



InterACTT
— INTERNATIONAL ALLIANCE —
FOR CARE AND THREAT TEAMS

D·PREP

Talking to Kids About Scary Things: School Shooting, Suicide and Trauma



Addressing Teasing and Bullying

Trauma Responses in Children

Children: 1 to 6 years of age

- Startle response to sudden and loud noises
- Stomach aches, headaches, etc.
- Freezing-sudden immobility of the body
- Heightened arousal
- Cognitive confusion
- Bed wetting, loss of age appropriate verbal skills and motor function, and/or other regressive symptoms
- Sleep problems
- Anxiety
- Fear
- Lack of usual responses
- Clinging to caregiver/separation fear
- Crying
- Repeated play of the disaster/trauma event

Children: 7 to 11 years of age

- Behaving like a younger child
- Anger and aggression
- Worrying about safety
- Sleep problems
- Loss of interest of usual activities
- Stomach aches, headaches, etc.
- Clinging to caregiver/separation fear
- Concentration problems
- School performance and attendance problems (this is a temporary situation)
- General worries
- Anxiety
- Closely observing parent(s) anxiety
- Fear
- Preoccupation with safety and danger

Pre-Adolescents/Adolescents: 12 to 18 years of age

- Increased withdrawal
- Self distractive behavior, such as sexual risk taking, substance abuse, reckless risk taking, etc.
- Becoming more accident prone
- Shortened sense of the future and changes in plans for the future (e.g., not going to college)
- Concentration problems
- School performance and attendance problems (this is a temporary situation)
- General worries
- Anxiety
- Suicide/Suicide packs
- Sleep problems
- Life-threatening re-enactment of the trauma/ disaster
- Action oriented/wanting revenge
- Depression
- Changes in relationship patterns
- Rebellious behavior at home
- Self focused behavior (e.g., inability to think about others)
- Over- or under-eating (weight gain or weight loss)

Children and adolescents might have anxiety and fear that:

- Another disaster will happen
- Someone will die
- They will be separated from the rest of their family
- They will be left behind all alone



AMERICAN COUNSELING
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Addressing Teasing and Bullying

Talking to Children about Violence and Trauma

Reaffirm Safety

- Emphasize that schools are very safe.
- Let children speak about their feelings and validate reactions to the event.
- Support the appropriate expression of their feelings and help to put them in perspective

Make Time to Talk

- Let children's questions guide the information provided.
- Be patient and look for clues that a child wants to talk.
- Young children may need concrete activities (e.g., imaginative play) while some older children may prefer writing or playing music.

Review Safety Procedures

- Help children identify an adult at school and in the community that they can go to if they feel threatened or at risk.
- Review procedures and safeguards in school and home settings.

Preschoolers

- Stick to regular family routines.
- Make an extra effort to provide comfort and support.
- Avoid separation.
- Allow your child to sleep in the parents' room for a limited time.
- Encourage your child to express feelings through play, drawing, puppet shows, and storytelling.
- Limit media exposure.
- Develop a safety plan for future incidents.

Elementary Age Children

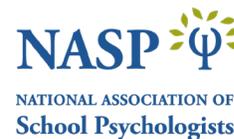
- Provide extra attention.
- Set gentle but firm limits for acting out behavior.
- Always listen to your child's telling of the experience.

Monitor Emotional State

- Some children will not express themselves verbally but changes in behavior, appetite, or sleep patterns can indicate anxiety or stress.
- Seek help from a mental health professional for those with more intense reactions that last more than 2 weeks.

Maintain a Normal Routine

- Keep a regular schedule and healthy nutrition, sleep and exercise to promote physical and mental health.
- Encourage maintenance of school work and extracurricular activities but do not push children who seem overwhelmed.
- Limit exposure to images or graphic reference to the event (e.g., TV and social media).



- Encourage your child to express feelings through talk and play.
- Provide home chores and activities that are structured, but not too demanding.
- Rehearse safety measures for future incidents.
- Explain how people helped each other during the event.

Preadolescents and Adolescents

- Provide extra attention.
- Be there to listen to your child, but do not force talk about feelings.
- Encourage discussion of experiences among peers.
- Promote involvement with community recovery work.



U.S. Department of
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Addressing Teasing and Bullying

Counseling Techniques to Help

Active Listening

- Focused on what the other is saying.
- Avoid your “agenda” and goals.
- Questions are open-ended and exploratory.
- Follow-up on last question before asking a new one.
- Use micro-attending skills: eye-contact, open posture, leaning in, nodding, and hand gestures.



Simple Reflection

- Based on active-listening.
- Use same words and tone back.
- Don't add your interpretations.
- Don't push in any direction.
- Simple feeding back of what they just said.
- More effective when individual is upset and emotional; conveys sense of understanding.



Summary Reflection

- Based on active-listening.
- Focus on pulling what others said together and sharing it back.
- Use slightly different language; doesn't have to be their words.
- Bridges the gap between their perception of events and your understanding of them.



Matching & Mirroring

- Matching voice tone and tempo.
- Mirroring formality and length of communications.
- Consider video delays (smiling, head nodding, gestures).
- Be mindful of cultural competence.



Reframing

- The goal is to move the person from how they are seeing things to a different perspective.
- Think of a picture in an old, ratty frame that is reframed into a new, more fitting frame.
- This helps the person by shifting perspective and helping them see the problem in a new light.



Addressing Teasing and Bullying

Warning Signs for Suicide

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting recklessly or engaging in risk activities – seemingly without thinking
- Feeling trapped – like there’s no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated or unable to sleep/ sleeping all the time
- Experiencing dramatic mood swings
- Seeing no reason for living or having no purpose in life
- Suicide threats
- Making final arrangements
- Sudden changes in habits and appearance
- Preoccupation with death and suicide
- Increased inability to concentrate
- Loss of interest in previous activities
- Hopelessness
- Rage, anger, seeking revenge
- Reckless behavior or activities
- Feeling trapped
- Sleep difficulties, especially insomnia
- Dramatic changes in mood
- Sudden/recent purchase of a weapon
- No sense of purpose in life
- Sense of being a burden
- Profound sense of loneliness, alienation and isolation
- Sense of fearlessness



How to Help

Consider Your Approach

- Let them know you are concerned and are willing to help.
- Talk about what you are seeing: sadness, upset, etc.
- Without alarm: ask the question.
- NO judgment zone: “you shouldn’t feel that way.”
- Listen, show interest, offer support, and take it seriously.
- Don’t be sworn to secrecy. Always consult with others and seek support.

Ask the Question

- “Are you having thoughts of suicide?”
- “Are you thinking about killing yourself?”
- “Do you wish you were dead?”

Follow Up

- “Have you decided how you are going to kill yourself?”
- “Did you decide when you would do it?”
- “Have you collected the things you need to carry out your plan?” (Pills, weapons, ropes, etc.)