



CHILDHOOD TRAUMA REACTIONS: TEACHER MANUAL

to accompany *Childhood Trauma Reactions: Tip Sheet Series*



CHILDHOOD TRAUMA REACTIONS: A GUIDE FOR TEACHERS FROM PRESCHOOL TO YEAR 12



CONROD
CENTRE OF NATIONAL RESEARCH
ON DISABILITY AND
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The Centre for National Research on Disability and Rehabilitation Medicine (CONROD) is a research centre within the School of Medicine at the University of Queensland. CONROD’s primary purpose is to advance research into the prevention, acute treatment, rehabilitation, social and vocational management of traumatically injured people. Professor Kenardy and colleagues work as part of the Social and Behavioural Sciences Program, which is dedicated to exploring the psychological and social adjustment, quality of life and rehabilitation of children and adults following injury and traumatic stress.

This resource was originally funded by the Australian Government and developed for The Australian Child and Adolescent Trauma, Loss & Grief Network (ACATLGN). The ACATLGN is a national collaboration to provide expertise, evidence-based resources and linkages to support children and their families through the trauma and grief associated with natural disasters and other adversities. It offers key resources to help school communities, families and others involved in the care of children and adolescents.

This resource has been revised for use as part of the Queensland Government Natural Disaster Response, 2011.

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INTRODUCTION TO RESOURCES

Teachers are in a unique position to identify children who are experiencing difficulties following a natural disaster because of their role, expertise, and extended contact with children. However, every young person reacts differently to a traumatic event so it is not always clear what types of reactions they will display, or how the event might affect them in the longer-term. This resource package is therefore designed to assist teachers in becoming more attuned to identifying emotional and behavioural difficulties in their students following a traumatic event and provides information on what they can do to prevent the likelihood of children developing long-term adverse reactions.

This resource package is comprised of a main teacher guide, plus a series of tip sheets for use by teachers with children from preschool age through to adolescents. The main guide provides detailed background information to help teachers identify and manage child reactions following natural disasters. The first section of the main guide introduces some of the more typical reactions children might display (immediately and long-term) after experiencing a traumatic event. The second section outlines the important role that teachers and schools can play in helping children after a natural disaster. The third section provides information on what teachers can do when they identify a student that may benefit from further assistance. The final section of this resource provides additional helpful information about more severe reactions that youth may experience.

In addition to the main guide, there are a series of tip sheets that teachers can use to help understand and manage children's reactions following traumatic events. Readers should consult the main guide for detailed information and utilise the tip sheet series as a quick guide or as needed.



PART 1: TRAUMA REACTIONS IN CHILDHOOD

WHAT IS A TRAUMATIC EVENT?

A traumatic event is any situation that the child subjectively experiences as distressing or frightening. These events can be something experienced only by the individual (e.g., being in an accident, witnessing a terrible event) or can be events in which groups of people were involved (e.g., floods, storms, bushfires). We know that up to one in four children will experience a traumatic event during childhood. Unfortunately, some children experience a number of traumas and the effect may be cumulative making children more vulnerable to stress reactions.

Some of the things that might be traumatic for children include:

- Accidental injury that results in a visit to the hospital
- Serious illness
- Sexual or physical assault
- Death of a parent or close family member
- Natural disasters such as earthquakes, bush fires, floods or cyclones
- Other disasters such as terrorist attacks, wars, explosions and fires

Natural disasters such as floods, bushfires and storms can be particularly traumatic for many children as they typically affect entire communities, involve significant destruction, loss of property and even loss of life. Further, the effects of such natural disasters are often long-term, creating adverse financial, social and emotional living circumstances for many families for extended periods of time.

How do children perceive a traumatic event?

Research has shown that perceptions of threat during a traumatic event may be different for children and parents. What an adult perceived as threatening may be very different to the child's experience. For example, in the context of natural disasters, parents may feel that their life or the life of their child was threatened.

The child however, may be much more concerned about being separated from their parents and family during or immediately after the trauma. The fear of separation may continue for weeks or months following the trauma depending on the age of the child and the severity of threat. Further, losses that appear less important to adults (eg, loss of a pet) may be of profound significance for the child.

DIFFERENCES IN PERCEPTIONS OF THREAT	
PARENTS/ADULTS	CHILDREN
Threat to own or child's life	Separation from parents
Injury	Injury to self
Loss of property	Injury or loss of parent
Loss of business and livelihood	Loss of pet
Loss of pet	Loss of favourite things
Loss of community	Disruptions to routines

How do children and adolescents react to traumatic events?

Parents, teachers and caregivers often want to know how a young person will react to a traumatic event. Unfortunately, there is no way of knowing exactly how each child will react. Experiences and perceptions of threat may vary depending on the child's developmental stage or age, prior functioning and previous life events. The child's reactions are also dependent on how their parents and other adults, such as teachers, express their reactions after a traumatic event. Importantly, children can express trauma reactions in very different ways to adults. Some of these reactions might be adaptive and positive, whereas others may cause the child, family and teachers some difficulty and persist over time. Trauma reactions are often dynamic, and can present differently at any point in time.

"Every young person reacts differently to trauma"

- The majority of children are resilient and experience only minimal transient distress. Some even report feeling more confident or notice other positive changes following trauma. We call this Posttraumatic Growth.
- Some children may express a lot of different reactions, or one intense reaction immediately following the event, but gradually return to their previous functioning over time.
- Some children experience immediate traumatic stress reactions and these can persist over time. Sometimes these reactions may intensify or develop into different emotional and behavioural problems.
- Some children appear resilient at first, but display trauma reactions later on.



"Some children may perceive threat or danger (eg, potential separation or injury) even if they are not directly impacted by the disaster."



"Witnessing the trauma can have just as big of an impact."



“Not all children experience these reactions. Young people may express some, many or even none of these reactions.”

Types of reactions following traumatic events

Some common reactions to traumatic events like natural disasters include:

- Asking lots of questions about the event or future
- Avoiding talking about what has happened
- Wanting to help others who have been affected
- Crying, feeling down
- Bad dreams or nightmares about different things
- Being more clingy and having fears of separation from loved ones, homes, pets
- Trouble getting to sleep, waking from sleep, occasionally sleepwalking
- Physical reactions (eg, fast beating heart, upset stomach, headaches)
- Feeling grumpy and losing temper
- Trouble concentrating
- Difficulty with schoolwork
- Agitation
- Difficulty interacting with peers and adults
- Playing, drawing and re-enacting parts of the trauma
- Difficulties with everyday functioning (eg, not completing homework, forgetting to pack bags, bring swim gear)
- Feeling shocked
- Grief and sadness about loss of a loved one, pet or possessions

Children’s reactions to natural disasters may also differ depending on the nature of the traumatic event. For example, children who experienced flooding or destruction through gradual inundation (where they were able to safely remove themselves from the situation), may be more susceptible to reactions which focus around the loss of property and destruction of their homes. These children may be more likely to experience depressed mood, grief or simply withdraw following the disaster. Other children who were victims of sudden inundation or destruction, (where the child or family’s safety was at risk), may be more susceptible to reactions such as posttraumatic stress, anxiety and enhanced threat perceptions regarding their safety.

Loss and grief

Unfortunately, some children experience many losses following a natural disaster, including the sudden unexpected death of a family member or friend, housing, pet/s or possessions. These losses can lead to grief reactions, which can further complicate a child’s response to a traumatic event. Childhood grief is a normal emotional experience following loss and typically presents as sadness, sleep problems, loss of appetite, decreased interest, physical complaints, irritability, regression in developmental skills and preoccupation with death. Children experiencing normal grief reactions, also known as uncomplicated bereavement, will gradually engage in activities that enable them to adapt and move on from the loss.

However, some children are at risk of **childhood traumatic grief**, which may occur when the death of a loved one is perceived by the child to be traumatic (eg, parent swept away in the floods). In childhood traumatic grief, children experience trauma symptoms that interact with their grief reactions and impede the normal grieving process. Signs of childhood traumatic grief include intrusive memories about the death (eg, nightmares), avoidance and numbing symptoms (eg, avoiding reminders of that person) and increased physical and emotional arousal (eg, anger outbursts, concentration difficulties).

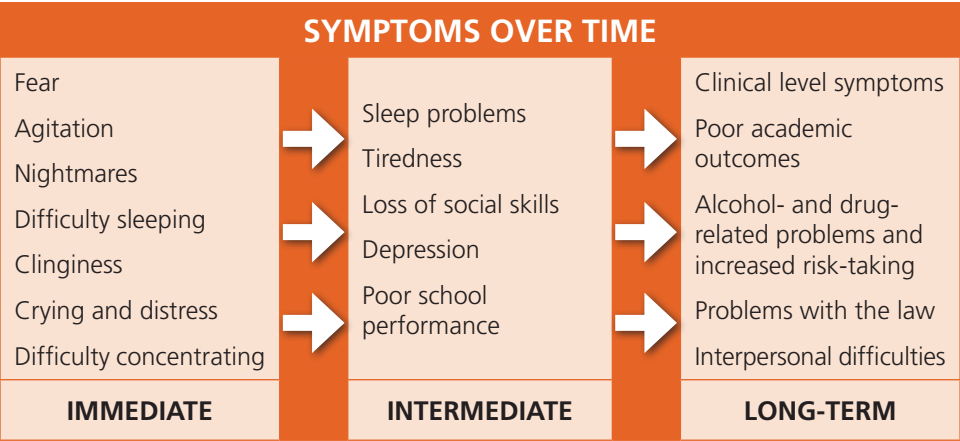
How do children’s reactions change over time?

Reactions to natural disaster may change over time. Often, families affected by natural disaster will spend the first few weeks following the disaster surrounded by support and are busy managing the direct consequences of the event (e.g. restoring their properties from destruction, helping neighbours or friends). Children and parents may be so busy during this time that their emotional reactions are somewhat contained. However, when routines start to return to normal, support diminishes and families have time to stop and think, it is at this point that many people may begin to become symptomatic and demonstrate problematic emotional reactions.

Although most children will recover over time, there are some who will experience significant ongoing difficulties. If trauma symptoms or emotional and behavioural difficulties are left untreated, symptoms can follow a chronic and unremitting course and can have a significant adverse impact on children’s social, emotional, behavioural and physical development. Symptoms may continue to be present 1-2 years later. Further, for some families, symptoms may only appear (or reappear) 6-12 months after the disaster, as the economic and familial costs of the disaster begin to unfold. For example, some businesses will experience economic distress, parents may begin to suffer emotionally (eg, depression) from the losses associated with the disaster, and children may subsequently begin to demonstrate symptoms of distress.

For some children, these problems become so interfering that they are considered to cause ‘clinical’ levels of distress. For other children, having experienced the traumatic event may simply cause them to react differently to events over the following year. Some everyday events (eg, homework, exams, arguments with friends) may trigger emotional or behavioural reactions (eg, anxiety, depressed mood, fighting) that the person would not normally demonstrate.

In the months (and years) following trauma, children may experience a range of stress reactions. The most severe of these reactions and the most common include diagnoses of posttraumatic stress disorder (PTSD), other anxiety disorders such as separation anxiety disorder and panic attacks, and depression. Behaviour problems may be severe, such as oppositional defiant disorder or conduct disorder, or may be expressed as increased aggression, interpersonal problems, substance use or risk taking behaviours. Some children may have increased sensitivity to issues such as school yard or cyber bullying. Although some of these issues may appear to be minor, over time the cumulative effect may impact on the child’s development and ability to achieve and thrive emotionally, academically and socially. These difficulties are described in more detail in the Appendix.



Helpful factors to consider

There are a number of risk factors that may make it more likely that children will experience debilitating trauma symptoms with long-term consequences for their social, emotional, behavioural and academic development. Therefore, teachers, parents and other caregivers need to be aware of the possible risk factors that may increase a child's risk of adverse outcomes. These risk factors include:

Pre-trauma risk factors

- History of emotional or behavioural difficulties (eg, anxiety, ADHD) prior to the event
- Pre-existing family stressors (eg, parental conflict, divorce, financial strain, parental mental health concerns)
- Prior exposure to traumatic or stressful life events
- Academic difficulties

Trauma-related risk factors

- Threat to life
- Injury to self
- Witnessed a family member or friend get injured or killed
- Separated from parent/s
- Loss of family member or friend
- Witnessed family members highly distressed
- Witnessing other property damaged by the fire (eg, neighbour's property)
- Loss of home, personal belongings, pets
- Family evacuated
- Abruptness of event

Post-trauma environmental factors

- Changes in the family (eg, loss of parent, increased parental absence due to changes in work)
- Parental mental health problems
- Parent-child relationship difficulties
- Family dysfunction (eg, chaos, fighting, poor communication)
- Change in parenting (eg, less consistent and predictable)
- Family stressors (eg, re-location, change in routines, grief, change in roles and responsibilities)
- Loss of school and/or community
- Loss of social supports
- Vicarious traumatising from listening to people speaking about the disaster or through the media

AGE-RELATED RESPONSES TO TRAUMA

Although preschoolers, children and adolescents may present with a similar pattern of trauma symptoms, the way children process and respond to a traumatic event depends on their age and developmental maturity. Therefore, there are several important unique developmental differences in the manifestation of trauma symptoms across age groups that need to be taken into consideration to best help a young person cope with a traumatic experience such as natural disaster.

We have divided this section into three areas which present information relating to symptoms and post trauma responses for children aged 0-6 years, 6-12 years and young adults aged 13-18 years.

Children aged 0-6 years

Developmental Considerations

From infancy to early childhood, children learn to develop a sense of trust in their parents necessary from which children will begin to explore and master their environment. This period includes Piaget's Sensorimotor period where an infant progresses from reflexive, instinctual action at birth to the beginning of symbolic thought toward the end of the stage. There is the development of rational thought. The child may not understand that conditions that led to the natural disaster are different to conditions today. This is also the stage of asking questions; there is a need to make sense of their environment. From the age of about 2 years the child begins to develop autonomy. There is the development of courage and independence, increased risk taking behaviours and setting self-limits. They begin to represent objects by images, words and drawings; the development of mental reasoning and pretend play is more apparent. Learning takes place often through play.

Montessori describes this early childhood period as the 'Individual Creation of the Person'. The child is characterised by the 'Absorbent Mind' in which the child's mind is like a sponge, absorbing all that is in the environment, including both positive and negative experiences. At age 0-3 years this is unconscious but by 3-6 years this becomes conscious. It is a sensitive period with an intense need for order, language and movement. It is characterised by concrete thinking, construction of the physical person and character. The child begins to learn physical independence from parents and caregivers – 'I can do it myself!' The child wants to be free to work independently within a structured environment doing real activities with an intelligent purpose. Theory of Mind also emerges during this time with the child becoming aware of how others may think and feel.

Preschoolers are particularly vulnerable following a traumatic event as they are more likely to develop false assumptions about the cause of the event. For example, because they are egocentric, preschool children are more likely to think, "The flood happened because I was bad". Preschool children are also more likely to overgeneralise or catastrophise from the facts they have available. For example, they might think "Our house blew away, so that means there must be no houses left at all". Children of this age may also have more difficulties understanding that loss is permanent.

Parenting and environment post trauma

A post trauma or post disaster environment may mean some parents and other caregivers are unable to provide basic needs such as food and shelter. A post trauma environment may also be disorganised and unpredictable due to moving house, changing schools, lack of familiarity with surroundings at home/school, or living in conditions that require sharing and are possibly overcrowded.

Parents are also at increased risk of experiencing adverse psychological outcomes and may develop ineffective parenting behaviours following a disaster, such as floods, bushfires or storms. Anxious parents may become more restrictive or overprotective in their parenting (e.g. not allowing the child out of their sight) or may incidentally model their fear responses and maladaptive coping responses to their child. Parents suffering from depression may become more emotionally withdrawn, unresponsive and/or unavailable and may therefore be compromised in their ability to help their child to process and cope with distressing trauma symptoms. These changes in parenting style and the environment may have a negative impact on the parent-child relationship, further exacerbate behavioural and emotional difficulties or contribute to a child's belief that the world is a dangerous and unsafe place. It is therefore important to be aware of how parents are coping with the disaster and whether they would also benefit from additional support.

Psychological reactions to trauma

There is a commonly held misconception that children under the age of 5 years are immune to the negative effects of trauma. However, young children may actually be the most vulnerable to experiencing adverse outcomes as they are undergoing a rapid period of emotional and physiological development, they have limited coping skills, and are strongly dependent on their primary caregiver to protect them physically and emotionally.

Trauma responses to be aware of in young children include:

- Reliving the trauma (e.g. traumatic play or drawing, nightmares, repeatedly talking about the event, become visibly distressed around reminders)
- Avoiding reminders or appearing numb (e.g. refusal to be around anything associated with the event, withdrawal from family, teachers and friends, less interest in play, restricted exploratory behaviour)
- Heightened arousal (e.g. disturbed sleep, more jumpy or easily startled by loud noises, difficulties concentrating)
- Behavioural changes (e.g. increased irritability, extreme temper tantrums, fussiness, attention-seeking, aggressive behaviour)
- 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)
- Regression in previously acquired developmental skills (e.g. loss of bowel control, talking like a baby, thumb-sucking)
- Development of new fears that are unrelated to the trauma (e.g. the dark, monsters, animals)
- Increased physical complaints (e.g. tummy aches, headaches)
- Changes in appetite (e.g. fussy eating, no appetite)
- Relationship difficulties with caregivers, siblings or peers.

KEY POINTS

- Preschoolers are vulnerable to the negative effects of trauma.
- There can be tremendous individual variability in trauma responses. Therefore, parents and caregivers need to be aware of children who are exhibiting behaviour problems as well as children who are more quiet and withdrawn.
- Behavioural manifestations of trauma (eg, tantrums, aggression, hyperactivity) may be misinterpreted as 'bad behaviour', ADHD or oppositional behaviour.
- Preschoolers 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.



Children aged 6-12 years

Developmental considerations

At this age the child develops a sense of self within society, increasing independence and decision making. Piaget describes an emerging ability to use logic and sort objects; the child takes into account multiple aspects of a problem to solve it; with an increasing ability to view things from another's perspective. The child can solve problems that apply to actual (concrete) objects or events, but not abstract concepts or hypothetical tasks.

Montessori describes this period as the 'Construction of the Intelligence'. Children develop reasoning with imagination and logic; intense thirst for knowledge; the child wants to know about the world and his/her place within it. It's the beginning of the transition from concrete to abstract thinking. The child strives for and demands intellectual independence – 'I can think it myself'.

Parenting and environment post trauma

Parents may become preoccupied with coping with the disaster and providing life's necessities (eg, replacing the home). Parents may also have difficulty coping with their own loss and grief. The child at this stage of development needs positive reinforcement and encouragement to develop skills and autonomy. However, anxious parents may be reluctant to give the child autonomy.

Psychological reactions to trauma

Middle childhood is a period of exploration and learning. However children are still dependent on their parents to provide a safe and nurturing environment. Exposure to disaster can undermine the child's confidence. Post trauma reactions may interfere with the child's cognitive ability such as memory and attention. As a result, deficits in knowledge may emerge in the months or years following trauma exposure.

Children showing symptoms of distress benefit from early intervention to help alleviate symptoms, to ensure behaviours do not become engrained, to ensure that they continue to thrive, and to maximise their developmental trajectory.

Symptoms of distress that may commonly be exhibited by children in this age group include:

- Re-experiencing (eg, 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 (eg, refusal to participate in school activities related to the disaster, refusal to talk about the event, memory blanks for important aspects of the event)
- Hyperarousal (eg, increased irritability and anger outbursts, difficulties concentrating, overly alert and wound up, increased nervousness and jumpiness, sleep disturbance)
- Emotional numbing (eg, appearing flat, no emotion related to event, loss of interest in previously enjoyed activities)
- Emotional distress (eg, self-blame and guilt, moodiness, crying and tearfulness)
- Behaviour changes (eg, angry outbursts, aggression, non-compliance)
- Decline in school performance as a result of school non-attendance, difficulties with concentration and memory, lack of motivation
- Increase in physical complaints (eg, headaches, stomach aches, rashes)
- Withdrawal from family and friends
- Appetite changes
- Anxiety and fear of safety to themselves or loved ones (eg, increased clinginess)

KEY POINTS



- Children aged 6-12 years are vulnerable to the negative effects of trauma.
- There can be tremendous individual variability in trauma responses.
- The school can provide 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 cognitive ability such as memory and attention. As a result, deficits in knowledge may emerge in the months or years following trauma exposure.
- Early intervention is recommended.

Youth aged 13-18 years

Developmental considerations

This is the transition from childhood to adulthood. Of increasing importance is peer group and continuity of environment and community. Piaget calls this period the formal operational stage: Young people begin to think abstractly, reason logically and draw conclusions from the information available, as well as apply all these processes to hypothetical situations. Feelings of invincibility may emerge during this stage, but may have been challenged by their experiences in the trauma.

Montessori described this period as the 'Construction of Social Self', characterised by self concern and self assessment; critical thinking and re-evaluation; a transition period both physically and mentally; the beginning to try to find a place in this world. This period is also characterised by construction of social and moral values; solidification of cultural development; emerging financial independence – 'I can get it myself'.

Parenting and environment post trauma

Following disasters, there is often a loss of community and loss of peer group which is particularly important for this age group. There may be an interruption in development of self confidence and an emerging adult identity. Parents may not be emotionally available to support the needs of their teenager or, in contrast, they may become closer as a result of shared experiences. In comparison to younger children who depend more on their parents to help them cope, adolescents are more likely to turn to their friends for support.

Psychological reactions to trauma

Being a teenager is typified by increased need for independence and increased conflict with parents, teachers and caregivers. Adolescence is also a period when some adult mental health issues begin to emerge. It is important to refer the young person for professional assessment and treatment if the problems are severe or impact on their academic, social and emotional functioning.

Symptoms of distress that are commonly exhibited by children in this age group include:

- Re-experiencing (eg, distressing memories that pop into head during the day, nightmares, emotional and physical distress around reminders, repeated discussion about event)
- Avoidance (eg, refusal to participate in school activities related to disaster, refusal to talk about event, memory blanks for important aspects of event)
- Hyperarousal (eg, difficulties controlling anger, difficulties concentrating, overly alert and on edge, easily startled, sleep disturbance)
- Emotional numbing (eg, appearing 'flat' or emotionally 'numb' or does not show a range of emotions)
- Emotional distress (eg, self-blame and guilt, mood swings and irritability, loss of self-esteem and confidence, worry that they are 'going crazy' or are 'abnormal')
- Behaviour changes (eg, angry outbursts, aggression, non-compliance)
- Academic difficulties (eg, non-attendance, concentration and memory difficulties, loss of motivation, difficulty with authority, difficulties keeping up with workload, confrontational)
- No longer participating in enjoyable activities (eg, sports, drawing, music)

- Increase in physical complaints (eg, headaches, stomach aches, rashes)
- Use of alcohol or drugs to help numb painful emotions
- Participation in risky or reckless behaviours (eg, sex, riding without a helmet)
- Suicidal or self-harming thoughts or behaviours
- Relationship difficulties with friends or family (eg, becoming withdrawn, avoiding social events/interactions, aggressive or controlling behaviour)
- Appetite changes
- Loss of hope in the future.

KEY POINTS



- Adolescents are vulnerable to the negative effects of trauma.
- There can be tremendous individual variability in trauma responses.
- Posttraumatic symptoms in this age group may be confused with the normal developmental demands of individuation and identity formulation.
- Social support and peer group becomes critical in this period. Both may be adversely affected in the post trauma environment.
- Difficulty regulating affect associated with post trauma symptoms, in addition to the demands of increasing self-reliance, may increase teenager's vulnerability to a range of adverse outcomes including trouble with the law, increased risk-taking and conflict with parents, teachers and peers.
- Early intervention is recommended.

SUMMARY

In summary, children can be exposed to a variety of traumatic events that they will find distressing. Every young person reacts differently to traumatic events and most children cope well following trauma. Some children are distressed but recover fairly quickly. For others, symptoms continue and may even increase over time and result in problems in academic, social, emotional and behavioural functioning. A child with symptoms that continue in the long-term, increase in intensity or interfere with the child's functioning may require intervention. Fortunately, there are now a range of evidence-based assessment tools, prevention and intervention programs available that can prevent or minimise the negative repercussions of trauma.

Teachers are in a unique position to identify children who are experiencing difficulties following a natural disaster and may find it useful to refer to the Childhood Trauma Reactions – Tip Sheet Series when monitoring children in the classroom following such traumatic events.

PART 2: THE ROLE OF TEACHERS IN HELPING CHILDREN AFTER TRAUMATIC EVENTS

HOW CAN TEACHERS HELP IN THE CLASSROOM?

Teachers often ask how they can help young people in their class who have experienced a traumatic event. The teacher's primary role following natural disasters is to **continue being a good teacher**. Children need to return to normal school routines, and thrive on the certainty of knowing where they need to be and what they need to do throughout each day. Although teachers may play an important role in identifying mental health concerns in their students, their primary role should be focusing on continuing and supporting children's education.

Below we describe some of the important ways in which teachers can help children affected by disasters.

Monitor symptoms over time

Being familiar with the types of reactions that young people can have is the first step in being able to help your students. Remaining vigilant and curious about changes in behaviour of any of the students in your classroom and knowing how to help a young person (and their family) get the assistance they need is also particularly important.

Maintain routines

Generally, most children respond well to structured environments, with clear goals, timelines and activities. Keeping familiar routines helps reduce unnecessary stress for the young person. Familiar routines and structure will help the young person to feel safe and maintain consistency in one area of their life. Although this may be of greater importance immediately following the traumatic event, it may also be particularly important to young people who are still experiencing difficulties some time later.

It is important to also make sure that young people are aware of upcoming events and classroom activities. This may involve setting an agenda at the beginning of the day, week, or month and reminding children of this. For older children and teenagers, it is important to give advance notice of deadlines and major events, so they can plan for these events.





"It's important for teachers to maintain the 'teacher' role as they support the young person."

Talk about the traumatic event

There is often a common misconception that talking about the traumatic event can cause more problems, or cause the young person 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 young person's feelings DOES NOT generally cause the child to develop problems.

This is particularly true for talking about the trauma months or even a year later. It is very unlikely that talking about the traumatic event at this later point would cause the young person to develop problems. In fact, if the young person does become distressed while talking about the trauma some time later, this is a sign that they may already be experiencing difficulties and may require additional assessment and assistance.

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

- Some children will need to talk about the disaster, but it is important that teachers place some rules around this to limit potential modelling of distress and inappropriate coping mechanisms. For example, immediately following such disasters, it may be useful to set dedicated periods for talking about the disaster (e.g. 10 minutes at the start of class). Without such limits talking about the disaster can easily become overwhelming and unhealthy for the entire class. One way around this is to encourage children to draw pictures, or write in journals instead of talking about the disaster with the class.
- When discussing the disaster, it is important for the teacher to contain any conversations which encourage fear. It is important for teachers to remain calm and convey a clear message that the threat/danger is over, and that now the focus is on recovery and rebuilding lives.
- Often it is good to schedule these sessions when you have some extra support in the classroom. A teacher's aide may provide support for both the teacher and students if needed.
- While it is okay for teachers to share some of their own experiences with the trauma, it is very important for teachers to maintain the 'teacher' role. Teachers should aim to model calmness when discussing stressful situations and model appropriate coping behaviours. If teachers have also experienced the traumatic situation and are traumatised, it is important to be thoughtful about how you talk to children and how you can convey calmness during the conversation.
- Invite the student to talk about how the disaster has impacted their family and in what ways things have changed for them. Be sure to focus on positive changes as well as the strengths and positive coping strategies the young person has demonstrated over this time.
 - See section 3 for hints on how to ask young people questions about traumatic events. If you feel that the child is having some difficulties, use some of these questions to work out what's happening for the student. Remember to encourage the child or family to seek further assistance if you feel there is a more serious problem.

- For younger children, talking about the event may be difficult. Some children might respond better to drawing as a way of communicating. Ask children to draw pictures of their family and household then and now. Encourage them to look for the positive things that have changed, the strengths they have developed and how their family is planning to change or do fun things from here.
- Of course, it is important to consider young people who have lost loved ones during the floods. Losing a loved one does not automatically mean that you should not talk to the child about the traumatic event. Talking can still be a useful exercise. It is however important to be aware of the young person's circumstances where possible to pre-empt and plan for emotional reactions. Remember, talking to youth about events and how it impacts them shows the young person that you care and that someone is there to support them.
- For older children or adolescents, talking can focus on more complex issues and how they have affected the family. Adolescents may also wish to discuss how the trauma has impacted family relationships and other ways in which they have experienced stress. For adolescents, it may even be appropriate to encourage talking with other support people (eg, friends, family members), or encouraging teens to bond as groups.

Set clear and firm limits/expectations of behaviour

During times of recovery, it is important for children to return to normal routines and functioning. As part of this, it is important that teachers do not change expectations relating to schoolwork and behaviour, and rather that you make adjustments where necessary to the way you deliver classroom activities. For example, if children are having some difficulty maintaining concentration, it may be necessary to change to 15 or 30 minute blocks and incorporate physical activity in between (e.g. stand up and shake it out) to stimulate attention and concentration.

Acting out and misbehaving is one behaviour that children and adolescents may demonstrate in response to natural disasters and traumatic events. It is important for teachers to set clear expectations of behaviours and to communicate these to the young person. Generally, young people respond well to clear boundaries and routines which involve firm and clear limits for behaviour and clearly stated (and implemented) consequences for misbehaviour. The emphasis should be on consistent and logical consequences, rather than punitive consequences.

- Acting out and misbehaving is a common reaction to trauma, but is also generally a common behaviour in young people. Therefore it is always important to explore the origins of the problem behaviour before jumping to conclusions about diagnosis or implementing consequences or discipline strategies. The fact that the young person might be acting out (even a year after the trauma) does not mean that the young person is demonstrating a behavioural disorder (eg, attention-deficit disorder, conduct disorder). Even the most disruptive behaviours can be expressions of trauma-related anxiety.



"Even the most disruptive behaviours can in fact be expressions of trauma-related anxiety."

- It is important to implement consequences when expectations of behaviours are not met. However, the emphasis should be on logical consequences, rather than unrelated consequences.
 - A child who hasn't completed a homework activity can be asked to remain with the teacher at lunch time to complete homework.
 - A child who refused to share with another child is asked to give the toy to the other child and apologise for their behaviour.
 - A young person who has used bad language can be asked to spend lunch time searching for other words (in the dictionary) they could use to express their emotions.

Use a 'buddy' or 'support' system

Many schools have a 'buddy' system. Often teachers may implement a buddy system following trauma whereby students are paired with other students to ensure that each student has a support person while at school. Often this is implemented in the hope that children are not left alone, and to provide sources of emotional support to each child. The buddy system may be more appropriate for younger children, but teachers might want to think of ways in which teenagers can be encouraged to maintain their social support systems.

Although the buddy system might be most useful immediately following the traumatic event, it may still be beneficial to consider for some children over time. Some children have ongoing difficulties, some may not like to be alone, some may require ongoing emotional support and others may simply enjoy team environments. A buddy or support system might be useful for various classroom activities (eg, going to the bathroom, relaxation time, group activities). Over time, buddy systems can be turned into more 'support' or 'companionship/friendship' systems, whereby children are encouraged to use their buddy as sources of emotional or academic support.

Safe 'relaxation' spaces

All classrooms can benefit from having safe spaces that are specifically for young people to use when they are experiencing difficulties in the classroom. For some classes, this might be a specific room adjoining the classroom, whereas for others, this might be on seats outside the classroom. These areas can be used when children or adolescents need some time to calm themselves down, or if the teacher needs some time to talk to students individually. Placing some comforting children's books or quiet activities in this space will give children something else to focus on while they take some time out from the demands of the classroom.

- It may be necessary to set up procedures for the young person to gain permission to leave the classroom, or visit the relaxation space. Adolescents may even request permission to visit the student welfare co-ordinator or school nurse. For younger children, this can be through nonverbal requests (eg, placing a particular colour card on the corner of their desk to indicate to the teacher that they would like some time out or 'relaxation' time).

Provide choices – regain control

Often, during the traumatic event, young people may feel a sense of powerlessness or loss of control. Traumatic events are usually beyond the control of the young person, as are the consequences that follow. One strategy that might be useful (for some students) is to provide young people with choices or input into some classroom activities. Giving children choices and involving them in decision making can help restore their feeling of control.

Examples of ways in which children can be offered choices or be involved in decision making:

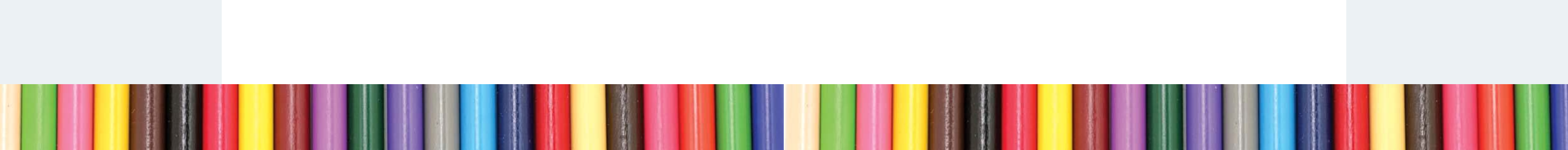
- Providing suggestions regarding fun classroom activities
- Choosing between various classroom activities (eg, books to read, science experiments to perform)
- Choosing between assignment topics (for older children, choosing between different essay topics)
- Helping to select and organise fund-raising activities.

Anticipate difficult times and plan ahead

It is likely that children and adolescents may re-experience some of their symptoms, or experience some distress at important milestones. Anniversaries of the event, birthdays of lost family members, holiday times (Easter, Christmas, Mother's Day, Father's Day) can all be especially difficult for young people.

During these times, it is possible that the young person might demonstrate an intensification of emotional difficulties and problem behaviours, or might even develop new behaviours or emotions that cause distress (to the young person or class). Where possible, it may be a good idea to plan ahead and pre-empt these occasions and provide support where appropriate. For anniversaries, strategies may need to be discussed with other school teachers, administrators and even family members of the students. It is important to consider the wishes of the families affected by the trauma.

- Teachers and schools may plan events to coincide with anniversaries, with an emphasis on survival stories and positive events since the trauma.
- Teachers may also approach individual students where appropriate or necessary and use some of the skills discussed above to work out whether the young person will require extra support during this time.



Prepare children and adolescents for situations which may trigger reactions

Some young people, although generally functioning well, might still be affected by sudden and significant events or triggers. It can be useful for teachers to warn or prepare children for any sudden events. For example, students may need to be warned about upcoming fire drills or sirens to be trialled. Teachers may also need to let children know if they are about to do anything sudden, like turning off all the lights, or make loud noises.

For older children and adolescents, it may be useful for teachers to anticipate upcoming events which may trigger responses in youth. For example, teachers may be able to prepare students in advance regarding upcoming assignments or activities that may trigger emotions or memories of the events (eg, if an upcoming class includes discussion of natural disasters, science class which discusses concepts related to flooding, English class which involves investigation of news/disaster stories etc.). In these instances, some young people might need to be given for alternative activities they can partake in.

Focus on strengths and positives

For many families, there can be a long time following the trauma where the focus remains on the traumatic event, getting their lives back together and dealing with the problematic reactions that follow. As a result it can be very easy to focus on the negative things going on in the young person's life, including problems managing emotions and behaviours. Often little attention is paid to the positive behaviours or coping strategies the young person is showing. Providing positive reinforcement (praise) for things the young person has done well not only makes the young person feel good about themselves, but also demonstrates to the young person what type of behaviours they should continue to engage in.

Acknowledging and reinforcing strengths, positive behaviours and coping strategies can be a particularly important and EASY strategy for teachers to practice 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. This strategy can be simple to incorporate into daily classroom activities, and can make the young person feel good about themselves. Teachers could help one another to practice noticing positive behaviours.

Hints for giving praise and reinforcement:

- Be sincere. Children (teenagers especially) are very good at picking up when adults are not sincere in their comments.
- Try and make your nonverbal behaviour fit with your verbal comments. Use smiles, head nods, winks etc appropriately.
- Be very clear about the behaviour you are reinforcing. That way, the young person knows exactly which behaviour you like, and which behaviour they should repeat next time.
 - Eg, *'Daniel, you did a great job keeping calm when Michael said those things to you earlier. Good job at keeping calm.'*
- Look for behaviours which the young person previously struggled with. For example, if the young person previously struggled playing nicely with other children, try and notice times in which they cooperate nicely with other children and praise them for it.
 - Eg, *'That was really good how you let Melissa share that game with you.'*
- Use rewards where appropriate. For example, children may earn computer time for showing positive behaviours or working hard to manage their emotions.

Help students 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 and teenagers to build a strong support system. Sometimes it is important to make sure they have multiple support sources at school as well as home. Teachers can help young people to identify who they can talk to about difficult situations and any problems they are having. Some children may not be aware of who the student welfare coordinator, youth worker or school counsellor is. Teachers may also be able to help students identify other school staff they feel comfortable talking to, should their classroom teacher not be available. For example, they may feel comfortable talking to their sports teacher, the principal or school nurse.



“Be on the lookout for signs of teacher distress or compassion fatigue. The earlier you notice them, the earlier you can get help.”

TEACHER SELF-CARE

Why is teacher self-care important?

In all likelihood, teachers of children impacted by natural disasters may also have been affected by the traumatic events, either directly or indirectly. Therefore, caring for others who have experienced the trauma may not only be a stressful experience, but may compound the teacher's own reactions.

In addition to helping children manage their emotions following such natural disasters, it is equally important for teachers to care for their own emotions. It can be extremely helpful for teachers to talk to others about their own experiences, and get support where necessary.

Caring for youth who have experienced traumatic events can also have an impact on the carer (in this case, teachers). The impact on the teacher or person caring for the young person can involve feeling physically and emotionally worn out, feeling overwhelmed by the young person's trauma and reactions and experiencing traumatic stress of their own. This is also often referred to as 'compassionate fatigue' or 'secondary traumatic stress'. Such reactions are not a sign of weakness. Rather, they are the cost of caring for and helping others.

There is some overlap between the reactions demonstrated by young people following trauma and those of teachers who are experiencing 'secondary traumatic stress' or 'compassionate fatigue'.

Signs that may indicate teacher distress/secondary traumatic stress:

- Decreased concentration and attention
- Increased irritability or agitation with students
- Problems planning classroom activities, lessons and maintaining routines
- Feeling numb or detached
- Intense feelings, intrusive thoughts or dreams about a student's trauma (that don't reduce over time)
- Symptoms that don't improve after a couple of weeks

Tips for teacher self-care

It is equally important to ensure that teachers look after their own welfare, as well as their students' welfare. It has been demonstrated that teachers who look after themselves and manage their own stress levels are more equipped and able to manage student behaviours and difficulties. Teachers who are stressed or experiencing strong emotional reactions will find it harder to react in calm and constructive ways to students who are demonstrating difficult behaviours. Below are some tips for teacher self-care.

- **Monitor your own reactions**, emotions and needs. Be aware of any signs that you might be showing.
- **Seek out support for yourself** (in the school and/or community). If your signs persist for longer than two or three weeks, it might be a good idea to seek further assessment or assistance from a health professional.

- Similar to the buddy system for young people, **find your support system!** Just like students, teachers need to protect themselves from becoming isolated. Your support system can be used to support your own emotional needs, or also to support you in supporting the young person (of course while maintaining confidentiality of your students). Talk to other teachers, ask for support from your administrators, work in teams, and establish or maintain your external support systems.
- **Seek help for your own trauma-related distress.** Just like students, teachers may also need to seek further assistance to help manage emotions and reactions following traumatic events. Teachers who were also involved in the trauma or teachers who have other unresolved traumatic experiences are at greater risk of developing 'compassion fatigue'.
- **Use positive coping strategies to manage emotions and distress.**
 - Try out calm breathing techniques, muscle relaxation, imagery (relaxation)
 - Challenge unhelpful thoughts that cause you distress. Try and generate more helpful thoughts and positive coping statements.
 - Look for resources to help you try new coping strategies. There are many good books, CDs and websites which can teach you calm breathing, relaxation techniques and how to challenge your unhelpful thoughts.
- **Maintain a structured classroom environment.** This is a good thing for children and teachers.
 - Be prepared for daily classroom activities (and make sure the children are aware of these).
 - Schedule relaxation or quiet times each day.
- **Plan ahead** where possible, and have back up strategies for difficult situations.
 - Eg, If you plan to spend some time talking to your students about the traumatic event, it may help to plan for the school counsellor, guidance officer to be present, to arrange time away from classes, or to have resources available to offer children or parents.
- **Maintain a healthy lifestyle.**
 - In addition to the general benefits of a healthy lifestyle, teachers who have healthy eating, exercising, relaxing and sleeping habits are much more able to manage their own stress and emotions as well as their students' behaviours. Being physically healthy allows teachers to remain calmer, and respond better to student stress and difficult behaviours.
- **Make time for yourself, family and friends.**
 - Part of a healthy lifestyle includes maintaining your mental health. A big part of this is making time for yourself, family and friends. Everyone (teachers included) needs time out for themselves, to relax, have fun and enjoy themselves. Allowing yourself this time keeps you mentally fit and makes it much easier to manage your own stress and to help students manage their stress.
 - Sometimes it is necessary to actively schedule these times in, rather than just waiting for others to do this. Try and organise fun activities every week, and spend a little time each day doing something for yourself. This might even be as simple as taking 30 minutes to read a book, taking time out to have a relaxing bath or spending time playing games with your family.
- **Spend time with students who have not experienced traumatic stress.**
 - Sometimes it can help to spend time with students who have not experienced traumatic stress and to involve yourself in other aspects of your students' school lives.

Where can teachers find more information and help?

When teachers are concerned with their own emotional well-being, or feel as though they might benefit from further assistance, there are numerous ways in which you can seek help. Teachers may choose to visit a General Practitioner, Psychologist, Counsellor or mental health service (where available) and in some occasions may have access to such services as part of their employment.

However, there are now also many excellent online self-help resources that can be useful for adults who would like some help in managing their emotions, maintaining a healthy lifestyle or generally adjusting following traumatic or difficult situations.

Some of these are provided below:

Anxiety Online – Offered by the National eTherapy Centre:

Anxiety Online is a comprehensive online mental health service offering information, assessment, online diagnosis and treatment programs (“eTherapy”) for anxiety.

www.anxietyonline.org.au

e-couch – Offered by Australian National University:

e-couch is a self-help interactive program with modules for depression, generalised anxiety & worry, social anxiety, relationship breakdown, and loss & grief.

www.ecouch.anu.edu.au

MoodGYM – Offered by Australian National University:

MoodGYM is an interactive web program designed to prevent and decrease depressive symptoms. Although it was designed for young people, it is helpful for people of all ages.

www.moodgym.anu.edu.au

Black Dog Institute

The Black Dog Institute is a not-for-profit, educational, research, clinical and community-oriented facility offering specialist expertise in depression and bipolar disorder. **www.blackdoginstitute.org.au**

beyondblue – the national depression initiative

beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related substance misuse disorders in Australia. **www.beyondblue.org.au**

Posttraumatic Stress Disorder Evidence Based Information Resource – Offered by CONROD, University of Queensland:

The PTSD evidence based information resource provides evidence based information to the general public and health care professionals about PTSD and its management.

www2.som.uq.edu.au/som/Research/PTSD/Pages/default.aspx

WHAT CAN SCHOOLS DO TO ASSIST IN POST DISASTER RECOVERY?

‘Schools can serve as a critical source of continuity, connection, stability, and structure’

How can disasters affect schools?

Following disasters individual and community losses will be significant. In some disasters, the school may be the place where the children and teacher were while the disaster unfolded. In other situations, the school may be the only place of refuge.

Disasters may affect school communities through:

- Loss of life of children, parents, teachers and administrators in the school
- Loss of life of relatives and friends of those at the school
- Loss of school buildings, facilities such as computer equipment and power, resources such as libraries and sporting equipment, loss of records and children’s work
- Loss of basic needs and equipment
- Loss of personal resources such as teaching resources, equipment, specimens, and collections
- Displacement of children and whole families as well as teachers and support staff
- Loss of work environment
- Overcrowding in remaining schools
- Loss of infrastructure to attend school such as roads destroyed, bus companies unable to operate
- Massive loss of property for families and teachers attached to the school

How do schools respond to disaster?

Research into the ways in which school communities respond following a range of disasters including floods and tsunamis, hurricanes (cyclones), earthquakes, fire, accidental disaster and terrorist attacks has shown that schools respond in four ways.

- Business as usual
- Unplanned adaptations to the program
- Adaptation of existing programs to address factual issues about the disaster
- Implementation of screening and assessment programs with psychological and counselling interventions to respond to child needs



Business as usual: In the immediate post disaster environment it is evident that re-establishing routines as 'normal' as possible is a focus for families and educators. Re-establishing school routines for children are beneficial in many ways.

- Provide children with a sense of security
- Provide a feeling of 'normalcy'
- Act as a secure base when families' resources are limited
- Provide guidance to families about how to protect and care for their children in the post trauma environment
- Provide a community base from which to distribute aid and resources
- Provide a community resource to assess children's social and emotional functioning and provide mental health services.

Some schools have reported that they did not adapt their curriculum following disaster or emergencies. Teachers in these schools reported that they were concerned about affecting the children's wellbeing negatively by raising painful and traumatic memories. Others believed the children were not emotionally affected.

In addition, if the disaster results in a significant disruption to learning through delays in re-establishing normal learning routines, lack of equipment and resources, or loss of school buildings and infrastructure, there is increasing pressure to 'catch up' on learning time that has been lost. This may be particularly relevant for high school students, those sitting important examinations, or at times of assessment.

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

It is difficult to restrict these activities in the classroom. In contrast, these spontaneous events can be used to explore positive outcomes, such as changes in their environment and posttraumatic growth, since the disaster. They can also be used to address planning and training for future emergencies.

Teachers respond to these unplanned activities and offer emotional support for their students by:

- Letting the child know they can talk with them
- Letting the child know that help is available
- Increasing the child's social connectedness by using a buddy system or by helping to facilitate social connectedness
- Monitoring and maintaining a safe environment both within the classroom and outside it
- Talking with parents
- Introducing classroom activities to provide support and follow up

Adaptation of existing program to address factual issues: Schools may choose to adapt their existing program to incorporate education about the disaster. This is based on the premise that one of the roles of educators post disaster 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, history of disaster in the area
- Examination of the post disaster environment such as regeneration, salinity, erosion
- Exploration of preventative measures

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

Implementation of screening, assessment and treatment: Some schools have access to mental health support in the form of school-based counsellors and psychologists. These professionals are in a unique position to screen and monitor children's mental health and coping. In addition, they are able to implement group school-based and individual programs. There are a range of interventions available for psychologists that have been evaluated. These are based on both short-term and long-term school-based interventions.



PART 3: WHEN CHILDREN NEED FURTHER ASSISTANCE

HOW AND WHEN TO GET HELP?

It is important to understand the variety of ways in which young people react to traumatic events. Here we provide some illustrative case examples to demonstrate the different ways in which children might react over time. Of course 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 sorts of behaviours and issues you might see in young people. We also describe what sorts of things you can do to find out more information and how teachers might be able to help young people and their families receive the assistance they need.

Examples of trauma reactions in young people

The children described below 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. Remember, every child responds differently to traumatic events, and they might show some or even many of these characteristics. Some might show distress straight away, and symptoms might develop over time for other children.

Meet Sam: 4-years-old

Sam is a 4-year-old boy whose family was affected by the floods. Since then, you've noticed his behaviour has been progressively getting worse. At first, he seemed to be restless, have 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 just seems more jumpy than he used to be and harder to settle. His behaviour is starting to impact the class.

Meet Jane: 7-years-old

Jane is 7-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. She has also started wetting her pants (which she hasn't done before), which the other children have noticed. Her mother has also mentioned to you that she seems more fearful than before and is also having nightmares and trouble sleeping. 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. Jane's mother 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.

Meet Jack: 10-years-old

Ten-year-old Jack has always been an outgoing child, with lots of friends. However, since the 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 just seems to be a bit flat and he just doesn't seem to laugh as much anymore.

Meet Sarah: 13-years-old

Sarah is 13 and lost her house in the floods. Even though it's been a while since the floods and storms, she still gets quite upset when she's reminded of anything to do with the floods or rain. If anyone in the class starts talking about what happened, she starts crying, becomes agitated or leaves the room. Sometimes during class, she looks as though she is just staring off into space and will only respond when her name has been called several times. Last week, she became visibly upset when she saw some rain clouds through the classroom windows. She went white and started shaking. Sarah also just doesn't seem to be able to relax and always seems on edge.

Meet James: 16-years-old

James is 16. His teachers last year reported that he was a good student who got along with everyone. This year however, he has been talking back a lot to teachers, fighting with his classmates and has generally become quite irritable. He is very distracted in the classroom, isn't completing his homework and his grades are slipping. He has just been suspended for turning up to the school dance intoxicated and for smoking at lunch time. You have heard from other parents that James' father's business hasn't been doing so well since the cyclone. When anyone tries to talk to James about how he is feeling, he shuts down and tells them he is fine and that he doesn't want to talk about it.

How teachers can gather more information

As a teacher, you spend a lot of time with the young person each day. In many ways, you may have the most chances to observe their behaviours and emotions. If you suspect one of your students is experiencing difficulties, it may be a good idea to talk to them, or ask a school counsellor/guidance officer/nurse to check in on them.

Below are some suggestions to help you talk to your students when you suspect there might be a problem.

Where possible, talk with the young person.

Talking with the young person is often a good starting point, particularly if the child is a bit older. There are a few things you can do to make this a bit easier.

Create a safe environment for the young person to talk

- Let them know that you are concerned and want to help
- Pick a moment when no-one else is around
- Get down on their level or in a way that they are comfortable with
- Allow the child to take the lead

"At first, people might think Sam is just being disobedient and naughty."

"Jane has always been a bit anxious, but things have certainly gotten worse over the past few months."

"Although Jack is still going okay at school, there has been a change in his behaviour since the floods."

"Sarah seems to be having a lot of difficulty talking about the floods and always seems on edge."

"Although James is showing some common teenage behaviours, it is very different to his usual behaviour and he doesn't want to talk about it."

Begin by letting the young person know that it is sometimes hard to talk about feelings and worries, but that it can really help.

- ‘You’ve been through a lot this year. Everyone reacts differently to these sorts of things and it’s normal to find it difficult to talk about.’
- ‘It might feel weird to talk about these things at first, but it can really feel better to get them out.’

Ask general questions about how they have been feeling and coping since the disaster and if there has been anything happening at home or with friends that concerns them. Use more specific questions if the child is willing to talk about this further.

- ‘How have things been going with you since the floods/storms/bushfires?’
- ‘Have things been difficult since the floods/storms/bushfires?’
- ‘How are you feeling at the moment?’
- ‘How are things at home since the floods/storms/bushfires?’
- ‘Is there anything that’s been difficult for you lately?’
- ‘Is there anything that you would like to talk about?’
- ‘I’ve noticed that you’ve stopped doing some things that you used to enjoy doing. Is there a reason for that?’ (Remember, this could be because they are withdrawing, or even because they can’t afford to do these things anymore.)
- ‘Is there anything I can help with?’

Show the young person you are listening

- Check that you have understood what they are saying
 - ‘So, it seems like things have been a bit difficult at home since the floods/storms/bushfires and that mum and dad are also feeling a bit stressed.’
 - ‘It seems like you have been finding it a bit difficult to concentrate lately and that you’ve had trouble sleeping. Is that right?’
- Ask questions, but don’t push if they are not ready
- Let the young person know you are ready to listen when they are ready
- If they disclose feelings, acknowledge their experiences, perceptions and feelings
- Reassure the young person that their thoughts and feelings are normal
- Focus on strengths and highlight the things the young person has done well.

Get the student welfare co-ordinator or school counsellor involved if you think you need help or the young person won’t talk at all.

Dealing with disclosures: Sometimes when talking with young people, they may disclose sensitive information, either about the traumatic event you are discussing, or about other traumatic events that you were not aware of. It is important for teachers to be aware of their duties and responsibility to both the young person and others. There may be situations in which the teacher is required to report the disclosure to third parties, and it is recommended that teachers familiarise themselves with their responsibilities and duties and consult a school administrator where necessary. In many cases, teachers may choose to encourage or even help the young person to disclose this information to other support persons (eg, parents) or help the young person identify ways in which they can receive support for their difficulties from external sources.

Get background information where it might help.
Talk about your concerns with the young person’s parents/caregiver.

Sometimes, it might be useful to talk to the young person’s parents or caregiver, particularly with young children. Talking to parents can also be a good way of finding out extra information that may help you understand. It is recommended that you know your school’s policy on this so that you are aware of your responsibilities before approaching parents.

Here are some suggestions for how to make this a bit easier.

- Create a non-threatening and supportive environment for the parent/caregiver. Such discussions may be difficult for other family members who may have also experienced the traumatic event.
 - It may be useful to involve the school principal or another professional (eg, Student Welfare Coordinator, Student Support Services Officer, school psychologist, school nurses) when working with parents/carers and family members.
- Ask the parent/caregiver if they have noticed any changes in their child’s behaviours or emotions or if they have any concerns about their child.
 - ‘Your family has been through a lot this year. I just wanted to check in and see how things are going.’
 - ‘How has Sam been going in the past few months? Have you noticed any changes or anything you are concerned about?’
- Express your concerns about the young person to the parents/caregiver. Be sensitive and respectful of the family.
 - ‘I’ve noticed some changes in Sam’s behaviours and I wondered what you thought about this. Are you seeing the same behaviours at home?’
 - ‘I’ve noticed Jane seems to be having some troubles being on her own at the moment. Is that something you’ve noticed?’
 - ‘I wanted to talk to you about James’ recent suspension. I’m worried that he might be having some difficulty coping with things at the moment. What do you think is happening for James at the moment?’
- Ask parents/caregiver if there is anything going on at home/with friends that might be contributing to the young person’s behaviour? (eg, the child might be having difficulty sleeping, which could be contributing to classroom behaviours).
 - ‘Is there anything else going on at home, or with friends that might be making it difficult for Sarah at the moment? Is she having any trouble sleeping?’
 - ‘Do you know if Jack is having any difficulties with his friends at the moment?’

- Ask parents/caregiver if there is anything the school can help with and let them know that you are available if they have any questions or need help. Normalise accessing professional help and be willing to provide information about psychological support and services available. If you feel that the child or family might benefit from seeing someone for further assessment or assistance, approach the parents sensitively.
 - ‘Is there anything we can do to make things easier?’
 - ‘It seems like Sarah is having some difficulties at the moment. This might get better over time, but if you think you might find it useful to get some help managing right now, I can help you find the appropriate person.’
 - ‘We know that some children (and adults) do have difficulties managing their emotions/behaviour after traumatic events. Sometimes this gets better over time, but when it starts interfering in the child’s or family’s functioning, then it can be helpful to try and get some assistance.’

How to determine if the problem is serious?

It is normal for children to show some changes in behaviour, or difficulties managing emotions immediately following exposure to traumatic events. Fortunately, the majority of children are resilient and will return to their normal functioning over time. However, some young people 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 indicated if:

- Symptoms persist or worsen over time.
- The young person shows 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 (eg, difficulty controlling emotions such as crying, anger).
- Significant and lasting changes in social functioning (eg, withdrawing from friends, fighting, interpersonal difficulties, physical and verbal aggression) that causes problems for the young person or others.
- Behaviours that disrupt others and the classroom environment on a regular basis.
- Difficulties that cause the child or others significant distress or concern (including the family).
- Behaviours or difficulties that prevent the young person from engaging in age-appropriate tasks or developing appropriately (eg, advancing academically, advancing socially, maturing appropriately, interruptions to developmental milestones such as speech, language)
- Return to a behaviour typical of a younger child (eg, difficulties toileting, using ‘baby talk’).
- Evidence that the problems exist outside of school as well. For example, the problem occurs in multiple settings (at home, with friends, at school).
- Parents or caregivers have concerns about the child’s/family’s functioning, request assistance, or are distressed by the situation.
- The presence of ongoing stressors outside of school which may exacerbate difficulties (eg, 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 young person 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 the child needs further help.

Utilise school-based resources

- Be familiar with your school’s guidelines and policies for such issues.
- Get to know the support resources available within your school. Who can you ask for help? Student welfare coordinators, student support service officers, guidance officers, school nurses, school psychologists, youth workers, school chaplains and principals may all offer different forms of assistance. Some may be able to assist in providing information to children and families, while others may offer more direct support or advocate for the young person where needed.
- Think about what you as a teacher can do to help the young person or the whole class following traumatic situations.

Refer on for further assistance

Sometimes, no matter how supportive the classroom or home environment is, young people may require professional assistance following traumatic events. If you feel that the young person or family might benefit from further assessment or intervention, consider suggesting that the family seek further assistance.

- Professional help can be sought both inside and outside the school setting. If your school employs a Psychologist or Counsellor, they might be able to help, or at least suggest some appropriate services.
- Discuss referral options with parents and/or the young person. This can be a difficult topic to raise with families. It will help if you have established an open line of communication. Sometimes, it is enough to simply make families aware of the services available to them.
- It is important to make parents aware that early intervention is considered important when it becomes clear that the young person is experiencing difficulties.
 - ‘Sometimes, no matter how supportive the home environment is, young people may require assistance from someone outside the family or school. We know that the earlier we intervene, the more likely it is that we can help the child manage their emotions and behaviours and return to their usual functioning.’
- Become familiar with the services available in your school and community. School and community-based support services can work together to ensure that the young person and their family receive the support that is required.



“School-based support services can be a good starting point.”

Community services and help lines

There are some services that parents and young people (and teachers) can access at any time, without having to go in and see someone in person. Many of these can be found on the internet and a few key services are listed below. Your student welfare coordinator or student support service officer might be able to help you find more services available in your area.

Kids Helpline – 1800 551 800

Lifeline – 13 11 14

Parentline – 13 22 89

Australian Centre for Grief and Bereavement – 1300 664 786

Beyond Blue – www.beyondblue.org.au

Make an appointment to see your general practitioner (GP)

It is always important to see a GP when considering a referral to a psychologist or counsellor. A GP can provide a health assessment and monitor the progress of a child or young person, as well as facilitate access to psychological services available in the community.

How to refer to a mental health professional

Young people and parents can also seek private individual assistance from various allied health professionals, in particular, clinical psychologists. Clinical psychologists are trained in assessment, diagnosis and treatment of various emotional and behavioural difficulties in childhood and adolescence. However, many of the professionals may have different areas of work and expertise, so it is useful to check that the person or service you choose has the skills and expertise for managing children and young people.

- 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). Such services are staffed by psychologists, social workers, psychiatrists, mental health nurses, occupational therapists and health workers who may be able to help. In most instances, families are able to self-refer for this service by calling their local service.
- Access to Allied Psychological Services (ATAPS): ATAPS is a service which enables GPs under the Better Outcomes in Mental Health Care (BOiMHC) program to refer consumers to allied health professionals who deliver focussed psychological strategies. 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. Often, many families are not aware of the process involved in obtaining a referral. It can be helpful to provide such information to families if appropriate.

Process for obtaining a referral to a private psychologist:

- A rebate for psychological services is offered through Medicare to eligible children. Families should be advised to visit their GP to determine whether they are eligible for such rebates.
- Families will complete a mental health care plan with their GP, and during this appointment, the GP should be able to provide a referral to a private psychologist if this is appropriate.
- Parents and youth should be encouraged to see their GP for an assessment, which may result in a subsequent referral to an appropriate psychologist who has experience in trauma and the relevant age group.
- Parents may also independently seek private practitioners through the Australian Psychological Society (APS) by logging onto:
www.psychology.org.au/FindaPsychologist
- In addition, families may also be eligible for rebates through private health funds and should contact their health provider to enquire about rebates.



PART 4: ADDITIONAL INFORMATION

APPENDIX

Note: The following information describes some of the possible difficulties youth 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.

COMMON SEVERE STRESS REACTIONS TO A TRAUMATIC EVENT

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 due to problems in home environment. For example, some youth 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 (eg, financial stressors, family conflict)
- Ongoing medical issues resulting from the natural disaster which prevents 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
- Depressed mood or anxiety resulting from the trauma. Youth who experience ongoing depressed mood or anxiety will find it difficult to concentrate and will find it hard to motivate themselves to complete schoolwork. Some children may require additional motivation and reinforcement.

Social or interpersonal difficulties: As previously discussed, following trauma, children and adolescents may experience difficulty interacting socially and maintaining friendships. This may in part be due to other difficulties such as depression and anxiety, but can also be linked more directly to traumatic events. Children and teenagers who have experienced traumatic events (particularly multiple events) may simply find it difficult to cope with interpersonal stress.

For example, when faced with a difficult interpersonal situation (eg, fighting with a friend, teasing, bullying), a young person who has experienced something traumatic may simply find it more difficult to cope with this situation. These children may respond differently to such situations (eg, cry, withdraw) than they would have previously (eg, using appropriate social skills to manage the situation). Thus, teachers and parents may find they need to intervene more often.

Over time, children and adolescents may:

- Start to withdraw from friends and classmates
- Get less enjoyment out of social activities
- Fight more with friends
- React negatively to minor interpersonal incidents
- Use inappropriate social skills or interaction patterns

Post traumatic stress disorder (PTSD): Post traumatic stress symptoms or disorder can develop after exposure to an extremely traumatic event in which the young person experiences intense fear, horror or helplessness.

Youths who experience PTSD may experience some or all of the following symptoms:

1. Signs that the child is re-experiencing the event:

- Children and adolescents may experience thoughts and feelings that pop into their mind
- The young person may feel as though the traumatic event is happening again or is about to happen again
- They may become upset when reminded of the event
- Young children may demonstrate repetitive play (or acting out) in which they express aspects or themes from the traumatic event
- They may experience frightening dreams that do not contain any recognisable content
- Children and adolescents may demonstrate physical reactions such as stomach aches, headaches, feeling unwell, racing heart etc.

2. Signs that the young person is avoiding things to do with the event:

- Children and adolescents may try to block out the event and not think about it
- They may try to stay away from things that remind them of the event (eg, avoid reading newspapers, turning the television on, going near the place where the event took place)
- They may report feeling numb or appear not to show any emotions (blank expression)
- Children and adolescents may say that things feel unreal, or that they feel like they are in a dream
- Young people might have trouble remembering parts of what happened during the event.



"Post traumatic Stress Disorder is one of the more severe reactions young people may develop following traumatic events. It may not become evident until much later."



“Some children may develop separation anxiety either immediately following the event, or over time.”

3. Signs of arousal

- Children and adolescents might always seem afraid that something else bad will happen. They might seem like they are on the lookout for danger. Sometimes this will include fears about events which are unlikely to occur.
- These children might be more easily startled or jumpy than usual. They might jump or become agitated when they hear loud noises, or when something sudden happens.
- Children who have experienced traumatic events might have trouble sleeping or trouble concentrating.
- Children and adolescents may also become more irritable than usual or have more frequent angry outbursts.

Although some of these signs are common for many children immediately following exposure to a traumatic event, they can be more serious if they persist or worsen over time. If these signs remain evident for the young person after a month, it is possible that the child may require 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 young people may demonstrate.

Separation anxiety. It is normal for children to want to be close to their family and friends. However, after a traumatic event some children may experience significant distress and fear when they are separated from loved ones which can impact on their social and academic functioning. Children may also worry about the safety of loved ones or fear that something bad might force them to be separated. These worries can develop immediately following the traumatic event, or appear at a later date. At times, these children may be distressed on arrival to school, refuse to attend school camps or excursions, or complain of physical symptoms (eg, nausea, headache) when separated from loved ones. These symptoms can persist over time and can develop into Separation Anxiety Disorder.

Although concerns over separation from loved ones and home is often expected immediately following traumatic events, these behaviours may begin to interfere with the child's and family's functioning if they continue over time. Such separation concerns can be developmentally appropriate (eg, for younger children), however, one sign that the young person might need further assistance is if their distress over separation becomes inappropriate for their developmental level or age, or if it prevents them from engaging in age-related activities.

For example, a 13-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, consistent with the type of separation the child is experiencing (eg, first school camp), or an emotional response to trauma. Professional assessment and intervention can be successful at distinguishing between trauma-related and normal emotional responses, and in managing anxiety.

Generalised anxiety. Other children may develop or demonstrate more generalised forms of anxiety following exposure to traumatic events. Generalised Anxiety Disorder (GAD) is characterised by excessive and uncontrollable worry or anxiety in which the young person overestimates the likelihood of negative consequences. For example, after hearing a weather forecast predicting rain showers, a young person may worry that there will be so much rain that the town will be flooded.

To some degree, all children who have experienced natural disasters will be on alert and occasionally may expect the worst when presented with similar circumstances. While this may be a natural reaction, children who develop GAD will experience such worry on a daily basis, often in the absence of direct evidence of a threat. Further, such children often tend to worry about a number of issues, and the worry persists over time (often over six months). In fact, the worry does not have to be related to the traumatic event.

Topics that children with GAD may worry about include:

- Schoolwork
 - Being good enough in sports or other activities
 - Friends and social situations
 - Their own health or a family member's health
 - Finances, housing issues and family relationships
 - New situations
 - World events (including natural disasters, terrorism, news stories).
- These are not always related to the traumatic event the child has experienced

Children with GAD may also experience some type of 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 (eg, Attention-deficit 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 (eg, ADHD).

A distinctive feature of GAD is difficulty controlling the worry and excessive reassurance seeking from others. Children with GAD might ask teachers (and parents) many questions over the course of a day. For example, they may ask questions like 'What if I am late to class?' 'What happens if it rains at lunch time?' 'What if my mum is late picking me up?' Children and adolescents with GAD might also be worried about others in their class and how they might be affected by others' behaviours. Children with GAD often ask a lot of 'What if....' questions.



“Following a traumatic event, some youths may develop a tendency to worry about a number of topics (not necessarily related to the event).”

“GAD is characterised by extreme difficulty controlling the worry and seeking excessive reassurance from others.”



“Panic attacks tend to be more common in adolescents and involve sudden onset of fear and physical symptoms.”

Panic attacks and agoraphobia. Panic attacks and agoraphobia are generally less common in childhood than adulthood. However, some young people may develop panic attacks following exposure to a traumatic event, which can cause the young person and their family significant distress. Panic attacks and agoraphobia may be more common in adolescents than younger children. 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 (outside of anxiety-provoking situations) and can occur anywhere, any time. Younger 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 young person misinterprets as a sign that something is wrong, which in turn increases their anxiety. Physical signs include increased heart rate, chest pain, sweating, trembling, dizziness, breathlessness, nausea and choking. Although physical symptoms are common across the various anxiety disorders, in panic disorder, the symptoms come on quite suddenly and are typically time limited (eg, 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 (eg, 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 adolescents and can develop following exposure to a traumatic event. While many young people 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 mood or often will feel this without any reason. Some children and adolescents may even continue to experience depressed moods long after the traumatic event (eg, a year later).

Children and adolescents with depression might find it hard to function, have difficulty with their schoolwork, and may have stopped participating in activities which they previously enjoyed. Depressed mood may be a direct reaction resulting from the young person's experience with the disaster or it may be a result of an accumulation of stressors and events.

Behaviours that might be evident in young people with depression:

- Changes in mood, or moodiness that is out of character
- Increased irritability, especially for teenagers
- Withdrawal from or difficulty in social interactions
- Withdrawal from previously enjoyed activities (eg, participation 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 and are concerning family and teachers may indicate that the young person requires further assessment and assistance. Although depression is relatively common in childhood and adolescence, it is possible that it is an expression of trauma-related distress.



“Although depression is common in childhood and adolescence, it may be an expression of trauma-related distress.”



“Children and adolescents who have experienced trauma may express their emotions by acting out or misbehaving. Sometimes this can be mistaken for other behavioural difficulties.”

Behaviour problems: All youth experience times when they are disruptive, have difficulty getting along with peers, or have difficulty following rules. After a traumatic event children and adolescents may be more argumentative, aggressive, easily annoyed, and have difficulty following rules, managing their emotions (eg, anger) and engaging in appropriate peer relationships (ie, may bully/annoy others). Sometimes the young person’s behavioural difficulties may be more serious and include activities such as stealing, lying and running away.

For most children, these behaviours are transient and disappear over time. However, for some young people these behavioural difficulties will persist over time, impact on others (eg, teachers, classmates) and interfere with the child’s social, academic and home life. For some young people, these problems can become more serious or even present as Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) or Conduct Disorder. These are often referred to as ‘externalising disorders’, or ‘behaviour disorders’. Although some children may be demonstrating these behaviour disorders, for others such behaviours may in fact be an expression of trauma-related difficulties.

- Attention Deficit Hyperactivity Disorder (ADHD) is a disorder 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 disorders and may include overt aggression, difficulties with the law and a disregard of the rights of others.

Sometimes it is unclear whether or not the child’s behaviours are reactions to trauma or if the child is experiencing independent behavioural difficulties (eg, ADHD). Unfortunately, some of the more common treatments for ADHD (eg, medication) are unlikely to assist in managing behaviours that are trauma reactions. New difficulties and behaviour problems that arise after exposure to a potentially traumatic event should be investigated. Distinctions between trauma reactions and independent behavioural difficulties can be made through professional assessments and interventions.

Substance use and risky behaviour: Although some teenagers begin to use alcohol and drugs during adolescence, sometimes drug and alcohol use is a way of releasing, managing or numbing their painful feelings related to the traumatic event. Some teenagers may engage in other risky behaviours as a way of coping with their emotions related to the trauma.

Risky behaviours may include:

- Drinking alcohol (including social and binge drinking)
- Smoking nicotine cigarettes
- Smoking marijuana
- Abuse of legal drugs (eg, prescription drugs)
- Abuse of illegal drugs (eg, ecstasy, cocaine, speed, LSD, PCP, heroin etc)
- Driving while under the influence
- Driving dangerously (eg, speeding)
- Engaging in unsafe sexual practices
- Staying out late
- Using a weapon (eg, knife, gun).

Teachers may notice some changes in behaviour that may indicate the young person is engaging in risky behaviour. It is also possible that some of these behaviours may occur within the school environment, or that teenagers may discuss these topics with other school peers and teachers may become aware of such behaviours. Despite the obvious danger and risks associated with such behaviours, the presence of these activities in the years following the traumatic events may indicate some difficulty managing trauma-related emotions and may warrant further investigation.

Other problem behaviours: A range of other behaviours may also be expressed by the young person 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 may be a concern for parents, caregivers and teachers if they are excessive, if other children notice these behaviours, and if these behaviours interfere with the child’s ability to function normally.

Such behaviours may also be a concern to the parent if the child seems to have behaviour more typical of a younger child. Often these habits will resolve with time as the child recovers post trauma. If these behaviours persist or cause distress or impairment to the child, family or class, seeking professional help may be advised. Such behaviours that are still evident some months after the trauma are likely to require assistance.



“Sometimes teenagers engage in risky behaviours as a way of numbing painful emotions.”

MORE INFORMATION

Additional information can be obtained from:

Education Queensland:

www.education.qld.gov.au

Queensland Health:

www.health.qld.gov.au

The Australian Child and Adolescent Trauma, Loss and Grief Network (ACATLGN):

www.earlytraumagrief.anu.edu.au

Australian Society of Traumatic Stress Studies (ASTSS):

www.astss.org.au

Australian Centre for Posttraumatic Mental Health:

www.acpmh.unimelb.edu.au

Australian Red Cross:

www.redcross.org.au

Lifeline:

www.lifeline.org.au

The National Child Traumatic Stress Network:

www.nctsn.org

Helping children rebound: Strategies for preschool teachers after the 2005 Hurricanes:

www.teachingstrategies.com/content/pageDocs/Katrina_1005_final_web.pdf



