Emerging Minds.

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

Facilitator's Handbook
Health & Social Service Practitioners (HSSPs)

National Workforce Centre for Child Mental Health

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Introduction to resources

Health and social service practitioners (HSSPs) are in a unique position to support wellbeing, coping and resilience in children before and after a natural disaster event, thanks to their expertise and interactions with the community.

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

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

The core outcome of the training is for HSSPs 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 facilitator's 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 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 2 discusses the vital role that HSSPs can play in helping families with 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 3 discusses the important role that HSSPs can play in helping children during and in the immediate aftermath of a natural disaster. The concept of Psychological First Aid is discussed.

Part 4 reviews the role that HSSPs can play in supporting families and monitoring children in the short- and longer-term disaster-recovery period. The importance of parent and HSSP self-care is also discussed.

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 delivery in a full day workshop, two half-day sessions or a series of up to four sessions. Facilitators may choose to omit all, or part, of Module 1 if the HSSP target audience already has significant knowledge in the area of children and trauma.

The addition of further optional activities 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 self-education or distribution in sessions.

Additional notes

While the content and strategies contained in this training package will 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 the 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, pre-schoolers 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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Contents

Part 1: Trauma reactions in childhood

Introduction

With its widely diverse landscape, Australia is susceptible to multiple natural disaster 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.

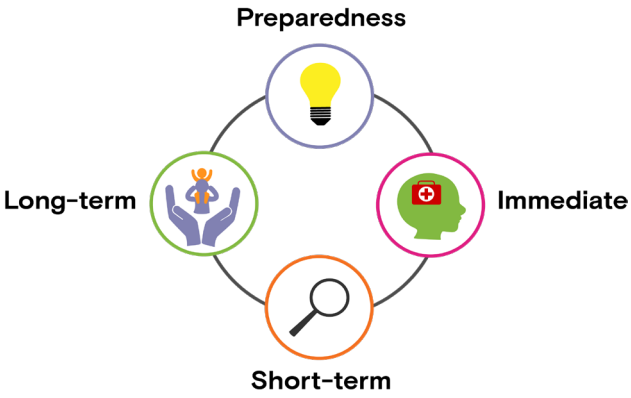
For some Health and Social Services Practitioners (HSSPs), interaction with children and families will be a core part of their everyday working lives; whereas for others, contact with children in the professional environment may be minimal. Because of their training and skills however, HSSPs may also be called upon to assist children and their families in a voluntary or professional capacity before, during and after a natural disaster event.

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

Red Cross World Disasters Report, 2016

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.

In the delivery of professional services and/or via outreach activities (such as community presentations and attendance at community events), HSSPs may have contact with children and families at any of these time periods before or after a natural disaster. It is therefore important that HSSPs are equipped with the professional knowledge and tools required to support children and their families at all stages of the disaster planning and recovery timeline.



When disasters occur, parents need guidance, information and support to help them reassure and care for their children as effectively as possible. To provide this support, HSSPs need to understand a little about the nature of trauma and the ways it can affect the psychological health of children at different ages and stages of their development.

What is a traumatic event?

A traumatic event is defined as any situation that the child subjectively experiences as overwhelming (i.e. 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 events involving 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, 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 having 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 (such as 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).

Additional reading:

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 person 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.

Symptoms over time

IMMEDIATE		INTERMEDIATE		LONG-TERM
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	>			

HSSP fact sheet 1 - Common severe stress reactions to a traumatic event

Additional reading:

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

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) prior to the event.
- 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/s.
- 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 from 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 five 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 HSSPs 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: HSSP fact sheet 2 – Trauma responses in children aged 0–24 months

Toddlers and preschool children (2 to 4 years)

Developmental considerations

Toddlers and preschoolers are also 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 develop false assumptions about 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: HSSP fact sheet 3 – 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 ingrained and the child continues to thrive and maximise their developmental trajectory.**

Optional activity 1: Reflection and discussion: Child trauma responses (0–24 months and 2–4 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 pre-schoolers, 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 of 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.
- There can be tremendous individual variability in trauma responses.
- 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 ingrained and the child continues to thrive and maximise their developmental trajectory.**

Optional handout: HSSP fact sheet 4 – Trauma responses in children aged 5–12 years

Optional activity 1: 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. Anxious parents 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 maladaptive 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 functioning 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.

Part 2: Disaster preparedness – supporting children before a natural disaster event

All children, including very young infants and babies, depend on adults to feel safe and will be affected by how the significant adults around them are responding to a threatening situation. Children can quickly become unsettled and feel unsafe in situations where their carers are distressed. One of the most effective ways for parents and carers to minimise their children's stress and anxiety in a natural disaster event is therefore to remain calm and cope well themselves.

When disasters occur, parents need guidance, information and support to help them reassure and care for their children as effectively as possible. Engaging parents and carers about the importance of being prepared for disasters can increase their emotional and practical ability to manage disasters and traumatic events. If parents know what to expect during and after a disaster, this can increase their confidence and ability to support their children.

HSSPs are often a trusted figure in the lives of the children and families they work with and are in a unique position to understand the mental, physical and/or economic needs that may affect the family's ability to recover from a disaster or traumatic event. HSSPs can help reduce stress by talking to each family about what they need to do in a disaster, in the light of what they know about their particular strengths, needs and vulnerabilities.

Supporting families in the planning process

In supporting families to plan for a natural disaster event it is important for HSSPs to encourage families to:

1. **Adopt a 'whole of family' approach to disaster preparedness planning**
   Parents may believe that talking to their children about the potential threat of a disaster will scare or traumatise them. It is important to reassure parents that the opposite is true. Rather, by talking to children about a potential disaster event they will support them in feeling:
   - safer and more secure in the knowledge that they have a 'family 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 or if a disaster occurs
   - reassured that even if a disaster does occur, their family (and the wider community) will use its resources to work together
   - a greater sense of control which will assist them in managing their fears.
2. **Prepare early and revisit plans on a regular basis**
   Preparation for a natural disaster need not only occur in the period immediately prior to a natural disaster. Families who plan well ahead of time and who review their plans on a regular basis can make a big difference to how the whole family will respond and cope if there is a natural disaster.
3. **Prepare parents and children both**

practically and psychologically
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. While physical and practical preparation for a disaster is very important, it is equally helpful for people to know how to prepare psychologically before a natural disaster. Considering ahead of time how a disaster situation might be experienced can help to decrease a family's anxiety levels and psychological reactions, which can increase coping behaviours and assist in recovery.

Steps to practical and psychological preparedness

Encourage families to sit down together with their children to develop an emergency plan that includes both psychological and practical preparation.

Psychological preparedness

The Australian Psychological Society (APS) has developed a model that 'AIMS' for psychological preparedness in three steps. To gain familiarity with the process, HSSPs should run through the steps for themselves before using the process with families.

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.
   - Encourage parents and carers to find out about the risks of the possible disasters they may confront and what they can do.
   - Explain that when people understand their usual reactions to stress they can learn ways to respond to these feelings as they happen.
   - Discuss how each member of the family might feel in an emergency and how they might react (e.g. feeling scared, crying, worrying about their pet/friends/parents).
   - Help family members 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 family members to identify and label:
     1. The signals that their own/their 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.).
3. **Manage** your responses using controlled breathing and positive self-talk so that you stay as calm as possible and can focus on the practical tasks that need attention.
   - Let children and their families know that when they are feeling stressed or anxious there are two very simple things that will help them to feel more in control:
     1. Slowing down their breathing using guided breathing excises. Some examples are provided in Activity 2. Consider the use of apps for adults and older children.
     2. 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').

Practise both strategies with family members whenever an opportunity arises to reinforce their use and utility. For example, if a child becomes upset in a session 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, if a family member expresses an unhelpful thought, the whole family could be asked to try and think of some helpful ones to replace it (making it a game-like process).

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

Optional activity 3: Helpful thoughts (10–15 mins)

Practical preparedness

There are simple and practical things families can do to protect themselves before a disaster.

- Write down their **emergency contacts** and other important numbers and keep them somewhere that's easy to find (for themselves and others). Make sure to include family, friends, schools, utility services).
- **Identify the emergencies that might affect their family** (e.g. fire, flash flood, severe storms, blackout). Reliable information about risks and impacts of these might be found at their local council, library, local emergency services or by talking to people who have lived in the area for a long time.
- Identify **where, how and when to get help** (e.g. from emergency services, SES, local utility companies, local council).
- **Obtain copies of existing local emergency plans**. Schools, child care facilities, workplaces and aged care facilities will likely have their own emergency plans. Ask how information will be passed on to the family, what services might be available and what they could do if services are disrupted.
- **Tune in to emergency information** (e.g. local ABC, emergency service Facebook and Twitter feeds, Bureau of Meteorology, emergency apps).
- **Plan for pets/stock**. Write down how the family will manage any pets/stock in an emergency.
- Write down information about any **medical conditions** that family members may have, as well as emergency contact details for medical providers (GP, specialist, pharmacist, psychologist, etc.) and include this in the family's emergency plan.

The Australian Red Cross has developed an excellent suite of resources to help individuals and families prepare (and recover) from a disaster.

Families can be encouraged to use an online or downloadable RediPlan or the 'Get Prepared' app (available for iOS and Android) to undertake their emergency preparedness planning tools.

Talking to children about disaster preparedness

While parents and carers are the experts in relation to the communication needs of their own children, the following strategies can assist them to support and reassure their children during and after the planning process:

- Tell children that disasters can happen and being prepared will help keep everyone safe. Be reassuring but don't make realistic promises.
- Stay calm and speak with confidence when discussing the family emergency plan. Reassure children that the preparation the family has done will help make things a lot safer.
- Help children to identify and label their feelings. Teach them how to slow their breathing (and practise regularly) to help manage overwhelming feelings.
- Create an open and supportive environment where children know that it's ok to ask questions. This will help their parent to understand any issues that need clarification and to dispel any misconceptions they may have.
- Don't force children to talk if they don't want to. Explain to parents that even if children are not talking, they will be listening. Let them ask questions or make comments in their own time.
- Use words and concepts the child will understand. Tailor 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.

Don't forget to plan for your practice!

It is important that HSSPs undertake appropriate emergency planning and preparation within their own practice and/or service area. If there is a plan for what your service will do in the event of a disaster, you will be better prepared to provide information and support to your clients during and after a natural disaster event.

Summary

Children react differently to fearful situations depending on their age and personality. Their reactions will also be significantly affected by how the important adults in their lives are responding to a threatening situation. Practically and psychologically preparing families 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.

Part 3: Supporting children during and immediately after a natural disaster event

The aftermath of a natural 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.

While the majority of adults and children will cope and recover well over time, some will require specialised support, and everyone will need support at difficult moments like anniversaries. Children may display a variety of behaviours after a natural disaster event and will need adults in their lives to help them when memories of the disaster, or big feelings like sadness or anger, come up for them. Parents, however, may also be struggling with their own grief and loss and need external support to assist them in providing stability and routine for their children.

After a natural disaster event, HSSPs will be a critical resource for parents, families and children, providing support, guidance, reassurance and advice in the days, weeks, months and (in some cases) years after the crisis.

Optional activity 4 – Reflection and discussion: Natural disaster events (10–15 mins)

The role of HSSPs: During and immediate aftermath (disaster response)

In a professional or personal capacity, HSSPs may have contact with families and children during and in the immediate aftermath of a natural disaster (e.g. in a disaster response centre, volunteering, delivery of emergency response services). Research indicates that the chances of children having ongoing difficulties are significantly reduced if they receive support, comfort and reassurance from the adults around them at the earliest possible stage post-disaster. The application of some simple strategies, known as 'Psychological First Aid,' will greatly assist children to regain a sense of emotional and physical safety following a natural disaster.

Note: Depending on the individual circumstances of the natural disaster event, HSSPs may be required to deploy the strategies detailed in the following sections directly with children themselves and/or use them to underpin 'on the ground' advice to parents and other adults caring for children

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.

While many HSSPs have been trained in Psychological First Aid, it is important to remember that children and babies have unique needs. Psychological First Aid therefore needs to be applied in the context of these needs.

PFA for children

When confronted with an overwhelming or frightening event, children, babies and toddlers in distress may shake, babble, scream, cling, cry and be completely inconsolable. They may be completely silent, non-responsive and seem zoned out or frozen. They may swing rapidly between different behaviours. They are likely to be deeply afraid and highly anxious and will have an overwhelming need to feel the protection, safety and comfort of the most important and familiar people in their lives, such as their parents, extended family and other caregivers. They will rely on the adults around them to help them manage and make sense of the world around them.

Regaining a sense of emotional and physical safety, comfort, calmness and security can limit the adverse impacts of trauma upon children and greatly assist with resilience, recovery and wellbeing.

The key words used to inform Psychological First Aid for children in a disaster or other emergency are:

- Listen/Look
- Protect
- Connect

Key PFA strategies to support children after a traumatic event or disaster include:

1	2	3	4	5
Ensure safety	**Keep calm**	**Connect with others**	**Encourage self-efficacy**	**Have hope**
				
Remove the child from, or reduce exposure to the threat of harm.	Provide a calm environment, away from stressful situations or exposure to sights, sounds and smells of the trauma event.	Keep families together and keep children with their parents or other close relatives whenever possible.	Help families to identify their own strengths and abilities to cope.	Reassure the child that their feelings are normal, but assure them that things will be ok.

Ensure safety – Make children as physically safe as possible and do not leave 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. 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).

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 nosesssssss and hissssssssssssssss.'*

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.

Optional handout via link: Psychological First Aid For Children

Additional reading:

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

Quick tips for communicating with children during a disaster event

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

- **Get down to eye level** with the child. If the child does not make eye contact, don't try and make them.
- **Communicate calmness and reassurance** in your body language, vocal tone and gestures. Speak in a confident and lower-pitched voice.
- **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 embarrassed or misunderstood.
- **Use words and concepts children can understand**. Tailor explanations to the child's age, language, and developmental level. If the child is verbal, try and model your language off the language of the child. If the child is not, still talk to the child. They may not have the words, but they will be listening and responding to your voice and body language cues.
- **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.
- **Children may want to go over the ideas more than once**. Acknowledge the child's thoughts, feelings and reactions and let them know that their questions are important and appropriate. Asking the same question over and over may also be a way for children to ask for reassurance.
- **Model positive coping skills** like using humour, positive statements, and problem-solving behaviours and encourage children to use these skills as well.
- If the opportunity presents **offer praise** and **acknowledge and reinforce strengths, positive behaviours and coping strategies** (e.g. 'Hey, thanks for helping me carry the blankets. You're very strong', or 'Great job. Yes, you got it. Hold on tight').

Don't forget self-care!

Working with children and families during a disaster can be very rewarding. However, it can also be very challenging and stressful. Children can pick up if the adults around them are upset or stressed, which can sometimes frighten them more. It is important for HSSPs to remember that to support others in times of crises, your first need to support yourself.

Where possible, HSSPs should:

- Take 'short breaks' away from responsibilities to decompress.
- If food and drink are 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.

By remaining calm and looking after themselves, HSSPs will ensure that the children around them feel as safe and secure as they can be in the circumstances.

Part 4: Supporting children in short- and long-term recovery

It can take many months, and even years, for families and communities to find a 'new normal' after a disaster or traumatic event. 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. Children may react to trauma, such as disasters, immediately, days or even weeks and months after the event.

The role of HSSPs in short- and long-term recovery (disaster recovery)

After a natural disaster, parents and other caregivers in a child's life will be pivotal in the recovery of the child and the creation of the 'new normal'. HSSPs will also have a critical part to play in providing ongoing support to children and their families. Checking in on parents in regard to their own needs as well as guiding them as to the needs of their child will be an essential component of this support.

Consider cultural impacts: It is important for HSSPs to consider cultural differences in childrens' (and adults') 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 emotion. Take the time to discuss with parents and carers how their cultural expectations and values might shape the responses of their children to the natural disaster event.

Optional activity 5: Reflection and discussion: Cultural differences (10–15 mins)

Age-specific supports for assisting recovery after a natural disaster event

Children's reactions after a disaster will vary depending on factors such as the child's age, development, temperament, previous history of trauma and disruption, their specific experience of the disaster and the significance of their losses.

The following information will assist HSSPs to inform their own practice and provide parents and other significant caregivers (e.g. extended families, teachers, child care professionals) with age-appropriate advice and strategies to support resilience, coping and recovery in children after a natural disaster event.

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.

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. After a natural disaster event, children should be returned to a stable and consistent routine (e.g. stable housing, child care, regular social activities) as quickly as circumstances allow.

Limit exposure to media

After a natural disaster has occurred, media images, radio talkback and general conversations about the event itself 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 web news (e.g. images of flooding, high winds, 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 young children enough information to feel secure and reassured but 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 essential 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 speak.
- 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 head, 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 indication 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 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

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

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 around them. 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 in all children after a natural disaster.

Provide choices – regain control

Traumatic events are usually beyond the control of the child, as are the consequences that follow. As such, during a natural disaster, 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 young children 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, brush the cat).
- 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

Children can benefit from having their own 'relaxation space'. This may be their bedroom or a smaller area that has been created specifically for them to use to 'chill out' (e.g. children's tent or cubby). Place items in the space that encourage quiet activities and pleasant sensory experiences (e.g. children's books, soft furnishings, squeeze toys). Carers 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'.

Additional reading:

'Recovering together after a natural disaster: A resource guide for early childhood education and care services'.

To request the complete resource email: PIMH@health.qld.gov.au.

Note: While the following resource has been developed specifically for educators, it also provides valuable additional reading for HSSPs.

Children aged 2–4 years and 5–12 years

While children in the 2-4 and 5-12-years age groups have substantial developmental differences, the strategies that can be employed by parents and carers to support their recover are very similar. To avoid replication of content, this material has been presented together. HSSPs should tailor the strategies and supports to the individual needs of the children and families with which they are working.

Monitor symptoms over time

Being familiar with the types of reactions that children can have is the first step in being able to help. Remain vigilant and curious about changes in behaviour and seek additional help if/when changes in behaviour or emotional responses cause concern.

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 a natural disaster 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. Children may benefit from using apps and/or online or paper calendars that provide monthly, weekly and/or daily reminders of upcoming changes. Ask teachers and other carers to adapt and use similar reminder routines where possible. For older children, it is also 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:

- If children wish to speak about the disaster, assist them to do so. It may be useful to set dedicated periods for talking about the disaster (e.g. 10 minutes at the start of the day) so that children know they have undivided attention and can ask whatever they wish about the event.
  Tip: *An alternative to talking is to encourage children to draw pictures or write in journals. Parents can then discuss these entries with their children at the dedicated time.*
- When discussing the disaster, it is important 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. Be honest in your responses but reassure the child that they are safe now, even if they still feel scared sometimes.
- 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 or a pleasant event planned afterwards). 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 regular routines and functioning as soon as possible. Some children may 'act out' in response to traumatic events, such as a natural disaster. It is important 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.

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. 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 pleasant activities for the family to do (e.g. 'Should we go for a swim or to a movie? Yes, let's go to a movie. Help me choose which one?').
- Choosing between personal 'rewards' for achieving goals (e.g. 15 minutes extra playtime on XBOX, jumping on the trampoline, going to the park).
- Being asked their opinion as to the best way to approach something (e.g. 'Hmm, do you think Spot would like to go for a walk at the park or around the streets? Yes, I think you're right, she does like going for a run in the park the best').
- Being given control over a space, such as their bedroom or a garden patch, and being asked where they would like things placed.

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.

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 parents and carers to practice and implement.

Hints for giving praise and reinforcement:

- Be sincere. Children are very good at picking up when adults are not honest in their comments.
- Try and 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. *E.g. '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 their siblings or other children, proactively try and notice times in which they cooperate nicely with other children and praise them for it.

  'Sarah, that was really good how you let your sisters 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 children 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 parents to assist children in identifying who they can talk to about difficult situations and any problems they might be having. Sometimes children will feel more comfortable speaking with adults other than their parents, particularly if they think talking about the event is upsetting for them.

Encourage children to engage with extended family, friends and their school community through formal and informal activities outside home (e.g. play dates with peers, involvement in clubs, school sports, music, drama and cultural activities). These activities will offer further opportunities for children to make decisions, have fun and plan for what they are involved in.

Additional reading:

For additional resources in relation to Childhood Trauma Reactions refer to the **Resource Matrix.**

Supporting parents to support children in the post-disaster environment

A post-trauma or post-disaster environment may mean some parents 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 at increased risk of experiencing adverse psychological outcomes and may develop ineffective parenting behaviours following a natural disaster. Anxious parents 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 maladaptive coping responses to their child. Parents suffering from depression may become more emotionally withdrawn, unresponsive and/or unavailable and may therefore not be as able to help their child to process and cope with distressing trauma symptoms and experiences. These changes in parenting style and the 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.

Research has shown that a parent's wellbeing is the strongest indicator for children recovering well from trauma. One of the key strategies for supporting children after a natural disaster event is to ensure parents are looking after their own personal wellbeing and seeking help and support for themselves as needed.

After a natural disaster event, HSSPs should regularly check-in with parents to:

- assess how they are coping and encourage them to put strategies in place to look after their own needs and personal wellbeing
- provide them with advice, information and guidance as to the needs of their children and how best to support and reassure them; and
- encourage the ongoing modelling of positive behaviours and coping strategies.

Most importantly, HSSPs can reassure parents that looking after their own personal wellbeing needs after a natural disaster is not being selfish or a 'bad parent'. By looking after themselves they will be in the best position to reassure, support and proactively assist their children in their recovery.

Self-care plans and pleasant event schedules are simple tools that HSSPs might introduce to parents to identify their personal signs of stress and to plan in advance strategies and activities to assist with personal wellbeing.

Optional activity 6: Create a self-care plan (10-15 mins)

Optional activity 7: Create a pleasant events schedule (10-15 mins)

Note to facilitators:

The following section on referring children may not be relevant for all HSSPs, as they may be the child's clinician. Include or omit section as relevant to audience.

When further referral/ additional assistance may be necessary

It is normal for children to show some changes in behaviour or difficulties managing emotions immediately following exposure to a traumatic event. The majority of children are resilient and will return to their normal functioning over time. Sometimes, however, no matter how supportive the home (and school) environment may be, HSSPs may identify that a young people could benefit from additional professional assistance following a traumatic event.

Further assessment or intervention may be indicated if:

- symptoms persist for longer than 1 month or worsen over time
- 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. withdrawal from friends, fighting, interpersonal difficulties, physical and verbal aggression) that causes problems for the child or others
- the child shows a significant decline in concentration, academic performance or classroom participation that interferes with their daily functioning or causes significant distress
- behaviours that disrupt others occur on a regular basis
- 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, language)
- the child returns to a behaviour typical of a younger child (e.g. difficulties toileting, using 'baby talk')
- there is evidence that the problem/s occurs in multiple settings (e.g. at home, with friends, at school)
- 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).

As an HSSP, if you feel further assistance is required take the time to discuss referral options with parents and the young person and provide support (where required) to access the recommended additional

Practitioner self-care

Experiencing a disaster personally and/or being a practitioner in a community that has recently experienced a disaster can be overwhelming. It is important that you attend to your self-care and that of your family. Some essential tools for this include linking into peer supports, engaging in stress reduction activities and seeking opportunities to reflect on your experiences with your professional colleagues.

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 find it more difficult to cope and 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).

Over time, children may:

- start to withdraw from friends and peers
- get less enjoyment out of social activities
- fight more with friends
- react negatively to minor interpersonal incidents
- 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 who are under the age of six and experience 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 or associated with the traumatic event.

Negative alterations 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. Next 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 external activities, 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 is 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 young person 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, an 11-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 the child is 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 young person 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 (often over six 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 parents, health and social services practitioners (HSSPs), educators and/or other adults 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 others' 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 young person 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 young person 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:

- 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 seems 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 young person 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. siblings, friends, 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, HSSPs 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.

Training module breakdown

Four modules of 45-60mins each (depending on activities utilised by trainer and individual delivery pace). Flexibility to deliver as one full-day workshop, two half-day workshops or four sessions.

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

Module 1

Intro + Trauma reactions in childhood (optional module)

25 slides + 1 optional activity

Module 2

Disaster preparedness – supporting children before a natural disaster event

13 slides + 2 optional activities

Module 3

Supporting children during and immediately after a natural disaster event

11 slides + 1 optional activity

Module 4

Supporting short- and long-term recovery (disaster recovery)

24 slides + 3 optional activities

Additional information and resources for Appendix/ Facilitators Kit

- Presentation slides
- Fact sheets x 4
- Activities list
- Blank pleasant events schedule
- Blank self-care plan
- Resource matrix