



MIGRANT CLINICIANS NETWORK



THE *witness to witness*  
witness PROGRAM

# Helping Children Cope During Times of Uncertainty

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Kaethe Weingarten, PhD



MIGRANT CLINICIANS NETWORK



A force for health justice

Somos una fuerza dedicada a la justicia en salud

**Our mission** is to create practical solutions at the intersection of vulnerability, migration, and health.

**We envision** a world based on health justice and equity, where migration is never an impediment to well-being.

# Our Work



Resource Development

Three colorful brochures are shown. The first has the text 'AUNQUE CE SANO' and depicts a person in a field. The second has 'JUN APTE OUS' and shows a group of people. The third has 'DORO MEN' and features a cartoon character.



Education

A woman in a white sleeveless top is presenting to two seated women. A screen behind her shows a group of people.



Research

Four people are gathered around a laptop, looking at the screen. A man in a dark shirt is pointing at the screen.



Bridge Case Management

A man in a blue shirt is examining a young child held by a man in a black jacket. The child is wearing a colorful patterned shirt.



Worker Health and Safety

Two men are shown. One is wearing a blue shirt and a face mask, the other is wearing a grey hoodie and a face mask. They are holding a cardboard box labeled 'LIMITED EDITION'.



Support for Provider Wellbeing

A laptop screen displays a video conference with four participants. The participants are shown in separate windows.



Advocacy

A group of people are standing together. A woman in the center is holding a sign that says 'MEN is a force for healthy communities!'.



Peer Networking

Two men are wearing full protective gear, including face shields and masks. They are standing against a blue background.

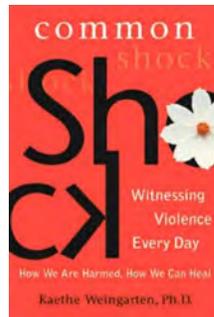


## **Kaethe Weingarten, Ph.D.**

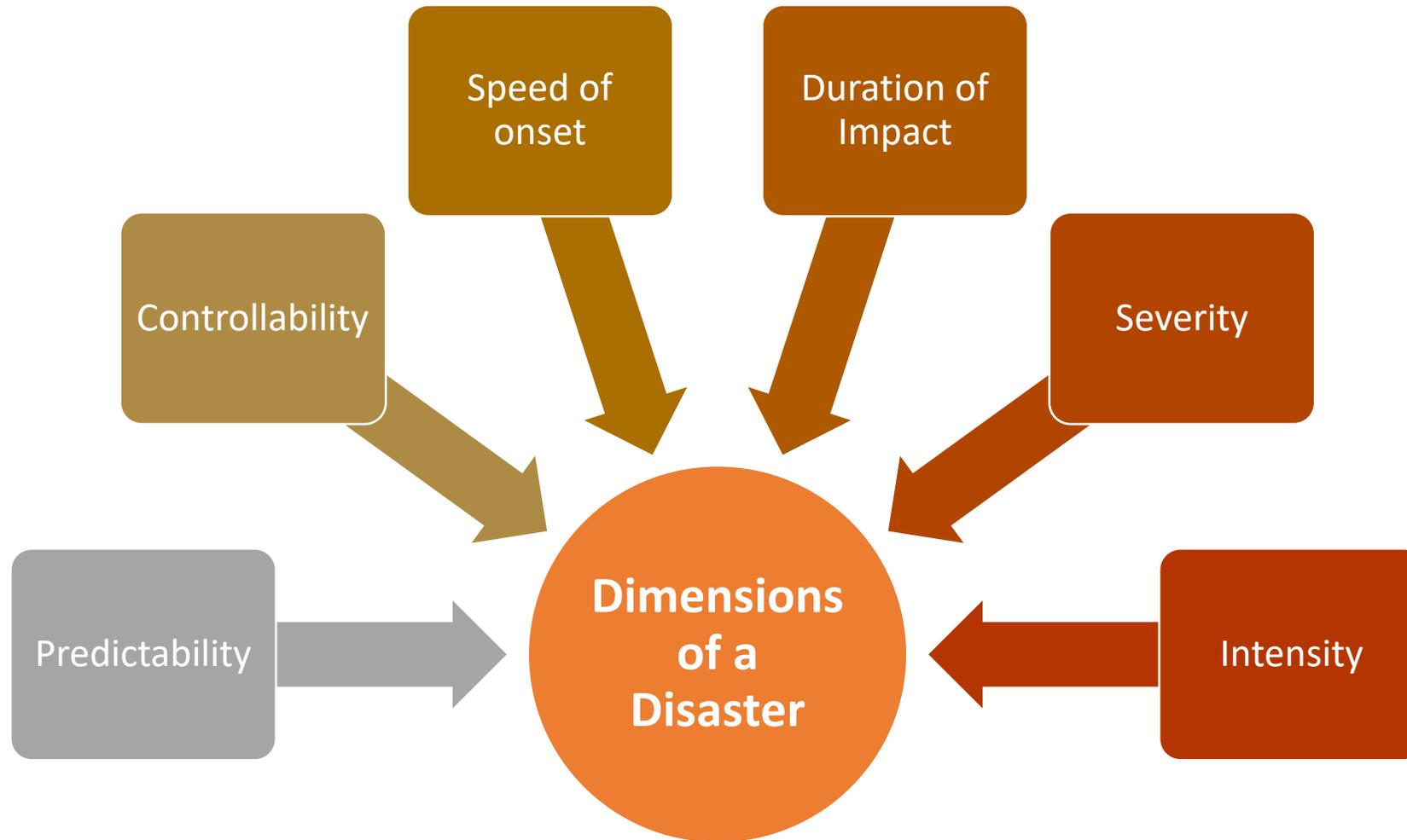
Founder and Director of the **Witness to Witness Program**

**Associate Clinical Professor** of Psychology, Harvard Medical School, 1981 – 2017

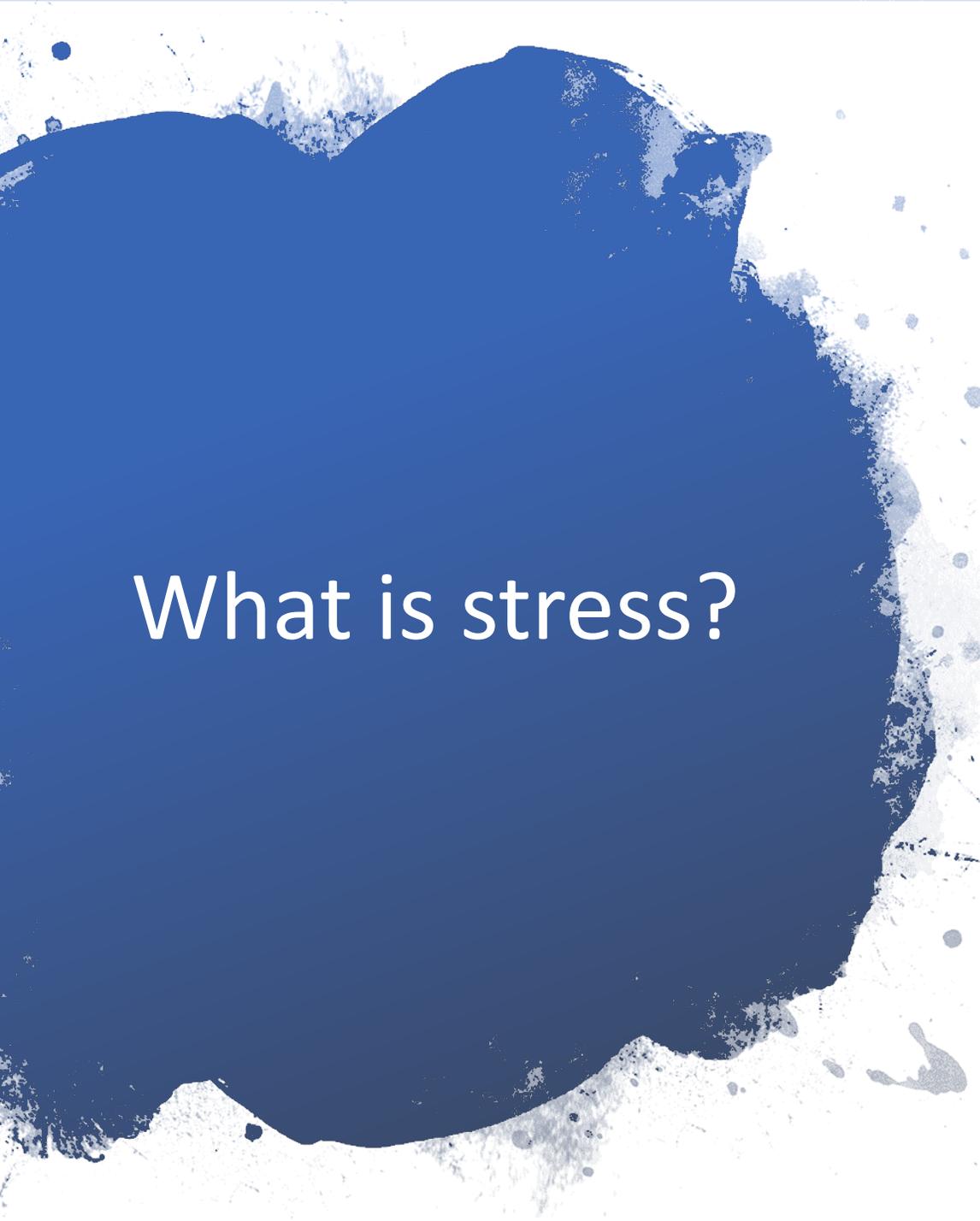
**Taught the Program in Families, Trauma and Resilience** at the Family Institute of Cambridge



**Author of *Common Shock: Witnessing Violence Every Day – How We Are Harmed, How We Can Heal***

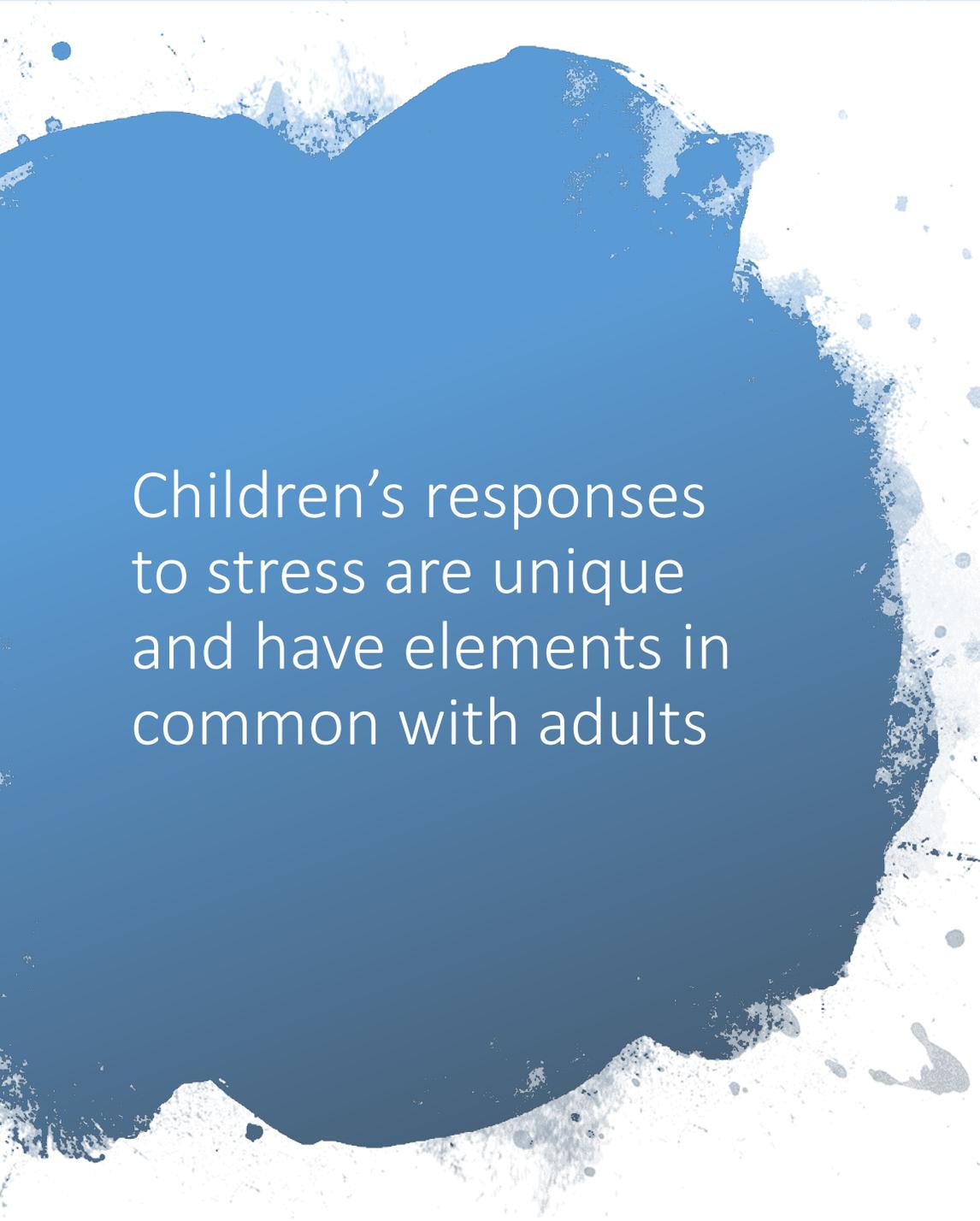


**How would you rank your experience of the COVID-19 pandemic along these dimensions?**



# What is stress?

- It's a reaction of the mind and body to upsetting experiences.
- Many stress feelings and reactions are shared in common by people of all ages.
- Children's stress responses may be obvious or subtle.
- Special attention is required to identify and meet the needs of children.



Children's responses to stress are unique and have elements in common with adults

Fear

Anxiety

Anger

Fear of separation from loved ones and from security

# Common Stress Responses of Children of all Ages

- Fear of separation
- Fear of being alone
- Sleep disturbances
- Night terrors
- Loss of interest in school
- Loss of interest in peers
- Regressive behavior
- Physical symptoms (headaches, stomach aches)
- Withdrawal
- Sadness
- Anger

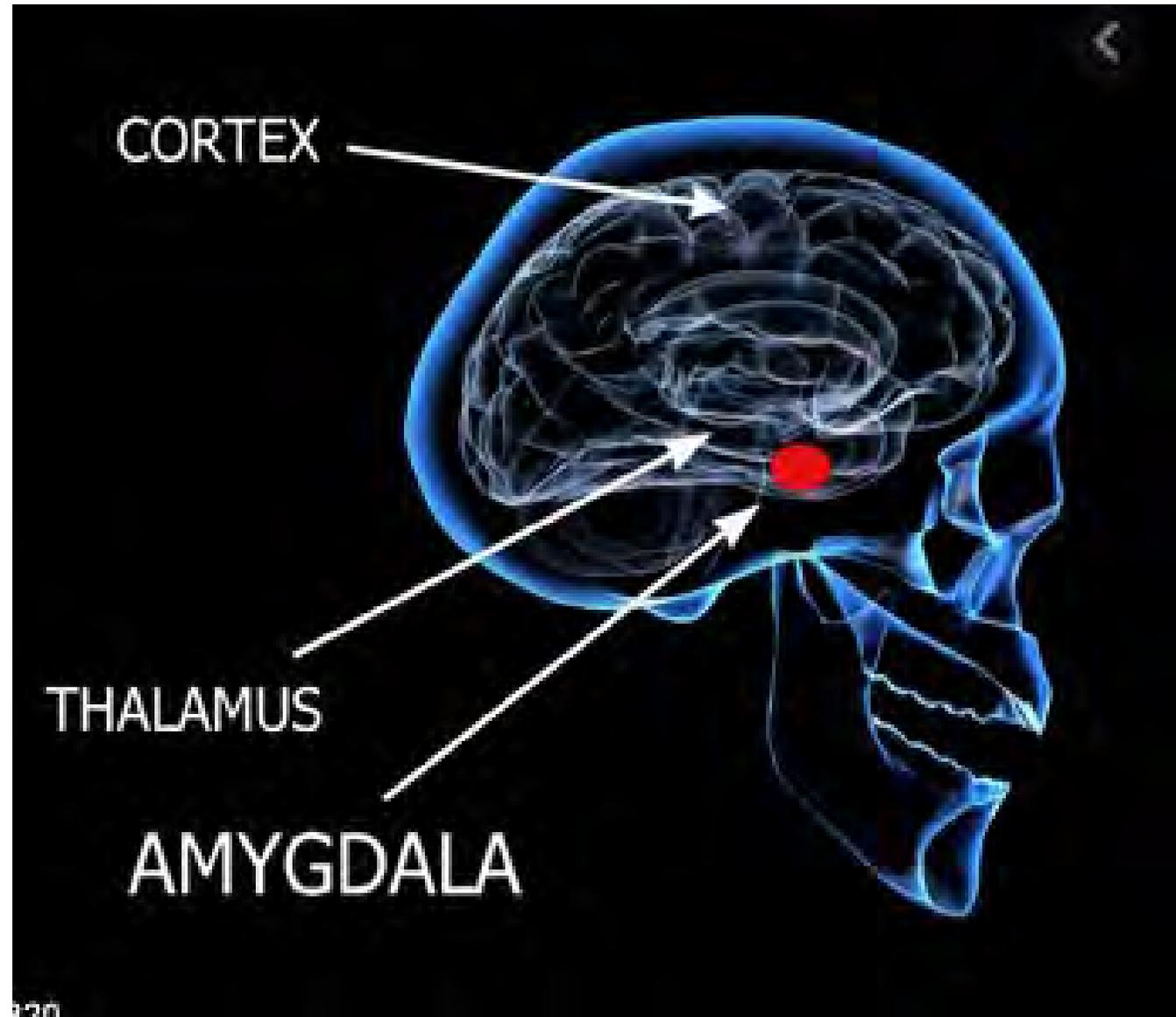
# Stress responses of pre-school children

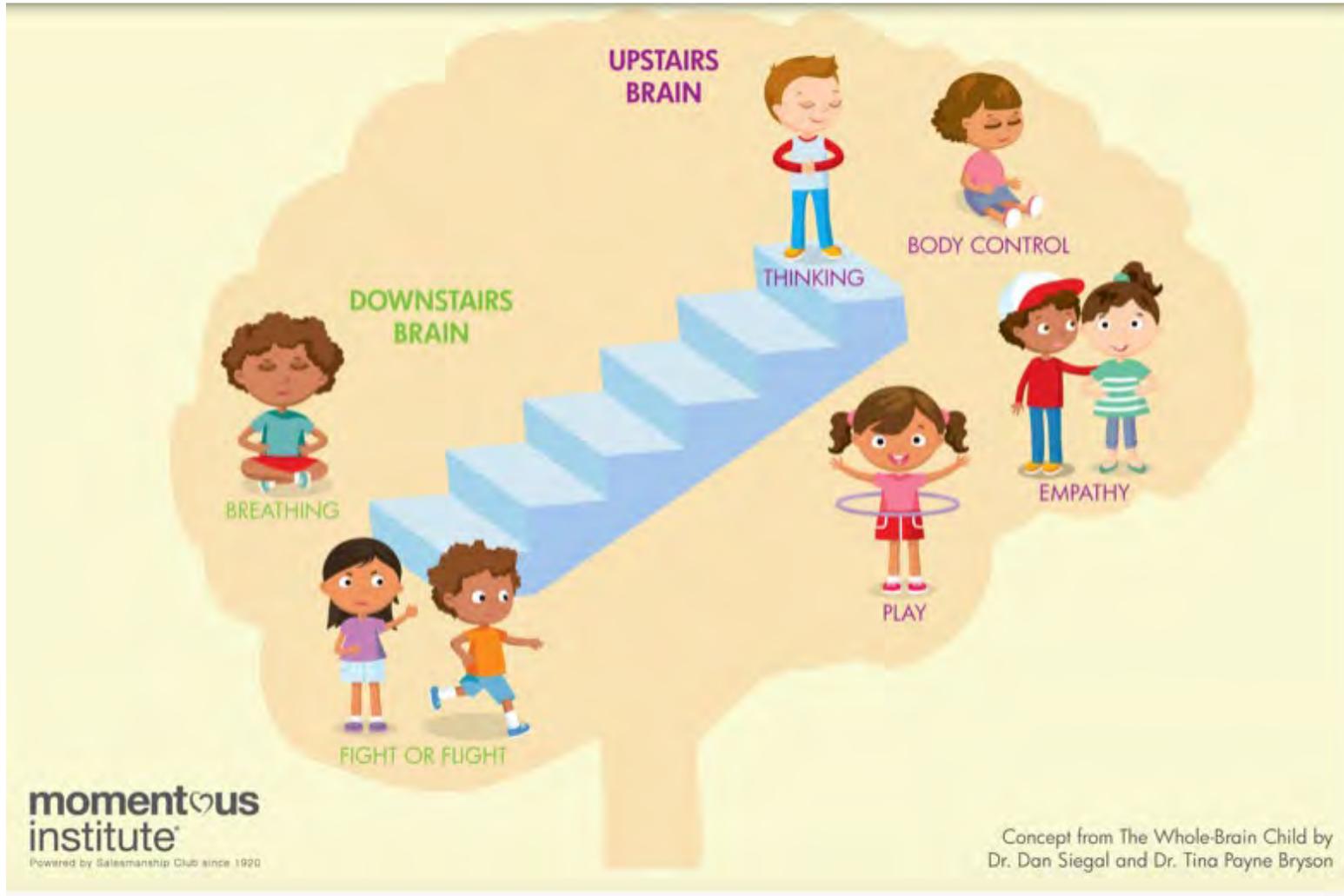
- Thumbsucking
- Bedwetting
- Fear of the dark
- Night terrors
- Increased clinging
- Expressive language difficulties
- Loss of appetite
- Loss of bladder and bowel control
- Tantrums



## **Emotion and Thought are connected to:**

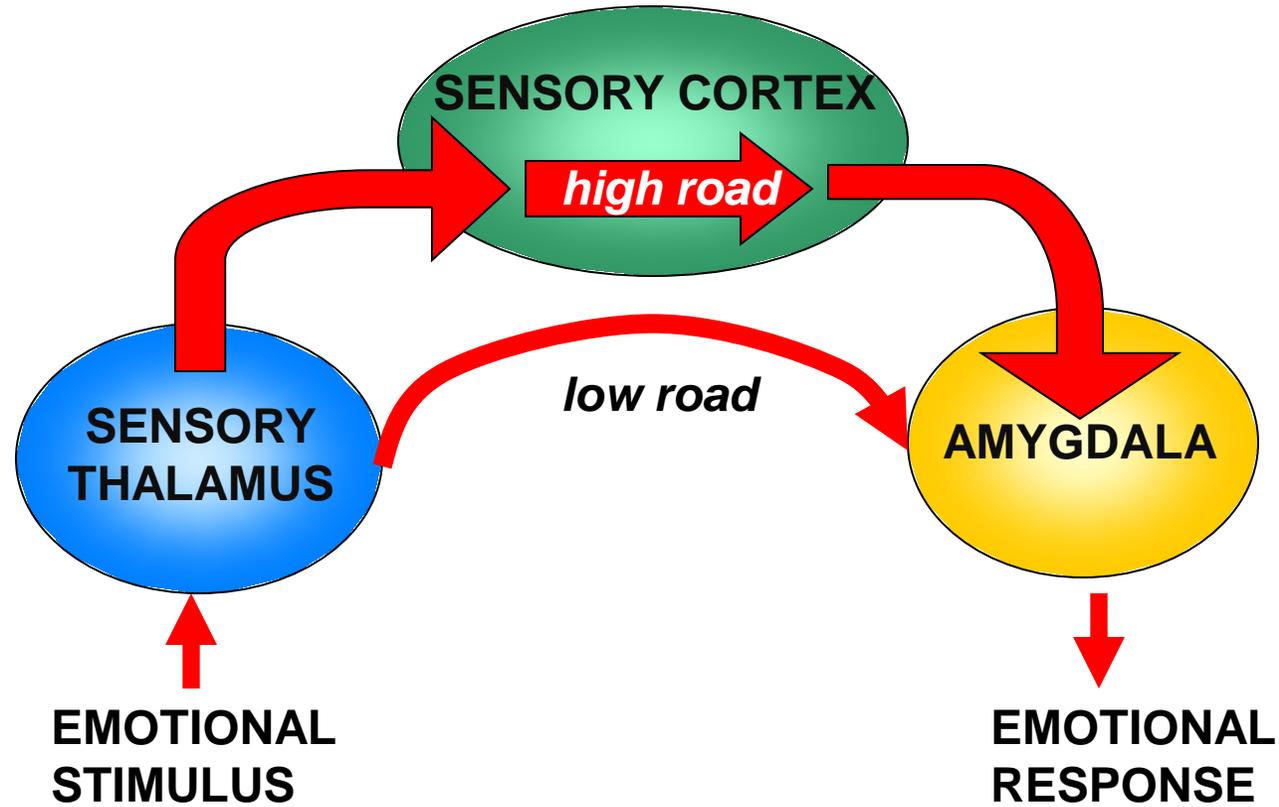
- Different parts of the brain
- Relate to the context we are currently in
- Relate to our past experience
- Our culture
- The language we speak





Do temper tantrums come from the upstairs or the downstairs brain?

# High and Low Roads to the Amygdala



from LeDoux, 1996

# Our Brains

- High road processing leads to the upstairs brain

- Low road processing leads to the downstairs brain

## High Road, Low Road

Trauma and trauma bring us to the downstairs brain via low road processing.

Unresolved trauma makes entry into the downstairs brain more frequent, more intense and more likely to occur with minimal provocation

## Outcome of Low Road Processing

- Intense emotion: rage, terror, shame
- Impairment of thinking, response flexibility, modulation,
- Aggressive, frightening or fearful behavior



**Temper Tantrums  
are an example of  
low road processing:**

**We are using the  
downstairs brain**

- Sudden outburst of intense emotion
- Last about 2 minutes  
(but it feels much longer)
- More common in children ages 1-4 than  
in older children
- Children scream, whine, cry and often  
thrown themselves around, throw objects  
around and may hit, punch or bite others
- Usually triggered by frustration when a  
child is tired, upset about something else  
or otherwise at low reserve of coping skills

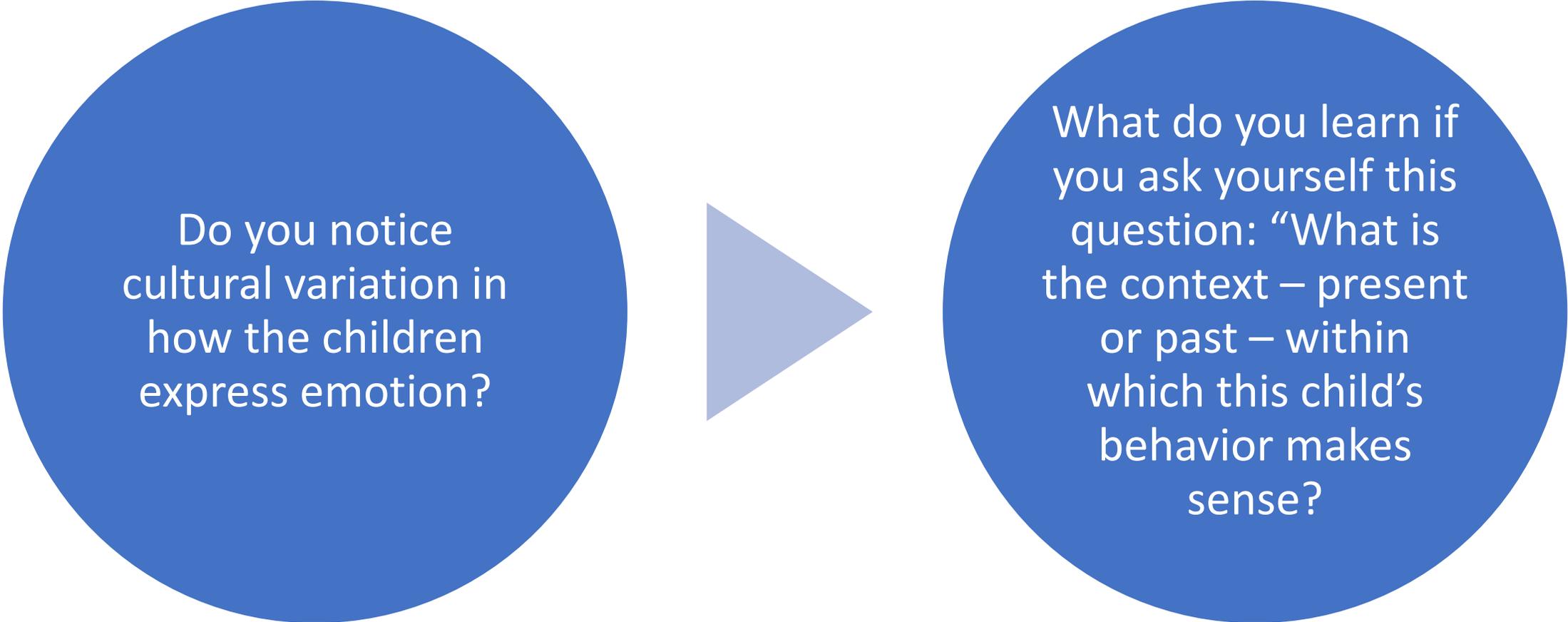
# How to handle a temper tantrum

- Anticipate that it might happen and change the context:
  - If you see storm clouds, you get out of the rain
- Keep the child and other people safe during a tantrum
  - Remove objects that can hurt the child, be thrown or be broken
- Stay in sight but out of the way
- Use soothing words or phrases to show you understand: “You are very, very angry;” or “You are very sad.”
- Praise child for stopping the tantrum.
- The adult has to learn what might set the child off again; usually the child is too young to be a partner in that.

# Children may also be depressed

- Some children internalize sadness:
  - They look sad, they withdraw, they appear shy, they don't talk much, don't have much energy
- Some children externalize sadness:
  - They can be hyper, angry, agitated
- Both can show up as problems with attention

# Good questions:



Do you notice  
cultural variation in  
how the children  
express emotion?

What do you learn if  
you ask yourself this  
question: “What is  
the context – present  
or past – within  
which this child’s  
behavior makes  
sense?”

Children react to the feelings and behaviors of the people around them

Siblings

Mother

Father

Grandparents

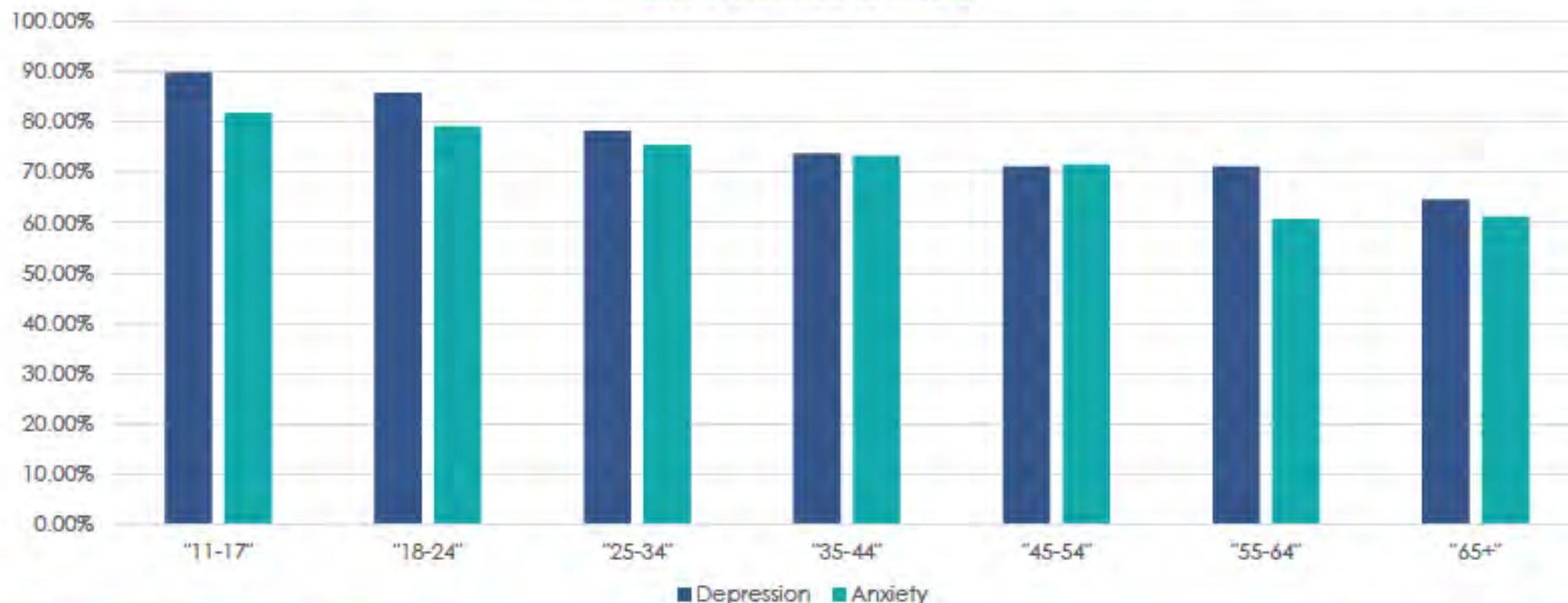
Cousins

Aunts

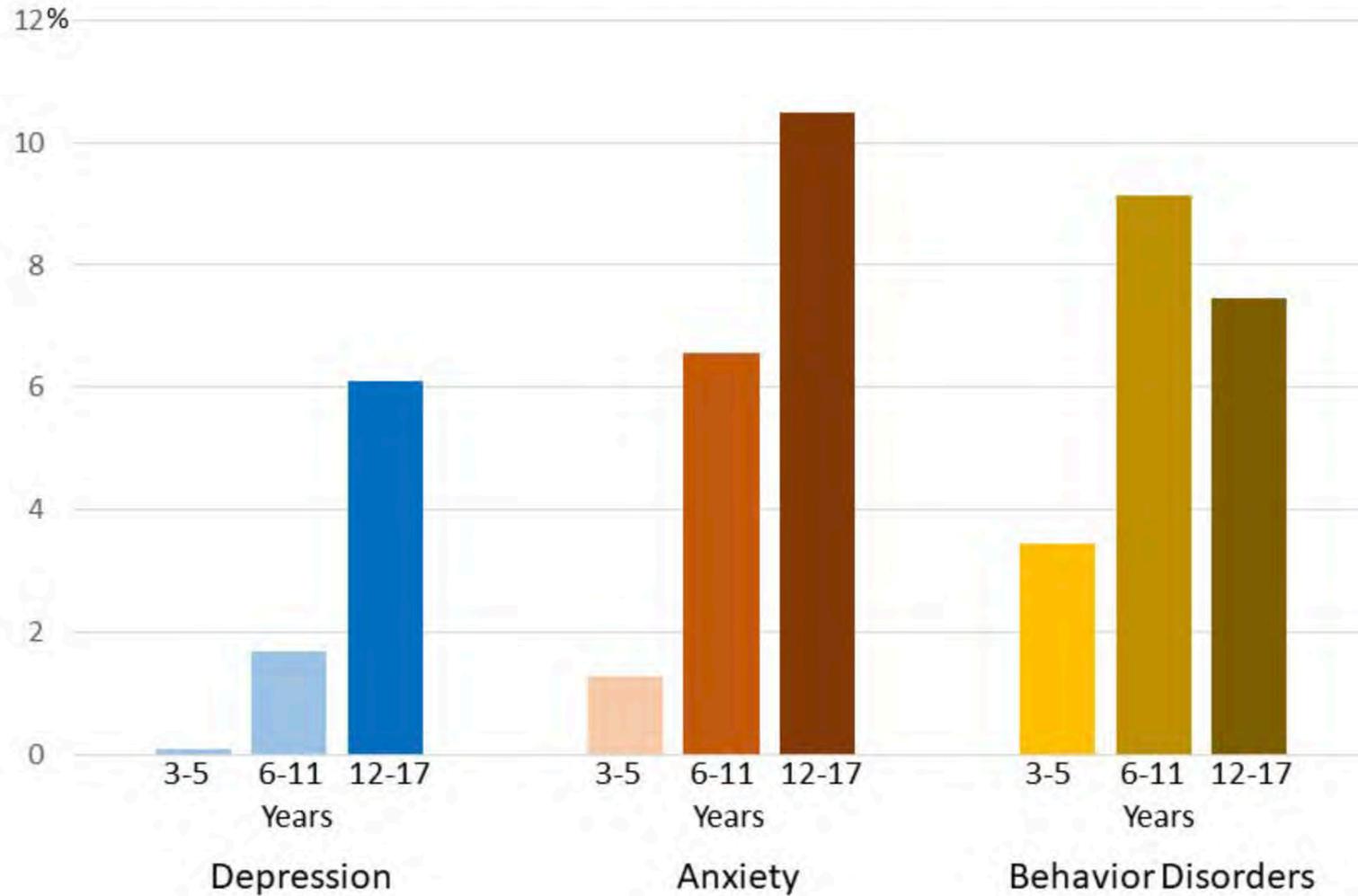
Uncles

# Young People in June Still Disproportionately Experiencing Depression and Anxiety

Percent Moderate to Severe



## Depression, Anxiety, Behavior Disorders, by Age

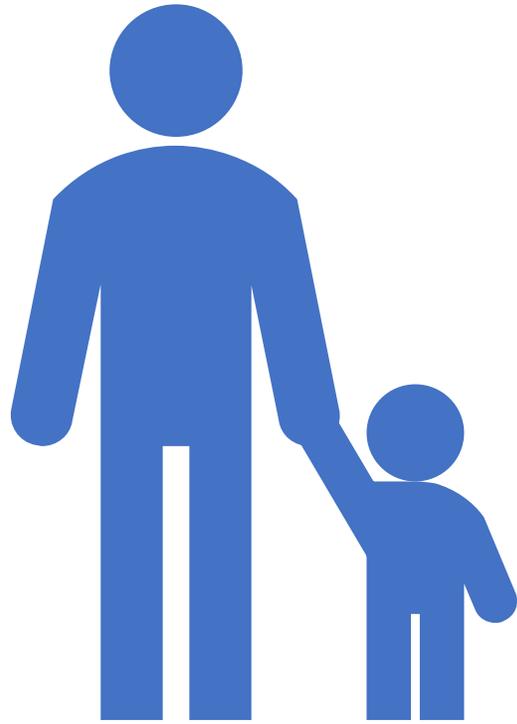


Data from CDC

Young  
children's  
needs are  
different  
from older  
children's  
needs

The most important quality  
that is protective of young  
children is a secure  
relationship with one or more  
adults.

# How to help a young child cope



- Show up calm yourself
- Make it clear to the child that you want to listen to them
- Listen to their communication
- Communication may be in words or behavior
- The behavior may be in play, in games, in art

# Create a Safe Environment

- Observe their behavior. Figure out what they are “telling” you.
- Spend time with them and just be available. Not only when they need you.
- Maintain traditions and let them play a part in them.





## Rules need to be flexible

Too few rules,  
doesn't make a  
child feel safe and  
secure

Too many rules, a  
child can feel  
overwhelmed and  
stressed

# Spend Time Together

Let the child decide what to do

It doesn't have to be something special

The time together is what is special, not the activity



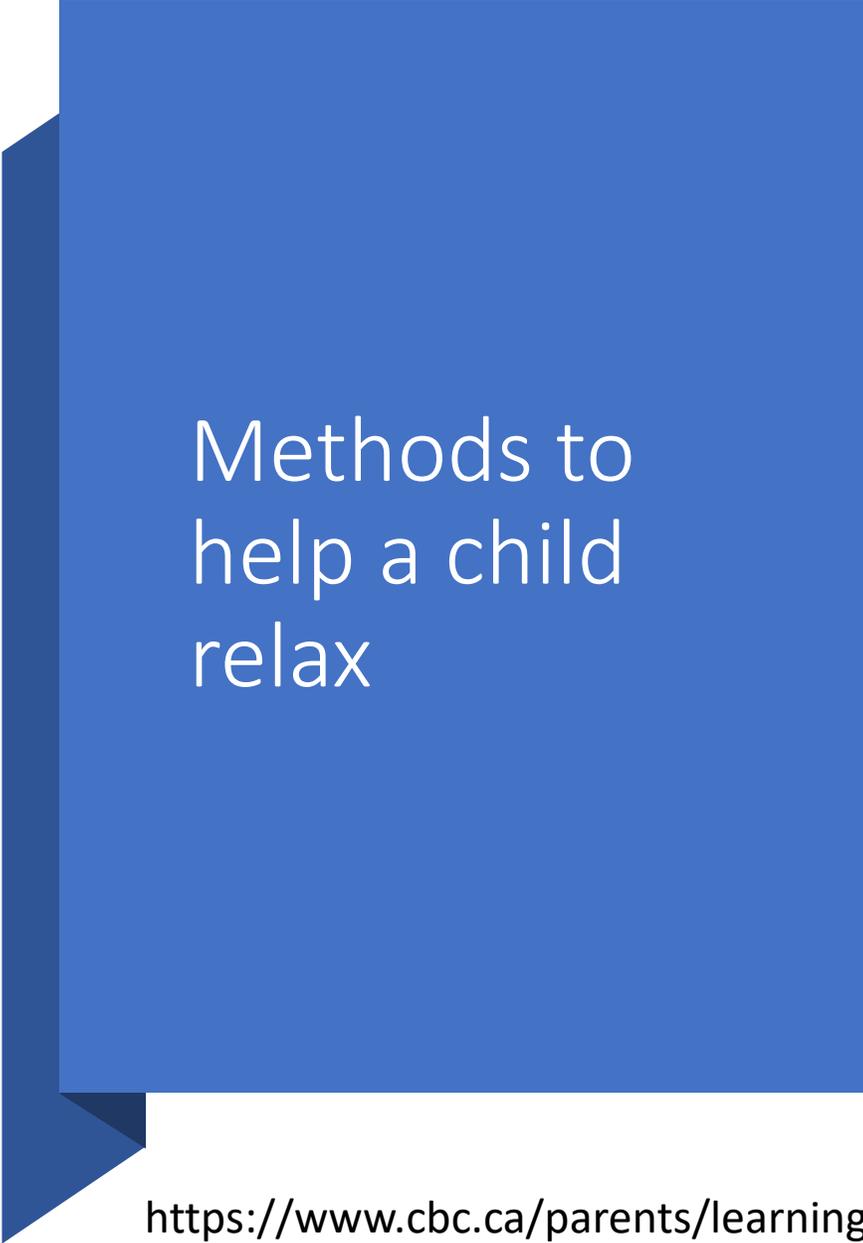
**It's not always easy to  
get our needs met.  
For adults or children.**

Children may want connection  
but act like they don't.

They may withdraw when they  
really want to be close.

Don't give up! Find ways of  
staying connected.





## Methods to help a child relax

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Be relaxed yourself

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Breathing exercises

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The butterfly hug

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Muscle relaxation

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Storytelling

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Books that deal with fear and worry

PBS KIDS has videos, games and activities all about hand washing and staying healthy:

Sesame Street

[Step by Step Handwashing with Elmo](#)

[Elmo and Rosita: The Right Way to Sneeze! \(VIDEO\)](#)

Curious George

[The Man With the Yellow Hat Explains How Germs Work \(VIDEO\)](#)

Super Why!

[ABC Scrub With Me! Activity](#)

# Still worried?

- If you are worried about a child whose behavior is troubling over a long period of time, weeks to months, and nothing you do seems to help, then that may be a reason to refer the child for an evaluation.
- Might start with a pediatrician





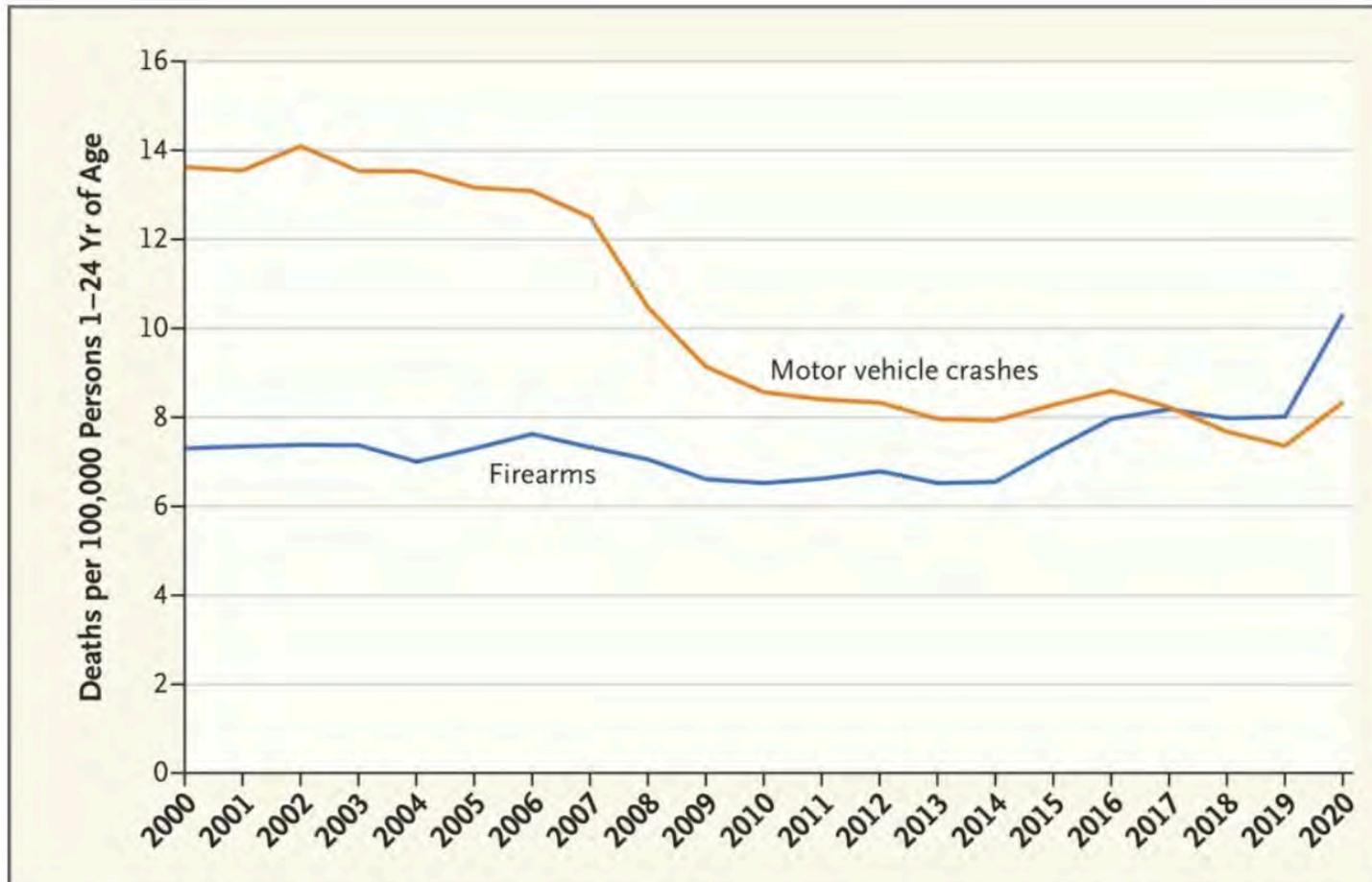
**Children at Risk**

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## Firearms Are Now the Leading Cause of Death in Children

Motor vehicle accidents have long been the leading cause of death in children and adolescents. No longer. Guns now cause more deaths in people under the age of 24 years than car crashes, according to a report in the *New England Journal of Medicine* based on CDC data.

Two opposite trends are at play. Over the past two decades – from 2000 to 2020 – the rate of traffic-related deaths dropped 40% and the rate of firearm-related deaths increased at nearly the same rate.



**Mortality from Motor Vehicle Crashes and Firearms among Children, Adolescents, and Young Adults, United States, 2000–2020.** The rates are age-adjusted and are from the Web-based Injury Statistics Query and Reporting System, Centers for Disease Control and Prevention.

# Bullying

- Makes children feel miserable.
- Children often blame themselves
- Fear retaliation if they tell about being bullied
- Adults can help children understand the difference between:
  - Tattling** is reporting to an adult about someone else's behavior in order to get them in trouble.
  - Telling** is reporting to a responsible adult about someone else's behavior in order to help someone – themselves or someone else.

# Bullying Resources

- <https://www.gov.nl.ca/education/k12/bullying/whattodo/>
- <https://www.parents.com/kids/problems/bullying/bully-proof-your-child-how-to-deal-with-bullies/>
- <https://www.todaysparent.com/kids/school-age/stop-bullying/>



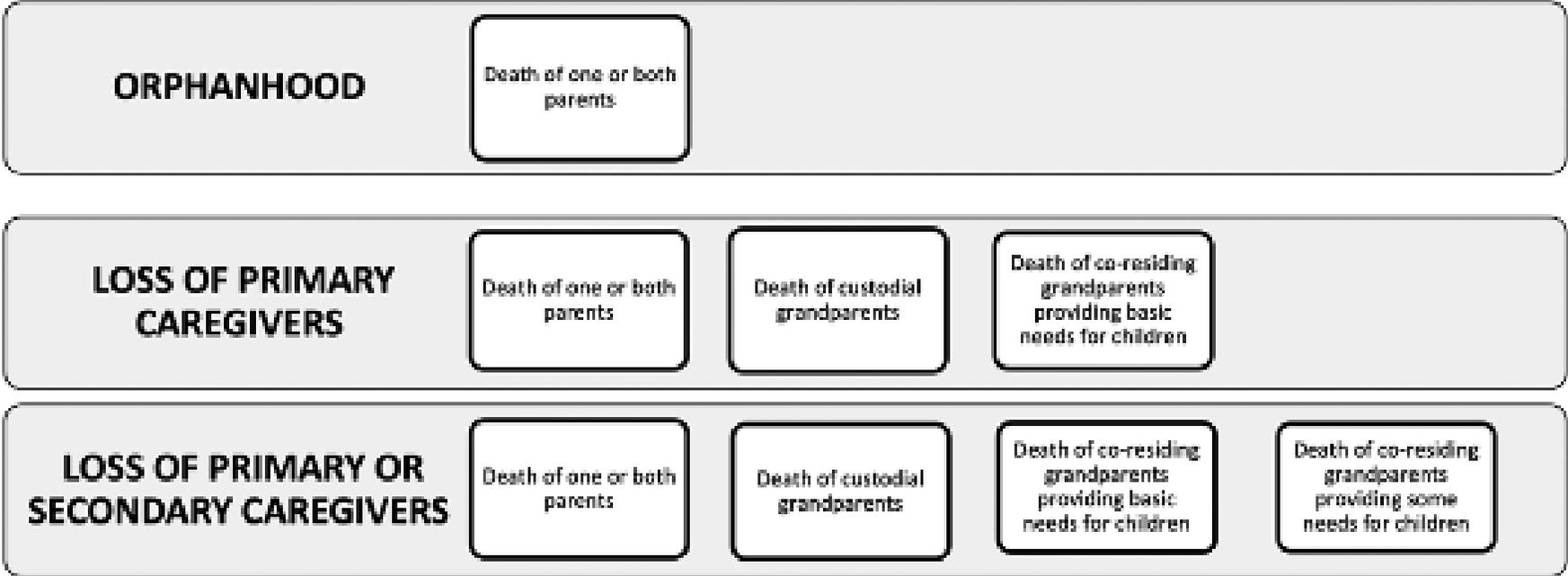
# Risk of Covid Pandemic Related Bereavement

From April 1, 2020, through June 30, 2021, **>140 000 children** in the United States experienced the death of a parent or grandparent caregiver.

**The risk of such loss was 1.1 to 4.5 times higher among children of racial and ethnic minority groups compared with non-Hispanic White children.**

The highest burden of COVID-19–associated death of parents and caregivers occurred in Southern border states for Hispanic children, in Southeastern states for Black children, and in states with tribal areas for American Indian and/or Alaska Native populations.

From: **COVID-19–Associated Orphanhood and Caregiver Death in the United States**



Classification of deaths of parents, custodial grandparents, co-residing grandparents providing most basic needs, and co-residing grandparents providing some basic needs.

# Children and Death

- It's often hard for an adult to tell a child that a loved one has died. This is especially true when it's an unexpected or sudden death
- We may want to be strong and not cry and yet we fear we will cry





# Children and Death

**When an adult cries or is sad, this doesn't have to be problematic for a child.**

We recommend starting with a short version of what has happened.

You can tell the child you will answer any questions they have and then wait.

Some children will have questions right away. Some children will have none ever. Some will have questions later. Some children will want to withdraw and not talk about the death for a while. Some children will approach you for comfort.

There is no right or wrong way for a child to grieve or to respond.

# For children...

- Just as it is for adults, living with death is a process.
- Children need to stay connected to the person who died.
  - Photos, stories, objects, music
- They need to feel loved and safe.
- Helpful for them to share the loss with community, be it family, neighbors, friends or relatives.





Even the most heartbroken child can recover, grow, develop and live a good life, full of love and deep relationships.

# Childhood Suicide

- There has been an unprecedented increase in child attempted and completed suicides among youth, even in cohorts of five- to 12-year-olds, one facet of a larger mental health crisis for youth, especially youth of color.
- The CDC WISQUARS found a 280% increase in completed suicide rates from 2008 to 2018, and a 454% increase in rates of self-harm in that same period for children ages five to 12.
- While the pandemic has certainly exacerbated the problem, most people agree it also exposed a pre-existing problem.

To what extent are individual and structural social determinants of health (SDoH) and vaccinations associated with child mental health during the COVID-19 pandemic?

**Findings:** In this cohort study of 8493 US children, pandemic-related food insecurity, parental unemployment, disrupted mental health treatment, living in neighborhoods with higher shares of adults working full-time, and living in states lagging in vaccination rates were associated with increased trajectories of perceived stress, sadness, and COVID-19–related worry. Associations between SDoH and these mental health outcomes were more common among Asian, Black, and Hispanic children more than White children.

**Meaning:** Supporting children’s mental health requires multifaceted policies that address SDoH and structural barriers to food, health services, employment protection, and vaccination.

# What Adults Can do to Support Youth?

At the societal level:

Violence against against people of color and laws that impact LGBTQI+ youth are toxic for children and youth. Take a stand with youth you know and in your community.

At the school level

Encourage a climate of respect and collaboration. Tackle bullying as a school culture issue not as a rotten apple problem.

At the family level

Connect, listen, connect, listen, connect.

# What can an adult do to support children and youth one on one?

- Notice unhappiness and /or outbursts of emotional dysregulation. Inquire. Be present. **Really listen and do not judge** what the child says.
- **Safely store guns and medication** and keep these items away from children and youth. For younger children, given the method, adults need to be aware that when a child has had a particularly disturbing experience, like bullying at school or reading a nasty social media post, a child may act impulsively and self-harm.
- **Encourage children to develop relationships with adults** so that if a child feels unable to turn to a parent or teacher in a crisis, there are other trusted adults who they can go to.

# What can an adult do to support children and youth one on one?

- Help children see that the negative experiences they have are likely connected to wider cultural and political issues of our day and that although they are sad and angry about what is happening to them individually, it is likely happening to others who fit a similar category. For many children, **helping them see that they are in a group that is targeted** can provide needed perspective. For some children they may also be able to mobilize a desire to reach out to other children “like them” to stick together, be active on behalf of each other and to inspire each other to support causes of special interest to them.
- **Support teachers**, especially teachers of color, who have an important role to play in asserting the worth and dignity of all of their students against the often-disparaging contexts of their school, community, and national worlds.
- **Get professional help** if you think a child or youth is depressed or anxious.

**CHILD DEVELOPMENTAL LOSSES WEIGH ON PARENTS,  
LARGE MAJORITY EXPRESS CONCERN FOR CHILD(REN)'S:**

Social life or development

73%

Academic development

71%

Emotional health or development

71%

Cognitive development

68%

Physical health/development

68%

**PARENTS AGREE THAT:**

Disruption to their child's schedule due to the COVID-19 pandemic is stressful for them

72%

It feels like the rules around COVID-19 testing change constantly for their child(ren)'s school/daycare

68%

Trying to keep up with the rules and regulations for COVID-19 for their child/children's school and activities is difficult

68%

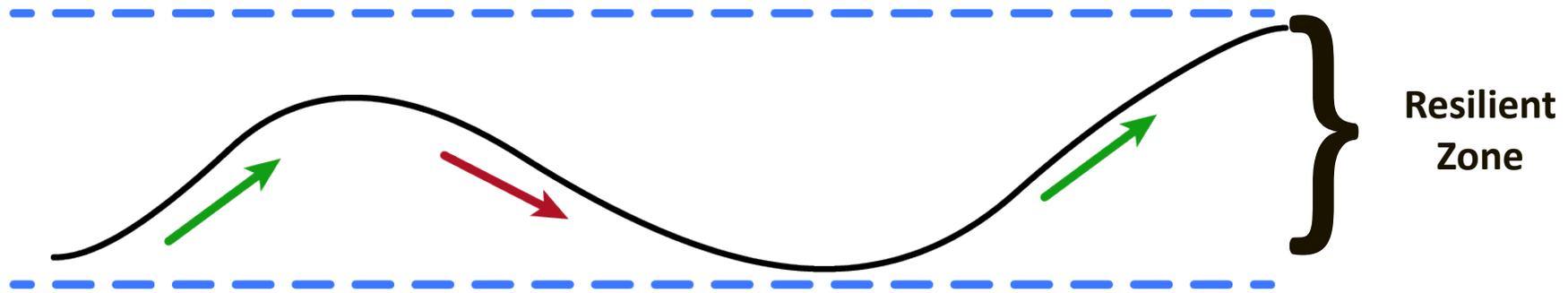
# By 2025, the U.S. will have a **provider shortage** of:

- 10,470 [marriage and family therapists](#) (40,250 needed; 29,780 available)
- 15,400 [psychiatrists](#) (60,610 needed; 45,210 available)
- 26,930 [mental health counselors](#) (172,630 needed; 145,700 available)
- 48,540 [social workers](#) (157,760 needed; 109,220 available)
- 57,490 [psychologists](#) (246,420 needed; 188,930 available)
- 78,050 [school counselors](#) (321,500 needed; 243,450 available)

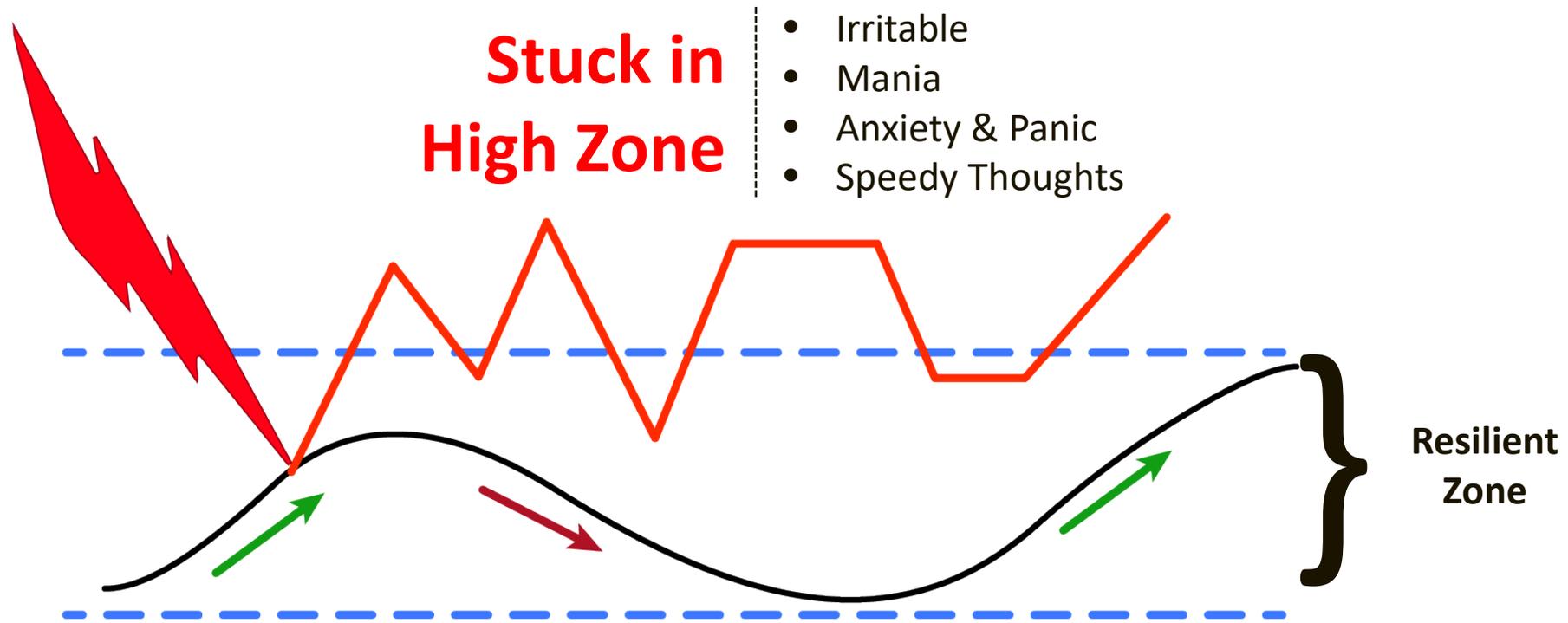
# Resilience in children

- Ask a child: What strength are you using to cope right now?

# Traumatic / Stressful Event



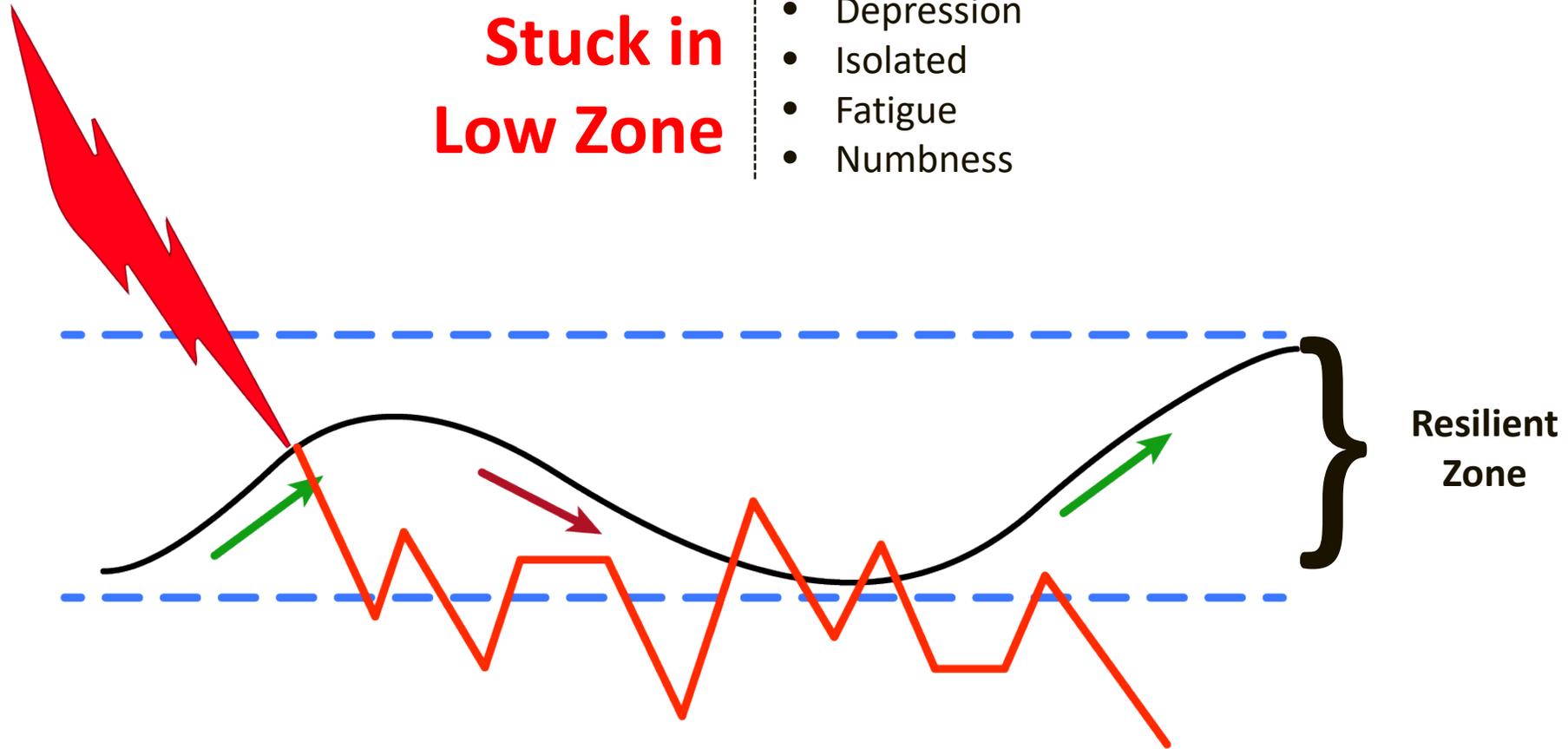
# Traumatic / Stressful Event



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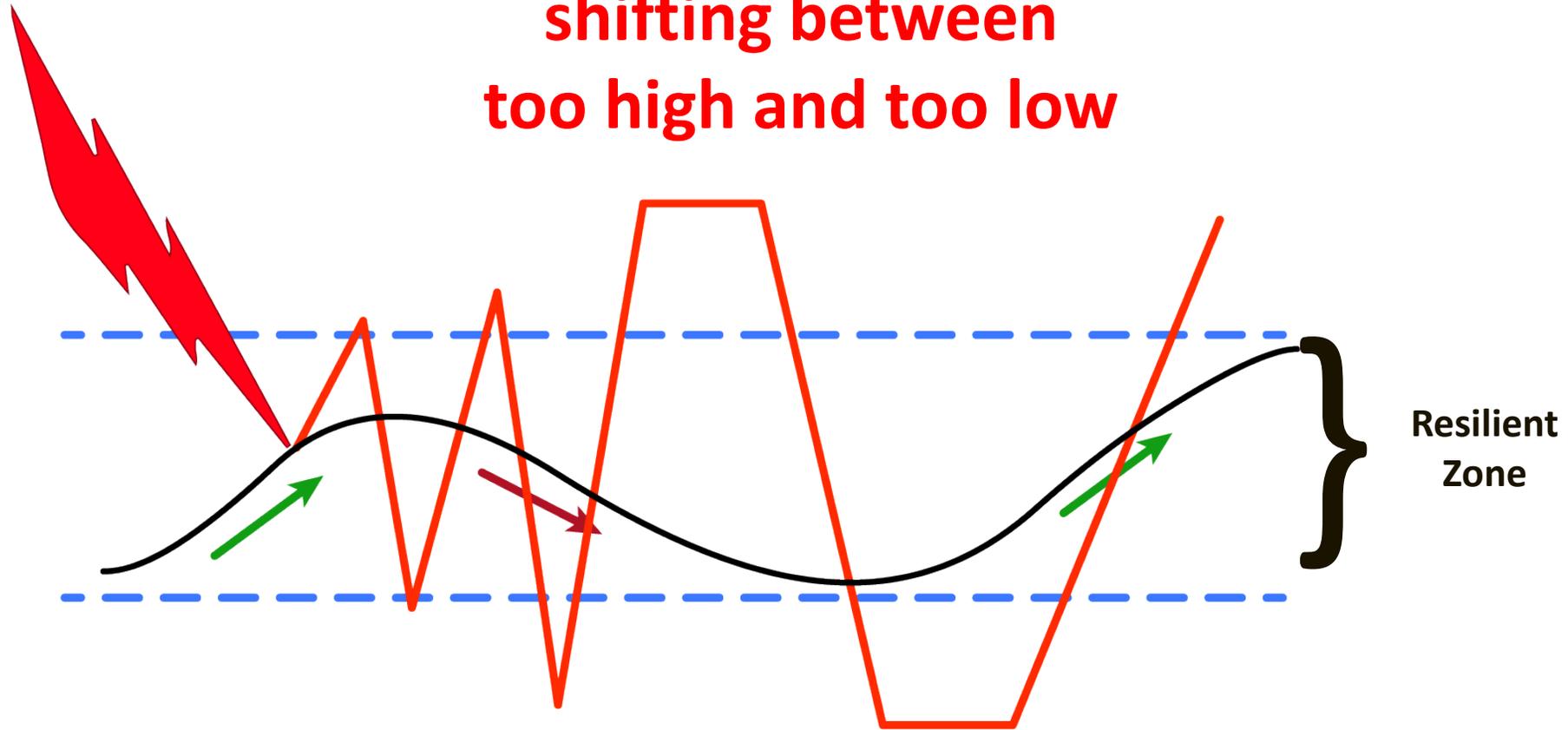
**Stuck in  
Low Zone**

- Depression
- Isolated
- Fatigue
- Numbness



# Traumatic / Stressful Event

shifting between  
too high and too low





Resource list for  
each child