



# **Child Development Reference Guide**

For First Responders

# Child Development Reference Guide 0-7 years

## INFANCY (Birth – 12 months)

## TODDLER (1-3 years)

## YOUNGER CHILDREN (4-7 years)

### Potential Stressors

- Separation from caregivers
- Unfamiliar environment
- Disruption of routine
- Stranger anxiety

### Potential Stressors

- Separation anxiety
- Reduced autonomy
- Disruption of routine
- Lack of opportunities for self-control

### Potential Stressors

- Separation from parents/caregivers
- Guilt, misunderstanding, and believing that they caused or are responsible for events
- Fear of both real and imagined threats
- Disruption of routine

### What YOU Can Do

- Involve parents when possible or assign a team member to provide support to child/children
- Swaddle & utilize pacifier when possible
- Use calming voice when talking
- Rock slowly or hold heart to heart and pat back
- Hum or sing quietly
- To take vitals, use distraction if possible: keys/flashlight/other safe object

### What YOU Can Do

- Involve parents when possible or assign a team member to provide support to child/children
- Introduce yourself as a helper
- If child needs to be separated from parent, let them know you are taking them to a safe place
- If child has a comfort object explain you are helping it stay safe too and utilize it for demonstration of vitals, etc when possible

### What YOU Can Do

- Involve parents when possible or assign a team member to provide support to child/children
- Simple, clear explanations of event
- Simple, clear directions "I need you to stay with me so I can keep you safe" or "I need you to hold very still while I check your body to make sure you're ok"
- Answer questions honestly but appropriately (EX: Is my brother ok? Response: "I don't know right now but we have a lot of people like me who are here to help")



# Child Development Reference Guide 8-18 years

## OLDER CHILDREN (8-12 years)

### Potential Stressors

- Lack of information/explanations causes anxiety
- Unexpected separation from family or primary caregivers
- Separation from normal activities, home, school, peers
- Fear of feeling different from peers (EX: "Everybody saw me cry")
- Reduced self-esteem (long-term effect)

### What YOU Can Do

- Encourage parent/caregiver involvement, if possible. Assign someone on team to support child/children
- Understand that they may not verbalize their worries or questions, but if they do, validate their feelings (EX: "I'm really scared!" Response: "I understand you're scared. I'm going to stay with you to keep you safe.")
- Provide clear, but appropriate directions (EX: "We are safe here but if I ask you to move with me, I'll need you to do that quickly.")
- Answer questions honestly but appropriately (EX: "Is my brother ok?" Response: "I don't know right now but we have a lot of people like me who are here to help.")

## TEENS (13- 18 years)

### Potential Stressors

- Lack of information/explanations causes anxiety
- Limitations related to privacy, peer relationships, decision making
- Concern with perspective of others/Body image (EX: "Everybody saw me cry")
- Fear of feeling different from peers (EX: "I ran away")
- Separation from peers, normal activities, home, school

### What YOU Can Do

- Answer questions honestly but appropriately (EX: "Is my brother ok?" Response: "I don't know right now but we have a lot of people like me who are here to help.")
- Provide clear, but appropriate directions (EX: "We are safe here but if I ask you to move with me, I'll need you to do that quickly.")
- Provide space to talk about feelings (understand they may not feel like talking or sharing)
- If they do share, validate their feelings

## Neurodiverse Children

### Considerations

- Neurodiverse children often have a higher sensitivity and are at a greater risk for dysregulation with disruptions in routine and changes in stimuli
- Their specific neurodiversity may be invisible to others, at least initially
- Neurodiversity can be difficult to distinguish from trauma behaviors.

### Potential Stressors

- When minimal preparation is given for transitions
- Loss of routine
- Loss of adaptive equipment (communication device, medications, sensory equipment, wheel chair, hearing aids, glasses, etc.)
- Heightened stimulation from new or chaotic environments and people

### What YOU Can Do

- Ensure the locations where children and families are staying have someone who is comfortable working with neurodiverse children present for each staff shift to support these families and act as a resource to other staff
- Use visual aids (pictures, photos, actual items, etc.) along with instructions
- Minimize environmental stimulation (options include: noise cancelling headphones, sleep mask, extra blankets for over the head, etc.)
- Identify a specific calming area where children can take breaks if needed to self-regulate (optional items to add to the calming area, and make available to children as they need them: weighted blankets/ weighted lap mats of various weights, oral chew items, variety of fidget sensory toys)

