**Reference 1B**

# Common Initial Post-crisis Reactions (Adolescents)

 It is common for adolescents to have the following physiological, cognitive, emotional, behavioural and social reactions towards a crisis incident. Under most of the circumstances, with the support from family members, teachers and peers, these commonly seen reactions will abate gradually in a few days or a few weeks. If adolescents are observed to have excessively intense or continuous reactions (Appendix 1D), parents and teachers should seek help from professionals.

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| **Physiological** | **Cognitive** |
| Somatic complaints (e.g. headaches, upset stomach) | Impaired concentration, confusion, impaired ability to make judgements and decisions |
| Change of appetite (e.g. suddenly eat much more or less than usual) | Repeated flashbacks of the traumatic scene |
| Sleep disturbance | Memory impairment |
| Fatigue or loss of energy | Nightmares |
| Nervousness (e.g. rapid heartbeat, sweating, and muscle tension) | Self-blaming and feeling worried |
| **Emotional** | **Behavioural** |
| Feeling sad (e.g. depressed, being uncommunicative) | Avoiding places, people, and activities that are related to the traumatic incident |
| Feeling panicked and insecure  | Aggressive language and behaviour  |
| Feeling shocked, angry, disappointed and guilty | Demonstrating oppositional behaviour  |
| Being emotionally unstable, with more ups and downs than usual (e.g. becoming irritable, annoyed, tearful and emotional) | Regression in behaviour, exhibiting behaviour that are not age-appropriate (e.g. do not take care of personal hygiene, and avoid responsibility) |
| Feeling emotionally numb | Drop in assessment and homework performance  |
|  | School refusal |
| **Social**  |  |
| Alienation (e.g. not willing to interact with others) |  |
| Increased interpersonal conflict |  |