Shift In Emergency Response

Children No Longer An Afterthought In Preparing For Disaster And Terror

Shortly after the terrorist attacks of September 11, 2001, about 10% of Lucille Underwood's workday as a mental health specialist with the Allegheny County Department of Human Services was spent on issues related to disaster preparation and response. That soon changed.

"I can tell you that in the past five years, my job has become 90% disaster preparation and response," said Underwood, who is assigned to the department's Office of Behavioral Health.

Underwood's shift in responsibilities underscores a growing recognition of the importance of responding to the behavioral health needs of children and families in the aftermath of large-scale criminal acts and natural disasters that has been spurred by the events of 9/11, Hurricane Katrina, and regional floods and other community-wide emergencies.

A recently published report on the traumatic experiences of children and families during and after Hurricane Katrina, for example, illustrates the huge, but largely unmet, demand for quickly deployed mental health services in the wake of the storm and concludes with a call for a national disaster plan for children and families.

Several years before Katrina, the process was begun in western Pennsylvania and across the state to rewrite emergency response plans to include for the first time protocols for responding to the behavioral health needs of

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New OCD Studies

Exploring The Long-Term Effects Of Russia's Improved Orphanages

Three years ago, researchers reported that giving children in Russian orphanages warm, sensitive, and responsive relationships with adult caregivers went a long way toward improving their social-emotional and cognitive development, even their physical growth. Now, they are exploring how well those children do after they are adopted, placed in foster care, or leave the orphanage for some other type of living arrangement.

In new studies, University of Pittsburgh Office of Child Development (OCD) researchers and colleagues in Russia are investigating the long-term effects of early social-emo-tional experiences and relationships on children's development. And what they find could have implications for child care systems in Russia, other foreign nations, and the United States.

"In the United States, early care and education and the way we prepare people to work in that area emphasizes skill building, but doesn't emphasize the social-emotional relationships as much as they could," said Robert B. McCall, Ph.D.

"If we find that the orphanage children are improved over the long-term, it could give impetus to bringing our care systems into better balance between skill building and social-emotional development."

The studies build on earlier research conducted by OCD, the St. Petersburg State University, and a St. Petersburg orphanage, Baby Home 13, which introduced a training regimen for orphanage caregivers and structural changes to create a more nurturing environment in which children were more likely to thrive than simply survive.

Interventions Show Promise

That first study, begun in 2000, involved three St. Petersburg orphanages for children ranging in age from birth to 4 years that were designed to provide adequate health care but not warm, sensitive, and responsive interactions between caregiver and children.

Each offered adequate medical care, nutrition, safety, hygiene, toys and play equipment, specialized equipment for children with disabilities, adult contact hours, and staff:child ratios.

However, caregiver-child relationships were minimal, and little attention was paid to the child's social-emotional development. Most activities were completely adult-directed. Caregivers were intentionally distant and would infrequently respond to children, even when they cried. Children were segregated by age and whether or not they had a disability. They rarely interacted with one another. Smiles and laughter were uncommon. Infants greeted strangers without emotion.

When researchers assessed the children's development, they found that more than 70% were physically or mentally delayed. In addition, some caregivers showed high rates of anxiety, a few of them were seriously depressed, and many expressed negative attitudes toward their work.

In one orphanage, Baby Home 13, researchers introduced interventions and structural changes designed to promote more developmentally-appropriate care and better child-caregiver relationships. The interventions included training caregivers to be warmer and more responsive and to encourage independence and creativity in the children, rather than obedience and conformity. Structural changes included assigning caregivers much smaller groups of children to work with and exposing each child to a smaller, more consistent stable of caregivers to encourage the development of more nurturing relationships.

Researchers implemented the training, but not the structural changes, in another orphanage, and left a third orphanage essentially unchanged.

Three years later, researchers reported significant improvements among both children and caregivers in Baby Home 13, where both training and structural changes were implemented.

Caregivers, as a group, showed decreased levels of anxiety and depression. They became less traditional in their work with children. For example, they showed less adult-dominated behavior and placed less emphasis on conformity and obedience. They also reported less work overload, and more comfort in caring for children with disabilities.

> Three years later, researchers reported significant improvements among both children and caregivers in Baby Home 13, where both training and structural changes were implemented.

Children improved on the Battelle Developmental Inventory measures. Both developing children and children with moderate disabilities improved on the personal-social, communication and cognitive subscales. Those showing the greatest gains were children with severe disabilities, who had been the most neglected. Children's affect scores improved on the Infant Affect Manual, which rates the emotions of a child in certain situations.

The children in Baby Home 13 also improved in physical stature, providing evidence that growth and physical health can be enhanced by improving children's psychosocial experience.

Adopted Into U.S. Families

OCD and St. Petersburg researchers this year began two new studies funded by the National Institute of Child Health and Human Development that investigate the long-term developmental effects variations in early social-emotional experience and relationships with caregivers have on children raised in Russian orphanages who are then transferred to families.

In one, researchers are looking at the behavioral outcomes of children who did not experience the interventions who were adopted into highly advantaged homes in the United States. Each orphanage, while adequate in most respects, lacked warm and responsive caregiver-child relationships when that study began.

Responses to questionnaires given to their adoptive parents, teacher ratings, and comparisons with samples of

New OCD Director Of Policy Initiatives No Stranger To Advocacy And Reform

Ray Firth last month was named the new director of the University of Pittsburgh Office of Child Development (OCD) Division of Policy Initiatives, succeeding Robert Nelkin, who left in June to become president and chief professional officer of the United Way of Allegheny County.

Firth is no stranger to developing public policy to improve the well-being of children and families. Before joining OCD, he spent 25 years with Allegheny County Mental Health /Mental Retardation/ Drug and Alcohol programs, including 16 as deputy director for policy and planning for the Mental Health/Mental Retardation/Drug and Alcohol/ Hunger and Homeless Program.

There, Firth said, he saw first hand how policy could be changed to improve the conditions of those in need by working as part of a "very activist group" of staff and county officials led by Tom Foerster, the late chairman of the county commissioners, Nelkin, then the director of the Department of Human Services, and Chuck Peters, who was the director of Firth's program.

"They took the notion that counties should advocate for people with disabilities very seriously. That had not been my background," said Firth. "It was a wonderful time. It was wonderful work."

During his career with the county, Firth was part of efforts that closed large state mental hospitals, developed community living opportunities for people with mental retardation or mental illness and restructured the Early Intervention program to provide families with a single point of contact and services consistent with best practices. Policy reforms and initiatives were developed that maximized Medicaid services for children with mental health needs. Higher salaries were won for direct-care workers. And outreach to the homeless was expanded.

"I saw you had to do more than just complain and picket," Firth said. "If you understood the funding and understood how to build allegiances and identify champions for issues, then change could be made to expand and improve services for people with disabilities."

Firth came to OCD in 1997 as director of Family Services System Reform. He has also served as the director of the Family Support Policy Board. For the last six years, he has been the director of Behavioral Health Policy in OCD's Division of Policy Initiatives with duties that included strategic planning, policy analysis and integrating best practices for children's mental health.

His work at OCD has included helping community groups to design and implement projects to improve child welfare and mental health services and engaging human service leaders in reforming service delivery systems in ways that families feel are more supportive to them and that produce better outcomes for their children. He has worked to help connect early learning facilities with services their children and families need. He has worked for the Governor's Commission for Children and Families and with the Office of Medical Assistance Programs to strengthen screening and access to treatment for women with perinatal depression. He also partnered with the RAND Corporation and Philadelphia Citizens for Children and Youth to have laws enforced so more at risk infants and toddlers would be screened for elevated blood lead levels that lead to challenging behaviors and lowered cognitive skills.

From its earliest demonstration projects, OCD has promoted the development of public policy and system reforms that better address the needs of children and families. OCD's policy initiatives have emphasized collaboration and providing key decision makers with evidence-based information, focusing those efforts on several areas, including children's health, behavioral health, early childhood education, strengthening parenting and family support, early literacy and youth development. Firth said plans for the division include doing more to integrate applied research, service demonstrations and policy development and to continue to identify areas of need and opportunity, particularly in maternal and child health, education and prevention. ■

parent-reared children, adopted American children and non-adopted siblings are expected to provide insight into the long-term behavioral development of children reared in orphanages lacking primarily sensitive caregiver-child interactions and relationships who are then adopted into advantaged U.S. households. For example, do such children show the same higher rates of thought, peer social, and externalizing behaviors typical of adoptive children who were raised in orphanages that were deficient in nearly all aspects of care? If so, then it would seem that it is the lack of such warm social-emotional experiences that is associated with longer-term extreme behaviors.

Are Gains Long-Lasting?

A second new study is examining the outcomes of children who did experience the interventions in the same three Russian orphanages in the earlier study who were then adopted by U.S. parents, adopted by Russian parents, placed in Russia's new foster care system, and reunited with their biological parents or placed in the custody of a relative.

The early research demonstrated that children did better developmentally when interventions and structural changes were made in their orphanage to promote more positive social-behavioral development. The latest study investigates the longer-term implications of that double intervention and assesses children's developmental progress in a range of living arrangements outside the orphanage. Do improved early social-emotional interventions and relationships have benefits long after children leave the orphanage and do such benefits depend on what kind of family environment the children enter?

The findings could underscore the practical side of this research if, for example, children who were exposed to the interventions in the orphanage show better than expected social-emotional and mental development after they live in families. "We hope this result would have an impact on changing orphanages and services," said Christina J. Groark, Ph.D., OCD Co-Director. "It would show that not only did the improved orphanage contribute to children's development while living in the orphanage, the benefits lasted, and that should encourage policy makers to improve orphanages; and if children do better if they are adopted or placed in foster care than left in the orphanages then these alternatives should be developed and encouraged. ∎

Free Parenting Columns
Well Suited For Newsletters

Dispensing parenting advice, long the domain of grandmothers and other family relatives, is drawing more attention from policy makers and others looking for ways to strengthen families and communities – and for good reason. Studies show effective parenting improves a child's chances of healthy development.

Sound parenting advice on more than 50 topics is now available free of charge in a series of columns written by Robert B. McCall, Ph.D., Co-Director of the University of Pittsburgh Office of Child Development and former columnist for *Parents* magazine.

The columns, well-suited for newsletters and community newspapers, provide clear, concise, and accurate information on topics such as dealing with a child's lying, how to toilet train, what to do about nightmares, discipline, finicky eaters, and how to recognize and address grief in children.

OCD offers the columns free of charge as Microsoft Word documents. Columns are available on OCD's website at: www.education.pitt.edu/ocd/family/parentingcolumns.asp

The public service initiative is made possible by the Frank and Theresa Caplan Fund for Early Childhood Development and Parenting Education, whose contributions support production of the columns and other Office of Child Development projects. ∎

Free Background Reports
Cover Children's Issues

University of Pittsburgh Office of Child Development offers a recently-updated series of free background reports providing concise overviews of current topics important to children and families.

New topics in the series, *Children, Youth & Family Background*, include childhood obesity, foster care, early literacy, parent-teen relationships, and the trend among non-profit agencies to help support their missions by starting money-generating social enterprises.

The reports, originally produced to keep journalists and policymakers up to date on children's issues, are available free of charge to anyone interested in learning about the latest developments in areas ranging from education and child development to child welfare and juvenile crime. These reports are written, edited, and reviewed by the University of Pittsburgh Office of Child Development.

All *Children, Youth & Family Background* reports are posted on the OCD website as portable document files (.pdf) for viewing and downloading at the following address: http://www.education.pitt.edu/ocd/family/backgrounders.asp. ∎

Child Welfare In Developing Nations: Understanding And Monitoring The Pace Of Reform

In recent years, developing nations in Central and Eastern Europe and Eurasia have moved toward reforming their child welfare systems, paying closer attention to foster care, community-based social services, and other alternatives to the common Soviet-era practice of placing children from vulnerable families in state-run institutions.

The progress of reform, however, is uneven across nations. Considerable differences exist in nations' rates of developing alternatives to institutionalization, rewriting national child welfare policy, financing reform, and other critical issues.

Measuring the progress of reform is important to international agencies concerned with improving child welfare in developing nations. However, without a reliable tool for assessing child welfare reform across countries, agencies have been denied the depth of understanding necessary to more precisely target interventions and evaluate their effectiveness.

One agency interested in such a tool is USAID, the principal U.S. agency for providing humanitarian and other assistance to improve lives within developing countries. Last year, the University of Pittsburgh Office of Child Development (OCD) began to investigate the idea of creating an index that could advance the understanding of child welfare and child welfare reform in 21 nations undergoing critical social transition in Central and Eastern Europe and Eurasia. OCD's work is part of a larger USAID contract awarded to Washington, DC-based Creative Associates International, Inc., and subcontracts to the School of Education at Pitt, that focus on issues related to the region's social transition.

The project pertains to the nations of Albania, Armenia, Azerbaijan, Belarus, Bosnia, Bulgaria, Croatia, Georgia, Kazakhstan, Kosovo, Kyrgyzstan, Macedonia, Moldova, Romania, Russian Federation, Serbia, Montenegro, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.

This Special Report explores the need for developing a comprehensive strategy for assessing child welfare and reform in those developing nations, the challenges involved, and the model of strategic analysis that emerged from the OCD research.

The Problem

Social transition is in various stages in these nations. One practice many of these nations are abandoning is the heavy reliance on institutions to house children who are no longer living with their parents for one reason or another.

During the Soviet era, communist regimes enforced a child welfare system that encouraged families who had difficulty caring for their children to place them in state-run institutions. Those who gave up custody of their children included parents with a disabled child, low income parents, the unemployed, and parents with substance abuse problems and mental health. Large institutions were widely used to house these "social orphans," often in poor conditions that resulted in attachment disorders, developmental deficits, and diminished prospects for stable relationships or employment.

In Russia, for example, 70% of the children in three state-run St. Petersburg orphanages were found to be physically or mentally delayed at the beginning of a collaborative project launched in 2000 by OCD and Russian researchers to promote the social-emotional development of children in the institutions. Researchers found that little attention had been given to the social-emotional development of children in orphanages that otherwise offered adequate medical care, nutrition, safety, staff: child ratios and other resources. Three years after interventions and structural changes were implemented at one of the orphanages, the social-emotional development of its children significantly improved, as did their health and physical growth.[1]

As the countries move away from the centralization

and wholesale institutionalization of the past, they are developing alternatives such as foster care, kinship and guardian care, domestic adoption, reunification with biological parents, and community-based social services. In several countries, particularly Russia, international adoption has also removed children from state-run institutions and placed them with families in the United States and other nations.

Child Well-Being

Most available indices related to children in the region focus on child well-being and offer a picture of the general health, education and economic status of children. For example, the European Union Index of Child Well-Being, one of the most ambitious, ranks countries using 51 indicators in 23 domains that include relative child income/poverty, parental unemployment, health at birth, immunizations, educational attainment, housing problems, and child mortality.

USAID's interest, however, is in developing a method of assessing child welfare – issues related to vulnerable children whose care is provided by government, social organizations, and other non-relatives due to family issues such as financial hardship, substance abuse, mental health problems, child abuse and neglect, and family disintegration.

Child Welfare Reform

OCD researchers determined that understanding the status of child welfare in a country requires looking at indicators reflecting children not living with parents, their care arrangements, and issues such as child abuse and neglect. In addition, signs of progress related to child welfare reform need to be examined, including information related to the policies, services, monitoring and implementation of reforms.

However, creating an index for comparing child welfare and reform across nations presents a number of challenges. Individual situations vary from nation to nation. Gaps between stated policy and implementation are common among nations in the regions. Measuring the progress of reform requires data gathered over a period of time, rather than a single-point-in-time snapshot. Available information related to child welfare reform is scattered across national ministries, statistical agencies, and other sources. Missing information is a problem.

In addition, child welfare issues are politically and emotionally charged in the 21 nations OCD examined. The changes made within countries and the attention they receive are often influenced as much by ideology and value as data, and policies and indicators are often ambiguous as to what is associated with the best interests of children.

An Approach To Monitoring Child Welfare Reform

The central challenge was to develop a strategy that accounts for both quantitative and qualitative information, makes room for judgments and ambiguities, and allows for a one-time snapshot as well as a sustainable process of gauging the progress of child welfare reform in the region over time.

Researchers determined that it was crucial to embrace the guiding principle for those who act on the behalf of children stated in Article 3 of the United Nations Convention on the Rights of the Child: "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration."

Such an emphasis meant that for each indication of change in the child welfare system, the methodology would focus on the question, "What evidence exists to show that the action taken serves the best interests of the child?"

Few indicators of child welfare are routinely collected by international organizations or individual countries, including data on important issues, such child abuse and neglect. Also, it is not always clear at first glance whether certain indicators are in the best interests of children. For example, whether an increasing foster care placements is in the best interest of children depends on the quality of the foster care system as well as the quality of other care options.

OCD researchers concluded that a comprehensive strategy for understanding child welfare and reform defies using a single index of quantitative data. Instead, they proposed a three-tiered strategy that pairs multiple statistical indicators with qualitative information about policies, systems, and outcomes collected within each country.

The strategy begins with a "marker of child welfare" that offers a single quantitative index of the percentage of children without permanent parental care within a country, then progresses to an examination of a broader set of interpretive indicators, and finally to an intensive analysis of child welfare within individual nations by experts in the field.

Child Welfare Marker

As a general measure of child welfare, a marker was created from an existing international data base2 that captures the percentage of children within each country who are without permanent parental care – the primary global child welfare problem in the region.

The marker, while imprecise, provides a simple between-country comparison of the estimated percentage of children ages birth to 17 years who are not permanently in the care of their parents, including children in orphanages or

other residential care settings, children with disabilities in similar care arrangements, and children in foster-care. The marker can also be presented to show the rate of non-parental care relative to each nation's economic resources.

One benefit of the marker is that the percentage of children without parental care can be unambiguously interpreted: Fewer children without parental care is in the best interests of children and the country.

Using data from 2000-2004, the marker shows Russia, Belarus, Moldova, Kazakhstan, and Romania with the highest rates of children without parental care and Albania and Turkmenistan with the lowest. Used alone, however, the marker is limited in the depth of understanding it can provide. For example, although Russia, Belarus, and Moldova were among the nations with the highest rates of children not in the custody of their parents, the marker does indicate whether these nations are among the worst or best at coping with these children or at making progress toward improving their care systems.

Interpretive Indicators

Most countries in the region are attempting to care for children living without parents.[3,4]

The next level of analysis includes indicators of alternative care arrangements that offer insight into how countries care for these children. In addition, indicators of factors that lead children to be separated from their parents are examined to help target prevention efforts, including financial inability, single/teenage mothers, children with disabilities and adolescent problem behavior.

The percentage of children in each alternative care arrangement and trends in those numbers over time help in understanding the nature and progress of a country's efforts toward dealing with children without parental care. As a basic first strategy, available indicators are plotted over years to show the numbers and rates of children in three major care alternatives: residential institutions, foster care/guardianship arrangements, and adoptions.

When applied to the 21 countries in Central and Eastern Europe and Eurasia, the indicators show that institutionalization is still the predominant alternative to parental care in the region. In only five nations, the number of children in foster care is greater than or equal to the number in residential care, but the use of foster care is rising noticeably in only three countries.

Adoption represents only a small fraction of the children in formal care in all countries. The small number of domestic and international adoptions suggests a general lack of permanency planning for children in foster care, even in countries where the use of foster care is increasing.

Nevertheless, preferences were not assigned to any alternative care arrangements. Researchers state that determining whether a certain type of care arrangement is positive or negative in terms of the best interests of children requires additional information about the quality of all available care options as well as more information related to the policies, services, capacity of professional personnel, and systems for monitoring and evaluation within each country.

Within-Country Analysis

To complete the analysis of child welfare and reform in the 21 developing nations, a third level was designed to take a more specific, expert, and subjective look at what each country is doing in four general areas found to be critical to increasing capacity and improving the child welfare systems in the region.

Those areas are described in a previous analysis of five countries in the region as the "four pillars" – policy and legal framework related to child welfare, structure and types of programs and services, professional personnel capacity, and outcomes and performance indicators.[5,6]

This level of analysis is the most complex, subjective, and expensive of the three proposed, and the information gained is limited to each individual country. However, it recognizes the complexity of child welfare across developing nations where progress is uneven, available information is scattered, and circumstances and events unique to individual nations can profoundly influence the progress of reform.

No index of child welfare statistical indicators is produced at this level. Instead, researchers suggest that informed professionals in each country conduct an analysis based on the "four pillars." In the area of policy, for example, the issues they would explore include whether policies exist for care alternatives and prevention, whether they promote family and community care over institutionalization, and whether there are adequate incentives for adoption, foster care, guardianship and reunification with birth parents. Service-related issues include whether a country has services and programs that promote care alternatives, protection and prevention; whether they have sufficient capacity and financial support; and whether they meet international standards of practice. Other issues include looking at whether a nation has monitoring and evaluation systems for child welfare; whether risk, progress, and outcomes are assessed; and whether quality information is produced that is useful.

Researchers suggest this intensive analysis provides a deeper, nation-specific understanding of child welfare issues and the progress of reform, as well as information directly related to steps a country could take to improve care arrangements and prevent the separation of children from their

parents. It also helps to clarify data from earlier stages of analysis. In one example, when data from the first two levels of analysis were shared with a USAID Mission professional and a social worker working with non-government organizations in Romania, they explained that the dramatic rise in children in institutions seen from 2000 to 2001 was not a sign of worsening conditions, but the result of a change in Romanian law that required officials for the first time to include children with disabilities when reporting residential care populations – a clear step forward in the country's monitoring of its child welfare system.

Taken together, the three levels of analysis provide a strategy for examining child welfare in developing nations that progresses from the simple to complex, objective to subjective, inexpensive to expensive, and from measures that can be used to compare countries to those limited to more closely examining conditions within individual nations. At the same time, it progresses from less to most useful for understanding a country's child welfare reform efforts and targeting future resources. To date, this strategy stands as the most comprehensive proposed for understanding child welfare and reform in developing nations. In the project's second phase, researchers are expected to assemble detailed profiles of child welfare and reform within the 21 developing countries in Central and Eastern Europe and Eurasia.

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children, families and other special populations of victims.

Children Of Katrina

Hurricane Katrina struck the Gulf Coast of the United States in late August 2005 bringing with it high winds, rain, floodwaters and a disaster the scale of which the nation had never before experienced. In Louisiana alone, 650,000 people were displaced and many more were evacuated from their homes and communities in Mississippi and other Gulf Coast states.

A report by a trauma team from the Louisiana State University Health Sciences Center that worked with displaced children and families in New Orleans provides a glimpse of the impact the disaster and its aftermath has had on their lives and how all levels of government response failed to adequately address their needs.

Children were placed in overcrowded trailers and mass shelters. Many were separated from relatives and friends. They were moved frequently. They were unable to attend school initially and moved to different schools. They witnessed fighting and domestic violence. They lost pets and lived for long periods without adequate money, clothing and food.

Even before the hurricane, children did not fare well in Louisiana, which ranked 49th among states on measures of child well-being, according to the *2005 Kids Count* published by the Annie E. Casey Foundation.

A survey of nearly 2,200 New Orleans children in grades 4 through 12, shows that 10% witnessed a family member being injured and 15% reported that a family member had been killed. One-fifth of children under age 10 were separated from their parents, 75% lost personal belongings and 1 in 10 families were living in temporary shelters one year after the hurricane.

Half of the children surveyed after Katrina met criteria for mental health services, according to the report. Common symptoms reported in more than 30% of children included depression, loneliness, sadness and anger. Many reported headaches, stomach aches, and symptoms of post-traumatic stress disorder. And the symptoms tended to be higher among children who were separated from their caregivers as a result of evacuation and displacement.

Even the basic needs of Katrina survivors were found to be lacking. Few received adequate mental health services from a system that was poorly prepared and stretched thin as a result of the magnitude of the disaster. The report concluded that the lack of a clear, articulated national plan for responding to children and families during a major disaster was one of the chief reasons why so many children and families were left so vulnerable in the aftermath of Katrina.

Impact Of Trauma And Disasters

How a child will respond to the trauma of a criminal act or a disaster cannot be predicted with confidence. Several factors come into play.

Responses tend to vary according to age and developmental stage. A young child might, for example, express fear, separation anxiety and regressive behaviors, while a school-age child may report difficulty concentrating or having fun and an adolescent might react with increased risk-taking behaviors, such as fighting and drug and alcohol abuse. Resilience is another factor. Not all children exposed to trauma experience distress, symptoms or worries.

Certain children are more vulnerable, including those who have experienced trauma in the past, have mental health difficulties and children directly affected by a disaster or criminal act. Children may also experience increased symptoms if their parents are not doing well because of previous exposure to violence, depression, mental disorders and other problems.

Although responses can vary according to individual circumstances, several common reactions among children to trauma have been identified. For example:

· Children who have experienced trauma may have a shaken sense of safety and security.

· They may return to behaviors they abandoned earlier, such as thumb sucking, bedwetting or nail biting.

· They may become irritable, aggressive or show "acting out" behaviors.

· Children may withdraw.

· They may have trouble sleeping, be afraid to sleep alone or to be left alone.

· Children may complain of headaches, stomach aches, fatigue or other ailments they didn't have before.

"What I generally tell teachers and caregivers is to look for differences from the behaviors you know to be typical of a child," said Prabha Sankaranarayan, a child development specialist based in Wexford, Allegheny County who is involved in statewide and regional emergency response planning and had worked with relief efforts in Sri Lanka following the 2004 tsunami. "If you knew the child had no problem separating from parents and all of a sudden he can't let go of his father who drops him off, you might wonder what that is about."

The New Orleans report found that neither state, local or federal officials were prepared to respond adequately to the behavioral health needs of children following Hurricane Katrina. And the experiences of the trauma team in the aftermath of the storm, the report said, underscore the importance of drafting a trauma-focused and developmentally informed national disaster plan for children and families.

In western Pennsylvania and across the state, emergency response plans have been rewritten in recent years to include such considerations.

Local Response

In Allegheny County, responding to behavioral health needs of children and families during a natural disaster or criminally related event falls largely on the shoulders of the county Office of Behavioral Health and a Pittsburgh-based nonprofit, the Center for Victims of Violence and Crime (CVVC). The county is part of a regional emergency plan that coordinates response in 13 western Pennsylvania counties. The plan, among other things, provides a way to give hard-hit, resource-exhausted counties coordinated support from other counties in the region in times of a large-scale emergency.

In general, the Office of Behavioral Health is the lead agency during a natural disaster and the CVVC is the lead agency during a criminally related event, with Office of Behavioral Health teams in support.

Victims of criminal events and victims of natural disasters face many of the same issues and show many of the same reactions. However, there are some differences. For example, restoring trust can be an important issue for victims of crimes committed by a fellow human being, said Mary Jo Harwood, CVVC associate director of programs and services. "An act of violence by another person messes with people's trust," she said. "It messes with people's ability to, at least temporarily, rely on skills and strengths and levels of resiliency that they have depended on in the past. It throws off a person's or community's equilibrium.

"Our goal in intervening is to get them back to a place of equilibrium, where they can then draw on resources that were always there for them." Regardless of the nature of a traumatic event, an important role of the response teams is to reach victims quickly and begin to work toward reducing the chances of the traumatic experience causing long-term problems.

During a natural disaster, for example, country Office of Behavioral Health teams typically visit shelters for victims as soon as possible and begin to engage the children and parents there. The team also goes door to door to locate victims not in shelters. The first visit is generally short – a time to listen, mostly, and show sympathy. As simple as it sounds, these brief encounters help identify a family's needs and provide early signs of problems that may require more intensive assistance. "Usually families open up and we hear whether children are having problems," said Underwood.

County workers usually revisit a family two or three times to monitor progress, offer advice, work with children and, if needed, make referrals for further intervention, she said.

Strategies for children who have experienced a criminally related traumatic event include reestablishing a sense of safety and security and offering children a chance to talk about their experience so they can acknowledge having witnessed something horrible and share their feelings. Such tactics also provide an opportunity to reassure children that such feelings are normal, to predict what they may experience in the days to come and to offer them ways to cope.

Strategies for working with young children, regardless of the nature of the event, often focus on primary caregivers. "There isn't a lot you can do in group response," said Sankaranarayan. "So, with young children, it is important to work with primary caregivers to prepare them for what to expect and how they can help."

Simple preemptive measures, such as preparing a family disaster plan, could help children cope in the event of a tornado, flood, terrorist attack or other disaster. "If a family is prepared and everyone knows what to do if there is an event, children may feel they have some control and there is a better chance they will come out on the positive end," Underwood said.

Such considerations and strategies for children and families underscore the shift in state and regional emergency planning in recent years. "If something happened in Pittsburgh that was criminally related – if a tunnel was blown up, for example – I would get a phone call and be told to report to the [county] Emergency Operations Center immediately," said Harwood. "There is a chair there now for victim's ser-

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Notice to *Developments* Subscribers

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vices. Ten years ago, we would have been an afterthought."

For more information

For more about the study of children who survived Hurricane Katrina in New Orleans, see: Osofsky, J.D., Osofsky, H.J., and Harris, W.W. (2007). Katrina's children: Social policy considerations for children in disasters. *Social Policy Report*, *21* (7), 3-18. www.srcd.org/documents/publications/spr/21-1_hurricane_katrina.pdf.

For information related to preparing children for disasters and other traumatic events, visit this page at the Department of Homeland Security website: www.ready.gov/kids/home.html.

For more information about the Center for Victims of Violence and Crime in Pittsburgh visit: www.cvvc.org/index.php. ■

Announcements. . .

Parenting Guide Series
Available From OCD

The University of Pittsburgh Office of Child Development is offering a series of easy-to-use parenting guides offering information and advice on 50 parenting topics. These guides are available free of charge to parents and organizations, agencies, and professionals who work with children and families.

The You & Your Child parenting guide series, written and edited by the University of Pittsburgh Office of Child Development, covers topics ranging from how to deal with children's fears, finicky eating habits, and aggressive behavior to getting a child ready to read, setting rules, and coping with grief.

Each guide is based on current parenting literature and has been reviewed by a panel of child development experts and practitioners. The series is made possible by the Frank and Theresa Caplan Fund for Early Childhood Development and Parenting Education.

To receive a printed set of all 50 guides by mail, send a request along with your name, organization, mailing address and telephone number to:

Parenting Guides
University of Pittsburgh
Office of Child Development
400 North Lexington Avenue
Pittsburgh, PA 15208.

The You & Your Child parenting guides are also available on the OCD website as portable document files at: www.education.pitt.edu/ocd/family/parentingguides.asp.■

Family Support Conference
Scheduled for June 2008

The 15th annual Family Support Conference – "What's Love Got to Do with It? The Heart of School Readiness and Success" – will be held June 4, 2008 at the Westin Convention Center Hotel in downtown Pittsburgh.

More details will be announced as they are developed. Updates will be available online at www.education.pitt.edu/ocd/training/ or by contacting Doris Dick at the University of Pittsburgh Office of Child Development: (412) 244-5363; dadick@pitt.edu. ■

Free Training Helps Men Become Better Fathers

It has long recognized that men need to be more than a footnote in the lives of their children. Now, the tools they need to fulfill that role and do it well are provided through a nine-session fathers training curriculum that is available free to nonprofit organizations.

The comprehensive fathers training curriculum was developed and successfully field tested by the Fathers Collaborative, a nonprofit partnership of Goodwill Industries, the University of Pittsburgh School of Law, and the University of Pittsburgh Office of Child Development. The project was made possible by support from the Children's Trust Fund of Pennsylvania and the Frank and Theresa Caplan Fund for Early Childhood Development and Parenting Education.

The curriculum gives men the essentials they need to become responsible, effective, caring fathers, including an understanding of key child development stages and issues, how to build relationships with their children, how to work with the child's mother for the benefit of the child, and advice on a range of parenting topics such as age-appropriate play, discipline, and safety.

Included is a 135-page guidebook written specifically for fathers as an easy-to-read reference to all of the information covered in the curriculum. Fathers who complete the training receive the guidebook, a letter of attendance, and a certificate.

The curriculum was developed with the help of an advisory committee that included fathers, professionals who work with non-custodial fathers, mothers, and academics. Over the past year, the training has proved successful when tested on a range of fathers and in a number of settings, including the Allegheny County jail, local churches, and family support centers.

The training and accompanying materials are available free-of-charge to nonprofit organizations interested in working with fathers to improve their parenting skills, understanding of childhood issues, and their relationships with their children.

FOR MORE INFORMATION, please contact Jeanne Taylor, Early Childhood Education Policy Director, University of Pittsburgh Office of Child Development, at (412) 244-7089. ■

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