By Kristine Henry,

The Baltimore Sun

7:28 p.m. EST, January 25, 2014

When a tragedy strikes -- whether it's a shooting like the one at The Mall in Columbia, or one of the seemingly endless string of school shootings across the country -- it's often difficult to know how to discuss these incidents with your children. Tell them too much and you could add to their anxiety. Tell them too little and they may be confused and scared without the reassurance they need.

The Johns Hopkins Children’s Center's website offers these tips from child psychiatrist Patrick Kelly, M.D. and child psychologist Renee DeBoard-Lucas, Ph.D.:

"Deal with your own anxiety first: Do not start a conversation with your child until you have calmed down and the initial shock has worn off. Children have perfect radars for parental moods and can easily sense when something is off. Anxious parents can transmit their own anxiety to children, a phenomenon known as “trickle-down anxiety.”

Timing is everything: Start out by finding out how much the child knows already. Ask probing questions, but don’t be too pushy or insistent. If the child refuses to talk about a traumatic event, let it be. This could be a sign that the child is not ready to open up. Research conducted among [Hurriane] Katrina survivors shows that discussing trauma that is too fresh or too raw may be re-traumatizing, Kelly says. At the same time, he adds, don’t wait too long to broach the subject because you may miss a golden opportunity to frame and contextualize a traumatic event for the child before he or she gets bombarded by images and information from news outlets, social media and peers.

Questions such as “Is there anything you’re worried about?” “Is there anything you wish to talk about?” or simply “Did you hear about such and such event?” are good openers.

Honesty: Don’t try to conceal or minimize the extent of the tragedy, but don’t go overboard with excessive detail either. A child’s age will dictate the scope and nature of detail a parent should go into. Younger children process trauma very differently from teens. For example, a 7-year-old may not fully grasp the permanence of death. Younger children also tend to continue their daily activities and regular play as normal and process tragedy in a piecemeal fashion, by finding out and accepting a bit more each day.

Reassure children they are safe but remain realistic: Explain that while tragic events like devastating hurricanes or shootings do happen from time to time, they are very rare. Reassure your child that there are measures in place to protect her and that trustworthy people are in charge. Avoid making unrealistic promises like “This won’t happen ever again” or “This can’t happen to us” because a statement like this — if and when proven untrue — can undermine a child’s trust and make him view the world as an unpredictable and scary place.

Safety in routine: Routines and rituals are important for children because they can help maintain a sense of normalcy in an otherwise abnormal situation, Kelly says. Deviation from established routines can send a message that things are not normal. Whenever possible, stick to regular schedule, don’t cancel a play date and don’t keep the child home from school. This can be especially helpful for a child experiencing trauma first hand.

Preparation reduces anxiety: The aftermath of a tragedy is a good time to revisit the family emergency plan—all families should have one, Kelly says. Going over safety “do’s” and don’ts,” whom to call and where to meet in case of an emergency can give both the parent and the child some sense of security and control.

Some anxiety is normal: Don’t panic if a child shows some apprehension and anxiety in the aftermath of a traumatic event. This is probably a healthy sign that the child is processing the occurrence."

“Anxiety and fear are adaptive responses that keep us from taking unnecessary risks and help us navigate a complex world,” explains Renee DeBoard-Lucas, Ph.D., a child psychologist at Johns Hopkins Children’s Center.

So how can a parent distinguish between normal, healthy anxiety and worrisome symptoms that portend something more ominous?

“There is no single normal reaction but a range of normal reactions that will vary from child to child,” DeBoard-Lucas says. “Yet there are certain signs that should raise a red flag and prompt a talk with a pediatrician or a mental health professional.”

Normal signs of coping include some clinginess (especially in a younger child), a bit of crying, some apprehension, and asking a lot of questions about the event.

Some children, however, will go on to develop acute stress disorder, a state of heightened anxiety and fear following a tragic event. This phase is marked by hyper-vigilance, jumpiness and being startled easily. Acute stress disorder is considered mostly normal unless it lingers on for more than a few weeks. About one-fifth of children with acute stress disorder will go on to develop full-blown PTSD, Kelly says.

Red flags early on include persistent and recurrent nightmares, flashbacks, irritability, hyper-alertness, being startled too easily. Later-onset symptoms of concern include withdrawal, spending too much time alone, refusal to engage in a conversation, insomnia or too much sleep and emotional numbing.

“When it comes to their children, parents have flawless sensors about what’s normal and what’s not,” Kelly says. “If something about your child’s behavior feels off, it’s best to talk with your pediatrician.”

Copyright © 2014, The Baltimore Sun