Interim Guidelines

A Whole Community Response to Post-Pandemic Mental Health:

Reconnect, Assess, and Prepare

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OVERVIEW

While the pandemic still weighs heavy on the shoulders of many, the growing availability of vaccines has led to measured optimism from some that COVID-19 will come to an end. Governments, workplaces, helping agencies and educational systems are beginning to deliberate and hopefully pose this crucial question: What will post-pandemic functioning look like?

It is well established that human beings and human systems (families, workplaces, communities, etc.) naturally tend toward homeostasis and will strive to return to their lowest anxiety state which is doing what we did before the pandemic! From the outset of the pandemic we stated that the best predictor of how individuals and systems would do during this worldwide traumatic event would be influenced by their pre-pandemic functioning. This includes whether our families, workplaces, schools and communities were "naturally open systems" or "naturally closed"; "traumatically open systems" or "traumatically closed". In part, depending on pre-pandemic functioning, some have done just fine, some have done "ok" but some have paid a heavy social, emotional and traumatic price. For some individuals, part of that price has been physical disconnection from loved ones. For others, it has been emotional disconnection between loved ones with whom there has been excessive proximity over the course of the pandemic. Regardless of which side of the spectrum, the trauma of disconnection will be evident in varying degrees of intensity.

There are also generational variations in reactions. According to a 2020 Workplace Intelligence study that surveyed 12,347 workers across 11 countries, 89% of Millennials and 83% of Generation Z noted that the pandemic had a negative effect on their mental health, compared to just 62% of Baby Boomers. Every generation feels the effects of the pandemic differently and needs specialized tools to help them manage their experiences with stress, anxiety, and the separation of home and professional life. This notion re-anchors us to the Traumatic Event Systems (TES™) Model of Crisis and Trauma Response principle that 10 different individuals exposed to the same traumatic stimuli (pandemic) will have 10 different responses. It stands to reason that children, depending upon their age and developmental levels, may also have different reactions to the pandemic.

The following are dominant themes identified during each wave of the pandemic that have had minimal influence on some but a profound influence on many.

First Wave: The dominant theme was "We are in this together"! This was everyone's first worldwide pandemic, and as this shared challenge, COVID-19, rolled out in real time—world-wide and with relentless media covereage—an (arguably romanticized) belief was fostered:

that the collective, facing the same peril, could pool their significant technological and scientific prowess and, in it together, would effectively manage and eradicate this illness—certainly more efficiently than any other generations facing pandemics in the past.

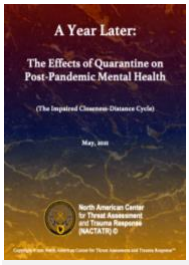
Second Wave: The dominant theme was "We are alone together"! As the pandemic dragged on, the weight of restrictions and containement measures limited or completely cut contact with some in our circles all while amplifying—sometimes suffocatingly—contact with others. In addition, the first subtle and non-subtle components of polarization began to rear troublesome heads as suddenly differing beliefs about and/or interpretations of COVID-19 data started to form 'camps' around us. Polarizing us further was the notion of essential versus non-essential workers (which often meant the difference between employed and laid off), which felt like a caste system to some, and generated feelings ranging from guilt to resentment. 'In this together'? No. Not anymore.

The barrage of complicated dynamics within the Second Wave was not only draining to individuals' reservoirs of 'Emotional Energy', but consider also how changes in service delivery at work, having to bring work into the sanctity of our homes, and learning how to spend an inordinate amout of time with loved ones we live with set many on a simultaneously steep new learning curve.

Factoring all of these variables in then, and knowing we all approach challenges and changes with our own unique skill sets and points-of-view, it's understandable, why the initial collective notion of facing the pandemic as a global community morphed, in the Second Wave, into something many felt they were facing alone (and sometimes lonely).

Third Wave: The dominant theme is "I'm Done". Even individuals who were compliant with containment measures in the first two thirds of the pandemic are beginning to lose hope this will ever end, or end soon, and have adopted varying degrees of "live fast and die young" (ages 49 and under) or "you only live once and I can't do this anymore" (ages 50 and above). Therefore, some have transitioned into a "denial of impact" regarding their dismissal of further containment measures. Others have diminished hope that a brighter future lays ahead.

Beyond these themes, there is a greater issue that has already had an impact on some during the pandemic, and will continue to well into post-pandemic functioning, namely: the effects of an "Impaired Closeness-Distance Cycle" in families and relationship systems. In every age group, work situation and profession, the most common experience was the lack of connection with peers, friends and family members. Losing those connections presents a major risk factor in our 'resilience immunity' that has wide repercussions when we think about resuming, re-establishing or starting new relationships. As a precursor to these Guidelines, we released "A Year Later: The Effects of Quarantine on Post-Pandemic Mental Health". This paper should be read before a full application of these Guidelines is undertaken.



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Quarantine and containment measures may result in health benefits by managing the virus, however navigating through the range of side effects (positive and negative) has been challenging. For some they are life changing depending upon the balance of protective factors, risk factors and external and internal stresses. Families and other relationship systems where pre-pandemic functioning was poor have experienced an increase in symptom development due to intense physical proximity. Without the benefits of anxiety lowering distance phases, like the children going to school, and the parents and caregivers going to work, symptoms have become more pronounced. The chart below depicts six primary manifestations of closeness-distance cycles during the pandemic. The chart was first published in the paper referenced above and on page 6 of that document there is an embedded 11:33 training video. *Click on the image above to review.*

These "Interim Guidelines" have dual purposes. First, they are a means to assist all governments, workplaces, helping agencies and educational systems to assess the social, emotional and traumatic impact of the pandemic on those we are responsible for within our own organizations. Secondly, they are a means to assess the social, emotional and traumatic impact of the pandemic on those we are providing professional services to in our professional capacities. These Guidelines will provide structure, to multi-ministry and multi-disciplinary teams of professionals, especially those who are Violence Threat Risk Assessment (VTRA™) and/or Traumatic Event Systems (TES™) Model trained. Interim Guidelines offer a process for community protocol partners to close the connection gap that now exists between those we were supporting 'pre pandemic' and those we have become disconnected from. The guidelines will also help to plan connection strategies with those who were not in need of our services/support prior to the pandemic - but are in need now.

Effects of Quarantine:
The Impaired Closeness-Distance Cycle

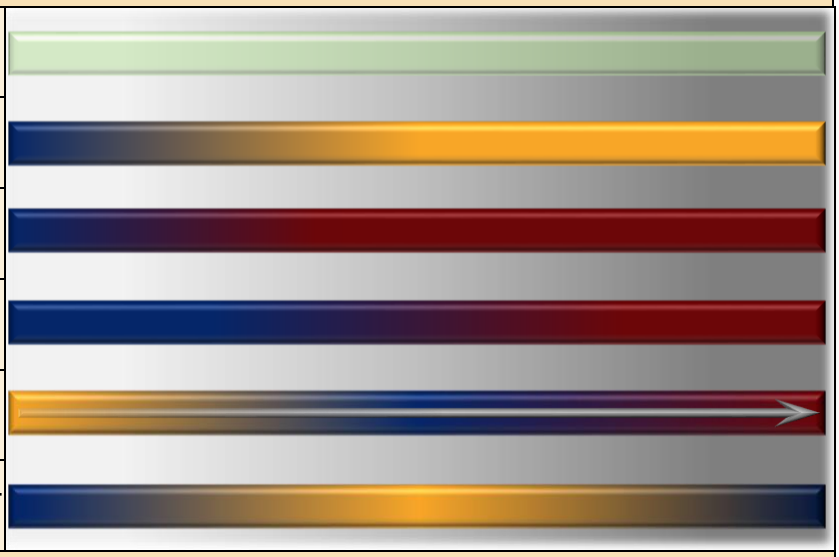
Pathways for Pre-Pandemic, Pandemic, and Post-Pandemic Functioning	
No change	
Thrived with carry-over to post-pandemic.	
Increase in the frequency and intensity of already existing pathologies or abuse dynamics.	
Rekindling of prior pathologies or abuse dynamics.	
Exposure of pathologies or abuse dynamics that had laid dormant and never been exposed until quarantine.	
Thrived contextually, but will experience post-pandemic loss or tension or anxiety.	

Diagram Legend	
	Homeostasis
	High Level of Functioning
	Moderately Impaired Functioning
	Significant Dysfunction and/or Abuse
	Individual Pathology (Dormant)

Although the "Interim Guidelines" are for whole-community application, their development was, in part, prompted by growing discussions among researchers and educators that the pandemic has caused an enormous "learning gap" or "education gap" for students that will take years to close. For some this has been a panicked "the sky is falling" message at a time when students, staff, parents and caregivers are tired. Rather than add an additional layer of distress, a more reasonable approach is to acknowledge the uniqueness of the past year and a half while accepting that there was always a connection and learning gap for many racialized, marginalized, and economically deprived individuals, families and communities. It's just that some who are not racialized, marginalized, and economically deprived are seeing it more clearly now.

Many children and families who have not been able to stay engaged or fully engaged with education fall into the aforementioned categories, but for some it is due to the effects of the impaired closeness-distance cycle or a combination of both. Either way, it is evident that the primary intervention in addressing a learning gap is to close the "Connection Gap" that the pandemic has created. The "Connection Gap' is more than just a lack of emotional connection with our students and staff during the pandemic, it is indeed to one extent or another a traumatic disruption of the emotional ties necessary for positive mental health and functioning, both educationally and in all other aspects of life function [esp. given the key role of social-emotional well being that adult-student connections within the educational environment provide---SEE Below

for elaboration on these key connections and the wide ranginging traumatic impact of their disruptions]. Strategic "connection" plans for reaching out to those we may have lost contact with during the pandemic will lay the foundation for more useful post-pandemic engagements with individuals and families. We need to make contact now before those who we are concerned about begin to accommodate to this artificial state they are in and assume it as their "new normal". The greatest socially constructed threat we have is that our vulnerable individuals and families will accept the social, emotional and traumatic effects of the pandemic as their new normal and no longer want to engage with our supports.

There may be wide variations of contextually unique social, emotional and traumatic impacts at the provincial, regional, city or community levels. For example, some schools in the US have had classes in person/in school for many months. In contrast, however, the Los Angeles Unified School District according to an LA Times article, reported that 75% of students have not returned to classrooms that are fully opened on school campuses. Across Canada, the pandemic has wreaked havoc on all levels of education. Data varies across provinces but the traumatic impacts are indisputable. Therefore an initial assessment is key to planning an effective community wide response reminding us that: "the better the data, the better the assessment, the better the assessment the better the intervention".

Three studies that represent a mega-analysis of hundreds of disasters concur that these are inescapable changes that will challenge all individuals, families and organizations:

Out of this community wide level of disruption, a Whole Community Response to Post-Pandemic Mental Health is needed. What we know about Crises and Disasters is that they are times of danger and opportunity. Every person and organization who has to confront them are impacted. Conditions may get worse or they can get better but they will not remain the same. Some aspects of life will be redefined. What will remain the same is the need for human connection.

Insight Into Ourselves and Self-Compassion

Before we can genuinely and practically reach out to help our leadership, peers, subordintes, teachers, students and families to whom we are responsible, we must honestly and deeply take stock of the emotional/affective impacts and the trauma the pandemic has had upon ourselves. That begins with a private personal "psychological inventory": sitting quietly and mindfuly and allowing our thoughts and feelings about the impact of this pandemic upon our psychological selves "bubble up" from the deepst recesses of our own selves; our thoughts, memories feelings, losses, when appropriate, our grief; and especially the most difficult experiences we've had --and spend time facing them. For some that will mean creating a list and reviewing it to see where we stand in our progress of handling these issues. For others it may be a more open ended time set aside to "feel through" these important issues and take stock.

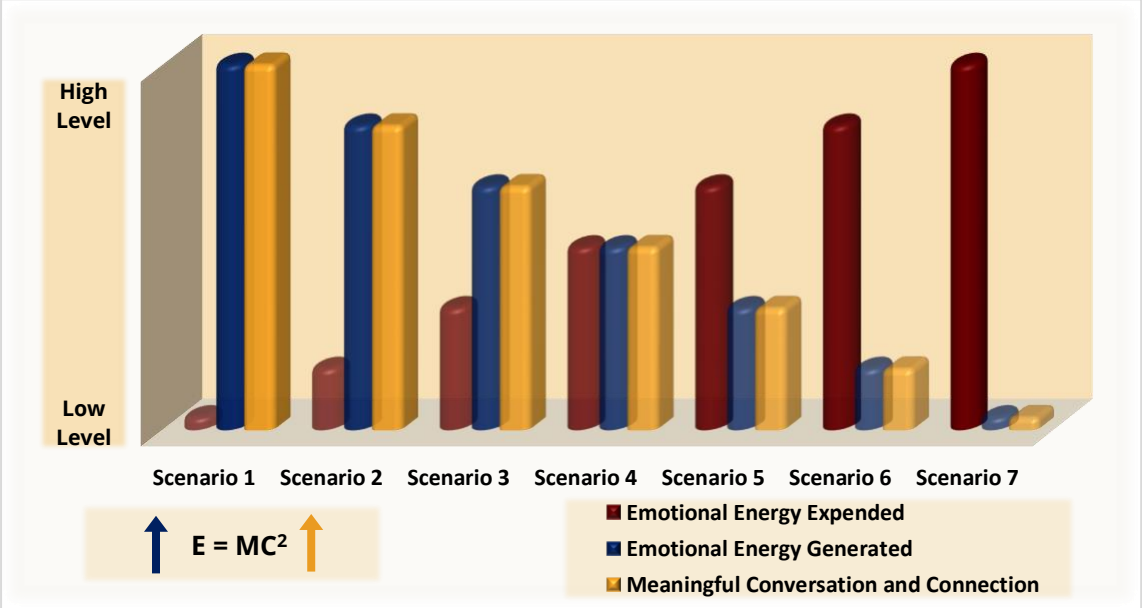
While this process must begin personally, at a certain point some will want to share these experiences and where they stand presently in grappling with them to increase peer leadership support and bonding. Certainly some of the more evidence-based measures included in these guidelines [e.g., the QCI Inventory and especially The Professional Quality of Life Scale (PROQOL]

can be a tremendous aid in this process. But the bottom line will always be that in order to lead & heal others you must first [and through a continual processs] need to understand and heal youself through connection with others.

A significant component of this process involves gaining empathy for those whom you lead and work with, which emanates from "self-empathy" and "self-compassion" gained through the procecess, just described. Genuine empathy is neither sympathy or mere caring---both important functions, but distinct from true empathy. Most simply empathy represent the emotional capacity to "put one's self in the emotional shoes" of another and align one's mind and feelings to imagine what they are or have experienced. One's own shared pain will be a component of this process but must serve as the backdrop of the deeper process to reach across into a meaningful and ultimately actionable response to the sense of the pain and struggle of the "other". As such:

> Our number one "mental health inoculation" for professionals is **E=MC²**: the "Emotional Energy = The Power of a Meaningful Conversation and Connection". **E=MC²** helps to lower anxiety and guide data-driven interventions for those we are concerned about or who have become disconnected from us. To lessen the effects of the pandemic on the quality of mental health post-pandemic, the sooner the connection or reconnection the sooner we can reduce symptom development.

Emotional Energy



	Scenario						
	1	2	3	4	5	6	7
Pre-Pandemic Functioning							
Pandemic Functioning							
Post-Pandemic Functioning							

There are personal and professional relationship systems that often result in meaningful conversations that can increase our emotional energy at the time of occurance. They can even sustain us into the future, including fueling our capacity to have meaningful conversations with others. For all helpers and leaders of sytems, creating the context for this type of connection is essential. As noted in the above diagram, the gold bars denote the intensity, influence, and lasting utility of a single conversation, session or meeting between two people. The maroon bars denotes how much emotional energy was expended to get to the that place of utility and the blue bars denotes how much emotional energy was increased from the beginning of the conversationto to the end. The scenarios visually depicted above are theoretical representations and at this time do not reflect actual measured exchanges of emotional energy – they are for teaching purposes only.

One aspect of the pandemic that has drained many people of their emotional energy is the extreme polarization between those who support and wear masks and those who do not. Between those who are relieved to be vaccinated and those who do not want to be vaccinated. And on both side of those poles are many who feel they are not being heard. We cannot ignore the reality of differences that have been magnified in the past year and a half by this pandemic if we want to foster a more healthy post-pandemic society. We need to learn to improve our capacity for more meaningful conversations and connections. In the pages that follow are strategies for doing just that and more.

The E in the **E=MC²** equation above represents not only the Energy gained from the capacity from the emotional impact of The Power of a Meaningful Conversation and Connection, it also respresents the Empathy gained from such models of communication, as well as the nascent empathy required to engage in them.

For a bit of background into both the roots of the capacity for empathy and its impact, especially upon the students we serve and as a central component in healthy educational structures and the potential traumatic effects of educational connection disruptions [“gaps’] it is useful to just briefly describe a psychological and developmental neuro biological basis for how our minds and “selves” develop in tandem with others from early childhood onward, the effects of disruptions of these psychological connections and their particular relevance for the educatioan settings for which we are tasked to lead.

Modern neuroscience research has shown that our brains [and to a large extent many of our key bodily functions] are from birth onward “hard wired to connect”. Most simply this concept derived from understanding early human behavior on the plains of the Savannah to sophisticated neurological brain scan data, demonstrate that our neural structures develop originally and function optimally in connection to and mirrored by other human beings. Certainly we evolve into individuals, but healthy individuality is only possible with early beginning of “human connections’ [the exact reverse of the “gaps’ we ave been describing”] and their ongoing maintenance

throughout our life cyscles---most especially during childhood ,adolescence, and young adult hood, the very ages most of our students are entrusted to our care and leadership

Tips for a meaningful conversation:

- Too often we mistake conversation for speaking, rather than LISTENING and speaking. Especially post-pandemic, re-connecting through listening first, empathically [See below] is the essential first component of meaningful conversation and reconnecting!
- Enhancing the listening end of the speaking conversational power of reconnecting can be aided by two techniques we've researched [Pollack]: "Timed Silence" and creating a "Shame Free Zone".
- Timed silence recognizes that it may take individuals awhile before they can open up and speak. Giving them that time in a way that reduces anxiey is essential. Sometimes another technique we've used to good advantage is to engage is some positive ACTIVITY, at least during the early part of the listening/speaking conversation. Nothing elaborate,something the individual enjoys and builds mutual trust for the later listening/speaking & reconnecting
- Many individuals, especiallly adolescents, are very sensitive to being shamed. Too often we aren't sensitive to this phenomenon and choose a space to connect where it's clear to the individual that what will be share can be overheard. So,as much as feasible chose a spot for the conversation that creates positive privacy and diminishes possibilities for shame.
- When you do speak/respond try, if appropriate, to make brief statements and asked only "open-ended questions' and wait, for responses before 'jumping in so the individual won't experience this attempt at reconnection as a "lecture" and close off to you.
- Within reasonable limits and boundries DO feel free to share your own personal experiences [esp. those during the pandemic] that naturally emege out of the individuals sharing. This diminishes to some extent the "power differential" between the parties and humanizes the individual's experiences, especially their pain, grief and trauma.
- In a genuine and heartfelt manner convey how much you admire, care about and feel warmly toward the individual: an unnconditional sense of genuine caring. And while you work your way toward reducing their levels of stress try to convey in a sensitive manner that stress and even many painful responses to it, especially during the pandemic is a normative part of life, not being glib ,but reinforcing resilience and a sense of renewed hopefulness, through your connection.

On Polarization: Anticipated Endings & Unanticipated Beginnings

No current generation has ever experienced an event more polarizing than the current COVID crisis. The myriad of efforts, emotions, and inundation of virus-related stimuli—from radio spots to billboards to the all-consuming content on social media—have fostered a phenomenon coined as 'COVID Fatigue': a secondary condition of heightened anxiety, and sometimes even symptoms consistent with clinical depression.

The prevalence of COVID Fatigue has fostered the wave of relief as global vaccinations gain traction; 'Perhaps,' think the exhausted, 'an end is in sight.'

Yet as much as there has been a Pandemic, there has also been an "Infodemic"[1]. As recommendations, restrictions, news and narratives flooded the airwaves (an overwhelming amount of information to process within an exceedingly short period of time; 15 months), humans have done what humans always do when faced with perilous information: they sought to understand.

In doing so, they have not all reached the same conclusions.

There is by no means a mere fringe group, but rather, a sizeable contingent of people who, due to their own research, perspectives, and experiences, do not see the vaccine(s) as hope. Instead they see them as a threat. To these individuals, the "vaccine-as-an-end-to-the-Pandemic" narrative is, at best a method of coercive control and loss of freedoms, and at worst a method of mass extermination. So, while for many the vaccine is a signal of the Pandemic ending, to these individuals the Pandemic is just beginning.

Ironically, then (albeit tragically, too) the divide between these factions can be predicted to become even deeper, while confusion and ambivalence among the 'ambivalent core' (those who tend to be in the middle of polarized groups) will similarly become more entrenched as well.[2] Why such a dire prediction? Because the stakes surrounding this particular issue do not equate to a mere difference in ideologies or philosophies. This is an issue of life versus death, and as such the emotional vehemence—the passion if you will—is magnified, sometimes even malignant; one need look no further than social media to see an abundance of evidence of the vitriol between these opposing contingents.

Where, then, is the intersect between these polarized groups? The place where meaningful efforts can be made to lower the anxiety and reinvent a healthy functioning system?

Intersection #1 FEELING FEAR

The groups' concerns are not different, and what they are each afraid of is—again, ironically, exactly the same. They fear the unknown. Both of them, from their own respective angles, harbor grave, life-threatening concern about the unknown. Identify that. Speak also to the fact that, yes, there are likelihoods and un-likelihoods. There are hypothesis and theories. But, regardless of which theory, hypothesis or likelihood, there is—overarching—this fact: much remains unknown. There is, right now, an abundance of unknowns.

[1] As typified by Dr. Gabor Mate, via YouTube lecture 2021

[2] This ambivalence will, in part, be due to the Ambivalent Core seeing that neither polarized group can be dismissed as 'fringe kooks' or conspiracy theorists, but rather the same intelligent, cogent colleagues and friends they've known, sometimes, for their entire career.

Validate those Unknowns

Validate fear of the unknown. Offer up the fact that it is normal—actually healthy—to fear the unknown. Why? Because human beings are hard-wired for self-preservation. So, if we don't have at least a passing concern over an unknown that could hurt us - Why then, we are not functioning properly.

Don't get into the weeds of which fear. By-pass it altogether because the details are irrelevant. The 'unknowns' are what are relevant. For, boiled down, the visceral recoil of what both polarized groups are feeling—and have been primed to feel for 15 long months—is fear of the unknown.

Intersection #2 FEELING MISUNDERSTOOD

Few things heighten anxiety more than being dismissed, ridiculed, blamed, or having one's sanity called into question when one is feeling uncertain or afraid.

Elsewhere in this paper, the distinction was made from having gone from being "All In This Together" to being "Alone Together" and it is true—within the throes of this (so-called) 'Infodemic' many have felt exceedingly alone; they've been faced with myriad data and have understood it from their perspective[3]. Perhaps they've had personal experiences one way or another with COVID itself or the vaccine. They have most certainly been immersed in what have often been contradictory and confusing rules and restrictions.

In other words, people know what they know. Full stop. So, to be told or cajoled that their truth is false—or, worse, to have their truth be dismissed or derided will only cleave a deeper sense of solitude, of being judged, and ultimately resentment in these individuals.

People's stories are no less valid because you don't believe them. Or don't want to believe them.

Acknowledging this, and relaying it, is an overture of respect that lowers anxiety.

Intersection #3 FEELING A LOSS OF CONTROL

All individuals, no matter their beliefs surrounding the Pandemic, have lost dominion over much during these last 15 months. With that in mind, the 'last frontier' any one person has is dominion over their own body.

Never has the concept of 'My Body, My Choice' had a greater stage than during this unprecedented era. Simultaneously, never has the body been weaponized to a greater degree than during this same era. Consider:

- The unmasked are a threat to the masked.
- The unvaccinated are a threat to the vaccinated.
- The vaccinated are a threat to the unvaccinated.

The concept that people's individual bodies do not keep them safe or unsafe, but rather make others safe or unsafe has felt confusing, sometimes contrary, and sometimes, for some, deeply violating. Add to that, the beliefs that have been adopted about the vaccine. Some believe this is the only thing that will save humanity from certain annihilation. Others believe that taking it is tantamount to a lethal injection.

[3] Data are one thing. Interpretations of data, though, are wholly incumbent upon individuals' education, field of expertise, personal experience, and, among other things, their PRE-TRAUMA FUNCTIONING.

Both groups have a tendency to scoff at each other, but reading this, challenge yourself: How would it feel to know that student you adore will never be allowed the vaccine shot that will save them? Conversely, how would it feel to know you are going to be forced to get jabbed with something you completely believe will kill you?

Imagine the anxiety evoked by either of those respective beliefs. Sit in it. Does it feel like Hell?

Loss (real or perceived) over dominion of one's own body can prompt incalculable anxiety in individuals[4]. This presents a conundrum as concepts such as employers and other entities mandating vaccination begin to take shape; leaders may not have sway if such demands become policy.

However, until this comes to pass, leaders making overtures to lower the anxiety in systems right now may simply want to impress upon all members that health records of all individuals fall under FOIPP in Canada (HIPPA in the U.S.), and that no one can solicit or demand this information from any one individual unless new policy is implemented that indeed supersedes an individual's right to keep their health info private.

In other words, assure the respect of privacy, right now and for as long as you can.

Beyond The Intersects

Dialogue within which leaders confront the force-multipliers and encourage the force-diminishers can offer additional tools to lower the anxiety in systems.

Force-Multipliers: Media; any media. Social media is, by far, the worst offender in terms of escalating dissention and polarization, but television and radio (each have spots on the pandemic, playing on timed loops), also serve to keep anxiety at an elevated level. Encourage unplugging from or strictly limiting both. A gentle and timely tutorial reminding participants of the TES and VTRA term 'Traumatic Stimuli' will be well-played here; how exposure and re-exposure keeps that emotional carousel spinning.

Force-Diminishers: Specifically, any mindfulness activity that forces people to focus on right now, thus pulling them out of ruminating on the past, or predicting/catastrophizing the future. Mindfulness re-routes the brain to engage wholly in the present and relieves it (even if only momentarily) from worry, grief, or fear.

It would not be a waste of a staff meeting to set policy or planning aside for just a week and instead assign members to brainstorm old-school engagements (NO TECH!!) that could be considered mindfulness activities: think sudokos. Crosswords. Word-searches. Got an art teacher on staff? Guess what? The next PD Day is going to be a paint-night (except in the afternoon).

And, don't forget…humor. Laughter is powerfully healing because it is, after all, one more intersect we share.

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[4] This may be amplified – via the concept of 'Parallel Process'—for anyone who has experienced sexual exploitation, assault, child sexual abuse, or molestation; the notion of being expected to allow something to happen to their body for the well-being of someone else's body may, in fact, be re-traumatizing.

TRAUMA-INFORMED LEADERSHIP

As we prepare for post-pandemic life, it is essential for all leaders of systems to first understand how the weight of a seventeen month traumatic event has impacted our staff (team) members and how has it impacted those we serve. We note in families that "the children will only be as healthy as the parents/caregivers are". The same is generally true in the workplace: "The staff (team) will only be as healthy as the leaders are". Some individuals can rise above dysfunctional workplace dynamics but most cannot sustain it and will eventually begin to underfunction to preserve their emotional energy in a toxic work setting, or they simply resign, or are terminated from the workplace.

Even in the most functional workplaces, the worldwide pandemic has led many otherwise good employees to underfunction as a way of protecting their threatened mental wellness. The combination of individual, family, workplace and societal stresses have been a factor that should be acknowledged as a "natural human response to a worldwide trauma" to minimize the guilt many are feeling consciously or unconsciously. A smaller number of employees have overfunctioned to keep the ship as steady as possible and most of these individuals will not experience the full traumatic impact until the threat is over and the virus is contained. As such, they are more likely to have a delayed response where symptoms may not fully surface until the pandemic is over. Most leaders are overfunctioners!

The Path of Least Resistance: Brain Science & Default Switches For Survival

"It's like I have an off-switch." This is the bewildered lament of many normally average-to-above average employees, reflecting on their personal lethargy—or underfunctioning—during the past 17 months of the global pandemic. Confusion, guilt, and even shame accompany this self-assessment, yet when re-examined under the lens of how every brain's natural default setting is directed toward protecting the person, the inclination to under-excel makes an abundance of sense.

Consider, with regard to the last seventeen months, the vast amount of intellectual and emotional stimuli we, as a global populace, have been exposed to. Aside from stimuli directly related to COVID-19 itself (which we will unpack momentarily), tabulate the vastness of demands we've encountered: how to work from home, how to homeschool our children, how to attain basic needs like groceries and pharmaceuticals while working within the parameters of regional restrictions. Rudimentary tasks which for many required a new skillset—such as how to master platforms like Microsoft Teams, Skype or Zoom. Each of these things exacted a 'cost' from our brains—time, and energy. *Now* factor in the stimuli directly connected to the virus itself—stimuli which has not only been repeated on timed loops via media outlets, and has flooded social media fields (resulting in over-stimulation, with very few psychological breaks) but stimuli that has also been tantamount to a threat: this is an illness from which we've been in danger.

Given that, the equation becomes clear: brains already taxed (and fatigued) by an extraordinary amount of new material to process have simultaneously faced a threat which has been significant enough to put their very mortality at risk.

This is a lot to carry! Even so, here is yet one more variable: every brain knows, innately, and intuitively, that it only has a finite amount of emotional energy[5] with which to process and cope with extraneous stimuli—particularly threatening and/or challenging stimuli. This means that for some people, there may not be a tremendous amount of 'gas in the tank' to begin with and, as such, even if these individuals *seemed* to perform well during 'normal' times, they may nonetheless have been operating at an energy deficit right out of the pandemic chute.

In conjunction with all of that, though, every brain—whether it has access to a lot of Emotional Energy, or only a little—is also hard-wired to place one task above everything else, and it is this: *Protect the person at the expense of all else.*

Putting this within the context of our perceived underfunctioners, we see this: The brain that has been overloaded with more stimuli than it has emotional energy to process will, in an effort to protect its person, engage in both conscious and unconscious ***conservation of that Emotional Energy***. Ergo, it will triage where it believes the energy is needed most (and this, too, will differ, person to person—and is markedly different for 'Overfunctioners[6]') and exact that energy accordingly. So, for example, if more Emotional Energy is unconsciously perceived to be required at home than at work, the brain will delegate accordingly—and

[5] To complicate things even more, amounts of 'Emotional Energy' differ from person to person, and is connected, indelibly, to each individual's Pre-Trauma Functioning—and all the variables impacting same. Ergo, no one individual in any organization will every carry an identical amount of Emotional Energy as any of the others in that same organization, even if their past experiences have been, by and large, the same.

[6] Overfunctioners, interestingly, often tend to equate structure, routine, and business-as-usual with safety. A high level of predictability and low chance of volatility is very soothing for the stressed brain. As such, these individuals (again, largely unconsciously) will try to maintain or recreate these scenarios of high predictability/low volatility—especially during a crisis. Hence the 'Overfunctioners' stepping up and seeming to work even harder than normal during a situation like the Pandemic.

as such the previously competent employee will become less competent). Or, if the brain perceives that it's emotional energy must be kept focused on the threat itself, it will invest said energy in protecting itself from the virus—and what may result is a withdrawal, or underperformance in *all* arenas of functioning: work, home, and otherwise.

In other words, the brain will, by default, direct its energy toward whatever it feels is most at risk—and respond accordingly. This is a survival mechanism, wholly outside the realm of conscious choice, and sometimes wildly incongruent not only with how the same person wishes they'd behave, but also really *does* behave when *not* faced with threat (or perceived threat).

Understanding this marriage of Emotional Energy with the brain's hard-wired default toward protection can serve to recalibrate our notions of our underfunctioners—and offer a more insightful, compassionate assessment of their notions of themselves.

Bonnie Randall, BSW, RSW
Clinical Social Worker
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National Trainer, North American Center For Threat Assessment & Trauma Response

Whether our employees were overfunctioners or underfunctioners in the workplace there will be post-pandemic implications. Awareness of our collective experiences during COVID-19 can create a functional "parallel process" for helping agencies. In particular, planning to offer structured post-pandemic supports to children, families and communities will be enhanced if each professional and agency is able to understand the broad range of how the pandemic has impacted them. By so doing, every adult can possess the requisite understanding and compassion to better assist those we are trying to serve. As such, a reminder of the "Trauma Response Continuum" is essential for all adults from helping professional, organizational leaders, governments and eventually parents and caregivers.

To assist in this process, we have included for employees:

- A video link to assist leaders to teach all professionals about the range of natural human responses to trauma, including the pandemic, referred to as the "Trauma Response Continuum".

- The new "Quarantine and Coronavirus Inventory – Self Report" (QCI) - for this phase of the pandemic for all staff to use for their own self-assessments. The QCI Inventory is an assessment process of the effects of the entirety of the pandemic.

- The Professional Quality of Life Scale (PROQOL) is an in-depth assessment of "Compassion Satisfaction", "Burnout", and "Secondary Traumatic Stress"

"Trauma Response Continuum" Video link.

Quarantine & Coronavirus Impact (QCI) Inventory
Self-Report
(Spring 2021 Edition)

J. Kevin Cameron
Dr. Marleen Wong

Introduction

The COVID-19 crisis has resulted in more adults at home and at work experiencing symptoms of depression and anxiety. The top three challenges adults identify during this time are anxiety over layoffs, burnout, and mental health—ranking well above other concerns, like financial security, childcare, and homeschooling responsibilities. Women were approximately 1.5 times more likely to report mental health as a challenge as compared with men. Higher levels of anxiety and depression are experienced among people of color than white Americans and North Americans.

This all poses a serious threat to our recovery and to the current and future workforce in schools, businesses and government offices. "Mental health" occurs along a continuum, with positive mental health at one end and serious mental illnesses or addictions at the other. In between, however, there are many shades of substance use, anxiety, depression, and other conditions that vary in intensity and impact. A recent survey from the US Centers for Disease Control and Prevention found that almost 41 percent of American adults struggle with mental-health issues stemming from the pandemic.[1] That number increases to 75 percent among those 18 to 24 years old.

In every organization, leaders must ask, "What are the challenges our employees are confronting and what are we doing to help our employees stay physically and emotionally healthy". In addition to the suffering of adults, children and families - for the global economy - the loss of productivity because of poor mental health can be as high as $1 trillion per year.[2] The pandemic has also created a disproportionate mental toll on women in the workplace, causing one in four senior-level women to consider leaving the workforce or downshifting their careers since the start of the COVID-19 pandemic. Our physical and emotional recovery, rebuilding all human services institutions and a strong economy rebound depends upon the understanding we have about what each person has suffered (assessment) and what we can do to meet the needs of children, adults, families and the organizations tasked to serve them.

QCI Purpose:

This version of the QCI was developed to assist individuals in assessing the impact of the pandemic on individual, workplace and family functioning. It was also developed to assist "naturally open" (healthy, connected, and emotionally safe) workplace teams to collate their experiences (usually verbally) into themes we are likely to see in those we deliver services to. It is a way to inoculate against the stories we may hear from those who have struggled over the past year and a half and help to reduce compassion fatigue in our professional roles.

Quarantine & Coronavirus Impact (QCI) Inventory Self-Report Link:

1. Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1external icon.
MMWR and Morbidity and Mortality Weekly Report are service marks of the U.S. Department of Health and Human Services.
2. Hutchins Coe, E., Enomoto, K. Returning to resilience: The impact of COVID-19 on mental health and substance use. April 2, 2020 | Online Article, McKinsey's Center for Societal Benefit through Healthcare: ttps://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/returning-to-resilience-the-impact-of-covid-19-on-behavioral-health

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

Compassion Satisfaction and Fatigue (ProQOL) Version 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Very Often

_____ **1)** I am happy.
_____ **2)** I am preoccupied with more than one person I [help].
_____ **3)** I get satisfaction from being able to [help] people.
_____ **4)** I feel connected to others.
_____ **5)** I jump or am startled by unexpected sounds.
_____ **6)** I feel invigorated after working with those I [help].
_____ **7)** I find it difficult to separate my personal life from my life as a [helper].
_____ **8)** I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
_____ **9)** I think that I might have been affected by the traumatic stress of those I [help].
_____ **10)** I feel trapped by my job as a [helper].
_____ **11)** Because of my [helping], I have felt "on edge" about various things.
_____ **12)** I like my work as a [helper].
_____ **13)** I feel depressed because of the traumatic experiences of the people I [help].
_____ **14)** I feel as though I am experiencing the trauma of someone I have [helped].
_____ **15)** I have beliefs that sustain me.
_____ **16)** I am pleased with how I am able to keep up with [helping] techniques and protocols.
_____ **17)** I am the person I always wanted to be.
_____ **18)** My work makes me feel satisfied.
_____ **19)** I feel worn out because of my work as a [helper].
_____ **20)** I have happy thoughts and feelings about those I [help] and how I could help them.
_____ **21)** I feel overwhelmed because my case [work] load seems endless.
_____ **22)** I believe I can make a difference through my work.
_____ **23)** I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
_____ **24)** I am proud of what I can do to [help].
_____ **25)** As a result of my [helping], I have intrusive, frightening thoughts.
_____ **26)** I feel "bogged down" by the system.
_____ **27)** I have thoughts that I am a "success" as a [helper].
_____ **28)** I can't recall important parts of my work with trauma victims.
_____ **29)** I am a very caring person.
_____ **30)** I am happy that I chose to do this work.

Professional Quality Of Life Scale (ProQOL) Link:

We recommend that ALL teams from ALL disciplines take time to do a personal inventory and then a team inventory of the pathways we are on from Pre-Pandemic Functioning to Pandemic Functioning to Post-Pandemic Recovery. The level of openness that leaders of organizations have with their staff (teams) regarding our own stories of maneuvering the pandemic will be the springboard for how successful we will be for reconnection and connection with those we serve. The dynamic is simple: an emotionally connected team will have more emotional energy to connect and support others.

MICRO ASSESSMENT OF INDIVIDUALS OF CONCERN (IOC'S) AND FAMILIES OF CONCERN WITH WHOM WE WORK

Where Do Individuals of Concern (IOC) and Families Seek Support?

As many workplaces and schools have cycled between in person, remote and hybrid versions of functioning, the weight of sustaining connection for some of our IOC's and families has fallen more uniquely on one system in the community such as mental health, social services, etc. For children still engaged with school, educators and other school staff are often the primary or only point of contact for them. The reality is that for many government ministries and community agencies, we have all lost contact with some IOC's and their families. It is therefore essential for all programs to do a review of client/student/patient engagement as they may have unwittingly become the only point of contact or the last point of contact with those we want to reconnect with.

In the Traumatic Event Systems (TES™) Model, a distinction is made between an individual's "primary emotional support system" and "secondary emotional support system". The primary emotional support system is the individual or individuals that an IOC is naturally drawn to when in distress. For them, prior connection and relationship experiences denote that if their anxiety or fear begins to escalate, or spike towards their fight-flight-freeze threshold, they will default to that person(s) for support. For some, family is not their primary emotional support; instead it is a single professional or program. As noted in the prior section, the pandemic has placed a weight on many helpers that has temporarily reduced compassion satisfaction, disconnected us from some, and requires a concerted effort to return to $E=MC^2$ before we can help our individuals and families of concern.

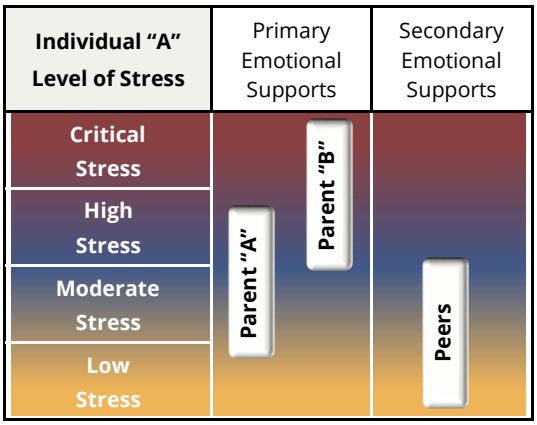
Primary and Secondary Emotional Support Systems

In some families, children and youth who are emotionally connected to their family do not always want to "hang around" with their parents/caregivers because their peers "seem" more important. Therefore, the most reliable way to assess someone's primary emotional support system does not depend on who they spend their time with when things are going well; but who they gravitate to, for support, when things are not going well. As such, the secondary emotional support system is who the individual enjoys spending time with when their anxiety is lower.

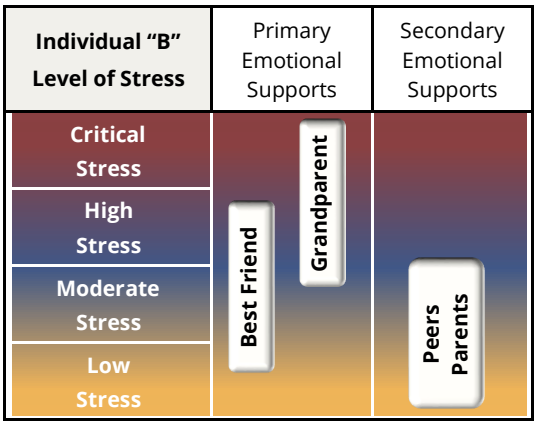
As we apply this to all community members we note that for most, their home life is stable enough. The challenge, that is contextually intensified by this pandemic, is that for many of our IOC's, key service providers and staff members are (or were prior to the pandemic) their primary emotional

support system. Due to the effects of many impaired professional-client closeness-distance cycles, some IOC's feel abandonment and fear due to their physical and emotional loss of connection with us. This has been intensified if they live in an emotionally disconnected home or if they are at risk of more tangible forms of abuse. For some of these IOC's, reconnecting with the sound of the right voice, the right words and from the right person at this time can provide them with stability and hope as they maneuver through the remaider of this unique shared experience.

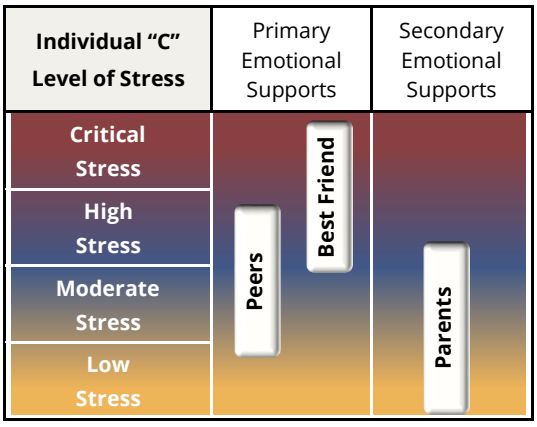
Each Agency, Ministry, Workplace and Educational Setting should review their current client lists and identify who we have lost contact with or are not having "quality" (meaningful) contacts with at this time. Then matching resources to risk becomes essential to reconnect and evaluate how each service provider can assist in strengthening our own connections with those we serve but also reestablish (or establish) new connections with other supports outside our systems as indicated. For instance, there are IOC's who still connect with their probation officer but haven't had a meaningful conversation with their therapist for the past 9 months. There are IOC's connecting with their social worker but have not connected with school.



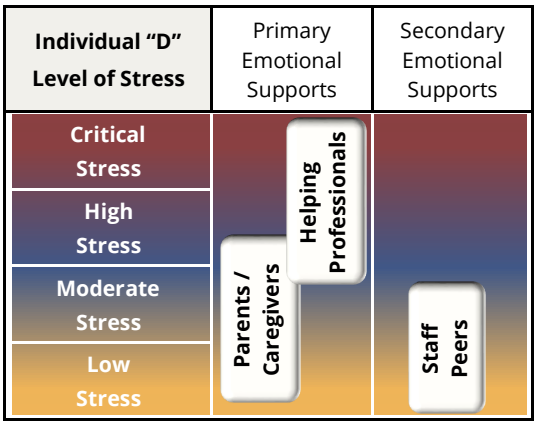
Individual A: Both parents are in a nursing home. He has not been able to see them due to border closures. His workplace is busting at the seams with work and the pressure to increase his client portforlio is intense. He loves his job but is beginning to feel the weight on his shoulders. He does have some "buddies" who he chats with but they largely talk about "sports", a topic he enjoys. Though he and his colleagues go for lunch every day, all they do is talk about their work. One day, when noticeably under lots of stress, an older custodian sits in his office and asks him "how are you really doing" and they share an interchange that is supportive to both. Contextually the custodian could end up being a primary emotional support.



Individual B: After being laid off for the second time as a result of imposed quartining, this IOC becomes increasingly depressed. While her grandparent is supportive, COVID-19 has kept them apart. Her roomate , who she is very close to, was recently exposed to COVID-19 and has been hospitalized. She is surrounded by a lot of friends, but is not emotionally close to them. Her friends are encouraging but tell her that "time will heal" and she just has to suck it up a little while longer. She does not want to reach out to anyone else because there are people much worse off. What characteristic in a helping professional could be helpful in this case?



Individual C: This IOC is very anxious and worried about post-pandemic living. She has adjusted and accommodated well to the new "work at home" manadate and in fact, life has been really good living on her own. Her anxiety, however, is becoming elevated as her organization has mandate everyone back to the office - a place that prior to the pandemic focused solely on performance and had very little emphasis on connection. The IOC has become increasingly anxious at the thought of returning to the office. Her best friend works in the same company but on a different floor.

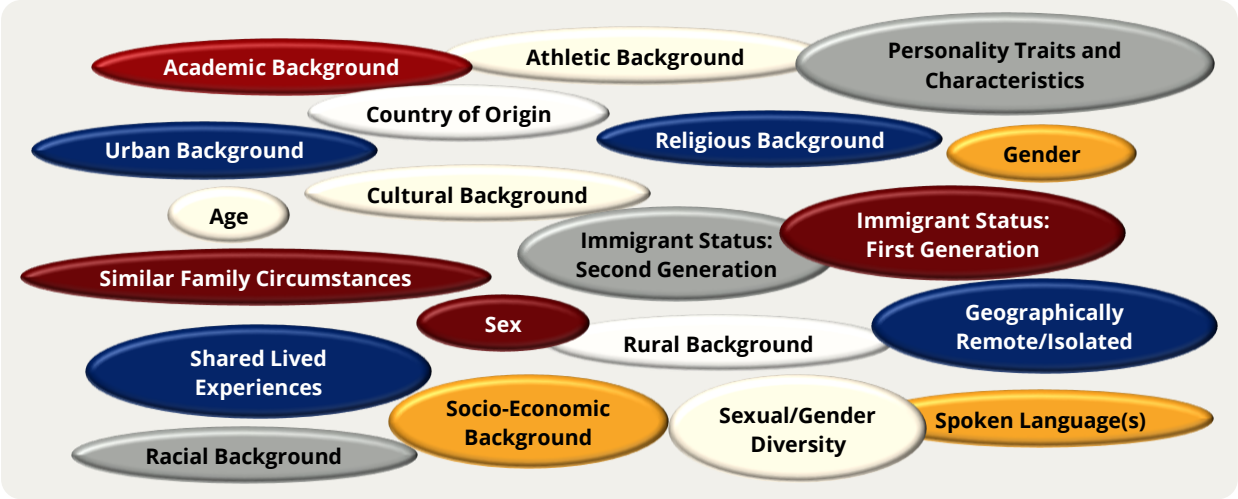


Individual D: Family A recently moved to your community shortly before the pandemic started in March, 2020. They required the support of health due to a complicated illness for one of the parents and also required assistance from a Family Resource Center for parenting. The family as a whole were very open to receiving help and did not miss an appointment until quarantine happened. For this family both agencies had become their "primary and secondary" emotional support system as they had no other friends or family in the community. As the challenges of the pandemic continued to present themselves in this community, fewer support workers were available for the family, resulting in multiple missed appointments. Feeling abandoned, the family decided to not engage in any support services regardless of the escalating stress in the family unit. What are some strategies you can think of to re-engage this family system?

Domains for Matching Resources to Risk

As noted, the purpose of strategic matching is to lower the anxiety of the IOC, parent(s)/caregiver(s) and families who have disconnected from us. It is to reconnect and create the space for developing or restoring meaningful helping relationships. "The higher the anxiety the greater the symptom development and the lower the anxiety the less the symptom development". The right staff member(s) connected at the right time can make all the difference to an anxious person. At issue during the pandemic is that the staff member who may have been assigned to a particular IOC before the pandemic may no longer be working or no longer assigned to that client. Therefore, we need to be thoughtful as to who else may be uniquely qualified to reconnect.

Below is a visual montage and formal checklist with some examples for matching resources to risk:



Matching Resources to Risk (Check those that apply)					
	Cultural Background		Racial Background		Sexual/Gender Diversity
	Socio-Economic		Urban Background		Rural Background
	Geographically Remote/Isolated		Shared Lived Experiences		Spoken Language(s)
	Immigration Status: First Generation		Immigration Status: Second Generation		Personality Traits and Characteristics
	Age		Sex		Athletic Background
	Religious Background		Gender		Country of Origin
	Academic Background		Other:		Other:
	Other:		Other:		Other:

Deciding How to Match IOC's and their Families for their Mental Health Inoculation ($E = MC^2$)				
	Pre-Pandemic	Pandemic	Post-Pandemic	*Matching Resources to Risk
Primary ESS, Personal				
Secondary ESS, Personal				
ESS – Emotional Support System				
Primary ESS, Professional				
Secondary ESS, Professional				

We should be using the next two months for education professionals and the next four months for all other professions to reconnect, assess and prepare. As noted earlier, if we wait too long, many IOC's and their families may accommodate to this contextual lack of disconnection from services that has occurred for some during the pandemic and not re-engage until their risk levels become extreme. Remember, the fields of Violence Threat Risk Assessment and Crisis/Trauma response are inseparably connected.

To support internal program connection or reconnection with IOC's and families we are working with we have included:

- BASIC – IR™
- The Children's Hope Scale
- The Hope Scale (Adults)
- The New "Quarantine and Coronavirus Impact Inventory (QCI) – Self Report"

Quarantine & Coronavirus Impact (QCI) Inventory Self-Report Link:

QCI - *Parent / Caregiver Use / Application*

a) The **QCI** can be used with adult clients (IOC's) as a self-assessment (paper and pencil) or by the professional as a guide for a semi-structured interview with them.
b) Depending on age and comprehension, the **QCI** can also be used with adolescent clients (IOC's) as a self-assessment (paper and pencil) or by the professional as a guide for a semi-structured interview with them.
c) The **QCI** can be used with child clients (IOC's) as a guide for a semi-structured interview only. **Do NOT** use as a paper and pencil assessment of self.

BASIC-IR™

Overview

When assessing individuals using the Violence Threat Risk Assessment (VTRA™) and Traumatic Event Systems (TES™) Models, an initial focus is on whether the current behaviours or clinical presentations of the IOC are a departure from how they usually function. For the purposes of assessing initial level of concern when supporting others during or after a traumatic event, seven domains of human functioning have been identified that assist teams of VTRA and TES trained personnel to assess acute levels of impact from traumatic exposure. These include the following:

B Behavioral Domain
A Affective Domain
S Somatic Domain
I Interpersonal Domain
C Cognitive Domain
-
I Ideological Domain
R Religiosity Domain

Any manifest change in the frequency or intensity of a single domain signals potential distress and possible risk in that area of functioning. When shifts in multiple domains are occurring at the same time or are beginning to converge, some professional intervention may be required. If the shifts are related to suicidal or homicidal ideation, teams must default to their VTRA and/or Suicide Risk Assessment protocols.

Although BASIC-IR was originally developed to assess initial level of distress or risk in an IOC at the acute level (time of exposure to traumatic stimuli), it is also used as a more global assessment of recovery from traumatic exposure in the months and years that follow. Assessing IOC functioning in each domain at the time of exposure and comparing the data to current functioning (post-trauma), assists professionals to identify where progress has been made and/or where recovery has been delayed.

Intended Use

BASIC-IR is to be used as a quick reference screening tool when assessing children, adolescents and adults. Any significant shifts in any of the seven domains should prompt consultation between adults concerned for an IOC and VTRA and/or TES trained professionals.

Who Should Use

Professionals trained in VTRA™ and TES™ who are preferably part of a multidisciplinary team of professionals.

BASIC-IR Link

Children's Hope (Questions About Your Goals) Scale

Directions: The six sentences below describe how children think about themselves and how they do things in general. Read each sentence carefully. For each sentence, please think about how you are in most situations. Place a check inside the box that describes YOU the best.

Please answer every question by putting a check in one of the Boxes to the right of the question. There are no right or wrong answers.

	None of the Time "1"	A little of the Time "2"	Some of the Time "3"	A lot of the Time "4"	Most of the Time "5"	All of the Time "6"
1) I think I am doing pretty well.						
2) I can think of many ways to get the things in life that are most important to me.						
3) I am doing just as well as other kids my age.						
4) When I have a problem, I can come up with lots of ways to solve it.						
5) I think the things I have done in the past will help me in the future.						
6) Even when others want to quit, I know that I can find ways to solve the problem.						

Notes: When administered to children, this scale is not labeled "The Children's Hope Scale," but is called "Questions About Your Goals." The total Children's Hope Scale score is achieved by adding the responses to the six items, with:

1 = "None of the time"	4 = "A lot of the time"
2 = "A little of the time"	5 = "Most of the time"
3 = "Some of the time"	6 = "All of the time"

The three odd-numbered items tap Agency.

The three even-numbered items tap Pathways.

Snyder, C. R., Hoza, B., Pelham, W. E., Rapoff, M., Ware, L., Danovsky, M., ... & Stahl, K. J. , "The development and validation of the Children's Hope Scale," Journal of Pediatric Psychology, 22 (3), 1997, pp. 399–421.

Children's Hope Scale (CHS) Link:

The Adult Hope (Future) Scale

Read each item carefully. Using the scale shown below, please select the number that best describes you and put that number in the blank provided.

1 = Definitely False
2 = Mostly False
3 = Somewhat False
4 = Slightly False
5 = Slightly True
6 = Somewhat True
7 = Mostly True
8 = Definitely True

_____ **1)** I can think of many ways to get out of a jam.
_____ **2)** I energetically pursue my goals.
_____ **3)** I feel tired most of the time.
_____ **4)** There are lots of ways around any problem.
_____ **5)** I am easily downed in an argument.
_____ **6)** I can think of many ways to get the things in life that are most important to me.
_____ **7)** I worry about my health.
_____ **8)** Even when others get discouraged, I know I can find a way to solve the problem.
_____ **9)** My past experiences have prepared me well for my future.
_____ **10)** I've been pretty successful in life.
_____ **11)** I usually find myself worrying about something.
_____ **12)** I meet the goals that I set for myself.

Agency: _____

Add Scores on items: 2, 9, 10 and 12. Scores range from a 4 to a 32. Higher scores reflect higher agency.

Pathways: _____

Add scores on items: 1, 4, 6 and 8. Scores range from a 4 to a 32. Higher scores reflect higher pathways thinking.

Total Hope Score: _____ (Add Score for Pathways to the Score for Agency)

Add the agency and pathway scores. Scores of 40 – 48 are hopeful, 48 – 56 moderately hopeful, and 56 or higher as high hope.

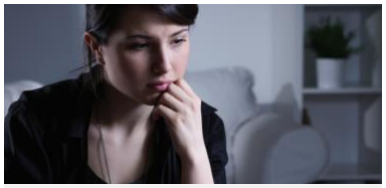
Snyder, C.R., Harris, C., Anderson, J.R., Holleran, S.A., Irving, L.M., Sigmon, S.T., &... Harney, P. (1991). The will and the ways: Development and validation of an Individual-differences measure of hope. Journal of Personality and Social Psychology, 60, 570-585.

Hellman, C. M., Pittman, M. K., & Munoz, R. T. (2014). The first twenty years of the will and the ways: An examination of score reliability distribution on Snyder's dispositional hope scale. Journal of Happiness Studies, 14, 723-729.

Adult Hope Scale (AHS) Link:

Other Areas for Assessment: Loss, Grief and Trauma

Non-Death Related Loss is defined as emotional distress following the realization that an event, experience, or opportunity will not happen or not happen in the way it had been anticipated. This includes human relationships and connection not including death. Non- Death Related loss during the pandemic has the potential of being minimized due to the transitory nature of the pandemic, meaning that things will get better when its over. While it is appropriate to think that post-pandemic life generates hopefulness, understanding someones loss during the pandemic remains important to recovery. For example, many have noted the increases of divorce and separation in the last year. The importance of understanding that the non-cusodial parent may not be able to see their children, not because of the divorce, but because of the restrictions complicates the sense of loss. For the employee who has had to adapt by accepting a completely different position in a corporation to remain employed, may artificially rejoice in security of employement; but feel a sense of "identity" loss because of the change of responsibilities in their new position. In the school context, this could be missing graduation or not being able to say goodbye to a favorite teacher who was retiring at the end of the year.



Click on Image:

"Loss And Grief During The Covid-19 Pandemic"

Emotionally Detached or Complicated Death-Related Loss is defined as a familial loss or close-connection loss that is not impacting a family member or friend of the deceased in ways others assumed it would. The reaction of the family member or friend is viewed as an unnatural grief response by others. When the response is not typical of others' expectations of how loss should be displayed, the result is increased anxiety for all as they try to understand the complicated response. This occurs primarily because the beliefs by others about the relationship between the identified "grieving person" and the deceased are assumptions. A common example that can result in emotionally detached/complex loss is that of a younger sibling abused by an older sibling who is now deceased. Perhaps family and friends were unaware of the abuse and, attuned to the weight of grief on the family, the younger sibling (the victim) keeps the secret—yet remains not visibly saddened by the loss. To outsiders observing, this response will appear incongruent, but if they knew the context, it would seem very congruent indeed.

Grief is defined as "the intense emotional distress we have following a death. Bereavement refers to the state or fact of being bereaved or having lost a loved one by death. Mourning refers to the encompassing family, social, and cultural rituals associated, and the individual and psychological processes associated with bereavement. Thus, when you are bereaved, you feel grief, and mourn in special ways." – National Child Traumatic Stress Network.

Loss, not associated with death, and grief may both elicit the same powerful emotional responses and necessary processes for recovery. It is essential for professionals to understand the distinction among loss, grief and traumatization because all three could be interacting within the walls of the same workplace or within the emotional experience of the same person. Some workplaces are in "hotspot" communities where individuals attached to their work community have died because of the virus. This means that some staff may be dealing with the weight of grief. Others may have witnessed a family member dying and encoded the experience as traumatic. Thoughtful

consideration, caring and compassion will lay an unshakable foundation for how worksites receive staff back to the workplace.

The restrictions placed around funerals for example has disrupted, for some, their ability to grieve in ways to which they have been accostumed. Their struggle in accommodating to that disruption potentially can fuse them in a state of "denial" or "anger" misunderstood to them or those close to them.

Assessing Forms of Denial

As emotional energy becomes low, many people cope by underreacting. This may serve a function during the pandemic but as we exit the more intrusive containment measures, extreme forms of denial will most often result in a delayed response to grief, loss or trauma. These categories can be applied to family circumstances as well as work dynamics (micro application) as well as communities, provinces and nations (macro application). The following are the four primary forms of denial:

- Denial of Impact
- Denial of Fact
- Denial of Awareness
- Denial of Responsibility

Denial of Impact is when an individual, family or system accepts that an event or trauma has occurred but does not believe that there is any significant impact from it. As such, they may say that someone who is exhibiting symptoms is doing so not because of the original event or trauma but due to some unrelated internal weakness.

Denial of Fact(s) is when an individual, family or system outright states that an established truth does not exist or an established event did not occur because its' acceptance would elevate the anxiety of the individual or system and run the risk of destroying the very foundation that they believe or feel their existence is built upon.

Denial of Awareness is when an individual, family or system acknowledges some aspect(s) of an event or trauma that occurred, but claim they were not aware of it until it was brought to their attention after the fact. This untruth can impair recovery from trauma especially when the denial is coming from a formal or informal leader to the system.

Denial of Responsibility is when an individual, family or system interprets an event or trauma in a way that attempts to absolve them of clearly stated (policy) responsibility. Or when custom and convention dictates that a reasonable person would acknowledge they were responsible under the same circumstances that an individual, family or system is outright denying.

MACRO ASSESSMENT OF THE WHOLE COMMUNITY BY LOCAL GOVERNMENT, MULTI-MINISTRY, MULTI-AGENCY, MULTI-STAKEHOLDER LEADERS

No two communities are exactly the same. There are multiple dynamics that can influence current functioning independent of the pandemic, such as:

Current Leadership Style
Past leadership Style
Cultural Dynamics
Changing Cultural Dynamics
Religious Dynamics
Changing Religious Dynamics
Past Trauma and Losses
Current Trauma and Losses
Types of Services Offered and Skill of Service Providers
Types of Services Not Offered
Economic Disparities
Attitudes on Parenting

After each Ministry and/or Service Provider has conducted a micro assessment of those they are delivering services to they should designate a team member(s) to compile the primary presenting issues or areas of concern into statistical themes. This will be de-identified data that can be shared with the "Community Multi-Ministry (Multi-Disciplinary) Post-Pandemic Advisory Committee" **(MPAC).** Identified themes will form the bases of early discussion relating to a community assessment of existing programs and services that can be used or modified to target areas of concern as well as identify new areas of concern where expertise does not currently exist. In essence, we are matching larger scale resources to current risk and planning for new resources or expertise as indicated by the data.

The **MPAC** should consist of system leaders, subject matter experts and program supervisors from all disciplines and key organizations. This should include representation from the professional leadership team and the overall community team:

Professional Leadership Team

- Health (Family Doctors, Psychiatry, Pediatricians, Nurses, etc.)
- Mental Health (Psychologists, Social Workers, etc.)
- Social Services (Child Protection Workers, In-Home Support Workers etc.)
- Probation/Parole
- Education – Primary/Secondary (Directors of Education, Administrators, Special Needs Coordinators, Counsellors, etc.)
- Education – Post-Secondary (Presidents, V.P.s, Administrators, Counsellors, etc.)
- Police Services (Chief, Program Supervisors for School Resource Officers, Domestic Violence Units, Gang Units, etc.)
- City or Town Administration

Processing the Pandemic: Cultural & Ethnic Influences

Just as age, stage, gender, profession, and degree of expertise (or lack thereof) curate one's response to any crisis or trauma, so too do culture and ethnicity.

Frequently conflated, yet highly distinct, the impact of cultural values and norms as well as significant ethnic history each require thoughtful consideration as we assess and respond to the impact the COVID 19 global pandemic has had on systems we work in and serve.

Cultural Considerations → Loosely defined, any group of people—despite coming from multiple ethnic backgrounds—who nonetheless share values, beliefs, and attitudes that have often been forged via overcoming similar challenges, experiencing similar successes, and enduring similar hardships (often geographic or environmental) can be defined as a 'culture'.

A cultural system can be stoic or complacent, rigid or laissez-faire, yet what they will share in common is that their shared history has constructed a shared attitude—*and* a shared response to adverse events. Therefore, not unlike our Open and Closed Systems, cultures, too react *however their history has built them* and sometimes these reactions will be markedly different from other groups who perhaps share geographical proximity or are even residents of the same province or country. A cliché example of this is Canadians' renowned complacent passivity compared to our American neighbors' fierce independence. More nuanced though, consider Eastern Canadian residents' response to Pandemic restrictions in contrast to Albertans in the west. The eastern culture—settled in their roots for at least a century longer—appear to have experienced a greater willingness to cooperate and comply with government expectations, while Alberta, a century younger, and with its culture forged within the prickly history of Western Alienation, has had business owners and even Pastors imprisoned due to lack of COVID compliance.

Now, clearly not all of the answers to this disparate and wildly polarized response lie in cultural considerations…but some most certainly do. When mores, values, and attitudes are established by sometimes hundreds of years of adversity and strife, it is not a stretch to accept that those same mores, values, and attitudes will experience a revival and resurgence when *new* adversity and strife threatens the cultural system.

Could this entire dynamic help foster an understanding as to the prevalence of polarization among groups? Undoubtedly—and as such it is prudent, especially now, as we remain in the throes of an adverse event, to consider culture: its history, its impacts, its strengths and, most importantly, *who the members are* of whichever culture we are considering.

Ethnic Considerations → Although ethnic groups can and do overlap with, and share traits with, cultural groups, ethnic history has a far narrower, and far more specific, scope to consider. And while it is certainly possible for a cultural group to have experienced intergenerational trauma, the likelihood of same increases when examining specific ethnic groups. To that end, whenever we are working within the scope of a traumatic event, it is incumbent upon us to be aware of any parallels any current adversity shares with adverse events of an ethnic group's past experience. For example, and with regard to Canadian indigenous populations—there was once a time, in the not-too-distant history, when the government imposed strict sanctions, restrictions, and expectations on First Nations People. Today the reasons for highly similar restrictions, et al, may be radically different…yet the elements of execution are uncomfortably the same. In addition, rumors currently abound that existing restrictions are not all we will be facing. "Quarantine

Facilities", and "Vaccine Camps" are whispered to either exist or are under construction, and despite the fact that this is likely nothing more than fear made manifest by gossip, the *feeling* of it remains—for again, there was once a time when *other* institutions existed, where people were placed against their will, kidnapped and cajoled from the families who loved them.

A sobering scenario, yet one that nonetheless illustrates the impact of *parallel process* which, in this particular example, hearkens back to the roots of intergenerational trauma which continue to haunt our Indigenous populations—and indeed all of Canada—yet today. As such it is not difficult to empathize with what perhaps could become an even deeper chasm of suspicion and mistrust toward government and government agencies.[7]

Whenever I deliver content on trauma, I always embolden my participants by reminding them that whenever there is intergenerational trauma, there is also intergenerational *wisdom.* This is not meant to be trite. To be truly trauma-informed doesn't mean we must constantly reside in those places of pain; it means we are aware of them and unimpeded by denial in all of its forms. We acknowledge the breadth, depth, and history of the adversity so as to best mitigate the vulnerabilities—we also tabulate the breadth, depth, and history of the strengths so as to best leverage all the wisdom.

Bonnie Randall, BSW, RSW
Clinical Social Worker
Addictions Counselor
National Trainer, *North American Center For Threat Assessment & Trauma Response*

[7] An interesting case study, for any intrigued by this concept, is of Pastor Artur Pawlowski of Calgary, Alberta. Imprisoned for continuing to preach during COVID, despite multiple 'raids' on his church and street ministry by Alberta Health Services and law enforcement, Pastor Art, out on bail, nonetheless continues to defy the current restrictions; preaching and being an outspoken critic of the provincial government. At first blush, Pawlowski could be written off as a mere scofflaw, or attention-seeker. But, listening beyond his accent—to how he was raised in Poland, behind the Iron Curtain—and witnessing his emotion, raw and real, it becomes more apparent that Artur's defiance could well be a traumatic response to an event which, from his ethnic point of view, is very much a parallel process to where he's been in the past.

Community Leadership Sub-Committee

- Indigenous Leaders and Professionals (Including those Attached to Other Agencies Mentioned)
- Other Cultural Leaders and Professionals Present in Each Community
- Ministerial Association Leaders
- LGBTQ Leaders
- Sport/Athletic Association Leaders
- Business Leaders
- Other Helping Agencies (Special Emphasis on Family Services)
- Victims Services
- Others

The totality of all the above constitutes the **MPAC** but it is advised that the Professional Leadership Team meet first to discuss the initial de-identified data. Notwithstanding the use of non-identifying data, the government Ministries may have connected data that is obvious, once the information shared also identifies its origin. As well, there will likely be occasions where more open identifying information can be shared as risk enhancing trends become more obvious. As the Professional Leadership Team gains clarity on what their combined data is saying, they can then create the first **MPAC** meeting agenda for the whole-community assessment and response to post-pandemic mental health.

The Community Leadership Sub-Committee will then merge with the Professional Leadership Team to share the totality of their de-identified data and begin to paint a clearer picture of the actual impacts of the pandemic from a social, emotional and traumatic perspective. Primary goals for each MPAC meeting should be:

a) Identifying trends in presenting issues,
b) Identifying where collaborative service delivery is necessary,
c) Identifying where public message campaigns (using the right words) will help,
d) Planning for any modifications/additions to service delivery and training.

As the **MPAC** team identifies and understands more deeply the trends and arising issues in their respective community the question of "Now what do we do?" becomes fundamental. We are reminded that strategic interventions in the field of crisis and trauma response are meant to lower the anxiety of the system. As the team strategizes and discusses various actions or interventions, it must be recognized that in this context the teams' primary client is the community as a whole and not the narrow client-centered perspective when working in our own independent professional practices.

Whether the **MPAC** team is located in a larger urban center or a more rural community, there is a tendency in highly anxious times to automatically default to existing " programs" when we consider matching resources to risk. The proper match between an IOC and a program continues to be important. However when a resource is not available in the community or if the uniqueness of the identified problem is challenging, teams become disempowered by the perception that they "don't

have the right program," or that they don't have enough resources to get the job done. Comparison, the ultimate enemy of capacity building, takes over possibily diminishing the **MPAC** team's perception of resources. Sometimes there are untapped or under used resources "Right Under our Nose".

The diverse fabrics woven into our communites are essential to our recovery during this unique time in our history. It's about the possibility of mobilizing a group of elderly citizens to engage in a phone campaign simply to have a conversation with our identified families asking: "what can we do to help"? It's about the very skilled immigrant psychologist who lives in our community, who because of licencing regulations, can't practice yet but really wants to help families reconnect. It can be about the retired skilled police officer who can connect with an IOC that they had a relationship with. It's about the store owner who is a retired teacher, who can help a family reconnect to their community school. It's about a spiritual leader who can reach a specific group of citizens because they regularly attend their congregation. The power of a meaningful conversation and connection ($E=MC^2$) does not need to be aligned with a formal title or a job description. The perfect recipe is a willingness to help and to leave a positive legacy in our community, and in these challenging times the richest of resources are sometimes "Right Under our Nose".

The following is a list of presenting issues we are seeing as they correlate to the effects of quarantine and the pandemic in general:

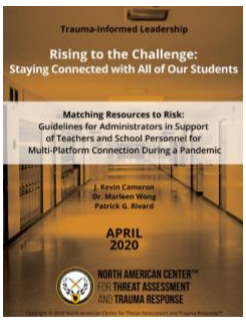
Pandemic Intensified Symptomology		
Acute	Chronic	
		Increase in Addiction to Video Games
		Sleep Disturbance
		Increase in Depression
		Increase in Anxiety
		Increase in Addiction to Online/Social Media Activity
		Increase in Online Gaming Addiction
		More Younger People Accessing the Dark Web
		Increase in Online Sexual Exploitation of Young People
		More Sexualized Behaviour from Grade 3 to 5 Students
		More Gender and Sexualized Harassment and Violence from Grade 6 to 8 Boys
		Complicated Grief Reactions
		Drug and Alcohol Abuse
		Developmental Milestone Regression
		Regional Increases in Deaths by Suicide
		Regional Increases in Serious Community Violence
		Child Abuse
		Domestic/Relational Violence
		Role Reversal in Adult Relationships (Under/Over Functioning)
		Parentification
		Stage Two Parentification

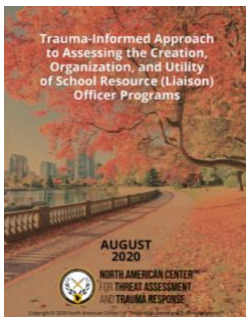
EDUCATION AS A SPECIAL CONSIDERATION

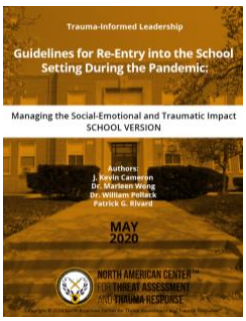
From a public health perspective, schools in any community are an anchor institution around which the majority of people are involved and concerned. After any natural or man made disaster the constituents of a school 'community' can account for up to and over 70% of the population, factoring in students and their families, educators, school staffs such as building managers, secretaries and clerks, education aides and their families. The operational budgets of schools and provincial funding sources make schools a leading contributor to any local economy. No recovery plan can exclude an assessment of pre and post pandemic functioning of these institutions.

Viewing schools and the populations they serve through this lens, is essential as the pandemic hit schools and health organizations hardest because they are two institutions that needed to pivot immediately to continue operations. Earlier in this document, the 'honeymoon' period was referenced with the theme of 'we are in this together'. For schools and health care, that honeymoon was shortlived. Educators experienced the extremes of disconnection with their students and many school employees were cut off from the physical locations of their work. Cumulative stresses rapidly increased in number and intensity, especially for teachers who had to confront the level of their own comfort or limitations in regards to the technology, technical skills, and modified teaching required in distance learning. Compounding the challenges of their professional roles and responsibilities were the increased marital, family and parental responsibilities of partners who might have lost their jobs, aging parents in high risk congregant environments and one or more children needing support and supervision to attend different schools. All of these activities and changes within a home environment underscores the complexity of the burnout of emotional energy.

Reflecting the unique reality of schools during the pandemic, the first three Guidelines released by the North American Center for Threat Assessment and Trauma Response (NACTATR), were heavily focused on the education system including addressing the effects of remote learning on student, family and school dynamics. However, these current Guidelines are intended to focus on all of the agencies, programs, disciplines and governments necessary for a whole community response to prepare for post-pandemic recovery beyond what education could ever do on their own. Yet, from a Multidisciplinary Violence Threat Risk Assessment (VTRA) perspective and a Multidisciplinary Crisis and Trauma Response (TES) perspective, no one profession has been more fully dedicated to leading out in these collaborative areas than education.

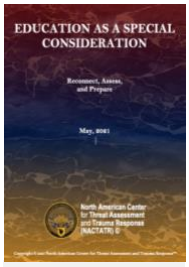






Context

Regions across the country that have formal Community VTRA Protocols have an advantage in applying these Guidelines as they already have vehicles for collaboration, including at the Multi-Ministry level of Provincial and Territorial Governments. Many regions also have successful "HUB", "Situation" or "FOCUS Tables" that involve several partners not included in most VTRA protocols. As such, these Guidelines will enhance already existing practices with a trauma-informed lens and pandemic-specific applications in which education has been well versed.



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The Guidelines are considered "Interim" because there are two parallel areas of converging concern unique to successful post-pandemic learning. The first, for many, is the "learning" or "education gap" that has been widened for some due to the pandemic with associated containment measures, primarily remote learning. The other equally concerning area is the "connection gap"[8]. The connection gap is manifest by the many students who have "gone truant on us" in the seventeen months. However, it is foundational to our work in education that there can be no effective closing of the learning gap without first addressing the connection gap. As such, this special section of the Guidelines is "Interim" in that we are placing our initial focus on closing the relational gap first (a task we can make great gains in by the end of June) afterwhich we will release comprehensive trauma-informed recommendations for "Convergent Learning Plans" that will combine aspects of the learning and connection gaps for the strategic creation of optimal learning environments for post-pandemic education.

Current Circumstance

It became evident by the time we entered the second wave of the pandemic that it wasn't just students who went truant on us but it was the entire family in many cases. By the third wave the reality was setting in that many familes were distanced from education and other helping services also. But not just because they were overwhelmed by the pandemic but because some of the service providers went truant on them. We have since changed the term truant to a more humanistic understanding that many people are simply having "a natural human response to a worldwide trauma" and cannot "do it" right now. As noted, the impaired closeness-distance cycle combined with death-related and non-death-related losses have taken their toll on some. Emotional energy is low.

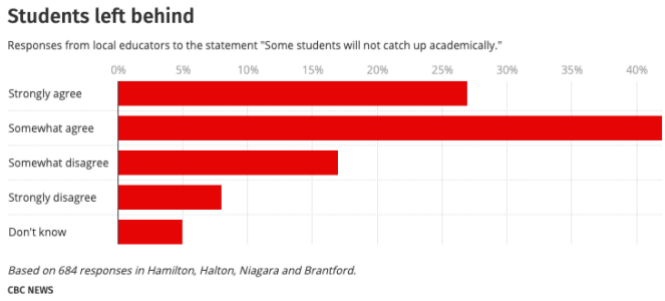
With that, we have wondered, if society were to assess the education system today, what grade would it give? In many ways, schools are microcosms of our communities and as such have been caught in the extreme polarization between containment and anti-containment perspectives, as well as ideological perspectives that have also surfaced as pro-government (establishment) and anti-government (establishment) sentiments. Frequent cycling between "students in seats" and then "fully remote", "hybrid" and back again learning has fueled anger in some and chronic stress in many. Education has sadly become somewhat of a "projected child" and taken their unfair share

[8] This term was coined by our colleague Trish Hastings with the Saskatchewan Teachers' Federation during our early discusson on the impact of quarantine and overall disconnection from some of our students in education

of abuse. Suffice it to say that for society to test and grade education right now would be far from optimal test conditions. We would say that grading education regarding student achievement would be the equivalent to grading the airline industry on how well their profit-making was during the past seventeen months: it is wholly unreasonable.

A pandemic that has required educators to disrupt the delivery of education multiple times while managing a long list of ever-changing health protocols to keep children safe at school is a big thing! Giving education a grade based on the pre-pandemic system markers or rubrics such as provincially mandated summative exams, successful graduation rates, transition to post-secondary and workplace is contextually incongruent during a global pandemic. So if it is unreasonable to grade educational leaders on completeing an impossible task than why are trying to do the same to students? From the second wave of the pandemic, our primary message has been that we must have "reasonable expectations of self and systems".

As the education system grapples with the impact the pandemic has had on learning or as some have suggested "The Learning Gap", educators must first approach the challenge of learning loss in the context of which the loss has occurred. First, to understand that "learning gaps" existed prior to the pandemic is important. Prior to the pandemic, educators and the systems they functioned in were and still are fundamentally designed to answer three questions: a) What are students learning? b) How do we know they are learning (assessment)? c) What do we (system) do when students are not learning? As we focus on the third of these three questions, committed educators and education partners understand their ethical and fiduciary responsibilities of creating optimal learning environments for students. We also understand that educators are deeply conscious of the implications the pandemic has had on student learning. In the attached graph, teachers express their concerns related to learning loss during the pandemic, and echo the collective concern of parents, administration, trustees and education departments that have identified that some students may not "catch up".



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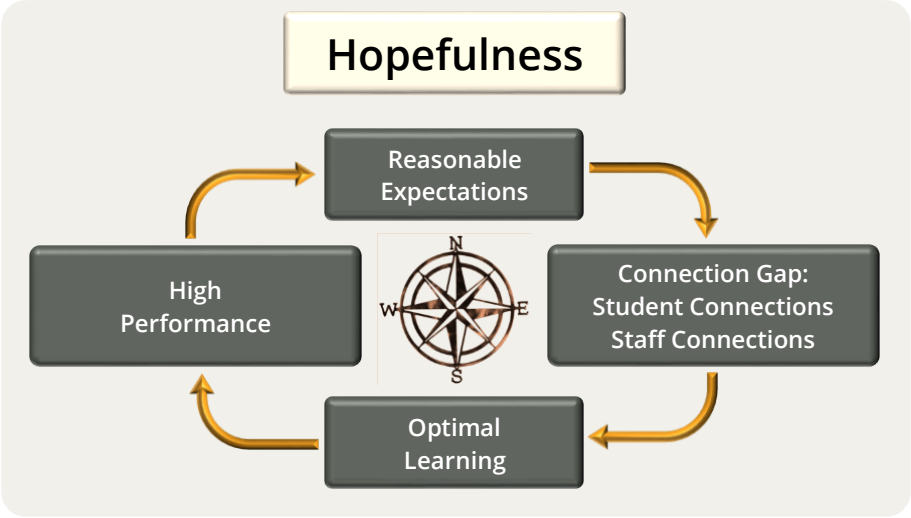
"Students have fallen behind during the pandemic, teachers say, and some may never catch up"

If one could attribute a common emotional and physical state to the education system in our current circumstance, it would be "chronic stress". By design the education system is generally in a perceptual race against time. With the ultimate finish line being Grade 12, curricula are scaffolded and designed to accommodate the various learning needs of students. For the purpose of these interim guidelines we have defined "optimal learning" as: educational settings that address the needs of every learner with ever possible attention paid to equity and continuous educational, and social and emotional growth.



Because the theoretical construct of optimal learning evolved in pre-pandemic conditions, understanding that post pandemic re-calibration will require the education system to establish a culture of "reasonableness" combined with a whole community response to reconnecting students and families to the learning environment is essential. In reference to the above diagram we say "go to the right if you want to create the optimal conditions for high performance (unique to each student). Human connection with those we are the most concerned about is the springboard to success. In other words, "going right" and making a contextual adaptation to maximize connection will ultimately set the education compass to "true north" as the system continues to navigate through this historic time. If we go to the left and demand higher performance without meaningful connections we will inadvertently widen both gaps we are concerned about: education and connection.

Grounded in constructivist theory, contextual learning environments provide students with learning opportunities that create meaning relative to the current context. Prior to the pandemic, a contextual learning example might look like a science class exploring the effects of erosion after an intense rainstorm. This authentic learning experience allows students to see the impact of erosion in the context where the storm occurred. For the purpose of these guidelines, however, we are proposing that the origins of contextual learning be reframed to a different storm - that being the social-emotional storm that is emerging due to the substantial disruption in the connectivity between the learner and the school.

The conduit used to transport learning in the aftermath of COVID 19 will require more dedicated space within it to accommodate for "connection, connection, connection" than it did prior to the pandemic. As education leaders and their teams gather whole community data that tells them the "truth" of the pandemic's impact in their community, contextual learning adjustments should be considered. We will expand on this area in the follow-up "***Comprehensive Trauma-Informed Recommendations for Contextual Learning in Post-Pandemic Education***", to be released for use during preparations for the 2021-2022 academic year. Some areas to be addressed are:

- Triaging students from pre-pandemic to post-pandemic.
- Reasonable expectations of self and systems.
- Generating hopefulness in students.
- Generating hopefulness in parents and caregivers.
- Generating hopefulness in staff.
- Contextual Learning: schematics for assessment.
- Convergent Learning Plans (how to combine contextual learning with standardized learning goals).
- Peer mentoring.
- Helping underfunctioners to thrive.

However, between now and the end of this academic year those attached to education can do a lot to close the connection gaps and lay the foundation for improved post-pandemic mental health and greater academic success. During the summer months there are further efforts from the **MPAC** team than can build on what is begun today.

This pandemic is not the school's fault nor is it a school trauma only. It is a protracted community (provincial and national) trauma that requires multi-ministry and therefore multi-disciplinary collaboration to treat the whole-student so educators can teach and students can learn. One solution to optimize collaboration is the development of a "Pandemic-Specific Complex Case Committee" that will assist mental health, child protection, probation and other helping agencies to conduct their own reviews of active cases and determine if there are pandemic-related risk enhancers that educators should be aware of to support students such as the effects of quarantine and the impaired closeness-distance cycle. In many cases non-school professionals can rely on their already established relationships with their clients and can easily advocate for openness and collaboration with schools, with consent, if the professionals understand ALL the dynamics addressed in these Guidelines. It is the reason for a "Whole Communuty" response.

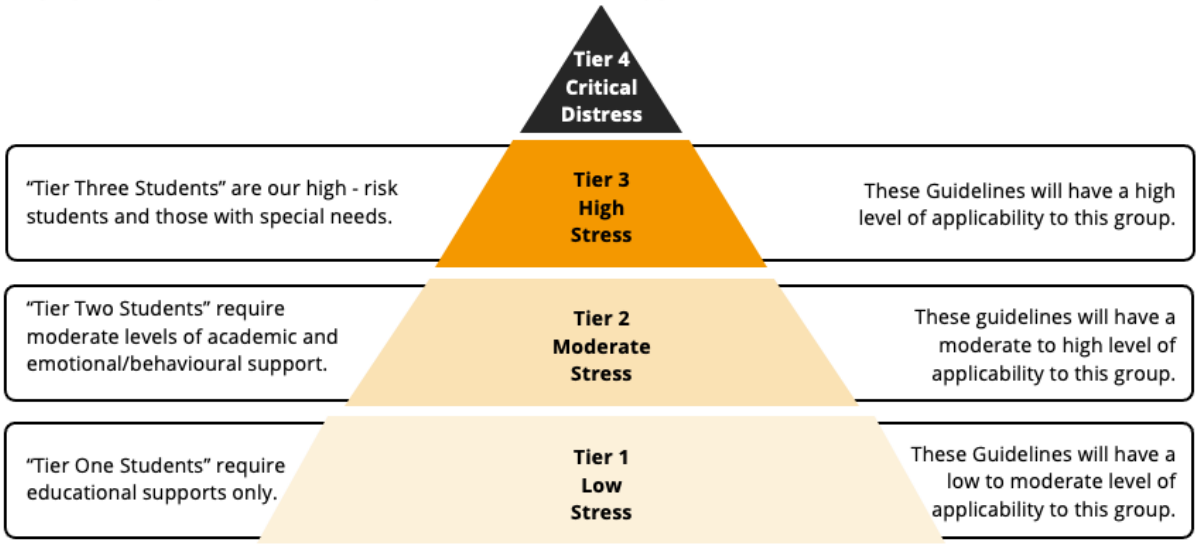
This should include the development of multiagency, school district and community consultation teams that can make recommendations for whole-student, whole-family and whole-school responses. Initial membership could include all VTRA and crisis response leads as well as psychiatry, pediatrics, nursing and others to address:

a) Specific cases in a confidential setting and
b) More thematic mental health issues in a more open forum.

STUDENT CONNECTION

In our first guidelines "Rising to the Challenge: Matching Resources to Risk" we presented the following diagram to clarify which students we were primarily targeting for strategic connection. Although the "Tiers" representing pre-pandemic functioning are still relevant for predicting who will need support post-pandemic it must be understood that because of the effects of quarantine and the impaired closness-distance cycle there may be "Tier One" students who have been exposed to complicated family circumstances who will not be able to maintain pre-pandemic levels of achievement until they are wrapped around and supported in their journey to disclosue, safety,

and mental wellness. This means that counsellors, social workers, psychologists and others will play an expanded role in the year(s) to follow. (See Appendix "A" and "B")



What follows are insights and strategies for reconnecting, or more meaningfully connecting, with students we are concerned about. This includes revisiting "matching resources to risk": student version.

Modern developmental Neurobiology and the Potency of Adult-Child Connections

Bruce Perry, a developmental neurobiologist, has declared, "A child's capacity to think, to laugh, to love, to hate, to speak—all of it is a product of interaction with the[…human] environment [italics added]. Sensory experiences such as touching . . . literally stimulate activity in the brain and the growth of neural structures." Alan Schore, a clinical psychiatrist and biobehavioral scientist, places the central needs of developing children within this context of emotional connection, which I believe the adult nurturing/connecting figure must provide and which children require for their physical and mental health: "The idea is that we are born to form attachments, that our brains are physically wired to develop in tandem with another's, through emotional communication, even before words are spoken. If things go awry, you're going to see the seeds of psychological problems, of difficulty coping, stress in human relations, substance abuse . . . later on." Caretakers in adult-child systems not only affect personality, but do so through direct impact on neural development. Attachments formed within the matrix of a adult-child connection affect young children as people through their developing brain structure: "The self organization of the developing brain occurs within the context of a relationship with another self, another brain. This relational context can be growth-facilitating or growth-inhibiting, and so it imprints into the developing right brain either a resilience against or a vulnerability to forming later psychiatric disorders."

Dr. William Pollack, Ph.D., Senior Advisor, NACTATR
Associate Professor of Psychology in the Department of Psychiatry, Harvard Medical School[HMS], part-time
Senior Clinical Consultant and Research Director: on the Mental Health of Boys, Young Men & Men at The Cambridge Health Alliance[CHA]
Training/Supervisory Faculty Member in the HMS/CHA Adult Psychiatry Residency Program, the Child and Adolescent Psychiatry Fellowship program, as well as the Psychology Internship & Fellowship programs at HMS/ CHA
Senior Consultant in the Department of Psychiatry at McLean Hospital

The Crisis of Childhood and the Salience of Adult Connection

Culled from a basic national survey of close to 100,000 adolescents from grades 7 through 12, Resnick and his colleagues found that what affected adolescent behaviors most was whether their social contexts were mediated by caring adult relationships. According to the study, "parent–family connectedness" dramatically influenced the level of emotional distress adolescents suffer, their level of depression and suicidality, how much they abuse drugs and alcohol, their academic success, general criminal proclivities, and even to some extent how involved in violence they may become.

Indeed, if one parenting figure was positively present within the family, adolescents had two times the protective factors to sustain their health and well-being. If the children felt love or affection from these parents, the protective factor rose to four times.

Resnick's group also found that if adolescents felt connected to an adult who listened to their troubles in the school environment and felt they fit in, there was yet another four times the rise in emotional protectiveness. They found that youth will thrive at school if there is a pervasive sense that they are welcome, that they are liked, and that who they really are—and how they really enjoy learning—is embraced in a genuine way by their teachers. They demonstrated that the largest factor protecting young people from emotional distress, drug abuse and violence—in addition to the closeness they were able to achieve within their families—was "perceived school connectedness."

The more students feel connected, understood, and treated fairly at school, the less likely they are to become suicidal, abuse drugs and alcohol, become addicted to nicotine, or engage in impulsive sexual activities. Youth do best when they feel cared for and understood by their teachers and when they sense that teachers have high hopes for them academically. By designing an inviting (that is, emotionally connected) educational experience for students, schools can help them boost not only their academic performance and self-esteem but also their hopefulness about the opportunities ahead of them.

The potency of loving adult-child relationships is as strong as even the best (and potentially useful) anti-violence program; and certainly greater than any simple-minded, required, zero-tolerance curriculum, and more productive and less traumatic than any magnetometer or gun-sniffing dog.

So as this research supports the basis for the VTRA and TES programs we provide it sheds important light on the potential traumas created by the educational connection gap of the pandemic and points the way toward understanding the issues to be observant of and the programs to implement as we re-open to more direct connectin with our students and staff.

Key Strategies for Meanningful Conversation Recreating Connections and Diminishing Stress

a) Each student should have a genuine connection with at least one significant adult at school. This would not necessarily be their assigned teacher or counselor,but should be someone where there is at the very least a nascent sense of comfort and genuine interest—what we refer to as matching resources to risk

b) Give each student opportunities for regular periods of undivided attention and listening.

c) Encourage the expression of a full and wide range of emotions.

d) When you observe aggressive, bullying, teasing, angry or "acting-out" behavior, look for the pain behind it and the STRESS which may be the cause lurking behind "the mask."

e) Balance the important emphasis on Resilence and Hopefulness with the clear message that the student doesn't have to be tough or "stoic" to be genuinely strong.

f) Support the key concept that tears and vulnerability are not only a natural and healthy part of the sharing and expressions of a wide and normal range of human emotions most especially after this pandemic, but they may well be the healthiest pathway to the expression of grief and health inducing mourning.

g) Some student's losses of loved one's or special opportunities, will be more obvious; but keep in mind that the that pandemic has, indeed been, a gigantic loss/disconnection in most cases, certainly a set of, at times, many unwanted changes and that: ALL CHANGE IS LOSS AND ALL LOSS NEEDS TO BE MOURNED and GRIEVED

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Training/Supervisory Faculty Member in the HMS/CHA Adult Psychiatry Residency Program, the Child and Adolescent Psychiatry Fellowship program, as well as the Psychology Internship & Fellowship programs at HMS/ CHA
Senior Consultant in the Department of Psychiatry at McLean Hospital

LEAD THE WAY , NOT JUST BY CONVERSATION, BUT BY EXAMPLE. To paraphrase Ralph Waldo Emerson ”YOUR ACTIONS SPEAK SO LOUDLY, THEY CAN HARDLY HEAR YOUR WORDS”.

Do not go it alone. That is exactly where young people are getting stuck. We need to reach out to our colleagues, other school personnel and our loved ones during this process for their support and connection. Mentors from outside the immediate network are as important for educational leaders as they are important for children

Chaim Ginnott, the great parent/teacher educator, used to advise adults vouchsafed with the lives of teens that at times of turmoil, “Don’t just do something, stand there.”

Obviously he didn’t mean remain passive. He was conveying that: Being there for our students in a deep and empathic way is way more than half of the story; showing overt caring is the other half. Youth who have a connection to a caring adult, and feel genuinely understood, have higher self-esteem and higher success rates in school and life. They are more psychologically resilient. Do not feel as if the weight of the world is all on adult shoulders, but do recognize that the potency of empathic caregiving which has ten times the power of biology or peer culture — not only in making our students’ worlds safer but ultimately in making their lives and ours more joyful and meaningful.

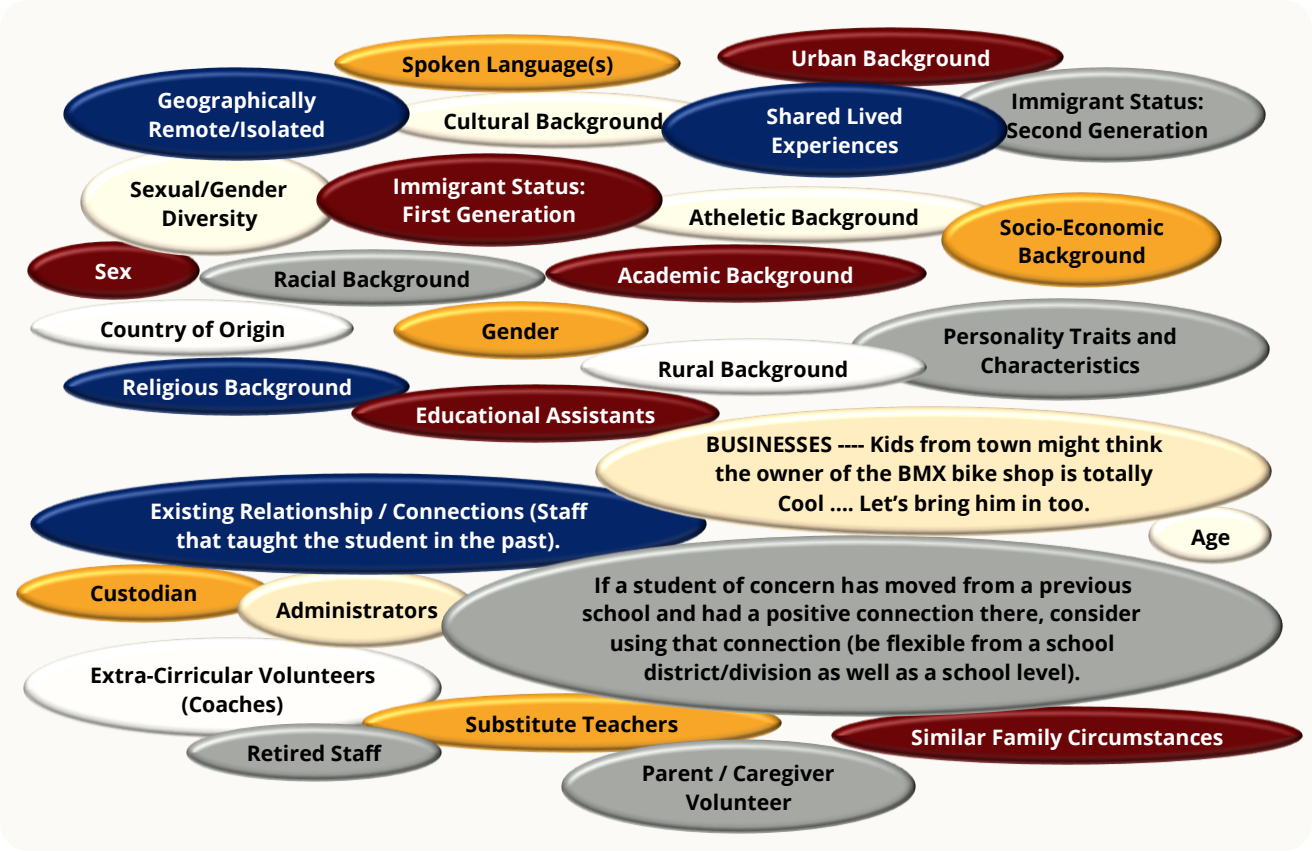
Not just reopening post-pandemic but truly RECONNECTING.

“At the core of the Learning Gap is the fear of many students, parents and caregivers that they cannot win the education race to the finish line. That is because education has become a timed competition and some students are in a speed boat, some are in a canoe and some are standing on the shore deciding they just can’t swim that far! We need to change the narrative so that educational success is not about turing 18 and being full of knowledge, it is about turning 18 and hungering for more.”

J. Kevin Cameron

Appendix A – Matching Resources to Risk

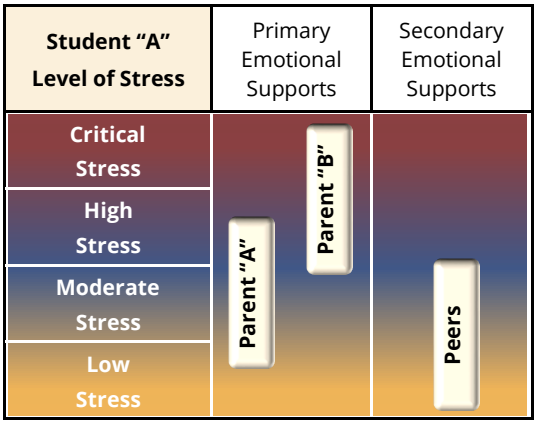
Below is a visual montage and formal checklist of some examples for matching resources to risk:



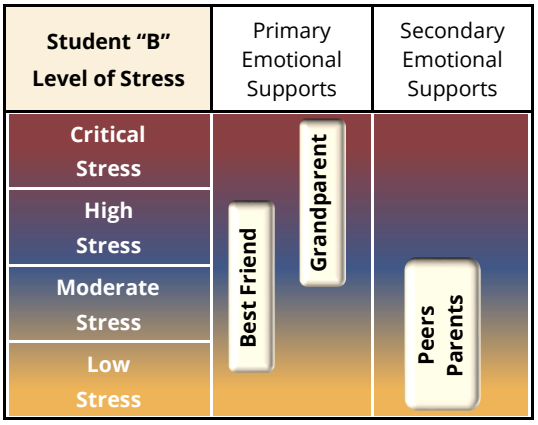
Matching Resources to Risk					
	Cultural Background		Racial Background		Sexual/Gender Diversity
	Socio-Economic		Urban Background		Rural Background
	Geographically Remote/Isolated		Shared Lived Experiences		Spoken Language(s)
	Immigration Status: First Generation		Immigration Status: Second Generation		Personality Traits and Characteristics
	Age		Sex		Athletic Background
	Religious Background		Gender		Country of Origin
	Administrators		Bus Driver		Custodian
	Substitute Teachers		Educational Assistants		Extra-Cirricular Volunteers
	Retired Staff		Academic Background		Parent/Caregiver Volunteer
	Other:		Other:		Other:
	Other:		Other:		Other:

Deciding How to Match IOC's and their Families for their Mental Health Inoculation ($E = MC^2$)				
	Pre-Pandemic	Pandemic	Post-Pandemic	*Matching Resources to Risk
Primary ESS, Personal				
Secondary ESS, Personal				
ESS – Emotional Support System				
Primary ESS, Professional				
Secondary ESS, Professional				

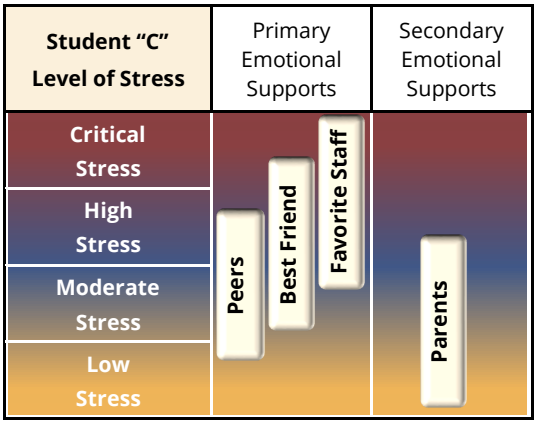
Appendix B – Student Primary and Secondary Support Systems



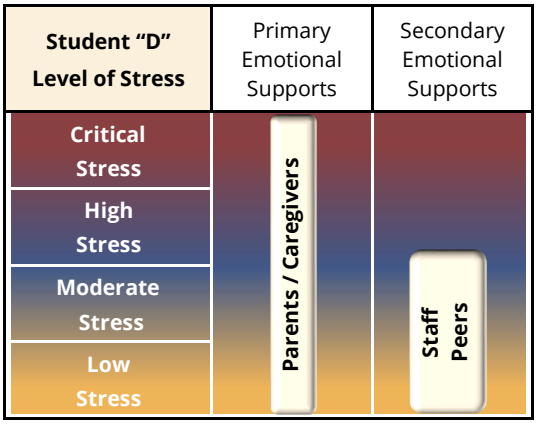
Student "A" Graph represents a student who is living in a shared (joint) custody situation. Parent "A" is the primary caregiver and has a good connection with their child while Parent "B" has a busy career, so their child only reaches out when they are experiencing high levels of stress. They feel very safe with Parent "B" but believe they should only justifiably connect when totally necessary. This same child spends a lot of their time with peers but always defaults to parents. This is a good family connection that can be strengthened during the pandemic. (What could happen if Parent "A" dies during the pandemic and Parent "B" is now the primary caregiver who is under tremendous stress as a health care professional? How might you match resources to risk?).



Student "B" Graph represents a student who has more of a friendship relationship with both parents/caregiver(s) and their peers. They rely on one peer only (best friend) to bear the weight of their concerns but if they feel emotionally overwhelmed, they will default to their grandparent. (What could happen if the grandparent becomes ill during the pandemic, both parents lose their job and the best friend is emotionally unavailable due to their own family circumstances? How might you match resources to risk?).



Student "C" Graph represents a student who spends a lot of time with peers and one best friend. Parent / caregiver relations are around basic needs with no meaningful conversations or connections. School and peers are the primary emotional support systems and being physically disconnected from school could dramatically elevate their anxiety. The relationship with their teacher denotes that particular staff member will be the most stabilizing adult support during the pandemic. (What happens, if under the stress of work, the teacher goes on long-term disability? How might you match resources to risk?).



Student "D" Graph represents a student who quietly goes to school with no real emotional connection to peers. Their primary and secondary emotional support system is their parents/ caregivers and their family system as a whole. If they were doing good academically before the pandemic, they should do very well during the pandemic. (What happens if the effects of quarantine and an impaired closeness-distance cycle rekindles prior domestic abuse dynamics the child was previously unaware of and their parents divorce? How might you match resources to risk?).

