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-ADOLSECENT (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.