



# FRANCIS MARION UNIVERSITY

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School of Education

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November 7, 2016

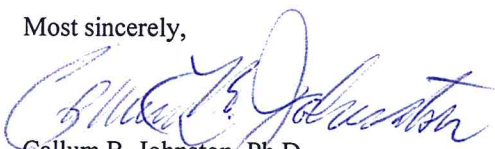
Dear Dr. Blackwell,

Please consider this as my cover letter in my application for the International Collaboration Grant. Attached to this letter you will find my complete proposal for the project I wish to initiate with our international colleagues. It is to establish a teacher protocol for working with young children following natural disasters and other trauma-inducing events.

I am currently in my fifth year at Francis Marion University, and have not been involved in any previous university-sponsored international trips. I have presented internationally at two conferences, both of which were funded by FMU through professional development funds.

It is my hope that my application will meet the requirements and standards set by the ICG Committee and that it will be given close consideration, as I know it will. I thank you and the ICG Committee members in advance and appreciate all that you are doing for the faculty in your service.

Most sincerely,



Callum B. Johnston, Ph.D.

Proposal To Establish a Teacher Protocol for Working with  
Young Children Following Natural Disasters  
and Other Trauma-Inducing Events

Callum B. Johnston

Francis Marion University

In September, 1989, Hurricane Hugo struck the coast of South Carolina directly impacting the city of Charleston and the surrounding communities. The destruction was immense, as homes were destroyed, businesses and parks were destroyed, and people who were unable to evacuate the region found themselves without power for weeks and even months. The city of Charleston was ravaged and it took many, many months for a return to normal life. As a teacher of young children at the time, I was fortunate to have every child return to my classroom when schools finally reopened and it was safe to resume classes several weeks later. At least one child was in my class who, along with her family, had sought shelter from the storm in McClellanville, a small town north of Charleston which took the brunt force of the storm directly. The shelter was a church that, after the lights went out, began to flood. In darkness, with the waters rising, the children were stuffed into the air conditioning vents as men took turns holding the elderly above their heads so that they would not drown. The event was no doubt trauma-inducing for old and young alike, and I am not able to determine if counseling to ameliorate mental and emotional distress was provided for those individuals at that time. We were told that there would be counseling available for children who experienced the effects of Hurricane Hugo upon their return to school should they require it, though I was never provided with a protocol that enabled me to communicate effectively with children who may have been traumatized by the events that accompanied this storm.

There are countless stories that can be told related to natural disasters such as this, all with their own unique brand of trauma-inducing fear and anxiety. These events do not solely happen in the United States. In 2014, heavy rainfall caused unprecedented flooding in much of England and western Europe. Homes were destroyed, possessions were lost, and people died. The same may be said about the tsunamis generated by undersea earthquakes and which struck southeast Asia, where more than 200,000 people lost their lives in 2004. Children were, of course, involved in these events, and will continue to be involved in natural disasters as they occur throughout the world.

The September 11 attacks on New York City provided information on how children respond to traumatic events emotionally and cognitively, but that there was a lack of knowledge on how to address these responses effectively. Laraque (Laraque et al., 2004) and his colleagues concluded that most of the health care practitioners themselves felt they lacked the skills, training and knowledge to effectively work with young children in especially the areas of ASD and PTSD. Further, the study found that within a year after the events of 9/11, schools were no longer meeting

the needs for emotional support of children who witnessed these events. These conclusions are somewhat echoed by Klein (Klein, Devoe, Miranda-Julian, & Linas, 2009), whose work states that most studies involving the effects trauma on children focus primarily on older children. This could be in part because of the limited verbal and cognitive capabilities of young children, thus promoting a dependency on parents to supply information related to the traumatic experiences and impact on their children. Some of the mental/emotional trauma identified as affecting young children following the 9/11 terrorist attacks in New York included: acute stress disorder (ASD); post-traumatic stress disorder (PTSD); bereavement, depression, and behavioral changes, expressions of sadness; separation issues; the emergence of new fears; sleep and regulatory changes (which could be determined as behavior changes), and a need for routine and normalcy (Laraque et al., 2004; Klein et al., 2009).

Nice, France was the site of a horrific terror event on Bastille Day (July 14, 2015), when a man drove a large truck through a crowded streets of celebrants, killing more than 80 people, including children. The event was bad enough for the children already there who witnessed, first hand, what took place (and for everyone else too). But it also had impact on people worldwide through the images played and replayed by the media. Pfefferbaum (Pfefferbaum et al., 2001) noted that media influence on children is typically intense, is capable of capturing and relaying suffering and vulnerability, and may in fact cause PTSS in children who witness depictions of violence and death. This is enhanced by the constant replaying of these events, over and over, so that the violence never seems to stop. So although not everyone may be directly involved as a victim of a terrorist incident or a natural disaster, there are a great many children who are indirectly affected through media and social relationships (a family member who may be injured or killed as a result of disaster or terror).

The return to routine and normalcy is important for young children, as it is somewhat of a reaffirmation to them that things are going to be okay. Teachers who work with young children and who live in communities that have been affected by either natural disaster or terror-related incidents must be ready to receive children from those communities back into their classrooms following these events. This could easily include children who witnessed these events on television as well. While it is certain that there are many outlets available for children and their families who have either been directly or indirectly victimized by natural disaster and/or terrorism, what is often forgotten is that children return to classrooms after the occurrence of these events, and these children will most



likely carry their fears, their sadness, their depression, and behavioral changes with them. This, then, brings me to the following question: What is the protocol, if any at all, for receiving young children back into the classroom after they have been witness to, or exposed to (through media), natural disaster or terrorist activity? What should, or what might, teachers be able to say and/or do that would help to re-acclimate these young people back into the school environment and to move them into routine and normalcy as quickly as possible? Would it be possible to develop such a protocol? This is the focus of the work that I would like to do in collaboration with our international colleagues.

#### Proposed Methodology

Methods for the proposed project to develop a protocol for teachers to follow include:

1. Meet with colleagues from schools of education at our international partner institutions to determine if there is an interest to collaborate on the development of a protocol that teachers of young children could follow that would facilitate the return of young children to the classroom while providing a sense of normalcy and security following traumatic events such as natural disasters or terror-related incidents. The universities that I am considering include De Montfort University in Leicester, UK, Maynooth University IE, and Universite' de Caen Basse-Normandie, FR. There may be further recommendations for collaboration from the ICG Committee.
2. Develop a survey through this collaboration that would be distributed to teachers of young children between the ages of 4 and 8 years in the local vicinities of the participating universities that ask them if they recognized fears and anxieties of young children in their classrooms following a natural disaster or terror-related event, and to list those fears and anxieties that they believe they did recognize (the language of the survey would be in the tongue of the vicinity served by the university). A list of fears and anxieties for them to consider could be offered in the survey, taken from the Fear Survey Schedule for Children-Revised (FSSC-HI) (Shore and Rapport, 1998), and may include the following:
  - a. Fear of being killed or murdered
  - b. Myself dying
  - c. Being hit by a car or truck
  - d. Not being able to breath
  - e. Family member dying

- f. Falling from high places
  - g. Fire - getting burned
  - h. Death or dead people
  - i. Bombing attacks
  - j. Earthquakes
  - k. Hurricanes, tidal waves or floods
  - l. Drowning
  - m. Being chased or followed
  - n. Dark places
  - o. Dark rooms or closets
  - p. Going to bed in the dark
  - q. Nightmares
  - r. Ghosts or other spooky things
  - s. Being home alone
  - t. Being alone
  - u. High places
  - v. Sharp objects
  - w. Closed places
  - x. Loud noises
3. Once the surveys are completed and returned to the universities, a comparison of the responses could be made that would determine which fears and anxieties were commonly recognized and then these would be classified into groups.
4. Based upon the classification or grouping of these fears and anxieties, participating faculty members from each university would develop strategies for teachers of young children to use with young children in their classrooms to deal with these fears and anxieties (such as bibliotherapy), and from these strategies a protocol would then be developed. It must be stressed here that this is a protocol that helps teachers to work with the children in their classrooms, and is not intended to be a form of mental health screening or therapy for young children. These are strategies that would be designed to facilitate a return to normalcy for

children within the classroom itself following a traumatic incident (a natural disaster or terror-related incident).

5. Any final protocol would be the result of an international effort and would be published as such in a reputable international journal.

The methodology presented here is subject to change as collaboration with international colleagues takes place.

There may be a better way to develop a protocol for which I am open to use. However, this would be determined in the planning stages of the project.

#### References

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- Pfefferbaum, B., Nixon, S. J., Tivis, R. D., Doughty, D. E., Pynoos, R. S., Gurwitch, R. H., & Foy, D. W. (2001). Television exposure in children after a terrorist incident. *Psychiatry: Interpersonal & Biological Processes*, 64(3), 202.
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School of Education

November 7, 2016

J. Mark Blackwell, Ph.D.  
Director, International Programs  
Francis Marion University  
Florence, SC 29502

Re: Dr. Callum B. Johnston  
Faculty International Orientation (FIO)

Dear Dr. Blackwell:

Please accept this letter of support for Dr. Cal Johnston's FIO proposal. There are no concerns related to staffing or otherwise regarding this endeavor.

Dr. Johnston would like to work with our international colleagues to develop a protocol for receiving young children back into the classroom after they have been a witness to, or exposed to (through media), a natural disaster or terrorist activity. Dr. Johnston would like to develop procedures for teachers to use to reacclimate these young people in the school environment and move them into routine and normalcy as quickly as possible.

Should you need additional information, please let me know.

Best to you,

Shirley Carr Bausmith, Ph.D.  
Dean, School of Education