



The Recovery Passport

Our APPROACH to MITIGATING the effects of
the COVID 19 pandemic



The reason why?

The COVID 19 pandemic has posed a global public health emergency, with the World Health Organisation on June 15 2020 reporting 7.8 million cases and more than 430,000 deaths (WHO, 2020,a) In the UK , data from the 16 June 2020 identified 298,136 confirmed cases and 41,969 deaths of confirmed COVID 19 (GOV, 2020). In an attempt to control the pandemic, the UK was placed on lockdown on the March 27th, prohibiting contact with people outside of their home, to self isolate if deemed necessary and cease all "non-essential" travel.



As a result of both the pandemic and the factors used to mitigate the spread, psychological stress and psychosocial effects have been reported to negatively affected the mental health and wellbeing of the nation, increasing peoples vulnerability to mental health disorders (Mental health UK,2020; Ahmed, 2020).

Further concerns exist around the mental health and wellbeing of children and young people (CYP), with increased risk for vulnerable or disadvantages groups, looked after children and those with special educational needs and disabilities (The Children Society, 2020). The loss of independence and social isolation is suggested to heighten levels of stress and may have exposed them to neglect and abuse, resulting in increased trauma responses and interpersonal conflicts, changing their perception of the world and increasing the risk of self harming behaviours (Creighton et al, 2018; The Children Society, 2020; Tiwari et al,2020).

These physiologically traumatic events may manifest themselves in CYP as behavioural problems, a weakened or compromised immune system, sleep deprivation, and internal family conflict (Hoven et al, 2005, Laor et al, 1997, Plourda et al, 2017, Park 2020, Jiao, 2020). Furthermore, this crisis may have a deeper physiological impact, as it is historically well documented that traumatic experiences produce a chronic stress response that can affect the CYP's neurobiological, emotional, behavioural, cognitive, and interpersonal development (Cicchetti & Carlson, 1989; De Bellis, 2001; Perry & Pollard, 1998; Rutter & Plomin, 1997). If untreated these traumatic effects may have long lasting neurobiological effect, changing the way the brain functions , with the type and timing of interventions suggested to be key for effective treatment.(Herzog and schmehl, 2018, Neuron, 2016; Anda et al, 2006; Teicher et al, 2016; Heany et al, 2018).

Further concerns lie around the increased anxiety level of CYP due to the pandemic. Recent studies show CYP experiencing heightened level of fear and anxiety due to the threat of COVID 19, whilst pervious research around adverse events report anxiety and depression in CYP, with sleep deprivations, fatigue and difficulties around social interaction as perpetuating factors (Jiao, 2020, Park et al 2020; Plourde et al, 2017; Laor et al, 1997; Hoven et al, 2007).



These heightened levels of anxiety pose a range of risks to CYP, potentially developing into anxiety disorders such as obsessive compulsive disorder and generalised anxiety (Kumar et al, 2020). However, combined with various insecure attachment styles and increased contact with caregivers, CYP may suffer from extreme separation anxiety and panic disorders , posing additional barriers to learning (WHO, 2020b)

During the crisis TANMAT has strived to do everything in its powers to support and protect the CYP in its care, however measure should still be taken to mitigate against any experiences which may pose as a current or future barrier to learning. Using evidence based practice, a structure of Reconnect, Reengage, and Recover is to be applied. The following is the design of the Recovery system, used with CYP whom reengage with TANMAT and applied through the Recovery Passport.

Intent

The aim of this recovery system is to combat the effects of the extreme negative events from COVID 19, reducing the chances of developmental trauma and fully prepare our students to reintegrate back into education.

Using elements taken from the think piece “ The Recovery Curriculum “ , the neuro sequential model of brain development and TANMAT’s trauma informed approach, we aim to use early interventions, observations and activities to explore the effects of the crisis and apply interventions to assist CYP to reprocess any trauma responsive behaviours and support good mental health(Carpenter 2020, Perry, 2009, Golding and Hughes 2020). This will take the form of a three stage approach: Exploration, Reprocessing, Evaluation.

Exploration

As each CYP perception of their experiences and situation may be different, it is desirable to explore how each of our students have experience the lockdown, isolation and the COVID 19 situation. A CYP intraception, the process of understanding the world primarily through feelings or emotions (Murray, 1938), may have caused them to link events during the current crisis to negative emotions, altering their life view and understanding of the world. When unrecognized, physiological trauma may generate complications both physically and mentally, presenting challenges in their personal life (Jaffe et al, 2005) .

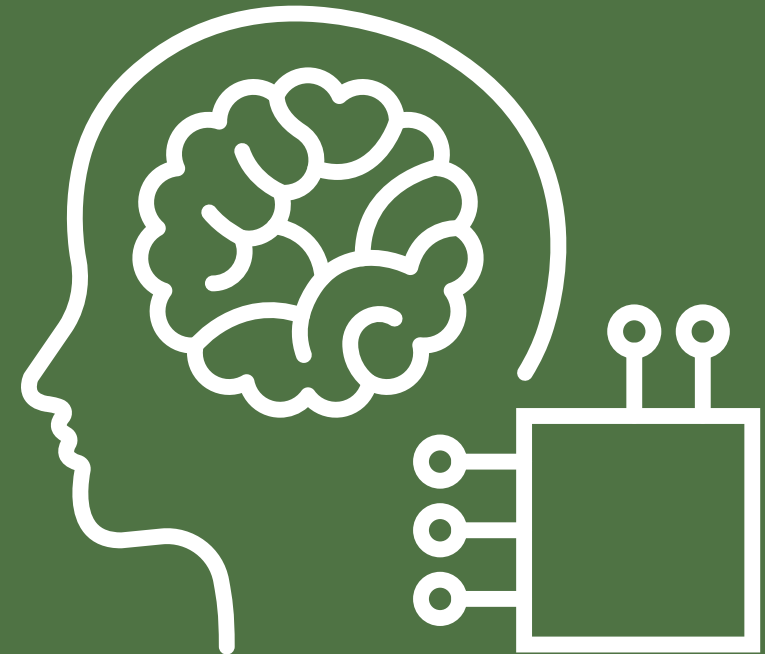


It is therefore highly important to determine whether an emotional or psychological trauma has occurred. Once a balanced understanding of the CYPs needs is ascertained, the degree of impact can be judged. We aim to undertake this using a range of non intrusive exploratory practices, examining alterations to their emotional state including internalised and externalised behaviours, pervasive reactions to minor stress, stimulus or staff and any physical signs of discomfort or distress.

Reprocessing

Using evidence based interventions, a combination of taught sessions and student activities will be used to re instate a feeling of safety and belonging, whilst using somatic intervention to release tension and assist CYP to become reconnected with their bodies(Mischke–Reeds, 2020).

Furthermore, open dialogue around pandemic and CYP experiences will help break down any misconceptions or pervasive thoughts and provide coping strategies to help improve resilience against upcoming challenges.



Evaluation



The effectiveness of the recovery passport will be determined by the three main areas.

Firstly, we aim to see a reduction of the observed indicators, which CYP initially presented, in all settings. This includes directed and non-directed time, as well as parent/ caregiver reports where applicable.

Secondly, it is intended to rebuild relationships with staff and peers, facilitating social interactions and supporting the achievement of developmental milestones previously missed or currently being worked towards.

Lastly, the marked improvement of interpersonal skills, such as attendance, sleeping patterns and health diet aim to signal the successful reintegration back into education and improved wellbeing.

Implementation

The challenges to be addressed under the current crisis have been divided into three main categories.

1.Lockdown (Loss of individual liberty, damaged relationships and loss of control)

2.Isolation (Loss of support networks, motivation and increased anxiety)

3.COVID 19 (Bereavement, illness, increased anxiety, feeling unsafe)

The details of these approaches are further explained below.

Observation of students

Many CYP may not be consciously aware or have the linguistic skills to verbalise their worries and fears (James, 2007). However, these may be evident from the recognition of recurring actions and emotional problems they are presenting, offering clues to experiences and events which may have caused dysregulation in the CYP brain and altering their perception of the world(Jaffe et al, 2005). Non-intrusive exploration tasks and activities will allow CYP to share their interpretation of their experience during the current crisis, helping to rebuild relationships with staff whilst providing key information to any negative effects of the pandemic. Using various methods of approach, these activities will take into account the most effective way to engage the students, whilst using principles from numerous therapeutic approaches to help staff fully understand the CYP's perception of events and the effect these have had on their wellbeing.

Using understanding emotional behaviour in the three basic dimensions of arousal, dominance and pleasure (Russell, 1980) students are to be observed as to assess any elusive changes in these three areas. Greater understanding of these subtle differences may allow for interventions to applied proactively, helping to address the concern and returning the CYP into a state of social engagement (Jaffe et al, 2005). Furthermore, staff observations focusing on emotional and behavioural changes will highlight any suspected areas for concern



Certain symptoms of trauma are to be expected. These are listed below:

- Sleep disturbance and pattern
- Altered eating habits
- Low mood, motivation and energy level
- Heighten emotional responses to stimulus/ stress
- Heightened level of anxiety with possible indicators for OCD/ panic attacks
- Continual/ sporadic sense of dread
- Chronic, unexplained pain
- Feelings of helplessness
- Feelings of Irritability, increased angry and resentment
- Emotions becoming internalised
- Withdrawal from regular interactions
- Cognitive delay, difficulty maintaining focus or making decisions
- Unclear , fragmented memory when discussing traumatic events

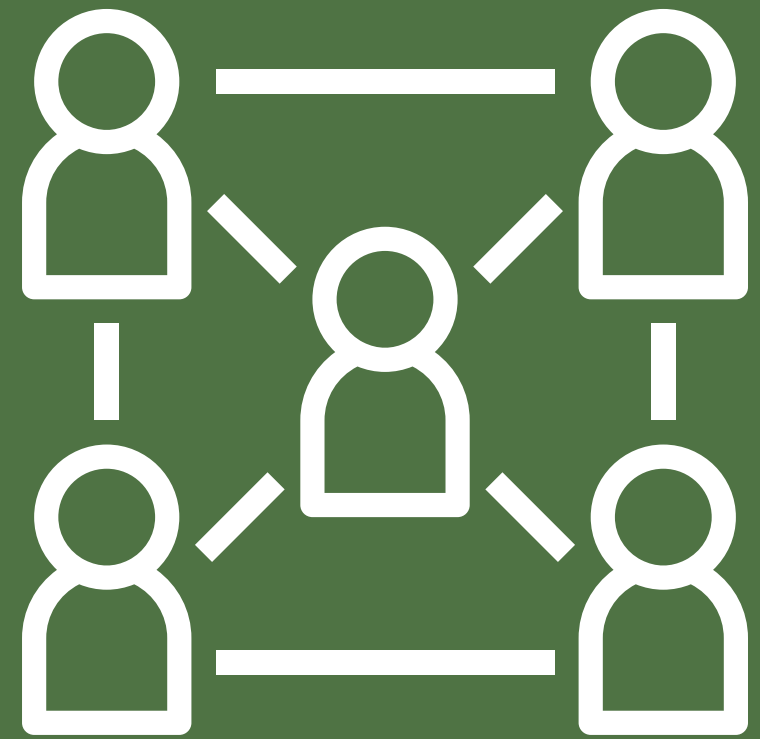
However, if CYP have experiences any extreme negative events during the COVID 19 situation, the following additional symptoms may be evident.

- Re-experiencing the trauma
- Intrusive thoughts, flashbacks or nightmares
- Surge of emotions or images related to the traumatic event
- Avoidant and dissociative behaviours, situations that resemble a traumatic event
- Being unable to remember the past events
- Altered relationships or detachment from previous secure attachments
- Continual signs of depression
- Low self esteem and guilt feelings
- Symptoms of bereavement
- Altered perception of the world, including time, values and expectations
- Hyper-arousal, overreactions and sudden anger
- Continual signs of anxiety
- Insomnia
- Morbid obsessions and thoughts about self harm/ death

If recognised by staff, the CYP involved should be referred to both the Trust safeguarding and Parenting team for additional support and evidence collection. To equip staff in the recognition of this, training will be provided around hyper-arousal and dissociative behaviours, supported via resources and checklists from tracking trauma through non verbal communication methods (Mischke-Reeds, 2020).

Reconnect

The loss of structure, daily routine and lack of interpersonal and social interaction is a potential risk factor for CYP, negatively affecting their ability in relationships to form friendships (Zhang, 2020, Samanta, 2020). Combined with the knowledge of disorganised attachment styles that CYP present during the school setting, the importance of reconnecting with students and reestablishing bonds could be essential to their reintegration back into education (Kidd et al., 2011).



Through the uses of a dyadic developmental psycho-therapeutic approach (DDP), staff interactions with CYP are key, using non-threatening approaches to ensure they feel safe, increase the potential of emotional connections and attachments to take place (Golding and Hughes, 2020). Using the PACE approach designed by Dan Hughes (2020), the four elements of playfulness, acceptance, curiosity and empathy helping the staff remain “emotionally available”, removing their own judgements and bias when discussing situations allowing them to be sensitively engaged whilst reducing the risk of re-traumatisation.

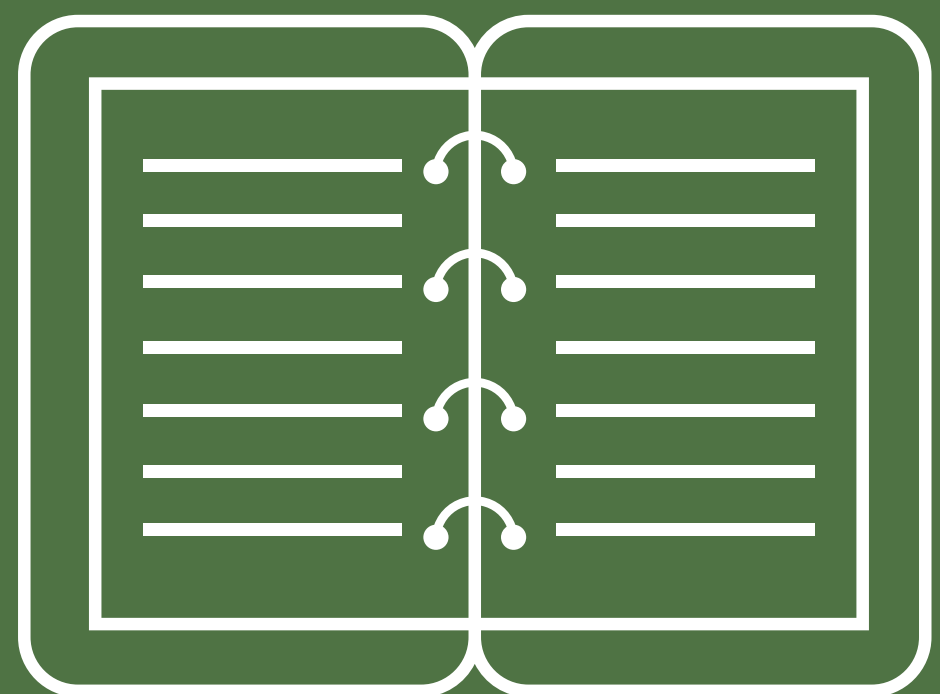
PREPARE sessions/ lesson activities

Using the a neuro sequential interpretation of brain development, the activities used for reprocessing CYP thoughts, feeling and perceptions of will take a bottom up approach. (Perry, 2009) This will initially use somatic/ sensory activities to activate a state of social engagement, which will facilitate the rebuilding of attachments and relationship, whilst using therapeutic approaches to assist with both emotional and behavioural co-regulation activities. From this, self-esteem will be supported, using the Recovery Passport to recognise achievement and to re-establish a sense of belonging within the school environment. Lastly, any remaining cognitive effects of trauma can then be managed, using cognitive therapy to help repair distorted views, maladaptive thinking and intrusive thoughts. PREPARE sessions will be delivered using this understanding combined with evidence-based intervention around set topics such as anxiety, worry and stress, reinforced by therapy-based starter activities and plenary tasks which can be used in all lessons to address any signs of trauma the students present.

Journaling

Journaling is intended to enable CYP to explore and question the past events during the COVID 19 crisis, helping them to process and understand these events, allowing for more realistic interpretation (Barry and O'Callaghan, 2008). In turn, this reprocesses any misconception or misunderstanding, enabling situations to be reframed, helping strengthen attachment with parents and caregivers. Using processes taken from Intensive Journal Therapy (Progoff, 1960) writing prompts and exercises will be applied to help students internalise their thoughts and feelings which they gained from their experiences, whilst allowing staff to be aware of both the events which have occurred and how these have affected the CYP. The format of this journal should take into account the strengths of the individual CYP, using a method which will allow them to become fully engaged in the process. The continual use of these journals will act as a reflection tool, highlighting the improvements the CYP have made and the journey they have taken.

In addition, information from these journals will feed into tasks developed from life story therapy (Rose, 2012), allowing for tasks such as "the behaviour tree" and "fact, fiction, heroism and fantasy" to be used to build CYP self esteem at the same time as assisting them to explore the root causes of their feelings.



Discussions



Regular talks and discussions should to both build relationships and help to be explored CYP perceptions to assess whether they have become distorted or even maladaptive. Using processes based upon life story therapy and cognitive behavioural therapy (CBT), students will be assisted to identifying their emotions which have developed from the perceptions and be helped to recognise the root cause of the situation (Rose, 2012; Stallard, 2005).

Somatic exercises

Many CYP may be experiencing buildup tension in their bodies due to high level of stress allowing the escalation of “ survival energy “ from which they have had no avenue for release (Gallo, 2007). Once these have been identified, these exercises are indented to help these CYP remove this tension, whilst allowing them to reconnect with their bodies, becoming more grounded in the process.(Mischke–Reeds, 2020). These exercises will involve :

Body reading/ awareness/ image

Presence/ perception and sensations

Positive movements

Boundaries

Self–regulation

Breathing out tension

Sound and
noise

Cognitive Behavioural and Dialectical Behaviour skills

Once the CYP are in a regulated state of mind, tasks informed by cognitive behavioural therapy are to be applied, helping to change the thought process, the feeling attached to this and overall behavioural outcome. This is intended to improve the CYP ability to deal with previous challenges around COVID 19 and become more resilient in facing the new challenges which are yet unknown(Stallard, 2005)



Impact

These approaches and intervention aim to combat the effects of the three areas of concern, improving the CYP mental health and wellbeing, to allow them to fully reengage back into full time education and have positive outcomes in life. Through the use of the recovery passport, three areas of intent are to be supported, monitored and targeted, giving an indicator to whether recovery has been made or if further intervention is needed.

Improved social engagement/ regulation

From the interventions used, student should be able to show an observed improvement in the emotional regulation skills, initially through their ability in seeking support, through co regulation with staff and peers , resulting in improved self regulation skills and use of healthy coping strategies. This should be evident in a variety of settings, including directed/ non-directed time in school and social/ family situations.



Where CYP understanding of their experiences has been distorted by either misguided values or misconceptions, students should have more realistic perception of past events and future developments, whilst having improved understanding of dealing with stress, worry, anxiety and depression. If CYP have displayed trauma responses to stressors and stimulus, they should have undertaken therapeutic activities and interventions to address these. Students displaying cause for concerns should have been referred to external agencies for further guidance and support.

Relationships

Interpersonal relationships are key to re-establishing CYP not only sense of self but provide them a secure base which they feel safe and comfortable, allowing them to explore their internal and external experience in life. (Schimmentiet al, 2020)

From completion of the recovery passport, students should display improved interactions with staff, interacting and communicating in line with their developmental age. This allows for the management of exposure to toxic stress, allowing for CYP to be subjected to acceptable stress levels when supported with key adults, thus allowing of pendulation of the emotional state in a controlled environment and supporting co-regulations skills.



Furthermore, students should re-established existing key links with adults or create new secure attachments to act as a safe base for students turn to feeling overwhelmed. Students should show improved interactions with peers, showing the capacity to re-establish relationships and build new friendships. Overall, CYP should display that they feel safe at all times, exhibiting a sense of belong to the school environment.

Transition back into education.

Once the previous two areas of intent have been effective, the transition back into education may then be targeted for improvement.

Students should be showing a sequential improvement in attendance and timekeeping, resulting from the reduction in separation and generalised anxiety exasperated by the pandemic. Furthermore, an increased sense of belonging, reestablishment of routine and acceptance from peers groups is intended to result in improved attendance over the first term.





CYP sleep pattern may have been adversely effected by this current crisis, due to lack of daily structure or effects of traumatic events, resulting in potential sleep disorders removing the capacity for REM to reprocess traumatic experiences (Mackesy, 2020; Punamäki, 1997; Lavie, , 2001; Park et al, 2020)

Students should show improved motivations around learning and show improved engagement back into the learning environment. This include discussing aspirations for the future, making plans and setting goals to enable future success.



And so.....

Through the use of the recovery passport, CYP, parents and staff can monitor these areas, address any barriers and expedite CYP positive development ready for the their involvement in the passport to PREPARE.

Bibliography

Ahmed, M. Z. et al. (2020) 'Epidemic of COVID-19 in China and associated Psychological Problems', *Asian Journal of Psychiatry*, 51.

Anda, R.F., Felitti, V.J., Bremner, J.D., Walker, J.D., Whitfield, C.H., Perry, B.D., Dube, S.R. and Giles, W.H., 2006. The enduring effects of abuse and related adverse experiences in childhood. *European archives of psychiatry and clinical neuroscience*, 256(3), pp.174-186.

Barry, P. and O'Callaghan, C., 2008. Reflexive journal writing: A tool for music therapy student clinical practice development. *Nordic Journal of Music Therapy*, 17(1), pp.55-66.

Carlson, V., Cicchetti, D., Barnett, D. and Braunwald, K., 1989. Finding order in disorganization: Lessons from research on maltreated infant's attachments to their caregivers: Theory and research on the causes and consequences. In *Child maltreatment: Theory and research on the causes and consequences* (pp. 494-528). Cambridge University Press.

Carpenter, B., 2020. A Recovery Curriculum: Loss and Life for our children and schools post pandemic. Available at :< [HTTP://www.recoverycurriculum.com](http://www.recoverycurriculum.com) > : Accessed 23 June 2020.

Centre for the Developing Child. Harvard University., 2020. A Guide To Toxic Stress - Centre On The Developing Child At Harvard University. [online] Available at: <<https://developingchild.harvard.edu/guide/a-guide-to-toxic-stress/>> : Accessed 23 June 2020.

Coronavirus (COVID-19) in the UK". GOV.UK Coronavirus (COVID-19) cases in the UK. UK Crown. Retrieved 16 June 2020.

Creighton, G., Oliffe, J.L., Ferlatte, O., Bottorff, J., Broom, A. and Jenkins, E.K., 2018. Photovoice ethics: Critical reflections from men's mental health research. *Qualitative Health Research*, 28(3), pp.446-455.

De Bellis, M.D., Hall, J., Boring, A.M., Frustaci, K. and Moritz, G., 2001. A pilot longitudinal study of hippocampal volumes in pediatric maltreatment-related posttraumatic stress disorder. *Biological psychiatry*, 50(4), pp.305-309.

Gallo, F., 2007. Energy tapping for trauma: Rapid relief from post-traumatic stress using energy psychology. New Harbinger Publications.

Golding, K. and Hughes, D., 2020. Dyadic Developmental Psychotherapy (DDP): Using Relationships To Heal Children Traumatized Within Their Early Relationships. *Ddpnetwork.org*. Available at: <<https://ddpnetwork.org/backend/wp-content/uploads/2020/02/Dyadic-Developmental-Psychotherapy-DDP-Golding-and-Hughes-Adoption-UK-2020.pdf>> :Accessed 23 June 2020.

Heany, S.J., Groenewold, N.A., Uhlmann, A., Dalvie, S., Stein, D.J. and Brooks, S.J., 2018. The neural correlates of childhood trauma questionnaire scores in adults: a meta-analysis and review of functional magnetic resonance imaging studies. *Development and psychopathology*, 30(4), pp.1475-1485.

