

Instructions

All activities provided below are optional. Facilitators should review activities and include or 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 instructor footnotes of the provided PowerPoint.

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

Activity 1: Exploring Red Cross lesson guides

Duration:
5–15 mins

Aim: Information dissemination

Resources: Internet access

Instructions: Link to <https://www.redcross.org.au/get-help/emergencies/resources-about-disasters/resources-for-parents-and-teachers> and briefly explore the relevant age group materials with participants (Preparedness and Recovery).

Activity 2: Practise slow breathing

Duration:
5–10 mins

Aim: To encourage participants to share and explore slow breathing and/or relaxation strategies they could employ with children.

Resources: Nil

Instructions: Participants quickly practise and discuss slow breathing. Ask if participants have any slow breathing exercises they use and practise those as well.

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

Activity 3: Practise 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 in 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 now generate a 'helpful' thought that could replace the scary one (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 educators of younger children/preschoolers, consider altering this activity to the generation of 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: Child trauma responses (0–4 and 5–12 age groups)

Duration:
5–10 mins

Aim: To encourage participant engagement and sharing of experience.

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 5: Reflection and discussion: Natural disaster events

Duration:
5–10 mins

Aim: To encourage participant engagement and sharing of experience.

Resources: Nil

Instructions: Lead a discussion around the questions:

- *What natural disasters are most likely to occur in your area?*
- *Has anyone been involved in First Response-type services in natural disasters (e.g. SES, Army Reserve, Volunteers Queensland, with a local community group, etc.)? If so, can you share any of your experience of the event and how you felt during/after?*

Activity 6: Reflection and discussion: Cultural differences

Duration:
5–10 mins

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

Resources: Whiteboard

Instructions: Lead a discussion around the question:

Thinking about the children you currently care for/have in your classrooms, can you identify any cultural differences that might impact upon their emotional and behavioural responses after a natural disaster?

Note responses on whiteboard.

Activity 7: Reflection and discussion: Emphasising strengths

Duration:
5–10 mins

Aim: To encourage a strengths-based approach to disaster recovery in young children.

Resources: Whiteboard

Instructions: Ask participants to jot down some thoughts on times when they have reinforced a young child's strengths while playing or doing an activity.

- *What did you do/say?*
- *How did the child react?*

Ask if anyone is willing to share.

Activity 8: Explore Birdie's Tree and other in-class activities (for child care workers)

Duration:
5–10 mins

Aim: Increase knowledge of resources available to assist younger children and babies.

Resources: Internet access

Instructions: Open Birdie's Tree (<https://www.childrens.health.qld.gov.au/natural-disaster-recovery/>) and take a tour around the activities and information there. Take time to open materials and explore with the participants.

Activity 9: Reflection and discussion: Provide choice to regain control

Duration:
5–10 mins

Aim: To encourage the use of 'choice' in classrooms after a natural disaster, in order to assist children with regaining a feeling of control.

Resources: Whiteboard

Instructions: Ask participants to jot down some thoughts on the follow question:

What are some ways that you could provide 'choice' to children within your classroom/group environment after a natural disaster?

Ask if anyone is willing to share.

Activity 10: Brainstorming: How do you normally take care of yourself?

Duration:
5 mins

Aim: To encourage educators to think about ways they take care of themselves in their everyday lives. Creates some foundation ideas for Activities 11 and 12.

Resources: Whiteboard

Instructions: Ask participants to nominate ways they take care of themselves. Use prompts to get started, as necessary (e.g. 'go for a run', 'read a book', 'do yoga', etc.).

Jot down responses on whiteboard.

Activity 11: Create a pleasant events schedule

Duration:
15 mins

Aim: To encourage educator self-care by coming up with ideas and strategies to help manage stress.

Resources: Completed pleasant events schedule/Blank pleasant events schedule

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

Activity 12: Create a self-care plan

Duration:
15 mins

Aim: To encourage educator self-care by preparing for difficult situations.

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

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

Activity 13: Introduction of resource matrix

Duration:
5 mins

Aim: Increase knowledge of available resources.

Resources: Resource matrix

Instructions: The resource matrix can be introduced at any time during the training.
A copy should be given to all participants.

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		

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.

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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:

- 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.

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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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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)

- emotional distress (e.g. self-blame and guilt, moodiness, crying and tearfulness)
- behaviour changes (e.g. angry outbursts, aggression, non-compliance)
- decline in school performance resulting from school non-attendance, difficulties with concentration and memory, and/or lack of motivation
- increase in physical complaints (e.g. headaches, stomach aches, rashes)
- withdrawal from family and friends
- appetite changes; and
- anxiety and fear for their or their loved ones' safety (e.g. increased clinginess).

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

Signs that a child needs further assistance are:

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

Parenting and environment post-trauma

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

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

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

Signs that a child needs further assistance

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

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

This tip sheet was originally developed by the Centre of National Research on Disability and Rehabilitation Medicine, University of Queensland as part of the Queensland Government's response to the Queensland Natural Disasters. [Kenardy, De Young, Le Brocque & March. (2011) Brisbane: CONROD, University of Queensland]. The materials and content have been revised and extended for use as part of the Emerging Minds: National Workforce Centre for Child Mental Health Community Trauma Toolkit.

Delivery partners:



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August 2022

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:



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August 2022

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.

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.

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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).
- 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 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).



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How child care professionals can help children aged 0-24 months

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

Monitor symptoms over time

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

Children will have very different responses following a traumatic event. It is therefore important for educators 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 referral for further assistance if a child's emotional or behavioural difficulties are different from those pre-disaster, continue for longer than one month and/or get worse over time.

Maintain routines

Most children respond well to structured environments with clear goals, timelines and activities. Therefore, continuing with familiar 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.



Limit exposure to media

Post-disaster, media images, radio talkback and general conversations about the event itself and/or disaster recovery efforts may arouse anxiety in babies and young children, creating greater fear, tension and confusion. Repeated images of the disaster event on television or web news (e.g. images of flooding or bushfire) may also cause the child to feel like the event is happening again, which can contribute to cumulative stress.

It is important to give babies and children enough information to feel secure and reassured but also be mindful of their level of exposure to the disaster and limit ongoing exposure to the media.

Listen with your eyes and ears

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

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

- Active listening skills:

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

- Reflective listening:

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

Avoid saying things like 'Don't be sad/angry/worried/upset' to reassure a child or baby. Being told not to feel a certain way may invalidate the child's feelings and leave them feeling shamed or misunderstood. Depending on individual circumstances, statements that reassure the child that they are safe now and assist them in thinking about their concern in a more positive or

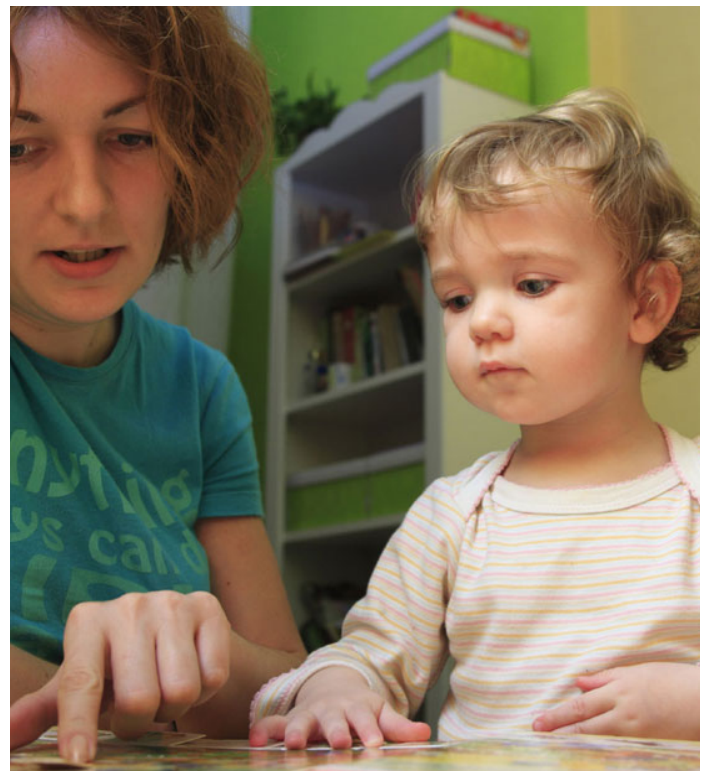
helpful way may be beneficial, e.g. 'Yes, the thunder was loud but it didn't hurt you, did it?', 'Yes, there was lots of rain and wind but you were safe in the evacuation centre, weren't you?'

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

Monitor your verbal expression

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

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



Monitor non-verbal signals

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

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

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

Fear

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

Anger

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

Sadness

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

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



Set clear and firm limits/expectations of behaviour

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

Emphasise babies' and young children's strengths

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

Be positive in your communications and actions

Babies and young children rely on the adults around them to help them manage and make sense of the world. Help them understand that the natural disaster was a temporary rather than permanent situation by being positive about the future and talking about progress being made with clean-up and rebuilding. Where possible, model positive coping skills like humour, positive statements, and problem-solving behaviours and encourage children to use these skills as well. Children look to adults to guide them in how to behave in unfamiliar situations, so your positive outlook, encouragement and reassurance are essential to supporting recovery after a natural disaster.

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

Provide choices – regain control

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

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

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



Relaxation

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

Safe 'relaxation' spaces

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

Summary

While childcare professionals may play an important role in identifying mental health concerns in babies and young children, their primary role is to continue to be a good child care professional. Child care professionals working in early childhood facilities are uniquely placed to support babies and young children by providing a return to stability, security and certainty for children who have been affected by natural disaster.

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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:



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

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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.



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.

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.

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

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:



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August 2022

When children need further assistance

How and when to get help?

It is important for educators to understand the variety of ways in which children react to traumatic events. The following case studies demonstrate the different ways in which children might react over time. These reactions will depend on many factors such as pre-trauma functioning, home and social support and other problems. The examples give you some idea of the types of behaviours and issues you might see in children.

Examples of trauma reactions in children

The children described here have all been affected by some type of natural disaster such as floods and bushfires. Many experienced loss or destruction of their homes, loss of possessions, and in some cases, loss of loved ones. As you read through these case studies, consider the following questions:

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

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

Case Study 1:

Meet Hudson, 6 months

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

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

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

Case Study 2:

Meet Lizzie, 22 months

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

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

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

Case Study 3:

Meet Sam, 4 years

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

Case Study 4:

Meet Jane, 7 years

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

Case Study 5:

Meet Jack, 10 years

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

For more information & resources:

www.emergingminds.com.au/resources/toolkits/community-trauma-toolkit/

Resource Matrix Educators

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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://www.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://www.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/
RediPlan lesson plans	Educators (early childhood - Year 12)	Downloadable lesson plan PDFs	Australian Red Cross: Australia	Comprehensive lesson plans, activity sheets and teacher notes to assist with disaster planning for early childhood, years 1-3, 4-6, 7-9 and 10-12.	RediPlan preparedness program https://www.redcross.org.au/emergencies/resources/resources-for-teachers/
Red Cross Pillowcase Project	Children from Years 3-4	1-hour workshop	Australian Red Cross: Australia	A disaster resilience education program delivered by Red Cross volunteers in schools.	The Pillowcase Project https://www.redcross.org.au/emergencies/pillowcase-program/
Community trauma preparedness tips	Families	Tip sheet	Australian Child & Adolescent Trauma, Loss & Grief Network, Australian National University (ANU) and Emerging Minds: National Workforce Centre for Child Mental Health: Australia	Practical and psychosocial strategies for parents and caregivers.	How parents and caregivers can prepare for a natural disaster https://emergingminds.com.au/resources/how-parents-and-caregivers-can-prepare-for-a-natural-disaster/
Psychological preparation (AIMS model)	General	Downloadable tip sheet	Australian Psychological Society: Australia	A 3-step model of preparation for natural disasters.	Psychological preparation for natural disasters https://www.psychology.org.au/getmedia/c24bf1ba-a5fc-45d5-a982-835873148b9a/Psychological-preparation-for-natural-disasters.pdf

Psychological preparedness	Families	Video	Australian Psychological Society: Australia	Easy ways for parents to help their children prepare psychologically for the threat of disasters.	Preparing children psychologically for the threat of disaster https://psychology.org.au/for-the-public/psychology-topics/disasters/preparing-for-disasters/preparing-children-psychologically-for-disasters
Disaster risk reduction awareness	Children aged 10-14 years	Activity book	Children in a Changing Climate Coalition (ChildFund Alliance, Plan International, Save the Children, UNICEF and World Vision): International	Child-friendly, awareness raising activity book, developed in consultation with children.	Child-friendly Sendai framework for disaster risk reduction https://plan-international.org/publications/child-friendly-sendai-framework-disaster-risk-reduction
Bushfire preparedness	Families	Downloadable tip sheet	Australian Child & Adolescent Trauma, Loss & Grief Network, Australian National University (ANU): Australia	Bushfire preparedness advice and tips for talking to children.	Bushfire preparedness for your family http://tgn.anu.edu.au/wp-content/uploads/2014/10/Bushfire-preparedness-for-your-family.pdf

Disaster recovery/resilience

Topic/title	Target Demographic	Media	Author	Description	Access
Birdie's Tree	Babies, young children, parents/carers	Online games/storybooks	Queensland Centre for Perinatal and Infant Mental Health (QPICMH) and Queensland Health: Australia	Therapeutic online games and storybooks to help young children's recovery following a natural disaster.	Birdie's Tree therapeutic games https://www.childrens.health.qld.gov.au/natural-disaster-recovery/
Recovering from disaster while pregnant or with young children	Families who are pregnant/in early parenthood	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	Educators (early childhood – Year 12)	Downloadable lesson plan PDFs	Australian Red Cross: Australia	Comprehensive lesson plans, activity sheets and teacher notes to assist with disaster planning – early childhood, Years 1-3, 4-6, 7-9 and 10-12.	Recovery lesson plans https://www.redcross.org.au/get-help/emergencies/resources-about-disasters/resources-for-parents-and-teachers
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://www.redcross.org.au/globalassets/corporatecms-migration/downloads/pdfs/disaster-plan/after-the-emergency-kids-booklet.pdf
Child trauma reactions	Educators	Webinar (part 2)	University of Queensland and Australian Child & Adolescent Trauma, Loss & Grief Network, Australian National University (ANU): Australia	Discusses how schools and teachers can assist children following disasters and traumatic events.	Part 1: Children's responses to trauma and disasters Part 2: Childhood trauma reactions: the role of teachers and schools after a natural disaster https://earlytraumagrief.anu.edu.au/resource-centre/webinars

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
Recovery after a bushfire	Teachers	School Recovery Toolkit	Australian Child & Adolescent Trauma, Loss & Grief Network, Australian National University (ANU): Australia	Recovery and resilience information based on the experiences of victims of the 'Black Saturday' Victorian Bushfires in 2009.	Resources for teachers: School recovery toolkit https://earlytraumagrief.anu.edu.au/files/ACATLGN_Roberts_Schools_bushfire_toolkit.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

Recovering together for educators	Early childhood professionals working with infants and young children	Comprehensive resource guide, activities & education program	Queensland Centre for Perinatal and Infant Mental Health (QPICMH) and Queensland Health: Australia	Targeted resource to help babies (0-24mths) and young children (2-4yrs) process their experience of the disaster. Resources help babies and young children regain their sense of security, while alerting early childcare professionals to potential signs of distress that may require additional support.	Recovering together after a natural disaster: A resource guide for early childhood education and care services <u>Available upon request – email PIMH@health.qld.gov.au</u>
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 <u>https://childrens.health.qld.gov.au/wp-content/uploads/PDF/qcpimh/QCPIMH-recovering-together-after-disaster-booklet-babies.pdf</u>
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 <u>https://www.nctsn.org/resources/pfa-parent-tips-helping-infants-and-toddlers-after-disasters</u>
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 <u>https://www.nctsn.org/resources/pfa-parent-tips-helping-preschool-age-children-after-disasters</u>
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 <u>http://earlytraumagrief.anu.edu.au/files/Disasters%20grief%20children%20and%20families_O.pdf</u>
Recovery in schools	School administrators and teachers	Information sheet	Australian Child & Adolescent Trauma, Loss & Grief Network, Australian National University (ANU): Australia	Discusses a whole of school approach to supporting families in the school context.	Schools supporting families to recover from disaster <u>https://earlytraumagrief.anu.edu.au/files/ACATLGN_Wraith_Families_Brief_D1K_O.pdf</u>
Media coverage	Families (also good for educators)	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 <u>https://emergingminds.com.au/resources/traumatic-events-the-media-and-your-child/</u>

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_O1.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: Supporting people affected by disaster in Australia https://www.redcross.org.au/globalassets/cms-migration/documents/stories/psychological-first-aid-an-australian-guide.pdf
PFA for disaster, violence or terrorism events	School administrators and staff	Field operations guide	National Child Traumatic Stress Network: USA	Offers practical assistance to meet immediate needs and concerns, reduce distress, and foster adaptive coping in the wake of a disaster.	Psychological First Aid for Schools (PFA-S) field operations guide https://www.nctsn.org/resources/psychological-first-aid-schools-pfa-s-field-operations-guide

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	Teachers (preschool–year 12)	Teacher manual	Centre of National Research on Disability and Rehabilitation Medicine (CONROD), University of Queensland (UQ), Queensland Government: Australia	Comprehensive handbook for teachers re: childhood trauma reactions and how teachers can assist.	Childhood trauma reactions: A guide for teachers from preschool to year 12 https://schools.aidr.org.au/media/4605/conrod_childhood-trauma-reactions.pdf
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 https://earlytraumagrief.anu.edu.au/files/Signs-of-possible-trauma-in-children-and-adolescents.pdf

Grief & loss in disaster

Topic/title	Target Demographic	Media	Author	Description	Access
Grief and loss resources	Children and youth	Resources	Australian Child & Adolescent Trauma, Loss & Grief Network, Australian National University (ANU): Australia	Information about grief at different ages and developmental stages in children. Also provides guidance on how to assist grieving children.	Children, adolescents and families: Grief and loss in disaster https://earlytraumagrief.anu.edu.au/files/Disasters%20grief%20children%20and%20families_0.pdf