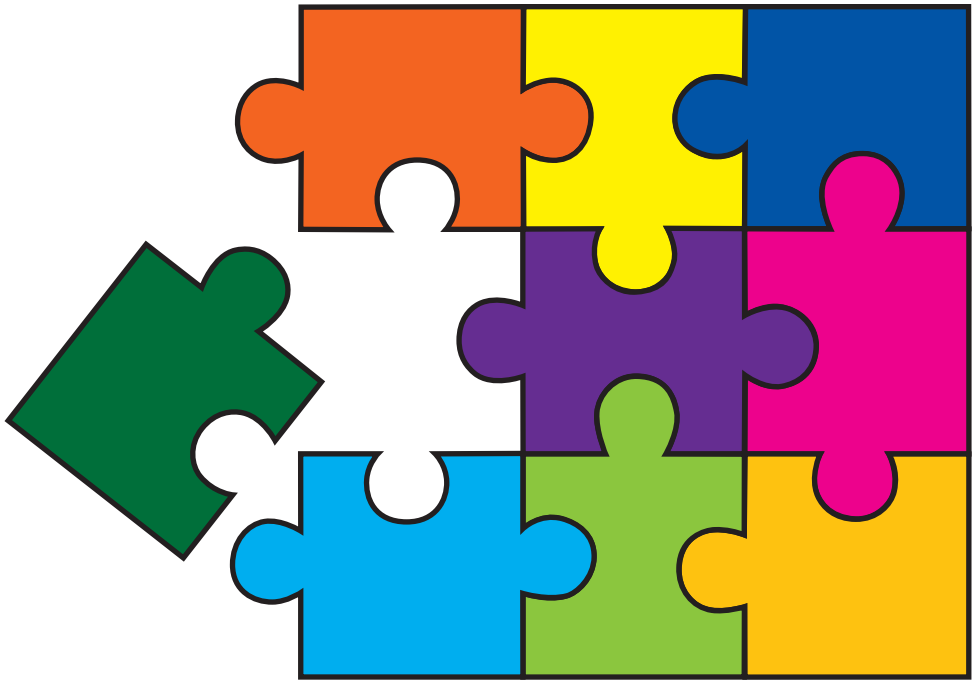
Building Community Resilience for Children and Families



TDC
Terrorism and Disaster Center
University of Oklahoma Health Sciences Center

NCTSN The National Child Traumatic Stress Network

This work was funded by the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the US Department of Health and Human Services (HHS).

The Terrorism and Disaster Center

The Terrorism and Disaster Center (TDC), in the Department of Psychiatry and Behavioral Sciences at the University of Oklahoma Health Sciences Center, is part of the National Child Traumatic Stress Network, a national network funded by the Substance Abuse Mental Health Services Administration to improve the standard of care for traumatized children and to increase their access to care. TDC focuses on achieving an effective, nationwide mental health response to the impact of terrorism and disasters on children, families, and communities. TDC works to achieve this goal through the development and evaluation of trainings and educational materials, interventions, and services aimed at addressing the mental health needs of those who experience terrorism and disaster-induced trauma.

National Child Traumatic Stress Network

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States . Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

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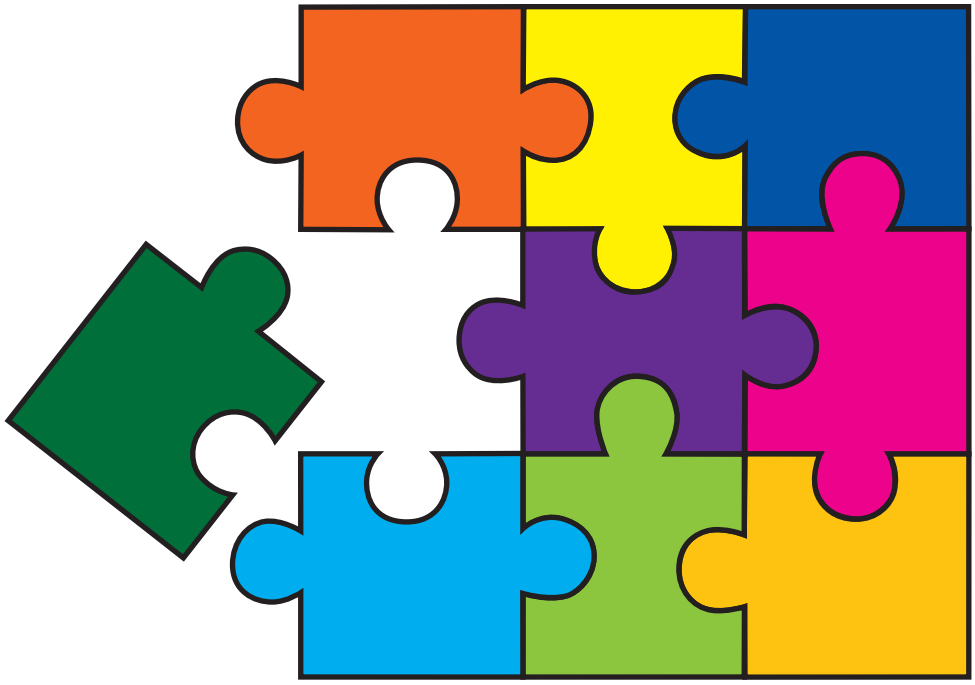

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To request additional copies of this publication or for more information about community resilience, please contact the Terrorism and Disaster Center at 405.271.5121 or tdc@ouhsc.edu.

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The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA, HHS, the Centers for Disease Control and Prevention, or the Agency for Toxic Substances and Disease Registry.

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Building Community Resilience for Children and Families

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Building Community Resilience for Children and Families

What is community resilience?

Resilience is the capacity to bounce back. For a community to be resilient, its members must put into practice early and effective actions, so that they can respond to adversity in a healthy manner. If residents, agencies, and organizations take meaningful and intentional actions before an event, they can help the community reestablish stability after the event.

Resilience implies that after an event, a community may not only be able to cope and to recover, but that it may also change to reflect different priorities arising from the disaster.

> An analogy of resilience is a rubber bar. When hit by an object, rubber may be stressed (bent), but it can bounce back to its original shape and position.
>
> Over time, rubber can also be molded to change its original shape and position, keeping some aspects and improving others.

A resilience guidebook for your community

This guidebook provides information about building community resilience, helping communities improve their capacity to respond effectively to natural or man-made disasters or acts of terrorism. To be most effective, community plans must address the emotional well-being of residents, including children. Putting strategies in place before an incident occurs enhances the community's ability to improve its outcomes after an event.

What is disaster?

In this guidebook, disaster refers to an event that impacts the entire community and has the potential to overwhelm local resources. The duration of a disaster is generally protracted and most, if not all, residents are distressed by the event. A disaster can take a toll on residents' sense of safety and security, on their emotional well-being, and on their trust in community leaders to effectively help the community recover.

Risks children face after disaster

Children and teenagers are at risk for stress reactions following a disaster. They may have sleeping and eating disturbances, problems concentrating on schoolwork, irritability and anger, or headaches and stomachaches. They may start to have academic or behavior problems at school, lose interest in activities they once enjoyed, avoid friends, or even engage in dangerous behaviors.

Risks children face after disaster - *continued*

Children's responses to disasters are influenced by several factors: extent of exposure to the disaster, family distress, loss of loved ones and/or property, available support systems, disruption of school programs, and the community's response to the event. This guidebook for building community resilience is focused on children and their families because they are a vulnerable population.

Guidebook audience

This guidebook is intended for individuals in decision-making and leadership roles, in all sectors of a community, who are committed to improving the emotional outcomes of children and families in the face of disaster. Specific guidelines are provided for leaders representing the following nine sectors: business, community, cultural and faith-based, first responders, health care, media, mental health, public health, and school and other childcare settings.

Guidebook framework

Building resilience is like preparing for a marathon. It is not something that can be done quickly, but something that requires planning, practice, and execution. The guidebook is structured with the race analogy in mind. Four sections are included for each sector:

1. **Hurdles**: Challenges sector leaders may face.
2. **On your mark**: Information for sector leaders on building and enhancing resilience.
3. **Get set**: Action steps leaders should take or ensure are taken to build resilience within the sector and the community.
4. **Go**: Accelerated actions important for leaders to take or to ensure are taken in the face of a disaster.

The information in each section is prioritized, with the top challenges and actions delineated. However, by addressing all points, sector leaders ensure that challenges are identified and the action steps important to building community resilience are initiated.

Community Sectors

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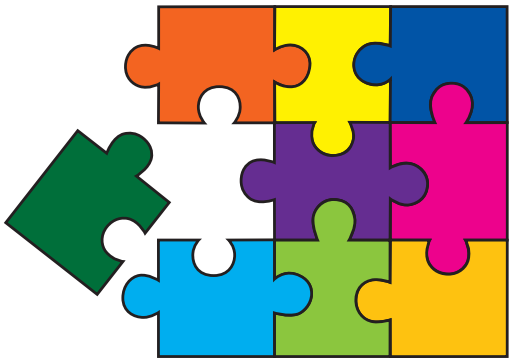

All Community Sectors

Section audience

This section is for leaders of all sectors within the community. Leaders should integrate the hurdles, planning ideas, and actions recommended below with the more extensive and focused information provided in their specific sector sections.

All sectors provide unique contributions to building community resilience and will face challenges in their efforts to enhance resilience. Working together will produce a better outcome than working separately.

> Community sectors are pieces of a jigsaw puzzle that fit together to make a community. If any piece is absent, the picture is incomplete.

HURDLES:

- Resilience is a new concept for most sectors. Leaders may have heard that resilience is essential to improving outcomes after disaster, but may not know how to achieve it. Resilience may be given a lower priority when compared with other urgent preparedness needs.
- Leaders are being inundated with information about preparing for disaster. They are expected to develop and implement disaster plans while meeting their ongoing responsibilities. Sector leaders will need to consider how roles and responsibilities might change in the event of a disaster. For example, a local mayor may have a staff member who briefs the media and provides information to the public. In an emergency, however, someone with greater authority—such as a state official or police chief—may need to convey this information.
- The attitude that a disaster "won't happen here" can reduce commitment to emergency preparedness planning.

HURDLES - *continued*

- Preparedness planning and disaster drills typically do not include all sectors (business, community, cultural and faith-based organizations, first responders, health care, media, mental health, public health, and schools) and rarely do they include issues unique to children and families. It is a common assumption that "someone else" will be responsible for children's concerns.
- Preparedness planning and disaster drills rarely address mental health issues.
- Preparedness planning and services may overlook non-traditional family structure, so that education or outreach efforts do not include grandparent caregivers, foster parents, or group home caregivers.
- Partnerships within the community:
  - May exist among some, but not all, community sectors.
  - May be established, but then disrupted by changes in leadership due to retirement, resignations, or elections.
  - May be compromised by the competing policies or political agendas of sectors.
  - May develop the ability to work together in the trenches in the aftermath of an event, rather than before an event.
  - May collaborate initially, but become competitive after a disaster over such issues as the distribution of resources or recognition for accomplishments.
  - May suffer because sectors are willing to share perceived strengths in their disaster preparedness plans, but unwilling to reveal weaknesses, leading to incomplete or inaccurate understanding of plan content or implementation.
- Sector leaders may develop collaborative and effective plans only to have federal, state, or local laws or policies (such as tribal laws) create difficulties. For example, local emergency responders might not be able to access federal property without proper escort in the event of an emergency.
- Sector leaders in large communities will have to contend with larger numbers of community members involved in drills. For example, large school districts could include as many as 80 neighborhood schools.
- Sector leaders may have a variety of materials available on disaster preparedness, but lack the time or expertise to determine which are most appropriate for children and families.
- Sector leaders may lack sufficient information to determine who can best help or who might hinder disaster preparedness and response, if many mental health professionals and organizations present themselves as experts.

- Training related to resilience and disaster mental health:
  - May seem overwhelming, due to competing demands and/or other trainings, including disaster response.
  - May be neglected due to financial, staffing, or time constraints.
  - May be aimed at mental health providers only, rather than including emotional well-being in all sector trainings about disaster.
  - May not include information specifically tailored for those in leadership positions.
- Sector leaders may have limited understanding about:
  - Stress reactions which affect service providers.
  - The additional stress on service providers when children are among the victims.
  - The necessity of self-care strategies for service providers in a disaster.
- Sector leaders may find themselves so busy seeing to the responsibilities of their sector and the community that they neglect their own health needs and emotional well-being.
- Sector leaders may find that staff who are generally responsible for addressing mental health concerns, such as employee assistance program professionals or school counselors, may not be skilled in disaster mental health or may be insufficient in number to respond to the needs of sector members and their families after a disaster.
- Sector leaders may find that there is a lack of knowledge about or stigma associated with seeking mental health services. For example, although many post-disaster mental health services are free of charge, sector members may be wary of hidden costs; immigrants to the US without proper documentation may fear problems if they seek services.

ON YOUR MARK:

- Learn about the federal, state, and local government agency operations that will be initiated in the event of disaster.
- Learn about the command structure outlined in the National Interagency Incident Management System (NIIMS) as a guideline for determining roles and responsibilities (http://www.fs.fed.us/fire/operations/niims.shtml).

ON YOUR MARK - *continued*

- Gather existing materials on resilience, preparedness, and disaster response. Consider sources like the Centers for Disease Control and Prevention, the National Child Traumatic Stress Network, American Psychological Association, American Psychiatric Association, American Medical Association, American Academy of Pediatrics, National Association of School Psychologists, US Department of Education, FEMA, and the American Red Cross. For example, FEMA has a manual *Are You Ready? A Guide to Citizen Preparedness* and the American Red Cross has created *Together We Prepare* for businesses and families.
- Learn about organizations, like the American Red Cross, National Voluntary Organizations Active in Disaster (NOVAD), and United Way, that include the needs of children and families in their commitment to preparedness and response to community disasters.
- Learn how preparedness plans may need to be adapted for different types of disasters (e.g., natural, explosive chemical, biological, radiological, nuclear). Take into consideration evacuation plans, contact and reunification plans, plans for delivery of services to children and families, and plans for continuing to meet ongoing sector demands.
- Identify community resources for training about child-oriented disaster mental health and related issues.
- Learn about the roles each sector will have in the event of disaster.
- Identify each sector's unique areas of expertise.
- Develop a table of all sectors, identifying needed resources (to meet both social and physical needs) and potential resources. Plan how resources will be utilized and shared. For example, if materials will need distribution, identify companies with large trucks available for transportation. Include resources such as a warehouse that could serve as a command center, or bilingual mental health therapists for non-English-speaking residents. Update this table on a regular basis.

GET SET:

- Take an active role in community planning to enhance resilience, preparedness, response, and recovery. For example:
  - Assist in crisis planning for the community.
  - Assist in crisis planning for schools.
  - Participate in community programs for building coping skills.
  - Provide media interviews on these topics with a focus on children and families.

- Include leaders from all sectors in community preparedness planning and emergency exercises, with attention to how the needs of children and families will be met. Evaluate strengths and areas needing improvement in the overall community plan.
- Prepare and review crisis plans within each sector.
- Outline the roles each sector will assume following a disaster, thus helping to reduce "turf issues." Create a grid for leaders to check participation by each sector in emergency drills. Revise as needed.
- Enhance partnerships with other sector leaders through cross-membership on sector preparedness and planning committees and programs. Compile and distribute to all sector leaders a list with your names and contact information. Keep this list up to date to allow rapid communication during a disaster. Plan how you will communicate if phone lines or cell phone towers are not working.
- Include guidelines for mandatory respite from duty (for everyone participating in disaster response) to reduce adverse emotional reactions. Include exit interviews as part of the rotation from duty. Practice these during exercises and trainings to help them become part of standard practice.
- As communities become familiar with the "three R's" of Rescue, Recovery, and Rebuilding, advocate for a fourth R—Resilience—to be addressed in planning activities.
- Develop training programs in resilience. Integrate information on resilience into existing training and educational programs related to crisis and disaster preparedness and response. Add in-depth information to these programs on children's common post-disaster reactions.
- Sponsor (or co-sponsor) programs on resilience in the community.
- Consider no-cost training to increase participation of the intended audience.
- Develop resilience programs for, and disseminate materials to, groups that reach parents and other caregivers, including Parent Teacher Associations (PTAs) and the Association of American Retired People (AARP). Submit materials to community, cultural, or faith-based organizations for publication in their newsletters. For example, the AARP reaches grandparents and other seniors who may be caregivers.
- Include input from cultural and faith-based leadership to make sure that issues related to diversity are incorporated into disaster planning, response, and community programs.
- Form or increase partnerships with experts in disaster preparedness and response and child mental health to deliver training and to provide ongoing consultation. For example, develop a partnership with the American Red Cross, a known and trusted entity with vast experience in disaster response.

GET SET - *continued*

- Collaborate with board members from agencies and organizations, such as the American Red Cross, NOVAD, United Way, and other non-profit organizations. Board members are often leaders and decision makers in their professions and can facilitate partnerships within the community to promote resilience-building.
- Disseminate handouts from the health care, mental health, and public health sectors for use across community settings (e.g., grocery stores, shopping malls, movie theaters, retail establishments, offices buildings, workplace cafeterias, schools, and public transportation) on topics such as:
  - Building resilience in children and families
  - Preparedness
  - Stress and coping
  - Managing a crisis
  - Posttraumatic stress disorder
  - Pediatric bereavement
  - Depression
  - Anxiety
  - Substance abuse
  - Anger management
  - Behavior management
  - Self-care
  - Mental health concerns
- Provide information about family preparedness planning to all sector members to help reduce disaster-related stress. Include reunification strategies in the planning. Knowing their family has a plan will reduce sector members' concerns and increase their ability to have a focused response during a disaster.
- Provide all sector members with information on the importance of self-care after disaster.
- Promote the inclusion of child and family resilience-building in local, state, and national professional and trade meetings.
- Obtain specialized training on risk communication—communicating effectively with the public in uncertain and potentially dangerous situations—and working with the media.

- Provide the media with information and promote public service campaigns about:
  - Roles and responsibilities of sectors during a disaster
  - What families can do to increase resilience and preparedness
  - Positive aspects of using mental health services (in order to reduce the stigma associated with getting help)
- Work with all sectors to create and disseminate public service announcements (PSAs) related to community resilience.
  - Produce PSAs in different languages.
  - Identify multiple avenues for delivering these PSAs to all cultural and ethnic populations.
  - Evaluate and revise PSAs as needed.
- Help residents understand the importance of disaster research—including research with children—to improve future preparedness, response, and recovery planning and efforts. This knowledge may increase the willingness of residents to participate in research efforts surrounding disasters.

CONSIDER the following questions as you develop your disaster preparedness plan:

- When was your plan last reviewed and updated?
- When was the plan last rehearsed?
- What did you learn from the practice?
- Are practices flexible enough to allow for changes in the course of the disaster exercise?
- How will you incorporate changes into plans and disseminate updated plans to all leaders?
- What sectors are represented in your planning?
- Do leaders know their roles in a disaster/terrorist event?
- Do residents know the plan and what actions to take?
- How is building community resilience incorporated into the plans?

GO:

- Hold partnership meetings to update disaster response activities as a way to keep leadership in all sectors apprised of actions.
- Work with all sector leaders—particularly public health leaders—to create risk messages pertaining to the disaster that will reach all residents in the community, including children. Be mindful that any message has a high likelihood of being heard by children, even if they are not the intended audience. Be sure these messages:
  - Are developmentally appropriate. In stressful situations, even adults benefit from simple and clearly stated messages.
  - Are culturally sensitive.
  - Include resilience-building strategies.
  - Communicate to residents how and where they can receive mental health services related to the recent disaster.
- Sponsor, support, and participate in educational programs for caregivers designed to increase their knowledge about how best to help children in the aftermath of the disaster. Consider providing childcare services to reduce this barrier to attendance. The likelihood of caregiver participation increases when programs are directed at helping children; these programs generally have the added benefit of helping caregivers in their own recovery.
- Create a community-wide campaign to reduce the stigma associated with mental health services in the aftermath of the disaster, particularly those for improving the mental health of children.
- Encourage residents to utilize their support systems (family, friends, faith-based and cultural organizations), as these are important to emotional wellness and recovery in the aftermath of the disaster.
- Disseminate updated and disaster-specific information and materials—such as handouts from the health care, mental health, and public health sectors—for use across community settings as described above (see Get Set) if these do not already exist in the community.
- Implement mandatory exit interviews with mental health providers at the end of each responder's workday for all those responding to the disaster, including leadership. This can reduce the stigma of talking to mental health providers.
- Provide information about and support for self-care activities for sector members and their families.
- Create a subcommittee to help oversee donations made after the disaster.

- Create a cross-sector unmet needs committee to address overlooked needs and problems that might arise after the disaster. Consider including a representative from a non-profit organization who has the experience and resources to oversee and sustain this effort.
- Support research efforts that will advance the science of disaster mental health with a focus on children and families. Examine the role of resilience in outcomes after disaster.
- Review response efforts, develop lessons learned, and revise plans for future events.

DID YOU KNOW: Following any major disaster there is an outpouring of donations. Unfortunately, these often go unused and cause additional problems. Transporting the vast quantities of donated items can impede the transport of emergency items. Sorting through donations takes volunteers away from other duties. After Hurricane Andrew in Florida, for example, donations of used clothing created a 5-acre pile over 17 feet, which had to be buried or burned because cleanliness could not be guaranteed. Tons of donated house paint, thinner, and other hazardous waste had to be dumped in a landfill. Examples like these underscore the need for effective communication regarding well-meaning donations and what supplies are needed.

Florida Disaster Management - http://www.ifas.ufl.edu/fdm/ [Accessed January 15, 2007].

CONSIDER: How is each sector in your community incorporating family and child concerns in disaster planning for natural disasters and terrorist events?

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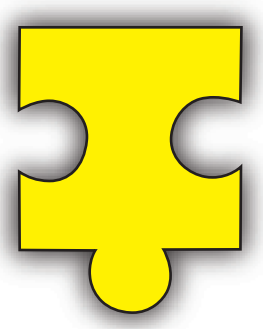

Business

Sector audience

This section of the guidebook is intended for business leaders who are actively involved in their communities—leaders committed to improving the daily living environments of children and families. Business leaders may be members of community business organizations or clubs (e.g., Chamber of Commerce, Lions, Rotary, Kiwanis, Junior League), advisors to elected officials, or members of school boards or boards of non-profit organizations. These individuals understand the contribution that businesses can make to the growth and development of a community, and they can help to shape business involvement in the community's response to disaster.

Role of business in building resilience

To more effectively meet the needs of employees, businesses have expanded from being simply a place of work. Some businesses provide resources and services for employees and employees' children and families including the following:

- Employee assistance programs (EAPs)
- Childcare
- Educational programs and materials related to issues affecting employees (e.g., safety, employee rights, policies and procedures)
- Financial benefits such as retirement accounts
- Health and mental health insurance coverage for families
- Source of information about community actions and activities

Role of business in building resilience - *continued*

Given the important role businesses have assumed in employees' lives, it makes sense to encourage community resilience-building activities in the workplace. Businesses have a unique role in building community resilience in that they can offer physical, economic, and human resources. For example, businesses may have vacant buildings that can be used for shelter, storage, or a command center. They may have vehicles for transporting residents, responders from other communities, or needed materials. Some may have generators or refrigeration capacity. Prior knowledge about business resources by community leadership can help strengthen a community's preparedness plans and, thereby, strengthen community resilience.

DID YOU KNOW: The American Red Cross found that as many as 40% of small businesses do not reopen after a major disaster like a flood, tornado, or earthquake.

American Red Cross – http://www.redcross.org/services/disaster/0,1082,0_606_,00.html [Accessed January 15, 2007].

HURDLES:

- Business leaders are seldom involved as active participants in community disaster and crisis planning; therefore, business plans and community plans may be poorly integrated.
- Business owners and management may not have an identified individual within community leadership ("point of contact") to address needs and questions that arise related to their preparedness, response, and resilience efforts.
- All businesses are not the same (e.g., large vs. small, chain vs. independent operator); therefore, a one-size-fits-all planning for disaster preparedness and resilience building is not practical.
- All management, all employees, and all families of workers do not universally know a business's preparedness and crisis plans.
- Business preparedness and crisis plans may not:
  - Address safety and planning for employees' families making it potentially more difficult for employees to work effectively in times of crisis.
  - Incorporate mental health issues (in plans or budget).
  - Be reviewed by experts in disaster preparedness due to budgetary constraints and/or business leaders not knowing of such experts.
- Business leaders not only must advocate for resilience-building strategies within their own workplace, but must also help other business owners incorporate such efforts into their workplaces.

- The financial impact of disasters on businesses in the community may be poorly understood or overlooked by other sectors in the community.
- Lack of economic resources may strain some businesses' abilities to respond to workers' needs in times of disaster.
- Businesses offering EAP programs may view these as sufficient to meet employees' and their families' emotional needs in times of disaster.
- Business leadership may be unfamiliar with mental health resources in the community.

ON YOUR MARK:

- Identify sources of disaster-related funding—prior to an event—to help with rebuilding and outreach to employees and their families (e.g., grant programs, loans, insurance policies).
- Identify forums for resilience-building programs that can reach other businesses, management, workers, and families.
- Investigate how businesses, which are part of a larger organization, plan to manage activities in the event of disaster.
- Identify partners from other states who may be available to assist in conducting business transactions for your business in the event of disaster. Trade association meetings may be one avenue for finding partners. For example, identify other businesses that can help fill and ship orders if your capacity to conduct this work is compromised.

GET SET:

- Work with community leadership to identify a point of contact individual that businesses can address questions to in the event of a disaster.
- Get to know the point of contact individual prior to any adverse event.
- Volunteer to serve on the community's preparedness or crisis planning committee.
- Invite speakers to business venues to promote and disseminate resilience-building information and recommendations related to children and families. Examples of venues include chamber of commerce meetings and trade association meetings.
- Develop and practice implementing business disaster preparedness plans, including plans for communicating with family members. If there are onsite daycare centers, include them in the drills.

GET SET - *continued*

- Incorporate into preparedness plans a communication plan to:
  - Ensure contact between key management personnel.
  - Inform employees of important information related to disasters (e.g., building safety and building access, work and salary expectations, health status of fellow employees).
  - Provide a mechanism for feedback and questions from employees to leadership.
- Engage experts—including those with expertise in mental health—to discuss, review, and revise business crisis plans. Identify resources to help cover costs of this consultation.
- Incorporate information about resilience into management trainings and updates.
- Offer programs for employees and their families to build resilience. Such programs may have the added benefit of reducing burnout after a crisis. Consider programs on the following:
  - Skill building, including crisis management skills
  - Conflict resolution
  - Anger management
  - Cultural sensitivity
  - Worker appreciation and recognition programs
  - Businesswide social gatherings that include families (e.g., sports teams, holiday parties)
  - Hows and whys of proper self-care

GO:

- Implement your disaster plan, including communication plan.
- Contact employees and their families to provide information about the disaster, work expectations, and what resources are available to aid employees' families (financial, physical, and emotional).
- Work with the Chamber of Commerce to assure that business and employee concerns related to the disaster are addressed during and after the event.
- Review response efforts, identify unmet needs, develop lessons learned, and revise plans for future events.

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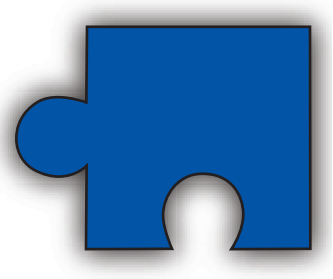

Community Leadership

Sector audience

This section of the guidebook is intended for community leaders in policy-making and decision-making roles, including elected officials (e.g., mayor, members of city council, members of school boards), leaders of non-profit organizations (e.g., American Red Cross, United Way), and other community organizations (e.g., Lion's Club, Rotary, Kiwanis, Women's Club).

Role in building resilience

Community leaders represent the residents of the community and are in a good position to make decisions that promote their well-being. Creating effective disaster preparedness and response plans is a monumental and challenging undertaking, as leaders strive to ensure the best outcome for all, including children. Children and families will fare better after a disaster if resilience is included in the planning.

CONSIDER the following questions, as your community designs plans for building resilience and responding to disasters:

- How would you characterize your community's framework?
- Is it metropolitan (urban, suburban, rural)?
- What is the state of urbanization (growing, shrinking, aging)?
- What is the total population, and what percentage are children?
- What is the cultural, ethnic, and religious make-up of your community?
- How do patterns of immigration or migration affect your community?

CONSIDER the following questions, as your community designs plans for building resilience and responding to disasters - *continued*

- What physical resources are available in your community (e.g., types of buildings, transportation)?
- What social resources are available (e.g., first responders, physicians, mental health workers, insurance agents)?
- How are different sectors integrated into the community?
- What organizations exist in your community (e.g., service organizations, child-focused organizations, non-profit organizations)?
- What media resources exist in your community?
- What features does your community have available for fun and relaxation (e.g., green space like playgrounds, jogging trails, soccer and ball fields)?
- What is the community's past history and current risk for natural disaster?
- What is the community's past history and current risk for community trauma (e.g., terrorist events, school shootings, technological accidents)?
- What other community entities should be considered in planning (e.g., military bases, power plants, ports, chemical companies, airport)?

DID YOU KNOW: Following the bombing in Oklahoma City, the mayor and the fire chief were among two of the most watched leaders in the community. They kept residents updated and informed about what actions to take.

HURDLES:

- Community leaders must integrate community preparedness plans within federal, state, and regional plans.
- Community leaders may find it difficult to meet the complex needs of the entire community, including those of children, when developing disaster plans.
- Elected officials must not only demonstrate awareness of the needs of residents, but must also extend beyond their political affiliations to form partnerships with others invested in resilience-building.
- The differing goals of community leaders from various organizations may hinder effective partnerships if not discussed and resolved.

- In the area of preparedness, the focus has been primarily on physical and financial needs, rather than on the emotional well-being of community residents.
- Communities lack standardized methods for assessing and evaluating the status of preparedness, particularly emotional preparedness.
- When a disaster leads to an outpouring and allocation of funds for relief, funds donated for traditional non-profit goals and funds allocated for other community services may be reduced.

CONSIDER: Not all community governments exist at the local level. Unincorporated communities have no elected government and no traditional first responders paid for by the community. If your community is unincorporated, how will this change your preparedness efforts?

ON YOUR MARK:

- Learn about federal plans for disaster preparedness and response, including resources that may be available. Identify how federal resources will be activated.
- Learn about current community preparedness, response, and recovery plans.
- Learn from leaders in mental health, public health, and the media how the following can best be communicated to community residents, including children of different ages:
  - Ways to build resilience through preparedness
  - Common emotional reactions in the aftermath of disaster, including reactions in children
  - Plans for families to prepare for disaster
- Gather lessons learned from leaders in other communities who have responded to disasters. Use this information in your community planning.
- Learn how different media outlets lend themselves to different types of stories (see Media Sector).
- Recognize that local journalists—in the community for the long run—are important partners not only during a disaster, but also during the community's recovery. For example, local journalists covered the bombing in Oklahoma City in the immediate aftermath of the event, and coverage related to the community's overall recovery has continued for 10 years.

GET SET:

- Discuss resilience-building activities and strategies at regular gatherings of elected officials and leaders from various organizations, such as meetings of the city council or organization board meetings.
- Include county and state government officials in disaster planning and response.
- Integrate ideas community organizations have for resilience building into those of the elected community leadership.
- Sponsor cross training of sectors, particularly first responders, public health, mental health, and health care, to ensure that all primary responding sectors in a disaster understand the duties and responsibilities of other sectors.
- Plan for best use of multiple media outlets to increase message dissemination about building resilience, including preparedness. This plan can also be used for messages in the aftermath of a disaster.
- Educate children and families about community response plans and the importance of preparedness. Make information available through multiple avenues such as:
  - Parent Teacher Associations and organizations
  - Pediatric primary care providers
  - Public health
  - Caregiver support groups (e.g., associations related to foster care, grandparents and other caregivers, caregivers of children with special needs)
  - Child organizations (e.g., Boy/Girl Scouts, Campfire Girls, 4-H)
  - Retail establishments (e.g., grocery and department stores)
  - State, county, and community fairs and craft shows
  - Art, music, and cultural activities
- Develop guidelines for rotating, distributing, and disposing of food stuffs to prevent health hazards related to food donations.
- Establish and maintain a disaster fund, with a minimum balance, to offset financial strain in the event of a disaster. Consider having such a fund held by each community organization partner.
- Encourage community artists and theatre companies to sponsor events related to disaster preparedness and resilience.

GO:

- Implement the community disaster plan.
- Ensure effective communication between community leaders and families, including opportunities for grievances and suggestions to be heard. This can be accomplished by leaders providing updates during a disaster at short, regularly scheduled intervals. Updates also can be used to provide journalists accurate information in a timely manner, which is important in a disaster as many residents rely on news reports to guide their actions.
- Create a centralized victims' assistance organization that has information about all services that are available.
- Work with non-profit organizations that have expertise in large-scale distribution of resources and in response to disaster to increase the effectiveness of the response.
- Implement guidelines for rotating, distributing, and disposing of food stuffs to prevent health hazards related to food donations. Work with public health partners to determine how best to accomplish this.
- Establish a system to control donations to the community response and recovery efforts so that money remains in the community and not dispersed to national organizations. Work with other sectors to determine equitable allocation of financial and other resources.
- Implement the media plan to provide important updates and information to residents.
- Use first responders, who are seen as knowledgeable and trustworthy, as part of community public service announcements, when appropriate.
- Provide maps of the community and information about resources—such as places to eat, relax, or exercise—to responders coming into the community from other locations.
- Review response efforts, develop lessons learned, and revise plans for future events.

DID YOU KNOW: After the bombing in Oklahoma City, the city's chapter of United Way created a disaster relief fund which was used several years later when a series of devastating tornadoes hit the area.

Robert Spinks, Director of Oklahoma City United Way (personal communication, March 28, 2005).

CONSIDER: Are all sectors represented at your preparedness and disaster-planning table? If not, how will you bring them together?

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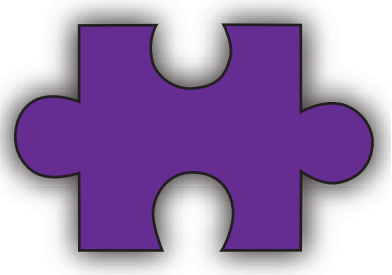


Cultural and Faith-Based Groups and Organizations

Sector Audience

This section of the guidebook is intended for leaders of cultural and faith-based groups and organizations within the community. They may be directors of cultural centers, elected officials of cultural and faith-based groups (e.g., president of a congregation), and leaders of interfaith councils or similar organizations working to build relationships, tolerance, and understanding across religions and cultures.

Role in building resilience

Diversity in culture and faith adds to the richness of every community. Leaders of community cultural and faith-based groups are key to helping residents, including children, learn about other cultures and faiths. Respect for diversity increases community cohesion. When all residents believe they have a voice, residents feel more connected to the community, thus contributing to the community's resilience.

CONSIDER: What cultural and faith-based activities and opportunities are available to residents in your community? How are these activities and opportunities supported?

This sector provides important avenues for dissemination of information. For example, the leaders of community cultural and faith-based groups are commonly the first source of support for residents seeking help and information after disasters. Therefore, leaders in this sector can be important messengers in a campaign to increase community resilience.

HURDLES:

- Cultural and faith-based leaders—and the families they represent—have been traditionally absent from community planning activities related to preparedness and disasters.
- Resilience-building strategies have not been incorporated into cultural and faith-based activities or materials in a systematic fashion.
- Child assessment and intervention strategies for adverse events have generally not been adapted for use in culturally diverse populations.
- Although cultural and faith-based leaders must address difficult issues on a regular basis (e.g., death, divorce, illness), they may not have had training related to mental health issues specific to trauma, disaster, bereavement, death notification, and coping after a large-scale disaster.
- Integration of programs offered by different cultural and faith-based organizations is limited.
- Typical community spokespersons may not be "heard" by residents affiliated with some cultural and faith-based groups in the community.
- Cultural groups are not uniform. Some may lack relationships with or trust in federal agencies (e.g., Bureau of Indian Affairs, Immigration and Naturalization Service).
- Language barriers make it difficult for families to participate equally or to obtain appropriate information about resilience, preparedness, response, and recovery activities.
- The boundaries between offering spiritual care and proselytizing may become blurred or ignored in disaster response.
- Leaders in this sector may minimize their own need for self-care in the face of adversity as they administer emotional care to others.

ON YOUR MARK:

- Gather information from various faith-based organizations about best strategies for communicating and disseminating information on resilience and preparedness. One source of information may be organizations like the Ministerial Alliance, which brings many faith-based leaders together to discuss congregants' needs and concerns.
- Investigate what cultural and faith-based organizations are doing on a national level related to resilience and disaster preparedness; incorporate this information in sector and community planning.

- Identify federal and non-federal resources that may be available and acceptable to families of different cultures and faiths.
- Gather information about mental health experts (multi-cultural/multi-lingual) for children and families should referrals be needed.

GET SET:

- Take an active role in community planning and resilience building to assure cultural and faith-based sensitivity. For example, serve on the community's disaster preparedness and planning committee.
- Work with elected officials and members of the community's ethnic- and faith-based constituencies to form a committee on cultural competence, tolerance, and respect.
- Work with community leaders to assure that materials developed related to resilience, disasters, and coping are culturally and ethnically sensitive and available in a variety of languages.
- Develop partnerships and collaborations with existing community organizations, non-profit service organizations, and schools serving different ethnic and religious groups.
- Volunteer to participate in preparedness and crisis planning for schools to assure that all students are appropriately represented and supported.
- Contact representatives of each sector in the community and offer programs on cultural competence and diversity. Include religious issues that may be important to children and families after a disaster (e.g., rituals related to death of a loved one).
- Obtain specialized training for faith and cultural leaders in disaster mental health issues of children and families; sponsor similar programs within the faith and cultural communities for sector members.
- Sponsor interfaith leadership programs to learn what to expect after disasters so you are better able to help families cope with emotional and behavioral issues that may arise. Know when and how to make referrals to the mental health experts you have identified.
- Sponsor and promote multicultural and interfaith programs that allow time for discussion of resilience and preparedness. Work to decrease the stigma attached to using mental health resources.
- Plan activities both within and across cultural and faith-based groups to disseminate information that furthers knowledge and enhances policy related to cultural and ethnic awareness and sensitivity.
- Provide community education and training on diversity, tolerance, and respect to professional associations, schools, and others (e.g., neighborhood associations, non-profit organizations).

GO:

- Volunteer faith-based leaders to provide spiritual care through response services such as the American Red Cross and NOVAD. Volunteer cultural leaders to help disseminate important disaster information to all residents, particularly minority residents, who may not receive the information. Provide these services both within and outside of the traditional cultural or faith-based settings.
- Work with cultural and faith-based organizations to designate potential shelters or distribution centers within buildings owned or used by the organizations if these were not identified in preparedness planning.
- Provide joint programs with other leaders in this sector to strengthen respect for diversity in the aftermath of the disaster.
- Offer guidance, information, and support to others working within faith-based organizations who are in leadership or guidance positions (e.g., priest, rabbi, minister, imam).
- Deliver disaster-related information to all residents through cultural and faith-based avenues (e.g., sermons, newsletters). Include referral sheets with names of mental health practitioners.
- Develop alternative places for worship services should these be needed after a disaster.
- Review response efforts, develop lessons learned, and revise plans for future events.

DID YOU KNOW: The Church of the Brethren provides disaster childcare to young children of families affected by natural or human-made disasters. They train volunteers from a variety of backgrounds and faiths. The Church of the Brethren works in partnership with agencies such as the American Red Cross and the Federal Emergency Management Administration.

Church of the Brethren – http://www.brethren.org/genbd/ersm/dcc.htm [Accessed January 15, 2007].

CONSIDER: After a disaster, there is an increase in attendance of religious services and faith-based programs. How can you use this to enhance community resilience?

Meisenhelder, J. B. (2002). Terrorism, posttraumatic stress, and religious coping. *Issues in Mental Health Nursing*, 23, 771-782

First Responders

Sector audience

This section of the guidebook is intended for leaders within each of the traditional first responder groups (e.g., fire, police, emergency medical services)

Role in building resilience

First responders are respected, trusted, and essential members of the community. First responders have greater experience in responding to traumatic events than other sectors and are frequent participants in emergency drills. As such, their participation and perspective in designing campaigns to enhance resilience and their help in preparedness planning is invaluable to any community.

DID YOU KNOW: In a survey conducted by Sesame Workshop following the terrorist attacks of September 11, 2001, children aspired to be like real heroes, such as police officers, firefighters, and political leaders, more so than celebrities, such as Britney Spears and The Rock, who had been listed in a prior survey.

Sesame Workshop. (2001, November 5). *Children ages 6-11 after September 11th: Study show kids finding strength in sense of unity*. Available at: http://sesameworkshop.org/research/kidsview/pressrelease.pdf [Accessed January 15, 2007].

Because of their experience, leaders in this sector are in the best position to advise and help design preparedness programs that will contribute to increased resilience in children and families.

CONSIDER: How are first responders integrated within other sectors of the community in preparedness planning?

HURDLES:

- Roles and responsibilities, including lines of authority, are not always clear among various first responder groups. Furthermore, these may change depending on the type of disaster and as the disaster response unfolds.
- New threats, such as weapons of mass destruction (WMD) events (e.g., chemical, biological, radiological, nuclear), may present new challenges to disaster response (e.g., requiring protective gear).
- First responder groups are not all alike:
  - They have varying roles and levels of staff depth, making it difficult to generalize planning across responder services.
  - They may not all be governmental entities. Some may be serving the community through contracts with private business.
  - Some may have drills on a regular basis (e.g., fire), while others (e.g., paramedics) are relatively self-contained and do not have experience with an incident command system on a regular basis.
- Cost for equipment, training, and updates may be prohibitive for some communities.
- Currently, guidelines for responders' work hours and need for self-care during disaster response have not been clearly delineated and self-care has traditionally been minimized. The high stress of the work may lead to burnout, turnover, or decreased job performance. Furthermore, responders who engage in self-care activities by taking time away from the event may experience negative self-assessments (such as guilt) or be seen by co-workers as "not giving 100%."
- Although responding to a large-scale disaster may result in mental health concerns for themselves and their families, first responders tend not to be comfortable seeking out and using mental health services.
- First responders may not appreciate the importance of information related to caring for their families in the aftermath of a disaster, assuming their families are already well-prepared.
- During and following a disaster, some responder groups may receive more media attention than others, which could result in animosity.

ON YOUR MARK:

- Learn about different roles and actions expected after different types of disasters.
- Learn how to increase capacity and resources when disaster strikes such as how to integrate volunteer groups (e.g., Medical Reserve Corps). Action steps should be included in disaster planning.
- Examine expectations and policies related to disaster, including working hours, rotation off-shift, family obligations, and mental health needs.
- Gather information unique to meeting needs of first responder families.

GET SET:

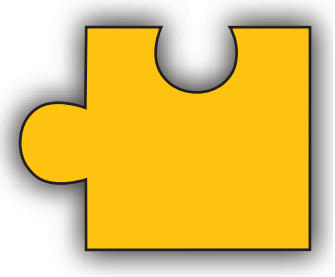
- Introduce nontraditional first responders, such as public health workers—who are likely to be on the front line in a large-scale disaster—into practice drills to gain buy-in from traditional first responder groups.
- Provide training in disaster mental health for all first responders, thus increasing skills that can be used on the job. Consider implementing a mental health triage system similar to medical triage as part of the training.
- Incorporate strategies for addressing the emotional needs of children and families into existing training.
- Educate the community about the changing responsibilities of first responders in the aftermath of a disaster. For example, in a large-scale event, 911 calls may not be answered in the usual manner. Therefore, prepare procedures to address traditional and routine first responder demands that may occur simultaneously with a large-scale disaster or terrorist incident.
- Aid community leaders in increasing residents' knowledge of first aid, safety precautions for various events and situations (e.g., when to go to a shelter and when to stay where you are), and where to turn for information.
- Assign first responders to active roles in school crisis teams and include them in school drills.
- Arrange for mental health professionals to team with first responders, so these professionals will be viewed as part of the responder community during times of disaster.
- Provide mental health education to address misconceptions and reduce stigma associated with mental health services.
- Encourage programs to educate family members about the common reactions first responders may have in a disaster because of the nature of their work.

GET SET - *continued*

- Provide checklists that responders can use for personal family preparedness plans.
- Volunteer to be part of the community's communication team to relay information to residents after an event.

GO:

- Implement the disaster response plan.
- Remind the community about the changing responsibilities of first responders in the aftermath of a disaster.
- Implement mental health as well as medical triage strategies in the response.
- Work with media to assure presentation of accurate and unbiased information about first responder activities.
- Provide media interviews and updates about the disaster. Include information about actions families can take to improve their resilience and recovery in the face of the disaster.
- Work with all sectors to help them understand the pros and cons of recognizing responders as "heroes," even though responders may view themselves as simply doing their jobs and not want to be glorified.
- Review response efforts, develop lessons learned, and revise plans for future events.



Health Care

Sector audience

This section of the guidebook is intended for leaders in the medical community involved in children's health care, especially those experienced in trauma or disaster work. Leaders from this sector may include physicians or nurses who have taken an active or leadership role in other children's health/public health campaigns (e.g., physicians and nurses who consult with schools and emergency room physicians) and health care administrators who promote the work of health care providers in building community resilience. Leaders in this sector may come from the private sector, hospital settings, academic medical centers, or professional societies (such as the state chapter of the American Academy of Pediatrics).

Role in building resilience

Health care providers are respected and trusted members of a community. Their support of community resilience-building programs may increase residents' involvement and commitment to these programs.

Health care providers can disseminate information in a variety of ways:

- Discussions with patients
- Materials in offices
- Participation in community programs and panels
- Media interviews

Health care providers should be part of the community's disaster planning. Although most communities have representatives from emergency medicine, other health care providers may also be pressed into service in the event of a large-scale disaster. Furthermore, the community's residents may seek out their health care providers for help after a disaster.

DID YOU KNOW: *The National Report Card on the State of Emergency Medicine* gave the emergency medicine system of the United States a grade of C–. Using Hurricane Katrina as an example, the report cited the need to address surge capacity after disaster.

American College of Emergency Physicians. (2006). *The national report card on the state of emergency medicine*. Available at: http://my.acep.org [Accessed January 15, 2007].

CONSIDER: How are health care providers currently represented in your community disaster planning?

HURDLES:

- Health care providers specializing in pediatrics are commonly absent from community disaster-planning activities. For example, few health care providers work with school systems on their disaster preparedness planning.
- Health care providers may have varied experiences with disasters.
- Health care providers may not be knowledgeable about children's increased vulnerability in a weapons of mass destruction (WMD) event. Furthermore, information about the best treatments for children after a WMD event is limited. Finally, there may not be appropriate and sufficient equipment and supplies to work with children.
- Health care providers and public health professionals rarely work in tandem; however, this will be essential after WMD events due to concerns related to exposure, contagion, and treatment. Health care professionals may also face unique challenges with large-scale outbreaks of infectious diseases, such as pandemic flu, requiring an integrated approach with public health.
- Following a WMD event, a surge of residents seeking treatment may overwhelm medical settings. Plans to handle the surge are generally limited.
- Coordination and integration of medical and mental health efforts has often been lacking. Health care should integrate mental health into their planning. Some reasons for promoting such partnerships following disasters include:
  - Disaster mental health reactions may present as physical complaints, making triage challenging.
  - Children may have difficulty verbalizing their symptoms, complicating diagnosis and treatment.
  - Procedures to triage and treat children in a disaster generally have not allowed families to remain together as a unit, increasing the potential for emotional distress, in both children and parents.

- Health care providers may not be compensated for time devoted to resilience building, making it a challenge to integrate resilience building into other health care practices.

ON YOUR MARK:

- Learn about expected roles of health care providers in the face of community and school disasters.
- Learn about community and hospital plans to handle surge capacity after a disaster.
- Gather information about medical response and treatment of children following disasters, particularly WMD events.
- Gather medical lessons learned from health care leaders in other communities who have experienced disasters, as well as from resources such as the Centers for Disease Control and Prevention, the American Medical Association, the American Academy of Pediatrics, or the American Nurses Association.
- Gather resilience-building materials that can be distributed to families in medical practice settings.
- Identify screening instruments for assessing mental health needs.

GET SET:

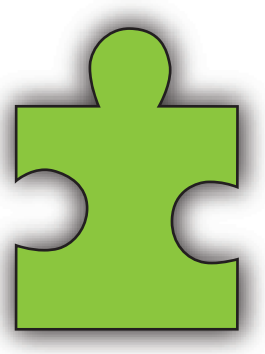
- Take an active role in community and school crisis teams. Identify anticipated health concerns of children, teachers, and families. Be involved in practice drills.
- Advocate inclusion of pediatric issues into hospital and community disaster drills.
- Address pediatric surge capacity (e.g., beds, equipment, staffing) in preparedness plans.
- Work with national organizations, such as the American Academy of Pediatrics, to facilitate school and community disaster preparedness planning.
- Develop a plan to provide medical services to those affected by the disaster, as well as continued services for regular patient care.
- Plan for how the needs of medically compromised children and their families will be met.
- Disseminate materials related to resilience, including disaster preparedness, to professionals within this sector to distribute and discuss with patients and patients' families.

GET SET - *continued*

- Enhance your sector's relationship with mental health leadership. Together, leaders can promote the link between physical health and emotional well-being. (Remember: if physicians have a positive and ongoing relationship with mental health providers, they will be in a better position to facilitate timely and successful referrals.)
- Develop mental health competencies for different age groups, with a checklist for physicians to review with families at office visits. For example, with adolescents, physicians may quickly assess academics, extracurricular activities, relationships with family and friends, and drug/alcohol use, with an eye toward a healthy transition into young adulthood.
- Support and participate in resilience-building presentations at state and local professional organization meetings, conferences, and continuing education programs.

GO:

- Volunteer to provide direct patient care and offer guidance to health care providers who have less disaster-related experience. If serving away from the immediate disaster area, provide guidance and education to those with less experience, in case the scope of the disaster increases and/or areas for care are expanded.
- Serve as a resource to other community leaders on medical issues and disaster.
- Implement a communication system to maintain contact with health care providers working at ground zero, to determine their need for medical personnel and supplies.
- Implement a plan to provide medical services to those affected by the disaster, as well as continued services for regular patient care.
- Work with the mental health sector to implement both medical and mental health triage services.
- Provide media interviews to disseminate important health care information.
- Distribute information to medical professionals in the community on the common physical and emotional reactions children experience following a disaster.
- Support continued monitoring of physical and emotional well-being of patients for an extended time after the disaster.
- Review response efforts, develop lessons learned, and revise plans for future events.



Media

Sector audience

This section of the guidebook is intended for leaders of media modalities (print, radio, television, Internet) who make decisions about story selection, staff assignments, promotions, and public service announcements. They include media personalities with whom the community is familiar and to whom residents may turn for important and accurate information.

Role in building resilience

The media play a critical role in communities before, during, and after a disaster. Media professionals can reach all residents in a community, including children, and so are instrumental in providing information about resilience and preparedness. In a disaster, the media will continue to update information, allowing residents to adjust to changing events. The media provide information about events to those outside the affected community. For example, residents across the United States and around the world watched, listened, and read as events unfolded on September 11, 2001. Journalists provided updated information about the attacks, the aftermath, and the impact of the attacks on communities across the country. Following Hurricane Katrina in 2005, journalists provided coverage of the devastating storm and flooding and information about the evacuees, disaster response efforts, and the political ramifications related to the response. Media coverage of Hurricane Katrina contributed to positive actions taken subsequently in anticipation of Hurricane Rita.

DID YOU KNOW: In 1994, the *Charlotte Observer* began an investigative story on community violence that resulted in community action. After identifying five neighborhoods having the highest community violence, town meetings were held to develop plans to confront this violence. Journalists covered residents' actions. Multiple media modalities became involved in a collaborative effort to cover the issue. The results were increased volunteerism in the neighborhoods, lawyers' offering *pro bono* legal services to close crack houses, and donations to build a community center.

Friedland, L. A., & Nichols, S. A. (2002). *Measuring civic journalism's progress: A report across a decade of activity*. Pew Center for Civic Journalism. Available at: http://www.pewcenter.org/doingcj/research/measuringcj.pdf [Accessed January 15, 2007].

CONSIDER: How are journalists integrated into community planning efforts?

The media will have a central role in communicating community resilience-building strategies to residents. Without the involvement of media, even the best ideas and intentions may not be effectively shared with all residents. Community and sector leaders must recognize that journalists will not simply communicate information verbatim. Journalists are in a unique position to analyze and critique preparedness, response, and recovery actions of a community.

CONSIDER: In your community's risk messages, are all residents likely to "hear" what you are trying to communicate? How are you incorporating the cultural and ethnic diversity of your community into your plans for disseminating information?

HURDLES:

- The media are not generally included in disaster drills. In a true disaster, they will cover the event, interacting with responders and victims.
- Media may be willing to cover the drill as news, but may not participate as they would run the risk of not being available for breaking stories.
- Journalists may have competing demands placed on them in covering various news stories:
  - Demands of their editors and the reality of deadlines
  - Need for soundbites and stories that grab the audience over more comprehensive coverage of a topic
  - Need to maintain their ability to remain objective, investigate, analyze, and question information provided by community leadership

- Resilience is not a tangible or "flashy" topic, often making choices to devote time, staff, and space to cover the subject difficult.
- Media leaders generally compete for stories. Working together to advance community resilience will require a collaborative approach.
- Leaders from other sectors must understand that not only is there competition among types of media modalities, but also each may have a different focus and depth of coverage on an issue.
- In a disaster, national media may compete with local media for stories. Community leadership and residents may not recognize the importance of local media. Local reporters have a vested interest in the long-term outcome, continuing to cover the community after other media have departed. Not recognizing the differing investment of national and local media, community leadership and residents may inadvertently limit local media representatives in favor of the national media.
- In a disaster, journalists may arrive on the scene of an event before first responders and may be placed in physical danger. They may also face a quandary about whether to actively intervene or to document the situation.
- If message dissemination is overshadowed by partisan politics or other ulterior motives, media cooperation to promote important messages may be adversely affected.
- Journalists receive little training on covering issues related to disasters, including how to interview victims, especially children.
- Some journalists underestimate the negative emotional impact of media images.

ON YOUR MARK:

- Learn about community plans for building resilience in advance of the events to allow for more timely and in-depth coverage of activities.
- Learn about community disaster preparedness plans to increase timely coverage in a disaster.
- Identify media personnel who can be assigned to cover resilience on an ongoing basis. Consider featuring a column or series of stories.
- Develop a resource list of experts who can promote stories about resilience and preparedness.
- Identify existing materials and referrals to help journalists in the face of disasters. These include the Dart Center for Journalism and Trauma, the Critical Incidence Analysis Group at the University of Washington, and the National Child Traumatic Stress Network.

GET SET:

- Volunteer to be part of a community preparedness committee or working group. Offer information to community leaders on how best to communicate messages for preparedness and response to children and families.
- Assign journalists to cover and participate in disaster exercises.
- Create a network of journalists within the community with whom to share resource materials such as guidebooks, checklists, and talking points related to resilience, preparedness, response, and recovery.
- Provide media producers and editors a list of experts who can promote community resilience and preparedness stories and identify appropriate interview sources.
- Produce stories related to building resilience, disaster preparedness, and response planning before as well as after a disaster.
- Plan for alternative locations to produce news; consider partnering with other sectors to identify feasible locations.
- Educate community leaders on how to work effectively with the media. This includes helping leaders understand the value of opinion and editorial pieces to communicate messages.
- Provide training to media staff on the importance of community resilience. Help them learn to recognize stories in the community that highlight child and family resilience. Approve these stories for reporting.
- Partner with mental health leaders to identify specialists who can train staff on disaster coverage including:
  - How to interview children and families
  - How images may impact children and families
  - Why self-care is important for media professionals
- Have those in frontline positions participate in trauma training programs for journalists, such as those offered by the Casey School of Journalism or the Dart Center for Journalism and Trauma, to learn about best journalistic practices in covering disasters and resilience.
- Provide media outlets (e.g., Internet communication forums, call-in for television programs, readers' reaction columns in newspapers) for community residents to interact on topics of preparedness and resilience.

GO:

- Assure that consistent timely messages related to a disaster are broadcast (e.g., where to go, what is needed, what health concerns and action steps are in place). Work with community leaders to update the information.
- Assign journalists to cover not only the disaster, but also the progress that the community members, including children and families, are making in the aftermath. Consider reporting acts of kindness to highlight positive steps that community residents take during and after the disaster.
- Increase capacity for providing information. For example, create multiple sites on the Internet, which will allow more people to access material related to the disaster.
- If needed, implement plans for alternative locations to produce news to assure ongoing communication with residents.
- Review response efforts, develop lessons learned, and revise plans for future events.

DID YOU KNOW: Recognizing the reactions of children who watched coverage of the September 11, 2001 terrorist attacks, the Families of September 11th launched an advocacy campaign urging broadcast media to issue a warning prior to each showing of planes crashing into the World Trade Center buildings, people jumping from the buildings, or the buildings collapsing. In fact, as a result of this, many broadcast journalists across the country now provide warnings when reports may not be suitable for young children.

Families of September 11th. (2003). *Summary report*. Available at: http://www.familiesofseptember11.org/includes/viewfile.asp?vfile=../docs/FOS11_Summary_report_2003.pdf [Accessed January 15, 2007].

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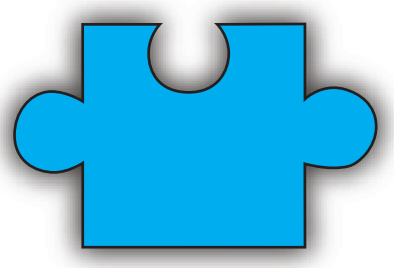

Mental Health

Sector audience

This section of the guidebook is intended for mental health leaders already involved in disaster-related and/or emotional wellness activities related to children and families. These professionals may work in state and local mental health authorities, private practice, community mental health facilities, or academic or medical settings; they may be members of their local American Red Cross chapter and may serve on disaster and response committees within their local (or national) professional organizations. These professionals include psychologists, psychiatrists, social workers, and licensed professional counselors. The state's disaster mental health planner may help identify community leaders from this sector.

Role in building resilience

Mental health providers play a critical role in maintaining and enhancing the general health and emotional well-being of community residents. Mental health providers may work with individuals, families, or systems (schools, businesses, agencies) to ensure that all residents and systems are productive and meet their potential.

DID YOU KNOW: A chief priority of the Office of the Surgeon General and the Assistant Secretary for Health is to protect the opportunity for every child to have a healthy start in life. The Surgeon General's report on mental health recognized that mental health is fundamental to the overall health and well-being of every child.

U.S. Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General*. Available at: http://www.surgeongeneral.gov/library/mentalhealth/home.html [Accessed January 15, 2007].

Role in building resilience - *continued*

Through prevention and intervention efforts, mental health providers can offer information and services for building resilience. Residents can:

- Learn positive coping skills.
- Become more optimistic in their world view.
- Identify and build support systems.
- Understand the relationship between good physical health and good mental health.

When preparing and responding to the psychological impact of disasters, mental health providers are invaluable.

CONSIDER: Where do mental health providers currently work in your community? Which mental health providers in your community have expertise in child and adolescent issues? Trauma and disaster issues?

HURDLES:

- The mental health sector may not have clearly identified leaders as do other sectors (e.g., Chief of Police, Mayor).
- This sector is multi-disciplinary and includes psychologists, psychiatrists, social workers, psychiatric nurses, and counselors.
- Mental health providers from different disciplines may not routinely work together to promote awareness of mental health issues.
- Mental health providers are commonly absent from community disaster planning, preparedness, and response, particularly as it relates to the needs of children.
- Mental health services continue to carry a stigma; many people are uncomfortable seeking treatment.
- Traditional mental health services do not include disaster mental health and resilience building.
- Mental health services may not be uniformly appropriate for children of different ages (no one-size-fits-all).
- Although a sufficient number of mental health providers may respond in the immediate aftermath of a disaster, coverage to handle long-term mental health care needs of children and families may decline over time.
- In the absence of disasters, there may not be urgency to address resilience building or disaster preparedness for children and families.

- Little education related to disaster mental health and child bereavement counseling is provided in graduate studies or continuing education programs.
- Research on effective interventions with children in the aftermath of disasters and terrorist events is limited.

ON YOUR MARK:

- Identify qualified mental health providers available to provide services to children and families after disaster.
- Gather information on children's emotional reactions and mental health needs after disaster.
- Learn about mental health triage systems that can be used in disasters (e.g. PsyStart™ at www.psystart.org).
- Gather materials on disaster mental health, particularly interventions for use with children and families in the immediate aftermath of disaster as well as in the long run.
- Gather materials on resilience building, with emphasis on children and families. For example, materials are available from the American Psychological Association, the American Academy of Pediatrics, and the Centers for Disease Control and Prevention.

GET SET:

- Educate community partners, policymakers, and residents about children's reactions to disasters and the importance of resilience building. For example, offer community service presentations to increase understanding of children's unique mental health issues likely to arise in the aftermath of a disaster.
- Plan how you will identify those most likely to be in need of mental health intervention after an event. For example, train all sectors in the principles of mental health triage. Integrate mental health triage into community disaster response plans.
- Offer continuing education programs on resilience, disaster preparedness, and disaster mental health to educate professionals working with children and families.
- Promote programs for mental health providers on:
  - Disaster mental health and children.
  - Child bereavement and traumatic grief.
  - Interventions for children and families after disaster.

GET SET: *- continued*

- Disseminate to potential resources (e.g., health care providers, school counselors, employee assistance program professionals) a list of qualified mental health providers available to work with children and families after disaster.
- Establish procedures to address long-term mental health. For example, develop a list of mental health providers available to provide long-term care to children and families and protocols for making such referrals.
- Enhance relationships with health care leadership; working together, leaders can promote the link between emotional well-being and physical health.
- Collaborate with educational leaders and become an active member of local school crisis teams.
- Work with health care providers to integrate the assessment of emotional and behavioral well-being with regular patient care.
- Educate consumers and policymakers about the importance of research related to disasters and terrorist events. Disseminate the findings to help the community revise its preparedness, response, and recovery service delivery and allocation of resources.
- Design a research plan for evaluating mental health outcomes, intervention effectiveness, and community resilience in the aftermath of a disaster.

GO:

- Activate a mental health triage system.
- Aid community leaders and other sector leaders in distinguishing appropriate and inappropriate disaster mental health services for community residents.
- Assist in training community volunteers responding to the community crisis.
- Provide emotional support to mental health colleagues and community partners who respond to disaster.
- Supplement existing mental health services in settings that may need additional help after a disaster. For example, school counselors may be limited in number, yet are invaluable in helping children and school personnel return to a positive learning environment.
- Promote programs for mental health providers responding to the event on:
  - Disaster mental health and children
  - Child bereavement and traumatic grief
  - Interventions for children and families after disaster

- Contact the media and provide interviews about resilience and emotional recovery after disaster.
- Monitor mental health response efforts and partner with the public health sector to plan for improved response in the future.
- Work with community partners to create a fund to cover costs associated with long-term mental health services.
- Submit a research plan to help evaluate mental health outcomes in the community after the disaster.
- Review response efforts, develop lessons learned, and revise plans for future events.

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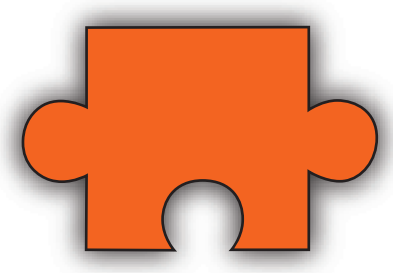


Public Health

Sector audience

This section of the guidebook is intended for public health leaders who are responsible for making decisions about the health and well-being of children and families, such as professionals in community health, maternal and child health, prevention services, acute or chronic disease, and bioterrorism preparedness.

Role in building resilience

The primary focus of public health is prevention. Through timely assessment, program planning, implementation, and policy development, public health works with state and local partners to:

- Respond to disasters and assist communities in recovery
- Protect against environmental hazards
- Prevent injuries
- Ensure the quality and accessibility of health services
- Promote and encourage healthy behaviors and well-being
- Prevent infection, epidemics, and the spread of disease
- Monitor health and mental health concerns
- Create effective risk messages for use after disasters

DID YOU KNOW: The Centers for Disease Control and Prevention (CDC) is the lead federal agency tasked with the health and safety of people. The CDC is the national focal point for developing and applying disease prevention and control actions, ensuring environmental health and safety, promoting healthy behaviors and lifestyles, and providing education to improve the health of the people of the United States.

Centers for Disease Control and Prevention – http://www.cdc.gov [Accessed January 15, 2007].

Public health has a long history of aiding communities in improving the quality of life for all residents. This sector can provide ideas to community leaders for public education about resilience. Public health can help identify mental health issues, evaluate disaster plans, and monitor messages designed to improve community and family preparedness.

CONSIDER: How can community public health personnel link community efforts with CDC initiatives on disaster preparedness and community resilience?

HURDLES:

- Public health personnel are included as first responders in federal plans related to weapons of mass destruction (WMD) events. However, training for this new role is incomplete.
- The role of public health as first responders may not be wholly integrated into traditional first responder disaster planning.
- The public health system is not fully aware of, nor has it incorporated, the role of mental health professionals and mental health issues into public health activities.
- Community services and organizations that can inform leaders on the issues related to children and families are not well integrated into the disaster preparedness activities of public health.
- Assessment and evaluation of the public health impact of disasters and terrorist events on communities, individuals, and especially children is lacking and often difficult to conduct.
- Little education related to disaster mental health and resilience building is provided in graduate studies or continuing education programming in the field of public health.

ON YOUR MARK:

- Gather information about the role of public health in community preparedness and disaster plans.
- Identify existing messages about resilience and preparedness that focus on children and families and that reflect sensitivity to cultural diversity.
- Identify potential shelter and distribution points (e.g., for resources, vaccinations, or materials) in the community.
- Identify sources of information that will be important in assessing community resilience after disaster (e.g., prevalence and incidence of children's mental health disorders, school drop-out rates, child abuse reports, domestic violence reports, substance abuse treatment utilization).

GET SET:

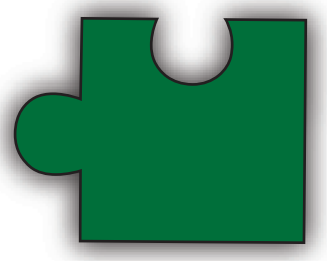
- Prepare for the new role of public health in disaster response by:
  - Sponsoring and supporting training programs for the public health sector.
  - Working with traditional first responders to build a positive relationship.
- Offer specialized training for public health professionals in child and family resilience, preparedness, response, and recovery related to disasters.
- Consult with first responder partners to improve integration of traditional and public health responses to disaster.
- Partner with leaders from first responders, health care, and mental health to establish a mental health triage system to identify children and families needing varying levels of care after disaster. Such a partnership can aid in gathering information important for allocating mental health resources.
- Evaluate exercises and drills organized by community leaders; ascertain if mental health and children's issues are incorporated. Provide feedback and recommendations to all sector leaders and help revise plans.
- Develop risk messages for disaster response.
- Educate other sector leaders about the importance of disaster mental health research, including research with children.
- Partner with the mental health sector to design a plan to evaluate community resilience after a disaster.

GO:

- Consult with community leaders on public health concerns as they respond to disaster.
- Monitor compliance with public health directives and revise these directives as needed to maintain high levels of compliance.
- Monitor the availability of public health supplies (e.g., vaccines, materials on contagion and disease prevention) to serve children and families; request back-up support from national resources as needed.
- Assess the emotional health of children and families after disaster by utilizing local, state, and national data resources (e.g., incidence of childhood mental health disorders, school drop-out rates, child abuse reports, domestic violence reports, substance abuse treatment utilization). Provide sector leaders, particularly community leaders, with information on changes (short- and long-term) to help sectors evaluate community resilience, response, and recovery efforts.
- Evaluate the effectiveness of community resilience programs.
- Disseminate research findings to help sectors as they revise preparedness, response, and recovery plans for future events.
- Review response efforts, develop lessons learned, and revise plans for future events.

DID YOU KNOW: The Health Alert Network (HAN) is a federally coordinated technologically advanced system between the CDC and state/local health departments that can be used to enhance communication services in emergency situations.

Health Alert Network (HAN) – http://www2a.cdc.gov/han/Index.asp [Accessed January 15, 2007].



School Personnel and Others in Childcare Settings

Sector audience

This section of the guidebook is intended for educational leaders who can make decisions and set policy, such as school superintendents, principals, and parent advocates, including those who address children's special needs. As public schools are required to have crisis plans in place, leaders may be those instrumental in helping schools develop and review such plans. Personnel involved in State Safe and Drug-Free School programs may be helpful in identifying appropriate leaders from this sector. Keep in mind that most communities have both public and private schools. Leaders should be identified from both of these learning environments. As many children are involved in other childcare settings (e.g., Head Start, private childcare facilities), leaders with expertise in administration and program planning for very young children should also be represented within this sector.

Role in building resilience

Community residents view schools and childcare settings (e.g., Head Start centers, childcare centers, in-home childcare facilities) as an invaluable part of their children's lives. Parents turn to school personnel for advice on their children's learning, behavior, development, and planning for their futures. Children generally respect school and childcare personnel, seeing them as role models and mentors. Thus, leaders from these settings are important partners in community efforts to build resilience in children and families. (Note: For the remainder of this sector, school will refer to both school and childcare settings.)

Programs to build resilience can be implemented in school settings; some programs have been developed that include resilience-building skills and incorporate required educational standards (e.g., *American Red Cross Masters of Disasters* series, *9-11 As History Lessons*). Caregivers may be more supportive of programs contained within the school day than those conducted after hours. Furthermore, caregivers may increase their own involvement in school-based resilience-building programs if they see the relevance to their children's school success and development.

Role in building resilience - *continued*

Finally, information about building resilience can be disseminated by schools (e.g., sponsoring educational programs, sending information through newsletters).

DID YOU KNOW: Approximately 295,000 children were displaced from their schools after Hurricane Katrina hit the Gulf Coast region in August 2005. Returning to the routine of the school environment is important to the resilience of children after a disaster.

Wieberg, S., & Toppo, G. (2005, September 7). Efforts underway to place thousands of school kids. *USA Today*, p. A14.

CONSIDER: How are other sectors currently integrated into school disaster plans and how integrated are school plans in the plans developed by other sectors?

HURDLES:

- Traditionally school plans and programs and community plans and programs are neither coordinated nor integrated.
- Preparedness plans and crisis plans—which may vary among school systems—are not well known by all school personnel, parents, and students, thus making it difficult to practice and evaluate plans.
- School resources for enhancing resilience in children and families are limited.
- Mental health resources in schools after disaster are limited, necessitating external supports.
- Federal or state academic requirements (e.g., No Child Left Behind, Head Start requirements) may make it difficult for teachers to find time for resilience-building programs.
- Administrators may not know which disaster-related services would be helpful and which should be avoided.
- Communication among school administrators, teachers, and staff about resilience-building programs may be limited, decreasing the likelihood that these programs will be consistently implemented.
- Communication may be limited between school personnel and parents of children at risk for problems after a disaster, including those with learning, emotional, or behavior problems; children from chaotic home environments (e.g., substance abuse and domestic violence); and children from families experiencing significant life stressors.

- As children enter higher school grades, family involvement decreases; however, the family's continued participation is important to building resilience.
- Childcare settings outside of the formal school environment are rarely represented in disaster plans.
- The needs of very young children (0-4 years) and their families are generally not addressed in disaster plans.
- Research plans examining the needs and outcomes of children after disaster are difficult to implement.

ON YOUR MARK:

- Gather information about different school preparedness efforts and crisis plans in the community: Be sure to evaluate, enhance, and update plans.
- Explore how schools in different districts and communities can collaborate in the event of a large-scale crisis.
- Learn how school plans are integrated into community preparedness and disaster planning.
- Identify experts in evaluating school preparedness and crisis plans.
- Gather information about resilience-building programs and disaster intervention programs that incorporate required curricula standards.
- Identify mental health experts in child trauma and bereavement who could help to supplement school counseling programs after disaster.
- Learn about funding options to help offset the cost of programs that can build resilience (e.g., federal or state grants, community grants, business sponsorship, fundraisers).

GET SET:

- Work with leaders of other sectors to assure that school systems are integrated into community preparedness and crisis planning (including disaster drills and exercises). Involve partners from each sector in school disaster planning.
- Help school personnel develop disaster plans. Include:
  - Mental health triage strategy
  - Communication with parents
  - Reunification procedures for families

GET SET - *continued*

- Provide information to assure that all school personnel are knowledgeable about school and community crisis plans. Work with school and childcare settings to practice disaster plans with parents and students. (Remember: "practice makes perfect.")
- Provide information to assure that all school personnel understand common reactions to trauma and how trauma and bereavement may affect the learning environment. Assist school personnel in developing strategies to help the students and staff.
- Assist personnel in early childcare programs and afterschool programs that may not have the structure, resources, and expertise to develop a disaster response plan.
- Disseminate information about resilience-building strategies to classroom teachers. Encourage classroom teachers to use this information to develop student exercises and activities designed to build resilience.
- Disseminate information about building resilience to parents through avenues such as school newsletters, postings on school websites, and handouts at school sign-in desks.
- Help school systems implement programs that can help build resilience, such as:
  - Mentoring programs
  - Tutoring programs
  - Skill building programs (e.g., social skills, conflict resolution)
  - Student recognition opportunities (e.g., birthdays, new student recognition, honors in academics and sports)
- Support and work with school personnel to institute programs designed to increase parent participation in school, such as:
  - Open houses
  - Parent-teacher meetings and organizations
  - Newsletters
- Work with partners from the cultural and faith-based sector to increase understanding of and respect for similarities and differences among diverse ethnic, cultural, and faith-based groups'. For example, have children participate in Black History Month activities, events where they share information about their ancestral countries, and create multicultural room displays.
- Support and sponsor professional programs on resilience. For example, sponsor sessions on disaster preparedness for schools at local, state, and national education conferences.
- Sponsor art contests or other creative events for students related to building resilience.

- Advocate for the acceptance of resilience-building programs in school curricula standards.
- Educate school administrators, teachers, and parents about the purpose of screenings, assessments, and interventions before and after disaster, including the importance of disaster-related research.

GO:

- Launch school crisis plans. Previous coordination with community leaders and the public health sector will have assured that plans complement and support each other.
- Conduct mental health screenings of children at school to ensure that appropriate care is provided.
- Ascertain from mental health leaders "best practice" (state of the art) interventions for children. Incorporate such practices into efforts to return to a positive learning environment.
- Provide information about where child and family mental health services can be obtained. As services may be provided in school settings, determine space needs and allocate sufficient resources. By supporting such services, school leaders can help reduce the stigma of mental health outreach to children after disaster.
- Serve as a consultant to community leadership and partners from other sectors on school-related issues after a disaster.
- Provide regular communication with parents (e.g., newsletters, school-sponsored programs, public service announcements) about resumption of school and post-disaster resilience-building programs being offered at school.
- Identify alternative classroom possibilities if school buildings are damaged or being used for meeting community needs (e.g., command center, shelter).
- Seek funding to help offset the cost of resilience-building programs (e.g., Project SERV, federal or state grants, private organizations, community grants, business sponsorship, fundraisers).
- Partner with leaders from other sectors to write grant applications. Include evaluation of proposed programs in the submission. Consider collaborating with child specialists in institutions of higher education (universities, colleges, medical schools) in this process.
- Work with other sectors, particularly public health and mental health, so that studies on the effects of disaster on children are well-designed and appropriate for school participation. Actively support these projects so that more can be learned to help children with this and future disasters.

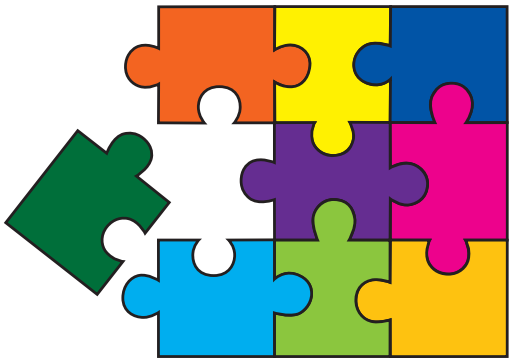
GO - *continued*

- Encourage art or other creative programs for students related to resilience.
- Review response efforts, develop lessons learned, and revise plans for future events.

DID YOU KNOW: If a child has a strong, positive relationship (connection) with at least one adult or organization (e.g., parent, teacher, coach, extracurricular activity), he/she will be more resilient in the face of adverse events).

Luthar, S. S., Zelazo, L. B. (2003). Research and resilience: An integrative review. In S. S. Luthar (Ed.), *Resilience and Vulnerability: Adaptation in the Context of Childhood Adversities*, 510-549. New York: Cambridge University Press.

Mahoney, J. L. (2000). School extracurricular activity participation as a moderator in the development of antisocial patterns. *Child Development, 71,* 502-516.



Elements of Resilience

Essential elements for building community resilience

This section highlights elements that are believed essential for building community resilience, with a focus on children and families.

Elements of resilience are present in every community and in every family. Together, they can increase the communities' and the families' ability to effectively cope and recover after adversity. The elements important to resilience in children and families are listed below.

CONSIDER: Within each sector, how can the recommendations enhance resilience?

Connectedness, commitment, and shared values:

Children and families are more likely to feel part of a community when there is shared history, customs, beliefs, and values.

Their connectedness to the community is influenced by:

- How families perceive their own well-being as tied to the well-being of the overall community.
- How families perceive respect for and sensitivity toward their ethnic and cultural identification.

When a sense of connectedness is high, families are more likely to make a strong commitment to the common good of the community, which can:

- Increase trust in community leaders.
- Increase compliance with messages and instructions in the event of emergency.
- Decrease conflict among diverse groups and individuals in the community.

Connectedness, commitment, and shared values - *continued*

Just as families feel connected to communities, children also need to feel connected. Positive relationships with their families, friends, schools, and organizations (faith-based, sports, other extra-curricular programs) increase children's sense of belonging.

Participation

Participation can be defined as actively contributing to the community.

Families are more likely to participate in their community when:

- Community leaders encourage active involvement.
- They believe their contributions and ideas are valued by community leaders.
- They can see the benefit of being involved for themselves, their children, and the entire community.

To increase participation across culturally and religiously diverse communities, families must believe that others respect and value diversity.

Children's resilience can be enhanced by their participation in family, school, cultural or faith-based, and extracurricular activities. Resilience is further increased when children feel their contributions to the group are meaningful and appreciated.

DID YOU KNOW: Parents participating in a violence prevention program reported more improved family relationships, better parenting skills, and higher academic achievement in their children, than did parents who did not participate in such a program.

Gorman-Smith, D., & Tolan, P. H. (2003). Positive adaptation among youth exposed to community violence. In S. S. Luthar (Ed.), *Resilience and Vulnerability: Adaptation in the Context of Childhood Adversities*, 392-413. New York: Cambridge University Press.

In the aftermath of disasters, families may not initially participate in programs designed to improve their ability to cope or develop new skills. However, participation may increase if families perceive such programs as helping their children face and overcome adversity.

Structure, roles, and responsibilities

Communities need clear organizational structure for productive daily functioning. In the aftermath of a disaster, roles and responsibilities of residents may change. For example, after a disaster that destroys or damages buildings, construction workers and contractors will be critical in managing debris and restoring building safety. Conflict about roles can adversely impact resilience.

Anticipating, identifying, planning for new roles that may emerge after disaster, and incorporating these new roles into disaster drills, may improve the resilience of the community. For example, in the aftermath of a bioterrorism event, public health personnel will assume a first responder role to help identify and respond to the event.

To better understand the structure, roles, and responsibilities within the community in the face of adversity:

- Identify the responsibilities of community leaders, agencies, and organizations prior to an event.
- Provide information to the general public about the structure and responsibilities of different sectors in the community.
- Provide information to the general public about what families can do to help themselves in the event of a disaster.

Knowledge of the roles and responsibilities during disasters will enhance the public's acceptance of directives and compliance with procedures.

CONSIDER: Although your community may have a disaster preparedness plan, how well known is this plan to community residents and when was the last time it was practiced?

As residents fill different roles and have different responsibilities in the community, family members also have roles and responsibilities in their homes. Parents need to help children learn what is expected of them within the home, at school, and in the community. Children also should know what to do in the case of disaster. When children's roles and responsibilities are clearly defined, rather than vague or inconsistent, they are better prepared to manage difficult situations. This increased sense of preparedness may help reduce worry and anxiety in a disaster.

Support and nurturance

Community resilience is enhanced when families perceive support from community leaders. Families feel more supported when they have opportunities to:

- Express concerns and ideas related to the community.
- Provide feedback to leaders.
- See their concerns addressed by actions.

Community leaders demonstrate support of families by furnishing ways in which community growth can occur. Examples include:

- Refurbishing a common area of the community, such as a downtown neighborhood
- Creating new areas for recreational activities (e.g., parks) that children and families can enjoy
- Building new schools
- Attracting new businesses that increase the potential for new jobs and income for families

Diverse communities increase resilience when families of different cultural, ethnic, and religious groups are recognized and supported for their unique contributions. Community activities to highlight diversity are ways to support and respect this aspect of the community.

DID YOU KNOW: Inner-city youth who had a year-long relationship with a mentor showed a 52% decrease in absenteeism, a 46% decrease in first-time drug use, and a 33% decrease in violent behavior.

Werner, E. E. (2000). Protective factors and individual resilience. In R. Meisells & J. Shonkoff (Eds.), *Handbook of early intervention* (pp. 115-132). Cambridge: Cambridge University Press.

Resilience in children and families is enhanced when they feel supported and nurtured by others. This support may come from individuals in various settings: school, cultural and faith-based settings, and places of employment.

Critical reflection and skill building

Critical reflection entails self-evaluation of how prior situations were handled. This allows for identification of:

- Successes or strengths (what worked)
- Areas needing improvement (what did not go as planned)
- Challenges or barriers to implementing planned responses (what obstacles impeded success)
- Unanticipated problems (what was unexpected in the course of an event)
- Solutions (what can be done to improve outcomes in future events)

Critical reflection is one avenue for growth. By continually studying how problems (big or small) are managed, new goals and improvement can occur.

CONSIDER: What was the last major crisis your community faced? What were your lessons learned? What steps have been taken to more effectively address similar problems in the future?

Through critical reflection, sector leaders can identify skills and arenas that need improvement. This is also true within families; feedback from parents and other adults can guide children to make positive changes in their behavior and relationships. Children also learn new skills from important adults in their lives increasing their capacity to handle problems.

Sector leaders should identify skills that the community and its families will need in the event of a disaster and begin building those skills prior to a disaster. For example, by learning how to manage symptoms that typically arise in the aftermath of a disaster (e.g., anxiety, fear), children become generally more resilient when faced with such events.

DID YOU KNOW: Conflict resolution programs—designed to help children develop effective skills to manage anger, bullying, and other behaviors that interfere with learning and social development—are being effectively implemented in schools across the country.

Wilson, S. J., Lipsey, M. W., & Derzon, J. H. (2003). The effects of school-based intervention programs on aggressive behavior: A meta-analysis. *Journal of Consulting and Clinical Psychology, 71,* 136-149.

Resources

Resources are the assets available for use by families and communities. These include money, property, materials, and goods. Resources are considered part of the infrastructure of every family and every community. In the simplest terms, resources can fall into the category of basic needs, such as food, clothing, transportation, and shelter.

Resilience in families is enhanced when community resources are:

- Available in an equitable manner.
- Distributed with input from families.
- Used effectively in adverse situations.
- Expanded through accessing additional resources (e.g., state or federal monies, supplies through agencies such as the American Red Cross).

DID YOU KNOW: Access to health care is important to increasing resilience in all members of a community. Poverty can make this more difficult. To meet this challenge, many communities are locating health care services in schools.

Clauss-Ehlers, C. (2003). Promoting ecologic health resilience for minority youth: Enhancing health care access through the school health center. *Psychology in the Schools, 40*(3), 265-277.

In a community, resources extend beyond the economic and physical. Resources also include the human and social assets in a community, such as:

- First responders
- Professionals (e.g., physicians, mental health providers, attorneys, public health officials)
- Educational professionals and groups (e.g., teachers at all levels, parent-teacher organizations)
- Community leadership
- Faith-based and cultural leaders
- Service organizations (e.g., Rotary clubs, Kiwanis, Junior League)
- Business professionals
- Unions
- Networks and mutual aid relationships
- Overall workforce

Each resource offers a unique contribution to a community. Understanding how the physical and human resources can complement each other to achieve the goals of a community can enhance a community's resilience. Identifying available resources prior to a disaster allows for more effective planning, as well as for identification of potential resource needs from outside of the community.

CONSIDER: After a disaster, communities generally will pull together and work for the common good. However, it is likely that after the initial threat ends, conflict about how resources are allocated will arise. How will your community handle this?

Resilience in children is enhanced when they have social resources to draw from. Such resources are found in many different groups and environments including their families, friends, schools, faith-based and cultural organizations, and from their extracurricular activities. How children utilize these social resources can affect their ability to handle adversity. The more effectively we can help our children access appropriate social resources, the more resilient they can be.

Communication

Without effective, clear, and accurate communication, efforts to enhance resilience in children, families, and communities are limited. To best enhance communication, consider the following:

- Communities must use messages that are easily understood by adults and children of all ages.
- Leaders may need to develop multiple messages with consistent themes in order to address the varied families and neighborhoods within a community.
- Leaders should provide parents and caregivers with "talking points" on how best to discuss the event with children of all ages.
- Children need information about disasters that is consistent in content, whether from their school or their families. Caregivers should know how school personnel will address disasters.
- Although families will receive information from community leaders, they must also have avenues to community leaders to convey their needs, concerns, and viewpoint.
- Community leaders should provide messages that the well-being of families and the overall good of the community are high priorities. Such communication can result in greater faith in community leaders, increasing the likelihood of participation and compliance with directives in the face of community disasters.

CONSIDER: How will messages be delivered to residents in the community in the event of disaster or terrorist events? How can you increase the likelihood that the community will follow the directives provided?

Summary

Elements important to building resilience include:

- Connectedness, commitment, and shared values
- Participation
- Structure, roles, and responsibilities
- Support and nurturance
- Critical reflection and skill building
- Resources
- Communication

These elements are interrelated. For example, families are more likely to participate in community activities when they feel connected to the community. In a disaster, this may translate into increased willingness to follow urgent community directives such as when to evacuate or where to shelter in place. Through connectedness and participation, families gain an understanding of community structure and the roles and responsibilities they have before, during, and after a disaster. Community support of families and children further increases their resilience. After communities respond to disasters and resources are expended, leaders can critically reflect and assess how effective was the response, and they can make improvements before another event. Essential to all the elements is communication. Only with clear, consistent communication will information be heard, utilized, and lead to productive change for managing future situations and enhanced resilience.

Selected Community Resilience Resources

The literature on resilience building continues to grow. Below is a relatively comprehensive list of articles on resilience and websites that may be helpful as you work in your community to create and implement the most effective plans to address the emotional well-being of residents, including children. The references and websites are provided as a resource list to augment information contained in this guidebook.

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Helpful Websites

www.apahelpcenter.org (American Psychological Association)
Featured Topics:
http://www.apahelpcenter.org/featuredtopics/

www.aap.org (American Academy of Pediatrics) and www.aap.org/terrorism
http://search.aap.org/AAP/query.html?col=aapsites&col=hlthtpcs&col=bookstor&col=policy&col=plink&col=journals&col=cdc&qt=community+resilience&qc=aapsites+hlthtpcs+bookstor+policy+plink+journals+pedjobs+cdc

www.cdc.gov (Centers for Disease Control and Prevention)
Additional Topics & Resources:
http://www.bt.cdc.gov/

www.cincinnatichildrens.org/school-crisis (National Center for School Crisis and Bereavement)

www.istss.org/terrorism/public.htm (The International Society for Traumatic Stress Studies)

http://www.nasponline.org/ (National Association of School Psychologists)
Crisis Resources:
http://www.nasponline.org/NEAT/crisismain.html

www.nctsn.org (National Child Traumatic Stress Network)
Resources:
http://www.nctsn.org/nccts/nav.do?pid=ctr_main

www.ncptsd.org (National Center for Posttraumatic Stress Disorder)
Special Topics:
http://www.ncptsd.va.gov/topics/index.html

www.ready.gov (U.S. Department of Homeland Security)
Ready Business:
http://www.ready.gov/business/index.html
Ready America:
http://www.ready.gov/america/index.html
Ready Kids:
http://www.ready.gov/kids/home.html

www.redcross.org (American Red Cross)
Get Prepared:
http://www.redcross.org/services/prepare/0,1082,0_239_,00.html
Disaster Services:
http://www.redcross.org/services/disaster/0,1082,0_319_,00.html
Educator's Information:
http://www.redcross.org/services/disaster/0,1082,0_503_,00.html