

Activities

Health and Social Service Practitioners (HSSPs)

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Instructions

All activities provided are optional resources. Facilitators should review activities and include/omit as they consider relevant to their audience and time constraints.

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

It is recommended that a minimum of one activity is included per presentation session.

Activity 1: Reflection and discussion: Child trauma responses (0–4 years) and/or (5–12 years)

Duration:
5–10 mins

Aim: To encourage participant engagement and sharing of experience. The activity can be run across age groups (0–12 years) or split into age-specific groups (0–24 months, 2–4 years, 5–12 years) if preferred. Suggested here is 0–4 years (0–24 months and 2–4 years) and 5–12 years age groups.

Resources: Nil

Instructions: Ask participants if they have any personal experience of seeing trauma reactions in children that they are willing to share confidentially. (Stress the need to de-identify information so that the child cannot be identified by others)

- *What changes did you see in the child?*
- *Did you do/say anything in response?*

Activity 2: Practise slow breathing

Duration:
5–10 mins

Aim: To encourage participants to share and explore slow breathing/relaxation strategies they could use/have employed with children.

Resources: Nil

Instructions: Participants quickly practise slow breathing.

1. *Hissing breath:* Breathe in through the nose, long deep inhale, and out the mouth on a hissing sound, slow and long (just like a snake!)
2. *Breathing around a square:* Give children something to hold or look at (e.g. a nearby window) that is square in shape. Ask them to breathe in through their nose and out through their mouth.
 - Start by drawing the child's attention to the bottom right hand side of the square.
 - Ask them to breathe in through their nose with you as their eyes travel up the right edge of the square to a slow four count ('1 and 2 and 3 and 4') and then breathe out slowly through their mouth across the top edge for another count of four.
 - Breathe in slowly as the eyes travel down the edge (count to four) and out as the eyes go across (count to four).
 - Repeat this 2–3 times.
 - Give encouragement and praise as the child responds to the cues and slows their breathing.
3. Ask if anyone else has any quick breathing or calming exercises they know of that could be used with children and run through them.

Activity 3: Helpful thoughts

Duration:
5–10 mins

Aim: To encourage participants to think about helpful and unhelpful (frightening) thoughts that children might have during/following a disaster. (Can also be done in pairs or two groups)

Resources: Whiteboard

Instructions: Ask the group to nominate some scary thoughts that children in the age group they work with might have about a disaster (e.g. 'I don't know what to do'; 'My heart is beating so fast I think it will burst').

As each 'scary thought' is generated, ask the group to generate a 'helpful' thought that could replace the scary thought (e.g. 'We've practised what to do in class, I'll just follow the plan and that should really help'; 'I know how to keep calm'). Write these on the whiteboard.

Note: If working with HSSPs interacting with younger children/preschoolers consider altering this activity to generate simple self-statements to assist young children (e.g. 'I am calm'; 'I am safe'; 'I can do it'; 'I am brave'; 'All is well').

Activity 4: Reflection and discussion: Natural disaster events

Duration:
10–15 mins

Aim: To encourage participant engagement and sharing of experience. This activity is mainly about building engagement with and between the participants. Don't force any responses here – if no-one has any experience of working with children in a natural disaster, just move on through the slides. If someone has (and is happy to share their experience), ask them to provide details and use prompting questions if required to determine how the experience of working with children may have been different to that of working with adults.

Resources: Nil

Instructions: Lead a discussion around the questions:

- What are the MOST LIKELY natural disasters to occur in your area?
- Ask the participants if anyone has had direct experience of working with children in a natural disaster event. If yes, are they willing to share a little about their experience?

Depending on how forthcoming the participants are, you may use some prompts to get further information, such as:

- *Did you feel there was anything different in managing children versus managing adults?*
- *Did the child or children act in a similar or different way to adults?*
- *Did you personally find it challenging to work with children?*

Activity 5: Reflection and discussion: Cultural differences

Duration:
10–15 mins

Aim: To encourage participants to think about how cultural differences may impact upon the responses that they see in children post-disaster.

Resources: Whiteboard

Instructions: Lead a discussion around the question:

Thinking about the children you currently work with can you identify any cultural differences that might impact upon their emotional and behavioural responses following a natural disaster?

Note responses on whiteboard.

Activity 6: Create a self-care plan

Duration:
10–15 mins

Aim: To provide participants with a simple ‘wellbeing’ resource for use with parents and children following a natural disaster that will assist them to prepare for difficult situations.

Resources: Completed self-care plan/Blank self-care plan

Instructions: Discuss completed self-care plan with participants. Ask participants to complete their own.

Activity 7: Create a pleasant events schedule

Duration:
10–15 mins

Aim: To provide participants with a simple ‘wellbeing’ resource for use with parents and children following a natural disaster.

Resources: Completed pleasant events schedule/Blank pleasant events schedule

Instructions: Hand out and discuss completed pleasant events planner with participants. Ask participants to complete their own.

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.

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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.

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	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.

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	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		

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, no emotion related to event, loss of interest in previously enjoyed activities)

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:



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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.

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.



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.



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Delivery partners:



Australian National University



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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 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.

- 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.

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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 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.
- 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 important 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 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 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 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.

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:



Australian National University



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Resource Matrix HSSPs

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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://redcross.org.au/globalassets/cms-migration/documents/emergency-services/rediplan-lite-interactive.pdf
General emergency	Deaf, Deafblind and hard of hearing people	Resource summary	National Auslan Communications for Emergencies	Information produced in Auslan for Deaf, Deafblind and hard of hearing people relating to the most common natural hazard emergencies within Australia.	General emergency http://auslanemergency.com.au/index.php/deaf-deafblind/natural-hazard-emergencies/general-emergency/
Emergency Planner (Get ready!)	Children	Downloadable planner	Australian Red Cross: Australia	Children's activity book to assist with planning for a disaster.	Get ready! https://redcross.org.au/globalassets/corporatecms-migration/downloads/pdfs/disaster-plan/2018-01-01-get-ready-kids-new-screen.pdf
'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/prepare/
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://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
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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://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://childrens.health.qld.gov.au/wp-content/uploads/PDF/qcpimh/QCPIMH-recovering-after-natural-disaster-booklet-pregnancy.pdf
Red Cross disaster recovery	Children aged 10-14 years	Booklet	Australian Red Cross: Australia	A book to help children cope with emergencies.	After the emergency https://redcross.org.au/globalassets/corporatecms-migration/downloads/pdfs/disaster-plan/after-the-emergency-kids-booklet.pdf
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://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://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://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://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://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://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://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/
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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/
The impact of trauma on 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/resources/trauma-and-the-child-e-learning-course/
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://ihcsupportagency.org.au/wp-content/uploads/2019/05/03_Managing-trauma-and-ways-to-recover.pdf
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_O2.pdf
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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 https://earlytraumagrief.anu.edu.au/files/Disasters%20grief%20children%20and%20families_O.pdf