

## **Child Development – Supporting Neurodiverse Children in Times of Stress and Crisis**

by Rebecca McNally-Keehn, Ph.D., HSPP

Assistant Professor of Clinical Pediatrics

Department of Pediatrics, Division of Child Development

*CRG thanks Dr. McNally-Keehn for providing permission to reprint her article.*

The recent national and international events, including those in Charlottesville, are heavily covered in the media and are difficult to understand and process, even for adults. Though they may not understand the full scope of these events and what they mean, many children are significantly affected and experience heightened stress as a product of exposure to media and adult discourse around such events.

Neurodiverse children, including those with developmental and intellectual disabilities and autism spectrum disorder, may experience acute stress in response to grief, loss, tragedy, and crisis. Because children with neurodevelopmental disabilities may have delays and challenges with language and communication, understanding and responding to emotion, and regulating behavior, acute stress responses may present differently than those of other children. However, little research exists on how individuals with neurodevelopmental disabilities respond to crisis and traumatic experiences, and even fewer empirical studies address how families and clinical service providers can support children. The following tips and resources are offered to families, educators, and clinical providers to support efforts in addressing stress responses to crisis and traumatic experiences in neurodiverse children:

**Be aware of how acute stress may look:** Common stress responses in children include emotional changes (sadness, irritability, crying, silence), physical changes (startle easily, jumpy, headaches and stomach aches, change in appetite or sleep), social isolation, increased challenging behavior (aggression, impulsivity, outbursts, repetitive questioning), or regression to past problematic behaviors or routines.

### **Help your child process the event/stressor:**

- Talk about the event with your child.
  - Answer questions in a simple, honest, developmentally appropriate manner. Be concrete in your use of language.
  - Validate and normalize your child's feelings. Explain the range of feelings that others are likely experiencing.
  - Don't avoid talking about the event or stressor. Inquire about what your child knows about the situation and how they have understood it. Explain as fully as appropriate so that your child does not misinterpret reality. Be prepared to repeat yourself.
  - Read simple books about tragedy with your child and use the books as an opportunity to expand discussion and understanding <http://csefel.vanderbilt.edu/documents/booklist.pdf>;  
<http://carolgraysocialstories.com/wp-content/uploads/2015/10/3.-What-Is-a-Tragedy.pdf>
  - Remind your child that he or she is safe in his or her environment and there are trusted adults in their life. Review who those people are with your child. Avoid excessive reassurance or protection.

- If your child is at the age where he or she will learn about events from peers, find opportunities to talk with them before they learn about it elsewhere.
- Allow your child to process the event in their own way. Some will ask excessive questions or tell the story over and over, others may draw images they are playing over in their head or reconstruct the situation in their play. Join in this process with your child.
- Limit your child's exposure to media and news related to tragic events.
- If your child is not verbal or has communication delays, consider using visual supports to identify their emotions and/or create a simple social story to help your child understand the event (<http://carolgraysocialstories.com/social-stories/>). There are existing social stories to help children with tragedies (e.g., <http://carolgraysocialstories.com/wp-content/uploads/2015/10/3.-What-Is-a-Tragedy.pdf>) and death (e.g., <http://www.pathfindersforautism.org/docs/social-story-about-death.pdf>).
- Remain consistent in your child and family's routine as much as possible. Continue a sense of normalcy.
- Model calm behavior and engage your child in coping exercises such as taking deep breaths, exercise, enjoying a favorite activity together. Be a role model and narrate out loud how you cope with stress.
- Find ways for your child to make meaning and develop some control over the event or stressor. Children feel better when they can *do something*. This may include engaging in creative artwork or being part of a volunteer group with a mission related to the event or tragedy.

#### **Know when to seek help for your child and family.**

- Consult with local family organizations to find out what others are doing and saying.
- Consult with a professional if your child is experiencing distress that is affecting their day-to-day routine or persists for more than three months.

#### **Related Resources:**

<https://www.iidc.indiana.edu/pages/supporting-individuals-on-the-autism-spectrum-coping-with-grief-and-loss>

<https://www.autismspeaks.org/expert-opinion/talking-your-child-about-tragedy-six-tips-autism-community>

<https://www.cdc.gov/ncbddd/disabilityandsafety/trauma.html>

<https://tgn.anu.edu.au/wp-content/uploads/2014/10/Helping-your-child-cope-after-an-accident.pdf>

<http://www.apa.org/helpcenter/talking-to-children.aspx>

<https://www.psychiatry.org/news-room/apa-blogs/apa-blog/2015/08/talking-to-children-about-disasters>

<https://www.brookesplace.org/index.php/about-brooke-s-place/brooke-s-place-resources>

[Rebecca McNally Keehn](#), Ph.D., HSPP is a licensed Clinical Psychologist and Assistant Professor of Clinical Pediatrics at the [Child Development Center](#) at Riley Hospital for Children and Indiana University School of Medicine. Dr. McNally Keehn provides diagnostic consultation, psychological evaluation, and short-term treatment services to children with neurodevelopmental and related disorders. Clinical interests include assessment and treatment of neurodevelopmental disabilities including autism spectrum disorder, intellectual disability, and developmental disorders; early childhood mental health; anxiety disorders; disruptive behaviors; and parent-child relationships. Dr. McNally Keehn's research interests are focused on improving evidence-based diagnostic and intervention practices for children with autism spectrum and other neurodevelopmental disabilities.

The views expressed in this post content represent the perspective and opinions of the author and may or may not represent the position of Indiana University School of Medicine.