

# EMOTIONAL FIRST AID FOR CHILDREN

## Emotional First Aid

- 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

## Helpful Reminders

- 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:

- 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

### Other characteristics:

- 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.

## **CHILDHOOD (AGES 5 -11)**

Some typical responses:

- Irritability
- Whining
- Clinging-separation anxieties
- Aggressive behavior at home or school
- Overt competition with siblings for parents' attention
- Nightmares, terrors
- Fear of darkness
- School avoidance
- Withdrawal from peers
- Loss of interest and poor concentration in school

Other characteristics:

- Regressive behavior is most typical for this age group.
- The loss of pets or prize objects is very difficult for children to handle.

## **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.
- 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-ADOLSCENT (AGES 11-14)**

- 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.

### **ADOLESCENTS (AGES 14-18)**

Some typical responses:

- 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.

Other characteristics:

- 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.

For assistance, contact the Missouri Department of Mental Health  
Office of Disaster Readiness at 573/751-3070 or 800/364-9687

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