

Activities

Community Leaders

Emerging
Minds.

Instructions

All activities provided are optional. Facilitators should review activities and include/not include as they consider relevant to their respective audiences and time available.

Recommended placement of activities is noted in the facilitator's handbook and in the notes of the provided slide presentations.

If preferred, an additional session of practical activities (30–40 mins) could be inserted between Sessions 1 and 2, creating a 3-session community education programme.

Activity 1: Psychological preparation – Practical exercise

Duration:
15–20 mins

Aim: To guide community members through the process of becoming psychologically prepared.

Resources: Psychological preparation for Natural Disasters. <https://www.psychology.org.au/getmedia/c24bf1ba-a5fc-45d5-a982-835873148b9a/Psychological-preparation-for-natural-disasters.pdf>

Instructions:

Part A: Work through the 'AIM 3 steps to being psychologically prepared'. Use the APS tip sheet to guide this process. Discuss the unhelpful psychological 'traps' that people can fall into (outlined in tip sheet) and how these can be mitigated. (5–10 mins)

Part B: Discuss how the AIM approach could be modified to be age-appropriate for children. Use the notes in the facilitator's handbook to guide this discussion. (5–10 mins)

Reinforce that it is important for adults to work through the AIM approach to psychological preparation themselves *before* working through the process with children.

Activity 2: Practise slow breathing

Duration:
5–10 mins

Aim: To provide community members with some simple calming strategies for themselves and children.

Resources: Nil

Instructions: Participants quickly practise and discuss slow breathing. Let participants know that the first breathing exercise (4-count breathing) is good for adults and children, while Hissing Breath is more suited to children.

Adults & children

4-count breathing: Breathe in through your nose for a count of 4, filling the lungs completely. Hold the breath for a count of 4. Breathe out through your mouth for a count of 4, emptying the lungs. Repeat.

- Consider making a soft sighing sound as you breath out, pushing the air over the tongue forcefully enough that it would fog a mirror.
- You may consider increasing your breath count from 4 to 5 to 6, as you feel more relaxed and in control of your breath.

Children

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

Ask if anyone has any quick breathing or calming exercises they know of that could be used with children. Run through them.

Activity 3: Play Emerging Minds video ‘Supporting children in the short term after a disaster or traumatic event’

Duration:
5–10 mins

Aim: Use this video to break up the ‘text heavy’ content of the presentations. Note that while the video is targeted towards ‘parents and carers’ there are tips in there that all community members can use.

Resources: Internet access.

Instructions: Play video (<https://emergingminds.com.au/resources/toolkits/community-trauma-toolkit/short-term/>) and ask participants if they have any questions or comments afterwards.

Activity 4: Create a self-care plan & pleasant events schedule

Duration:
10-20 mins

Aim: To encourage community self-care and the management of stress.

Resources: Completed self-care plan + blank self-care plan. Completed pleasant events schedule + blank pleasant events schedule.

Instructions: Provide participants with a copy of the nominated resources. To assist participants with identifying their personal signs of stress and potential management strategies use the example self-care plan (completed) as a prompt for brainstorming.

Ask community members to complete a self-care plan and pleasant events schedule for themselves. This may be undertaken during the session or (if time is short) as 'homework'.

Note: This activity can be delivered in small-group format, with each group brainstorming responses between themselves and the facilitator moving between groups to assist.

Self-Care Plan

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

Emerging Minds.

What are your personal signs of stress?

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

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

What strategies can you use to manage stress?

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

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

Who can you call upon for support?

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

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

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

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

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

Self-Care Plan

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

Emerging Minds.

What are your personal signs of stress?

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

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

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

What strategies can you use to manage stress?

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

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

- Do some physical exercise each day for at least 20 mins.
- Talk to my partner about how I am feeling.
- Use my mindfulness app to help me 'calm and centre'.
- Identify unhelpful thoughts and replace them with helpful thoughts.

Who can you call upon for support?

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

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

- partner
- friends
- family
- trusted work colleagues.

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

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

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

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

Pleasant Events Schedule

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

Emerging Minds.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Night							

Pleasant Events Schedule

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

Emerging Minds.

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

Emerging Minds.

National
Workforce
Centre for Child
Mental Health

Trauma responses in children aged 5–12 years

Key Messages

- Children aged 5–12 years are vulnerable to the negative effects of trauma.
- There can be tremendous individual variability in trauma responses.
- The school can play an important role in identifying children experiencing problems, especially if parents and caregivers are also coping with their own grief and loss and would benefit from additional support.
- Post-trauma reactions may interfere with the child's social, emotional, behavioural and academic development.
- Early intervention is recommended.

Natural disasters can be very traumatic for children as they may involve actual or threatened harm to self or loved ones, can elicit feelings of intense fear, helplessness or horror, and are often associated with many losses. Children aged 5–12 years typically present with a similar pattern of traumatic stress reactions as those seen in adolescents and adults. However, there are several important unique developmental differences in the rate and manifestation of symptoms in children that need to be considered.

How do children react following trauma?

Children cope with trauma in different ways and there is no one 'standard' way that a child will react.

A child's reaction to a traumatic event will vary greatly depending on their developmental level, pre-trauma functioning, previous life experiences, level of exposure to the trauma, parental reactions and subsequent changes in living situation.

Whilst it is not always clear how children will react, research tells us that the majority of children are resilient and only experience minimal temporary distress. Some children will experience moderate to severe psychological distress immediately following the event but will gradually return to their previous functioning over time. A small minority of children will experience immediate traumatic stress reactions that persist or intensify over time. Finally, some children appear resilient at first, but develop trauma reactions later on.



Trauma responses to be aware of in children aged 5–12 years include:

- intrusions (e.g. distressing memories that pop into the head during the day, nightmares, emotional and physical distress around reminders, repeated discussion about 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, overly alert and wound up, increased nervousness and jumpiness, sleep disturbance)
- changes in mood and thinking (e.g. appearing flat,

Delivery partners:



Australian
National
University



RACGP

The National Workforce Centre for Child Mental Health is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program

Visit our web hub today!

**Emerging
minds.
com.au**



February, 2019

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 school non-attendance, difficulties with concentration and memory, and/or lack of motivation
- increase in physical complaints (e.g. headaches, stomach aches, rashes)
- withdrawal from family and friends
- appetite changes; and
- anxiety and fear for their or their loved ones' safety (e.g. increased clinginess).

If left untreated or unresolved, trauma symptoms can cause significant, long-term negative impacts on children's social, emotional, behavioural and physical development. It is therefore important that children showing early symptoms of distress are referred for professional assessment and treatment to help alleviate symptoms, ensure behaviours do not become engrained, help the child to continue to thrive and maximise their developmental trajectory.

Signs that a child needs further assistance are:

- when the symptoms experienced are severe
- when the child's behaviour has changed noticeably from their usual or pre-incident behaviour
- where symptoms persist for longer than one month
- where symptoms impact on academic, social and emotional functioning.

Parenting and environment post-trauma

The family plays a very important role in helping a child cope with a traumatic event. It is therefore important to be aware of how parents are coping with the trauma and whether they would also benefit from additional support.

Following a natural disaster, parents may become preoccupied with coping with the event and providing life's necessities (e.g. repairing the home). Parents may also have difficulty coping with their own loss and grief. At this stage of development, children need positive reinforcement and encouragement to develop skills and autonomy. However, anxious parents may be reluctant to give the child autonomy or may or may inadvertently pass on their fear responses and poor coping strategies to their child.

Parents suffering from depression may become more emotionally withdrawn, unresponsive and/or unavailable and may therefore be compromised in their ability to help their child to process and cope with distressing trauma symptoms. Children may also be less likely to share their worries or concerns if they sense that their parents are having difficulties coping.

Signs that a child needs further assistance

It is normal for children aged 5–12 years to show some adjustment in behaviour or managing emotions immediately following exposure to a traumatic event. However, some children will continue to experience problems that can have a significant impact on their social, emotional, cognitive and behavioural development. It is important to identify these children early on so that they can be provided with appropriate assessment and intervention. Further assessment or intervention may be required if:

- symptoms persist (> 1 month) or worsen over time
- symptoms represent a change from the child's normal behaviour
- symptoms are more intense or frequent when compared to other children of that age
- behaviours disrupt others/the school environment on a regular basis
- symptoms prevent the child from engaging in age-appropriate tasks
- there is evidence that the problems exist in multiple contexts (e.g. the problem occurs at school and at home)
- parents have concerns about the child's or family's functioning, request assistance, or are distressed by the situation.

This tip sheet 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.

Delivery partners:



The National Workforce Centre for Child Mental Health is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program

Visit our web hub today!

**Emerging
minds.
com.au**



February, 2019

Emerging Minds.

National
Workforce
Centre for Child
Mental Health

Trauma responses in children aged 2-4 years

Key Messages

- Children aged 2-4 years are vulnerable to the negative effects of trauma.
- There can be tremendous individual variability in trauma responses. Therefore, educators need to be aware of children who are exhibiting behaviour problems as well as children who are quieter and more withdrawn.
- Behavioural manifestations of trauma (e.g. tantrums, aggression, hyperactivity) may be misinterpreted as 'bad behaviour', ADHD or oppositional behaviour.
- Children aged 2-4 years are particularly at risk of adverse outcomes if they witnessed threat to their parent, were separated from their parent or if their parent reports significant psychological distress.
- Early intervention is recommended.

Natural disasters, such as floods, bushfires and storms, are often very traumatic for children as they can be faced with many frightening and overwhelming experiences. Preschool children are a high-risk group for poor outcomes following a traumatic event. However, due to the common misconception that children under the age of 5 are unaffected by trauma, this population is often neglected.

Pre-schoolers typically present with a similar pattern of traumatic stress reactions to those seen in older children and adolescents. However, there are several important unique developmental differences in the rate and manifestation of symptoms in preschool children.



How do young children react following trauma?

Children cope with trauma in different ways and there is no one 'standard' way that a child will react.

A child's response to a traumatic event will vary greatly depending on their developmental level, pre-trauma functioning, previous life experiences, level of exposure to the trauma, parental reactions and subsequent changes in living situation.

Whilst it is not always clear how young children will react, research tells us that the majority of children are resilient and only experience minimal temporary distress. Some children will experience moderate to severe psychological distress immediately following the event but will gradually return to their previous functioning over time. A small minority of pre-schoolers will experience immediate traumatic stress reactions that persist or intensify over time. Finally, some children appear resilient at first, but develop trauma reactions later on.

Delivery partners:



RACGP

The National Workforce Centre for Child Mental Health is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program

Visit our web hub today!

**Emerging
minds.
com.au**



February, 2019

Trauma responses to be aware of in children aged 2–4 years

- 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 previously acquired developmental skills (e.g. walking, crawling, toileting skills, talking like a baby, thumb-sucking).
- Loss of confidence.
- Sad and withdrawn appearance.
- Increased physical complaints (e.g. tummy aches, headaches).
- Behavioural changes (e.g. increased irritability, extreme temper tantrums, fussiness, attention-seeking, defiance, aggressive behaviour).
- Difficulty in concentrating and paying attention.
- Aggression and angry behaviours towards themselves or others (e.g. head banging, hitting, biting).
- Reliving of 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, won't 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).
- Avoidance of reminders and/or visible distress at reminders of the event (e.g. sights, sounds, smells, tastes, physical reminders).
- Decrease in responsiveness (e.g. lack of emotional reactions, 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.

Things to be aware of

There are important developmental issues to keep in mind when considering the impact of trauma on preschool children. These include:

Parent-child relationship

The impact of trauma must be considered within the context of the parent-child relationship. This is because, in comparison to any other age, young children are completely dependent on their caregivers to protect them physically and emotionally. Parents are also at risk of post-trauma reactions and this can impact on their ability to parent effectively following a traumatic event. It is therefore important to be aware of how parents are coping with the trauma and whether they would also benefit from additional support.

Developmental level

Preschool children are more likely to develop false assumptions or 'magical thinking' about the cause of the event (e.g. 'The flood happened because I was bad'). Young children are also more likely to overgeneralise or catastrophise from the facts they have available. Due to their limited communication skills, they may not be able to explain what is upsetting them or understand why their parents are distressed. Finally, they can have difficulties understanding that loss is permanent.

Misdiagnosis

It is very difficult to identify internalising symptoms in young children (e.g. avoidance of thoughts). Educators therefore need to be aware that there is a greater risk that children who exhibit high emotion and dysregulated behaviour (e.g. hyperactivity, temper tantrums, defiance, etc.) may receive inaccurate diagnoses including 'terrible twos', attention deficit/hyperactivity disorder (ADHD) or oppositional defiant disorder.



Delivery partners:



The National Workforce Centre for Child Mental Health is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program

Visit our web hub today!

**Emerging
minds.
com.au**



February, 2019

Signs that a child needs further assistance

It is normal for preschool children to show some changes in behaviour or difficulties managing emotions immediately following exposure to a traumatic event. However, some children will continue to experience problems that can have a significant impact on their social, emotional, cognitive and behavioural development. It is important to identify these children early on so that they can be provided with appropriate assessment and intervention. Further assessment or intervention may be indicated if:

- symptoms persist (> 1 month) or worsen over time
- symptoms represent a change from the child's normal behaviour
- symptoms are more intense or frequent when compared to other children of the same age
- behaviours disrupt others and the pre-school environment on a regular basis
- symptoms prevent the child from engaging in age-appropriate tasks
- there is evidence that the problems exist in multiple contexts (e.g. the problem occurs at preschool and at home)
- parents have concerns about the child's or family's functioning, request assistance, or are distressed by the situation.



This tip sheet 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.

Delivery partners:



RACGP

The National Workforce Centre for Child Mental Health is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program

Visit our web hub today!

**Emerging
minds.
com.au**








February, 2019

Emerging Minds.

National
Workforce
Centre for Child
Mental Health

Trauma responses in children aged 0–24 months

Key Messages

-  Babies and toddlers aged 0–24 months are vulnerable to the negative effects of trauma.
-  There can be tremendous individual variability in trauma responses.
-  Child care professionals can play an important role in identifying children experiencing problems, especially if parents and caregivers are also coping with their own grief and loss and would benefit from additional support.
-  Post-trauma reactions may interfere with the child's social, emotional, behavioural and academic development.
-  Early intervention is recommended.

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, pre-schoolers and children may present with similar symptoms, the way children process and respond to a traumatic event very much depends on their age and developmental stage. It is therefore very important for educators to understand how developmental differences may affect impact across age groups, as these will inform how best to help a child cope with a traumatic experience, such as natural disaster.



How do children react following trauma?

Children cope with trauma in different ways and there is no one 'standard' way that a child will react.

A child's response to a traumatic event will vary greatly depending on their developmental level, pre-trauma functioning, previous life experiences, level and type of exposure to the trauma, parental reactions and subsequent changes in living situation.

Whilst it is not always clear how children will react, research tells us that on average the majority of children are resilient and only experience minimal temporary distress. Some children will experience moderate to severe psychological distress immediately following the event but will gradually return to their previous functioning over time. A small minority of children will experience immediate traumatic stress reactions that persist or intensify over time. Finally, some children appear resilient at first, but develop trauma reactions later on.

Developmental considerations in children aged 0–24 months

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

Delivery partners:



RACGP

The National Workforce Centre for Child Mental Health is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program

Visit our web hub today!

**Emerging
minds.
com.au**



February, 2019

attachment with a primary caregiver is a crucial task for 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 the child's sense of trust in their parent's ability to protect them.

Additionally, babies 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 can develop. Babies may therefore be more aware of and frightened by separations from their caregivers and react fearfully around strangers. In the early stages following a trauma, it is therefore best to minimise separations from parents wherever possible.

Trauma responses to be aware of in children aged 0–24 months

- 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 previously acquired developmental skills (e.g. rolling over, sitting, crawling).
- Decrease in vocalisations.
- 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 reactions, 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).

If left untreated or unresolved, trauma symptoms can cause significant, long-term negative impacts on children's social, emotional, behavioural and physical development. It is therefore important that children showing early symptoms of distress are referred for professional assessment and treatment to help alleviate symptoms, to ensure behaviours do not become engrained, and to help the child to continue to thrive and maximise their developmental trajectory.

Parenting and environment post-trauma

Following a natural disaster, parents may become preoccupied with coping with the event and providing

life's necessities (e.g. repairing the home). Parents may also have difficulty coping with their own loss and grief. At this stage of development, children need positive reinforcement and encouragement to develop skills and independence. However, anxious parents may be reluctant to give the child autonomy or may inadvertently pass on their fear responses and difficulty coping to their child.

Parents suffering from depression may become more emotionally withdrawn, unresponsive and/or unavailable and may therefore have trouble helping their child to process and cope with distressing trauma symptoms.

The family plays a very important role in helping a child cope with a traumatic event. It is therefore important to be aware of how parents are coping with the trauma and whether they would also benefit from additional support.

Signs that a child needs further assistance

It is normal for children to show some changes in behaviour or difficulties managing emotions immediately following exposure to a traumatic event. However, some children will continue to experience problems that can have a significant impact on their social, emotional, cognitive and behavioural development. It is important to identify these children early on so that they can be provided with appropriate assessment and intervention. Further assessment or intervention may be required if:

- symptoms persist (> 1 month) or worsen over time
- symptoms represent a change from the child's normal behaviour
- symptoms are more intense or frequent when compared to other children of the same age
- symptoms prevent the child from engaging in age-appropriate tasks
- parents have concerns about the child's or family's functioning, request assistance, or are distressed by the situation.

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

Delivery partners:



The National Workforce Centre for Child Mental Health is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program

Visit our web hub today!

**Emerging
minds.
com.au**



February, 2019

Resource Matrix Community Leaders

Emerging
Minds.

Disaster preparedness

Topic/title	Target Demographic	Media	Author	Description	Access
Emergency Planner (RediPlan)	Families	Downloadable planner	Australian Red Cross: Australia	Step-by-step planner for families to use in preparing for an emergency.	RediPlan https://www.redcross.org.au/campaigns/prepare/prepare-protect-what-matters
Emergency Planner (RediPlan) Auslan	People with hearing loss	Video	Australian Red Cross and NSW Deaf Society: Australia	Preparedness videos based on the Red Cross RediPlan to help the deaf prepare an emergency plan.	RediPlan https://deafsociety.org.au/community_programs/page/get-ready-project
Emergency Planner (RediPlan)	Children	Downloadable planner	Australian Red Cross: Australia	Children's activity book to assist with planning for a disaster.	RediPlan https://www.redcross.org.au/getmedia/8280edc7-6185-48f5-89cd-8c207ab36715/get-ready-childrens-activity-book.pdf.aspx
'Get Prepared' App	Families	App (iPhone and Android)	Australian Red Cross: Australia	Mobile app to build a plan and connect with key support people online.	'Get Prepared' app https://www.redcross.org.au/campaigns/prepare/prepare-protect-what-matters
Community trauma preparedness tips	Families	Tip sheet	Australian Child & Adolescent Trauma, Loss & Grief Network, Australian National University (ANU) and Emerging Minds: National Workforce Centre for Child Mental Health: Australia	Practical and psychosocial strategies for parents and caregivers.	How parents and caregivers can prepare for a natural disaster https://emergingminds.com.au/resources/how-parents-and-caregivers-can-prepare-for-a-natural-disaster/
Psychological preparation (AIMS model)	General	Downloadable tip sheet	Australian Psychological Society: Australia	A 3-step model of preparation for natural disasters.	Psychological preparation for natural disasters https://www.psychology.org.au/getmedia/c24bf1ba-a5fc-45d5-a982-835873148b9a/Psychological-preparation-for-natural-disasters.pdf
Psychological preparedness	Families	Video	Australian Psychological Society: Australia	Easy ways for parents to help their children prepare psychologically for the threat of disasters.	Preparing children for disaster https://www.psychology.org.au/for-the-public/Psychology-topics/Disasters/Preparing-for-disasters/Preparing-children-psychologically-for-disasters
Disaster risk reduction awareness	Children aged 10-14 years	Activity book	Children in a Changing Climate Coalition (ChildFund Alliance, Plan International, Save the Children, UNICEF and World Vision): International	Child-friendly, awareness raising activity book, developed in consultation with children.	Child-friendly Sendai framework for disaster risk reduction https://plan-international.org/publications/child-friendly-sendai-framework-disaster-risk-reduction
Bushfire preparedness	Families	Downloadable tip sheet	Australian Child & Adolescent Trauma, Loss & Grief Network, Australian National University (ANU): Australia	Bushfire preparedness advice and tips for talking to children.	Bushfire preparedness for your family http://tgn.anu.edu.au/wp-content/uploads/2014/10/Bushfire-preparedness-for-your-family.pdf

Disaster recovery/resilience

Topic/title	Target Demographic	Media	Author	Description	Access
Birdie's Tree	Babies, young children, parents/carers	Online games/storybooks	Queensland Centre for Perinatal and Infant Mental Health (QPICMH) and Queensland Health: Australia	Therapeutic online games and storybooks to help young children's recovery following a natural disaster.	Birdie's Tree therapeutic games https://www.childrens.health.qld.gov.au/natural-disaster-recovery/
Recovering from disaster while pregnant or with young children	Families who are pregnant/in early parenthood	Information sheet	Queensland Centre for Perinatal and Infant Mental Health (QPICMH) and Queensland Health: Australia	Brief information sheet with information and advice on reactions, recovery and assistance.	Recovering together after a natural disaster: Supporting families in pregnancy and early parenthood https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/qcpimh/QCPIMH-recovering-after-disaster-pregnancy.pdf
Recovering from disaster while pregnant or with young children	Families who are pregnant/in early parenthood	Booklet	Queensland Centre for Perinatal and Infant Mental Health (QPICMH) and Queensland Health: Australia	Information booklet with information and advice on reactions, recovery and assistance.	Recovering together after a natural disaster: Supporting families in pregnancy and early parenthood https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/qcpimh/QCPIMH-recovering-after-natural-disaster-booklet-pregnancy.pdf
Red Cross disaster recovery	Children, adolescents and young adults (12-25 years)	Pages on Red Cross website + podcast	Australian Red Cross, triple j and smiling mind: Australia	Basic information for children, adolescents and young adults post-disaster, including support services.	After the emergency https://www.redcross.org.au/get-help/emergencies/after-the-emergency
Disaster anniversaries	Families & children	Tip sheet	Emerging Minds: National Workforce Centre for Child Mental Health: Australia	Provides information on how to support and manage children's reactions during the anniversary period.	Traumatic events: Anniversaries and other triggers https://emergingminds.com.au/resources/traumatic-events-anniversaries-and-other-triggers/
Recovery after a bushfire	Families with babies and/or young children	Information sheet	Queensland Centre for Perinatal and Infant Mental Health (QPICMH) and Queensland Health: Australia	Information and activity sheet for families with babies and/or young children.	Recovering together after a natural disaster - fire https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/qcpimh/QCPIMH-recovering-together-after-fire.pdf
Bushfires	Families and early childhood professionals working with infants and young children	YouTube	Australian Child & Adolescent Trauma, Loss & Grief Network, Australian National University (ANU): Australia	Short animated video for young children.	The Bushfire https://www.youtube.com/watch?time_continue=27&v=nZRUBCC-_GM
Recovery after a cyclone	Families with babies and/or young children	Information sheet	Queensland Centre for Perinatal and Infant Mental Health (QPICMH) and Queensland Health: Australia	Information and activity sheet for families with babies and/or young children.	Recovering together after a natural disaster - cyclone https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/qcpimh/QCPIMH-recovering-together-after-cyclone.pdf

Recovery after a drought	Families with babies and/or young children	Information sheet	Queensland Centre for Perinatal and Infant Mental Health (QPICMH) and Queensland Health: Australia	Information and activity sheet for families with babies and/or young children.	Recovering together after a natural disaster – drought https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/qcpimh/QCPIMH-recovering-together-after-drought.pdf
Recovery after an earthquake	Families with babies and/or young children	Information sheet	Queensland Centre for Perinatal and Infant Mental Health (QPICMH) and Queensland Health: Australia	Information and activity sheet for families with babies and/or young children.	Recovering together after a natural disaster – earthquake https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/qcpimh/QCPIMH-recovering-together-after-earthquake.pdf
Recovery after a flood	Families with babies and/or young children	Information sheet	Queensland Centre for Perinatal and Infant Mental Health (QPICMH) and Queensland Health: Australia	Information and activity sheet for families with babies and/or young children.	Recovering together after a natural disaster – flood https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/qcpimh/QCPIMH-recovering-together-after-flood.pdf
Recovery after a tsunami	Families with babies and/or young children	Information sheet	Queensland Centre for Perinatal and Infant Mental Health (QPICMH) and Queensland Health: Australia	Information and activity sheet for families with babies and/or young children.	Recovering together after a natural disaster – tsunami https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/qcpimh/QCPIMH-recovering-together-after-tsunami.pdf
Recovery after disaster	Families with babies and/or young children	Booklet	Queensland Centre for Perinatal and Infant Mental Health (QPICMH) and Queensland Health: Australia	Comprehensive information, activities and referral information for families of children and babies recovering from a natural disaster.	Recovering together after a natural disaster: Supporting families with babies and young children https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/qcpimh/QCPIMH-recovering-together-after-disaster-booklet-babies.pdf
Parent tips for recovery	Parents of infants and toddlers (0-3yrs)	Tip sheet (available in multiple languages)	National Child Traumatic Stress Network: USA	Practical information and strategies aligned to specific child difficulties following a disaster.	Parent tips for helping infants and toddlers after disasters https://www.nctsn.org/resources/pfa-parent-tips-helping-infants-and-toddlers-after-disasters
Parent tips for helping preschoolers after disaster	Parents of preschool-age children (0-5yrs)	Tip sheet (available in multiple languages)	National Child Traumatic Stress Network: USA	Practical information and strategies aligned to specific child difficulties following a disaster.	Parent tips for helping preschool age children after disasters https://www.nctsn.org/resources/pfa-parent-tips-helping-preschool-age-children-after-disasters
Grief and loss in disaster	Individuals and organisations working with children and adolescents	Booklet	Australian Child & Adolescent Trauma, Loss & Grief Network, Australian National University (ANU): Australia	Looks at common reactions that children and young people have during disasters and the path of recovery following a disaster.	Children, adolescents and families: Grief and loss in disaster http://earlytraumagriev.anu.edu.au/files/Disasters%20grief%20children%20and%20families_O.pdf
Media coverage	Families	Tip sheet	Emerging Minds: National Workforce Centre for Child Mental Health: Australia	Details the impacts of media exposure on children and how to manage it.	Traumatic events, the media and your child https://emergingminds.com.au/resources/traumatic-events-the-media-and-your-child/

Psychological First Aid

Topic/title	Target Demographic	Media	Author	Description	Access
PFA for children	Individuals and organisations working with children	Information sheet	Australian Child & Adolescent Trauma, Loss & Grief Network, Australian National University (ANU): Australia	Brief guidelines on PFA for children.	Psychological First Aid for children and adolescents http://tgn.anu.edu.au/wp-content/uploads/2014/10/Psychological-first-aid-for-children-and-adolescents_01.pdf
Red Cross PFA Guide	General public, children and vulnerable populations	Resource guide	Australian Red Cross and Australian Psychological Society: Australia	Australian guide to supporting people affected by disaster using PFA. Contains child-specific section.	Psychological First Aid: An Australian guide to supporting people affected by disaster https://www.redcross.org.au/getmedia/23276bd8-a627-48fe-87c2-5bc6b6b61eec/Psychological-First-Aid-An-Australian-Guide.pdf.aspx

Trauma

Topic/title	Target Demographic	Media	Author	Description	Access
Trauma management – before, during and after disaster	Parents and caregivers, GPs, educators, first responders and health and social workforces working with children	Webpages including embedded videos	Emerging Minds: National Workforce Centre for Child Mental Health: Australia	Information for multiple community groups supporting children before, during and after a traumatic event.	Online community trauma toolkit https://emergingminds.com.au/resources/toolkits/community-trauma-toolkit/
Trauma and the child	Individuals who work with/care for children	Online training course (free)	Emerging Minds: National Workforce Centre for Child Mental Health: Australia	Introduces the key elements of understanding the prevalence of trauma, and its impact on children and families. Guides professionals to provide support.	Online trauma-related training https://emergingminds.com.au/training/trauma-and-the-child/
Managing trauma	Individuals who work with/care for children	Downloadable PDF	KidsMatter: Australia	Webpage that converts to downloadable PDF. Describes trauma, traumatic events, stress responses, and how to assist children.	Managing trauma and ways to recover https://www.kidsmatter.edu.au/mental-health-matters/trauma/managing-trauma-and-ways-recover
Early Childhood trauma resources	Individuals who work with/care for children	Downloadable PDF	National Child Traumatic Stress Network: USA	Explores early childhood trauma and details protective factors for building resilience.	Early Childhood trauma https://www.nctsn.org/resources/early-childhood-trauma
Childhood trauma reactions	Individuals who work with/care for children	Tip sheet	Australian Child & Adolescent Trauma, Loss & Grief Network, Australian National University (ANU): Australia	Lists possible signs of trauma and recovery in children and adolescents.	Signs of possible trauma in children and adolescents http://tgn.anu.edu.au/wp-content/uploads/2014/10/Signs-of-possible-trauma-in-children-and-adolescents_02.pdf

Grief & loss in disaster

Topic/title	Target Demographic	Media	Author	Description	Access
Grief and loss resources	Children and youth	Resources	Australian Child & Adolescent Trauma, Loss & Grief Network, Australian National University (ANU): Australia	Information about grief at different ages and developmental stages in children. Also provides guidance on how to assist grieving children.	Children, adolescents and families: Grief and loss in disaster http://earlytraumagrief.anu.edu.au/resource-centre/disasters