



COVID-19, MENTAL CONDITIONS & EMDR NEURODIVERSE CHILDREN

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Some children find every-day life challenging. They may attract diagnoses such as ADHD, SPD (Sensory processing disorder) and autism. Recently there has been a move towards seeing these children's difficulties through a lens of 'neurodiversity' – the concept that differences are part of a natural spectrum of variation rather than a sign of disorder.

When a child has been identified as neurodevelopmentally different, there is a tendency for professionals and parents to see any problems they have as part of this difference. This means that behaviour which is driven by trauma and anxiety may be seen as a symptom of a disorder rather than as a sign of distress, a process known as 'diagnostic overshadowing'. This means that their distress can be easily missed or dismissed.

IMPACT OF COVID-19 FOR THESE CHILDREN

Family stress: Many parents are trying to juggle work and school without childcare or support. They may have fewer resources that usual to support their children, at the same time as children need more help and have fewer outlets.

Heightened General Anxiety: High anxiety is commonplace during the pandemic and this can be magnified for neurodiverse children.

Cycles of anxiety and frustration: Some children show their anxiety by becoming very controlling, angry or inflexible. Parents often respond with frustration. This raises the child's anxiety which in turn makes their behaviour more controlling. Parent and child can get locked into a vicious cycle.

Challenging and explosive behaviour: Children's behaviour can become more extreme, including to apparently insignificant events, for example becoming furious because a sibling sat in the wrong place or because a cardboard box is thrown away.

Loss of joy in life: Many children are unable to do the things which make their life enjoyable. They have lost contact with friends, significant adults and activities. They may respond to this with withdrawal and low mood.

CONSIDERATIONS IN EMDR THERAPY

Start with the child: No matter how extreme a child's behaviour, it is crucial to understand the child's perspective. Keep an eye out for diagnostic overshadowing and remain curious as to what their behaviour might be communicating.

Questions to ask: What is the child's life like right now? Are they doing things they enjoy? Do they have chances to connect with other people doing things that they love? If they have a special interest, how are they exploring this right now? Look for real life changes which could make a child's life more interesting and use the information to create resources.

Relationships: Some child-parent relationships have become intensely focused on battles about behaviour and schoolwork. Therapists can problem solve with parents to find ways to for them to spend positive time with their children, perhaps through exercising or play on the child's terms. Work with parents (possibly using

EMDR) to help build compassion for their children's experiences. Ask about sibling relationships and ways to improve them.

Build remote support networks: Regular online meetings with other people can be a way to nurture children's relationships. Board games can be played online using apps, or children can draw or bake remotely with others. Significant people can be included in a child's resource team, but strengthening real-life connection (mediated virtually) is important.

Identify moments of distress as targets: The pandemic causes ongoing psychological stress but families may not recognise it as such, particularly if they have not been ill or lost a job. Therapists should remain curious about the impact of Covid on a child's life. Possible targets for processing could include hearing about Covid for the first time, parental stress points, hearing about school closures, missing birthday parties or Christmas without grandparents. Ask for the things which bother them most about the pandemic.

Be creative and flexible: Useful approaches with this client group include the EMDR Story Telling technique (Logie et al, 2020, Lovett, 2014), visiting your feelings (Gomez, 2012) and using drawing and play. Flash (Manfield et al, 2017) can be a good way to start if children are very distressed by events. Parents can tap children or children can tap parents or a cushion.

Session length: The therapist should be flexible regarding session length online. Online work is more tiring for children, particularly after a day of online school.

Consider a focus on the present-day: If a child seems very hyper-aroused but no trauma can be identified, a present-day focus might be useful, focusing on a child's current anxiety or sense of overwhelm. A narrative approach can be used if they need extra scaffolding, including the wider context of Covid and its effect on the world.

Aim for resilience whilst the situation continues to be uncertain: Planning for the future is difficult when life is so unpredictable. Resilient imagery can be installed as a resource. Images used with children have included trees (bending in the wind but still standing), rubber balls (which bounce everywhere but remain themselves) and bendy stretchy toys or Silly Putty. These can be used as interweaves in the processing.

Assess the impact of the parent in the room: Some parents become anxious about keeping the child 'on-task' which can interfere with therapy. Keeping the sessions short can help.

Some children associate online work with school: Do something to show you are different – perhaps use a virtual background which reflects their interests. You can even use a picture of theirs as a virtual background if they email it to you.

Listen to their concerns and give them choices: There is so much they cannot control in their lives. Aim to make EMDR therapy a place where they feel empowered and capable.

References:

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