

HOW TO HELP CHILDREN COPE WITH TRAUMA

Although children have many of the same reactions as adults do to trauma, they have different ways of expressing their reactions and need some special help to cope. The following are some suggestions for dealing with the child in crisis.

- Encourage children and teens to talk about their concerns and to express their feelings. Some children may be hesitant to initiate such conversation, so you may want to ask what your child has heard and how they feel about it.
- Explain the facts that you know about the event. Use simple, direct terms to describe what happened. Give factual information. You may have to explain more than once.
- Encourage children to talk about confusing feelings, worries, daydreams, and disruptions of concentration by accepting the feelings, listening carefully, and reminding them that these are normal reactions (any of these feelings are okay) following a very scary event.
- Reinforce safety and security. Let children know that tragic incidents are not common and that, day-to-day, schools are safe places. Your child needs a lot of reassurance that you will take care of him.
- Maintain family routines and activities. Help children get enough sleep and maintain a balanced diet.
- You may need to be flexible with bedtime routines. A child may need for you to stay with him while he falls asleep, he may want a night light, or to sleep with a sibling or with you.
- If your child is fearful of going to school, if counselors know when your child is in crisis, they can frequently help.
- Spend extra time with your children and your family. Hugs help!



**For more information or to access services, contact
Jefferson Center for Mental Health
303-425-0300
www.jcmh.org**

Jefferson Center for Mental Health is the nonprofit community mental health center serving residents of Jefferson, Gilpin and Clear Creek Counties for more than 50 years.

CHILDREN'S REACTIONS TO TRAUMA

Children's responses to trauma vary according to the age of the child. Generally, children respond by reverting to behavior typical of an earlier developmental stage. These responses are considered **NORMAL** if they are of brief (less than three weeks) duration. If any of these symptoms continue, there are professionals available to help you with your questions.

- Increased somatic complaints (e.g., headaches, stomachaches, aches and pains)
- Changes in sleep, nightmares
- Changes in appetite, weight loss
- Marked changes in school performance; absenteeism
- Lack of interest in usual activities (e.g., after-school activities, time with friends)
- Poor concentration, sleepiness, inattentiveness
- Increase in hyperactivity
- Irritability with friends, teachers, events
- Anger outbursts and/or aggression
- Reckless or risk-taking behavior
- Neglects about dress and appearance or health
- Persistent sadness or depression
- Withdrawal

For younger children: AGES 1-6	AGES 7-11	AGES 12 -18
Bedwetting	Refusal to go to school	Running away
Crying	Bedwetting	Suicidal thoughts
Immobility	Nightmares	Stealing
Excessive clinging	Change in sleep patterns	Sleeplessness
Thumb sucking	-unwilling to fall asleep	School problems
Fear of darkness	-need for night light	Confusion
Inattentiveness	-fear of sleeping alone	Use of drugs
Fear of being left alone	-fear of darkness	Use of alcohol
Nightmares	Irritability	Relationship difficulties
Inability to sleep without a light or someone else	Disobedience	Aggressiveness
Awakening during night	Loss of concentration	Irritability
Confusion	Fighting	Inattentiveness



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