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# CRISIS: HELPING CHILDREN WITH SPECIAL NEEDS



NATIONAL  
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SCHOOL  
PSYCHOLOGISTS

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*By Howard M. Knoff, PhD, NCSP, Project ACHIEVE; Mary Beth Klotz, PhD, NCSP, National Association of School Psychologists; & Diana Browning Wright, MA, California Department of Education*

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When a crisis event occurs—in school, in the community, or at the national level—it can cause strong and deeply felt reactions in adults and children, especially those children with special needs. Many of the available crisis response resources are appropriate for use with students with disabilities, provided that individual consideration is given to the child’s developmental and emotional maturity. Acts of healing such as making drawings, writing letters, attending memorial ceremonies, and sending money to relief charities are important for all children.

How adults express their emotions will influence the reactions of children and youth. Further, children with disabilities (such as emotional, cognitive, or physical) will react to the trauma and stress based on their personal experiences and awareness of the current situation. Caregivers and school personnel who know a child well and have observed the child’s response to stress in the past can best predict the child’s reactions and behaviors.

## Triggers and Cues

Children with disabilities generally have specific triggers—words, images, sounds—that signal danger or disruption to their feelings of safety and security. Again, these are specific to each child but come from experiences, association with traumas, or seeing fear in adults. A child tends to develop cues in response to these trigger events, warning signals that adults can read to understand that the child is having difficulty. These cues may include facial expressions or nervous tics, changes in speech patterns, sweating, feeling ill, becoming quiet or withdrawn, complaining or getting irritable, or exhibiting a fear or avoidance response.

When adults anticipate these triggers or observe these cues, they should provide assurance, support, and attention as quickly as possible. If adults miss these cues, a child may escalate the behavior to a point where the child completely loses control. If this occurs, adults need to remove the child to the safest place available, allow the child to calm down, and then talk to the child about the triggering fears or situation.

## Prevention and Intervention Strategies

Because parents and teachers see children in different situations, it is essential that they *work together* to share information about triggers and cues. This is best done on a regular basis, such as during the Individualized Education Program (IEP) meeting or at a periodic review meeting, rather than in response to a crisis. However, when a crisis occurs, parents, case managers, and others who work with the child should meet to briefly discuss specific concerns and how to best address the child’s needs in the current situation.

In the context of prevention and the development of effective IEPs, some children need specific training and interventions to help them to develop self-control and self-management skills and strategies. During the teaching process, these skills and strategies should be taught so they can be demonstrated successfully under stressful conditions (such as school crises, terrorism, or tornado) so that children can respond appropriately and effectively. Adults should still expect that children will demonstrate their self-control skills with less efficiency when confronted by highly unusual or stressful situations.

## Tips for Special Populations

All children benefit from concrete information presented at the proper level of understanding and emotional maturity. Helping all children to stop and think about their reactions and behavior, especially

with regard to anger and fear, is recommended and often necessary in order for them to make good choices. For some students who have behavioral disorders, important additions to a comprehensive intervention program should include training in anger management, coping, and conflict resolution skills. The following information addresses specific, additional considerations for children with special needs.

### **Autism**

Children with autism pose very difficult challenges to caregivers. It is difficult to know how much information a nonverbal child is absorbing from television and conversations. It is important to pay close attention to the cues a child may provide regarding fears and feelings and provide the child with ways to communicate. Remember that any change in routine may result in additional emotional or behavioral upset. If the child's environment must be changed (such as an evacuation or the absence of a parent), try to maintain as much of the normal routine (such as meals, play, bedtime) as possible—even in the new environment. In addition, try to bring concrete elements from the child's more routine environment, such as a toy, blanket, doll, eating utensils, into the new environment to maintain some degree of sameness or constancy.

Many students with autism can be helped to comprehend behavior they observe but poorly understand through the use of *social stories*. The parent's or teacher's explanation of what is happening can be reduced to a social story. A storybook can then be kept by the child to help reinforce the information on a concrete, basic level. (For further information on the use of social stories, see the Center for the Study of Autism website in "Resources" at the end of this handout.)

Verbal children with autism may state a phrase repeatedly, such as, "We are all going to die." This type of statement will serve to isolate the child socially from his or her peers and other adults. To help the child avoid such statements, it will be necessary to provide very concrete information about the situation and appropriate ways to react and respond that are within the child's skill level.

### **Cognitive Limitations**

Children with *developmental or cognitive impairments* may not understand events or their own reactions to events and images. Teachers and caregivers need to determine the extent to which the child understands and relates to the traumatic event. Some lower functioning children will not be able to understand enough about the event to experience any stress, while

some higher functioning children with cognitive impairments may understand the event but respond to it like a younger child without disabilities.

Overall, children with cognitive limitations may respond to traumatic events based more on their observations of adult and peer emotions rather than the verbal explanations that they may receive. Discussions with these children need to be specific, concrete and basic, and it may be necessary to use pictures in explaining events and images. These children will need concrete information to help them understand that images of suffering and destruction are in the past, far away (if true), and that they will not get hurt. A parent may offer words of reassurance such as, "We are lucky to have the Red Cross in our community to help all the families hurt by the flood." Or a parent may say, "The boys who brought the guns to school are in jail. They can't hurt anyone else now."

### **Learning Disabilities**

Children with learning disabilities may or may not need supports that are different from children without disabilities, depending upon their level of emotional maturity and ability to understand the concepts discussed. Many children with learning disabilities are able to process language and apply abstract concepts without difficulty, while others have specific deficits in these skills. In particular, some of these children interpret literally, and therefore teachers and parents need to choose words carefully to ensure the child will not misinterpret. For example, even referring to terrorism as "acts of war" may confuse some children who interpret language literally; they may envision foreign soldiers, tanks, and fighter planes attacking America.

If the child appears to have difficulty following the news reports and class discussions of the traumatic events and their aftermath, then reinforce verbal explanations with visual materials, use concrete terms in discussion, and check for understanding of key vocabulary. Remember that some children with learning disabilities have difficulty with time and space concepts, and may be confused by what they see on television. They may have difficulty understanding what happened when or what is likely to happen next. They may also be uncertain as to where these events took place and might benefit from looking at simple maps.

Some children with learning disabilities have difficulties with social skills and self-management and may need additional instruction in anger control, tolerance of individual differences, and self-monitoring. Additionally, some of the tips listed for children with cognitive impairments may be applicable to some of

these children who, despite their higher cognitive ability, have similar difficulties with verbal learning, memory, and communication.

### **Visual, Hearing, or Physical Limitations**

Children who do not possess developmental or cognitive impairments but who are *visually impaired*, *hearing impaired*, or *physically challenged* will understand, at their level of development, what is happening and may become frightened by the limitations their disability poses on them. In explaining what is going on, be honest but reassuring. Safety and mobility are major concerns for children who are challenged by visual, hearing, and physical impairments. As with all children, they need to know that they are going to be safe and that they can find a safe place in an emergency. Review safety plans and measures with them, provide lots of reassurance, and practice with them. When explaining plans that may take them into unfamiliar territory, provide very simple and explicit explanations. Children with visual impairments will need to have the area carefully described to them, while children with physical or hearing impairments may need visual aids to help them understand what they have to do and where they have to go.

**Vision impaired.** The child with a visual impairment cannot pick up on visual cues such as facial expressions. Use verbal cues to reinforce what you are feeling and seeing. Many children have seen video clips of the disaster or traumatic event and are talking about them. The vision-impaired child may need a verbal description to reinforce what he or she has heard about the events. Ask questions to clarify understanding of what has happened. A child with visual impairments may have extraordinary concerns about mobility and ability to move to safety during a crisis. Ask questions and give additional orientation and mobility training if needed.

**Hearing impaired.** A child with a hearing impairment will generally not be able to keep up with the fast talking of adults during traumatic events. Caregivers will need to be aware of the child's frustration when trying to keep up with the conversation if the child has sufficient hearing to participate. A child who is unable to hear or lip read will need interpretation. Not being able to understand will result in greater fear reactions. A child who is hearing impaired may not be familiar with all the new terminology used in describing or explaining the events that are occurring. Be aware of the language you use, be concrete, and check for understanding. Use visual materials in conjunction with any verbal or signed explanations.

For *total communication* children it is important to have a signer near them. They need to know that

someone will be there for them. For *oral communicators* distance may be an issue because they may experience difficulty with lip reading. Darkness such as blackouts or disaster drills in areas with poor lighting presents problems for total and oral communicators. In helping them understand that they are safe, that you are going to keep them safe, be sure and show them a flashlight and let them know where they are going to be kept and that they are a part of the safety plan and available for them in darkness.

### **Severe Emotional Disturbance/Behavior Disorder**

Children who have serious emotional and behavioral problems are at high risk for severe stress reactions following a crisis. Typically these children have limited coping skills with which to handle normal daily stress and are likely to be overwhelmed by unexpected and traumatic events such as a terrorist attack or the loss of a family member. Those who suffer from depression and anxiety disorders are likely to exhibit exaggerated symptoms, such as greater withdrawal, heightened agitation, increased feelings of worthlessness and despair, and increase in nervous behaviors such as thumb sucking, nail biting, and pacing. Children with a history of suicidal thinking or behavior are especially prone to increased feelings of hopelessness and need to come to the attention of school personnel following any serious event likely to trigger these feelings. (Additional information on preventing suicide in troubled children and youth may be found on the National Association of School Psychologists website; see "Resources.")

Those children who experience conduct problems, non-compliance, and aggression are also likely to exhibit more extreme versions of problem behaviors: higher levels of disruptive and oppositional behaviors or more frequent or more severe acts of aggression. Those students thrive on the consistent, predictable routines that are difficult to maintain in an emergency or crisis situation.

### **Summary**

Staff and parents must consider how children with special needs respond to any form of stress and anticipate those and more extreme reactions following a crisis. Strategies that have been effective with those children in the past are the best strategies to implement now, understanding that steps might need to be more concrete and consequences more immediate.

Consider the triggers and cues for children with special needs and anticipate rather than react: prepare children for changes in routines, allow time for discussion of the traumatic events in a safe and familiar

setting, and provide choices in activities to the extent feasible to give those children some sense of control over even a small part of their lives. Some children may need to be more protected or isolated to minimize distractions and sources of agitation during the height of a crisis, and adult supervision may need to be more intense for a while.

Expect some regression (increase in problem behaviors), and deal with inappropriate behaviors calmly and consistently. This helps children understand that despite a lot of other changes and disruptions there are some constants in class and family rules and expectations, and that they can depend on their support network to be available.

## Resources

Center for the Study of Autism (Social Stories)—  
[www.autism.org/stories.html](http://www.autism.org/stories.html)

National Association of School Psychologists—  
[www.nasponline.org](http://www.nasponline.org)

Schwab Learning—[www.schwablearning.org](http://www.schwablearning.org)

*Revised from materials posted on the NASP website, September 2001. Howard M. Knoff, PhD, NCSP, directs Project ACHIEVE, a national model prevention program. Mary Beth Klotz, PhD, NCSP, is a project director for the National Association of School Psychologists. Diana Browning Wright, MA, is a school psychologist/behavior analyst and trainer for the California Department of Education.*

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The National Association of School Psychologists (NASP) offers a wide variety of free or low cost online resources to parents, teachers, and others working with children and youth through the NASP website [www.nasponline.org](http://www.nasponline.org)

and the NASP Center for Children & Families website [www.naspcenter.org](http://www.naspcenter.org). Or use the direct links below to access information that can help you improve outcomes for the children and youth in your care.

**About School Psychology**—Downloadable brochures, FAQs, and facts about training, practice, and career choices for the profession.  
[www.nasponline.org/about\\_nasp/spsych.html](http://www.nasponline.org/about_nasp/spsych.html)

**Crisis Resources**—Handouts, fact sheets, and links regarding crisis prevention/intervention, coping with trauma, suicide prevention, and school safety.  
[www.nasponline.org/crisisresources](http://www.nasponline.org/crisisresources)

**Culturally Competent Practice**—Materials and resources promoting culturally competent assessment and intervention, minority recruitment, and issues related to cultural diversity and tolerance.  
[www.nasponline.org/culturalcompetence](http://www.nasponline.org/culturalcompetence)

**En Español**—Parent handouts and materials translated into Spanish. [www.naspcenter.org/espanol/](http://www.naspcenter.org/espanol/)

**IDEA Information**—Information, resources, and advocacy tools regarding IDEA policy and practical implementation.  
[www.nasponline.org/advocacy/IDEAinformation.html](http://www.nasponline.org/advocacy/IDEAinformation.html)

**Information for Educators**—Handouts, articles, and other resources on a variety of topics.  
[www.naspcenter.org/teachers/teachers.html](http://www.naspcenter.org/teachers/teachers.html)

**Information for Parents**—Handouts and other resources a variety of topics.  
[www.naspcenter.org/parents/parents.html](http://www.naspcenter.org/parents/parents.html)

**Links to State Associations**—Easy access to state association websites.  
[www.nasponline.org/information/links\\_state\\_orgs.html](http://www.nasponline.org/information/links_state_orgs.html)

**NASP Books & Publications Store**—Review tables of contents and chapters of NASP bestsellers.  
[www.nasponline.org/bestsellers](http://www.nasponline.org/bestsellers)  
Order online. [www.nasponline.org/store](http://www.nasponline.org/store)

**Position Papers**—Official NASP policy positions on key issues.  
[www.nasponline.org/information/position\\_paper.html](http://www.nasponline.org/information/position_paper.html)

**Success in School/Skills for Life**—Parent handouts that can be posted on your school's website.  
[www.naspcenter.org/resourcekit](http://www.naspcenter.org/resourcekit)