MHPN Online Professional Development

Webinar Transcript

Disaster preparedness and response: Supporting children and infants through trauma

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Michelle Roberts (00:03:21):

Good evening and welcome to Disaster Preparedness and Response, supporting children and infants through trauma. MHPN would like to acknowledge the traditional custodians of the lands, seas, and waterways across Australia upon which our webinar presenters and participants are located. We wish to pay our respects to elders past and present and to acknowledge the memories, traditions, culture, and hopes of Aboriginal and Torres Strait Islander people. I'm Michelle Roberts, psychologist, Churchill Fellow, and co-founder, co-chair of the National Infant and Child Disaster Mental Health Advisory Committee, and I'll be facilitating tonight's session. I've worked in education for the last four decades, and alongside my work as a psychologist in schools and departments of education, I've worked in the disaster mental health field as well. This is an area I'm passionate about, and I'm really excited to be able to bring to you tonight some of the things that I've learned in the time that I've worked in this space, along with the people on the panel who many of them I've also worked with over a long period of time.

(00:04:35):

Tonight, we're joined by the esteemed panel of Associate Professor Campbell Paul, who is a consultant child and adolescent psychiatrist. And Campbell, we begin our session tonight with asking each of the panellists when we introduce them, what's something that you've learned from children in a disaster?

Assoc Prof Campbell Paul (00:04:56):

Really good question. I think looking at the system and the overall impact of a disaster, it's quite common, I think, for the infant to be forgotten, for very young children to be forgotten. We really need to actively think about giving them voice in the situation, which also obviously means working closely with the parents to think about what their very young child might be experiencing.

Michelle Roberts (00:05:24):

Yes, thank you. We'll come back to that as the discussion continues, I'm sure. Next person I'd like to introduce on our panel is Dr. Julia White, who's senior clinical psychologist with Royal Far West. And Julia, I'll ask you the same question. Tell me what you think we need to share.

Dr Julia White (00:05:47):

Yeah. So I think something that I've learned from kids in a disaster is around the importance of trying to maintain some kind of predictability and routine to keep them safe. An example of that, I tend to follow the same kind of general structure for my therapy sessions with kids. And sometimes I can worry that that might be a little bit boring for them. But when we were doing the end of therapy review for one of the first children I worked with at Royal Far West, she'd experienced some developmental trauma as well as exposure to flooding in her community. Anna told me that her favourite thing about our sessions was that we followed the same plan every week. So that was a really important lesson for me when it came to working with children from these traumatised communities.

Michelle Roberts (00:06:36):

Thank you. That's a really good piece of information to carry forward, isn't it? Karleen Gribble is another panellist here, adjunct professor of the School of Nursing and Midwifery at Western Sydney University. Karleen, what's your pearl of wisdom around something that we've learned from children or you've learned from children in a disaster?

Karleen Gribble (00:06:57):

Yeah. I think one of the things that has really stuck with me is that my focus, again, like with Campbell, is on the youngest children. And I think there's often concern that in a disaster that you need to have specialist skills in order to actually support the mothers and caregivers of infants and young children in a disaster. But what I've found over the years is actually their circumstances are unusual. They might be quite extremely difficult, but the kind of support that these mothers and caregivers need in order to be able to provide sensitive and responsive care to their infants and young children is the same as what you provide outside of a disaster situation.

Michelle Roberts (00:07:41):

Thank you. Yes. And Dr. Sharleen Keleher, infant mental health statewide coordinator of the Queensland Centre for Perinatal and Infant Mental Health. Sharleen, you've had lots of opportunity to collect wisdom from young people and infants and children. What would you like to share tonight?

Dr Sharleen Keleher (00:08:01):

Thanks, Michelle. So one of the greatest things I've learned from children is that even in the context of disasters, there can still be a sense of wonder. As adults, we understandably focus on the fear, disruption, and the risk. The children remind us that the natural world can actually also spark incredible curiosity and fascination. A storm can be frightening, but it can also be amazing. So I think it's really important to make space for both of those things.

Michelle Roberts (00:08:43):

Oh, that is such a good thing. I've been working in fire affected communities myself and I had one little boy who was so very excited by the actual fire. And people were looking at him as thinking what? But it was something that he found wondrous and exciting and he was curious about. Sharleen, I want to also especially thank you because I know you're on the road travelling at the moment and that might mean that your internet plays up. You're in a hotel room doing this. So people might notice a little lag, but thank you for making the space and time for this important work tonight.

Dr Sharleen Keleher (00:09:18):

Thank you. And apologies for that lag. I will do my best to fix that, but I don't have much control over the internet.

Michelle Roberts (00:09:27):

All good. So tonight we're exploring knowledge and skills to provide best practise, multidisciplinary mental health care to infants, children, and their families who experience disaster. Through the webinar, we'll be looking. Sorry, we'll be working through the learning outcomes that you can see on the screen in front of you. We're really interested to hear from our audience. And we as a panel had a conversation about what we were wanting to share and what we want to hear from you guys. We know that there's many misconceptions around children's experiences of disasters that we'll be exploring as we talk today, but we want to test if you can spot the myth. We'd like you to answer the quiz on the right of your screen under the polls tag. And while you're doing that, I want to come back to the panel and ask them, why is it important to consider infants and children in disasters?

(00:10:34):

Campbell, what's the why of our work in this space?

Assoc Prof Campbell Paul (00:10:39):

Oh yeah. I mean, the experience of a disaster for young children, infants included, can be a persistently traumatising one if we aren't able to help families deal with the disaster in their own right, but especially keeping the baby in mind or the very young child. Sometimes it's exceptionally hard for parents to do that and we need to support them, but it also may mean we need to bring in resources. Some might be familiar to them, family. Others might be professionals that they've worked with, early childcare kindergarten teacher, maternal and child health nurse to support the parents in understanding how they're distressed and terrified youngster might be. The consequences for those very young children can be very enduring, especially when it's an interactional distress with parents who haven't had support available to them.

Michelle Roberts (00:11:50):

Yeah, thanks. Julia, what do you think? What's important to consider?

Dr Julia White (00:11:55):

Yeah. I mean, I think there's obviously the immediate impacts of natural disasters on young children. So whereas the adults can tend to be really focused on securing some of those basic needs like safety and housing and belongings. For young children immediately afterwards, it's perhaps sometimes things that the parents mightn't be thinking about. So it could be the loss of their toys, it could be the loss of their school, of their playground, separation from their pets. But also things like separation from a caregiver during a disaster can be particularly frightening for children and can then have those knock-on impacts in terms of their emotional wellbeing and also their separation anxiety ongoing. But we also know that there are some really long-term impacts if we don't have that early support and intervention in place. We can see that, especially from say looking back at the Black Saturday fires and those follow-up studies that were done, we serve really long-term education, their employment and some of those psychosocial outcomes.

(00:13:07):

And the younger they were at the time, the greater that risk.

Michelle Roberts (00:13:13):

Yeah. Thank you. In preparation for the webinar tonight, I watched on iView the flood story of Lismore. And one of the things that jumped out to me when I watched it was the distress that children held for the safety of their pets as they were evacuating and the recognition of the adults around that young person of the need to try and bring her pet to safety to her. So yeah, it is quite interesting. I think things that we don't always think of and how important it is to put ourselves in the child's shoes and look through from their perspective and ask them what it is that's challenging and hard for them or what's working well for them. Sharleen, what do you think the why is here?

Dr Sharleen Keleher (00:14:06):

I think it's really important to recognise that we who are working in this space are seeing all of these impacts, but we are still working on that evidence base. It hasn't caught up. We don't have really clear evidence-based information that we can share. So really tuning into those experiences, documenting that, raising awareness that infants and young children are impacted in disasters, prioritising the investment in that because we know the early years are such a critical time of development. And when these stressful events occur, they can have really significant detrimental impacts on those children's development right from, as Campbell and Julia said, those very early impacts right throughout their life.

Michelle Roberts (00:15:16):

Yeah. Yeah. I think we've lost you a bit there, Sharleen, but I'll pick up on Julia, you made reference to Black Saturday and the research that was conducted in relation to that disaster. And I was part of the research looking at impacts on academic learning. And we certainly saw the significant impacts. And each of our panellists have mentioned the ongoing impacts and that I've observed through my own work that sometimes the disaster isn't the traumatic or potentially traumatic event. It's what happens after the disaster. Campbell, you made mention specifically around the need to support the people around the infant or the young child or young people. If we stretch the development along there, because it's the aftermath that can be the shockwaves that continue most definitely.

Assoc Prof Campbell Paul (00:16:18):

Yeah, I think that's really true. If you think of the parents' experience being a really central part, the large part of a child's world, and parents with their own trauma, the loss of job, the loss of their property, the loss of animals, the loss of self-esteem. Did I do enough? Was I any good? There was a moment I should have done something to help someone and I wasn't

(00:16:44):

Able

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To. So you have parents who are being very self-critical and traumatised themselves. And for men particularly, but women as well, but there's a mask that might come up. No, yeah, that was all right. We were fine. Then underneath the child sees what happens at home where there's stress and tension between the couple and parents are depressed and self-critical. And that's the child's world. And so it's really important to help the parents see the world through the child's eyes as well as recovery for themselves. Sometimes the child's the key part of that parent's recovery. There might be a moment when the child says, "Where's my teddy?" And gee, we forgot about that. I'll get you another one. And

the world changes for the child when they see the parent recognise the child's distress in a way that they can make some repair. And that's reparative for the parent too.

Michelle Roberts (00:17:56):

Yeah, that's true. I'm just looking at some of the responses to the poll that we did. And I noticed that some people felt that all infants and children experienced disaster as a trauma. And we know that subjective perception's a beautiful thing as well as the experience of the disaster because not everyone is traumatised by disaster. Some people are highly distressed. They may show signs of depression, as you mentioned, or anxiety or change in attachment or change in development, but it doesn't have to be an adverse outcome. It can be a challenging situation that people can move through with support and their regular coping strategies. Karleen, tell me a little bit about your why.

Karleen Gribble (00:18:46):

Yeah. I mean, I'm just thinking in response to what you were saying there about a mother who was in a study that I conducted who had a three-year-old who was evacuated in quite difficult circumstances during the 2019, 20 bushfires down on the South Coast. And because his parents were able to contain their own stress and distress, it wasn't transmitted to the child. He saw it as a whole adventure. And so when they went back through that area a year or two later, he was excited. He was like, "Can we go back to that great place where we had that good holiday?" Which meant the evacuation centre. So it really does. I think the younger the child, the greater they experience a disaster through the way that their parents interact with them. And if you can support the parents to be able to maintain connected and responsive, and so that relationship between the child and the mother, the child and the father, whoever the caregiver is, is strong, then they're not really traumatised by the disaster itself.

(00:20:06):

And then they're not traumatised afterwards by what has happened with their family. And the people who are around those parents can have such an enormous influence. I think of a study that was done in Queensland after the 2011 Brisbane floods. And they found that, and we're going right back to the very beginning of children's lives, that women who had continuity of midwifery care, which meant a midwife, the same midwife looking after her,

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Their mental health wasn't impacted by the disaster. So the mothers weren't being adversely affected even if they'd experienced their own home being flooded out and their child's development wasn't affected. Whereas if they didn't have that care, that ongoing care, they missed that.

Michelle Roberts (00:20:54):

It's part of what we spoke about in terms of connection and predictability and being able to use your established coping strategies. One of the things that we often hear is that infants aren't impacted because they're too young. And all of us on this panel are here to say that's not true. Of course, they're impacted one way or another. But similarly, we don't want to make an assumption everyone is adversely impacted. So we've got to actually use our discretion and our tuning into what's going and going on and supporting people with that. So if we think about our why, I would summarise, I reckon that our why is about trying to prevent further harm after a disaster and to shore up the connections

around the child and to listen to the child. I don't want anyone to come away from tonight's webinar thinking that children can't advocate for themselves around what their needs are if we're ready to listen to them.

(00:21:56):

And Julia, I know that's a big part of your work. And Sharleen, certainly your work as well. And so as practitioners, it's often sitting back and listening and watching really carefully and monitoring at this stage. And our why is to prevent harm as soon as we can, I think. So we've thought about the why and why we think this work is important. Now let's move to thinking about how to best prepare. And that means prepare ourselves professionally and personally to do this work and to help children and the families that we work with to be psychologically and physically prepared. So once again, I want to hear from our audience, where are you on your preparedness journey? Do you have a plan that you refine and revisit? Or is this your first time thinking about preparing for a disaster? We want to know from you, when you think about preparedness in your professional role, what is the first word that comes to mind?

(00:22:57):

And we're going to create a word cloud with that. So what's the first thing you think when you think about being professionally prepared? As we're waiting for those answers to come in, I'd like to ask the panel, how do you prepare yourself professionally for working with infants and children who have experienced disaster? And Julia, I'm coming back to you again. I'm sorry, but I think that maybe you've had to do a lot of thinking about your own preparation in this context.

Dr Julia White (00:23:32):

Yeah, definitely. I mean, I think there's a couple of elements to this. I think the way that our community recovery programme at Royal Far West was designed actually was really helpful to help us prepare. So one of the first things that we did was we took some time to kind of listen and learn from communities and from children. And in a partnership with UNICEF, we actually had time to do a really thorough literature review and a needs assessment, which had members of our team going out to impacted communities, talking with schools, talking with families, talking with community representatives and the services that were already there on the ground. So I think that gave us a really good view. But as Sharleen mentioned previously, there's actually not that much evidence or literature around what interventions would be helpful. So one of the things in terms of our preparation that I found really helpful was an article that we came across, which it was a consensus review that was done by a professor over in the US, Steven Hobfall, with a panel of experts.

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And he was looking at what were the really essential elements of that recovery from mass trauma. And that kind of became the framework for our whole programme. So that was a really valuable way of preparing, I think. So it was thinking about some of those fundamentals, like how do we promote a sense of safety? How do we bring some calm to this community and family and school? Enforcing that sense of self and community efficacy in everything that we do. So giving children that active voice and some choice

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And also building that web of connections around the child and some hope. So we also were fortunate to do a lot of specialist training before going into communities. So things like the emerging minds

community trauma toolkit was really valuable for our team. And also when it came to then discussing information with parents or with schools or other clinicians, we did a lot of learning around that neurosequential model of trauma and what happens to children's development and really used that kind of regulate, relate, reason, bottom up framework in a lot of the work that we did. But we also really focused on how could we best support that safe, secure attachment between children and their caregivers. So we all did training in tuning into kids. Most of us are also trained in circle of security as well as those specific group programmes for kids focusing on grief and loss things like Stormbirds programme and the seasons for growth.

(00:26:37):

So I think we were fortunate. You don't always have that amount of time to prepare, but those were some of the things that I found really helpful.

Michelle Roberts (00:26:45):

Yeah. And that's a lovely list of strategies and resources and tips in there. I'm really interested in what strategies people on the panel use when they go into a disaster-affected community to do the work, because it can be a very chaotic environment that you are going into. People are at different stages of their processing of what's happened. I learned very early to make sure I had a packed lunch with me because it was going to be really difficult to get food, to get a drink, to look after my own physical needs, and to prepare myself emotionally for going into a heightened emotional setting with that distress, with that fear, with that anger. So I do a lot of self-preparation before I go in there ready for anything that might come my way, dress appropriately for the situation, really basic preparedness stuff. Campbell, what do you think you would do when you are going into that sort of really chaotic situation?

(00:27:50):

How do you prepare?

Assoc Prof Campbell Paul (00:27:52):

Yeah, all of those things. And I also bring a little briefcase of toys with a variety. Nothing fancy, just some little toys and games, maybe pack of cards if I'm seeing as an older child and things that are portable and deliverable.

Michelle Roberts (00:28:13):

I have a pathological hate of Uno because I've played it so many times. Yep. I

Dr Julia White (00:28:18):

Also constantly have Uno in my bag and textures.

Assoc Prof Campbell Paul (00:28:24):

I bring an ordinary set of cards because I can do one card trick, which sometimes is very impressive. I can't do card tricks.

Michelle Roberts (00:28:34):

So with respect to our preparedness again as clinicians or practitioners going in, but I think I also want to make sure that we acknowledge how tough this work can be and our self-care should always be front of mind. And we know that organisational care is a factor of that. Julia, you spoke about the preemptive training that you did, the be prepared, know what you're doing, have some really solid theoretical understanding of what is good practise in this circumstance. And you referenced psychological first aid and the work of Steven Hopfle and also some of the other programmes. Sharleen, I'm wondering, what do you think when you are getting ready to go into a disaster affected community? Because I know you go in quite soon after the event sometimes too.

Dr Sharleen Keleher (00:29:37):

Yes, absolutely. Thanks Michelle. And sorry, things are going a little slow at my end. So you mentioned around Hobfold's five core elements and really that reminding ourselves that that's really critical at that time. There's that Real focus on physical safety, but also that importance of just being with people, that how do we help people feel safe, connected, have a sense of agency when you're engaging with children, having that opportunity for the children to play. So bringing in different little things that are just simple and keeping in mind what your role is at that time.

Michelle Roberts (00:30:34):

Yeah.

Dr Sharleen Keleher (00:30:36):

That's

Michelle Roberts (00:30:36):

Right. I think too, we tend to do a fair bit of work in helping children and families prepare psychologically and physically themselves. Karleen, you've done a lot of lovely work with the Australian Breastfeeding Association. And correct me if I'm wrong here, but I think that was to address the fact that there wasn't guidance for people around meeting the needs of infants if they were evacuated or if they experience a disaster. Do you want to share with us some of that preparedness knowledge that you've got for those families?

Karleen Gribble (00:31:14):

Sure. Yeah. When you were talking about being prepared, one of the things I was going to say, people to be prepared to actually know that we don't have good planning for children in disasters in Australia. Some years ago, I did some research where I actually went through all of our state and territory and national disaster plans and counted how many times they used the word baby and infant.

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It was like 124 out of 300 plus plans. When you compared that to what we had for animals, that was in excess of 2,200 times. And just this week, we saw a Victorian parliamentary report published looking at what had happened with the bushfires in Victoria earlier this year. And I did the same thing. The word baby wasn't there. The word infant wasn't there. The world child was there six times. But wildlife, 82 times. Animal, 37. This group has not had the focus and attention that it should have. And so I think

that's important for people to know. If you're coming into a disaster, don't expect that there's going to necessarily be great planning there. You're going to come in potentially as the person who has the eyes looking for the children and looking for the support that they need. But yes, Michelle, the project that I worked on with the Australian Breastfeeding Association was looking at filling some of that gap.

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And so we've produced a stack of resources to help emergency responders to first of all, think about children when they're choosing an evacuation centre. Does this has a separate space where we can put a child-friendly space or a place for a woman to be able to breastfeed? Those sorts of issues. But also for health workers who are working with families to help them to understand their role in emergency preparedness and response with families. So there's a lot there now on the website.

Michelle Roberts (00:33:20):

And they're beautiful resources and I see them being used really well. And I think in terms of assisting children and their families in their preparedness, one is to make sure that those people who care for children actually understand children tend to do better if they're prepared. If they know that the plan is there, they know what the plan is and they know what their role is as well. We all do better when we know what we're going to perhaps experience and how we can prepare for it and what everyone else is going to do at that point in time. I know some parents are reluctant to do that because they think it's traumatising for their children, but the children are very clear when I speak with them that they would have liked to have known and they would have liked to have understood what the plan was and how their family was going to evacuate where they were going, what they were going to take, and if they can, what they can expect with that as well.

(00:34:19):

So if we move on now to a skills checkpoint, Sharleen, you're working with carers and educators and children in response and preparation is well known to be. How can we familiarise and involve children in disaster preparedness with resources like Birdie's Tree?

Dr Sharleen Keleher (00:34:38):

Yes. So Birdie's Tree is our early childhood disaster resilience and recovery programme, which includes a series of storybooks that are designed to help you have those conversations with children in ways that are developmentally appropriate, provide children with opportunities to learn about what might happen and supporting that conversation through connection with their caring adults that are in their lives. We have 11 different storybooks that are designed to support that conversation around different severe weather events or other disruptive events like bushfires, floods, earthquakes, right through to different things like COVID-19 and other disruptions like going into an evacuation shelter. All of the books, they are designed specifically with those very young children in mind and have been shown to be really well loved and accepted children zero to 10 and have a really clear way that can provide the language for adults to talk about something that can be really big and scary for children in a way that helps them feel safe, connected with the characters as well as the people that are in their lives.

(00:36:22):

And think about things like when Birdie experiences a storm and the power goes out, what does Birdie and Mr. Frog do to help them feel safe? And what happens afterwards? The helpers come help us clean

up. And there's a really intentional narrative arc through each of the stories that support that processing and the really child-friendly preparedness conversation. Thanks, Michelle.

Michelle Roberts (00:36:59):

Books and often when I do respond to disasters, they're the thing that I see on a table for children to pick up and parents to pick up and sit and read with their children. So they're really making a big difference in the response and recovery phases of children's experience of disasters. After a disaster is a really interesting time. And it's when I feel like as a mental health practitioner, I'm most likely to get involved. I'm thinking about short-term responses and recovery strategies. And I want to ask the panel, how do you support infants and children in that early response to a disaster? Campbell, you spoke about going out with your card trick and your bag of games, but also a strategy. If you were to go out just after a disaster and you're looking specifically to create the best possible recovery environment for young children and infants, what would you be focusing on?

Assoc Prof Campbell Paul (00:38:05):

Well, I guess the first thing would be to see how the community has organised itself already in those first hours, the first days. Who's opened up the kindergarten so people can use that as a safe place if that's the case. Who's taking on some sort of leadership within the community and who's responsible for supporting kids and young children and their families. So a bit of getting the lie of the land I think is really important. And then there'll be the process of trying to work out who might be in most need. And is there someone already doing some sort of triage? I guess one of the things we haven't talked about so much is how a disaster impacts really sometimes quite profoundly on people with preexisting mental health problems.

(00:39:04):

And if we think of infants and very young children and the prevalence of perinatal mental health problems that families usually have an opportunity to work through, but a disaster comes and how are they going to manage the postnatal anxiety, the perinatal depression, the stress within the couple? So trying to identify with families who's going to be in greatest need. But I think a safe space for people to come and talk together and get support from the local resources, the maternal and child health nurse, the GP, the local mayor or whoever's got some credence in community. And make sure that people know who is where. I know going into the region just north of Melbourne in the after Black Saturday, that horrific. We can looking for people. That was one of the things we got deployed doing when we arrived. We do need to do some more checks for the houses, but yeah, just to see who's organised themselves and has responded to the statewide disaster response plan.

Michelle Roberts (00:40:41):

Yeah. And that's good that you raised the plan because one of the problems that we see is people self-activating and turning up wanting to help, but in fact, that adds to the chaotic nature of the disaster and can be burdensome on an already strained ecosystem. So sticking to plans, being part of an organised response, being responsive all along is really important, isn't it?

Assoc Prof Campbell Paul (00:41:10):

Indeed.

Michelle Roberts (00:41:11):

Indeed. Yeah. So Julia, I'm interested, what do you think in that early response and recovery phase are key things that we would be looking to achieve?

Dr Julia White (00:41:24):

Yeah. I mean, I think like you've just said, there can often be that assumption that counsellors should be brought in straight away for everyone who's just experienced the disaster. Whereas we know that that might actually be really counter helpful. It might actually be re-traumatizing for people to have to try and talk through their experience too soon. So I think as we talked about before, just perhaps stepping back and letting the people who are the experts in that immediate short-term phase come in and do their really important work and taking a back step as a clinician is possibly one of the most helpful things

(00:42:11):

That we

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Can do in that immediate time. But I think as the rest of the panels have spoken about that security relationship is so important for children's mental health and wellbeing, especially in times of stress. So anything that we can do to support the families and the caregivers first and foremost, and make sure that we're protecting that relationship wherever we can. But also I think school is often a really safe place for kids, especially if they have some of those preexisting vulnerabilities around there perhaps being violence in the home or mental health concerns in the home or other stressors that are going on. So I think a lot of our work was focused on supporting the educators as then another form of that indirect support for children. So if - I'm

Michelle Roberts (00:43:09):

Glad you raised that. That's great. I was thinking about helping the helpers is often what's needed at that point. They don't need me to come in as a psychologist, but to support, again, those who are doing the caring and the supporting and unknown to the children, supporting them. And the other great thing that you mentioned, of course, is that we know that incidents of family violence increases after disaster. So you may have preexisting family violence as you noted, but you can also have new instances of family violence created in response to the stress of the situation or whatever. So things to keep on our radar. I cut you off then. Was there something else that you wanted to add, Julia?

Dr Julia White (00:43:49):

No, no, no. I think you've covered it.

Michelle Roberts (00:43:53):

You were triggering lots of ideas when you were speaking for me. Sharleen, sorry, Karen.

Assoc Prof Campbell Paul (00:43:59):

Just a quick one there. Helping cut the sandwiches and helping to erect the tent. I think to get credibility and be part of community is a crucial thing for us rather than coming in in white coats and we'd tell you what to do to listen and participate. Just following what you were saying, Julia. Thanks.

Michelle Roberts (00:44:19):

Yeah. Thank you. Thanks for that. Sharleen, what would you like to add?

Dr Sharleen Keleher (00:44:27):

I was going to say something else and then what Campbell said, just really connected to some conversations I've been having this week actually. I'm out in Central West Queensland with my Birdie's Tree colleagues. And we've been having lots of conversations about the importance of relationship and the importance of just being there and having a chat and offering a cup of tea and that connection and showing up. So that is so important in all times, but especially in these, particularly in that crisis point and that early response. I also wanted to highlight, so Julia mentioned around that returning to school and that the importance of reestablishing routine

(00:45:16):

And normality as much as possible is so incredibly important. There are often, particularly for the adults at home who are trying to deal with the cleanup, the calling insurance, all of those kinds of things, having a safe space for the child with people who they know who care about them and they can play with their friends and have that sense of there is something that is still the same is so incredibly important. But I also want people to keep in mind that often schools and early learning centres are the hub of the communities. And I have worked with many early learning centres that become the donation hub. I have many photos of nappies and formula and toys and all sorts of things that one sticks in mind that a veranda on the early learning centre is full of those things, which is amazing and wonderful.

(00:46:26):

But it does actually put a lot of stress on the educators and the centre directors there as well. And it is a reminder and a difference in that space. So being mindful of that and considering how we can create that sense of normality in a situation that is really just not as normal as we would like it to be.

Michelle Roberts (00:46:51):

Yeah. And I think, and you'll have heard me say this a million times, it worries me the expectations we have of educators in the disaster context. And often they have been directly impacted as well. And yet we're looking for them to provide this psychoeducation and psychosocial support. And so always be assessing, I think would be my message, people's readiness to be able to take on that role. There's a question from Karen here about how to acknowledge previous disaster trauma when preparing for the next wet season when there's a difference between what the parent and school are reporting in the child's behaviour. Is there anyone on the panel who'd like to speak to that question?

Dr Julia White (00:47:40):

Yeah, I'm happy to jump in. I think I would probably be curious first about what that difference was between home and school and finding out a bit more about what the difference was. So it's a little bit tricky to answer, I think, without knowing what those differences are. But I would say that I think as

we've talked about before, for children to feel prepared and to be able to have, whether it's a storybook that they've read through that helps them to get through that whole wet season and come out the other side where there are people who are helping, preparing them in that way can be really helpful. If there's a really big difference between home and school, I'd be wondering about was there something in the school environment or the home environment that might be particularly stressful for that child? So sometimes if there was say a lot of noise that was associated with the trauma and the disaster that they experienced and then school can be quite a noisy, unpredictable environment, maybe that's something that they're struggling with and we might be able to make some adjustments to their environment there.

(00:49:05):

So yeah, they're just a few thoughts off the top of my head. Thank

Michelle Roberts (00:49:08):

You. And a second question here, question from Christine. Are children more vulnerable to the trauma response if they've experienced past traumas? Is there a cumulative component to this? Anyone?

Assoc Prof Campbell Paul (00:49:27):

I think there's a reasonable assumption that there's truth in that. Cumulative trauma. I mean, although it doesn't necessarily follow. As we're saying before, there are some families who are able to grow through a disaster. And some disasters are perceived as disasters depending on your perspective. If you're waiting for the rains and you get a flood for the city folk, it might seem like there's only disaster, but some families will be anticipating the crop or the result that flows from

(00:50:11):

The

(00:50:11):

Rains later. But I didn't answer the question there.

Michelle Roberts (00:50:18):

Can I jump in and say with that, when I was responding to the Black Saturday fires, in one of the parent groups I was working with was a person who had also experienced Ash Wednesday as a child. And that person said to me that they felt that they did much better in the Black Saturday fires because they'd been through it before and they knew what to expect. And when I get asked this question, I can give you as many case examples of people having a cumulative response and a, oh my gosh, here's another example of how unpredictable the world is. And others saying, I'm actually in a better spot than I thought I would be because I knew what I did last time and what worked and what's going to work this time. So when it comes to children, it's horses for courses. I find that some children are overwhelmed by it and they're still carrying the distress of the previous challenging event.

(00:51:19):

And others will say, I actually have got some really good strategies from that and that put me in a better spot for this one. Anything to add? Anyone in the panel just before we move on?

Dr Julia White (00:51:30):

I was just going to say, I think where we were seeing kids who were really impacted by the natural disasters often tend to have some really complex developmental trauma in their background. So I think that can definitely then make them more vulnerable because it's more of that overarching early life trauma rather than say a specific event.

Michelle Roberts (00:51:58):

The vulnerability can be within the demographic that the child lives in as well, can't it? Not just within the child as an individual. We often see communities that are impacted time and time again, are communities that don't necessarily have the social resources to be able to respond in a way that is really helpful for them. So the cumulative I think is going to be something that we're going to have to come to terms with the increasing frequency of climate related disasters. And I'm struck by the research that shows that children these days are experiencing four to six times the number of climate related disasters or extreme weather events than someone who was born in the '60s like myself. I want to move on now to the skills checkpoint. And Karleen, we know that often after the disaster landscape changes, everything's different. Can you tell me some ways you think practitioners can support child safe spaces and opportunities to play?

(00:53:11):

We can't hear you, Karleen.

Karleen Gribble (00:53:13):

Oh, I did that again. Nevermind. For a very long time, we know children need to play and it won't matter that it's in the middle of a disaster. And so in all sorts of emergencies, in Australia, humanitarian emergencies during war, wherever, making a space for children, especially the really young children to play is just vital. And for that to be a safe place for them to play as well, because there's a lot of dangers for young children in a disaster, even in an evacuation centre. There's all sorts of strangers there. There's all sorts of physical risks as well. And this is where organisations set up things called child-friendly spaces, which provide a place for children to actually just be children in the midst of whatever else is going on around them. And that needs to continue after disasters in disaster recovery as well. And again, there can be so many dangers there for them from the physical dangers like branches and flood water and sewage contamination everywhere, asbestos lying around, thinking about how can we provide children with a place where they're safe from that.

(00:54:35):

The other area that's really important is actually not so much about play, but about protecting that relationship between primary caregivers and the very youngest children. And this is where another intervention that has been around since the late '90s in fact, and has a lot of evidence to support it, where mothers, pregnant women, those who are caring for very young children are brought together in a safe space and supported. An intervention called the mother-baby area is extremely successful. We haven't done that historically in Australia, but it's been done all around the world, all sorts of countries and refugee camps. What's been seen from that is that it's protective of the relationship. It's protective of the caregiver and their capacity to respond to the child. And because of that, it's protective of the

child's development. And we did have an intervention like this that was done by the Australian Childhood Foundation in Corion after the 2019, 20 bushfires was absolutely fantastic.

(00:55:51):

So appreciated by the community, by the parents, by the health workers and the family support workers that were working. It's something that we really need to see. I think we should be having in every community after a disaster focused on these youngest children because they're not in school. They're not necessarily in preschool, but this is a place where they can be brought together. So Michelle mentioned the work that I did with the Australian Breastfeeding Association. One of the resources that we developed from that was actually a mother-baby area guide for Australia that just describes this intervention and how to do it. And hopefully if we can get that in place, then we might be supporting this group so much better in disaster. Because when I did my research on what happened during the 2019, 20 bushfires, we found that children were absent in recovery planning until they entered an institution.

(00:56:53):

So until they were in early childhood education or until they were in school, there was nothing for them. So that's what this is to fill that gap.

Michelle Roberts (00:57:05):

Thank you for that. I know exactly what you're talking about with Koriang and I know that it worked at multiple levels as a successful way of supporting community and supporting recovery. Sharleen mentioned just about the question that came up about wet seasons and so on. Sharleen, do you want to just add to that conversation quickly?

Dr Sharleen Keleher (00:57:33):

Thanks, Michelle. So coming back to that earlier question, that first part of it around coming up to wet season, we know that we see increases in children's worry about when they see rain clouds coming over. They might smell the rain and all of the things that are happening there that are reminding them of that time where that rain meant that something really big was happening. So that's something to be really aware of, an opportunity to be tuning into the child's experience of that and talking about it. And an opportunity to learn about the weather, looking at the bomb, at the radar, talking about how rain occurs, how much rain are we expecting? All of those kinds of things can help to counteract those worries because the child of the children have more information, knowledge, and also the opportunity to process that and talk through that with their caregivers or educators.

Michelle Roberts (00:58:51):

Yeah. Thanks for that. I want to move on now to longer term recovery. And I want to make the point that we're sort of working through this webinar sequentially in a time phase, but it doesn't always happen that neatly or nicely. It doesn't go that you do this stage, this stage, this stage. But we know that with the increased frequency of exposure to climate related disasters in particular, we're seeing people in recovery from one event and just starting the journey again of preparedness and response and then the early period after a disaster. So people may be managing multiple disasters in their psyche and their wellbeing and children are making sense of all of this as best they can. To the panel, I want to ask the

question, what can practitioners look out for or to be aware of as potential ongoing impacts? And I want to preface that with the fact that we know that there are different predicted trajectories out there.

(00:59:59):

Not every Everyone has the same journey. Not everyone shows their distress immediately. Sometimes it can be way down the track. Sometimes they can appear to be coping and then really struggle. Sometimes they're not coping at all, but then they do recover and are looking like they're coping very well. So the question again is what can practitioners look out for or be aware of in terms of the potential of ongoing impacts?

Assoc Prof Campbell Paul (01:00:30):

Can I just make a quick beginning with babies and very young children and how we have to be careful of assuming too much? The infant, the very young child, the toddler who's in the weeks after, in the months after seems quiet and calm and settled, might actually be a child who's anxious and withdrawn. And especially with babies, it's really hard often for parents to work out how to respond to the baby that looks very quiet and very calm, and yet they're dysregulated to the point of being switched off, if you like. And then babies, toddlers who lose their routine and become distressed and agitated might be seen as something disconnected from the trauma of they're just being a bit naughty. Okay. It's because they're starting back at kinder now, but the child is still struggling with some of the traumas that are very vivid in their own mind, but not able to be expressed.

(01:01:54):

So just at that point, being aware that the presentation of the child might not be the obvious explanation for what's going on on the inside. So being able to listen and use play to connect with the child so they can let us know what's going on within their mind rather than us assuming.

Michelle Roberts (01:02:16):

Yeah. Yeah. And of course we often see children experiencing their distress somatically as well with tummy aches and headaches. And I was thinking about the sensory sensitivity, Sharleen, when you were talking about rain and being re-triggered by the sensory ideas of what's going on and sounds and smells and so on. In terms of longer term recovery, Julia, what are you thinking practitioners should be looking out for and being aware of?

Dr Julia White (01:02:51):

Yeah. I mean, I think in slightly older children, say primary school age children, they still often will express their kind of distress or anxiety through their behaviour rather than words. They might not have been at an age where they had language when that trauma was occurring or they might not yet have developed that skill to be able to communicate what's happening in words. So we'll often see it in their behaviour. So it might come out, we might see it in them really wanting to stay close to their caregivers or seeking lots of reassurance by asking lots of questions that can often be a sign that there's some anxiety sitting there as well. They might be avoiding certain situations. So for example, if they've got a fireplace at home, that smell of the smoke, they might be avoiding that. Or they might be really kind of reenacting what's happened through their play.

(01:03:52):

Often we can also see a bit of a regression. So we might see a restarting of things like some bedwetting or some thumb sucking that they had previously kind of grown out of. And a really common one that we see even kind of older children is that disturbed sleep and nightmares that can persist for quite a while. But then there are the not so obvious ones too. So often in school aged children, if they're in that fight or flight mode the whole time and they've developed that hypervigilance since the disaster, they can have a lot of trouble with focusing in the classroom, learning in the classroom. We need our brains to be calm and focused and in that calm, alert state to learn. And if we're up in that hypervigilant, anxious state, it's really difficult. So even now, six years later, we're seeing kids who are having a lot more trouble in some of those key learning areas who experienced that kind of rolling disasters of the bushfires and the floods and COVID.

(01:05:03):

So yeah, those are some of the things that we would look out for.

Michelle Roberts (01:05:07):

Yeah. So I think both of you have identified the internalising type responses and the externalising type responses. And we've picked up on developmental changes or regressions. And we've also picked up on some struggles with attention and concentration and academic pursuits, which came out in that research that I mentioned earlier with Lisa Gibbs' work after the Black Saturday fires. We acknowledge that recovery trajectories vary. And after Hurricane Katrina, some research was done and they identified five different trajectories for children in that event. And I mentioned about those who have an immediate distress response, those who seem to be travelling okay, but then they're not. And the fifth four are in common with adults. The fifth one that they picked up with children was the phasic nature of their distress, that sometimes they're very distressed and sometimes they don't appear to be affected at all. And I think that very fact that there are so many different ways of responding and recovery is different at different times for different people has allowed us to go with that myth that children aren't affected or they're minimally affected or they're unaware.

(01:06:27):

And in fact, it's just that we're not looking with the right framework ourself to understand what the behaviour is communicating to us. Sharleen and Karleen, is there anything that you want to throw in about longer term recovery?

Karleen Gribble (01:06:42):

I was just going to build on top of what Julia and Campbell was saying on the value of helping parents to understand their children's behaviours and where they come from, that they are able to. And this is not just for the long term recovery, this is from the very beginning so that they understand if a child is waking at night, a young child, it doesn't mean that the solution might be sleep training. It might be keeping them closer, that they're really feeling very insecure and this is what you need to provide to them. And also with parents, just the value of providing empathy. So yes, things can be very hard for children. They're also really hard for the parents and it's hard for the parents to be parenting the children who are having a hard time. And so if you give them empathy and just recognise how difficult that is and the good things that they're doing, everything that they're doing might not be good, but there'll always be something that people are doing really well and encouraging them in that.

(01:07:52):

I just think that that's such an important thing that we can do for every parent who's trying to care for their children through and after a disaster.

Michelle Roberts (01:08:04):

Yeah. Thank you. So we want to hear back now from our audience. Every profession has a role supporting children in the context of disasters. What does it look like for you? Share your thoughts via the poll section. And we can look at those in our Q&A as we go forward now. So we've received questions throughout this webinar so far, and we've addressed a couple of them as we've gone along. If you've got more questions, please don't hesitate to put them into the chat. And our lovely panel can give you the benefit of their experience and wisdom with this. Bernie, you're asking, are the response timeframes trauma different for children and infants as opposed to adults? Anyone on the panel have a view on that?

Dr Sharleen Keleher (01:09:02):

Yes. So typically, so we talk about that during an event, it's normal to see changes in behaviour. We would expect with one of those quick onset short events like a fire, flood, storm, et cetera, generally you should see a return to that normal level of behaviour by about four weeks after that event. It's not a definite rule, but with infants and young children, that's typically what we are looking at. If there's not that reconciling that stress and returning to that pre-event level of behaviour that we would want to be seeing some additional support for that child.

Michelle Roberts (01:10:06):

Julia, is this something you've had an observation about?

Dr Julia White (01:10:11):

I won't pretend to be an expert in trauma in adults, but I think there can be. Some of the recovery can appear a bit quicker for children. But then I think what we've also seen is things can kind of pop up later on that we might not have realised might still be underlying. So I'm just thinking about a little boy that I'm working with at the moment and his family experienced the floods around Forbes a few years ago. And he was only about three at the time and he was quite affected by that at the time. And he brought some little bricks into the house to prop up his little toy kitchen just in case it flooded again. And then things seemed to be going along fine for a few years. But then when he started back at school, there was a fire drill with all of the noise and the kind of chaos that came along with that.

(01:11:12):

And he found that really, really frightening. And then that started to kind of generalise to being terrified of going to school. So I think sometimes we can think that that recovery period is quite quick, but there might be still some underlying symptoms there or an underlying anxiety level. I don't think I directly answered the question. No, but

Michelle Roberts (01:11:34):

It's helpful. And it speaks again to that, the phasic nature of responses, I guess, in my mind. Campbell?

Assoc Prof Campbell Paul (01:11:44):

Yeah, I was just going to say that it may relate to the parent's experience over the longer term too. Parents who are really traumatised during the acute phase and haven't been able to work it through. The child looks like they've made an accommodation, but the vulnerability for the family remains sort of dormant and then emerges when something else happens.

Michelle Roberts (01:12:16):

Yeah. And I certainly know with that sort of 10 years to that whole adolescent and young person period, I see them sublimating their distress because they don't want to further distress their parents. And I think that they often seem to wait until they're confident their parents are going to be okay before they look to address their own needs with that. So it's something to keep an eye on, I think. There's one more question that I want the panel to consider.

Dr Sharleen Keleher (01:12:50):

Michelle, sorry. Can I just add that we actually see that for young children as well? So three, four years old where children are not wanting. They're seeing that their parents are distressed, so they're not wanting to make them more worried. So they're holding that in themselves. Yeah.

Dr Julia White (01:13:12):

Okay. We found our children's groups were really helpful for that. It was often the first time that they'd shared it with others because they'd been holding onto it at home for fear of upsetting mom and dad more. But then once they were in a group of their peers and they felt safe, they could start sharing some of those experiences. Yeah.

Michelle Roberts (01:13:31):

Yeah. Thank you. So this last question I've got is, can the panel share their perspective on trauma and disasters experienced by children and families in the global community? Impact of global media access on vicarious or secondary trauma responses? That's a double barrel one, isn't it?

Dr Julia White (01:13:55):

Yeah. I mean, I think being careful about what media children are exposed to is a good idea in general. I think there's so much information out there now that can be really overwhelming for kids. So I think trying to make sure that they're limiting that exposure to the news and being able to explain events in a developmentally appropriate way is really important for supporting kids to understand what's going on, but without that overwhelming constant source of information and fear and worry that can be on the TV or on their feed.

Michelle Roberts (01:14:36):

I've certainly seen examples of young children experience a precarious response to something that they've heard about, seen, wondering if it's going to happen here, being highly anxious about it. The thing that comes to my mind is, and I was thinking about this wonderful book that's written about stress

by the Nagoski sisters, and they talk about getting stuck in the stress and not coming out of the other end. And it makes me think about if our children see something that they then become very worried about and they think it might happen here that's happened overseas. If we leave them sitting with it, they're sitting in the distress and stress, helping them make sense of it, helping them be part of the solution. We see often in school communities when there's been a disaster, the kids who have previously experienced a disaster ask if they can send letters of hope and support to the other community that's now experiencing the disaster for the first time.

(01:15:38):

So enabling children to be part of the solution, part of the cleanup, part of the recovery is part of assisting their recovery and their management of the experience. Anyone wanted to throw anything in finally in relation to that more global perspective or do you think we've covered it well? I'm happy we've covered it well. That'll be fine.

Karleen Gribble (01:16:10):

One thing I would add, Michelle, is that there's actually quite a lot of, especially when it comes to the youngest children in humanitarian disasters, they've been a real focus for support in a way that they haven't been in Australia. So there's actually lots we can learn from overseas disaster responses in terms of how to support pregnant women, new mothers, infants and young children. And I think we can learn a lot.

Michelle Roberts (01:16:40):

Yeah, definitely. So this has been, I feel like a taster of a conversation. I'd love to do another webinar because we all have so many stories to share and examples to give and practise wisdom to share with the audience tonight and to hear what they've already worked out, what they're doing, what's working, and what they've learned from their time of doing disaster related work. If you are new to doing this work, there's been a number of great resources mentioned tonight and they'll be provided by the MHPN crew, I'm sure. But we talked about Bird History. We talked about the Australian Breastfeeding Association materials that Karleen was involved in. Royal Far West has been initiating and part of some amazing child-led, often child voice amplifying research, looking at how children perceive the events and what their insights are for people like us who are working in this space.

(01:17:40):

Emerging Minds. I've co-developed with Emerging Minds, the Community Trauma Toolkit, the Disaster Practise Guide, and their families training around Families in Disasters was released this week. So there's some lovely resources there. Campbell, your Infant Mental Health Association, you have really lovely resources on that website as well.

Assoc Prof Campbell Paul (01:18:06):

Yeah. And in the States, the National Child Trauma Safety. Sorry. Traumatic Stress

(01:18:16):

Network. Network has got amazing resources too. Coming from hospital, their medical trauma, they cover natural disasters, and there's quite a lot of really useful information there. At our World Congress, we'll be talking quite a bit about natural disasters. One of the people who's done some really impressive

work is Dr. Miriam, who works with the Rohingya refugees and really using culture and play and music and dance with the whole community of people, even though they're living in really rudimentary circumstances to build the community sense of culture and belonging and continuity, even in the face of horrible trauma, can be very powerful.

Michelle Roberts (01:19:04):

Thank you. So we've covered a range of content tonight. We've looked at the unique needs and experiences of infants and children. We've looked at the role of families, parents, and carers, and the ecosystem around the child and how that influences the experience of the disaster for infants and children. We've talked about strategies to support care in preparedness, response and recovery. And we've also identified supports for practitioner wellbeing and how to mentally and physically prepare yourself to do this work, and the need to actually be very mindful about your own preparation and self-care in this. We've talked about different recovery trajectories. What I want is for a final reflection for the audience here, I want you to have a think about what's your next step. What are you going to do now to better support infants and children who have experienced disaster? So I'll leave you with a thought that on Monday, what are you going to follow up on?

(01:20:08):

What are you going to think about? What are you going to implement from what you've heard and learned tonight? And I'd like to thank everyone that was on the panel for their generosity in sharing their experience and knowledge with us tonight. Thank you everyone. Good night.