Helping children and adolescents recover from disaster: a review of teacher-based support programs in Victorian schools

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ABSTRACT

Children and adolescents are among the most vulnerable in the aftermath of a disaster. Following the devastating Victorian bushfires in 2009 the Victorian Department of Education, in partnership with Phoenix Australia: Centre for Posttraumatic Mental Health and a child adolescent mental health expert, adapted two U.S. programs that provide teachers with knowledge and skills to support child and adolescent recovery in the school setting. This paper provides an overview of the two-phased approach to teacher training.

The first phase was the development of a manual, Psychological First Aid and Mental Health First Aid: A Guide for Teachers. The first component, Psychological First Aid, is designed to develop teacher skills in supporting children and adolescents in the first days and weeks after an emergency or disaster. The next component, Mental Health First Aid, aims to help teachers recognise signs and symptoms of mental health problems in their students in order to facilitate appropriate and timely referral to specialist services. The second phase involved the development of online training, Skills for Psychological Recovery for Teachers, designed to give teachers direction and skills for teaching children and adolescents with mild to moderate distress effective ways of coping in the weeks, months and possibly years after a disaster. This phase also included incorporating the Psychological First Aid and Mental Health First Aid programs into an online training format.

Introduction

Australia has experienced a number of large-scale disasters in recent years that have caused widespread devastation in affected communities. These include the bushfires in Victoria in 2009, Western Australia and New South Wales in 2011, Tasmania in 2013, South Australia in 2015, and the 2010–2011 floods and cyclones in Queensland that have resulted in many lives being lost and widespread destruction of properties, schools and businesses.

Children are among those most vulnerable in the wake of disaster (Allen et al. 2007, Anderson 2005). In Australia there is a growing awareness by educators and health care professionals to provide programs and activities that help to actively engage children and adolescents. These programs develop the skills and knowledge that enhance the understanding about the event and how to cope during and after an emergency or a disaster.

While children and adolescents may show signs of distress in the first days and weeks following a disaster, in most cases they respond positively to being well supported by adults who are closest to them, including parents and teachers (Raphael 1986, Rolfsnes & Idsoe 2011). Schools can provide a safe place for children and adolescents along with practical and emotional support. Indeed, support from teachers and classmates has been identified as a significant predictor of fewer posttraumatic symptoms in children and adolescents following a large-scale disaster (Prinstein et al. 1996). Aside from providing support, teachers can also assist children to learn coping skills such as emotional regulation, maintaining routines and relaxation, and distraction techniques (Prinstein et al. 1996). These coping skills help children gain a sense of control over their reactions. Alisic and colleagues (2012) explored teacher experiences in supporting children’s recovery after a trauma. They found that teachers want better knowledge and skills to assist children after a traumatic incident. They suggested that introducing a trauma-informed approach into schools that provides teachers with the information to facilitate coping skills when working with children affected by disaster or trauma could be a first step.

Ronan and Johnson (2005) argue that school-based interventions can assist individuals to prepare physically and emotionally to manage the effects...
of a disaster and they can help to build personal resilience. A strong foundation for school-based life skills and resilience training is already provided for in the Australian Curriculum that requires students to develop personal and social capability through learning to understand and manage themselves and their relationships with others [Australian Curriculum v7.5 2014]. The Melbourne Declaration on Educational Goals for Young Australians (MCEETYA 2008) identified that students with well-developed social and emotional skills develop resilience and feel positive about themselves and the world. While this is a great start in helping to develop resilience in children and adolescents, it can be argued that more targeted programs are required to address trauma-specific vulnerabilities. Peek (2008) reported that teachers must be prepared to respond appropriately if they are to support children in the classroom. Raphael and Burns (2014) note that to facilitate recovery, education needs to have clarity and should be practical and focused, encouraging individuals to ‘tune in’ to their strengths. Recent natural disasters in Australia provide a fertile ground for programs that address these requirements.

Following the 2010-2011 cyclones and flooding in Queensland a three-tiered approach was developed to provide a range of interventions that support the recovery of children and adolescents.

- Tier 1 involved low intensity intervention through provision of advice and information via a vodcast made available to teachers, school support staff and parents.
- Tier 2 involved teacher training and parent sessions.
- Tier 3 provided high intensity intervention involving trauma-focused cognitive behaviour therapy to address trauma-related mental health issues in children and adolescents.

Following the Victorian bushfires in 2009, the Victorian Department of Education met with child and adolescent trauma experts and the Department of Health and Human Services (DHHS) to identify ways in which schools can provide psychological support that will promote the recovery of children and adolescents. There were a number of psychological recovery initiatives that the Department of Education worked on with mental health experts including the following:

- The Department of Health and Aging funded an initiative to support child and adolescent recovery that included professional development training for teachers on the potential short- and long-term effects of bushfires. The Australian Principals Association and the Australian Child and Adolescent Trauma Loss and Grief Network worked in partnership with the Department of Education to plan and implement these sessions under the direction of Professor Beverley Raphael.
- The DHHS, in consultation with the Department of Education, implemented a child screening program in bushfire-affected areas. The screening program required parental consent and involved mental health professionals screening children to identify those potentially at risk of developing psychological or emotional problems. At-risk children were then offered a referral to a mental health professional.

Notwithstanding these initiatives, ongoing education to help children in their recovery is considered critical (Raphael & Burns 2014). Consequently, the Department of Education identified a two-phased approach that could give teachers practical ways to teach effective coping skills in the school environment and help support recovery. Assistance with coping has been identified in the literature as an active attempt (through social supports such as family, teachers and friends) to help a child deal with a major life event in a supportive manner [Prinstein et al. 1996].

Two specific U.S. programs were identified by the Department of Education and adapted [with permission from the respective authors] to train teachers in ways that support child and adolescent recovery in the short and medium term following a disaster. The Psychological First Aid and the Mental Health First Aid for Teachers programs prepare teachers to provide support to students within the school environment in the immediate days and weeks following a disaster. The Skills for Psychological Recovery for Teachers online training modules aim to build the skills of teachers to enhance the coping and recovery of children.

Phase 1: Psychological First Aid and Mental Health First Aid: A Guide for Teachers

Psychological First Aid and Mental Health First Aid: A Guide for Teachers program (PFA/MHFA) was adapted in 2012 [with permission] from the Listen, Protect and Connect Program [Schreiber, Gurwitch & Wong 2006]. PFA is based on five empirically-supported early intervention principles of safety, calming, connectedness, self-efficacy and hope as identified by an international panel of trauma experts. These principles guide and inform intervention and prevention efforts in the days and weeks following a disaster (Hobfoll et al. 2007). The program aims to reduce distress, assist people to feel supported, and promote hope and healing. It was rolled out in 2012 as both a face-to-face and online teacher training program.

The Department of Education and a child and adolescent mental health expert delivered the PFA/MHFA face-to-face training sessions to teachers in bushfire-affected regions in Victoria. The importance of teachers to understand that, for some children and adolescents, the need is greater than what psychological first aid can provide, is emphasised in the program’s manual and the online teacher training. Additionally, the training stresses that a teacher’s role in supporting students is not to replace the critical role that student support staff, allied health professionals, and mental health professionals play in supporting vulnerable and at-risk children and adolescents. The process for teachers to refer a child or adolescent to a mental health professional is highlighted in the training as well as in information sheets provided to schools and parents.

Phase 2: Skills for Psychological Recovery for Teachers

The second phase of the Department’s recovery teacher support program was the adaptation of Skills for Psychological Recovery (SPR) Field Operations.
Guide 2007 [National Centre for PTSD and National Child Traumatic Network] into an online training program for teachers. SPR is an ‘evidence informed’ early intervention program designed to help adults and children who may be experiencing ongoing distress in the weeks and months following a traumatic event.

Principles and techniques of SPR meet four basic standards, which are:

- consistency with research evidence on risk and resilience following trauma
- applicable and practical in field settings
- appropriate for developmental levels across the lifespan
- culturally informed and delivered in a flexible manner.

The goals of SPR are to:

- protect the mental health of survivors
- promote and accelerate recovery
- prevent maladaptive behaviours.

It does this by enhancing skills in five core areas that are known to assist recovery. These are:

- building problem-solving skills
- promoting positive activities and plans
- promoting helpful thinking and reframe obstacles and challenges
- rebuilding healthy social connections
- developing skills to manage distress.

Overview of the Skills for Psychological Recovery for Teachers program

The SPR for Teachers program was developed as a classroom teaching aid for children and adolescents to develop coping skills and resilience in the face of adversity. The ability of children and adolescents to understand and use the SPR skills is influenced by their developmental level. As a result the SPR for Teachers training program is tailored for three different age levels [Preschool-Year 2, Year 3–Year 7, Year 8–Year 12] with each age level having its own training module and set of age-appropriate lesson plans and classroom activities.

The SPR for Teachers program was developed to ensure it fits with the teacher’s role as a ‘teacher’. It was not intended that the program would equip teachers to act as a mental health professional for individual children or adolescents in the wake of a traumatic event. Teachers are encouraged to maintain appropriate boundaries as a teacher when using SPR in the classroom, not just as part of their own self-care, but to ensure they do not take on a counselling role.

For some children SPR may not meet their needs. There is a section in the training program [Referrals for Professional Psychological Support] that provides teachers with information about how to identify children and adolescents at risk and how to refer them on for professional support.

The SPR for Teachers program allows teachers to tailor the program to meet the needs of the children and adolescents in the classroom. Rather than just targeting individual children or adolescents who may be struggling with specific issues, teachers teach the skills to the whole class. This whole-of-class approach builds social support through developing a shared knowledge and skill base and can help build the broader resilience skills of students who may not be adversely affected, while helping to support the children in need. Teachers can choose to teach all five skills or they can choose to focus on a particular skill. The program compliments other evidence-based mental health practices and wellbeing programs used in schools such as Kidsmatter, MindMatters, Bounce Back program and Circle Time. It can also be used as part of the school’s emergency response and recovery following a natural event or significant school emergency.

Involving parents

Teachers are encouraged to involve parents by informing them about the purpose of the SPR training and explaining the importance of their support in helping their child or adolescent to practice the skills being taught. The SPR for Teachers program has an ‘Information for Parents and Carers’ handout that explains SPR and its purpose and includes an explanation of the specific skills being taught. The effectiveness of the SPR skills training is enhanced by engaging parents in the process. Teachers are also encouraged to model the use of the SPR skills in the classroom in their daily interactions with students.

Roll out

The SPR for Teachers program has been available online to all primary and secondary schools in Victoria since late 2012. Participants must complete a pre- and post-training quiz for each skill module and achieve a score of at least 80 per cent in each of the post-training quizzes to achieve a pass for the
Issues and challenges
Developing the SPR for Teachers training program presented a number of challenges. As it was not compulsory training it needed to be highly appealing and have face validity as a valuable and useful classroom tool if teachers were to devote their professional development training hours to completing it. It needed to be developmentally appropriate and provide teachers at each of the different grade levels with confidence in their ability to successfully teach the skills to their students. It needed to be presented in a succinct and clear style in order to comprehensively cover a large amount of information in each 20-minute module. The language used in the training needed to be simple and be meaningful to people without specific mental health training. Teachers needed to come away with adequate knowledge about the purpose and value of each skill and how to adequately teach it in their class, and also with a broader understanding of what a ‘trauma sensitive’ classroom might look like. At the same time they needed to clearly understand the boundaries of their role and feel confident in their ability to identify signs when a child might need referral to a mental health professional. Finally, the program needed to be self-sustaining and fit-for-purpose into the foreseeable future.

Conclusion
Alongside parents, teachers are critically important adults who can assist and support children and adolescents to recover from a disaster or a significant trauma in their life. This paper provides an overview of a two-phased teacher training program implemented in Victorian schools following the 2009 Black Saturday bushfires. These programs build teacher capacity and confidence in providing evidence-informed, classroom-based support to children and adolescents affected by disaster.

Both programs have potential applicability across a range of trauma situations and to education departments in all Australian states and territories. A systematic roll out and evaluation of the program’s capacity to successfully support teachers, children and adolescents in the post-recovery period of a significant traumatic event is warranted.

References

About the authors
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