Managing in Tough Times

HELPING CHILDREN COPE WITH CRISIS

Children learn their responses to loss and how they will cope from their family. Following a disaster, the child's view of the world as a safe and predictable place is temporarily lost. They may be afraid that another crisis is likely to occur and that they or their family will be injured or killed. It helps to remind children that they are safe.

Parents, teachers, caregivers and other adult family members can reassure children that they are safe and that the adults around them are doing everything they can to keep the children safe.

The reactions common in children – fear, depression, withdrawal, anger, acting out – can occur immediately following the event or sometime after the tragedy.

Fear is a normal reaction to a scary event for children. Children with vivid imaginations and sensitive children are even more likely to experience extreme fear reactions. Children younger than 5 years old cannot always distinguish fantasy from reality. When they watch TV coverage of disasters or tragedies, they may think the crisis is happening again. It's important to limit the amount of TV watching for young children. Some children may feel stomachaches, headaches, feel "sick" or complain of a lump in the throat. This may be brought on by stress.

Babies may become very fussy and cry more than usual when they feel stress. Children may become afraid of being left alone. They may also begin to act younger than their age. For example, they may go back to bed-wetting, thumb sucking, clinging to parents and fear of strangers. They may start having nightmares, not wanting to sleep alone, becoming more afraid of the dark, falling asleep or remaining asleep. Some children may have trouble thinking clearly and concentrating. They can become easily distracted, feel confused and disoriented and find it difficult to stay focused.

Adolescents may shift from wanting to be independent to wanting to spend more time with their families. They may feel especially tired, have problems sleeping or oversleeping and may pull away from the things they normally do. Some adolescents may turn to drugs or alcohol as a way of coping with their intense emotions.

Below are some common reactions that children and adolescents may display when traumatized:

YOUNG CHILDREN (INFANCY TO AGE 6)

- Helplessness and passivity; lack of usual responsiveness
- Generalized fear
- Heightened arousal and confusion
- Cognitive confusion
- Difficulty talking about event; lack of verbalization
- Difficulty identifying feelings
- Sleep disturbances, nightmares
- Separation fears and clinging to caregivers
- Regressive symptoms (e.g., bed-wetting, loss of acquired speech and motor skills)
- Anxieties about death and/or inability to understand death as permanent
- Grief related to abandonment of caregiver
- Somatic symptoms (e.g., stomachaches, headaches)
- Startle response to loud/unusual noises
- "Freezing" (sudden immobility of body)
- Fussiness, uncharacteristic crying and neediness
- Avoidance of or alarm response to specific trauma-related reminders involving sights and physical sensations

SCHOOL AGE CHILDREN (6 TO 11 YEARS)

- Responsibility and guilt
- Repetitious traumatic play and retelling
- Reminders triggering disturbing feelings
- Sleep disturbances, nightmares
- Safety concerns, preoccupation with danger
- Aggressive behavior, angry outbursts
- Fear of feelings and trauma reactions
- Close attention to parents' anxieties
- School avoidance
- Worry and concern for others
- Changes in behavior, mood and personality
- Somatic symptoms (complaints about bodily aches, pains)
- Obvious anxiety and fearfulness
- Withdrawal and quieting
- Specific, trauma-related fears; general fearfulness
- Regression to behavior of younger child
- Separation anxiety with primary caretakers
- Loss of interest in activities
- Confusion and inadequate understanding of traumatic events most evident in play rather than discussion
- Unclear understanding of death and the causes of "bad" events
- Magical explanations to fill in gaps in understanding
- Loss of ability to concentrate and attend at school, with lowering of performance
- "Spacey" or distractible behavior

PRE-ADOLESCENTS AND ADOLESCENTS (11 TO 18 YEARS)

- Self-consciousness
- Life-threatening reenactment
- Rebellion at home or school
- Abrupt shift in relationships
- Depression, social withdrawal
- Decline in school performance
- Trauma-driven acting-out behavior: sexual acting out or reckless, risk-taking behavior
- Effort to distance from feelings of shame, guilt and humiliation
- Flying into activity, seemingly driven by it and involvement with others or retreat from others in order to manage their inner turmoil
- Accident proneness
- Wish for revenge and action-oriented responses to trauma
- Increased self-focusing and withdrawal
- Sleep and eating disturbances, nightmares

You can help children cope with crisis by:

- Making them feel safe. Let them know that you have plans to keep them safe and share those plans with them.
- Talking about what you know about the crisis without going into a lot of detail.
- Answering questions from a young child about the event as simply as possible.
- Encouraging the child to talk about what they are feeling or to express themselves through paintings or drawings.
- Listening to their concerns without criticizing them or laughing at those worries.
- Giving them chores to do or having them help others. They will feel they are helping improve the situation if they are busy doing things. This gives them a sense of control and order as well.
- Helping them to feel that things are returning to normal.
- Spending extra time with them.
- Helping children get back to daily routines for work, school, play, meals and rest.
- Limiting TV time about the crisis or trauma.
- Taking care of yourself. Children pick up on the feelings of their caregivers. You must deal with your own emotional reactions before being able to help children understand and identify their feelings. It's okay to let them know you are worried as well, but try to keep it managed so that it does not affect the children. Although you may be anxious or scared, children need to receive accurate information about whatever they have witnessed or heard about the crisis.

WHAT CAN PARENTS DO?

INFANCY TO TWO-AND-A-HALF YEARS

- Maintain child's routines around sleeping and eating
- Avoid unnecessary separations from important caretakers
- Provide additional soothing activities
- Maintain calm atmosphere in child's presence
- Avoid exposing child to reminders of trauma
- Expect child's temporary regression, don't panic
- Help verbal child to give simple names to big feelings, talk about event in simple terms during brief chats
- Give simple play props related to the actual trauma to a child who is trying to play out the frightening situation (a doctor's kit, a toy ambulance)

TWO-AND-A-HALF TO SIX YEARS

- Listen to and tolerate child's retelling of event
- Respect child's fears, give child time to cope with fears
- Protect child from re-exposure to frightening situations and reminders of trauma, including scary TV programs, movies, stories and physical or location reminders of trauma
- Accept and help the child to name strong feelings during brief conversations (the child cannot talk about these feelings or the experience for long)
- Expect and understand child's regression while maintaining basic household rules
- Expect some difficult or uncharacteristic behavior
- Set firm limits on hurtful or scary play and behavior
- Avoid nonessential separations from important caretakers with fearful children
- Maintain household and family routines that comfort child
- Avoid introducing new and challenging experiences for child
- Provide additional nighttime comforts when possible: night lights, stuffed animals, physical comforting after nightmares
- Explain to child that nightmares come from the fears a child has inside, that they aren't real and that they will occur less and less over time
- Provide opportunities and props for trauma-related play
- Use detective skills to discover triggers for sudden fearfulness or regression
- Monitor child's coping in school and day care by communication with teaching staff and expressing concerns

SIX TO ELEVEN YEARS

- Listen to and tolerate child's retelling of event
- Respect child's fears, give child time to cope with fears
- Increase monitoring and awareness of child's play, which may involve secretive reenactments of trauma with peers and siblings, set limits on scary or hurtful play
- Permit child to try out new ideas to cope with fearfulness at bedtime; extra reading time, radio on, listening to a tape in the middle of the night to undo the residue of fear from a nightmare
- Reassure the older child that feelings of fear or behaviors that feel out of control or babyish (e.g., night wetting) are normal after a frightening experience and that the child will feel more like himself or herself with time

ELEVEN TO EIGHTEEN YEARS

- Encourage younger and older adolescents to talk about traumatic event with family members
- Provide opportunities for young person to spend time with friends who are supportive and meaningful
- Reassure young person that strong feelings — whether of guilt, shame, embarrassment or wish for revenge — are normal following a trauma
- Help young person find activities that offer opportunities to experience mastery, control and self-esteem
- Encourage pleasurable physical activities such as sports and dancing

WHEN SHOULD YOU SEEK PROFESSIONAL HELP FOR YOUR CHILD?

Many children and adolescents will display some of the symptoms listed above. They will likely recover in a few weeks with social support and the aid of their families. Many of the above suggestions will help children recover more quickly. For others, however, they may develop post-traumatic stress disorder, depression or anxiety disorders. Parents of children with prolonged reactions or more severe reactions may want to seek the assistance of a mental health counselor. It is important to find a counselor who has experience working with children as well as with trauma.

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