

## Should I seek professional counseling for my child or teenager?

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Most children will show some emotional symptoms and behavior changes in the wake of trauma, but not all children who have experienced a catastrophe or trauma will need psychotherapy. Here are descriptions of some potential symptoms, both mild and more serious forms. Children who show the more serious forms of these symptoms should be referred to a therapist for evaluation and treatment.

- Sleep disturbances.** Traumatized children may experience trouble falling asleep. During sleep they may experience troubling nightmares which may or may not include scenes from the trauma. In addition they may experience “night terrors.” In a night terror the child may begin crying or screaming hysterically. His or her eyes may be open, but it is not possible to communicate with him or her. The child may even speak a few words, but does not respond to questions or commands. The next day the child will not remember the experience. Any sleep disturbance which persists for more than a few instances or for more than two weeks should be considered a reason to seek treatment.
- Separation anxiety or clinging behavior** Young children will typically show signs of insecurity following a traumatic incident. However, after a few days behavior should return to normal. In more serious cases children may become hysterical when separated from caretakers and may refuse to return to normal activities such as school.
- Phobias about distressing stimuli** Children may develop extreme fear of or avoidance responses to sights, sounds, or places that remind them of the traumatic incident. If these phobias persist for more than a week or two, a referral for professional help is in order.
- Conduct disturbances** These include tantrums, fighting, defiance, etc. Such symptoms are likely to develop later, as a secondary reaction to the trauma. They are, however, a response to the trauma and should be considered a reason to seek help if they persist.
- Withdrawal, limited expression of emotion** Traumatized children may sometimes become very withdrawn and show few emotional responses such as delight, anger, or sadness. If this persists, the child should be referred for treatment.
- Regressive behaviors** Children who have been traumatized will frequently appear to “go backwards” in development. Children who were previously potty-trained may begin to wet their pants. Wetting the bed is another common reaction. Also, children may return to more immature forms of play or language. If this persists, the child should be referred.
- Reenactment of the trauma** Children attempt to gain understanding and mastery of their world through their play. It is normal for children to play “pretend” games which mimic their life experiences. Traumatized children tend to reenact the trauma in their play. This is not serious unless the play is dangerous, or unless it continues for several weeks in a compulsive manner.

<sup>1</sup> From [Spiritual and Emotional Care With Children Who Have Experienced Disaster Situations](#), Written and compiled by Virginia Miller and Barbara Weaver, Disaster Response Consultants and Child Care Workers, Members of the United Methodist Committee On Relief Catastrophic Disaster Response Team, General Board of Global Ministries, United Methodist Church. Adapted from a referral sheet by Catherine L. Meeks, Ph.D., Counseling Psychologist at the Children's Advocacy Center, Jackson, Mississippi. Used with permission.