

# Discussions by Age Group



**B**ased on cognitive, social, developmental theory<sup>16</sup> and clinical practice, the below sections are created as starting points to think about how to talk to children across different ages. It also may help in thinking about how to engage these children in your classroom or school activity. While there is no “right” way, understanding how to approach the conversation by age group can be extremely useful for you, other school staff and for the families you serve.

This section is available for download on The ALS Association’s website at [www.als.org/navigating-als/resources/Youth-Education](http://www.als.org/navigating-als/resources/Youth-Education).

Age Range	Developmental Milestones	Suggestions for Discussion
<b>Infants and toddlers (Age 0–3)</b>	Babies and toddlers need routine, need to feel safety, and can pick up anxiety and fear in the parent.	Keep the normal routine as much as possible.  Create a “new” normal environment (meals times, feedings, sleep, etc.).
<b>Young Children (Age 4–7)</b>	<p>At this age, children are concrete thinkers and do not need complex discussions, but they have curiosity and will most likely ask questions, some of which will be very direct.</p> <p>Children in this age group can be very egocentric (everything is about them) and are “magical thinkers,” meaning they believe that something happens because they made it happen or because they thought it. They may feel they, their behavior, or lack thereof, caused ALS.</p> <p>Children in this age group do not have the ability to understand abstract or hypothetical situations.</p> <p>Finally, kids in this age group are not future oriented, thus time does not mean the same thing to them.</p>	<p>Parents may feel this is too young to talk about ALS, but children see and know that “<i>daddy looks different from mommy.</i>” It is important to be clear and honest.</p> <p>The child may feel he or she is at fault, was not obedient enough, did not listen, etc. This is a crucial place to reassure and support the child that he or she is not responsible for ALS.</p> <p>Using slang or complicated terms may be confusing. Use simple straightforward language (Daddy hurts, Daddy can’t walk, etc.). Addressing what the child sees (i.e., Daddy in a wheelchair) is important. Let the child know the disease makes it happen, but that it may look different in different people.</p> <p>When you say “6 months,” young children have no idea what that means, so talk in the now and do not use abstract time dimensions.</p>

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<p><b>Middle Childhood (Age 8–12)</b></p>	<p>Children in this stage are focusing on identity. Who am I? Am I the kid with a parent in a wheelchair?</p> <p>Children in this age group are able to solve problems and can use logic.</p>	<p>Continue to make sure children know that they are not responsible for their parent or family member having ALS.</p> <p>While having a family member with ALS isn't "normal," it is important to "normalize" the experience in terms of the family and how you talk about it.</p> <p>You can help children see and make connections between their emotions and their thoughts. How do they feel about being told about ALS? Guide them to interpret their emotions in a healthy way.</p> <p>Let them know it is OK for them to be sad about how things might be changing, while letting them describe their thoughts.</p>
<p><b>Adolescents (Age 13–18)</b></p>	<p>Adolescents often deal by focusing on the emotion, even when they are struggling to control those emotions.</p> <p>This conflict is influenced by hormonal changes and struggle with their own identity and sense of belonging.</p> <p>At this stage, most teens have developed more cognitive skills and the ability to understand the abstract.</p> <p>They can create hypotheticals in their minds, including what life may be like moving forward with ALS.</p> <p>Adolescents are developing their own selves, so they may seem to be uninterested or uninvolved in the conversation. While it certainly can be due to the emotional aspect, they are also processing who they are in the context of what you are telling them.</p>	<p>Addressing the emotional aspect of what they understand about ALS is important.</p> <p>Check in to see how they are feeling and allow them to express their feelings without judgment.</p> <p>Addressing hypotheticals may result in outward distress and emotions that can wildly fluctuate, which many parents avoid. However, addressing how they feel is just as important as how they think about it. The adolescent may not be able to explore the emotions.</p> <p>Engaging with a professional at this point can be extremely helpful. A professional can assist in helping a teenager process the emotions they are going through. As an outside party, this may create a feeling of confidentiality.</p>

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<b>Adolescents (Age 13–18)</b>	<p>Conflict with adolescents can be very developmentally appropriate given their need to find themselves and belong to peers.</p> <p>Adolescents tend to respond well when they know they are heard and respected and you see their point of view.</p>	<p>When talking with your adolescent, acknowledge that they are becoming their own person. Keep the communication connection, but allow the adolescent to be with friends to lessen the very common conflict.</p> <p>Keep the conversation open. Make sure your teenager knows they can come to you at any time with questions. An adolescent may shut down if you ask too often; just let them know you are there.</p>

## References

1. Hutchison, E. (2013). *Essentials of the human behavior*. Thousand Oaks, CA: Sage.

