

COVID-19: AN EDUCATIONAL EMERGENCY

In the health emergency related to the ongoing coronavirus pandemic, distance learning has been implemented by governments as a measure to grant continuity in teaching in a context of social distancing. In addition, this has represented a way of continuing to maintain the connection between students and teachers.

Teaching staff, who already play a very important role of reference in the daily relationship with their pupils and students, have a new and key responsibility in this emergency context: reassuring young people with positive messages and emotional closeness.

Supporting young people in distress is more necessary than ever to prevent this Covid-19 emergency from having a serious impact on their psychological health.

In this logic, teachers need specific interventions to process the experience of the Covid-19 emergency so that they can calm themselves in order to be able then to help their students feel safe.

THE PSYCHOLOGICAL EFFECTS OF CORONAVIRUS

Since the Covid-19 emergency started, we have gone through various emotional and psychological phases, from disbelief, to feeling a sense of vulnerability and threat; the pandemic led to isolation and to a drastic change in our daily relational, family and school or work life. Fear can turn into panic, characterised by a generalised anxiety that makes perceive any situation as risky and alarming. Fear can also take the form of hypochondria, understood as excessive concern for one's own state of health by perceiving every slightest symptom as an unequivocal sign of Coronavirus.

Research has shown that living in a traumatic situation is a serious risk factor for the mental health of adults and children. In addition, collective trauma can interfere with social, cognitive and emotional functions (Fletcher, 2003). The effect is amplified by the fact that trauma and pain are present not only in individuals and families but also in groups and communities.

Mass disasters such as the Coronavirus emergency affect entire groups of people and can compromise the entire social network; for this reason, these events are usually very complex and alter the sense of security of the entire community causing a high level of suffering. The delay in psychological intervention or absence of intervention cannot be justified. It would be a way of ignoring people's needs.

ADVERSE CHILDHOOD EXPERIENCES (ACE)

The ACE study is one of the most important American epidemiological studies, involving more than 17.000 participants. The objective of the study was to provide precise analyses of the effect of traumatic experiences lived in the first years of life compared to the onset of both physical and mental pathologies, health care costs and life expectancy in adulthood. The ACE study is the result of a collaboration between the Centers for Disease Control and Prevention and the Kaiser Permanente.

The research data, collected over a decade, demonstrated a strong relationship between the level of traumatic stress experienced during childhood and severe physical, mental and behavioural deficits experienced during life.

This effect is linked to the fact that during the phases of their development, children build their personality and identity. Precisely because they are growing up, they are open and very receptive, and this can lead to a greater risk of being overwhelmed by the event, with emotions and thoughts that they cannot contain and define.

The child's brain is particularly vulnerable to stress. When the child is in a highly stressful situation for a prolonged period of time, the stress hormone (cortisol) is released and compromises the normal development of both brain and nervous system of the child.

The ACE study shows that early stress is a very markedly associated risk factor for the following health problems: cardiovascular disease, cancer, high blood pressure, stroke, diabetes, weight gain and obesity, reduced immune functions, etc.

Therefore, helping children and young people to overcome the emotional impact of a collective disaster like this pandemic is fundamental.

Children's current need in this global emergency, just like in adults, is to be able to codify the reality they are living, to give meaning and to put together the various aspects of the experience.

Nevertheless, adults in traumatic situations, precisely because they are also affected by what is happening, tend to keep children away from what is considered painful or too strong to experience in order to protect them. This way, emotions left unspoken remain crystallized and separated from oneself (dissociated): a wound that is not absorbed and integrated into the mind.

We know that trauma involves the creation of emotional memories of the critical experience lived, or witnessed, which are stored in structures deep inside the brain.

The AIP (Adaptive Information Processing) model emphasizes that the memories of traumatic experiences stored in a dysfunctional way are the underlying cause of many psychological disorders that can develop later on such as anxiety, depression, etc. Reactions in children and minors in general but also in adults can persist for many months and not result in spontaneous remission (on the contrary, they tend to emerge).

Research and international literature thus indicate the important role of early intervention from a psychological point of view. Early intervention, which generally takes place within 3 months, can remove obstacles to spontaneous processing (Roberts et al., 2007, 2009).

EMDR THERAPY

Untreated trauma during childhood and adolescence predicts a serious risk to subsequent mental health (Pynoos et al, 2005). The experience of disasters such as the Coronavirus emergency will be a risk factor for the future considering the effects within the developmental context.

Among the most recognised interventions indicated by international guidelines we have the EMDR therapy, which prevents accumulation of traumatic and negative emotions and promotes mental health and resilience (Elan Shapiro 2008).

In addition to processing trauma, EMDR therapy allows children and adults to process a traumatic experience in a natural way, to improve their resources, reduce stress reactions and normalize behaviours.

EMDR also facilitates narrative. Children, for example, often have fewer opportunities to discuss and process their trauma. Adults usually avoid talking to them about trauma to protect them, so it becomes difficult for children to verbally describe internal states and memories.

THE PROJECT: THE EMERGENCY AS AN OPPORTUNITY FOR LEARNING

In this situation, making adults and children feel safe becomes more necessary than ever: in particular, adults and teachers need to be able to calm themselves in order to make children feel safe.

In moments of danger, children need to refer to their caregivers, who should reassure them; however, when caregivers are exposed to the same traumatic event, their arousal might be noticed by children and cause

even more distress to them. It is very important for adults to find psychological support and help in order to deal with their normal stress reactions and provide children with the necessary emotional safety.

For these reasons, the following project has been developed to focus on psychoeducational meetings with teachers and parents and meetings with pupils to elaborate the consequences of all aspects related to the Coronavirus emergency experience. In addition, there will be another meeting to strengthen resources and to promote not only resilience, but also psychological protection factors.

The complexity linked to the impact of the Coronavirus on an individual, family and collective level requires diversified and specific interventions; it is necessary to reduce the stress generated by the impact of all aspects of this traumatic experience and, at the same time, to strengthen resources, **making it a constructive learning experience.**

CHARACTERISTICS OF THE INTERVENTION

The intervention will involve:

- Children and young people
- Teachers
- School staff

Ways of implementing the intervention project:

1. During the closure of the schools for the Coronavirus emergency, psychoeducation and support meetings with school staff will be held remotely (Skype, Zoom, etc.).
2. After the reopening of the schools the meetings will be carried out in presence:
 - psychoeducation meetings with school staff and psychological support.
 - Information and psychoeducation meetings for parents.
 - Class to class meeting for the processing of the pandemic threat and for the strengthening of the pupils' resources.
3. Information brochure for teachers, parents and pupils to distribute to schools.

1. Psycho-educational group meeting for teachers and school staff:

The aim of these meetings is to provide some information about the normal emotional, cognitive and behavioural reactions that can follow the experience of the threat of being infected and all the other aspects related to the emergency in Italy (isolation, reduction of social activities, changes at family and economic level, anxiety and worry in caregivers, constant exposure to the numbers of infections, deaths, etc.). It is important that adults, caregivers and educators have the tools to better understand children's behaviour and know how to relate to them in this phase.

The meeting for teachers will also be an opportunity for adults to share their emotional reactions, express doubts and fears, and better understand what kind of intervention will then be proposed to the pupils and with what purpose.

In this occasion, teachers can be given indications on how best to welcome and manage pupils' return to school, how to communicate and how to convey a sense of security.

These meetings will last 2 hours. While schools are closed, the meetings will take place online.

Material will be distributed (on paper or in electronic format) explaining the reactions and giving concrete tools to manage the consequences of this emergency on minors.

2. Group interventions, divided by classes to give students the opportunity to work on the aspects that impressed them the most:

During the meeting, work will be done on resources, resilience, cohesion and to facilitate the return to school life and normality. In particular, the valorisation of group resilience will be promoted (encouraging the acceptance and sharing of everyone's experiences), optimising time and resources.

This intervention also offers a useful screening to immediately identify any situations of greater discomfort.

Obviously, depending on the individual cases and emotional reactions highlighted, there may be a need for additional individual meetings and then monitoring or follow-up at a later stage. Both group and individual EMDR class interventions take place in an integrated way with the EMDR approach. The group meeting has a duration of 90'.

CONCLUSIONS

We must consider that the costs of mental disorders in Europe are very high.

According to the latest estimates by Mental Health Europe, mental disorders and substance abuse are the most important contributors to disability burden, with €175.3 million per year, accounting for 22.9% of disability expenditure. Given that trauma and stress are risk and precipitating factors for about 52 mental disorders, being able to work on traumatic experiences with targeted and evidence-based therapies such as EMDR could neutralize and reduce long-term effects and at the same time create protective factors. In this way we work for the prevention of mental disorders in adulthood, we improve at the same time the quality of life of these people, we save costs in services and pharmacological and supportive treatments for disorders that can be chronic.

Trauma is a public health problem. For this reason, public health services and policies need to address this issue with early treatment focused on trauma, such as EMDR, which is strongly recommended and effective in childhood (ISTSS Guidelines, 2018).

When ministries and institutions dealing with mental health are faced with a pandemic like the one we have experienced in the recent months, they develop public information campaigns to contain, monitor and reach all people about the risk. The same thing should be done about the effects of stress and trauma, especially in childhood, which has a general spread, with short- and long-term effects.

REFERENCES

American Psychiatric Association (2004). *Practice Guideline for the Treatment of Patients with Acute Stress Disorder and Posttraumatic Stress Disorder.* Arlington, VA: American Psychiatric Association Practice Guidelines.

EMDR given the same status as CBT as an effective treatment for ameliorating symptoms of both acute and chronic PTSD.

Bleich, A., Kotler, M., Kutz, I., & Shalev, A. (2002). A position paper of the (Israeli) National Council for Mental Health: *Guidelines for the assessment and professional intervention with terror victims in the hospital and in the community.* Jerusalem, Israel.

EMDR is one of only three methods recommended for treatment of terror victims.

Brown, R.C., Witt, A., Fegert, J. M., Keller, F., Rassenhofer, M., & Plener, P. L. (2017). Psychosocial interventions for children and adolescents after man-made and natural disasters: a meta-analysis and systematic review. Cambridge University Press, Psychological Medicine.

Department of Veterans Affairs & Department of Defense (2017). *VA/DoD Clinical Practice Guideline for the Management of Post-Traumatic Stress.* Washington, DC.

http://www.oqp.med.va.gov/cpg/PTSD/PTSD_cpg/frameset.htm

EMDR was one of three therapies given the highest level of evidence.

Dorsey, S., McLaughlin, K. A., Kerns, S. E. U., Harrison, J. P., Lambert, H. K., Briggs, E. C., Revillion Cox, J., & Amaya-Jackson, L. (2016). Evidence Base Update for Psychosocial Treatments for Children and Adolescents Exposed to Traumatic Events, *Journal of Clinical Child & Adolescent Psychology*.

Dutch National Steering Committee Guidelines Mental Health Care (2003). Multidisciplinary Guideline Anxiety Disorders. Quality Institute Health Care CBO/Trimbos Institute. Utrecht, Netherlands. *EMDR and CBT are both treatments of choice for PTSD.*

Felitti VJ, Anda RF, Norderberg D, et al. Relationship of childhood abuse to many of the leading causes of death in adults: the adverse childhood experiences (ACE) study. *Am J Prev Med.* 1998; 14(4): 245-258.

INSERM (2004). *Psychotherapy: An evaluation of three approaches.* French National Institute of Health and Medical Research, Paris, France.

Of the different psychotherapies, EMDR and CBT were stated to be the treatments of choice for trauma victims.

International Society for Traumatic Stress Studies (2018) Practice Guidelines

<http://www.istss.org/treating-trauma/new-istss-prevention-and-treatment-guidelines.aspx>.

EMDR therapy was given a strong recommendation as an effective and empirically supported treatment for PTSD in children, adolescents and adults.

Mavranzouli et al. (2020). Cost-effectiveness of psychological treatments for post-traumatic stress disorder in adults, 2020 /Plos OnePublished: April 30, 2020 -<https://doi.org/10.1371/journal.pone.0232245>

SAMHSA's National Registry of Evidence-based Programs and Practices (2011).

<http://legacy.nreppadmin.net/ViewIntervention.aspx?id=199>. The Substance Abuse and Mental Health Services Administration (SAMHSA) is an agency of the US Department of Health and Human Services (HHS). *This national registry (NREPP) cites EMDR as evidence-based practice for treatment of PTSD, anxiety and depression symptoms. Their review of the evidence also indicated that EMDR leads to an improvement in mental health functioning.*

Sjöblom, P.O., Andréewitch, S. Bejerot, S., Mörtberg, E., Brinck, U., Ruck, C., & Körlin, D. (2003). *Regional treatment recommendation for anxiety disorders.* Stockholm: Medical Program Committee/Stockholm City Council, Sweden.

Of all psychotherapies CBT and EMDR are recommended as treatments of choice for PTSD.

Teicher, M et al. (2017) [Childhood Trauma And Its Lifelong Health Effects More Prevalent Among Minorities](#), Sept. 2017. NPR Center of the Developing Child, Harvard University.

[The European Mental Health Action Plan 2013–2020 \(2015\)](#) - WHO Regional Office for Europe, Copenhagen, Denmark.

Therapy Advisor (2004-11):

<http://www.therapyadvisor.com>

An NIMH sponsored website listing empirically supported methods for a variety of disorders. EMDR is one of three treatments listed for PTSD.

van der Kolk, Mc Farlane A. et al. (2005). *Stress traumatico. Gli effetti sulla mente, sul corpo e sulla società delle esperienze intollerabili.* Magi editore.