

Helping Children and Adolescents Cope with Trauma

These days, it seems as if traumatic events are making headlines far too often. As often as they seem to occur, they don't get any easier for us to hear about or watch. As challenging as these events may be for adults, consider how difficult they often are for children and adolescents to mentally and emotionally process.

Like adults, children struggle to make sense of trauma and experience emotional reactions to frightening experiences. However, children are very sensitive and their resiliency skills are not yet fully developed. They require special support to effectively deal with a traumatic event. Parents, guardians, and family members play an important role in helping children and adolescents cope with trauma.

What is trauma?

When people think of trauma, they often focus on physical injuries. However, people also can experience psychological trauma after witnessing or experiencing distressing events.

Trauma can be caused by natural disasters such as hurricanes, earthquakes, and floods. It also can be caused by acts of violence—such as terrorist attacks and mass shootings—as well as motor vehicle and other accidents.

Reactions to trauma can be immediate or delayed. Responses may differ in severity and can include a wide range of behaviors, sometimes influenced by culture.

Factors that may make children and adolescents more sensitive to trauma include:

- direct involvement in the trauma, especially as a victim
- severe or prolonged exposure to the event
- a personal history of prior trauma
- a family or personal history of mental illness or severe behavioral problems
- limited social support or a lack of caring family and friends
- ongoing life stressors such as moving to a new home or new school



Do children of different ages react differently to trauma?

It's important to understand that every child has a unique reaction to trauma. The reactions differ in onset, duration, severity, and manifestation. Reactions can vary by age and while specific reactions may be typical of a particular age group, they may also be observed in younger or older children.

Children age 5 and under may:

- cling to parents or caregivers
- cry and be tearful
- have tantrums and be irritable
- complain of physical problems such as stomachaches or headaches
- suddenly return to behaviors such as bed-wetting and thumb-sucking
- show increased fearfulness (for example, fear of the dark, monsters, or being alone)
- incorporate aspects of the traumatic event into imaginary play

Children age 6 to 11 may:

- have problems in school
- isolate themselves from family and friends
- have nightmares, refuse to go to bed, or experience other sleep problems
- become irritable, angry, or disruptive
- be unable to concentrate
- complain of physical problems such as stomachaches and headaches
- develop unfounded fears
- lose interest in fun activities

Adolescents age 12 to 17 may:

- have nightmares or other sleep problems
- avoid reminders of the event
- use or abuse drugs, alcohol, or tobacco
- be disruptive or disrespectful or behave destructively
- complain of physical problems such as stomachaches and headaches
- become isolated from friends and family
- be angry or resentful
- lose interest in fun activities

Additionally, children and adolescents may feel guilty for not preventing injury or death. They also may have thoughts of revenge. Many of these are normal and expected early responses, which for most people will lessen with time. If they last for more than a month, contact a licensed mental health professional.

What can parents and adults do to help children and adolescents?

- ✓ Listen to them, accept their feelings, and help them cope with the reality of their experience.
- ✓ Try to reduce other sources of stress such as moving residences, school pressures, hunger, transportation issues, and family conflicts.
- ✓ Pay attention to their recovery—understanding that it takes time, noting severe reactions, and attending to sudden changes in behavior, speech, language use, or emotions.
- ✓ Reassure them by reminding them that you love and support them.

What are other tips to help children cope with traumatic events?

- ✓ Explain what happened, but don't make children discuss the event before they are ready.
- ✓ Emphasize that the event was not their fault and it is okay for them to feel upset.
- ✓ Allow children to be sad or cry, encourage them to process their feelings by talking, writing, or drawing.
- ✓ Don't get angry if they show strong emotions.
- ✓ Don't expect children to be brave or tough.
- ✓ Don't get upset if they regress and begin bed-wetting, acting out, or thumb-sucking.
- ✓ Keep normal routines as much as possible, such as mealtime, playtime, bedtime rituals, etc.
- ✓ Help them feel in control by letting them choose meals, pick out clothes, and make decisions for themselves whenever possible.
- ✓ Don't make promises that you can't keep.

How do I know if children need help beyond what I can personally provide?

Children experience trauma differently, so it's difficult to tell who might develop more challenging mental health problems. Some trauma survivors recover with good family and social support, while others need counseling from a mental health professional. If, after a month in a safe environment, children are not able to perform normal routines or if they develop new symptoms of traumatic stress, then contact a mental health professional.

Likewise, some symptoms require immediate attention as soon as they are observed, such as a racing heartbeat and sweating, extreme sadness or depression, obsessive thoughts or flashbacks about the event, thoughts about ending one's life, or symptoms of post-traumatic stress disorder (PTSD).

Information provided by the National Institute of Mental Health (NIMH).

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