



CONTINUING THE HEALING JOURNEY

Providing medium to long term support to children and families after disasters

This information resource is designed to assist individuals and organisations working with children and adolescents understand more about the impacts of disasters and what can be done to support recovery in the medium to long term. This resource is relevant to the range of both natural and man made disasters that impact on communities.

Children and adolescents exposed to natural disasters will react in different ways, and their reactions can change over time. This document focuses on the medium to long term recovery of young people after a natural disaster. It's a resource for parents and teachers who provide support and care to young people to help them process their experiences and assist their recovery process. Children and adolescents may show signs of distress for many months or even years after a traumatic event. Some will return to their pre-trauma coping and settle in to routines after the first few weeks. However, it is important to continue be mindful of changes in thinking, behaviour, physical activity, physical symptoms or emotional state. Identifying concerning behaviours or symptoms can help parents and teachers know when a young person needs additional support or expert help to facilitate their recovery. This document outlines different reactions and behaviours you may observe, ways you can support young people, and where to get more help if needed.

Exposure to both natural and man made disasters can impact in a variety of ways on children and adolescents. Child and adolescent reactions can be

seen on a continuum ranging from relatively short-term through to longer-term effects. Their needs are individual and change over time. They require continued support with these changing needs. A system providing appropriate child and adolescent support with mechanisms in place to meet arising needs should be implemented for the immediate, medium and longer-term phases of the recovery process.

Healing does not mean we forget: it is a process of remembering with less pain and more happy times.

The scale of mass disasters can be huge. There are likely to be significant numbers of children and adolescents who will lose their homes, schools, parents, friends, neighbours. Additionally, there are likely to be many children and adolescents who will be directly exposed to the disaster, and to the extensive media coverage, both of which can potentially impact negatively on their emotional and psychological wellbeing.

Providing support

We need to intervene early to support the psychosocial recovery with affected children and adolescents.

Without appropriate immediate supports for children and adolescents there is the potential for disasters to impact negatively on the mental health of children and adolescents in the medium and long term. Even with early supports, there will be many children who will need greater support as time



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goes by. Providing support and assistance during the immediate phase of the recovery process can minimise the number of children and adolescents who carry the difficult impacts of the disaster and require specialised support later on.

Children look to significant adults such as parents and teachers for guidance to manage their reactions. Schools and early childhood settings, along with families, play a key role by providing a stable, secure, familiar and nurturing environment. Early childhood, school staff and parents can assist children and adolescents to return to normal routines.

In the medium and long term recovery phase, some children and adolescents may continue to have concerning behaviours or emotional signs which tell us to 'look, listen and provide further supports'.

Parents and teachers continue to provide support for children and adolescents in the weeks, months or years following a traumatic event involving death and destruction.

In the medium and long term phases of the recovery process we need to be mindful of children and adolescents, to monitor behaviours, observe body language, listen to what young people say and the emotions they display. Some children and adolescents may continue to have concerning behaviours or emotional signs which tell us to 'look, listen and provide further supports'.

Many children will be able to return to pre-trauma coping over time with the support from parents and teachers. However, a number of children may

require extra assistance and support from a mental health professional.

You can only provide a sense of calm and support to children and adolescents if you have your own emotional wellbeing in check.

Teachers and parents need to ensure they have supports in place to help with their own distress, concerns and emotional difficulties. Many parents and teachers will be affected by the same disaster that has impacted on the children. Children and adolescents are 'tuned in' to adult reactions and emotions. You can only provide a sense of calm and support to children and adolescents if you have your own emotional wellbeing in check. Strategies for parents and teachers to assist with emotional wellbeing include:

- » seek support from your own 'support network'
- » eat healthily, exercise regularly and try to have seven to eight hours sleep at night
- » celebrate personal successes and the successes of children and adolescents
- » enjoy time with family and friends
- » if you are feeling overwhelmed – seek professional help

Common reactions of young people to a disaster

Each child or adolescent will have their own unique experience of the disaster and this experience can change over time. Reactions and behaviours will vary depending on the child's age and stage



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of development, their cognitive abilities, personal coping and resiliency skills, their closeness to the disaster, if they were separated from family members at the time, their subjective view of their experiences, the degree of support from family and friends, media exposure, personal losses, cultural beliefs around trauma and their temperament. Previous trauma is also likely to impact on their experience.

Possible reactions/behaviours in children and adolescents after a disaster

Reactions/ behaviours that may become apparent in the months following a traumatic event include:

- » lack of concentration
- » frustration
- » absence from school
- » relationship difficulties with peer and others
- » behavioural disturbances
- » regression of previously learned skills such as talking
- » separation anxiety
- » difficulty with organisation, time management
- » truancy

Physical problems may include:

- » headaches
- » stomach-aches
- » queasiness
- » muscular aches and pains
- » lethargy

Emotional distress may include:

- » outbursts of anger, frustration or distress
- » crying
- » anxiety
- » sleeplessness/nightmares

Children or adolescents may show signs of distress for many months after a traumatic event. It's important to continue to monitor concerning behaviour in children and watch for any signs or symptoms. This may be noticed in behaviour changes, changes in thinking, emotional changes and changes in physical activity or complaints.



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Pre-school children

Common reactions/behaviours include:

- » clinginess, i.e. not wanting to be separated from parent or child care worker
- » regression with previously learned behaviours such as toilet training, eating
- » changes in eating habits
- » anxiety and distress at bedtime (wanting to be with a parent)
- » new fears (smell of smoke, fear of the dark)
- » an extreme reaction to loud noises such as sirens, loud bangs.

Young children cannot always tell you how they are feeling or what's upsetting them. You may need to rely on changes in their emotions and behaviours to guide your understanding about how they are feeling.

What parents can do to help

Your continued support in a caring and nurturing environment can assist young children to work towards healing from their traumatic experience.

- » Provide a calm, safe and supportive environment
- » Ensure that established routines are in place
- » Maintain behavioural expectation

- » Look and listen (try to understand what is happening for them)
- » Provide comfort when they are distressed
- » Provide experiences and activities that are fun for your child
- » Plan family outings.

Primary school students

Common reactions/behaviours include:

- » difficulties in relationships with peers and others
- » irritability
- » inability to concentrate
- » difficulties with organisation
- » decrease in school performance
- » increase in absences
- » lack of interest in usual sporting activities/games
- » withdrawal
- » sleeplessness, nightmares
- » complaints about feeling sick, headaches, tiredness.



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What parents can do to help

Your continued support in a caring and nurturing environment can assist children to work towards healing from their traumatic experience.

- » Reassure them about how you will keep them safe
 - » Provide a calm and supportive environment
 - » Listen and talk to them about their worries and/or concerns
 - » Use strategies to assist children to reduce their anxiety such as blowing bubbles, using stress balls, breathing activities, relaxation activities, worry dolls under their pillow
 - » Encourage social outings with family and friends
 - » Promote social skills
 - » Organise fun activities (ask children to help decide on these).
- » inability to cope with criticism
 - » substance use and or abuse
 - » lack of concentration
 - » increased talk about death, destruction
 - » withdrawal
 - » lack of interest in sporting activities
 - » lack of interest in social activities
 - » sleeplessness, nightmares
 - » increased anxiety (worry about family or friends)
 - » persistent discussion about the disaster

Adolescents

Common reactions/behaviours include:

- » irritability or anger
- » relationship difficulties with peers and others
- » absence from school
- » challenging authority

What parents can do to help

Your continued support and understanding can assist adolescents work through their traumatic experience.

Listen to your adolescent

Ask them how they would like you to help them work through their problems. For many adolescents, support from parents and teachers will provide them with the care and nurturing to lead to their return to pre-trauma coping. Some adolescents however may need your help and support for a longer period. Continued support and understanding from parents, teachers and peers are critical to the recovery process. Try to promote positive coping skills – ask your child or adolescent what they did in the past when they had something worrying or difficult that helped them. Talk about



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ways you have seen other people tackle something that was difficult, keeping in mind the relationship with the situation you describe and the situation the adolescent describes. Modelling positive coping skills yourself is a positive way to encourage positive coping in your adolescent.

Work through the problem with your adolescent

Promoting problem solving skills can assist adolescents as they face their difficult challenges following the recent bushfires. Teach adolescents a four step process for problem solving (i.e. state the problem, brainstorm ways to solve the problem, choose the one that is both realistic and achievable, carry out the action named). It is helpful to model good problem-solving behaviour for the adolescent who may perceive their challenge too difficult. For some adolescents it may be necessary to get further support from mental health professionals.

Where can parents find help?

Sometimes, reconstructing lives for a child or adolescent can mean dealing with many different people. School support staff, school nurses, allied health professionals (social workers, psychologists, mental health nurses and occupational therapists) and mental health professionals can provide the extra support and assistance with difficult problems that children and adolescents might be facing. It is important that parents, kindergarten and school teachers make links with the appropriate school support services, health and mental health services to discuss the referral process.

School support staff

School support staff includes school psychologists, social workers, school nurses, youth workers, chaplain, and CAMHS staff. Teachers can link parents with support staff. Support staff can provide information and advice to parents and teachers about how to provide for the needs of children and adolescents. Support staff can also assist parents with a referral through a GP for support from a mental health professional. There are a number of handouts available for teachers and parents that can provide information about possible reactions, strategies for working with children and adolescents and referral to a mental health professional.

Health professionals

Each child or young person will have a unique response to a traumatic event. There are differences in the length of time it takes individuals to process their experience and there is no 'one way' that children or young people will respond and work through their feelings and emotions such as sadness, anger, grief or loss. There are some behaviours that children and adolescents may show which are concerning and should be discussed with school/kindergarten, welfare/support staff, a GP, maternal health nurse or other health professional.

The role of teachers after a traumatic event

Teachers play a key role after traumatic events as providers of information and support. They are ideally placed to 'tune in' to children or adolescents struggling to cope and who need more help.



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Monitor effects on social and emotional development

Disasters interrupt the social and emotional development of a number of children and adolescents. While many are able to work through their traumatic experience and continue to develop socially and emotionally, others may require assistance. Engaging children and adolescents with day-to-day positive experiences and additionally through educational learning encourages social and emotional development.

Provide reassurance about safety

Teachers provide a calm and caring approach and thus can reassure children and adolescents about their safety and security. Teachers can observe how children are going in many areas such as emotion regulation, social relationships and learning. They can also be one of the first to be aware of changes in children in any of these areas.

Monitor concerning behaviours

Acting out

- » persistent outbursts expressing anger and/or frustration
- » physical fighting with siblings or peers
- » absence from school

Withdrawal

- » loss of interest in social, sporting activities
- » avoiding family members, friends, peers

- » refusal to go to school

Drug and alcohol use

- » smoking, using marijuana or other drugs, consuming alcohol

Altered eating habits

- » not eating or over-eating
- » notable weight gain or weight loss

Sadness

- » crying uncontrollably
- » continual sadness
- » irritability
- » talking about suicide
- » lethargy.

Promote a safe healing environment

The following are some ways that kindergarten and school staff can enhance the recovery process in a safe, caring and nurturing environment:

Information

Provide a weekly information-sharing session with the class about what is happening in relation to recovery from the disaster. Promote contribution from classes in the weekly school newsletter – make a roster so everyone gets the opportunity to contribute. Provide handouts/classroom sessions for children and adolescents (appropriate to both age and stage of development) giving information



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about supports available at school (for example: identify peer support people at the school, welfare staff, friendship centre for those who feel sad and/or lonely manned by senior volunteer students).

Predictability and Routine

Maintain normal early childhood and school routines so that children and adolescents know what to expect during their day. It is also important to celebrate milestones and achievements of children and adolescents. Maintain the normal routines and rhythms of the school day in order to promote a sense of safety and security.

Patience

Some children/adolescents may need you to set aside their 'special' one-on-one time to talk. Some children/adolescents may need to be comforted at different times. Children and adolescents need understanding if they are experiencing problems and it is important to help them seek support from people such as welfare staff, school nurses, school psychologists and social workers. You may need to discuss with parents a referral to a mental health professional if extra supports are required.

Compassion

It is helpful if teachers can acknowledge a young person's feelings and emotions. These may be expressed in a number of different ways such as body language, words and actions. Some young people benefit from taking some action to help overcome a particular feeling, such as doing something for others who have been impacted

as a result of the disaster, raising funds for the rebuilding or re-establishing of a community or sending a letter of thanks to those who assisted during and for months after the disaster.

Physical activity

Think about having a number of physical activities that can help to alleviate distress, lack of concentration, restlessness – a one-minute activity, a three-minute activity, a five-minute activity. This can help to settle children and adolescents and also provide a distraction.

Productivity

It is important to celebrate something that happened during the day – children and adolescents need to take time out from their sadness and experience their successes. Celebrate something daily or twice weekly at a minimum.

Hope

Discuss with your class what they could do to give a message of their new future – this might be each person contributing their message or drawing to a wall frieze, painting or a class quilt.

Post box

Some children and adolescents may want to communicate with teachers or support staff by posting them a letter, drawing or note. It may be helpful if you have a post box in the classroom and discuss with children and adolescents how the post box works. It is worth explaining to parents that



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this is an opportunity for children or adolescents to express their emotions through writing or drawing.

Support staff

Ways support staff (school and early childhood psychologists and social workers) can work with children and adolescents in the medium and long term recovery phase:

- » Monitor how schools, early childhood education, care and health services are progressing with the recovery process
- » Support schools, early childhood education, care and health services by providing information about anniversaries and memorials
- » Encourage networks among parents – by promoting activities such as informal and formal information sessions, providing handouts and providing continued information about specialist services available
- » Strengthen partnerships with local mental health services
- » Provide information for parents about the referral process for children and adolescents that may benefit from specialist counselling services
- » Monitor staff supports and ensure support continues as required

What to look out for in the longer term

In some cases children and adolescents can have what is called a 'delayed response' to something traumatic. Sometimes problems do not become evident for months or even years after a traumatic event. Sometimes memories, feelings and emotions about the disaster take time to surface. If problems emerge, seek support from a mental health professional.

Open communication is critical to the long term recovery process. Open information sharing that meets the needs of children and adolescents, parents, carers and school staff will assist recovery. In addition, kindergarten and school populations play a key role in the involvement of the local community rebuilding and regeneration projects.

Roles for teachers, support staff and parents in the longer term

- » Continue to support children and adolescents
- » Provide children and adolescents with opportunities to engage in fun activities
- » Recognise individual needs, reactions and behaviours of children and adolescents
- » Consider any longer-term needs for children/ adolescents (i.e. referral to mental health services through GP)
- » Encourage grieving children and adolescents to have a break from their sadness – explain that this does not mean forgetting but rather means having 'time out' from their sadness.



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Recovery can be a long term process and for some children and adolescents may take years as opposed to weeks or months.

To meet the needs of children and adolescents during the medium and longer term phases of the recovery process, you need to maintain supports, information and communication at a high level. Recovery can be a long term process that for some children and adolescents may take years as opposed to weeks or months. Even though individuals can adapt to their changed circumstances quite quickly, it can take a long time for some people to come to terms with the changes for families, school communities and the wider local communities.

Ways early childhood and school communities can enhance long-term recovery

- » Work towards a new future
- » Build a history to connect their past, present and future
- » Provide information for parents so children and adolescents' needs are identified and informed decisions made about how to meet those needs
- » Plan community recovery activities (i.e. barbeques, family nights)
- » Promote networks between groups such as principals and staff, children and adolescents and parents/carers to enhance support systems
- » Contribute to the wider community
- » Contribute to the rebuilding process

- » Display hope and optimism.

In the months to years following the disaster, children or adolescents may need extra support from a mental health professional if they:

- » display concerning behaviours that were not present before the bushfires
- » are still very upset
- » are still very anxious
- » lack interest in relationships with family, friends and peers
- » increase their use of alcohol/drugs
- » experience sleeplessness/nightmares
- » are generally not happy.

GPs, mental health professionals and agency support staff are critical to creating a caring and adaptive environment that can support children and adolescents. A GP can assist those who need special help to work through their problems through the development of a mental health care plan. This provides a further critical component to assist individuals with the healing process.



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For further information, visit the Australian Child & Adolescent Trauma, Loss & Grief Network:

www.earlytraumagrieff.anu.edu.au

Trauma & Grief Network: Supporting Families

www.tgn.anu.edu.au