

Christchurch, NZ 2019; Memorial to those killed or injured in the Mosque attack.



Christchurch, NZ 2012; 185 Empty Chairs - Memorial to those killed in the 2011 earthquake.

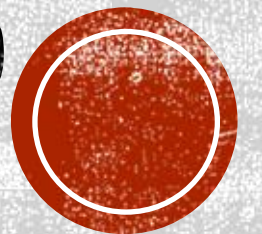


WORKING WITH CHILDREN, YOUNG PEOPLE AND FAMILIES FOLLOWING DISASTERS: LESSONS LEARNED

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ACKNOWLEDGMENT OF COUNTRY

The University of Queensland (UQ) acknowledges the Traditional Owners and their custodianship of the lands on which we meet.

We pay our respects to their Ancestors and their descendants, who continue cultural and spiritual connections to Country.

We recognise their valuable contributions to Australian and global society.



THANK YOU TO:



- National and international government Health & Education departments, local councils + NGOs:
 - Queensland, NSW, Tasmania, Victoria, *beyondblue*, Red Cross, community recovery centres
 - Canterbury, NZ; Alberta, Canada
- Chief partner in crime: Prof. Brett McDermott
- Our clinicians: members of our Child & Adolescent MH Disaster Response teams, postgraduate clinical psychology trainees, school-based psychologists, CAMHS staff
- Collaborators: Phoenix – the Australian Centre for Posttraumatic Mental Health, Triple P International, University of QLD
- School principals and staff in DAAs
- Most importantly – the families who have participated



LEARNING OBJECTIVES

By the end of this presentation, it is anticipated that participants will have an improved understanding of:

- The prevalence of, and risk factors for PTSD among children and young people exposed to disaster;
- The specific risk factor of parent*-child communication post-disaster;
- The stepped care model deployed in child and youth post-disaster mental health responses led by the presenter;
- The lessons learned and challenges identified.

*'Parent' is used to encompass the broad range of people who may serve in a primary care-giving role for a CYP.



PREVALENCE OF PTSS AND PTSD



- 11% of children and young people (CYP) have been exposed to a natural disaster before the age of 16 (Cadamuro et al., 2021)
- MOST experience short-term distress, but do NOT go on to develop any kind of diagnosable MH problem
- Prevalence rates among children exposed to natural disasters
 - PTSS: 30-70%
 - PTSD: 5-10% meet criteria for a full PTSD diagnosis (e.g., Bokszczanin, 2007; Kucukoglu et al., 2015; Ma et al., 2011).
- Despite significant comorbidity, PTSD represents an efficient treatment target



RISK FACTORS (NOT AN EXHAUSTIVE LIST)

CYP represent a particularly vulnerable group post-disaster

What CYP bring to the disaster:

- Experience of a past traumatic event and existing emotional and/or behavioural problems

What CYP experienced during the disaster:

- Greater exposure
- Perception of threat
- Extent of loss

How others respond

- Exposure to frightening information
- Over-protection and extreme adult anxiety can encourage the belief that the world is a dangerous place

Parent distress

- Juth et al. (2015): after controlling for exposure, parent PTSS contributed to children's distress but NOT vice versa.

Altered parenting may be the key mechanism for impact of parental PTSS
(Cobham et al., 2016; Dyb et al., 2011)

- Increased use of corporal punishment (Kelley et al., 2010)
- More over-protective parenting (Bokszczanin, 2008; Cobham & McDermott, 2014)
- Parents' capacity to see & respond appropriately to child distress (Hafstad et al., 2012)
- Parent-CYP communication post-disaster



PARENT-CHILD COMMUNICATION PATTERNS

- In the face of exposure to a potentially traumatic event (PTE), talk (frequency, duration, nature) about the event by parents can be a risk factor for the development of PTSD in CYP.
- Talking too much
 - Why does it happen?
 - Why might it be a problem?
- Talking too little (or maybe not at all)
 - Why does it happen?
 - Why might it be a problem?
- General guidance for parents (and other important adults in a CYP's life)
 - Take cues from CYP
 - Make it clear that you're interested and available
 - Make it easy for them to let you know if you're talking too much
 - Validate emotions, but be matter-of-fact
 - Seek support from your own network





THE STEPPED CARE MODEL WE'VE USED

Trauma-Focused Cognitive Behavioural Therapy



This treatment is very successful.

For children in highly impacted areas

Screening



Most children & young people will be OK, but some will need further support.

For children in highly impacted areas

Parenting and school

e.g. Disaster Recovery Triple P & Teacher Training



Important people to a child or young person.

For parents, caregivers, teachers & school staff

Communication

e.g. YouTube & fact sheets



Most people will be fine.

For the whole community



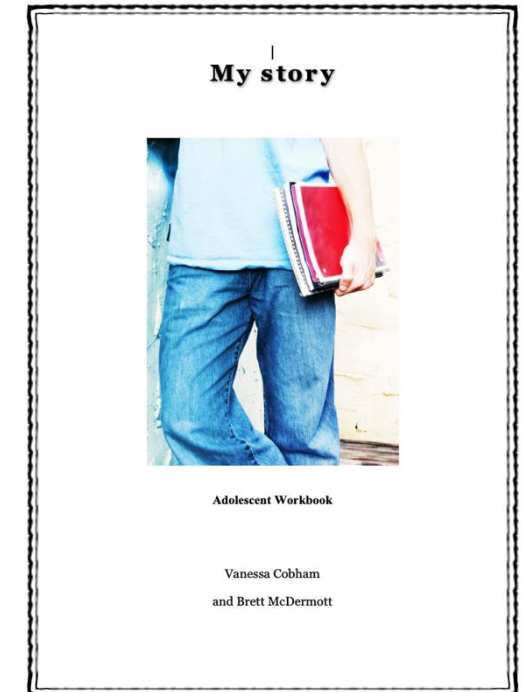
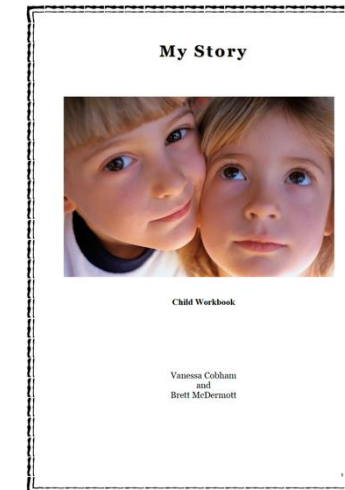
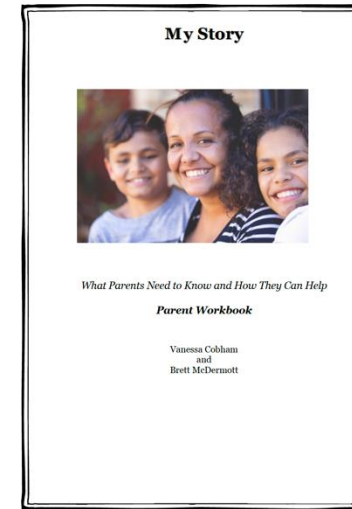


LOCKYER VALLEY FLOOD DISASTER (QLD, 2011)



THE RESOURCE

- 2 x Parent sessions: “My Child’s Story: What parents need to know to help”
- 7-8 x Child sessions + booster: “My Story”
- Applications to date include PTSD resulting from: various natural disasters; accidental injuries; physical assault; terror attack



ADIS-IV-C/P RESULTS

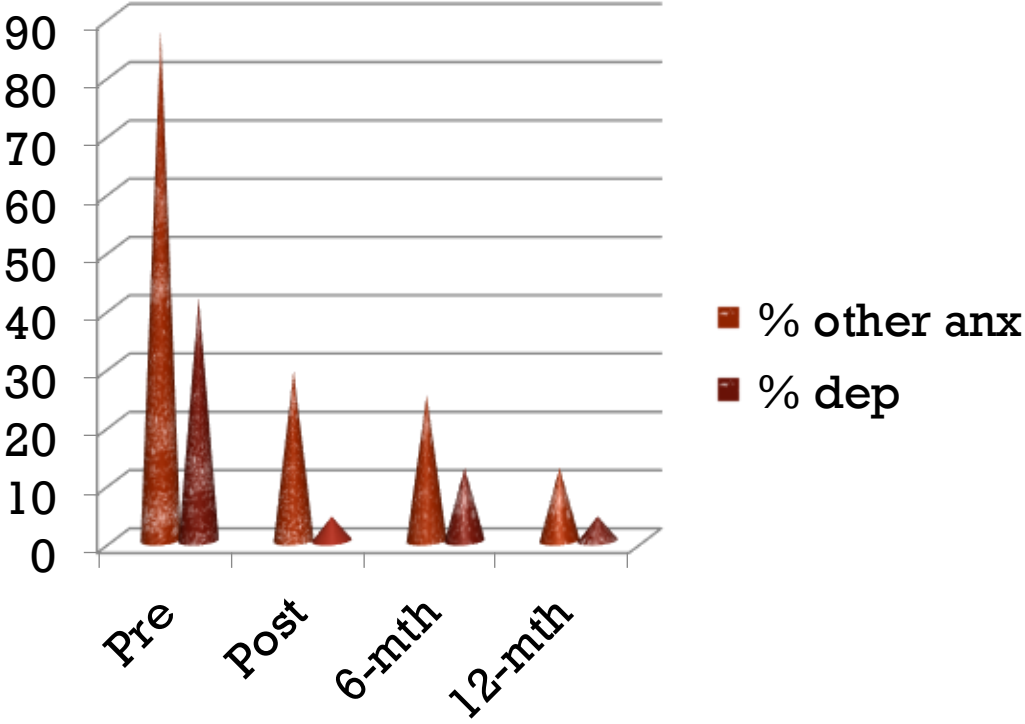
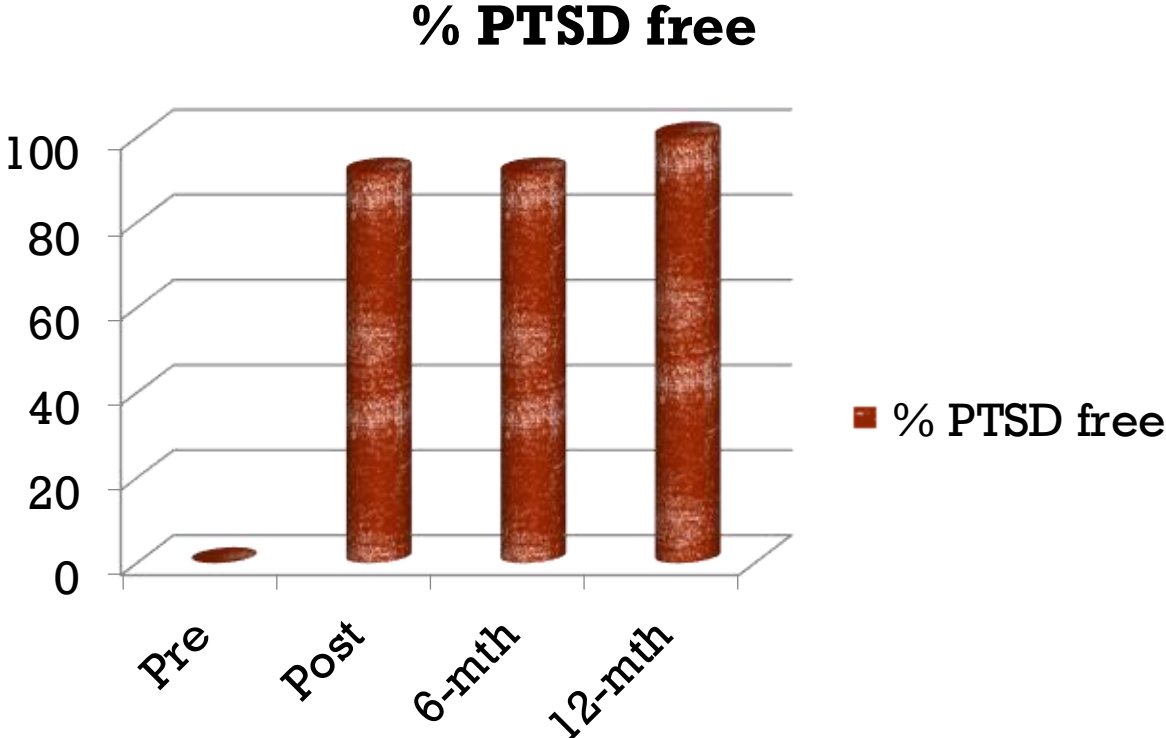
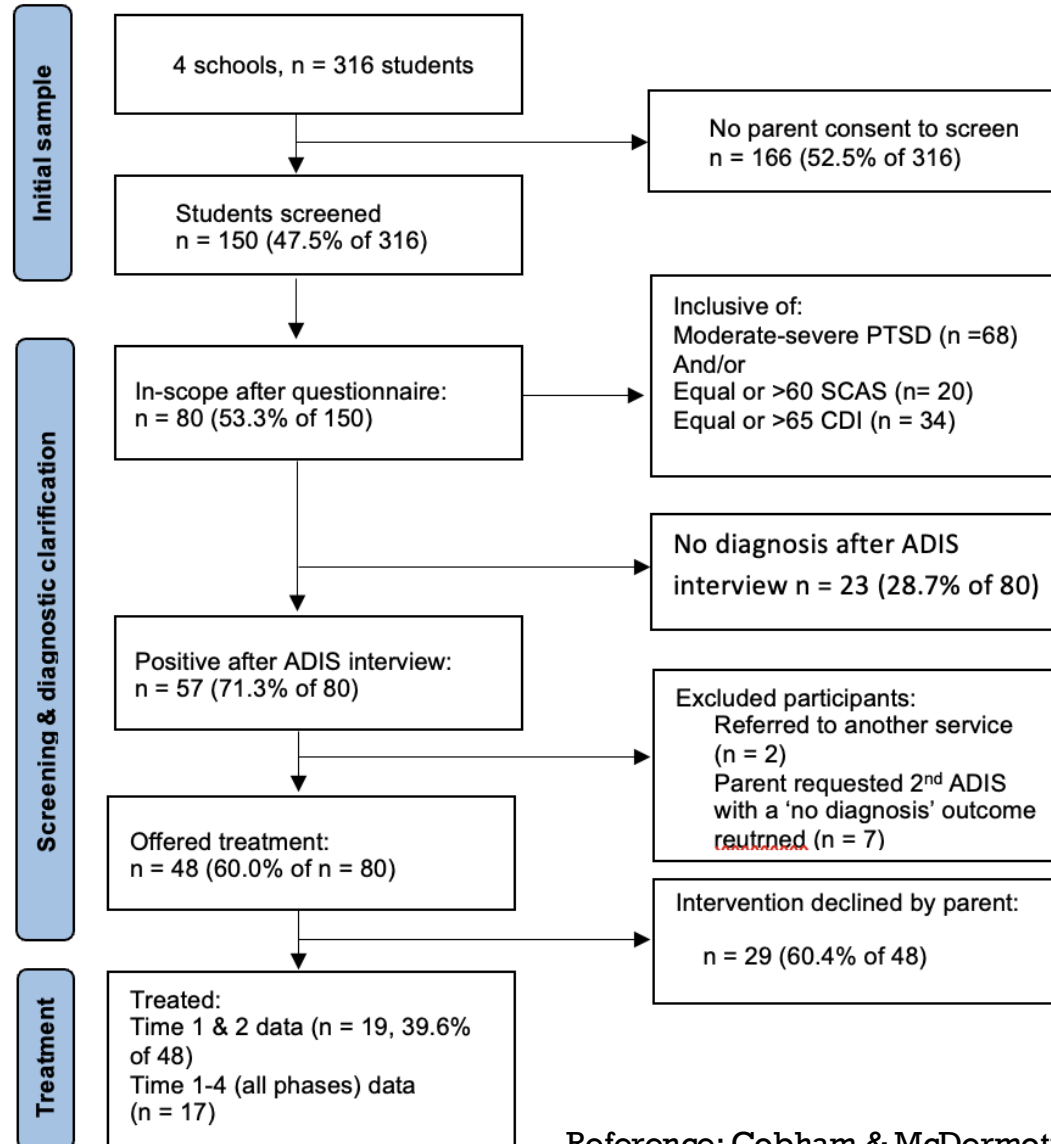


Figure 1 Participant screening, diagnosis and treatment summary



Reference: Cobham & McDermott (2025)



SOME OF THE LESSONS I'VE LEARNED

- Disasters can result in amazing altruism & goodwill, but need to be aware of post-disaster dynamics
- Outreach is the name of the game – Work in & through schools
- Important adults in CYP's lives are not easily convinced of the existence and/or importance of CYP's post-disaster difficulties
- Rate of agreement between parents and CYP re. internalizing symptoms post-disaster is very low
- The attitude that it is best to: “Let sleeping dogs lie”, “Look to the future (not the past) and move forward” is much more commonly held than I realized



AND MORE LESSONS....



Seek adolescents' ideas about what they need (e.g., help in supporting their friends)

Training and evaluation **NEED** to be part of the funding package

Parents face multiple demands post-disaster - we're competing for their attention

Teachers (actually all school staff) need more support

During and after a disaster, CYP and parents are often quietly heroic





THE BIGGEST CHALLENGES

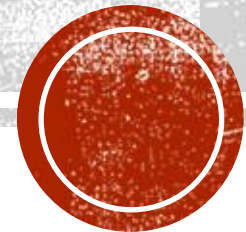
- Uptake (of just about everything in the model)
- Timing (of just about everything in the model)
- Preschool aged children and under
- Work force post-disaster??
 - Need for lower intensity interventions that can be delivered by lay 'coaches'
- We need to get better at promotion & dissemination





THANK YOU

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Remember: With the support of their families, friends and communities + the passage of time, most CYP are OK post-disaster.