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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,

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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.

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Helping students recover after trauma: Classroom activities

Teachers often ask how they can help students who have experienced a disaster or traumatic event. Being familiar with the types of reactions that your students can have is the first step in helping them. Knowing how to work out if there is something more serious going on and how to help children and their families get the assistance they need is also particularly important. Beyond that, there are also specific things that you can do in the classroom to help children who have been directly or indirectly impacted by traumatic events.

Although some teachers may feel that it is not their role to offer emotional support or that these problems may be too great for them to deal with, there is much you can do to support children following disasters or traumatic events. You're in a unique position to monitor your students' ability to cope and make referrals when increased support is needed.

You can help your students recover following a disaster or traumatic event by:

- talking about the event and inviting them to do the same, particularly about how the event has impacted their family and how things have changed for them. This will show your students that you care, and that someone is there to support them. There is a common misconception that talking about a traumatic event can cause more problems, or cause children to develop distress reactions. Children should be supported but not forced to discuss what has happened. In the longer term (i.e. four months or more after the event), it is very unlikely that talking about the traumatic event would cause the child to develop problems. If the child seems distressed while talking about the trauma at this time, this may be a sign that they are experiencing difficulties and may require additional assessment and assistance
- focusing on positive changes as well as the strengths and positive coping strategies the children have demonstrated
- encouraging younger children to express themselves through drawing, which may be easier for them to do
- encouraging them to talk with other 'support' people (e.g. friends, family members) and helping them build a support system. For adolescents, peer groups are especially important. You can use a 'buddy' or 'support' system to help both younger children and adolescents
- providing safe time-out spaces for 'when it all gets too much'
- providing choices to help them regain control. Often, during the traumatic event, children may feel a sense of loss of control. Providing them with choices, or input into some classroom decisions can help restore their feeling of control
- maintaining routines as much as possible

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- setting clear and firm limits/expectations of behaviour. Although it is reasonable to adjust expectations about children's behaviours following trauma, it is important for them to understand that they can't use this as an excuse to get away with inappropriate behaviour. It's important for teachers to set and communicate clear expectations of behaviours

- anticipating difficult times and planning ahead for event anniversaries or important milestones

- preparing students for situations which may trigger reactions such as emergency drills, or activities or content containing themes related to the event.

As a teacher, you can address issues arising from a disaster or traumatic event by:

- re-establishing routines that are as close to 'normal' as possible. Re-establishing school routines is beneficial in many ways. It provides a sense of stability, predictability and sense of safety. However, in the long term, post-traumatic reactions can interfere with a child's functioning, particularly in the area of memory and attention. Unless these symptoms are addressed, the child will find it increasingly difficult to perform well at school. This will result in poor outcomes for the student, difficulties in managing classroom behaviour and disruption for other students

- adapting existing programs to address factual issues. Schools may choose to adapt their existing program to incorporate education about the traumatic event. This is based on the premise that one of the roles of educators post-trauma is to provide children with accurate information and knowledge about the event.

The existing curriculum can be adapted to:

- include scientific data about weather patterns, drought, flood, fire, bush and forest management practices, indigenous management of the land, and the history of environmental disaster in the area

- examine the post-disaster environment such as regeneration, salinity and erosion

- explore preventative measures.

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

Unplanned responses

Although some schools might prefer to adopt a business-as-usual approach, sometimes unplanned or student-initiated activities addressing aspects of the disaster or traumatic event occur in classrooms. These include telling stories about the event or recounting personal experiences, discussing the event with the teacher or their peers, writing stories or student diaries describing the event, or drawing pictures.

These spontaneous events can be used to explore positive outcomes, such as changes in their environment and post-traumatic growth since the event. They can also be used to address planning and training for future emergencies.

You can respond to these unplanned activities and offer emotional support for your students by:

- letting the children know they can talk to you and that help is available

- increasing the children's social connectedness by using a buddy system

- monitoring and maintaining a safe environment, both within the classroom and outside it

- talking with parents so they are aware of what is happening and can provide support at home if necessary

- introducing classroom activities to provide support and follow-up.

This resource was adapted from content produced by the Australian Child & Adolescent Trauma, Loss & Grief Network (ACATLGN) in May 2010, with updates in June 2018 by Nicola Palfrey. Nicola Palfrey is a clinical psychologist and Director of ACATLGN.

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How educators can help in the classroom

Educators often ask how they can help students who have experienced a natural disaster such as a flood, severe storm or bushfire. An educator's primary role following a natural disaster is to continue being a good educator. Children need to return to normal school routines as soon as possible and thrive on the certainty of knowing where they need to be and what they need to do throughout each day. Although educators may also play an important role in identifying mental health concerns in their students, your primary role should be focusing on continuing and supporting children's education. This tip sheet outlines important things you can do to help children affected by disasters.

Monitor symptoms over time

Children will have very different responses following a traumatic event. It is therefore important for you to:

- be familiar with the types of reactions that children can have after exposure to a traumatic event
- remain vigilant and curious about changes in behaviour of any of the children in your classroom; and
- consider referring the child for further assistance if their emotional or behavioural difficulties are a change in functioning from before the disaster; continue for longer than one month; and/or worsen over time.

Maintain routines

Most children respond well to structured environments with clear goals, timelines and activities. Therefore, continuing with familiar school, pre-school and day care routines is particularly important following a natural disaster. Routine helps to maintain consistency and predictability in one area of the child's life, reducing unnecessary stress and improving feelings of safety.

Ensure that children are made aware and prepared for upcoming events and activities. This may involve setting an agenda at the beginning of the day, week or month – and providing ongoing reminders. For older children, it is important to give advance notice of deadlines and major events (such as assignments, school carnivals), so they can plan for these events.

Talk about the traumatic event

There is a common misconception that talking about the traumatic event can cause more problems or lead a child to develop distress reactions. Although it is important to consider how you talk to the young person 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 lead the child to develop problems.

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

- Place rules around 'disaster talk' to limit potential modelling of distress and inappropriate coping mechanisms (e.g. set 10 minutes at the start of class for talking about the disaster).

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- 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.
- Schedule these sessions when you have some extra support in the classroom. An aide may provide support for both the educator and students if needed.
- It is very important for educators to maintain the 'educator' role as they support the child. Remember you can draw on other supports within the school if you feel a child needs extra support.
- Focus on positive changes, as well as the strengths and positive coping strategies the child has demonstrated since the traumatic event.
- For younger children, talking about the event may be difficult. Some children might respond better to drawing or playing games as a way of communicating.
- For older children, talking can include more complex issues and how they have affected the family.
- Talking can still be a useful exercise for children who have lost loved ones during the event. It is important, however, to be aware of the child's circumstances where possible to pre-empt and plan for emotional reactions.

Set clear and firm limits/expectations of behaviour

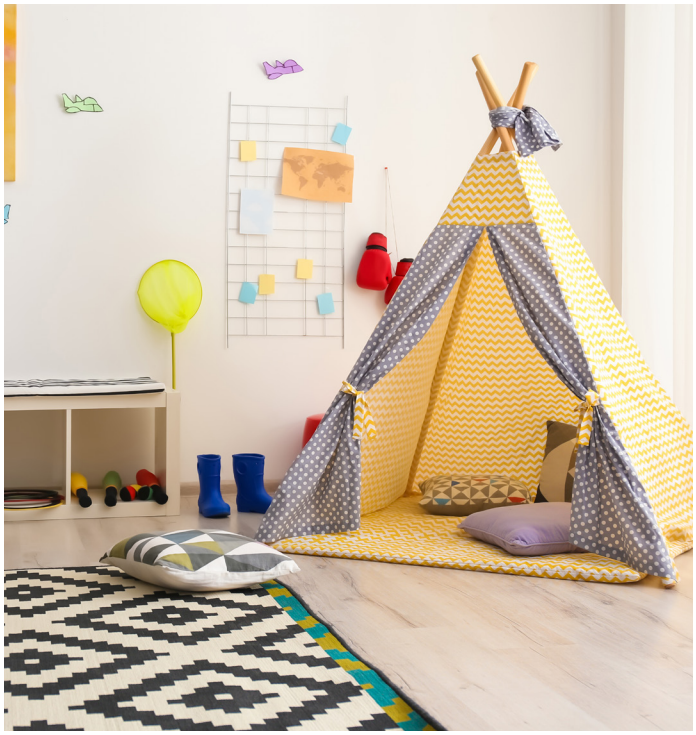
Concentration difficulties, acting out and misbehaving are all common reactions to trauma, but are also common behaviours in children, generally. Therefore, it is important to explore the origins of problem behaviour before jumping to conclusions about diagnosis or implementing consequences or discipline strategies.

Educators should:

- set clear expectations of behaviour and communicate these to children
- maintain expectations relating to completing schoolwork and good behaviour. Rather than altering expectations, make adjustments (where necessary) to the delivery and/or format of classroom activities (e.g. change to 15- or 30-minute learning blocks and incorporate physical activity in between blocks to stimulate attention and concentration); and
- implement logical, fair and realistic consequences when expectations of behaviours are not met.

Use a 'buddy' or 'support' system

If not already in place, educators can implement a cross-age buddy system whereby children are paired up to ensure that each has a dedicated support person while at school. A buddy system might be useful for various activities (e.g. transition, relaxation time, whole school activities) where children have easy access to someone to partner with at these times. Over time, buddy systems can be turned into more 'support' or 'companionship/ friendship' systems, whereby children are encouraged to use their buddy as a source of emotional or academic support.



Safe 'relaxation' spaces

All classrooms can benefit from having safe spaces that are specifically for children to use when they are experiencing difficulties. These areas can be used when children need some time to calm themselves down, or if the educator needs some time to talk to a child individually. Placing some comforting children's books or quiet activities in this 'relaxation' space will give children something else to focus on while they take some time out from the demands of the classroom.

Provide choices – regain control

Often, during the traumatic event or the subsequent events that follow, children may feel a sense of powerlessness or loss of control. One strategy that might help children regain feelings of control is to provide

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them with choices or input into some activities. Examples of ways in which children can be offered choices or be involved in decision making include:

- providing suggestions regarding fun activities
- choosing between various classroom activities
- choosing between assignment topics; and
- helping to select and organise fundraising activities.

Anticipate difficult times and plan ahead

Children may experience distress or the reoccurrence of symptoms at important milestones (e.g. anniversaries of the event, birthdays of lost family members, holiday times). Where possible, it is a good idea to plan ahead and pre-empt these occasions, providing support where appropriate.

Prepare children for situations which may trigger reactions

Some children might still be affected by sudden and significant events or triggers. It can be useful for educators to warn or prepare children for any sudden events (e.g. fire drills, loud noises, turning off lights). For older children, it may be useful for educators to prepare students in advance regarding upcoming assignments or activities that relate to any aspects of the trauma experienced (e.g. discussion of natural disasters, science class which discusses concepts related to flooding). In these instances, some children might need to be given alternative activities they can partake in.

Focus on strengths and positives

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

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 after a natural disaster event. Educators can help young people to identify who they can talk to about difficult situations and any problems they are having (e.g. teacher, student welfare coordinator, other carer, youth worker, school counsellor, principal or nurse).

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.

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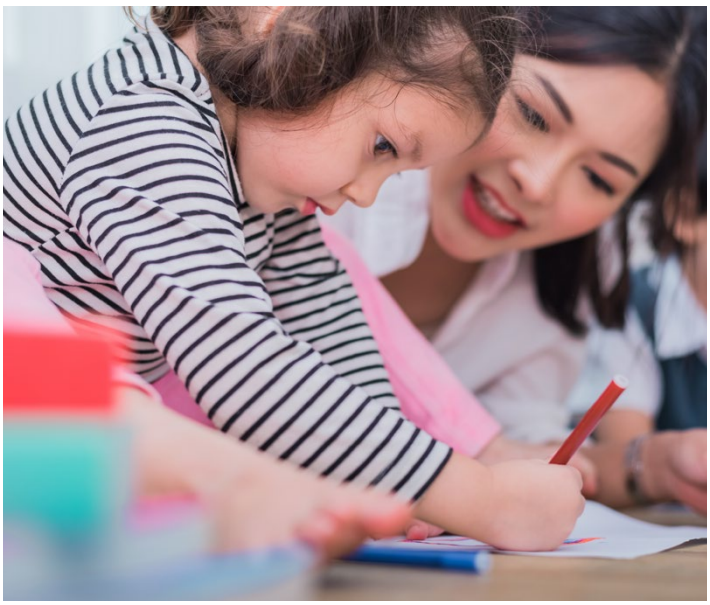
Trauma sensitive behaviour management



Exposure to stressful events and trauma can result in children being unable to control their emotions and behaviour. Being able to see that the child's behaviour is a consequence of their physiological and emotional responses to the event – rather than perceiving it as malicious – can make it easier to be patient and calm. Modelling the behaviours that you would like the child to display is important and at times very difficult.

Younger children may play out the distressing event(s) repeatedly. Traumatic play is often a non-verbal way of trying to understand the event and to make sense of it. Sometimes a child loses the ability to play in any other way; this is an indication that the child needs further assistance. Creative play is vital for development. Children who are 'stuck' with the same play routine soon lose friends who become bored with the repetition, and this further alienates the child.

Ten tips for creating a trauma-sensitive classroom:

1. Create a safe classroom and school environment

A safe classroom environment is one that is predictable, organised and that has clearly stated, reasonable expectations. Established routines that are explained, easy to follow and kept to are reassuring and allow children to negotiate their day of learning with confidence.

Beginning each day with the timetable written on the board and talking students through the tasks and processes will set out the goals of the day and allow for a sense of achievement at their completion. A visual or pictorial timetable is especially helpful for those who are having difficulties with processing language.

Changes to the plan can and will happen, but it would be useful to call together the group and explain in advance what will change and why. Traumatised children do not like unexpected surprises or sudden changes, it makes knowing what to expect in the day a priority. Transitions can be especially difficult and need a lot of explicit preparation.

2. Help children to regulate their emotions so that they can learn

In addition to having a calm classroom, teaching children strategies to self-calm is useful and conducive to creating a positive learning atmosphere. Sometimes to get calmness there needs to be opportunity for movement and the expenditure of energy first. Children who are in a state of constant hyper-arousal may find that a game that allows for running around or even being able to get out of their seat and hand out sheets for a class task allows them to resettle. Please note: make sure the game isn't startling and that children are aware of the rules and know what to expect.

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After each burst of activity, an opportunity to take some calming breaths, relax and consciously prepare for learning is a way to teach children to develop a productive state of mind and to take control of emotions. Assisting children to name and talk about feelings, having resources around the classroom that provide words for feelings and emotions and cueing students into their feelings are all strategies that develop emotional literacy and help children to understand their own and others feelings. If a child is highly emotional it is important to first let them calm down before helping them to identify their feelings. If children are very distressed they may need gentle assistance to help them calm down.

3. Believe that the child can achieve academic success

The temptation to expect less from children after a traumatic event is common. Although the capacity for concentration may be impaired it can be redeveloped through good teaching strategies, support and time. Make all expectations clear, break tasks down to subsets and provide supportive and clear feedback during and after each subtask to monitor that the child is on task and has understood the task correctly. Scaffold the task and the skills required to achieve learning. Acknowledge successes and provide explicit feedback on what has been achieved.

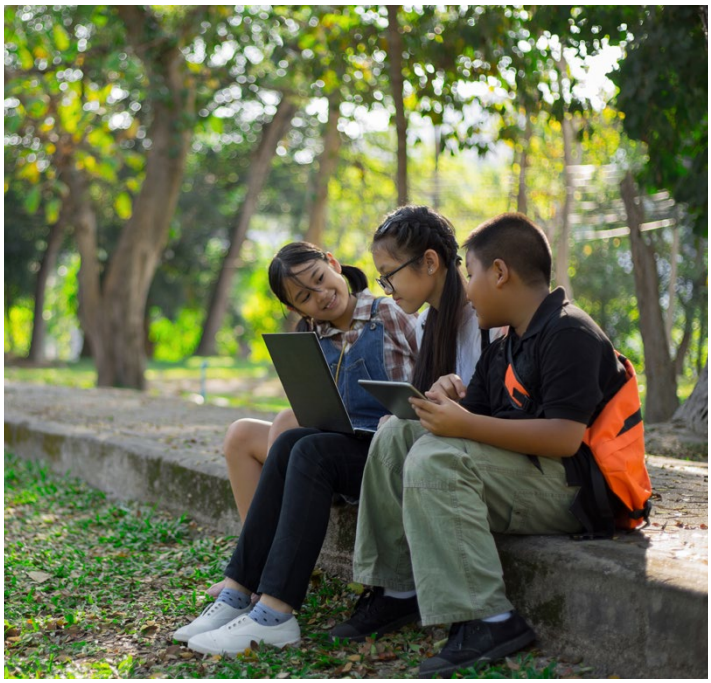
4. Restore a sense of control and personal efficacy

Provide a place to calm down such as a 'peaceful corner', where children can regain emotional control safely or remove themselves to a quiet space to regain composure and reduce stimulation. Sometimes having music or a jigsaw puzzle or even plasticine where agitated hands can work the plasticine are calming activities. For older students, calming activities on a tablet, drawing or a game of basketball are all strategies that students have found useful.

5. Build strengths and capacity

Take opportunities to remind students of their strengths. Planning actions and activities brings a measure of control and a sense of personal achievement to day-to-day life. Provide students with opportunities for informed choices, beginning with a limited range of options and building capacity for decision making and self-efficacy.

Every child has strengths. Identify the strengths and allow the child to experience success. Take the opportunity to show the child that they can generalise the skills from that success to other areas of their learning and life. Sometimes they will need help to make the connections and generalise the skills.



6. Understand the connection between emotion and behaviour

A child that has difficulty regulating emotion is frequently impulsive and challenging. The program of 'Stop, Think, Do' is a good mantra for teachers of trauma affected students. Stop and think about where this behaviour is coming from, was it evident before the event? Respond calmly and clearly. These children must be accountable for their behaviour but require teaching, reminders, clear boundaries and expectations that are stated in a variety of modalities and applied consistently. Respond to the underlying emotions rather than the behaviour.

7. Be hopeful and optimistic

Many children experience a loss of trust in the world after the events — they believe that because a terrifying thing has happened, they can no longer dare to hope that life can be happy and safe again.

Modelling optimism and encouraging them to see the strengths and coping skills they have and are using will engender a sense of personal efficacy and hope. It is not uncommon for traumatised children to have a foreshortened sense of the future, believing that they will die early and continue to struggle in life. Reminding them of their strengths and providing opportunities for setting goals and achieving them will help them to take a positive view of their lives. Remember, optimism can be taught, and that it is contagious.

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8. Use a variety of teaching and learning strategies that allow for repetition, reinforcement and different learning modalities

Use multiple ways of presenting instructions, allow the children to repeat the instructions or to brief their neighbour on the task, to reinforce what is required. Using both written and auditory presentations will minimise the likelihood of children feeling unable to process the information and becoming overwhelmed or disengaged. If a student does 'lose track' of the task, a written summary will allow them to check back and re-engage.

Rehearsing new learning, vocabulary and concepts will also be helpful. Putting information in context will facilitate the child being able to sequence the information and to continue to build each concept upon the previous, leading to coherent knowledge and learning. For some children who are struggling with impaired learning capacity after a traumatic event, school is one big closed activity, with the gaps being out of context and unfillable. They will benefit from being able to be cued in to where to find the information.

9. Engagement, social connection and trusting relationships that are built on respect and positive regard

Being part of a social group is protective and can help people overcome adverse events. After traumatic events, communities and school communities can be changed, with some people leaving the area where their supports were.

School provides a community of care for children and it is through the relationships that children have with friends and teachers that they can begin to recover from and make sense of the events.

Some students (and staff) come to school for normality. They don't want to have to talk about the event and their impact but would rather have a normal school day of learning and play. Being sad and dealing with the emotions and consequences of the event takes a lot of energy and head space. Not talking about the event doesn't mean that the child isn't thinking about them or is being unusually avoidant. It just may be that they do not want to be identified as a victim in every sphere of their lives. It's okay to ask the student quietly what their preference is.

For some students, their teacher is an adult in whom they can confide and ask difficult questions. Many children express the view that they don't want to upset their parents or further stress them by asking questions or saying that they are struggling. This is when a trusted relationship with an adult at school will allow the child to gain the help and support they need.

10. Look after your own emotional needs

Many of the staff in schools have had direct experience of the event themselves and are experiencing a similar range of reactions and stressors as the children in their class. This can make it difficult to focus on the needs of the child. As adults, we have a wider range of coping skills than are available to children and know that we can survive adversity. Children often haven't learnt yet that they too have these coping capacities.

Even if you are not personally affected by the event, working with traumatised children is challenging and by hearing the stories of fear and despair you may become vicariously traumatised.

This resource was written by Michelle Roberts, with updates from Nicola Palfrey in June 2018. Michelle Roberts is an educator and psychologist with over 20 years of experience in child disaster psychosocial recovery. Nicola Palfrey is a clinical psychologist and Director of the Australian Child & Adolescent Trauma, Loss & Grief Network (ACATLGN).

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Childhood trauma reactions: How and when to get help

Educators are often in the best position to notice when children need help managing their reactions to traumatic events, such as natural disasters. However, it can be quite difficult to work out what is happening for the child by simply observing their behaviour. Here are some hints for how you can work out when and what you might need to do to arrange help for your students.

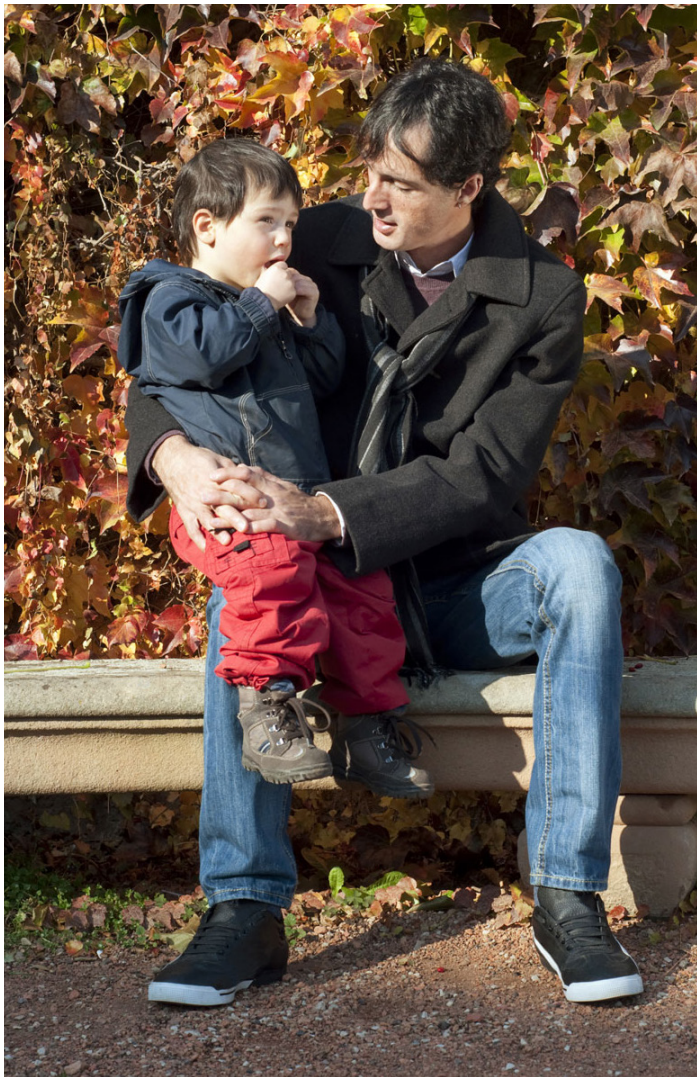
Talk to the child

One of the best ways to work out if the child needs help is to talk to them. There are a few things you can do to make this a bit easier:

- Let your student know that you are concerned and want to help. Having someone who will listen is often exactly what children are after.
- Consult the school counsellor or guidance officer if you think you need help or the child prefers not to talk.
- Get background information. Talk about your concerns with the child's parents/caregiver.

Dealing with disclosures

Sometimes when talking to children, they may disclose sensitive information, either about the traumatic event you are discussing, or about other events that you were not aware of. It is important for teachers to be aware of their duties and responsibility to both the child and others, and to consult with school administrators where appropriate.



How to determine whether the problem is serious?

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

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Further assessment or intervention may be required if the child shows:

- symptoms which persist for longer than a month or worsen over time
- a significant decline in concentration, academic performance or classroom participation that interferes with their daily functioning or causes significant distress
- ongoing or worsening difficulties regulating emotions (e.g. difficulty controlling emotions such as crying, anger)
- significant and lasting changes in social functioning (e.g. withdrawing from friends, fighting, interpersonal difficulties, physical and verbal aggression) that causes problems for the child or others
- behaviours that disrupt others and the classroom environment 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, and language)
- behaviours typical of a younger child (e.g. difficulties toileting, using 'baby talk')
- evidence that the problems exist outside of school as well (i.e. the problem occurs in multiple settings such as at home, with friends, at school); or
- 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).

How to get help

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

- Familiarise yourself with your school's guidelines and policies for such issues.
- Get to know the support resources available within your school such as guidance officers, school nurses, school psychologists, support workers and principals.
- Think about what you as an educator can do to help the child or the whole class following traumatic events.
- Refer the child on for further assistance.

How to refer for further help

Sometimes, no matter how supportive the classroom or home environment is, a child may still require professional assistance following a traumatic event. It may be helpful to discuss referral options with parents and/or the child. Early intervention is considered important.

Referral options include:

Community services and help lines

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

- Kids Helpline – 1800 551 800
- Lifeline – 13 11 14
- Parentline – 1300 30 1300
- Australian Centre for Grief and Bereavement – 1800 642 066
- beyondblue – www.beyondblue.org.au
- Carers Australia – 1800 242 636

General practitioners

GPs are a great place to start for information, support and referral if required.

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Private allied health professionals

Children and parents can also seek private individual assistance from various allied health professionals – in particular, clinical psychologists who are trained in assessment, diagnosis and treatment of various emotional and behavioural difficulties in childhood and adolescence.

Community-based mental health professionals

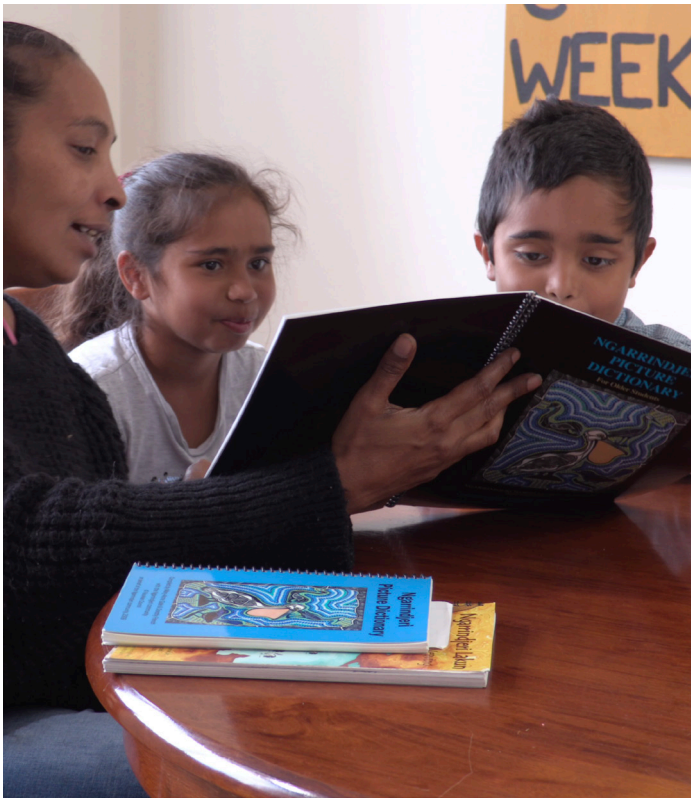
Families may be eligible to receive assistance through their local Child and Adolescent/Youth Mental Health Service (CAMHS or CYMHS). In most instances, families are able to self-refer for this service by calling their local centre.

Infant and baby mental health services

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

Private mental health professionals

Families are also able to arrange for assistance through private psychologists. Availability of psychologists will vary according to location, and it is recommended that families first contact their GP to obtain a referral and to assess their eligibility for rebates through Medicare. In addition, families may also be eligible for rebates through private health funds and should contact their health provider to enquire about rebates. Parents may also independently seek private practitioners through the Australian Psychological Society (APS) at www.psychology.org.au/Find-a-Psychologist



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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 as a result of changes or problems in the home environment (e.g. some children may not have returned to their home, may be staying with relatives, may have not 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 (due to post-traumatic stress or anxiety) which interferes with the child's ability to concentrate at school; or
- 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

Following trauma, children may experience difficulty interacting socially and maintaining friendships. This may be caused in part by other difficulties such as depression and anxiety but can also be directly linked to traumatic events. Children who have experienced trauma (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 simply find it more difficult to cope with this situation. These children may respond

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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; or
- use inappropriate social skills or interaction patterns.

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

Children under 6 years

Children 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 to trauma-related reminders (e.g. increased heart rate, sweating).

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.
- Lack of interest or participation in activities that used to be meaningful or pleasurable, including limited or repetitive play.
- Social withdrawal.
- Persistent 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.

Children over 6 years

Children who are over 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.

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- Strong and long-lasting psychological distress after being reminded of the event or after encountering trauma-related cues.
- Strong physical reactions to trauma-related reminders (e.g. increased heart rate, sweating).

Avoidance symptoms

- Avoidance or attempted avoidance of distressing memories, thoughts or feelings about or associated with the traumatic event.
- 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.

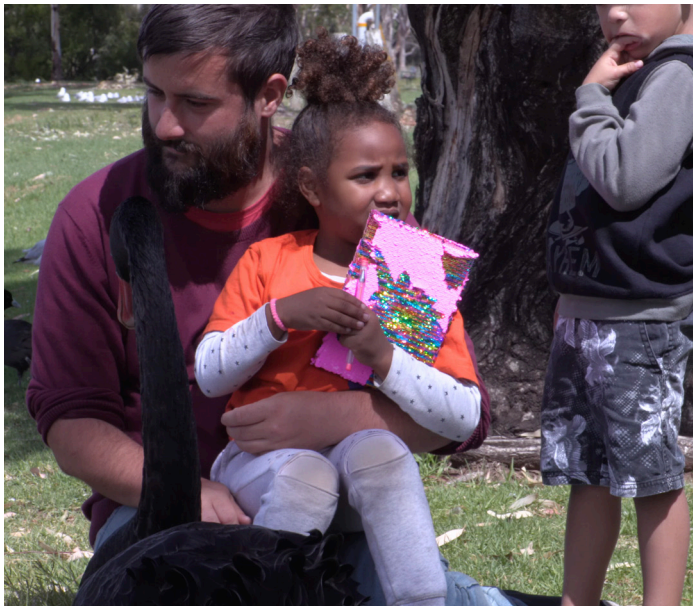
Negative alterations in thoughts and moods

- Inability to remember an import aspect of the traumatic event.
- Persistent and exaggerated negative beliefs around death and danger to oneself, others or the world.
- 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.
- Persistent 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 many children exhibit some of these signs immediately after they're exposed to a traumatic event. If these signs persist or worsen over time however, they can be an indication of something more serious. If the signs remain evident after a month, it is possible the child may require additional assistance to manage their difficulties.



Anxiety Disorders

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

Separation anxiety

It is normal for children to want to be close to their family and friends. However, after a traumatic event, some children may experience significant distress and fear when they are separated from loved ones, which can impact on their social and academic functioning. Children may also worry about the safety of loved ones or fear that something bad might force them to be separated. These worries can develop immediately following the traumatic event or appear at a later date. Children may display symptoms such as being distressed on arrival to school; refusing to attend school camps, 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 are often expected immediately following traumatic events, these behaviours may begin to

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interfere with the child's and family's functioning if they continue. 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 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 they are experiencing (e.g. first school camp), or an emotional response to trauma. Professional assessment and intervention can help to distinguish between trauma-related and normal emotional responses and improve anxiety management.

Generalised anxiety

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 similar circumstances arise. This is a natural reaction, but 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 at 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; and
- world events (including natural disasters, terrorism, news stories).

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, such as Attention Deficit Hyperactivity Disorder (ADHD) or Post-Traumatic Stress Disorder (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 (as with ADHD).

A distinctive feature of GAD is difficulty controlling their worry and excessively seeking reassurance from others, often by asking a lot of 'What if....' questions. Over the course of a day, a child with GAD might ask their parents, educators and other adults many questions like 'What if I am late to class?', 'What happens if it rains at lunch time?' or 'What if my mum is late picking me up?' Children with GAD might also be worried about others in their class and how they might be affected by others' behaviours.

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 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

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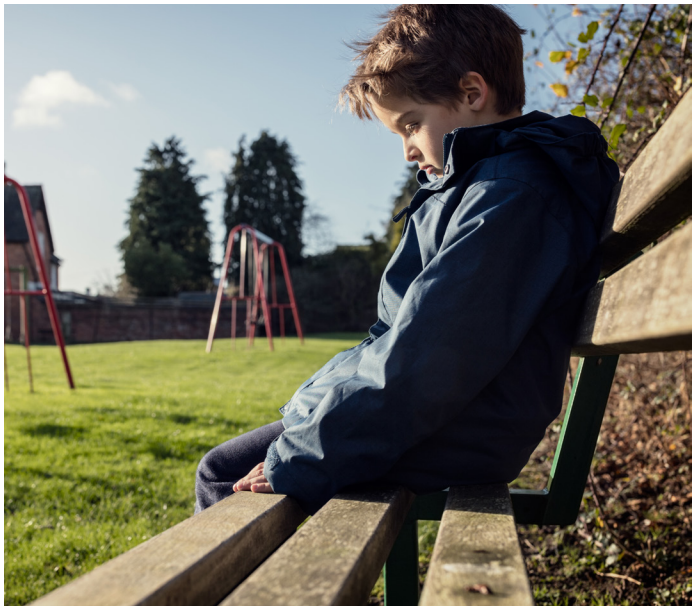
such feelings as non-specific anxiety about suddenly becoming ill, or fears of suddenly vomiting that are difficult to control.

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 difficulty swallowing. 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 will 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 moods; or will frequently feel depressed without any 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. A depressed mood may be a direct result of the child's experience with the disaster, or it may be due to an accumulation of 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 engaging in social interactions.
- Withdrawal from previously enjoyed activities (e.g. not wanting to participate in sports, drama, etc.).
- Alcohol and drug use.
- Staying home from school.
- Failure to complete homework and class activities or reduction in academic performance.
- Changes in concentration levels.
- Changes in sleeping routines; always seems tired, 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 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 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 or running away.

For most children, these behaviours are transient and disappear over time. However, for some children these

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behavioural difficulties will persist over time, impact on others (e.g. educators, classmates, friends, siblings) 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' or 'behaviour' disorders.

- **Attention Deficit Hyperactivity Disorder (ADHD)** is characterised by difficulty with attention and concentration. Children with ADHD may also have difficulties with impulsiveness 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 behaviour 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 signs of independent behavioural difficulties (e.g. ADHD). Unfortunately, some of the more common treatments for ADHD, such as medication are unlikely to assist in managing behaviours resulting from trauma.

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 habit disorders such as:

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

These behaviours may be a concern for parents, caregivers and educators if they are excessive; if other children notice them; if they seem more typical of a younger child; or if they interfere with the child's ability to function.

Often these habits will resolve with time as the child recovers post-trauma. However, if 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.

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