



COPING WITH COVID-MANAGING ANXIETY AND DEPRESSION

OCTOBER EDUCATION SERIES

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IMPACT OF COVID ON MENTAL HEALTH

- -rises in anxiety
- -rises in depression
- -regression in social skills/connection with peers
- -regression in performance at school
- -rises in reports of abuse
- -rises in reports of suicidal ideation and self harm
- -strained mental health services

ANXIETY-WHAT IS IT?

- Generalized Anxiety:
 - Excessive worry about several events or activities that is difficult to control.
 - Restlessness
 - Easily fatigued
 - Difficulty concentrating or mind going black
 - Irritability
 - Muscle tension
 - Sleep disturbances
- *Only 1 symptom is required in children to meet criteria for GAD

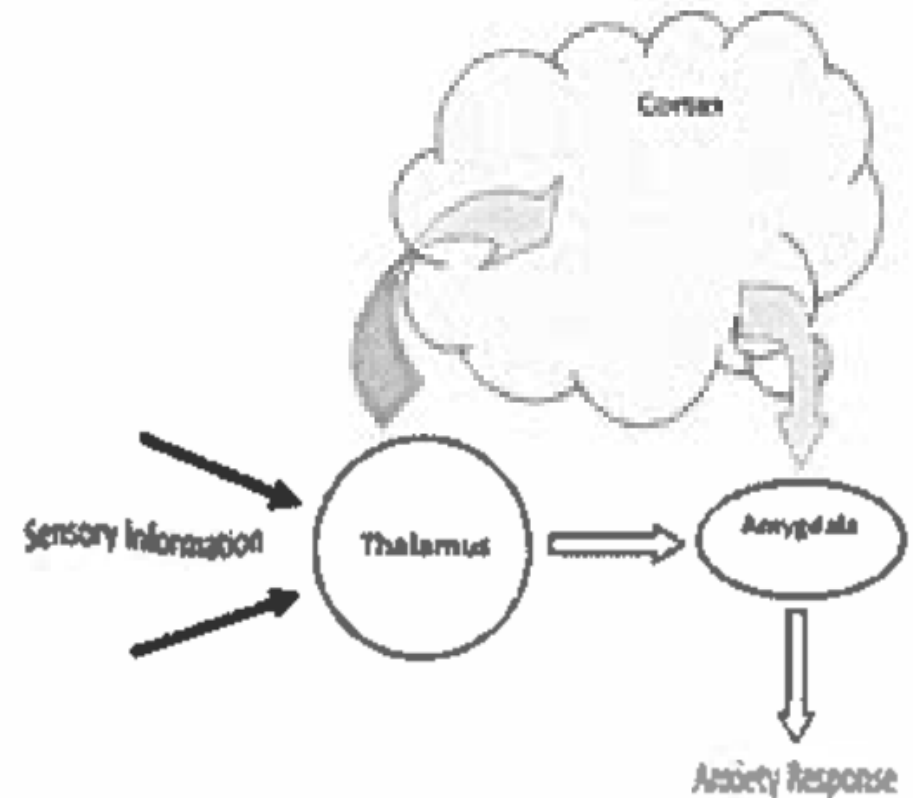
(American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, Fifth edition. 2013.)

ANXIETY IN THE BRAIN

- Created by two parts of the brain—
 1. The cortex or “cortex-based anxiety”
 2. the amygdala or “amygdala-based anxiety”

The thalamus is like Grand Central Station and takes in all the sensory information we see, hear, feel etc. and then determines where to send that information in the brain.

Two Pathways to Anxiety

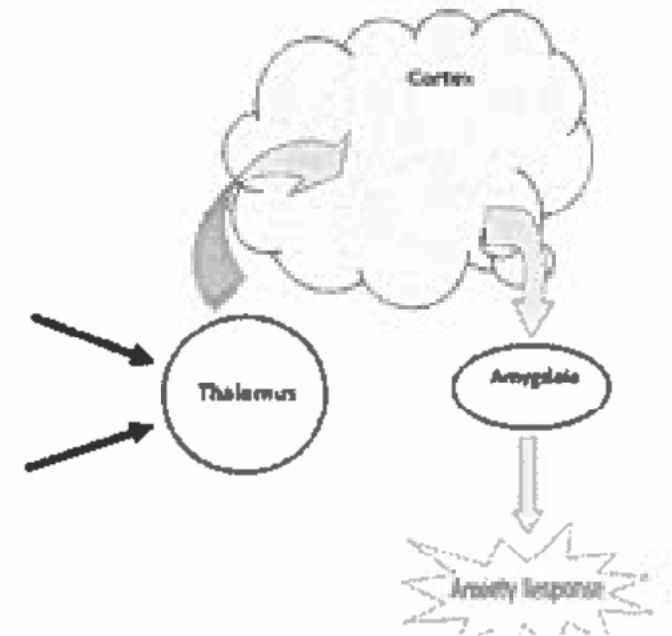


“CORTEX-BASED ANXIETY”

- This pathway-goes through the thalamus to the cortex and eventually to the amygdala to create the anxiety response. The cortex takes some time to interpret the information that is being sent by the thalamus

Example: you have a car coming at you while driving. The cortex can see the make and model of the car and determine if you should turn out of the way or brake. It's a slower pathway.

The Cortex Pathway



“AMYGDALA BASED ANXIETY”

- The second way- the thalamus runs the sensory information directly to the amygdala and creates the anxiety response.

Example, you are driving, and all a sudden a deer darts in front of you. Your amygdala detects it and alerts you to brake hard or turn the wheel and you have a rush of adrenaline. This all happens before you can even think about it or actually see what you are avoiding. It's a very adaptive process.

The Amygdala Pathway



RELATIONSHIP BETWEEN THE CORTEX AND AMYGDALA

- The amygdala has many connections and can influence the cortex. We can “shut off” our cortex when necessary.

Example: having a fear of the basement but you must go down there to get something. When you go down there, you see a dark shape that looks threatening. That is seen by your eyes and taken into the thalamus. It is then sent to the amygdala which activates the anxiety reaction (you jump back, your heart races, adrenaline is pumping). At the same time, the thalamus sends it to the cortex and the cortex determines that the shape is your dad's coat and then tries to shut down the amygdala. You will still feel those physical sensations even though the cortex sees there is no danger.

In this scenario, the amygdala has already been activated and created anxiety before your cortex has time to realize that it's your dad's jacket and not a threatening figure.

FOCUS OF TREATMENT FOR ANXIETY

- Treating the family system vs. individual child. The impact of a caregiver's own difficulty managing anxiety
- Staying present, mindfulness
- Self care/self talk. Finding a balance between work, personal life, and school.
- Supporting transitions
- Validating difficulty
- Don't fish for problems as you will find them 😊

WHAT IS DEPRESSION?

- Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. Depression causes feelings of sadness and/or a loss of interest in activities you once enjoyed. It can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home.

DEPRESSION-SYMPTOMS:

- Dysthymia, mild-moderate, major depression
 - ☐ Feeling sad or having a depressed mood
 - ☐ Loss of interest or pleasure in activities once enjoyed
 - ☐ Changes in appetite — weight loss or gain unrelated to dieting
 - ☐ Trouble sleeping or sleeping too much
 - ☐ Loss of energy or increased fatigue
 - ☐ Increase in purposeless physical activity (e.g., inability to sit still, pacing, handwringing) or slowed movements or speech (these actions must be severe enough to be observable by others)
 - ☐ Feeling worthless or guilty
 - ☐ Difficulty thinking, concentrating or making decisions
 - ☐ Thoughts of death or suicide

(American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, Fifth edition. 2013.)

DEPRESSION IN CHILDREN

- ☐ Behavioral problems at school
- ☐ Changes in eating or sleeping habits
- ☐ Feeling sad or hopeless
- ☐ Lack of interest in fun activities
- ☐ Low energy levels or general tiredness
- ☐ Mood changes-most commonly irritability

([Clevelandclinic.org](https://clevelandclinic.org))

RISK FACTORS FOR DEPRESSION

Depression can affect anyone—even a person who appears to live in relatively ideal circumstances.

- *Several factors can play a role in depression:*
- **Biochemistry:** Differences in certain chemicals in the brain may contribute to symptoms of depression.
- **Genetics:** Depression can run in families. For example, if one identical twin has depression, the other has a 70 percent chance of having the illness sometime in life.
- **Personality:** People with low self-esteem, who are easily overwhelmed by stress, or who are generally pessimistic appear to be more likely to experience depression.
- **Environmental factors:** Continuous exposure to violence, neglect, abuse or poverty may make some people more vulnerable to depression.

DEPRESSION CONTINUED

- At NAP, we help manage Dysthymia and mild-moderate depression
- Suicidality and risk-
 - ask questions and talk about it openly. Many parents feel if they bring it up they will put that thought in their child's head. This is a myth. Avoid the shame as suicidal thoughts can be common in depression.
- Cutting and self harm-
 - unhealthy coping method that needs to be replaced. It is important to be identified and talked about. Parents believe that this means that the child wants to kill themselves or die but it's a way to manage emotional pain. It is a risk for suicidal thoughts at some point but not always. We still take it seriously.

LOCAL AND NATIONAL CRISIS RESOURCES

CRISIS RESOURCES

To Contact Crisis Services, call your nearest Crisis Services office:

- **Greenfield/Franklin County**
Staff on-site 24-hours a day
MCI Youth – 24-hours a day
413.774.5411
- **Athol/N. Quabbin**
Staff on-site weekdays, 8AM-8PM
MCI Youth – 24-hours a day
978.249.3141
- **Northampton/Hampshire County**
Staff on-site 24-hours a day
MCI Youth – 24-hours a day
413.586.5555

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

Spanish/Español: 1-888-628-9454

Crisis Text Line

Text HOME to 741-741

Websites for Additional Information:

Suicide Prevention Resource Center www.sprc.org

National Institute of Mental Health www.nimh.nih.gov

Substance Abuse and Mental Health Services Administration

www.samhsa.gov

FOCUS OF TREATMENT FOR DEPRESSION

- Overlapping symptoms with anxiety
- “Opposite Action” (DBT Skill) trying/doing the opposite of what you’re feeling
- Challenging negative self talk and distorted thinking processes
- Mindfulness
- Medication Management

WHAT WE DO AT IBH:

- Short term work (approximately 6 sessions though not set in stone)
- parent consultation
- short term family therapy
- support finding services

MODALITIES OF TREATMENT

- CBT/DBT
- Play therapy
- Exposure/Response (phobias, OCD (may need more intensive and frequent tx), mild forms of trauma, panic attacks)
- Supportive psychotherapy
- EMDR (one IBH provider trained in this)

WHEN IBH RECOMMENDS MORE INTENSIVE WORK

- Community therapists (agencies vs. private practice)
- DBT and other educational groups
- Partial Hospitalization or CBAT (community based acute tx)
- Inpatient

HOW DOES THIS APPLY TO “COVID TIMES”?

- Tips:

- ✓ family bonding i.e. hikes/walks, check ins, mealtimes
- ✓ ensuring child is getting adequate sleep and nutrition
- ✓ gratitude/mindfulness strategies
- ✓ focus on actual facts about COVID from reliable sources
- ✓ focus on the here and now (likely situations) vs. what might happen. Be honest if you don't know the answer to something. Don't assume you know what your child's concern is-be curious and ask them questions. You don't have to know everything!
- ✓ take care of yourself; “put on your oxygen mask first”