it was practically a whole day for them, and they were there, and they were learning about how do they feel. Most of them expressed how they were feeling, and the experiences that they had with a family, what they found when they went to each of the homes of the families that they were supporting. And it promotes bonding, a bonding that probably they haven't had, or haven't had the opportunity to express about what had happened, because they haven't had the time to do it in a space like that one.

They were like little kids too. So, they were painting and describing how was their fear, or how was their worries about the people that they were helping, and about themselves. So, it was very enlightening for them. And for the first time after 18 months, they realized that they had a life, that they can take some space for themselves.

Dr. Horen: That's a great example of how Head Start heals, how you provided this great opportunity for staff to one, acknowledge that they have big emotions about this that they may not have actually dealt with, because they were so – like Head Start staff are, so dedicated to the children and families that they never really actually took care of themselves. But also, to be more aware of those emotions and things like that. So, one question related to that is how do we help those staff recognize the difference between what is a typical challenging behavior, whether there is a disaster or not? Sometimes children may be having some sort of difficulty that is perceived as a challenging behavior. How do we help staff understand the difference between, well, that's just what's going on versus that's the result of trauma.

Dr. Gonzalez: It was very important that teachers were very informed about the children that they had in the classroom. They know each other, they relate to them every day, they relate to their parents or their caretakers. So, how do you remember that was the behavior of this child before the event? Is it the same or it has changed? Is this a sign for a depressed child?

The teachers learn what words are characteristic or the signs or the symptoms that they can observe when a challenging behavior in a child was present and itemize what were those behaviors. They can see that children will have a regression in their regular development stage, and also will have a regression in their behavior.

The teacher should explore with the child what is happening and ask him open questions about how do he feel. Because, probably, if something that is happening right now in their home, does it look like if he has not slept well the night before? Are the parents engaged in some family problems? Is the child sick? Or any sort of questions that make some hypothesis that can be tested or can be confirmed by their parents.

Refer to the professional that you have in the programs; refer to the psychologist. Every program has allocation of staff, and an allocation of supervisors that are observing the children regularly, and they know what is happening with each and every child. So, call for a disciplinary meeting to solve the issue, but it's something that has to be solved pretty soon.

Dr. Horen: That pulls a lot of what you've described today together. And we talk a lot about how Head Start helps children and families heal in so many ways, and I'm wondering if you can maybe end this with the way that Head Start, Early Head Start can really support families who've experienced trauma after a disaster.

Dr. Gonzalez: This is a nice question, and it's a complex question at the same time. Healing is a huge process in a major disaster, and children and families take so much time to heal and return to their usual way of living. But when a child heals, the family is healing too, and the communities are healing, and the society is healing as well.

So, Head Start and Early Head Start programs have conformed a framework of solidarity to help. What is important is: How can you translate solidarity into action? So, to provide children and families nutritional food, education, emotional balance to children and families in our communities. And this is the great magic of this program, that the second word that I can use, in addition to "solidarity" and "make things to happen," is that we are "united to serve." And I think that both solidarity and to be united, and it's the way that we can start healing. As anxiety is contagious, calm as well is contagious.

So, we have three big things to remember here. We need to remember solidarity. We need to remember: Be united. And we need to remember to stay in calm. If we can handle that three main aspects, then we start healing ourselves, then we can see the healing of our children and families in the program.

Dr. Horen: Sadia, thank you so much.

Dr. Gonzalez: Thanks to you. I really appreciate this great time with you and your team.

Dr. Horen: For more information about mental health planning for disaster preparedness, check out the links to resources in the podcast notes. Thanks for listening to the Head Start Heals podcast from the National Center on Early Childhood Health and Wellness.