



**FEMA**

From Tots to Teens: Emerging Research and  
Practices to Address the Unique Needs of  
Young Disaster Survivors

April 21, 2015



**FEMA**

# Welcome

Today's panelists:

- Ann Masten, PhD
- Lori Peek, PhD
- Jessy Burton, MSW

# Children and Disaster

## Lessons from Research on Resilience

**Ann S. Masten**

University of Minnesota

Slides (edited) from FEMA webinar 21 April 2015



# Disaster in the lives of children

## Disaster

- ❑ Adversity on a scale affecting a large area or mass of people
- ❑ Overwhelming (at least temporarily) all normal coping systems

## Many forms

- ❑ **Human-designed or caused**
  - War, genocide, terrorism, industrial accidents, oil spills
- ❑ **Natural disasters**
  - Hurricanes, tsunami, typhoons, tornadoes, earthquakes, floods, wildfires
- ❑ **Complex causes (mixture of human and natural causes)**
  - Dam collapse, famine, some floods and fires, disease pandemic

**Millions of children are affected every year**

# RESILIENCE

The capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development.

Masten 2014

*Ordinary Magic: Resilience in Development*

**Focus today ~ adaptation of children to disaster**

# Importance of resilience science

- **Understanding**

- impacts on children
- who is vulnerable
- what makes a difference

- **To plan and prepare effectively**

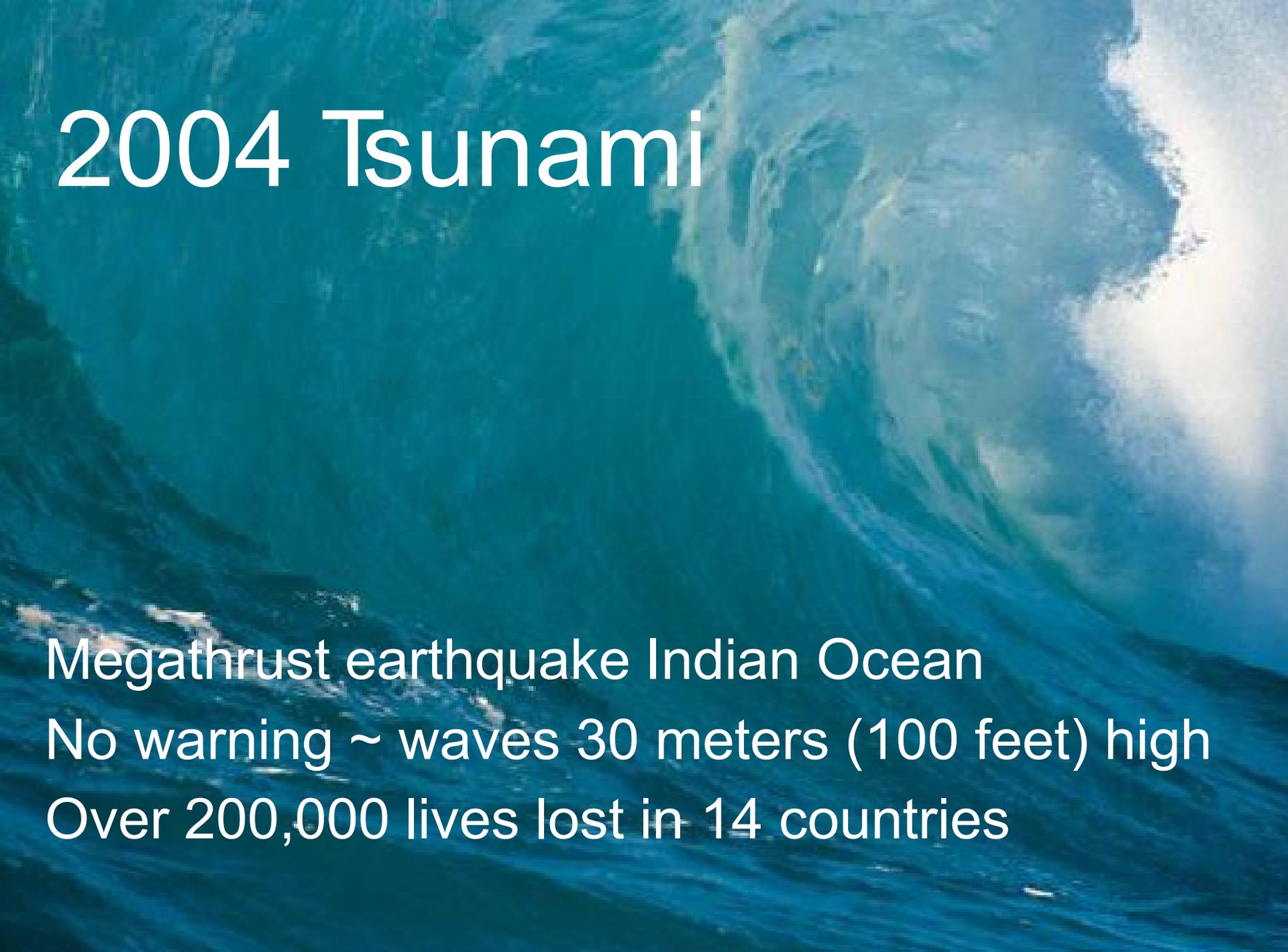
- Considering the needs of children in planning
- Training in regard to child responses and needs
- Building systems that support child recovery

# Lesson 1 ~

## Dose matters

- Physical proximity
- Emotional proximity
- Magnitude of personal loss
- Severity of life-threatening experiences
- Cumulative exposure
- Combination of traumatic experiences
- Previous trauma exposures
- Disaster on top of other adversities
- Media exposure

# 2004 Tsunami

A dramatic photograph of a massive tsunami wave crashing. The water is a deep, vibrant blue, and the crest of the wave is a thick, white foam. The wave is curling over, creating a powerful sense of motion and scale. The background is a lighter blue, suggesting a bright sky or a distant horizon.

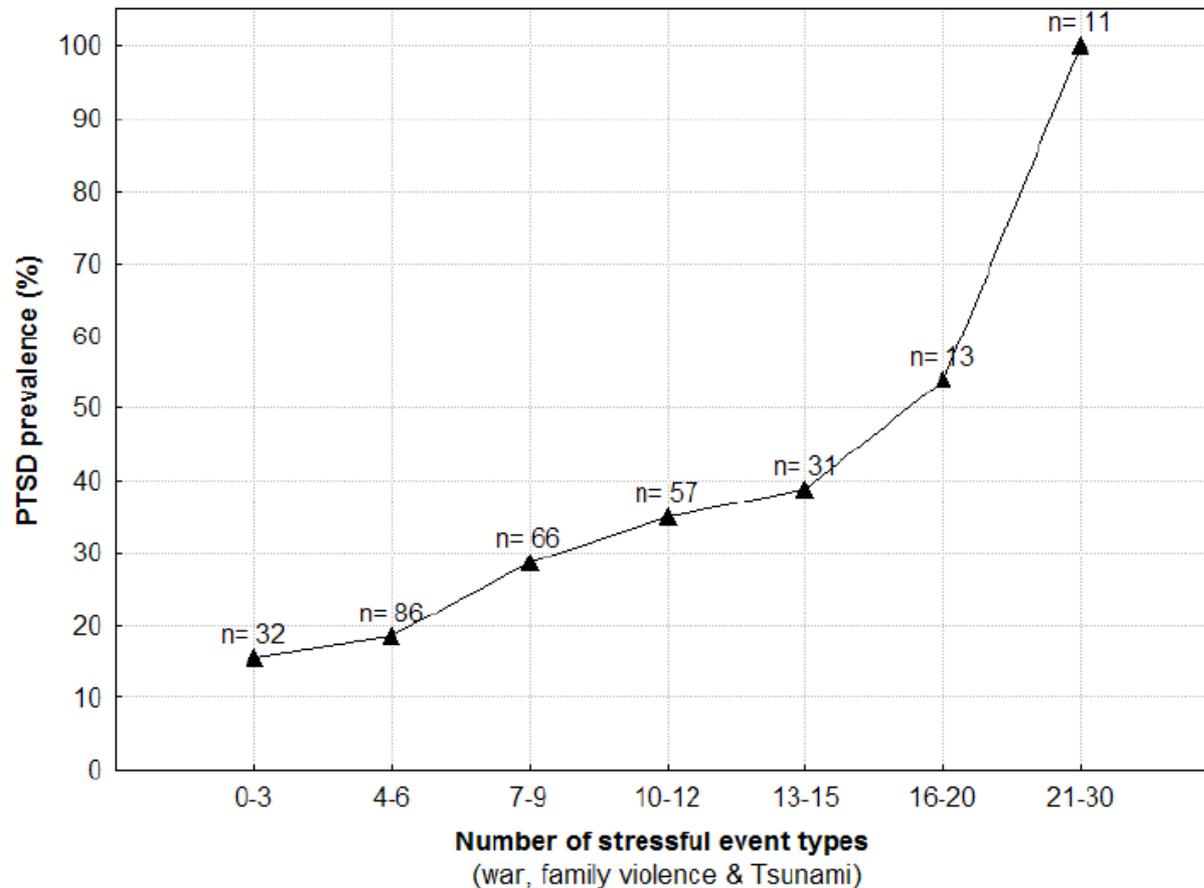
Megathrust earthquake Indian Ocean

No warning ~ waves 30 meters (100 feet) high

Over 200,000 lives lost in 14 countries

# Catani et al 2008 after the tsunami

296 Tamil school children ages 9-15 from Sri Lanka



# Lesson 2 ~

## Age matters

- **Developmental timing**
  - Understanding of the experience
  - Biological effects of toxic experiences
- **Exposure**
  - Older children have different (often greater) exposure
  - More awareness, more friends, more media exposure...
- **Resources, promotive, and protective factors**
  - Older children ~ more coping tools; more capable friends
  - Younger children ~ greater protection from adults
- **Responses**
  - Older children often exhibit or report more PTS symptoms
  - Children report more PTS than their parents report for them

# Variations in symptoms

- **Young children**
  - Regression ~ losing skills and self-control
  - Crying and clinging to caregivers
  - Re-enacting trauma experiences in play
- **Adolescents**
  - Risky or reckless behavior
  - Suicidal thoughts and feelings
  - Loss of hope in the future

# Lesson 3 ~

## Individual differences matter

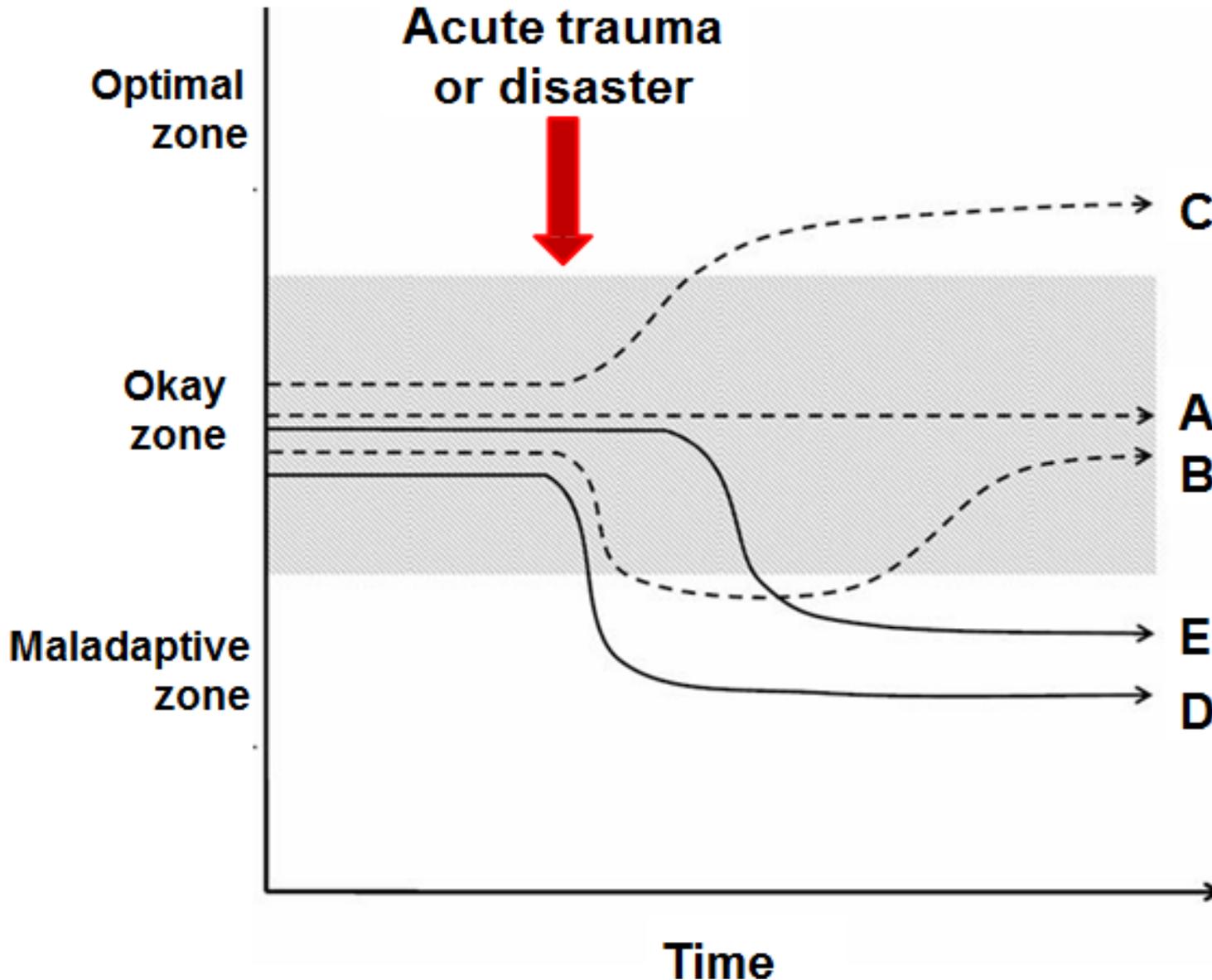
- **Gender**
  - **Girls often (not always) express more PTS**
- **Cognitive skills and comprehension**
  - **Meaning and interpretation of disaster**
  - **Problem-solving skills**
- **Biology and personality**
  - **Some children are more sensitive**

# Meta-analysis of post-traumatic stress

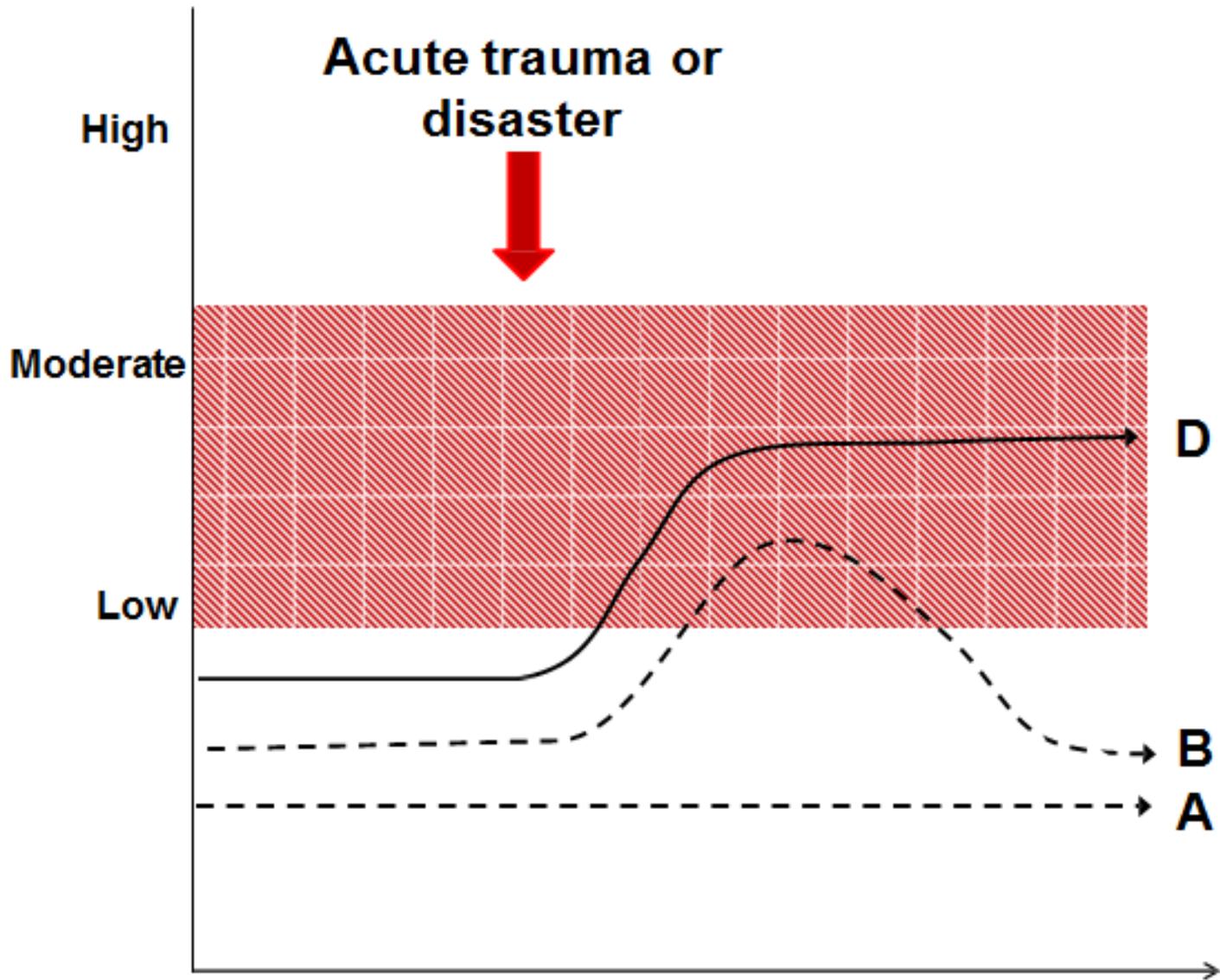
Furr et al 2010

- **96 studies published before 2009**
  - 42 with comparison data (pre-post or groups)
- **Small to medium effect of disaster on PTS**
  - Similar for natural and human-made disasters
- **Higher risk for PTS associated with**
  - Higher death toll (index of severity)
  - Female gender
  - Child proximity
  - Personal loss
  - Perceived threat to self
  - Child versus parent report of PTS
  - Assessment < 1 year after disaster

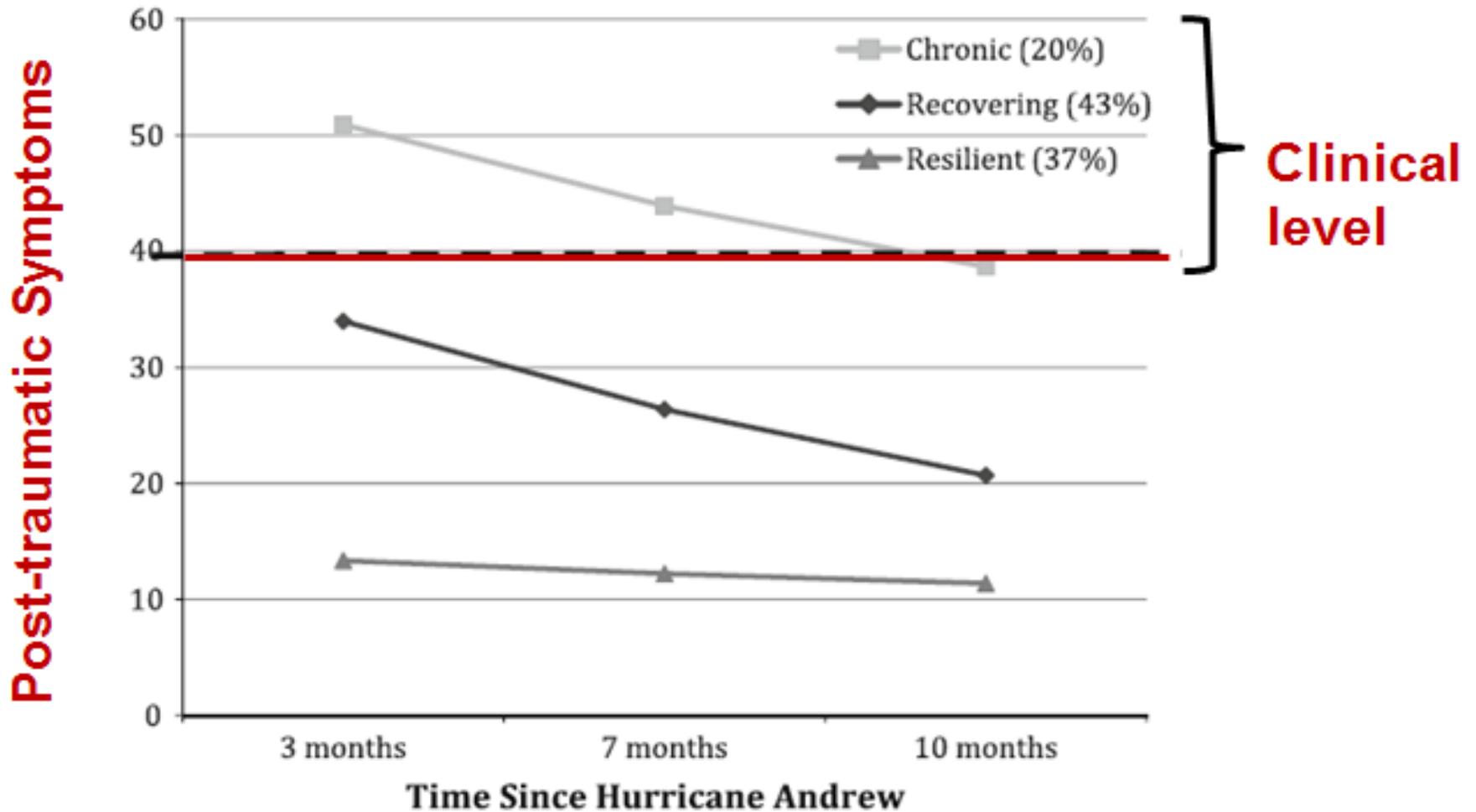
# Lesson 4 ~ There are multiple paths to resilience



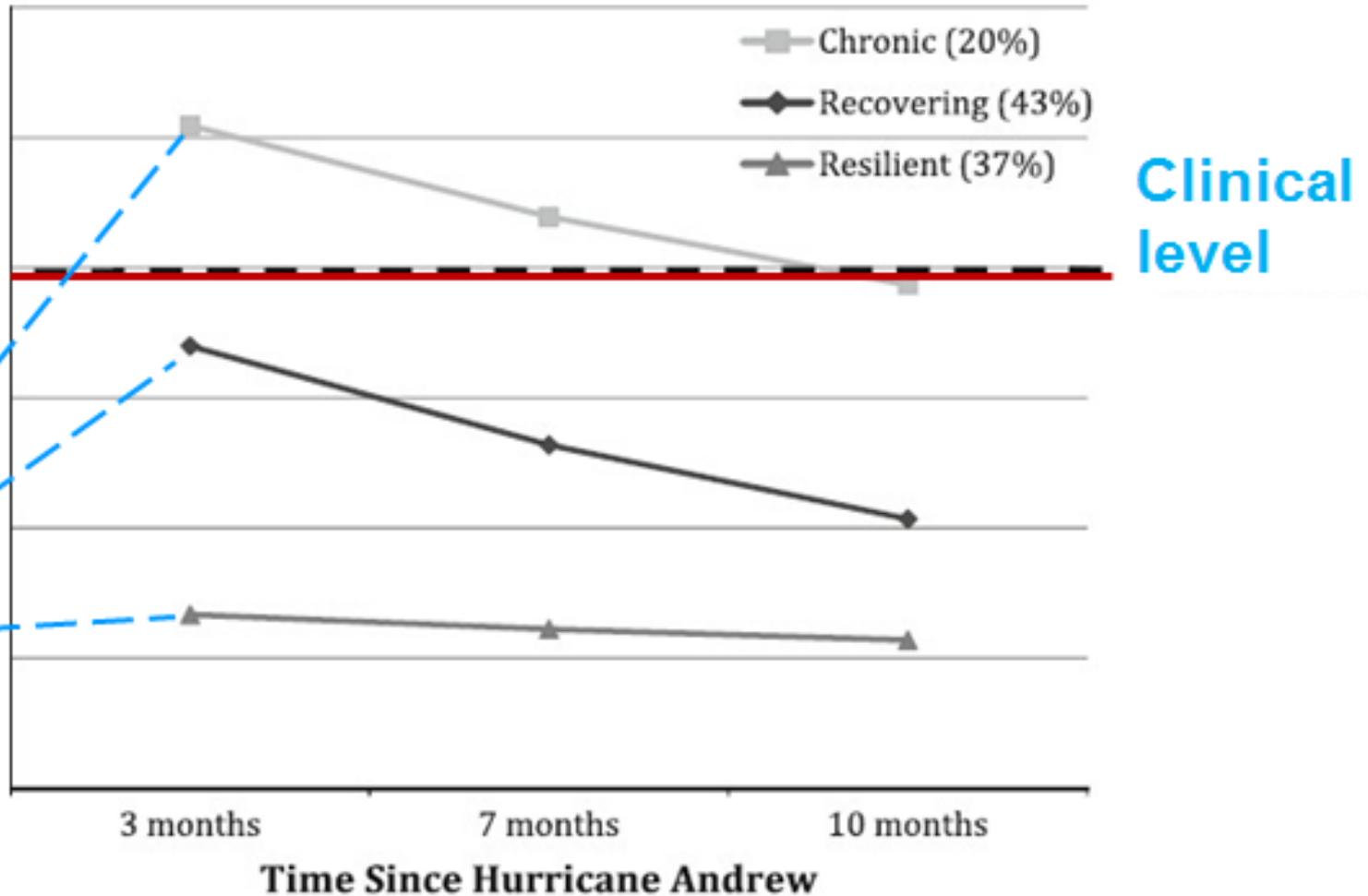
**Symptoms**



# After Hurricane Andrew 1992



# After Hurricane Andrew 1992



# Lesson 5 ~

## Resilience is common

- **Resilience is normative**
  - ~ especially when basic protective systems are present
- **It may be important to give resilience a chance to emerge**

# Lesson 6 ~

## Resilience can be promoted

- **Meet basic needs**
  - Clean water, food, medical care, shelter, etc
  - Safety and security
- **Ensure presence of caregivers and other attachment figures**
  - Care and emotional security
  - Keep families together or reunite quickly
- **Support family resilience**
  - Family function, routines, hope, and faith matter
  - Support the family so they can support their children
- **Restore normal routines & practices in families, community**
  - Child care and school
  - Play and recreational opportunities
  - Cultural and religious practices

# Three basic strategies

- **Reduce exposure and mitigate risk**
  - Training on media exposure
  - Safety drills
- **Boost resources**
  - Basic survival needs;
  - Child-size ambulance equipment
  - Emergency kits, safe rooms
  - Opening school
- **Enhance and mobilize protective systems**
  - Train first responders about children
  - Support family and teacher resilience
  - Plan to provide opportunities to play, learn, help
  - Provide older children and youth with meaningful but manageable roles
  - Support cultural practices that promote resilience

# Lesson 7 ~

## Recovery context matters

- Quality of family function
- Quality of emergency response & services
- Quality of community function
- Restoring **normal** or “**new normal**”
- New disasters

# Lesson 8 ~

## School & community matter

- **Before disaster**

- Vulnerability related to ravages of poverty, war
- Preparedness

- **Recovery environment**

- Emergency services and resources
- Opportunities to learn and play
- Support for families and young people

# Lesson 9 ~ **There is more to learn!**

## **New horizons**

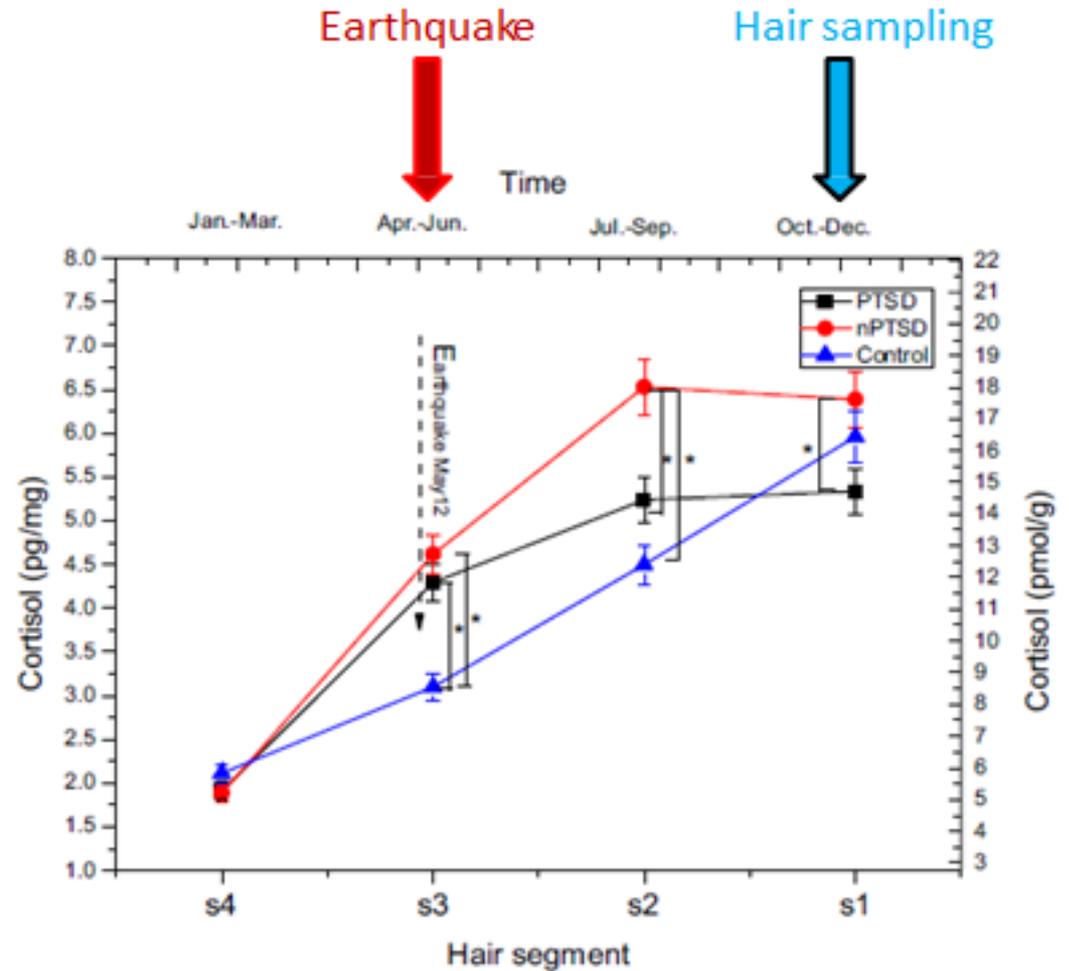
- **Neurobiology of trauma & resilience**
  - Developmental timing
  - Intergenerational transmission
  - Epigenetics of trauma and resilience
- **Multilevel resilience processes**
  - Linking resilience in community, families, and individuals
  - Cells to society
  - Cultural protective processes
- **Research on pathways**
  - Before, during, and following disaster
- **Intervention research**
  - What to do (and avoid) to promote resilience
  - **What works best for whom and when?**

## Example of new methods

Luo et al 2012  
measured cortisol in  
hair to show patterns of  
stress response related to  
earthquake exposure &  
PTSD symptoms

12-15 year old F students  
high exposure – no PTSD  
high exposure – PTSD  
low exposure – distant

Sichuan Earthquake 2008



**Figure 1.** Analysis of cortisol levels in 3-cm hair segments (S1, S2, S3, or S4) from posttraumatic stress disorder (PTSD) ( $n = 32$ ), non-PTSD (nPTSD;  $n = 32$ ), and nontraumatized control ( $n = 20$ ) groups ( $*p < .05$  significance, error bar: 95% confidence interval). S1, period of 5 to 7 months after the earthquake; S2, period of 2 to 4 months after the earthquake; S3, period between 2 months before and 1 month after the earthquake; S4, period of 3 months before the earthquake.

## Lesson 10 ~

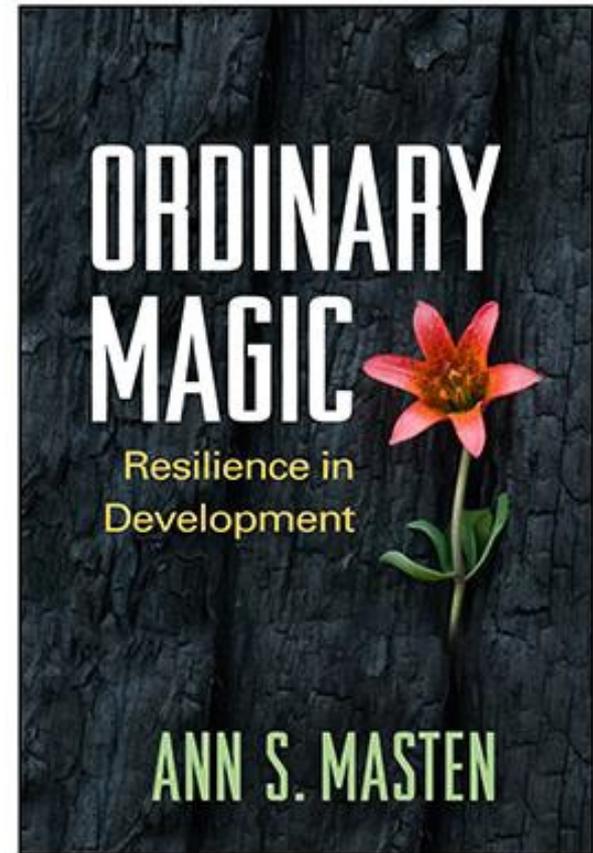
**Resilience of children depends on the resilience of families and many other systems**



# RESILIENCE

# For further reading

- ❖ Masten, A. S., Narayan, A. J., Silverman, W. K., & Osofsky, J. D. (2015). Children in war and disaster. In R. M. Lerner (Ed.), M. H. Bornstein and T. Leventhal (vol. Eds.), *Handbook of child psychology and developmental science. Vol. 4. Ecological settings and processes in developmental systems (7<sup>th</sup> edition)* (pp. 704-745). New York: Wiley.
- ❖ Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child Development, 85*, 6-20.
- ❖ Masten, A. S., & Narayan, A. J. (2012). Child development in the context of disaster, war and terrorism: Pathways of risk and resilience. *Annual Review of Psychology, 63*, 227-257.



# From Tots to Teens: Emerging Research and Practices to Address the Unique Needs of Young Disaster Survivors



Lori Peek, Ph.D.

Associate Professor, Department of Sociology  
Co-Director, Center for Disaster and Risk Analysis  
Colorado State University

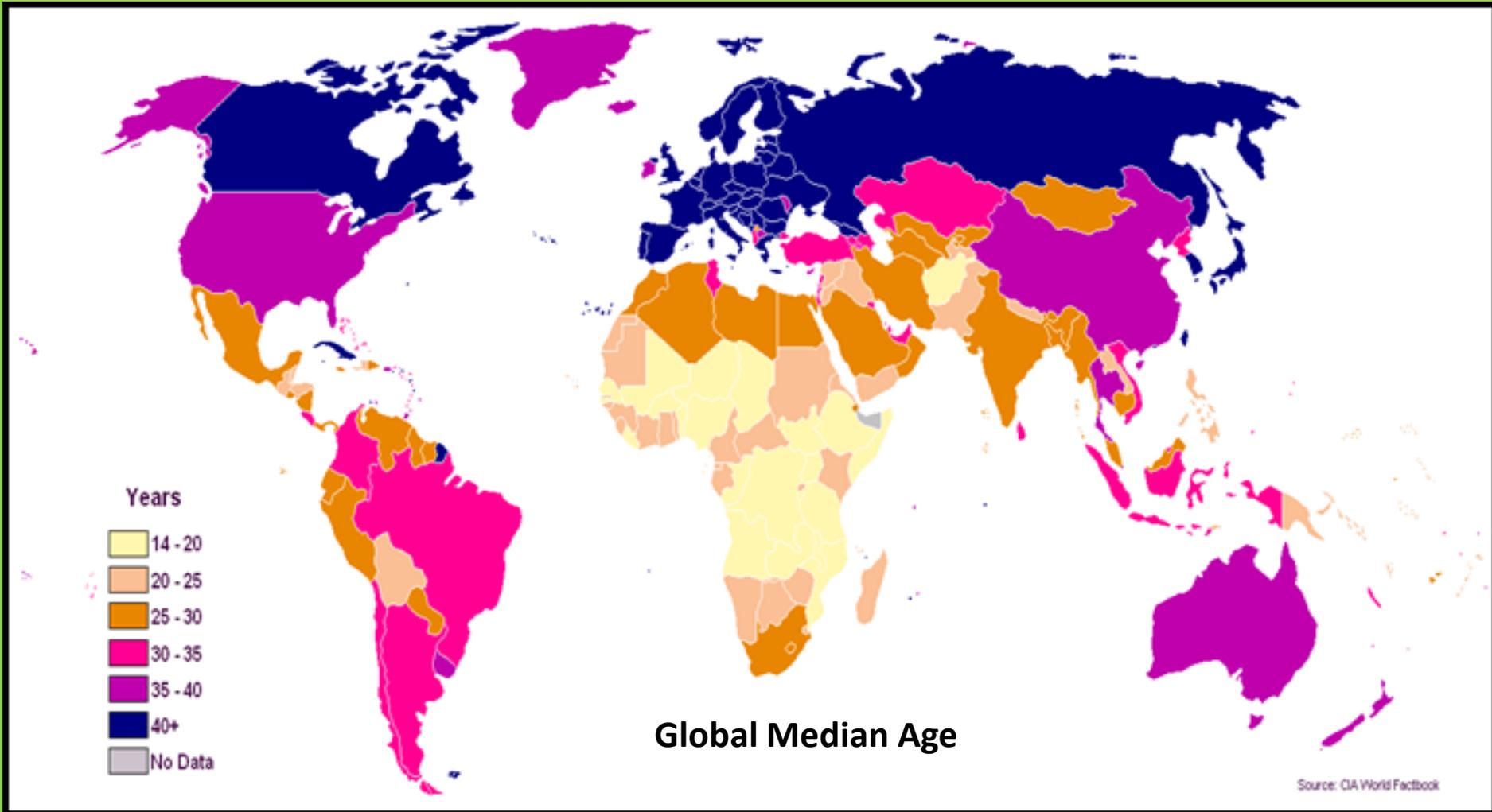
# 2.2 Billion Children

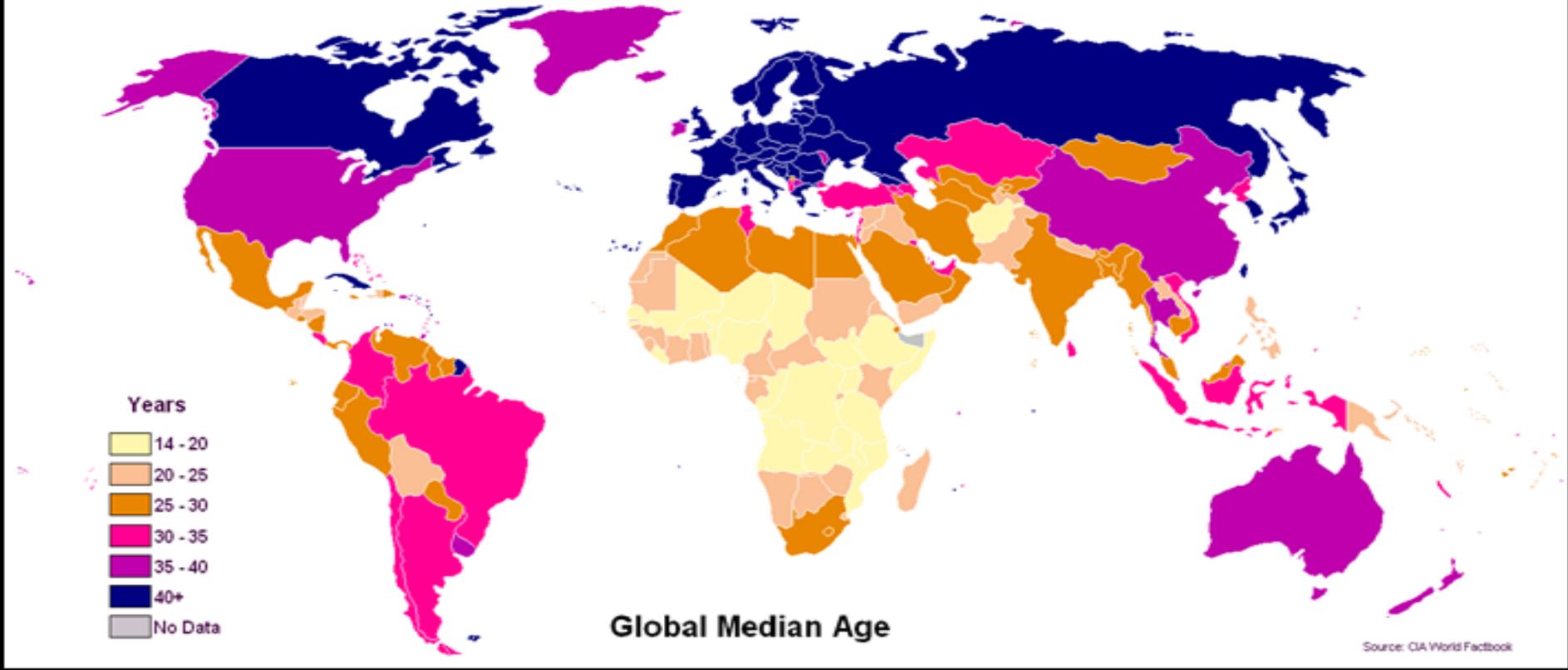


# 2.2 Billion Children

**30.5%** of the **Global Population**







## Children under 14:

- Germany = 13%
- Japan = 13%
- United States = 19.5%

## Children under 14:

- Niger = 50.09%
- Chad = 48.4%
- Uganda = 48.39%
- Angola = 47.5%
- Mali = 47.4%
- Afghanistan = 46%

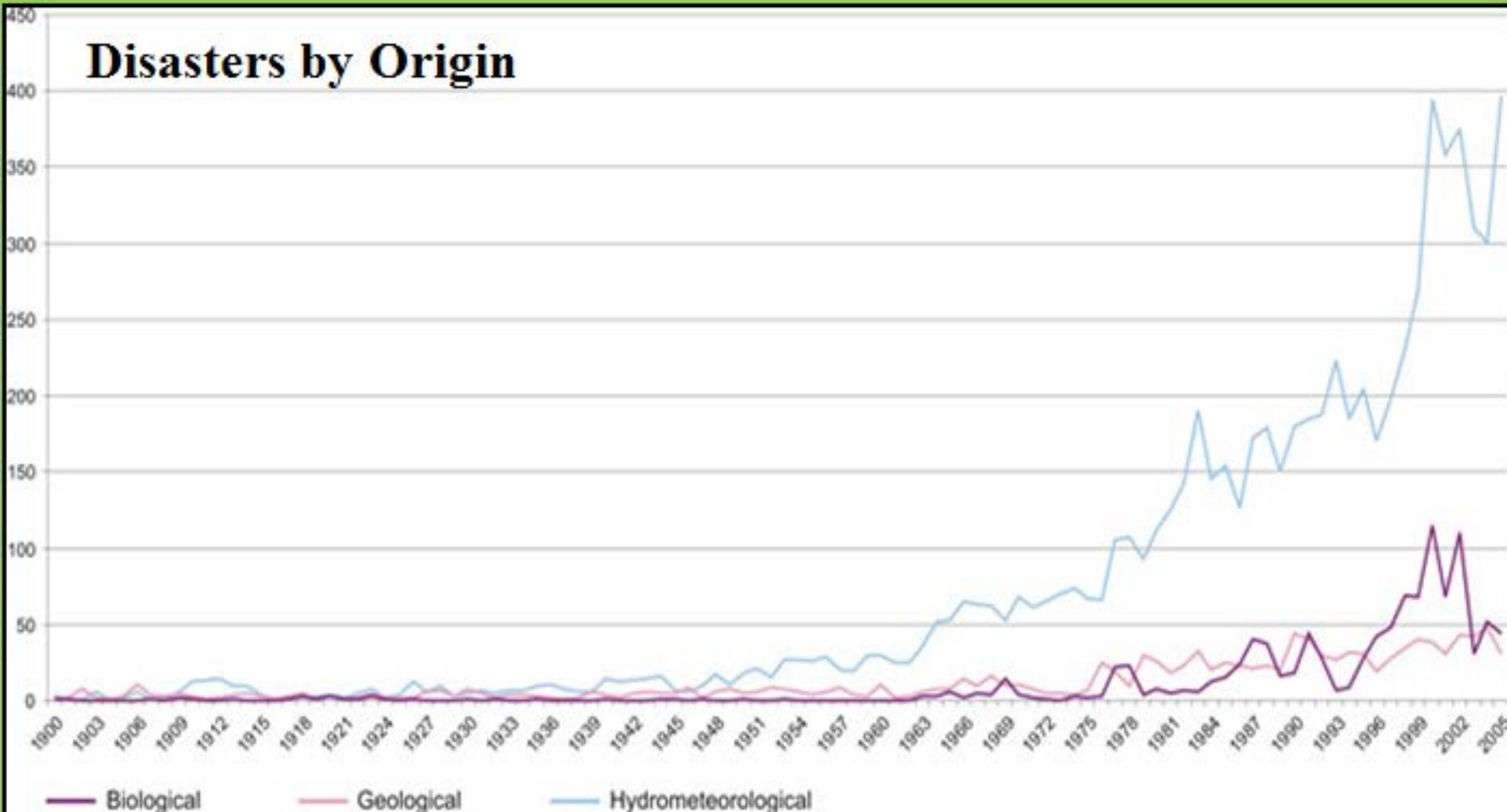




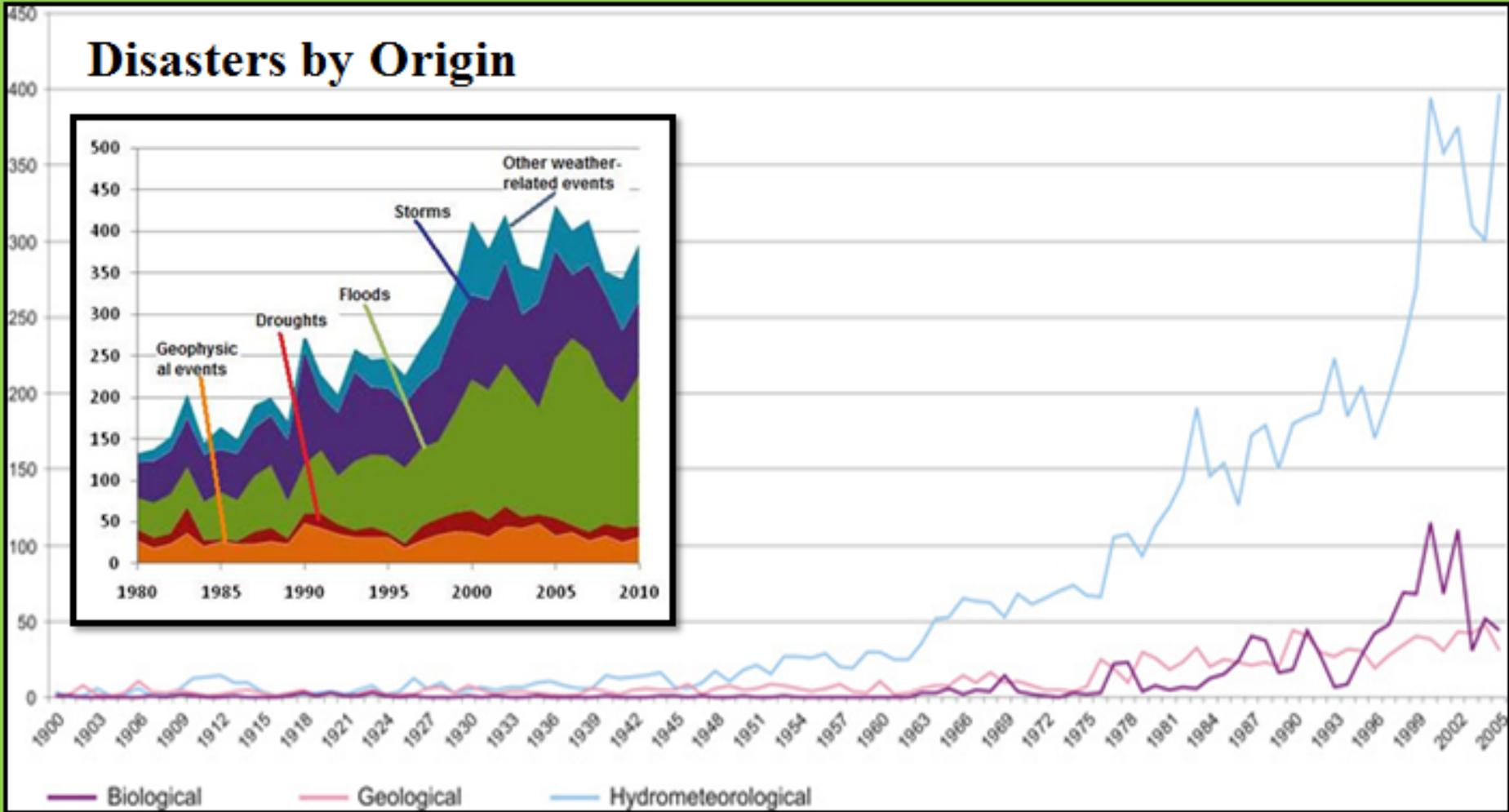




# Global Disaster Trends



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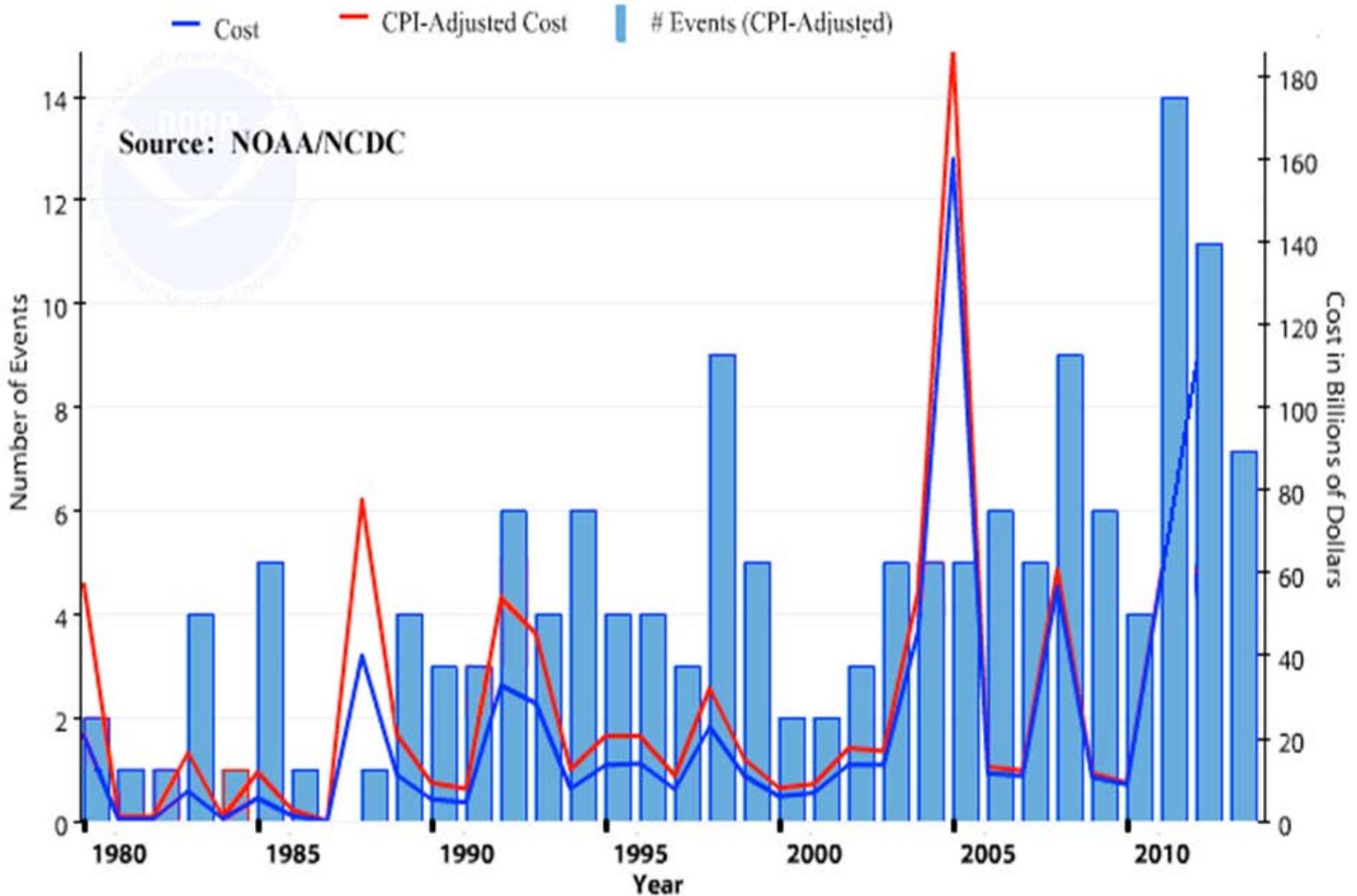


# Global Disaster Trends

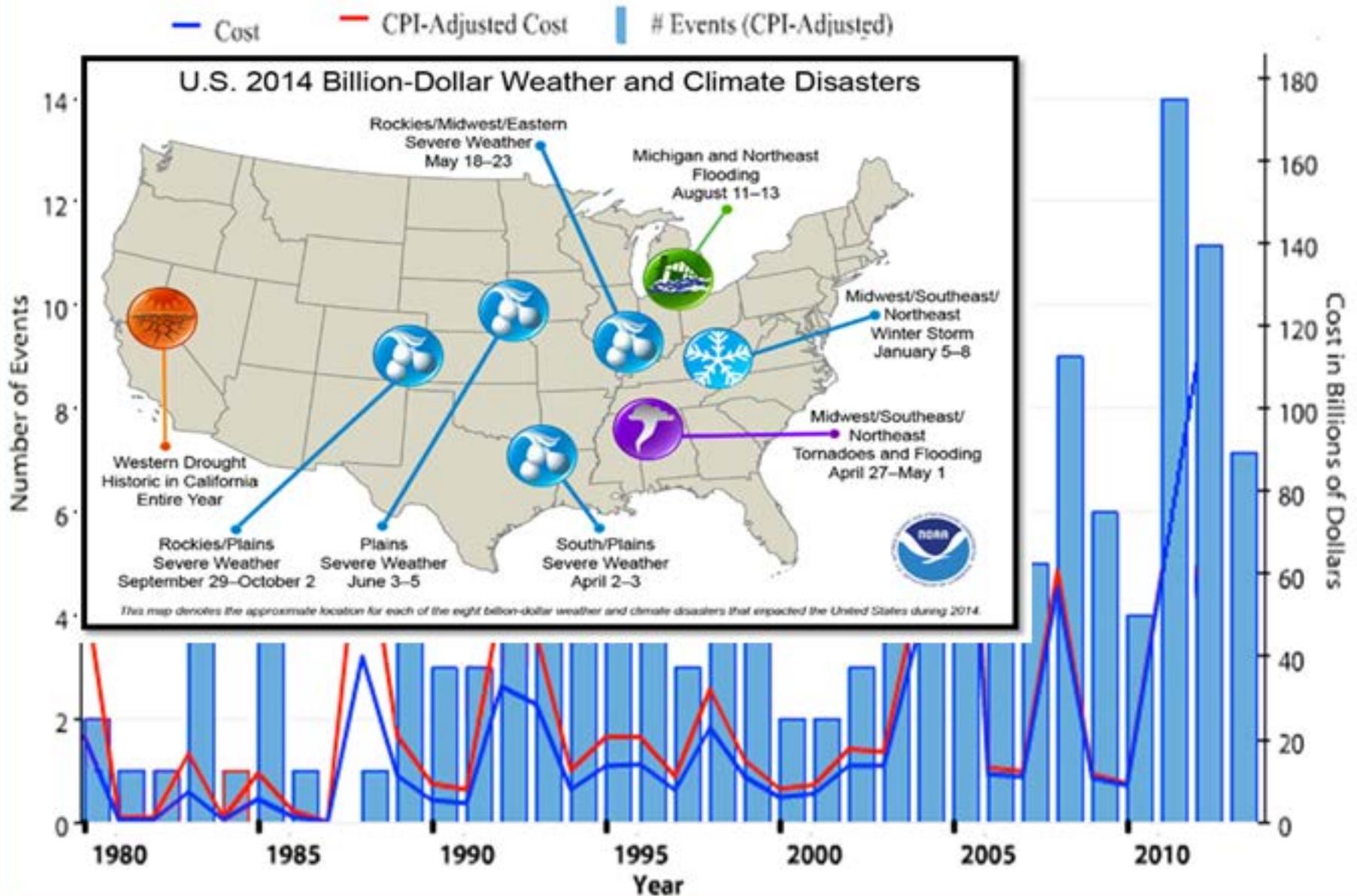
- 400-500 “natural” disasters a year.
- 270 million affected by disasters each year.
  - 175 million affected are children.
- 3 million disaster deaths between 1975-2015.
- \$80 billion per year in economic damages.



# Billion-Dollar U.S. Weather Disasters, 1980 - 2013



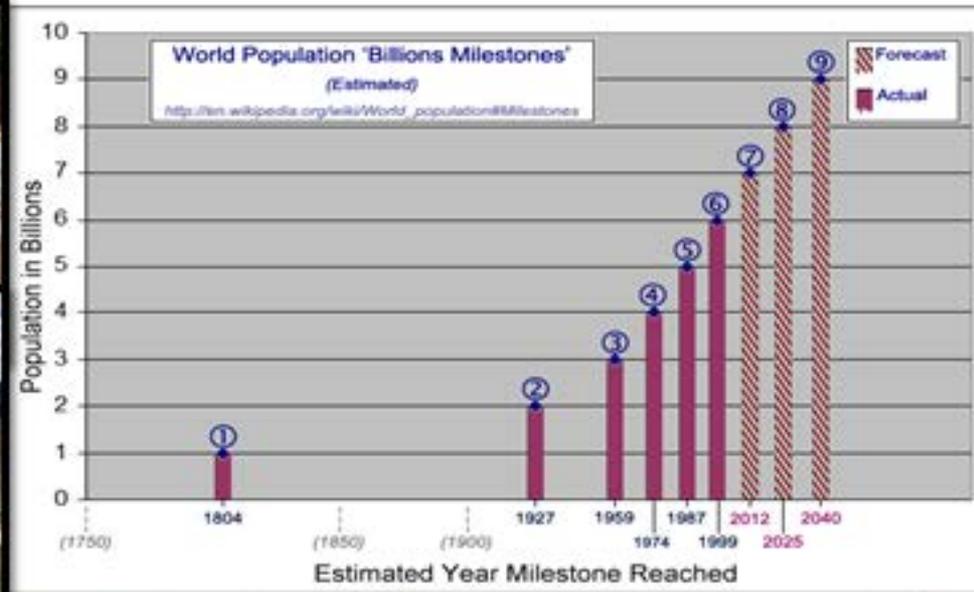
# Billion-Dollar U.S. Weather Disasters, 1980 - 2013

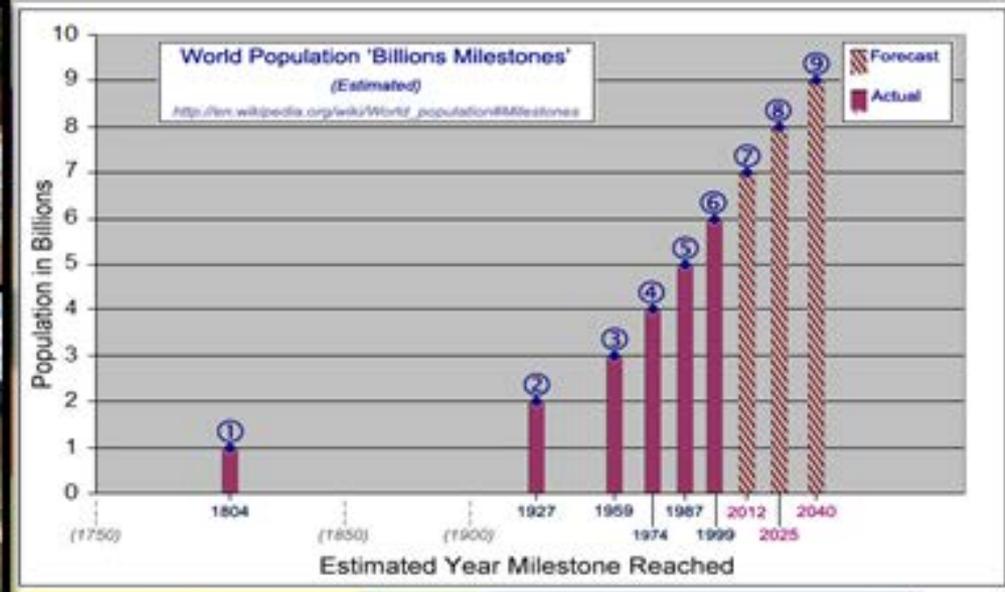


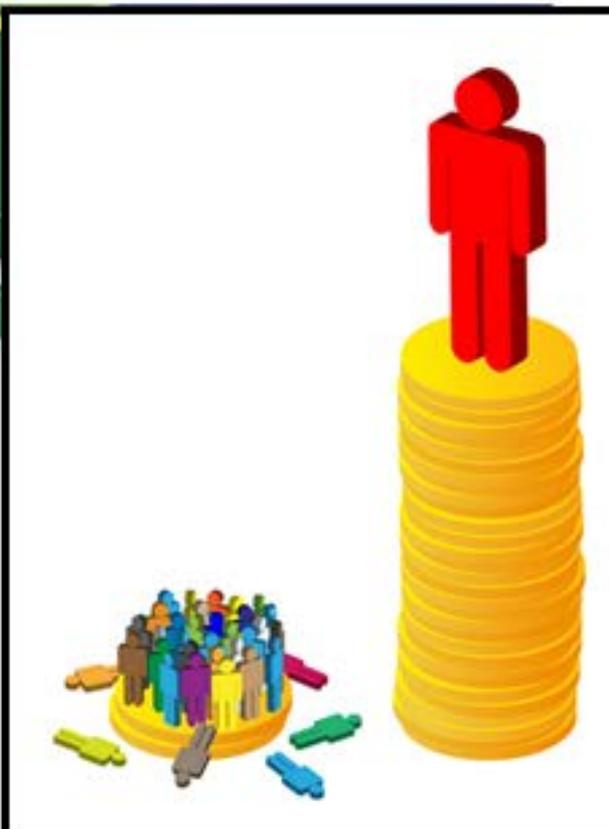
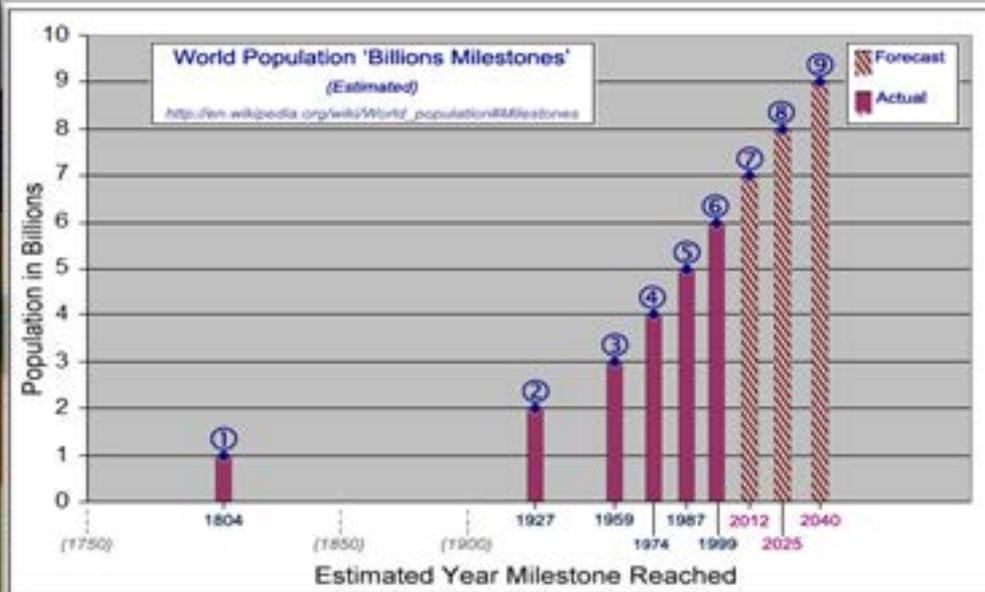


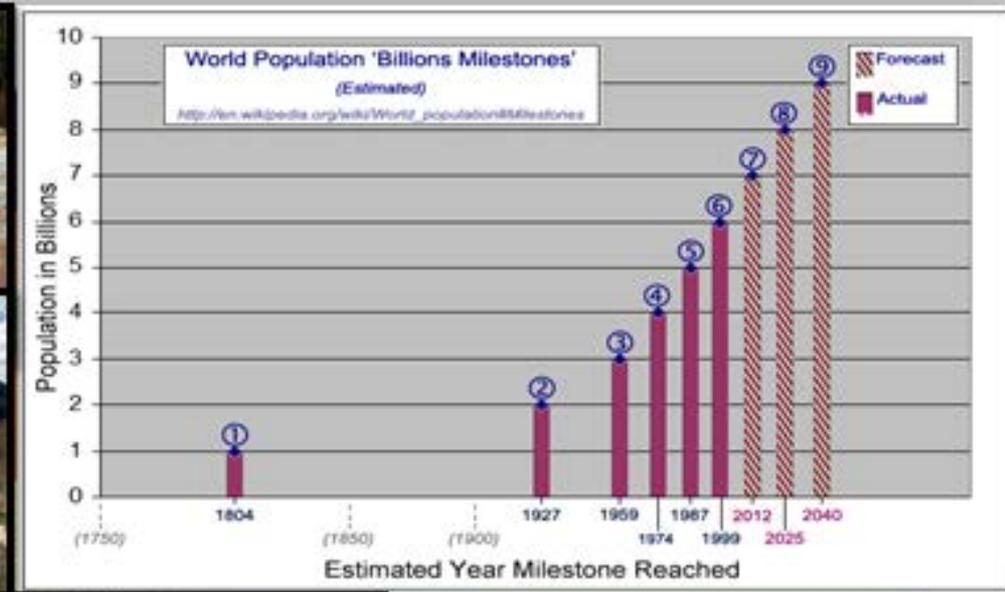
**The Vulnerability  
Puzzle**

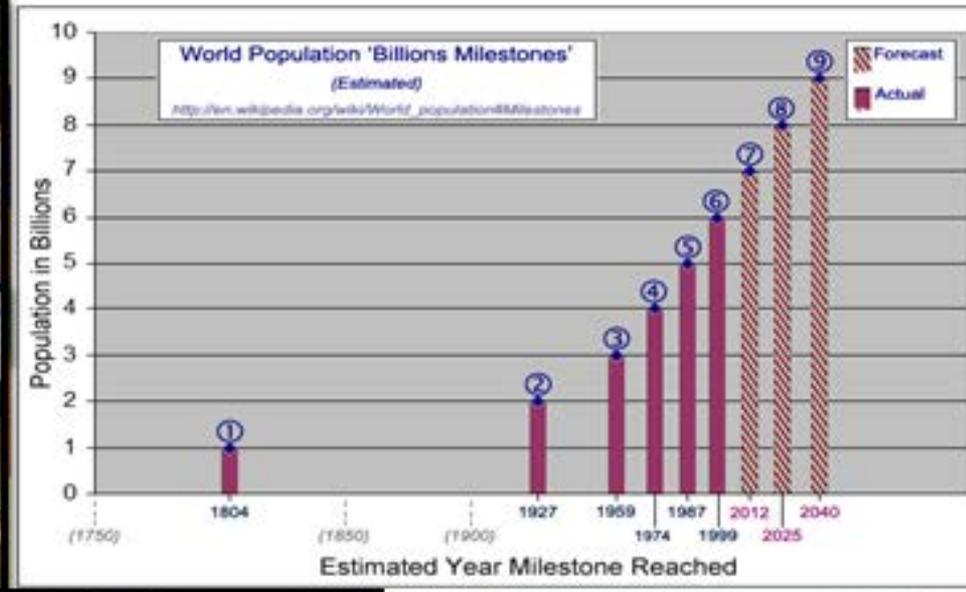














# **Studying and Working with Children in Disaster Contexts**





Disaster

Response

Preparedness

Recovery

Prevention /  
Risk Reduction

Mitigation

# Childcare Centers, Home-Based Providers, and Disaster Preparedness in Colorado



FEMA



CDRA

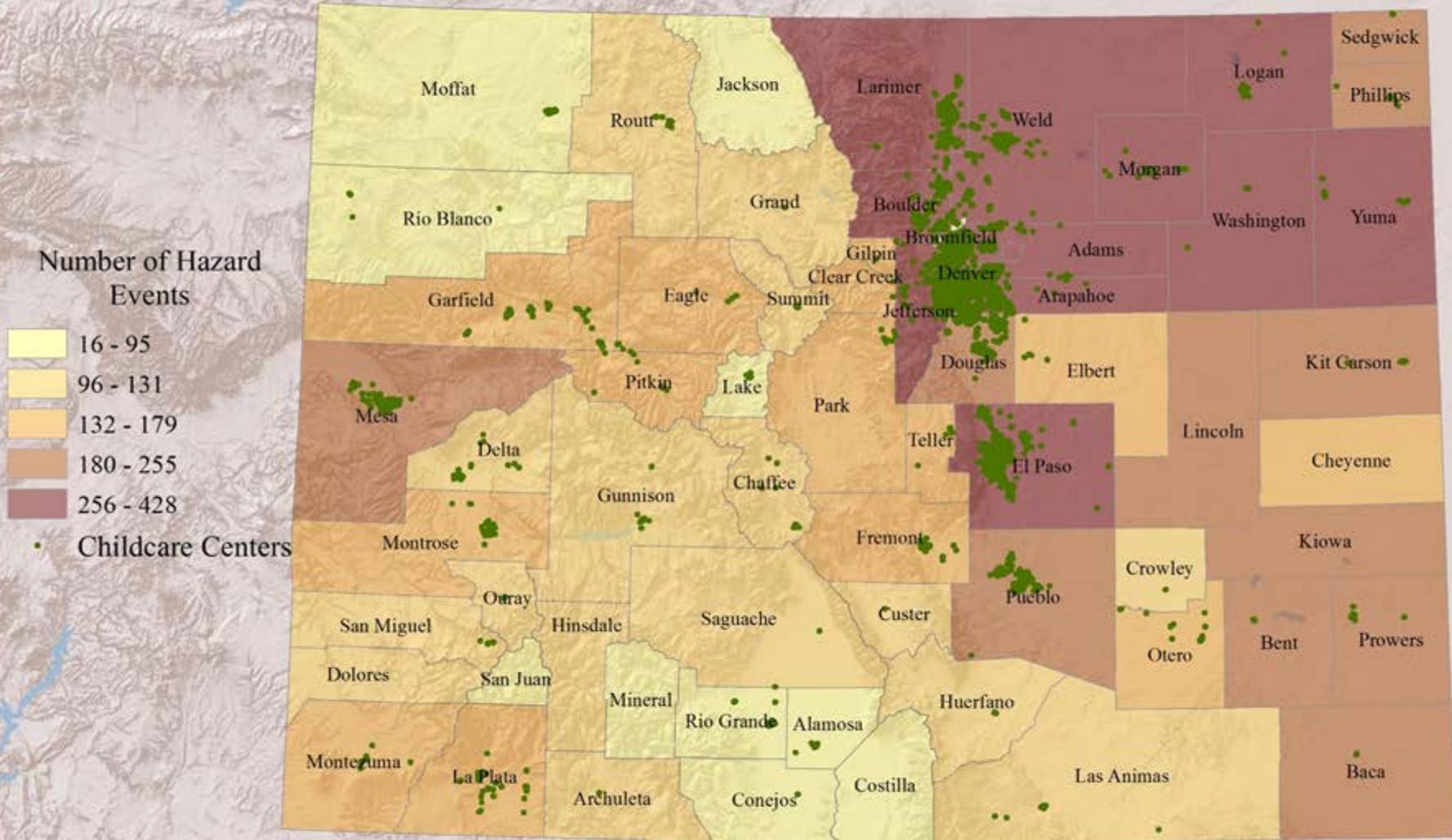
Center for Disaster and Risk Analysis  
Colorado State University



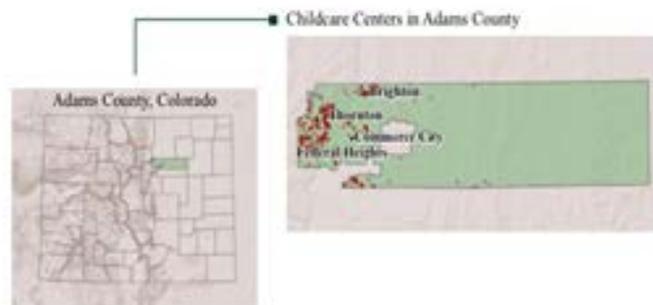
# **Childcare and Natural Hazards: State of Colorado**

[disaster.colostate.edu](http://disaster.colostate.edu)

# Locations of Colorado Childcare Centers and Total Number of Hazard Events, 1960 - 2010



## Adams County: Children Ages 0-5 and Childcare



Adams County is located in north central Colorado and is largely comprised of crop and grazing land, with urban communities in the Denver metro area. The majority of Adams County's population, estimated to be 441,603 in 2010, lives in the cities of Aurora, Northglenn, Thornton, Westminster, and Commerce City. As of 2010, there were an estimated 39,864 children ages 0-5 residing in the county. Approximately 26,949 of these children live in households with working parents. There are a total of 368 childcare centers in Adams County that supervise children ages 0-5. There are a total of 10,912 childcare slots in licensed facilities to service children ages 0-5. Thus, there are 2.5 children for each childcare slot. An estimated 12,965 children ages 0-5 (34.4%) live in households at or below the federally designated poverty level. Of the population of children ages 0-5, an estimated 4,309 (11.4%) children live without health insurance.

The table to the right shows the racial and ethnic composition of children ages 0-5 in Adams County. Hispanic refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. In Adams County, approximately 46.2% of children ages 0-5 are of Hispanic origin. Comprising the racial majority, 37.1% of children ages 0-5 in Adams County are White. The second largest racial group of children in the county is African American, representing approximately 3.9% of these ages 0-5.

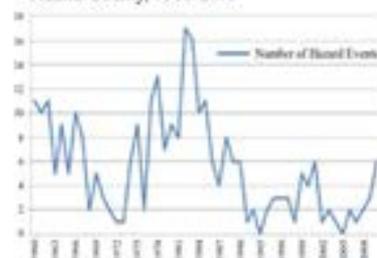
Racial and Ethnic Composition of Children Ages 0-5  
Adams County, 2010

|                                  | Non-Hispanic | Hispanic |
|----------------------------------|--------------|----------|
| African American                 | 1,223        | 334      |
| Asian                            | 1,341        | 76       |
| Native American/Alaska Native    | 267          | 403      |
| Native Hawaiian/Pacific Islander | 32           | 23       |
| White                            | 17,569       | 17,238   |
| Two or More Races                | 1,173        | 343      |
| Total                            | 21,605       | 18,401   |

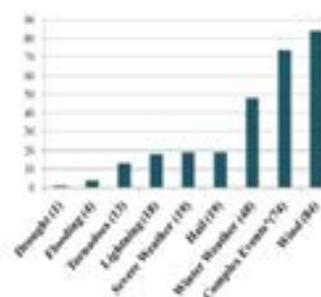
## Adams County: Natural Hazards

Over the past 50 years, Adams County has been subject to 9 different types of hazard events as indicated below. These events have caused 8 fatalities, 134 injuries, over \$1.2 billion in property damage, and over \$16 million in crop damage. Wind events are the most common natural hazard in Adams County, and have caused 9 injuries and over \$11 million in property and crop losses. Hail has accounted for almost half of all injuries (65) and the majority of financial losses in Adams County. Between 1960 and 2010, hail caused an estimated \$1.18 billion in property damage and more than \$1.4 million in crop damage.

Number of Natural Hazard Events  
Adams County, 1960-2010



The graph above shows the trend of hazard events each year from 1960 to 2010, with the most events (17) occurring in 1982 and the least (0) occurring in 1993 and 2005.



Frequency of Natural Hazard Events  
Adams County, 1960-2010

The chart to the left shows the frequency of various hazard types in Adams County. The total number of events of each hazard type from 1960-2010 is indicated in parentheses.

Natural Hazard Event Impacts  
Adams County, 1960-2010

The table to the right shows hazard events that commonly occur in Adams County and the impacts of these hazards.

\*Complex events refer to events in which more than one hazard type is present.

| Hazard Type     | Fatalities | Injuries | Property Damage | Crop Damage  |
|-----------------|------------|----------|-----------------|--------------|
| Complex Events* | 2          | 1        | \$1,563,211     | \$2,636,794  |
| Drought         | 0          | 0        | \$0             | \$1,635,081  |
| Flooding        | 1          | 0        | \$768,255       | \$0          |
| Hail            | 0          | 65       | \$1,180,000,000 | \$1,401,902  |
| Lightning       | 4          | 7        | \$488,847       | \$0          |
| Severe Weather  | 0          | 1        | \$1,253,542     | \$1,247,861  |
| Tornadoes       | 0          | 40       | \$12,966,000    | \$9,628,614  |
| Wind            | 0          | 9        | \$4,881,787     | \$835,299    |
| Winter Weather  | 1          | 6        | \$10,966,000    | \$450,526    |
| Total           | 8          | 134      | \$1,214,770,742 | \$16,696,267 |

# The Survey



“poised to respond in terms of infrastructure and systems”

Ready

PROBABILITY OF  
A QUALITY  
RESPONSE

“inclined or favorably  
disposed in mind”

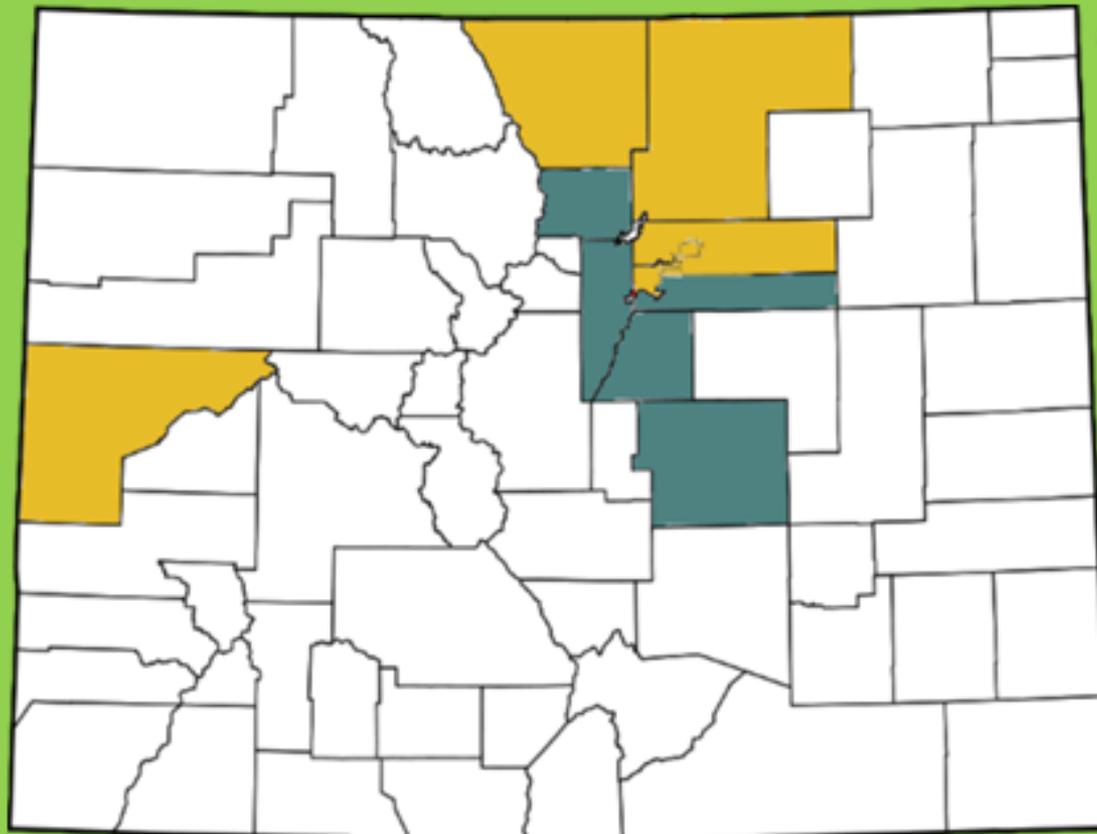
Willing

“having sufficient knowledge, skill, or  
ability”

Able



- **735 respondents**
- **56 of 64 Colorado counties represented**



## Top 5 Counties

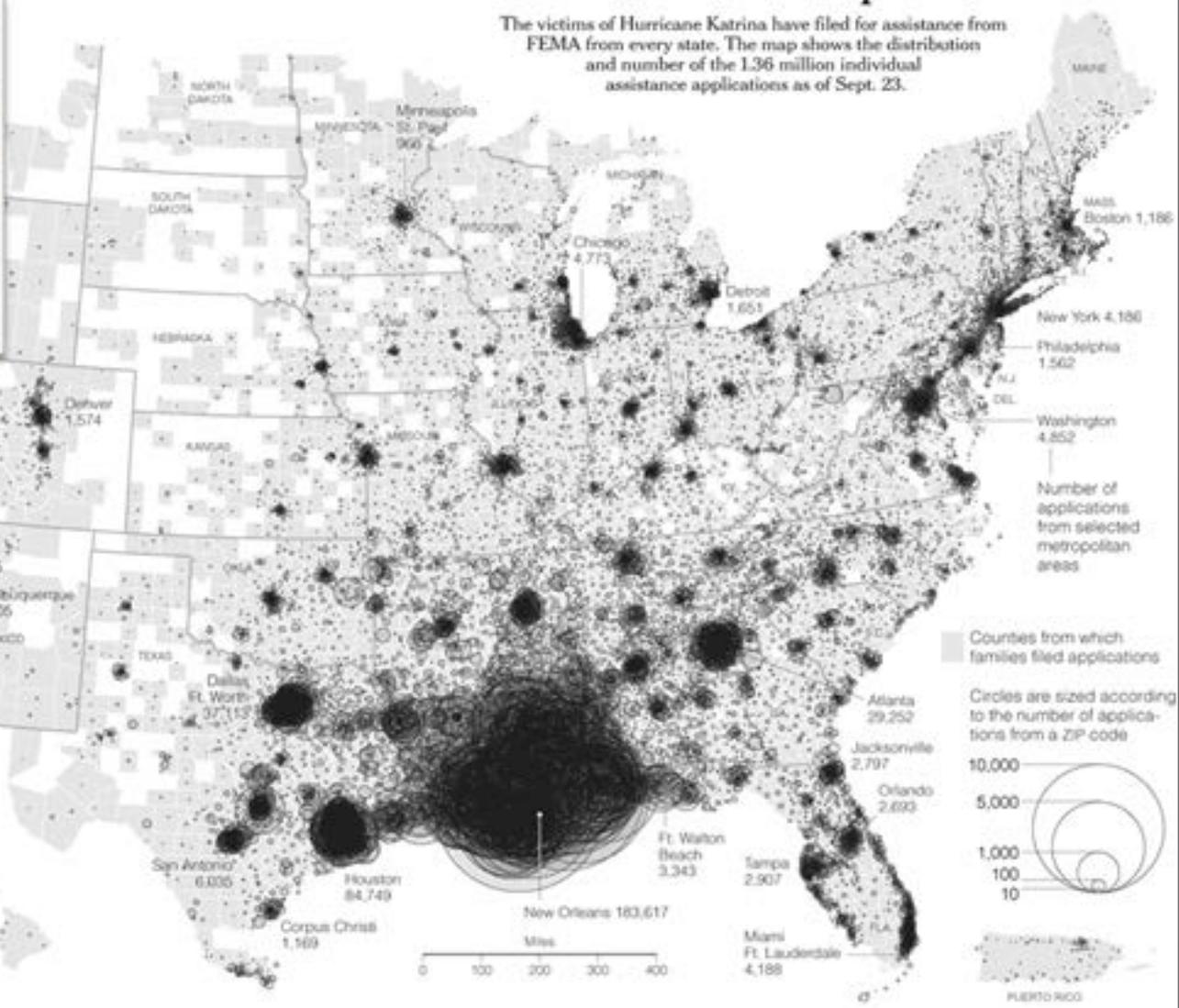
- Arapahoe County
- El Paso County
- Jefferson County
- Boulder County
- Douglas County

# Displaced Children and Families in Colorado after Katrina



# Katrina's Diaspora

The victims of Hurricane Katrina have filed for assistance from FEMA from every state. The map shows the distribution and number of the 1.36 million individual assistance applications as of Sept. 23.



They are scattered through all 50 states, the District of Columbia and Puerto Rico — 623 in Utah, 1,114 in Kansas, 181 way out in Alaska. They are clustered by the thousands in large Southern cities like Dallas, Atlanta and Memphis, and huddled in handfuls in unlikely hamlets like Shell Knob, Mo. (pop. 1,293) and Fountain Run, Ky. (pop. 296).

Evacuees fled Hurricane Katrina and the floods that followed in caravans of cars and fleets of buses, on helicopters and

emerges of where they landed, based on ZIP codes from which applications for aid were submitted to the Federal Emergency Management Agency as of Sept. 23. Of 1,356,704 applications, 85 percent came from Louisiana, Mississippi, Texas and Alabama. But 35,539 families were more than 1,000 miles from the Gulf — among the farthest: one in Nome, Alaska, 3,931 miles from the French Quarter and another in Lihue, Hawaii, 4,379 miles away. Residents of New Orleans, a city that

centers. On average, the applicants came from counties where blacks were 28 percent of the population, more than twice the national average. Baton Rouge, La., appears to be temporary home to 10 percent of evacuees, Houston 6.25 percent. But after the top 18 hubs, applicants are spread like the wind that whipped through their old neighborhoods: none of the other 900-plus metropolitan areas has even 1 percent of the total. Some 4,000 ZIP codes — among them

## Applications by state

|             |         |       |
|-------------|---------|-------|
| Louisiana   | 523,149 | 38.6% |
| Mississippi | 383,840 | 28.3% |
| Texas       | 156,895 | 11.6% |
| Alabama     | 109,469 | 8.1%  |
| Georgia     | 35,342  | 2.6%  |
| Florida     | 31,005  | 2.3%  |
| Tennessee   | 15,529  | 1.1%  |
| Arkansas    | 11,027  | 0.8%  |
| California  | 10,953  | 0.8%  |
| Olemiss     | 6,430   | 0.6%  |

## Applications by distance from New Orleans

| MILES       | APPLICANTS | PCT.  |
|-------------|------------|-------|
| 0-100       | 626,232    | 46.2% |
| 100-200     | 338,080    | 24.9% |
| 200-400     | 184,169    | 13.6% |
| 400-800     | 143,497    | 10.6% |
| 800-1,600   | 45,371     | 3.3%  |
| 1,600-3,200 | 13,403     | 1.0%  |
| 3,200+      | 232        | 0.0%  |

Distances could not be calculated for 0.4 percent of applications

Source: FEMA, Census Bureau, Census Bureau, Evacuees, Department of Housing and Urban Development



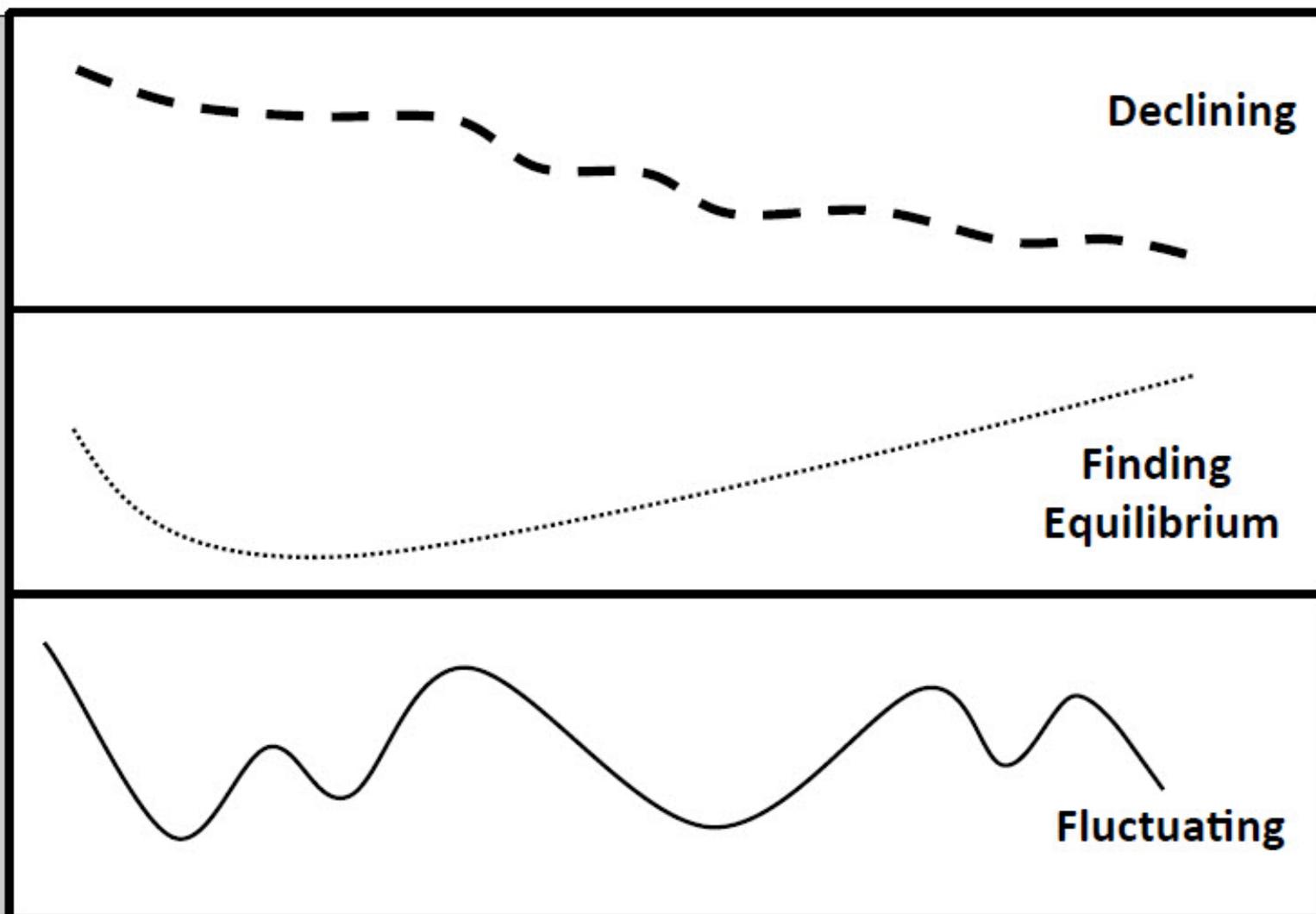
THE KATRINA BOOKSHELF

# Children of Katrina

ALICE FOTHERGILL AND LORI PEEK



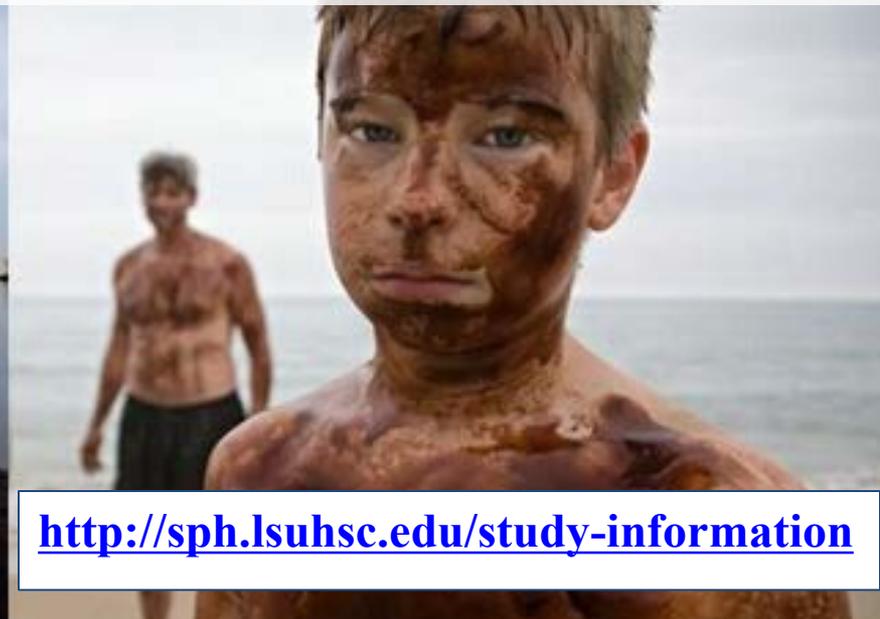
Hurricane Katrina - 2005



Year 1 -----> 7



# Women and Their Children's Health (WaTCH)



<http://sph.lsuhsu.edu/study-information>

# Sandy Child and Family Health (S-CAFH) Study

**RUTGERS**  
School of Social Work

**NYU** | GIPH

**National Center for  
Disaster Preparedness**  
PAITH INSTITUTE OF COLUMBIA UNIVERSITY

**CDRA**  
Center for Disaster and Risk Analysis  
Colorado State University



# Studying Children in Disaster Contexts



03.16.2008

# Children, Youth, and Disasters

- Disasters may exert enduring impacts on children and youth



# Children, Youth, and Disasters

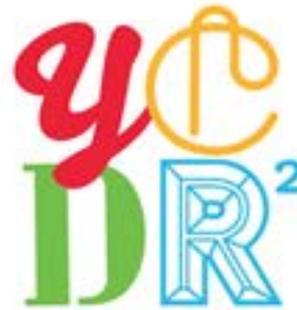
- Disasters may exert enduring impacts on children and youth
- Children's health and well-being is contingent upon functioning support systems in their lives



# Children, Youth, and Disasters

- Disasters may exert enduring impacts on children and youth
- Children's health and well-being is contingent upon functioning support systems in their lives
- Children and youth often want to be **actively engaged** in their own and other's recovery





YOUTH  
CREATING  
DISASTER  
RECOVERY &  
RESILIENCE



Bragg Creek, AB  
Canmore, AB  
Exshaw, AB

Slave Lake, AB

Calgary, AB

High River, AB

Medicine Hat, AB

Boulder, CO  
Estes Park, CO  
Evans, CO  
Fort Collins, CO  
Greeley, CO

Colorado Springs, CO

Joplin, MO

-  Current Research Sites
-  Future Research Sites
-  YCDR Research Team

<http://www.ycdr.org/>

Project funded by:



Social Sciences and Humanities  
Research Council of Canada

Conseil de recherches en  
sciences humaines du Canada

Canada





**YCDR.org**





shoreline

**youth** helping **youth** recover from disaster

**S**kills  
**H**ope  
**O**pportunities  
**R**ecovery  
**E**ngagement  
**line**





McComb



Jackson

Saraland  
Mobile

Crestview

Baton Rouge

Hammond

*Gulfport High School*



*Bryant High School*

Pensacola

Fort Walton  
Beach



Lake  
Ponchartraine  
Slidell

*Ben Franklin High School*

*Ben Franklin High School*

New Orleans



*South Lafourche High School*



*Grand Isle School*



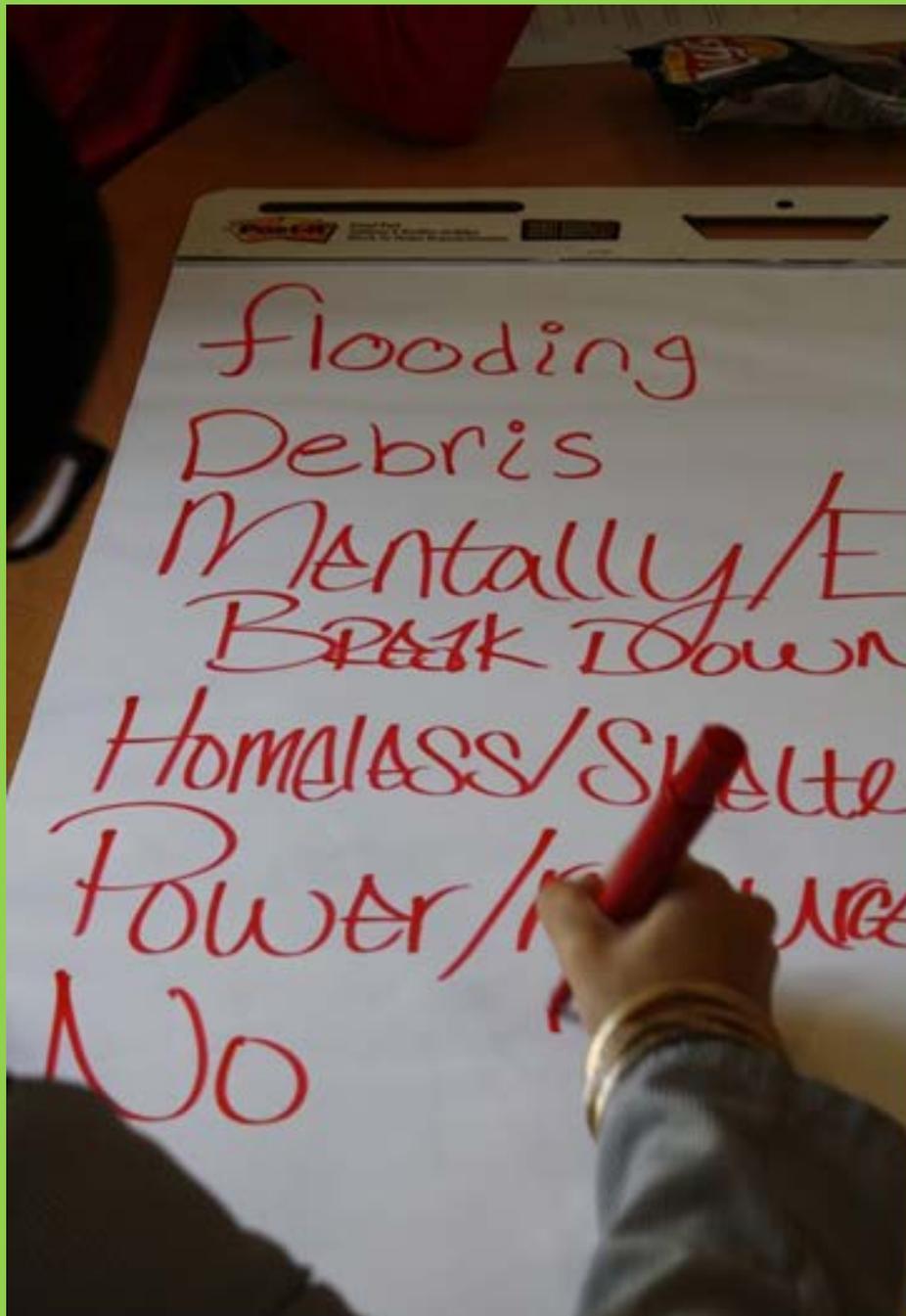
  
**shoreline**  
youth helping youth recover from disaster



 **shoreline**  
youth helping youth recover from disaster

# Project-Based Learning























# Thank You...

Lori Peek

[Lori.Peek@colostate.edu](mailto:Lori.Peek@colostate.edu)

<http://disaster.colostate.edu>





# SAVE THE CHILDREN: IN TIMES OF CRISIS

*Jessy Burton, Associate Director, Psychosocial Programs, Save the Children US*

# Save the Children US: Domestic Emergencies

Save the Children is working with national, state, and local groups.

**Since Hurricane Katrina, Save the Children US Domestic Emergencies programs have supported 500,000 children affected by disasters in the US.**

With more than **90 years of emergency response experience**, Save the Children is committed to **ensuring the unique needs of children are met** before, during and after disasters.

Through advocacy, partnerships and the Get Ready Get Safe initiative, **Save the Children helps U.S. communities to better protect and support children in times of disaster.**

# Save the Children Psychosocial Programs

## To name a few...

- Psychological First Aid for Children
  - “Humane, supportive response to a fellow human being who is suffering and may need support.”
- Child Friendly Spaces
  - “Provide children with protected environments in which they participate in organized activities to play, socialize, learn, and express themselves during the recovery process after a disaster or other emergency.”
- Journey of Hope
  - “Through cooperative play, literacy, discussion, art, and physical activities, children are provided a small-group setting to explore and normalize their emotions.”

# Psychosocial Programming: The Need

## Psychosocial Programming for Domestic Emergencies

- No child lives without risk to traumatic experiences.
- When a child lives with several risk factors over an extended period of time, that child can be traumatized, further disrupting healthy development.
- Consequences of trauma include:
  - difficulties with learning,
  - ongoing behavior problems,
  - impaired relationships, and
  - poor social and emotional competence.

# “I’m a survivor”

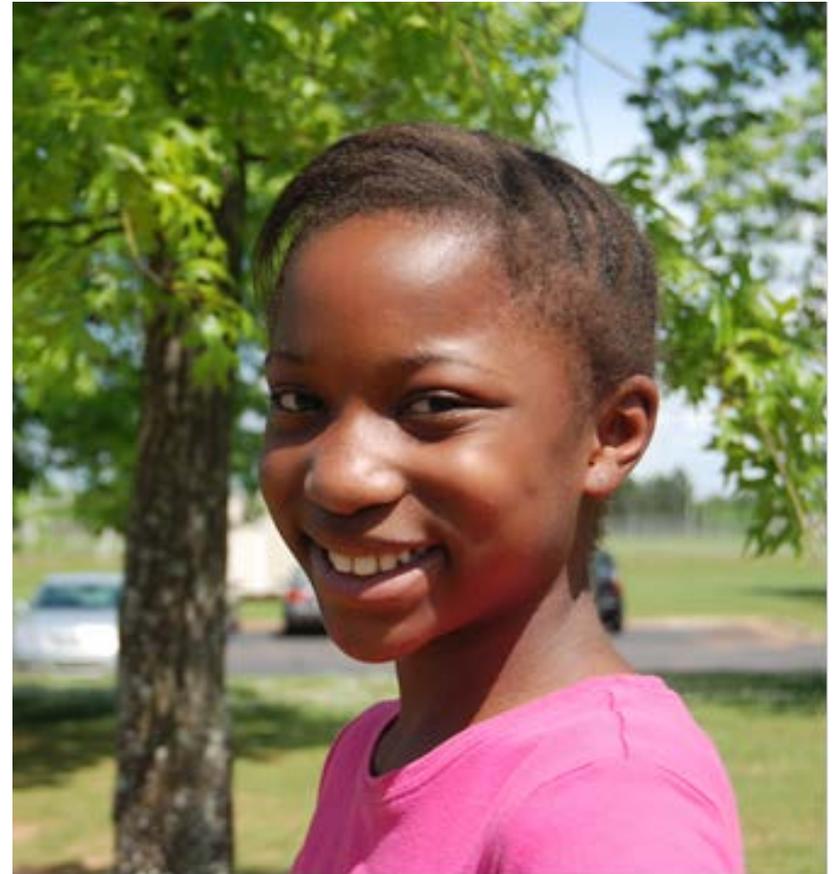
**Larissa, age 8, Tuscaloosa, Ala.**

Larissa, 8 years old.

Risk factors:

- single parent family,
- transient family,
- 83% Free and Reduced Lunch Rate.

Alberta Elementary School demolished by April, 27<sup>th</sup> 2011 tornadoes.



# Psychosocial Issues for Children and Adolescents in Disasters

**“Childhood is the culture in which individual development occurs.”**

**“Psychosocial Issues for Children and Adolescents in Disasters”** U.S. Department of Health and Human Services;  
Substance Abuse and Mental Health Services Administration; Center for Mental Health Services

# Children's Unique Needs

Children have unique **physical, cognitive, and emotional** needs from adults.

**Physical** needs for protection vary greatly by age group (0-18).

**Higher risk** for long-term mental health consequences.

**Dependent** on guardians for protection, food, clothing, shelter, learning and development.

The **social “norms”** of the child may not have been positive prior to the event.

# Facts About Trauma: Children's Mental Health

## National Center for Children in Poverty

- Ongoing risks for exposure to trauma include:
  - Difficulty with learning
  - Ongoing behavior problems
  - Impaired relationships
  - Poor social/emotional competencies

The younger the child, the more vulnerable the brain.

“National Center for Children in Poverty 2 **Facts About Trauma for Policymakers: Children's Mental Health**”  
[http://www.nccp.org/projects/unclaimedchildren\\_pubs.html](http://www.nccp.org/projects/unclaimedchildren_pubs.html)

# The Developing Child: An Emergency Context

A **child's behavior during a disaster** will be heavily reliant on many factors including:

- Age
- Social supports
- Cognitive development
- Development of attachment (developed within the first 7-8 months of life)

Disasters disrupt the stages of development, creating inconsistency of environment and function of social systems.

**“Psychosocial Issues for Children and Adolescents in Disasters”** U.S. Department of Health and Human Services;  
Substance Abuse and Mental Health Services Administration; Center for Mental Health Services

# The Developing Child: An Emergency Context

For children **developing within a negative environment**, a disaster can create further complexity.

Examples:

- Academic performance
- Disruptions in social interactions (friends, siblings, parents, etc.)
- Social and cognitive functioning may be impacted
- Children at higher risk for developing PTSD or emotional disorder

Most children will recover with time and support.

Some will need deeper intervention services.

**“Psychosocial Issues for Children and Adolescents in Disasters”** U.S. Department of Health and Human Services;  
Substance Abuse and Mental Health Services Administration; Center for Mental Health Services

# Typical Reactions of Children

Signs and symptoms to stressful events:

## **Cognitive**

- Trouble concentrating
- Preoccupation with event
- Recurring dreams or nightmares

## **Emotional**

- Depression
- Irritability, anger, resentment
- Hopelessness, guilt

## **Physical**

- Isolation from others
- Increased conflicts with family
- Sleep issues

## **Behavioral**

- Headaches
- Fatigue
- Physical complaints with no physical cause

**“Psychosocial Issues for Children and Adolescents in Disasters”** U.S. Department of Health and Human Services;

Substance Abuse and Mental Health Services Administration;  
Center for Mental Health Services

# Strengthening Systems

- Family
  - Psychoeducational programming
  - Self-care mechanisms
  - Education on child development
- Communities
  - School-based psychosocial support programming
  - Education on child protection, development, and referral pathways
  - Engaging emergency education programming
- Systems

# Journey of Hope: Developing Skills to Cope

Developed as a response to **children looking for normalcy** post-Hurricane Katrina (2005).

**Social-Emotional Learning** and **copng skills** building program.

Focused on **normalizing emotions** and **supporting healthy coping mechanisms**.

Adult support role demonstrated by facilitators of the program.

Adult Caregiver program focused on **self-care, stress management, coping skills identification, and community support systems**.

# Questions? Comments?

For more information on **Save the Children** or **Journey of Hope**:

[www.savethechildren.org/usa](http://www.savethechildren.org/usa)

[www.savethechildren.org/JoH](http://www.savethechildren.org/JoH)



FEMA

# FEMA Youth Preparedness Technical Assistance (TA) Center

- The Technical Assistance Center provides a range of tools and resources to individuals starting or operating youth preparedness programs, as well as individuals who have a general interest in youth preparedness.
- Technical assistance providers are available to answer individual questions and have developed a variety of materials that are available to the public.



# FEMA

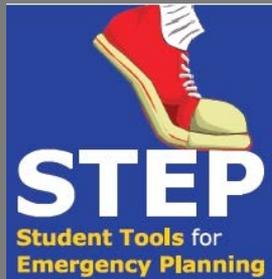
## Youth Preparedness TA Center

- The website [www.ready.gov/youth-preparedness](http://www.ready.gov/youth-preparedness) provides a wealth of information about youth preparedness, including resources for starting a youth preparedness program. By emailing [FEMA-Youth-Preparedness@fema.dhs.gov](mailto:FEMA-Youth-Preparedness@fema.dhs.gov), you can get answers to general questions and/or individualized assistance for your youth preparedness program.



FEMA

# Teen CERT



- Teen CERT is a modification of the Community Emergency Response Team (CERT) program that makes the program material applicable for a teen audience. The program can be taught in school, as an after-school program, in conjunction with an adult CERT program, or in other venues.





FEMA

# Children and Disasters Newsletter

The *Children and Disasters Newsletter* contains updates about various youth-related initiatives, research, and events. This email publication is available to anyone interested in topical updates and opportunities related to youth preparedness. A link to subscribe to the newsletter is available at [ready.gov/youth-preparedness](https://www.ready.gov/youth-preparedness).





FEMA

# FEMA Youth Preparedness Council

- The Council supports FEMA's commitment to involving youth in preparedness-related activities. It provides FEMA with an avenue to engage the youth population, take into account their perspectives, and solicit their feedback and opinions.
- To learn about their work, please visit [www.ready.gov/youth-preparedness-council](http://www.ready.gov/youth-preparedness-council).





FEMA

# America's PrepareAthon!

- America's PrepareAthon! (AP!) is a new national community-based campaign for action.
- Participants focus on increasing emergency preparedness through hazard-specific drills, group discussions, and exercises.
- National PrepareAthon! Days occur every spring and fall.
- Free resources and tools are available for different hazards.

[www.ready.gov/prepare](http://www.ready.gov/prepare)

AMERICA'S  
**PrepareAthon!**<sup>SM</sup>



FEMA

# Questions?

If you have not already done so, please submit your questions through the webinar interface so that we can add them to the queue.