

# BEHAVIORAL HEALTH IMPACTS OF COVID-19

## **Module 2: Addressing Family and Work Impacts**

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Behavioral Health Strike Team

# Agenda

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**Understanding the transition into reconstruction and recovery**



**How the brain and body are affected, and what we can do about it**

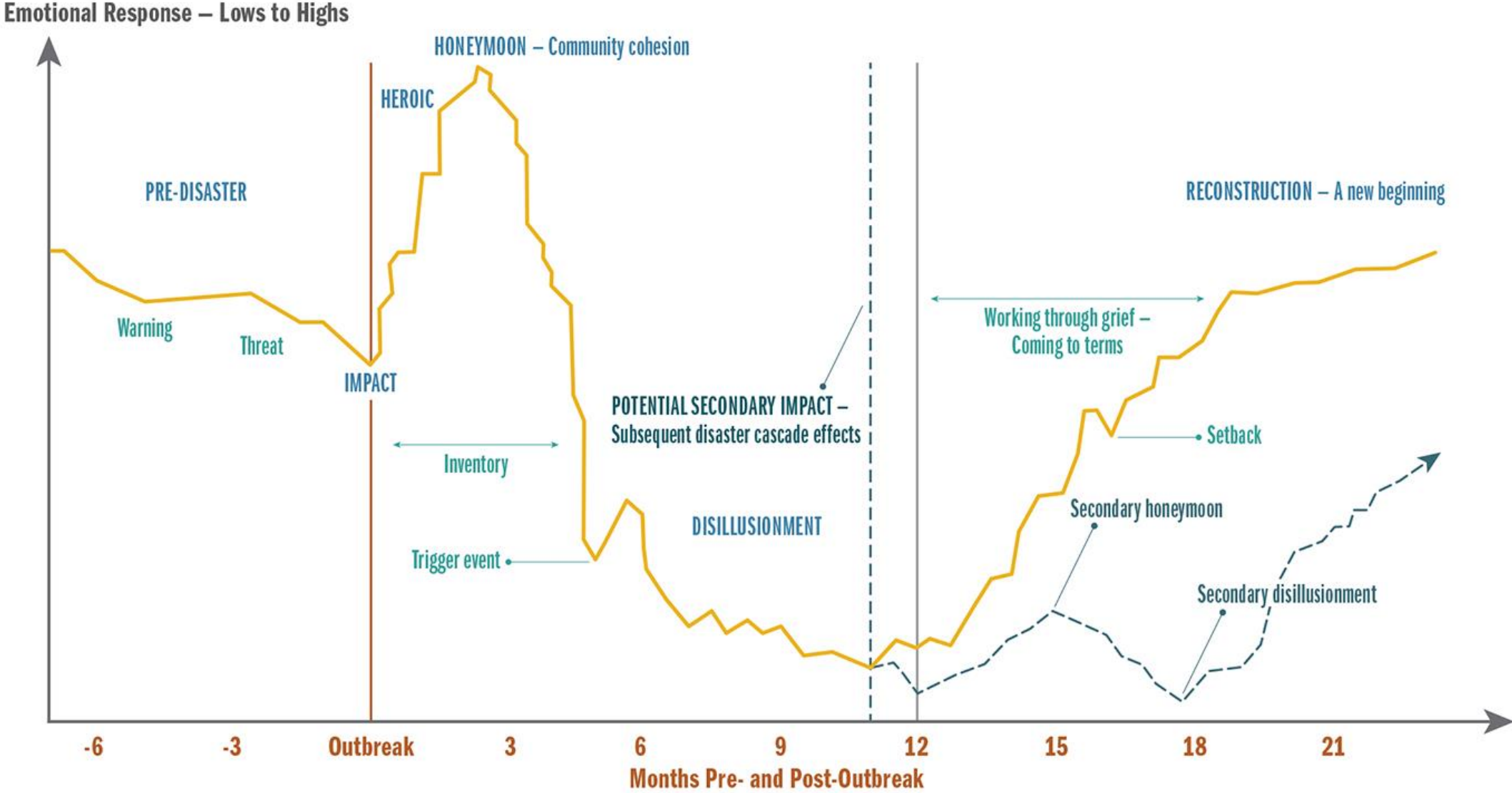


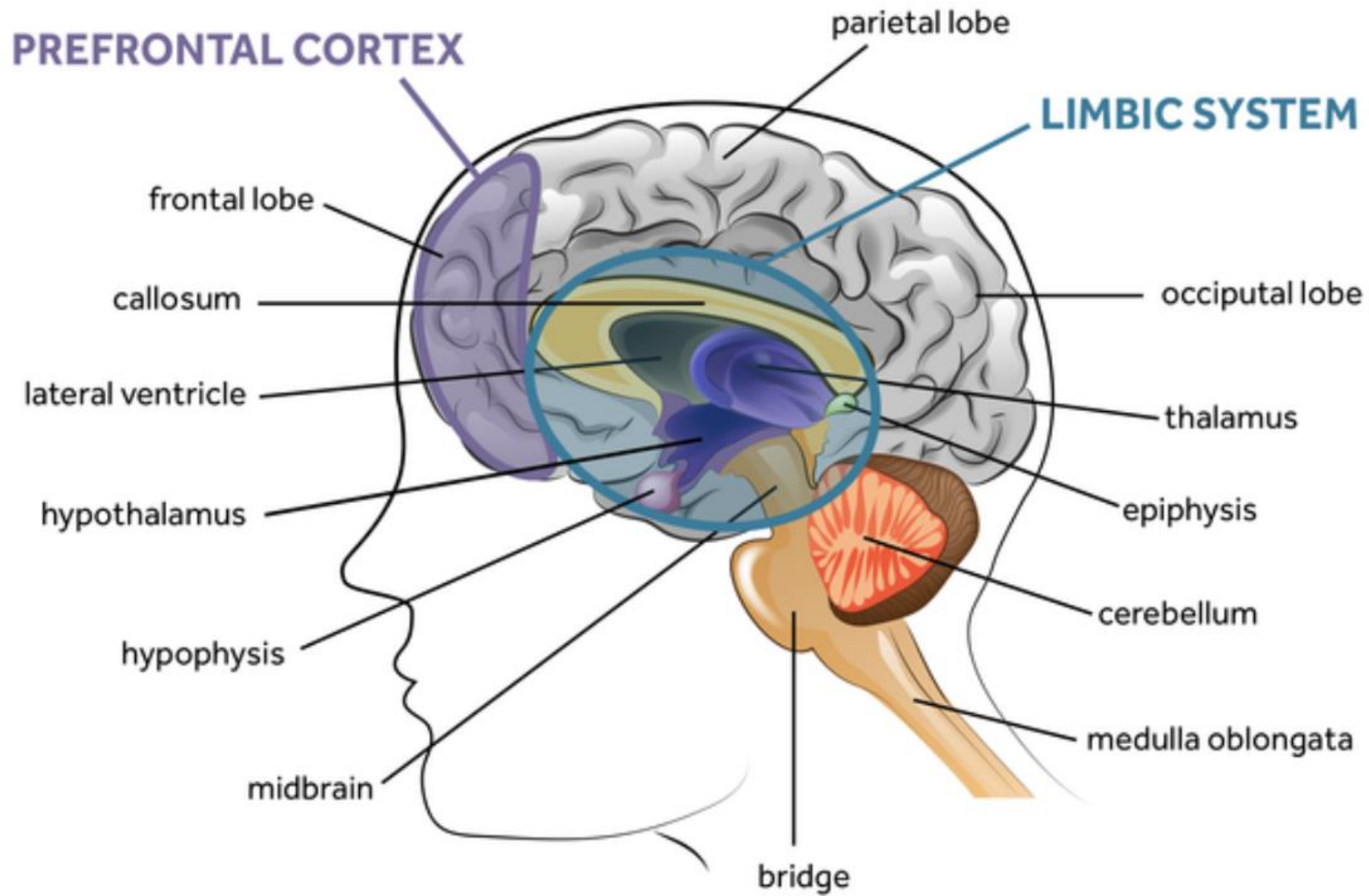
**What to do: Increasing family communication, boundaries, and fun**



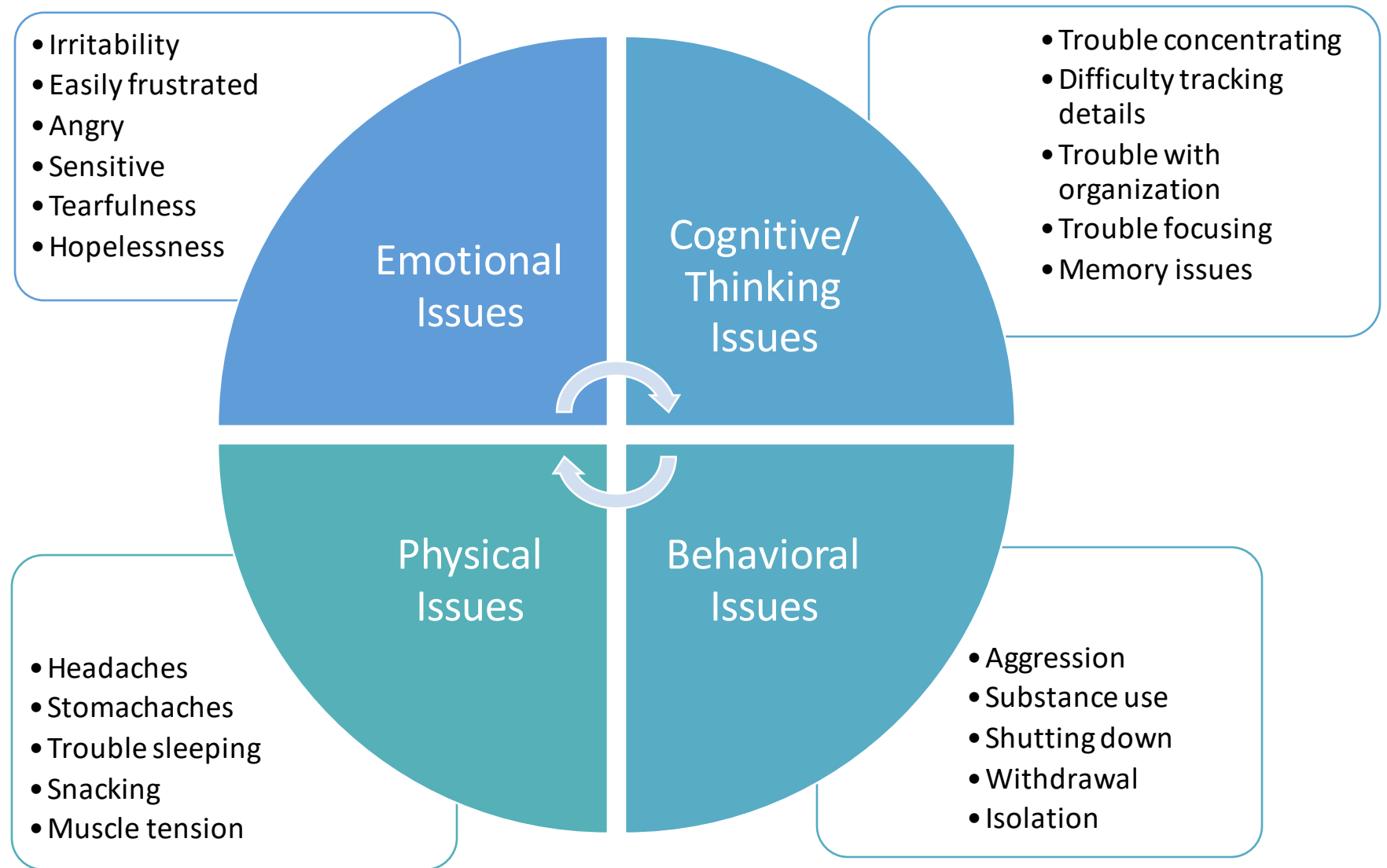
**Back-to-classroom concerns and strategies**

# Reactions and Behavioral Health Symptoms in Disasters





# Common Responses to Disaster: **Adults**



## Common Responses to Disaster: **Children**

**Emotional:** Clinginess, separation anxiety, preoccupation with death, terror, sadness, guilt, concern about reoccurrence of the event

**Cognitive:** Difficulty concentrating, difficulty learning new information, intrusive thoughts and memories, regression in developmental stages

**Physical:** Sleep disturbance and nightmares, hyperactivity, physical complaints (e.g., tummy aches, enuresis, encopresis)

**Behavioral:** Crying spells, aggressive behavior, tantrums, school impairment, substance abuse, reliving events through play, increased questions and story telling about the event, increased deviance and delinquency, sleep impairment

# Balancing Work and Home Demands

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- Flexible boundaries: Consider new ideas that would not have worked pre-COVID-19
- Try out a new schedule
- Physical space, if possible
- Transitions, if possible
- Time boundaries
- Change and adjust **expectations** for yourself and others

## What Works for you?

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- Identify things that have helped you before.
- Be willing to try new things.
- Don't dismiss outside time.
- Any physical activity will help neurologically.



# Mindfulness/Sensory Engagement



Sensory neurons are more powerful than anxiety neurons.



Temperature, touch, and smell are particularly strong.

Orange in freezer (for mild to moderate anxiety or upset)  
Hot or cold shower  
Hands in brief ice bath  
Smell and memory



Mindfulness is fundamentally about being fully connected to right now, not worrying about the future or feeling sadness/regret about the past.



It works by engaging other parts of your brain that may otherwise be caught up in worry and helping it focus.

# Effective Communication

## Zones of Regulation

- Pause before responding to more effectively integrate the parts of the brain
- Stimulate integration with physical movement

## The Zones of Regulation

BLUE Zone	GREEN Zone	YELLOW Zone	RED Zone
Sad Sick Tired Bored Moving slowly	Happy Calm Feeling OK Focused Ready to learn	Stressed Frustrated Worried Silly/Wiggly Excited Afraid	Mad Mean Terrified Yelling/Hitting Panicked Enraged
<i>Low state of alertness</i>	<i>I'm in control of myself</i>	<i>I'm partly in control</i>	<i>I'm out of control</i>

## Active Listening

- Body language, non-verbal communication
- Open-ended questions
- Clarifying questions
- Seek to deeply understand (not to fix or problem solve)
- Express empathy

# Family Communication

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- Remember the zones of regulation.
- Slowing down and allowing an *integrated* brain to respond and communicate is most effective.
- For younger children:
  - Try to model emotion regulation, taking a pause before responding.
  - Give children accurate, truthful, and developmentally appropriate information about what is happening.
- For adolescents and teens, alliance is key:
  - Behavioral management should be as straightforward (non-emotional/limbic system oriented) as possible.
  - Set clear expectations (i.e., don't move the goal posts).
  - Work together to establish expectations, consequences, and rewards.

# Family Communication (continued)

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## Kids 5 – 12

- Any window is a good window.
- They don't communicate on our schedules.
- Shift expectations.
- Regression in development



## Kids 13 – 18

- Model careful reactions, slow down.
- Ask about goals: What do **they** want or hope for?
- Future focus helps with hope.
- Positive reinforcement
- Clear expectations



## Young Adults

- Meet them where they are.
- Your worries may be different from theirs (don't assume).
- Help with creative connection to peers.

# Tips for Parents and Caregivers: Back-to-Classroom Considerations

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- Recognize that your response to this transition may be complex. You may be happy that your child can go back to in-person school, and you may also be worried about what this might mean in terms of exposure to COVID-19 or how your child may respond to the change.
- In times of higher stress, parental self-care is **mission critical**. In order to help your child return to school and feel safe, you need to be at your best. Attend to nutritious meals, regular sleep, and exercise. Take time for yourself.
- Have conversations with your child, discussing the plan for going back to school. It's ok to let them know that they also might feel both happy and worried about returning to the classroom.

# Dealing with School Anxiety and School Refusal

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- Some children may experience significant anxiety about returning to school.
- We conquer fears with gradual exposure to the fear combined with safety.
- The bottom line is we must face the fear to overcome it. The longer your student avoids returning to school, the more difficult it becomes.
- Try to remember that distress is not necessarily the same as trauma.
- Your child may be distressed about returning to school. They may cry and become hysterical.
- They may have physical symptoms of that distress, such as headaches, abdominal pain, and nausea. Those symptoms are real.
- Once you have reassurance from a healthcare provider that a serious medical condition is not the cause for symptoms, you can help your child push through their distress.

# Help With School Refusal and Anxiety: Make a Plan, Gather a Team

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- Reach out to your child's school and explain what is happening. Your child's school staff will have experience with anxiety-related school refusal and will help you create a plan.
- Help the student think about their worry/fear as a temporary state that will pass. For example, "Your worries are bossing you around. Let me help **you** be the boss instead."
- Try to determine the source of fear with non-judgmental listening.
  - Can you help me understand why you don't want to go to school?
  - What might you be worried about?
  - What do you think might happen if you went to school?

# Sample Plan

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- 1) Drive to school with the student at a time when the school is closed.
- 2) If possible, walk around the school with the student.
- 3) Observe and comment on people taking precautions.
- 4) Arrange to meet the student's teacher (younger child) or the student's friend (older child) for a short meeting or walk before or after school hours.
- 5) Visit the empty classroom with the student, then visit again with the teacher present.
- 6) Arrange a telephone call or virtual meeting for the student with the teacher or good friends who have already safely returned to the classroom.
- 7) Arrange a visit to the class during class hours. Stay with the student if requested by school staff, for as long as can be tolerated by the student.
- 8) Gradually increase the student's classroom time and decrease parent's presence.
- 9) At each step that is a success, compliment the student for showing the bravery to face a scary situation.



## Change or Adjust Expectations

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- Consider how you are doing in work and parenting given the circumstances of living within a natural disaster.
- Allow time for children to adjust to this change in their educational status.
- Allow time for your own adjustment.
- Be intentional in creating community among parents and school staff.
- Develop ways to measure student success that account for other factors in addition to academics.
- Recognize that *success* is often more closely related to **degree of effort** than to a measurable outcome. Focus on successes and expectations around effort.

# Healthy Boundaries

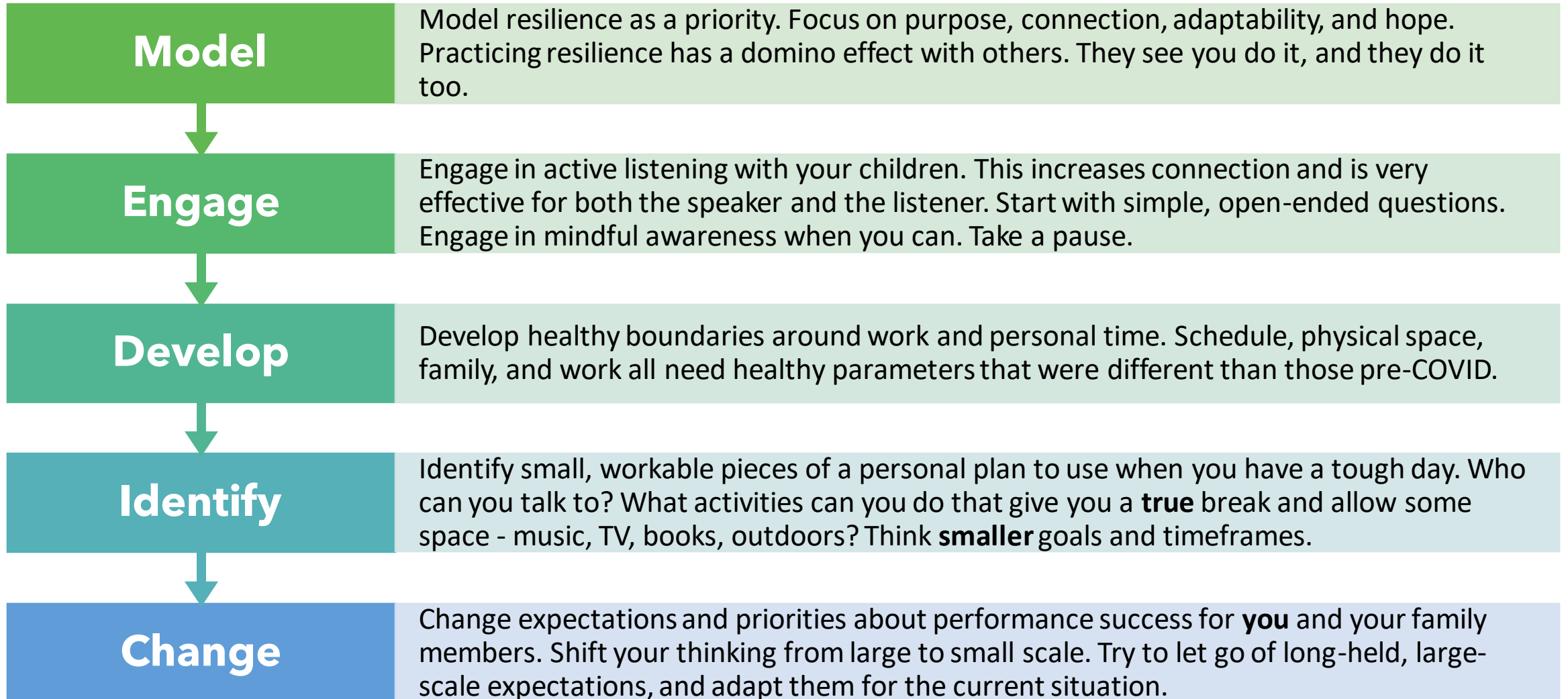
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Healthy boundaries are all about **appropriate responsibility**:

- This means taking responsibility for your own thoughts, feelings, and behavior, and not giving ownership of those to others.
- This also means not taking undue responsibility (or credit) for other people's thoughts, feelings, or behaviors.
- Give others the respect associated with allowing them to manage their thoughts, feelings, and behaviors for themselves.
- By engaging good boundaries with children and teens around behavioral expectations, it allows caregivers to focus time and energy on the *relationship* and not the enforcement of rules.

# What can we **do** that doesn't add **more** work?

## **MEDIC Model** for Disaster Recovery



# Resources

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## Training:

- Health Support Team (including train-the-trainer)
- PsySTART-Responder (frontline healthcare only)

## Resources:

- MEDIC, REST, and SAFE models
- [Behavioral Health Group Impact Reference Guide](#)
  - Healthcare and behavioral health providers, outreach teams, post critical care individuals, etc.
  - Unique challenges and considerations
  - Support strategies (organizational, supervisory, and personal)
- Children and families: [Behavioral Health Toolbox for Families: Supporting Children and Teens During the COVID-19 Pandemic](#)
- Emergency and healthcare workers: [Coping During COVID-19 for Emergency and Healthcare Professionals](#)
- Businesses and workers: [COVID-19 Guidance for Building Resilience in the Workplace](#)

## Resources (continued)

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### Webpages:

- DOH – Forecasts, situation reports, guidance, and other resources:
  - [Behavioral Health Resources Webpage](#)
- State – General mental health resources and infographics:
  - [Mental and Emotional Well-being Resources](#)
  - [Infographic Library](#)

**Looking for support?**  
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