

Emotional First Aid for Children



General Guidelines

- Provide support and “presence”
- Comfort and reduce distress
- Safeguard survivors from additional harm
- Reduce physical arousal
- Clarify what happened
- Provide reliable, credible information
- Identify reminders
- Reframe thinking about disaster incident
- Identify resources
- Stay Calm
- Be an active listener
- Be sensitive to language and cultural needs
- Set realistic perspectives
- Be non-judgmental
- Defuse anger and do not tolerate negative behavior
- Reduce immediate reminders
- Refer to a mental health professional if symptoms persist or are delayed
- Consider child’s regular functioning pre-incident

PRESCHOOL (AGES 1 – 5)

Some typical responses and characteristics:

- Regresses developmentally, i.e., thumb sucking or bed wetting
- Exaggerated startle response
- Fears of darkness or animals
- Clinging to parents
- Nightmares and terrors
- Loss of bladder control, constipation
- Speech difficulties (e.g., stammering)
- Loss or increase in appetite
- Fears of abandonment
- Vulnerable to the disruption of their secure world
- Lack the verbal and conceptual skills to express themselves
- Look to family members for comfort
- Cope as well as the adults in their lives are coping
- If a child has losses (family members, pets, toys, blanket) they will need extra assurance

TO HELP PRESCHOOLERS

- Help children express emotions through play re-enactment and playing with them.
 - Provide verbal reassurance and physical comforting.
 - Give frequent attention.
 - Return to a normal routine as soon as possible.
 - Encourage expression regarding the loss of family, pets, or toys.
 - Plan comforting pre-bedtime activities.
 - Allow short-term changes in sleep arrangements—light on or door open, or a mattress in the parents’ or another child’s room, or remaining with a child until he falls asleep.

CHILDREN (AGES 5 – 11)

Some typical responses and characteristics:

- Irritability
- Whining
- Clinging-separation anxieties
- Aggressive behavior at home or school
- Overt competition with siblings for parents’ attention

TO HELP CHILDREN (AGES 5 – 11)

- Provide plenty of patience and tolerance.
- Afford ample play sessions with peers and adults.
- Give them opportunity to have discussions with adults and peers about the event.

- Nightmares, terrors
- Fear of darkness
- School avoidance
- Withdrawal from peers
- Loss of interest and poor concentration in school
- Regressive behavior is most typical for this age group.
- The loss of pets or prize objects is very difficult for children to handle.

- Relax expectations at home and at school. It is reasonable to expect that a normal routine will be resumed after a suitable period. (Child may be as numb as we are and feel unable to perform, such as on tests.)
- Present opportunities for structured, but non-demanding chores and responsibilities at home.
- Rehearse safety measures to be used in future disasters.

PRE-ADOLESCENT (AGES 11-14)

Some typical responses and characteristics:

- Sleep disturbance
- Appetite disturbance
- Rebellion in the home
- School problems such as: withdrawal, fighting, loss of interest, attention seeking behavior
- Physical problems such as headaches, vague aches and pain, skin eruptions, bowel problems, psychosomatic complaints.
- Loss of interest in social activities with peers.

TO HELP YOUTH (AGES 11-14)

- Responses should be aimed at lessening tensions, anxieties and possible guilt feelings.
- Provide group activities geared toward the resumption of routines.
- Involve youth in activities with their same age group.
- Provide structured, but undemanding responsibilities.
- Relax expectations in performance at home and school, temporarily.
- Give additional individual attention

ADOLESCENT (AGES 15-18)

Some typical responses and characteristics:

- Psychosomatic symptoms (e.g. rashes, bowel problems, asthma)
- Headaches and tension
- Appetite and sleep disturbance
- Apathy
- Agitation or decrease in energy level
- Decline in struggles over parental control
- Girls: painful, abnormal, decreased or absence of menstruation.
- Guilt that he/she could have prevented the event or reduced injuries.
- Focuses on interests of his/her own age group and is distressed by the disruption of peer group activities.
- May begin to use or abuse alcohol and other drugs.
- Changes plans, i.e., does not want to attend college, wants to remain close to family.

TO HELP ADOLESCENTS (AGES 14-18)

- Encourage participation in the community rehabilitation or reclamation work.
- Support resumption of normal social activities, athletics, clubs, etc.
- Encourage discussion of disaster experiences with peers, extended family members, a pastor and other significant others.
- Relax expectations in performance at home and school, temporarily.
- Endorse, but do not insist upon discussion of disaster fears within the family setting.

Information provided by:

SAMHSA, Center for Mental Health Services, National Child Traumatic Stress Network: Disaster and Terrorism Branch.

Special note: While the above information was originally developed to assist in times of “disaster experiences,” it can apply and be helpful in the event of any emotional crisis. Remember, that while children are small, their problems and concerns can be very large to them.

