

Age-Related Reactions to a Traumatic Event



A fundamental goal of parenting is to help children grow and thrive to the best of their potential. Parents anticipate protecting their children from danger whenever possible, but sometimes serious danger threatens, whether it is manmade, such as a school shooting or domestic violence, or natural, such as a flood or earthquake. And when a danger is life-threatening or poses a threat of serious injury, it becomes a potentially traumatic event for children.

By understanding how children experience traumatic events and how these children express their lingering distress over the experience, parents, physicians, communities, and schools can respond to their children and help them through this challenging time. The goal is to restore balance to these children's lives and the lives of their families.

HOW CHILDREN MAY REACT

How children experience traumatic events and how they express their lingering distress depends, in large part, on the children's age and level of development.

Preschool and young school-age children exposed to a traumatic event may experience a feeling of helplessness, uncertainty about whether there is continued danger, a general fear that extends beyond the traumatic event and into other aspects of their lives, and difficulty describing in words what is bothering them or what they are experiencing emotionally.

This feeling of helplessness and anxiety is often expressed as a loss of previously acquired developmental skills. Children who experience traumatic events might not be able to fall asleep on their own or might not be able to separate from parents at school. Children who might have ventured out to play in the yard prior to a traumatic event now might not be willing to play in the absence of a family member. Often, children lose some speech and toileting skills, or their sleep is disturbed by nightmares, night terrors, or fear of going to sleep. In many cases, children may engage in traumatic play—a repetitive and less imaginative form of play that may represent children's continued focus on the traumatic event or an attempt to change a negative outcome of a traumatic event.

For school-age children, a traumatic experience may elicit feelings of persistent concern over their own safety and the safety of others in their school or family. These children may be preoccupied with their own actions during the event. Often they experience guilt or shame over what they did or did not do during a traumatic event. School-age children might engage in constant retelling of the traumatic event, or they may describe being overwhelmed by their feelings of fear or sadness.

A traumatic experience may compromise the developmental tasks of school-age children as well. Children of this age may display sleep disturbances, which might include difficulty falling asleep, fear of sleeping alone, or frequent nightmares. Teachers often comment that these children are having greater difficulties concentrating and learning at school. Children of this age, following a traumatic event, may complain of headaches and stomach aches without obvious cause, and some children engage in unusually reckless or aggressive behavior.



Adolescents exposed to a traumatic event feel self-conscious about their emotional responses to the event. Feelings of fear, vulnerability, and concern over being labeled “abnormal” or different from their peers may cause adolescents to withdraw from family and friends. Adolescents often experience feelings of shame and guilt about the traumatic event and may express fantasies about revenge and retribution. A traumatic event for adolescents may foster a radical shift in the way these children think about the world. Some adolescents engage in self-destructive or accident-prone behaviors.

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HOW TO HELP

The involvement of family, physicians, school, and community is critical in supporting children through the emotional and physical challenges they face after exposure to a traumatic event.

For young children, parents can offer invaluable support, by providing comfort, rest, and an opportunity to play or draw. Parents can be available to provide reassurance that the traumatic event is over and that the children are safe. It is helpful for parents, family, and teachers to help children verbalize their feelings so that they don't feel alone with their emotions. Providing consistent caretaking by ensuring that children are picked up from school at the anticipated time and by informing children of parents' whereabouts can provide a sense of security for children who have recently experienced a traumatic event. Parents, family, caregivers, and teachers may need to tolerate regression in developmental tasks for a period of time following a traumatic event.

Older children will also need encouragement to express fears, sadness, and anger in the supportive environment of the family. These school-age children may need to be encouraged to discuss their worries with family members. It is important to acknowledge the normality of their feelings and to correct any distortions of the traumatic events that they express. Parents can be invaluable in supporting their children in reporting to teachers when their thoughts and feelings are getting in the way of their concentrating and learning.

For adolescents who have experienced a traumatic event, the family can encourage discussion of the event and feelings about it and expectations of what could have been done to prevent the event. Parents can discuss the expectable strain on relationships with family and peers, and offer support in these challenges. It may be important to help adolescents understand “acting out” behavior as an effort to voice anger about traumatic events. It may also be important to discuss thoughts of revenge following an act of violence, address realistic consequences of actions, and help formulate constructive alternatives that lessen the sense of helplessness the adolescents may be experiencing.

When children experience a traumatic event, the entire family is affected. Often, family members have different experiences around the event and different emotional responses to the traumatic event. Recognizing each others' experience of the event, and helping each other cope with possible feelings of fear, helplessness, anger, or even guilt in not being able to protect children from a traumatic experience, is an important component of a family's emotional recovery.

School Safety and Crisis

Care for the Caregiver: Tips for Families and Educators

Parents, teachers, and other caregivers play a critical role in helping children cope with crises, often ignoring their own needs in the process. However, caregivers must take good care of themselves so they are able to take good care of the children in their charge.

1. A natural instinct for parents and other caregiving adults is to put their personal needs aside in order to ensure the safety and well-being of the children in their care. It is extremely important, though, for caregivers to monitor their own reactions and take care of their own needs, because failure to do so can result in stress and burnout. This is particularly true for crisis situations in which normal support systems and routines have been severely disrupted and for which recovery will take a long time.
2. Burnout interferes with one's ability to provide crisis support and intervention assistance. This can be true in the aftermath of an immediate crisis like a natural disaster or terrorist attack as well as during extended periods of stress and anxiety like war.
3. In addition to burnout, caregivers also may experience secondary trauma or stress that results from learning about another's traumatic experience and/or helping someone who has been directly affected by such tragedy.
4. While any caregiver may exhibit signs and symptoms of stress and secondary trauma, caregivers who have their own histories of prior psychological trauma, loss and grief, mental illness (including substance abuse), or who lack social and family resources will be more vulnerable to these issues.
5. Some reactions are commonly experienced by caregivers after a crisis; however, others may warrant professional support or monitoring. These include:
 - a. *Cognitive reactions* such as an inability to stop thinking about the crisis, loss of objectivity, an inability to make decisions, or an inability to express oneself verbally or in writing.
 - b. *Physical reactions* such as chronic fatigue and exhaustion, gastrointestinal problems, headaches and other aches and pains, loss of appetite, or difficulty sleeping.
 - c. *Emotional reactions* such as excessive worry or anxiety, numbing, irritability, anger or rage, distressing thoughts or dreams, and/or suicidal thoughts and/or severe depression.
 - d. *Behavioral or social reactions* such as alcohol and substance abuse, withdrawal from contact with loved ones, or an inability to complete or return to normal job responsibilities.
6. All caregivers need to consider the following suggestions to prevent burnout:
 - a. *Physical self-care.* Maintain healthy eating habits and drink plenty of water; limit the use of alcohol or other substances; get adequate sleep.

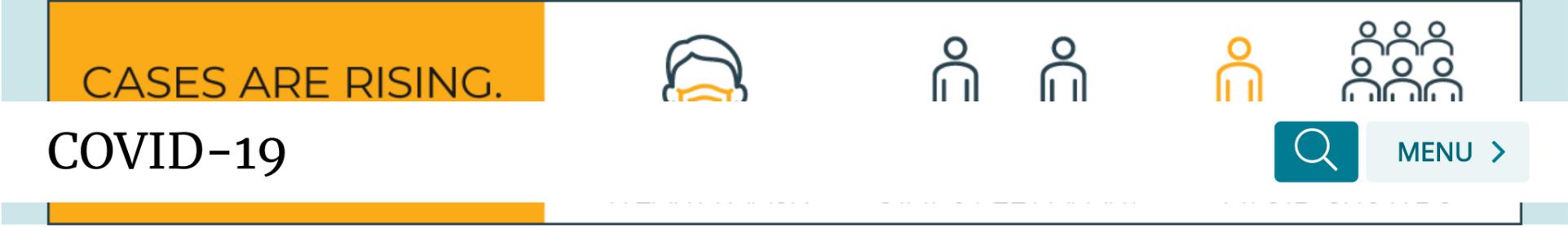
- b. *Emotional self-care.* Know your limitations; recognize that your reactions are normal and occur frequently among caregivers, including many well-trained crisis professionals.
- c. *Social care and connection.* Maintain normal daily routines; connect with trusted friends or family; connect with systemic supports such as your faith and school communities; process or debrief the events at the end of each day with other caregivers or colleagues. This is especially important for crisis responders.
- d. *Adequate support resources.* Acknowledge that you and your family may need additional help. Access crisis support resources provided by community and volunteer services, including social-emotional and mental health supports.
- e. *Systems/procedural care.* Advocate for and set limits on the number of consecutive responses; promote policies that allow for crisis responders to step away from a response if the crisis hits too close to home; ensure that crisis team leaders establish a supportive atmosphere of self-care.

See *Care for the Caregiver: Guidelines for Administrators and Crisis Teams* for additional information for school staff, <http://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/care-for-caregivers/care-for-the-caregiver-guidelines-for-administrators-and-crisis-teams>.

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 CASES ARE RISING.

COVID-19



MENU >

Helping Children Cope

Updated July 1, 2020

[Print](#)

Children and teens react, in part, on what they see from the adults around them. When parents and caregivers deal with the COVID-19 calmly and confidently, they can provide the best support for their children. Parents can be more reassuring to others around them, especially children, if they are better [prepared](#).

Watch for behavior changes in your child

Not all children and teens respond to stress in the same way. Some common changes to watch for include:

- Excessive crying or irritation in younger children.
- Returning to behaviors they have outgrown (for example, toileting accidents or bedwetting).
- Excessive worry or sadness.
- Unhealthy eating or sleeping habits.
- Irritability and “acting out” behaviors in teens.
- Poor school performance or avoiding school.
- Difficulties with attention and concentration.
- Avoidance of activities enjoyed in the past.
- Unexplained headaches or body pain.
- Use of alcohol, tobacco, or other drugs.

Ways to support your child

- [Talk with your child about the COVID-19 outbreak.](#)
- Answer questions and share facts about COVID-19 in a way that your child can understand.
- Reassure your child that they are safe. Let them know it is okay if they feel upset. Share with them how you deal with your own stress so that they can learn from you how to cope with stress.
- Limit your family’s exposure to news coverage of the event, including social media. Children may misinterpret what they hear and can be frightened about something they do not understand.
- Try to keep up with regular routines. If schools are closed, create a schedule for learning activities and relaxing or fun activities.
- Be a role model. Take breaks, get plenty of sleep, exercise, and eat well. Connect with your friends and family members.
- Spending time with your child in meaningful activities, reading together, exercising, playing board games.



Take care of your mental health

You may experience [increased stress](#) during this pandemic. Fear and anxiety can be overwhelming and cause strong emotions.

Get immediate help in a crisis

- Call 911
- [Disaster Distress Helpline](#)  : CALL or TEXT 1-800-985-5990 (press 2 for Spanish).
- [National Suicide Prevention Lifeline](#)  : 1-800-273-TALK (8255) for English, 1-888-628-9454 for Spanish, or [Lifeline Crisis Chat](#)  .
- [National Domestic Violence Hotline](#)  : 1-800-799-7233 or text LOVEIS to 22522
- [National Child Abuse Hotline](#)  : 1-800-4AChild (1-800-422-4453) or text 1-800-422-4453
- [National Sexual Assault Hotline](#)  : 1-800-656-HOPE (4673) or [Online Chat](#) 
- [The Eldercare Locator](#)  : 1-800-677-1116 [TTY Instructions](#) 
- [Veteran's Crisis Line](#)  : 1-800-273-TALK (8255) or [Crisis Chat](#)  or text: 8388255

Find a health care provider or treatment for substance use disorder and mental health

- [SAMHSA's National Helpline](#)  : 1-800-662-HELP (4357) and TTY 1-800-487-4889
- [Treatment Services Locator Website](#) 
- [Interactive Map of Selected Federally Qualified Health Centers](#) 

More information

[Caring for Children](#)

[Helping Children Cope](#)

[For Teens and Young Adults](#)

Last Updated July 1, 2020



How to Help Children Build Resilience in Uncertain Times

By: Kenneth Ginsburg, MD, MS Ed, FAAP

As parents, we want to protect our children from witnessing the fear and uncertainty brought by the COVID-19 (/English/health-issues/conditions/chest-lungs/Pages/2019-Novel-Coronavirus.aspx) pandemic. We wish we could take away the disruption to their education, activities and relationships. And, we wish they were not exposed to suffering.

We cannot control these circumstances, but we *can* work to strengthen our relationships during this time while building our children's resilience. We *can* remember to say what so many of our grandparents said to us: "This too shall pass, and you'll get through this with me by your side."

The best way to protect our children is to shape the lessons gained during this difficult time. We do so best when we intentionally manage our own feelings and experiences with an eye toward helping them build resilience.

Below are some of the feelings many of us are experiencing, paired with the chance they offer us to model and teach lifelong resilience skills.

"I feel like I am failing": Learning self-forgiveness

Perfection is not an option here. Know that if you forgive yourself and focus on the good in yourself now through self-compassion, your child or adolescent will learn to be a bit gentler with themselves. That is lifelong protection.

"My kids are frustrated, and so am I": Learning to empathize

One of the most respectful things we can do is genuinely understand someone else's point of view. The best way for children to gain this perspective is by benefiting from it firsthand. You build their empathy for others by working to understand their thoughts, feelings, and behaviors.

"I don't know how to handle how I feel": Processing and releasing emotions

A time of uncertainty with heightened emotions is the time to show that emotions are not to be ignored. Our children must learn from us that having emotions is good, talking about them is necessary and being honest with them is healing.

"I want to pull my hair out": Creating a safe haven within our homes

You can love your child and still sometimes want to tear your hair out. We all have bad days when the stress load is high, and it's high now. We cannot control the outside world, but we create sanctuaries within our homes. With peace in our homes, we can better handle the outside world.

"I need a time out": Being a calming presence for others

In moments when the future is unclear and our minds begin racing toward worse case scenarios, the presence of a reassuring voice makes all the difference.

"I don't know how to respond": Being clear and honest with yourself and others

Say what you do know. Admit what you don't.

"My mind feels out of control": Maintaining physical health strengthens emotional health

Strong bodies support our minds to best navigate the circumstances we confront. Say out loud: "I can't just sit on the couch all day. I'm going to exercise. If I don't take care of my body, I can't focus as well."

"I keep thinking about the worst-case scenario": Stay present and live in reality

Uncertainty can make our minds race to the worst possible outcome. Catch those thoughts and say, "I am imagining the worst. Let me focus on what is really happening." Young people can assume the worst because they have not *yet* had the experience to know that crises come and go. Let them know "You'll get through this with me by your side."



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“I feel helpless”: Finding what you can do

Few things create discomfort more than feeling like there is too much to do . . . or nothing you can do at all. And few things restore comfort more than tackling what you can. Model the importance of one of the most calming words: “Yet.” “I’ll NEVER _____!” can transform into “I haven’t _____ yet.” Don’t accept failure or disappointment as permanent but instead view setbacks as opportunities to try *yet* again.

“I can't do everything”: Learning to let go

Stay healthy, strong, and compassionate. Take care of those who are vulnerable. Let family members know they are precious. Do what it takes to keep a roof over your head and food on the table. Everything else can wait.

“I am so disappointed”: Find joy, give service, and maintain purpose

Help your children see the difference they can make in others’ lives and how good it feels to give service. This may enhance their own resilience because they’ll learn the joy of giving. More important, they’ll learn there is no pity in receiving.

“I had so many plans that aren't working out”: When you can't change things, adapt

Many of our plans are not working out. Focus on what you *can* make a reality and what you *can* do.

“I miss my family and friends”: Relationships strengthen us

This is a generational defining moment. If this generation learns that when times get tough, people unify, it will be the generation who can lead us into a better shared future--one in which we hold those we love nearer and offer those who are vulnerable the extra support they deserve.

“Will things ever be the same?": Hope

Resilience is about more than bouncing back. It is about adapting. Growing. Becoming stronger. Being ready for the next challenge, but also being prepared to savor all the good life has to offer. I hope that by the time you read this, the most difficult times will have passed. But, I also hope that these lessons endure.

Uncertainty is frightening, but knowing that we are not alone to figure it out brings comfort. Any individual alone is vulnerable, but joined together we are stronger than the combination of each of our individual strengths. People together can take turns between drawing strength from others and being a source of strength. We will get through this when we come together!

If you found this article helpful, download this free online-exclusive chapter (https://downloads.aap.org/DOPA/Building_Resilience_in_Children_and_Teens_4th_edition_Bonus_Chapter_HealthyChildren.org.pdf) from Dr. Ginsburg's new book, *Building Resilience in Children and Teens: Giving Kids Roots and Wings*, 4th edition (<https://shop.aap.org/Building-Resilience-in-Children-and-Teens-4th-Edition-Paperback/>). It includes expanded information about building resilience during this pandemic, including guidance on how to create a safe haven within your home, be a calming presence for others, and find hope for a better future.

More Information

- Parenting in a Pandemic: Tips to Keep the Calm at Home (/English/family-life/family-dynamics/communication-discipline/Pages/Positive-Parenting-and-COVID-19_10-Tips.aspx)
- Teens & COVID-19: Challenges and Opportunities During the Outbreak (/English/health-issues/conditions/chest-lungs/Pages/Teens-and-COVID-19.aspx)
- Tips for Coping with a New Baby During COVID-19 (/English/ages-stages/baby/crying-colic/Pages/Tips-for-Coping-with-a-New-Baby.aspx)
- Mental Health During COVID-19: Signs Your Teen May Need More Support (/English/health-issues/conditions/chest-lungs/Pages/Signs-your-Teen-May-Need-More-Support.aspx)
- Talking to Children About Tragedies & Other News Events (/English/family-life/Media/Pages/Talking-To-Children-About-Tragedies-and-Other-News-Events.aspx)

About Dr. Ginsburg



Ken Ginsburg, MD, MS Ed, FAAP, is author of the AAP book, *Building Resilience in Children and Teens, 4th Edition* (<https://shop.aap.org/building-resilience-in-children-and-teens-4th-edition-paperback/>), which will be published on May 26, 2020. He practices Adolescent Medicine at The Children’s Hospital of Philadelphia and is a Professor of Pediatrics at the University of Pennsylvania School of Medicine. He directs Health Services at Covenant House Pennsylvania, where he serves Philadelphia’s youth enduring homelessness, and is also Founding Director of The Center for Parent and Teen Communication. His AAP multimedia toolkit, “Reaching Teens: Strength-Based, Trauma-Sensitive, Resilience-Building Communication Strategies Rooted in Positive Youth Development,” prepares professionals to be the adults young people deserve in their lives.

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Talking to Children About Tragedies & Other News Events

After any disaster or crisis, families struggle with what they should say to children and what's best not to share with them.

The American Academy of Pediatrics (AAP) encourages parents, teachers, child care providers, and others who work closely with children to filter information about the event and present it in a way that their child can understand, adjust to, and cope with.



Where to Start – All Ages

No matter what age or developmental stage the child is, parents can start by asking a child what they've already heard. Most children will have heard something, no matter how old they are. After you ask them what they've heard, ask what questions they have.

Older children, teens, and young adults might ask more questions and may request and benefit more from additional information. But no matter what age the child is, it's best to keep the dialogue straightforward and direct.

AAP Tips on Talking to a Child after a Disaster



Avoiding Graphic Details & Exposure to Media

In general, it is best to share basic information with children, not graphic details, or unnecessary details about tragic circumstances. Children and adults alike want to be able to understand enough so they know what's going on. Graphic information and images should be avoided.

Keep young children away from repetitive graphic images and sounds that may appear on television (</English/family-life/Media/pages/Pulling-the-Plug-on-TV-Violence.aspx>), radio, social media, computers, etc.

With older children, if you do want them to watch the news, record it ahead of time. That allows you to preview it and evaluate its contents before you sit down with them to watch it. Then, as you watch it with them, you can stop, pause, and have a discussion when you need to.

Children will generally follow good advice, but you have to give them some latitude to make decisions about what they're ready for. You can block them from seeing the newspaper that comes to the door, for example, but not the one on the newsstand. Today, most older children will have access to the news and graphic images through social media and other applications right from their cell phone. You need to be aware of what's out there and take steps in advance to talk to children about what they might hear or see.

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Talking to Very Young Children

The reality is that even children as young as 4 years old will hear about major crisis events. It's best that they hear about it from a parent or caregiver, as opposed to another child or in the media (</English/family-life/Media/Pages/default.aspx>).

Even the youngest child needs accurate information, but you don't want to be too vague. Simply saying, *"Something happened in a faraway town and some people got hurt,"* doesn't tell the child enough about what happened. The child may not understand why this is so different from people getting hurt every day and why so much is being said about it. The underlying message for a parent to convey is, *"It's okay if these things bother you. We are here to support each other."*

Talking to Gradeschool Children & Teens

After asking your child what they have heard and if they have questions about what occurred during a school shooting, community bombing, natural disaster, or even a disaster in an international country, a parent can say something such as:

"Yes. In [city], [state]" (and here you might need to give some context, depending on whether it's nearby or far away, for example, 'That's a city/state that's pretty far from/close to here'), there was disaster and many people were hurt. The police and the government are doing their jobs so they can try to make sure that it doesn't happen again."

A parent can follow-up as needed based on the child's reactions and questions.

Talking to Children with Developmental Delays or Disabilities

Parents who have a child with a developmental delay or disability (</english/health-issues/conditions/developmental-disabilities/Pages/default.aspx>) should gear their responses to their child's developmental level or abilities, rather than their physical, age. If you have a teenage child whose level of intellectual functioning is more similar to a 7-year-old, for instance, gear your response toward her developmental level. Start by giving less information. Provide details or information in the most appropriate and clear way you can.

Talking to Children with an Autism Spectrum Disorder (ASD)

What's helpful to a child with an ASD (</English/health-issues/conditions/developmental-disabilities/pages/Autism-Spectrum-Disorders.aspx>) may be different. For instance, the child may find less comfort in cuddling than some other children. Parents should try something else that does calm and comfort their child on other occasions. Ask yourself, *"Given who my child is, his personality, temperament, and developmental abilities, what might work for him?"*

Signs a Child Might Not Be Coping Well

If children don't have a chance to practice healthy coping (</English/healthy-living/emotional-wellness/Pages/Helping-Your-Child-Cope.aspx>), a parent may see signs that they're having difficulty adjusting. Some of things to look for are:

- **Sleep problems:** Watch for trouble falling asleep or staying asleep, difficulty waking, nightmares (</English/ages-stages/preschool/Pages/Nightmares-and-Night-Terrors.aspx>), or other sleep disturbances.
- **Physical complaints:** Children may complain of feeling tired, having a headache (</English/health-issues/conditions/head-neck-nervous-system/Pages/Headaches.aspx>), or generally feeling unwell. You may notice your child eating too much or less than usual.
- **Changes in behavior:** Look for signs of regressive behavior (</English/family-life/family-dynamics/communication-discipline/Pages/Normal-Child-Behavior.aspx>), including social regression, acting more immature, or becoming less patient and more demanding. A child who once separated easily from her parents may become clingy. Teens may begin or change current patterns of tobacco, alcohol, or substance use (</english/ages-stages/teen/substance-abuse/Pages/default.aspx>).
- **Emotional problems:** Children may experience undue sadness, depression, anxiety, or fears.

Sometimes it can be hard to tell if a child is reacting in a typical way to an unusual event or whether they are having real problems coping, and might need extra support. If you are concerned, talk to your child's pediatrician (</English/family-life/health-management/Pages/When-to-Call-Your-Pediatrician.aspx>) or a mental health professional (</English/healthy-living/emotional-wellness/Pages/Mental-Health-Care-Whos-Who.aspx>) or counselor.

Don't wait for the signs. Start the discussion early, and keep the dialogue going.

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More Information on HealthyChildren.org:

- [How to Help Children Build Resilience During Uncertain Times \(/English/health-issues/conditions/COVID-19/Pages/Building-Resilience-in-Uncertain-Times.aspx\)](/English/health-issues/conditions/COVID-19/Pages/Building-Resilience-in-Uncertain-Times.aspx)
- [Childhood Exposure to Violence \(/English/safety-prevention/at-home/Pages/Crime-Violence-and-Your-Child.aspx\)](/English/safety-prevention/at-home/Pages/Crime-Violence-and-Your-Child.aspx)
- [How to Talk to Your Child After an Act of Terrorism \(/English/healthy-living/emotional-wellness/Pages/How-Talk-to-Children-After-Act-Terrorism.aspx\)](/English/healthy-living/emotional-wellness/Pages/How-Talk-to-Children-After-Act-Terrorism.aspx)
- [School Safety During Emergencies: What Parents Need to Know \(/English/safety-prevention/all-around/Pages/Actions-Schools-Are-Taking-to-Make-Themselves-Safer.aspx\)](/English/safety-prevention/all-around/Pages/Actions-Schools-Are-Taking-to-Make-Themselves-Safer.aspx)
- [How to Support Your Child's Resilience in a Time of Crisis \(/English/healthy-living/emotional-wellness/Building-Resilience/Pages/How-to-Support-Your-Childs-Resilience-in-a-Time-of-Crisis.aspx\)](/English/healthy-living/emotional-wellness/Building-Resilience/Pages/How-to-Support-Your-Childs-Resilience-in-a-Time-of-Crisis.aspx)
- [Responding to Children's Emotional Needs During Times of Crisis \(/English/healthy-living/emotional-wellness/Pages/Responding-to-Childrens-Emotional-Needs-During-Times-of-Crisis.aspx\)](/English/healthy-living/emotional-wellness/Pages/Responding-to-Childrens-Emotional-Needs-During-Times-of-Crisis.aspx)

Additional Resources:

- [Promoting Adjustment and Helping Children Cope \(http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Promoting-Adjustment-and-Helping-Children-Cope.aspx\)](http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Promoting-Adjustment-and-Helping-Children-Cope.aspx) (AAPorg)
- [Communicating with Children and Families: From Everyday Interactions to Skill in Conveying Distressing Information \(http://pediatrics.aappublications.org/content/121/5/e1441.abstract\)](http://pediatrics.aappublications.org/content/121/5/e1441.abstract) (AAPorg)
- [Tips for Talking to Children After a Disaster \(http://store.samhsa.gov/shin/content/SMA11-DISASTER/SMA11-DISASTER-09.pdf\)](http://store.samhsa.gov/shin/content/SMA11-DISASTER/SMA11-DISASTER-09.pdf) (Substance Abuse and Mental Health Services Administration)
- [Help in Times of Crisis \(http://www.schoolcrisiscenter.org/\)](http://www.schoolcrisiscenter.org/) (National Center for School Crisis and Bereavement)
- [Catastrophic Mass Violence Resources \(http://www.nctsn.org/trauma-types/terrorism\)](http://www.nctsn.org/trauma-types/terrorism)(National Child Traumatic Stress Network)
- [Tips for Talking to Children in Trauma \(http://www.samhsa.gov/MentalHealth/Tips%20for%20Talking%20to%20Children%20in%20Trauma_LOW_RES.pdf\)](http://www.samhsa.gov/MentalHealth/Tips%20for%20Talking%20to%20Children%20in%20Trauma_LOW_RES.pdf)(Substance Abuse and Mental Health Services Administration)
- [How to Help Kids Cope After a Disaster \(http://ehealthmd.com/content/how-help-kids-cope-after-disaster#axzz2Qvf6ud21\)](http://ehealthmd.com/content/how-help-kids-cope-after-disaster#axzz2Qvf6ud21)(eHealthMD)

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