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## **COVID-19 Safety Protocols and Procedures Designed for Minimizing Trauma in School-Age Children**

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COUN 6785: Social Change in Action:  
COVID-19 Safety Protocols and Procedures  
Designed for Minimizing Trauma in School-Age Children

**Social Change Portfolio**

Thomas Stacy Helton

## INTRODUCTION

### COVID-19 Safety Protocols and Procedures Designed for Minimizing Trauma in School-age Children

When COVID-19 arrived in the United States in March of 2020, most of the country was unprepared for the virus's severe nature. A collective mental state seized the public with a hard-to-fathom health emergency that bewildered most adults who have not witnessed during their lifetime. The closest parallels would be the HIV/AIDS pandemic that became embedded in the cultural mindset of 1985; however, once scientists and researchers identified the medical realities of HIV/AIDS, they could educate the populace with appropriate prevention mandates. With rare exceptions, this was not a disease that touched children, except a schoolyard taunt in the years following. Telling a peer "they have AIDS" was a derogatory message meaning the child was "gay" and "dirty." The idea of one who contracts a disease was then identifiable as a social negative, one that still permeates the culture. A program that educates school-age children about the realities of COVID-19 and instills in them prevention knowledge will be controversial, but necessary, to prevent a generation of traumatized children. With the constant repetition of school shooter drills, children have proven to be resilient. COVID-19 education and preventative measures will require providers to build on this resilience.

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## PART 1: SCOPE AND CONSEQUENCES

### COVID-19 Safety Protocols and Procedures Designed for Minimizing Trauma in School-age Children

With COVID-19 arriving unexpectedly, it was not only adults who were unprepared, but the confusion of children was palatable. On a day in March, children left their friends and school, not knowing that this would be their last day of childhood normalcy for most of them for some time. The medical complications from COVID-19 and the traumatic implications are related, but

those surviving the virus can show the archetypal signs of trauma into adulthood. While COVID-19 is a new stimulus in the lives of families, childhood trauma has always been ever-present. Explaining the novel virus to school-age children, along with the safety and procedural correspondents, needs to be done in such a way to minimize the potential for trauma. Hamilton County, Tennessee, is a county with a diverse population. The United States Census Bureau, in 2019, estimated that Hamilton County is 75% white, 19% black, and 6% Hispanic. 25% of the 25+ age population is college-educated, and 25% of the approximately 367,000 residents are under 18 (United States Census Bureau, 2019). Chattanooga is the county seat and is the most diverse, with three significant suburbs and a considerable rural population. In the 2016 election, the county voted Trump over Clinton, 54%-38% (Hamilton County Election Committee, 2016).

Rightly so, the media has pointed out that the majority of deaths in the United States have been older, and Hamilton County is no outlier. Of the counties 13,510 reported cases, approximately 22% have been age 0-20. The number of deaths, however, have only been two in that age range. These statistics are from the Hamilton County Health Department, responsible for updating the data each Monday (2020). While to many, the number of deaths seems negatable, the number of cases has been high. Additionally, the number of children who have been exposed to COVID-19 either through testing, a friend or family member, or the general change in the child's day-to-day living is rising.

There is an overabundance of events that can instill trauma in school-age children. Sexual and domestic abuse experienced or witnessed has been a leading cause and neglect (Briere et al., 2015). The *DSM-5* further notes that in addition, “life-threatening illness, witnessing or learning about serious injury or death...” can also be other types of traumatic events (American Psychological Association, 2013, 271). This definition provides the reasoning to address the

pandemic to school-age children in such a way to foster learning, support, and emotional gravity. Studies were performed after the terrorist attack of September 11, 2001, with school-age children six months after the events. The moderate traumatic symptoms of schoolchildren in New York City remained higher than the national average. One study showed exposed children had the psychopathy associated with posttraumatic stress disorder (PTSD) and showed an increase of 300% to 400% higher than children with mild exposure. Even with other diagnoses, like conduct disorder and depression, prevalence rates in the same children as high as 200% (Aber et al., 2011). While 9/11 was an “event,” the long-term issues with a pandemic like COVID-19 are constant for children and the potential for a generation of adults scarred by the pandemic as children need addressing while the crisis is still in its beginning stages. This project aims to provide information about policies, procedures, prevention, and treatment goals to prepare the nation’s school-age children to transition to adulthood without the unnecessary addition of traumatic history.

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## PART 2: SOCIAL-ECOLOGICAL MODEL

### COVID-19 Safety Protocols and Procedures Designed for Minimizing Trauma in School-age Children

The literature is prevalent with the adverse symptoms resulting from untreated trauma experienced by children and adolescents, the school-age children that this project attempts to explore. While this project examines specifically the COVID-19 pandemic and the sociological and psychological fallout, trauma has been inflicted in many variations, from natural disasters such as earthquakes and tornadoes, to more specific political and felonious events, such as school shootings or terrorist attacks. In this, trauma and all of its’ manifestations are a global problem. A study done after the 1988 devastation from the Spitnik Earthquake in Armenia found that three

years after the disaster, those adolescents who received treatment showed a decrease in posttraumatic stress, while those who were untreated showed a worsening in their posttraumatic stress and depressive symptoms (Goenjian et al., 2005). Because of the effects on the community, these traumas are often considered mass traumas. Mass trauma suggests that the individual's trauma can occur to members of the community even if they are not directly exposed to the trauma (Littleton, Kumpula, & Orcutt, 2011).

A case study could be Holly, a ten-year-girl who left her school in March 2020 and did not return to school due to the pandemic. Holly begins seeing masks and hearing about social distancing. Whether her parents thoughtfully discuss the pandemic or whether she overhears information from the news, the internet, or friends could determine how the cacophony of information she responds to what is now often referred to as “the new normal.” Of course, if a family member tests positive or, at worst, dies, the more Holly is affected. The way the virus presents to the child could determine how it will be received. In addition to the medical complications of a pandemic, the nation is currently facing divisive rhetoric between those who feel that preventive measures infringe on personal liberties and those that feel scientific and medical directives contribute to the greater good. The Center for Disease Control (CDC) has issued several protective factors for parents when discussing the virus with their children, focusing on preventive measures and stress signifiers to watch for, including excessive anxiety and depression (Center for Disease Control, 2020).

When a pandemic impacts the community, as is the case of COVID-19, the global community is affected. No child is untouched, even if the direct risks are not experienced by the individual. Seeing people wearing masks, seeing signs and barriers at stores, and experiencing school in an unfamiliar manner, are just a few of the changes that the school-age child observes.

The way that family and community relate to the child can predict how a child emerges when the danger is over. Unlike a natural disaster or a school shooting, a pandemic affects one more temporally. Lifestyle changes can be just as jarring to a child as a more immediate, violent event. Two studies reported that children with a higher knowledge of COVID-19 (or reassured with their amount of knowledge) are less likely to present the anxiety and depression associated with trauma. One study did not find this association (Miranda, Athanasio, Oliveira, & Silva, 2020).

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## PART 3: THEORIES OF PREVENTION

### COVID-19 Safety Protocols and Procedures Designed for Minimizing Trauma in School-age Children

Fortunately for the therapist and researcher to construct a community-based program, several valid and reliable theories are applied to several pertinent studies. In determining the traumatic reaction and need for treatment with school-age children in the most succinct manner, the most applicable theory is the Health Belief Model (HBM), a theory whose roots are in the 1950s, when the social psychologists in the United States Public Health Service sought to observe and explain an individual's response to a symptom and their behaviors in response to said symptoms (Champion & Skinner, 2008, 46). Because COVID-19 and the possible developments of traumatic symptoms have both a medical and psychological component, the HBM meshes congruently with this novel health crisis. Historically, the HBM has been used successfully with individuals with a disparity of disorders, including cancer, HIV, and diet issues. The model consists of six constructs to qualify health behavior: risk susceptibility, risk severity, benefits to action, barriers to action, self-efficacy, and cues to action (Jones et al., 2015).

In exploring the fundamental concepts of the HBM, it becomes immediately noticeable the continuity of the concepts as it applies to the chosen topic. From perceived susceptibility to self-efficacy, the concepts argue in the affirmative that the traumatic potential for school-age children can easily be applied (Champion & Skinner, 2008, 48).

1. Perceived Susceptibility: The determined risk is that the school-age child exposed to the reality of COVID-19, but not the virus itself, is at risk for traumatic symptoms if unexplored.
2. Perceived Severity: Anxiety and depression are two of the main symptoms of trauma experienced by individuals exposed to trauma (Miranda, Athanasio, Oliveira, & Silva, 2020). The *DSM-V* notes that in extreme cases “intense or prolonged psychological distress at exposure to internal or external cues” may be observed (American Psychological Association, 2013, 271).
3. Perceived Benefits: Working with school-age children in the early days of the pandemic can prepare them to accept the continuation, whether through play, therapy, or talk therapy.
4. Perceived Barriers: In many families, there may be political or cultural deference or minimization of the risks of a novel virus like COVID-19. As these are school-age children, parents must play an essential role in the child's overview.
5. Cues to Action: There are at present several children's books for younger children that parents and therapists can utilize to address the issue of COVID-19, with titles like *COVID-19 for Kids*, *Billie, and the Brilliant Bubble: Social Distancing for Children*, and *Going Back To School During Coronavirus*. With older



children, group therapy would be a positive step in discussing and relating to the pandemic.

6. Self-Efficacy: Using concerned parents, teachers, and counselors, programs can be created and geared toward various ages of schoolchildren that incorporate their learning, perception, and internalizing styles.

The Iowa Model of evidence-based practice works with mental health professionals (and employees in the medical field) to translate research findings into improving outcomes for patients. The Iowa Model examines eight steps that work through the needs determined for treatment (Brown, 2014). When applied to the topic, the steps would arrange themselves in the following approach:

1. School-age children exposed to a bombardment, either personal or media information, is at risk for future trauma.
2. This bombardment of information is a potential problem for any counselor, albeit it school or clinical, that engages with children and adolescents.
3. Establishing a team of parents, public health officials, teachers, and mental health professionals can explore solutions.
4. Conducting the imperative research with parents of school-age children can be obtained in both qualitative (in the form of interviews) and the form of quantitative (in the pretext of surveys).
5. The head of the committee, or an assigned member of the quorum, can peruse research that applies to the topic; examining books and tomes related to the issue is also pertinent.

6. Implement a program based on the research gathered that addresses each age group; choose appropriate learning materials or psychological theory to address concerns.

Using both the HBM and the Iowa Model, positive results emerging from the study can positively impact reducing the potential for trauma in school-age children. A program can continuously develop going forward.

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## PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

### COVID-19 Safety Protocols and Procedures Designed for Minimizing Trauma in School-age Children

COVID-19 has now been in the public consciousness for seven months, with no identified lessening in the reported future, however, information, both from a public health perspective and a political perspective is revising daily. In Hamilton County, the number of reported cases is rising, with over 2,000 reported cases, but only two deaths in the 0-20 age range (Hamilton County Health Department, 2020). The Hamilton County Health Department also breaks down the statistics by race, with a breakdown of overall cases culminating in 56% White, 20% African Americans, and 7% Other. Oddly enough, 16% is listed as “not yet determined” (2020). The Center for Disease Control (CDC) identified a higher rate for minorities, reporting that African Americans are 2.6x higher than the national average to contract COVID-19, while the risk for the Hispanic population is 2.8x greater. Subsequently, death for African Americans is 2.1x higher and for Hispanics, that figure is 1.1x (2020, August 16). The CDC breaks down why these vulnerable populations are at greater risk. These risks include a higher percentage of essential workers, hence a greater exposure to the virus. In addition, oftentimes crowded housing

conditions make social distancing impossible (2020, July 24). The uninsured rate is also higher for minorities (Berchick, Barnett, & Upton, 2019). Any plan that is created for this project will be created with a blanket diversity, even with the slightly increased numbers. All children and adolescents appropriate for this project should be treated equally since the exposure to COVID-19 is universal.

In order to collect data the author would like to create an anonymous survey of parents to determine how they are dealing with their children in this time of crisis, with questions addressing diversity, as well as the severity of their discussions with their families. The school-age children will also be slotted into class populations: preschool, elementary (primary) school, middle school, and high school. Ethically, this project would be guided by the auspices of the *2014 American Counseling Code of Ethics*. Beyond the basic truths of ethics, such as confidentiality and informed consent, Section E of the 2014 edition is highly relevant. Section E addresses the “Evaluation, Assessment, and Interpretation” of a project such as the one created to address the potential trauma explored in this portfolio, and Section G addresses “Research and Publication.” Section G asks that the researcher “ Counselors minimize bias and respect diversity in designing and implementing research” which would be paramount in this project (American Counseling Association, 2014). Client participation and confidentiality are also successfully explored in this section. Data collection would be anonymous, so there would be no revealing the participants, nor would they receive results of the study, as mentioned in Section G.4.

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## PART 5: ADVOCACY

### COVID-19 Safety Protocols and Procedures Designed for Minimizing Trauma in School-age Children

In addressing social justice concerns there a barrier is often encountered by the community, the clients, the legal system, and sometimes internal bias. It is essential to use the Multicultural and Social Justice Counseling Competencies (MSJCC) guidelines when examining the counselor's self-awareness and the clients' worldview. These counselors must be aware of ethically of the intersect of both multicultural competence and social justice issues (American Counseling Association, 2014). The MSJCC refers to this as the Multicultural and Social Justice Praxis, which details in quadrants the intersection of privileged and marginalized counselors and privileged and marginalized clients (Multicultural and Social Justice Counseling Competencies, 2015). Counselors t in the language of diversity and inclusion with their learned attitudes, knowledge, and skills address both their perceived world view and their clients. It is noted that the quadrant statuses are fluid and that the relationship can move from quadrants (Ratt, et al., 2016).

While cultural and inclusive factors are essential for a counselor or researcher to acknowledge; in a project like the one proposed by this student, it is vital to acknowledge the client's worldview, especially their attitudes and beliefs. Concerning the perception of the Coronavirus, the divide has fallen, for the most part, between political lines, lines that are often blurred by religious affiliation. Many of those who refuse masks say that it "imposes on their freedom," or, as one woman said, "you're removing our freedoms and stomping on our constitutional rights by these communist dictatorship orders or laws you want to mandate" (Aratani, 2020). Timothy Akers, a public-health professor, opined that "We're seeing politics and science literally crashing" (McKelvey, 2020). When addressing concerns with school-age children and their emotional relationship with the pandemic, it will be important to consider the worldview of the family. The most recent Pew Research Center poll found that 45% of

Republicans are concerned about the virus, as opposed to 77% of Democrats (“Republicans, Democrats Move Even Further Apart in Coronavirus Concerns,” 2020). Often children parrot what they hear from the family, and for many children, the pandemic is not a concern and may even be considered a hoax. This insular tone shows a problematic intersection of respecting personal beliefs (like the anti-medicinal stance of Christian Scientists, who often exclude anything they have not personally experienced [Ruetenik, 2012] ) and family dogma. Socially competent counselors are asked to “take action” to engage in discourse both formally and informally. With individual children, it is crucial to address their needs as a family unit and bring the family into the therapeutic milieu, regardless of the scientific and political position (Multicultural and Social Justice Counseling Competencies, 2015). Taking on these institutional, community, and public policy level complexities would positively aid the discussion with the families of the population of the project.

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## PART 6: CONCLUSION

### COVID-19 Safety Protocols and Procedures Designed for Minimizing Trauma in School-age Children

As the pandemic continues, with cases continuing to rise, the need for education and trauma-prevention continues to rise. As resilient as the country’s school-age children have proven to be since the Columbine shootings in 1999, we must be careful not to assume that each new crisis – whether manmade or natural – can be met with indifference. Today’s six-year-old child can not be assumed to have the same needs as a child ten years older. Each counselor, be it school or mental health, needs to provide a program that works for their population. This project

lays the foundation for what is needed, and by using both the Health Belief Model and the Iowa Model a successful plan can be implemented. In fleshing out this project the first step that the author plans to take is to create a quantitative survey of parents within the geographic boundaries of the project (which can be used in any geographic area; local statistics are available through local health departments). After a period of implementation of a treatment plan a qualitative survey of school and mental health counselors can be studied, with their narratives adding to the anecdotal (yet professional) compilation of such a needed study. As the author begins his internship in the spring there will be ample opportunity to use the models and the outcomes to work with the school-age children that will be the department's population.

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