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Helping Youngsters to Cope with the Covid-19 Pandemic

A Psychological Aid Manual
for Parents and Guardians

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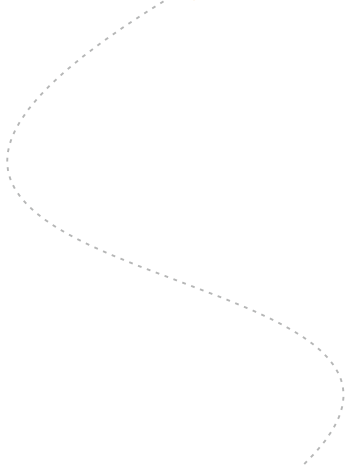
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Chapter 1



Facts about the COVID-19





The novel coronavirus pneumonia, also known as the COVID-19 is caused by a coronavirus. The typical clinical symptoms of the COVID-19 in early stage include fever, fatigue, dry cough, and sore throat. Some patients may have dyspnea and could develop into acute respiratory distress syndrome and multiple organs failure. Those with slighter symptoms usually have a better prognosis.

Transmission and prevention

The coronavirus is transmitted via droplets or air from nose and mouth during close and frequent contact with untreated individuals or asymptomatic carriers. It can also be transmitted indirectly such as touching the mucus after contacting objects (hand, toilet, table, chair or food) or excretion (feces, urine or tear) with the virus. In order to stop spreading the virus or being infected by it, remain social distancing and wear masks in



public, cover mouth and nose when cough. Besides, bathe daily and wash hands often can be a great help. It is useful to use 75% alcohol or any detergent with 75% alcohol to wash hands to prevent infection. Stay away from the gathering and places with a group of people. Stay in areas that have good ventilation when one needs to be in the public place for a longer time. Keep a one-meter or more distance with others. Work at home if possible and keep the windows open when in the office and at home for good ventilation. To sum up, personal hygiene is extremely important in this special time. So try to hang the coat in a well-ventilated place, change shoes before entering home, keep hands clean always and not to touch mucus with them. Use personal utensils only when eating and always wear personal protective equipment like masks and gloves in public. For someone who needs to work with patients or suspected patients, gears up whenever in contact.





When should one see a doctor

It is better to be diagnosed and treated earlier. If someone has the history of contacting COVID-19 case, suspected case or they have been to the pandemic area, be cautious. If one exhibits symptoms such as fever fatigue, dry cough, and sore throat, ask for medical help as soon as possible.

Suspected case

Individuals will be considered to be suspected cases if: (1) they have travel history or residence history in a pandemic area within 4 weeks before onset, or (2) had been exposed to fever from pandemic areas with symptoms within 4 weeks before onset, or a clustering occurrence of disease. At the same time, one must show the following clinical manifestations: fever, respiratory symptoms, and viral pneumonia imaging features, that is, the early presentation of multiple small



patches and stromal changes to the lung extraneous obviously. It soon will develop into multiple ground-glass shadows and infiltrating shadows in both lungs. In severe cases, lung consolidation may occur, and pleural effusion is rare. The total number of leukocytes in the early stage is normal or decreased while the lymphocyte number decreased.

Confirmed case

Confirmed cases are those with one of the following etiological evidence: (1) The nucleic acid of the novel coronavirus is detected by the real-time fluorescence RT-PCR in the respiratory tract or blood samples; (2) The gene sequencing of the virus from the respiratory or blood specimen is highly homologous to the known novel coronavirus. However, the false-negative ratio of the current test is relatively high. Therefore, one cannot be said to be free from COVID-19 even though



the lab test results are negative. Physicians will need to combine the test results with existing clinical symptoms and make the final medical judgment.

If one is a confirmed COVID-19 case

The COVID-19 is not simply a flu. Rather, it is a type of pneumonia that requires professional and medical treatment. Health care professions will take necessary treatment according to one's current condition. Until now, many sick ones are cured and recovered from the COVID-19. So patients and their families should be cooperative with the health care professionals. If everyone is highly aware of the situation and uses personal protective equipment properly, the virus transmission will be cut off soon and the situation will be in control again.

(by Li Yin)





Chapter 2

Characteristics of stress response in children and adolescent during the COVID-19 pandemic





Childhood and adolescence are the two dramatic transitional stages of a general development of life that last from birth to the age of 18. The functions of brain control and regulation are maturing, youngsters's cognitive abilities such as attention, perception, learning, and memory develop rapidly. Their abstract logical thinking skills are gradually formed and they could get extreme sometimes. Furthermore, youngsters' emotional development is refining, social-emotional communication skills are improving, emotional regulation abilities are gradually enhanced. Since they are still maturing, adolescent can be emotional and influenced by others easily while children remain impulsive and like to challenge authority.

Owing to the unique characteristics in children and adolescent, they could experience different stress responses in the COVID-19 pandemic than others.



Factors associated with the childhood stress response during the COVID-19 pandemic

Stress refers to the response when an individual faces threats or challenges from the changing environment and the coping process of an individual. Different stress responses are formed depending on the nature of the stressful events, individual cognitive evaluation and coping styles, supportive factors and so on. Since childhood and puberty are two unique developmental stages, the influences of the above factors on the youngsters vary.

I. Stressful events in the time of the COVID-19 pandemic, stressors can fall into the following categories.

1. Social and environmental events

The COVID-19 pandemic is a social and





environmental event. People are forced to stay at home to avoid close contact with others especially those who come from the pandemic areas. Youngsters' daily routines have changed dramatically without schooling and usual social activities. Now they receive more attention from their families yet discipline from parents as well. Massive news coverage about the COVID-19 pandemic can impose great psychological burdens on the youngsters as they are not mature enough to handle these all by themselves.

2. Family events

Youngsters might need to separate with their families in quarantine who are important for their mental health well-being. They might also be affected by the family since they need to stay at home with them 24 hours a day. During this time, youngsters could be exposed to such family events as:

- (1) Family member's emotional drastic



changes like depression, anxiety, fear, and irritability. They might also exhibit obsessive behaviors like washing hands or cleaning too often. These changes can accelerate family tension and conflict.

(2) Family member get sick or even die from the COVID-19.

(3) Having to quarantine and might be discriminated by others.

(4) Youngsters have to stay home by themselves as the guardians are unable to take care of them due to illness or work.

3. Student life events

As the COVID-19 pandemic progress rapidly, students are forced to suspend from school. They now might have no school or change to a remote learning mode that needs time to get used to. Those who scheduled to take open examinations could feel much stressful about the situation.





4. Personal health concerns

Children and adolescent could worry about being infected with the coronavirus or being isolated for quarantine.

II. Psychological factors

The various psychological factors that could bring positive or negative effects on children and adolescent include:

1. Cognitive evaluation

Children and adolescent will estimate the nature, severity and possible harmfulness of the COVID-19 pandemic and to draw different conclusions. If a youngster considers the pandemic to be less threatening and is controllable, he or she will be more optimistic and vice versa for an opposite cognitive appraisal.

2. Coping Strategies

Based on the youngsters's cognitive evaluation, they come up with strategies to



deal with their disturbances that can minimize the levels of impact brought by the events. Common seen strategies are regression, fantasy, self-blame, and seeking help actively.

III. Social support system

This refers to the degree of the mental and physical connections between the youngsters and their surroundings such as family, school, relatives and peers. A good social support system can help to build better resilient in the youngsters that help them to maintain better emotional state and become a stronger selves. Knowing how to make good use of their supportive resources and having a sense of being supported can bring directive and positive impacts on the youngsters.

IV. Personality traits

Ones' cognitive evaluation, coping strategies and social support are related to their personality traits. The characteristics





that ultimately affect the nature and degree of stress response of children and adolescent through the interaction with various factors include (1) their personality tendencies such as attitude, values and code of conduct; (2) the personality psychological characteristics such as ability and characters; (3) the speed of one's development and maturation.

V. Physiological factors

The physiological structure and functional system that mediates or regulates stressors and stress physiological responses include the sympathetic-adrenomedullary system and autonomic nervous system that can also affect the youngsters's health.



Common stress response in children and adolescent during the COVID-19 pandemic

All kinds of physical and psychological changes caused by individual's stressful events are called the stress responses. Commonly seen stress responses among children and adolescent during the COVID-19 pandemic include:

I. Physiological responses

Physiological responses usually involve the nervous system, endocrine system, and immune system. Acute responses include a series of physiological changes such as increased heart rate, elevated blood pressure, accelerated respiration, increased blood flow into the brain and muscle, and decreased blood flow in the skin and digestive tract due to activation of physiological mediators. The chronic stress responses include the





characteristics of negative emotions, loss of control and helplessness that can cause continuous physiological changes which can cause physical and mental damages.

Children and adolescent can experience countless stressful events and if the stress is not alleviated, their body systems continue to be out of balance. It could have negative impacts on their development and could even cause other health problems in the long run.

II. Cognitive responses

When facing huge distress, cognitive decline may occur with the signs of memory loss, inattention, slow in response and even acute conscious disturbance. The youngsters's immature thinking may lead to negative appraisal of the stressful events that could result polarized thoughts, self-centered, excessive attention to the catastrophic consequences of the event, and intrusive flashbacks of the trauma-related events. On the



other hand, those with positive psychological defense mechanisms such as humor, sublimation, acceptance, rationalization will have less stress reaction and better quality of life.

III. Emotional response

Children and adolescent is often emotionally unable and easily influenced by their environments. After experiencing stress, their common emotional reactions include :

(1) Anxiety including nervousness and insecurity. This becomes prominent in those who are anxious in nature or had poor attachment relationship in childhood .

(2) Depression in the COVID-19 pandemic, limited interest in activities and social interaction may cause children and adolescent to develop negative, pessimistic mood, hopelessness, low self-evaluation, and even self-injury behaviors.

(3) Fear of being infected is a common





feeling in this period and a moderate level of fear can be an advantage in prevention. However, excessive fear can lead to mental health problems and even result in social dysfunction.

(4) Anger caused by various causes may also affect children and adolescent and could arouse a series of negative emotions that lead to adverse consequences.

IV. Behavioral response

Children and adolescent are curious and energetic but with weaker self-control. Some youngsters will take their initiative to overcome difficulties, seek positive solutions actively, express their emotions, good at using supportive social resources, and be flexible to changes. However, some youngsters may adjust poorly such as showing withdrawal, dependence, hostile attacks, and even engaging in addictive behaviors like internet addicts and substance abuse or even commit crimes.



Outcomes of the stress response among children and adolescent during the COVID-19 pandemic

Most youngsters are resilient and able to adjust and adapt their own state and interact with the environment. However, the rest of them might not be able to return to their previous functioning state and show signs of emotional instability, fatigue, loss of appetite and cognitive decline. They might not be able to fulfill the diagnostic criteria for any mental or physical disease but definitely at high risk or need to take a longer time to recover. Some youngsters will continue to show symptoms or functional impairments and eventually develop into mental disorders due to various reasons that include:





1. Stress-related disorders.

- (1) Acute stress disorder.
- (2) Post-traumatic stress disorder.
- (3) Adjustment disorder.

2. Psychiatric disorders such as acute transient mental disorders and schizophrenia.

3. Emotional and behavioral disorders such as major depression, general anxiety disorder, obsessive compulsive disorder, etc.

It should be noted that due to the developmental characteristics of children and adolescent, these symptoms of mental disorders may differ from those in adult. If parents are not sure, they should bring their youngsters to seek professional help as soon as possible.

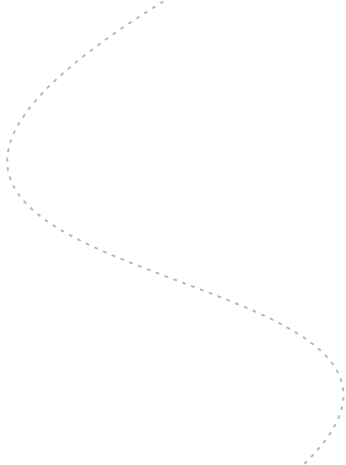
(by Mingjing Situ)



Chapter 3



Principles of crisis intervention strategies for children and adolescent in the time of the COVID-19 crisis

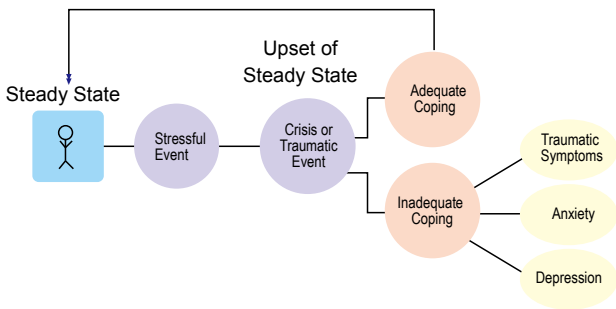




The COVID-19 has been declared as a pandemic by the WHO in March 2020. Up to now, there are only a few countries and regions in the world are not being affected by it. In order to reduce the chances of close contact, many governments have urged their people to stay at home. Under this urgent circumstance, there are about 8.2 hundred million school age children and adolescent are forced to suspend from school all over the world. Having to change their daily routine and forced to stop them from what they have been enjoying to do like going to school, gathering with friends, playing in the playground can be unreasonable to them. The negative feelings that their parents might have such as over worried and anxiety of the situation can have negative impacts on them as well. Theoretically, adequate coping mechanism is essential in



helping youngsters to transit from a steady state to a crisis or traumatic event (Webb, 2015).



Working with child and adolescent requires special skills as they are a very unique group. For example, from the perspective of child development, we realize that youngsters might not have enough vocabularies to express their complicated feelings and emotions. In addition,



they might attempt to avoid those traumatic memories. Therefore, when working with child and adolescent during crisis intervention, special attentions are required.

James & Gilliland (2016) propose a six-step model of crisis interventions. They are:

- (1) Defining the problem;
- (2) Ensuring client safety;
- (3) Providing support;
- (4) Examining alternatives;
- (5) Making plans;
- (6) Obtaining commitment.

On top of this model, there are a number of basic crisis intervention skills and principles that a crisis intervention worker (CIW) should employ when working with child and adolescent.



Basic crisis intervention skills

I. Assessment

It is critically important for the CIW to be able to assess the client's current mental and emotional status in addition to his or her functioning level. Bear in mind that child and adolescent might not be able to express themselves well verbally, collecting information from families, schools, and communities would be necessary.

II. Listening

Effective and accurate listening skills are a must-have skill in crisis intervention as time is compressed. Sharp ears to listen for the youngsters are extremely important as small things for adults might be some big things for child and adolescent. Therefore, CIW should always try to listen for the feelings and meanings behind their words including





worries, fear, anxiety, depression, and etc.

III. Using open-ended and closed-ended questions

Open-ended questions starting with what or how are used to encourage and elicit respond with full statements and deeper meaning. Child and adolescent might need extra time in responding to open-ended questions and CIW should allow more time for them with encouragement if needed. On the other hand, closed-ended questions that often start with *do, did, does, can, have, had, will, are, is* and *was* are used to seek for specific behavioral information and “yes” or “no” answers. Closed-ended questions are usually used in the early stage of crisis intervention aimed to assess client’s needs.

IV. Showing empathy

James & Gilliland (2016) conclude that there are four important techniques



that CIW can use empathy to help clients: attending, verbal communicating empathic understanding, non-verbally communicating empathic understanding, and silence. I will focus on the first and the last ones. The first step in listening does not start words but paying attention to search for clues in clients by looking, acting and being attentive. Given that child and adolescent might not be as proficient in using words to express their feelings, CIW could have missed an important message that a client is trying to convey if the CIW fails to concentrate fully on the client's facial expression and in body posture. Silence is golden but it could make the beginning CIW feeling uncomfortable. They tend to ask a lot of questions by showing their empathy. So just to remember that clients need time to think and going too far is as bad as not going far enough.

V. Expressing genuineness

Being honest to clients is crucial and





especially important when working with child and adolescent in crisis intervention because therapeutic relationship needs to be established in short time. Therefore, CIW should not act like youngsters' parents or teachers. They should be spontaneous, consistent, non-defensive and willing to share when working with the youngsters.

VI. Other skills

Being able to analyze, to assess, to refer, to explore alternatives, and problem-solving.

The above listed are a few important professional skills for someone who is working in crisis interventions for child and adolescent. Be aware that child and adolescent are not as expressive as adult and their emotions and feelings can be seen in different ways like hypothetical questions (how if I got sick → worry, fear). Therefore, CIW needs to be highly attentive to the hidden meanings in their



words, facial expressions or body postures. As a result, they can be referred to the services that they need.

Levels of involvement of a crisis intervention worker

I. Non-directive counseling

Clients who are able to start and carry out their own action steps require a minimal level of assistance. The CIW can use open-ended questions such as *how* and *what* to direct the clients.

II. Collaborative counseling

When clients cannot function fully under the non-directive mode, CIW will consider to employ the *we* approach to provide assistance. This approach allows the CIW to establish a true partnership with the client from identifying problems to carrying out action steps.





III. Directive counseling

When a client is assessed to be too vulnerable to cope with the current crisis, the CIW will act as the primary definer of the assisting plan. This mode is commonly used in children and disturbing adolescent.

Use of life experiences

An effective crisis intervention worker does not have to be a survivor of the crisis that the client is facing (virus outbreak) as personal experiences could be burden to the CIW sometimes. However, an effective CIW is someone who has overcome some life's problems successfully and put those problems into perspectives that help to transform the CIW into a better person with good qualities such as resilient, optimism, and strong-willed. An effective CIW will support clients' needs



with their professional knowledge, training and supervisions. In the crisis intervention process, CIW can provide active listening in order to support youngsters' feelings and experiences.

Assertiveness

The job nature of crisis intervention is that the CIW will have to face with countless threatening materials from the clients, sometimes could be totally out of hand. Therefore, an effective crisis intervention worker should stay calm, assertive, and in control which the clients need. Child and adolescent tend to be impulsive and over reactive. A CIW can be a role model for them through calm and reasonable acts. In addition, the CIW can show the youngsters ways to relax and cope with negative feelings.





Creativity and flexibility

It is believed that creativity and flexibility are the two major assets for human beings to deal with some seemingly unsolvable problems. Child and adolescent are experts in these two areas and CIW can also encourage them to use their creativity and flexibility to see where they are at and ways to solve their problems. In addition, these can be practised through play and fun activities that appeal to the youngsters.

Quick mental reflexes

Unlike typical counseling, crisis intervention is taken in a short period of time that requires precise judgement and directive communication. Those crisis intervention



workers who do not think fast and have difficulties in dealing with constant changes will find their work very demanding and frustrating.

The Chinese words of “危机” (crisis) is the combination of “危” (danger) and “机” (opportunity). Traumatic experiences can let us down. However, with the professional counseling knowledge, techniques, and practice, I am sure we can help to turn danger into opportunity. The opportunity for our children and adolescent to grow into a more mature and caring, tougher, and stronger selves.

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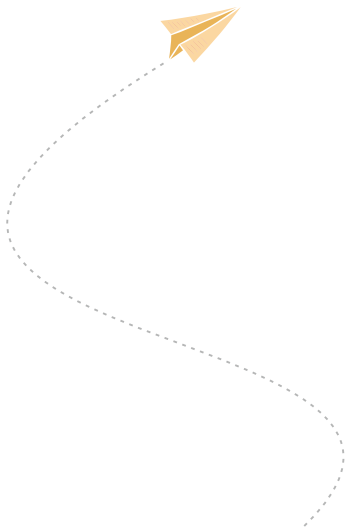
(by *Meiyuk Joanna Chan*)





Chapter 4

Helping your children to cope with the COVID-19 pandemic





Family is the cradle of children's growth. Therefore, it should also be a safe place for children to face the pandemic. Parental responses are crucial in building a sense of security and emotional stability when youngsters are in crisis. If parents experience a sense of insecurity and uncertainty, it could enhance the chances of their children's stress response. As a result, parents should pay close attention to their children's responses and take appropriate actions to help their children to cope with the crisis successfully.

In facing the unprecedented pandemic outbreak of the COVID-19, everyone feels uncertain. Some parents are feeling anxious about being infected not only for themselves but their children. They might begin to spend more time at home watching news in relating



to the pandemic situation and less time to interact with their children. In families like this, children usually will experience increased level of stress reactions. Children who have severe stress reactions may experience irritability, unmanageable behaviors, or retrogressive behaviors such as over timid and naive. Expressions in the older children include being afraid and worried of themselves from getting sick, some worry about parents or family members to get sick for no reason. Stress reactions in children can affect their sleep, appetite, and even social function. Children's response will accelerate parents' anxiety level and form a vicious circle that could lead to family imbalance.



Helpful Parent-child communication in responding to the pandemic

I. Effective parent-child communication skills

This is very crucial for parents to help their children to respond to the pandemic. If the family has not established some effective parent-child communication channels, it will be difficult for parents to help their children to cope with their psychological crises as they fail to provide sufficient psychological support to their children. Effective parent-child communication is aimed to improve the emotional communication between parents and children. Consequently, children can feel the unconditioned love and emotional support from their parents. This non-judgemental attitude is especially important when parents are trying to communicate with their young



ones. Be attentive and listen to them, provide prompts and encouragement when needed, coach them with care and skills. Remember, children need a sense of security in this special time and parents can facilitate it through an effective parent-child communication process. Parent-child games and play are some useful means for parents to communicate with young children. Bear in mind that parents are only participants of the games and children are the leaders. In order to cater to effective parent-child communication, parent-child games need to be undertaken in a casual setting.

II. Tell the facts

Tell the children that what is really happening about the pandemic in a way that they understand. Help them to feel safe and secure especially for the elder ones. For younger children, using picture books, story books, videos and other media can enhance their understanding about what you are trying to tell.





III. Self-protection and prevention

In order to reduce the stress response caused by the COVID-19 pandemic, educate the children different ways of self-protection and teach them ways to cope with the current situation. Also, children need to know ways to build stronger immune by eating properly and exercising in order to fight against the virus.

IV. Normalize their feelings

Tell the children that it is okay to feel anxious and fear in time like the pandemic and it is important to know ways to calm down and relax. The feelings of being heard, understood, and supported can reduce your children's insecurity and helplessness. After reassurance, elder children are free to disclose their feelings with their parents and learn ways to cope with difficult feelings.



V. Keep up with daily routine as much as possible

Structure and organization help children to feel safe. Therefore, discuss with them the timetable of their daily activities include learning, preparing meals, doing housework, leisure activities ,resting, etc. during the quarantine period.

VI. Focus attention on developing new skills

Encourage youngsters to invest their spare time to something that they are interested in before and did not have time for. Engaging in activities that make them pleasant and relaxed is also important. Let them know that human beings have different feelings. Worry and fear are some common emotions but they only happen in the future. The best thing they can do now is to do something that is positive and





they enjoy. By doing so, the feeling of fear can be lessened.

VII. Encourage youngsters to be more independent

Parents and guidances can ask youngsters to find ways to deal with the current stress response and try not to be overly protective or dominant. Continue to encourage them to think of ways to deal with their own stress response can help to exercise their problem-solving skills. Connecting with friends online and not paying too much attention about news on the pandemic a day can help them to cope with the current psychological crisis.



Aid youngsters to regulate their emotions

I. Secure one's own emotion stability before helping their children

There is an interactive relationship between the children and parents. Children are the “barometer” of parents and parents’ emotional instability directly affect their children. Therefore, parents should first learn some facts about the COVID-19. Have an understanding of their own stress responses and adjust them actively. Having a positive attitude toward the pandemic can help their children to cope with the crisis effectively.

II. Helping children to regulate their emotions

Teach older children and youngsters to identify and name different emotions. This can help to stabilize their emotions as well as to





develop new coping skills. For example, some children can gradually learn the relationship between different emotions and their thoughts, ways to verify their thoughts, and to adjust their negative emotions through self-talk. Try to distract children's attention if they get extremely irritable or anxious and help them to calm down by regulating their breathing patterns. Fun ways such as story books, videos, and painting will help younger children to understand what is happening around them and ways to express their negative emotions.



Ineffective parent-child communication skills

I. Ignorance

If parents choose to ignore the COVID-19 as if nothing has happened, children might become quite anxious as they do not live in a bubble and they can access to different information. Conflicting information from parents and the society can increase their sense of insecurity.

II. Repeated simple guarantees and reassurances

Parents simply telling their children “don’t worry” , “you are all good” will accelerate the level of anxiety in their children because it will lead to sense of incapability.





III. Over-protection

Parents can deprive youngsters's experiences about fear and joy from overcoming fear if they do too much for them.

IV. Impatient and agitation

A few number of parents get frustrated easily and respond to children's negative feelings with anger. This could lead to greater sense of insecurity and some undesirable adverse outcomes.

In the time of the pandemic, parents might have stress responses. However, they need to secure themselves first before helping their children. Effective parent-child communication can help children to survive in any psychological crisis.

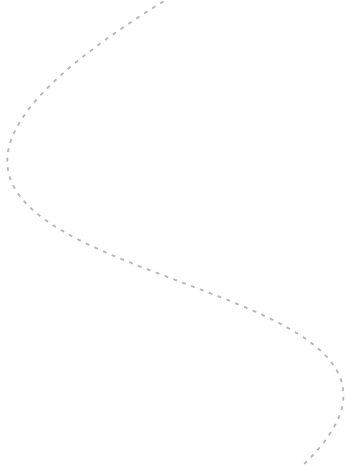
(by Yi Huang,
translated by Manxue Zhang)





Chapter 5

Psychological aid for school age students to cope with the COVID-19 pandemic





The purpose of psychological aid for school age students

There are so many uncertainties about the outbreak of the COVID-19 like where did it come from, what is the treatment for it and how to prevent us from getting infected. In the era of technology, we are overwhelmed with information but youngsters might have difficulties in making proper judgement. Thus, the primary goal of the psychological aid for school age students is to maintain their mental, emotional and behavioral balance as much as possible.

I. Learn more about the COVID-19 actively

Individuals tend to process information that appeals to them and this can lead to cognitive distortions easily. On the other hand, one will choose to follow the crowd blindly and use less of their judgement. Therefore, psychological aid is to



encourage students to actively look for facts about the COVID-19 and ways to prevent it.

II. Deal with emotions positively

Negative emotions come from negative cognition. Devastating consequences may be resulted if no action is taken. Therefore, we do not only empathize with their emotions but to help students take actions and fight against the negative emotions.

III. Take action

We change our behaviors by having positive experiences and the good feelings that our experiences bring. Therefore, psychological aid will educate students to act positively and persistently with the help from parents and professionals.





Work plan for starting a psychological aid program

I. Psychological and health education

The major part of the psychological aid in the COVID-19 is on psychological health education. It can be taken in different forms including story-writing, story-telling, poster design, and videos. Make them think and work while staying at home.

II. Assist them in seeking help

Youngsters might not be aware that they can seek help when needed. Therefore, psychological aid does not only promote their awareness in seeking help but also encourage their help-seeking behavior.

III. Online counseling

Online counseling should only be provided by personnel who have related professional



training with qualifications. If the service is provided by volunteers, make sure that they are trained and receive regular supervisions.

IV. Face-to-face counseling

When the pandemic is under control and students return to school, online- counseling will be replaced with the face-to-face counseling that could be more effective.

V. Proper referral

Students who survive in the COVID-19 pandemic might need extra help from other professions such as social workers, psychologists, psychiatrists. Therefore, always be aware of and sensitive to their needs. Make proper referral if needed.





To sum up, any psychological aid in the COVID-19 pandemic should be human-centered. Help the school age students to survive in the crisis with our knowledge and scientific applications of psychology. Trust that they are young but resilient.

*(by Shidong He,
translated by Siqi Tang)*





Chapter 6

Helping children and adolescent to seek medical help in the COVID-19 pandemic





We know that children can be infected with the COVID-19 as well. A newborn has been confirmed positive for the COVID-19 only minutes after being delivered in London in mid-March. In fact, there is a significant proportion of the children who are suspected cases or confirmed cases who are treated in pediatric ward during the pandemic. The early symptoms of many kinds of other infectious diseases are similar to the COVID-19 that could cause a high level of anxiety in parents and children. Pediatric medical staff should pay close attention to them and to provide any psychological aid in addition to medical assistance.



Early identification of children and adolescent infected with COVID-19

The early symptoms of the COVID-19 are quite common with flu including fever, cough, fatigue, muscle pain, sore throat, nasal discharge, headache, dizziness, nausea, vomiting, abdominal pain, and diarrhea. Complete blood count (CBC) is mostly normal and might have a slight decrease in the white blood cell count occasionally. The C reactive protein (an indicator of inflammation) is normal or transient elevated. The most common symptoms in lung imaging are exudation with ground-glass opacity. Compared with adults, the prognosis of children cases is generally better with mild symptoms and takes a shorter time to recover. Very few children will develop severe symptoms.





The common transmission ways of the COVID-19 in children and adolescent

Different from adult, children are usually infected in a family by their closest caregivers via droplets, aerosol particles, or close contact. Recently the virus is also found in patients' stool suggesting that the COVID-19 may spread through environmental contamination.

Clinical features of children infected with the COVID-19

In comparing with adult, most children with COVID-19 have milder symptoms and usually recover sooner with better prognosis. However, if children have some other major medical issues such as malnutrition and congenital heart disease, more severe symptoms can be developed including shortness of breath and



respiratory failure, shock, ischemic hypoxic encephalopathy, acute myocardial injury, heart failure, blood coagulation dysfunction and multiple organ dysfunction such as acute kidney injury. All these symptoms can be life-threatening.

Treating children with the COVID-19

Treatment is based on the “four early principles”: early recognition, early isolation, early diagnosis and early treatment. All the suspected and confirmed cases should be isolated as soon as possible. Different level treatments were determined according to the severity of the disease. Children with asymptomatic infections or mild symptoms could be isolated and treated at home with the condition that they are receiving medical follow-up regularly. Children with severe





symptoms should be treated in PICU. Proper diet should be ensured as well as water intake. Oxygen therapy should be provided if dyspnea and hypoxia occur. External cooling and antipyretics should be applied in the management of fever. Symptomatic relief and supportive treatment should be given in treating different symptoms. Up to now, there are no known antiviral drugs in treating COVID-19.

Psychological aid provided by the pediatric medical staff

I. Be honest to them

Be honest with the young patients. Withholding the information lead to distrust and poor emotional communication between them and the medical workers. When telling them the bad news, express support and hope as well as telling them the prognosis is good with medical help. Make sure they are prepared



for discomfort during the treatment. They should know that physical discomfort is only temporary. Discuss how they overcame their fear when they got sick last time and provide words of encouragement. Pay close attention to the young patients' emotional reactions when telling them the bad news. Listen to their thoughts carefully and they might need some quiet time. Also share the treatment plan with them.

II. Cope with negative emotions or maladaptive behaviors in children

Young patients may feel helpless when they know that they are ill. Provide them with the basic facts of the COVID-19 and possible treatment methods. Also, discuss with them the advantages of being treated in the isolation room can help them to recovery sooner. Always look for signs of excessive anxiety such as loss of appetite, sleeplessness, dysphylaxia, worry, stress, fear, fidget and





restless. Let the young patients to stay in touch with their families and friends with existing social media to release their negative feelings. Having some interesting activities such as watching movies, listening to music, playing games can be very helpful and fun. Medical workers can also teach the young patients possible methods to relax and meditate as the young patients might not only worry about the disease but also their lives are being disrupted.

Regression behaviors such as crying, refusing to eat and complying with treatment may occur. Give the young patients as much time and space as possible and encourage them to express their feelings by showing acceptance and understanding of their disturbing feelings.

III. Other aid

The young patients' families are possibly being isolated as well. Therefore, medical workers will need to provide both medical and psychosocial support to young patients as



well. On top of the regular medical treatment, engaging them in activities such as reading books, doing handcraft, playing a moderate mobile game can help to distract them from their physical pain.

(by Xiao Hu, Hui Zhou)

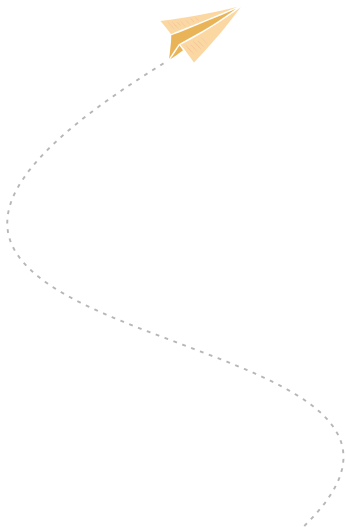




Chapter 7



Helping at-risk children and adolescent to survive in the COVID-19 pandemic





The COVID-19 pandemic has great impacts on the youngsters on all aspects of their life and development. It could even be a hard time for those who come from families with full support and not to mention for those who are at risk. What kind of children and adolescent are more likely to develop mental health problems or their existing mental disorders are likely to be triggered in the pandemic? There is no current data to answer the above questions but by triangulating available information, it is not difficult to predict that the following types of youngsters will need extra attention on their mental health during the COVID-19 pandemic.



Existing mental health problems could get worsen in children and adolescent during the pandemic

I. Electronic devices overuse and game addiction

People living in the modern society are inseparable with electronic devices and the internet. Before the pandemic, electronic devices overuse and game addiction have been a headache issue for many parents. Schooling switches to remote mode and youngsters have much more spare time during the pandemic quarantine period. As a result, youngsters can justify their usage of electronic devices and extended screen time. Some of the youngsters who did not have the problems before could have developed into the same problems.





II. Parent-child conflicts

The parent-child relationship has always been one of the most important factors in the occurrence of mental health problems in children and adolescent. Due to the quarantine rule, almost everyone stays at home during the pandemic. It could be a challenge to both sides because they might get in conflict easier and more frequently than usual. This problem is more prominent in adolescent who are more rebellious and often get into argument with the authority. Parent-child conflicts are more common in families with unclear roles in family members, over-controlling parents, family members with personality problems, or poor communication. Some of these problems can be resolved by better communication or longer time spent together during the quarantine, and surprising consequence can be obtained. However, the tension in parent-child relationships caused by unclear roles of family members and excessive parental control may be worsen.



Existing mental disorders become worsen or relapse during the pandemic

I. Obsessive-compulsive disorder

Obsessive-compulsive disorder refers to a group of disorders with the major clinical manifestations of obsession and compulsion. It is characterized by some repetitive and meaningless thoughts that sometimes against one's will and invade one's daily lives. For example, suspension on door not closing properly and checking repeatedly. Youngsters with OCD realize that these thoughts or impulses are originated from themselves and try very hard to control them, but always fail. This intense conflict causes a high level of anxiety and pain and affects their study, interpersonal relationship and daily life. Many people without OCD reported constant checking and handwashing during the





COVID-19 pandemic. Therefore, youngsters with OCD especially those with cleaning obsession are more likely to experience severe symptoms such as repeated hand washing and disinfection during the epidemic.

II. Hypochondria

Hypochondria is a mental disorder that one holds the belief of going to suffer from the disease without any physical abnormality or medical evidence. Hypochondria is rarely seen in childhood but becomes gradual in the puberty stage. In this pandemic, some people without hypochondria often see if they would have the symptoms of the COVID-19 after learning facts about it. The more they know, the more they think they are symptomatic. Those who are at risk of hypochondria are more likely to develop into hypochondria in the COVID-19 pandemic. They could visit the hospitals often and request CT scans and nucleic acid tests.



Self-protection against COVID-19 seems to challenge to those with existing mental health problems or disorders

Due to the impairment of youngsters' mental abilities, self-protection becomes a challenging task during the COVID-19. For instance, youngsters with autism and severe mental retardation may not be able to understand and cooperate with parents and guidance to carry out self-protection steps such as wearing masks and washing hands. The condition is also challenging for those youngsters with mental illnesses such as schizophrenia, bipolar disorder and other psychotic disorders as their mental abilities such as understanding is being impaired.





Difficult daily care for the caregivers

This situation mainly occurs in children with attention deficit hyperactivity disorder (ADHD). The main features of ADHD include inattention, poor self-control, hyperactivity and impulsive behavior. An integrated management approach consists of training, teaching and medicine are the most effective way to help youngsters with ADHD. Parents are encouraged to arrange daily activities to improve children's attention efficiency and behavior pattern. In the pandemic, children with ADHD are required to stay in a house, where space is usually too small for them. Thus, they are more prone to commit destructive or self-injured behaviors.



Coping strategies for the above concerns

Different strategies can be employed to respond to different problems.

I. Electronic devices overuse and game addiction

One becomes addicted to electronic devices and online games because one needs approval and sense of worth in the real world. In order to limit their screen time, invite them to take part in housework such as cleaning, cooking, and making handicraft such as self-made mask. By doing so, youngsters can spend less time on electronic devices and feel they are needed by their families.

II. Parent-child relationship

Although spending too much time together can increase the chances of getting





into conflicts, close contact can also offer opportunities for the family members to understand each other better with more communication. As a result, the parent-child relationship would be improved.

III. Obsessive-compulsive disorder and hypochondria

One common symptom of OCD and hypochondria is repeated checking behaviors. Therefore, do not respond to what they are worried about. If their symptoms continue to worsen and cause significant dysfunction of their daily life or learning, it is necessary for them to visit their psychiatrists soon.

IV. Children and adolescent are incapable to prevent the COVID-19 due to their mental health problems or disorders

With the help of medication, youngsters with schizophrenia and bipolar disorder can remain to be emotionally stable. By taking



their medication properly, youngsters can comply well with the self-protective strategies in the pandemic. Therefore, the accessibility of medication is crucial for them. Due to the pandemic control, many hospitals in China have started the online clinic App. Some hospitals can even offer drug express services. These resources are very useful for those families who are far from hospitals. The behavioral training works best for those youngsters who have ASD and intellectual disabilities in compliance behaviors such as wearing a mask.

V. The home training for the youngsters with ADHD

Youngsters with ADHD often feel agitated and act impulsively. Therefore, having a fun daily routine for them is crucial. Their activities should be blended with attention training as well as physical exercises. They might give up shortly after the activities start.





Parents should be patient and reward desirable behaviors timely.

Below are a few games on attention trainings:

1. Walking straight line

First, find a proper area at home. Then draw a line with chalk or pull a string and ask youngsters to stretch both arms straight and walk along the line. Have them walk with their eyes closed.

2. Glass marbles

Have the youngsters to put the glass marbles from one place (maybe a bowl) to another by using chopsticks.

3. Stuff tidying

Tidying is an effective way to train children's sense of order and inspire children's imagination. It can also help children to feel the warmth and happiness of family life. Being trained to place their items regularly, children can develop good habits. In addition, tidying can consume extra energy for ADHD children as well.



At the same time, it should be noted that due to the poor self-control ability of ADHD children, the dangerous consequences of their own behaviors are often insufficiently understood. It is urgent for caregivers to ensure the safety of children, especially ADHD children in the house. When necessary, dangerous things need to be removed or modified. For example: cover electric plugs with a protective sleeve, use foam to pack sharp angles with soft material, and put away knives.

The last suggestion is to talk with youngsters about their everyday good behaviors by recording them on a behavioral chart or recording. Prepare a diary book to write down the positive and good behaviors of children throughout the day. In the age of the Internet, it is optional to use some video application to make video clips for recording. By doing this, parents can discover more advantages of their children, rather than just focusing on their





disadvantages. In addition, children can also feel the parents' attention and appreciation, which brings them more motivation to make progress.

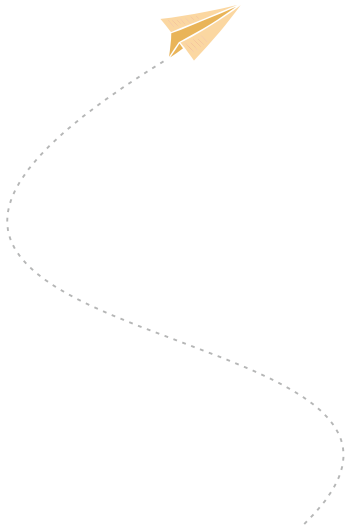
(by Mingjin Huang)





Chapter 8

Self-care strategies for healthcare workers working with children and adolescent in the COVID-19 pandemic





Healthcare workers are human beings and they also experience psychological responses. In fact, they repeatedly exposed to various difficult and stressful situations in the face of the young patients and the pandemic itself, their well-being is affected negatively. In order to ensure their health well-being, attention should be directly paid to the healthcare workers as well.

Concerns in the children and adolescent healthcare workers

I. The unhealthy psychosomatic state caused by stress reactions

Not only are the young patients in the pandemic, but the healthcare workers are facing various stress reactions brought by the pandemic as well, including personal and family protection, infection control, and negative emotions such as depression, anxiety,



fear and anger. Healthcare workers can play a positive role only when being mentally and physically healthy.

II. At the risk of the vicarious traumatization

Research has shown that vicarious traumatization occurs most often to healthcare workers, psychological aid workers and social workers. Although the healthcare workers are not infected with the COVID-19, they may end up with the vicarious traumatization resulted from empathic engagements with their young patients.

III. Physical and emotional exhaustion from working with children and adolescent in the COVID-19 pandemic

Healthcare workers may not be aware of their emotional reactions from working with young patients, including counter transference that leads to burnout in themselves easily.





Self-care strategies for healthcare workers

I. Be insightful

Try to look insight carefully can help healthcare workers to prepare for work better. Be aware of your own emotional states. If healthcare workers are under great stress, they would not be able to deliver quality services to their young patients. It is important for healthcare workers to be at their optimal level physically and mentally before they return to work.

II. Self-care management

Personal health well-being is the engine of working effectively. The COVID-19 pandemic is an extremely difficult time that could cause a lot of anxiety. If the healthcare workers are excessively anxious, their young patients will also feel it and be emotionally infected as well. In fact, showing calmness



and relaxation can be a good model to share with young patients. If the healthcare workers themselves are afraid of being affected, normalizing the negative emotions usually helps, and they can also mentally encourage and protect themselves with compassion and non-judgment. Remember, help yourself before you help others. Therefore, take every opportunity to rest, relax and exercise, no matter sitting or closing your eyes. Maintain a regular exercise routine and engage in relaxation exercises such as meditation could be helpful. Focus on the process of eating to ease your brain. When feeling emotionally overwhelmed, try some grounding techniques such as snapping your fingers or stomping your feet repeatedly. Despite enormous pressure, don't mentally isolate yourself, and realize that you are not alone. Spend time with or call your family members and loved ones. Distinguish the boundaries between work and leisure and avoid overloading work, getting rest after long-





time work. Focus on the presence of your daily life, fully relax selves, and try not to think about your work as far as possible. Finally, understand your limits. Be aware of and accept the limitations of helping others and avoid the “Omnipotence” illusion. Don’t be overly critical of yourself, on the contrary, be grateful for your hard work.

III. Working with the young patients’ families as well

Generally speaking, parents are the most directive and effective resources for children and adolescent. Therefore, try to help young patients’ parents by easing their anxiety. It also works better if healthcare workers consult parents about the basic situation of their children. Introduce some effective and operable infection control strategies to parents, and make referrals if needed.



IV. Seeking support from other professionals

Healthcare work is a very demanding job in nature that requires high devotion to physical and mental energy. In working with young patients, it may cause greater physical and mental exhaustion that brings unbearable pressure on one's own. Therefore, it is suggested that the healthcare workers seek other professional help (e.g., a psychological counselor) if needed and always be honest to selves.





In conclusion, everyone is facing the COVID-19 pandemic and is in a panic state. However, healthcare workers have their own families to take care of as well. Therefore, they are urged to help themselves before they help other children and adolescent because they are working in a high intensity and demanding working environment. Seek help if needed and be aware of your own's emotion. When working with young patients, work with their families as well.

*(by Youwen Zhang, Weili Wu
translated by:
Youwen Zhang, Lukui Wang, Weili Wu)*





Chapter 9

Principles of psychological crisis hotline for children and adolescent in the COVID-19 pandemic





The COVID-19 pandemic has brought some great impacts to children and adolescent such as being suspended from schools, having to stop all the social activities, hospitalization of family member, not accessible to personal protective equipment like mask. This list keeps going as long as the pandemic continues. In the Pandemic, everyone could have difficult emotional responses including parents which make them too vulnerable to respond to their youngsters' emotional needs.

Whenever there is a crisis, there is a need of crisis interventions. During the COVID-19 pandemic, ways to deliver interventions are crucial as the coronavirus is highly infectious and spreads very fast. Most of the affected countries have required their people to stay home as much as possible in order to avoid mass gathering and close personal contact. Among many different ways to deliver psychological support during the pandemic, hotline is the fastest, safest, convenient, and



most practical way. The psychological crisis hotline for children and adolescent can provide psychological support, emergency response, crisis interventions, resource coordination, and medical referrals if needed. The hotline is meant to provide psychological first aid, rather than consultation. It is like an ambulance in a battle field to provide bleeding stoppage, bandage, fixture, pain management and transportation for proper treatment.

How well children and adolescent can perceive their environment relies on how mature their brains have developed. Since they are still in the rapid developing stage, they are emotionally unstable and being impulsive who like to take risks. On the other hand, they respond to new stimulus sensitively and can adapt to a new environment easily. Children and adolescent respond differently in their cognition, emotion and behavior aspects when facing the COVID-19 Pandemic. Therefore, principles and strategies that





hotline responders use vary. Theoretically, psychological crisis hotline for children and adolescent should focus on their physiological and psychological characteristics in combining with the environmental facts as to provide the most effective support for the youngsters.

Hotline users

I. Parents

Problems with children and adolescents can usually be identified by parents. However, their help to the youngsters may not be as effective or they just simply do not know how to help. Therefore they may turn to the hotline for help. In this case, hotline responders should provide support to the parents or guardians and to help the youngsters indirectly..

II. Children and adolescent themselves

When the youngsters are under too much stress and feeling confused, they take advice



from their parents or guardians and seek help from hotline themselves. There are also some youngsters who are in needed but have limited resources or support from their parents. Therefore they make calls to the psychological crisis hotline. In extreme cases, they turn to hotline for help when they feel that the crisis is overwhelming and they may lose control and harm themselves.

Principles of psychological crisis hotline for children and adolescent

When providing psychological aid through hotline to children and adolescent, hotline responders should consider one's age, psychological and physiological characteristics. A set of work principles is suggested as followed.





I. Always put safety first

Upon receiving calls, hotline responders should conduct crisis assessments (including risk assessment) before initiate any crisis intervention. Report any suspicious risk, stay alert, and ensure caller safety as much as possible. When intervening, stay calm, make precise judgement, move fast, offer reasonable suggestions. Be sure to keep records of any contact during the intervention process.

Different risk levels are defined below:

1. Low

The caller may experience continuous feelings of sadness and pessimism that are difficult for them to manage. In this case the responder should listen and provide emotional support.

2. Medium

The caller may experience feelings of hopelessness on top of pessimism. They may develop non-suicidal self-injurious behaviors and even have had suicidal ideation without



a specific plan. In addition to providing emotional support, the responder should also advise the caller to seek help from psychological or mental health professionals.

3. High

The caller has developed specific suicide plans such as checking out site to commit suicide or preparing lethal drugs. After assessing the risk level, the responder needs to inform the caller's legal guardian and refer the caller to seek help from local mental health professionals.

4. Extremely high

The caller has suicide attempts before. The responder needs to inform the caller's legal guardian while stabilizing the caller. The responder also needs to refer the caller to seek emergency help from local hospitals.

II. Principle of combining professional and quality service

Being professional requires the hotline





responder to rigorously follow a standardized working procedure and guidelines. Employ theories and skills to provide individualized professional intervention based on the caller's psychological needs as well as their age, gender, grade, region (urban or rural), location, accommodation (at home, in school, or under quarantine), and the disturbing events themselves. Crisis intervention strategies heavily rely on the caller's age group. However, the major intervention is trying to stabilize their emotional. During the intervention, the hotline responder should try to foster a sense of security as much as possible. In addition, fill the caller up with hope and optimism so that the caller can establish connections with others. Remember to keep good records.

Being service-orientated refers to the practical ways that a hotline responder serves the caller during the emergency stage of the crisis event. The responder should



acknowledge the caller's feelings, provide facts in addressing the caller's concerns, relevant public service departments contact methods in order to boost the caller's sense of control, security, and stability.

III. Principle of combining individual and social support

Individual support is to be aware that children and adolescent have distinct psychological, physiological and behavioral characteristics. After data collection, the hotline responder should employ appropriate interventions in order to provide individualized aid.

Social support is to consider the individual, family, school, community and government as one system in which all components work together. From the family's perspective, children and adolescent may be affected by the emotion of other family members who requires understanding and help to adjust their mindset





towards the COVID-19 Pandemic. Some schools will provide psychological support to the children and adolescent by sharing useful learning resources and providing remote learning. The community where the youngsters live will serve to provide basic living supplies and ensure environmental safety.

IV. Principle of confidentiality

As children and adolescent require guardianship, it is suggested that parents participate in the whole process. However, for some youngsters are not unwilling to have their parents to be in and responders need to respect their privacy and keep content confidential. However, there are exemptions such as callers showing suicidal thoughts. In this case, the responders should notify parents and related departments. Relevant details and information should be kept in accordance with regulations and should not disclose to others.



V. Principle of on-the-job training and supervision

Children and adolescent psychological crisis hotline staff must comply with the ethical code and receive regular professional training and supervisions that help to ensure hotline responders' professionalism and service quality. Last but not least, regular supervisions help to prevent occupational burnout that they may face.

*(Translated by
Li Ran, Nianxi Song, Wenjie Song)*

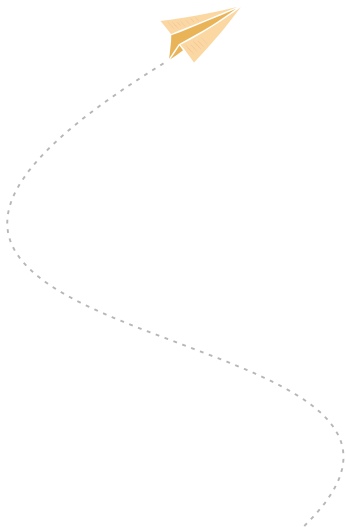






Appendix

Assessment tools on children's psychosocial crisis interventions





The children's Revised Impact Event Scale (CRIES-13)

It was first developed by Horowitz et al. , in 1979 to assess the individual's mental health state after a variety of trauma and revised later by Dyregrov, Yule, Smith and others. The CRIES-13 consists of 13 entries which are suitable for screening large samples of children in PTSD high-risk groups after experiencing various traumatic events. The CRIES-13 is designed for children aged 8 or older by self-report. Symptoms identify in the last two weeks will be recorded in a four-level scoring scale (0, 1, 3, 5 points) with a total score from 0 to 65 points. There is no reverse entry. The higher the score, the greater the risk of individuals having PTSD. Findings show that with the total score of 30 or higher, the sensitivity and specificity of screening are at best. The CRIES-13 has about 75~83% accuracy.



Depression Self-rating Scale for Children (DSRSC)

The DSRSC is developed by Birleson (1981) according to the diagnostic criteria for depression in adults to evaluate depression in children. It has good reliability and validity which can help to diagnosis children with depressive disorders. Su Linyan et al. established the Chinese urban norm of the scale in 2003 and confirmed that it can be used to evaluate the depressive symptoms of children in China. The DSRSC is designed for children aged from 8 to 13. The scale consists of 18 items and is graded according to no (0), sometimes (1), and often (2) ,The higher total scores, the greater possibilities of one having depression. Items 1, 2, 4, 7, 8, 9, 11, 12, 13, 16 are reverse scores, i.e., no (2), sometimes (1), often (0). If one scores ≥ 15 points could have the possibility of having a depressive disorder.



Child version of the Incident Impact Scale

Here are some of the difficulties that some people will feel after an unfortunate event. Read each item carefully and choose the degree to which you can best describe the impact of each item according to your feelings over the past two weeks, draw [√] in the appropriate box.

Note: The following reference to “that incident” refers to the relevant experience of the epidemic. In the past two weeks:	Not at all	Very few	Sometimes	Often
1. Did you think about it when you did not mean to?	0	1	3	5
2. Did you try to remove it from your memory?	0	1	3	5
3. Did you have difficulties paying attention or concentrating?	0	1	3	5



4. Did you have waves of strong feeling about it?	0	1	3	5
5. Did you startle more easily or feel more nervous than you did before it happened?	0	1	3	5
6. Did you stay away from reminders of it?	0	1	3	5
7. Did you try not to talk about it?	0	1	3	5
8. Did pictures about it pop into your mind?	0	1	3	5
9. Did other things keep making you think about it?	0	1	3	5
10. Did you try not to think about it?	0	1	3	5
11. Did you get easily irritable?	0	1	3	5
12. Were you more alert and watchful even when there was no obvious need to be?	0	1	3	5
13. Did you have sleep problems?	0	1	3	5



Depression Self - rating Scale for Children , DSRSC

Please fill in the form according to your situation of the last week.

Situation	Often	Sometimes	no
1. I look forward to things as much as I used to.			
2. I sleep very well.			
3. I feel like crying.			
4. I like to go out to play.			
5. I feel like running away.			
6. I get tummy aches.			
7. I have lots of energy.			
8. I enjoy my food.			



Situation	Often	Sometimes	no
9. I can stick up for myself.			
10. I think life isn't worth living.			
11. I am good at things I do.			
12. I enjoy the things I do as much as I used to.			
13. I like talking with my family.			
14. I have horrible dreams.			
15. I feel very lonely.			
16. I am easily cheered up.			
17. I feel so sad I can hardly stand it.			
18. I feel very bored.			



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