SCOPE OF PRACTICE IN THE COVID ERA: APPROPRIATELY ADDRESSING STUDENTS' POST-TRAUMA NEEDS

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OUTCOMES

Participants will be able to:

- Describe common emotional, psychological, and academic responses to the Covid-19 Pandemic
- Understand the role of Educational Therapists in post-covid intervention
- Apply techniques that address clients' social emotional issues within scope of practice

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SETTING THE STAGE: THE COVID-19 PANDEMIC

- Universal collective slow-motion trauma
  - Not individual, family, small group, or community
- Worldwide
- Late 2019-present
- Illness/Hospitalization/Death
- Lockdown
- Masks
- Social distancing
- Fear
- Trauma

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WHAT IS TRAUMA?

Oxford English Dictionary App:
- a deeply distressing or disturbing experience." a personal trauma like the death of a child"

  - emotional shock following a stressful event or a physical injury, which may be associated with physical shock and sometimes leads to long-term neurosis.

  - *synonyms: shock, upheaval, distress, stress, strain, pain, anguish, suffering, torment, agony, misery, heartbreak, wretchedness, affliction, woe, excruciation.*

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## DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS 5-TR (DSM 5-TR)

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
- Directly experiencing the traumatic event(s)
- Witnessing, in person, the event (s) as it occurred to others
- Learning that the traumatic event (s) occurred to a close family member or friend
- Experiencing repeated or extreme exposure to aversive details of the traumatic event (s).

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HOW HAS THIS UNIVERSAL SLOW-MOTION TRAUMA IMPACTED OUR STUDENTS?
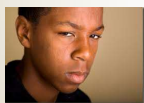
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WHAT HAPPENED?

- January 30, 2020: World Health Organization (WHO) declared Covid-19 *a Public Health Emergency of International Concern.*
- March 11, 2020: WHO declared Covid-19 a Global Pandemic
- Immediately steps were taken worldwide to minimize the spread of Covid-19
  - Social distancing
  - Masks
  - Lockdowns
  - Isolation/Quarantine

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SOME RESULTS

- Confusion/unclear messaging
- Job loss
- Economic hardship
- Ill family members and friends
- Fear of potential illness
- Increased domestic violence
- Childcare concerns

- Working from home
- Distance learning
- Varied levels of preparedness
  - Districts
  - Principals
  - Teachers
  - Parents
  - Students

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INEQUITY, INEQUALITY AND SOCIAL EXCLUSION

- Affected virtually all the nation's K-12 students
- Multiple studies indicate that the effects more severe for traditionally underserved students, such as students of lower SES, Black and Hispanic students, and students with learning differences (Huck 2021, Kwakye 2021, Reimers 2022, UNESCO 2022)
  - Unequal funding for schools
  - Unequal access to materials, devices, internet
  - Differences in level of teacher engagement
  - Differences in level of parent engagement/availability
  - Lack of availability of support services

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GENERAL IMPACT

- Organization for Economic Co-operation and Development study (2020):
  - Missed learning opportunities will, "result in a long-term, if not life-long, disadvantage for the generation of K-12 students who experienced the pandemic."
- Various Studies
  - impact of a full year of learning loss estimated it as a 7.7% decline in discounted GDP (Hanushek & Woessman, 2020).
  - $10 trillion dollars in lost earnings over time for the current generation of students (World Bank, 2020)
- UNESCO(2022): 21,063 students, 15,004 teachers, 1,581 principals in 11 countries
  - Time limited in this presentation, but worthy of further investigation

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MENTAL HEALTH

- Incident rates of anxiety, depression, and psychological distress more than doubled during the period of 2020-2022. (Khubchandani, 2022)
- Approximately 42% of the world population is experiencing long tern negative effects such as:
  - Stress, depression, anxiety, feelings of panic, hopelessness, or desperation, frustration, insomnia, irritability, emotional exhaustion, grief, low self-esteem, and traumatic stress symptoms. (Turmaud, 2020)
- Suicidality increased significantly, approximately 2% per year, between 2019 and 2021 amongst 12–17-year-olds. (Yard, et al, 2021)
- Crisis Communication and Safety in Education Concerns, Challenges & Planning for the 2022–2023 School Year (Rave, 2022)
  - 61% of teachers report student mental health is #1 concern
  - 41% reported bullying and cyberbullying as a major concern
  - Physical assaults on campus up 14%

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SOCIAL/EMOTIONAL

- For many students, school is the primary location of social and emotional connection, interaction, and support. (Huck 2021)
- Students report:
  - Feelings of loneliness during lockdown
  - Missed crucial social interactions
  - Less comfortable asking for help
  - Less connected to teachers and friends
- Crucial developmental stages such as middle school and K-2 were missed for some students.
  - Missing social cues
  - Language development

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DEVELOPMENTAL

- Brain development issues associated with Covid-19 pandemic stress (George et al, 2021)
  - Chronic stress can harm the brain can have long term effects and lead to increased anxiety, depression, and psychopathology
  - Damage to the hypothalamic-pituitary-adrenal axis (HPA) can lower immune response and harm cognitive processing, resulting in both physical and mental health
  - Changes in pre-frontal cortex and hippocampus development
    - Associated with executive function, focus, emotion and mood needed for academic pursuits
    - Stress leads to dysregulation, memory loss, poor focus, and can lead to negative behaviors, school failure, and poor long-term outcomes.
- Anecdotal Autism discussion

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ACADEMIC

- Lockdowns result in an average of 66 percent of the learning gains in reading and 44 percent of the learning gains in math, relative to the gains for a typical school year. (Brown University, 2021)
- 40 % increase in students assessed as below grade level
- Younger students show greater increase in below grade level performance than older students. (Kwakye, 2022)
- Fewer students graduating
- Fewer students applying for colleges
- Deficit greater in math than reading or writing

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RECOMMENDED TRAUMA TREATMENT

The American Psychological Association recommends the following treatments for PTSD:
- Cognitive Behavioral Therapy:
  - focuses on changing patterns of behaviors, thoughts and feelings related to the trauma that create challenges.
- Cognitive Processing Therapy
  - helps clients learn how to modify and challenge unhelpful beliefs related to the trauma.

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- Cognitive Therapy
  - Focuses on modifying negative evaluations and memories of the trauma, in order to disrupt disturbing behavioral and/or thought patterns.
- Prolonged Exposure therapy
  - teaches individuals to gradually approach trauma-related memories, feelings and situations.

The APA conditionally recommends:
- Brief Eclectic Psychotherapy
- Eye Movement Desensitization and Reprocessing (EMDR) Therapy
- Narrative Exposure Therapy (NET)
- Medication

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IF WE CAN'T DO THAT, WHAT CAN WE DO?

- Academics can no longer take precedence as a primary focus of our relationship with our students.
- More than ever before, we must address the whole child.
- As with any trauma, attending to the immediate emotional needs of the child are of utmost importance.
- We can't ignore it as if it didn't happen.
- Talk openly about student's feelings about the pandemic.
- Acknowledge fears and validate experiences
- Advocate for mental health services in schools

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SO...HOW DO WE DO THAT AND STAY WITHIN OUR SCOPE OF PRACTICE?

- Scope of practice is the limit of a professional's knowledge, skills and experience and is made up of the activities they carry out within their professional role.
- In most cases, scope of practice is guided by the ethical and professional training and certification standards of a profession.

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AET CODE OF ETHICS

- Educational Therapists:
  - are committed to the development of professional skills appropriate to the special needs of clients and devoid of false claims or guarantees.
  - provide professional services only within the boundaries of their competence based on their education, training, supervised and professional experience while operating within the scope of practice and ethics of the Association of Educational Therapy.
  - create safe and effective learning environments which contribute to the fulfillment of needs, motivation to learn, and enhancement of self-concept.

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- recognize that the relationship of home and community environmental conditions affects the behavior and outlook of the client.
- facilitate referral to other appropriate professionals for services as needed.
- have an ethical obligation to protect the welfare of children and adolescents. An educational therapist who suspects abuse should report it to the appropriate state agency or department.

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AS EDUCATIONAL THERAPISTS,

- We *are* trained to address to address emotional, psychological or behavioral issues related to learning.

- We *are not* trained to address serious emotional, psychological or behavioral issues related to mental health.

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SOCIAL EMOTIONAL ISSUES WITHIN OUR SCOPE OF PRACTICE

Self Awareness

- Awareness of the fact that one has feelings, thoughts, and behaviors.
- Ability to recognize oneself as an individual separate from the environment and other individuals.

Self-Esteem

- Overall positive or negative evaluation of the worth of oneself and how we think or feel about it.
- Beliefs about personal competence
- Emotions, such as triumph, despair, pride or shame.

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SOCIAL EMOTIONAL ISSUES WITHIN OUR SCOPE OF PRACTICE

Self-efficacy

- Belief in one's ability to succeed in a particular situation.
- Impacts how goals, tasks and challenges are approached.

Self-image/Self-schema

- Mental picture an individual has of themself, formed using both objective and subjective data.
- Three types
  - Self-image: how the individual sees themself.
  - Self-image: how others see the individual.
  - Self-image: how the individual perceives others see them.

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SOCIAL EMOTIONAL ISSUES WITHIN OUR SCOPE OF PRACTICE

Self-concept

- A person's beliefs about themselves (academic performance, gender roles, sexuality, racial identity)
- Answers the question, "Who am I?"
- Includes past, present and future selves

Self-regulation

- Critical competency that underlies mindful, intentional and thoughtful behaviors (Executive function).
- Important to emotional, social, physical and psychological well being.

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SOCIAL EMOTIONAL ISSUES WITHIN OUR SCOPE OF PRACTICE

Social Emotional Development

- An individual's experience, expression and management of when interacting with other people and social situations.
- Ability to understand one's own feelings and accurately comprehend the feelings of others, in service of developing empathetic relationships.

Social Cognition

- How an individual processes, stores and applies information about other people and social situations.
- Ability to understand when and how to utilize social conventions and behaviors appropriately in service of developing and maintaining relationships.

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COGNITIVE BEHAVIORAL AND OTHER TECHNIQUES TO ADDRESS POST PANDEMIC SOCIAL/EMOTIONAL ISSUES

- Check-In
- Active Listening
- Restructuring
- Modeling & Role Playing
- Mindfulness
- Journaling
- Systematic Positive Reinforcement
- Games
- Fidgets/Stuffies/soothing atmosphere

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CHECK-INS

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CHECK-INS

- Common wisdom to greet students and have a brief chat with them
- Post Covid-19 the importance of this rises
- Give more time to welcome chat
- Personalize the questions for each student
- Include previous knowledge or items from previous discussions
- Can include questions directly related to social/emotional issues, behavior, school success, outside interests, pets, teachers, etc.
- Can utilize feelings charts, number scales, etc.

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BARRIERS TO SUCCESSFUL CHECK-INS

- Feeling rushed
- Adherence to the plan
- Concern that you won't be able to finish everything
- Concern that something might come up that you can't handle.

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ACTIVE LISTENING

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ACTIVE LISTENING

- Used to encourage open communication, problem solving and understanding, while building rapport and trust.
- Developed by Humanistic psychologist, Carl Rogers
- Includes a wide range of practices.

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TWELVE SKILLS FOR ACTIVE LISTENING

Restating

- Paraphrase what you think the person said in your own words.
- "Let's see if I'm clear about this." or "What I hear you saying is…"

Summarizing

- Check for understanding by stating the facts of the problem.
- "It sounds to me like you and your mom don't agree on. . ." or "You and Sean had a fight after school. Is that it?"

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TWELVE SKILLS FOR ACTIVE LISTENING

Encouragers

- Use brief, positive prompts to keep the conversation going and show you are listening
- "umm-hmmm," "Oh?" "I understand," "Then?" "And?"

Reflecting

- Instead of repeating, reflect the student's words in terms of feelings. This can help the client see things more objectively.
- "This seems really important to you. . ." or " You sound frustrated."

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TWELVE SKILLS FOR ACTIVE LISTENING

Feedback

- Briefly, communicate your initial thoughts about the situation.
- Share pertinent information, observations, insights, and experiences. Then listen carefully to confirm.

Probing Questions

- Ask questions to draw the client out and get deeper and more meaningful information
- "What do you think would happen if you. . .?"

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TWELVE SKILLS FOR ACTIVE LISTENING

Validation

- Acknowledge the client's actions, issues, and feelings, by listening with empathy, and responding in an interested way.
- "I appreciate your willingness to talk about such a difficult issue. . ." or "That must have been very hard for you."

Pause

- Deliberately pause at key points for emphasis or to demonstrate pondering before speaking.
- "Let me think about this for just a minute." or "I want to say exactly what I mean."

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TWELVE SKILLS FOR ACTIVE LISTENING

Silence

- Allow for comfortable silences to slow down the conversation. Give the client time to think as well as talk.
- Silence can also be very helpful in changing the course of an unproductive interaction

"I" Messages

- Use "I" statements to focus on the problem not the person. An I-message lets the client know what you feel and why
- "I know you have a lot to say, but I need to. . ." or, "When you said that I felt worried."

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TWELVE SKILLS FOR ACTIVE LISTENING

Redirection

- If someone is showing signs of being overly aggressive, agitated, angry, or is perseverating on a topic, shift to another topic or activity.
- "That sounds very upsetting. Did anything else happen in school today?" or redirect client to another activity.

Consequences

- Depending on the issue, it may be necessary to talk about the possible ramifications of the problem. Take your cues from what the client says about the experience.
- "What happened the last time you yelled at another client on the playground?"

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BARRIERS TO ACTIVE LISTENING

- "Why" questions: Can create a defensive atmosphere.
- Quick reassurance: "Don't worry about that."
- Advising : "I think the best thing for you is to …"
- Patronizing: "You poor thing, I know just how you feel."
- Preaching : "You should. . ." Or "You shouldn't. . ."
- Probing for information or forcing the conversation: Can feel invasive rather than supportive.
- Interrupting: Rude and indicates lack of interest in what the client is saying.

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COGNITIVE RESTRUCTURING

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COGNITIVE RESTRUCTURING

- Trauma or other anxiety producing experiences can create cognitive distortion and unrealistic thinking/fears.
- Cognitive Restructuring questions/conversation starters.
  - What are the chances…?
    - When client worrying about something that is very unlikely to happen
  - What is the worst thing…?
    - When a client is catastrophizing possibilities
  - Am I right to think that…?
    - When a client is using faulty or absent evidence
  - What is this worth?
    - When a client is spending a lot of time on a small problem
  - The History Game: Five years from now, will this really matter?
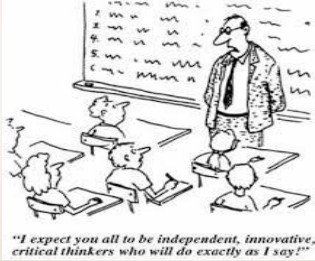
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BARRIERS TO COGNITIVE RESTRUCTURING

- Lack of confidence
- Training
- Time constraints

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MODELING & ROLEPLAYING

"I expect you all to be independent, innovative, critical thinkers who will do exactly as I say!"

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MODELING

- A technique used to influence behavioral change, and improve interpersonal skills through observation of exemplar behavior
- Developed by Albert Bandura as a means of changing aggressive, violent or other counterproductive social behaviors.

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MODELING

Live Modeling

- Involves the client observing a "model" such as the educational therapist, perform a specific behavior
- Holding a door open for the client to pass through, helping pick up something that was dropped, or talking through a problem or, when coming across a difficult word when reading, "I don't know what that word means. I think I'll look it up in the dictionary."

Symbolic Modeling

- Involves the client observing a behavior indirectly.
- Reading a book or watching a video.

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MODELING

Role Playing

- The educational therapist role-plays a behavior with the client in order for the client to practice the behavior.
- Asking a question in class, or meeting a friend on the playground

Participant Modeling

- The educational therapist models the behavior and then does the behavior with the clients.
- Walking to the bus stop or entering the classroom.

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MODELING

Covert modeling

- When it is not possible to observe a desired behavior, the educational therapist may use visualization techniques to model appropriate behavior for a client.
- Describing how the client will act and what they will say when they meet their new teacher.

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BARRIERS TO MODELING & ROLEPLAYING

- Concern about training
- Time constraints
- Concerns about relevance to goals
- Wanting to keep focus on academics

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MINDFULNESS

Mind Full, or Mindful?

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MINDFULNESS

- Relaxation and lowering anxiety are more important than ever in a post lockdown world
- Can be a routine or something you do when needed
- Provides clients with techniques that can be used both during and outside of sessions
- Empowers clients to take greater control of their lives
- Increases focus
- Helps manage stress
- Prepares clients for academic work

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MINDFULNESS

- Breathing exercises
- Visualization
- Physical challenges/heartbeat exercise/balance
- Body Scan
- Relaxation techniques
- Sensory "present moment" games
- Many, many more

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BARRIERS TO MINDFULNESS ACTIVITIES

- Concerns about training
- Time constraints
- Concern about relevance

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JOURNALING

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JOURNALING

- Writing about a feeling, thought, or experience can help clients work through challenges.
- Recommend as an outside activity
- Use in session on an as needed basis
  - Pen, pencil, crayons, collage, etc.
  - Single word lists, narrative, pictures, captions
  - personal story
  - ET selected reading
  - ET created writing prompt related to previous conversation
  - Can use like any other writing activity (edit, revise, etc.)
  - Can lead into important conversations

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BARRIERS TO JOURNALING

- May feel difficult to relate it to the work you are doing
- Need to complete specific work
- Need to cover specific concepts
- Time constraints

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SYSTEMATIC POSITIVE REINFORCEMENT

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SYSTEMATIC POSITIVE REINFORCEMENT

- ○ Encourage positive behaviors or discourage negative behaviors:
- ○ One target at a time
  - ABC
  - Purpose- avoidance or acquisition of something
  - Predictors
    - What is present in or missing from the environment that supports the behavior?
  - Replacement behavior
    - Environmental changes needed to support replacement behavior
      - Time, space, material, interaction

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SYSTEMATIC POSITIVE REINFORCEMENT

- o Reinforcement (positive or negative) means something different than you think
  - o Positive to increase behavior
  - o Negative to decrease behavior
- o Teaching strategies needed
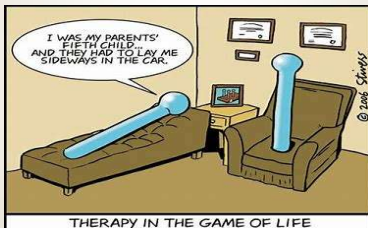- o Reinforcers: physical, verbal, tangible, contingent access, tokens or points, privileges

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BARRIERS TO SYSTEMATIC POSITIVE REINFORCEMENT

- o Difficult to create a well-developed behavior plan
- o Experience and training
- o Ideas about fairness
- o Time involved in creating a well-developed plan
- o consistency

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GAMES

THERAPY IN THE GAME OF LIFE

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GAMES

- Excellent opportunity to practice active listening
- Model social interaction
- Relaxation
- Cognitive and social development
- Opportunity for casual conversation
- Learning opportunity
- Reduce anxiety
- Great time to develop language
- Many educational therapists include games in every session

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GAMES

- Wiz Kidz
- Blink
- Last Letter
- Quiddler
- Anomia
- Wordical
- Listography
- Jenga

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BARRIERS TO USING GAMES

- Availability of games
- Time constraints
- E-practice
- Traveling practice

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FIDGETS, STUFFIES, ATMOSPHERE

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FIDGETS, STUFFIES, ATMOSPHERE

- Create a workspace that is welcoming, comfortable, and conducive to stress reduction
- Make fidgets available
- Have soft toys or other comforting objects available
- If possible, put pleasant images on the walls
- If possible, have a variety of seating options
- Minimize clutter

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SOCIAL EMOTIONAL ISSUES OUTSIDE OF OUR SCOPE OF PRACTICE

- Mental illness
- Personality disorders
- Serious family issues
- Serious personal issues
- Serious social issues
- Issues of abuse and neglect, except as a mandated reporter
- Harm to self or others, except as a mandated reporter

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IF THESE ISSUES COME UP A SESSION, YOU SHOULD

- Address the issue in the moment, using techniques such as active listening.
- Do not attempt to cope with issues and situations beyond your scope of practice.
- Seek consultation and support from other professionals, when appropriate.
- Be honest and open with clients and parents about what your role is and what it is not.
- Be open about what your next steps will be and why you have chosen those steps.

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- Include the client and parents in the preparation for the next steps, when possible and appropriate.
- Always have referrals ready to provide to parents.
- Participate in the resolution of the issue , as one member of the collaborative team, when possible and appropriate.
- When a specific action is mandated by law, take action decisively and swiftly.

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CHILD ABUSE REPORTING

- While laws differ in their details, all states have mandatory reporting laws.
- Educational therapists are mandated reporters in some states, but not others. It is your obligation to know the laws in your state.
- As professionals who work with children under the age of 18, we are ethically bound to protect children.
- In most the states, the guidelines are to report if *suspected* child abuse or neglect within 24 hours of learning about the abuse. This is an exception to the rules of confidentiality.
- You do not have to be an eyewitness to abuse to report it.
- Most states have a hotline where you can find out if the incident must be reported. Use this service.
- Be prepared to support the family after the report is made.

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DANGER TO SELF OR OTHERS

- While laws differ in their details, all states have mandatory reporting laws.
- If you believe a client is a danger to themselves or others, you should report it to the proper authorities. This is an exception to the rules of confidentiality.
- The proper authorities differ from state to state. Check your local authorities and laws to determine who should be notified and when.
- The *HIPAA* Privacy Rule permits a covered entity to disclose personal information, when the covered entity has a good faith belief that the disclosure:
  - is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others and
  - is to a person(s) reasonably able to prevent or lessen the threat.
- This may include disclosure to law enforcement, family members, the target of the threat, or others who the covered entity has a good faith belief can mitigate the threat. The disclosure also must be consistent with applicable law and standards of ethical conduct.

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SUICIDE

- Always take a threat of suicide seriously
- Determine if the client has a plan and the means to enact the plan.
  - If you believe the client has a plan and the means, you should act in accordance with local laws. This may mean an involuntary psychiatric hold for a minimum of 72 hours.
  - If you believe the client is not in eminent danger, you can create a 'no harm' contract, alert the parents , and refer to an appropriate allied professional.

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BARRIERS TO ACTION

- We chose this profession because we are caring, compassionate people.
- We develop therapeutic bonds with our clients and may feel like 'one of the family.'
- We want to believe we are able to help.
- We do not want to be the catalyst for upheaval in our client's lives.
- We want to believe what we are seeing isn't that bad, isn't important, or is just a 'phase.'

We *can not* let these feelings stop us from acting ethically and legally when we become aware of an issue that is beyond our scope of practice.

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BUT WAIT...THERE'S HOPE!

- As with more typical trauma, with support, time, and strong, caring relationships the effects of this unique traumatic event can be mitigated.
- Educational therapists can play an important in this process
- …and we can do it well within the scope of practice.

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Questions or Comments?

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THANK YOU FOR COMING!

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