

# Emerging Minds.

**Supporting wellbeing  
and resilience in children  
before, during and after  
a natural disaster**

**Facilitator's Handbook  
Educators**

**National  
Workforce  
Centre for Child  
Mental Health**



# Introduction to resources

Educators are in a unique position to act as a key support in preparing children for a natural disaster. They can also play an important role in identifying those children who are experiencing difficulties post-disaster and may require additional assistance in their recovery. However, every child will react differently to a traumatic event, so it is not always clear what reactions they will display, or how the event might affect them in the longer-term.

This handbook (and accompanying resources) has been designed to help deliver professional development training activities for teachers and child care professionals that will develop their knowledge and skills in:

- preparing children both practically and psychologically for a potential natural disaster
- assisting and protecting children during a natural disaster event; and
- identifying emotional and behavioural difficulties in children following a natural disaster event.

**The core outcome of the training is for educators to be equipped with the knowledge and skills required to promote resilience and coping, and decrease long-term adverse reactions in children (aged 0-12 years) following a natural disaster event.**

The resource training package is comprised of a training handbook and accompanying presentation slides, discussion/reflection activities, participant handouts and an 'additional resources' guide.

**Part 1** of this handbook lays the foundations of the training and discusses the vital role that educators can play in helping children plan for a natural disaster event. The importance of both practical and psychological preparedness is discussed and the 'AIMS' model of psychological preparedness is introduced.

**Part 2** provides psychoeducation in relation to trauma reactions in childhood, including how children might perceive a traumatic event and how children's reactions to a traumatic event might change over time. Age-related responses to trauma are also discussed.

**Part 3** discusses the important role that educators, schools and childcare facilities can play in helping children during (if applicable) and after a natural disaster. The concept of Psychological First Aid is briefly discussed, as well as strategies for monitoring children for emotional and behavioural difficulties in the short and long-term post-disaster. The importance of educator self-care is also discussed.

**Part 4** provides practical information about what educators can do when they identify a student that may benefit from further assistance. Several brief case studies of trauma reactions in children and pathways to referral are provided.

**Part 5** is an Appendix containing helpful information about more severe reactions that children may experience. Additional activities and handouts are also provided.

## Flexible delivery

Facilitators are encouraged to tailor training to the needs of their participants. Content has been broken into four modules (corresponding with Parts 1–4 of this manual) to allow for multi-format delivery, while several ‘alternate’ slides have been provided to target the needs of educators working with different age groups. A range of optional activities and case studies provide choice as to how facilitators drive participant engagement, reflection and discussion within the training. The Resource Matrix may be used as an additional handout to guide individual study post-training and/or used by facilitators to access particularised resources (e.g. recovery after a bushfire, recovery after flood) for distribution in sessions.

## Additional notes

While the content and strategies contained in this training package have significant cross-over applicability to large-scale, man-made traumatic events (such as acts of terrorism or mass domestic violence) there are points of difference in how children may perceive and respond to these types of trauma that have not been addressed in these materials. While acknowledging this cross-over, facilitators should emphasise that the specific focus of this education is supporting children in regard to **natural disaster-related traumatic events**.

The resource package targets childcare professionals who work with babies (0–24 months) and young children (2–4 years) and educators in primary schools (5–12 years).

- Unless otherwise specified, the term ‘child/children’ will be used throughout the materials as a global term encompassing babies, toddlers, preschoolers and primary school-aged children.
- The term ‘educator’ will be used as a global term for teachers and childcare professionals working with children aged 0–12 years.

### Acknowledgement:

This handbook was originally developed by the Centre of National Research on Disability and Rehabilitation Medicine, University of Queensland as part of the Queensland Government’s response to the Queensland Natural Disasters. [Kenardy, De Young, Le Brocque & March. (2011) Brisbane: CONROD, University of Queensland].

The materials and content have been revised and extended for use as part of the Emerging Minds: National Workforce Centre for Child Mental Health Community Trauma Toolkit.



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# Part 1: The role of educators in helping children prepare for a natural disaster

## Introduction

With its widely diverse landscape, Australia is susceptible to multiple natural hazards such as bushfires, floods, severe storms, earthquakes and cyclones. The threat of natural disasters can be frightening for anyone but can be particularly upsetting for children. Although children can be very resilient, they are vulnerable to trauma in highly stressful situations.

Natural disasters can impact on a child's sense of safety and security, cause the loss of their home, school or social networks, and produce significant trauma and grief. Research indicates that, with the challenge of rapid emotional and psychological development, fewer coping resources and high levels of dependence on caregivers for protection, younger children may find such events particularly distressing. Children may react to traumatic events immediately, days, or even weeks and months after the event.

Educators are in a unique position to provide essential support to children both before and after a traumatic event and are key in identifying children who may experience ongoing psychosocial difficulties.

**528,154 Australians were affected by disaster between 2006 and 2015, with 947 reportedly killed.**

Red Cross World Disasters Report, 2016

## Timelines of a natural disaster: When does preparedness occur?

When thinking about the timelines of a disaster it is natural to think of a time immediately prior to the event; the period when the event occurs (and its immediate aftermath) and, finally, a short and long-term post-disaster period.



Preparation, however, need not only occur in the period *immediately* prior to a natural disaster. In fact, preparing yourself and the children in your care well ahead of time, and reviewing your plan regularly, can make a big difference to how you all will respond and cope if a natural disaster occurs. By encouraging children to actively participate in the development of an emergency plan you will provide them with a greater sense of control, which will assist them in managing their fears. Even if children are not at school when the traumatic event occurs, your classroom planning will assist them in maintaining these feelings in whatever environment they are in when the disaster occurs.

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## Disaster preparedness in the classroom

### Won't talking about a disaster scare the children?

Many people think that talking to children about the potential threat of a disaster will scare or traumatise them. In fact, the opposite is true. By talking to children about a potential disaster event you will support them in feeling:

- safer and more secure in the knowledge that you have a plan and are prepared and able to manage the threat
- informed, educated and prepared, no matter whether they are at home or at school when/if a disaster occurs; and
- reassured that even if a disaster does occur, the class (and wider community) will use its resources to work together.

### How to talk to children about disaster preparedness

You are the expert on the communication needs of the children in your class. However, the following strategies will greatly support and reassure children during and after the planning process:

- Tell students that disasters can happen and being prepared will help keep everyone safe. Be reassuring but don't make unrealistic promises.
- Stay calm and speak with confidence when discussing the school emergency plan, as this will help to reduce your students' worries.

- Create an open and supportive environment where children know that it's ok to ask questions. This will help you to understand any issues that need clarification and to dispel any misconceptions children may have.
- Don't force children to talk if they don't want to. Even if they are not talking, they will be listening. Let them ask questions or make comments in their own time.
- Use words and concepts the children in your class can understand. Tailor your explanations to the child's age, language, and developmental level.
- Some children may not want (or have the words) to talk about their thoughts, feelings or fears. Consider the use of other activities like drawing, playing with toys or writing stories to help them express themselves. Don't be afraid to be a little creative!
- Children may want to go over the ideas more than once. Acknowledge the child's thoughts, feelings and reactions and let them know that you think their questions are important and appropriate. Asking the same question over and over may also be a way for children to ask for reassurance or to understand and process the information.
- Don't catastrophise or over-dramatise. If children are worried, let them know this is normal. Reassure them that with planning and preparedness, things will be less scary and a lot safer.

### Involve parents/guardians where/when you can

Involve parents/guardians as much as you can in your preparedness planning. Consider inviting them to join some of the lessons in the classroom and/or provide activities for children to do at home with their family/guardians. You could also encourage families to undertake their own emergency preparedness planning by providing them with information and links to the Red Cross family-targeted [RediPlan](#) or the '[Get Prepared](#)' app (available for IOS and Android).



## Additional resources

The Australian Red Cross has developed a series of age-targeted (early childhood – Year 12) [‘RediPlan’ disaster preparedness lesson guides](#) for educators, along with teacher notes, classroom activities and a child-targeted emergency RediPlan. These are available as a free download and are a great resource to get started on your classroom lesson planning.

### Optional activity 1: Exploring Red Cross lesson guides (5–10 mins)

## The importance of you

All children, including babies, will be significantly affected by how the adults around them respond to a threatening situation. One of the most important ways you can minimise a child’s stress and anxiety in an emergency is through coping well yourself. Educators who can remain relatively calm and act in a controlled manner in an emergency will greatly assist the children around them to feel safe and secure.

Classroom preparedness therefore remains vital, even for very early childhood professionals caring for babies and toddlers who are too young to actively participate in the planning process. By being prepared yourself and coping well with the situation you can minimise stress and anxiety for the children in your care. The use of psychological preparedness techniques can help with this.

## Practical and psychological preparedness

In Australia, the start of a natural disaster ‘season’ or the issuing of an emergency ‘watch’ or warning will often be the prompt for practical and physical preparations. However, a related and equally important concept is the need for psychological preparedness.

## Psychological preparedness

A better understanding of the psychological responses that might be experienced during a disaster can help adults and children feel more in control and better able to cope. This can also reduce the psychological distress and long-term mental health issues that can arise from being involved in a natural disaster.

The Australian Psychological Society (APS) has developed a model that [‘AIMS’](#) for psychological preparedness in three steps. After running through the steps for yourself, you can use the AIM approach to assist children to prepare psychologically for a potential disaster. Depending on the age and interests of the children these ideas can be explored via a range of activities including discussion groups, role plays, question and answer sessions, drawing and story writing. Some children may also need one-on-one support to help them work through this process and identify strategies that are helpful for them.



## The AIM approach

1. **Anticipate** that you will be feeling worried or anxious and remember these feelings are normal – although not always helpful – responses to a possible life-threatening situation.
  - Explain to the children in your class that when people understand their usual reactions to stress they can learn ways to respond to these feelings as they happen.
  - Discuss how they might feel in an emergency and how they might react (e.g. feeling scared, crying, worrying about their pet/friends/parents).
  - Help them understand that while their reactions are very normal and understandable they can get in the way of thinking clearly or acting helpfully in an emergency.
2. **Identify** the specific physical feelings associated with anxiety, and whether you are having any frightening thoughts that are adding to the fear.
  - Work in an age-appropriate manner to help students to identify and label:
    1. The signals that the child's body might display when they are anxious, scared or responding to stress in a disaster (e.g. shaking, feeling anxious, heart racing, shortness of breath, feeling sick, butterflies, needing to go to the toilet, jelly legs, etc.)
    2. The thoughts that they might have that accompany these body signs (e.g. 'Something bad is going to happen', 'I'm so scared', 'I don't know what to do', 'I can't breathe', 'I'm going to get hurt', etc.)
  - Reassure children that strong bodily signals and frightening thoughts are normal ways our bodies react when we are scared, and they get us ready to run away or fight danger. However, sometimes they are unhelpful and stop us from doing helpful things and staying calm. Reassure them that there are things they can do to feel more in control and manage unhelpful thoughts.
3. **Manage** your responses using controlled breathing and self-talk, so that you stay as calm as possible and can focus on the practical tasks that need attention.
  - Let children know that when they are feeling stressed or anxious there are two very simple things that will help them feel more in control:
    - Slowing down their breathing (see examples)
    - Replacing frightening or unhelpful thoughts with more helpful ones. Teach children to replace their scary thoughts with helpful ones (e.g. 'I know how to stay calm', 'We have a plan of what to do and we have practised the plan, so that should really help').
  - Practice both strategies in class whenever an opportunity arises to reinforce their use and utility. For example, if you have a child who is upset you could ask them if they can think of a strategy that might help them. If needed, prompt them to activate their slow breathing. Similarly, helpful and unhelpful thoughts can be turned into game-like play with one team thinking up an unhelpful thought and another team thinking of a 'helpful' thought to 'knock it down'. Teams then swap roles. Helpful thoughts are then added to the emergency plan.

**There are many different scripts for slow breathing. Some age-appropriate examples include:**

**Hissing Breath:** Breathe in through the nose, long deep inhale, and out through the mouth on a hissing sound, slow and long (just like a snake!) Repeat.

**Deep Abdominal Breathing:** Have children select a soft toy (or similar), lie down on their backs and place the toy on their belly. Ask them to breathe in slowly through their nose and try and send the air right down to their belly. If they watch their toy, it will slowly rise up, up, up – as the air fills their bellies. Ask them to breathe out slowly through their mouth, like a balloon that is slowly losing all its air (they can make a sighing noise if they like) – and watch their toy sink slowly, slowly down. Repeat.

**Optional activity 2:  
Practise slow breathing  
(5-10 mins)**

**Optional activity  
3: Practise helpful  
thoughts (5-10 mins)**

## Practical preparedness

While most educators will be very familiar with their school's or facility's emergency plan, the below provides some tips on practical strategies you can discuss with the children in your classroom.

- Discuss your school's emergency and evacuation plans regularly with your students and keep them in a place where everyone can see.
- Practise emergency drills and evacuations in your facility and have a discussion with the children before and after. This will help to set expectations of what will happen and remind them that you are prepared and know what to do.
- Provide children (and parents) with the school's main emergency contacts. Where could these be kept so they're easy for everyone to find?
- Discuss where, how and when to get help.
- Ensure your students know where to find up to date, reliable information about the disaster, along with critical information about warnings and actions to take (internal and external sources).
- Consider giving children age-appropriate practical tasks to help in preparing for an emergency (e.g. filling the water bottles).

Consider the appropriateness of using an app such as the [Red Cross 'Get Prepared' App](#).

## Summary

Children react differently to fearful situations depending on their age and personality. Their reactions will also be significantly influenced by how the important adults in their lives are responding to a threatening situation. Practically and psychologically preparing yourself and the children in your class before a natural disaster occurs will greatly support everyone to feel safer, more in control and better able to cope – before, during and after a disaster.

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# Part 2: Trauma reactions in childhood

## What is a traumatic event?

A traumatic event is defined as any situation that the child subjectively experiences as overwhelming (too frightening or painful). These events can be something experienced only by the individual (e.g. being in an accident, witnessing a terrible event) or involve groups of people (e.g. floods, storms, bushfires). Up to one in four children will experience a traumatic event during childhood. Unfortunately, some children experience a number of traumas and the effect may be cumulative, which can make those children more vulnerable to stress reactions.

### Some of the things that might be traumatic for children include:

- Accidental injury that results in a visit to the hospital.
- Serious illness.
- Sexual or physical assault.
- Serious injury or sudden death of a parent or close family member, especially if witnessed first-hand.
- Man-made disasters such as terrorist attacks or incidents of mass violence.
- Natural disasters such as earthquakes, bushfires, floods, cyclones.

Natural disasters such as floods, bushfires and storms can be particularly traumatic for many children as they typically impact upon entire communities, involve significant damage and destruction and often result in loss of property and/or life. Further, the effects of such natural disasters are often long-term, creating adverse financial, social and emotional living circumstances for many families for extended periods of time.

## How do children perceive a traumatic event?

Research has shown that perceptions of threat during a traumatic event may be very different for children and adults. What an adult perceives and experiences as threatening may not be the same for the child. For example, in the context of natural disasters, parents may feel that their life or the life of their child was threatened. The child however, may be much more concerned about being separated from their parents and family during or immediately after the trauma. The fear of separation may continue for weeks or months following the trauma, depending on the age of the child and the severity of the threat. Similarly, losses that may be less important to adults (e.g. loss of a favourite possession) may be of profound significance to the child.

## Differences in perceived priority of threat

Adults	Children
1. Threat to own or child's life	1. Separation from parents
2. Injury	2. Injury to self
3. Loss of property	3. Injury or loss of parent
4. Loss of business and livelihood	4. Loss of pet
5. Loss of pet	5. Loss of favourite things
6. Loss of community	6. Disruptions to routines

**Some children may perceive threat or danger (e.g. potential separation or injury) even if they are not directly impacted by the disaster.**

### **How do children react to traumatic events?**

There is no way of predicting exactly how any individual child will react to a traumatic event. Experiences and perceptions of threat will vary depending on the child's developmental stage, age, personality, pre-trauma functioning and previous life events. The child's reactions will also depend on how their parents and other adults, such as their educators and carers, react during and after a traumatic event. Notably, children can and often do express trauma reactions in very different ways to adults. Some of these reactions might be adaptive and positive, whereas others may cause the child (and those around them) some difficulty and persist over time. Trauma reactions are often dynamic and can present differently at any point in time.

**For some children, witnessing the trauma will have as much of an impact as being directly involved in the event.**

### **Every child reacts differently to trauma**

- The majority of children are resilient and experience only minimal, short-lived distress. Some even report feeling more confident or notice other positive changes following trauma. This is called Post-traumatic Growth.
- Some children may express a lot of different reactions, or one intense reaction immediately following the event, but gradually return to their previous functioning over time.
- Some children experience immediate traumatic stress reactions which persist over time. Sometimes these reactions may intensify or develop into different emotional and behavioural problems.
- Some children appear resilient at first but display trauma reactions later on.

### **But they were only a baby when it happened...**

A common (but incorrect) belief is that very young children are not affected by trauma and do not notice or remember traumatic events. In fact, anything that affects older children and adults can also affect very young children. Babies and young children manage their feelings through their relationships with parents and other adult carers, depending on them to feel safe and secure and to buffer their stress. This means they can be very sensitive to the emotional states of their carers, and can quickly become unsettled and feel unsafe in situations where their carers are distressed.

It is important to recognise that exposure to a traumatic event, such as a natural disaster, can impact upon the physical, behavioural, emotional and mental development of children of all ages, including babies and toddlers.

**In the event of a natural disaster, you are a protective factor for the children in your care.**

## Types of reactions following traumatic events

Children are individuals and may express none, some or many reactions after a traumatic event. Common reactions to traumatic events like a natural disaster include:

- Asking lots of questions about the event or the future.
- Avoiding talking about what has happened.
- Wanting to help others who have been affected.
- Crying, feeling down.
- Bad dreams or nightmares about different things.
- Increased clinginess and fears of separation (e.g. from loved ones, homes, pets).
- Trouble getting to sleep, waking from sleep, occasionally sleepwalking.
- Physical reactions (e.g. fast beating heart, upset stomach, headaches).
- Feeling grumpy and losing their temper.
- Trouble concentrating.
- Difficulty with schoolwork.
- Agitation.
- Difficulty interacting with peers and adults.
- Playing, drawing and re-enacting parts of the trauma.
- Difficulties with everyday functioning (e.g. not completing homework, forgetting to pack bags or bring sports gear).
- Feeling shocked.
- Grief and sadness about loss of a loved one, pet or possessions.

Children's reactions to natural disasters may also differ depending on the nature of the traumatic event. For example, children who experienced flooding or destruction through gradual exposure (where they were able to safely remove themselves from the situation) may be more susceptible to reactions which focus on the loss of property and destruction of their homes. These children may be more likely to experience depressed mood, grief or simply withdraw following the disaster.

Other children who were victims of sudden inundation or destruction (where the child or family's safety was at risk) may be more susceptible to reactions such as post-traumatic stress, anxiety and enhanced threat perceptions regarding their safety.

## Loss and grief

Unfortunately, some children experience many losses following a natural disaster (i.e. loved ones, pets, possessions, home). These losses can lead to grief reactions, which can further complicate a child's response to a traumatic event.

Childhood grief is a normal emotional experience following loss and typically presents as sadness, sleep problems, loss of appetite, decreased interest, physical complaints, irritability, regression in developmental skills and preoccupation with death. Children experiencing normal grief reactions, also known as uncomplicated bereavement, will gradually engage in activities that enable them to adapt and move on from the loss.

However, some children are at risk of **childhood traumatic grief**, which may occur when the death of a loved one is perceived by the child to be traumatic (e.g. parent swept away in the floods). In childhood traumatic grief, children experience trauma symptoms that interact with their grief reactions and impede the normal grieving process. Signs of childhood traumatic grief include intrusive memories about the death (e.g. nightmares), avoidance and numbing symptoms (e.g. avoiding reminders of that person) and increased physical and emotional arousal (e.g. anger outbursts, concentration difficulties).

For more information about loss and grief refer to [ACATLGN Children, adolescents and families: Grief and loss in disaster](#).



## How do children's reactions change over time?

Reactions to natural disasters may change over time. Often, families affected by a natural disaster will spend the first few weeks after the event surrounded by support and are busy managing the direct consequences (e.g. restoring their properties from destruction, helping neighbours or friends). Children and parents may be so busy during this time that their emotional reactions are somewhat contained. However, when routines start to return to normal, support diminishes, and families have time to stop and think. It is at this point that many people may begin to demonstrate problematic emotional reactions. Although most children will recover over time, there are some who will experience significant ongoing difficulties. If trauma symptoms or emotional and behavioural difficulties are left untreated or do not resolve on their own, symptoms can follow a chronic and unremitting course and can have a significant adverse impact on children's social, emotional, behavioural and physical development. Symptoms may continue to be present 1-2 years later. Further, for some families, symptoms may only appear (or reappear) 6-12 months after the event, as economic and familial costs of the disaster begin to unfold. For example, some businesses will experience economic distress; parents may begin to suffer emotionally (e.g. depression) from the losses associated with the disaster, and children may subsequently begin to demonstrate symptoms of distress.

For some children, these problems become so interfering that they are considered to cause 'clinical' levels of distress. For other children, having experienced the traumatic event may simply cause them to react differently to events over the following year. Some everyday events (e.g. homework, exams, arguments with friends) may trigger emotional or behavioural reactions (e.g. anxiety, depressed mood, fighting) that the child would not normally demonstrate.

In the months (and years) following trauma, children may experience a range of stress reactions. The most severe of these reactions and the most common include diagnoses of post-traumatic stress disorder (PTSD), other anxiety disorders such as separation anxiety disorder and panic attacks, and depression. Behaviour problems may be severe, such as oppositional defiant disorder (ODD) or conduct disorder, or may be expressed as increased aggression, interpersonal problems, substance use or risk-taking behaviours. Some children may have increased sensitivity to issues such as school yard or cyber bullying.

Although some of these issues may appear to be minor, over time the cumulative effect may impact on the child's development and ability to achieve and thrive emotionally, academically and socially.

For more information about severe childhood stress reactions please refer to **Part 5 of this handbook.**

### Symptoms over time

Fear		Sleep problems		Clinical level symptoms
Agitation	>	Tiredness	>	Poor academic outcomes
Nightmares	>	Loss of social skills	>	Alcohol- and drug-related problems and increased risk-taking
Difficulty sleeping	>	Depression	>	Problems with the law
Clinginess	>	Poor school performance	>	Interpersonal difficulties
Crying and distress	>			
Difficulty concentrating	>			
<b>IMMEDIATE</b>		<b>INTERMEDIATE</b>		<b>LONG-TERM</b>

## Risk factors

There are a number of risk factors that may increase the likelihood that children will experience potentially debilitating trauma symptoms, with long-term consequences for their social, emotional, behavioural and academic development. These include:

### Pre-trauma risk factors

- A history of emotional or behavioural difficulties (e.g. anxiety, ADHD).
- Pre-existing family stressors (e.g. parental conflict, divorce, financial strain, parental mental health concerns, lack of secure attachment with parent/carer).
- Prior exposure to traumatic or stressful life event/s.
- Academic difficulties.

### Trauma-related risk factors

- Threat to life.
- Injury to self.
- Witnessing a family member or friend get injured or killed.
- Separation from parent/carers.
- Loss of a family member or friend.
- Witnessing family members in a highly distressed state.
- Witnessing other property damaged by a disaster (e.g. neighbour's property).
- Loss of the child's own home, personal belongings, pets.
- Evacuation of the family.
- Abruptness of the event.

### Post-trauma environmental factors

- Changes in the family (e.g. loss of parent, increased parental absence due to changes in work).
- Parental mental health problems.
- Parent-child relationship difficulties.
- Family dysfunction (e.g. chaos, fighting, poor communication).
- Changes in parenting (e.g. less consistent and predictable).
- Family stressors (e.g. relocation, change in routines, grief, change in roles and responsibilities).

- Loss of school and/or community.
- Loss of social supports.
- Vicarious or secondary traumatisation through listening to people speaking about the disaster or through the media.

## Age-related responses to trauma

A commonly held belief is that children under the age of 5 are immune to the negative effects of trauma. This is not true. In fact, children in this age group may be the most vulnerable to experiencing adverse outcomes as they are undergoing a rapid period of emotional and physiological development, have limited coping skills, and are strongly dependent on their primary caregiver to protect them physically and emotionally.

Although babies, preschoolers and children may present with a similar pattern of trauma symptoms, the way children process and respond to a traumatic event very much depends on their age and developmental maturity. It is therefore very important for educators to have an awareness of how unique developmental differences may impact on the manifestation of trauma symptoms across age groups, as these need to be taken into consideration when deciding how best to help a child cope with a traumatic experience, such as a natural disaster.

## Children aged 0–4 years

### Babies (0–24 months)

#### Developmental considerations

Babies are especially dependent on their caregivers to nurture them and meet their needs for physical contact, comfort, food, sleep and attention. Developing a secure attachment with a primary caregiver is a crucial task at this stage of development. However, after a trauma it can be challenging for a parent to meet all their child's needs. This can affect a child's sense of trust in their parent's ability to protect them. Additionally, babies also have minimal skills to communicate or cope with pain or strong emotions, making them highly dependent on their parents/caregivers to help them feel safe and secure and to regulate their emotions.



This period is also when separation anxiety and fears of 'strangers' or unfamiliar people develop. Babies may therefore be more aware of and frightened by separations from their caregivers and react fearfully around strangers. In the early stages after a trauma, it is therefore best to minimise separations from parents wherever possible.

### **Psychological reactions to trauma**

- Heightened arousal (e.g. disturbed sleep, jumpy or easily startled, hard to settle or soothe).
- Changes in appetite (e.g. fussy eating, no appetite).
- Regression in developmental skills (e.g. rolling over, sitting, crawling).
- Decrease in vocalisations (e.g. less babbling or cooing).
- Behavioural changes (e.g. increased irritability, extreme temper tantrums, fussiness, attention-seeking, aggressive behaviour).
- Excessive clinginess to primary caregiver (e.g. crying upon separation, insisting on being picked up).
- Clinginess to anyone – even complete strangers.
- Decrease in responsiveness (e.g. lack of emotional responses, numb appearance, lack of eye contact, little interest in environment/objects around them).
- Inconsolable crying.
- Alarmed by reminders of the event (e.g. sights, sounds, smells).

**Optional handout:  
Educator fact sheet 1 –  
trauma responses in  
children aged 0–24  
months**

## **Toddlers and preschool children (2–4 years)**

### **Developmental considerations**

Toddlers and preschoolers are highly dependent on their caregivers to help them feel safe and secure and to help them understand and cope following a disaster. Preschoolers become more aware of how others think and feel and are therefore likely to notice and be sensitive to how their family members are responding to the event. Due to their limited physical, cognitive and emotional skills, they lack the ability to protect themselves and can feel helpless and powerless. Toddlerhood also represents a time where children are struggling to gain a sense of autonomy and are learning new skills. Following trauma, toddlers may regress or show a delay in acquiring new developmental skills.

Young children will also often recreate parts of the event through their play or drawing. In addition, they may experience increased physical symptoms (e.g. tummy pains) and often remember negative images of the disaster during quiet times, rest times and bed times. They often seek to avoid the unsettling memories by 'misbehaving' at these times, protesting separations and/or seeking out additional closeness with their caregivers.

Preschoolers are particularly vulnerable following a traumatic event as they are more likely to blame themselves for its cause. For example, preschool children are more likely to think, 'The flood happened because I was bad'. Preschool children are also more likely to overgeneralise or catastrophise from the facts they have available. For example, they might think, 'Our house blew away, so that means there must be no houses left at all'. They may not understand that conditions that led to the natural disaster are different to conditions today. This is also the stage of asking questions; there is a need to make sense of what is happening in their environment.

Children of this age may also have more difficulties understanding that loss is permanent. Due to their limited communication skills, they may not be able to explain what is upsetting them or understand why their parents are distressed. Therefore, younger children's responses to traumatic events tend to be more behavioural. Given that some of these behaviours are 'normal' during this stage and can be mistaken as the 'terrible twos', it is extra important to observe these behaviours closely to determine if they are within normal limits for the child's age or are new and indicating signs of distress.

### Psychological reactions to trauma

- Heightened arousal (e.g. disturbed sleep, jumpy or easily startled by loud noises, difficulties concentrating, hard to settle or soothe).
- Changes in appetite (e.g. fussy eating, no appetite).
- Regression in developmental skills (e.g. walking, crawling, toileting skills, talking like a baby, thumb-sucking).
- Loss of confidence.
- Appearing sad and withdrawn.
- Increased physical complaints (e.g. tummy aches, headaches).
- Behavioural changes (e.g. increased irritability, extreme temper tantrums, fussiness, attention-seeking, defiance, aggressive behaviour).
- Difficulty concentrating and paying attention.
- Aggression and/or angry behaviours toward themselves or others (e.g. head banging, hitting, biting).
- Reliving the trauma (e.g. traumatic play or drawing, nightmares, repeatedly talking about the event, asking questions repeatedly).
- Separation anxiety or excessive clinginess to primary caregiver or teachers (e.g. crying upon separation, insisting to be picked up, refusing to stay in room alone).
- Concern that something terrible will happen to primary carers.
- Clinginess to strangers.
- Development of new fears that are unrelated to the trauma (e.g. the dark, monsters, animals).

- Avoiding reminders and/or visibly distressed by reminders of the event (e.g. sights, sounds, smells, tastes, physical reminders).
- Decrease in responsiveness (e.g. lack of emotional responses; numb appearance; lack of eye contact; withdrawal from family, teachers and friends; less interest in play; restricted exploratory behaviour).
- Relationship difficulties with caregivers, siblings or peers.

## Optional handout: Educator fact sheet 2 – trauma responses in children aged 2–4 years

### Children aged 0–4 years

- Babies, toddlers and preschoolers are vulnerable to the negative effects of trauma.
- Trauma responses can vary greatly between individuals. Educators need to be aware of children who are exhibiting behaviour problems, as well as children who are quieter and more withdrawn.
- Behavioural expressions of trauma (e.g. tantrums, aggression, hyperactivity) may be misinterpreted as 'bad behaviour', ADHD or oppositional behaviour.
- Babies, toddlers and preschoolers are particularly at risk of adverse outcomes if they witnessed threat to their parent/s, were separated from their parent/s or if their parent/s reports significant psychological distress.
- **Early intervention is recommended to ensure that the behaviours do not become engrained and the child continues to thrive and maximise their developmental trajectory.**

## Optional activity 4: Reflection and discussion: Child trauma responses (0–4 years) (10 mins)

### Children aged 5–12 years

#### Developmental considerations

After a trauma, children often feel out of control and overwhelmed. They are more likely to worry about the event and develop fears related to what happened. School-aged children have more coping skills available compared to preschoolers, but they will still observe adults to determine how serious the situation is and will often copy their responses. They may discount verbal explanations if what they observe and notice does not match up with what adults are telling them. They will also use their imagination to ‘fill in the blanks’ when they do not have realistic information.

#### Psychological reactions to trauma

Middle childhood is a period of exploration and learning; however, children are still dependent on their parents to provide a safe and nurturing environment. Exposure to disaster can undermine the child’s confidence, and post-trauma reactions may interfere with their cognitive abilities, such as memory and attention. As a result, deficits in knowledge may emerge in the months or years following trauma exposure.

#### Trauma responses that may commonly be exhibited by children in this age group include:

- Intrusions (e.g. distressing memories that pop into their head during the day; nightmares; emotional and physical distress around reminders; repeated discussion about the event; re-enactment of trauma in play).
- Avoidance (e.g. refusal to participate in school activities related to the disaster; refusal to talk about the event; memory blanks for important aspects of the event).
- Changes in arousal and reactivity (e.g. increased irritability and anger outbursts; difficulties concentrating; being overly alert and wound up; increased nervousness and jumpiness; sleep disturbance).
- Changes in mood and thinking (e.g. appearing flat, no emotion related to event, loss of interest in previously enjoyed activities).
- Emotional distress (e.g. self-blame and guilt, moodiness, crying and tearfulness).
- Behaviour changes (e.g. angry outbursts, aggression, non-compliance).
- Decline in school performance resulting from non-attendance, difficulties with concentration and memory, lack of motivation.
- Increase in physical complaints (e.g. headaches, stomach aches, rashes).
- Withdrawal from family and friends.
- Changes in appetite (e.g. fussy eating, no appetite).
- Anxiety and fear for their own and others’ safety (e.g. increased clinginess).

### Children aged 5–12 years

- Children aged 5–12 years are vulnerable to the negative effects of trauma.
- Trauma responses can vary greatly between individuals.
- The school can play an important role in identifying children experiencing problems, especially if parents and caregivers are also coping with their own grief and loss and would benefit from additional support.
- Post-trauma reactions may interfere with the child’s cognitive abilities such as memory and attention. As a result, deficits in knowledge may emerge in the months or years following trauma exposure.
- **Early intervention is recommended to ensure that the behaviours do not become engrained and the child continues to thrive and maximise their developmental trajectory.**

## Optional handout: Educator fact sheet 3 – trauma responses in children aged 5–12 years

## Optional activity 4: Reflection and discussion: Child trauma responses (5–12 years) (10 mins)

### Parenting and environment post-trauma

A post-trauma or post-disaster environment may mean some parents and other caregivers are unable to provide basic needs such as food and shelter. A post-trauma environment may also be disorganised and unpredictable due to moving house, changing schools, lack of familiarity with surroundings at home/school, or living in conditions that require sharing and are possibly overcrowded.

Parents are also at increased risk of experiencing adverse psychological outcomes and may develop ineffective parenting behaviours following a disaster. Parents experiencing anxiety may become more restrictive or overprotective in their parenting (e.g. not allowing the child out of their sight) or may incidentally model their fear responses and poor coping responses to their child. Parents suffering from depression may become more emotionally withdrawn, unresponsive and/or unavailable and therefore may not be as able to help their child to process and cope with distressing trauma symptoms and experiences.

These changes in parenting style and environment may have a negative impact on the parent-child relationship; further exacerbate behavioural and emotional difficulties; or contribute to a child's belief that the world is a dangerous and unsafe place. It is therefore important to be aware of how parents are coping with the disaster and whether they would benefit from additional support.

### Summary

Every young person reacts differently to traumatic events and most children will cope well following trauma. Some children will be distressed but recover fairly quickly. For others, symptoms continue and may even increase over time, resulting in academic, social, emotional and behavioural problems.

A child with symptoms that continue in the long-term, increase in intensity or interfere with the child's functioning may require intervention. Fortunately, there are now a range of evidence-based assessment tools, prevention and intervention programs available that can prevent or minimise the negative repercussions of trauma. Educators and child care professionals are in a unique position to identify children who are experiencing difficulties following a natural disaster, and may find it useful to refer to the age-appropriate tip sheets when monitoring their students following traumatic events.

The aftermath of a disaster or community trauma can be overwhelming, confusing and difficult for all community members. Reactions will be at their most intense immediately afterwards and children (and adults) will have different ways of dealing with the 'big' feelings they experience. Children may be particularly affected as their belief that the world is a safe place, or that adults would always be able to protect them, may have been shaken or lost. As an educator, you will know many of the children in your community personally. You may also be a parent and have different responsibilities pulling you in different directions.

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# Part 3: The role of educators in helping children during and after a natural disaster-related traumatic event

Most natural disasters that occur in Australia will have advance warning, leading to the closure of schools and child care facilities; though some (e.g. earthquake) may have little or no warning. While your primary role during and after a natural disaster will always be to continue to be a good educator, circumstances may arise that place you in the position of also being a 'first responder' for the children in your care.

## Optional activity 5 – Reflection and discussion: Natural disaster events

### During and immediate aftermath

Having undertaken practical and psychological preparation in the 'preparedness' phase of your emergency planning (refer to Part 1 of this handbook), educators will already be primed to provide an organised and calm 'first response' should a disaster event occur while children are in their care. In addition, the application of 'Psychological First Aid' (PFA) can be key to reducing children's distress, while supporting flexible coping and adjustment (i.e. recovery) during and immediately after the disaster.

### What is Psychological First Aid?

Psychological First Aid (PFA) is a set of strategies to assist and protect people in any emergency which has threatened their lives or wellbeing. Endorsed by the World Health Organisation, PFA is based on the principle of 'do no harm' and is a proven approach to helping people affected by an emergency, disaster or traumatic event. Although the principles can be used anytime, PFA is most widely used in the first hours, days and weeks following emergencies, when those affected by a disaster will be experiencing a range of early reactions that may interfere with their ability to cope.

Just like physical first aid, PFA includes basic, common sense principles of support to promote positive recovery, such as helping people to feel safe, connected to others, calm, and hopeful, while also encouraging people to regain control and self-efficacy. PFA supports natural recovery by helping people identify their immediate needs, and their personal strengths and abilities to meet these needs.



One of the most important research findings is that a person's belief in their ability to cope can predict their outcome. PFA supports recovery by helping people identify their immediate needs and their strengths and abilities to meet these needs.

### PFA for children

PFA for children in a disaster or emergency is based on five important concepts:

**Ensure safety** – Make children as physically safe as possible and do not leave them unattended. Look for a quiet place where there are other people who are calm. Protect them from the media or from people who want to talk to them who are not part of the emergency response.

**Keep calm** – Speak in a low, calm voice and try to manage your own responses in front of children at your school. Explain what has happened using clear facts and, if possible, what will happen next. Answer questions and concerns with honesty, but without details that may be graphic or frightening for younger children. Tell children they are safe (when this is the case). Tell them that they have you and other adults looking out for them and that they will be with their families soon. Where possible, protect children from being witness to any gruesome scenes (e.g. death, injury, mass destruction). Try to keep them away from other distressed adults and people who are talking about what happened.

**Connect** – Babies and children have an overwhelming need to feel safe in frightening situations, so it is important to reunite children

with their families and loved ones as soon as possible after a disaster or traumatic event. If this is not possible, try to keep in regular touch by any means available (e.g. phone, text, private message, email). If siblings are at the same school, encourage them to be together while they are waiting for their family. Older siblings will likely feel like they need to protect their younger siblings and may insist on joining their class or that they join theirs.

**Self-efficacy** – Where practical, encourage children to meet their own needs. For example, if children are agitated consider redirecting their attention to any calming strategies you've used before. An effective approach may be to ask them to help you:

*'Hey, I'm feeling a little bit anxious. What do you think could help me calm down?'  
(Prompt children to help access a strategy and then ask them to practise it with you.)  
'Slow breath – what an excellent idea! Will you guys help me? Let's try 'snake breath'.  
Let's breathe in through our nosessssssss and hisssssssssssssssss.'*

Alternatively, consider giving them small tasks they can assist with (e.g. filling water bottles, carrying blankets) and acknowledge/praise their assistance. 'Thanks, that's great helping. I wouldn't have been able to carry all these water bottles without your help!'

**Reassure** – Be mindful of children's needs and reactions and be responsive to them. Reassure the child that their reactions are normal and will pass in time. Be gentle and accept all responses. Don't tell them to 'be good', 'stop being silly' or to 'be brave'. Remember that most children will need time for their natural resilience to emerge and develop, and will need additional support, care and sensitivity from adults to help this process along. If passing time with children, try to involve them in play activities (e.g. singing, drawing, slow breathing) or simple conversation about their interests, according to their age. Some children may require physical touch for reassurance such as hugs, holding hands or leaning on you. Quiet conversation and singing can also help to reassure them that they will be ok.



### Don't forget to look after yourself

As an educator managing children during a disaster, the delivery of psychological first aid can be very rewarding – however, it can also be very challenging and stressful. It is important to remember that to support children in times of crisis, you need to support yourself.

If you need a moment away, ask for someone to help look after your responsibilities for a moment and take some time to breathe. If food and drink is available, take some time to eat, drink and talk with other calm adults. Use coping strategies that have previously worked for you (e.g. slow breathing, meditation, a hot cup of tea, physical movement/stretching) to assist in reducing your own sense of stress and anxiety. Remember, children can pick up if you are upset or stressed, which can sometimes frighten them more. Remaining calm and looking after yourself will ensure that the children in your care feel as safe and secure as they can under the circumstances.

**During and immediately after a natural disaster, the application of PFA is widely endorsed as being best practice for assisting children (and adults) to respond to and recover from an emergency.**

For more resources about PFA refer to the **Resource Matrix**.



## Post-disaster: The role of educators

Educators often ask how they can help children in their class who have experienced a traumatic event. Although educators may play an important role in identifying mental health concerns in children, their primary role following a natural disaster is to continue being a good teacher or child care professional. Children need to return to their normal routine as soon as is practical following the disaster and thrive on the certainty of knowing where they need to be and what they need to do throughout each day. Educators are in a unique position to assist children who have been affected by disaster by providing this ongoing and stable contact.

**It is important for educators to consider cultural differences in children's responses post-disaster. Some cultures encourage children to express all their feelings, including anger and sadness, while others place harmony and restraint above self-expression, which can discourage the expression of certain feelings or strong emotions. Take the time to discuss with parents and carers how best to support the child's emotional needs and processing of the disaster.**

### Optional activity 6: Reflection and discussion – cultural differences

#### Babies and younger children (0–24 months)

Babies and toddlers experience fear just like anyone else, but as their brains and bodies are still developing, they may not be able to make sense of what is happening. They can, however, communicate their experience and feelings through their behaviours (e.g. crying or being clingy, withdrawn, angry, or anxious) as well as verbal and/or non-verbal means (e.g. facial expressions, eye movements, play, drawings).

After a natural disaster event, most babies and younger children who are well supported by nurturing and caring adults and predictable routines will overcome their distress and return to being themselves within a few weeks or months. Educators working in early childhood education and care services are uniquely placed to support babies and young children in their recovery post-disaster by providing them with opportunities to express emotions and feel understood, and to also identify any children who continue to experience difficulties and may require further assistance.

#### Acknowledgement:

The following information has been developed with the assistance of the Queensland Centre for Perinatal and Infant Mental Health Resource, 'Recovering Together after a natural disaster: A resource guide for early childhood education and care services.' This resource provides a comprehensive guide and education program for early childhood education and care services providers. To request the complete resource email: [PIMH@health.qld.gov.au](mailto:PIMH@health.qld.gov.au)

## **Provide a consistent and predictable routine**

Children who have experienced trauma can find changes in routines and environment unsettling and even frightening. Positive, predictable and well-structured environments will promote feelings of safety, security and belonging. The more familiar the routine, the more settled children will be, so wherever possible, avoid change (e.g. in rooms, routines, adult carers).

In a group-room or care setting, some children may interact with other children who have also experienced the same disaster, as a way of normalising their own emotional responses. Others may need time by themselves or one-on-one with an educator, to help them continue to process the event and to regain their sense of security.

## **Limit exposure to media**

After a disaster has occurred, media images, radio talkback and general conversations about the event and/or disaster recovery efforts may arouse anxiety in babies and young children, which can create greater fear, tension and confusion. Repeated images of the disaster event on television or online (e.g. images of flooding or bushfire) may also cause the child to feel like the event is happening again, which can contribute to cumulative stress. It is important to give babies and children enough information to feel secure and reassured, but also to be mindful of their level of exposure to the disaster and limit ongoing exposure to the media.

## **Listen with your eyes and ears**

It is important that all non-verbal and verbal communications with babies and young children are conducted with empathy and honesty. By being responsive and reassuring, you will demonstrate to the child that you understand and can share in their experiences and emotions. The child will then have faith that their feelings and concerns are normal, understood and acknowledged. In turn, this will help make them feel safe, secure and better able to manage their 'big' feelings. Be honest in answering questions and (where possible) use the child's own words when discussing the event with them.

As babies and young children have a limited vocabulary to express their feelings verbally, it is essential to use active listening, reflective listening and observational skills to gather information about the level of distress the child may be experiencing.

### **Active listening & observational skills:**

- Try to really 'tune in' to the child by paying close attention to their words, expressions and body language.
- Maintain eye contact and use your body language (e.g. nods, shrugs, facial expressions, gestures) to show you are listening.
- Remain calm and controlled.

### **Reflective listening skills:**

- Listen more than you talk.
- Try to think and speak like a child (or as a younger child would if they could). By recognising and respecting the child's feelings, you will validate their experience.
- Use short sentences to restate and clarify feelings and experiences.
- Try and respond to personal content, rather than content that is impersonal or distant from the child. For example, you might say, 'You were really scared' or 'Sounds like you are feeling angry'.
- By paraphrasing and repeating back to the child what they are telling you, you will help the child develop language around their emotional experiences.

Avoid saying things like 'Don't be sad/angry/worried/upset' to reassure a child or baby. Being told not to feel a certain way may invalidate the child's feelings and leave them feeling shamed or misunderstood. Depending on individual circumstances, statements that reassure the child that they are safe now and assist them in thinking about their concern in a more positive or helpful way may be beneficial, such as, 'Yes, the thunder was loud but it didn't hurt you, did it?' or 'Yes, there was lots of rain and wind but you were safe in the evacuation centre, weren't you?'

Sometimes a child may convey incorrect information about the disaster (e.g. 'There was lots of loud noise and the sky was falling down!'). This is the child's attempt to make sense of what they experienced. Consider whether giving them factual details will help reduce their stress. If so, use simple, concise language and check for understanding: 'I can see why you thought the sky was falling down because thunder is very loud. That made you scared. But the sky can't really fall down.'

### Monitor verbal expression

When talking with babies and young children it is important to consider your vocal tone, pitch, speed, volume and inflection. Try to adopt a calm, soothing (deeper pitched) tone with a slower vocal pace. This will help the child to understand your words even when they are distressed, providing a sense of security and reassurance.

If a child speaks in a sensory manner (i.e. what they heard, smelled, tasted, felt), support their statements (e.g. 'Yes, the thunder was very loud'). This will help children understand that it is ok for their personal experience to be similar or different to the experiences of others.

### Monitor non-verbal signals

Given the limited vocabulary of young children, most information about how a child is feeling will be gained by observing their facial expressions, body language, eye movements, vocal sounds and gestures.

Facial expressions such as the movement of eyes, mouth, cheeks, eyebrows and nose will reflect the child's moods and feelings. Paraphrase what you are observing. For example, you might say, 'That noise is scary' or 'You look sad'.

Similarly, body language will also provide insight into the emotions the child is experiencing. For example:

**Fear** – Fear will typically show in both the face and limbs of the child. If the child's arms and legs seem stiff and tense, and/or if the child avoids eye contact or looks downwards, this may be a sign that they feel scared or nervous.

**Anger** – As with adults, tensed or clenched hands is a common way for children to express anger. Rigid head movements and a clenched jaw may also indicate that the child is angry.

**Sadness** – A hunched body posture, hung head, avoidance of eye contact, slowed speech and movement may all be indications that the child is sad.

When interacting with the child be mindful of your own body language, vocal tone and gestures. Communicate calmness and reassurance.

### Set clear and firm limits/expectations of behaviour

During times of recovery, it is important for babies and toddlers to return to normal routines and functioning as soon as possible. Some children may misbehave in response to traumatic events, such as a natural disaster. It is important for educators to set and maintain clear expectations of behaviours and to communicate these to the child in an age-appropriate manner. Generally, children respond well to well-defined boundaries and routines that involve firm and clear limits for behaviour, and clearly stated (and implemented) consequences for misbehaviour.

### Emphasise babies' and young children's strengths

Whether working through activities or playing, reinforce strengths and abilities by naming them – for example, if a baby has grasped and held an object that she wanted (e.g. 'You're so strong. Yes, you can get it'). For a slightly older child, actively provide opportunities for setting small goals, talk with them about how these can be achieved and celebrate success (e.g. 'Where do you think the red square goes? Yes, that's right. Great job working out that the square fits there').

**Optional activity 7:  
Reflection and  
discussion with  
emphasising strengths  
(5-10 mins)**

## Be positive in your communications and actions

Babies and young children rely on the adults around them to help them manage and make sense of the world. Help them understand that the natural disaster was a temporary rather than permanent situation by being positive about the future and talking about progress being made with clean-up and rebuilding. Where possible, model positive coping skills like humour, positive statements and problem-solving behaviours, and encourage children to use these skills as well.

**Children look to adults to guide them in how to behave in unfamiliar situations, so your positive outlook, encouragement and reassurance are essential to supporting recovery after a natural disaster.**

It is also important for educators to actively develop trusting, positive and open communications with children's parents, carers and families during this time. Parents and carers are in the best position to understand their child's medical, emotional and physical needs – so working together to develop a consistent and united approach to talking about the disaster is vital for children's recovery. Discuss communication options for staying in contact that allow for regular updates and sharing of success stories.

### Provide choices – regain control

Traumatic events are usually beyond the control of the child, as are the consequences that follow. As such, during the traumatic event, children may feel a sense of powerlessness or loss of control.

One strategy that might be useful for children is to provide them with choices or input into activities. Giving children choices and involving them in decision-making can help restore their feeling of control.

### Some quick examples of ways in which toddlers can be offered choices or be involved in decision-making include:

- Being given a choice of activities (e.g. reading a book, drawing pictures, quiet play time, singing).
- Choosing ways in which they can help (e.g. water a plant or stack the cushions).
- Choosing a particular song to sing or book to 'read along' to.

### Use relaxation techniques

Babies and young children often respond well to relaxation techniques to assist them in emotional and behavioural regulation. These skills can be learned very early and used throughout their lives. Rest time routines provide a great opportunity to practise conscious relaxation strategies such as holding, stroking and squeezing a stuffed toy while listening to meditation music and sounds. Where developmentally appropriate, children can also be taught to take long, deep, controlled breaths to slow the breath down and help them relax.

### Create safe 'relaxation' spaces

All rooms can benefit from having safe spaces that are specifically for children to use when they are experiencing difficulties at childcare. This might be a quiet corner of the room, a tent or 'cubby' where children's books, soft furnishings, squeeze toys or other quiet activities are placed. Educators may move with a child into this area to promote relaxation and encourage the use of different tools as relaxation aides (e.g. softly stroking the fur of a soft toy, squeezing a pillow, snuggling under a blanket, playing quiet relaxation music, softly humming a tune). As children become more mobile, toddlers can be encouraged to move to this space whenever they want to access 'quiet time'.

## Optional activity 8: Explore birdies tree and other in-class activities (childcare workers)

### Additional reading:

**'Recovering Together after a natural disaster:  
A resource guide for Early Childhood  
Education and Care Services providers'**

To request the complete resource email:  
[PIMH@health.qld.gov.au](mailto:PIMH@health.qld.gov.au)

## Optional handout: Educator fact sheet 4 – how child care professionals can help children aged 0–24 months

### Children aged 2–4 years and 5–12 years

Educators working with children are uniquely placed to support post-disaster recovery by providing age-appropriate opportunities to express emotions and feel understood in a safe, predictable and stable classroom environment.

### Monitor symptoms over time

Being familiar with the types of reactions that children can have is the first step in being able to help. Remaining vigilant and curious about changes in behaviour and knowing how to help a child (and their family) get the assistance they need will allow you to assist children who may be experiencing difficulties.

### Maintain routines

Generally, most children respond well to structured environments that have clear goals, timelines and activities. After a traumatic event, familiar routines reduce unnecessary stress for children and assist in providing feelings of safety and consistency. Although this may be of greater importance immediately following the traumatic event, it may also be particularly important to children who are still experiencing difficulties some time later.

To assist with this feeling of consistency and routine, it is a good idea (where possible) to make children aware of any upcoming changes in routines (e.g. the use of a relief teacher, change of classroom), upcoming events, and activities. This may involve setting an agenda at the beginning of the day, week, or month and reminding children of this regularly. For older children, it is important to give advance notice of deadlines and major events, so they can plan. Regular reminders will help children keep important timelines at the forefront of their memory.

### Talk about the traumatic event

There is a common misconception that talking about a traumatic event can create more problems or cause the child to develop distress reactions. Although it is important to consider how you talk to a child who has experienced trauma (and what sort of reactions and coping strategies you model), talking about the traumatic event and the child's feelings DOES NOT generally cause the child to develop problems. This is particularly true for talking about the event months or even a year later. In fact, if the child does become distressed while talking about the event at these later time periods, it is a clear indication that they may already be experiencing difficulties and may require additional assessment and assistance.



### **Tips for talking to children about the trauma or natural disaster:**

- Some children will need to talk about the disaster, but it is important to place some rules around this to limit potential distress. For example, immediately following a natural disaster, it may be useful to set dedicated periods for talking about the disaster (e.g. 10 minutes at the start of the day). Without such limits talking about the disaster can easily become overwhelming and unhealthy for the entire class.

**Tip:** Encourage children to draw pictures or write in journals instead of talking about the disaster with the class.

- When discussing the disaster, it is important for you to contain any conversations which encourage fear. Remain calm and convey a clear message that the threat/danger is over, and that now the focus is on recovery and rebuilding lives.
- If possible, schedule sessions when you can access extra human resources. An additional staff member or teacher's aide can provide invaluable assistance to the children and you, if and when needed.
- While it is okay to share some of your own experiences of the trauma, it is very important for you to maintain the 'educator' role. Demonstrate calmness when discussing stressful situations and model appropriate coping behaviours. If you have also experienced the traumatic situation and are traumatised, it is important to be thoughtful about how you talk to children and how you can convey the required level of calmness during any conversations.
- Invite children to talk about how the disaster has impacted their family and in what ways things have changed for them. Encourage recovery and resilience by focusing on positive changes, strengths and coping strategies the child has demonstrated over this time.

- For younger children, talking about the event may be difficult and/or they might not have the words to express their thoughts and feelings. Some children might respond better to drawing as a way of communicating. Ask children to draw pictures of their family and household then and now. Encourage them to look for the positive things that have changed, the strengths they have developed and how their family is planning to change or do fun things from now.
- For older children, talking can focus on more complex issues and how they have affected the family.
- The loss of loved ones does not automatically mean that you should not talk with children about the traumatic event. Talking can still be a useful exercise. It is however important to be aware of individual circumstances (where possible) to pre-empt and plan for emotional reactions (e.g. having an additional support person available). Remember, talking to children about the event and how it impacts them shows them that you care and that someone is there to support them.

### **Set clear and firm limits/expectations of behaviour**

During times of recovery, it is important for children to return to normal routines and functioning as soon as possible. As part of this, it is important that educators do not change expectations relating to schoolwork and behaviour and that, where necessary, adjustments are made to the way activities are delivered within the classroom or group. For example, if children are having some difficulty maintaining concentration, it may be necessary to change to shorter (e.g. 15 or 30 minute) blocks and incorporate physical activity in between (e.g. stand up and shake it out) to stimulate attention and refocusing.

Some children may 'act out' in response to traumatic events, such as a natural disaster. It is important for educators to set clear expectations of behaviours and to communicate these to the child. Check for understanding of the consequences. Generally, children respond well to well-defined boundaries and routines that involve firm and clear limits for behaviour and clearly stated (and implemented) consequences for misbehaviour. The emphasis should remain firmly on consistent and logical consequences, rather than punitive responses.

- 'Acting out' is a common reaction to trauma, but is also common behaviour in children, generally. It is therefore important to keep an open mind and explore the origins of the problem behaviour before jumping to conclusions about any possible diagnosis, or implementing consequences or discipline strategies. The fact that the child might be acting out (even a year after the trauma) does not mean that they are demonstrating a behavioural disorder (e.g. attention-deficit disorder [ADD], conduct disorder). Even the most disruptive behaviours may be expressions of trauma-related anxiety.

### **Use a 'buddy' or 'support' system**

Many schools and child-care facilities have a 'buddy' system. Following a trauma, a buddy system can be implemented to help provide a source of emotional support for children and to ensure that children are not left alone or isolated.

Although the buddy system will likely be most useful immediately following the traumatic event, it may still be beneficial to maintain the system (at least for some children) over an extended period of time. To illustrate, some children have ongoing difficulties, some may not like to be alone, some may require ongoing emotional support and others may simply enjoy team environments. A buddy system might be useful for various activities (e.g. transition, relaxation time, whole school activities) where children have easy access to someone to partner with.

Buddy systems can be 'refreshed' by changing pairs from time to time. Over time, they can be turned into more 'support' or 'companionship/friendship' systems, whereby children are encouraged to use their buddy as sources of emotional or academic support.

### **Create safe 'relaxation spaces**

All classrooms can benefit from having safe spaces that are specifically for children to use when they are experiencing difficulties. For some classes with available resources, this might be a specific room adjoining the classroom; whereas for others, this might be seats outside the classroom or a 'tent' in the corner of the room. These areas can be used when children need some time to calm themselves down, or if the educator needs some time to talk to children individually. Placing some comforting children's books, soft furnishings, squeeze toys or other quiet activities in this space will give children something else to focus on while they take some time out from the demands of the classroom.

- It may be necessary to set up procedures for children to gain permission to leave the classroom or visit the relaxation space. For younger children, this can be through nonverbal requests (e.g. placing a particular colour card on the corner of their desk to indicate to the teacher that they would like some time out or 'relaxation' time).
- You can also have a similar system where you place a card on the child's desk to indicate that they should take some 'relaxation' time. This single strategy can be used flexibly as a preventative strategy for escalating difficult behaviours or as a reward for positive behaviour.

### **Provide choices – regain control**

Traumatic events are usually beyond the control of the child, as are the consequences that follow. As such, during the traumatic event, children may feel a sense of powerlessness or loss of control. One strategy that might be useful for children is to provide them with choices or input into some activities. Giving children choices and involving them in decision-making can help restore their feeling of control.



**Some quick examples of ways in which children can be offered choices or be involved in decision-making include:**

- Providing suggestions regarding fun classroom or outside activities.
- Being given a choice of activities (e.g. reading a book, drawing pictures, quiet play time, skipping rope, writing a story).
- Choosing between assignment topics.
- Helping to select and organise fund-raising activities (e.g. read-a-thon, cake sale, school disco).

**Optional activity 9:  
Reflection and  
discussion: Provide  
choice to regain control**

**Anticipate difficult times and plan ahead**

It is likely that some children may re-experience symptoms or a degree of distress at important milestones. Anniversaries of the event, birthdays of lost family members, holiday times (e.g. Easter, Christmas, Mother's Day, Father's Day) can all be especially difficult. At such times, children might demonstrate an intensification of emotional difficulties and problem behaviours, or potentially even develop new behaviours or emotions that cause distress to the child (and/or people around them).

Where possible, it is a good idea to plan ahead and pre-empt these occasions to provide support and assistance where appropriate. For anniversaries, strategies may need to be discussed with other educators, school/facility administrators and the children's family members. It is also very important to consider the wishes of the broader community of families affected by the trauma.

- Educators and schools may plan anniversary events with an emphasis on survival stories, community growth and positive events that have occurred since the natural disaster.

- Where appropriate, educators may also approach individual children (and/or their families) to determine the need for additional support/s during this time.

**Prepare children for situations that may trigger reactions**

Some children, although generally functioning well, might still be affected by sudden and significant events or triggers. It can be useful for educators to warn or prepare children for any sudden events or changes in the environment. For example, children may need to be warned about upcoming fire drills or sirens to be trialled, lights being turned off, unexpected loud noises or a storm forecast.

**Focus on strengths and positives**

For many families, there can be a long time following the trauma where the focus remains on the traumatic event, getting their lives back together and dealing with the problematic reactions that follow. As a result, it can be very easy to focus on the negative things going on in the child's life, including problems managing emotions and behaviours. Often little attention is paid to the positive behaviours or coping strategies children are showing. Providing positive reinforcement (i.e. praise) for things children do well not only makes the young person feel good about themselves, but also demonstrates what types of behaviours they should continue to engage in.

Acknowledging and reinforcing strengths, positive behaviours and coping strategies can be a particularly important and easy strategy for educators to practice and implement. This can be as simple as offering praise to a child when you notice a positive behaviour, or personal strength they have developed or demonstrated.

Children can also be encouraged to report on positive behaviours or personal strengths of other children using the buddy system or wider classroom activities (e.g. a weekly focus behaviour such as 'sharing with others', 'taking turns' etc.). Educators and children can help one another to practise noticing positive behaviours.

### Hints for giving praise and reinforcement:

- Be sincere. Children are very good at picking up when adults are not honest.
- Try to make your nonverbal behaviour fit with your verbal comments. Use smiles, head nods, winks, etc. appropriately.
- Be very clear about the behaviour you are reinforcing. That way, the child knows exactly which behaviour you like, and which behaviour they should repeat next time.  
*‘Daniel, you did a great job keeping calm when Michael said those things to you earlier. Good job at keeping calm.’*
- Look for behaviours which the child previously struggled with. For example, if the child struggles playing nicely with other children, proactively try to notice times in which they cooperate nicely with other children and praise them for it.  
*‘Sarah, that was really good how you let Melissa share that game with you.’*
- Use rewards where appropriate. For example, children may earn computer time for showing positive behaviours or working hard to manage their emotions.

### Help students to build a support system

One of the most distressing outcomes following a natural disaster is the loss of community. It is important for children to build a strong support system following any traumatic event and they are likely to need some degree of assistance in doing so. Available human supports will vary, so it is important for educators to assist children in identifying who they can talk to about difficult situations and any problems they might be having. This will ensure that they have multiple support sources at school as well as at home.

**Optional handout:  
Educator fact sheet 5 –  
how educators can help  
in classrooms**

### Additional reading:

[ACATLGN: Helping students recover after trauma: classroom activities](#)

For additional resources in relation to Childhood Trauma Reactions refer to [the Resource Matrix](#).

### Educator self-care

#### Why is educator self-care important?

In all likelihood, educators of children impacted by natural disasters may also have been affected by the traumatic events, either directly or indirectly. Therefore, caring for others who have experienced the trauma may not only be a stressful experience, but may compound the educator’s own reactions.

In addition to helping children manage their emotions following such natural disasters, it is equally important for educators to care for their own emotions. It can be extremely helpful to talk to others about your own experiences and get support where necessary.

The impact of caring for children can leave educators feeling physically and emotionally ‘worn out’. Feelings of physical, emotional and ‘spiritual’ fatigue or exhaustion and/or a decline in the ability to experience joy or feel/care for others, is often referred to as ‘compassion fatigue’ or (when other traumatic symptoms are present) ‘secondary traumatic stress’.

Such reactions are not a sign of weakness. Rather, they can be an effect caring for and helping others.

There is some overlap between the reactions demonstrated by children after trauma and those of educators who are experiencing ‘vicarious or secondary traumatic stress’.

### Signs that may indicate educator distress/secondary traumatic stress:

- Decreased concentration and attention.
- Increased irritability or agitation with students.
- Problems planning classroom activities, lessons and maintaining routines.
- Feeling numb or detached.
- Intense feelings, intrusive thoughts or dreams about a student's trauma (that don't reduce over time).
- Symptoms that don't improve after a couple of weeks.

### Tips for educator self-care

It is equally important for educators to look after their own welfare, as well as the welfare of their children. It has been demonstrated that educators who look after themselves and manage their own stress levels are more equipped and better able to manage students' behaviours and difficulties. Educators who are stressed or experiencing strong emotional reactions will find it harder to react in calm and constructive ways to children who are demonstrating difficult behaviours.

### Optional activity 10: Brainstorming: How do you normally take care of yourself? (5-10 mins)

#### Below are some tips for teacher self-care:

- **Monitor your own reactions**, emotions and needs. Be aware of any signs of stress that you might be showing.
- **Seek out support for yourself** (in the school and/or community). If your signs persist for longer than 2-3 weeks, it might be a good idea to seek further assessment or assistance from a health professional.

- Similar to the buddy system for children, **find your support system!** Just like students, educators need to protect themselves from becoming isolated. Your support system can be used to support your own emotional needs, or also to support you in supporting the young person (of course while maintaining confidentiality). Talk to other educators, ask for support from your administrators, work in teams, and establish or maintain your external support systems.
- **Seek help for your own trauma-related distress.** Just like children, educators may also need to seek further assistance to help manage emotions and reactions following traumatic events. Educators who were also involved in the trauma or who have other unresolved traumatic experiences are at greater risk of developing 'compassion fatigue'.
- **Use positive coping strategies to manage emotions and distress.**
  - Try out calm breathing techniques, muscle relaxation, or relaxing imagery.
  - Challenge unhelpful thoughts that cause you distress. Try to generate more helpful thoughts and positive coping statements.
  - Look for resources to help you try new coping strategies. There are many good books, CDs, YouTube videos, websites and apps that can teach you calm breathing, relaxation techniques and how to challenge your unhelpful thoughts.
- **Maintain a structured classroom environment.** This is a good thing for children and educators.
  - Be prepared for daily classroom activities (and make sure the children are aware of these).
  - Schedule relaxation or quiet times each day.

- **Plan ahead** (where possible) and have back up strategies for difficult situations. For example, if you plan to spend some time talking to children about the traumatic event, it may help to plan for the school counsellor, guidance officer or additional support staff to be present, to arrange time away from classes, or to have resources available to offer children or parents.
- **Maintain a healthy lifestyle.** In addition to the general benefits of a healthy lifestyle, educators who have healthy eating, exercise, relaxation and sleeping habits are better able to manage their own stress and emotions as well as their students' behaviours. Being physically healthy allows educators to remain calmer and respond better to difficult behaviours.
- **Spend time with students who have not experienced traumatic stress.** Sometimes it can help to spend time with children who have not experienced traumatic stress and to involve yourself in other aspects of your students' school lives.
- **Make time for yourself, family and friends.** Part of a healthy lifestyle includes maintaining your mental health. A big part of this is making time for yourself, family and friends. Everyone needs time out for themselves to relax, have fun and enjoy themselves. Allowing yourself this time keeps you mentally fit and makes it much easier to manage your own stress and to help the children you care for manage theirs.

## Creating a pleasant events schedule

Sometimes it is necessary to actively schedule these times in, rather than just waiting for others to do this. Try and organise fun activities every week and spend a little time each day doing something for yourself. This might even be as simple as taking 15 minutes to read a book, going for a run, taking time out to have a relaxing bath or spending time playing games with your family. An example pleasant events schedule is provided on pg '34'. A blank copy is also available in the Appendix.

### Optional activity 11: Create a pleasant events schedule (10-15 mins)

## Creating a self-care plan

One way of helping you manage your own stress is to create a self-care plan. You can use this plan to prepare for difficult situations or to come up with ideas to help you manage stress generally. Look at the example on p. 35 to see how you could create your own self-care plan. Don't forget to look back at the tips for teacher self-care! You will also find a blank copy in the Appendix that you can photocopy and use as needed.

### Optional activity 12: Create a self-care plan (10-15 mins)

# Pleasant events schedule example

## Pleasant Events Schedule

Part of feeling good is about planning, and carrying out, activities that we enjoy. Use the schedule below to plan your activities over the next week. Try to do at least one activity a day and include a mix of activities with other people as well as ones you do on your own. Remember, activities don't have to take lots of time to be enjoyable.

**Emerging Minds.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning		Before work - 30 min run		Before work - spin class		Morning sweat sesh and coffee	
Afternoon	Take lunch out of office and sit in park		Take lunch out of office and sit in park				Beach time!
Night		Watch movie			After work - 30 min run		

# Self-care plan example

## Self-Care Plan

This planner can help you to identify your own personal signs of stress and plan strategies that may help you to manage your own stress and emotions.

**Emerging Minds.**

### What are your personal signs of stress?

What are the signs that might tell you that you need to take some time to care for yourself? (E.g. irritability, decreased concentration, withdrawing from friends/activities)

My personal signs that might tell me I am becoming stressed or finding it difficult to manage are:

- feeling edgy or restless
- losing patience easily
- difficulty planning things
- I stop seeing friends/family as much
- I stop doing exercise
- I get irritated more easily
- I have difficulties sleeping

### What strategies can you use to manage stress?

Be as specific as possible. (E.g. 'practice abdominal breathing for 10 minutes', 'talk to my partner', 'go for a run').

The strategies I would be able to use to manage stress include:

- exercising each day for at least 20 mins
- talking to my partner about how I am feeling
- using my mindfulness app to help me 'calm and centre'
- identifying unhelpful thoughts and replacing them with helpful thoughts.

### Who can you call upon for support?

Try and identify multiple people in different areas. (E.g. family, friends, colleagues)

If I need extra support, I can ask/talk to:

- partner
- friends
- family
- trusted work colleagues.

### What enjoyable activities can you include in your routine over the next month? When?

Try to make a list of various activities (big and small). Then schedule them into a Pleasant Events Schedule.

The activities that I will try to include in my routine (and stick to!) are:

- going for a 30 min run, three times a week
- seeing a movie with my partner
- taking the kids to the beach for a swim on the weekend
- taking 10 mins for myself to have a coffee and read a book.

## Where can educators find more information and help?

When educators are concerned with their own emotional wellbeing or feel as though they might benefit from further assistance, there are numerous ways in which they can seek help. Educators may choose to visit a general practitioner, psychologist, counsellor or mental health service (where available) and in some occasions may have access to such services as part of their employment (Employee Assistance Programmes).

However, there are now also many excellent online self-help resources that can be useful for adults who would like some help with managing their emotions, maintaining a healthy lifestyle or generally adjusting following traumatic or difficult situations.

## Online resources

### e-couch – Offered by Australian National University:

e-couch is an interactive self-help program with modules for depression, generalised anxiety and worry, social anxiety, relationship breakdown, and loss and grief.

[www.ecouch.anu.edu.au](http://www.ecouch.anu.edu.au)

### MoodGYM – Offered by Australian National University:

MoodGYM is an interactive web program designed to prevent and decrease depressive symptoms. Although it was designed for young people, it is helpful for people of all ages.

[www.moodgym.anu.edu.au](http://www.moodgym.anu.edu.au)

### Black Dog Institute

The Black Dog Institute is a not-for-profit educational, research, clinical and community-oriented facility offering specialist expertise in depression and bipolar disorder.

[www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)

### beyondblue – the national depression initiative

beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related substance use disorders in Australia.

[www.beyondblue.org.au](http://www.beyondblue.org.au)

## Apps

### Headspace

Guided meditation and mindfulness.

<https://www.headspace.com/headspace-meditation-app>

### Stop, Breathe, Think

Check in with how you're feeling, and try short activities tuned to your emotions.

<https://www.stopbreathethink.com>

### Colorfy

Anxiety management tool using colouring therapy.

<http://www.colorfy.net>



## What can schools and childcare facilities do to assist in post-disaster recovery?

Following disasters, individual and community losses may be significant. Schools and childcare centres can serve as a critical source of continuity, connection, stability and structure following a natural disaster.

### How can disaster affect school and childcare communities?

- Loss of life of children, parents, educators and administrators in the school/centre.
- Loss of life of relatives and friends of those at the school/centre.
- Loss of property for families and educators attached to the school/centre.
- Loss of school buildings, facilities (e.g. computer equipment and power, resources such as libraries and sporting equipment, loss of records and children's work).
- Loss of personal resources (e.g. teaching resources, equipment, specimens, collections).
- Loss of work environment.
- Loss of infrastructure to attend school (e.g. roads destroyed, bus companies unable to operate).
- Displacement of children, educators, administrators and support staff from local area.
- Overcrowding in remaining schools and centres.

## How do schools typically respond to disaster?

Research into the ways in which school communities respond following a range of disasters, including floods and tsunamis, cyclones, earthquakes, fire, accidental disaster and terrorist attacks has shown that schools respond in four ways:

- Business as usual.
- Unplanned adaptations to the program.
- Adaptation of existing programs to address factual issues about the disaster.
- Implementation of screening and assessment programs with psychological and counselling interventions to respond to child needs.

### Business as usual

In the immediate post-disaster environment, it is evident that re-establishing routines as 'normal' as possible is a focus for families and educators. Re-establishing school and care routines for children is beneficial in many ways as they can:

- provide children with a sense of security
- provide a feeling of 'normalcy'
- act as a secure base when families' resources are limited
- provide guidance to families about how to protect and care for their children in the post-trauma environment
- provide a community base from which to distribute aid and resources; and
- provide a community resource to assess children's social and emotional functioning and provide mental health services.

Some schools have reported that they did not adapt their curriculum following disaster or emergencies. Educators in these schools reported that they were concerned about negatively affecting the children's wellbeing by raising painful and traumatic memories. Others believed the children were not emotionally affected. In addition, if the disaster results in a significant disruption to learning through delays in re-establishing normal learning routines, lack of equipment and resources, or loss of school buildings and infrastructure, there is increasing pressure to 'catch up' on learning time that has been lost.

## Unplanned responses

Although some schools might prefer to adopt a 'business as usual' approach, sometimes unplanned, spontaneous, or student-initiated classroom activities addressing the disaster will occur. These include telling stories about the disaster or their personal experiences, discussing the event with educators or their peers, writing stories or student diaries with content describing the event, or drawing pictures.

It is difficult to restrict these activities in the classroom. However, these spontaneous events can be used to explore positive outcomes, such as changes in their environment and post-traumatic growth since the disaster. They can also be used to address planning and training for future emergencies.

### **Educators can respond to these unplanned responses and offer emotional support for their students by:**

- letting the child know they can talk with them
- letting the child know that help is available
- increasing the child's social connectedness by using a buddy system or by helping to facilitate social connectedness
- monitoring and maintaining a safe environment both within and outside the classroom
- talking with parents; and
- introducing classroom activities to provide support and follow up.

## Adaptation of existing program to address factual issues

Primary schools may choose to adapt their existing program to incorporate education about the disaster. This is based on the premise that one of the roles of educators post-disaster is to provide children with accurate information and knowledge about the event.

### **The existing curriculum can be adapted to:**

- include scientific data about weather patterns, drought, flood, fire, bush and forest management practices, indigenous management of the land, or history of disaster in the area
- examine the post-disaster environment such as regeneration, salinity, or erosion; and
- explore preventative measures.

These practices incorporate children's experiences into the existing curriculum and can also be used as a basis of preparation for emergencies and disasters.

## Implementation of screening, assessment and treatment

Some schools have access to mental health support in the form of school-based counsellors and psychologists. These professionals are in a unique position to screen and monitor children's mental health and coping. In addition, they are able to implement school-based group and individual programs. There are a range of interventions available for psychologists that have been evaluated. These are based on both short-term and long-term school-based interventions.

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# Part 4: When children need further assistance

## How and when to get help?

It is important for educators to understand the variety of ways in which children react to traumatic events. Here we provide some case examples to demonstrate the different ways in which children might react over time. These reactions will depend on many factors such as pre-trauma functioning, home and social support and other problems. The examples give you some idea of the sorts of behaviours and issues you might see in children. We also describe what types of things you can do to find out more information and how teachers might be able to help children and their families receive the assistance they need.

## Examples of trauma reactions in children

The children described below have all been affected by some type of natural disaster such as floods and bushfires. Many experienced loss or destruction of their homes, loss of possessions, and in some cases, loss of loved ones. Facilitators are encouraged to actively work through one or two age-appropriate case studies with participants in training sessions, in reference to the following questions:

- What signs are evident in the case example to indicate ongoing distress? What types of reactions is the child demonstrating?
- Are there any risk factors evident which might suggest the child is at risk of ongoing difficulties?
- What further information is required?
- What could you as an educator do right now?

Remember to use these case studies to reinforce that every child responds differently to traumatic events. Some might show distress straight away, while for others symptoms might develop over time.

## Case Study 1:

### Meet Hudson, 6 months

Hudson is six months old. Prior to a flood in his community he was able to roll from his back to his tummy and sit unsupported for a few seconds. He would grasp at objects and was able to pick up smaller items and move them from hand to hand. He was quick to settle and would sleep through the night. He would also nap before and after lunch as part of his day care routine.

During the flood, Hudson's family were required to evacuate their home for three weeks and stay with his maternal grandparents, along with Hudson's aunt and uncle (who were also evacuated). Arguments between adults were common in relation to space and noise. Hudson's parents often left the house to 'cool off', taking Hudson with them.

Hudson and his family are back in their own home now but Hudson's parents have advised you that he now wakes 3-4 times a night in a state of high distress. He takes extended periods of time to soothe and needs to be held to settle back to sleep. Hudson is displaying similar behaviour in relation to his naps at day care and is now rarely getting either a morning or afternoon nap. He appears lethargic and is no longer making any effort to roll over or sit up.

## Case Study 2:

### Meet Lizzie, 22 months

Lizzie is 22 months old and was a serious but friendly and physically active child prior to a cyclone. Lizzie's family home was severely damaged and the family have been living in temporary accommodation for the past four months. Lizzie had been meeting all of her developmental milestones prior to the disaster, had a vocabulary of about 30 words

and could put two-word phrases together (e.g. 'Mummy go', 'Want milk').

Since the cyclone, Lizzie shows little interest in exploring the world around her and no longer speaks other than three words: 'Mumma', 'Dadda' and 'Pook' (her dog). Lizzie transitions into day care with little emotion and is highly compliant with requests, but does not actively explore or pursue play with others.

### Case Study 3:

#### Meet Sam, 4 years

Sam is a four-year-old boy whose family was affected by bushfires. Since then, you've noticed his behaviour has been progressively getting worse. At first, he seemed to be restless and has some difficulty playing quietly and listening to instructions. But more recently, he has started showing some aggressive behaviours toward other children. He grabs toys from other kids, pushes or hits them and throws himself on the ground when he doesn't get his own way. You've also noticed that he seems jumpier than he used to be and harder to settle. His behaviour is starting to impact the class.

### Case Study 4:

#### Meet Jane, 7 years

Jane is seven years old and, although she has always been a little anxious, has seemed more clingy than usual since the bushfire. When her mother drops her off in the morning, she is very teary and it can take mum quite some time to calm her down. Even after mum leaves, Jane likes to sit in the front row and tries to stay as close as possible to the teacher. Her mother has mentioned to you that she seems more fearful than before and is having nightmares and trouble sleeping. She has also started wetting her pants (which she hasn't done before), which the other children have noticed. Jane frequently arrives without her homework completed and sometimes leaves her homework book at home. Jane's mother also seems quite anxious and is very worried about her daughter. She tells you that they have spent the last few months rebuilding their home and are getting ready to move in soon. Jane's mum has very mixed feelings about moving into their new home.

### Case Study 5:

#### Meet Jack, 10 years

Jack is 10 years old. He has always been an outgoing child, with lots of friends. However, since the cyclone and floods, he hasn't spent as much time with friends as he normally does. He tends to go to the library at lunch time and has stopped playing sport. Although he is still doing okay with his schoolwork, he doesn't seem to put his hand up to answer as many questions and doesn't seem to get involved with other kids in the classroom. His mood also seems to be low and he doesn't seem to laugh as much anymore.

### How educators can gather more information

As an educator, you spend a lot of time with the young person each day. In many ways, you may have the most chances to observe their behaviours and emotions. If you suspect one of your students is experiencing difficulties, it may be a good idea to talk to them or their parents and/or ask a school counsellor/guidance officer/nurse to check in on them. Below are some suggestions to help you talk to children when you suspect there might be a problem. Please consider age appropriateness in relation to wording and concepts. The use of aides like drawing pictures or using online therapeutic games may be a good way to engage some children.

#### Where possible, talk with the child

Talking with the young person is often a good starting point, particularly if the child is a bit older. There are a few things you can do to make this a bit easier:

- Create a safe environment for the child to talk.
- Let them know that you are concerned and want to help.
- Pick a moment when no-one else is around.
- Get down on their level or in a way that they are comfortable with.
- Allow the child to take the lead.

**Begin by letting the child know that it is sometimes hard to talk about feelings and worries, but that it can really help.**

- *'You've been through a lot this year. Everyone reacts differently to these sorts of things and it's normal to find it difficult to talk about.'*
- *'It might feel weird to talk about these things at first, but it can really feel better to get them out.'*

**Ask general questions about how they have been feeling and coping since the disaster and if there has been anything happening at home or with friends that concerns them. Use more specific questions if the child is willing to talk about this further.**

- *'How have things been going with you since the floods/storms/bushfires?'*
- *'Have things been difficult since the floods/storms/bushfires?'*
- *'How are you feeling at the moment?'*
- *'How are things at home since the floods/storms/bushfires?'*
- *'Is there anything that's been difficult for you lately?'*
- *'Is there anything that you would like to talk about?'*
- *'I've noticed that you've stopped doing some things that you used to enjoy doing. Is there a reason for that?'* (Remember, this could be because they are withdrawing, or even because they can't afford to do these things anymore.)
- *'Is there anything I can help you with?'*

**Show the child you are listening**

- Check that you have understood what they are saying:
  - *'So, it seems like things have been a bit difficult at home since the floods/storms/bushfires and that mum and dad are also feeling a bit stressed.'*
  - *'It seems like you have been finding it a bit difficult to concentrate lately and that you have had trouble sleeping. Is that right?'*
- Ask questions, but don't push them if they are not ready to talk.
- Let the child know you are ready to listen when they are ready to talk.

- If they disclose feelings, acknowledge their experiences, perceptions and feelings.
- Reassure the child that their thoughts and feelings are normal.
- Focus on strengths and highlight the things the child has done well.

**Get the student welfare coordinator, school counsellor or other appropriate staff members involved if you think you need help or the young person won't talk at all.**

## **Babies and younger children**

As babies and young children have a limited vocabulary to express their feelings, it is essential to use active listening, reflective listening and observational skills to gather information about the level of distress the child may be experiencing. For babies and younger children, play is an important element of social and emotional development, through which they can act out their ideas and express their feelings about events they have witnessed or experienced. The observation of verbal and non-verbal behaviours during play and other activities will help educators identify the emotions the child is feeling.

When interacting, try and use words that a young child would use and paraphrase what you are observing to help the child identify and understand their emotions. For example, you might say, *'That noise is scary'* or *'You look sad'*. Maintain a calm, reassuring and positive manner. Talking to parents and caregivers is also very important when working with children in the younger years.

## **Dealing with disclosures**

Sometimes when talking with children, they may disclose sensitive information about the traumatic event you are discussing or about other traumatic events that you were not aware of. It is important for educators to be aware of their duties and responsibility to both the child and others. There may be situations in which the educator is required to report the disclosure to third parties, and it is recommended that educators familiarise themselves with their responsibilities and duties and consult with appropriate facility administrators where necessary.



In many cases, educators may choose to encourage or even help the child to disclose this information to other support persons (e.g. parents) or help them identify ways in which they can receive support for their difficulties from external sources.

### **Get background information where it might help. Talk about your concerns with the child's parents/caregiver**

Sometimes, it might be useful to talk to the child's parents or caregiver, particularly with young children. Talking to parents can also be a good way of finding out extra information that may help you better understand what is going on. It is recommended that you know your school or centre's policy on this so that you are aware of your responsibilities before approaching parents.

#### **Here are some suggestions for how to make this conversation a bit easier:**

- Create a non-threatening and supportive environment for the parent/caregiver. Such discussions may be difficult for other family members who may have also experienced the traumatic event.
  - It may be appropriate to involve the school principal, centre director or another professional (e.g. welfare coordinator, school psychologist, school nurses) when working with parents/carers and family members.
- Ask the parent/caregiver if they have noticed any changes in their child's behaviours or emotions or if they have any concerns about their child.
  - *'Your family has been through a lot this year. I just wanted to check in and see how things are going.'*
  - *'How has Lizzie been going in the past few months? Have you noticed any changes or anything you are concerned about?'*
- Express your concerns about the child to the parent/caregiver. Be sensitive and respectful of the family.
  - *'I've noticed some changes in Sam's behaviours and I wondered what you thought about this. Are you seeing the same behaviours at home?'*
  - *'I've noticed Jane seems to be having some trouble with being on her own at the moment. Is that something you've noticed?'*
- Ask the parent/caregiver if there is anything going on at home or with friends that might be contributing to the child's behaviour (e.g. the child might be having difficulty sleeping, which could be contributing to classroom behaviours).
  - *'Is there anything else going on at home, or with friends that might be making it difficult for Sarah at the moment? Is she having any trouble sleeping?'*
  - *'Do you know if Jack is having any difficulties with his friends at the moment?'*
- Ask the parent/caregiver if there is anything the school can help with and let them know that you are available if they have any questions or need help. Normalise accessing professional help and be willing to provide information about the psychological support and services available. If you feel that the child or family might benefit from seeing someone for further assessment or assistance, approach the parents sensitively.
  - *'Is there anything we can do to make things easier?'*
  - *'It seems like Sarah is having some difficulties at the moment. This might get better over time, but if you think you could use some help with managing right now, I can help you find the appropriate person.'*
  - *'We know that some children (and adults) do have difficulties managing their emotions/behaviour after traumatic events. Sometimes this gets better over time, but when it starts interfering in the child's or family's functioning, then it can be helpful to try and get some assistance.'*



## How to determine if the problem is serious

It is normal for children to show some adjustment in behaviour or in managing emotions immediately following exposure to traumatic events. Fortunately, the majority of children are resilient and will return to their normal functioning over time. However, some children will experience more intense and interfering reactions, or reactions that persist over time, and most often benefit from further assessment and intervention.

### Further assessment or intervention may be indicated if:

- symptoms persist or worsen over time
  - the child shows a significant decline in concentration, academic performance or classroom participation that interferes with their daily functioning or causes significant distress
  - there are ongoing or worsening difficulties regulating emotions (e.g. difficulty controlling emotions such as crying or anger)
  - there are significant and lasting changes in social functioning (e.g. withdrawing from friends, fighting, interpersonal difficulties, physical and/or verbal aggression) that cause problems for the child or others
  - there are behaviours that disrupt others and the childcare or classroom environment on a regular basis
  - difficulties arise that cause the child or others significant distress or concern (including the family)
  - there are behaviours or difficulties that prevent the child from engaging in age-appropriate tasks or developing appropriately (e.g. advancing academically, advancing socially, maturing appropriately, interruptions to developmental milestones such as speech or language)
  - the child starts to engage in behaviour more typical of a younger child (e.g. difficulties toileting, using 'baby talk')
  - there is evidence that the problems exist outside of the school/centre as well. For example, the problem occurs in multiple settings (at home, with friends, at school)
- parents or caregivers have concerns about the child's/family's functioning, request assistance, or are distressed by the situation
  - there is the presence of ongoing stressors outside of school which may exacerbate difficulties (e.g. financial difficulties, housing issues, parental separation, death of a family member).

## Accessing assistance

There are many different ways in which you can help the child and their family. It is important to know when you can help, when to utilise school-based resources and when you might need to make a referral to an external agency. Below are some guidelines/suggestions for what you can do when you think a child needs further help.

### Utilise school/centre-based resources

- Be familiar with your school's guidelines and policies for such issues.
- Get to know the support resources available. Who can you ask for help? Student welfare coordinators, child support service officers, guidance officers, school nurses, school psychologists, youth workers, school chaplains, centre directors and principals may all offer different forms of assistance. Some may be able to assist in providing information to children and families, while others may offer more direct support or advocate for the child where needed.
- Think about what you as an educator can do to help the child and their peers following traumatic situations.

## Refer on for further assistance

Sometimes, no matter how supportive the classroom, child care or home environment is, children may require professional assistance following traumatic events. If you feel that the child or family might benefit from further assessment or intervention, consider suggesting that the family seek further assistance and provide resources that help them to access such support (e.g. contact details, pamphlets).

- Professional help can be sought both internally and/or externally. If your facility employs a psychologist or counsellor, they might be able to help, or at least suggest some appropriate services.
- Discuss referral options with parents and/or the child. This can be a difficult topic to raise with families. It will help if you have established an open line of communication. Sometimes, it is enough to simply make families aware of the services available to them.
- It is important to make parents aware that early intervention is considered important when it becomes clear that the child is experiencing difficulties.
  - *‘Sometimes, no matter how supportive the home environment is, children may require assistance from someone outside the family or school. We know that the earlier we intervene, the more likely it is that we can help the child manage their emotions and behaviours and return to their usual functioning.’*

Familiarise yourself with the services available in your workplace and the wider community. School and community-based support services can work together to ensure the young person and their family receive the support required.

## Community services and help lines

There are some services that parents and children (and educators) can access at any time, without having to go in and see someone in person. Many of these can be found on the internet and a few key services are listed below. Your student welfare coordinator or student support service officer might be able to help you find more services available in your area.

**Kids Helpline**  
1800 551 800

**Lifeline**  
13 11 14

**Parentline**  
1300 30 1300

**Australian Centre for Grief and Bereavement**  
1800 642 066

**beyondblue**  
[www.beyondblue.org.au](http://www.beyondblue.org.au)

**Carers Australia**  
1800 242 636

**beyou**  
1300 22 4636

## How to refer to a mental health professional

The following information may be of assistance to families who are uncertain as to the process involved in accessing an external mental health professional.

### General Practitioners (GPs)

It is important to see a GP when considering a referral for a child to a psychologist or counsellor. A GP can provide a health assessment and monitor the progress of a child, as well as facilitate access to psychological services available in the community.

- Access to Focused Psychological Services (previously Access to Allied Psychological Services [ATAPS]) is a service which enables GPs under the MBS Better Access initiative to refer consumers to allied health professionals (such as psychologists) who deliver focused psychological strategies. Families should visit their GP to gain further information.

### Private allied health professionals

Parents can also seek private individual assistance from various allied health professionals for their child, in particular, clinical psychologists. Clinical psychologists are trained in assessment, diagnosis and treatment of various emotional and behavioural difficulties in childhood and adolescence. However, different professionals may have different areas of work and expertise, so it is useful to check that the person or service selected has the skills and expertise for managing children. Availability of psychologists will vary according to location and it is recommended that families first visit their GP to obtain a referral, and to assess their eligibility for rebates through Medicare.

- Parents may also independently seek private practitioners through the Australian Psychological Society (APS) by visiting [www.psychology.org.au/Find-a-Psychologist](http://www.psychology.org.au/Find-a-Psychologist)
- Families may also be eligible for rebates through private health funds, and should contact their health provider to enquire about rebates.

### Community-based mental health professionals

Families may be eligible to receive assistance through their local Child and Adolescent/ Youth Mental Health Service (CAMHS or CYMHS). Such services are staffed by psychologists, social workers, psychiatrists, mental health nurses, occupational therapists and health workers who may be able to help. In most instances, families are able to self-refer for this service by calling their local service.

### Infant and baby mental health services

Each state and territory of Australia will have a dedicated perinatal and infant mental health service operated by the government. Families should visit their GP to gain further information.

**Optional handout:  
Educator fact sheet 6 –  
how and when to  
get help**

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# Part 5: Appendix: Additional information and resources

## Common severe stress reactions to a traumatic event

**Note:** The following information describes some of the possible difficulties children may demonstrate following exposure to various traumatic events. While every effort is made to ensure the accuracy of the material contained in this guide, the following information is not a substitute for independent professional advice or assessment and is not intended to be used to diagnose mental health difficulties.

### Academic performance

Over time, some children may demonstrate a decline in academic performance. Although this could be due to a number of reasons, changes in academic performance can be linked to difficulties following exposure to a traumatic event.

#### Changes in academic performance following trauma may occur due to:

- difficulties completing homework tasks because of problems in the home environment (e.g. some children may not have returned to their home, may be staying with relatives, may not have been able to replace schoolbooks and resources, etc.)
- ongoing family difficulties (e.g. financial stressors, family conflict)
- ongoing medical issues resulting from the natural disaster which prevent the young person from completing schoolwork or attending school
- difficulties sleeping (resulting from post-traumatic stress or anxiety) which interfere with the child's ability to concentrate at school

- depressed mood or anxiety resulting from the trauma. Children who experience ongoing depressed mood or anxiety will find it difficult to concentrate and will find it hard to motivate themselves to complete schoolwork. Some children may require additional motivation and reinforcement.

### Social or interpersonal difficulties

As previously discussed, following trauma, children may experience difficulty interacting socially and maintaining friendships. This may in part be due to other difficulties such as depression and anxiety, but can also be linked more directly to traumatic events. Children who have experienced traumatic events (particularly multiple events) may find it difficult to cope with interpersonal stress. For example, when faced with a difficult interpersonal situation (e.g. fighting with a friend, teasing, bullying), a child who has experienced something traumatic may respond differently to such situations (e.g. cry, withdraw) than they would have previously (e.g. using appropriate social skills to manage the situation). Thus, educators and parents may find they need to intervene more often.

#### Over time, children may:

- start to withdraw from friends and classmates
- get less enjoyment out of social activities
- fight more with friends
- react negatively to minor interpersonal incidents; and/or
- use inappropriate social skills or interaction patterns.

## Post-Traumatic Stress Disorder (PTSD)

Post-traumatic stress symptoms or Post-Traumatic Stress Disorder (PTSD) can develop after exposure to an extremely traumatic event in which the child experiences intense fear, horror or helplessness.

### Children under 6 years

Children with PTSD may experience some or all of the following symptoms:

#### Intrusive symptoms

- Recurrent, involuntary and intrusive distressing memories of the traumatic event.
- Recurring and upsetting dreams about the event.
- Flashbacks or other dissociative responses, where the child feels or acts as if the event were happening again.
- Strong and long-lasting psychological distress after being reminded of the event or after encountering trauma-related cues.
- Strong physical reactions (e.g. increased heart rate or sweating) to trauma-related reminders.

#### Avoidance symptoms

- Avoidance or attempted avoidance of activities, places, or physical reminders that arouse recollections of the traumatic event.
- Avoidance or attempted avoidance of people, conversations, or interpersonal situations that serve as reminders of the traumatic event.

#### Negative alterations in thoughts and moods

- More frequent negative emotional states, such as fear, guilt, shame or sadness.
- Increased lack of interest or participation in activities that used to be meaningful or pleasurable, including reduction of play.
- Social withdrawal.
- Decrease in the expression of positive emotions.

#### Changes in arousal or reactivity

- Increased irritable behaviour or angry outbursts. This may include extreme temper tantrums.
- Reckless or self-destructive behaviour.
- Hypervigilance, which consists of being on guard all the time and unable to relax.
- Exaggerated startle response.
- Difficulties concentrating.
- Problems with sleeping.

### Children over 6 years

#### Intrusive symptoms

- Recurrent, involuntary and intrusive distressing memories of the traumatic event.
- Recurrent upsetting dreams about the event.
- Flashbacks or other dissociative responses where the child feels or acts as if the event were happening again.
- Strong and long-lasting psychological distress after being reminded of the event or after encountering trauma-related cues.
- Strong physical reactions (e.g. increased heart rate or sweating) to trauma-related reminders.

#### Avoidance symptoms

- Avoidance or attempted avoidance of distressing memories, thoughts or feelings about or associated with the traumatic event.
- Avoidance or attempted avoidance of people, places, conversations, activities, objects or situations that arouse distressing memories, thoughts or feelings about/associated with the traumatic event.

## Negative changes in thoughts and moods

- Inability to remember an important aspect of the traumatic event.
- Persistent and exaggerated negative beliefs about injury or death to self or others.
- Persistent distorted thoughts about the cause or consequences of the traumatic event that result in self-blame or blame of others.
- Persistent negative emotional states, such as fear, shame or sadness.
- Increased lack of interest in activities that used to be meaningful or pleasurable.
- Social withdrawal.
- Long-standing reduction in the expression of positive emotions.

## Changes in arousal or reactivity

- Increased irritable behaviour or angry outbursts. This may include extreme temper tantrums.
- Reckless or self-destructive behaviour.
- Hypervigilance, which consists of being on guard all the time and unable to relax.
- Exaggerated startle response.
- Difficulties concentrating.
- Problems with sleeping.

It is important to understand that some of these signs are common for many children immediately following exposure to a traumatic event. However, if they persist or worsen over time they could indicate something more serious. If the signs remain evident after a month, it is possible that the child may require additional assistance to manage their difficulties.

## Anxiety disorders

All children and adults experience anxiety. Anxiety is a normal and helpful response to threatening situations and helps prepare us for action. However, for some children, ongoing anxiety may interfere with social and/or academic functioning. Below are descriptions of some common anxiety reactions that children may demonstrate.

## Separation anxiety

It is normal for children to want to be close to their family and friends. However, after a traumatic event some children may experience significant distress and fear when they are separated from loved ones, which can impact on their social and academic functioning. Children may also worry about the safety of loved ones or fear that something bad might force them to be separated. These worries can develop immediately following the traumatic event, or appear at a later date. At times, these children may be distressed on arrival to school, refuse to attend school camps or excursions, or complain of physical symptoms (e.g. nausea, headache) when separated from loved ones. These symptoms can persist over time and can develop into Separation Anxiety Disorder.

Although concerns over separation from loved ones and home are often expected immediately following traumatic events, these behaviours may begin to interfere with the child's and family's functioning if they continue over time. Such separation concerns can be developmentally appropriate (e.g. for younger children); however, one sign that the child might need further assistance is if their distress over separation becomes inappropriate for their developmental level or age, or if it prevents them from engaging in age-related activities. For example, a 13-year-old boy who would not leave his mother to go to a friend's house for two hours may be missing out on having fun, building friendships, and seeing that he can safely be separated from his parents.

Sometimes it can be difficult to determine if the child's emotional responses are developmentally appropriate and consistent with the type of separation they are experiencing (e.g. first school camp), or an emotional response to trauma. Professional assessment and intervention can be successful in distinguishing between trauma-related and normal emotional responses, and in managing anxiety.



## Generalised anxiety

Other children may develop or demonstrate more generalised forms of anxiety following exposure to traumatic events. Generalised Anxiety Disorder (GAD) is characterised by excessive and uncontrollable worry or anxiety in which the young person overestimates the likelihood of negative consequences. For example, after hearing a weather forecast predicting rain showers, a child may worry that there will be so much rain that the town will be flooded.

To some degree, all children who have experienced natural disasters will be on alert and occasionally may expect the worst when presented with similar circumstances. While this may be a natural reaction, children who develop GAD will experience such worry on a daily basis, often in the absence of direct evidence of a threat. Further, such children often tend to worry about a number of issues, and the worry persists over time (more than 6 months). Notably, these worries are not always related to the traumatic event the child has experienced.

### Topics that children with GAD may worry about include:

- schoolwork
- being good enough in sports or other activities
- friends and social situations
- their own health or a family member's health
- finances, housing issues and family relationships
- new situations
- world events (including natural disasters, terrorism, news stories, etc.).

Children with GAD may also experience some somatic or physical complaints including muscle aches, tension, concentration difficulties, irritability, fatigue and difficulty sleeping. A lot of these symptoms overlap with signs of other psychological difficulties (e.g. ADHD, PTSD). One way of distinguishing between these difficulties is to find out what is causing the symptoms.

For example, in the case of GAD, children may have trouble concentrating or sleeping because they are distracted by their worries, not because they are unable to concentrate or sit still (such as in ADHD).

A distinctive feature of GAD is that children have difficulty controlling their worry and/or they excessively seek reassurance from others. Children with GAD might ask educators (and parents) many questions over the course of a day. For example, they may ask questions like 'What if I am late to class?', 'What happens if it rains at lunch time?', 'What if my mum is late picking me up?', etc. Children with GAD might also be worried about others in their class and how they might be affected by their behaviours. Children with GAD often ask a lot of 'What if...' questions.

## Panic attacks and agoraphobia

Panic attacks and agoraphobia are generally less common in childhood than adulthood. However, some children may develop panic attacks following exposure to a traumatic event, which can then cause the child and their family significant distress.

Panic attacks are characterised by a sudden onset of intense fear or discomfort, which is often accompanied by a sense that something bad is about to happen. Typically, such panic attacks occur without a specific trigger (i.e. outside of anxiety-provoking situations) and can occur anywhere, any time. Children may report such feelings as non-specific anxiety about suddenly becoming ill, or fears of suddenly vomiting that are difficult to control.

Panic attacks are also typically accompanied by sudden physical sensations that the child misinterprets as a sign that something is wrong, which in turn increases their anxiety. Physical signs include increased heart rate, chest pain, sweating, trembling, dizziness, breathlessness, nausea and choking. Although physical symptoms are common across the various anxiety disorders, in panic disorder the symptoms come on quite suddenly and are typically time limited (e.g. 15-30 minutes). Children with panic disorder may also experience agoraphobia, which occurs when the child begins to avoid going to places where they believe a panic attack might occur (e.g. a shopping centre).

The difference between avoidance in agoraphobia as opposed to avoidance within PTSD for example, is that in panic and agoraphobia, the child is not afraid of the situation itself or the memories associated with it. Rather, they are worried that they will have a panic attack in that situation.

## Depression

Depression is one of the most common mental health problems experienced by children and can develop following exposure to a traumatic event. While many children who are involved in natural disasters may feel sad, moody and low at times following the event, some of these children might experience these feelings for long periods of time, experience quite intense depressed mood and/or frequently feel this way without reason. Some children may continue to experience depressed moods long after the traumatic event (e.g. a year later).

Children with depression might find it hard to function, have difficulty with their schoolwork, and may stop participating in activities which they previously enjoyed. Depressed mood may be a direct reaction to the child's experience of the disaster or it may be a result of accumulating stressors and events.

### Behaviours that might be evident in children with depression include:

- changes in mood or moodiness that is out of character
- increased irritability, especially for teenagers
- withdrawal from or difficulty in social interactions
- withdrawal from previously enjoyed activities (e.g. participation in sports, drama, etc.)
- alcohol and drug use
- staying home from school
- failure to complete homework and class activities or a reduction in academic performance
- changes in concentration levels
- changes in sleeping routines; always seeming tired or exhausted
- presence of negative thoughts, inability to take minor personal criticisms
- general slowing in thoughts and performance.

Down or depressed moods that have persisted for an extended amount of time and are concerning educators may indicate that the child requires further assessment and assistance.

## Behaviour problems

All children experience times when they are disruptive, have difficulty getting along with peers, or have difficulty following rules. After a traumatic event, children may be more argumentative, aggressive, easily annoyed and/or have difficulty following rules, managing their emotions (e.g. anger) and engaging in appropriate peer relationships (i.e. they may bully/annoy others). Sometimes the young person's behavioural difficulties may be more serious and include activities such as stealing, lying and/or running away.

For most children, these behaviours are transient and disappear over time. However, for some children these behavioural difficulties will persist over time, impact on others (e.g. educators, classmates) and interfere with the child's social, academic and home life. For some, these problems can become more serious or even present as Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) or Conduct Disorder – which are often referred to as 'externalising disorders' or 'behaviour disorders'.

- **Attention Deficit Hyperactivity Disorder (ADHD)** is a disorder characterised by difficulty with attention and concentration. Children with ADHD may also have difficulties with impulsivity and regulating their behaviour.
- **Oppositional Defiant Disorder (ODD)** is characterised by oppositional, defiant or hostile behaviours towards peers and adults, particularly authority figures.
- **Conduct Disorder (CD)** is a more serious form of externalising disorder and may include overt aggression, difficulties with the law and a disregard for the rights of others.

Although some children may be demonstrating these behavioural disorders, for others, such behaviours may in fact be an expression of trauma-related difficulties.

Sometimes it is unclear whether or not the child's behaviours are reactions to trauma or if the child is experiencing independent behavioural difficulties (e.g. ADHD). Unfortunately, some of the more common treatments for ADHD (e.g. medication) are unlikely to assist in managing behaviours that are trauma reactions. New difficulties and behaviour problems that arise after exposure to a potentially traumatic event should be investigated. Distinctions between trauma reactions and independent behavioural difficulties can be made through professional assessments and interventions.

### Other problem behaviours

A range of other behaviours may also be expressed by children following traumatic events. These include tension-reducing habits such as:

- thumb sucking
- nail biting
- body rocking
- breath holding
- hair pulling
- stuttering
- nervous tics.

These may be of concern for parents, caregivers and educators if they are excessive, if other children notice the behaviours, and/or if the behaviours interfere with the child's ability to function in day-to-day life. Behaviours which seem typical of children younger than the child (e.g. thumb sucking) may also be of concern.

Often these habits will resolve with time as the child recovers post-trauma. If these behaviours persist or cause distress or impairment to the child, family or their peers, seeking professional help may be advised. Behaviours that are still evident some months after the trauma are likely to require assistance.

**Optional handout:  
Educator fact sheet 7 –  
common severe stress  
reactions to a traumatic  
event**

## Training module breakdown

Four modules of 60-90 mins each (depending on activities utilised by trainer and individual delivery pace). Flexibility to deliver as 1 x full-day workshop, two half-day workshops or 4 x sessions.

The delivery times (below) have been calculated as incorporating 15 mins of activities (i.e. 1-2 activities per session).

### Module 1

#### **Intro + Using preparedness to support children**

18 slides + 3 optional activities

### Module 2

#### **Trauma reactions in childhood**

20 slides + 1 optional activity per age group (note: age-specific slides are included in this section)

### Module 3

#### **The role of educators in helping children during and after a natural traumatic disaster-related event**

26 slides + 8 optional activities (note: age-specific slides are included in this section)

### Module 4

#### **When children require further assistance**

22 slides + 5 case study activities (recommend completing 2 per age group) + 1 optional activity (note: optional slides due to case studies, etc.)

## Additional information and resources for Appendix/ Facilitators Kit

- Presentation slides
- Fact sheets x 7
- Activities list
- Blank pleasant events schedule
- Blank self-care plan
- Case studies (formatted as handouts)
- Resource matrix (Activity 13)