

**CHILDHOOD TRAUMA REACTIONS:
TRAINER MANUAL**

to accompany Childhood Trauma Reactions Teacher Manual and Tip Sheet Series

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TRAINER MANUAL**



Produced for the Queensland Government Natural Disaster Response, 2011.

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Introduction and Objectives

This teacher training package has been developed as part of the Queensland Government response to the Queensland Natural Disasters. 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 training 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.

Key outcomes of the training include:

- Making the post-disaster classroom experience more attuned to recovery and better social, behavioural and academic outcomes for all children.
- Improved awareness of appropriate channels for referral that will assist teacher confidence in managing these potentially difficult situations and lead to better outcomes.
- Increasing teacher's awareness of their own needs and how to better manage their responses under these unusual and potentially demanding work conditions.

Implementation of Teacher Training

Training Overview

This training will be delivered in a half-day workshop format and will consist of a mixture of presentation, exercises and question time. The outline of the training is as follows:

SECTION 1: Trauma Reactions in Childhood

- What is a traumatic event and differences in perception of threat
- Children's trauma reactions over time
- More serious reactions
- Factors that place children at greater risk of poor outcomes

SECTION 2: The Role of Teachers

- What can teachers do in the classroom following a natural disaster
- Importance of teacher self-care

SECTION 3: When children need further assistance

- Case studies
- How to gather more information
- When is referral indicated?
- How to get further help

SECTION 4: Questions and Discussion

Preparing for Training

Familiarise yourself with training materials

- *Trainer Manual:* This first component of this training module is to work your way through this trainer manual. This manual describes how best to deliver the accompanying PowerPoint presentation and provides additional information which may be useful for the presenter in explaining slide content. It also outlines activities to be conducted and provides detail of when to play videos and provide handouts to participants.
- *Presentation slides:* Become familiar with the power point presentation that is used during the teacher training and add your own notes for the purposes of presenting.
- *Teacher Manual and Tip Sheet Series:* Become familiar with the Teacher Manual and Tip Sheet Series which form part of the training program. The information presented in the teacher manual forms the basis of the training presentation. Trainers are encouraged to read the teacher manual thoroughly before delivering the training presentation and become familiar with its content. Although participants receive a copy of this teacher manual, they are most likely to use the Tip Sheet Series for quick reference, and as such it is important that the training workshop covers the main points described in the teacher manual.
- *Participant handouts*
- *Vodcast mpeg or link to web-based delivery of vodcast*
- *Quizzes*
- *Workshop certificate*
- *Feedback forms*

Know the participants

Workshop participants will include teachers and staff from schools affected by natural disasters. Although the training materials have been developed specifically for teachers, it is important to consider the type of school and community within which the teachers live and work.

Age-related material. The resources incorporate some age-specific material that will not be relevant to all teachers and schools. For the purposes of primary schools, it is appropriate to present material

relating to preschool aged children (0-6 years) as well as for children aged 6-12 years. When conducting training with secondary school teachers, it may only be necessary to present material relating to children aged 13-18 years.

Community background and families from non-English speaking backgrounds (NESB). It is also important to familiarise yourself with the community background before conducting training with teachers. It might be helpful to learn more about the type of damage and destruction experienced by the community throughout the natural disaster as this will vary markedly from community to community. It might also be important to check whether any of the staff or students have suffered significant losses during the disaster (loss of life or property) and whether any are currently experiencing significant distress or difficulty.

Further, it is important to consider whether the materials are appropriate for teachers and students. You may need to consider adjusting some of the materials to suit NESB families/teachers, or for Aboriginal and Torres Strait Islander families. It would be helpful to consult with a school staff member before conducting training.

Prepare training materials

It will be necessary to consult with school staff to arrange the following training materials:

- Classroom or venue big enough to accommodate participants and trainers
- Data Projector and Laptop with USB or CD capabilities
- Copies of presentation handouts
- Copies of teacher manual and tip sheet series
- Copies of the participant handouts (found in Handouts/Forms section of Trainer Manual, Pg 38)
- Folder to hold all paperwork
- Access to tea/coffee facilities and morning/afternoon tea where appropriate

You may also need:

- Access to a white board and whiteboard markers
- Access to internet to play vodcast (if mpeg is unavailable)
 - Address for vodcast directory:
- <http://education.qld.gov.au/student-services/natural-disasters/index.html>
- Pens/pencils for teachers

Confidentiality

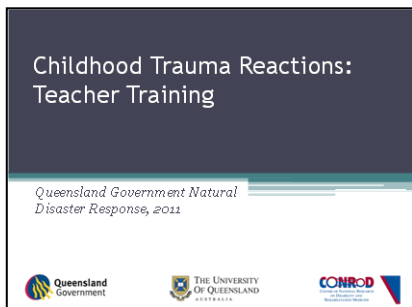
Before conducting the teacher training, it is important to consider (and potentially discuss with teachers) issues relating to confidentiality. At some points during the teacher training, teachers may find it useful to discuss concerns with particular students. It may be useful to remind participants about the importance of confidentiality at the commencement of training. It may even be useful to check the school's confidentiality policy with a school representative.

Training Content

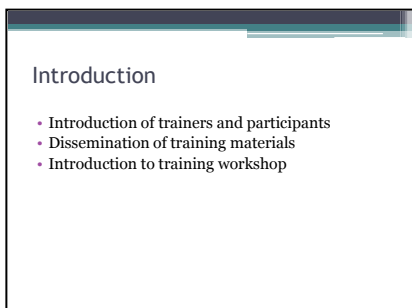
The remainder of the trainer manual will describe how to use the PowerPoint presentation and conduct the 3 hour training workshop. The workshop is designed to incorporate approximately 2 hours of content delivery, allowing 1 hour for questions and discussion. The trainer may wish to decide whether to incorporate question and discussion time throughout the workshop or to leave for the end of the workshop.

Questions: If teachers raise questions that you expect will be covered later in the training, the following strategy may be useful. As questions are raised, make a list of questions on the board, or in a slide at the end of the PowerPoint presentation. When you come to the end of the workshop, check these questions to ensure that they have been answered to the satisfaction of the participants.

INTRODUCTION



SLIDE: Introduction



Trainer Directions:

- Begin by introducing the trainers and the training program.
- Discuss administrative issues (e.g. break times, bathroom locations etc)
- Disseminate materials and describe
- It is useful to have materials pre-packaged into folders and placed on seats as they arrive.
- You may wish to also use an attendance sheet to record participant details. Certificates can be completed during the workshop and distributed at the end.

Teacher Manual:

- Corresponds to page 1 of teacher manual (origin of program)

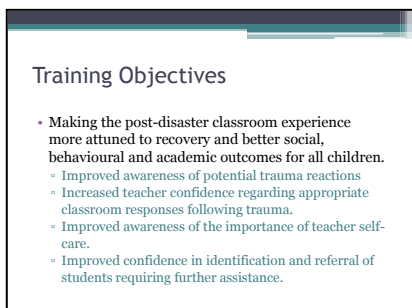
Additional information:

- These resources were originally developed following the Victorian Bushfires and have been amended as part of the QLD Government Natural Disaster Response.
- 2-3 hour workshop including presentation, video, activities, case studies, quizzes, questions and discussion time

Key Message:

- Highlight your role and connection to school
-

SLIDE: Training Objectives



Trainer Directions:

- Discuss the main objectives of the training program within the goals of the QLD Government Natural Disaster Response to provide better outcomes to QLD youth.

Additional information:

- The training program and teacher guide have been designed to address these objectives. You can describe the 4 sections either at this point, or when presenting the following slide (Agenda)

- Teacher resources comprised of 4 broad sections:

Section 1 – Trauma Reactions in Childhood: Aims to help teachers become more attuned to trauma reactions in their students by describing reactions that may be demonstrated by youth (immediately, short- and long-term) following exposure to natural disasters.

Section 2 – The role of teachers and schools in helping children after traumatic events: Outlines how teachers/schools can help children in the classroom following a natural disaster and discusses strategies for promoting teacher self-care.

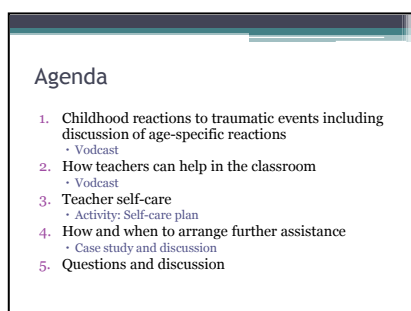
Section 3 – When children require further assistance: Provides information on how teachers can identify students who might benefit from further assistance and how to arrange assistance.

Section 4 (Appendix)– Additional Information regarding trauma reactions: This section provides additional information about more severe reactions that youth may experience (e.g. more detail regarding PTSD, anxiety, depression etc).

Key Message:

- Main aim of the teacher training is to equip teachers with the skills and knowledge to be better attuned to the social, emotional and mental health outcomes of children following disaster.

SLIDE: Agenda



Trainer Directions:

- Orient the participants to the structure the workshop will follow highlighting how each section of the training corresponds to a section in their Teacher Manual.
- Highlight how each section corresponds to the objectives (if you didn't do this for the previous slide).

Teacher Manual:

- Can direct participants to the teacher manual and contents page

Additional information:

- At this point, you may want to ask teachers if they have all viewed the natural disaster teacher vodcasts given by Assoc. Prof. Brett McDermott. It may not be necessary to replay these, although may be useful to break up the didactic presentation.

Key Message:

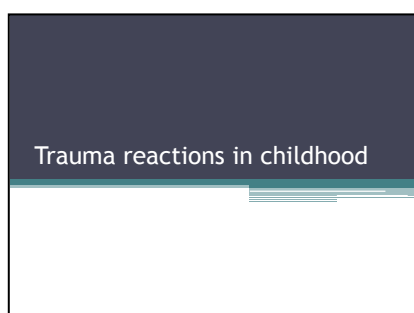
- Encourage teachers to take notes on their slides and have their teacher manuals and tip sheets open as you progress through the training.

Trauma reactions in childhood

Section 1 – Trauma Reactions in Childhood: (Section 1 should take approximately 1 hour to present, followed by a 10 minute break)

The aim of this section is to help teachers become more attuned to trauma reactions in their students in order to enable better social, emotional and mental health outcomes for children following natural disaster. Specifically, following this module, teachers should be able to identify common trauma reactions as well as more problematic childhood trauma reactions (immediately, short- and long-term) that require further assessment or intervention.

SLIDE: Trauma reactions in childhood



Trainer Directions:

- Although this is just a title slide, it can be useful here to remind participants that children can develop reactions to all kinds of traumatic events, not just natural disasters.
- Can introduce the idea that “every child reacts differently to traumatic events”

Teacher Manual:

- Direct participants to page 4 of the Teacher Manual

Additional information:

- A traumatic event is any event the child subjectively experiences as distressing or frightening. The event is usually frightening and overwhelming incidents that can be life threatening or cause significant threat to one’s physical or psychological well being. Traumatic events can be events encountered only by the individual (e.g. accident), or can be events experienced by groups of people (e.g. natural disasters). Events experienced by groups of people often are associated with greater devastation, destruction and potential distress, amplified by significant subsequent changes to living circumstances. Further information in Teacher Manual.

Key Message:

- Remind participants that children can develop reactions to many different kinds of trauma and that a traumatic event is anything the child subjectively experiences as distressing. The natural disasters are likely to have been traumatic for most children, particularly given the destruction that accompanied the floods and storms.

SLIDE: Perceptions of threat

 A slide with a white background and a blue header containing the text "Perceptions of threat". Below the header are two bullet points and a table.

Perceptions of threat

- Trauma reactions may depend on perceptions of threat.
- Children and adults perceive threat differently.

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, favourite things
Loss of community	Disruption to routines

Trainer Directions:

- Present slide. This slide is where you start to qualify why children respond differently to traumatic events.

Teacher Manual:

- Direct participants to page 4 and 5 of the Teacher Manual

Additional information:

- Children’s reactions to traumatic events such as disasters may depend on whether they perceived a real threat during the event.

- The way a child perceives an event can be very different from adults (e.g. children may be more upset about been separated from their parents or losing a pet than they are about losing their house).More information in Teacher Manual.

Key Message:

- Even if parents/adults do not perceive threat, it is possible that the child has perceived a very different kind of threat that has subsequently become distressing for them. Adults need to consider the different ways in which children may have perceived threat during the disaster. Adults may also need to consider that losses that may seem less importance to adults may be of profound significance to children (e.g. loss of toys and pets).
- Further, the perception of threat (e.g. fear of being separated from parents) may continue for weeks or months following the trauma for the child (depending on age, severity of threat etc)

SLIDE: Child trauma reactions

Child trauma reactions

- Every young person responds differently, change over time.
- Depends on developmental level, prior functioning, previous life events, modelling of reactions.
- Often influenced by the parent-child relationship
- Family circumstances/environment important

Trainer Directions:

- Present slide and introduce the idea that children's reactions to trauma might depend on a number of factors.

Teacher Manual:

- Direct participants to page 5 of the Teacher Manual

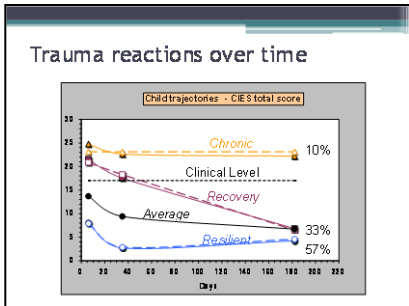
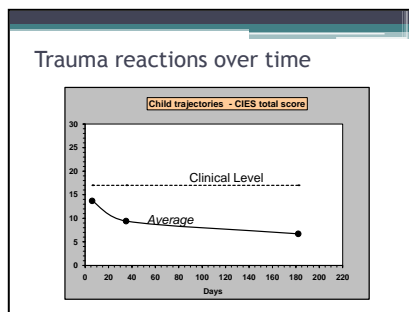
Additional information:

- Children's reactions can vary significantly and change over time.
- Children of different developmental levels can respond differently, depending on their level of cognitive skills, pre-existing coping strategies and previous functioning. Children who were previously experiencing difficulties may find it more difficult to recover following trauma.
- Children (especially younger children) may model reactions of those close to them (parents, siblings and teachers).
- Reactions are often influenced by the parent-child relationship (modelling, openness of communication, parenting styles, level of conflict).
- Reactions are also often dependent on the family environment. For example, if there are ongoing and multiple stressors at home (disaster and non-disaster related), this may make it more likely that the child will experience adverse reactions.

Key Message:

- Children cope with trauma in different ways and there is no one 'standard' way that a child will react to a traumatic event.
- The way children respond to a traumatic event depends on their age and developmental maturity therefore children often do not show the same reactions to stress as adults.

SLIDE: Reactions over time



Trainer Directions:

- Present slides and explain graph.

Teacher Manual:

- n/a

Additional information:

- This graph demonstrates the different ways in which children typically respond following traumatic events. The outcome measure here is CIES (Children’s impact of events scale). This is based on several research studies.
- Present the average line first and explain that if we look at children as an overall group, this is the average response we see. However, sophisticated analyses that look at individual responses, allows us to categorise children into three groups (resilient, recovery and chronic).
- Resilient group (57%) – May have some initial response (common reactions), but generally resilient and can maintain normal functioning.
- Recovery group (33%) – Show high level of symptoms initially, but recover back to normal range over time.
- Chronic group (10%) – Show high level of symptoms initially and symptoms persist over time. Without intervention, reactions will continue.
- Suggestion that some children may develop symptoms over time (rather than initially), however little evidence. However, it is clear that children’s symptoms can change and reappear over time (e.g. develop new fears months later etc).
- Recovery and chronic groups may all show symptoms above clinical level. Recovery may take longer in complicated trauma situations.

Key Message:

- Every child reacts differently initially, and reactions change over time.
- Majority will be resilient or recover, but a significant portion will experience chronic reactions over time.

SLIDE: Types of reactions

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

Trainer Directions:

- Present slide.

Teacher Manual:

- Direct participants to page 6 of the Teacher Manual

Additional information:

- It is normal for most children to experience some distress following a natural disaster. Types of normal reactions include the ones listed on the slide and generally can be considered in four categories; Fear/threat, mood, behavioural and physical.
- While these may be normal, they can become problematic if they begin to interfere in the young person’s life, persist, or worsen over time.
- Children who experienced gradual inundation/destruction would have been able to safely remove themselves from the situation and reactions may focus around destruction/loss of property (depressed mood, grief, withdrawal).
- Children experiencing sudden destruction/inundation (where safety was at risk) may be more susceptible to PTSD, stress, anxiety etc (more related to safety and threat).

Key Message:

- These are normal reactions experienced by normal people in response to traumatic experiences, but can go on to become problematic.

SLIDE: Loss and grief

Loss and Grief

- Many children will experience loss and grief.
- **Grief:**
 - Sadness, sleep problems, loss of appetite, decreased interest, physical complaints, irritability, regression in developmental skills, preoccupation with death.
 - Uncomplicated grief – children gradually re-engage
- **In disasters, children at risk of traumatic grief.**
 - Trauma symptoms interact with grief reactions and impede normal grieving process.
 - Intrusive memories about the death (nightmares), avoidance, numbing, increased physical and emotional arousal

Trainer Directions:

- Present slide. This slide may be more relevant in specific sites.

Teacher Manual:

- Direct participants to page 6 of the Teacher Manual

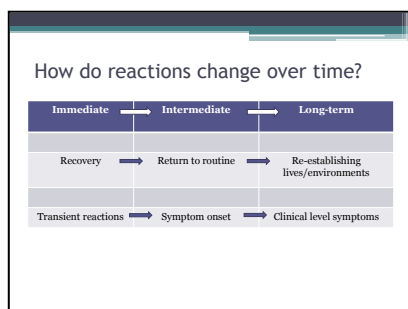
Additional information:

- Loss and grief may be particularly relevant in some areas.
- For children who have lost loved ones, houses, pets etc., it is normal to experience grief.
- Variety of normal grief reactions, which typically start to ease 2-3 months after loss, where the child will gradually re-engage in activities that enable them to adapt and move on from the loss.
- Grief or bereavement that causes significant impairment in daily life (even within first few months), or grief that continues longer-term may require intervention/assistance.
- Loss occurring in traumatic circumstances can cause complicated or traumatic grief. Trauma symptoms can interact with grief reactions. As a result, children may experience PTSD or trauma symptoms, AND this may impede their normal grieving process.

Key Message:

- Grief responses are normal following loss during natural disasters. If these reactions persist longer than a few months (without any sign of re-engaging in normal routine), or appear complicated by trauma symptoms, assistance may be required.

SLIDE: How do reactions change over time?

**Trainer Directions:**

- Present slide.

Teacher Manual:

- Direct participants to page 7 of the Teacher Manual.

Additional information:

- There are several phases children and adults will progress through following natural disasters, both in terms of physical and emotional recovery.
- **Immediate/Recovery** – In the immediate aftermath, families often surrounded by support, busy managing direct consequences of the event (e.g. restoring properties). Families are often so busy during this time, their emotional reactions are often contained or are transient in nature. For most families, this will only last a short amount of time. However, in cases of extreme destruction and loss, it can go on for some time. For some, recovery continues even when normal routines (e.g. school) re-commence.
- **Return to routine** – In the intermediate term, families begin to return to normal routines (e.g. back at work, school). It is usually around this time that support begins to diminish and also this is when families have time to stop and think about everything that has happened to them and the consequences. It is often here that people can begin to become symptomatic, or reactions begin to interfere.
- **Long-term** – Some children and families will experience ongoing difficulties anywhere up to 2 years later (up to 10%). If trauma or emotional/behavioural symptoms left untreated, symptoms can follow a chronic and unremitting course. For many families, the economic and familial costs of the disaster only unfold here. E.g. businesses suffer economic distress, parents begin to suffer emotionally (e.g. depression) from the losses of the disaster. This all makes it more likely the child will begin (or continue) to suffer. This is when you might see clinical level symptoms that may

continue for some time if left untreated. Alternatively, it may be that normal, everyday events cause reactions that seem out of the ordinary for the child. Eg. Arguments with friends may lead to depression, aggression etc that the person would not normally demonstrate.

Key Message:

- Although most will bounce back when routines are re-established, for some, reactions can persist or worsen over time. Children will NOT necessarily be fine in a few months time. Teachers should be on the look out for persistence of symptoms, interference with daily functioning, or emergence of new difficulties over the following 2 years. These are unlikely to cease without intervention.

SLIDE: Types of reactions over time

Immediate	Intermediate	Long-term
Fear	Sleep problems	Clinical level symptoms (PTSD, anxiety, depression, behaviour disorders)
Agitation	Tiredness	Poor academic outcomes
Nightmares	Interpersonal difficulties	Alcohol and drug related problems
Difficulty sleeping	Depressed mood	Increased risk taking
Clinginess	Anxiety	Problems with the law
Crying/distress	Decline in school performance	Interpersonal difficulties
Difficulty concentrating	Acting out	Regression of behaviours

Trainer Directions:

- Present slide and illustrate the different types of reactions that may be evident over time.

Teacher Manual:

- Direct participants to page 7 of the Teacher Manual.

Additional information:

- Reactions in the immediate phase are common and experienced by many children. These are typically transient in nature and tend to resolve over a couple of months.
- Reactions in the intermediate phase may indicate some problems are beginning to emerge. It is at this point that they may begin to interfere with children's daily lives.
- Reactions that are still evident in the longer-term indicate that the child is likely to require assistance. These may present as symptoms that persist from the immediate phase, new symptoms that develop over time, or problems that change or occur in response to natural environmental stressors (e.g. reminders of event, exams etc).

Key Message:

- The effects of natural disasters can be long-term. Symptoms that persist at the intermediate and long-term stages are likely to require attention.

SLIDE: Intermediate and long-term clinical symptoms

<ul style="list-style-type: none"> Post-traumatic stress disorder (PTSD) <ul style="list-style-type: none"> Vodcast 2 Anxiety Disorders: separation anxiety, generalised anxiety, specific phobias, social anxiety Depression / Dysthymia Externalising difficulties: oppositional defiant disorder, conduct disorder Decline in academic performance Substance use

Trainer Directions:

- Present slide.
- Play Vodcast #2: What is PTSD? (2 minutes)

Teacher Manual:

- Direct participants to Section 4, page 36 of the Teacher Manual.

Additional information:

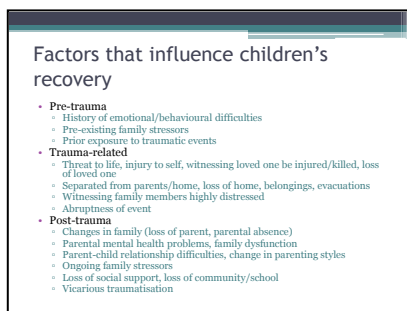
- Information relating to the specific psychological disorders that may become evident in some children over time is given in the 'additional information' section of the Teacher manual as it will only be relevant to a smaller subsample of students.
- However, it is important for teachers to be familiar with how some of these disorders might present in children.
- PTSD is one of the most common disorders resulting from exposure to traumatic events, although research with children demonstrates that they are also at risk of developing other disorders following the event (especially anxiety disorders).

- **Play vodcast # 2** to highlight the clinical reactions displayed by youth following traumatic events.
- Highlight to teachers that PTSD is a form of an anxiety disorder, thus share many similarities.
- PTSD or posttraumatic stress symptoms (PTSS) is one of the most serious disorders to develop following a traumatic event, in which the child experiences intense fear, horror or helplessness (not just natural disasters).
- If left untreated, PTSD can follow a chronic and unremitting course that can have a significant impact on children's social, emotional, behavioural and cognitive development. It is therefore important that the early signs of PTSD are identified so that these children can receive appropriate assessment and treatment to prevent this from becoming a life long problem.
- More information about specific types of PTSD and clinical behaviours will be given in the age-related responses to trauma slides/tipsheets.

Key Message:

- There are several significant disorders that children are at risk of developing following exposure to traumatic events such as natural disasters. PTSD is the most common/well known, but children are also at risk for other disorders.
- If teachers notice these conditions in children that last longer than a month or so after the event has passed, it might be advisable to talk to the child/parent/guidance officer. This child may be suffering from PTSD or another clinical disorder. Early intervention is recommended.

SLIDE: Factors that influence children's recovery



Trainer Directions:

- Present slide.

Teacher Manual:

- Direct participants to page 8 of the Teacher Manual.

Additional information:

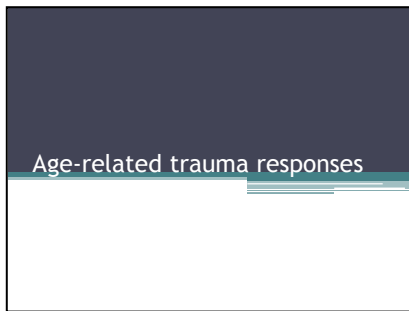
- There are a number of risk factors that can increase the likelihood that youth will have adverse outcomes following a natural disaster.

- It is important to be aware of these factors as they may indicate which students might benefit from additional monitoring, support or professional assistance.
- Pre-trauma factors are things that already existed for the young person prior to the traumatic event.
- Trauma-related factors are factors related to the nature, severity and subsequent outcomes of the traumatic event. For example, whether their lives were at threat, whether the event involved loss of person or property, the abruptness of the event.
- Post-trauma factors are things that have occurred or are occurring following the traumatic event, which may contribute to the development or maintenance of the child's difficulties. For example, if there is ongoing stress associated with loss of homes or property, then the child is likely to suffer more. Other factors that might lead to higher risk are if the parents develop stress reactions, financial difficulties, breakdown of relationships, changes in parenting styles due to external factors (e.g unable to supervise children, no routines, parental stress), loss of support.
- Vicarious traumatisation refers to the idea that the child may be even further traumatised by listening to other people speaking about the disaster in negative tones, or even through the media which may focus on destruction.

Key Message:

- Teachers should be aware of the risk factors that might increase the likelihood that youth will have adverse outcomes following natural disaster. This is important for identifying students who require additional monitoring, support or professional assistance.

SLIDE: Age-related trauma responses

**Trainer Directions:**

- It is only necessary to present the slides that are relevant to the target school.
- For primary schools, present slides for 0-6 and 6-12 year olds only.
- For secondary schools, present slide for youth aged 13-18 years only.
- *The trainer should allow at least **10-15 minutes** for a discussion of age-related trauma responses.*

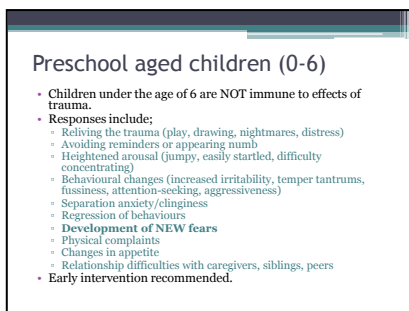
Teacher Manual:

- Direct participants to page 9 of the Teacher Manual and the three accompanying tip sheets.

Key Message:

- Emphasise to participants that trauma reactions may be different according to age level and that they should take the time to read the three tip sheets and accompanying section in the teacher manual to become familiar with the different reactions.

SLIDE: Preschool aged children (0-6)

**Trainer Directions:**

- Present slide.

Teacher Manual:

- Direct participants to page 9-11 of the Teacher Manual and “Preschool aged children” tip sheet.

Additional information:

- Children < age of 6 may be the most vulnerable group as they are undergoing rapid changes in emotional and physiological development, have limited coping skills and are dependent on caregivers to protect them physically and emotionally.
- There is enormous variability in reactions of preschoolers, with some being quiet and withdrawn and others exhibiting more overt behavioural problems.
- Behavioural problems are not necessarily bad behaviour, they may be manifestations of the trauma.
- For these young children, the reactions are commonly observed through play situations, rather than through verbal discussions.
- Separation anxiety/clinginess: This may either be an intensification of previous behaviours, or a newly observed clinginess to caregivers. May also be evident in the classroom.
- Regression of behaviours: Young children may show behaviours that are typical of a much younger child (e.g. sucking thumb, wetting pants) OR might not advance to next stage (e.g. toilet training).
- It is quite common for young children to develop NEW fears following trauma (e.g. new phobias, such as fear of dogs, loud noises etc.).
- Relationship difficulties: Sometimes following traumatic events, parents might find it difficult to parent consistently, have their own stress to manage and subsequently the parent-child relationship is strained and the child develops behaviour difficulties. Sometimes the parent is unable to offer the appropriate reinforcement and consequences for behaviours which may previously have been in place.
- With all age groups, the earlier we intervene (if there are chronic problems), the earlier we can stop the deleterious consequences.

Key Message:

- Children under the age of 6 are NOT immune to the effects of trauma. Symptoms may manifest in slightly different ways for pre-verbal children. Early intervention essential.

SLIDE: Children aged 6-12 years

Children aged 6-12 years

- Re-experiencing the trauma (distressing memories, repeated discussion about event, re-enactment of trauma in play)
- Avoidance (refusal to participate in school activities related to disaster, refusal to talk about event, memory blanks)
- Hyperarousal (irritability, anger outbursts, difficulties concentrating, overly alert/on edge)
- Emotional numbing
- Behaviour changes (anger outbursts, non-compliant)
- Decline in school performance (due to memory, attention, non-attendance, motivation)
- Physical complaints
- Withdrawal from family and friends
- Appetite changes
- Anxiety and fear of safety to themselves and others (clinginess)

Trainer Directions:

- Present slide.

Teacher Manual:

- Direct participants to page 11-12 of the Teacher Manual and to the “Primary School Students” tip sheet.

Additional information:

- Exposure to trauma at this point can undermine a child’s confidence and interfere with their cognitive ability such as memory and attention. This can affect school performance, short- and long-term.
- Emotional numbing: the child may appear flat, or display no emotion related to the event. They may also lose interest in activities they used to enjoy.
- Emotional distress: children in this age range sometimes blame themselves for not being able to help mum and dad more, have guilt about the event, moodiness, lots of crying and tearfulness.
- Physical complaints: Children of this age may report headaches, stomach aches, rashes etc, which may be expressions of trauma symptoms.
- For children in this age group, symptoms can be noticeable in the classroom as children withdraw or demonstrate difficulties with schoolwork or behaviour outbursts.

Key Message:

- Symptoms can very easily interfere with school functioning, friendships and academic performance. Children of this age are sometimes able to verbalise their concerns.

SLIDE: Youth aged 13-18 years

Youth aged 13-18 years

- Re-experiencing (flashbacks, intrusive thoughts, distress around reminders)
- Avoidance (refusal to participate in school activities related to disaster, memory blanks, refusal to talk about event)
- Hyperarousal (difficulties controlling anger, concentrating, sleep disturbance, on edge)
- Emotional numbing (flat, numb, restricted range of emotions)
- Emotional distress (self-blame, guilt, mood swings, irritability, loss of self-esteem and confidence, worry they are going crazy)
- Behaviour changes (aggression, non-compliance)
- Academic difficulties (non-attendance, concentration, memory, motivation, difficulty with authority, confrontational)
- Withdrawal from activities (sport, friendships, music)
- Physical complaints, appetite changes
- Use of drugs or alcohol to numb painful emotions
- Participation in risky or reckless behaviours (sex, drinking, drink driving, riding without helmet)
- Suicidal or self-harming thoughts or behaviours, loss of hope in future
- Relationship difficulties

Trainer Directions:

- Present slide.

Teacher Manual:

- Direct participants to page 13-14 of the Teacher Manual and to the “Early Teens and Adolescents”.

Additional information:

- This age group is transitioning from childhood to adulthood and thus are facing different challenges to younger children. Peer relationships become increasingly important, and it is here you may see problems first appear if trauma symptoms persist over time. Adolescents often depend on social support rather than parental support in times of stress.
- In addition, following natural disasters, there is often a loss of community and peer groups, which is so important for teenagers.
- It is particularly important to monitor reactions in adolescents, as many adult mental health problems have their onset during this age period. Early assessment and intervention is particularly important for these ages.
- Re-experiencing of traumatic event can be more real and detailed for older children. Their intrusive thoughts might be more sophisticated and they will be able to articulate these in more detail.
- Avoidance can include avoidance of obvious activities related to the disaster etc, but can be more subtle and sophisticated for this age group. They may avoid things that are only linked to the trauma in their eyes, or in some way remind them of something linked to the trauma that is not obvious to others.

- Hyper-arousal and difficulty controlling anger: this can come out in different ways to younger children. Might manifest more as sleep disturbances, or low tolerance or impatience with little things.
- Emotional distress: Not only might adolescents experience significant emotional distress, but the experience of this distress will also bother them. For example, they may think they are going crazy for having such intrusive thoughts and may impact their self-esteem and confidence.
- Using drugs, alcohol or engaging in risky behaviours is a common way that adolescents choose to release stress. However, it is important to consider whether this is also a way for them to release stress related to trauma symptoms. Important for teachers to look for changes in behaviour (from pre-trauma functioning).
- Teenagers generally are more likely to engage in self-harming behaviours or to experience suicidal thoughts than younger children. However, this may be directly linked to trauma reactions, and should not be dismissed as attempts to seek attention. Underlying thoughts and mood disorders may require intervention.

Key Message:

- Teenagers may demonstrate more sophisticated symptoms and intrusive thoughts. Difficulties tend to appear in peer relationships and some teens may turn to dangerous activities as a way of managing stress. Psychological problems in adolescence are linked to adult mental health problems and thus should be assessed and treated as early as possible.
-

10 MINUTE BREAK

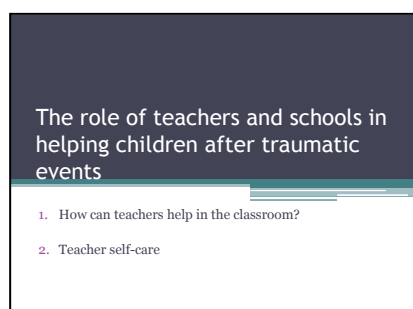
At this point, it is important to schedule a 10 minute break for teachers to use the bathroom, get a snack and stretch their legs. Be sure to advise teachers that you will start the workshop again in exactly 10 minutes and encourage them to come back on time.

THE ROLE OF TEACHERS AND SCHOOLS IN HELPING CHILDREN AFTER TRAUMATIC EVENTS

Section 2 – The role of teachers and schools in helping children after traumatic events (Section 2 should take approximately 50-60 minutes to complete, including activities)

There are two aims for this section. The first aim is to help teachers understand the ways in which they can help children in the classroom following natural disasters or traumatic events. This section aims to demonstrate the sorts of teacher strategies and classroom environments that will be most conducive to promoting recovery and better social, emotional and mental health outcomes in children. Then second aim is to highlight the effect such traumas might have on teachers, how teachers may also be susceptible to trauma reactions, and how these might impact their ability to manage students in the classroom. This section also discusses strategies for promoting teacher self-care to reduce the impacts of trauma on teachers and assist them to manage students effectively. It would be ideal for section 2 to be delivered by an education staff member (e.g. guidance officer) who has experience working with teachers and classroom strategies.

SLIDE: The role of teachers and schools in helping children after traumatic events



Trainer Directions:

- Present slide.

Teacher Manual:

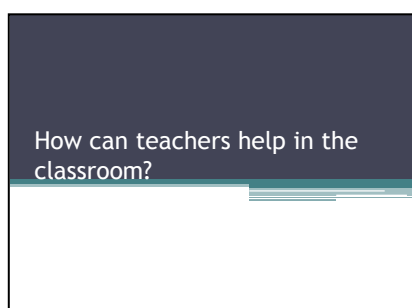
- Direct participants to page 15 onwards of the Teacher Manual.

Additional information:

- Explain to participants that this section will comprise two components.
- First, it will discuss strategies the teacher can use in the classroom to promote positive recovery in children.
- Second, it will discuss the importance of teacher self-care following traumatic events and ways teachers can care for themselves.

Key Message:

- Teachers can be affected by trauma too and this can impact on their ability to manage students in the classroom.
-



SLIDE: The role of teachers post-trauma

The role of teachers post-trauma

- **Continue being a good teacher**
- Continuing and supporting children's education
- Be aware of possible trauma reactions and how they may affect child, teacher and classroom
- Be prepared to refer for further assistance

Trainer Directions:

- Present slide.
- Before presenting this slide, it might be useful for Presenter to ask teachers what sort of strategies they have found useful in reintegrating children into the classroom. Can write these strategies up on white board. Spend a couple of minutes brainstorming ideas.

Teacher Manual:

- Direct participants to page 15 onwards of the Teacher Manual.

Additional information:

- The primary role of teachers is to continue being a good teacher and continue supporting the child through their education.
- Although it is important for teachers to be on the lookout for signs of distress and possible trauma reactions that may require further assessment or intervention, it is NOT their role to counsel the child or take on responsibility for providing treatment for the child.
- It is important for teachers to remember that this is their role in the short- and long-term. Teachers need to be aware that even as communities settle and rebuild, they need to continue these strategies and continue to be aware over time, as children may only start to experience difficulties at a later point, or difficulties may persist long term.
- The following slides will discuss the specific strategies teachers can do in the classroom to manage children following trauma.

Key Message:

- The most useful thing a teacher can do is be aware of possible trauma reactions and how they can affect the child, teacher and classroom, and arrange help where appropriate.

SLIDE: Strategies for the classroom I

Strategies for the classroom I

- **Monitor symptoms over time****
 - First step in promoting emotional and mental health outcomes
 - Remain vigilant and curious about changes in behaviour or family circumstances
 - Familiarise yourself with ways to arrange help for child
- **Maintain routines**
 - Structured environments, clear goals, timelines and activities
 - Advise of changes to routine – weekly agendas etc.
 - Reduces unnecessary stress and promotes safety and consistency
 - Important immediately post-trauma and longer-term

Trainer Directions:

- Present slide.
- If you haven't already, it might be a good point to ask teachers to brainstorm the strategies they have found useful so far in reintegrating children into the classroom.

Teacher Manual:

- Direct participants to page 15 of the Teacher Manual.

Additional information:

- **Monitor symptoms over time**** - This is probably the single most important thing teachers can do to directly assist with promoting emotional and mental health outcomes in children. Teachers spend a lot of time with students and are ideally placed to observe changes in student's behaviour or interference in their daily activities.
- It is important for teachers to understand that it isn't their job to counsel or provide assistance for children in need. But teachers are ideally positioned to be able to identify children who require assistance and arrange such assistance.
- Thus it will be important for teachers to familiarise themselves with ways to arrange help for children in need (section 3 to be presented later).
- In addition to monitoring symptoms, there are several things teachers can do in the classroom to promote emotional and mental health recovery.
- **Maintaining routines** – Children generally respond well to structured environments with clear expectations about goals, timelines and activities. This is even more important following traumatic

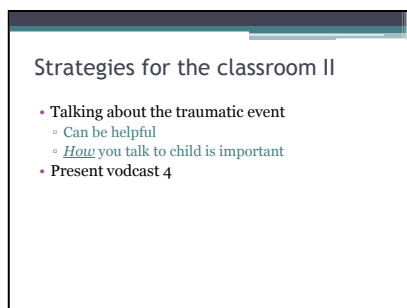
events where times have been chaotic and family/home life is generally unstable and unpredictable. It is very important for children to have a stable component in their lives where they can predict what will happen. Helps them know how to behave and promotes a sense of safety and consistency in at least one area of their lives.

- It is important for children to be aware of upcoming events or changes to routine (even small changes that might seem trivial to teachers). It can be useful to set clear agendas for teachers, in the beginning this might need to be a couple of times a day, then daily, weekly and monthly.
- For older children, and teenagers, advanced notice of deadlines and major events is required, allowing them to plan for such events.
- Maintaining routines is particularly important immediately following trauma, however, when effects of trauma are ongoing, family circumstances remain unstable, or the child continues to experience difficulties, maintaining routines is also important long term (and can only be beneficial for all children).

Key Message:

- Being aware of signs of traumatic stress and various trauma reactions is VERY important. Teachers should aim to monitor children's behaviour over time and be on the look-out for changes in behaviour or persistent symptoms.
- Maintaining routines is especially important for all children, but especially those affected by trauma.

SLIDE: Strategies for the classroom II



Trainer Directions:

- Present slide.
- After a brief introduction to slide, play vodcast 4 (*3 minutes*) to illustrate how teachers should be talking to children.
- After the vodcast, invite teachers to comment on this strategy.

Teacher Manual:

- Direct participants to page 16-17 of the Teacher Manual.

Additional information:

- There is a common misconception that talking about the event can CAUSE problems or CAUSE distress reactions. Talking about the event does not cause the young person to develop problems. This is particularly true in the longer term. If the child becomes distressed when talking about the event at a later date, then this may be a sign that they are experiencing difficulties and may require some additional assistance.
- Talking to the child about their experiences shows the child that you care and that someone is there to support them.
- However, it is important to consider HOW you talk to the young person as there are certain things that may exacerbate distress in the child or model inappropriate coping reactions.
- Play vodcast 4 here and invite comments from the teachers about this strategy.

Key Message:

- It is important for teachers to consider and monitor HOW they talk to children about traumatic event. Teachers should try and convey calmness in any discussions relating to natural disasters or reactions, and contain fear-based talk. In such conversations it is important for teachers to convey the facts that the threat has passed.

SLIDE: Tips for talking to children

Tips for talking to children

- Place rules about disaster talk and amend over time
- Contain conversations that encourage fear
 - The threat is over and the focus is on recovery and rebuilding
- Arrange extra support where necessary
- Maintain teacher role when sharing experiences
- Model calmness
- Focus on strengths, positive coping strategies and positive outcomes
- Find alternative ways of 'talking' (drawing, play)
- For older children, can focus on complex issues, relationships

Trainer Directions:

- Present slide after you have viewed the vodcast and invited comments from participants. Use this slide to summarise tips for how to talk to students.

Teacher Manual:

- Direct participants to page 16-17 of the Teacher Manual.

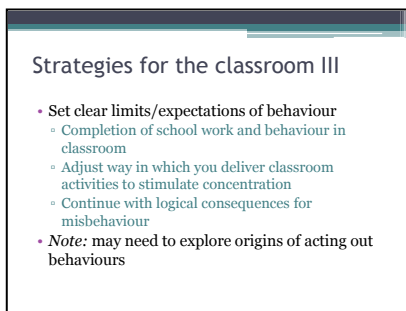
Additional information:

- There is more information about talking to children about the traumatic event in the Teacher Manual on page 16-17.
- *Rules about disaster talk:* Aim here is to limit potential modelling of distress and inappropriate coping strategies. Might be useful to set dedicated periods to talking about distress (e.g. in morning, and only for 10 mins). This can be amended over time as the need to talk about the disaster changes. Without these limits, talking can become overwhelming.
- For young children, or when it is too emotional, an alternative strategy might be to encourage children to draw pictures or write in journals during this dedicated time, instead of talking with the class.
- It can be very important for teachers to provide facts when talking to children and remind them that the threat is over. Students are likely to be concerned that the next time it rains, it will flood and they will be forced to leave the school/home again. Teachers should provide facts which demonstrate the unlikelihood of these extremes.
- In situations where teachers do not feel equipped to talk to the young person, it may be advisable to arrange extra support from the guidance officer or from another teacher. This is particularly relevant if the teacher feels there is something quite significant happening for the child, or the teacher is finding it hard to convey a calm manner when talking about the trauma (e.g. when teachers have also been affected).
- While it is ok for teachers to share some of their own experiences from the disaster, it is helpful where possible for the teacher to maintain a teacher role (a support person who provides safety for the child) and model calmness and positive coping strategies.
- During conversations with children about the disaster and the aftermath, where possible, it is important to focus on strengths of the child/family as well as positive coping strategies and positive outcomes (even when there has been devastation, it is important to reinforce the things the child/family did well and positive outcomes since the disaster).
- When inviting children to talk about how the trauma has affected them and their family, it is very important to be aware of students who have lost family members and property or found the event exceptionally distressing. It may be especially difficult for these children to participate in these activities. Talking may still be a useful experience for these children, however teachers should consider the child's situation when making such decisions and plan for emotional reactions.
- For older children, it may be useful to explore how the event has affected their family and peer relationships. Teachers can also encourage them to talk to their peers and family members as needed.

Key Message:

- Talking to the child about the disaster should take place in a safe environment, where teachers model calmness and reinforce positive coping strategies.
-

SLIDE: Strategies for the classroom III



Strategies for the classroom III

- Set clear limits/expectations of behaviour
 - Completion of school work and behaviour in classroom
 - Adjust way in which you deliver classroom activities to stimulate concentration
 - Continue with logical consequences for misbehaviour
- *Note:* may need to explore origins of acting out behaviours

Trainer Directions:

- Present slide.
- There is an opportunity here to ask teachers to suggest their own useful strategies for stimulating concentration.

Teacher Manual:

- Direct participants to page 17-18 of the Teacher Manual.

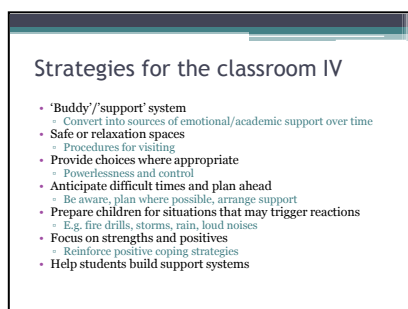
Additional information:

- In the immediate aftermath of the disaster, there obviously might need to be some adjustments in what is expected of children (e.g. wearing uniforms, bringing school equipment etc).
- However, as routines start to re-establish, it is important for teachers to set clear expectations of behaviour, and rather than generally adjusting expectations relating to completion of schoolwork or behaviour, to consider ways in which you can deliver activities differently that might make it easier for children. It is important for children to see that the structure of the classroom and schoolwork will continue.
- For example, have shorter blocks of time for activities (e.g. 15-30 mins) as children may not be able to sustain attention etc. Incorporate physical activities between activities to stimulate concentration and attention. (e.g stand up and shake it out etc).
- Further, it is important to consider logical consequences for misbehaviour (where it is misbehaviour). If the child is acting out, it is important for teachers to consider that this might be a trauma reaction. Trauma reactions don't just have to be withdrawn responses. Can present as acting out, this might be an expression of trauma-related anxiety. Important for teachers to explore the origins of acting out and misbehaving, especially where this is a change from the child's pre-trauma behaviour. These behaviours can take some time to develop and present.
- Some ideas for logical consequences can be found on page 18.

Key Message:

- Maintain expectations of behaviours and schoolwork where possible, but it may be necessary to adjust the delivery of material/activities to facilitate this.

SLIDE: Strategies for the classroom IV



Strategies for the classroom IV

- 'Buddy'/'support' system
 - Convert into sources of emotional/academic support over time
- Safe or relaxation spaces
 - Procedures for visiting
- Provide choices where appropriate
 - Powerlessness and control
- Anticipate difficult times and plan ahead
 - Be aware, plan where possible, arrange support
- Prepare children for situations that may trigger reactions
 - E.g. fire drills, storms, rain, loud noises
- Focus on strengths and positives
 - Reinforce positive coping strategies
 - Help students build support systems

Trainer Directions:

- Present slide.

Teacher Manual:

- Direct participants to page 18-21 of the Teacher Manual.

Additional information:

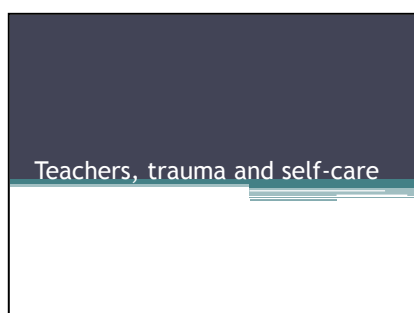
- *Use a buddy or support system.* Often can be particularly useful immediately following disasters. This strategy involves making sure that students are paired with other students to ensure that they have a support person while at school. Might be more appropriate for younger children. Aim is to encourage children to develop relationships that act as sources of emotional support in the future. Although this might be most useful in the immediate aftermath, it may still be beneficial for some students over time (e.g. children with ongoing difficulties, some may not like to be alone, some require additional emotional support). Buddy system can also be useful for classroom activities and group work.
- *Safe or relaxation spaces.* Might also be most useful in immediate aftermath of disaster or intermediate response. Ideally, it can be a good idea to have a section of the room, or a safe space where students can go to calm themselves down if they become overwhelmed while at school. Can also be used if the teacher needs some time to talk to the students individually. It

may be necessary for the teacher to set up rules for how the young person can gain permission to visit this space. For younger children, it can be to use special coloured cards, placed on their desk.

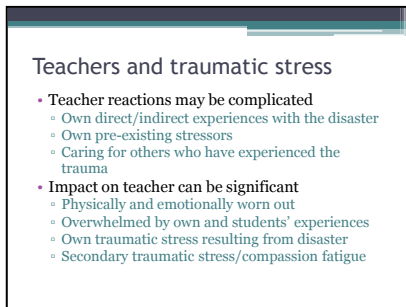
- *Provide choices where appropriate.* Young people will often feel a sense of powerlessness and loss of control both during and after disasters. For some students (depending on age etc), it may be useful to provide them with some input or choice about some classroom activities. It may help to return a sense of control if they can be involved in decision making. See page 19 of the guide for examples of ways in which children can be involved or offered choices.
- *Prepare children for situations that may trigger reactions.* Some children might be affected by sudden events, noises or triggers that in some way remind them of the traumatic event, or generally invoke a sense of fear (e.g. loud noises, fire drills, storms, rain approaching, turning lights off). Where possible, prepare children for this. For older children, it may be useful to think about any upcoming events or assignments which may trigger reactions. E.g. assignments which involve researching natural disasters or class activities that discusses rain, flooding etc. In some cases, youth may need to be given the option of completing alternative assignments.
- *Focus on strengths and positives.* Following a disaster, there can be a long time where families are focusing on the trauma, and getting their lives back in order. It is very easy here to focus on the negative things happening in their life, including problems managing emotions and behaviours. Often, it is harder to remember to give attention to positive behaviours and coping strategies the young person might be showing. Providing positive reinforcement (eg. Praise) for things the young person does well will help the child to feel good about themselves and also demonstrates to the young person what type of behaviours they should continue to engage in.
- This is an easy strategy to use. Can be as simple as offering praise to students when you notice a positive behaviour or personal strength they have developed. The skill requires that teachers practice tuning into positive behaviours (rather than negative ones) and remembering to reinforce these when appropriate. See page 21 of main teacher guide for hints for giving praise and reinforcement. You may want to go through these hints at this point.
- *Help students build support systems.* This is particularly relevant if the student has lost family members, has been relocated, lost community support etc. We know that in times of stress, or for those children who are having difficulty managing emotionally, having a social support system is a protective factor. It can often be important for the student to have multiple sources of support should one not be available. Sometimes this might be as simple as helping students identify people they can talk to.

Key Message:

- There are many strategies teachers can try to implement in the classroom to encourage an environment which promotes support and recovery. Teachers should consider which might be most appropriate for their classroom.



SLIDE: Teachers and traumatic stress



Teachers and traumatic stress

- Teacher reactions may be complicated
 - Own direct/indirect experiences with the disaster
 - Own pre-existing stressors
 - Caring for others who have experienced the trauma
- Impact on teacher can be significant
 - Physically and emotionally worn out
 - Overwhelmed by own and students' experiences
 - Own traumatic stress resulting from disaster
 - Secondary traumatic stress/compassion fatigue

Trainer Directions:

- Present slide.
- It might be worthwhile checking whether any of the teachers in your training group have been affected significantly by the disaster before conducting the training.

Teacher Manual:

- Direct participants to page 22 onwards of the Teacher Manual.

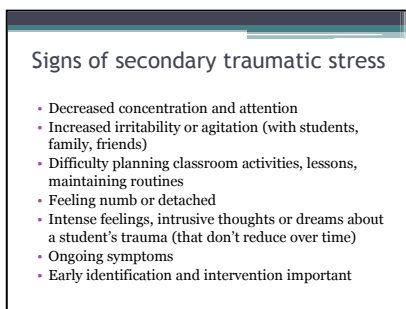
Additional information:

- It is important to remember that teachers have been affected by the disaster too! It is likely that they have either been affected directly (e.g. live in the area, suffered property loss/destruction, or lost a loved one) or indirectly (students, colleagues, family members were affected, or vicariously experiencing the disaster).
- Teacher reactions (like children's reactions) can be complicated/exacerbated by pre-existing stressors or pre-existing conditions (e.g. anxiety, depression etc.). They can also be complicated by the fact that they are caring for others (students) who have experienced the trauma.
- Therefore, the overall impact on the teacher can be significant. They may feel physically and emotionally worn out, they may feel overwhelmed by everyone's experiences and may suffer from their own traumatic stress reactions. These reactions can be quite common.
- As a result, teachers can develop secondary traumatic stress or compassion fatigue (described on the next page).

Key Message:

- Teacher distress and traumatic stress reactions ARE POSSIBLE and NOT a sign of weakness. They are a cost of caring for and helping others.

SLIDE: Signs of secondary traumatic stress



Signs of secondary traumatic stress

- Decreased concentration and attention
- Increased irritability or agitation (with students, family, friends)
- Difficulty planning classroom activities, lessons, maintaining routines
- Feeling numb or detached
- Intense feelings, intrusive thoughts or dreams about a student's trauma (that don't reduce over time)
- Ongoing symptoms
- Early identification and intervention important

Trainer Directions:

- Present slide.

Teacher Manual:

- Direct participants to page 22 of the Teacher Manual.

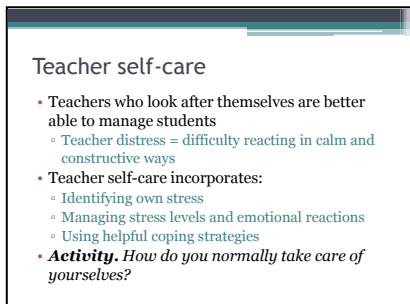
Additional information:

- Teachers are at risk of developing secondary traumatic stress, or compassion fatigue. This is when their own traumatic stress reactions begin to interfere, or interact with their student's experiences and become problematic for teachers.
- This can make it difficult for teachers to do their job, and to manage students effectively.
- Teachers should be on the lookout for the signs listed in this slide, which might indicate that they are experiencing distress/secondary traumatic stress.
- Teachers should monitor their own signs and seek assistance if symptoms persist. Early intervention is also important.

Key Message:

- Teachers should be encouraged to monitor their own signs of traumatic stress and how it might impact their management of the classroom. Teachers should seek assistance for ongoing difficulties.

 SLIDE: Teacher self-care



Teacher self-care

- Teachers who look after themselves are better able to manage students
 - Teacher distress = difficulty reacting in calm and constructive ways
- Teacher self-care incorporates:
 - Identifying own stress
 - Managing stress levels and emotional reactions
 - Using helpful coping strategies
- **Activity.** How do you normally take care of yourselves?

Trainer Directions:

- Present slide.
- At end of slide, ask teachers to brainstorm the ways in which they normally take care of themselves as teachers. You can also complete this as a small group activity and report back to the large group.
- *Spend approximately 5 minutes on this activity.*

Teacher Manual:

- Direct participants to page 22-24 of the Teacher Manual.

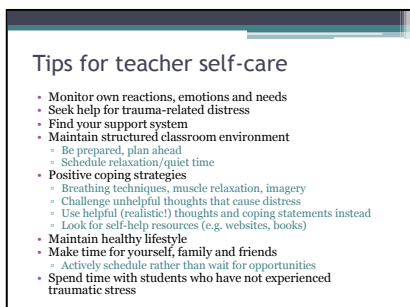
Additional information:

- Teaching can be a particularly stressful job at the best of times, and taking care of you as teachers is very important. It is now particularly important with the ongoing stressors associated with the natural disaster and the difficulties experienced by students.
- Teachers who look after themselves are better able to manage students. When teachers look after themselves, and learn how to manage their own stress reactions, manage their emotional reactions and take care of themselves (mind and body), they are better able to remain calm when reacting to students who are showing difficult or problematic behaviours.
- Teacher self-care incorporates several components: Identifying when you are stressed or struggling, finding appropriate strategies for managing emotional reactions and using helpful coping strategies to manage stress.
- **Activity.** In this activity, ask teachers to identify ways that they normally take care of themselves and ask them to consider whether these are appropriate now. Brainstorm different things teachers can do to take care of themselves now after the disaster. May be helpful to write ideas on blackboard or overhead projector. Can ask teachers to write ideas down in their notes.

Key Message:

- Teachers who care for their physical, social and emotional health are better able to manage students in the classroom and enjoy their jobs.
-

SLIDE: Tips for teacher self-care



Tips for teacher self-care

- Monitor own reactions, emotions and needs
- Seek help for trauma-related distress
- Find your support system
- Maintain structured classroom environment
 - Be prepared, plan ahead
 - Schedule relaxation/quiet time
- Positive coping strategies
 - Breathing techniques, muscle relaxation, imagery
 - Challenge unhelpful thoughts that cause distress
 - Use helpful (realistic) thoughts and coping statements instead
 - Look for self-help resources (e.g. websites, books)
- Maintain healthy lifestyle
- Make time for yourself, family and friends
 - Actively schedule rather than wait for opportunities
- Spend time with students who have not experienced traumatic stress

Trainer Directions:

- Present slide.
- Link the teachers' responses from the previous activity to this slide, reinforcing the positive strategies they have nominated.

Teacher Manual:

- Direct participants to page 22-24 of the Teacher Manual.

Additional information:

- This slide describes some of the tips for promoting teacher self-care. Some of these overlap with the strategies for monitoring and managing children's trauma reactions, and indicate that it is just as important for teachers to care for their own emotional needs.
- *Positive coping strategies:* Teachers can try to implement positive coping strategies to manage unhelpful thoughts, anxiety and tension. Deep/Abdominal breathing techniques, relaxation exercises and imagery may all be useful ways of managing situations that become stressful for teachers. Teachers should use techniques they are familiar with, or find things that relax them.
- Teachers should *practise using helpful and realistic thinking* (not positive thinking) to manage any unhelpful thoughts that pop into their head. E.g. they can try and replace negative thoughts such

as “I can’t do this” or “These kids are better off without me” with more realistic and helpful thoughts such as “I am trying my best” or “I can stay calm if I take some deep breaths” or “I care for these kids and am doing my best to help them”.

- There are several self-help websites that might be useful for teachers to look at when looking for self-care strategies. These are listed on the next few slides and in the teacher guide.
- *Maintain healthy lifestyle* = eating, exercise, relaxing and sleeping. Teachers who maintain a healthy lifestyle are more able to manage their own stress reactions and more able to respond effectively to children’s reactions and difficult behaviour.
- *It is very important for teachers to make time for themselves, family and friends.* This might seem like a difficult task at the moment where everything is so chaotic and focused on the disaster and recovery. Encourage teachers to actively schedule times to take part in activities by themselves, with family and with friends. These activities should be fun activities, or things that relax them, and should be actively scheduled into their routines. This might seem like a simple strategy, but it is the first thing to go when we are stressed, and the first thing that will improve our moods, give us energy and keep us going. It is also the easiest to do!
- *Sometimes it can also be helpful to spend time with students who haven’t been affected by the disaster, or traumatic stress.* This can help teachers remain positive about their students and limit the effects of secondary traumatic stress.

Key Message:

- Teachers should find some strategies that work for them in reducing their stress and managing their emotions. It is important to actively schedule in time for them as this is the first thing to disappear when stressed.

SLIDES – Where can teachers find more information and help? Self-help websites and resources

Trainer Directions:

- Present slides and briefly describe the self-help websites.

Teacher Manual:

- Direct participants to page 24 of the Teacher Manual.

Additional information:

- 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.



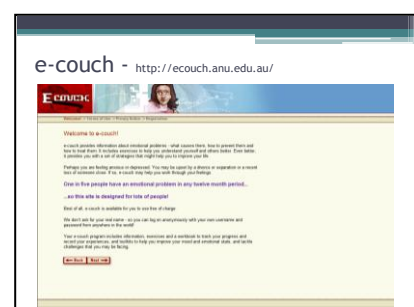
Anxiety Online – Offered by the National eTherapy Centre:

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

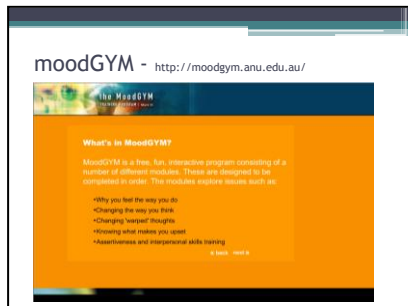
<http://www.anxietyonline.org.au/>

e-couch – Offered by Australian National University:

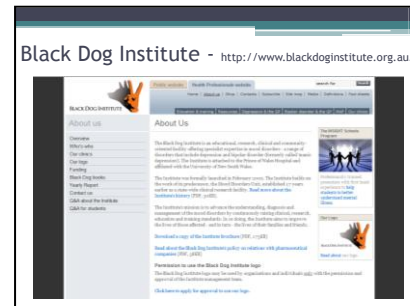
e-couch is a self-help interactive program with modules for depression, generalised anxiety & worry, social



anxiety, relationship breakdown, and loss & grief. <http://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. <http://moodgym.anu.edu.au/>

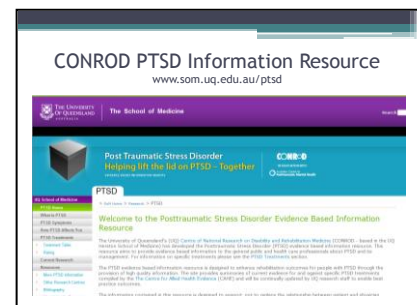


Black Dog Institute: The Black Dog Institute is a not-for-profit, educational, research, clinical and community-oriented facility offering specialist expertise in depression and bipolar disorder. <http://www.blackdoginstitute.org.au/>



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. <http://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.



<http://www2.som.uq.edu.au/som/Research/PTSD/Pages/default.aspx>

Key Message:

- Teachers should search for the type of assistance that suits them (in-person, self-help, online etc).

SLIDE: Developing a self-care plan

Activity: Developing a self-care plan

- What are your personal signs of stress?
- Which strategies can you use to manage stress?
- Who can you call upon for support?
- What activities can you actively schedule into your life over next month? When?

Trainer Directions:

- Present slide.
- Distribute self-care plan handout and complete activity. Advise teachers that they will have *5-10 minutes* to complete this activity depending on time.

Teacher Manual:

- Teachers can return to page 22-24 if they need help remembering strategies.
- Advise participants that there is a blank copy of the self-care plan in the back of their Teacher Manual. They are able to copy this and use as necessary.

Additional information:

- Ask teachers to create their own self-care plan by filling in the handout.
- Teachers can either complete this activity on their own, or you can ask them to complete in pairs. In schools where you anticipate some of the teachers might be suffering from their own distress, or managing significant levels of distress in their students, it is preferable to complete this activity on an individual basis. Otherwise this can become a very emotional and difficult situation with teachers sharing personal stories. In groups where the impact is less significant, it may be useful to consider asking teachers to complete the activity in pairs (if possible, consult with the school principal or guidance officer to determine the teachers experiences with the disaster).
- The aim of this activity is for teachers to try and identify their own signs of stress, or indicators that might tell them that they are having trouble managing their emotions. The aim is to try and identify a self-care plan in advance that they can use in times of stress. This is much easier to create when you are calm as opposed to when you are distressed.
- They should then think about the types of strategies they might be able to use to manage these emotions and distress more effectively. Encourage teachers to think about the strategies earlier mentioned and to be quite specific when they write their answers (e.g. not just write relaxation, but write exactly what they will do to relax, go for a bike ride, practise listening to their relaxation cd etc.)
- It is important for teachers to think in advance about who they can approach for support, as they are likely to be able to come up with more names now than when under immense stress and it seems as though no one can help. It may be useful for teachers to identify support persons for different purposes (e.g. principal to support them if stress is related to classroom activities, partner/family members for personal stressors).
- Ask teachers to actively schedule in some relaxing and fun activities over the next month. Encourage teachers to think of some smaller activities (reading a book, listening to music, bath) and other bigger activities (day trip with friends/family). Then challenge them to actually stick to those schedules.

Key Message:

- Creating self-care plans during times when they are not stressed is much easier than doing this when you are under pressure or feeling distressed. Teachers should set themselves a challenge to follow through with the activities they schedule on this plan.

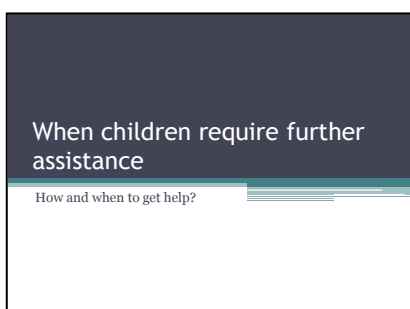
10 MINUTE BREAK

At this point, it is important to schedule a 10 minute break for teachers to use the bathroom, get a snack and stretch their legs. Be sure to advise teachers that you will start the workshop again in exactly 10 minutes and encourage them to come back on time.

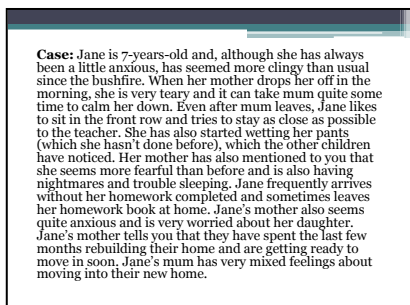
WHEN CHILDREN REQUIRE FURTHER ASSISTANCE

Section 3 – When children require further assistance (**Section 3 should take approximately 40 minutes to complete, including activities**)

This section aims to improve teachers' ability to identify students who might benefit from further assistance and to arrange such assistance. It begins with two case example activities where participants are encouraged to practice identifying signs that might indicate student distress, identifying what additional information is required and what they as teachers might be able to do to assist the child. A main aim of this section is to assist teachers to understand how they are able to gather more information about the problem, from the child and parent and how to offer advice regarding appropriate referral options.



SLIDE: Case example 1



Trainer Directions:

- Ask teachers to read the case example which is also in their teacher manual and think about the following questions.
- It might be helpful to put the questions on the following slide up before reading the case. Alternatively, ask teachers to read the case from their Teacher manual while the questions are displayed.

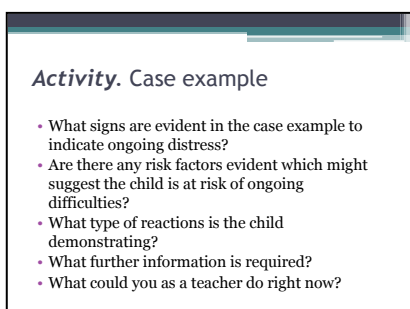
Teacher Manual:

- Direct participants to the case example handout to read the case study and answer the questions.

Additional information:

- Choose the case study most relevant to the group of teachers. Alternative case studies can be taken from the Teacher Manual.
-

SLIDE: Activity. Case example 1



Trainer Directions:

- Complete this activity in small groups if you have time and bring the answers back to the bigger group.
- Alternatively, complete as a big group exercise.
- Spend approximately *10 minutes* on the case example activity.

Teacher Manual:

- Direct participants to the case example handout to read the case study and answer the questions.

SLIDE: Case example 2

Case: 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.

Trainer Directions:

- OPTIONAL
- This second case example is optional. You may wish to complete this second case activity depending on time available to you.

Teacher Manual:

- Direct participants to the case example handout to read the case study and answer the questions.

SLIDE: Activity. Case example 2

Activity. Case example

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

Trainer Directions:

- OPTIONAL
- Complete this activity in small groups if you have time and bring the answers back to the bigger group.
- Alternatively, complete as a big group exercise.

Teacher Manual:

- Direct participants to the case example handout to read the case study and answer the questions.

SLIDE: How to gather more information I

How to gather more information I

- Talk to the young person
 - Create a safe environment
 - "You've been through a lot. Everyone reacts differently to these sort of things and it's normal to find it difficult to talk about."
 - Convey understanding
 - Ask general, then specific questions (be careful not to push)
 - "How have things been going with you since the floods/storms?"
 - "I've noticed you've stopped doing some things that you used to enjoy. Can you tell me about that?"
 - Show the person you are listening (check understanding)
 - "So it seems like things have been a bit difficult at home since the floods/storms and that mum and dad are also feeling a bit stressed. Is that right?"
 - Acknowledge emotions as real and distressing
 - Focus on strengths and positive coping
- Use additional support (teachers, principal, GO, counsellor, nurse)
- Dealing with disclosures

Trainer Directions:

- Present slide.

Teacher Manual:

- Refer participants to page 29-30 of the teacher manual.

Additional information:

- When the teacher suspects that the child might be experiencing some ongoing difficulties resulting from the disaster, or requires further information to work out whether the child needs further assistance, there are a few things they can do to gather more information.
- *Talk to the young person.* Where possible and appropriate, the teacher can talk to the young person about the difficulties they are experiencing. Remind teachers that this depends on the age of the child, how confident the teacher feels and nature of difficulties. Teachers should always be reminded and encouraged to use support services as they are available. For example, if there is a guidance officer, school nurse or counsellor, it may be helpful to involve them in any conversations with the child.
- *HINTS for talking to young person (More information on page 31 of teacher guide):*
- Create safe environment – The child is more likely to open up and be honest with you about their experiences if you create a safe environment, where the child feels no judgment. For example, the child may feel as though enough time has passed since the disaster and that they should be

feeling better now, or coping better than they are. They may compare themselves to others who are managing better and feel as though they are crazy or should not feel this way. It is important for the teacher to create an environment where the child understands that no reaction is right or wrong, and that they are there to support the student.

Key Messages

- When you suspect the child might be experiencing trauma-related distress, it may help to talk to the young person. This lets them know that you care, and that there is someone there to help. It also helps you gather enough information to know how to proceed.

SLIDE: How to gather more information II

How to gather more information II

- Discuss concerns with caregiver and obtain background information where necessary
 - Create an informal, non-threatening and supportive environment
 - Involve principal/GO/counsellor/nurse
- Ask the parent if they have noticed any changes/concerns
 - *"Your family has been through a lot. I just wanted to check in and see how things are going."*
 - *"How has Sam been going? Have you noticed any changes or anything you are concerned about?"*
- Express your specific concerns being sensitive and respectful to family
 - *"I've noticed some changes in Sam's behaviours and I wondered whether you are seeing the same behaviours at home?"*

Trainer Directions:

- Present slide.

Teacher Manual:

- Refer participants to page 31-32 of the teacher manual.

Additional information:

- Discussing concerns with the student's caregiver can be a helpful way of gathering more information, particularly with young children. This may allow you to gather extra information which will clarify whether there has been a change in the child's behaviour, whether the problems are evident outside of school and whether it is necessary to arrange further assistance.

- Teachers may feel uncomfortable talking to parents about non-academic related difficulties, but there are a couple of things they can do to make this easier.
- Provide a couple of verbatim examples for teachers and remind teachers that there are more examples in the Teacher Manual.
- Further information is available in the Teacher Manual. Examples are provided on the slide and in the manual.

Key Messages

- Involve other staff members if you don't feel comfortable approaching parents on your own.

SLIDE: How to gather more information III

How to gather more information III

- Check whether caregiver agrees with concerns
- Check if there are any issues at home that may be contributing to child's behaviour
 - *"Is there anything else going on at home, or with friends that might be making it difficult for Sarah at the moment?"*
- Normalise difficulties and reassure family
- Check how teacher and school can help the family
 - *"It seems like Sarah is having some difficulties at the moment... If you think you might find it useful to get some help managing right now, I can help you find the appropriate person."*
- Provide information/advice on additional assistance

Trainer Directions:

- Present slide. Continuation of previous slide.

Teacher Manual:

- Refer participants to page 31-32 of the teacher manual.

Additional information:

- Provide a couple of verbatim examples for teachers and remind teachers that there are more examples in the Teacher Manual.

Key Messages

- Involve other staff members if you don't feel comfortable approaching parents on your own.

SLIDE: When is referral indicated?

When is referral indicated?

- Symptoms persist or worsen over time
- Young person shows a significant decline in performance
- Problems interfere with daily functioning or cause significant distress
- Specific (ongoing or worsening) problems regulating emotions (e.g. difficulty controlling crying, anger)
- Significant and lasting changes in social functioning

Trainer Directions:

- Present slide.

Teacher Manual:

- Refer participants to page 32 of the teacher manual.

Additional information:

- Section 1 of this training described the types of reactions that are common following exposure to natural disasters or traumatic events. It also discussed some of the more serious reactions that some children experience over time.
- However, it can be difficult for teachers to determine when these symptoms or reactions become more serious and require further assessment or assistance.
- These are some of the factors that would suggest the teacher should consider referring the child on for further assessment or intervention (carried over two slides).

Key Messages

- Early intervention is important, so if you feel the young child would benefit from assessment or some type of assistance, it might be a good idea to suggest this to the guidance officer or parents.
-

SLIDE: continued...

continued...

- Behaviours that disrupt others regularly
- Difficulties that prevent the young person from engaging in age-appropriate tasks
- Return to behaviour typical of a younger child
- Behaviour exists in multiple areas
- Ongoing stressors outside of school
- Anything that causes significant distress or concern (child or family)

Trainer Directions:

- Present slide.

Teacher Manual:

- Refer participants to page 32 of the teacher manual.

Additional information:

- These are some additional factors that would suggest the teacher should consider referring the child on for further assessment or intervention (carried over two slides).

Key Messages

- Early intervention is important, so if you feel the young child would benefit from assessment or some type of assistance, it might be a good idea to suggest this to the guidance officer or parents.
-

SLIDE: How to get help?

How to get help?

- Utilise school-based resources
 - Become familiar with available resources and support staff
- Community-based resources
 - Kids Helpline
 - Lifeline
 - Parentline
 - Australian Centre of Grief and Bereavement
 - beyondblue

Trainer Directions:

- Present slide.
- Ask teachers to identify what sort of school-based resources are available to them at their school.

Teacher Manual:

- Refer participants to page 32 of the teacher manual.

Additional information:

- The aim of this slide is to introduce teachers to some of the different range of services/resources that might be available to them if they feel one of their students requires further assessment or intervention.
- Teachers should try and become familiar with the resources available to them within their own school. Often guidance officers have access to various workbooks, tipsheets, handouts or information which may help youth with specific difficulties (e.g. FRIENDS program, relaxation exercises, assertiveness handouts, tip sheets on depression etc.)
- Teachers should also become familiar with the support staff who might be available to help them (e.g. nurses, teacher aides, guidance officers etc). Sometimes, such staff may have to be requested, but can be utilised in times of need.
- There are also a number of community-based resources that teachers and families might be able to access. Teachers can certainly make families aware of these, or may even find them useful themselves. Most can be found on the web.

Key Messages

- Early intervention is important, so if you feel the young child would benefit from assessment or some type of assistance, it might be a good idea to suggest this to the guidance officer or parents.
-

SLIDE: How to get help continued...

How to get help continued....

- **Mental health professionals**
 - Community-based professionals
 - CYMHS
 - Access to Allied Psychological Services (ATAPS)
 - Private professional (Psychologist/Psychiatrist)
 - Rebates through private health
 - Listing of private practitioners – Australian Psychological Society
- To aid referral process and government rebates, child and caregiver may be required to first see a General Practitioner (GP)
 - Referral to ATAPS
 - Mental health plan and referral to psychologist

Trainer Directions:

- Present slide.
- Ask teachers to comment on whether they are familiar with any external mental health services.

Teacher Manual:

- Refer participants to page 34-35 of the teacher manual.

Additional information:

- When the problem is more serious, or there are limited resources available within the school setting, it may be advisable to refer on to a mental health professional.
- When considering mental health professionals, there are both community and private services.
- *Community mental health professionals:*
- Available through CYMHS. Psychologists, social workers, mental health nurses and Psychiatrists may all be available through such services. Self-referral is possible, or referral by teacher/guidance officer is also accepted.
- 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.

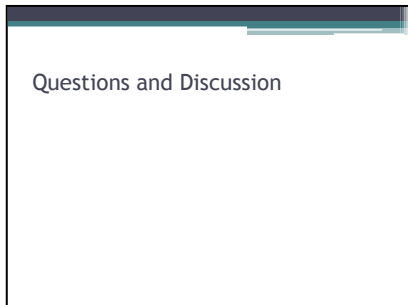
Process for obtaining a referral to a private psychologist:

- 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: <http://www.psychology.org.au/FindaPsychologist/Default.aspx>
- In addition, families may also be eligible for rebates through private health funds and should contact their health provider to enquire about rebates.

Key Messages

- There are many ways to access external mental health services. Sometimes families are unaware of the processes for doing this, and teachers can play an important role in informing them of such processes.
-

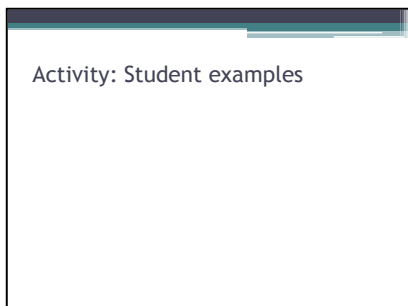
SLIDE: Questions and Discussion



Trainer Directions:

- Use any additional time at the end of training to open the floor for questions and discussion.
- Check your list of questions that you generated on the board and check that these have been answered to the satisfaction of the participants.
- Consult your FAQ guide to assist with these questions.
- Where possible, encourage the teacher and other participants to brainstorm and problem solve an answer to the question rather than just providing the answer.

SLIDE: Activity: Student examples



Trainer Directions:

- **OPTIONAL**
 - You may wish to use this activity if the group is struggling to engage during the course of the workshop. Asking teachers to think of student examples (of student reactions) can help prompt teachers to answer questions.
 - Alternatively, you can conduct this activity as a final activity if there is time spare at the end of the workshop.
 - Ask teachers to provide some examples of behaviours exhibited by their students since the disaster. Remind teachers to maintain confidentiality.
- For each example, ask the group to brainstorm the types of reactions the child is demonstrating, what additional information is required, what strategies might be useful for this young person, and whether the teacher should refer them on for further assistance.

FREQUENTLY ASKED QUESTIONS FOR TRAINERS

Q: *Can interventions work for children showing 'Chronic' or 'Clinical' reactions to traumatic events?*

A: Yes! From the available evidence, interventions can be successful in reducing the reactions and symptoms experienced by youth. Active interventions can reduce the severity, frequency, duration and impact of traumatic stress reactions. Early identification, referral and intervention are important.

Q: *Do we see similar reactions in parents of traumatised children?*

A: Often children who demonstrate trauma reactions can have parents who are also experiencing difficulty. If parents are experiencing a chronic reaction, children are more likely to also experience stress reactions following trauma.

Q: *With respect to other clinical conditions (such as anxiety, behavioural problems and depression), how do you know if this has developed from the trauma or has just been exacerbated by the trauma?*

A: Sometimes it can be difficult to determine this. Children who experience some of these difficulties prior to the traumatic event may be at higher risk of developing problems following the event. Teachers should consider whether the current behaviour is a change in behaviour for the young person (e.g. was it present before the traumatic event?). Regardless, if the current reactions are linked to the trauma, this may need to be considered in any intervention.

Q: *Is it normal for students who were directly affected by trauma to show an absence of trauma reactions?*

A: Every young person responds differently to traumatic events. Some children can be incredibly resilient and may not show any ongoing adverse reactions to traumatic events. For other children, it may be more difficult to identify their reactions because they do not demonstrate overt reactions and rather may withdraw or keep emotions to themselves. Teachers should practice monitoring children's behaviours over time and maintaining open lines of communication with students.

Q: *Can students who were not directly affected by the traumatic event show trauma reactions?*

A: Yes, young people can sometimes be affected by vicarious traumatisation, where they witness traumatic events, or hear about them from friends, peers or through media.

Q: *Is it possible that some children who haven't been traumatised may copy the behaviours of those affected?*

A: It is always a possibility that children may learn to copy other children's behaviours (e.g. may also become clingy to the teacher following traumatic events) and begin to use this to get attention or get their own way. Teachers shouldn't assume that they are only doing this for attention; it is also

possible for children who were not directly affected to demonstrate legitimate trauma reactions. All children may be vulnerable during these times. It can be useful for teachers to explore the origins of any new or changed behaviour before deciding on a course of response.

Q: *How can we help parents who are also suffering from stress/difficulty following the traumatic event?*

A: The best way for teachers to help both young people and their families is to gather as much information as possible and ask how they can help reduce stress. In some cases, teachers may be able to alleviate some of the stressors relating to school (e.g. organising school resources if finances are causing stress to the parent). In other cases, teachers may be able to help parents identify appropriate services where they can obtain assistance either for the child or parent. Information is knowledge for teachers. Teachers are in a unique position in terms of their ability to gather information regarding the child and parent's difficulties and in terms of their position to provide accurate information to parents about appropriate referral services.

HANDOUTS/FORMS

The following comprises copies of all handouts and forms to be used during the training workshop. Photocopy each handout as needed for the purposes of training workshop.

HANDOUT 1: Self-Care Plan (2 pages to be printed back to back)

HANDOUT 2: Case examples and Questions (2 pages to be printed back to back)

ADDITIONAL FORMS: Childhood Trauma Reactions Training Feedback

ADDITIONAL FORMS: Certificate of participation

HANDOUT 1: Self-Care Plan

Self-Care Plan

This plan is to help you identify your own personal signs of stress and plan in advance strategies that may help you manage your own stress and emotions.

<p>What are your personal signs of stress?</p> <p><i>What are the signs that might tell you that you need to take some time to care for yourself? (e.g. irritability, decreased concentration, withdrawing from friends/activities)</i></p>	
<p>What strategies can you use to manage stress?</p> <p><i>Be as specific as possible (e.g. Practice abdominal breathing for 10 minutes, talk to partner)</i></p>	
<p>Who can you call upon for support?</p> <p><i>Try and identify multiple people in different areas (e.g. family, friends, colleagues).</i></p>	
<p>What activities can you actively schedule into your life over next month? When?</p> <p><i>Try and make a list of various activities (small and big). Then schedule them into the Calendar over the page.</i></p>	

Use this table to schedule in some relaxing/pleasant activities over the next month. Write the week beginning date in the left column as appropriate.

Week beginning	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please read the case example and answer the questions below.

Case 1: 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.

Question 1: What signs are evident in the case example to indicate ongoing distress? What type of reaction is the child demonstrating?

Question 2: Are there any risk factors evident which might suggest the child is at risk of ongoing difficulties?

Question 3: What further information is required?

Question 4: What could you as a teacher do right now?

Please read the case example and answer the questions below.

Case 2 (Optional): 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.

Question 1: What signs are evident in the case example to indicate ongoing distress? What type of reaction is the child demonstrating?

Question 2: Are there any risk factors evident which might suggest the child is at risk of ongoing difficulties?

Question 3: What further information is required?

Question 4: What could you as a teacher do right now?

Childhood Trauma Reactions Training Feedback

What is your occupation: _____ Date of training: _____

Please circle the response that best describes how you honestly feel.

	Strongly Disagree	2	Neutral	4	Strongly Agree
1. I found this training seminar useful	1	2	3	4	5
2. I will be able to use the information presented	1	2	3	4	5
3. The training has improved my understanding of trauma reactions in childhood	1	2	3	4	5
4. I found this training seminar relevant to my current situation	1	2	3	4	5
5. The information was presented in a logical and easily understood format	1	2	3	4	5

6. Which areas of the training seminar did you find the most useful?

7. Which areas of the training seminar did you find the least useful?

8. Are there any additional areas that you think should have been covered during the seminar?

9. What improvements could be made to the training seminar?

10. Which of these resources are you most likely to use?

11. Any other comments?

Thank you for your comments: Your feedback is much appreciated!

Certificate of Participation

is presented to

This certificate acknowledges that you have participated in 3 hours of training in relation to the Childhood Trauma Reactions following the Queensland Natural Disasters.

This involved:

- Participation in the *Childhood Trauma Reactions: A Guide for Teachers from Preschool to Year 12* training course
- Discussion of case studies
- The viewing of vodcasts
- Completion of quizzes based on the presented information
- Reading the relevant distributed materials

This training activity addresses the following professional standards for teachers:

- Improve the awareness of potential childhood trauma reactions following natural disasters.
- Increase teacher confidence regarding appropriate classroom responses following traumatic events.
- Improved awareness of the importance of teacher self-care.
- Improved confidence in identification and referral of students requiring further assistance.

Principal

Trainer

Date

Date