

Supporting your neurodivergent child after a school crisis

A PRACTICAL GUIDE FOR PARENTS AND CAREGIVERS



Every child's response is different. After a school shooting or major school crisis, children may show distress in ways that reflect how they process sensory information, transitions, communication, and emotions. Neurodivergent children (including autistic children and children with ADHD, learning disabilities, or sensory processing differences) may need support tailored to their individual needs.

Signs to monitor

LOOK FOR CHANGES FROM YOUR CHILD'S USUAL BASELINE, NOT JUST WHETHER A BEHAVIOR IS PRESENT.

Sensory processing and regulation

Heightened sensitivity: more distress with noise, lights, textures, crowds, or sudden sounds.

More sensory seeking: increased pacing, spinning, crashing into objects, or other efforts to self-soothe.

Meltdowns or shutdowns: more frequent or intense overload, or becoming unusually quiet, withdrawn, or unresponsive.

Communication and thinking

Loss of previously acquired skills: changes in speech, communication, toileting, organization, memory, or routines.

Communication shifts: relying more on nonverbal communication, scripting, or AAC.

Repeated focus on the event: asking the same questions or returning to the crisis in play, drawings, or special interests.

Behavior and emotions

Increased stimming: hand-flapping, rocking, or vocalizations may help with regulation. Do not suppress stimming unless it is self-injurious.

Greater need for sameness: changes in routine may trigger anxiety.

Physical complaints: headaches, stomachaches, nausea, or tension.

Sleep or appetite changes: trouble sleeping, nightmares, or noticeable changes in eating.

A helpful rule of thumb

Notice what has changed, when it happens, what seems to make it better or worse, and what helps your child feel safe. A behavior may be a sign of distress or an attempt to cope, not deliberate misbehavior.

The priority is to rebuild a sense of safety, predictability, and connection.

How you can help

SMALL, CONSISTENT SUPPORTS CAN MAKE DAILY LIFE FEEL MORE MANAGEABLE.



Re-establish safety and predictability

Keep routines familiar. Maintain daily schedules where possible. Give advance notice of changes with visual schedules, checklists, or social narratives.

Create a low-sensory safe space. Offer a quiet place to decompress, with preferred sensory tools, dim lighting, a weighted blanket if appropriate, or noise-canceling headphones.

Use clear, concrete language. Share direct, factual information in developmentally appropriate amounts. Avoid vague euphemisms that may be confusing or interpreted literally.



Support regulation and communication

Allow safe self-regulation. Stimming, repetitive play, and intense focus may help your child process distress. Avoid discouraging these behaviors unless they pose a safety risk.

Offer visual and alternative communication. When spoken language feels difficult, use visual schedules, feelings charts, or the child's AAC tools to help them express needs without pressure.

Co-regulate. Speak calmly and slowly, breathe steadily, and offer quiet presence. Sitting nearby without demanding conversation or eye contact can help.



Limit triggers and coordinate support

Reduce exposure to crisis coverage. Keep news broadcasts, radio reports, and social media discussions out of your child's sight and hearing when possible.

Work with the school team. Share known triggers and updated support needs with educators, therapists, and school psychologists. Discuss whether the IEP or 504 plan should be adjusted to prioritize emotional safety during recovery.

IN THE MOMENT • Lower demands • Offer choices • Reduce sensory input • Give processing time • Stay nearby and calm



When to seek professional support

Recovery takes time, and children may need different levels of support. Consider contacting a trauma-informed mental health professional, ideally someone experienced in working with neurodivergent children, if you notice any of the following:



Self-injurious behavior

such as head-banging or severe scratching.



Ongoing loss of skills

regression that continues for several weeks without improvement.



Severe emotional distress

expressions of hopelessness, severe depression, or thoughts of self-harm.



Persistent avoidance

extreme avoidance of school or public spaces despite gradual support.



You do not have to figure this out alone.

Reach out to your child's pediatrician, school support team, or a qualified mental health professional to discuss next steps. If your child is in immediate danger or may act on thoughts of self-harm, seek urgent local emergency or crisis support.

If your child is in immediate danger, call 911.
In crisis? Call or text 988.
Deschutes County Crisis Line:
541-322-7500, ext. 9

Call or text 988

Remember There is no single "right" way for a child to respond. Follow your child's cues, respect their communication and sensory needs, and focus on connection before expectations.

Support may need to change as your child's needs change.