

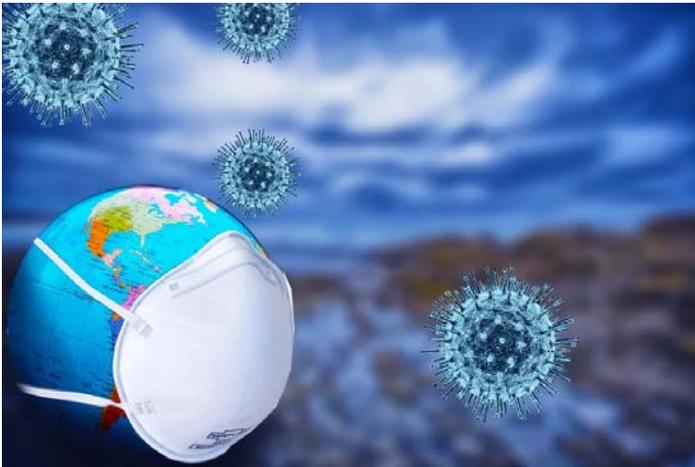
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 - Those who participated in today's EPIC Webinar and who wish to receive continuing education should complete the online evaluation by August 24, 2020 with the course code WC4028.
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 - Continuing education certificates can be printed immediately upon completion of your online evaluation. A cumulative transcript of all CDC/ATSDR CEs obtained through the CDC Training & Continuing Education Online System will be maintained for each user.
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Course Access Code Text

The course access code is EPIC0722

Supporting Children and Adolescents During COVID-19



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Mission Statement

NCTSN

The National Child
Traumatic Stress Network

*raising the standard of care and
improving access to services for
traumatized children, their families
and communities throughout
the United States*

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Considerations for

- Developmental
- Ethnic/Racial
- Cultural
- Disabilities
- Health comorbidities
- Socio-economic
- Housing stability
- Trauma/loss history
- Legal status



What Makes the COVID-19 Public Health Emergency UNIQUE?

Invisible threat (who is infected?)

Ambiguous threat (how bad will this get?)

Uncertain future (how long will this last?)

Global threat (no community is “safe”)



Impact on Children, Families, and Child-Serving Systems

- Adapted Service Delivery to Telehealth
- Increased Risk for Traumatic Stress and Loss
- Schools Moved to Remote Learning
- Supports Limited for Child Welfare, Foster Care, and Transitional Age Youth
- Reduced Healthcare Access
- Increased Provider Risk and Distress

Impact on Children, Families, and Child-Serving Systems (cont.)

- Additional Risks for Congregate Living Facilities (e.g., Juvenile Justice, Residential)
- Heightened Risks for Vulnerable Populations (e.g., Immigrant and Unaccompanied Alien Children, Youth with Intellectual and Developmental Disabilities)
- Disproportionate impact to some minority groups
- Adaptation of Evidence-Based Practices Training to Distance Learning Platforms & Creating New Strategies for Enhancing Adult Learning Principles

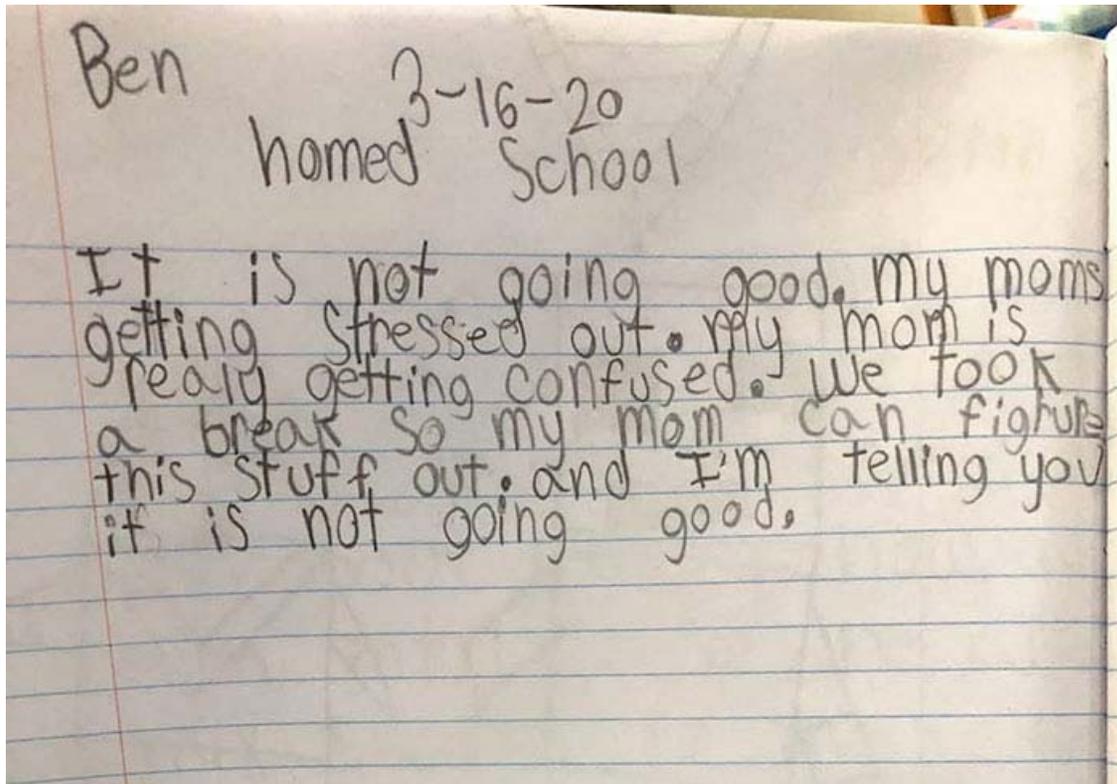
Health Disparities & Vulnerable Populations

COVID-19 is another example of how health disparities play out in the U.S.

- As of June 12, 2020, COVID-19 is impacting non-Hispanic black persons, Hispanics and Latinos, and American Indians/Alaska Natives at a disproportionate rate.
- Vulnerable populations are more likely to be a part of the workforce deemed essential and may not have access to PPE.
- Longstanding systemic health and social inequities contribute to the crisis in vulnerable populations.
- We all have an important role to play in addressing disparities!

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

Quotes from Kids



Child: Mommy, after the germs are gone I still don't want to go anywhere.

Mom: Why Baby?

Child: Because I want to stay here with you forever.

Quotes from Parents

I turned around from my Zoom meeting and my child is undressed and covered in paint!

This whole situation is so hard. And tomorrow is a new day!

My teen and I will not make it through this. I think he hates me.



What would your quotes be?

Acknowledge

- Uncertainty is stressful
- Anxiety is appropriate under the circumstances
- We can't do everything for everyone
- There will be good days & "not so good" days
- Minimizing all the above is disingenuous
- We are charting "new waters"
- We are balancing more
- We are all directly exposed to this event

Cohen Silver & Gurwitch, SciLine, 2020

Safety: Intervention Strategies

- Address concerns of fear of exposure and promote protective actions
- Share trusted information and resources on protective healthy behaviors and accurate information about risk of severe illness and death
- Identify and address additional adversities (e.g., economic hardships, health disparities, child abuse, suicide, interpersonal violence, stigma, racism)
- Communicate what steps are being done to mitigate risk
- Educate public of being informed, but limiting media viewing



Calming: Intervention Strategies

- Adjust communication approaches to the current stress level
- Provide comfort to the bereaved
- Address trauma and loss reminders
- Provide options for different coping needs (distraction, mindfulness, behavioral activation)
- Provide broad education about:
 - Post-trauma and grief reactions
 - Anxiety management techniques
 - Signs of more severe problems
 - When and how to seek help



Self-Efficacy: Intervention Strategies

- Help tap into people's strengths to get through this uncertain time
- Connect people with resources
- As much as possible involve the public in decision-making policy and efforts
- Help individuals create contingency plans and adjust to changes
- Promote activities that help others, such as:
 - Food bank drives
 - Senior hours at the grocery stores
 - “Town Hall” or community meetings
 - Volunteering opportunities



Hobfoll, S. et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry: Interpersonal and Biological Processes*.

Connectedness: Intervention Strategies

- Help people adjust to keeping physical distance but maintaining social connections
- Promote activities that create social solidarity
- Identify those who may lack strong supports or are newly isolated
- Help individuals to link with loved ones and community resources
- Increase the quantity, quality, and frequency of engagement with others
- Address potential negative social influences

Hobfoll, S. et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry: Interpersonal and Biological Processes*.

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Hope: Intervention Strategies

- Support regenerating of local economies
- Highlight that some of these changes are temporary. Mention other times your community or another community rebounded after other hard times
- Ask others what they have done during difficult times to stay hopeful
- Share a positive affirmation or a gratitude–it can go a long way
- Help people:
 - Focus on those elements they have control over
 - Share their experience and way forward
 - See a future and those things that can still happen
 - Accept that their lives and their environment have changed



Hobfoll, S. et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry: Interpersonal and Biological Processes*.

At this time, information about COVID-19 is rapidly evolving as new details are confirmed and new questions emerge. In the event of an outbreak in your community, as a parent/caregiver, your first concern is about how to protect and take care of your children and family. Knowing important information about the outbreak and learning how to be prepared can reduce your stress and help solve likely scenarios. This resource will help you think about how an infectious disease outbreak might affect your family—both physically and emotionally—and what you can do to help your family cope.

What You Should Know

- Coronavirus are a large family of viruses that cause illness ranging from the common cold to more severe diseases. COVID-19 is caused by a novel coronavirus, this means it is a new strain that has not been previously identified in humans.
- COVID-19 is a respiratory disease that is mainly spread person-to-person. Currently, there is no available vaccine or curative treatment, so the best preventative strategy is to avoid exposure.
- So far, children appear to be much less affected by COVID-19, which was also seen after other coronavirus outbreaks.
- Children with preexisting illnesses may have different risk, so you should discuss this with your child's medical team.
- To reduce the spread of the virus, a variety of approaches will be used, including keeping those who are sick away from others and promoting healthy hygiene strategies. Additional recommendations for ways to contain the virus's spread could include cancelling of events that attract large numbers of people, closing schools, public transit or businesses, and required quarantine, which is the separation and restriction of movement of people who might have been exposed to the virus.

READINESS

Preparing your Family for a Potential Infectious Disease Outbreak

Being prepared is one of the best ways to lessen the impact of an infectious disease outbreak like COVID-19 on your family. Here are some steps that you can take to be better prepared:

Information & Communication

- Identify how you will keep up with the rapidly changing information on COVID-19. In rapidly changing health events and outbreaks such as COVID-19, there can be large amounts of incorrect or partially correct information that can add to your stress and confusion as a parent/caregiver. Identify a few trusted sources of health information.

The NCTSN relied on the CDC resources to create this document. Get the most up-to-date and accurate information at:
 CDC: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
 CDC: <https://www.cdc.gov/coronavirus/2019-nCoV/species/group/coronavirus.html>
<https://health.ny.gov/diseases/communicable/diseases/coronavirus/Pages/2019-nCoV-Coronavirus.aspx>

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Simple Activities for Children and Adolescents

Activities for children and adolescents with no screen time

- ___ The stories.
- ___ The established "Dorks" of the "red deer" to animals.
- ___ Put on mini pants or pants. Have children act out different characters.
- ___ Play "Dorky Doodle". One person spins the wheel, and the other family members add to it.
- ___ Share poems, mini performances, skits, and/or stories.
- ___ Make up different dances or dance to known songs (i.e., the dance poems from a dance concert).
- ___ Have a Karaoke Night. Children can sing their favorite songs.
- ___ Play "Name that Tune." One person plays a tune or plays a tune from a song and others try to guess the name of the song.
- ___ The "Hide and Seek." Describe an area with clear boundaries. Have someone perform around a boundary that will be their job. Pick a family member to be IT. (However IT is chosen, be sure and choose a designated member who will be the family judge. Once the count down is done, IT says "Stand or not here" (and then you go to work for, and find the hidden family members. The first player found will be IT for the next round. Repeat.
- ___ The "Simon Says." One player is designated Simon and the other family members do whatever Simon says as long as they see the player "Simon say" before the command. If Simon does not say "Simon say" before the command, the family members don't move. Any player who acts without hearing "Simon say" is out of the game. The winner is the last player left.
- ___ The "Mystery Man 1." One family member stands far away from the others and is the "mystery" while all of the other family members stand in a group. Mystery calls the name of one of the player and says "Mystery name game, you are your chosen mystery name." The player then must respond to the "Mystery man 1" before moving the allowed number of steps. Mystery will either answer "yes" or "no." If the player fails to ask and takes a step without permission or moves prior to Mystery's response the player goes back to the starting line. The first to reach Mystery wins and is the new mystery. Mystery can go on to ask the other of what they called it...later steps, then pass.
- ___ The Eye Spy. One person, or IT player, asks something and makes it a secret. The other must be something that the other players can find and determine something that will play in their for the time it takes to complete a round. The IT player makes the line "I see what you are thinking about..." and ends with a descriptive clue such as "...is hot" or "...begin with the letter B." The other family members then have to guess the question asked. "Is it inside the house?" "Is it round?" etc. The player who is IT can then respond with "yes" or "no." If a player thinks they know what the mystery was, they can ask the question to guess direction. "Is it that hot?" "Is it that easy?" If the player is correct, it is their turn to ask something.

* This activity should not be done with people who are feeling sick or who are exposed to someone who is. Anyone close contact with family members at the other player.

Assisting Families with COVID-19

- Start the Conversation
 - Address misinformation and misperceptions
 - Address potential racism
- Validate feelings
- Discuss what is being done to keep people safe
- Let kids be kids!
- Discuss what families can do
 - Good hygiene
 - Cough/Sneeze protocol
 - Mask/Cloth face covering
 - Appropriate social distancing

Supporting Children with COVID-19



Supporting Children During Coronavirus (COVID19)

With the ever-changing landscape of our lives as you cope with the COVID-19 outbreak, you are trying to determine how best to help your family. Your children/teens may be worrying about the safety of your family, struggling with thoughts and feelings about the stories and images coming from coverage of COVID-19, and the uncertainty of not knowing when they can return to those routines that provided them comfort. They may turn to you or other trusted adults for support, help, and guidance. We hope that this resource will help you think about what you can do to make these times of uncertainty a bit less stressful.

Start the conversation

Many people worry that talking to young children will lead to increased worries and anxieties. The opposite is actually the case. Bringing difficult topics into the conversation can help lessen worries in children of all ages. Find a quiet, comfortable place to talk. Take a breath and bring it up.

You can say something like this:

- "There has been a lot of talk about coronavirus. Tell me what you know about it, or tell me what you've heard about it."
- For tweens and teens, also consider, "Tell me what your friends are saying about coronavirus. What have you seen about this online?"

Starting the conversation allows you to listen to what your child/teen knows and gives you a place to begin as the conversation continues.

Correct inaccurate information

If you hear inaccurate information or misunderstandings from your children/teens, take time to provide the correct information in language your child/teen can understand.

Encourage your children to ask questions, and answer those questions directly.

Your children/teens may have some difficult questions about the coronavirus. For example, children may ask if it is possible that someone in the family may get the virus that causes COVID-19. The concern may be an issue for both you and your children/teens alike. This question is speaking to concerns about the safety and security of themselves and those they love. In your answer, stress what is being done in your family, the community, state, country, and the world to reduce risk. Question-and-answer exchanges help ensure ongoing support as your children begin to cope with emotions related to this virus.

- Minimize media exposure
- Create a routine, building in calm/quiet time
- Know common reactions
- Take a break
- Provide reassurance
- Stay connected
- Address missed developmental milestones
- Be a positive role model

Trinka and Sam Fighting the Big Virus:

Trinka, Sam, and Littletown Work Together



Trinka and Sam: children's book

- English
- Spanish
- Mandarin
- Simplified Chinese
- Portuguese
- Finnish



Helping Children with Specific Worries & Reactions

Helping Children Cope with the COVID-19 Pandemic



This tip sheet is meant to help parents and caregivers address their children's concerns and worries arising from the COVID-19 pandemic and the disruptions of normal life that we are experiencing. These guidelines are intended to help caregivers identify and address signs of adjustment difficulties in children and teenagers and suggest ways to talk to them about their fears and concerns.

Children always benefit when caregivers are able to listen, understand and respond to their thoughts and feelings. While being a parent is not always easy, during stressful times it can be especially hard to know what's going on with kids. Understanding what our children are experiencing is the first step to knowing how to best respond to their distress. In the table below, some reactions that children and adolescents may be having are presented in the left-hand column and ideas for how caregivers can help children and adolescents are presented in the right-hand column.

I want you to know that:	You can help when you:
I'm worried because I really don't understand what COVID-19 is.	<ul style="list-style-type: none"> Remember that avoiding the topic could make me worry more. Remind me that when I tell you about my thoughts and feelings, you can help me find ways to be less worried. Ask me to tell you what I have heard about COVID-19 and what I'm thinking and/or feeling. Based on what I've told you, answer my questions simply and honestly, providing me with as much reassurance as you can. Give me enough information so I feel informed, but not so much that I feel overwhelmed. Encourage me to talk to you about information about COVID-19 that I may be hearing in the news or on social media.
I'm worried and anxious that the people I love will get sick, or that I will get sick.	<ul style="list-style-type: none"> Remember that I'm looking to you for guidance and comfort. When you are calm, I feel reassured. Ask me to share details about my worries about your health, my health, and the health of others whom I care about. Reassure me that you are taking good care of yourself. Remind me that we are protecting ourselves and helping to keep others safe by physically distancing. Let me know that I can talk to you and ask you questions whenever I have these worries. Help me to create and maintain daily routines so that my life can feel more predictable, and I can feel less anxious. After we've talked about my worries, help me get back to activities that occupy my mind in other ways (music, movies, books, games, schoolwork).

Developed by the Childhood Violent Trauma Center at the Yale Child Study Center



YaleMedicine | Yale SCHOOL OF MEDICINE

- Worry
- Negative thoughts
- Clingy behaviors
- Sleep difficulties
- Physical reactions (racing heart, stomachaches, headaches)
- Lost enjoyment in activities
- Frustration and irritability
- Difficulty with attention and concentration

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<https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters/pandemic-resources>

Helping Adults Cope during COVID-19

Understanding & Coping with Reactions in a Pandemic



We are living through a time of fear and disruption of daily life that most of us have never experienced. When we are facing threats to our health, our safety, and financial security, and also dealing with the impact of social isolation and a massive disruption of normal routines of daily life, our minds and bodies respond in powerful ways.

When so much in our current external world is out of our control, it is especially important to find ways to better manage responses to the danger and fear we may be experiencing. We can begin to take greater control of our own distress/anxiety—and help those we care about — when we learn to recognize and understand what is actually occurring in our minds and bodies when we are afraid. When we can observe and understand our own versions of the shared human experience of fear and uncertainty, we are better able to make choices that can turn down the volume of our distress and increase our feelings of well-being.

Under normal circumstances there is regular communication between two important parts of our brain: the *pre-frontal cortex* and the *amygdala*. The pre-frontal cortex helps us organize information, think in an organized way and make decisions about our actions. The amygdala is the emotion center of the brain and plays a central role in responding to fear and threat by triggering the fight-flight response.

However, when we feel threatened, or when there are major disruptions to the ways we live, the communication between the pre-frontal cortex and the amygdala is disrupted. At these times, our brains literally may not work the same way. The production of stress hormones and neurotransmitters may become amplified and lead to symptoms of anxiety/distress that we experience in our bodies as well as our minds.

In normal times, we are able to find ways to order our thinking in efforts to calm our feelings of distress. For example, we may make lists of the things we need to do, or we may try to think through and identify current reasons for our distress or distract ourselves from troubling thoughts—all in an attempt to turn down the volume on uncomfortable feelings.

Higher levels of physical reactions to distress can interfere with our ability to think in clear, organized ways that ordinarily help us to feel calm. As a result, we may be caught up in repetitive, vicious cycles of distressing thoughts and distressing physical reactions that magnify our sense of loss of control and helplessness. When this happens, not only does the world around us seem out of control, but our own reactions feel out of control as well.

When we no longer feel in control and in charge of ourselves, on top of our limited control of the world around us, we become more prone to changes in mood. These changes in mood contribute to our suffering and to the accumulating experience of helplessness and loss of control.

Developed by the Childhood Violent Trauma Center at the Yale Child Study Center



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- Anxiety/Stress
- Trouble Sleeping
- Changes in Mood
- Changes in Thoughts
- Loneliness & Social Isolation



- Body
- Behavior
- Feelings
- Thoughts

www.NCTSN.org

One Thing I want to Share

Be optimistic. To find ways each day to teach my child to be kind. To help her think about ways we can help others.

I have strength I didn't know I had. Even though there have been tough times, I can get through this. My children see they have a good mom, I hope.

I appreciate teachers. They are true heroes!

Helping Children with Traumatic Separation or Traumatic Grief

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HELPING CHILDREN WITH TRAUMATIC SEPARATION OR TRAUMATIC GRIEF RELATED TO COVID-19

The COVID-19 pandemic has resulted in thousands of children being separated from loved ones who require isolation and/or hospitalization due to a loved one testing positive for COVID-19 or because of potential exposure for essential workers. For some children, the separation may result in distress or in a traumatic reaction. If a loved one dies from the virus, a child may experience traumatic grief due to the sudden nature of the death and being unable to say goodbye or observe cultural or religious mourning rituals. This tip sheet is for caregivers or other adults supporting children with traumatic separation or traumatic grief related to COVID-19. Especially in stressful times, in addition to the suggestions here, all children benefit from caregivers listening to and validating their different feelings.

I want you to know that	You can help when you
1. I may have a lot of feelings but am not able to identify them or why I have them.	Acknowledge it is OK to feel sad, angry, hurt, lonely, etc. Understand when I get upset out of the blue about things that do not seem related. Help me label my feelings with words and talk about what is happening.
2. I am afraid when my loved one who is sick must be isolated from me at home or away from home.	Explain that including my loved one protects me from getting sick and helps the sick person to recover. Tell me the isolated person cares about me very much and does not want me to get sick. Reassure me how you or other helpers take care of our sick loved one and me. Help me to find ways to stay in contact with my sick loved one (text, text, make a card).
3. I am afraid that my loved one, who is a health worker or emergency responder, will get sick or die.	Explain that health professionals and emergency responders get special training on how to stay safe at work to care for people. Tell me ways I can stay in touch with my loved one if I can't see them all the time or if they have to stay closer to work for a period of time. Explain the important work they are doing to care for people.
4. I am sad that I can't see my sick loved one in the hospital and I worry that they are alone.	Reassure me that my loved one wants me to stay safe, so they do not want me near sick people in the hospital. Explain how people in the hospital make sure my loved one is not alone. Help me communicate with my loved one through calls, video, pictures, songs, prayers, letters, and other communication when possible.
5. I am afraid that my sick loved one is in the hospital and might die.	Give me accurate information about how my loved one is doing so I can understand for my age. Help me understand that most people get better and come home. Tell the truth if my loved one won't recover and help me find a way to say goodbye.
6. I am afraid, sad and mad that I can't say goodbye in person if my loved one is going to die in the hospital and we can't go.	Explain that health care workers are with my loved one, so they are not alone. Find out if you can send a message for me or I can say goodbye remotely.

HELPING CHILDREN WITH TRAUMATIC SEPARATION OR TRAUMATIC GRIEF RELATED TO COVID-19
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- Clarifying separations for essential workers
- Providing support when an ill loved one needs to be hospitalized
- Strategies for saying good-bye and to adapt mourning rituals
- Addressing their fears of getting sick or a loved one getting sick



Coping in Hard Times: Fact Sheet for Community Organizations and Leaders

What happens when a community has been hit by economic hard times? Stores close, buildings stand abandoned, municipal services—trash, police and fire, libraries—suffer cutbacks, and dwindling social supports must be spread among more citizens. People living in the community are laid off, are out of work for months, and may run out of unemployment insurance. When they look for work, they find that companies have stopped hiring.

What ultimately happens to the people in this community? They become anxious and afraid. About what will happen to them and their families. About meeting their basic needs. About losing their home. These worries can cause frustration, anger, and despair—feelings that intensify if their neighborhood seems to be falling apart around them. Citizens look to their community leaders for solutions and for reasons to hope. This fact sheet will explore how economic difficulties may affect the people in your community and give you ways to help.

Understanding Economic Downturns

When members of a community face financial difficulties, it affects their:

- Sense of safety
- Ability to be calm
- Self-efficacy and community-efficacy
- Connectedness
- Hope

Sense of Safety

What is 'sense of safety'?

- A belief that your needs—and the needs of your family and community—will be met
- A belief that you are protected from harm and that those around you will stay safe
- A belief that your local, county, state, and federal governments will provide help in times of need

How can economic downturns affect community members' sense of safety?

Those without work for months may lack money for food, housing, childcare, and transport homes or left the community to find work elsewhere. When their basic needs are threatened even less safe when their community declines, the infrastructure suffers, and there is little to meet their needs and believing their community cannot help them, people can't give up. They may avoid friends and family, be irritable or argumentative, or take risks. Why it harder to deal with life's challenges. The stress can be devastating.

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Economic Hardships

Community Organization Parents School Staff High School & College Age Students



Coping in Hard Times: Fact Sheet for Youth High School & College Age

What happens when your parents are laid off, are out of work for months, and their unemployment insurance ends? What happens when school lets out and you can't return home? What happens when you can't find a part-time, summer, or full-time job? What happens when every place you look for work isn't hiring or has stacks of applications?

What happens? You worry. About what will happen to you, your friends and your family. About whether you'll have to drop out of school, change your plans for your future, or find a good paying job. About whether your family will lose your home or that you won't be able to support yourself. About having enough money for gas, for groceries, or for rent. During hard times, worries like these can cause frustration, stress, and anger.

This fact sheet will help you understand how economic difficulties may affect you and help you think about how you can cope during these uncertain times.

"We almost lost our house. I felt sad and scared when we were told that we would have to leave."



Coping in Hard Times: Fact Sheet for Parents

What happens when you or your spouse or partner are laid off, are out of work for months, and the unemployment insurance ends? What happens when—every place you look for work—they're not hiring or they have stacks of applications?

What happens? You worry about what will happen to you and those you care for. About having money for groceries and transportation. About paying for medication or medical appointments. About the next emergency that you can't foresee. And, if you have children, it is likely that they will worry too. During hard times, worries like these can cause frustration, stress, and anger for everyone in the family.

This fact sheet will help you understand how economic difficulties may affect you and your family and help you find ways to cope—and help your family members cope—during these uncertain times.

Understanding Economic Downturns

When people face financial difficulties, it affects these qualities:

- Sense of safety
- Ability to be calm
- Self-efficacy and community-efficacy
- Connectedness
- Hope

Let's see how financial hard times affect these areas and what you can do to cope or help family members cope.

Sense of Safety

What is 'sense of safety'?

- A belief that your needs—and the needs of those you care about—will be met now and in the future
- A belief that you are protected from harm and that those around you will stay safe

How can economic downturns affect a person's sense of safety?

The world feels less safe when you don't know when businesses will rehire or you can't find work; have less money for food, rent, and transportation; have to take extra jobs to make ends meet; and face foreclosure or have to move.

You may feel worried, sad, or angry. You may want to give up. You may avoid friends and family; be irritable, argue more with others, or take more risks. You may have trouble sleeping, focusing, or being patient with others (who may be facing similar hardships and stress themselves). And you may find parenting much more difficult.

When you don't feel safe, everyday problems seem much worse. It's harder to face and to deal with life's challenges, and the stress can be overwhelming.

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Coping in Hard Times: Fact Sheet for School Staff Teachers, Counselors, Administration, Support Staff

What happens when school personnel, or family members of your students are laid off, are out of work for months, and their unemployment insurance ends? What happens when students complain to you that they can't find after-school or summer jobs?

When these things occur, people worry about what will happen to them and to those they care about. Students may worry about having to drop out of school, having their future goals change, or their family having enough money for rent or for groceries. You may worry about the number of students you have, as well as their welfare and wellbeing. During hard times, worries like these can cause frustration, stress, and anger.

This fact sheet will help you understand how current crises or economic difficulties may affect you, other school staff, students, and their families and give you specific ways to help.

Understanding Economic Downturns

When people face financial difficulties, it affects their:

- Sense of safety
- Ability to be calm
- Self-efficacy and community-efficacy
- Connectedness
- Hope

Let's see how financial hard times affect these areas, and what you can do to cope or help others cope.

Sense of Safety

What is 'sense of safety'?

- A belief that your needs—and the needs of those you care about—will be met now and in the future
- A belief that you are protected from harm and that those around you will stay safe

How can economic downturns affect a person's sense of safety?

The world feels much less safe when we can't find work; when we have less money for food, rent, and transportation; when we have to take extra jobs to make ends meet; or when we have to move and change schools. Our routines might be altered, creating additional uncertainties and anxieties.

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Trauma-Informed School Strategies during COVID-19



Trauma-Informed School Strategies during COVID-19

The uncertainties of the COVID-19 pandemic have challenged school systems, especially educators, staff, and administrators, to transform the ways that they connect with, teach, and support students and families. These changes also offer school systems the opportunity to build on the relationships they have formed with each other and with their students and families. It is possible within this time to largely virtual learning for schools to build resilience and coping skills, provide a much needed sense of safety and stability, and connect with families who might otherwise be isolated and overwhelmed. This document uses the National Child Traumatic Stress Network's (NCTSN) "Creating, Supporting and Sustaining Trauma-Informed Schools: A System Framework," to consider how, in the time of COVID-19, schools can adapt or transform their practices by using a trauma-informed approach to help children feel safe, supported, and ready to learn.

Why a Trauma-Informed Approach during the COVID-19 Crisis?

For most students, educators, staff, and school administrators, COVID-19 raises concerns related to danger, safety, and the need for protection. For some, the danger is related to spreading viruses, adversity, and disaster. For others, the pandemic brings new grief, loss, and trauma, which may include increased risk for violence and abuse in the home. Many families will experience secondary adversities related to their isolation, economic hardship, and unmet basic needs. A trauma-informed approach is essential to help school communities feel safe and supported during times of danger and adversity. The approach is needed so that students can learn, educators can teach, and staff and administrators can connect and provide needed support. Using this approach will assure parents and caregivers that the school community is strengthening their child's well-being, thereby allowing families to maintain the importance of learning.

What Does It Mean to Be "Trauma-Informed"?

The NCTSN defines a trauma-informed system, such as a school, as one where all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, staff and service providers. Educators, staff and administrators utilize and sustain trauma awareness, knowledge, and skills into their school climate, programs and classrooms. They collaborate with all those who are involved with the child, using the best available scientific evidence, to maximize physical and psychological safety, facilitate the recovery or adjustment of the child and family, and support their ability to learn and to thrive.

What is the NCTSN System Framework for Trauma-Informed Schools?

The NCTSN System Framework for Trauma-Informed Schools identifies and describes the essential elements of a trauma-informed school that can help support school personnel in working with children who have experienced trauma. The framework includes core areas of focus for educational system improvements and organizational changes. These core elements can be applied throughout a school system to create a trauma-informed environment. In addition, applying these elements also helps to identify students and school personnel within the school system who are at risk or who might need more intensive support to address their traumatic stress reactions.

Trauma-Informed Strategies for Educators, Staff, and Administrators during COVID-19

Here we use the framework to outline specific guidance for how schools can use a trauma-informed approach while responding to the needs of their students, families and staff during the COVID-19 crisis. The framework presents 12 Core Areas of a Trauma-Informed School System.

Reprinted and adapted by Melissa Rouse and Marjorie Kelly from Administrative Strategies: A Handbook for Schools and Homeless Youth, NCTSN, 2019.

- Address the Physical and Emotional Well-Being of Staff and Students
- Enhance the Trauma-Informed Learning Environment
- Identify and Assess Traumatic Stress/Losses
- Addressing and Treating Traumatic Stress/Losses
- Enhance Trauma Education and Awareness
- Foster Partnerships with Students and Families & with other Child-Serving Systems
- Address Additional Adversities and Emergencies
- Promote Cultural Responsiveness
- Adapt School Policies and School Disciplinary Practices

Assisting Youth and JJ System with COVID-19



**Strengthening Your Resilience:
Take Care of Yourself as You Care for Others**

"We are best able to help others when we are clear-thinking, calm, strong, and healthy ourselves." *Alicia King*

Your work as a juvenile justice professional involves ensuring the safety of others, including youth, families, and the community, which can be stressful at the best of times. These responsibilities are particularly stressful when coupled with additional stresses, worries about your health and your families' health, and uncertainties in your personal life. Your ability to care for others for a sustained amount of time requires you to care for your own well-being, strengthen your resilience, and find ways to recharge your batteries so you can be effective in your professional roles. Doing these things is equivalent to putting your oxygen mask on first before helping others with theirs. In order to effectively help others, you must take care of yourself first.

It is important to note that as this resource is designed for you to care of yourself, the juvenile justice system, the organization you work with also needs to support and address your wellness and health. For example, your organization has a responsibility to support their staff's ability to care for themselves by providing supervision, structures of support, and a safe working environment. This is particularly important during a pandemic in which many justice workers must take additional health risks that impact them and their families. As you consider ways to support yourself, also consider how you can support your system to strengthen a supportive environment.

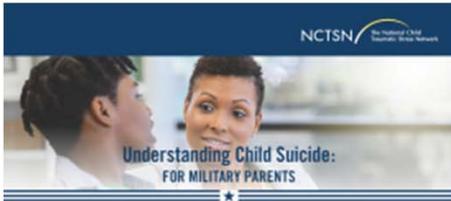
Ways to Care for Yourself

People sometimes think of self-care as something you do for yourself at the end of the workday. But self-care is an important professional skill you should employ when you work in stressful environments. It is important to build a habit of strategies you can use when stress levels get high on the job. Here are some foundational tips for your resilience:

- Self-care strategies don't have to be complicated or time-consuming. Use those that fit with your current schedule and your current energy level.
- Do strategies for when you use these strategies. Create a plan of incorporating strategies that can be used during roll call, just before shift transitions, or in conjunction with youth.
- Strategies you can add to your plan include: Take a deep breath, picture in your mind the face of the person who is your emotional center; think of the words to a song or prayer that always lifts your spirits; remind yourself "I'll get through this;" or use a relaxation or mindfulness app on your smart phone.
- Strategies you can use with your coworkers include offers of gratitude, humor, checking-in with one another, and celebrating successes! For example, what is the most rewarding moment you've had this week? What is the best compliment you've received from a coworker? Who is one person whose life you have touched through this work recently? Doing these strategies regularly is best rather than making self-care a "to-do" item.
- Create a plan for how you will transition to work and from work and consider strategies that can help you with those transitions. For example, blast your favorite music as you commute or walk around the block before you start work.

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- Strengthening your Resilience: Take Care of Yourself as You Care for Others
- Working Together in the Pandemic: Tips for Front-Line Juvenile Justice Staff
- Working Together in the Pandemic: Tips for Juvenile Justice Administrators and Supervisors in Preparing for the Future
- Working Together in the Pandemic: Tips for Supporting Youth and Families in a Time of Crisis
- Keeping Yourself And Your Kids Safe And Healthy In The Pandemic: Tips For Judges, Legal Professionals, And Court Personnel



As a military family, you and your children have many unique life position qualities, including grit, strength, and determination. These qualities can help you adjust to the unique and, at times, complex nature of military life and culture. Although military work can result in a culture of strength and endurance, it is important to know that military-connected youth are susceptible to risk for mental health difficulties, including suicidal thoughts and behaviors. In a new study, youth with a deployment parent reported increased risk of feeling suicidal, sad, hopeless, or depressed. This fact sheet provides practical information to help you to ask questions and starting conversations with your child when they are experiencing suicidal thoughts or behaviors. The fact sheet also provides additional resources for immediate and long-term assistance.

SUICIDE AND MILITARY YOUTH

According to the Center for Disease Control and Prevention (CDC) research, although rare, was the second leading cause of death for all youth aged 10 to 19 years in 2017. About one-quarter percent of American high school students reported seriously thinking about suicide and 13.9% reported making a plan to attempt suicide in the past year.

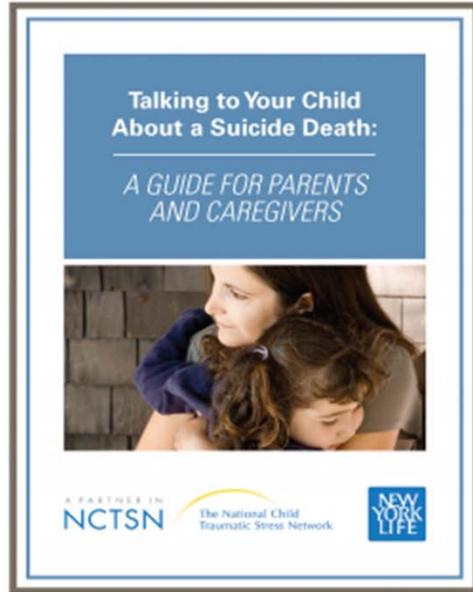
Traumatic stress and other mental health difficulties can be related to suicidal thoughts and behaviors. Like these other stressors, military-connected youth may experience mental health issues in addition to unique military-related stressors (e.g., parental deployment, separation) that, for some youth, could potentially be prevented or minimized depending on a number of factors (e.g., the child's interpretation of events). Sometimes these experiences can overwhelm your child's ability to cope on a safe and healthy way.



TALKING WITH YOUR CHILD ABOUT SUICIDE

Thoughts of suicide are sometimes experienced by youth who are feeling stressed. You play an important role in helping your child address those thoughts and concerns by providing opportunities and equipping them for difficult conversations.

This report was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The report authors and content do not represent the views of SAMHSA or HHS.



Talking to Your Child About a Suicide Death:

A GUIDE FOR PARENTS AND CAREGIVERS



A PARTNER IN
NCTSN The National Child Traumatic Stress Network



SUICIDE: TRAUMA-INFORMED, ADOLESCENT SUICIDE, SELF-HARM, AND SUBSTANCE ABUSE TREATMENT AND PREVENTION CENTER

Suicide, Self-Harm, and LGBTQ Youth: Tips for Therapists

Rates of suicide attempts, thoughts of suicide, and deliberate self-harm behaviors are high among lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ) youth. The disproportionate risk for these thoughts and behaviors among LGBTQ youth is thought to be associated with minority stress related to sexual orientation or gender identity, including: internalized stigma and social stigma, bullying, hate crimes, and rejection by family members and other important people in their lives.

Here we offer some tips for therapists based on clinical experience and academic literature. Clinical judgement should guide when and how these tips apply to individual youths, as these tips are designed for youths where there is clinical need to attend to LGBTQ status. In our program for instance, we include self-report questions regarding sexual orientation and whether youths self-identify with the gender assigned at birth, and this information guides future care.

Addressing Youth Suicide



Trauma-Informed Telehealth Considerations for Youth with Suicidal and Self-Harm Ideation and Behaviors¹

Purpose

The provision of mental health services via telehealth or other virtual platforms is one way of maintaining the health and well-being of youth and their families. The purpose of this document is to provide trauma-informed telehealth guidance regarding safety assessment and planning for youth with suicidal or self-harm ideation and behaviors. Some of the recommendations are tailored to the COVID-19 pandemic; however, most strategies can be applied outside of the pandemic restrictions.

Preparing for the Telehealth Session

- Working with at-risk youth via telehealth can be stressful. It is important to **engage in appropriate self-care, calming, or grounding activities** (e.g., mindfulness, deep breathing) in anticipation of sessions.
- If conducting telehealth from home, make sure you are in a comfortable, quiet, and private space (where confidential discussions cannot be overheard by others), free from distractions and other people.
- When scheduling, obtain consent from the caregiver and client for a telehealth or virtual session. Consent should include the agreement to be treated via telehealth, as well as the acknowledgement that sensitive information may be discussed and it is the family's responsibility to use a location or device (e.g., headphones) that secures privacy to the greatest extent possible. **Confirm that the caregiver is available at the time of the session for emergency purposes.**
- **Ensure you are familiar with local emergency numbers and contacts** prior to starting the session, and carefully document this information.

www.NCTSN.org

Addressing Intimate Partner Violence

NCTSN The National Child Traumatic Stress Network

Intimate Partner Violence and Child Trauma



Intimate Partner Violence (IPV) also referred to as domestic violence, includes physical, sexual, or psychological harm by a current or former partner or spouse. This significant public health problem affects millions of people in the United States. More than one third of women and one in four of men in the US have experienced IPV. IPV accounts for 15 percent of all violent crimes. One in three female murder victims and one in 20 male murder victims are killed by intimate partners. IPV results in significant physical and psychological consequences, increases in health care costs, and 8 million lost days of paid work each year among survivors. Children are often the hidden or silent victims of IPV. Rates are directly related when either are frightened or witness violence.

How Many Children Are Exposed to IPV in the US?

In a national telephone survey, one in 15 children reported witnessing violence in the home between parents within the last year. This survey fully underrepresented the experiences of young children ages six and younger. A recent analysis of data from 8,688 children ages 1-16, who received mental health services from programs in the National Child Traumatic Stress Network (NCTSN) further highlighted the significance of the problem. These NCTSN data revealed that child exposure to IPV was the second most frequently occurring trauma in children's histories, surpassed only by traumatic loss, bereavement, with 68 percent of the children sampled having been exposed to IPV. Thirty percent of children exposed to IPV had their first exposure before the age of two. A child from 26 percent had their first exposure between the ages of two through seven.

What are the Consequences for Children Exposed to IPV?

Children who are witnesses to violence between their parents are at increased risk for becoming direct victims, with research showing considerable overlap between exposure to domestic violence and child physical abuse. Children exposed to IPV are often too young to describe what is happening or too frightened to speak about the abuse. This exposure can result in children perceiving their home and parents as unsafe. They may learn unhealthy norms about parenting, relationships, and the role of violence as a way to cope with stress or to exert authority. Instead of developing a healthy understanding about intimacy, the children may learn that violence is acceptable, which could carry over into their own adult relationships.

The resulting trauma of these experiences has both short and long-term effects on children's physical and psychological health. Recent research indicates that these children are affected in the domains of emotional, cognitive, and social functioning. Childhood exposure to violence is associated with poor school performance, specifically with lower grade point averages and more days missed in school. Childhood exposure to IPV also predicts poorer physical and emotional health and has been associated with increased rates of asthma, failure to thrive, developmental delays, and increased rates of bulimic, anxiety, and posttraumatic stress disorder (PTSD).

Very young children are particularly vulnerable to the psychological effects of IPV exposure, as the stress experienced may affect the child's developing brain, especially in the first three years of life. This in turn may affect the child's physiological development, including the stress response system and ability to regulate emotions. In addition, very young children have not yet developed coping or survival skills to mitigate the impact.

NCTSN Policy Brief NCTSN.org

FUTURES A Child's Future

NCTSN The National Child Traumatic Stress Network

Children and Domestic Violence

Keeping Your Children Safe and Responding to Their Fears

Domestic violence is a pattern of behavior that one person in a relationship uses to control the other. The behavior may be verbally, emotionally, physically, sexually, or sexually abusive. You as a parent may have left an abusive relationship or you may still be in one. This fact sheet is one of a series of 10 sheets written to help you understand how children may react to domestic violence, and how you can best help them to feel safe and valued and develop personal strength. For other fact sheets in the series, visit www.nctsn.org/content/resources.

Children who have experienced domestic violence may still feel afraid even after the real danger is past. They may worry that you or they are unsafe even if the abusive parent is no longer in the home or no longer in touch with the family. No matter how old they are, your children need your help to feel safe and secure again. The suggestions below will help you in restoring their sense of peace and security.

It will be hard for your kids to feel safe if the family is still in crisis. If you feel unsafe now, contact a domestic violence advocate, a lawyer, or another trusted person who can advise you about plans for safety. If you believe your child has been injured or abused by the other parent, get medical help if needed and contact your local police or child protective services. Try to find time alone with your children to discuss safety plans and listen to their concerns.

COMFORTING INFANTS, TODDLERS, AND PRESCHOOLERS

Young children who have lived with domestic violence usually don't fully understand the events and tensions around them. But they will respond to strong emotions and a sense of danger in the home. Younger children who can't express their upset feelings in words may show them in their behavior.

What you can do:

- Bond physically with your children—simple things like eye contact, kisses, and hugging will help them feel safe and secure.
- Take care of your kids' everyday needs—make sure they are getting their sleep, meals, snacks, baths, and playtime.

The authors of this NCTSN Domestic Violence Workbook Series, Betty Shinn, Wilbur Barlow, Nancy Stein, and Valerie Rose, along with members of the committee on Future Without Violence developed the fact sheet drawing on the expertise of domestic violence survivors, research findings, and experts from behavior, medical, education, and mental health professions. For more information on child and domestic violence, visit www.nctsn.org.

Children and Domestic Violence—December 2014
The National Child Traumatic Stress Network • www.nctsn.org



FUTURES A Child's Future

NCTSN The National Child Traumatic Stress Network

Los niños y la violencia doméstica

La importancia de jugar con sus hijos

La violencia doméstica es un patrón de comportamiento utilizado por una persona en una relación de pareja controlador o la otra. Este comportamiento a menudo puede ser verbal, emocional, físico, acoso sexual o sexual. Usted, como padre o madre, puede haber dejado una relación abusiva o tal vez todavía esté en ella. Este folleto es una de una serie de 10 folletos que le ayudarán a comprender cómo los niños pueden reaccionar a la violencia doméstica, y cómo mejor ayudarlos a sentirse seguros y valorados y a desarrollar su fuerza personal. Para otros folletos de esta serie, visite www.nctsn.org/content/resources.

Los niños que han vivido en una relación de violencia doméstica pueden sentirse inseguros. Si usted no está seguro de las emociones o comportamientos de sus hijos, ellos le pueden ser de mucha ayuda al recibir atención especial de su parte, el padre o el cuidador principal. Jugar con ellos es uno de los mejores cosas que puede hacer para ayudarlos a sentirse más seguros y conectados con usted.

Jugar es una parte esencial de la vida y eso les ayuda con un desarrollo saludable. A veces pensamos en "jugar" solo con niños más pequeños, pero incluso los adolescentes "juegan" en actividades como deportes, viendo televisión, un juego de mesa, o simplemente pasando tiempo con usted. Los niños y adolescentes aprenden a construir relaciones a través del juego. La atención de los padres a través del juego puede ser especialmente útil para niños de todas las edades, que han experimentado la violencia doméstica.

APROVECHANDO EL JUEGO AL MÁXIMO

Treinta de pasar algún tiempo, todos los días, jugando con su hijo en circunstancias, como quedarse por teléfono. Muéstrales juegos, presta atención no solo a lo que él realmente está haciendo, sino observar, escuchar y apoyar la participación de su niño. Aquí hay algunas sugerencias para hacer el máximo provecho de este tiempo especial con niños de diferentes edades. Puede hacerlos cuando esté en casa, en un albergue o en una casa de transición.

Para niños pequeños

Lo que puede hacer	Ejemplos
Escoja a su hijo y díjale saber que está escuchando.	Jugar con bloques, leer un libro, armar rompecabezas, colorear o hacer otros actividades de manos o hacer el uso de la mano.
Díjale "Este cumple años por sus actividades"	Haga los animales (como brincar) o canciones (como "Te gusta el naranja" cuando su hijo le diga que el naranja es su color favorito). Diga "Este haciendo un gran trabajo al poner los bloques azules sobre los más grandes". Diga "Este haciendo un gran trabajo al poner los bloques azules sobre los más grandes". Diga "Este jugando un juego". Diga "Este jugando un juego". Diga "Este jugando un juego".
Hágale saber que está escuchando y díjale saber lo que están haciendo, a través de la descripción.	

Este folleto fue desarrollado por los comités de trabajo de "Future Without Violence", Betty Shinn, Wilbur Barlow, Nancy Stein, Valerie Rose y miembros del comité de "Future Without Violence" desarrollaron el folleto basándose en la experiencia de sobrevivientes de violencia doméstica, hallazgos de investigación y el conocimiento de expertos en el campo de la violencia doméstica. Para más información sobre el tema, visite www.nctsn.org.

Los niños y la violencia doméstica—diciembre de 2014
The National Child Traumatic Stress Network • www.nctsn.org

General Hotline Numbers

National Suicide Prevention Lifeline, Call (800) 273-8255, Chat with Lifeline

Disaster Distress Helpline, Call (800) 985-5990, Text TalkWithUs to 66746

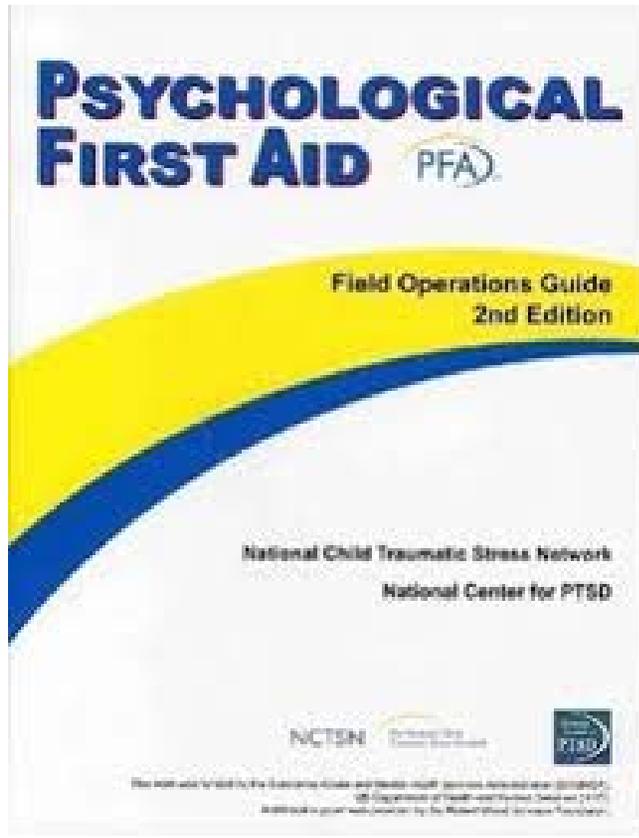
National Domestic Violence Hotline: Call (800) 799-7233

StrongHearts Native Helpline: Call 1-844-7NATIVE (762-8483)

Veteran's Hotline: Call (800) 273-8255 or text to 838255

Crisis Textline - Text TALK to 741741

Psychological First Aid



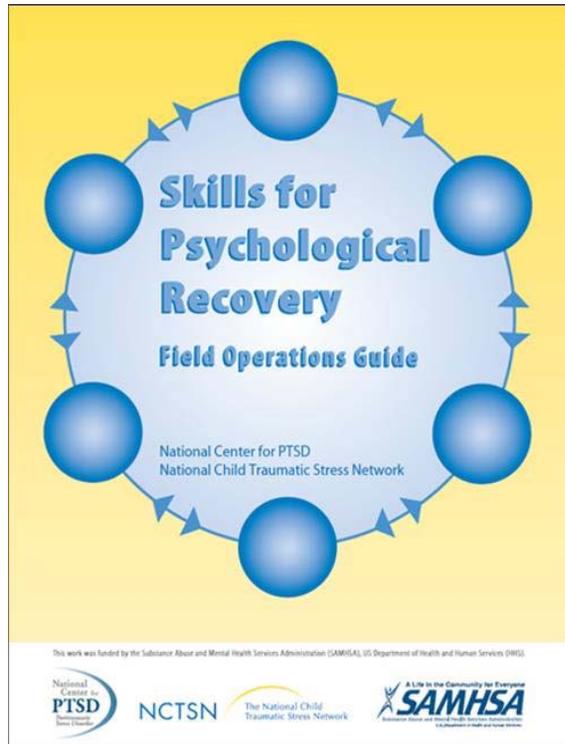
- An acute intervention to assist children, adolescents, and adults in the immediate aftermath of disasters
- Has been adapted for different systems and translated into different languages

www.NCTSN.org – all manuals

Learn.NCTSN.org – PFA Online

PFA Mobile available for IOS and Android mobile devices

Skills for Psychological Recovery



- SPR is a modular intermediate intervention that aims to help survivors gain skills to manage distress and cope post-disaster
- Can be integrated into existing mental health and health services
- SPR is designed to be 1-5 visits, each which can “stand alone,” but you should encourage multiple visits
- Was created for use with children, adolescents, and adults
- Used in a variety of settings and with paraprofessionals

www.NCTSN.org – all manuals
Learn.NCTSN.org – SPR Online

Attending to Your Own Care

Awareness	<ul style="list-style-type: none">• Be aware of how you are reacting to the uncertainty/pandemic.• Understand how you react to stress (overworking, overeating, ignoring your feelings).• Monitor your body and level of stress.• Talk to a professional if your stress affects your life and relationships.
Balance	<ul style="list-style-type: none">• Diversify tasks and take breaks even during workday.• Take time to reflect on your experiences.• Engage in well-being activities outside of work. Do something that makes you laugh, relax, or have fun.• Eat sensibly, exercise regularly, and get enough sleep.
Connection	<ul style="list-style-type: none">• Connect regularly with co-workers, family, friends, and community.• Use meditation, prayer, gratitude's, or relaxation to connect with yourself.• Create work limits, disconnect from professional role and email.• Celebrate successes!

Good Job Parents and Caregivers!

