



The Florida Crisis Consortium is supported by the Florida Department of Health.

## **Age-Appropriate Reactions & Specific Interventions for Children & Adolescents Experiencing A Traumatic Incident**

### **The following are common reactions to a crisis:**

- Shock and numbness
- Denial or inability to acknowledge the situation occurred
- Dissociative behavior – appearing dazed, expressing feeling of unreality
- Confusion
- Anger (turned outward)
- Depression (anger turned inward)
- Disorganization
- Difficulty making decisions
- Suggestibility

### **The following suggestions will help you with individuals of different ages:**

- Develop rapport!
- Express empathy, warmth and genuineness
- Give back, as much as possible, a sense of control that has been lost
- Recognize trust issues
- Allow children to “tell their story”
- Don’t be confrontational during the early stage of the crisis response.

### **Provide children with an opportunity to express their thoughts and feelings in a warm and supportive climate, and educate them about some of the common symptoms of traumatic stress. It is helpful to:**

- Talk about the facts surrounding the event
- Talk about behaviors at the time of the experience (where they were and what they were doing)
- Talk about physical reaction at the time of the experience (how did your body respond to the traumatic event?)
- Talk about thoughts at the time and immediately after the experience (what was going through your mind?)
- Talk about feelings at the time and immediately after the experience (what were you feeling?)
- Finally it may be helpful to ask, “What was the worst thing about the experience for you?” One should expect considerable variability from child to child and be careful not to judge their response or talk them out of their feelings

## Age-Appropriate Reactions & Specific Interventions for Children & Adolescents

Understanding the typical reactions of individuals exposed to a crisis situation is a critical step in identifying people who may be in need of further professional assistance. The following is a list of age appropriate symptoms and possible interventions within each age category.

### **Symptoms for Preschool Children (Ages 1 through 5)**

Engaging in behaviors that are immature and have been abandoned in the past including:

- ◆ Thumb sucking
- ◆ Bed-wetting
- ◆ Loss of bladder control
- ◆ Speech difficulty
- ◆ Clinging and wining
- ◆ Separation difficulties
- ◆ Decrease in appetite
- ◆ Fear of the dark

### **Information & Interventions for Children (Ages 1 through 5)**

- Children do not yet possess the cognitive skills to understand a crisis and lack the coping skills to deal with it effectively
- They look to adults in their environment for support and comfort
- Children model adult reactions
- A young child's main concern during a crisis will likely be abandonment
- Make the child feel safe and secure, let them know that you will not leave them
- Young children typically do not have the ability to articulate their feelings but they will express them mainly through their behaviors
- Play activities give the young child an opportunity to express feelings and thoughts that they are not able to express verbally
- Use: clay, paint, crayons, building blocks, puppets, and dolls and have the child tell you the story

### **Symptoms for Childhood (Ages 5 through 11)**

- ◆ Sadness and crying
- ◆ Poor concentration
- ◆ Fear of personal harm
- ◆ Irritability
- ◆ Bed-wetting
- ◆ Confusion
- ◆ Physical complaints
- ◆ School avoidance
- ◆ Anxiety and fear
- ◆ Eating difficulties
- ◆ Regressive behaviors
- ◆ Aggressive behaviors
- ◆ Withdrawal
- ◆ Attention seeking behavior

### **Information & Interventions for Childhood (Ages 5 through 11)**

- Children in this age group are more verbal but are more concrete (vs. abstract) in their thinking and processing. They will often lead you by their questions. Listen carefully and only answer what they are asking, not giving them more information than they want or need.
- Most young children do not understand the permanency of death. Children at the elementary level may develop genuine fears regarding death and separation anxiety from family and friends

### **Information & Interventions for Childhood (Ages 5 through 11)**

- Play activities in which feelings and thoughts can be expressed, should be used
- Planned discussions about fears and anxieties may also help
- Painting or drawing, writing in a journal, reading and/or discussing stories, and exercising may all facilitate the healing process
- Encourage the child to describe their drawing and/or tell a story. For instance, the child can be encouraged to draw what they are afraid of and the good things that they can remember about the event.
- It is important that the child never be judged for their reactions!
- Reflect the identifiable feeling and emotions of the child
- Give back as much as possible the sense of control that has been taken away
- Normalize the child's feeling

### **Symptoms for Early Adolescence (Ages 11 through 14)**

- |                                    |                              |
|------------------------------------|------------------------------|
| ◆ Sleep disturbances               | ◆ Generalized anxiety        |
| ◆ Increase or decrease in appetite | ◆ School difficulties        |
| ◆ Lost of interest in activities   | ◆ Physical ailments          |
| ◆ Withdrawal from peers            | ◆ Poor school performance    |
| ◆ Fear of personal harm            | ◆ Depression                 |
| ◆ Rebelliousness                   | ◆ Concentration difficulties |

### **Information & Interventions for Early Adolescence (Ages 11 through 14)**

- Children in this age group have a greater sensitivity and understanding about tragic events, but often a limited way of responding.
- Children at this age often exhibit concern regarding for those who are hurt or deceased and often want to help in some way.
- Young adolescents, especially boys, may display bravado and present as cynical, perhaps as a defense against overwhelming emotional reactions
- Group discussions that encourage the children to talk about their feelings regarding the crisis is beneficial
- Issues about personal and family safety should also be discussed
- Encourage these children to write a letter (to the families of victims, to rescue workers, etc.)
- Reassure these children that: "It's OK to have the feelings that you have today," "Your reaction is a normal response to an abnormal event," "It's OK, not to be OK," "I am here for you if you would like to talk"

- Encourage role-playing games to express emotions, encourage journaling
- Provide them with tasks which may be related to recovery and help them feel valuable and contributory.

### **Symptoms for Adolescents (Ages 14 through 18)**

- |  |                                      |
|--|--------------------------------------|
| ◆ Intrusive recollections                        | ◆ Decrease in energy level           |
| ◆ Numbing  | ◆ Depression                         |
| ◆ Anxiety and feelings of guilt                  | ◆ Sleep disturbances                 |
| ◆ Eating disturbances                            | ◆ Apathy                             |
| ◆ Antisocial behavior                            | ◆ Aggressive behavior                |
| ◆ Poor school performance                        | ◆ Peer problems                      |
| ◆ Substance use or increased substance use/abuse | ◆ Withdrawal                         |
| ◆ Poor concentration                             | ◆ Decreased interest in opposite sex |
| ◆ Psychosomatic symptoms                         | ◆ Anger and irritability             |

### **Information & Interventions for Adolescents (Ages 14 through 18)**

- Adolescents can usually engage in more abstract and hypothetical thinking and there is a better sense of the permanence of death. However, many teens maintain distorted thoughts that, this could never happen to them and that “good things happen to good people and bad things happen to bad people.”
- It is important to encourage discussion of thoughts, feelings, beliefs, and concerns regarding the crisis situation.
- Faulty thinking regarding the event may need to be addressed
- Strive to acknowledge and normalize their reactions
- Become an empathic listener; listen in a non-judgmental and genuine way
- It is important to remain patient
- Maintain sensitivity to the adolescent’s level of understanding
- Do not assume that you must have all the answers; say, “I don’t know” when appropriate
- Coping strategies such as relaxation techniques and problem-solving strategies may be discussed

## **Summery of Intervention Strategies**

### **Preschool and Elementary Children**

- ✗ Play activities including the use of clay and blocks
- ✗ Painting
- ✗ Drawing pictures
- ✗ Writing in a journal for older children
- ✗ Reading and discussing stories
- ✗ Writing cards and letters to deceased or surviving family/friends
- ✗ Creating a mural or “memory board” about experiences during the crisis
- ✗ Developing a “memory box” to process thoughts
- ✗ Develop “thoughts as they relate to feelings” chart
- ✗ Individuals and group counseling

# Summery of Intervention Strategies

## **Adolescence**

- ✘ Journal writing
- ✘ Art activities
- ✘ Poetry writing
- ✘ Story writing
- ✘ Writing cards and letters to the deceased or surviving family/friends
- ✘ Relaxation techniques including deep breathing and progressive muscle relaxation
- ✘ Problem-solving strategies
- ✘ Small group discussions
- ✘ Support groups
- ✘ Exercise
- ✘ Listening to music
- ✘ Individual and group counseling
- ✘ Spending time with friends and family

If you need help, call 211 and ask for your local mental health center or use one of the resources below:

### **Treatment Locators**

#### ***Mental Health Services Locator***

**(800) 789-2647 (English and Español)**

**(866) 889-2647 (TDD)**

**[www.mentalhealth.samhsa.gov/databases](http://www.mentalhealth.samhsa.gov/databases)**

#### ***Substance Abuse Treatment Facility Locator***

**(800) 662-HELP (4357)**

**(Toll-Free, 24-Hour English and Español Treatment Referral Service)**

**(800) 487-4889 (TDD)**

**[www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov)**

### **Hotlines**

#### ***National Suicide Prevention Lifeline***

**(800) 273-TALK (8255)**

**(800) 799-4889 (TDD)**

#### ***SAMHSA National Helpline***

**(800) 662-HELP (4357) (English and Español)**

**(800) 487-4889 (TDD)**

#### ***Workplace Helpline***

**(800) WORKPLACE (967-5752)**

**[www.workplace.samhsa.gov/helpline/helpline.htm](http://www.workplace.samhsa.gov/helpline/helpline.htm)**



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