Recognizing and Responding to Children's COVID-19-Related Traumatic Stress Reactions

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Learning Objectives

1) Describe traumatic stress, traumatic separation, and traumatic grief reactions that children may develop related to COVID-19;

2) Describe COVID-19 pandemic-related behavioral health disparities on communities of color; and

3) Describe Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) PRACTICE, traumatic separation and traumatic grief components that can address these impacts.
U.S. COVID-19 Timeline January 2020-July 2021

Jan 2020: First reports in US, first case reported (WA)
Feb 2020: First deaths (CA; WA), severe shortages of medical supplies, testing started, vaccine development started
March 2020: “Pandemic”; schools close, travel ban, public gatherings banned, stay at home orders; > 100,000 cases
End of April: > 1 million cases, 61,000 deaths, GA reopening
May 26: George Floyd protests begin in MN; > 100,000 deaths
Sept. 22: Deaths> 200,000; Cases >7 million
Oct. 5: President Trump tested + for COVID
Dec. 14: 300,000 deaths, 14 million cases
Dec. 15: Pfizer vaccine EUA; Moderna EUA following week
Dec. 24: 1st variant discovered
Feb 22: Deaths> 500,000
April 30: 100 million fully vaccinated, US reopening for vaccinated
June 15: Deaths> 600,000; > 33 million cases
July: Cases, hospitalizations increasing with delta variant
Trauma and COVID-19

- Trauma: Threat to life, safety or body integrity to self, family, close associate, typically sudden, unexpected
- Trauma sx: intrusion; avoidance; negative mood/cognitions; hyperarousal related to trauma memories and reminders
- COVID-19 continues to be a potentially fatal illness, children < 12 years still not eligible for vaccination
- ↑ Caregiver stress → ↑ risk for maltreatment, DV and/or parental substance abuse (PSA) in context of less contact with protective adults during pandemic
- Children, family members may contract COVID, get seriously ill, die, and/or experience secondary adversities
- In context of national discussion about racial injustice
- Differentially impact communities of color
Unique Aspects of COVID-19

• Early in pandemic: many unknowns re: COVID required masking, distancing, hand hygiene → fear conditioning for vulnerable youth

• Reminder of prior trauma, increased danger

• Potentially exacerbated preexisting trauma-related disorders, anxiety, OCD, depression, SUD, etc.

• Developmental aspects (child and pandemic): child and family response as pandemic has evolved

• Context: disparities, inequities of pandemic; family’s values and beliefs re: public health practices, masking, vaccination
Posttraumatic Stress Disorder DSM-5

Direct experience, witness, learning about, or repeated/extreme exposure to actual or threatened death, serious injury or sexual violence

Reexperiencing (1)
Avoidance (1)
Negative alteration in mood or cognition (2)
Hyperarousal (2)
Functional Impairment
Domains of Trauma Impact: ABCS

Affect (fear, sadness, anger, numbness, affective dysregulation)

Behavior (avoidance, traumatic modeling, self-injury, substance abuse, risk-taking)

Biological (HPA/immune dysregulation, multiple neurotransmitter changes, somatic symptoms)

Cognitive (inaccurate/unhelpful beliefs about self, others, the world; psychotic symptoms)

School (↓ concentration, grades, attendance)

Social (misunderstood, affiliate with deviant peers or isolate, ↑ in child welfare and juvenile justice)
COVID-19 Traumatic Stress Reactions

- Prior interpersonal traumas: COVID $\rightarrow$ fewer resources $\rightarrow$ return to unsafe living situation, trauma reminders or new traumas due to lack of safety
- New traumas during COVID: increased risk of traumatic stress reactions, including running away, substance abuse, suicide, other dangerous behaviors when other resources unavailable
- Communities of color often more impacted due to fewer available resources
COVID-19-Related Traumatic Stress Reactions

• Consider trauma reminders in pandemic context: traumas that occurred during pandemic may layer with COVID-19 fear conditioning, e.g.:

• Masking, distancing, hand hygiene, media coverage, getting vaccinated, etc. may serve as, heighten trauma reminders

• Conversely, trauma reminders may elicit child’s fear of parent contracting or dying of COVID-19
Some children/teens developed anger, refusal to follow rules/restrictions, risk-taking behaviors, e.g., running away, congregating with friends, using drugs, risky sexual behaviors during stay at home orders.

These behaviors may persist during reopening.

If new/worsening behaviors may be attempts to avoid/master COVID-related fears, anger.

Important to assess individual responses and situation.
COVID-19-Related Traumatic Separation (TS)

- Childhood Traumatic Separation: child develops trauma symptoms in response to a separation from an attachment figure that the child experiences as traumatic (typically sudden, unexpected).
- COVID-19 diagnosis → sudden quarantine of parent away from child, often without clear information re: prognosis (child often fears parent will die, etc.)
- Children of color, essential workers, and health care workers disproportionately impacted
COVID-19 Related Traumatic Separation~2

- Disproportionately impacted youth in foster, residential, kinship care for whom visits were suddenly curtailed due to COVID
- Also: youth with PSA and/or parental MH disorders, who often had no contact/feared for parent’s safety during stay at home orders
- Youth whose parents were incarcerated, impacted by immigration/deportation had less or no contact
- All disproportionately impact children of color
COVID-19 Related Child Traumatic Grief (CTG)

• CTG: After death of attachment figure that child experiences as traumatic, child develops trauma symptoms interfere with typical grief process.
• Often unable to say goodbye or observe usual mourning rituals
• Some groups have had stigma, blame, shame re: COVID deaths → disenfranchised death
• Lack of typical support systems during virtual school--teachers/classmates, faith community may not know that parent/family member has died, and/or how to interact with/support children with CTG
COVID-19 Related to CTG~2

- COVID-19 has differentially impacted communities of color, front line workers, health care workers
- COVID-19 has increased suicide and substance abuse-related deaths disproportionately in communities of color
- COVID-19 and “excessive deaths”: medical deaths not “counted” as COVID deaths but would not have occurred without the pandemic
- Estimated “excessive deaths” are ≥ 50% of the official number of COVID-19 deaths
- “Disenfranchised” deaths: my person doesn’t count
COVID-19 and Behavioral Health Disparities

• COVID-19 has disproportionately impacted Black and Hispanic communities
• COVID-19 infections and deaths have disproportionately impacted these communities
• Black individuals have significantly higher uninsured rates; significantly more likely to have a chronic condition putting them at high risk if contract COVID
• Black children have higher rates of trauma exposure and PTSD than other racial/ethnic groups
• COVID-19 occurring in context of national discussion of need to address systemic racism
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

- Evidence-based treatment for traumatized children, adolescents and their parents/caregivers
- Short-term (12-20 sessions)
- Provided in parallel to child and surviving parent or caregiver, with several conjoint sessions for both
TF-CBT is For:

- Children 3-18 years with known trauma history and non-offending parent or caregiver
- Any traumas—single, multiple, complex
- Prominent trauma symptoms (PTSD, depression, anxiety, with/without behavioral problems)
- Parental/caretaker involvement is optimal but not required
- Settings: clinic, school, residential, inpatient, refugee, home
- Format: individual or group; face-to-face or telehealth
Evidence That TF-CBT Works

- 23 RCT comparing TF-CBT to other conditions
- TF-CBT → greater improvement in PTSD, depression, anxiety, behavior problems vs. comparison or control conditions for children experiencing interpersonal traumas
- TF-CBT effective for improving CTG; has been used effectively for many children with TS
- Parents participating in TF-CBT also experienced greater improvement than comparison conditions
- “ Likely effective” for African American youth based on no disparities found across multiple studies.
TF-CBT Components-Based Treatment: PRACTICE Phase- Based Treatment

- Psychoeducation
- Parenting Component
- Relaxation Skills
- Affective regulation Skills
- Cognitive processing Skills

STABILIZATION PHASE

- Trauma narration and processing

TN PHASE

- In vivo mastery of trauma reminders
- Conjoint child-parent sessions
- Enhancing safety

NCTSN
The National Child Traumatic Stress Network
TF-CBT  CTS and CTG Components

Separation-Focused

- Naming the Loss
- Preserving Positive Connections
- Committing to New Relationships
- Addressing Role Changes
- Treatment Closure

Grief Focused

- Grief Psychoeducation
- Naming the Loss
- Preserving Positive Memories
- Committing to New Relationships
- Treatment Closure

NCTSN  The National Child Traumatic Stress Network
Gradual Exposure
TF-CBT for Youth with COVID-Related Trauma Symptoms

• Basic TF-CBT—tailor PRACTICE components to the full range of the individual’s trauma experiences and symptoms

• Include understanding of the COVID-related trauma experiences and reminders, integrate with other traumas

• Help caregivers understand and support child in using skills to master these, and protect from future trauma
Psychoeducation

- Educate about trauma reminders and common reactions to the pandemic/other traumas
- Provide information re: trauma
- Identify child’s reminders/ connections to symptoms
- Validate child’s and parent’s reactions
- Provide hope for recovery.
Parenting Component

- Parents receive individual sessions for all PRACTICE components.
- Parenting skills to enhance child-parent interactions including:
  - Praise, effective attention, contingency reinforcement
  - Help parent connect the child’s behavioral problems to the traumatic experience
  - Validate parent’s own trauma responses
Relaxation Skills

- Reverse physiological arousal CTG effects via:
  - Focused breathing, mindfulness
  - Progressive muscle relaxation
  - Exercise
  - Yoga
  - Songs, dance, blowing bubbles, reading, prayer, other relaxing activities
- Use relaxation strategies when reminders occur
Affective Modulation Skills

• Identify and modulate upsetting affective states including:
  • Problem solving
  • Anger management
  • Present focus
  • Obtaining social support
  • Positive distraction activities
  • Use skills in relation to reminders
Cognitive Processing Skills

- Recognize connections among thoughts, feelings and behaviors
- Replace thoughts with more accurate/ more helpful ones
- Child’s cognitive processing of personal trauma experiences typically occurs during trauma narration
- Free TF-CBT Triangle of Life app available at Google+ and Apple Store
Behaviors

Thoughts

Feelings

Is it accurate?

Is it helpful/does it make me feel better?
Trauma Narration & Processing

• Gradually develop a detailed narrative of child’s trauma experiences.
• Cognitively process, including how I’ve changed re: myself, relationship with others, my view of the world, beliefs (e.g., faith) and hopes for future.
• Share with parent during individual parent sessions as child is developing TN.
• For complex (chronic interpersonal) trauma: timeline to:
  Identify overarching “theme” of different traumas
  Identify important chapters to include
  Recognize resiliency and strength.
In Vivo Mastery of Trauma Reminders

• Only optional TF-CBT component—for ongoing avoidance of generalized reminders
• Develop fear hierarchy, gradually master increasingly feared stimuli
• May start during stabilization phase—takes several weeks
• May be especially difficult during pandemic (e.g., may not be able to expose child to feared situation while staying at home).
• Many children may need in vivo mastery to return to face-to-face school after virtual X several months
Conjoint Parent-Child Sessions

- Child shares trauma narrative and processing directly with caregiver during conjoint session
- Share their new cognitions about trauma
- May also develop a family safety plan (e.g., who will take care of me if you die, etc.); improve general communication; or build other skills
Enhancing Safety and Future Development

• Safety plans continued for individual situations
• Social skills, problem solving, drug refusal, etc.
• Additional skills as individual child/family need
TF-CBT for Youth with COVID-Related Traumatic Separation Separation

PRACTICE Components
PLUS
Naming/Coping with Separation Pain & Uncertainty
Preserving Positive Connections
Committing to Positive New Relationships
Addressing Role Changes
Treatment Closure Issues
Key Points with COVID-Related TF-CBT TS

• Where are the youth and family in the TS process—still separated or reunited?

• Key issue is uncertainty, e.g., When/if reunification will occur? Will we be separated again in future? Will parent/relative be okay when/if reunited? Will our family be okay/ the same?

• Challenge of providing reliable COVID information

• Addressing issues with current caregiver—engaging caregiver in treatment, split loyalties, etc.
**I want you to know that:**

1. I may have a lot of feelings but am not able to identify them or why I have them.

   **You can help when you:**
   - 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.

   **You can help when you:**
   - Explain that isolating 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. Remind 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 (call, 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.

   **You can help when you:**
   - 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 close 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.

   **You can help when you:**
   - Assure 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, cards, pictures, songs, prayers, texts, and virtual communication when possible.

5. I am scared that my sick loved one is in the hospital and might die.

   **You can help when you:**
   - Give me accurate information about how my loved one is doing in words 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 scared, 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.

   **You can help when you:**
   - 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.

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Naming/Coping with Separation Pain & Uncertainty

Throughout treatment:

- Minimize uncertainty to the extent possible
- Facilitate youth’s ability to receive accurate information about separated parent
- Address/correct inaccurate information with current caregiver’s help (e.g., from media, peers, other adults)

Minimize cultural losses (especially if in different home, family, community, school, etc.)

Optimize positive familial contact and comfort
Naming/Coping with Separation Pain and Uncertainty~2

- Encourage child to directly talk about separated parent/other family members
- What child most misses (anagram exercise)
- Share with separated parent if in contact
- Explore any ways to ease the pain, e.g., what would mom want me to do now?
- May be things child doesn’t miss—describe these also—may be minor qualities, or more significant (e.g., substance abuse) contributing to TS
Maintaining Positive Connections:
Preserving Positive Connections

Explore with child ways to maintain connections to separated parent

Critical that current caregiver supports these strategies

Depends on separated parent’s situation (medical, legal restrictions, lack of resources, etc.)

May refer to what child misses (can do some with parent during visits/calls; draw or describe others)

If no contact: imaginal strategies (journal, written letters, audio messages to separated parent, etc.)

WHILE SIMULTANEOUSLY… SIMULTANEOUSLY…
Committing to New Relationships

Ongoing parenting skills with current caregiver to integrate child into new home, school, environment while supporting connection to separated parent. Supporting youth’s ongoing coping skills to manage traumatic separation responses.

Acknowledge the primacy of the relationship with the separated parent/family—don’t “take over” parenting role.

Address child’s fears re: trusting caregiver (e.g., fear of new loss, fear of betrayal, split loyalties, etc.)
Treatment Closure Issues

Treatment may end prematurely due to unanticipated change in separated parent’s circumstances → see child to explain, say goodbye

Remind 2-3 sessions ahead that treatment is ending

Closure can be reminder of traumatic separation → discuss ahead how child wants to end treatment

Prepare, plan for future traumatic separation reminders with current caregiver involvement

Acknowledge sadness at separating, plan celebration of successes (e.g., graduation party), memory token

Return to future treatment is not failure
TF-CBT for Youth with COVID-Related CTG

- Grief Psychoeducation
- Naming the Loss (What I miss and don’t miss)
- Preserving Positive Memories
- Committing to New Relationships
- Treatment Closure
Grief Psychoeducation

• Assist the child in talking about death
• Correct misconceptions about death, particularly COVID-19-related deaths, which may pose special issues (e.g., don’t see deceased after death, cannot engage in mourning rituals due to pandemic)
• Disenfranchized COVID-related deaths
Childhood Traumatic Grief

From the Childhood Traumatic Grief Task Force Educational Materials Subcommittee.

⚠️ In order to view and print some of the materials provided, you will need Acrobat Reader 5.0. If it is not loaded in your computer, you can download it for free by visiting www.adobe.com and clicking on Downloads.

Page Contents:
- Childhood Traumatic Grief Educational Materials
- The Courage to Remember Videos and Curriculum Guide

Childhood Traumatic Grief Educational Materials

**Entire Package**
In-Depth General Information Guide to Childhood Traumatic Grief
Brief Information on Childhood Traumatic Grief
Information for Pediatricians and Pediatric Nurses on Childhood Traumatic Grief
Information for Parents on Childhood Traumatic Grief
In-Depth Information on Childhood Traumatic Grief for School Personnel
Brief Information on Childhood Traumatic Grief for School Personnel
Information for the Media on Childhood Traumatic Grief
Childhood Traumatic Grief Reference and Resource List
Ready to Remember

Jeremy’s Journey of Hope and Healing
Naming the Loss: Part 1: What I Miss

• Naming what the child has lost with the death helps to concretize the death
• Can be done in several ways, drawing, naming special and everyday activities the child misses doing with the deceased
• Things in the future that the child hoped to share with the deceased that can no longer
Naming the Loss, Part 2 “What I Don’t Miss”

• May be because of conflict in the relationship (e.g., abuse, normal parent-child conflict, unresolved anger)
• May be due to stigma or shame over COVID-19 death
• May be because of anger at “unnecessary death”, e.g., didn’t get vaccinated or other medical care, “was a hero for others, didn’t think of me”—relevance to pandemic responders
• Write an imagined letter to/from deceased
Preserving Positive Memories

- Once resolve trauma and ambivalence, can tolerate memories and reminisce more fully.
- Make something enduring to preserve positive memories (collage, video, etc.).
- May make name anagram
  - M: made the best mac n cheese
  - A: always in my heart
  - R: loved rock music
  - Y: yellow was her favorite color
- In pandemic may not have had memorial service, child may design alternative service.
Transforming the Relationship and Committing to New Relationships

• Helping the child transforming the relationship from one of interaction to one of memory

• Use the past tense when referring to the deceased; encourage the parent to do so and help the child to also

• Balloon exercise

• Identify what the child still can hold onto in the relationship and what the child must let go of.

• Addressing challenges to the child and parent in committing to present and future relationships

• Helping child and parent move forward in this regard
Treatment Closure Issues

• Preparing for future trauma and loss reminders: perpetual calendar
• Making meaning of traumatic grief: What would you tell other children; how do you think you have changed; what have you learned from this person’s death?
• Death is different from other endings: treatment closure issues for CTG.
TF-CBT Research for Traumatic Grief

Effectiveness studies
Cohen, Mannarino & Staron (2006)
All showed positive outcomes for PTSD and CTG

Randomized Controlled Trial:
Dorsey et al (2020): positive outcomes for PTSD and CTG in Kenya and Tanzania
TFCBT Web 2.0 is a self-directed, asynchronous, distance-learning course for mental health professionals and students.

The course provides an overview of basic TF-CBT principles, techniques, and strategies.

The course costs $35 per learner and provides 11 CEUs.

www.musc.edu/tfcbt2
CTG Web is a follow-up course that teaches how to apply TF-CBT to cases of child traumatic grief.

CTG Web was launched on September 1, 2008.

6 hours of CE
TF-CBT National Therapist Certification

https://tfcbt.org

- Licensed therapists eligible for 5 year certification
- TF-CBT Web2.0
- Live 2 day training or 3 day virtual training (available at www.tfcbt.org/training)
- 12 consultation calls
- 3 completed cases with standardized assessment instrument
- Pass online TF-CBT knowledge test
TF-CBT via Telehealth

• 2 pilot studies (Stewart et al, 2015; Stewart et al, 2020): high acceptability, feasibility, low dropouts, high effectiveness for PTSD symptoms

• Tip sheets, webinars, other resources are available for implementing TF-CBT via telehealth at: https://tfcbt.org/telehealth-resources
Giving Immigrant Children a Voice: Understanding Traumatic Separation webinar (also in Spanish):

Applying Evidence-Based Trauma Treatments for Childhood Traumatic Separation (webinar):

Traumatic Separation and Refugee and Immigrant Children: Tips for Current Caregivers (also in Spanish):

Children with Traumatic Separation: Information for Professionals:
https://www.nctsn.org/resources/children-traumatic-separation-information-professionals
TF-CBT CTG Resources

TF-CBT Web 2.0: [https://tfcbt2.musc.edu](https://tfcbt2.musc.edu)

Helping Children with Traumatic Grief or Traumatic Separation Related to COVID-19:

Ready to Remember: Jeremy’s Journey of Hope and Healing:

Rosie Remembers Mommy: Forever in her Heart:
[https://www.nctsn.org/resources/rosie-remembers-mommy-forever-her-heart](https://www.nctsn.org/resources/rosie-remembers-mommy-forever-her-heart)

"The world is changed one child at a time"

Maya Angelou

Thank you for all you do to help children impacted by trauma!