**Definition**
A crisis event can happen at anytime. Crises such as a schoolyard shooting, student suicide or death of a teacher can emotionally debilitate teachers and classmates. If a family or friend has been seriously injured or killed or if a child’s school or home has been damaged or a change in the environment has occurred, there is a greater chance that the child will experience difficulties coping. Whatever the circumstance, the emotional effects on children can be tremendous. These external factors have a direct effect on the child’s mental and emotional feelings. This could result in the need for crisis management and intervention.

**Why do we care?**
When compared to their developmental peers, children in crisis:
- Have lower levels of academic performance
- Are more likely exhibit changes in behavior
- Are more likely to feel more anxious or worried than usual or more than other kids in their age group
- Are more likely to have anger or conduct problems
- Are more likely to isolate themselves from friends or family, or have a sudden, new group of friends
- Might have the inability to concentrate or daydreams a lot
- Are more likely to hurt other people, destroy property, or harm themselves
- May resort to drugs and/or alcohol to ameliorate the pain
- Are at risk for suicide

**Age appropriate reactions and related symptoms associated with crisis:**
- Childhood
- Sadness and crying
- School avoidance
- Physical complaints (headache or stomach ache)
- Poor concentration
- Irritability
- Regressive behavior
- Aggressive behavior
- Anxious
- Confusion
- Withdrawal/social isolation
- Attention seeking behavior

**Early Adolescence**
- Withdrawal/isolation from peers
- Loss of interest in activities
- Rebelliousness
- Generalized anxiety
- School difficulty, including fighting
- Fear of personal harm
- Poor school performance
- Depression
- Concentration difficulties

**Adolescence**
- Anxiety and feelings of guilt
- Poor concentration and distractibility
- Psychosomatic symptoms (e.g., headaches)
- Antisocial behavior
- Agitation or decrease in energy level
- Poor school performance
- Peer problems
- Withdrawal
- Loss of interest in activities once enjoyed

**When is help needed?**
Help from a physician, mental health professional and/or clergy will be needed if the child or adolescent:
- Threatens or attempts suicide
- Has reactions that are so intense that they interfere with daily functioning over a prolonged period of time
- Re-experiences the trauma through flashbacks, hallucinations or, constant reenactment through play with other children
- Exhibits aggressive violent or intensely irrational behavior

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The Children’s Mental Health Matters! Awareness Campaign is a collaboration of The MD Coalition of Families for Children’s Mental Health (MD Coalition), the Mental Health Association of MD (MHAMD), the MD Mental Hygiene Administration and the MD Mental Health Transformation Office to raise public awareness of the importance of children’s mental health. For more information please call the MD Coalition at 410-730-8267, MHAMD at 410-235-1178 or visit www.childrensmentalhealthmatters.org.
Facts for Families
Crisis Management in Children and Adolescents Continued

Excessively uses alcohol and/or drugs

What can we do about it?
Parents play a critical role in helping children cope with crises.

✔ Be available. Make yourself available to your child in their time of need without interruption.

✔ Cancel other activities. If you had other scheduled tasks or duties during the time of your child’s crisis, postpone them to address the child’s immediate needs.

✔ Use of open communication. It is important that you talk with your child openly and honestly. Use of support and positive reinforcement so your children know they can ask any question on any topic freely and without fear of consequences.

✔ In explaining why you are concerned, be honest and straightforward. If you have serious concerns about your child’s behavior or emotional state, be honest with them and use examples to help them understand why you are concerned.

✔ Listen. Do not interrupt, do not argue, just listen. Let your child express the problem from their perspective, ask them how they want to solve it together, give them a chance to find solutions alone or together with you.

✔ Ask teachers and school clinicians about available crisis intervention resources in the community. Familiarize yourself with services within the community that offer crisis intervention services after traditional hours. You will need to keep in touch with your child’s teacher to monitor his/her academic performance.

✔ Encourage talking. Children feel better when they talk about their feelings. Children will talk at their own pace. You need to be able to feel comfortable talking to them, as they are ready.

✔ Hold family meetings. Keep the meetings lively, but controlled, so children learn that conflicts can be settled creatively and without violence or fear.

✔ Provide reassurance. Your child needs constant reassurance that things will get better and that things will improve in the long-term. Reassure your child that you will continue to be there for and that you will see him/her through this crisis.

✔ Monitor your child. You will need to monitor the adjustment of your child and spend additional individualized time with your child.

✔ Set routines. Try to keep usual routines (e.g., meal times, activities and bedtimes) as close to normal as possible. This allows a child to feel more secure and in control.

✔ Special needs. Allow your child to be more dependent on you for a period of time (e.g., keeping light on at night, sleeping with parents, offering more hugs).

✔ Lessen media coverage. Turn off media coverage regarding incidents because it can often be exaggerated or show the most severe scenes/pictures which can trigger stress-related symptoms/reliving the event.

✔ Accept feelings. Your acceptance of your child’s feelings will make a difference in how your child recovers from the trauma.

Resources/Links
National Association of School Psychologists

National Center for PTSD

National Alliance on Mental Illness

Adapted from Resources found on: www.schoolmentalhealth.org March 2009