Surrounding the COVID-19 Pandemic

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TDC4 – The Northeast Regional Terrorism and Disaster Coalition
Dalai Lama

The time of greatest gain in wisdom is often the time of greatest difficulty.
Who We Are

New York Center for Child Development

- NYCCD has been a major provider of early childhood mental health services through federal, state, city and philanthropic funded programs in New York
- NYCCD has a long history of providing system-level expertise to inform policy and support the field of Early Childhood Mental Health through training and direct practice

Training and Technical Assistance Center (TTAC)

- NYCCD was selected by the New York City Department of Health and Mental Hygiene under Thrive NYC to develop a Citywide Early Childhood Mental Health Training and Technical Assistance Center (TTAC)
- NYCCD’s Subcontractor in TTAC is New York University McSilver Institute for Poverty Policy & Research which offers clinic, business, and system transformation supports statewide to all behavioral healthcare providers

TTAC is tasked with building the capacity and competencies of mental health and early childhood professionals through ongoing training and technical assistance

http://www.TTACny.org
This Webinar was Co-Sponsored by

• The New York City Early Childhood Mental Health Training and Technical Assistance Center (TTAC)

• The Terrorism and Disaster Coalition for Child and Family Resilience (TDC4), a center in the National Child Traumatic Stress Network (NCTSN), at Louisiana State University

• The Northeast Regional Terrorism and Disaster Coalition, a member of the TDC4 at Montclair State University, NJ
Setting the Context
Presentation Roadmap
Coronavirus and Young Children

1. Review the impact of changes in our world and personal lives brought about by COVID-19 with attention to infants, toddlers, and preschoolers.

2. Present ideas for new routines to support co-regulated, attuned, and responsive relationships - with schools are closed, parental employment disrupted, and relationships kept at physical distance.

3. Discuss the importance of and strategies for self-care for adult “helpers” in the lives of children.
We learn from our pioneers

Selma Fraiberg asked
“What about the Baby?”

and

Jeree Pawl told us: “How you are is as important as what you do in making a difference for infants, toddlers, and their families”
With COVID-19, What is Most Important to Help Young Children and Families?

• In stressful times, children need:
  – A secure relationship where they can feel safe and express feelings
  – It is important to listen to young children, and “be present” to
    • Clarifying misunderstandings
    • Help them feel safe and secure
  – New routines are needed for this different situation
“Daddy, can I stop being worried now?”
Effects of Trauma on Children from Experiencing COVID-19

Traumatic stress can change a child’s development, behavior and functioning affecting:

• Biology and physiology
• Relationships and attachment
• Behavior and emotion regulation
• Cognitive skills
• Emotional and social development
Signs for babies and very young children that emotional needs are not being met

- Sad or bland affect (few emotions)
- Lack of eye contact
- Non-organic failure to thrive
- Lack of responsiveness
- Rejects being held or touched
Signs in Toddlers or Preschoolers that Emotional Needs are not being Met

- Dysregulated, aggressive behaviors
- Problems with and **deficits in attention**
- Lack of attachment; indiscriminate attachment
- **Sleep problems** or disorders
- All beyond what is “usual” behavior for children of this age (some temper tantrums, hitting, and defiant behavior may be normal)
Disasters and COVID-19 lead to an increase in stress

- Increase in domestic violence and child abuse follows disasters
- Increase in use of alcohol and drugs
- What can be done to help?
  - Increased support is important - but challenging with “social distancing”
- What is needed is “physical distancing” and “social bonds” to provide support
The Impact of COVID-19 on Parents and Caregivers

- Parent/caregiver may be so stressed themselves that they cannot listen or “hear” the child’s concerns
- Financial stresses and lack of having usual supports with “social distancing”
- Child’s dysregulated behaviors may be difficult for parents/caregivers and lead to increased risks
Expectable Reactions of young children with stress and trauma

• Emotional and behavioral dysregulation – mimics the chaos of the environment
  – Frequent crying
  – Falling asleep and staying asleep; nightmares
  – Clinging; difficulty separating; fear of being alone
  – Repetitive play-same thing over and over
  – Aggression, anger – or withdrawal
Predictable Schedules that Help Regulate Children and Caregivers have Changed

• **Schools**, preschools and many childcare centers are **closed**
• **Stay at home** orders
• **Businesses** have been closed
• **Financial pressures** on families
• “**Social distancing**” is in place – when **emotional closeness** is needed to support young children – and caregivers
What is needed now to help young children, families and caregivers?

• We have a “New Normal” that requires New Routines

– Set a new schedule- Plan the day: Start with mealtime and bedtime, schoolwork, play time, time with parent/caregiver – REMEMBER TO BE FLEXIBLE!
– Try to be emotionally available to the child – maybe add to schedule a playtime with you?
– Limit exposure to media reports about COVID-19 for you and them- children will feel the tension you feel when watching the news
What you can do for young children:

- **Explain** why things are different *(Resources)*
  - **Listen** to their concerns – Try to give a positive tone
  - **Inform** about coronavirus in language they can understand; reassure them that few children have developed coronavirus and it’s usually mild if they do
  - **Explain** why they can’t go to preschool, school or childcare – as a way to keep everybody healthy
  - **Explain** why they can’t play the same way with friends, they can go out and play keeping distance
  - **Talk about** positive connections with family and friends - with phone or, if possible, social media
“IF I ONLY HAD MY ROOM BACK, I’D BE GOOD”

5 year old following Hurricane Katrina
Cumulative Early Adverse Childhood Experiences (ACEs) increase Risk

- Children or adults who have had more ACEs early in life may turn to maladaptive ways to cope
  - Increase in symptoms of depression, anxiety and posttraumatic stress
  - Increase in child abuse
  - Increase in domestic violence
  - Increase in alcohol, tobacco and drug use
Rates of Maltreatment by Age

- Most maltreatment happens to younger children.
- Maltreatment has greater negative effects at younger ages.

Types of Child Maltreatment

Positive Stress

Short, stressful events like meeting new people or starting the first day of school are healthy for brain development. They prepare the brain and body for stressful situations later in life.

Tolerable Stress

Tragic, unavoidable events like a natural disaster or losing a loved one aren’t good for us. But if supportive caregivers are around to buffer the stress response, these events won’t do lasting damage to the brain and body.

Toxic Stress

Ongoing, repeated exposure to abuse or neglect is bad for brain development. If no supportive adults are present to help buffer the stress response, stress hormones will damage developing structures in the child’s brain. The result is an increased vulnerability to lifelong physical and mental health problems, including addiction.

Alberta Family Wellness Initiative www.albertafamilywellness.org
Myths and Facts about Infants, Children, and Responses to Fear and Trauma
Myth

Young Children don’t remember traumatic experiences if they occurred early in life. Since they can’t remember or talk about trauma, it won’t affect them.
Fact

Research shows that frightening events affects everyone who experiences it, even tiny infants. When children older that 28 months experience trauma, they retain verbal recall of the event. Children younger than 28 months have behavioral recall, later seen in play, drama and reenactments.
Myth

It is better to forget bad things that have happened and instead concentrate on the good things that are happening. If children keep talking about something traumatic, try to help them forget about it, or distract them by saying something funny.
Fact

If children are discouraged from talking about fear and anxiety, they often become preoccupied and feel alone with their worries. No one who is preoccupied can learn new things. If children cannot talk about and integrate their fearful experiences, they will have difficulty taking in new experiences. They may even appear learning disabled.
Myth

If a child is acting out in hurtful way, he or she is being willful and can choose to stop the bad behavior.
Fact

Children feeling higher levels of stress and fear often may feel weak and vulnerable. Sometimes they try to feel stronger and less frightened by acting out – even with aggression. They often feel less control over the things that scare them, so they try to have control over other things in life. They need an adult – a relationship - to help them organize, regulate and make meaning of their underlying feelings.
Fear through the eyes of a child.

Understanding How Fear Affects Early Childhood Development
Definition of Trauma

An exceptional experience in which powerful and dangerous stimuli overwhelm the child’s capacity to regulate his or her affective state.
The Developmental Context of Fear and Trauma

The development of emotional and behavioral problems - “symptoms” – may be attempts at restitution and self-protection.

CHILDREN TRY TO HELP THEMSELVES FEEL BETTER!
The COVID-19 Dilemma Again
When exposed to events like COVID-19 and the difficult changes that have resulted for children and caregivers, recovery occurs best in the context of positive, supportive relationships.
Fear and the Brain
The Brain and Numbers to Know!

- By 5 months gestation, the fetus has 100 billion neurons – the amount of the adult cortex, and the number of stars in the Milky Way.
- 20% of the neurons are interconnected related to genetics and intrauterine life.
- 80% of the connections are formed through the nature of experiences and interpersonal relationships.
- Each neuron can form up to 10,000 connections!
- Connections (synapses) can occur at the rate of 700/second in the first years of life.

Consider this MOMENT

The

“Jack in the Box”

moment

Gerard Costa, Ph.D., 2018
Consider this MOMENT
MONTSERRAT BOLD ALL CAPS

Montserrat Regular: Introducing a New Collaboration

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Emotions Exchanged at Synrhythmic ‘Frontier’
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Prefrontal Cortex engaged for thought and reciprocity

Elevated Positive Mood Centers in Cortex Activated

Adrenaline "rush" not activated

HPA Not Activated

Source- Anatomy only: https://www.behance.net/gallery/59621145/The-Dangers-of-High-Cortisol Levels
Take Home Message

• Exposure to heightened fear and trauma affects how a child feels about him or herself and

• CHANGES THE ORGANIZATION, STRUCTURE, AND FUNCTIONING OF THE BRAIN.

• This means that the brain changes may create problems in “self-regulation”, memory, ability to sustain attention, ability to form secure relationships and the ability to learn!
We Have Emphasized the Importance of Supportive Relationships

• Now we will provide some additional ideas about ways that parents and caregivers can understand and be supportive to young children during the COVID-19 pandemic

• And, in our final section, we will share ideas for how “helpers” can also take care of themselves as “self care” is also crucial at this time
Responding to Children Exposed to the World of COVID-19
My bumper sticker!

In the beginning, there was the relationship!
Attunement and Co-Regulation
5 Steps

• **FIRST** – feel the feeling with the child! Dan Siegel suggests – Connect with the RIGHT brain – then move to the LEFT! Use you whole body, expressions, intonation, pacing, movement to show you are connecting to the child’s “inner life”

• **SECOND** – Convey safety and hope! When children are worried, the first thing they need is to feel safe!

• **THIRD** – Use the “4 Ls” strategy: Less Language. Longer Latency”

• **FOURTH** – Find your CALM – and LEND your calm to the child! Your face, soft voice, movement can “co-regulate” the child, especially when upset or afraid. *Use the AGILE approach!* (next)

• **FIFTH** – Find the words to help the child find his/her own words to speak about how they are feeling! Don’t begin with lots of words!
Consider these elements in “how” you respond

- **A- Affect** – This is what a child experiences first and most!
- **G- Gesture** – Modulate and be attuned in face, hands, movement and pacing
- **I- Intonation** – Modulate the tone of your voice as this conveys affect
- **L- Latency (Wait)** – Wait and allow the child time to “take you in”
- **E- Engagement** – Before you continue, be sure you have engaged the child
CO-REGULATE

Affect expression
Gesture movements
Intonation voice
Latency pacing
Engagement

LEND YOUR CALM.

Gerard Costa, Ph.D., 2018
10 Ways to Calm an Anxious Child

- Respond quickly to child’s signs of distress by approaching and showing interest in her feelings.
- “Listen” to what she is saying with words AND actions.
- Take his feelings seriously, especially fear & anger
- If possible, try to talk to the child privately
- Try to relax yourself and “co-regulate” to be as low key as possible which will help a child calm down
10 Ways to Calm an Anxious Child

- Restate what the child is saying back to him to be sure you understand the child’s concerns.
- Provide appropriate outlets for strong emotions, eg, hitting a pillow
- Do not personalize the anger, frustration, or other emotions
- Comfort the child with extra hugs, if they can tolerate it, or a special soothing activity.
- Be there for the child. Nothing is more reassuring than your presence and care.

Mr. Fred Rogers

“Look for the helpers”.
You as the helper...
take care of the persons who take care of me....
Ways to Help Children
Make Quarantine- QUAR- ROUTINE

General Ideas building on the Importance of Routines

• With the child, create a “visual” schedule for the day – like starting with personal hygiene, regular activities (call grandma, feed the dog, dust the furniture), reading a book together, mealtimes, bedtime, schoolwork, play time, time with parent/caregiver, bedtime routine. Etc.

• Be open to listening - Keep connections through phone and internet

• Keep in contact with families of peers

• Make time for play

• Make time to explain what is happening and answer questions – but limit exposure to media!
Relaxation for You and Children

- Coping statements: Children are taught to “talk back to their worries”. “They can say, ‘I’m feeling scared and I can handle it.’ Or something along the lines of, ‘I’m bigger than my anxiety.’”
- Coping ahead: Children are taught that when you have to do something that makes you nervous, it helps to anticipate that you might have some discomfort, and plan what you can do to counteract it, knowing that if you can push through it, it will get easier.
- Acceptance: This involves acknowledging the discomfort without fighting it. “Instead of trying to push the feeling away and get rid of it hold onto it and tolerate it and get through it.”
For Children with Special Needs

- Routines are important and each child will respond differently to change in routine and changes in shared stress.
- Parental insightfulness and sensitivity – attunement and co-regulation, consistency and predictability are important, especially at times like this when routines have been disrupted.
- Each child will respond differently to the changes in routines and shared stress that is felt by all.
- Reframe “Misbehavior” as “Stress Behavior”
- Focus on reducing the stress (Dr Stuart Shanker)
Importance of Self-Care
Primary and Secondary Traumatization for Caregivers

• Loss of jobs
• Children out of school
• Decreased income
• Balancing work and childcare
• Difficulty in getting food and preparing 3 meals a day
• Social distancing – which interferes with providing needed support for children and caregivers
What is self-care?

- Strategies to renew the self of the helper-
  - To be able to be available and give to others
- Personal health maintenance
- Care of oneself through awareness, balance and connection
- Nurturing the self without guilt or shame
- Some self-care is crucial at this time
Common Risk Factors

- Fear and worry about the health of your loved ones and your own health
- Fear that the pandemic will never end
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Increased use of alcohol, tobacco, cannabis, or drugs
What can I do?
I feel overwhelmed

- Things you can do to support yourself
- Take breaks from reading or listening to news stories, including social media – once in morning and evening
- We need to know what is happening to help others, especially talking to children
- But hearing about COVID-19 repeatedly can be upsetting and create more anxiety
Self-Care May Feel Like Another Pressure

• Recognize it is very difficult to find time to unwind and it’s hard to relax
• Try to do remember & do activities you enjoy.
• Connect with others. Talk with people you trust about your concerns
• Do not hesitate to ask for help – there is help available despite all the disruption
Adults Who May at Risk Right Now

• Parents and caregivers
• Childcare providers and teachers
• Interveners (health care, child welfare, community providers, and others)
• Treaters (health care, mental health)
• Media (reporters, news photographers)
• First responders (Police, Firefighters, EMT)
• Judges
• Foster parents
Strategies for Self Care

- Stress Management
- Peer/Social Support
- Reflective Practice
- Practice Mindfulness
- Deep Breathing
Mindfulness for You and Children

- Deep breathing: Drawing in air by expanding the belly, sometimes called belly breathing, helps kids relax by slowing breathing, and reducing the heart rate, blood pressure and stress hormones. It can also help relax tense stomach muscles.
- Mindfulness exercises: Techniques such as focusing on what’s around them, what they see and hear, can help pull children away from the anxiety and ground them in the moment.

Source: [https://childmind.org/article/anxious-stomach-aches-and-headaches/?fbclid=IwAR0eRqG2qWYoSdub8yUvSTQdUHnRSXa2lKmN41iGUraJWHCqvod7vKOvs](https://childmind.org/article/anxious-stomach-aches-and-headaches/?fbclid=IwAR0eRqG2qWYoSdub8yUvSTQdUHnRSXa2lKmN41iGUraJWHCqvod7vKOvs)
4-7-8 Breathing Technique

To use the 4-7-8 technique, focus on the following breathing pattern:

• empty the lungs of air.
• breathe in quietly through the nose for 4 seconds.
• hold the breath for a count of 7 seconds.
• exhale forcefully through the mouth, pursing the lips and making a “whoosh” sound, for 8 seconds.
• repeat the cycle up to 4 times.

Source: https://www.medicalnewstoday.com/articles/324417
“The key to meditation is learning to stay.”
4 Maxims for Caregivers

- Giving to others gives us a sense of satisfaction, but we must be sure to give to ourselves as well.
- When we take care of ourselves, we are better caregivers to others.
- It is our responsibility to those we care for to take time to rejuvenate ourselves.
- Setting healthy, realistic limits for ourselves and others allows us to support others.
Thank you!
Resources

• COVID-19 Tips for Parents: https://www.youtube.com/watch?v=MdKeau2huT4&t=2s
• Anxiety and COVID-19: https://www.youtube.com/watch?v=awmQDitkN1M


The NCTSN website
• https://www.nctsn.org/sites/default/files/resources/fact-sheet/outbreak_factsheet_1.pdf
• TDC4: https://www.medschool.lsuhscl.edu/tdc/covid19.aspx
Resources

- Harvard Center for the Developing Child
- [https://www.medschool.lsuhsc.edu/tdc/docs/COVID19%20Parents%20of%20Young%20Children.pdf](https://www.medschool.lsuhsc.edu/tdc/docs/COVID19%20Parents%20of%20Young%20Children.pdf)
- [https://www.medschool.lsuhsc.edu/tdc/](https://www.medschool.lsuhsc.edu/tdc/)
- [www.icdl.com](http://www.icdl.com)
- [http://www.childtrauma.org/](http://www.childtrauma.org/)
- [www.zerotothree.org](http://www.zerotothree.org)
- [www.self-reg.ca](http://www.self-reg.ca)
- Here are some of the techniques clinicians teach anxious children, adapted from CBT and mindfulness training: [https://childmind.org/article/anxious-stomach-aches-and-headaches/?fbclid=IwAR0eRqG2qWYoSdub8yUvStQdUHnRSXa2lKmN41iGUraJWHCqcvod7vKOvs](https://childmind.org/article/anxious-stomach-aches-and-headaches/?fbclid=IwAR0eRqG2qWYoSdub8yUvStQdUHnRSXa2lKmN41iGUraJWHCqcvod7vKOvs)
Resources

- https://afirm.fpg.unc.edu/supporting-individuals-autism-through-uncertain-times

The Flu Teaching Story:
https://www.autismspeaks.org/sites/default/files/flu_teaching_story_final%20%281%29.pdf

- https://childmind.org/article/anxious-stomach-aches-and-headaches/?fbclid=IwAR0eRqG2qWYoSdb8yUvStQdUHnRSXa2lKmN41iGUraJWHCqcvod7vKOvs

- 4-7-8 Breathing:
https://www.medicalnewstoday.com/articles/324417
COVID-19: ADVICE FOR CAREGIVERS OF YOUNG CHILDREN

Common Ways Children React to Stress and Ideas to Help

**AWARENESS IS KEY**

While young children may not understand the facts of the outbreak, they may be sensitive to changes in their routine and the stress experienced by caregivers. Most often, they cannot talk about their fears and distress.

**COMMON REACTIONS**

- Frequent crying
- Difficulty staying still
- Problems falling asleep and staying asleep
- Nightmares
- Clinging to caregivers
- Fears of being alone
- Tantrums or aggression

**MORE REACTIONS**

- Repetitive play (repeating over and over again what they’ve heard, taking extra care of stuffed animals and dolls and trying to hide or cover them)
- Acting like a younger child (“baby talk”, lose their toilet training, wanting a bottle instead of drinking from a cup)

**WAYS TO HELP**

1. Keeping a regular routine (like regular mealtimes and bedtimes) can help children feel safe. Find time to play and relax, too.
2. Offer verbal and physical reassurance, extra comfort, and patience.
3. Connect with family, friends, and peers virtually.
4. Take care of yourself so that you can remain available to your child and model good behavior for them.

BY JODY OSOSKY, PH.D. & HOWARD OSOSKY, M.D., PH.D.
Presenters

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Gerard Costa is the founding director of the Center for Autism and Early Childhood Mental (CAECMH) at Montclair State University (NJ). He is a Professor in the Department of Teaching and Learning in the College of Education and Human Services. He is President of the Interdisciplinary Council on Development and Learning (ICDL).