

# TRAUMA IN YOUTH DURING COVID

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**TRAUMA EXPOSURE**

- Abuse (i.e., physical, sexual, psychological)
- Neglect
- Witnessing Violence (i.e., domestic violence)
- Interpersonal/Dating Violence
- Natural Disaster (i.e., tornado, hurricanes, residential fire)
- School Violence
- Community Violence
- Cybervictimization
- Racial Stress & Trauma/Hate Crimes
- Terrorism

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WESTWORD.COM

**Fifteen Aurora Youths Shot, One Killed in Two Weeks**

The latest attack injured five.

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## POST-TRAUMATIC STRESS DISORDER

Person was exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s):

- Direct exposure
- Witnessing the trauma
- Learning that a relative or close friend was exposed to a trauma
- Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics).

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## POST-TRAUMATIC STRESS DISORDER

### Intrusive Symptoms

- Nightmares
- Flashbacks
- Emotional or physical distress after exposure to trauma reminder

### Avoidance Symptoms

- Avoiding trauma-related thoughts or feelings
- Avoiding trauma-related external reminders

### Negative Cognitions and Mood

- Inability to recall features of the trauma
- Negative affect
- Feeling isolated

### Alterations in Arousal

- Irritability or aggression
- Risky behavior
- Hypervigilance
- Difficulty concentrating
- Difficulty sleeping

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# SIGNS OF TRAUMATIC STRESS BY AGE

## Preschool

- Fear of separation from caregivers
- Crying/screaming a lot
- Eating poorly/losing weight
- Nightmares

## Elementary School

- Anxious or fearful
- Feeling guilt or shame
- Poor concentration
- Difficulty sleeping

## Middle & High School

- Feeling depressed or alone
- Disordered eating
- Self-harming behaviors
- Alcohol or drug use
- Risky sexual behaviors

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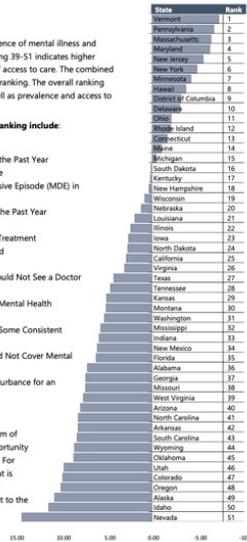
### Overall Ranking

An overall ranking 1-13 indicates lower prevalence of mental illness and higher rates of access to care. An overall ranking 39-51 indicates higher prevalence of mental illness and lower rates of access to care. The combined scores of all 15 measures make up the overall ranking. The overall ranking includes both adult and youth measures as well as prevalence and access to care measures.

#### The 15 measures that make up the overall ranking include:

1. Adults with Any Mental Illness (AMI)
2. Adults with Substance Use Disorder in the Past Year
3. Adults with Serious Thoughts of Suicide
4. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
5. Youth with Substance Use Disorder in the Past Year
6. Youth with Severe MDE
7. Adults with AMI who Did Not Receive Treatment
8. Adults with AMI Reporting Unmet Need
9. Adults with AMI who are Uninsured
10. Adults with Cognitive Disability who Could Not See a Doctor Due to Costs
11. Youth with MDE who Did Not Receive Mental Health Services
12. Youth with Severe MDE who Received Some Consistent Treatment
13. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
14. Students Identified with Emotional Disturbance for an Individualized Education Program
15. Mental Health Workforce Availability

The chart is a visual representation of the sum of the scores for each state. It provides an opportunity to see the difference between ranked states. For example, Vermont (ranked 1) has a score that is higher than Rhode Island (ranked 12). South Dakota (ranked 16) has a score that is closest to the average.

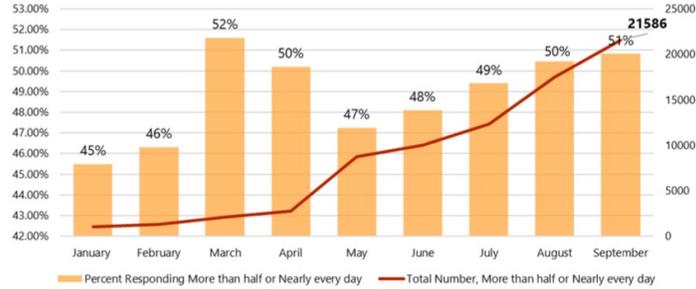


Mental Health America (2021)

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As with rates of anxiety and depression, youth ages 11-17 report the highest rates of suicidal ideation of any age group. In September 2020, 51% (N=21,586) of 11-17-year-olds reported having thoughts of suicide or self-harm more than half or nearly every day of the previous two weeks. From January to September 2020, 77,470 youth reported experiencing frequent suicidal ideation, including 75,107 since the beginning of the pandemic in March.

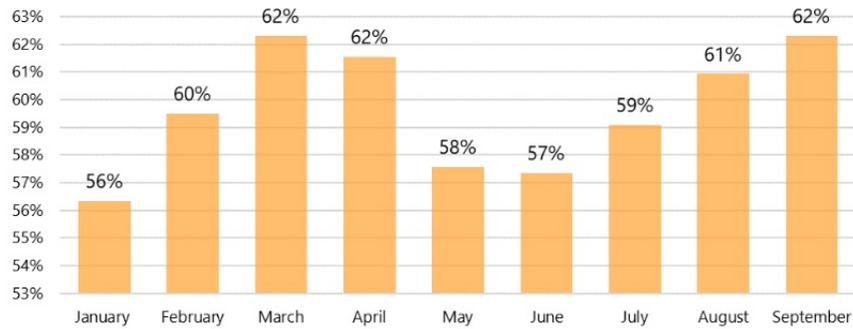
**Thoughts of Suicide or Self-Harm More than Half or Nearly Every Day Among Youth Ages 11-17, Jan-Sep 2020**



Mental Health America (2021)

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**Suicidal Ideation More than Half or Nearly Every Day Among LGBTQ+ Youth, Jan-Sep 2020**



Mental Health America (2021)

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### School Year at a Glance

The statistics below include data from August 1, 2019 through July 31, 2020.

With the onset of the COVID-19 pandemic in March 2020, Safe2Tell experienced a marked decrease in tip volume as schools transitioned to distance learning. Though suicide threats remained Safe2Tell's most frequently reported tip category, self-harm, welfare check, child abuse, and cyber-bullying reports increased from March through July. See Appendix A for tip totals by category and month.

**20,322**  
Tips received during the 2019-2020 school year.

**7%**  
Decrease in tip volume compared to the 2019-2020 school year.

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**Reporting Methods**

<b>30% Phone</b>	<b>27% Mobile Web</b>
<b>18% PC Web</b>	<b>25% Mobile App</b>

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**91.8% Actionable**  
Tips submitted in good faith for early intervention purposes.

**6.1% Misuse**  
Non-actionable tips received with non-malicious intent (includes misuse, prank calls, and hang-ups). Safe2Tell saw an increase in misuse tips, specifically regarding COVID-19 related concerns.

**2.1% False Tips**  
Non-actionable tips received with malicious intent that may include false information to harm, injure, or bully another person.

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**Top Categories**

1. Suicide Threats
2. Drugs
3. Bullying
4. School Complaint
5. Threats

**137**  
Mental health related self-reports. Fifteen of these tipsters agreed to be transferred to the state crisis hotline. The average time for Safe2Tell to gather information and deliver tips or transfer tipsters was **18** minutes.

**Duplicate Tips**  
**1,856**  
Reports made regarding a concern that has already been reported, an indicator of healthy reporting culture within a community.

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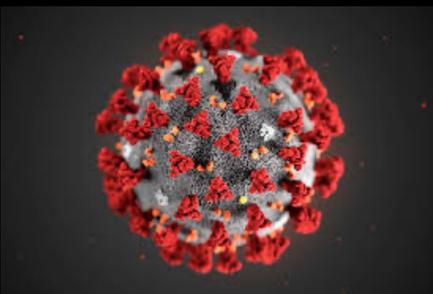
GREELEYTRIBUNE.COM

**Youth suicide rates during the pandemic foreshadow what experts say will be a "tsunami of need"**



Aaron Ontiveroz, The Denver Post

Apryl Alexander, an associate professor of psychology at the University of Denver, poses for a portrait on Thursday, Sept. 3, 2020. "We have to think about people's perception of police, whether it's children, kids of color. So having a police officer come to your door when you're already experiencing a crisis just elevates your system."



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**Colorado Bill To Provide Free Mental Health Services To Colorado Youth In Response To Pandemic's Impact**

**Denver** — The disruptions and challenges to children's mental health resulting from the pandemic have inspired the Colorado state legislature to work on a solution to deliver recovery-focused care to Colorado's youth before the start of the next academic year. Mental Health Colorado supports House Bill 21-1258, Rapid Mental Health Response For Colorado's Youth which will allocate \$9 million to provide free screenings and three free mental health sessions, in person or virtual, to the state's kids.

The bill states, "since the pandemic began, the Colorado crisis services hotline has experienced a thirty percent increase in calls and texts, and Children's Hospital Colorado has seen a ten percent increase in the number of kids who visit the psychiatric emergency department due to thoughts of suicide."

"The coronavirus crisis has brought with it all kinds of grief, loneliness, disengagement, and stress, that have disrupted the lives of our kids," said Vincent Atchity, President and CEO of Mental Health Colorado. "The challenges of this last year will likely continue to affect kids past the pandemic and, possibly, across their lifespans. Early intervention is known to be effective in promoting healthy outcomes...the sooner the better."

The measure would require that Colorado create a portal by May 31, 2021 where children can sign up for mental health screenings and services. The program would run until June 30, 2022. This effort in support of pandemic recovery illustrates Colorado's commitment to a stronger start for all children and signals to the thousands of young people and their families who have struggled over the past year that their mental health needs are acknowledged and will not go unmet.

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**I Matter.**

I want to understand my feelings because I matter

If you've ever said, "I'm struggling. I want help," you are in the right place. The purpose of I Matter is to promote youth emotional and mental health. To begin, you will need to take a survey. Try to be honest as possible: your answers are completely confidential and will help match you with a clinician who can best support you. No matter your responses, you will be eligible for 3 free counseling sessions.

Get started below. If you're 11 or younger, your parent or guardian will have to fill out the survey with you.

Parents, if you feel your child is struggling and needs help, you are in the right place to talk to a mental health professional for free. Seeking support for your child is not a sign of failure—it's a sign of strength. Start by filling out the survey below.

Parents Youth

[Home](#) [About I Matter](#)

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## QUESTIONS?

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