

Talking with your kids about traumatic events (by K. Flannery)

How do I handle this conversation with my child or teen?

Before anything else, including talking with your kids, be aware of your own impact when processing out a trauma (Connecticut State Department of Children and Families, 2021). Children watch and model their parents/caregivers response to everyday life (Connecticut State DCF, 2021). This traumatic event is no different. Acknowledge your needs for self-care and emotional support (Connecticut State DCF, 2021). Ask for help! (Connecticut State DCF, 2021).

Consider discussing an initial meeting time and date with your child for them to be aware this conversation will occur, if they are middle school to high school age (National Child Traumatic Stress Network, 2008). Just like with adults, children sometimes need a moment to process. If they are younger than middle school age, consider talking to them at a time where they will be relaxed or in a neutral mood (National Child Traumatic Stress Network, 2008).

Start off the conversation by naming the traumatic event, pausing to see how they are responding to you saying it out loud, then slowly asking questions, “What do you know about ___ event?” “How have your friends responded to this news?” “What’s your understanding of it?” “I would be interested in knowing what you are thinking about if you would like to share....” “Is there anything else that you haven’t told me, anything you are worried about?” (Newman, 2015; Connecticut State DCF, 2021)

Give them time to think and respond, and be cognizant of where their attention span, maturity level, and distress is when giving questions (Connecticut State DCF, 2021). Yes or No questions might be easier for some children. Clear up any misinformation they may have about the trauma (Connecticut State DCF, 2021).

Listen to their responses or their silence (Newman, 2015). Be fully present in the moment, stay off the phone, and have no other distractions while this talk is occurring (Newman, 2015). Be calm in your affect and use non-verbal communication like nodding or short responses like “Ok” to show you are actively listening (Newman, 2015). Your children likely will be taking this conversation seriously (Newman, 2015).

Reiterate their words, summarize, and discuss what they know (Newman, 2015). You might be surprised with what your kids say. It might be the first time they acknowledge their fears, concerns or feelings to anyone about the event (Connecticut State DCF, 2021)!

Acknowledge your own thoughts and feelings about the trauma, but explain how you are coping and responding to this trauma as well (Connecticut State DCF, 2021). Model these behaviors for the child to see (Connecticut State DCF, 2021). Encourage the child in knowing that this traumatic event is rare, that sometimes moments like these are unmanageable, terrible things can happen, that they are safe, and there is no responsibility or blame carried by them (Connecticut State DCF, 2021).

Explain people, groups or organizations who are willing to help in traumatic events like these, like the American Red Cross, with disasters (Newman, 2015). Promote the idea that there is goodness in the world and that things can change for the better (Newman, 2015).

Use normal routines, such as going to school, band practice, events you do as a family as a means of maintenance and normalcy for your kid, if they are ready (Connecticut State DCF, 2021).

Limit the use of computers, smart phones and television if the trauma is on a state, national, or international level, outside of the home (Connecticut State DCF, 2021). If limiting their use doesn't occur, re-traumatization or increased levels of anxiety could occur in a child (Connecticut State DCF, 2021).

Additionally be aware of your conversations with other adults in the household regarding the trauma, depending on tone with infants or content with elementary school children or later, as that can provide some undue anxiety for the child (Newman, 2015)

Age appropriate language and understanding

Infants: With caregivers who present as anxious, infants may become fussy (Connecticut State DCF, 2021). Try to stay calm when interacting with them (Connecticut State DCF, 2021). Routines are integral and keeping the same set of parents/caregivers helps (Connecticut State DCF, 2021).

The same maintenance of routines, the same set of caregivers, and calm demeanor also works for Toddlers and Preschoolers (Connecticut State DCF, 2021). When discussing the event, describe and answer questions about the traumatic event in easy terms (Connecticut State DCF, 2021). You can describe using their own words they use (Newman, 2015). Reassure that they are safe during this talk (Connecticut State DCF, 2021). Do normal activities with them (i.e. reading, listening to music) to provide comfort (Newman, 2015). Limit TV and other media coverage (if the trauma is outside the home); if watched, a parent should be present (Connecticut State DCF, 2021).

Elementary-age children should have a limit on TV and other media coverage as well (Connecticut State DCF, 2021). Be aware of their responses if they do watch such programming as their comprehension, coping and communication level might be more limited than more mature kids (Connecticut State DCF, 2021). Comfort them with the understanding that they are safe in the family, and define others who might also be ensuring on keeping them safe in the community (Newman, 2015). Maintenance of routines are important as well (Connecticut State DCF, 2021).

Teenagers may or may not acknowledge their feelings (Substance Abuse Mental Health Services Administration, 2012). Offer support, and state that you're willing to talk with them at any time (SAMHSA, 2012). Emphasize that they matter and their input matters. They may complain of physical pains which is a mind-body connection or psychosomatic (SAMHSA, 2012). This can be a normal response. They may get into more delinquent behaviors or start fights at school/in the home as another response to the trauma (SAMHSA, 2012). Consider these connections when having a discussion with them.

References

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