

Children's Reaction to Trauma: Suggestions for Parents

Trauma can change the way children view their world. Assumptions about safety and security are now challenged. Children's reactions will depend upon the severity of the trauma, their personality, the way they cope with stress and the availability of support. It is common for children to regress both behaviorally and academically following a trauma. A good way to view the situation is that they are normal children in an abnormal circumstance.

It is natural for children to first experience some sort of denial that the situation really happened. Fears, worries or nightmares are common following a trauma. Sleep disturbances or eating difficulties may happen. Also children may begin to regress emotionally or act younger than their chronological age. They also may become more clinging, unhappy and needy of parental attention and comfort. Feelings of irritability, anger, sadness or guilt may often emerge. Somatic complaints such as headaches, stomachaches or sweating are not unusual. Children and adolescents may repeatedly relive the trauma by acting it out in play or dreams. Other students may seek to avoid all reminders of the trauma by withdrawing from others, refusing to discuss their feelings, or avoiding activities that remind them of the people or places associated with the trauma. Some loss of interest in school, misbehavior, and poor concentration are other common reactions.

These symptoms may range from mild to severe. More severe symptoms may indicate that your child is experiencing Post Traumatic Stress Disorder or Depression.

What can parents do to help?

The following list of suggestions may assist you in responding to your child's symptoms:

1. Children experiencing self-blame and guilt: Parents should help the child figure out events that he/she can control from those that are uncontrollable. Additionally parents can encourage their child to talk positively about themselves.
2. Children experiencing helplessness and hopelessness: Parents can ask the child to write or tell current feelings and record pleasant thoughts 3 to 4 times a day in order to increase pleasant thoughts over a period of 4 to 6 weeks.
3. Children losing interest and experiencing a "blue mood": Arrange an interesting activity per day; plan for future special events; discuss enjoyable topics.
4. Children who lose their appetite or experience weight problems: Don't force eating; prepare favorite foods; make mealtime a pleasant occasion.
5. Children who experience sleep difficulties: Keep regular bed-time hours; do relaxing and calming activities one hour before bed-time such as reading or listening to soft music; end the day with a positive experience.
6. Children who are agitated and restless: Change activities causing agitation; teach the child relaxation techniques; massage may help; encourage physical exercise and recreation activities.
7. Children experiencing excessive fears: Minimize anxiety-causing situations and uncertainty; be supportive and reassuring; planning may reduce uncertainty.
8. Children demonstrating aggressive behavior and anger: Use a kind but firm approach to let your child know that the behavior is unacceptable. Let your child know that their emotions are normal, but encourage your child to express his or her anger in appropriate ways. Do not react in anger; be consistent with your responses to inappropriate behavior. Let your child know that many emotions are normal responses to trauma such as sadness, guilt, loneliness, fear, pain, and isolation.

If your child's symptoms persist or you are concerned about your child's reactions, contact your school's psychologist, school social worker, school counselor or your community mental health center.

NOTE: This handout is adapted from the Trauma and Children (Author: Lazarus, P.J.) and Depression in Children (Authors: Saklofske, D., Janzen, J., Hildebrand, D., and Kaufmann, L); Handouts for Parents, published by the National Association of School Psychologists, Andrea Canter and Servio Carroll, editors, 1998 (301) 657-0270 www.naspweb.org.