COVID-19 Back-to-Classroom THINK Toolbox

Teaching with

Healthcare

Informed

Neurological Strategies for

Kids

Washington State Department of **Health**

COVID-19 Back-to-Classroom THINK Toolbox:
Teaching with Healthcare Informed Neurological Strategies for Kids

Teachers, school staff, parents, caregivers, and students may experience emotional responses as they return to in-person school during the COVID-19 pandemic. This toolbox provides behavioral health tips and resources for navigating some of those responses. The toolbox includes general information about common emotional responses of children, teens, and adults during disasters and how these may present in the classroom and other areas of school life.

Teachers and other school staff can use this resource to help with their own adjustment to returning to in-person school. Additionally, resources are provided for parents and caregivers to help their school-age children and teens deal with emotional responses to disasters and assist their return to in-person school. While we all are living though this global pandemic, many communities – particularly marginalized and communities of color – have been disproportionately impacted by COVID-19. The Department of Health believes that health equity is a human right and that promoting and working towards health equity benefits everyone.

Using this Toolbox

As outlined in the **Contents** section on the next page, this toolbox opens with an overview of the common emotional impacts of disasters on children and teens, followed by information on resilience, the impact of COVID-19 on school staff, and practicing self-care.

Additionally, this document provides tools and detailed information on adjusting back to in-person learning for:

1) Teachers

2) Other school staff, including coaches and mentors, school counselors and other mental health providers serving children and youth.

3) Parents and caregivers, including family organizations and peer support specialists.

Contents

Section 1: Impact of Disasters on Children and Teens

Trauma Summary

The experiences of children, teens, and families during the COVID-19 pandemic, which is considered a natural disaster, can be complicated and challenging. Some families will experience job losses and financial worries about basic needs, such as housing, food, and health care. Parents, children, and teens may lose contact with friends and family due to school closures and social distancing measures. They may worry about older adults or other family members who might have a greater risk of serious illness or death from COVID-19. Some families may be caring for sick family members.

Teens may wonder about their future since they are absent from school and missing big events like end-of-season competitions, performances, graduation, and other end-of-year social events. Divorced parents are co-parenting in times of social distancing and travel restrictions. Families may have members who already struggle with mental health or substance use problems, and these may be worsened by the COVID-19 pandemic.

The experiences that we are navigating impacts our bodies, minds, and emotions. It can be traumatizing.

> *Impacts of the pandemic aren't experienced equally across all communities.*

Trauma happens when someone has an experience that feels as though their life or safety, or the lives and safety of their family or friends, is at risk.

The impacts of the pandemic aren't experienced equally across all communities. Some people, generally those of higher socioeconomic status, have the opportunity to work from home, reducing potential behavioral health impacts from anxiety about infection and job security. Some communities, such as Hispanic or Latinx, as well as members of Asian-American and Pacific Islander (AAPIs)communities, are less likely to be able to work remotely during the pandemic and are often in jobs with a higher risk of infection (like food production or service industries).[1,1b] Those who have pre-existing trauma can experience additional stress from public transportation and working conditions. On top of these factors, some people experience persistent stress or trauma related to experiences of ongoing injustice and oppression based on race, ethnicity, gender, sexual orientation, or other aspects of one's identity, as well as access to affordable healthcare, and poverty.[2] This stress and trauma is often worsened by the stress caused from the pandemic.

For some disasters, there is potential for a *disaster* (or trauma) *cascade*, in which the original disaster impact and recovery is affected by subsequent

> *Children and teens often respond differently than adults to difficult or traumatic events.*

adverse events. For example, during the COVID-19 pandemic, some communities living with the pandemic also suffered major impacts from wildfires. For children and teens, the pandemic caused a major disruption to their education. In some schools and school districts, rates of student absences from online classes have been substantial and concerning due to the potential for lasting impacts into adulthood.[3,4,5]

As children, teens, teachers, parents, and caregivers navigate the return to in-person school, these factors may impact their individual emotional functioning. Additionally, there will likely be serious impacts on students who lost nearly two years of consistent education.

How Children React to Traumatic Events

Children and teens often respond differently than adults to difficult or traumatic events.[6] You might notice those differences in the way they physically look and act (compared with their previous baseline).

There are two main reasons children and teens respond differently than adults to traumatic events:

1) Children's brains do not process information and events like adult brains.

For example, most 4-year-olds do not understand that death is permanent because they cannot think in abstract ways and anticipate the future.

Another example is that many adolescents and youth have a difficult time imagining that they could get hurt or die. This is because the areas of their brain that control judgment and planning are not fully developed.

In teens, this can be seen in their tendency to take more risks than usual after experiencing a crisis or traumatic event. Additionally, taking a risk and surviving may increase a teen's sense of control and mastery after an event that made them feel anxious.

2) Youth don't yet have some of the valuable life experiences that adults have. Consequently, they cannot judge whether a disaster or traumatic event is long term or just temporary, nor have they learned ways of coping with sudden change or loss. They don't have a larger life context in which to process the disaster.

Table 1 describes normal developmental milestones for children, youth, and teens. **Table 2** describes some of the common signs of how trauma is manifested. Note that the examples in Table 2 only describe a reaction to trauma if there are changes to the child's usual pattern of behavior and if the child

has previously lived in a healthy environment. Generally, almost any reaction can be a normal reaction to trauma or crisis.

Table 1: Normal Developmental Milestones

Ages 3 – 5

- Prefers a consistent routine
- Fears separation from parents (age 3)
- Begins to understand that just because they can't see something doesn't mean it is completely gone (but they are new to trusting this)
- Plays cooperatively with other children
- Responds to simple directions of about three steps or actions given at one time
- Begins to share
- Imitates parents
- Identifies with a gender or begins to develop gender identity
- May have an imaginary friend, may use magical thinking (if I wish it, it will happen)
- Becomes competitive (ages 4-5)

Ages 6 – 11

- Morally and ethically thinks things are either right or wrong (rather than possibly complicated or with alternatives). Example: "Life has rules, and people follow the rules"
- Begins to develop the ability to see another person's perspective
- Defines who they are by their physical traits. Example: "I am the tall one" (ages 6-8)
- Defines who they are by their abilities. Example: "I am the fast one" (ages 9-11)
- Friends become increasingly important
- Sense of self-worth comes from achievements and abilities

Ages 12 – 14

- Realizes that there is more than one way of doing things
- Sees through multiple perspectives
- Understands metaphor or that something may represent something else
- Peer groups (friends) are of high importance
- May define who they are based on who their peer group is. Examples: "I'm in the popular group", "I'm one of the jocks"
- Decisions can be influenced by peer pressure
- Turns to friends for emotional support

Ages 15 – 19

- Begins to use critical thinking (makes predictions based on evidence), begins to see cause and effect, understands metaphor and symbolic ideas, proposes new ideas
- Large peer groups begin to be less important than having close friends or a romantic relationship
- Decisions begin to be based on their own thinking, instead of opinions of others or rules
- Their role and perception of their role in society is defined by how they are seen by others
- Begins to see certain values as their own
- Self-worth is beginning to come from the standards they set for themselves and achieve through their efforts. By late teens, it may begin to come from a sense of feeling valued unconditionally by others and an internal sense of worth

Table 2: Common Signs of Trauma

Physical*	Emotional	Cognitive/Thinking	Behavioral
Nausea	Fear	Trouble concentrating, short attention span	Withdrawal
Fatigue	Worry	Trouble remembering	Outbursts of anger
Trouble sleeping	Denial	Preoccupied with safety	Crying, whining
Oversleeping	Irritability	Reoccurring/ repetitive thoughts or images	Listlessness (does not engage in activities)
Change in appetite	Terror	Inability to trust others or quick to trust strangers without knowing they are safe	Asks and re-asks questions (especially about the future)
Easily startled	Guilt, blames self		Tantrums
Bed-wetting	Depression, sadness		
Stomach pain	Panic	Nightmares	Restlessness, can't sit still
Headache or dizziness	Anxiety	Constant alertness, hypervigilant	Tells the story of the event repeatedly, re-enacts the event through play
Hyperactivity	Expressionless, numb (shows neither joy nor sadness)	Feeling overwhelmed	Easily becomes aggressive (suddenly hits, kicks, etc.)
Changes in appetite		Preoccupation with death	
Shakiness		Difficulty learning new concepts	Regression in developmental behaviors (behavioral milestones)
		Regression in developmentally appropriate cognitive skills	Teens more likely to use alcohol or drugs

* It is important to rule out any serious medical issues before interpreting physical changes as signs of trauma.

Determining if a Child is Showing Symptoms of Traumatic Response

Noticing changes

Parents and caregivers usually have a good sense of child behavior patterns and tend to know when their child is behaving differently from normal. Noticing a change is a signal to the parent to start paying closer attention. This change could be in any area, like eating, sleeping, socializing, talking, playing, or energy level... Children may or may not be aware of the reason for the change, but parents can use open-ended questions and active listening to help figure out the cause (See Section 6: Tools for Parents and Caregivers).

Parents and primary caregivers are most likely to notice changes in their child. However, teachers, mentors, and other school staff may also notice new behavior in children and should communicate with parents about any changes.

Changing the subject or avoiding sharing

Children ages 5 and older may be able to talk about what happened, but they might be unable or unwilling to express their feelings about the event. Children of any age and adolescents may not express their sadness or fear in order to protect their family, thinking that their parents cannot cope with yet another problem like their child's sadness. Alternatively, they may remain silent because they assume that everyone already knows what they are thinking and feeling without their needing to say it.

Watch out for the following signs that a child may be having a reaction to trauma:

- Their expressions and body language do not match what they are saying. For example, a child says, "I'm fine," but they actually appear to be sad, angry, or confused.

- The child changes topics often and quickly. For example, each time a topic might mean thinking about the past, the child suddenly brings up something else to talk about or might even interrupt with, "Let's play a game" or "I have to use the bathroom," or asks an unexpected and unrelated question like, "Do you have children?" while talking about a storm.

When a sensitive topic is brought up with young children, they may shut down and refuse to talk, or they may stop talking and change the subject. However, they often transform those thoughts into things like play, art, or

changes in their behavior. Non-verbal messages and behavioral changes are a child's way of expressing and figuring out their feelings.

Non-verbal messages – Play and art

Younger children (5 and below) may not be able to express their thoughts and feelings in words but will often let you know what is distressing them through their play and drawings. Older children and teens might redirect those thoughts and feelings by spending more time than usual in play activities like organized sports, imaginative play, drawing, creating toys or constructing things, or playing video games.

Children up to their teen years may engage in *repetitious play* in which they find a game that in some way represents or reconstructs the traumatic event, then play it (or a variation of it) repeatedly to try and make sense of what happened to them. For example, they might re-enact a frightening event over and over with dolls.

Non-verbal messages – Regression

Children and adolescents will sometimes regress or move back in their normal development skills. This regression may appear in things they do for themselves, ways they interact with others, or academic skills. For example:

- A seven-year-old might start wetting the bed at night after a trauma.

- A teen who always hangs out with friends might suddenly want to stay home with family.

- A student who used to finish all their homework without any reminders may suddenly need reminding or coaxing to finish it.

Table 1 shows the behaviors a child usually can accomplish by a certain age. In regression, the child moves backward on that chart.

How Children Experience Loss and Grief

Children and adults react similarly to loss and grief. Some reactions can look like general trauma reactions, such as changes in eating, sleeping, behavior, and ability to process information.

Just as with adults, children may have anniversary responses to the loss of a person. This can happen around the time of death in the following year, at holidays and birthdays when the person would've been present, and

even during weather events or seasons that remind the child of the person. Anniversary responses can include becoming unexpectedly angry, withdrawn, or sad.

However, children may grieve in ways that seem odd or unusual to adults.

- For example, it is not uncommon for children to hear about a terrible event, such as the loss of a parent, and respond as though they hadn't heard anything at all. The child might say something like, "Ok, can I go play now?"

- Children tend to process grief over time, returning often to a trusted adult to ask the same question over and over.

- Children who are very young may ask when the person who died is coming back. Most children under about age 4 don't understand the concept of forever.

- It is common for children to assume that they are the cause of whatever has happened and to experience guilt about that. For example, a child who had a tantrum near the time of a parent's death may fear and assume that the death is due to their angry thoughts. At the same time, the child may assume that adults already know what they are thinking and feeling so they may not ask questions or share their feelings about the loss.

Complexity increases when the child's caregivers are also working through their own grief responses and are less able to attend to the child's needs.

How Trauma Affects the Brain of a Child

In the late 1990s, researchers began to systematically study the impact of what they termed *adverse childhood experiences* (ACEs) on the life span of children. ACE studies found that experiences in childhood, such as abuse, neglect, and family disruption, had profound impacts throughout that person's life. ACEs caused the brain and overall development of children to suffer, resulting in poor cognitive and social skills.[7,8,9] In later life, these individuals were found to engage in increased alcohol and drug use, as well as other high-risk behaviors. All of this led to more physical illnesses and eventually to earlier death when compared with children who did not experience ACEs.[10]

Some factors also predicted additional or increased chances of worse outcomes for the individuals who had ACEs. These factors included being younger than four when the events happened and having special issues,
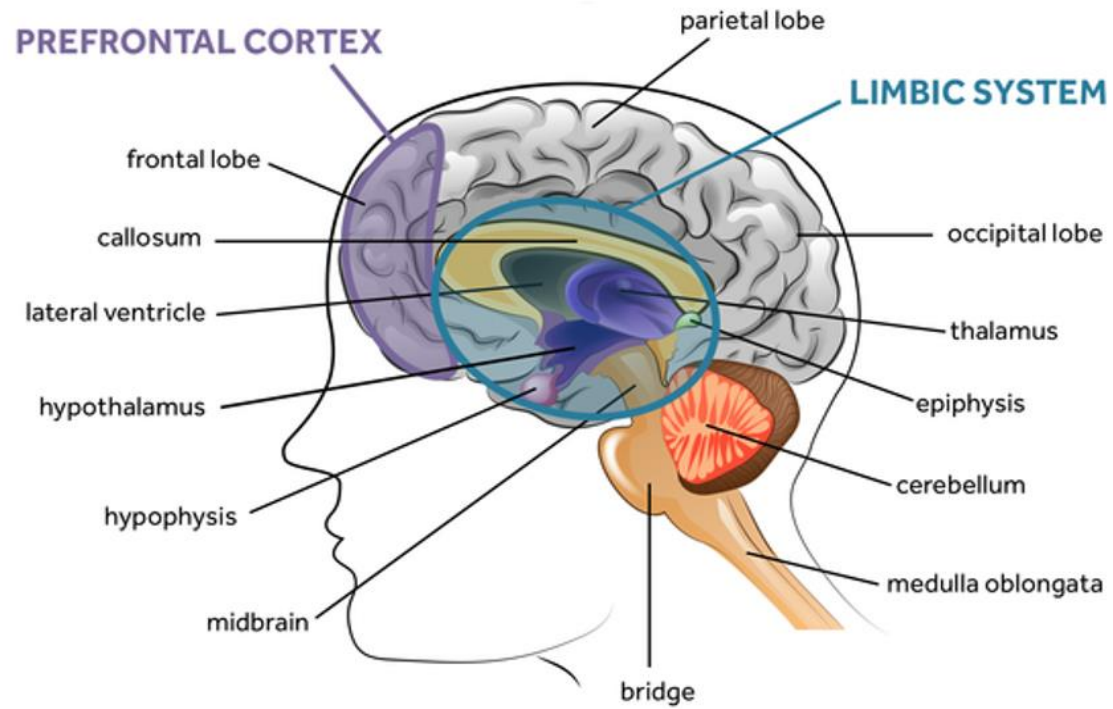
such as disabilities or chronic illnesses. Additionally, if parents had a poor understanding of what the children needed or if they were victims of ACEs themselves, the outcomes tended to be worse.[11,12]

Impacts of ACEs: Changes in the Child's Brain

These changes in the child's brain (Figure 1) can include:

- Smaller **corpus callosum**.[8] This structure allows the right half of the brain to communicate with the left half so that the entire brain communicates effectively across its functions. It is also important in emotional processing.

- Smaller size of the **prefrontal cortex**.[13] The prefrontal cortex is critical in a child's ability to control their impulses, to pay attention, and to plan and exercise good judgment.

- Smaller **hippocampus**.[9] The hippocampus is essential in memory and learning new information.

- Too much activity in the **limbic system**.[14] This is the brain system that manages the *fight or flight* response. When the limbic system is too active, the child lives in a constant state of fear and anger.

  - A small **hippocampus** within an overactive **limbic system** can be associated with behavioral problems.[14]

  - Higher levels of stress hormones, such as cortisol, which has a negative effect on overall health.[7]

Figure 1: Regions of the brain

PREFRONTAL CORTEX

parietal lobe

LIMBIC SYSTEM

frontal lobe

occipital lobe

callosum

lateral ventricle

thalamus

hypothalamus

epiphysis

hypophysis

cerebellum

midbrain

medulla oblongata

bridge

Defining Resilience

Resilience factors are conditions that help a person survive during and recover from crisis or trauma. The many components that build resilience can be grouped into four categories:

1) Adaptability and flexibility

2) Connection

3) Purpose

4) Hope

A key aspect of resilience is that it can be taught, learned, and strengthened, even in a crisis.

> *Resilience can be taught, learned, and strengthened, even in a crisis.*

Adaptability and flexibility

Accepting change begins with an attitude of interest in or curiosity about the differences and opportunities that come with any change (be it a positive change or a negative one). A person who adapts well often sees, or can be helped to see, a challenge as a **learning opportunity** or a chance to use creativity, imagination, and innovation, rather than seeing it as a barrier to progress. Mastering change gives one a sense of achievement and a boost to self-esteem and lowers anxiety about facing future change. Adaptability also demands flexible thinking — willingness to think differently, to perceive a situation from many angles, and to change one's habits, decision making, or expectations.
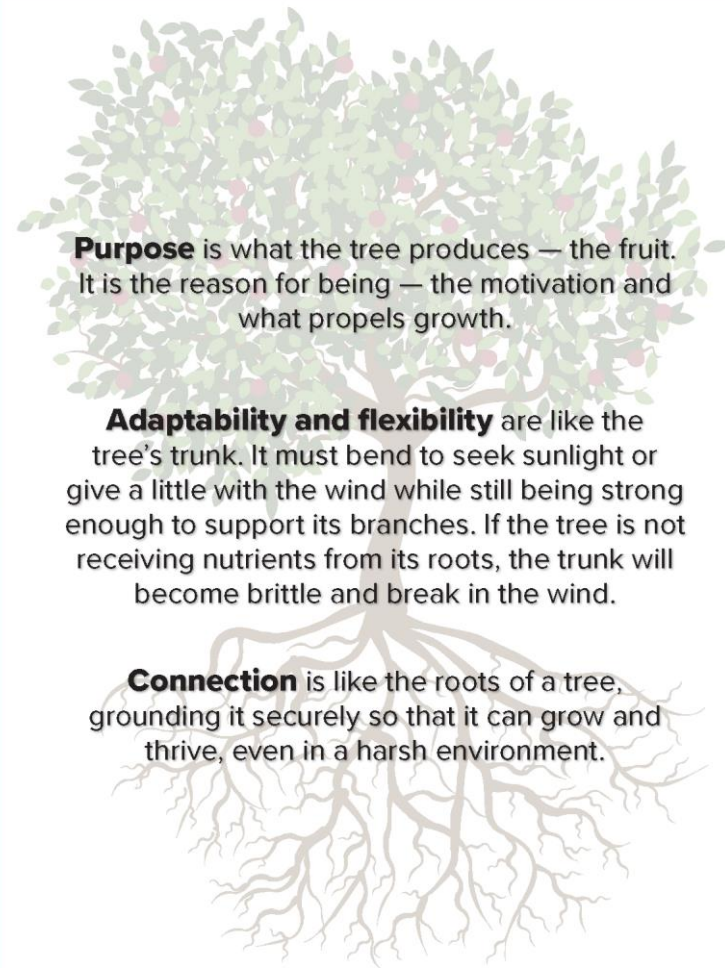
Purpose is what the tree produces — the fruit. It is the reason for being — the motivation and what propels growth.

Adaptability and flexibility are like the tree's trunk. It must bend to seek sunlight or give a little with the wind while still being strong enough to support its branches. If the tree is not receiving nutrients from its roots, the trunk will become brittle and break in the wind.

Connection is like the roots of a tree, grounding it securely so that it can grow and thrive, even in a harsh environment.

Connection

Connection is a sense of belonging to something larger than one's self or being a valued member of a group. This is formed through connection to family, friends, teachers, mentors, faith, neighbors, cultural traditions, the environment, or animals.

Purpose

People need to believe that their lives have meaning, they matter, their actions serve a purpose, and they can make their future better. Having a purpose and reason for living are important in resilience. You can strengthen your sense of purpose by finding ways to participate in meaningful things, staying true to your core values, identifying what motivates you, and letting go of trying to meet other people's expectations of you.

If we have hope, we never give up.

Hope

Positivity is a powerful tool. It is okay to think about negative possibilities but give equal attention to positive possibilities as well. If we have hope, we never give up.

Resilience in the Classroom and School Environment

Recognizing and Developing Strengths

Classroom activities can be used to build individual strengths:

Cooperation and communication: Being taught how to cooperate and communicate feelings helps children to connect with others, to express difficult feelings, and to respond appropriately to conflicts. Some simple ways to promote cooperation and communication include:

- Giving children tasks that allow them to be "helpers" for their teacher and classmates. An example of this during an art activity can be having one child at each table (or row of desks) hand out crayons (or one color of crayon, while others hand out different colors), one to hand out paper, one to collect all the finished drawings, and one to hand the drawings to the teacher. The aim is to have all children participate in a "helper" role.

- Creating group projects where each student contributes equally to the task and where collaboration is an important part of the group's success.

- Asking children or teens to discuss a book, story, or concept in pairs, and have them share the discussion with a small group. Then, have

that peer group find the key points and share those with the whole class.

Empathy: Provide activities that allow a child to perceive things through another person's eyes. The ability to empathize is something children develop slowly over time and may be a skill that regresses after trauma. By perceiving through others' eyes, children also begin to accept their own feelings and be less reactive when faced with conflict. Some ways to develop this is to:

Building self-efficacy is an important step in a child's internal sense of strength and ability.

- Ask children to interview a classmate and write the story of what a classmate has experienced.
- Have children draw pictures, then ask another child to express what they feel when they see the drawing or the story it seems to tell.
- In a conflict, ask each person to tell their side of the situation, as well as repeat back what they hear the other person say. Ask them how it might feel to see the conflict the way the other person saw it.

Problem solving: Helping children identify and reach small, manageable goals empowers them to feel a stronger sense of control in their environment. Being able to problem solve also contributes to self-confidence and resilience. Sometimes a child may not recognize that they have just solved a problem.

Pointing that out to them can be helpful. For example, saying, "I noticed you wanted to make your map larger but ran out of room. You used an extra piece of paper to make your map bigger. That was good problem solving."

Self-efficacy: Self-efficacy is a child's belief in their ability to achieve a desired outcome. The desired outcome can be anything from doing well in a particular class at school, to getting along with siblings at home. Building self-efficacy is an important step in a child's internal sense of strength and ability. Self-efficacy can be developed in children by:

- Helping them achieve small goals. "I did it!"

- Encouraging them to predict their own success, then making that prediction come true. "I thought I could do it, and I did!"

- Helping them practice vicarious experiences by watching those who are of similar skill or age achieve goals. "If they did it, so can I!"

- Using verbal persuasion with genuine encouragement from a role model who believes in them. "You can do it!"

Self-awareness: This is about the child or teen becoming aware of their emotions and their state of well-being. Ways of increasing this include:

- Teaching them to notice physical or emotional states rather than responding to them. For example, self-awareness is noticing that one

feels frustrated with a situation, rather than losing one's temper, pushing others, or self-harming.

- Creating meaningful activities (service projects, experiments, performing arts). For example, through helping someone with a service project, a child can identify their own personal character traits of generosity and helpfulness to others.

Goals and aspirations: Focusing on the future and identifying goals to work toward can offer children of all ages a sense of purpose, which directly influences resilience. High yet achievable expectations at home and school are an essential part of this. Reading stories about children growing up and accomplishing their childhood dream may help.

Recognizing and Gathering Community Supports

Creating a supportive environment:

- Practice active listening. See Section 6: Tools for Parents and Caregivers.

- Develop and maintain caring relationships in which there is support, trust, honesty, and respect. Be fully present and focused on the child during interactions with them. Create opportunities for one-on-one time for teachers and students, as well as for parents and children.

- In the classroom, create opportunities for students to talk and others to listen. For example, create moments for group discussion, journaling, sharing, art, music, drama, dance, and play (imaginative play, repetitive play, floor/circle time). Use culturally diverse, appropriate, and relevant materials.

High yet achievable expectations:

- Communicate expectations. Make guidelines, rules, and expectations clear.

- Break large goals into smaller, achievable steps.

- Provide support along the way, without taking over or interfering.

- When a challenge arises, help them see the many alternatives.

- Acknowledge progress and effort.

- Guide, mentor, and coach. Show your belief in their ability to succeed through your response to their actions, such as noticing and naming what they did, offering praise, and highlighting their actions to their peers. Encourage them to use strengths or skills they already have while learning new ones.

Behavioral Health Impacts

Almost everyone is experiencing some behavioral health impacts from the COVID-19 pandemic. Some people may not have the sharp focus and keen memory they had pre-COVID. Thinking processes, in general, might be more distracted. For example, it is common to enter a room and then wonder why you are there. Most people are tired, physically, mentally, and emotionally. We might be less patient with others than usual, and we are probably experiencing a higher baseline level of worry or anxiety on a daily basis. All of this adds up to a need for grace and acceptance, both with yourself and with others.

Almost everyone is experiencing some behavioral health impacts from the COVID-19 pandemic.

Teachers have faced multiple challenges as a result of the pandemic. They have been experiencing increased stress due to changes in work roles and teaching practices. Some have been required to modify curriculum almost entirely to accommodate online learning, then modify it again for return to in-person school.[15,16] Teachers who are members of marginalized communities also are vulnerable to additional stressors listed in section one of this document that describes the disproportional impacts of the pandemic across groups.

Additionally, teachers and other school staff may have had to manage their work role in addition to having children at home and being responsible for their online learning. Some have experienced isolation from colleagues who can't be present in person and may be feeling uncertain about how schools will be functioning in the future. A large factor in returning to in-person school is concern about safety and risk of getting sick with COVID-19.

These stressors can lead to a feeling of *loss* due to changes in job roles and expectations, isolation from colleagues and students, and increased risk for professional *burnout.* Burnout is the exhaustion of body, mind, and motivation due to prolonged and unresolved work stress or frustration.[5,15,17]

Teachers, coaches, and mentors are particularly at risk for additional anxiety right now for several reasons. They may feel extra pressure to be strong because they influence so many lives. Because they do influence so many lives, the power of their modeling is that much greater. Teachers may feel as if they must be strong for their students which can create extra stress. Some teachers may believe

that being strong means they have to look and act strong all the time, but that adds considerable pressure and may be unrealistic.

If teachers, coaches, and other school staff are authentic and honest, and admit their worries, it may give children permission to talk about their worries as well. This can create an atmosphere of classroom honesty and lead to important discussions about coping. Some stress relief can come from teachers realizing that they don't have to be strong all the time and that modeling honesty is more important than modeling constant strength.[5,17] Most people are making more mistakes than usual in these challenging times, giving teachers the opportunity to model how to handle errors (acknowledge, apologize, learn).

Preparing for the Return to In-Person Learning

Things to keep in mind before you return:

- Know the guidelines for helping to ensure the health and safety of students and school staff during the pandemic. See the DOH [K-12 COVID-19 Requirements for Summer 2021 and the 2021-2022 School Year](#).

- Be aware of your internal state. Do you recognize when you are feeling calm and confident versus anxious and struggling with job functions?[18]

- Write down anticipated stressors, such as fear of getting sick, dealing with school refusal in your students, seeing signs of abuse, hearing about evictions and homelessness, experiencing infections in your classroom, or dealing with mask refusal.[18]

- Write down your typical stress responses, such as increased headaches or difficulty sleeping.[18]

- Write down your typical go-to stress management tools, such as yoga, running, breathing practices, relaxation, and spiritual practices. Do you need some additional tools in your toolbox, such as apps for mindfulness or dealing with insomnia?[16,18,19] Thinking through potential stressors, stress responses, and stress management tools helps you create a plan for coping.

- Learn what student reactions you might face (Table 2).

- Consider connecting with colleagues in advance to plan for building and maintaining social connection.[19]

- Modify and adjust goals for students and yourself. For example, consider placing the emphasis less on academics and more on social and emotional learning, as well as reteaching learning skills, such as project

planning, time management, and calendar use.

- Write down your plans for handling challenging student situations and consider consulting colleagues. Learn their plans for similar situations.

- Plan healthy rewards for making it through challenging situations, days, or weeks.

After Your Return to School

Things to consider when back in the classroom:

- Practice good sleep habits and try to eat nutritious foods.

- Avoid overusing alcohol to cope.

- Keep an eye on your internal state. Consider setting an alarm for twice-a-day check-ins with yourself.

- If you notice signs of increased stress, go to your written plan for coping described in the previous section.

- Consider using the REST model (Table 3) as a simple tool to help increase your resilience. This model helps support healthy boundaries and the development of resilience through purpose, connection, and hope. In self-care, prevention outweighs remediation.

Table 3: REST Model

Reward	Reward yourself for a job well done. Build supports into your work. For example, give yourself a break from the patterns and issues you deal with often. Take some time off or even just 15 minutes to do something you enjoy, such as watching a short video, going for a walk, or spending a few minutes doing a mindfulness exercise. Try to avoid rewards that include alcohol or drug use, as this can make work and personal stressors worse.
Establish	Establish or set healthy boundaries. When possible, focus on keeping work at work and leaving it there. When you are off work, stick to that boundary. Do not bring work into your personal time or space. For example, for those who are working at home, this may mean moving work materials into another room or space. Say "no" to a request that conflicts with your boundaries, such as expecting that you will answer work emails when off duty. Respectfully but firmly stick to set boundaries.
Share	Share your feelings, concerns, and stories. Do not hold things in. Participate in support and professional consultation groups. Consultation groups can provide opportunities to talk about work matters and offer social connections, which improves workplace resilience. Do not avoid talking about things that bother you. Enjoy the small things in life by focusing on spending time, and sharing with your family or social group. Make time for connections and activities in your life.
Trust	Trust your support network and reach out as needed. Refer people elsewhere if you are too tired or emotionally unable to offer support. Trust that others are willing to help. If the issues seem larger or more serious, reach out for professional help. Keep a referral list of professional resources, such as your Employee Assistance Program (EAP) and behavioral health professionals, that you can go to when needed.

Impact of Trauma on Learning

Adverse events impact the whole child. Common responses to these events, which may also have an impact on learning, include:

- Difficulty paying attention and focusing
- Difficulty with memory (of information or skills)
- Hyperarousal- easy to startle, jumpy
- Fatigue and difficulty sleeping
- Physical symptoms, such as stomachaches or headaches
- Irritability and behavioral outbursts
- Trouble managing impulses

Building Resilience in the Classroom (see more ideas in section 2 as well)

> *Adverse events impact the whole child.*

Involve students in efforts and activities that have practical and relevant meaning.

For example, students can assist a construction effort by taking measurements. This uses their math and geometry skills.

Create opportunities for empowerment and creativity.

For example, students can propose, select, plan, and implement an action to help support a person, community, social justice issue or other cause. This uses their reading, research, writing, logical thinking, decision making, and group communication skills.

Provide students with opportunities to use individual strengths to help classmates with a concept.

Involve students in goal setting.

Have students set their own goals for the day, in addition to the learning goals for the class. At the end of the day, the student will determine if they achieved their goal. If they did not, the student can examine why and determine (with guidance) a way to achieve the goal the next day.

Foster community and connection in the classroom m.

Create opportunities for students to engage with each other, discuss issues, or pose questions (even if they may never be answered). Foster ways for students to assist each other, which creates a positive sense of connection and tends to reduce distress.

Enhance adaptability and flexibility.

Adaptation to change is linked to ways of thinking. A flexible mindset means being able to see multiple possibilities for solving a problem, appreciate diversity, and change habits and behaviors to reach a goal. Give students questions that can be solved in multiple ways. Give assignments that encourage students to predict what might happen, rather than simply repeating or summarizing what is written in the book or article.

Provide opportunities for students to come up with their own differing ideas and opinions and analyze the logic, pros, and cons of each idea.

Share information about good stress, bad stress, and peak performance.

Research has found that we use small amounts of stress to activate our minds, stir our motivation, and energize our bodies. We tend to experience this as excitement, nervousness, or anticipation. As a result of this good stress, we strive for our best and achieve what often is called *peak performance* (Figure 2). We win the race. We climb the mountain. We do well in our studies.
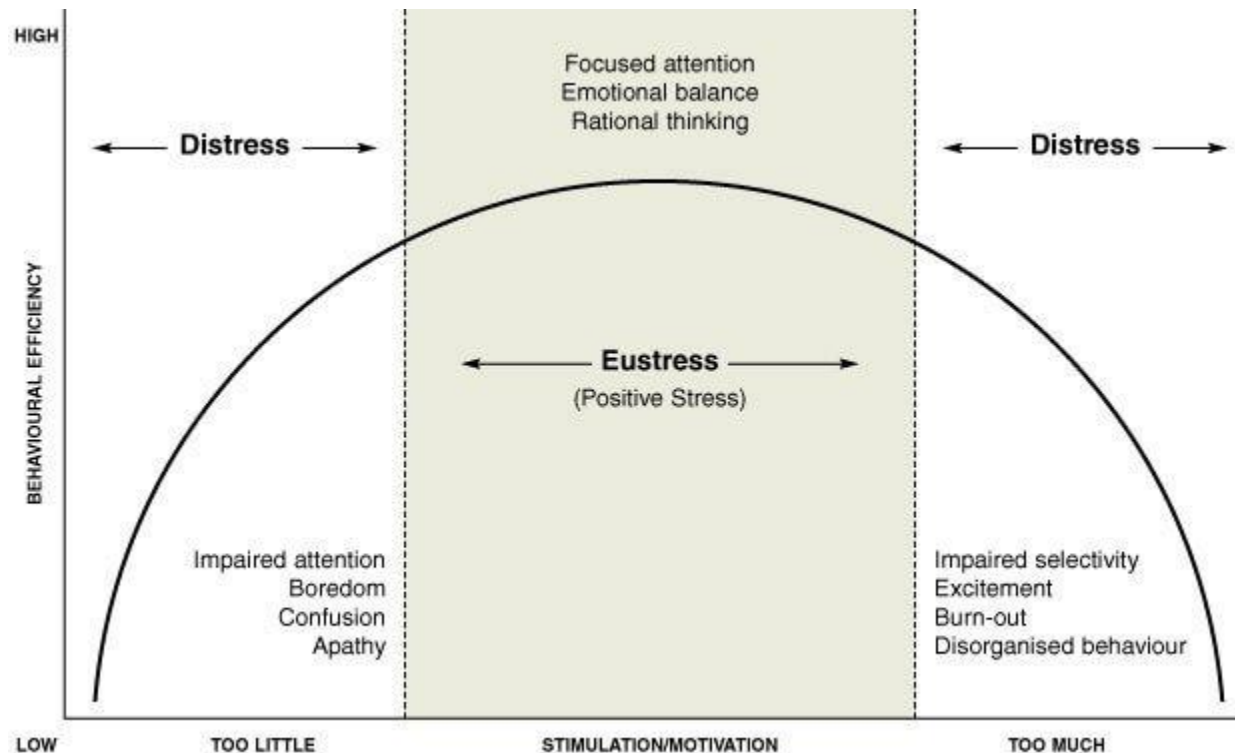
When amounts of stress go beyond our threshold for a clear-minded response, the result is reverse. We stumble in the race. Instead of climbing the mountain, our unhelpful stress may lead to poor balance and falling. We may fail the test even though we understood the information. It is helpful

for students to understand this concept and to know ways of identifying, monitoring, and regulating their stress levels.

Ways to balance stress and maximize performance:

- Help students stay in the moment. Helping students learn simple mindfulness techniques can train this way of thinking.

- Help students gauge their readiness for a task or conversation.

- Teach your students ways to build resilience. Connect with supportive people (even thinking of them can help). Be flexible, and focus on goals, purpose, and hope.

- Help students notice the successes along the way – small and large – and what they can or have been able to handle successfully. Ask students to write these down so they can look back at them later when needed. It's better to have a list on hand than try to remember.

Figure 2: Peak Performance Curve[20]

The chart plots BEHAVIOURAL EFFICIENCY (LOW to HIGH) against STIMULATION/MOTIVATION (TOO LITTLE, STIMULATION/MOTIVATION, TOO MUCH). An inverted-U curve rises from low efficiency at too little stimulation to a peak in the middle (Eustress, Positive Stress) and falls again at too much stimulation.

- **Distress** (left) ← → and **Distress** (right) ← →
- Peak region: Focused attention, Emotional balance, Rational thinking
- Middle: **Eustress** (Positive Stress)
- Left bottom: Impaired attention, Boredom, Confusion, Apathy
- Right bottom: Impaired selectivity, Excitement, Burn-out, Disorganised behaviour

Tips and Tools to Promote Recovery in Classrooms

Start from an **equity lens**, remembering that some students will come from groups that have been more severely impacted by the COVID-19 pandemic. Some may not have as much success with online instruction due to a lack of access to technology or adult monitoring to help keep them engaged.

Keep in mind the neurological impact the stress of living through the pandemic has had, such as difficulty learning and retaining new information, difficulty managing emotions, and difficulty organizing and planning. Consider ways to adjust expectations and regain lost milestones.

Teach or reteach students how to learn.

- Within classes, teach note-taking skills.

- Share how you think about the subject. For example, share what you think when you read the literature or process an equation.

- Provide tips for time management:

  o Help students examine how they use their time by categorizing it into obligations, priority tasks, relaxation, study time, commute, self-care, etc.

  o Consider using already developed resources, such as templates or calendars in which they write down assignments and due dates for all subjects (not just one).

  o Teach and help them practice goal setting to accomplish steps in their templates

Allow time for and encourage reflection and thinking about purpose.

Create reflection activities that examine:

a) What they love to do.

b) What issues they care about or things they wish they could make better in the world.

c) Their skills, talents, or interests.

d) Their values.

Help students connect their actions to their values and interests.

It can help students think about how any school project or assignment might be connected to their lives, interests, and plans for the future.

For example: "I love writing and researching. I am good at public speaking. I value education, justice, and equality. I hate that 263 million children and youth don't go to school. One of my life goals is to work in a role where I can help discover why some kids aren't in school. I want to do this so I can share the underlying causes I find with those who can help more students go to school and get an education. This enables me to be part of the solution."

Help students connect with subjects that are challenging.

Some children find certain subjects challenging and less engaging but still need to learn these concepts and skills. It may help them engage more by seeing how these subjects might be useful in achieving their larger goals.

For example:

- "I need to do better in math and learn statistics. Even though I love writing and can write detailed reports, I still need to include statistics to better support my argument. To do better in math, I need to learn that

quadratic equation I've been struggling with. So, this week I will focus on that."

- "If I pay attention in world history and civics class, it will help me learn the things that are important for the work I hope to do someday. This can set me up to make progress on improving some things in the society I live in. Maybe I can do my next civics project on the universal right to education."

Break down a large project or assignment into smaller steps and turn each step into its own assignment.

Make students aware of all the steps and deadlines before they begin. Also, ensure they understand that these steps are leading them to the final goal. It's important for students to see that small steps can add up to something big and significant. For example, they can write a book if they do it one chapter at a time.

Provide a grading rubric or other explanation of grading criteria (in writing) at the very beginning of the project to ensure students understand the expectations and revisit these expectations frequently. Distribute points to match the importance and time required for each step.

Evaluate and give feedback on each step before moving to the next step (which is key to the purpose of a progressive assignment). The feedback is necessary for students to make corrections, leading to (more) successful next steps

along the process. Help students track their progress and the timeline of their work.

Accompany them along the way.

- Check in with students to find out how they are doing on work (especially long, multi-step assignments) and how they are doing as individuals.

- Provide scheduled one-on-one times where you meet with students (even if only for three minutes) to answer questions, provide feedback, and get their input on how they are doing. This might be a special week where you have students work on a project independently while having scheduled one-on-one time with each student. Or, it might be something more informal.

- See each student as an individual and engage with them through a trauma-informed lens. Help each student progress from where they are to the next step for them as an individual, rather than expecting all students to meet a standardized norm. Sometimes, this is a shift in the teacher's mindset. For example, not feeling like you failed because your F student only moved up to a D. Ultimately, that student improved and did better than before.

- For younger students, consider doing a regular, personal *weather report* at the start of class (especially if there will be class discussion). A *weather report* exercise is

where students report out to the class (ideally while sitting in a circle) what the weather would be like today based on how they currently feel, emotionally and physically. For example, a student may say, "partly sunny" (which might stand for feeling pretty good but having a worry) or "foggy" (which might mean unfocused). Students simply share their weather and should not explain it. Saying this out loud can sometimes help clear away the bad weather or lift the fog. Visual aids in the classroom can help with teaching this concept.

At the end of projects or assignments, help students reflect.

- Create assignments that require students to reflect on learning. For example:
  - When students review a graded test, have them identify the actions that prepared them to answer questions correctly. How did those differ from the actions that resulted in wrong answers? What would they do differently next time?
  - Have students reflect on a project or paper by journaling about their learning process or how the work affected them as a person.
- Analyze the results of your students' reflections for obstacles that need to be

removed and concepts or skills that need to be retaught (differently).

Have difficult conversations about failure.

After a traumatic event, some students might find comfort and safety in academics and excel. Others will wobble but stand back up with support in their educational journey. However, the struggles of some students may lead them to fail tests and assignments. When a student receives a failing grade, there are a few steps that can help them keep trying:

- Use mistakes as road maps for understanding where there were learning gaps. Help the student create an action plan for filling in gaps that includes relearning the missing or misunderstood concepts and transferring that new clarity and knowledge to the next concept that needs to be learned. This helps ensure they don't fall behind.
- Create accountability and track progress.
- Examine not only the academic gaps or challenges that led to the failure but also the psychosocial concerns or circumstances, and address those needs by:
  - Utilizing tools of resilience building, communication, thought redirection, mindfulness, or stress management.

  OR

- o Helping the student get connected to other professionals (counselors, social workers, medical personnel, etc.) they may need.

- Engage the student's family to discuss planning for recovery after an academic failure.

- Communicate that we learn much more from mistakes than we do from successes.

- Know that how the student psychologically views the failure is probably more important than the right answer.

Helping a Withdrawn Student

All children will show withdrawal and lack of engagement at times. The child may feel ill, be upset about something, or be having an off day. Of greater concern is a child who is consistently not engaging with others or their environment. There can be a variety of factors influencing this withdrawn (too quiet) behavior.

Temperament

Some children are naturally shyer and more sensitive than others, and this tendency can be seen from early infancy. They are the babies who are watchful, careful, and slower to engage with unfamiliar people, as opposed to the babies who quickly join any activity and are active explorers. These sensitive children may grow up to be more quiet and introverted adults. Temperamental differences do not mean that there is a problem with the child. However, sensitive and cautious children may require more active methods of engaging them in the classroom and with peers. These children may also require a calmer and more structured environment to feel secure enough to explore their space and interact with others. A chaotic or noisy environment may cause them to retreat and shut down in response.

Lower level of concern but should have ongoing observation and support:

- Children who seem nervous.

- Children who require a large investment by adults to encourage or praise them before attempting anything new.

- Children who become upset over small things and who have little tolerance for failure.

- Children who are especially clingy with adults.

High level of concern and should be evaluated by a professional:

- Children who have a sudden, radical change in behavior or demeanor.

- Children who are highly aggressive.

- Children who have no preferred activities and won't engage in any activities.

- Children who cry frequently.

- Children who seem uninterested in their surroundings or peers.

- Children who consistently appear fatigued or unenergetic.

Tips and tools to help withdrawn or sensitive students:

1) **Help with goal setting and follow up.** Help students to choose a small, achievable goal, such as trying one new thing a day. This might be choosing a different book or trying an art project they initially refused. At the end of the day, provide praise and a small reward, such as a sticker. If the goal isn't achieved, consider whether the goal was too difficult and scale back. If not, provide the child with affirmations about it the following day. Once a goal is met regularly, then shift the reward to a new goal.

2) **Offer safe ways for the student to lead with peers.** Assign the student a job. At school, this might be helping distribute materials in class or assisting another child in learning a skill. At home, this might be something like greeting a neighbor or taking something to another child's home nearby.

3) **Don't call attention to the student without warning them.** If you plan to have the student do something challenging, let them know that you plan to do that. For example, let the student know that tomorrow you will be asking them to be the line leader or the first one to read out loud.

4) **Pay attention to successes.** One way of doing this is to have a small piece of paper or a notecard which the student always keeps with them. When you notice the child more actively engaging with peers or activities, make a check mark on the card. This says to the child, "I noticed what you did."

5) **Pair a more reserved child with an outgoing child for some activities.** Children who are shy or feeling unsure may need a peer to help them engage in the activity.

6) **Don't tease the student about their behavior or allow peers to do so.** It is generally more helpful to acknowledge differences and highlight the positives of each. For example, "Jordan is really good at talking with new people and making new friends, while Taylor is a really good listener and someone friends come to when they need help."

Section 5: Tools for Coaches, Mentors, and Other School Staff

The Unique Relationships Between Students, Coaches, and Mentors

School-age students can benefit from having many positive adult relationships in their lives outside of those they may have with their classroom teachers.[21] These influential relationships can occur on the stage, in the auditorium, on the athletic field, or in the gym with coaches, assistants, advisors, or other mentors or school staff. The unique conditions in which these role-model type relationships occur can present an opportunity for supporting, in creative and non-traditional ways, students who may be struggling.

Adults who have earned respect and admiration from students can often provide a simple and effective way of furthering emotional and behavioral health support during crisis. That foundational relationship and connection can also help during the post-crisis recovery process.[21,22,23] Often, students may feel more comfortable disclosing to a trusted adult about worries, fears, or struggles.[21,23] Safety and trust are needed for students to feel secure and are among the key elements for recovering from traumatic events. Through these relationships, students may experience that sense of safety and security if it is not occurring at home or in a solely academic environment.

Section 1: Impact of Disasters on Children and Teens provided background information on how traumatic events affect students' brains and how their learning (in a more traditional academic sense) may be challenged during these times. Extracurricular activities, including (but not limited to) arts, sports, and social clubs, provide other areas of engagement for students to experience connection, a sense of purpose, and opportunities to creatively adapt to changing circumstances.[24] Those conditions are important aspects of resilience, and all can be uniquely developed outside of the academic classroom.

In addition to promoting resilience-based skill building through these relationships, there are some additional opportunities that exist on a neurological level when students engage in extracurriculars. In the context of recovery from trauma or a disaster (like the COVID-19 pandemic), children's brains need help with integration. This means that getting children out of their chairs, moving around the stage/field/gym, and stimulating both hemispheres of the brain helps them regulate themselves much more effectively.[24]

It is important for adults in these roles to recognize the rich opportunities for both learning and recovery that are possible for students outside of a traditional classroom environment, and to take advantage of that when planning how to support

students. Observing a coach, mentor, or other adult role model regulate their own emotional response under difficult conditions is very helpful for students who take part in these activities. Intentionally modeling good self-care, boundaries, compassion, and empathy for students can create space for growth across many areas of life.[22]

Behavioral Health Support Opportunities through Extracurricular Activities

It is well known that extracurricular activities can offer a significant boost to the developing brain.[24,25,26] Arts, sports, and other activities outside the classroom have both physical and behavioral health benefits. In addition to the powerful opportunities provided by healthy role model relationships between students and trusted adults, there are interesting implications for how to address behavioral disruptions and emotion regulation difficulties in these contexts. Children and adults alike learn a great deal from what is modeled for them rather than from what they are told to do. Humans generally like to copy the action by doing what is shown, rather than doing what we are told to do.[22]

With any extracurricular group, club, or sports team, there are options for social learning and modeling among students that may not exist in a solely academic environment. Every group, club, or team has a leader or two, regardless of whether they have an official title like captain or president.

Working closely with a student leader can serve multiple helpful functions. Recognize that students who are members of BIPOC communities may also be impacted by bias that results in fewer of these leadership opportunities. Endeavor to support equity within peer leadership experiences so that all students have the option and opportunity to support others. When an adult mentor can focus behavioral health skills on someone in a leadership role, it may have a trickledown effect for other students in the group.[21,22] For example, if the mentor models emotion regulation skills by taking a breath before responding to teammates or other peers, other members of the group may be much more likely to copy that action.

Leveraging group social hierarchy (both informal and formal) to model healthy behaviors within the group is not new to extracurricular group success, but it may be uniquely helpful in the context of the COVID-19 recovery process. Focusing on developing resilience and emotion regulation skills for extracurricular student leaders is likely to have a more widespread effect than it would in a classroom environment. This is because the extracurricular group's social hierarchy is often already in place.

However, this practice of focusing on students in leadership roles does come with some **suggestions for caution**. There are likely circumstances where students who are natural leaders may already feel overburdened (consciously or not) by a sense of

responsibility to others. They may be given more responsibility at home, in academic settings, or with peers for handling things well. Under those circumstances, any additional pressure to lead or model for others may be avoided entirely or endured with dread. It is important for mentors to openly communicate with students and prioritize empathy.

Ideally, the student would feel comfortable sharing with the coach or mentor enough about their personal experience for the adult to have an accurate perception of the student leader's ability to support their peers. For younger students or students who may not feel comfortable communicating openly about personal matters, it falls to the adult mentor to accurately assess the capacity that student leaders have for modeling effective behavioral health strategies to their peers.

Empathy around Performance Expectations, Winning, and Success

Extracurricular activities of all kinds often include a component of competition, performance, or success that is unique from traditional academic goals. As part of building resilience, learning how to be adaptable and flexible may be particularly challenging for redefining what success looks like on the stage, in the gym, or on the field. Every attempt should be made to acknowledge and celebrate students' *efforts*, rather than only the direct outcomes. When effort appears to be low, encouraging even small steps can create a pathway to additional successes.

Perseverance is a lifelong skill for overcoming difficulties that should be prioritized and celebrated even more when recovering from difficult events. Because the circumstances in which students are performing right now are often unpredictable, outcomes are not always based on familiar markers, such as winning a game or mastering a skill. It is important for adult mentors and coaches to verbally highlight, praise, and reward students for their efforts toward the end goal, as well as for the immediate goal that is achieved. Setting goals is still important and meaningful, but they **do** need to be achievable.

The experience of success and winning for students in extracurricular activities should ideally be applied to other outcomes, such as improving skills or teamwork, that may not include traditional measures (winning a sports tournament or other competition).

This is not to suggest that participation for its own sake should be continually rewarded, but rather the *unique level of effort* that each team or student can provide *depending on their individual circumstances* should be taken into consideration when setting goals and celebrating outcomes.

Increasing Communication and Cooperation

> *Choose a time to communicate when both you and the child are calm.*

For more effective communication, choose a time when both you and the child are calm. Trying to talk and reason with an angry child is like trying to teach someone who is drowning how to swim. When angry, the child's ability to reason is impaired. Most angry children become even angrier when someone is trying to talk to them. This is a time when their brains are not functioning in a way to problem solve. This isn't a good time for teachable moments.

Communicating with older children and teens:

Taking an *active listening* approach can benefit older children and teens because it increases connection, encourages the full brain to engage in communication, and encourages the expression of empathy.

- First, simply listen and use body language that indicates you are paying attention.

- Ask open-ended questions. Asking direct questions or yes/no questions is more likely to lead to a communication shutdown.

- Summarize what you think the child is trying to convey. For example, "It sounds like you're pretty frustrated with the way things are going in language arts class."

- Don't try to provide a solution or lecture the child about what you think they did wrong (emotion shutdown). Rather, be curious about how the child thinks they might solve the problem. For example, "What would you like to do to solve the problem?" You might ask for several solutions. Explore with the child what might happen with each solution. For example, "If you hit the teacher, what do you think will happen?" And, continue the discussion to help the child choose an approach and make a plan.

Communicating with younger children:

Keep in mind age and stage of development when communicating with a young child.

- Simply watching them explore feelings through play can help children express themselves. For example, the child is playing and pretending the mommy doll and the daddy doll are having an argument. The adult can comment, "I wonder what the little boy feels when he sees this."

- Listen without interrupting if they want to talk about what happened to them or how they are feeling.

- Use a simple version of active listening, reflecting what you heard them say. For example, "It sounds like you're feeling very sad about what happened to your house."

- Some children need a more active way to get feelings out. Playing *feeling bombs* can be a fun way to express strong emotions. Wad up four or five wet paper towels. Place a sheet of paper as a target on the floor. Tell the child that they can throw the paper towel bombs at the target, but they have to follow the rules of the game and say what they feel as they throw.

- You can model how this goes, which is also a way to help the child understand that they have permission to express strong negative feelings. For example, "I am so mad that a bad thing happened to someone I like!" Or, "I am really sad about missing movie day."

- For younger children a, third person approach to conversations may help them open up and share. For example, an adult might guess what is going on by saying, "I've heard from other kids that when their parents got divorced, they were so mad and sad too." Or, "I was thinking that if one of my parents got very sick, I'd be feeling really scared." This approach allows the child to begin sharing and respond if their feelings are being misunderstood.

Fostering Positive Behaviors: Tools to Help with Negative and Unhealthy Behaviors

Adults need to keep a calm temper, even when children or teens cannot keep theirs. If you find you are angry, take a break before trying to deal with the problem. Once everyone is calm, discuss what happened and what you are unhappy about. If you lost your temper, acknowledge it and apologize. This is a good model for how you want your child to handle the same situation.

Children who have suffered loss and disruption will often act out to cope with their feelings. You can't get angry at hurricanes or floods, so you get angry at the people nearest to you. It's not helpful to try talking to the child while they are angry. Wait until they seem calmer and more open to conversation.

Pay attention to the good stuff.

- Notice when the child is doing something you want them to do and comment on it. You can praise with, "Nice work getting your things picked up." You can also simply comment, "I noticed you got your homework done early." Either one gives the child a sense that you're paying attention to them, rather than only paying attention when they are getting into trouble.

- For behavior that isn't aggressive or dangerous, ignoring it can be the best approach. However, when you first begin ignoring, the behavior will get worse. **This is normal. Continue ignoring the negative behavior for it to decrease and disappear.**

Work on giving simple, clear directions so there is less opportunity for argument, distress or frustration.

When a direction is given so that a child assumes there is a choice, when that is not so, it can lead to frustration. Clear direct statements can help avoid this. Sometimes, how you give directions can make a big difference. Try to work on doing the following:

- Make sure the child is paying attention before you give them the direction. For example, turn off the TV and make eye contact.

- Be prepared to back up any request with a consequence. Don't ask the child to do something if you're not willing to follow through and make them do it.

- State the request as a demand rather than an option. For example, say, "Pick up the toys, please," instead of "Pick up your toys, ok?".

- Don't give too many directions or requests at one time. One or two is about as many as most kids can manage.

Learn how to use *emotion coaching*.

Emotion coaching is a communication strategy to help children regulate their emotions and manage their stress responses. Emotion coaching allows you to:[27]

- Recognize the child's emotion and see it as an opportunity for connection and teaching.

- Listen with empathy and help the child label their emotions.

- Set limits on negative behaviors while exploring problem-solving strategies.

Follow these detailed steps for *emotion coaching*:

1) When you see a behavior you don't like, stop and ask yourself what the *purpose* of the behavior is. For example, at various times, yelling, smart talk, and aggression may serve as ways of expressing anger or anxiety, avoiding a task, or pushing you away emotionally. The same behavior may be expressed in a number of ways depending on the situation.

2) Try to address the feelings when the intensity is low.

3) Listen empathetically and validate the feelings. This isn't the time to argue the facts of the matter but is instead the time to reflect what you're hearing. For example, "I could tell that when your friend did that, it made you pretty mad."

4) Help label the emotion. For example, "You look sad. Is that how you're feeling?"

5) Questions may help the child figure out their feelings. For example, "What do you think is making you feel mad right now?" However, if they refuse to answer, stop asking questions.

6) Help them identify what they want to have happen. Sometimes the only intervention is to simply have someone listen and validate. If they want to set a goal (like making other kids play with them), help them think of possible solutions.

7) Evaluate the solutions based on your family values.
   a) Is the solution fair?
   b) Will it work?
   c) Is it safe?
   d) How am I going to feel about it? How will it make others feel?

***Scaffolding* can help build healthy responses.** In trying to problem solve, give just enough information to get started – a base foundation, or "scaffold" for the child to build on – then, be quiet and wait for the child to do something right. For example, ask, "What do you think should happen right now?" At that point, offer *specific* praise, such as saying, "Great! You got over your disappointment without hitting your friend."

Avoiding your own agenda as a caregiver helps you listen empathetically and avoid criticizing the child. An agenda is usually something a caregiver worries about and is actively trying to correct. For example, if the caregiver thinks the child is too stubborn, plays the victim, or bullies friends, this may be their agenda. Emotion coaching helps address the underlying *feeling* before addressing the unhealthy *behavior*. Refer to Table 4 for examples.

In some situations, emotion coaching may not be the best way to address unhealthy behavior. Do **not** attempt emotion coaching:

- When there is not enough time to complete the process

- In front of others, including siblings

- When your own feelings are running too high

- When there has been a serious misbehavior

For tools on behavior management, refer to pages 11 – 13 of the Behavioral Health Toolbox for Families: Supporting Children and Teens During the COVID-19 Pandemic.

Table 4: Examples of Emotion Coaching

Situation	Emotion Shutdown (what NOT to do)	Emotion Coaching (what to TRY)
Child: "I wish my friends would be nicer to me."	Parent: "Well, are you nice to them?"	Parent: "I could see how you might feel that way sometimes." (Acknowledge the feeling and not shutting it down)
Child becomes hyperactive at a birthday party.	Parent: "You are too wound up and annoying others."	Parent: "If you calm down, we can stay here and enjoy the party."

Helping with Online Learning

Parents and caregivers have faced many challenges as a result of the pandemic. Many have had to balance their work responsibilities in addition to a new layer of responsibility supporting children with online learning. Children have also faced challenges with learning in a different setting and isolation from peers. In order to help support students with online learning there are a few things to keep in mind.

- First, have patience with both yourself and the child. Change your expectations, adjusting them to the reality of living through a disaster. Praise the child for small things, like staying in their chair or double-checking their work.

- If there are online classes that the child should be attending, check to make sure they are logging in, paying attention, and completing work. Offer rewards for doing these things, like favorite snacks, a low-cost phone app they've been wanting, a free pass for a home chore, or a later bedtime one night.

- Think about doing a regular feelings check-in using one of the tools below as a guide. Parents and caregivers can do this at the start of the day to help the student understand how they are feeling, and to help you both understand how those feelings may impact how well they are able to learn that day.
  - The *Zones of Regulation* (Table 5)
  - *Window of Tolerance*
  - Feelings Chart

Helping Children Who Have Experienced Grief and Loss

For tools on helping children manage grief and loss, refer to pages 4 – 6 of the Behavioral Health

[Toolbox for Families: Supporting Children and Teens During the COVID-19 Pandemic](#).

Managing School Refusal

Although children may give different reasons for not wanting to return to in-person school, the root cause is likely fear. They might be afraid of getting sick, being separated from parents, getting teased by peers, or all the uncertainties of returning to school during a pandemic. Regardless of the source of fear, managing it follows similar principles. All of us have avoided things we fear, like snakes, heights, and public speaking. We've also conquered our fears, like learning to ride a bike, moving from elementary school to middle school, and mastering a new job. We conquer fears with gradual exposure to the feared event combined with safety. Training wheels allow a gradual approach to full bike riding with safety. Once we can ride safely without training wheels, we have conquered our fear of crashing on the bike.

Table 5: Zones of Regulation

Each morning, have everyone (including adults) determine their current zone. Then take turns sharing out loud what zone they are in. This helps everyone reflect on how they are feeling that day and understand how those feelings might impact learning.

Color	Level of Alertness	Feelings
Blue	Low state of alertness	Bored, tired, sad, disappointed, sick, depressed, shy
Green	Perfect state of alertness	Happy, positive, thankful, proud, calm, content, ready to learn
Yellow	Higher state of alertness	Excited, silly, annoyed, worried, embarrassed, confused, nervous
Red	Too much alertness	Upset, angry, aggressive, mad, too excited, terrified, out of control

The bottom line is that we must face the fear to overcome it. The longer a child avoids returning to school, the more difficult it becomes. It can be tough to gently push your child to do the things that frighten them, but it is essential for the process of overcoming fear. Try to remember that distress is not necessarily the same as trauma. Your child may be distressed about returning to school, cry, and become overwhelmed with emotion. They may have physical symptoms due to distress, such as headaches, abdominal pain, and nausea. These physical symptoms are real. The child is not faking stomachaches, but anxiety is most likely the cause. Once you've gotten reassurance from a healthcare provider that a serious medical condition is not the cause for symptoms, you can help your child push through their distress.

Tips for managing school refusal and fear:

- Reach out to your child's school and explain what is happening. Your child's school staff will have experience with anxiety-related school refusal and will help you come up with a plan.
- Try to determine the source of fear with non-judgmental listening. If you can figure out the source of the fear, you can start to improvise an approach to it. It may help to have the child recall a time of conquering a fear. They can reflect on their first time on a bicycle,

compared to their 50th time. Potentially helpful starter questions include:
  - Can you help me understand why you don't want to go to school?
  - What might you be worried about?
  - What do you think might happen if you went to school?
- Fear may be overcome by taking a gradual approach. For example, develop a gradual, step-by-step plan for getting back to in-person classroom learning. Some small steps might include:
  - Drive to school with the student at a time when the school is closed.
  - Walk around the school with the student.
  - Observe and comment on people taking precautions.
  - Arrange to meet the student's teacher (younger child) or the student's friend (older child) for a short meeting or walk before or after school hours.
  - Visit the empty classroom with the student, then visit again with the teacher present.
  - Arrange a telephone call or virtual meeting for the student with the teacher or good friends who have already safely returned to the classroom.
  - Arrange a visit to the class during class hours. Stay with the student if requested

by school staff for as long as the student can tolerate the visit.

- o Gradually increase that time and decrease parent presence.
- o At each step that is a success, compliment the student for showing the bravery to face a scary situation.
- o Make a plan in similar fashion for other fears.

- If the student is unable to determine what the fear is or if they are primarily experiencing physical symptoms, you may need to proceed with helping them get back into the routine for school, again seeking help from school staff.

- It's okay to limit the number of times your child contacts you while at school. Constantly texting or calling does not reduce their anxiety and may make them more dependent on you for soothing, escalate the requests to come home, and increase their anxiety. Allow a certain number of contacts (only if it's really important). Once they've reached that number, do not respond. Let school staff know what the plan is. If they use their allotted number of contacts or fewer, offer a reward for this act of courage.

- Plan for how you will handle physical symptoms at school. For example, send a change of clothes in case of vomiting. Allow only limited time in the health room to help the child get a short break, but then have them return to class. The health room should not be used as a place to escape feelings of anxiety but rather as a short reset place.

- Get all missed work from school. The student should be expected to complete all work.

- Try to avoid unintentional rewards for not going to school, such as spending school hours watching TV or playing videos games. If the student is feeling too ill to attend school, consider having them stay in bed, read, and rest. They can get up when they are feeling well enough to complete missing assignments.

- Build in rewards for bravery. For example, for making it to in-person school more than three days that week, reward with a play date on the weekend or permission to hang out with friends on Friday night.

- Help the student think about their anxiety as separate from who they are. For example, explain, "Your worries are running your life right now. We want you to be the boss of your life. Every time you do a brave act, like going to school, you are winning against your worries."

Section 7: Additional Resources

For School Staff:

- **Washington Office of Superintendent of Public Instruction (OSPI):**
    - COVID-19 Considerations for Reopening Schools
    - Youth Suicide Prevention, Intervention, & Postvention

- **Northwest Mental Health Technology Transfer Center (MHTTC):**
    - Behavioral Health Impacts During & After COVID-19: What to Expect and Ways to Prepare for the Return to In-Person Learning
    - School Mental Health
    - Interconnected Systems Framework Resource Guide
    - Classroom WISE: Mental health literacy course for educators and school staff
    - Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS

- **Washington State Health Care Authority (HCA):** Behavioral health services by plan

- **Centers for Disease Control and Prevention (CDC):** Returning to School After an Emergency or Disaster

- **National Association of School Psychologists (NASP):** Resources and Podcasts

For Parents and Caregivers:

- STRONG KIDS Model – Helping Children Feel Safe and Recover from Disaster:
    - Appendix D: STRONG KIDS Model
    - Appendix E: Modelo STRONG KIDS

- **Washington State Department of Children, Youth and Families (DCYF):**
    - Washington State Resource Guide for Parents and Caregivers: Caring for Your Family During COVID-19 (available in multiple languages)

- o [Buffer Child Trauma Through Mindfulness](#)
- **Northwest Mental Health Technology Transfer Center (MHTTC):**
  - o [The Well-Being Series: Connections During COVID-19 – Mental Wellness Webinars for Families](#)
  - o [Suicide Prevention Training for Parents/Caregivers](#)

- **The National Child Traumatic Stress Network (NCTSN):**
  - o [Parent and Caregiver Guide to Helping Families Cope with COVID-19](#) (link includes guide in English, Chinese, and Spanish)
  - o [All NCTSN resources](#)

- **Substance Abuse and Mental Health Services Administration (SAMHSA):**
  - o [Coping with Stress During Infectious Disease Outbreaks](#) in English
  - o [Coping with Stress During Infectious Disease Outbreaks](#) en Español
  - o [Taking Care of Your Behavioral Health During Infectious Disease Outbreaks](#) in English
  - o [Taking Care of Your Behavioral Health During Infectious Disease Outbreaks](#) en Español

- **Common Sense Media:** [Explaining the News to Our Kids](#)

- **Seattle Children's:** [PAL and WA Mental Health Referral Service for Children and Teens](#)

Acknowledgments

Appendix A: LEARN Model

The LEARN Model is a guide for assessing behavioral health concerns- Anyone can use this model to help assess the needs of others and identify key behavioral health concerns. The examples here can apply to children and youth as well as adults.

Table 6: LEARN Model

Listen	**Listen actively to truly understand the other person's concerns.** Active listening means not jumping in with a solution. It means demonstrating that you care about the person by being available and willing to fully understand their story and experience. If someone says they are "fine" or "good," do you know what that means to them? Ask clarifying questions to get more information.
Evaluate	**Evaluate by observing and listening for key words and issues.** Listen to what the person is saying, as well as *how* they are saying it. Are they telling you they are ok, but showing little or no emotional expression? Does their body language match their words? Evaluate them for emerging medical concerns, as well as psychological symptoms. Are they able to focus on you and pay attention to what is happening around them, or do they get distracted and seem like they are in a fog?
Assess	**Assess the most urgent concerns. Urgent concerns can be evaluated using MED (Medical, Emotional, Danger proximity).** • **Medical**: Is the person obviously wounded (broken bones and lacerations)? Are they confused, agitated, unconscious, semi-conscious, or showing other signs of a head injury? Are they having trouble breathing? • **Emotional**: Are they panicky or inconsolable? Are they responding to things that you can't see or hear? • **Danger proximity**: Are they a danger to themselves or others? How close were they to the disaster? Did they lose a family member or home? Were they trapped or waiting to be rescued?

	If any of these answers are "yes," immediately seek additional or professional help.
Resources	**Identify both internal and external resources that the person may have available to them**. For external resources, cover the basics, such as food, water, and shelter. Do they have family or other forms of social support available to them? Don't forget about internal resources. Remind them that they are already a survivor! What coping skills have they already used that work for them?
Needs	**What are the most urgent needs?** Based on your assessment of resources, make a list of the most immediate concerns. Help the person connect with additional resources or use existing resources to meet the identified needs. This may include connecting them with a medical or relief agency for follow up or helping them find a bottle of water or a quiet, safe place to sit.

Appendix B: Tips for Better Sleep During the Pandemic

Sleeping Difficulties

Many people are experiencing sleeping challenges during the pandemic. This section provides suggestions for addressing temporary sleeping difficulties due to the pandemic. For chronic sleep problems or difficulties other than insomnia, consult a healthcare professional. As a starting point, refer to the Centers for Disease Control and Prevention (CDC) guidelines (Table 7) for the recommended amount of sleep by age group.

Tips for helping children with sleeping challenges:

- Make a bedtime routine.[28] A routine helps children develop an association between bedtime activities (brushing teeth, using the bathroom, story time, and cuddle time) and falling asleep.

- Shut down electronics of all kinds at least an hour before bedtime.

- Keep lighting low.

- Try to keep bedtime and waking time the same each day, if possible.

- If your child gets out of bed, walk them back each time, avoiding conversations other than, "It's bedtime, and you need to be in your bed."

Table 7: Recommended Amount of Sleep by Age Group[29]

Age Group	Recommended Amount of Sleep
0 – 3 Months	14 – 17 hours
4 – 12 months	12 – 16 hours per 24 hours, including naps
1 – 2 years	11 – 14 hours per 24 hours, including naps
3 – 5 years	10 – 13 hours per 24 hours, including naps
6 – 12 years	9 – 12 hours per 24 hours
13 – 18 years	8 – 10 hours per 24 hours
18 – 60 years	7 or more hours per night
61 – 64 years	7 – 9 hours
65 years and older	7 – 8 hours

- Remember that you can enforce bedtime, but you can't force your child to sleep. Allow children to read until they become sleepy on their own.

- If a child is having a hard time sleeping, leading them through a relaxation or meditation exercise, playing soft music, or visualizing pleasant scenes might help.

- If a child worries about the same problem night after night, have them write it down (or write it down for them), and you can talk to them about it in the morning.

Tips for adults and teens to manage sleeping challenges:

Both the number of hours of sleep one gets and the quality of sleep are important. Signs of poor sleep quality include not feeling rested even after getting enough sleep, repeatedly waking up, and experiencing symptoms of sleep disorders, such as snoring or gasping for air. The CDC offers the following [tips for better sleep](#):

- Be consistent. Go to bed at the same time and get up at the same time, including on the weekends.

- Make sure your bedroom is quiet, dark, relaxing, and at a comfortable temperature.

- Remove electronic devices, such as TVs, computers, and smartphones, from the bedroom.

- Avoid large meals, caffeine, and alcohol before bedtime.

- Get some exercise. Being physically active during the day can help you fall asleep more easily at night.

Sleeping challenges during the pandemic are often related to anxiety or worry. Many people drain their energy trying to solve problems that are out of their control. This can result in difficulty falling asleep, staying asleep, or both. Many of us feel like we have so much to do or that we can't forget what we need to do tomorrow. Trying to remember these things is what keeps us awake. In this case, it may help to have paper and pencil by your bed to write down things you really want to remember. This will help free your mind of the responsibility of remembering.

Another strategy is to use a relaxation or mindfulness exercise. An online search will provide many options, including no-cost choices. Then, it may take some time and trial to find the ones that work best for you.

If these strategies don't work and the same problems continue to interfere with sleep, then you may want to talk through it with a good friend, a counselor, or a healthcare provider.

Appendix C: Tips for Families of Children & Teens with Autism Spectrum Disorder

Key Considerations

Many of the topics described in this toolbox also apply to children and teens with *autism spectrum disorder* (ASD). However, there are additional considerations that are unique for youth with ASD:

- In one parent survey, nearly 94% of families with children with ASD faced increasing difficulties managing daily activities. This was especially true around free time and structured activities. Over a third of families were dealing with intense or frequent behavioral problems.[30]
- Those with ASD who had behavior problems before the COVID-19 pandemic are twice as likely to experience more intense and more frequent behavior problems during the pandemic.[30]
- Children and teens with ASD often find changes in routine stressful.
- In addition to homeschooling, specialized services and healthcare support may be necessary but difficult to access during this time. These may include educational, behavioral, occupational, or physical therapy services.

- Caregivers may not be able to get respite services that would allow breaks from their caregiving responsibilities.
- Children with ASD may have other medical conditions that put them at higher risk for becoming sick with COVID-19.
- The child or teen may be resistant to recommended or required health measures. Wearing a cloth face covering or mask and maintaining physical distance from others may be difficult. This could increase their risk for infection and the risk of infecting others.[31]

Explaining COVID-19 to Your Child

- Listen. Before explaining, find out what your child's concerns are. Their question may have an easy answer. Give a clear, simple explanation and be open to more questions.
- Explain the need for staying home as much as possible to avoid getting sick.
- If you are not sure of the answer, say "Let's find out!" and make it a search you do together.
- Keep your explanations basic enough that your child can understand, but do not give too much information, which could lead to additional worry or anxiety.
- See **Autism Resources during COVID-19** on pages 30 – 31 of the Behavioral Health Toolbox

for Families: Supporting Children and Teens During the COVID-19 Pandemic for resources to help with these discussions, including social stories, videos, and other media.

Managing Behaviors

- Stay connected to their behavioral health provider and other services (such as occupational and physical therapy) through a telehealth videoconference or phone visit. Telehealth interventions result in promising, modest improvements in learning under the circumstances of limited access to in-person services.[31]
- For nonverbal children or those that have difficulty sitting through a telehealth visit, ask your behavior support team for tools or techniques that might be useful, such as pictures, visual schedules, and games.
- Set reasonable limits for screen time while encouraging interactive games with family and friends to avoid the risk of isolation.[32]
- Use calming techniques on pages 8 – 10 of the Behavioral Health Toolbox for Families: Supporting Children and Teens During the COVID-19 Pandemic.
- Create a new daily routine based on necessary changes due to the pandemic. Be consistent with the routine. Ensure everyone in the family is on board with how to respond in the same way to identified behaviors.

- Take time to think about factors that might contribute to problem behavior. For example, has there been a recent change at home? Is your child's sleep pattern different? Are they physically active enough? Does the behavior occur at certain times of the day? Keep track of these issues and discuss with your child's therapist to develop changes or strategies.
- Share special interests with your child and plan special activities around these interests, such as trains, maps, electronics, and animals.[33]
- Help your child connect with family, friends, and classmates. This can be done by online means through videoconference or by exchanging letters, drawings, or audio recordings.
- Remember these basics: adequate sleep, nutritious meals, and regular physical activity.
- Seek support for yourself through an online group with other parents who have similar needs. Other parents may have helpful or creative strategies that you may find useful with your child.

Autism Resources during COVID-19

For additional resources on supporting children and youth with ASD, please see pages 30 – 31 of the Behavioral Health Toolbox for Families: Supporting Children and Teens During the COVID-19 Pandemic.

Helping Children Feel Safe and Recover from Disaster

To have STRONG KIDS after a disaster, it is important for providers and caregivers to work on the following:

- **S** = **Safety** in their environment. Tell your children what to do if another emergency happens (like a fire, earthquake, or getting separated from family).

- **T = Trust.** Children need to trust that adults will care for them and keep them safe. Hold your child's hand to remind them that you are present. Give your child a tight hug and frequent cuddles to regulate your child's "fight or flight" response by calming their heartbeat and their breathing.

- **R = Routine** is essential for helping children to feel safe and adjust after a trauma. Routine means having a consistent bedtime every night, having meals around the same time of day, and maintaining school attendance.

- **O = Orientation** toward the future is important. Talk with your children about going back to school, seeing friends, playing, or making favorite meals.

- **N = Notice** what your children are doing. Make sure you know where your children are and who they are with. Decrease unsupervised time for children under 12 years of age.

- **G = Give** children information. Age-appropriate honesty and explanations about what's happening and what to expect are an important part of helping children feel safe and process traumatic experiences.

- **K = Knowing** your child's strengths. Talk with your children about the skills and behaviors that they are good at or enjoy doing. Praise your child for taking deep breaths when worried, for sitting quietly and playing, for holding your hand, for using manners, for going to school, or for other positive behaviors.

- **I = Inhaling and exhaling**. Practicing coping skills is important, even for little ones. Coaching kids to practice taking deep breaths and to think good thoughts can go a long way in helping children feel calm.

- **D = Direction** toward healthy behaviors. Encourage children to talk with you about how they are feeling and any worries they have. Help them eat nourishing foods and get enough sleep at night.

- **S = Specific response**. Children pick up on parents' emotions. Try to stay calm in front of your child to increase their feelings of safety. It's okay to cry and express emotion. We want to show children how to grieve and that it's okay to be sad, but you don't want to become so upset that your child becomes scared or has to comfort you.

Ayudando a que los Niños se Sientan Seguros y Recuperados por Desastres

Para tener STRONG KIDS (niños fuertes) después de un desastre, es importante para los proveedores y cuidadores que trabajen en:

- **S** = **Seguridad** en su medio ambiente. <u>Dígale a sus niños que hacer en caso de que pasara otra emergencia</u> (ej., incendios, terremotos, separación de familia).

- **C = Confié**. Niños necesitan estar confiados de que los adultos los van a cuidar y mantener seguros. Agárrale la mano a tus niños para recordarles que estas presente. Dale un abrazo fuerte y acarícielo frecuentemente para regular la ansiedad e intranquilidad del niño, calmando su ritmo cardiaco y su respiración.

- **R = Rutinas son esenciales para ayudar a que los niños se sientan seguros** y para que asimilen después de un trauma. Las rutinas significan que vallan a dormir al mismo tiempo todas las noches, que tengan las comidas en el mismo tiempo todos los días y que vallan a la escuela.

- **O = Orientación** para el futuro es importante. Hable con sus niños acerca de regresar a la escuela, ver a sus amigos, jugar o hacer sus comida favoritas.

- **O = Observe lo que sus niños estén haciendo**. Asegúrese de saber donde están sus hijos y con quien están; disminuya tiempo no supervisado para los niños menores de 12 años.

- **P = Provea información a sus niños**: Honestidad apropiada para la edad y explicaciones acerca de que esta sucediendo y de lo que sucederá son importantes para ayudar a que los niños se sientan seguros y puedan procesar experiencias traumáticas.

- **S = Sepa las fortalezas de sus niños.** Hable con sus niños acerca de habilidades y comportamientos que ellos son buenos o que disfruten utilizándolos. Felicite a sus niños por tomar respiraciones profundas cuando están preocupados, por sentarse callados jugando, por agarrar sus manos, por usar sus modales, por ir a la escuela, etc.

- **I = Inhalar y Exhalar.** Practicar habilidades de afrontamiento es importante, hasta para los niños pequeños. Ensenar a que los niños practiquen respiraciones profundas y a pensar en pensamientos positivos, pueden ser muy valiosos en ayudar a que los niños sientan calma.

- **D = Dirección** hacia comportamientos sanos. Aliente a que sus niños hablen con usted acerca de cómo se sienten y de algunas preocupaciones que tengan. Ayúdelos a comer sanamente y a que obtengan suficiente horas de sueno.

- **R = Respuesta Especifica**. Los niños saben reconocer las emociones de los padres. Trate de permanecer calmado en frente de sus niños para incrementar los sentimientos de seguridad. Esta bien llorar y expresar emociones, queremos mostrarle a los niños como sobrellevar una pena y que esta bien sentirse triste, pero no queremos llegar a ser tan molesto que sus niños se asusten o que lo tengan que consolar a usted.

References

1. Liem, A., Wang, C., Wariyanti, Y., Latkin, C. A., & Hall, B. J. (2020). The neglected health of international migrant workers in the COVID-19 epidemic. *The Lancet Psychiatry, 7*(4), e20.

1b. [Asian-Americans and Pacific Islanders in COVID-19: Emerging Disparities Amid Discrimination (nih.gov)](nih.gov)

2. SAMHSA. (2017, July). *Greater Impact: How Disasters Affect People of Low Socioeconomic Status.* Disaster Technical Assistance Center Supplemental Research Bulletin. https://www.samhsa.gov/sites/default/files/dtac/srb-low-ses_2.pdf

3. Washington Office of Superintendent of Public Instruction. (2020, October 7). Preliminary Enrollment Numbers Show Families Delaying Kindergarten Start; More Alternative Learning. *Medium.* https://medium.com/waospi/ preliminary-enrollment-numbers-show-families-delaying-kindergarten-start-more-alternative-learning-30a849e0a4ee

4. Ohio Department of Education. (2021, February 3). Data Insights: How the Pandemic is Affecting the 2020-2021 School Year. *Ohio Department of Education.* http://education.ohio.gov/Topics/Reset-and-Restart/Data-Insights-on-the-2020-2021-School-Year

5. Van Der Feltz-Cornelis, C., Varley, D., Allgar, V., & de Beurs, E. (2020). Workplace stress, presenteeism, absenteeism, and resilience amongst university staff and students in the COVID-19 lockdown. *Frontiers in Psychiatry, 11*, 588803. https://doi.org/10.3389/fpsyt.2020.588803

6. Hassan, F. U., Singh, G., & Sekar, K. (2018). Children's Reactions to Flood Disaster in Kashmir. *Indian journal of psychological medicine*, *40*(5), 414–419. https://doi.org/10.4103/IJPSYM.IJPSYM_571_17

7. Carrion, V. & Wong, S. (2012). Can traumatic stress alter the Brain? Understanding the implications of early trauma on brain development and learning. *Journal of Adolescent Health, 51*(2), S23-S28. https://doi.org/10.1016/j.jadohealth.2012.04.010

8. Teicher, M. H., Samson, J. A., Anderson, C. M., & Ohashi, K. (2016). The effects of childhood maltreatment on brain structure, function and connectivity. *Nature Reviews Neuroscience, 17*(10), 652-666. https://doi.org/10.1038/nrn.2016.111

9. Teicher, M. H., Anderson, C. M., & Polcari, A. (2012). Childhood maltreatment is associated with reduced volume in the hippocampal subfields CA3, dentate gyrus, and subiculum. *Proceedings of the National Academy of Sciences, 109*(9), E563-E572. https://doi.org/10.1073/pnas.1115396109

10. Boullier, M., & Blair, M. (2018). Adverse childhood experiences. *Pediatrics and Child Health, 28*(3), 132-137. https://doi.org/10.1016/j.paed.2017.12.008

11. Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse & Neglect, 69*, 10-19. https://doi.org/10.1016/j.chiabu.2017.03.016

12. Schickedanz, A., Halfon, N., Sastry, N., & Chung, P. J. (2018). Parents' Adverse Childhood Experiences and Their Children's Behavioral Health Problems. *Pediatrics, 142*(2), e20180023. https://doi.org/10.1542/peds.2018-0023

13. Gorka, A. X., Hanson, J. L., Radtke, S. R., & Hariri, A. R. (2014). Reduced hippocampal and medial prefrontal gray matter mediate the association between reported childhood maltreatment and

trait anxiety in adulthood and predict sensitivity to future life stress. *Biology of Mood & Anxiety Disorders, 4*(1), 12. https://doi.org/10.1186/2045-5380-4-12

14. Dannlowski, U., Stuhrmann, A., Beutelmann, V., Zwanzger, P., Lenzen, T., Grotegerd, D., Domschke, K., Hohoff, C., Ohrmann, P., Bauer, J., Lindner, C., Postert, C., Konrad, C., Arolt, V., Heindel, W., Suslow, T., & Kugel, H. (2012). Limbic Scars: Long-Term Consequences of Childhood Maltreatment Revealed by Functional and Structural Magnetic Resonance Imaging. *Biological Psychiatry, 71*(4), 286-293. https://doi.org/10.1016/j.biopsych.2011.10.021

15. Pozo-Rico, T., Gilar-Corbí, R., Izquierdo, A., & Castejón, J.-L. (2020). Teacher training can make a difference: Tools to overcome the impact of COVID-19 on primary schools. An experimental study. *International Journal of Environmental Research and Public Health*, *17*(22), 8633. http://dx.doi.org/10.3390/ijerph17228633

16. Verche, E., Aguirre, T., Borges, A., Aperribai, L., & Cortabarria, L. (2020). Teacher's physical activity and mental health during lockdown due to the COVID-2019 pandemic. *Frontiers in Psychology, 11*, 577886. https://doi.org/10.3389/fpsyg.2020.577886

17. Wang, Y., Ramos, A., Wu, H., Liu, L., Yang, X., Wang, J., & Wang, L. (2015). Relationship between occupational stress and burnout among Chinese teachers: a cross-sectional survey in Liaoning, China. *International archives of occupational and environmental health*, *88*(5), 589–597. https://doi.org/10.1007/s00420-014-0987-9

18. Eddy, C. L., Herman, K. C., & Reinke, W. M. (2019). Single-item teacher stress and coping measures: Concurrent and predictive validity and sensitivity to change. *Journal of school psychology*, *76*, 17–32. https://doi.org/10.1016/j.jsp.2019.05.001

19. Serralta, F. B., Zibetti, M.R., & Evans, C. Psychological Distress of University Workers during the COVID-19 Pandemic in Brazil. (2020). *International Journal of Environmental Research and Public Health, 17*(22), 8520. https://doi.org/10.3390/ijerph17228520

20. Tocino-Smith, J. (2020, September 1). *What is Eustress and How Is It Different than Stress? [2019 Upd.]*. PositivePsychology.com. https://positivepsychology.com/what-is-eustress/

21. Gordon, J., Downey, J., & Bangert, A. (2013). Effects of a School-Based Mentoring Program on School Behavior and Measures of Adolescent Connectedness. *School Community Journal, 23*(2), 227-250. https://files.eric.ed.gov/fulltext/EJ1028864.pdf

22. Kutsyuruba, B., & Godden, L. (2019). The role of mentoring and coaching as a means of supporting the well-being of educators and students. *International Journal of Mentoring and Coaching in Education, 8*(4), 229-234. https://doi.org/10.1108/ijmce-12-2019-081

23. Lindt, S. F., & Blair, C. (2016). Making a difference with at-risk students: The benefits of a mentoring program in middle school. *Middle School Journal, 48*(1), 34-39. https://doi.org/10.1080/00940771.2017.1243919

24. Herting, M., & Chu, X. (2017). Exercise, cognition, and the adolescent brain. *Birth Defects Research, 109*(20), 1672-1679. https://doi.org/10.1002/bdr2.1178

25. Lim, M. A., & Pranata, R. (2020). Sports activities during any pandemic lockdown. *Irish Journal of Medical Science, 190*(1), 447–451. https://doi.org/10.1007/s11845-020-02300-9

26. Hinojosa, L. (2018). Encountering and Becoming Role Models: Combating Underrepresentation in STEM. Rethinking Learning in the Digital Age: Making the Learning Sciences Count, 13th International Conference of the Learning Sciences (ICLS), 1, 120–127. https://repository.isls.org/bitstream/1/479/1/14.pdf

27. Gottman, J. & Declaire, J. (1998). *Raising an emotionally intelligent child: The heart of parenting* (1st ed.)*.* Simon & Schuster.

28. Mindell, J. A., Williamson, A. A. (2018). Benefits of a bedtime routine in young children, Sleep, Development and Beyond. *Sleep medicine reviews*, *40*, 93–108. https://doi.org/10.1016/j.smrv.2017.10.007

29. Centers for Disease Control and Prevention. (2017, March 2). *CDC - How Much Sleep Do I Need? - Sleep and Sleep Disorders*. Centers for Disease Control and Prevention. https://www.cdc.gov/sleep/about_sleep/how_much_sleep.html

30. Colizzi, M., Sironi, E., Antonini, F., Ciceri, M. L., Bovo, C., & Zoccante, L. (2020). Psychosocial and Behavioral Impact of COVID-19 in Autism Spectrum Disorder: An Online Parent Survey. *Brain Sciences*, *10*(6), 341. doi:10.3390/brainsci10060341

31. Eshraghi, A. A., Li, C., Alessandri, M., Messinger, D. S., Eshraghi, R. S., Mittal, R., & Armstrong, F.D. (2020). COVID-19: overcoming the challenges faced by individuals with autism and their families. *Lancet Psychiatry*, 7(6), 481-483. doi: https://doi.org/10.1016/S2215-0366(20)30197-8

32. Hartley, S. & Shilling, R. (2020, April 10). *Caring for children and adolescents with autism during COVID-19* [Webinar]. American Psychological Association. https://www.apa.org/topics/covid-19/children-adolescents-autism

33. Narzisi, A. (2020). Handle the Autism Spectrum Condition During Coronavirus (COVID-19) Stay At Home period: Ten Tips for Helping Parents and Caregivers of Young Children. *Brain Sciences*, *10*(4), 207. doi:10.3390/brainsci10040207

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.