In the Wake of a Pandemic:

Overcoming Post-COVID School, Social, and Separation Anxiety in American Indian and Alaska Native (AI/AN) Youth and Families.

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Please introduce yourself in the chat! Let us know what you do and where you're based! Also, we would love to hear any questions or comments throughout the presentation in the chatbox.

Jennifer Clay, LMFT, ATR-BC, Ph.D. Candidate

Jennifer is the daughter of a boarding school survivor and both sides of her family are rooted in the red earth of Oklahoma. She is a member of the Choctaw Nation of Oklahoma and has worked as a licensed Marriage & Family Therapist and Board Certified Art Therapist for over fifteen years. Jennifer is a PhD candidate in clinical art therapy and currently works as Assistant Director at San Diego State University's Native Resource Center. She firmly believes that art expression is a social window and an effective change agent in community healing and societal change. At the core of her work between art and dialogue, Jennifer believes that addressing social justice issues through art expression is most impactful when the artists and viewers are working together.

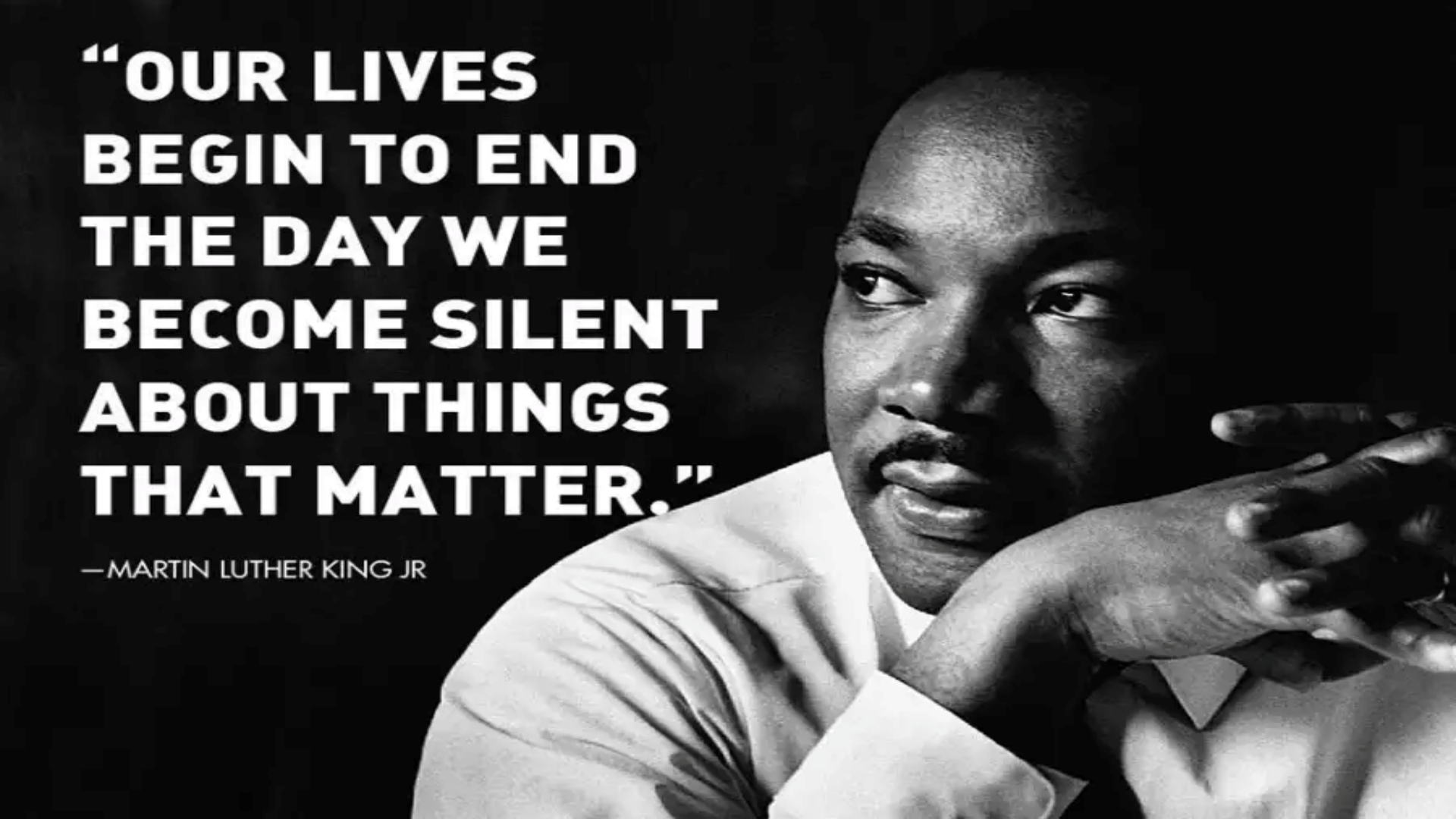
Native American Blessing: Jennifer Clay

“Blessings to Creator and to all the people and families. We are thankful for all of this land that runs into the sea. May it be well, may it be well, may it be well. Yakoke.”

We hold a deep and profound respect for the original inhabitants of this land. Our homes and places of work rest on the unceded territory of the **Kumeyaay Nation**. We thank them deeply for their stewardship of this land, and for their wisdom, guidance, mentorship, insightfulness, and support.

May we continue to seek education from the original inhabitants of this land, such that we gain a critical awareness the historical, modern day, and potential future impacts of colonization trauma

A Nation Separated: July 23rd, 2020. Kumeyaay Border Protest @ U.S. - Mexico Border. To this day the Kumeyaay Nation remains separated based on artificial borders imposed by colonizers and those of us who remain silent bystanders.


“OUR LIVES BEGIN TO END THE DAY WE BECOME SILENT ABOUT THINGS THAT MATTER.”
—MARTIN LUTHER KING JR

Shawn Singh Sidhu, MD, DFAPA, DFAACAP

Shawn Singh Sidhu an Associate Professor of Psychiatry at the University of California San Diego (UCSD) where he serves as Training Director for the Child and Adolescent Psychiatry Fellowship Program. Along with supporting asylum-seeking migrant youth and families at the border, Dr. Sidhu's greatest honor has been to serve American Indian and Alaska Native families over the past 10 years. Dr. Sidhu served rural tribal health centers in three different states in his role as Associate Medical Director for the Indian Health Services - University of New Mexico Telebehavioral Health Center of Excellence Program. He now serves as Co-Director for the Vista Hill Native American SmartCare Program, a collaboration between California Area Indian Health Services and Vista HIll Foundation, a 60 year-old non-profit community mental health agency based in San

Mark Chenven, MD, DFAPA, DFAACAP

Mark Chenven is an Adjunct Clinical Professor of Psychiatry at the University of California San Diego (UCSD). Dr. Chenven has spent his entire career working with underserved youth and families. After directing programs for the County of San Diego Medi-Cal populations for 20 years, Dr. Chenven transitioned to the role of Executive Medical Director for Vista Hill Foundation. He currently serves as Co-Director for the Vista Hill Native American SmartCare Program. At a national level, Dr. Chenven developed the first Practice Parameter on Community-Based Systems of Care for the American Academy of Child and Adolescent Psychiatry, and he has served on multiple influential committees for both the American Academy of Child and Adolescent Psychiatry and the American Psychiatric Association aimed at improving access and reducing health disparities.

Disclosures:

Jennifer Clay does not have any financial conflicts of interest or disclosures

Shawn Singh Sidhu does not have any financial conflicts of interest or disclosures

Mark Chenven does not have any financial conflicts of interest or disclosures

Learning Objectives

Upon completion of this activity, participants will be able to:

1. Compare pre- and post- COVID **mental health trends** for children and youth nationally.
2. Examine the **disproportionate health disparities** experienced by American Indian and Alaska Native (AI/AN) youth and families during the COVID-19 pandemic.
3. Discuss the **multitude of stressors faced** by AI/AN families during the COVID-19 pandemic to a trauma-informed and post-colonization view of current struggles for youth and families.
4. Employ art therapy, exposure therapy, and/or medication management for the **treatment of symptoms** of post-COVID anxiety symptoms in youth.
5. Demonstrate cultural humility by supporting **traditional practices,** when relevant to youth and family, in treatment planning that addresses the patient/client's unique needs, aspirations, strengths, and beliefs.

Outline

1) Welcome Introduction and **Blessing** - Jennifer Clay (5 minutes, 12:00-12:05)
2) **Introduction** to the Native American SmartCare Program - Mark Chenven (5 minutes, 12:05-12:10)
3) **Trends** of Child and Adolescent Mental Health Before and After COVID - Shawn Singh Sidhu (10 minutes, 12:10-12:20)
4) **Why and How Are AI/AN Youth Struggling** with Anxiety and Adjustment to Life After COVID? - Jennifer Clay (15 minutes, 12:20-12:35)
5) Psychotherapeutic Approaches: How to **Get Back on Track** - Jennifer Clay (15 minutes, 12:35-12:50)
6) Exposure Therapy and Medication Management: Shawn Singh Sidhu (10 minutes, 12:50-1:00)
7) Summary and Q/A: All Speakers

Introduction to the Native American SmartCare Program: Mark Chenven

Native American SmartCare Services

Vista Hill's Native American SmartCare Behavioral Healthcare Consultation Service is here to support and guide Primary Care Providers and their Behavioral Health affiliates by offering timely access to expert psychiatric and behavioral health consultative supports to aid in the identification and treatment of youth and families experiencing behavioral health challenges. In addition, the program provides consultation to motivated families seeking support in understanding the significance and impact of behavioral health symptoms and in offering them assistance in accessing appropriate care in their communities.

This innovative program, funded by the CA Area Indian Health Services, helps address the critical shortfall of psychiatric resources available for clinics that service Native American families in California. The program understands that primary care providers can be an important resource for families facing behavioral health challenges and works to help primary care and affiliated behavioral

Who is Eligible?

Children, youth and their parents receiving medical care at any of our partnering clinics are eligible to seek consultation from the Native American SmartCare program.

Primary care and affiliated behavioral health clinicians working at in programs serving tribal communities can access consultative supports from Native American SmartCare.

SmartCare services are provided at no cost to families or providers with services underwritten by a grant from the California

SmartCare BHCS Program Offers:

Psychiatric Consultation to Primary Care & Behavioral Health Providers to

- Provide on-demand consultations to primary care and behavioral healthcare providers regarding screening, diagnosis and treatment of behavioral health issues
- Support the implementation of functional manageable screening protocols to better assess patient needs
- Offer clinical trainings for clinic staff and healthcare providers regarding best practices in providing integrated behavioral health treatment
- Disseminate concise and informative guidance on a variety of behavioral health care topics applicable to primary care settings

BHCS "Ready for Health" Family Support Services to

- Consult with motivated youth and family members seeking support for their behavioral health concerns, including information about accessing behavioral health treatment and related services
- Offer sensitive and clinically grounded screening tools to help parents and youth more effectively communicate their concerns to their primary care and behavioral healthcare providers
- Recommend appropriate resources and facilitate referral linkages to care, with follow-up to ensure families' needs are addressed

240 Contact Hours provided with primary care providers and families thus far!

Race Distribution Report

All Clients Enrolled During Date Range

Program: Native American SmartCare	
Race	**%**
Alaskan Native / Eskimo	3.85
American Indian	71.15
Chinese	1.92
Hispanic / Latino	1.92
Other	5.77
White/Caucasian	15.38

75% of clients at sites are AI/AN

Native American SmartCare Program

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Active Sites:

Sonoma County Indian Health Project

Shingle Springs Tribal Health and Wellness Center

Toiyabe Indian Health Project

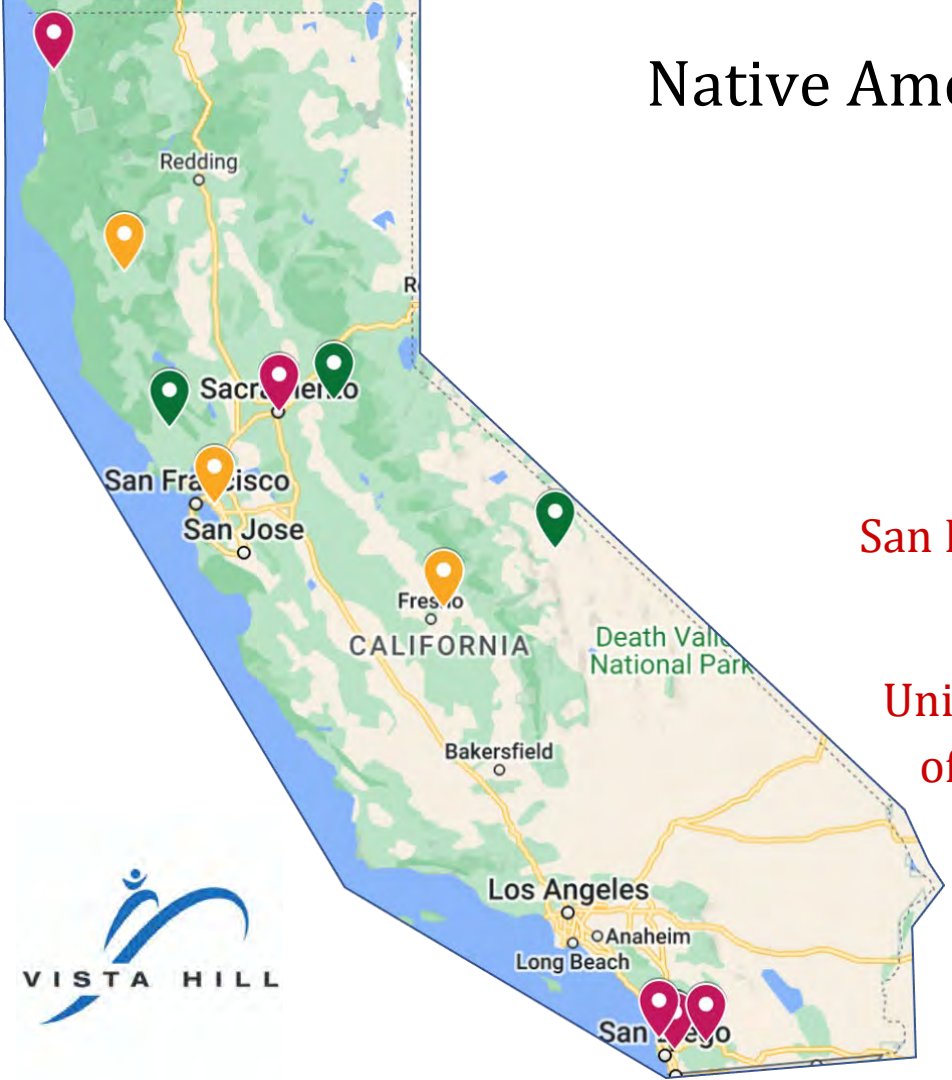
Potential/Likely Upcoming Sites:

Native American Health Center (Bay Area)

Round Valley Indian Health Center

Central Valley Indian Health

Native American SmartCare Program



<u>Collaborators</u>:

California Area Indian Health Services

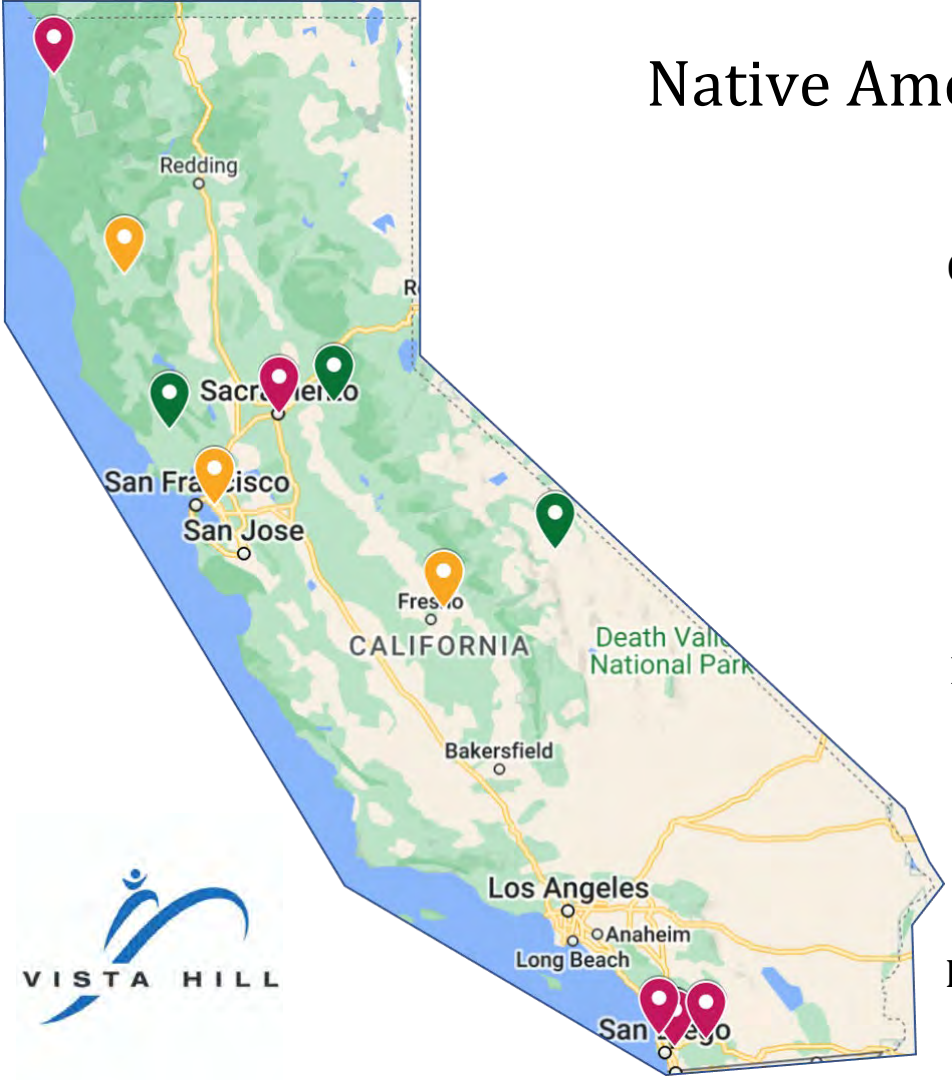
Southern Indian Health Council

San Diego State University (SDSU) Native Resource Center

University of California San Diego (UCSD) School of Medicine Transforming Indigenous Doctor Education Program (TIDE)

Yurok Health and Human Services

Native American SmartCare Program



<u>Tribal Groups Served and Tribal Collaborations</u>:

Cloverdale Rancheria of Pomo Indians of California, Dry Creek Rancheria Band of Pomo Indians, Federated Indians of Graton Rancheria, Kashia Band of Pomo Indians of the Stewarts Point Rancheria, Lytton Rancheria of California, Manchester Band of Pomo Indians of the Manchester Rancheria, Shingle Springs Band of Miwok Indians, Antelope Valley Indian Community, Big Pine Paiute Tribe of the Owens Valley, Bishop Paiute Tribe, Bridgeport Indian Reservation, Lone Pine Paiute-Shoshone Reservation, Utu Utu Gwaitu Tribe, Timbisha Shoshone Tribe, Barona Band of Mission Indians, Campo Band of Kumeyaay Indians, Ewiiaapaayp Band of Kumeyaay Indians, Jamul Indian Village, La Posta Band of Mission Indians, Manzanita Band of the Kumeyaay Nation, Viejas Band of Kumeyaay Indians, and the Yurok Tribe.

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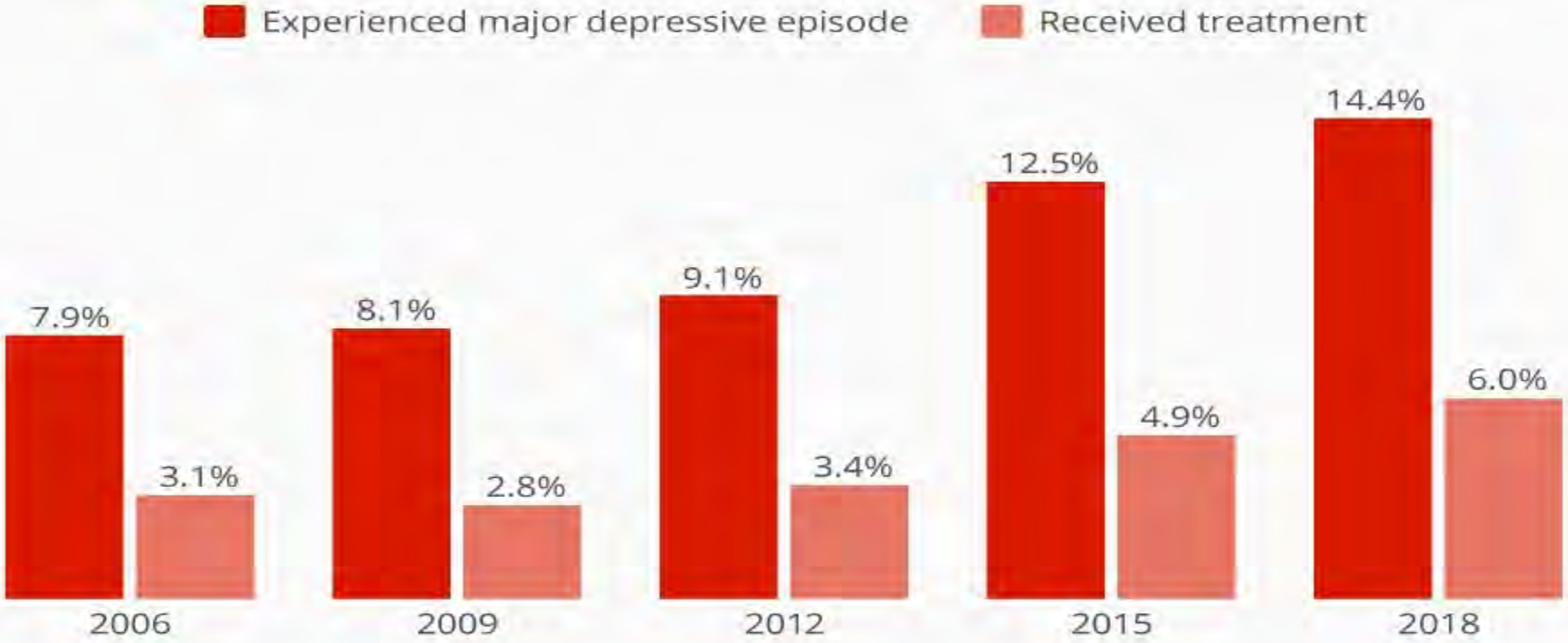
Epidemiology of Youth Mental Health Before COVID:
Shawn Singh Sidhu

More Teenagers Are Experiencing Depression

Share of U.S. teenagers (12-17 y/o) experiencing depressive episodes*/receiving treatment

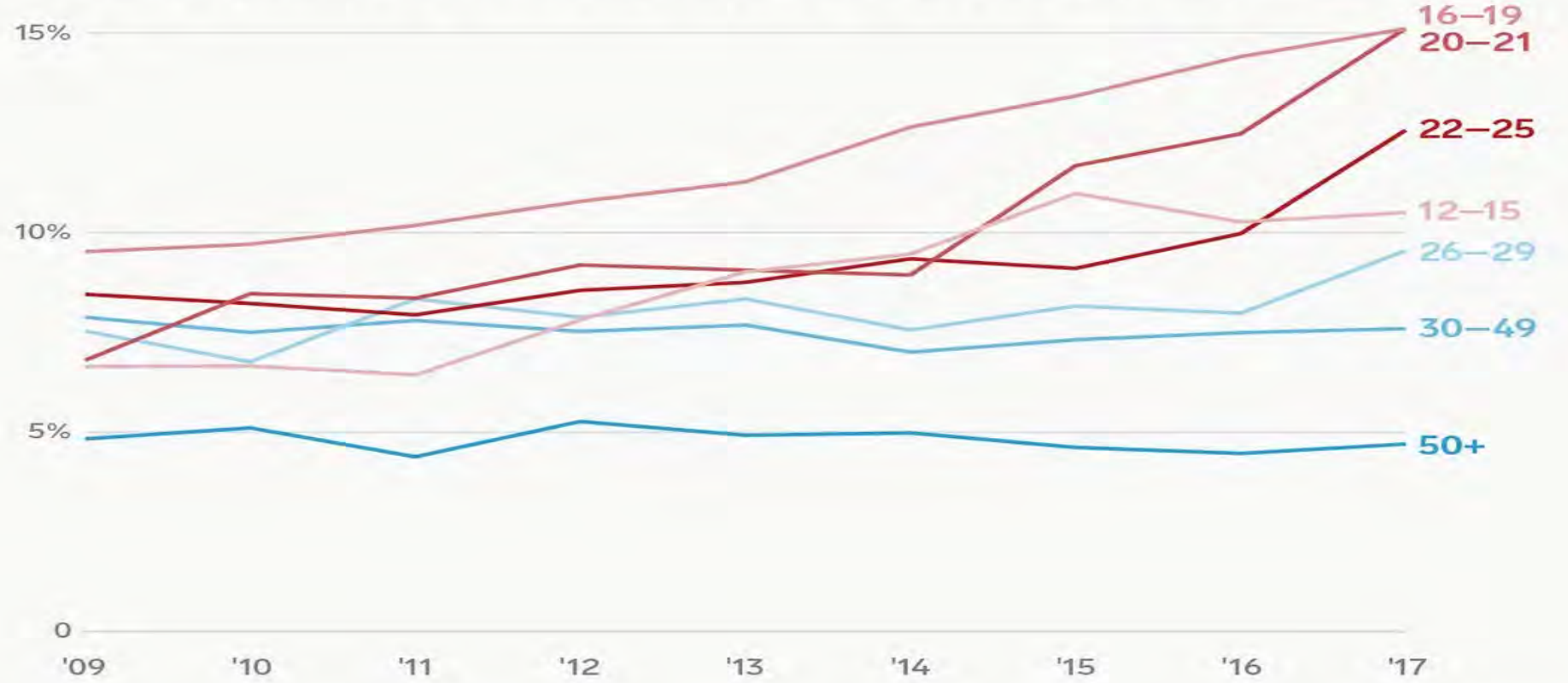


* in the past year, approximately 17,000 respondents per year

Source: Substance Abuse and Mental Health Services Administration

Depression rates by age, 2009–2017

Percent of population in each **age group** that has reported a Major Depressive Episode

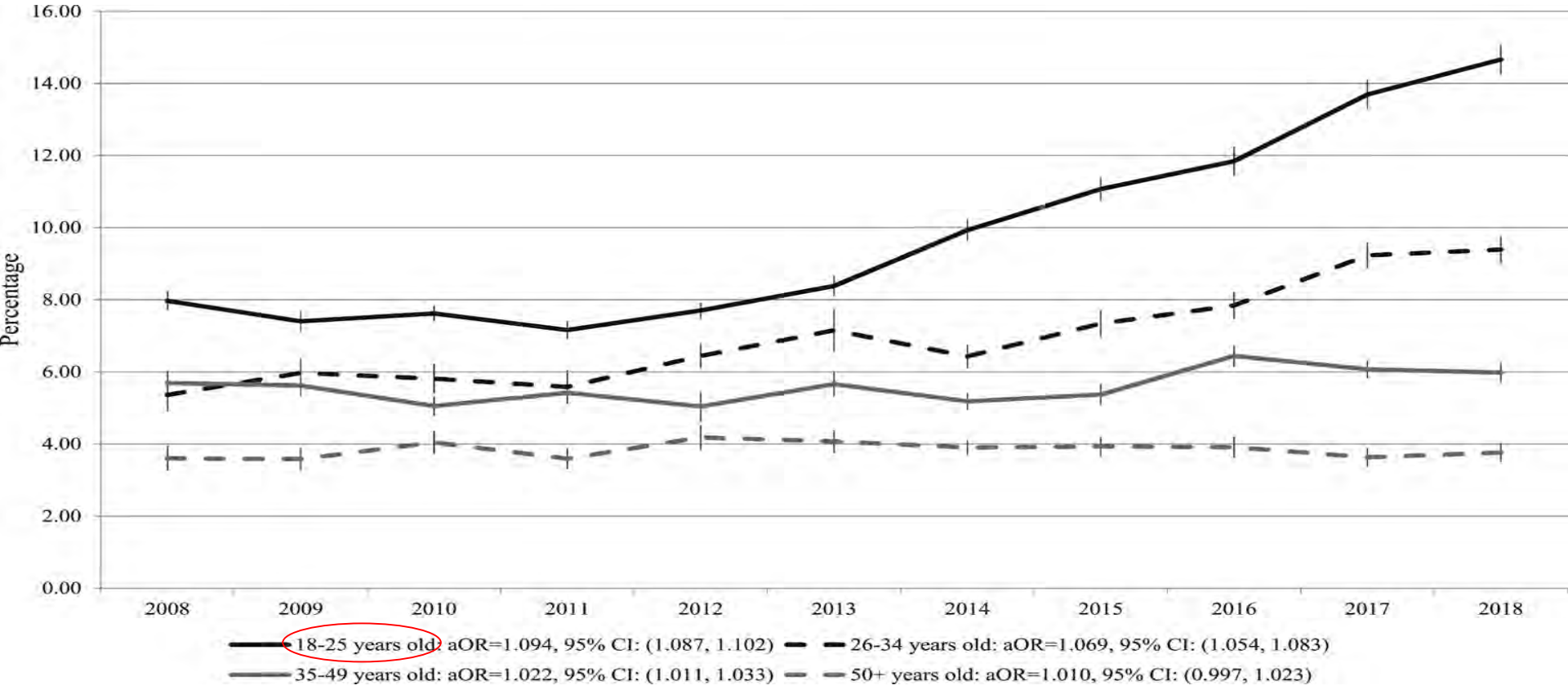


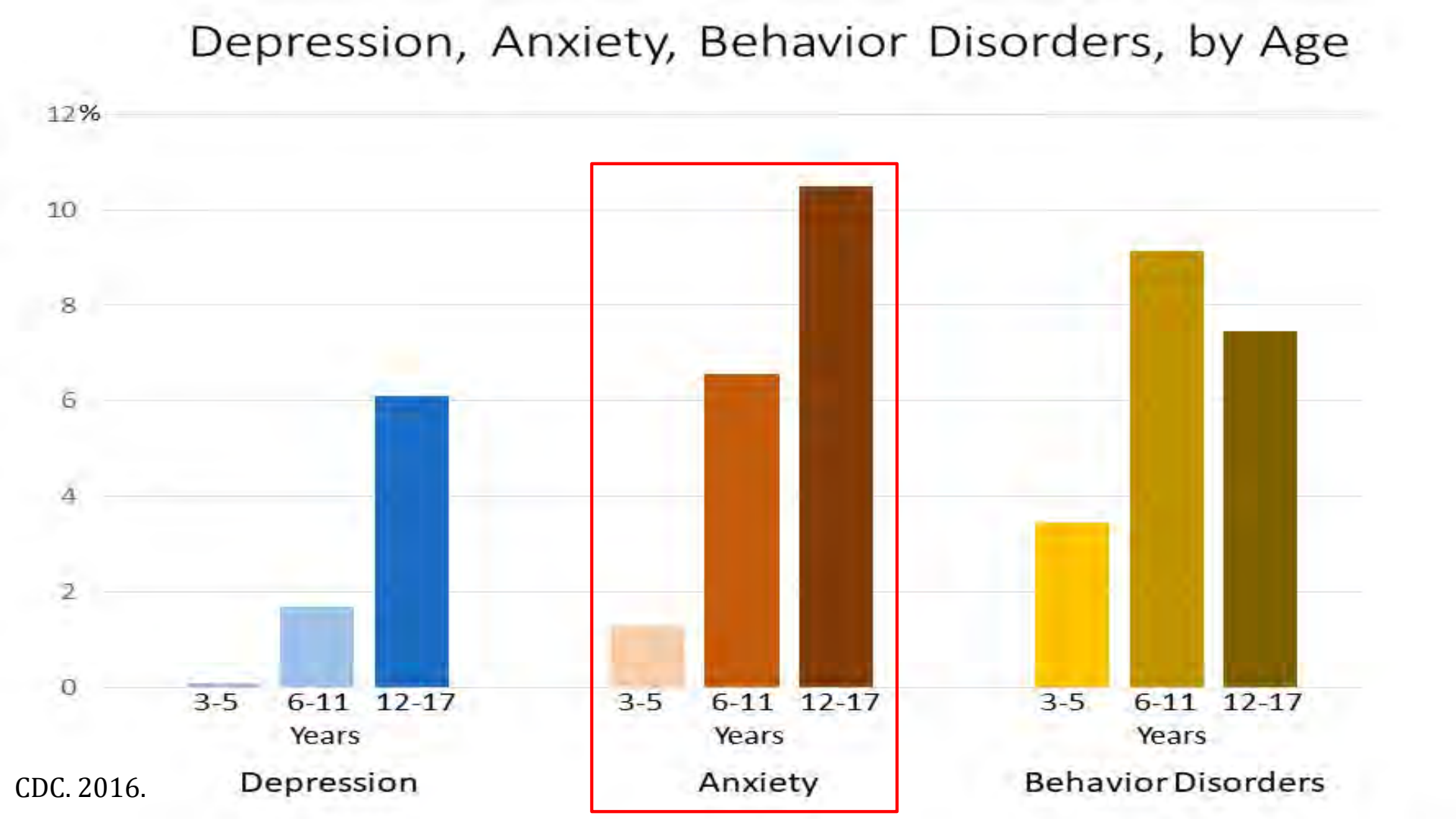
Source: Journal of Abnormal Psychology, Twenge et al.

Insider Inc.

Increasing Anxiety in Teens and Young Adults:

https://doi.org/10.1016/j.jpsychires.2020.08.014




Depression, Anxiety, Behavior Disorders, by Age
12%
10
8
6
4
2
0
3-5
6-11
12-17
Years
Depression
3-5
6-11
12-17
Years
Anxiety
3-5
6-11
12-17
Years
Behavior Disorders

CDC. 2016.

2000-2018: Suicide rate for 10-24 yo rises by 50%

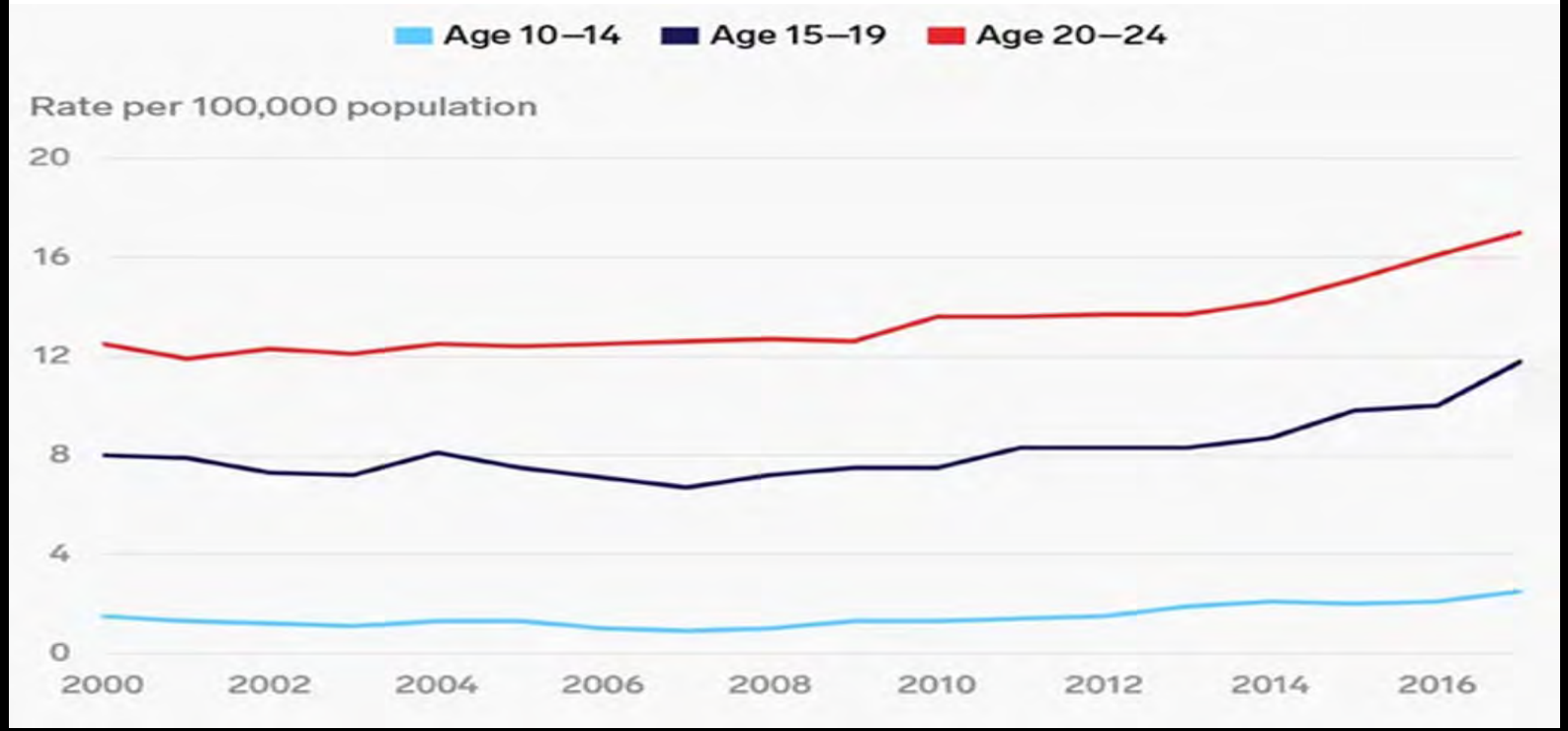
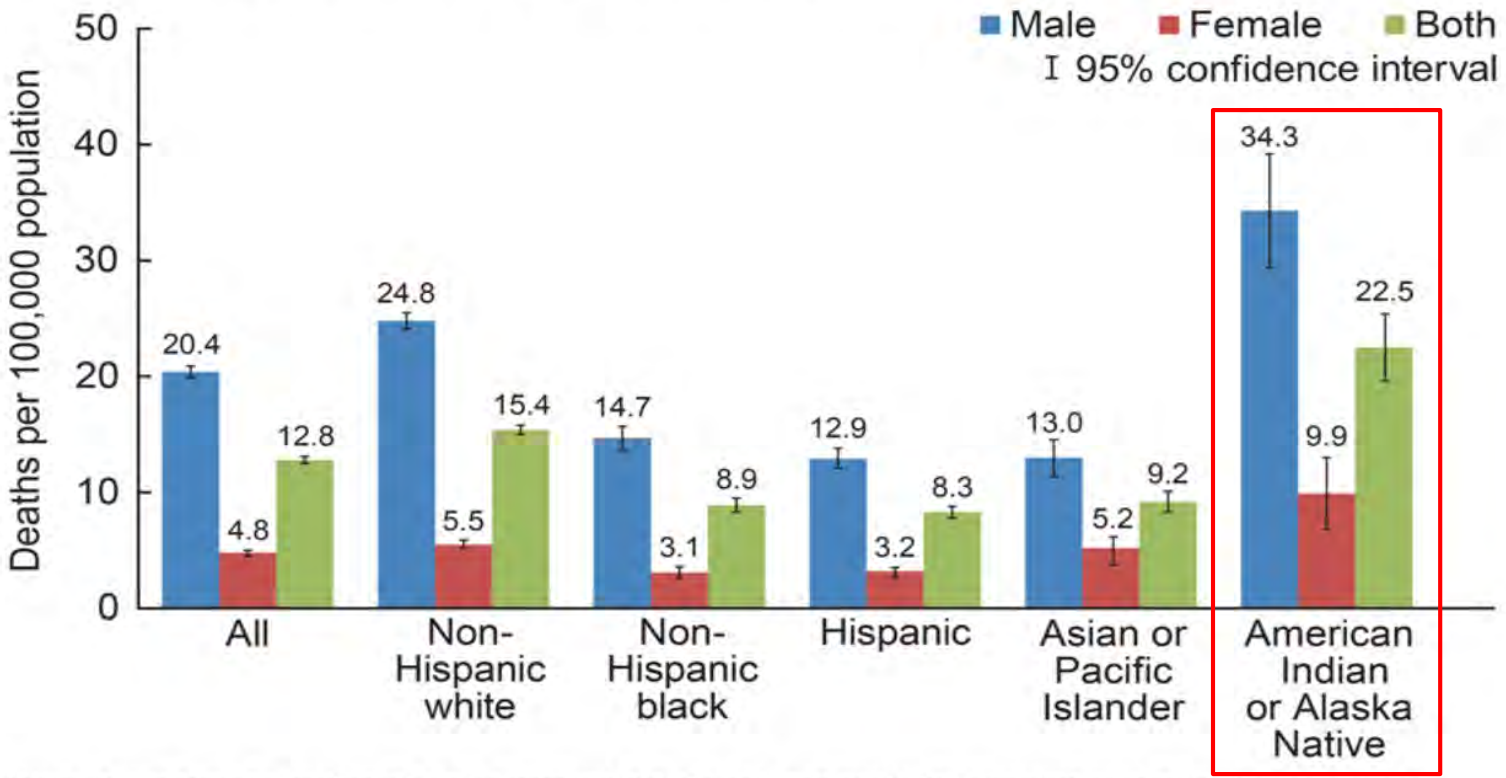


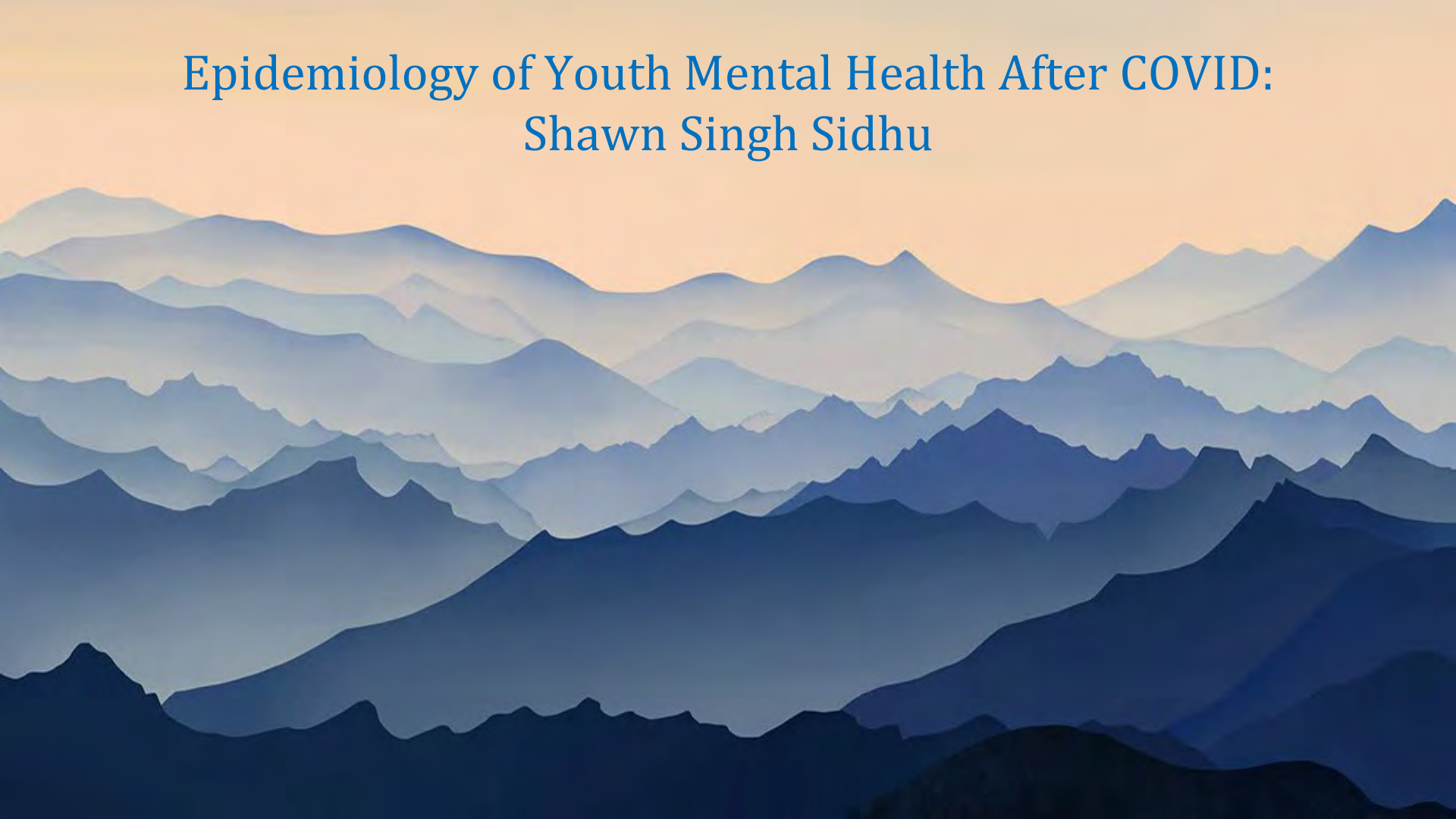
Figure 1. Suicide rates among young adults aged 18–24, by race and Hispanic origin and sex: United States, 2012–2013



NOTES: Suicide deaths are identified with ICD–10 codes U03, X60–X84, and Y87.0. Deaths for the American Indian or Alaska Native population may be underreported by 30%, for the Asian or Pacific Islander population by 7%, and for the Hispanic-origin population by 5%. For more details, see Technical Notes in *National Vital Statistics Reports*, vol. 63, no. 3, "Deaths: Final data for 2011"; also see *Vital and Health Statistics*, Series 2, no. 148, "The validity of race and Hispanic origin reporting on death certificates in the United States."

SOURCE: CDC/NCHS, National Vital Statistics System mortality data, 2012–2013. Available from CDC Wonder online database: http://wonder.cdc.gov/ucd-icd10.html.

Epidemiology of Youth Mental Health After COVID:
Shawn Singh Sidhu



PHYSICAL AND MENTAL HEALTH IMPACTS OF COVID-19

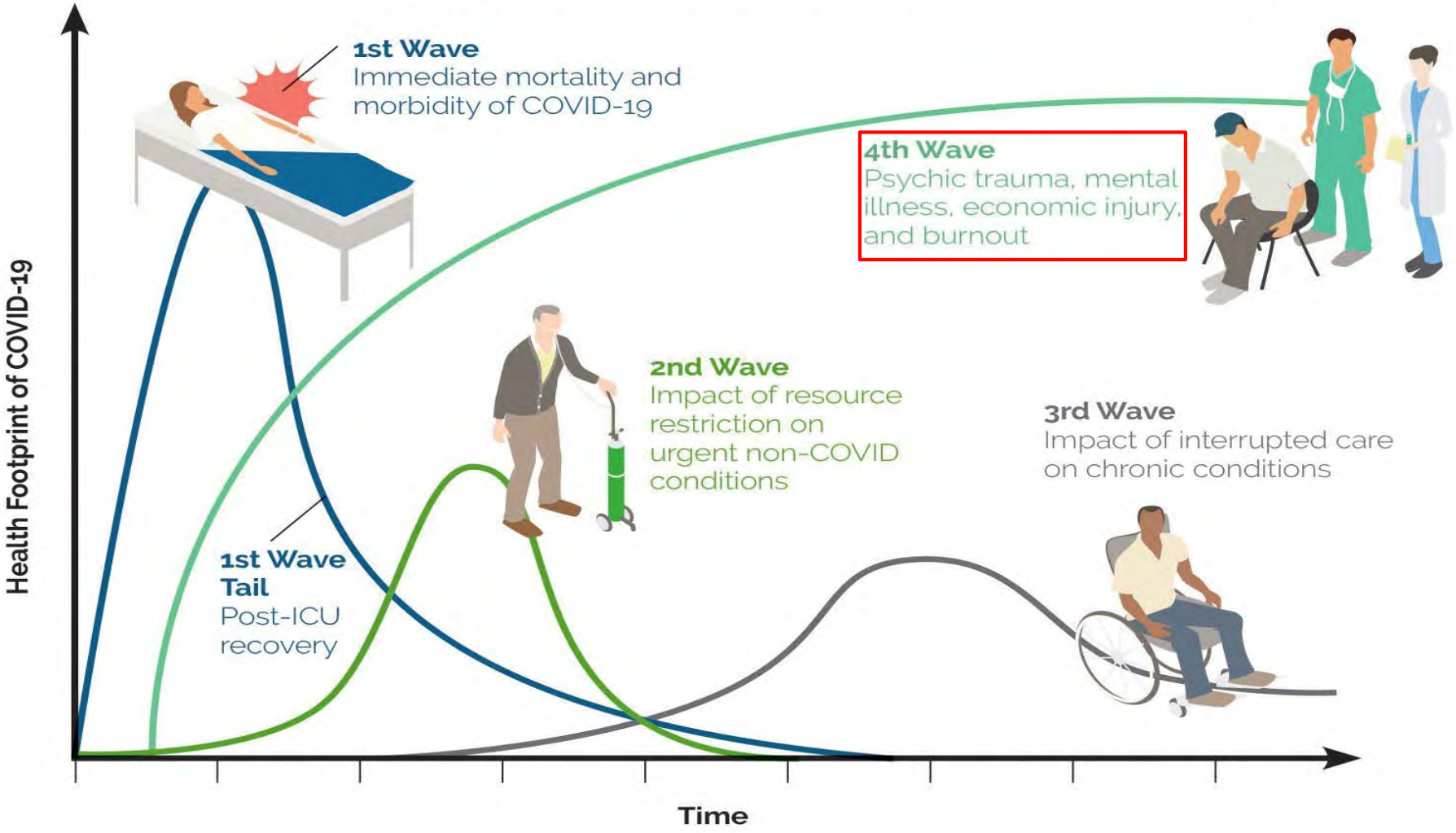
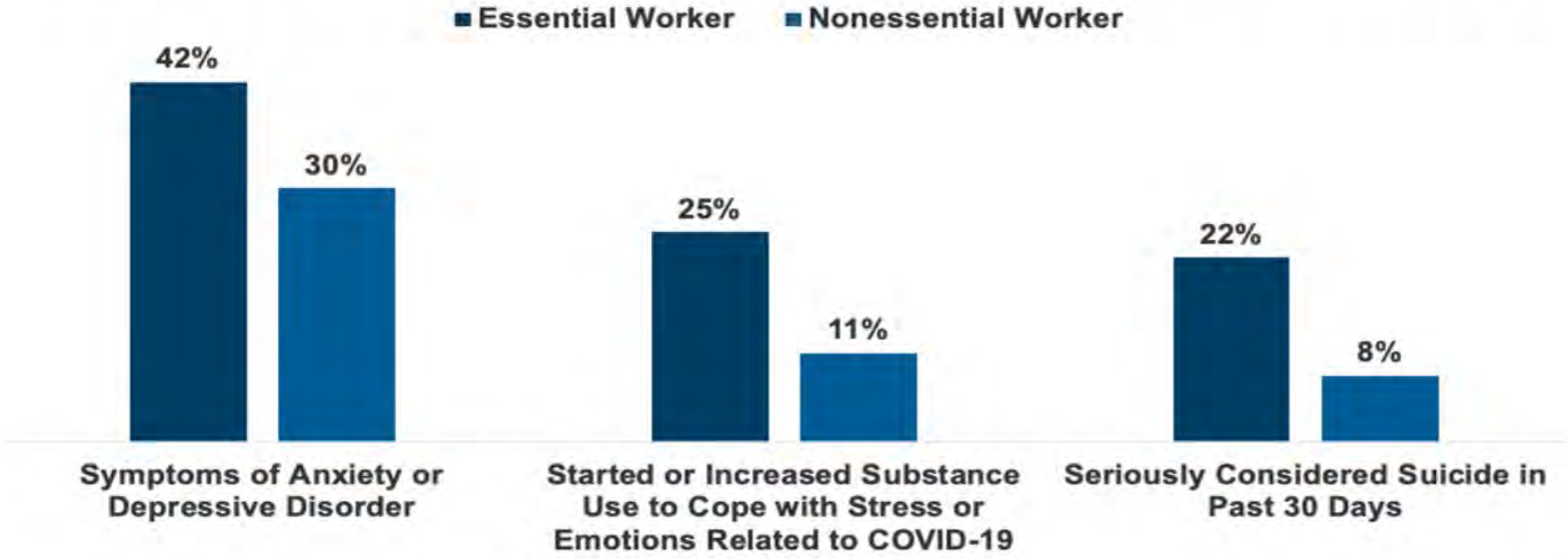


Figure 1

Among Essential and Nonessential Workers, Share of Adults Reporting Mental Distress and Substance Use, June 2020



NOTES: Data is among adults ages 18 and above. Essential worker status was self-reported.
SOURCE: Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1

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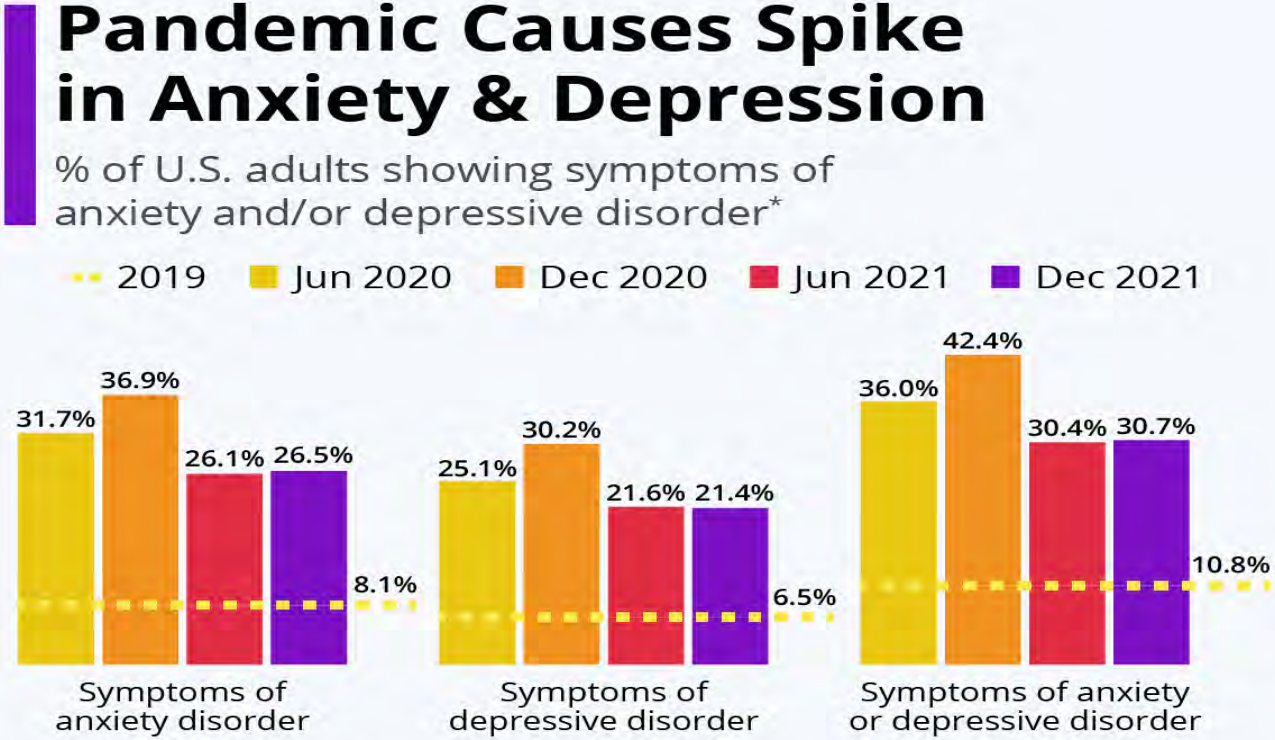
Figure 1: Among Essential and Nonessential Workers, Share of Adults Reporting Mental Distress and Substance Use, June 2020



Kaiser Family Foundation Study:

Increases in child mental health symptoms linked to **Parental Stress**, including:

- 49% with **Loss of Employment**
- 61% with **Difficulty Paying** for Household Expenses
- 25% Increase in Adult **Substance Use** to Cope with Pandemic Stressors
- 30% Increase in **Domestic Violence** Calls and 20% Increase in **Domestic Violence** Arrests

ABUSE

Physical

Emotional

Sexual

NEGLECT

Physical

Emotional

HOUSEHOLD DYSFUNCTION

Mental Illness

Incarcerated Relative

Mother treated violently

Substance Abuse

Divorce

What Impact Do ACEs Have?

As the number of ACEs increases, so does the risk of negative health outcomes

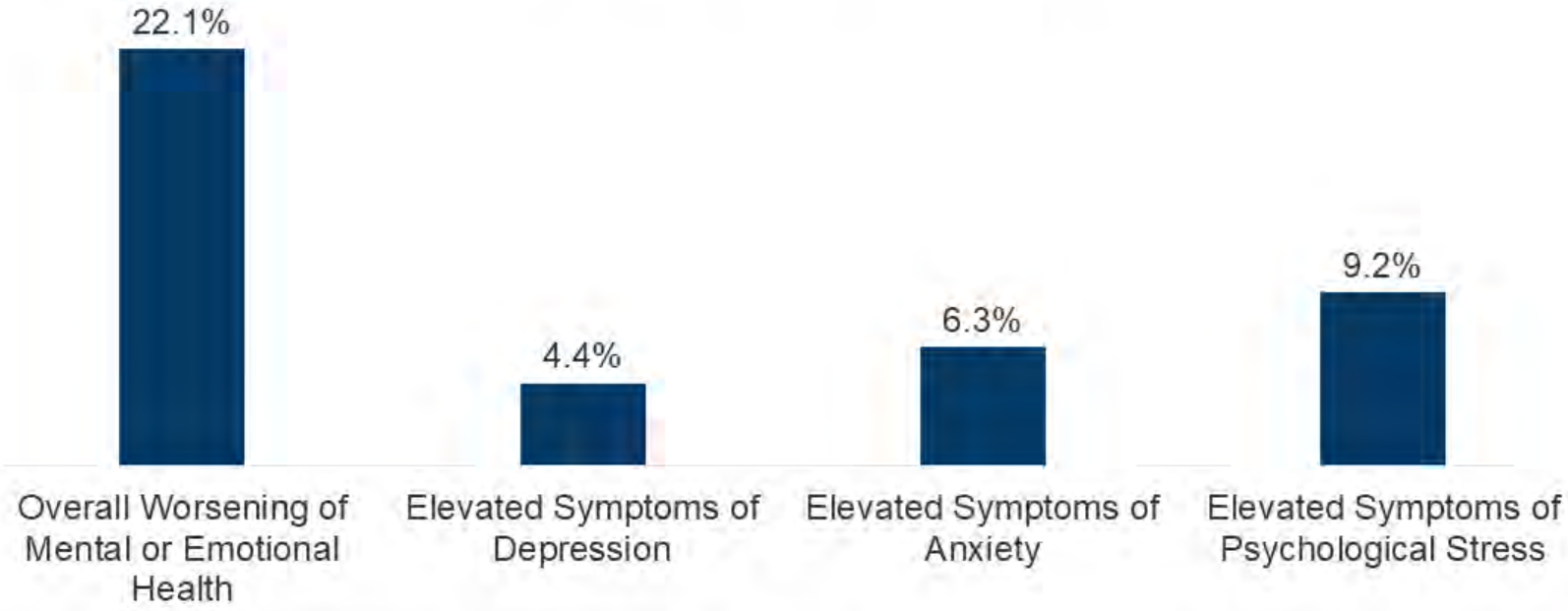
Possible Risk Outcomes:

BEHAVIOR

PHYSICAL & MENTAL HEALTH

Figure 3

Share of Parents Reporting Worsening Mental Health For Their Children Ages 5-12, October-November 2020



SOURCE: Verlenden JV, Pampati S, Rasberry CN, et al. Association of Children's Mode of School Instruction with Child and Parent Experiences and Well-Being During the COVID-19 Pandemic — COVID Experiences Survey, United States, October 8–November 13, 2020. MMWR Morb Mortal Wkly Rep 2021;70:369–376. DOI: http://dx.doi.org/10.15585/mmwr.mm7011a1

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Emergency department visits for suspected suicide attempts among U.S. girls ages 12–17 have increased during the COVID-19 pandemic*

February–March 2021

51% ↑

From the same period in 2019

* After an initial drop

CDC.GOV

06/11/2021

Suicide can be prevented

- Increase social connections for youth
- Teach youth coping skills
- Learn the signs of suicide risk and how to respond
- Reduce access to lethal means (like medications and firearms)

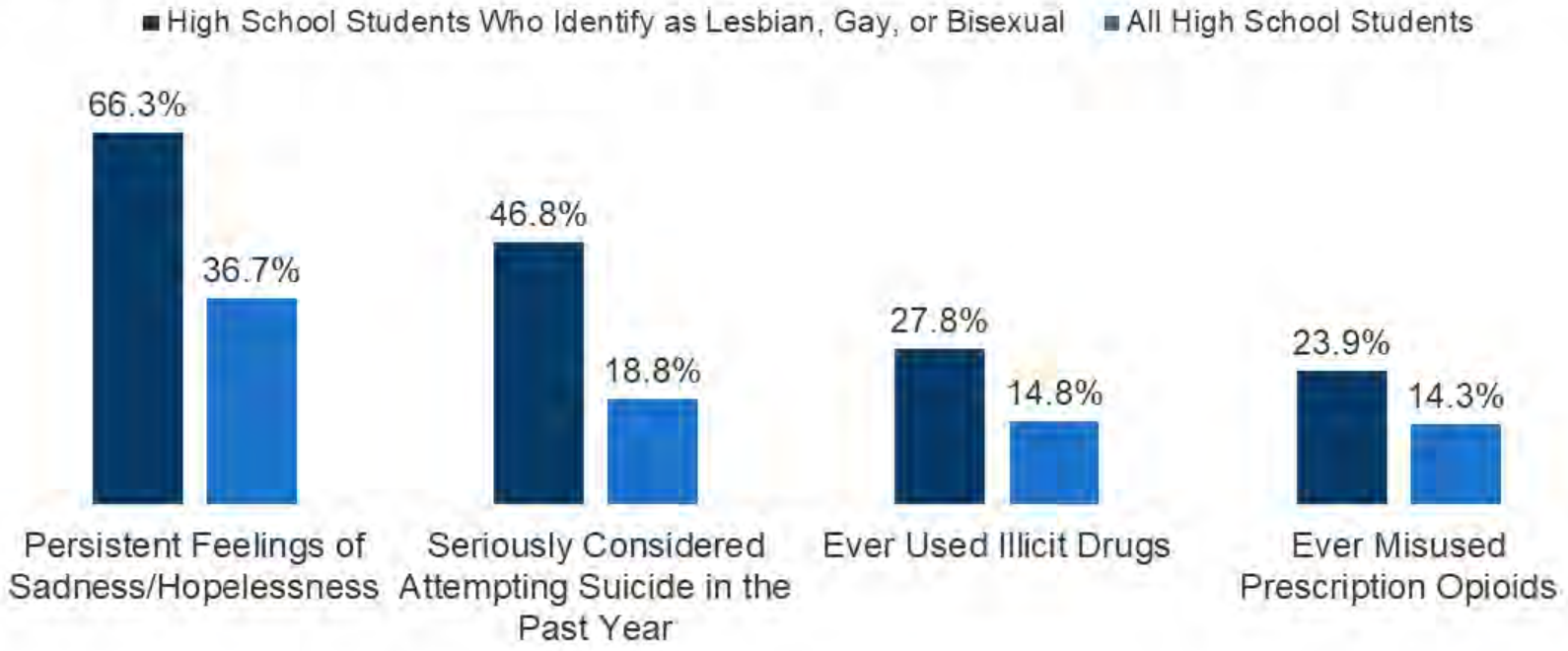
Help is available 24/7 at suicidepreventionlifeline.org

bit.ly/MMWR61121

MMWR

Figure 4

Among High School Students Who Identify as Lesbian, Gay, or Bisexual, Share Reporting Mental Distress or Substance Use, 2019



SOURCE: Youth Risk Behavior Survey, 2019

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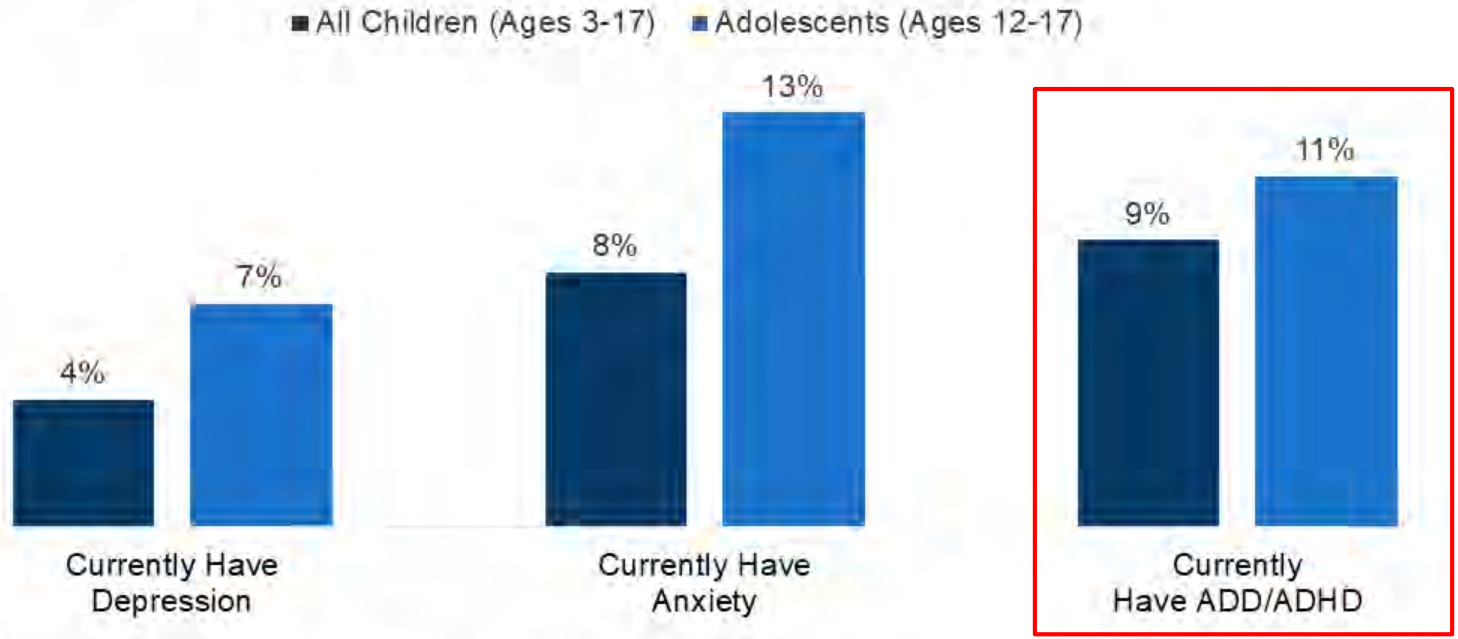
Figure 1

Percent of Children with Anxiety, Depression, and ADD/ADHD, 2018 and 2019



NOTES: ADD/ADHD refers to Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder.
SOURCE: KFF analysis of National Survey of Children's Health, 2018 and 2019.

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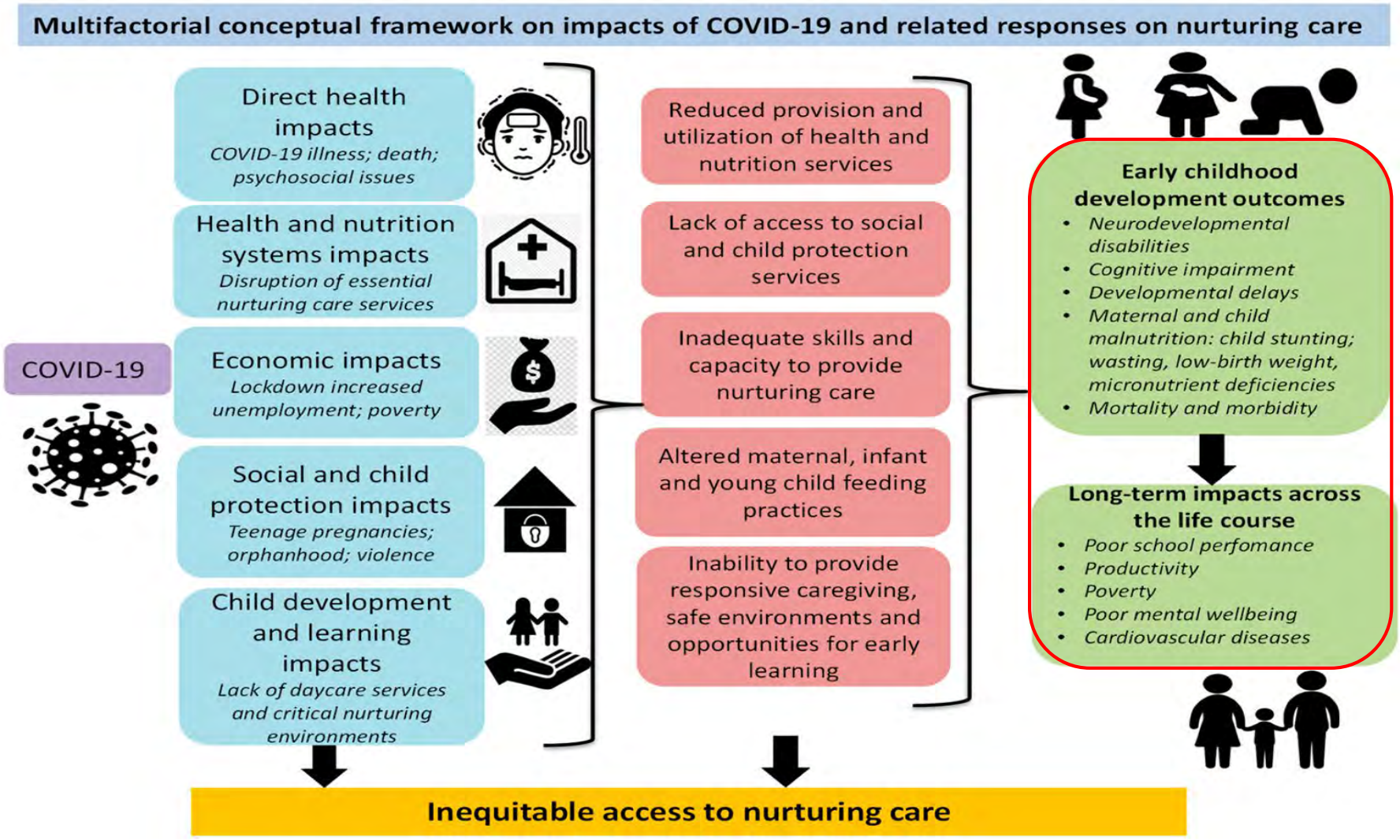
Developmental Losses at All Stages of Childhood

Kaiser Family Foundation: 47% of parents with 0-5 kids report they are more worried about their child's development than before pandemic

0-5 Age Range (MOST Critical Period): Decreased social interaction and access to care coupled with an increase in social stressors → increased risk for AND delayed identification of developmental issues in motor, speech, cognitive and interpersonal realms

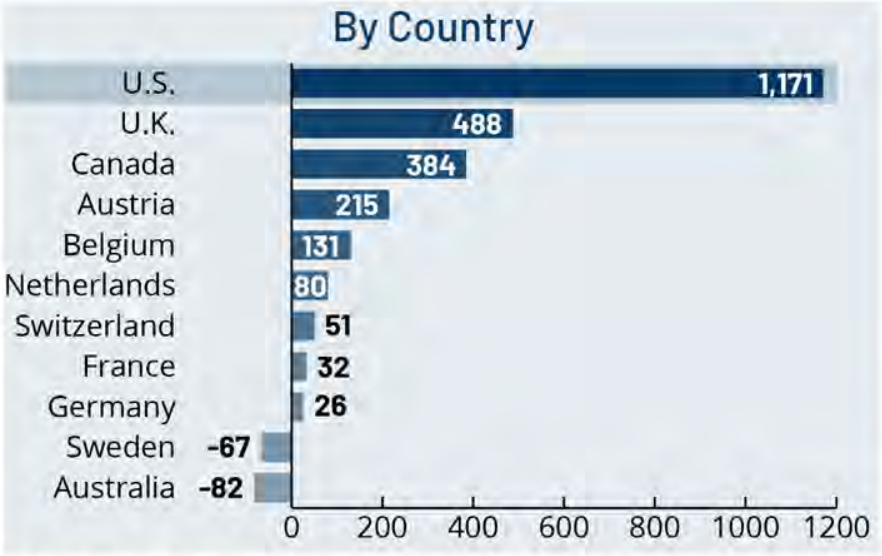
Elementary Age: Loss of social learning, missed foundational learning in math, language and cognitive skills

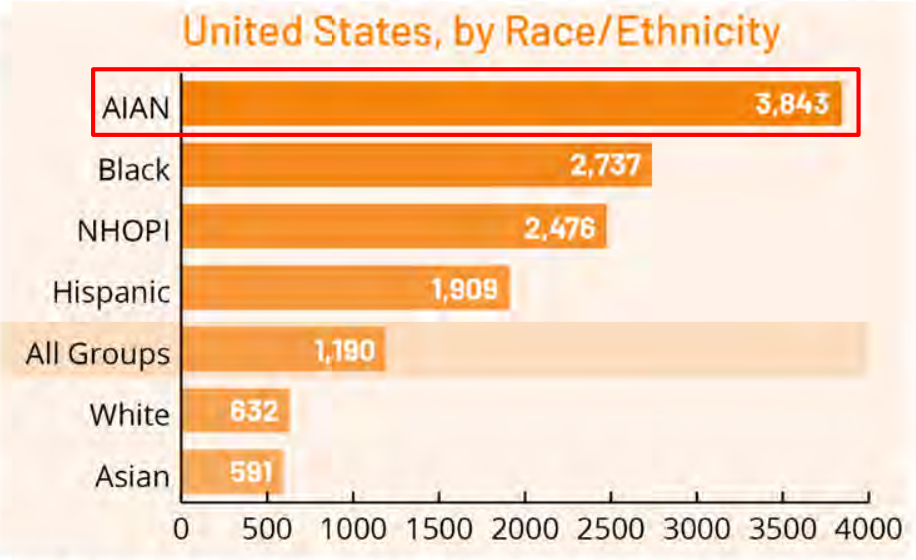
Middle and High School: Social isolation, over dependence on screens with risks of overuse inappropriate exposures and lost celebration of life-defining milestones (graduation, proms, etc.)


Multifactorial conceptual framework on impacts of COVID-19 and related responses on nurturing care
COVID-19
Direct health impacts
COVID-19 illness; death; psychosocial issues
Health and nutrition systems impacts
Disruption of essential nurturing care services
Economic impacts
Lockdown increased unemployment; poverty
Social and child protection impacts
Teenage pregnancies; orphanhood; violence
Child development and learning impacts
Lack of daycare services and critical nurturing environments
Reduced provision and utilization of health and nutrition services
Lack of access to social and child protection services
Inadequate skills and capacity to provide nurturing care
Altered maternal, infant and young child feeding practices
Inability to provide responsive caregiving, safe environments and opportunities for early learning
Early childhood development outcomes
Neurodevelopmental disabilities
Cognitive impairment
Developmental delays
Maternal and child malnutrition: child stunting; wasting, low-birth weight, micronutrient deficiencies
Mortality and morbidity
Long-term impacts across the life course
Poor school perfomance
Productivity
Poverty
Poor mental wellbeing
Cardiovascular diseases
Inequitable access to nurturing care

Higher Excess Deaths During Pandemic in the U.S. Were Partly Driven by Racial Disparities

Excess Potential Years of Life Lost in 2020, Ages 0-74, per 100,000 People





NOTE: *Left side:* Excess potential years of life lost rates are per 100,000 people within age group in each country. Excess potential years of life lost were calculated up to age limit of 75. Excess deaths were summed within each age group for 2020 MMWR weeks 1-52. *Right side:* Excess potential years of life lost rates are per 100,000 people within age group in each race/ethnicity category, and were calculated up to age limit 75. Excess deaths in 2020 MMWR weeks 1-52 were used. Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic.
SOURCE: *Left side:* KFF analysis of the Human Mortality Database. *Right side:* KFF analysis of CDC data.

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ARTICLES | FEBRUARY 15 2023

Youth Suicide During the First Year of the COVID-19 Pandemic

Jeffrey A. Bridge, PhD ✉; Donna A. Ruch, PhD; Arielle H. Sheftall, PhD; Hyeouk Chris Hahm, PhD, LCSW; Victoria M. O'Keefe, PhD; Cynthia A. Fontanella, PhD; Guy Brock, PhD; John V. Campo, MD; Lisa M. Horowitz, PhD, MPH

RESULTS

Among 5568 identified youth suicides during the 2020 pandemic, 4408 (79.2%) were male, 1009 (18.1%) Hispanic, 170 (3.3%) non-Hispanic American Indian/Alaska Native, 262 (4.7%) Asian/Pacific Islander, 801 (14.4%) Black, and 3321 (59.6%) white. There was a significant increase in overall observed versus expected youth suicides during the COVID-19 pandemic (RR = 1.04, 95% CI = 1.01–1.07), equivalent to an estimated 212 excess deaths. Demographic subgroups including males (RR = 1.05, 95% CI = 1.02–1.08), youth aged 5 to 12 years (RR = 1.20, 95% CI = 1.03–1.41) and 18 to 24 years (RR =1.05, 95% CI = 1.02–1.08), non-Hispanic AI/AN youth (RR = 1.20, 95% CI = 1.03–1.39), Black youth (RR = 1.20, 95% CI = 1.12–1.29), and youth who died by firearms (RR = 1.14, 95% CI = 1.10–1.19) experienced significantly more suicides than expected.

Why and How Are AI/AN Youth Struggling with Anxiety and Adjustment to Life After COVID?

Jennifer Clay

Covid Impact:

Societal Impact:

- Massive disruption and trauma for individuals, families and communities; loss of loved ones to illness and death, economic disruption, school closures, disruption to all in-person services across domains including healthcare

Impact on Schools:

- March 2020– Schools close for over 50,000,000 students. > 1,000 hrs of instruction gone in a flash. Half still out of in-person school for over a year. Remote learning of variable quality and accessibility. Upwards of 1 million youth disconnect from formal education altogether
- Loss of peer interaction, school lunches, extracurricular activities, health supports by school nurses

Impact on Individuals/Families/Couples

Impact on Tribal Communities

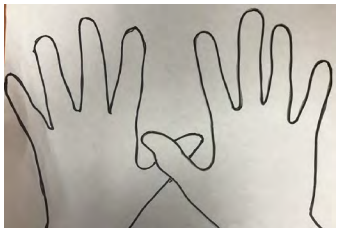
Impact on Providers

Why and How Are AI/AN Youth Struggling with Anxiety and Adjustment to Life After Covid? Jennifer Clay

- Literature reviews of previous pandemics & natural disasters and MH consequences versus Pandemic Impact
- AI/AN Youth already socioeconomically disadvantaged before pandemic
- Cumulative adversities due to colonial legacies
- Institutional racism contributes to hardships
- Neurodivergent children: greater mental health challenges during the pandemic
- Due to emergency measures of social distancing, reduced social contacts, and school closures, children spent most of their time at home
- Busy-ness as a distraction suddenly stops; abruptly facing traumas & challenges

Why and How Are AI/AN Youth Struggling with Anxiety and Adjustment to Life After Covid? Jennifer Clay

- Communities of color, AI/AN communities disproportionately impacted
- Extended separations from loved ones (impacted collectivist communities)
  - Reduced ability to connect;
  - Positive traditions that promote wellness were greatly reduced
    - Ability to practice culture and traditions; grieve in traditional ways, celebrate in traditional ways and milestones for youth; ceremonies
    - Ability to make individual decisions in collectivist ways
  - Social support dampens psychological stress responses to life events
  - Low service-reach in remote communities
- Families lost access to crucial supports and services
- Challenges for families with fewer socioeconomic resources



Why and How Are AI/AN Youth Struggling with Anxiety and Adjustment to Life After Covid? Jennifer Clay

- AI/AN Reservation Youth, 14% were positive for SARS-Cov-2 (higher than all youth cases nationally)
- High rates of someone close contracting or dying from COVID
- 2022 study (Stanley et. al.) of AI/AN Youth: COVID strained friend relationships, lower school engagement, less social connectedness; extended confinement;
- AI/AN Youth on reservations: reduced mental and physical health resources
- Stanley, et. al. (2022): 53.3% reported AI/AN youth spent more time with family, 29.4% reported increased family conflict, 41.1% reported family was closer during pandemic (no gender significance)
- 55% of AI/AN children lost parent or primary caregiver to COVID; **4.5 fold** likely to lose a parent/guardian than non-native children

Why and How Are AI/AN Youth Struggling with Anxiety and Adjustment to Life After Covid? Jennifer Clay

- Many factors tied to colonialism, historical trauma, systemic discrimination contributed to disproportionate impact
  - Poorly funded public health infrastructure
  - Limited medical facilities serving remote areas
  - Prevalent underlying medical conditions
  - Inadequate housing (challenges in receiving running water)
  - High risk essential employment

Good News:

- Vaccination rates for AI/AN highest of all US racial/ethnic groups
  - Swift action of tribal nations to protect communities
  - Strong mobilization efforts
  - **Integrated cultural values into vaccination efforts**

Psychotherapeutic Approaches: How To Get Back on Track
Jennifer Clay

Art therapy is an experience-oriented, non-verbal therapy tool that utilizes the visual arts (painting, drawing, clay modeling) in multidisciplinary treatment.

Art used “in” traditional talk therapy as a complementary modality to enhance other therapeutic techniques.

Art used “as” the therapy in which therapeutic processing is done through creative artistic expression as a primary means of service delivery.

Psychotherapeutic Approaches: How to Get Back on Track

Jennifer Clay

"*Art is the social technique of emotion, a tool of society, which brings the most intimate and personal aspects of our being into the circle of social life.*"
Vygotsky (1925 p. 249)

"I found I could say things with color and shapes that I couldn't say any other way – things I had no words for."

Broad Approach

- Art expression helped to combat disconnection; changed perspectives
- Telehealth; virtual studios
- All forms of art expression (art, music, theater, dance) provided levity/humor/satire
- Anxiety management, depression, trauma, grief & loss, abuse
- Family art therapy; family art making projects
- Art for relaxation, finding meaning in work combined with breathwork/diaphragmatic breathing
- Identify strengths; healthy creative routines
- Positive social media posts; celebrate artistic endeavors
- Miller, 2018: "Creativity is contagious, pass it on!"
- Virtual art studios for art therapists to support one another, remain immersed in art making, and collaborate remotely

Psychotherapeutic Approaches: How to Get Back on Track

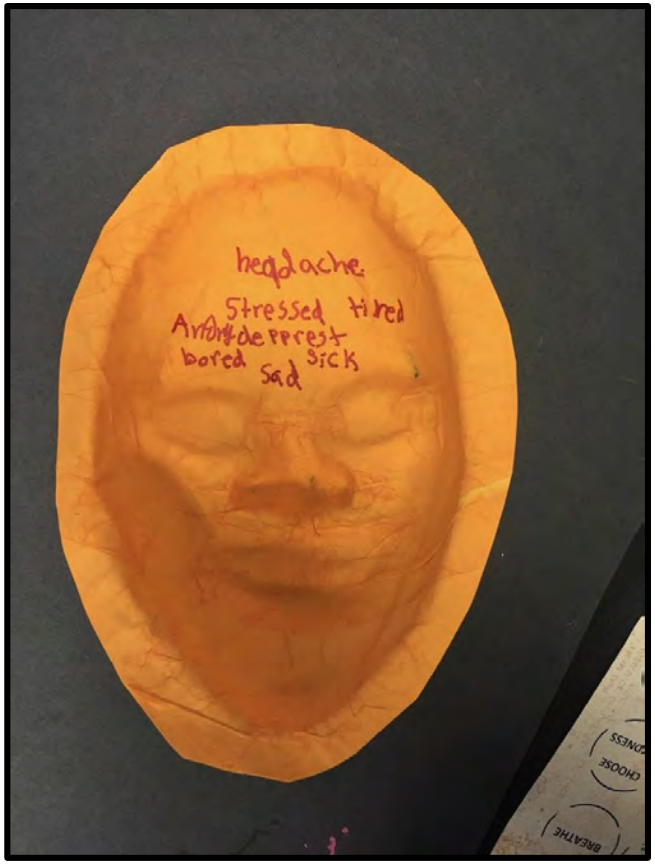
AI/AN Youth & Family Approach

- Traditional talk therapy and art therapy methods fell short; all virtual
- Needed innovative sensory-based and embodied approaches
- Encouraged cultural/healing/religious practices as applicable
- Virtual art-making between AT, client, and families
- Addressing anxiety, fear, worry, depression, frustration in working with schools (assumptions of strong internet in remote areas)

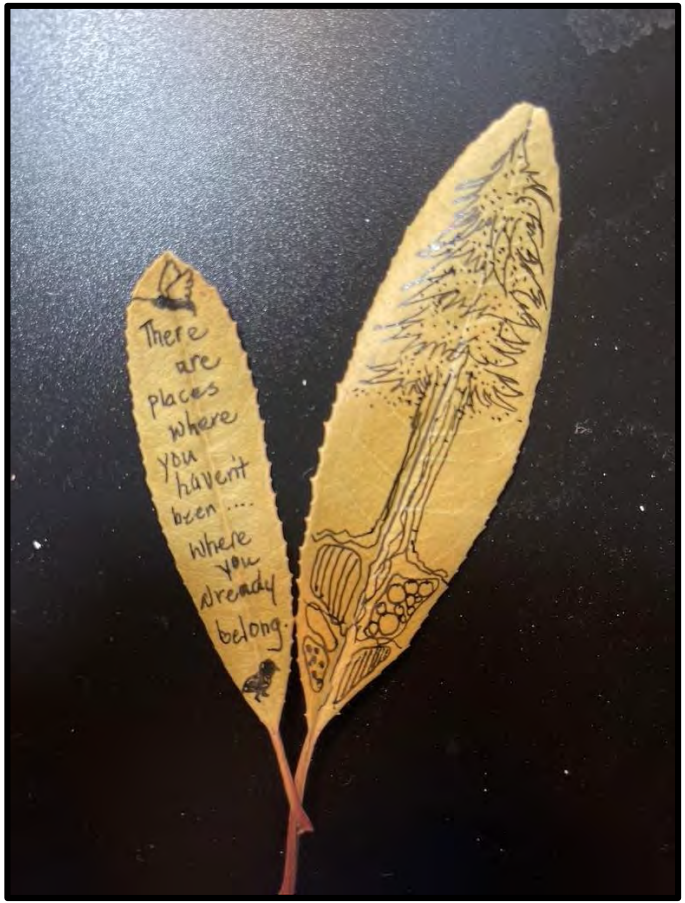
Psychotherapeutic Approaches: How to Get Back on Track

- **Two Basket Approach**
  - Art for the Self (daily artwork; any form)
    - Drawing, painting, claywork, felt, found-art
    - Relaxation, breathwork, empowerment
    - Emoji check-in
  - Art for Self and Others
    - Family involvement (games, puzzles, collective drawings/paintings, found art)
    - AT and client create art together; share
    - Session structure changed; time element, more time to connect/vent/re-center
    - Encouraged/reminded cultural strengths; art and culture
    - Encouraged being outdoors, walking, found-art assignments
    - Using found art in altruistic ways
    - Amazon and Art Therapy

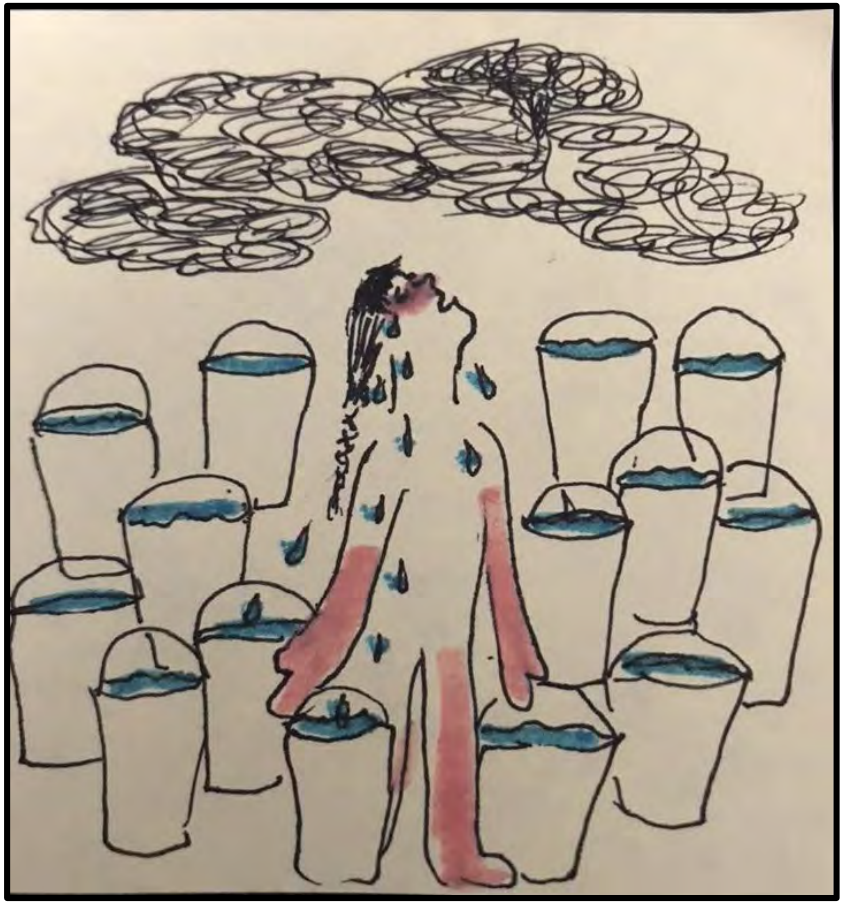
Life with COVID, A Hopeful Life After COVID



Paper Mache Mask Work: Outside Self/Inside Self



Found Art as Personal Reminders



Post-It Note Art: A Need for Containment


You may not be in control of all the events that happened to you, but you can decide not to be reduced by them!


Beautifully
Indigenous

Found Art


IMPOSTER SYNDROME
RESPECT
Education
legacy
SMILE


Discover
Inspire
Yourself

Psychotherapeutic Approaches: Working Through Metaphor and Dialogue

Vignette:

- 9 y.o. Female; diagnosed with ADHD 1 month prior to pandemic
- Both parents present and supportive
- Eventual relapse and separation of parents
- Good academic performance
- Low self-esteem, affect overwhelm; Isolation tendencies
- Low medication compliance
- Increased regression video-gaming/fantasy/baby-talk
- Low attendance in virtual classroom
- Difficulty focusing on tasks while in virtual classroom
- Increased irritability, disruptive behavior at home

Psychotherapeutic Approaches: Working Through Metaphor and Dialogue

- Art interventions: a way for client to express, acknowledge feelings, empower, and self-regulate
- Polymer clay
- Triptych stories, (what life was like before, now, future)
- Painting, self-portrait & animals
- Masks and Identity/Outside Self-Inside Self
- Art as a way to bring parents and siblings into the session

"Tea Parties"/Family Session: Making the Everyday Special

Psychotherapeutic Approaches: Working Through Metaphor and Dialogue

Clinical Art Therapy Treatment Plan

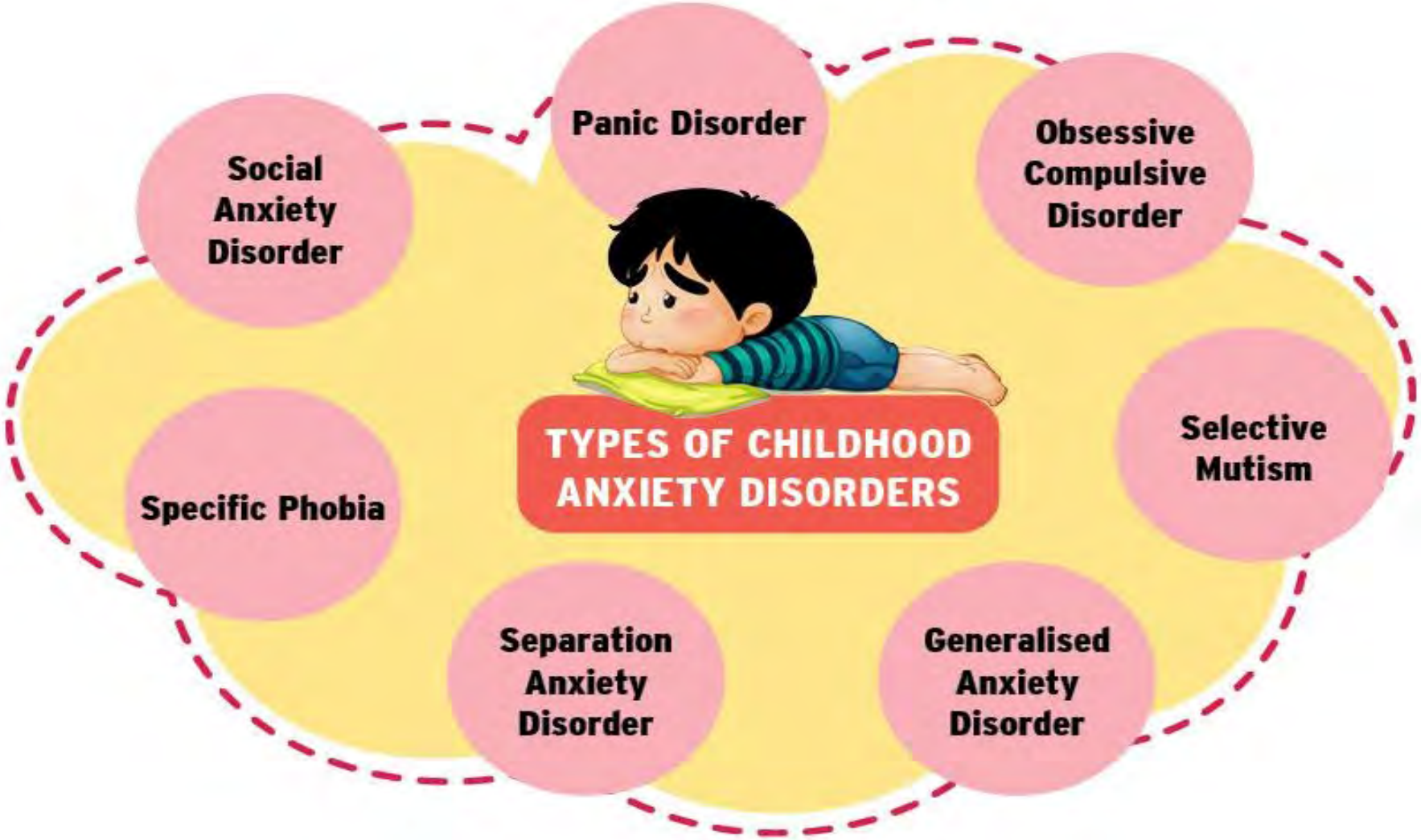
- Psychoeducation w/parent & child
- Shift from maladaptive to adaptive responses
- Provide opportunities to express and observe negative thoughts
- Explore hidden symbols and meaning in artistic expression
- Accept feelings from new perspectives
- Cultivate emotional resilience
- Foster self-esteem
- Enhance social skills
- Reduce conflict and problem-solve
- Communication w/parents and school resources

A Case of Exposure Therapy and Medication Management in an AI/AN Youth: Shawn Singh Sidhu

5 WAYS TO HELP CHILDREN WITH CORONAVIRUS ANXIETY

1. Manage Your Own Nervous System
2. Be Honest But Not Alarmist
3. Teach Kids What They Can Do
4. Reassure Them The Grownups are On It
5. Reduce Anxiety with Exercise & Fresh Air

- Jennifer Cohen Harper


Panic Disorder
Obsessive Compulsive Disorder
Social Anxiety Disorder
TYPES OF CHILDHOOD ANXIETY DISORDERS
Selective Mutism
Specific Phobia
Separation Anxiety Disorder
Generalised Anxiety Disorder

ANXIETY IN CHILDREN

HOW WE EXPECT ANXIETY TO PRESENT:

WORRISOME/ NERVOUSNESS

AVOIDANCE

SADNESS

FEAR

HOW ANXIETY ALSO PRESENTS:

DEFIANCE

SLEEP ISSUES

ANGER

IRRITABILITY

@LELISE_COUNSELOR

Anxiety presents itself in many different ways...

The desire to control people and events

Difficulty getting to sleep

Feeling agitated or angry

Defiance and other challenging behaviors

Having high expectations for self, including school work & sports

Avoiding activities or events (including school)

Pain like stomachaches and headaches

Struggling to pay attention and focus

Intolerance of uncertainty

Crying and difficulty managing emotions

Over-planning for situations and events

Feeling worried about situations or events

www.thepathway2success.com

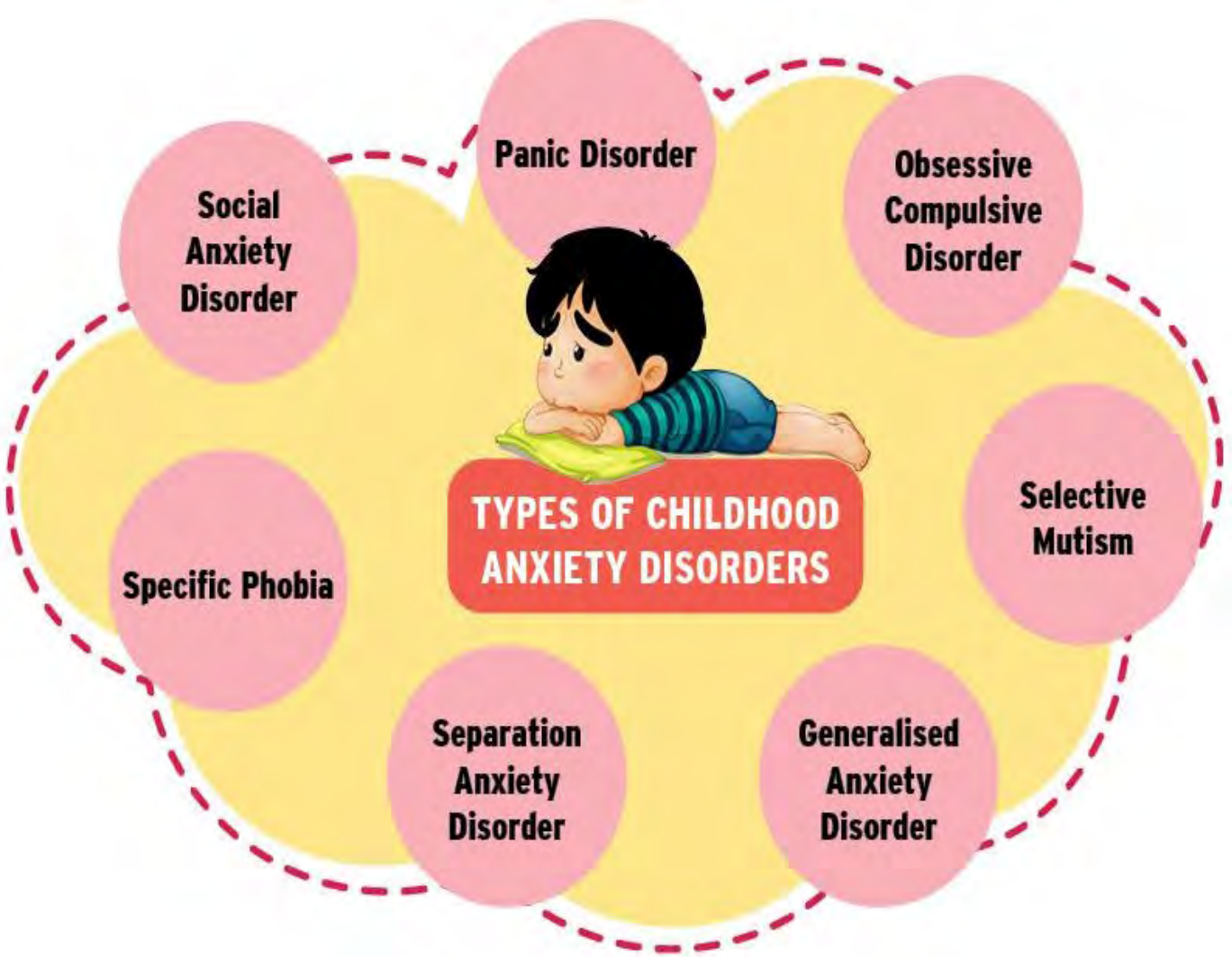
Clipart by Kate Hadfield & Sarah Pecorino

School Phobia:

Avoidance & Refusal

Psychotherapeutic Appro

Shawn



ALL of these diagnoses can present as school phobia and avoidance! We have to ***DIG DEEPER*** to find the underlying reasons ***WHY*** the youth is avoiding school.

Clinical Case Vignette

- 9 year old AI/AN male, presenting with both biological parents, 1 younger brother. Parents highly involved; trusting, safe, and healthy relationship.
- Lives on reservation in rural location
- Parents report three weeks of **school avoidance and refusal**. Prior to this there was no history of anxiety and the patient had done very well academically.
- Every night states “I will definitely go to school tomorrow”
- Following morning, appears very anxious, states his stomach is hurting, and no matter what parents say, he barricades himself in his room and will not come out or go to school
- This has caused mom and dad to miss time at work, when it was already hard to make ends meet as it is. Nobody else at home (grandparents, etc.).

Clinical Case Vignette

- When asked why he is refusing school, he continues to report it is for stomach problems
- Parents have a complete Gastrointestinal (GI) medical workup, which is negative
- On 3rd visit, after warming up with me and when talking to me without parents in the room, he admits that a teacher was saying **racist/biased** things about him based on where he lives ("You're just like the other 'Lake Boys'," implying patient is an unsophisticated simpleton or less capable). **Other classmates laughed** at this, and then began saying the same thing to patient.
- Patient attends a mixed borderland off-reservation school, in which some children are AI/AN and some are not (others are mostly rural-living Caucasians)

Clinical Case Vignette

- Parents were also aware of comments made by this teacher
- Multimodal Treatment Plan:
  - Obtain Release of Information to communicate with patient's school
  - Write letter to school indicating why this particular teacher's comments were not helpful, and suggest that the patient may require additional services at school to resume his previous level of functioning (either 504 or Individualized Education Plan [IEP] if necessary)
  - Provide psychoeducation about anxiety to parents, including "false alarms" and engabling
  - Inquire about traditional healing methods and/or involvement - **striking the right balance**
  - Exposure Therapy for school avoidance
  - Discuss the role of medication management

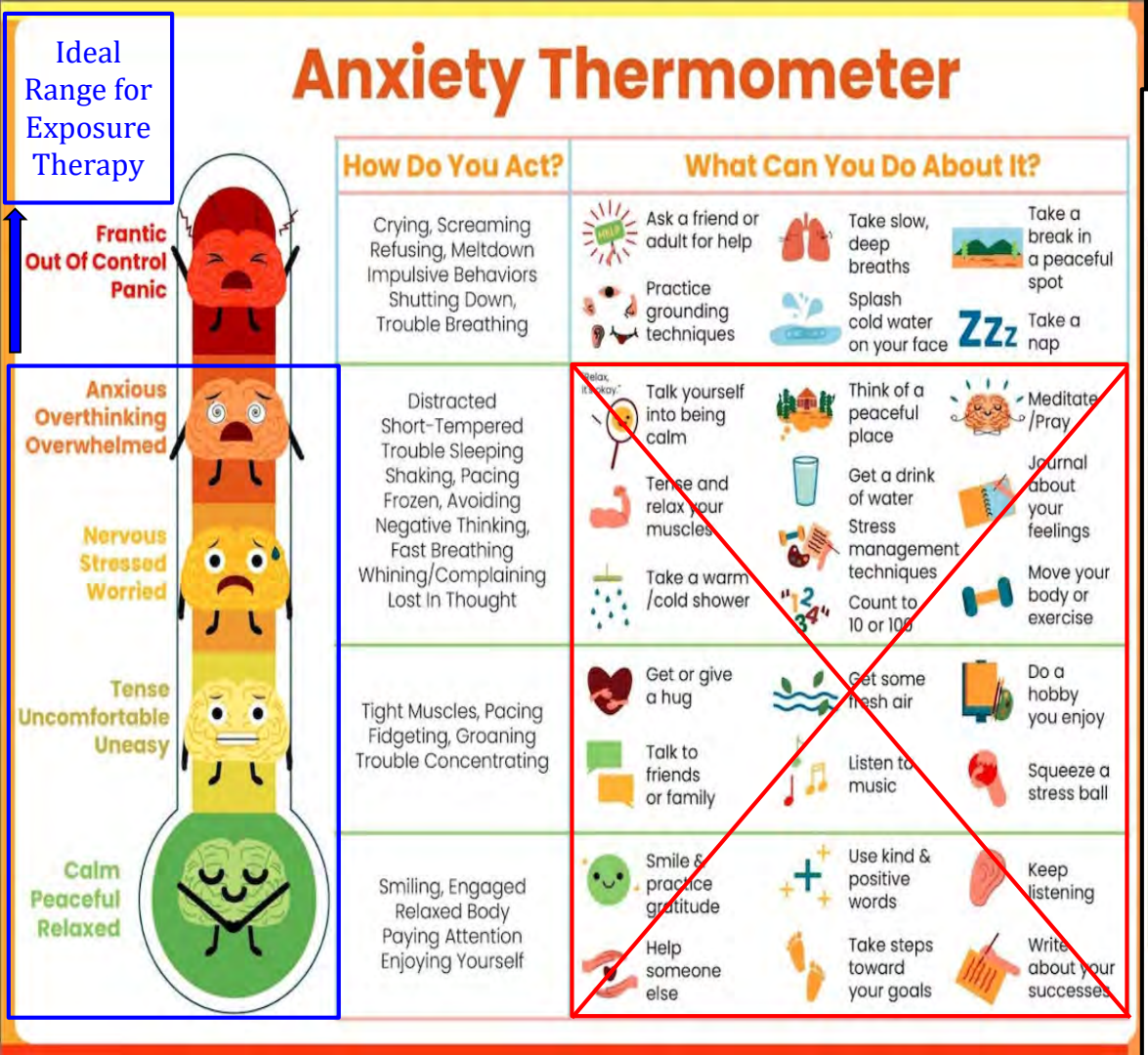

Exposure
Therapy.

Exposure Therapy

- **Basic Premise**: Ultimately the only surefire way to overcome a fear is to face it head on, in a supportive and compassionate environment. Avoidance only furthers and strengthens the hold that anxiety has on you.
- **Difference from CBT and Other Therapies**: Point is to actually induce anxiety and not use coping strategies to chase it away, but to actually just sort of "bathe" in the anxiety so your mind and body start to accommodate to the feeling of being anxious
- **Key**: In order to prevent flooding and panic attacks, progress in a very slow, gradual, and incremental manner, with several opportunities to acclimate to the new normal before progressing to the next step

Ideal Range for Exposure Therapy

Anxiety Thermometer

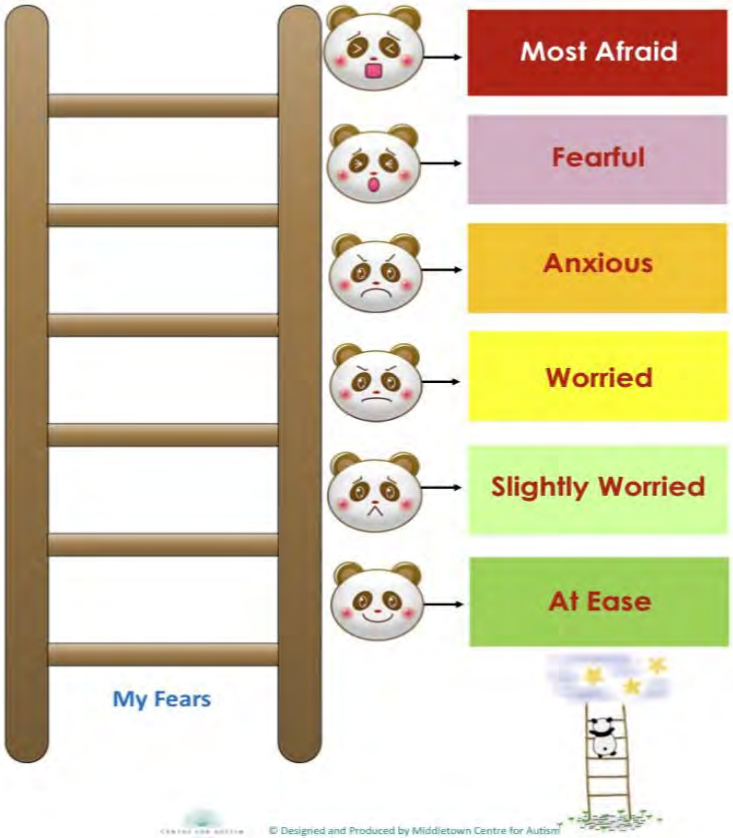


How Do You Act?	What Can You Do About It?
Crying, Screaming Refusing, Meltdown Impulsive Behaviors Shutting Down, Trouble Breathing	Ask a friend or adult for help Take slow, deep breaths Take a break in a peaceful spot Practice grounding techniques Splash cold water on your face Take a nap
Distracted Short-Tempered Trouble Sleeping Shaking, Pacing Frozen, Avoiding Negative Thinking, Fast Breathing Whining/Complaining Lost In Thought	Talk yourself into being calm Think of a peaceful place Meditate /Pray Tense and relax your muscles Get a drink of water Journal about your feelings Take a warm /cold shower Stress management techniques Move your body or exercise Count to 10 or 100
Tight Muscles, Pacing Fidgeting, Groaning Trouble Concentrating	Get or give a hug Get some fresh air Do a hobby you enjoy Talk to friends or family Listen to music Squeeze a stress ball
Smiling, Engaged Relaxed Body Paying Attention Enjoying Yourself	Smile & practice gratitude Use kind & positive words Keep listening Help someone else Take steps toward your goals Write about your successes

If There Are Multiple Fears

Fear Ladder

Construct a ladder of places or situations that you avoid. At the top of the ladder put those which make you most anxious. At the bottom of the ladder put places or situations you avoid, but which don't bother you as much. In the middle of the ladder put ones that are 'in-between'.



Clinical Case Vignette

- ❏ Collaborate with family and child to create tangible rewards for each step
- ❏ Start by talking more about going to school
- ❏ Wake up and walk to the school bus stop but don't get on, extra credit if child can step foot on the steps or make it gradually deeper into the bus
- ❏ Have parents drive child to school when school is not in session, linger in front
- ❏ Arrange with school for child to be in the school itself when children are gone
- ❏ Have child go into the school when class is in session, but only to common areas without too many people (principal's office, guidance counselor, library)
- ❏ Encourage patient to attend small group class settings (potentially special ed)
- ❏ Move up to one class at a time, up to a half day
- ❏ Once child able to do more than class at a time, give extra rewards for not going to the nurse's office, calling home, or trying to get out of class
- ❏ Special Attention: High volume settings with low supervision (cafeteria, recess)

Clinical Case Vignette

- Patient responded relatively well to the exposure therapy and was able to gradually attend more school; however, noticed a pattern after weekends in which patient was not able to go back to school. This was even more pronounced after breaks.
- Ultimately the family requested medication to supplement therapy
- Patient did very well with a low dose of Sertraline, initially 25mg and up-titrated to 50mg. Eventually, he did so well that he only required short term use of Sertraline two weeks prior to returning to school from summer break, and in the Winter Holiday if there were difficulties transitioning


The Role of
Medication

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Center for Preparedness and Response (CPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.

Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by CPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

Holistic Approach to Medication Management

- **Maximize psychotherapy, lifestyle changes, and psychosocial factors** first. Exposure therapy may be just as effective as a medication when done effectively, and the combination of the two can be the most powerful.
- **Provide thorough psychoeducation** to family, including mechanism of action, what to expect, and potential side effects
- Reasons to Medicate:
  - **Decline in functioning or alarming change in baseline functioning at school, home, or other settings** that is not fully responsive to psychotherapy, life changes, or psychosocial changes.
- Approaches to Medication Management:
  - **Start low, go slow** (maybe even half of the lowest dose, or even lower if liquid available and there is a history of sensitivity to medications). AI/AN youth are **more sensitive** to medication side effects as a whole than Caucasian counterparts, and they may require **lower doses (minimum therapeutic dose)**
  - **Minimize adverse effects**
  - **Nothing potentially addictive** to kids or with a short half-life (avoid benzodiazepines)
  - **Don't want to change the child's personality or "turn them into a robot/zombie,"** rather, the medication should allow them to **live their best lives** and become the best version of themselves by leveling the playing field
  - Maximize **convenience and cost-effectiveness** for families
  - **Strong communication and teamwork** with pharmacy, primary care doctors, therapists, and other team members. Highly encourage the use of **treatment teams** and interdisciplinary case conferences to improve communication.
  - Consider the role of **case management** or other supports to remove barriers to medication access

Holistic Approach to Medication Management

- Start with a Selective Serotonin Reuptake Inhibitor (SSRI), like Fluoxetine, Sertraline, Citalopram, or Escitalopram
- Fluoxetine especially helpful if child isn't able to take medications consistently or daily
- Can take up to 12 weeks to start working (many responders at 12 weeks who were non-responders at 8 weeks). May increase every 1-2 weeks. Once minimum therapeutic dose found, treat at least 12 months and then reassess.
- Common Side Effects: sleep and GI changes (nausea, vomiting, diarrhea), headache, dizziness or light-headedness, sweating, bruxism, decreased libido (about 1 week). 5% chance of worsened depression, anxiety, or suicidal thoughts.
- If first SSRI ineffective or causing side effects, try 1-2 other SSRIs before switching classes
- If SSRIs ineffective, try an SNRI such as Venlafaxine XR (hypertension) or Duloxetine (transaminitis)
- Hydroxyzine can be used as a prn while SSRI/SNRI is being up-titrated for panic attacks or acute anxiety
- Other treatments with less evidence: Mirtazapine (weight gain, sedation), Buspirone, Propranolol, Gabapentin, Atomoxetine, Guanfacine, Clonidine, Prazosin, Bupropion, Clomipramine (multiple side effects, baseline/serial EKGs)
- Potential Treatments of the Future: Role of Interventional Psychiatry (Transcranial Magnetic Stimulation), Psychedelics (Ketamine, Psylocibin, LSD), or Cannabinoids (CBD). **Current evidence is limited to non-existent, not worth the risk-benefit profile at this time**

MENTAL HEALTH

IN INDIAN COUNTRY DURING COVID-19

Self care is more than washing your hands and social distancing, it includes taking care of your mental health.

Stay in touch with family and friends by call, text, or facetime

Develop a routine to stay healthy physically and mentally

Revisit traditional or modern aspirations and skills

Relying on your **family** and close **friends** during this time is an important aspect of self care.

Eat healthy vegetables, fruits, and drink water

Make sure your news and social media is coming from a reliable source to limit stress and fear

If you find yourself struggling through this pandemic, your **traditions** and **culture** can help carry you through.

Visit a traditional practitioner safely by wearing a mask and practicing safe hygiene

Connect with Mother Earth by prayer or collecting traditional medicines

It is safe to seek professional alternative forms of help - medical doctor, mental health professional, family practitioners, and more

Protect The Sacred

CORE
Community Organized Relief Effort

For more information, please visit the following links
https://www.cdc.gov/coronavirus/2019-ncov/index.html
https://coronavirus.jhu.edu
https://www.unicef.org

HOW TO PROMOTE POSITIVE MENTAL HEALTH IN YOUR CHILD

BE A ROLE MODEL

How you handle your challenges and uncomfortable feelings influences how your child learns to respond to their own.

LIMIT SCREEN TIME

Don't let electronics get in the way of developing a deep connection with your kids. Limit screen time for your kids and for yourself.

STOP HELICOPTERING

Hovering too closely limits your child's development by not letting them learn how to handle disappointments or overcome struggles.

TALK TO YOUR CHILD ABOUT THEIR FEELINGS

Being able to share their feelings in a healthy, productive way is essential for kids' good mental health.

FOCUS ON THEIR PHYSICAL HEALTH

Diet and sleep can contribute to children's mood, attention span, anxiety levels and general behavior.

ACCENTUATE THE POSITIVE

Praise your child for their efforts, not only their successes, so they develop a positive sense of self even when they're struggling.

LET THEM KNOW MISTAKES ARE NORMAL

Let your kids see your own errors so they realize everyone makes mistakes sometimes and it doesn't define a person's worth.

the BUMP

HOW TO SUPPORT YOUR CHILD'S MENTAL HEALTH

@BELIEVEPHQ

www.BelievePerform.com

LOVE
Be there for your child and show care and love

EXERCISE
Encourage play, exercise and sport

BEHAVIOUR
Keep an eye out for any changes in behaviour

SUPPORT
Regularly support, encourage and praise your child

REST TIME
Help your child to manage stress by building in some rest time

BE PROUD
Tell your child that you are proud of them

PATIENCE
Be patient. Don't pressure your child

HELP
Don't be afraid to seek help from professionals

FEELING
Get to know how your child is feeling

EDUCATE
Educate yourself about mental health problems

PROBLEM SOLVING
Help your child to effectively problem solve

LISTEN
Make sure you take time to listen to what your child has to say

COPING
Help your child to learn some simple coping skills such as relaxation

SYMPTOMS
Be aware of signs and symptoms

CONVERSATION
Encourage your child to engage in conversation

ENVIRONMENT
Provide a positive environment for your child where they can thrive

20 THINGS YOU CAN DO AND SAY TO SUPPORT YOUR CHILD'S MENTAL HEALTH

@BELIEVEPHQ

"WHAT CAN I DO TO HELP YOU?"

"I'M HERE WHEN YOU NEED ME

Be aware of any changes in behaviour

"WE WILL OVERCOME THIS TOGETHER"

Be a role model. Practice self care among your children

Schedule in some family time to relax

Help your child to challenge their thoughts

Encourage activity, sport and exercise

Do not pressure your child. Have patience

"I AM HERE TO LISTEN TO YOU"

Learn about mental health so you can spot signs and symptoms

Support your child to effectively problem solve

Praise your child for their hard work and effort

"EVERYTHING IS GOING TO BE OKAY"

Support and regularly encourage your child

Encourage your child in conversation

"I AM SO PROUD OF YOU TODAY"

"HOW ARE YOU FEELING TODAY?"

Teach them some simple relaxation skills such as deep breathing

I LOVE YOU

@BELIEVEPHQ

HOW CHILDREN CAN BE BRAVE AND SUPPORT THEIR FRIENDS MENTAL HEALTH

1. Regularly check in with a friend and see how they are doing
2. If you notice a friend is feeling sad ask them if there is anything you can do to help
3. Schedule time in with your friends where you can talk about feelings
4. Don't be afraid to tell a teacher or family member about someone you know who might be struggling
5. Try to always encourage and support your friends
6. Listen to what your friends have to say
7. Encourage friends to seek out help if they struggling, feeling sad, anxious or worried
8. Ask twice "Are you okay? Are you sure you are okay?"
9. Ask if your friend would like you to go with them to get some help

Summary and Q/A: All Speakers

Re-state problem and potential solutions (Shawn)

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