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FACT SHEET

Helping Children in Times of Crisis

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General Strategies for Helping Children After Traumatic Events

- Remain Calm
- Assure children that they will be kept safe by adults?
- Assure them that all is being done to ensure safety for all.
- Expect regressive behaviors.
- Expect some high-risk behavior.
- Expect changes in sleeping and eating patterns.
- Reaffirm relationships.
- Maintain routines as much as possible.
- Allow for venting and verbalization of feelings about the event at hand
- Affirm their feelings and stick to the facts of the incident.
- Talk about the issue sporadically (avoid "overloading" with too much focus on the event).
- If children seem unable to talk about it, initiate the conversation.
- Allow them to pace themselves emotionally—do not rush them.
- Reaffirm the future and express hope.
- Support/initiate proactive activities that emphasize freedom, independence and community.
- Tap into artistic pursuits (music, drama, movement, Playback Theatre, etc.)
- Provide mental health services to those who may need them.

Possible Responses of Children to Crises and Traumatic Events

There are differences in response according to age and developmental level:

Preschool (Ages 1-5)

You may observe:

- Bedwetting.
- Loss/increase of appetite.
- Nightmares and night terrors.
- Unusual clinging to parents and caretakers.
- Loss of verbal skills.
- Increased fear of being left alone.
- Loss of bowel control or constipation.
- Trembling or immobility.
- Facial expressions indicating "shock" for extended periods.
- Spontaneous crying or screaming.

Preteens (Ages 6-11)

You may observe:

- Withdrawal from normal routines and activities.
- Disruptive or inattentive behavior.
- Regressive behaviors.
- Sleep disturbances and nightmares.
- "Irrational" fears.
- Irritability.
- Decline in school attendance/refusal to attend.
- Physical symptoms without a medical reason.
- Decline in school work and performance.
- Expression of feelings of depression, anxiety, guilt and helplessness.
- Numbness and flatness in affect and emotion.



Possible Responses of Children to Crises and Traumatic Events*continued***Teens (Ages 12-17)****You may observe:**

- Evidence of “flashbacks” and nightmares.
- Numbness and flatness in affect and emotion.
- Avoidance of reminders of the event.
- Symptoms of depression (should be confirmed with Mental Health professionals)
- Substance abuse.
- Anti-social behaviors
- Difficulties with peers.
- Withdrawal or isolation.
- An increase in physical complaints.
- Expression of suicidal thoughts.
- School avoidance.
- Decline in academic performance.
- Sleep disturbance.
- Expressions of feelings of guilt.
- Expressions of feelings of revenge.

Effective coping strategies:

- Contact Mental Health professionals.
- Contact clergy of choice.
- Promote self-expression through play and theatrical forms like playback theater and psychodrama, if available.
- Establish comforting bedtime routines.
- Provide frequent attention; be lavish
- Be verbally reassuring.
- Be physically comforting (lots of hugs).
- Maintain usual family routines and rituals as much as possible.
- It might be a good idea to allow children to sleep in their parent’s room if they request it and to allow them to do so until they are ready to return to their own room.

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