EARLY RECOGNITION
OF POST HARVEY TRAUMA
SYMPTOMS IN CHILDREN AND
ADULTS SYMPOSIUM

October 21, 2017
Baylor College of Medicine
Presenters (in order of appearance)

- Asim Shah, MD
  - Professor and Executive Chair of Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine
  - Chief of Psychiatry, Harris Health System and Ben Taub Hospital

- Nizete Ly-Valles, PhD
  - Assistant Professor of Child and Adolescent Psychology at Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine

- Stephanie Hernandez, DO
  - Assistant Professor of Child and Adolescent Psychiatry at Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine

- Asna Matin, MD
  - Assistant Professor of Child Adolescent Psychiatry at Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine
  - Director, Child and Adolescent Clinic; Detention Psychiatric Unit, Harris County Juvenile Justice Center

- Sophia Banu, MD
  - Assistant Professor of Child Adolescent Psychiatry at Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine
  - Deputy Chief Ambulatory Services at Ben Taub Hospital
  - Medical Director Adolescent in Motion (IOP)
Types of trauma post disaster

- Acute Stress Disorder
- Adjustment Disorders
- Post Traumatic Stress Disorders
What is PTSD?

- Posttraumatic stress disorder, or PTSD, is perhaps best known as a mental health condition that many soldiers experience after war, but it's a problem that stretches far beyond the military to affect 5%-10% of all men and 7%-14% of all women in this country.

- Stress results in acute and chronic changes in neurochemical systems and specific brain regions, which result in long term changes in brain “circuits,” involved in the stress response. Brain regions that are felt to play an important role in PTSD include hippocampus, amygdala, and medial prefrontal cortex.
To be diagnosed with PTSD, an adult must have all of the following for at least 1 month:

- At least one re-experiencing symptom
- At least one avoidance symptom
- At least two arousal and reactivity symptoms
- At least two cognition and mood symptoms
Re-experiencing symptoms

- Flashbacks—reliving the trauma over and over, including physical symptoms like a racing heart or sweating

- Bad dreams

- Frightening thoughts

- Re-experiencing symptoms may cause problems in a person’s everyday routine. They can start from the person’s own thoughts and feelings. Words, objects, or situations that are reminders of the event can also trigger re-experiencing symptoms
Avoidance symptoms

- Staying away from places, events, or objects that are reminders of the experience

- Avoiding thoughts or feelings related to the traumatic event

- Things or situations that remind a person of the traumatic event can trigger avoidance symptoms. These symptoms may cause a person to change his or her personal routine. For example, after a bad car accident, a person who usually drives may avoid driving or riding in a car
Arousal and reactivity symptoms

- Being easily startled
- Feeling tense or “on edge”
- Having difficulty sleeping, and/or having angry outbursts

Arousal symptoms are usually constant, instead of being triggered by something that brings back memories of the traumatic event. They can make the person feel stressed and angry. These symptoms may make it hard to do daily tasks, such as sleeping, eating, or concentrating.
Cognition and mood symptoms

- Trouble remembering key features of the traumatic event
- Negative thoughts about oneself or the world
- Distorted feelings like guilt or blame
- Loss of interest in enjoyable activities

Cognition and mood symptoms can begin or worsen after the traumatic event. These symptoms can make the person feel alienated or detached from friends or family members.
Symptoms usually begin within 3 months of the traumatic incident, but sometimes they begin later. For symptoms to be considered PTSD, they must last more than a month and be severe enough to interfere with functioning in relationships or work. The course of the illness varies from person to person. Some people recover within 6 months, while others have symptoms that last much longer.
Part 2: Hurricane Exposure Assessment Tool (27 Items: HEAT-27)

1. During Hurricane Harvey, were you concerned about your safety or a loved one’s personal safety?
   - No, I did not believe MY life to be in danger
   - No, I did not believe THEIR life to be in danger
   - Yes, I believed MY life to be somewhat in danger
   - Yes, I believed THEIR life was somewhat in danger
   - Yes, I believed MY life was definitely in danger
   - Yes, I believed THEIR life was definitely in danger

2. Did you experience any flooding as a result of Hurricane Harvey?
   - No, no flooding
   - Some water entered my home but there was a fair amount of damage
   - Strays flooded but not my home
   - My home was completely flooded
   - Some water entered my home but there was limited damage

3. At any point during Hurricane Harvey, were you trapped in your home, vehicle, or other place?
   - No, I was not trapped
   - I was trapped for less than an hour
   - I was trapped for more than a day
   - I was trapped for one hour or more, but less than a day

4. Did you need to be rescued as a result of Hurricane Harvey?
   - No, rescuing required
   - Rescued by air lift
   - Rescued by boat
   - Had to walk through high floodwater

5. Did you experience evacuation as a result of Hurricane Harvey (please check all that apply)?
   - No evacuation, I was able to stay in my home
   - Evacuated to a hotel/motel
   - Evacuated to a family/friend’s home
   - Evacuated to a shelter

6. What personal losses did you experience as a result of Hurricane Harvey (please check all that apply)?
   - Your home (unable to return due to damage)
   - Your home (could return but home had significant damage)
   - Personal belongings (e.g., furniture, electronics, clothing, photographs)
   - Your job
   - Your pet
   - Loved ones died due to the storm (if yes, what was their relationship to you ____________)

7. Did you experience physical injuries as a result of Hurricane Harvey?
   - No physical injuries
   - Mild physical injuries (cuts, bruises, no hospitalization required)
   - Moderate physical injuries (broken bones, gashes that required stitches, short hospitalization)
   - Serious life-threatening injuries (prolonged hospitalization, major surgeries)
Psychological first aid (PFA)

There is also an app on the PFA that is available for download to a mobile device.

PFA Mobile on the App Store - iTunes - Apple

itunes.apple.com

PFA Mobile was designed to assist responders who provide psychological first aid (PFA) to adults, families, and children as part of an organized response ...
What is PFA?

- PFA is supported by disaster mental experts as the “acute intervention of choice”, while responding to psychological needs of children, adolescents, adults and families affected by disaster and terrorism.

- PFA does not assume that all individuals will develop severe mental health problems, but it is based on understanding that disaster survivors face broad range of early reactions.
Some PFA coping skills

- Talking to another person for support or spending time with others
- Engaging in positive distracting activities (sports, hobbies, reading)
- Getting adequate rest and eating healthy meals
- Trying to maintain a normal schedule
- Scheduling pleasant activities
- Taking breaks
PFA coping skills, continued

- Reminiscing about a loved one who has died
- Focusing on something practical that you can do right now to manage the situation better
- Using relaxation methods (breathing exercises, meditation, calming self-talk, soothing music)
- Participating in a support group
- Exercising in moderation
- Keeping a journal
- Seeking counseling
What doesn’t help

- Using alcohol or drugs to cope
- Extreme avoidance of thinking or talking about the event or a death of a loved one
- Violence or conflict
- Overeating or failing to eat
- Excessive TV or computer games
- Blaming others
- Working too much
- Extreme withdrawal from family or friends
- Not taking care of yourself
- Doing risky things (driving recklessly, substance abuse, not taking adequate precautions)
- Withdrawing from pleasant activities
Preschoolers: 3-5 year-olds

Nizete-Ly Valles, PhD
Cognitive development (3-4 year-olds)

- Make predictions (4 year-olds)
- Can begin to resolve conflicts
- Cannot often distinguish between fantasy and reality
- Death is not final
Social-emotional development (3-4 year-olds)

- Cooperative play
- Show concern for others
- Play make believe
- Show a range of emotions
- Difficulty with transitions
Cognitive development (5 year-olds)

- Can tell stories
- Egocentric
- Overgeneralize
- Question everything
- Believe in magic
Social-emotional development (5 year-olds)

- Differentiate between reality and fantasy
- Want to please and imitate friends
- Increasing independence from adults
- Can tell stories with beginning, middle, and end
- Demanding
Trauma and development

- Trauma is an event that is **perceived** by the child as being harmful to them or a loved one and exceeds the child’s capacity for coping
  - Exacerbates common childhood anxieties

- Trauma can have a negative impact on development at any age

- We expect that most children will have a natural traumatic stress response
  - This is only temporary

- For some, this reaction extends beyond one month
  - Can also have a delayed traumatic response
Trauma and development, continued

- Trauma can lead to:
  - Intense feeling of terror, helplessness, lack of safety
  - Physiological symptoms (e.g. rapid breathing, shaking, somatic concerns)
  - Negative beliefs about: self, others, and the world
  - Fight, flight, freeze, attach reactions
  - Behavioral changes
  - Disruptions in academic functioning
Children at particular risk for PTSD

- Physical injury (to self or loved one)
- Direct exposure
  - Flooding, evacuation, loss of personal items
- Death of a loved one
- History of traumatic events
- History of anxiety or shyness
- Lack of support
### What to Look For

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>Mood</th>
<th>Behavior</th>
<th>Academic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty separating</td>
<td>Increased sadness</td>
<td>Regressions</td>
<td>Cannot focus</td>
</tr>
<tr>
<td>Excessive worry about natural disasters</td>
<td>Loss of interest or less enjoyment</td>
<td>Aggressive</td>
<td>Not completing tasks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(physical, verbal, relational)</td>
<td></td>
</tr>
<tr>
<td>School refusal</td>
<td>Withdrawn or isolated</td>
<td>Noncompliant</td>
<td>Refusing/avoiding schoolwork</td>
</tr>
<tr>
<td>Overly clingy</td>
<td>Irritable</td>
<td>Disrespectful</td>
<td>Careless mistakes</td>
</tr>
<tr>
<td>Worsening shyness</td>
<td>Crying spells</td>
<td>Reenactments in play</td>
<td>Not understanding the task</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Silent Sufferers”</td>
<td>Difficulties sleeping or eating</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What you can do to help...

- **Restore Sense of Safety**
  - Build supportive relationship, allow children to ask questions or share their story, help them help each other, help them create meaning of what happened

- **Provide Structure**
  - Provide predictable routines and transitions
  - Use visual cues, verbal reminders, signal upcoming transitions

- **Offer Praise**
  - Offer lots of specific labeled praise
  - “Juan, I love how you worked hard to solve that problem.”

- **Sense of Mastery**
  - Classroom responsibility (line leader, homework collector, greeter, classroom beautification project, school garden, community project)
Social emotional development in the classroom

- Create a “keep it cool” corner
  - Use sensory objects

- Offer “brain breaks”
  - Yoga stretches, mindfulness activities, recess, movement breaks

- Solutions wall

- Feelings and coping stories (e.g., Flood book)

- Teach relaxation
  - Deep breathing
**Step 1:** Something happens to Tucker that can make him feel **MAD!** But he knows to "**think like a turtle!**"
Tucker the Turtle

**Step 2:** Tucker can **STOP** and keep his hands, body, and yelling to himself!
Tucker the Turtle

**Step 3:** He can tuck inside his shell and take 3 deep breaths to calm down.
Tucker the Turtle

**Step 4:** He can come out when *calm* and *think of a solution* or a way to make it better.
Wall of Solutions
Helping displaced students

- Encourage social interactions
  - “Peer Bench”
- Pair the child with a socially appropriate classmate
- Provide reassurance as needed
- Watch out for bullying and teasing
  - Intervene immediately
- Create a welcoming culture
How to respond to a child in distress

- Stay calm and listen
- Keep child and other students safe
  - “I’m right here and will keep things safe for you”
- Label feeling (use gentle voice)
- Offer suggestions for relaxation
  - Model use of relaxation strategy
- Sometimes silence is best
- Problem solve once child is calm
- Goal is to help child restore equilibrium
- Remember: “This is a child who can’t. Not a child who won’t.”
How else can you help...

- Create a classroom where talking about the trauma is okay
  - All you need to do is listen

- Be aware of trauma triggers

- Be mindful of professional limits and boundaries

- Communicate your concerns with parents

- Self-care

- Refer as needed
  - School counselor
Remember...

Children look to significant adults in their lives for guidance on how to manage their reactions after the immediate threat is over. Schools can play an important role in this process by providing a stable, familiar environment. Through the support of caring adults school personnel can help children return to normal activities and routines (to the extent possible), and provide an opportunity to transform a frightening event into a learning experience.

Lazarus, Jimerson and Brock (2003)
Resources

- Social Emotional Foundations for Early Learning
  - [http://csefel.vanderbilt.edu/resources/strategies.html#teachingskills](http://csefel.vanderbilt.edu/resources/strategies.html#teachingskills)

- Tips and Resources for teaching Hurricane Harvey

- National Child Traumatic Stress Network
  - [www.nctsn.org](http://www.nctsn.org)

- Disaster Related Sources:
  - [https://www.naeyc.org/newsroom/](https://www.naeyc.org/newsroom/)

- Tips for Helping Students After a Trauma
  - [https://www2.ed.gov/parents/academic/help/recovering/recovering.pdf](https://www2.ed.gov/parents/academic/help/recovering/recovering.pdf)
#HoustonStrong
Replace #Houston with #yournameStrong and draw a picture of how YOU are strong.
What's in your heart?

#HoustonStrong

What's in Your Heart?

- Happy
- Sad
- Wond
- Scared
- Mad
- Frustrated
School aged youth: 5-11 year-olds

Stephanie Hernandez, DO
How and why would you use these exercises for school aged children?
Objectives

- Identify coping skills appropriate for school aged youth
- Discuss normal emotional and cognitive development in school aged youth
- Identify characteristics of students at risk for longer term problems
- Discuss typical reactions after a natural disaster in school aged youth
- Identify ways to help students bounce back
- Discuss ideas to rebuild the classroom
Coping skills...what do they help with?

- Improves self confidence and self-esteem
- Increases student independence
- Helps with self-assertion and agency
- Decreases time it takes to deal with students’ crises, issues, meltdowns
- Good life long skills
- Improves problem solving skills
Deep breathing: for school aged youth

How can we teach deep breathing for school aged children?
Normal development: cognitive

- By 5 years old...
  - Ego-centrism weakens, “decentration”
  - Language, memory, imagination
  - Understand and express the past and future
  - Transductive reasoning
Concrete operational stage (7-11 year olds)

- Increased awareness of external events
- Reason about tangible objects
- Think logically with practical aids
- Conservation, inductive reasoning
Psychosocial stage of development:
Industry vs Inferiority

- **Development of competencies**
  - Learn, create and accomplish new skills, knowledge

- **Very social stage of development**
  - Self comparisons

- Caution for unresolved feelings of inadequacy and inferiority amongst peers: self esteem, social, academic

- More significant relationship with school and neighborhood: competitive, cooperative, empathic

- Parents are still important, but not the absolute authority
Emotion identification: school age youth are learning to...

- Name feelings
- Describe feelings
- Regulate their feelings

[Image of a chart titled 'How Are You Feeling Today?']
A study of long-term effects

Hurricane Andrew: 3-5 grade student PTSD rates (moderate)

Melody: pre-hurricane

- Melody is a 7-year-old Hispanic female whose home is a 3-bedroom apartment that she shares with her 11-year-old brother and biologic parents. She has shared in class that she will be a “big sister” soon.

- In class, she tends to be more reserved than her peers, appears to be learning at grade level and has friends that she sits with at lunch and plays with at recess.
Melody: post-hurricane

- Melody’s attendance has been variable, and when she does come to school she frequently is late and does not have her homework.

- She remains appropriately dressed with good grooming and basic hygiene.

- She is more giggly and almost hyperactive in the classroom needing some redirection.

- Her father, instead of mother who typically comes to parent teacher conferences, meets you in the fall to discuss Melody’s progress in school.
Discussion:
What are your concerns for...

- School
- Home
- Thoughts about how to approach Melody
Melody: pre-hurricane

- Melody is a 7-year-old Hispanic female whose home is a 3-bedroom apartment that she shares with her 11-year-old brother and biologic parents. She has shared in class that she will be a “big sister” soon.

- In class, she tends to be more reserved than her peers, appears to be learning at grade level and has friends that she sits with at lunch and plays with at recess.
Melody: post-hurricane

- Melody’s attendance has been more variable, and when she does come to school she frequently is late and does not have her homework.

- She remains appropriately dressed with good grooming and basic hygiene.

- She is more giggly and almost hyperactive in the classroom needing some redirection.

- Her father, instead of mother who typically comes to parent teacher conferences, meets you in the fall to discuss Melody’s progress in school.
Characteristics of at-risk students

- Gender

- Disrupted daily life
  - Threatened physical safety, loss of possessions, relocation
  - School, friends, family
  - Other major stressful events post-Harvey

- Change in support

Characteristics of at-risk students

- **Significant psychologic distress**
  - PTSD-related symptoms
  - Limited skills coping skills
  - “I wish bad things never happen”
  - “I try to forget all the time”

- **Behavioral changes**
  - Aggressive outbursts
  - Decline in academics
  - Withdrawal or avoiding being alone
  - School refusal

- **Physical**
  - Reports of nausea, stomachache and headaches

Typical reactions

- Concentration difficulties
- Academic achievement declines
- Refusal to attend school
- Aggressive, excessively silly, hyperactive
- Difficulty sharing & separation
- Stomachaches, headaches
Reactions to watch for: Depressive symptoms

- Sadness, crying, irritability
- Loss of interest
- Appetite changes
- Isolating/withdrawal
- Sleep (insomnia, not wanting to sleep alone, nightmares)
Reactions to watch for: PTSD-related symptoms

- Re-experiencing: play, dreams, flashbacks
- Avoidance: reminders of the disaster, general numbness to emotional topics
- Arousal: sleep, irritability, concentration
Possible internal thoughts and fears

- Feeling more alone, nervous or separated from family
- That something will happen to them and/or their family
- Of the dark, upcoming storms, being alone
- That they caused a part of the disaster
Start a discussion
How would you approach a child you’re concerned about?
Rebuilding the classroom
Aiding in student recovery

- Re-establish routines
- Strengthen friendships and peer support
- Support what is developing and encourage strengths
  - Be curious and inquire, educate and help advocate
- Remind families: monitor children’s exposure to media & adult conversations
Encouraging strengths:
develop positive self-images
Explore feelings...

A Terrible Thing Happened

A story for children who have witnessed violence or trauma

Sherman Smith saw the most terrible thing happen. At first he tried to forget about it, but soon something inside him started to bother him. He felt nervous for no reason. Sometimes his stomach hurt. He had bad dreams. And he started to feel angry and do mean things, which got him in trouble. Then he met Ms. Maple, who helped him talk about the terrible thing that he had tried to forget. Now Sherman is feeling much better.

This gently told and tenderly illustrated story is for children who have witnessed any kind of violent or traumatic episode,
Develop coping skills and help identify support
Educate

Use the words in the box to help you complete the sentence.

sad  angry  worried  scared  mad  confused  wondering

Draw how Hurricane Harvey made you feel.

Hurricane Harvey made me feel

Weather Words
Trace the weather words.

hurricane
storm with strong wind

wind
movement of air

rain
water falling from the sky

Weather Words
Match the weather words with the pictures.

___ hurricane  ___ wind
___ rain  ___ flood

A  B

“Helping your students deal with Hurricane Harvey,” by teacher Hannah Hill on “Teachers Pay Teachers”
Help advocate

"Rise Up" by Andra Day

- Brainstorm ways to help the community
- Writing letters, poems about feelings and to other students, teachers, families
- Donations
- Make a classroom “fight song”
Take care of yourself

Use your community for ideas and support!
Sources and supplemental teaching products

- National Association of School Psychologists (NASP)
- Federal Emergency Management Agency (FEMA)
- The National Child Traumatic Stress Network (NCTSN)
- American Psychological Association (APA)
Adolescents:
12-18 year-olds

Asna Matin, MD and Sophia Banu, MD
Objectives

- Discuss normal cognitive and emotional development in adolescents
- Identify typical reactions after a natural disaster in adolescents
- Identify characteristics of students at risk
- Identify coping skills appropriate for adolescents
- Discuss ideas for rebuilding the classroom
- Discuss resiliency and self care
What’s “Normal?”

▶ Movement towards independence - ‘Who am I?’
  ◀ Struggle with sense of identity, feeling awkward
  ◀ Alternating between high expectations and poor self esteem
  ◀ Peer influence
  ◀ Parents are not perfect. Less overt affection, with occasional rudeness
  ◀ Tendency to return to childish behavior, particularly when stressed

▶ Cognitive changes, future interests
  ◀ Interest in the present, limited thoughts of the future
  ◀ Intellectual interests expand and gain in importance
  ◀ Greater ability to do work (physical, mental, emotional)
What’s “Normal?”

- **Sexuality**
  - Shyness, blushing, increased interest in sex
  - Concerns regarding physical/sexual attractiveness to others
  - Worries about being normal

- **Morals, values, self-direction**
  - Rule and limit testing
  - Abstract thinking - hypotheticals
  - Develop ideals and select role models
  - Experimentation with sex and drugs

- **Physiological**
  - Hormonal changes; puberty - growth spurt, acne, secondary sex characteristics
THE AVERAGE TEENAGE BRAIN

It's in your...
Changes to observe

- irritability
- increased somatic complaints
- avoidance behaviors
- over/under reacting to sounds, sudden movements
- decreased attention
- declining grades
- absences

- oppositional defiant behaviors with authority figures
- withdrawal/isolation
- angry outbursts
- restlessness (hyperactive)
- emotional numbing
- aggressive reckless or self-destructive behavior.
- increased drug use
Reactions of Adolescents to Disasters

- Detachment, shame, guilt
- Self-consciousness
- Acting out behaviors
- Fear of recurrence
- Abrupt shifts in interpersonal relationships
- Premature entrance into adulthood
- Concern for other survivors and families
What can teachers do?

- Understanding potential behavior related to trauma/stress leads to:
  - Intervene appropriately rather than escalate the situation
  - Realize that it’s not necessarily intentional!
  - Partner with caregivers/counselors to provide preventative education, effective interventions for recovery
  - Consider IEP, 504 accommodations
Why?

- With support and intervention
  - For some, recovery can occur within weeks to months

- Some may need more time to heal - refer to counseling, mental health providers

- Some may have intermittent recurrent symptoms (e.g. anniversaries, media coverage)
Role of Counseling

Adolescents have stronger language capacity

- So, they **may** be able to better express their emotions

- **BUT**, they are still learning to identify, label and communicate their emotions
Role of Counseling

- Help adolescents and caregivers re-establish a sense of safety

- Have a nonjudgmental space to make sense of their traumatic experience

- Learn about impact of trauma

- Learn techniques for dealing with overwhelming emotional reactions
Joe: pre-hurricane

- You are Joe’s counselor, though you only see him about 4 times a year and do not know much about his home life.

- He is a 14 year old male, repeating the 9th grade at Lee High School under current assessment for possible IEP plan, as he failed his STARR exam and some classes last year.

- He was on the basketball team, but since he needs to repeat the grade, is not eligible to participate this year.

- You see him in the hallways laughing with peers and appears to be well-liked by others.
Joe: post-hurricane

- Joe has not been coming to class and is in danger of exceeding the total amount of days missed allowed.

- When you do see him, he appears tired, somewhat heavier in weight, though he is smiling and seen with peers.

- His grades remain in the C/D range, though they are dropping.
Discussion

- What are your concerns?

- How would you approach Joe?
Joe: pre-hurricane

- You are Joe’s counselor, though you only see him about 4 times a year and do not know much about his home life.

- He is a 14 year old male, repeating the 9th grade at Lee High School under current assessment for possible IEP plan, as he failed his STARR exam and some classes last year.

- He was on the basketball team, but since he needs to repeat the grade, is not eligible to participate this year.

- He sees him in the hallways laughing with peers and appears to be well-liked by others.
Joe: post-hurricane

- Joe has not been coming to class and is in danger of exceeding the total amount of days missed allowed.

- When you do see him, he appears tired, somewhat heavier in weight, though he is smiling and seen with peers.

- His grades remain in the C/D range, though they are dropping.
Consider....

- If a child is daydreaming? intrusive thoughts? and you touch him from back he may react out of proportion

- It's not all PTSD

- inattention...
- anxiety?
- depression?
- ADHD?

- It's not necessarily a choice!!
Rebuilding in the classroom

- Creating a safe space and school culture
- Maintain usual routine
- Physical activities
- Hobbies, projects
- Encourage volunteering
- Encourage creative expression - art, journaling, story telling, music
- Deep breathing exercises, counting, etc.
Deep breathing

- **Diaphragm breathing**

- **Where is my diaphragm?**
  - a big band of muscle across the bottom of your lungs
  - and above your stomach.

- Put your little fingers near your belly button and the rest of your fingers on your stomach. Sniff! Your diaphragm can be felt moving when you sniff.
How it works
Why it works

- What does breathing do...
  - To your heart rate?
  - To your body temperature?
  - To your breathing?
  - To your thoughts?
Resilience

- It’s not all gloom and doom
- Children are resilient
- Resiliency increases when community is supportive
- Studies have shown that children and caregivers who use the community resources are more resilient than ones who do not use them.
Self-care

- What is secondary or vicarious trauma? Compassion fatigue?

- Recognize the signs -
  - Increased irritability, impatience
  - Difficulty planning classroom activities
  - Decreased concentration
  - Feeling numb or detached
  - Intense feelings
Self-care

- Do:
  - Engage in fun activities,
  - Take a break during the work day,
  - Self-reflect, meditation,
  - Eat well, exercise,
  - Allow yourself to cry.
Self-care

- Get support
  - Talk to colleagues while respecting confidentiality of students
  - Support from administrators
  - Create a support group amongst your peers
  - Seek professional help if signs persist for over 2-3 weeks
Resources

- American Academy of Child and Adolescent Psychiatry (AACAP)
- The National Child Traumatic Stress Network (NCTSN)
- Psychological First Aid (PFA)
- National Association of Mental Illness (NAMI)
- Acceptance and Commitment Therapy (ACT)
Exercise for Audience!
Thank you!