

Helping our children cope with Covid

Winning the fight against Covid with post traumatic grit.

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Learning Objectives

1. Recognize normal and abnormal responses in children related to stress caused by COVID-19
2. Identify family strengths, coping skills and resources for support.
3. Apply practical interventions and strategies to help build resiliency

Defining Trauma

an event or series of events-

- in which an individual experiences, witnesses, or is confronted with actual or threatened death or serious injury.
- that creates intense stress and is marked by a sense of horror, helplessness, serious injury, or the threat of serious injury or death.
- that causes physical, emotional, psychological distress, or harm.
- that is perceived and experienced as a threat to one's safety or to the stability of one's world.

Traumatic Events

A “traumatic event” is any incident experienced or witnessed by a person that is *perceived* to be traumatic. (examples?)

People differ in how they react to traumatic events.

Adults and children have different responses to traumatic events.

People (including children) with mental illness or severe emotional disturbances — especially those who have been traumatized in the past — are at increased risk for serious reaction to trauma.

Rates of youth experiencing trauma

2/3 of children report experiencing a traumatic event by age 16.

witnessing community violence range from 39% to 85% — and estimated rates of victimization go up to 66%.

Rates of youths' exposure to sexual abuse are estimated to be 25 to 43%.

Natural disasters: 2.5 billion people affected worldwide by disasters in the past decade.

<https://www.apa.org/pi/families/resources/children-trauma-update>



The Geography of Trauma

Historical/generational impact

Regional impact

Community impact

Cultural impact

Family impact



Trauma and Human Development

Childhood trauma has a short term and long term impact.



Trauma and the brain

Fear-Fight, Flight or Freeze



How Children/Youth react to trauma

How a child responds to trauma may vary dependent on a variety of factors:

1. Level of emotional, social and cognitive development.
2. Ethnicity and cultural factors,
3. Previous exposure to trauma,
4. Community, environment and access to resources
5. Pre-existing child and family problems
6. Adult/caregiver response to trauma

When does a normal response become a longer term problem?



How children and youth react to trauma

Acute stress reaction:

A normal response to an abnormal event

Within the first 4 weeks of experiencing a traumatic event.

Gradually routine, and “normalcy” resume.

Typical youth responses to traumatic events

the development of new fears

separation anxiety (particularly in young children)

sleep disturbance, nightmares

sadness

loss of interest in normal activities

reduced concentration

decline in schoolwork

anger

somatic complaints

irritability

Teens * Social Distancing * Covid 19

What parents may be seeing/hearing:

excessive screen time
swearing
defiance
disrespect
ignoring

complaining
sneaking
refusing
fighting
leaving

What teens may be experiencing:

boredom
helplessness
lack of skills
disconnection
emotionally
dis-regulated

fear
worry
confusion
powerlessness
misunderstanding
worry about social status

Rather than focusing on the tip of the iceberg, problem solve
with teens by addressing what is under the surface



When does a normal response
become a longer term problem?



Post
traumatic
response


4+ weeks



Trauma and Mental Health

Post Traumatic Stress Disorder/Injury

4 weeks or more after the event and the individual has difficulty resuming some of his/her normal routines, or is frequently disrupted by-

- **Re –experiencing symptoms:** Flashbacks, bad dreams, frightening thoughts
 - **Avoidance symptoms:** avoiding triggers
 - **Hyperarousal symptoms**
 - **Cognition and mood symptoms**
- 

Trauma and Mental Health

Bereavement

- Sadness, despair, mourning
- Fatigue or low energy
- Tears
- Loss of appetite
- Poor sleep
- Poor concentration
- Happy and sad memories
- Mild feelings of guilt



Major Depressive Episode vs. Bereavement

Depression	Bereavement
Persistent depressed mood	Emptiness and loss
Inability to anticipate happiness or pleasure	Dysphoria likely to decrease in intensity over days to weeks.
Not tied to specific thoughts or preoccupations.	Grief occurs in “waves”. Referred to as “Pangs of grief” associated with thoughts and reminders of loss.
Pervasive unhappiness and misery, in children and adolescents this could look like persistent irritability	May be accompanied by positive emotions and humor

Major Depressive Episode vs. Bereavement (continued)

Depression	Bereavement
Self critical/pessimistic ruminations	Thoughts: preoccupation with memories of the loss
Feelings of worthlessness	Self esteem generally preserved
Self loathing	Perceived failings vis-à-vis the deceased
Ending one's own life because of feeling worthless, undeserving or unable to cope with the pain of depression	Thoughts of death focused on joining the deceased

Trauma and Anxiety

Physical Symptoms:

Cardiovascular: pounding heart, chest pain, rapid heartbeat, blushing

Respiratory: fast breathing, shortness of breath

Neurological: dizziness, headache, sweating, tingling, numbness

Gastrointestinal: choking, dry mouth, stomach pains, nausea, vomiting, diarrhea

Musculoskeletal: muscle aches and pains (especially neck, shoulders and back), restlessness, tremors and shaking, inability to relax



Trauma and Anxiety

Behavioral Symptoms

Avoidance of situations, obsessive or compulsive behavior, distress in social situations, phobic behavior

Psychological Symptoms

Unrealistic or excessive fear and worry (about past and future events), mind racing or going blank, decreased concentration and memory, indecisiveness, irritability, impatience, anger, confusion, restlessness or feeling “on edge” or nervous, fatigue, sleep disturbance, vivid dreams



Trauma and anxiety/panic

Panic Attack

- Condensed, intense symptoms of anxiety experienced all at once.
- Palpitations, sweating, trembling
- Hyperventilation, chest pain, discomfort
- Dizziness, nauseous, numbness, tingling
- Chills, or intense heat
- Fear of dying or loss of control “going crazy”
- Peak typically within 11 minutes
- Can be triggered or untriggered

Panic disorder: Recurrent and unexpected or untriggered panic attacks



Panic Attack/Disorder response

What can I do to help?

Provide a safe, private place

Slow breathing.

Slow, deliberate and firm instructions

Bring person back to the present

Find out if the person has had a panic attack before

Peak within no more than 10 minutes

Evaluate if medical assistance is needed/cardiac event

No paper bags!!!

Trauma and Substance Use Disorders (SUD)

Higher risk of SUD based upon:

- The amount of pleasure the drug produces
- The amount of physical withdrawal problems
- The amount of psychological withdrawal problems (especially when used to escape/numb uncomfortable thoughts and feelings)
- A downward spiral-
 - Begins with the quest for pleasure
 - Concludes with an escape from the pain of withdrawal

The long term impact of trauma

Adverse Childhood Experiences (ACE Study)

- Childhood abuse
- Childhood neglect
- Family dysfunction

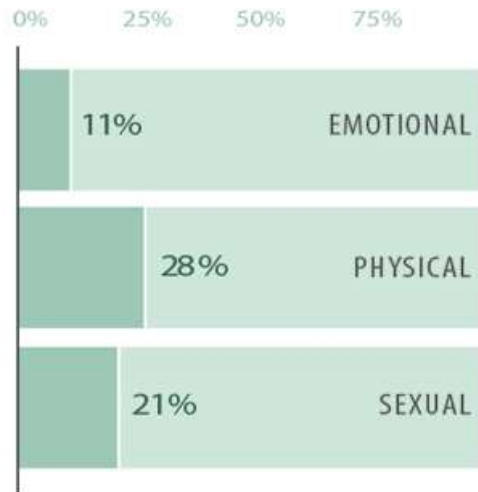
Links between ACE score and poor adult health and mental health outcomes.



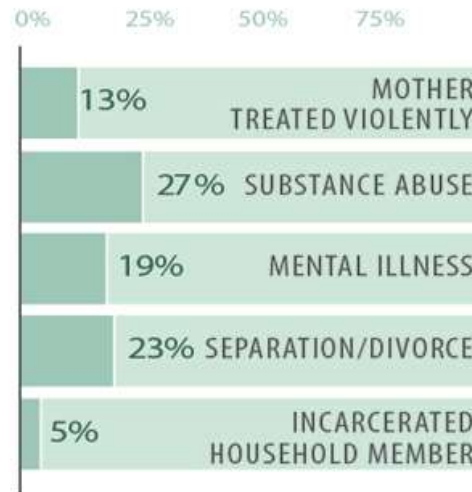
TYPES *of* ACES

The ACE study looked at three categories of adverse experience: **childhood abuse**, which included emotional, physical, and sexual abuse; **neglect**, including both physical and emotional neglect; and **household challenges**, which included growing up in a household where there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had a member of the household go to prison. Respondents were given an **ACE score** between 0 and 10 based on how many of these 10 types of adverse experience to which they reported being exposed.

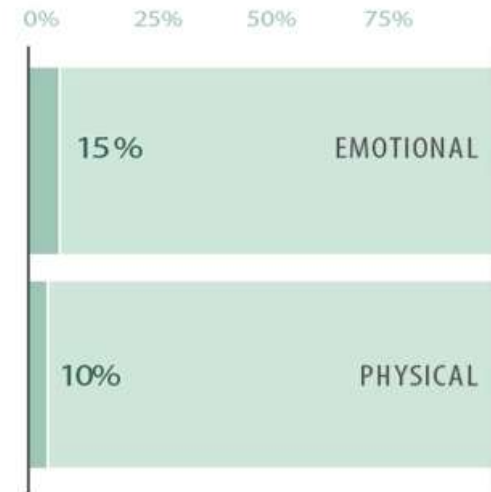
ABUSE



HOUSEHOLD CHALLENGES

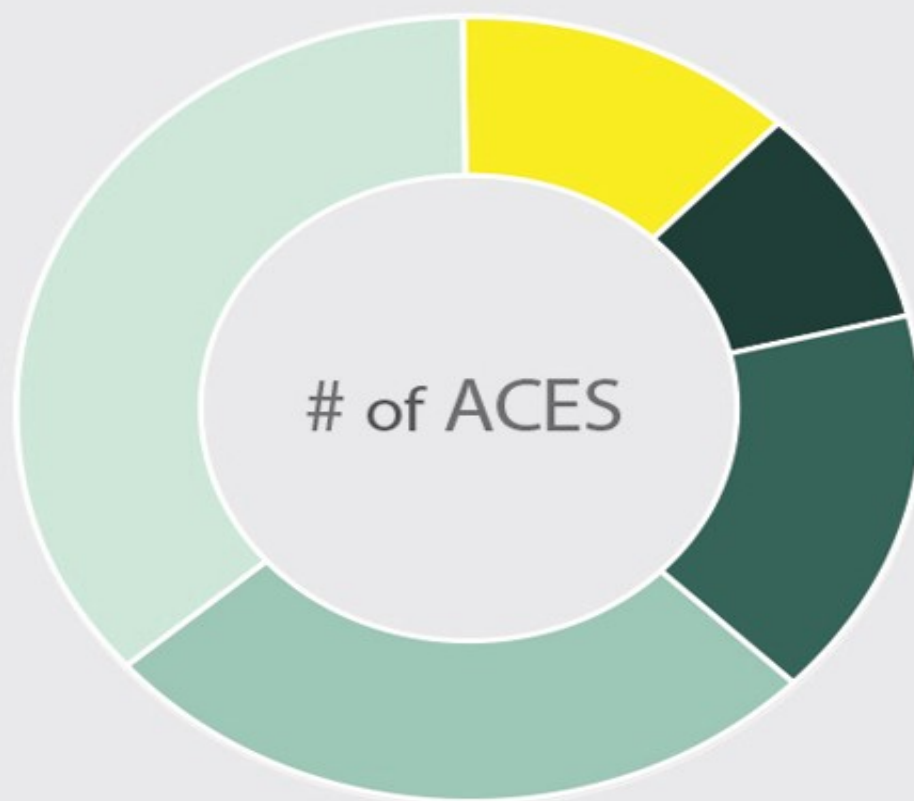
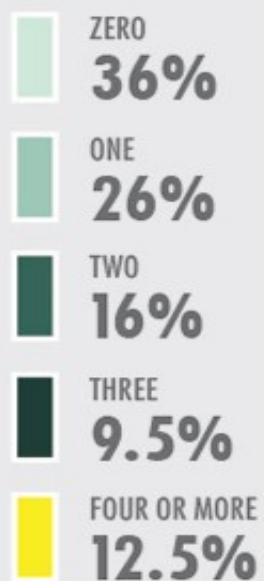


NEGLECT



How Common are ACES?

ACE Study



The long term impact of trauma

ACES can have lasting effects on....



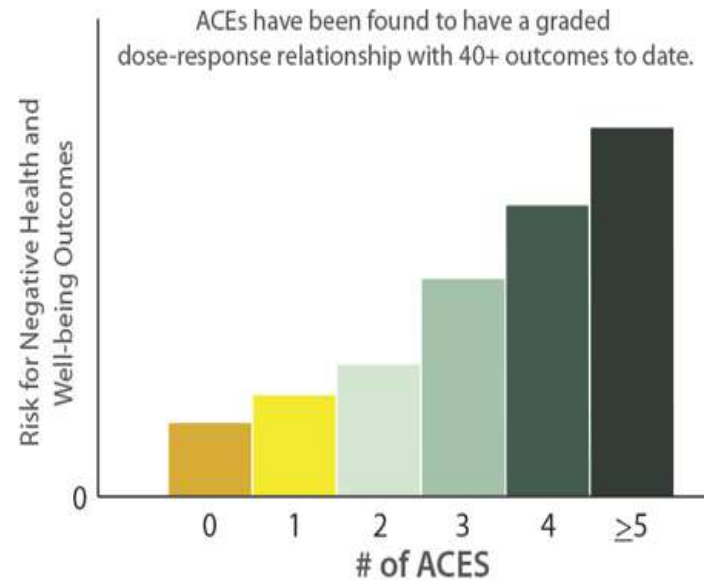
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)

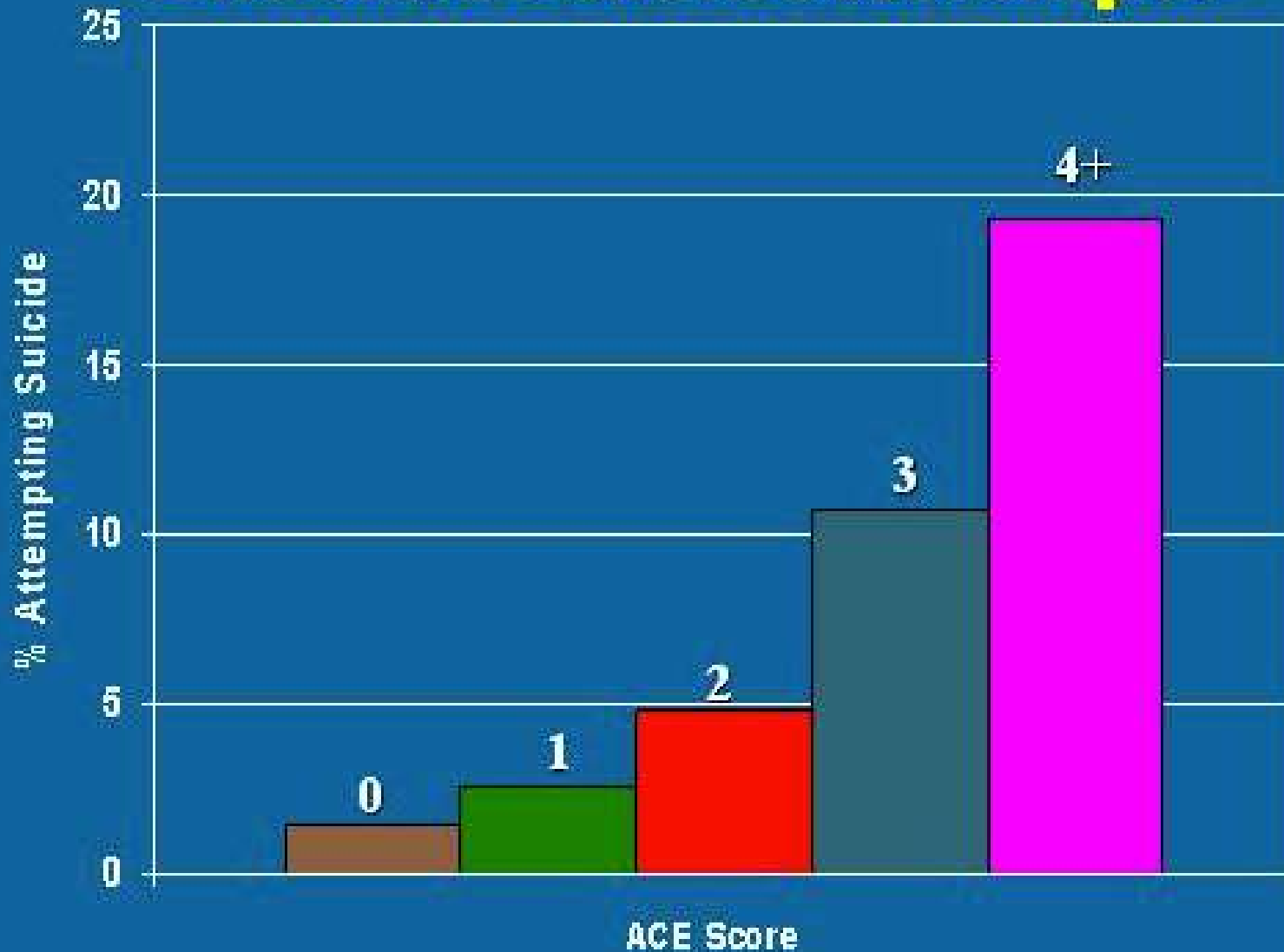


Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

Childhood Experiences Underlie Suicide Attempts



Adverse Childhood Experiences vs. Smoking as an Adult



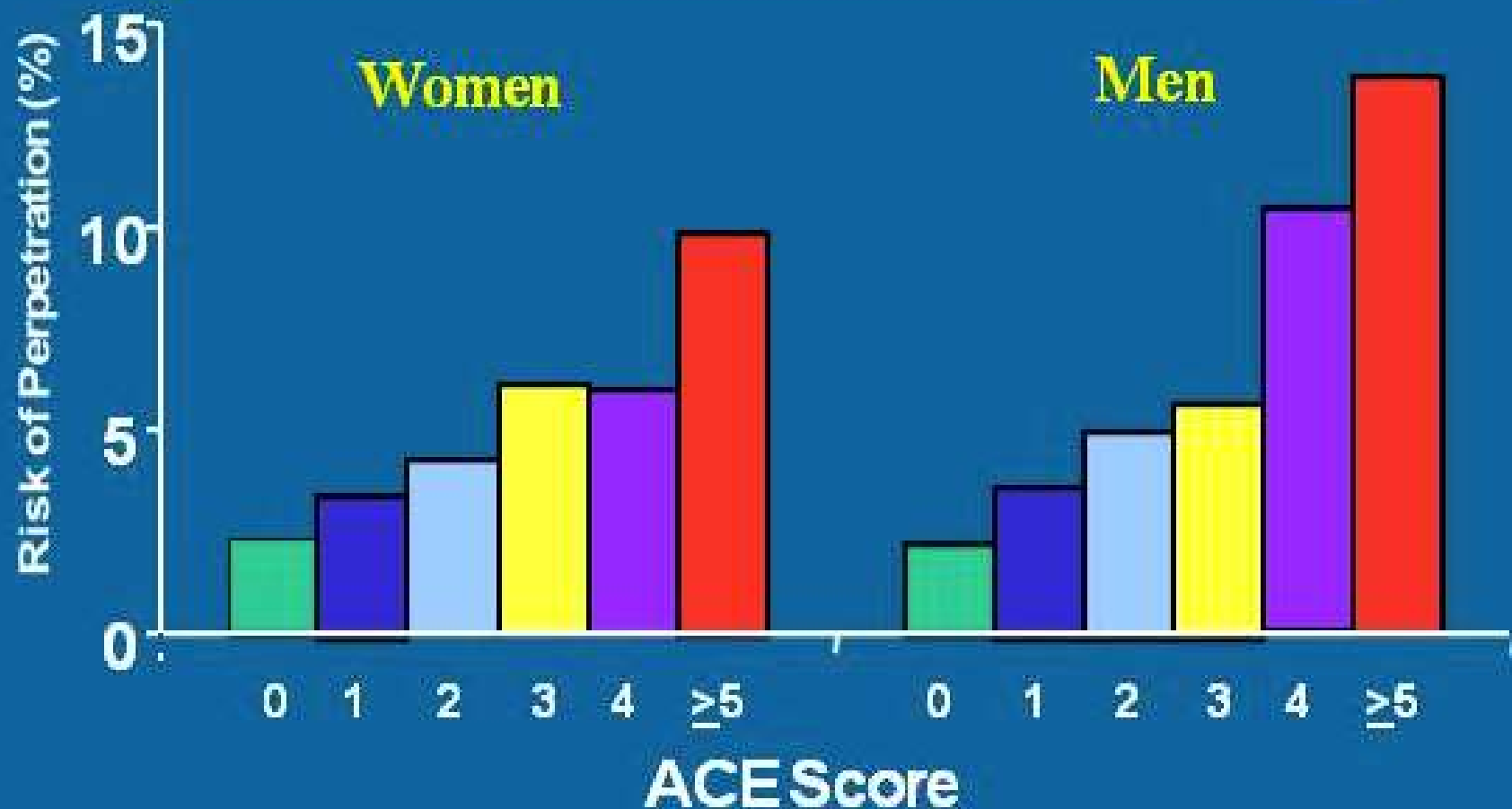
Childhood Experiences Underlie Later Being Raped



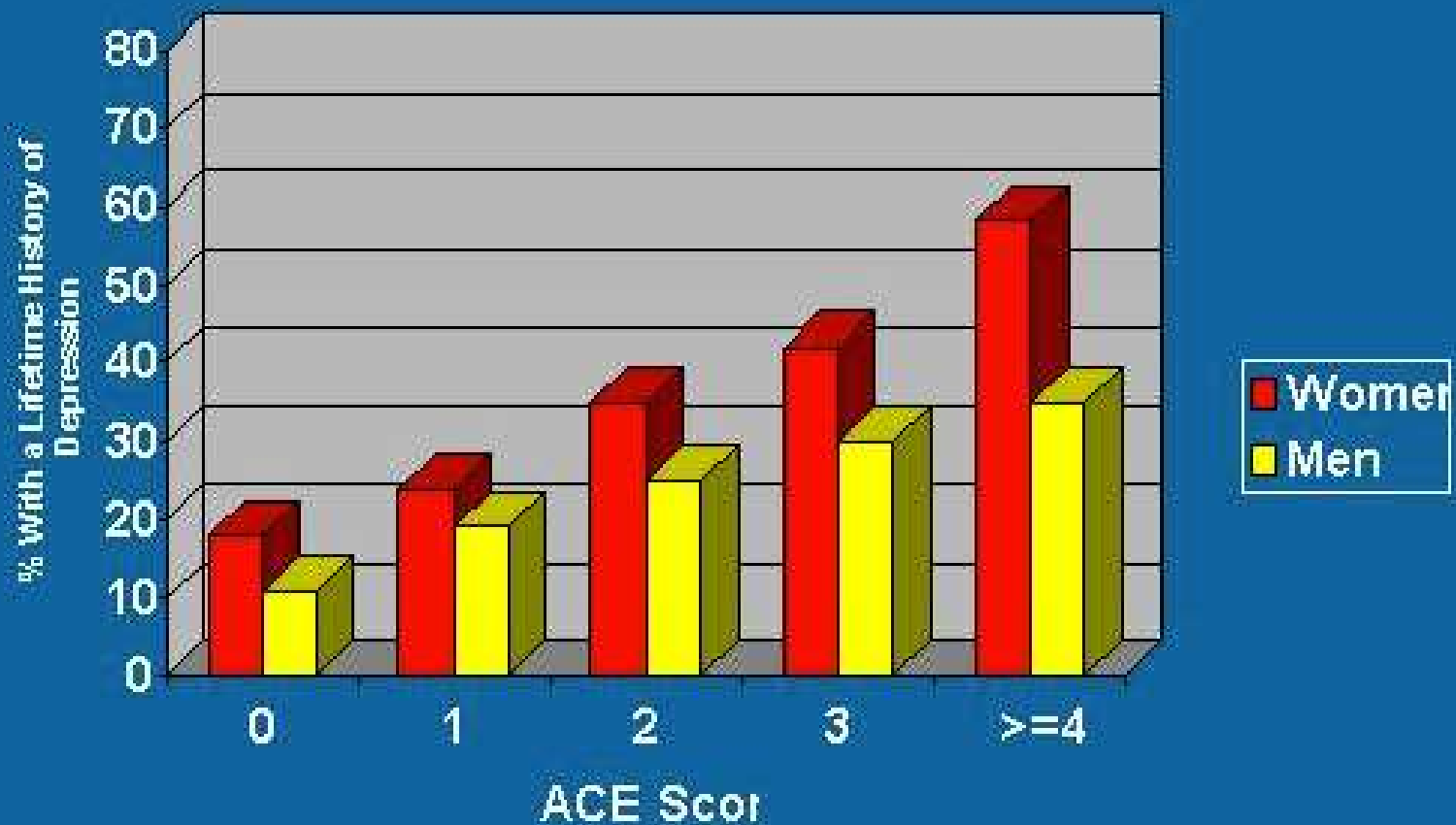
The ACE Score and the Prevalence of Liver Disease (Hepatitis/Jaundice)



ACE Score and the Risk of *Perpetrating* Domestic Violence

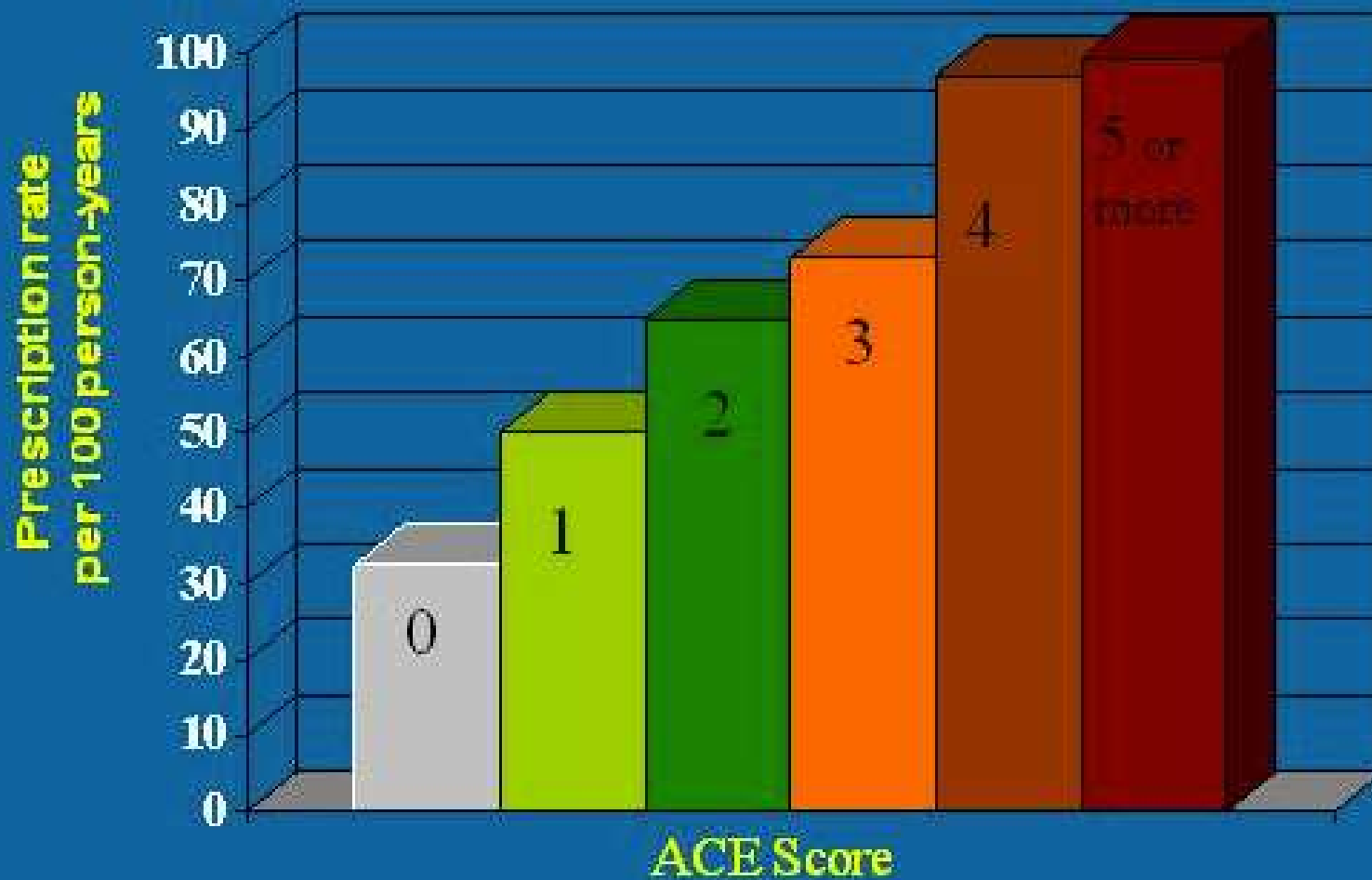


Childhood Experiences Underlie Chronic Depression



ACE Score and Rates of Antidepressant Prescriptions

approximately 50 years later



Childhood Experiences vs. Adult Alcoholism



Misassumptions about trauma

1. Not all individuals who experience trauma in childhood or adulthood experience long term negative consequences.
1. Not all individuals who experience trauma will have post traumatic stress disorder.
 - Resiliency
 - Not all veterans have PTSD!
 - Not only veterans have PTSD!

How can we help? Building Resiliency

Become educated about trauma.

Become more sensitive to trauma

Provide a safe, understanding environment for youth who experience trauma.

Acknowledge trauma and its triggers

Adopt trauma-sensitive practices where youth live, learn and play

Key elements of Trauma-informed Systems and Programs

Screen students/youth participants for trauma exposure and symptoms

Implement culturally appropriate, evidenced based assessments and treatments for traumatic stress and symptoms.

Provide resources to students on trauma, its impact and treatment options.

Build on the strengths of students impacted by trauma

Collaborate across service systems to make referrals for mental health care

Support staff by minimizing and treating secondary traumatic stress which can lead to burnout

Practical approaches to helping children cope

Take care of yourself and assess how **you** approach stress in your own life. Your response, reactions and examples of caring for yourself speak louder than words.

Empower youth by offering choice and praising positive choices and strengths.

Check in and LISTEN to children and youth.

Remember anniversaries

Be sensitive to the fact that not all youth have “traditional families”

Identify or be a mentor for a youth.

Non judgmental listening

Acceptance

Genuineness

Empathy

Attentiveness

Comfortable Eye contact

Open body posture

Seated or level position

Sitting next to rather than opposite

Put the phone down!

You are not listening when...

You say you understand

You say you have an answer to my problem before I finish telling you my problem

You cut me off before I finish speaking

You finish my sentences for me

You're dying to tell me something

You're uncomfortable with my silence so you fill it with words

You tell me about your experiences, making mine seem unimportant.

You refuse my thanks saying you really haven't done anything.



You ARE listening when...

You really try to understand me, even if I'm not making much sense.

You grasp my point of view, even when it's against your own sincere convictions.

You realize the time I took for you has left you a bit tired and drained.

You allow me the dignity of making my own decisions, even though you think they may be wrong.

You do not take my problem from me but allow me to deal with it in my own way.

You hold back the desire to give me advice unless I ask for it.

You do not offer me religious solace when I am not ready for it.

You give me room to discover for myself what is going on

You accept my gratitude by telling me how good it makes you feel or know that you have been helpful.



Practical approaches and interventions for youth

Reduce screen time

Can overstimulate the brain and senses.

Vulnerability to online predators, bullying etc, oversharing personal information

Increase outdoor activity:

Exercise (organized and casual sports/play)

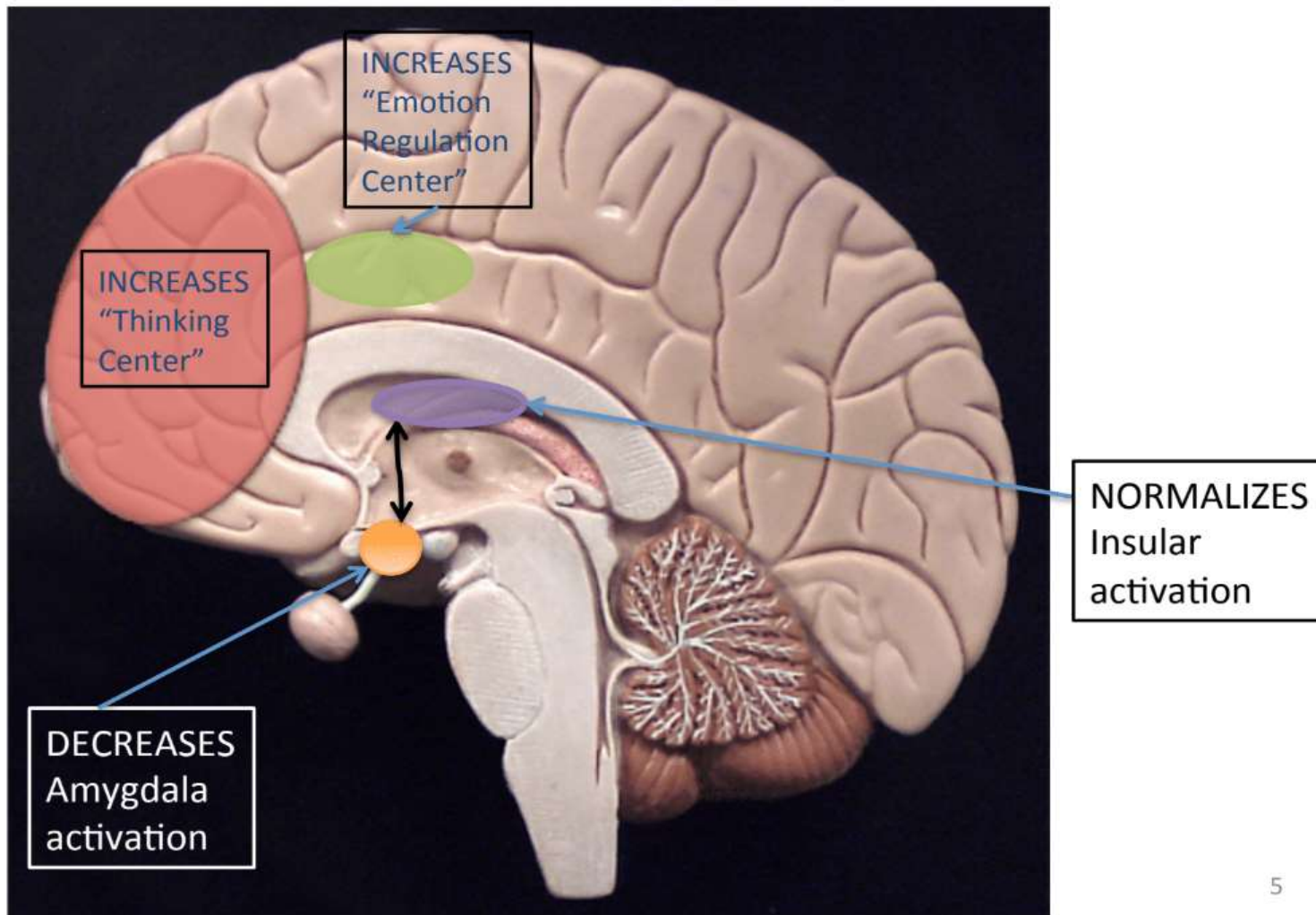
Contact with nature

Allow for adventure

Breathing and relaxation skills-do not underestimate the impact!



Impact of Breathing on the Brain



Practical Approaches and Interventions for youth

Breathing:

Young Children: Smell the flowers, Blow out the candle.

Diaphragmatic Breathing (handout with a variety of creative poses)

Five-count breath (handout available)

Practical Approaches

Encouraging Mindfulness and getting back into the present:

Five senses check in

Name 5 things that you can see

Name 4 things that you can hear

Name 3 things that you can feel

Name 2 things that you can smell

Name 1 thing that you can taste



DAILY QUARANTINE QUESTIONS

1. Who am I checking on or connecting with today?
2. What expectations of "normal" am I letting go of today?
3. How am I getting outside today?
4. How am I moving my body today?
5. How am I expressing my creativity today?
6. What type of self-care am I practicing today?
7. What am I grateful for today?



Stacy ²⁰²⁰

Practical Approaches

Writing:

Covid Anxiety Workbook (for adults and youth) in English and Spanish:

<https://thewellnesssociety.org/wp-content/uploads/2020/04/Coronavirus-Anxiety-Workbook.pdf>

My Covid-19 and 2020 time capsule: (great for children!)

<https://www.gmucsd.org/Downloads/COVID19-TIME-CAPSULE-3.pdf>

Videos:

Why do we lose control of our emotions:

https://www.youtube.com/watch?v=3bKuoH8CkFc&feature=youtu.be&fbclid=IwAR35ZHJzLZWxbC4VF6uwZxOX9CXQ52HNHF5FOIX-VaUkl_xjEYVog098IQM

THE ROCK & THE PLAY-DOH

COVID-19: What can you control?

Hold the rock in your hand. Squeeze it as hard as you can. Try to bend it. Roll it between your hands. Are you able to change the rock?

Now, place the Play-Doh in your hand. Squeeze it as hard as you can. Bend it. Roll it between your hands. Are you able to change the Play-Doh?

The COVID-19 pandemic may leave you feeling worried, anxious or scared. In these moments, think of the rock and the Play-Doh.

The rock is hard and can't be changed. You can't control the shape it takes.

The Play-doh, however, can be changed. You can control the shape it takes.

What are the "Play-Dohs" in your life right now? What can *you* control?

Believe it or not, you, my middle school friend, have some control over what is happening in the world right now.

So, what are the "Rocks" and the "Play-dohs" of COVID-19?

THE "ROCKS"

I cannot control:

- What other people do
- What other people say
- School cancellations
- The news
- Sickness
- Work assigned to me
- Doctor recommendations
- Restaurant and store closings
- How long this will last

THE "PLAY-DOHS"

I can control:

- What I say
- What I do
- The way I treat others
- My positive attitude
- Hand-washing and hygiene
- How well I do my work
- What I watch online or on TV
- Getting fresh air
- Social distancing: staying home
- Finding fun things to do at home

Despite everything happening, *you do have some control.*
Take a deep breath and focus on the the "Play-Dohs."

Let go of the "Rocks."

We are all in this together. It will get better.

*Created with love by Krystal
Defending Special Ed. Teacher at
FZSD South Middle School*

Goodbye Letter

To: _____

I am saying goodbye because _____

Saying goodbye makes me feel _____

I remember a time when we _____

You taught me _____

Something I want you to know is _____

I will always remember _____

From: _____

Practical Applications

Therapeutic benefits of Music:

Introduce youth to different music, sounds-impact on heart rate, senses, imagination.

Incorporate kinesthetic activity with music: dancing, exercising, hand movements, drumming

Playing an instrument-breathing, kinesthetic activity

Ask youth to describe what songs, music, lyrics mean something to them and how they experience it (motivational, reflective, upbeat, sad, etc.)



...and speaking of stress...How are YOU managing stress?

How to Manage your anxiety effectively related to Covid-19 Mental Health Resources and toolkit-

<https://health.uark.edu/coronavirus/caps-covid-19-resources-anxiety-workbook.pdf>

Dr. Mike Evans, creative visual/whiteboard lecture about building resiliency and managing stress:

https://www.youtube.com/watch?v=I6402QJp52M&list=PL4TcyUrQ3YhIc-V6YX_OBG9hfA_r87IJc

Dr. Mike evans on what you can do to get through a crap week:

https://www.youtube.com/watch?v=o_X0K4ZrvFQ

References

Education Law Center: Unlocking the Door to Learning: Trauma Informed Classrooms and Transformational Schools.

The Heart of Learning and Teaching: Compassion, Resiliency and Academic Success

Breath Work for Brain Change: Jennifer Sweeton, PsyD, MS, MA Mind Works Consulting and Psychological Services, PLLC

Center for Disease Control: ACE study

SAMSHA: PTSD, Trauma

APA-DSM 5

National Council of Behavioral Healthcare: Trauma informed care

Mental Health First Aid USA

American Psychological Association:

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