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## OHEL Is Here For You And Here With You During This COVID19 Pandemic

OHEL is providing remote crisis counseling that can be scheduled by writing to [copingwithcovid19@ohelfamily.org](mailto:copingwithcovid19@ohelfamily.org)

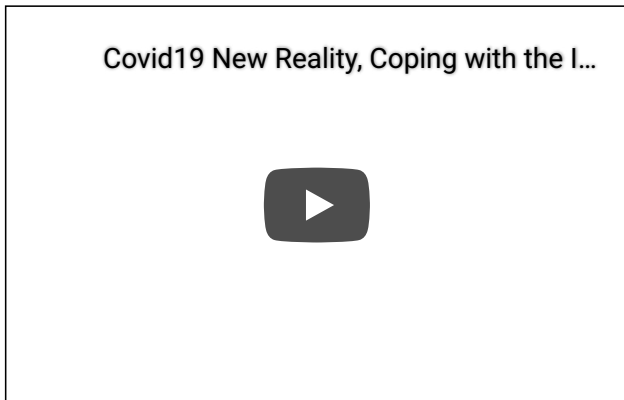
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(<https://www.ohelfamily.org/?q=content/coronavirus-how-keep-calm>)

### Audio by Dr. Norman Blumenthal

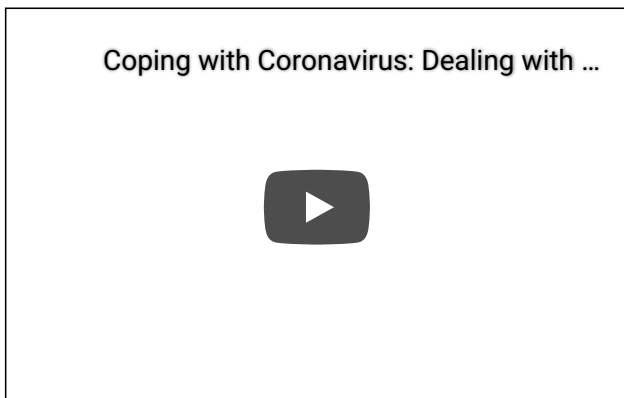
#### Covid19 New Reality, Coping with the Impact in Our Homes

March 24, 2020



#### Dealing with Anxieties in your Office or Healthcare Facility

March 23, 2020



#### Caring For Others While We Care for Ourselves

March 19, 2020

Dr. Norman Blumenthal the Zachter Family Chair in Trauma and Crisis Response for OHEL is offering the following summary of his recent webinars on maintaining and imparting appropriate levels of alarm and managing confinement.

#### MANAGING ANXIETY AND WORRY

- o Your anxiety should be commensurate with the risk that exists and mobilized to take responsible action
- o You should be in control of your anxiety and not your anxiety in control of you.
- o Be properly informed screening for both alarmist and minimizing messages and postings.
- o Make sure you have a handle on the situation before you address it with your children
- o Be aware that scared children, especially young, are more responsive to your body language and voice tone than what you say. Impart caution but control by how you communicate not just words you use
- o Model proper caution and hygiene
- o Avoid cynical remarks or jokes that would diminish the importance of this current crisis
- o Do not get overly angry or overwrought if a child fails to practice proper hygiene or precaution but gently remind
- o Remind yourself and family that, as has been the case with comparable communal emergencies, this will likely have a beginning, middle and end. It will not last forever.
- o Try to extract from this hardship lessons in life, future resolutions or other potential sources of growth in order to at least diminish the tension and pain.

#### PRE SCHOOL AGED CHILDREN

- o Children under six are most likely to touch one's face and mouth without washing their hands.
- o Teach them proper hygiene in a more playful fashion using mnemonics, jingles or many of the coloring book or cartoon like publications that promote such practices.
- o Walk them through and dress rehearse proper hand washing, use of tissues and the like.
- o Children this age do not need more than minimal explanations or rationales for these instructions since they are used to adults

## Caring for Others While We Care for Ou...



### **OHEL's Dr. Norman Blumenthal speaks for Kingsway Jewish Center**

March 19, 2020

## OHEL's Dr. Norman Blumenthal speaks ...



### **Coping with Confounding Illness and Imposed Isolation**

March 15, 2020

## Coping with Confounding Illness and I...



### **OHEL's Dr. Norman Blumenthal on Coronavirus; Keeping Calm, Keeping Healthy**

March 4, 2020

## OHEL's Dr. Norman Blumenthal on Coro...



demanding of them cooperation for behaviors that don't necessarily make much sense to them.

- Heap praise for proper behavior since parental approval is more important to them than the particular reasons for these behaviors.
- It probably makes little sense to suggest that something is "rare" since these children lack the awareness of the breadth of time and space to understand

#### **ELEMENTARY SCHOOL AGED CHILDREN**

- Children about 6-12 can understand the reason for these new precautions and the idea of something being rare but rapidly contagious posing a potential risk.
- Most should comply with hygienic practices with some exceptions (see below)
- They are often most interested in facts and details which is age typical and should be addressed to the extent that they ask.
- They also should be assured that there were no culprits or ill-intended individuals who caused this to occur since that would also be typical for this age

#### **TEENAGERS**

- Teens will probably be well informed and mature enough to be self-motivated regarding hygienic practices.
- They in particular need to be reminded to keep a perspective on what they read on the internet and social media. They should be cautioned to only trust responsible sources and avoid a hysteria that can be fostered by the relentless repetition and escalation that social media propagates.
- They may approach the alarming approach with cynicism or doubts. It is best not to get into lengthy debates or arguments but simply highlight the urgency of these times.
- Tending to be idealistic, they may resonate well with the notion that much of what we are doing is to protect some of the more vulnerable members of our community.
- It is probably ill-advised to cast this crisis as divine retribution or in a political template as teens may be inclined to do. If they present with such perspectives, it may be best to suggest that such insight is usually best acquired when the crisis subsides.

#### **CHILDREN WITH SPECIAL CONSIDERATION**

- Children with impulsive tendencies (e.g. ADHD) will have a harder time with confinement and remembering to pause and apply necessary hygienic practices. For them repeated simple instruction and role playing would be indicated.
- Anxious children or those with obsessive compulsive tendencies may exhibit excessive worry or relentless precautionary measures (e.g. hand washing) that are not only unnecessary but even harmful. They have to be strongly curtailed and more assured of the relative safety that still exists.
- Oppositional children or those not receptive to fear or intimidation, need to have the potential dangers and risks more highlighted.
- Unique situations such as cognitively challenged children or those on the autistic spectrum should consult with their treatment personnel and experts.

#### **QUARANTINE:**

- Research demonstrates that confinement is a stressful situation the effects of which can linger beyond the isolation.
- Stimulation and social interaction is a basic human need the deprivation of which is potentially harmful
- Families should try to maintain as much routine, structure and remote interpersonal contact as possible.
- A schedule should be established with planned activities, on-line school instruction, interspersed with times for unstructured play, exercise, yoga, reading or the like.
- Without minimizing the actual hardship and concern, try to maintain an upbeat and loving atmosphere in the home with no more chores or schoolwork than had previously in place.
- Both adults and children should have scheduled on line gatherings during which they can reconnect, share ideas for activities and even compare art projects and the like.
- There have been many suggested activities and literature posted on line which families should readily but judiciously access.
- Pre-existing conditions or inclinations such as anxiety can get exacerbated by the stress of confinement. Similarly, interpersonal friction such as sibling rivalry can reach a feverish pitch when people are confined. A period of crisis is not a time to cure or remediate these problems. Managing such challenges until the crisis has subsided is recommended which can include keeping family members separated, temporarily introducing medication or forms of stress inoculation that can be rapidly and effectively implemented.

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