When School Starts Back: Helping students and yourself cope with crisis during a pandemic

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Outline

• Psychological first aid
• Common reactions to a crisis
• What we might expect when schools re-open
• Helping children cope with the pandemic
• Professional self-care
Psychological First Aid

• Provide broadly to those impacted
• Supportive services to promote normative coping and accelerate natural healing process
• All adults should understand likely reactions and how to help children cope
Anyone that interacts with children can be a potential source of assistance and support – if unprepared, they can be a source of further distress.
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<th>PFA Actions</th>
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<td>source: American Red Cross</td>
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<th>Observation or Awareness</th>
<th>Make a Connection</th>
<th>Help People Feel Comfortable and at Ease</th>
<th>Be Kind, Calm, &amp; Compassionate</th>
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<td>Assist with Basic Needs</td>
<td>Listen</td>
<td>Give Realistic Reassurance</td>
<td>Encourage Good Coping</td>
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<td>Help People Connect</td>
<td>Give Accurate and Timely Information</td>
<td>Suggest a Referral Resource</td>
<td>End the Conversation</td>
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NATIONAL CENTER FOR SCHOOL CRISIS AND BEREAVEMENT*
Watch your media consumption

• Make sure it is a healthy diet; don’t consume too much
• Keep informed through focused/periodic attention to trusted sources of information
• If you aren’t getting reassured or learning practical actions to take, then disconnect from media
• Limit amount of media exposure – this is a good time to unplug and connect instead with children and family
Potential Symptoms of Adjustment Reactions

- Fears & Anxiety; School Avoidance
- Sleep problems; Change in Appetite
- Difficulties with Concentration & Academic Performance
- Sadness & Depression
- Anger & Irritability; Distrust & Suspiciousness
- Alcohol & Other Substance Use
- Physical Symptoms
- Grief
- Guilt
Effects of the Word Trade Center Attack on NYC Public School Students

- 6 months after 9-11-01
- Applied Research and Consulting, LLC, Columbia University Mailman School of Public Health, and NY State Psychiatric Institute
- Over 8,000 students grades 4-12
- Self-reports of current mental health problems and impairment in functioning
- “Probable psychiatric disorder” if reported symptoms consistent with diagnostic criteria AND impairment in functioning
Prevalence of probable psychiatric disorders

• One of four met criteria for one or more of probable psychiatric disorders
• Approximately one out of ten had: PTSD (11%), major depressive disorder (8%), separation anxiety disorder (12%), and panic attacks (9%)
• 15% had agoraphobia
Adjustment problems nearly universal

- 87% reported PTSD symptom 6 months later
  - 76% often thinking about attack
  - 45% trying to avoid thinking, hearing, or talking about it
  - 25% harder to keep mind on things
  - 24% problems sleeping
  - 17% nightmares
  - 18% stopped going to places or doing things that reminded them
  - 11% at least 6 symptoms → probable PTSD

2/3 had not sought any mental health services
Talking with and supporting children

• Don’t pretend everything is OK – children pick up when parents/adults are not genuine and honest
• Children may pick up on concerns primarily of adults
• Provide appropriate reassurance, but don’t give false reassurance
• Find out individual child’s fears, concerns, skepticism
• Don’t tell children that they shouldn’t be worried; help them learn to deal with their uncertainty and fear
• Include positive information; present a hopeful perspective
Strategies for dealing with distress

• Reading or hobbies that promote healthy distraction
• Journaling, blogging, art, music to promote expressions of feelings
• Exercise, yoga
• Appropriate use of respectful humor
• Relaxation techniques, mindfulness, self-hypnosis and guided imagery
• Cognitive behavioral therapy
• Help children identify steps they can take personally to protect their own health and to help others
Some children may need more assistance

• The pandemic and discussion about the impact on families may remind children of other difficulties – events in the past, ongoing challenges, or concerns about future losses or crises

• Children who were anxious or depressed before the pandemic will likely need more support

• Children may need to focus first on their own needs before they are able to think of needs of others; try not to make them feel guilty for thinking about how this crisis impacts them personally
What you are doing is of value

• Just because we don’t know everything, doesn’t mean we know nothing of value
• You know strategies that have helped in the past to decrease distress – try them now
• Reach out to colleagues/resources in school district and community when more is critically needed
• Celebrate positive contributions you make
• Set reasonable expectations
• The curriculum has changed – teaching children how to cope → helping them learn life skills that will make them more resilient
Adjustment Over Time in Crisis

A = baseline functioning
B = event
C = vulnerable state
D = usual coping mechanisms fail
E = helplessness, hopelessness
F = improved functioning
G = continued impairment
H = return to baseline
I = post-traumatic growth
Compassion fatigue

• Exposure to trauma and suffering of others can lead to compassion fatigue
  – Empathy: understanding and taking perspective of another
  – Compassion: requires empathy but includes wanting to help and/or desiring to relieve suffering – “to bear or suffer together”

• Warnings about compassion fatigue imply that compassion is necessarily tiring

• Compassionate approaches can be gratifying and bring meaning to the work
Supporting those in need can be gratifying

- Realistic objectives of purpose of interactions
- Have skills and resources to provide meaningful assistance
- Are aware of and have sufficient support to deal with personal impact of work
- Especially difficult during a pandemic when you have other challenges
  - Set prioritizes – aim to accomplish those on top of list; eliminate some lower on list
  - Go out of order some of the time
  - Find ways to take care of yourself
Challenges to self-care

• Allocating time when there is so much to do and everyone needs your help
• Feeling shame or guilt for attending to your own needs
• Assuming others are having less trouble adjusting
• Lack of modeling of professional self-care
Challenges for leadership after a crisis

• No matter what you do, or how well you do it, you won’t be able to make everything ok
• Those impacted by a crisis often react to feeling out of control by trying to exert more control
• People will have very different views about what should be done and feel strongly about those views
  – Safety
  – Timeline for returning to academic focus
  – Commemoration and memorialization
  – Use of funds
• Reactions can challenge working relationships
• You can’t stop and focus just on recovery
www.schoolcrisiscenter.org
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