



Episode #239

**Dr. Aliza Pressman on Experiencing Trauma and
Building Resilience in Covid-19**

December 15, 2020

Debbie: Hello, Aliza, welcome to the podcast.

Aliza: Hello, thank you so much for having me.

Debbie: Well, I think this is, as we were just discussing, this is a relevant conversation for this moment in time, but also, unfortunately for many months to come. So I'm really looking forward to this conversation. And before we get into it, I would love it if you could just take a few minutes and tell us a little bit more about, you know, your work in the world, and maybe what your big picture "why" is for the work that you do?

Aliza: Well, my big picture, why is an easier one to answer, which is just that when I fell in love with developmental psychology, and just thinking about how human beings develop over time, I wondered why so much of the research is just not part of our everyday knowledge base, just how helpful it can be, to have information about developing humans to does help us be parents and caregivers, and teachers. And it seemed like the conversation is typically surrounding what's wrong with kids, or what's wrong with parents, and nobody stepping in or participating in the conversations about what's going right, or how to support families where they are. And that was kind of my hope. So that was where I and I also got pregnant with my first child after I'd already been in graduate school for a bit of time. And so I also found it really fascinating how much information or misinformation is out there from just well meaning advice givers and from family to playgrounds, whatever. And I just thought it would be really nice to be able to help families sort through what is evidence based, and what's just someone's opinion, which is not less valuable, because some people want an opinion from someone they trust and feel like is almost like a mentor, parent or caregiver. And that's totally fine. Just sometimes it can be couched in this is the only right way and I wanted to be available to open up that discussion as well.

Debbie: Very cool. And so tell us a little bit about the harder part of that question, then the day to day work that you do.

Aliza: So because I'm a developmental psychologist, which is kind of a really bizarre little branch of the field of psychology. My role is much more education, and research. So part of my job is I have a private practice, where I have mom groups and parent groups, and private sessions with parents like anything that you know, might come up to support either parents or caregivers journey in an event or diagnosis or an experience or it's just they're like, I can't get my kid to sleep. And I'm really tired. So it's a range of things. And sometimes it's about a community of support. So I have groups that start when the caregivers have babies, and they go all the way until I think my oldest group has seventh or eighth graders. And they just kind of stay together and meet monthly. And it's really incredible. And they don't need... a lot of them have grown out of having me there. And I often sit back and I hear them answering their own questions, and I feel so joyful. It's really awesome. And then I'm the co-founding director of

the Mount Sinai Parenting Center, and that is at Mount Sinai in New York. But our mission is really to make sure that in the healthcare setting that has access to so many families, no matter what their socio economic statuses, no matter what is happening for them. physicians in hospitals and nurses and social workers typically are going to see, you know, 99% of births are in the hospital. So there's just such an audience there. And so we founded the parenting center, really to make sure that all of the child development stuff that wasn't related to physical health, or at least didn't seem related, didn't seem directly related. The social emotional cognitive stuff was also part of the physician and health care provider training to be able to support families who don't have the luxury of like a mom group or to go to their parenting expert. And we created programs that are just as luck would have it all online. So they're available, no matter what the world, what's going on in the world. And so we are a resident training for their behavior and development rotation. And that's it 122 resident programs at hospitals across the country and just different kinds of programs in waiting rooms and areas in healthcare settings where parents have time, because they're reading a lot. And they are hopefully getting more support from it. So I teach the physicians as well. And what else do I do? Yeah, that's it. And I have a podcast. That's my fun side project of sharing all of this stuff in a, you know, a little bit less personal setting. But I have so many wonderful colleagues that I wanted to highlight.

Debbie: That's awesome. I love the concept behind the parenting center, too. I mean, that feels like there's just such a need there. For Yeah, for physicians to better understand the whole child, I was recently asked to speak at Grand Rounds for a group of medical students in Michigan, because they wanted to just better understand differently wired kids. And I was so excited to get that opportunity. Because having that deeper understanding that goes, as you said, beyond the physical, or the medical pieces critical.

Aliza: It is and, you know, I was so shocked. Because when I first started teaching, I was just told to teach the behavior and development rotation. And I said, What's the curriculum, and they were like, whatever you want. And I, I couldn't believe just because I, my training is in developmental psych. And so I didn't have exposure to the medical field. And I was so confused, because I just assumed that everything you learn about children would be part of the training for physicians. And I was so surprised that it's not, and it's not part of medical school at all. And so the residents really are. And many of them don't have kids, so they don't even call on their own experiences. They're just kind of winging it, which is so unfair to them. And I felt this like, I was just thinking, but wait, there isn't anything you have to know when you're, you know, things to look for, or any messaging for parents or families. And it was just so surprising. So that's why it is wonderful even that you got to do a grand rounds for med students just because sometimes it's such a siloed field, the field of children in general. And so for families who are, either they're in between getting a diagnosis, or even knowing that there could be something going on, or their new parents and they need support, the physician doesn't have that support either. So it's very hard to communicate. And so it has been a really eye opening, incredible experience. And the physicians really want to know, they're so curious and fascinated to they just, it's just not part of their training. So there's a lot of handing off. And it can't feel good for a

parent to feel like if you ask a question to your pediatrician, there's a handing off to another expert like that almost feels like that's so daunting.

Debbie: Yeah. And so I could go off on a whole other tangent, just about the same with educators, right? Teachers often are not trained in the nuances of the kids that they spend every day with, but we'll shelve that for another conversation.

Aliza: It is very analogous, I have the same feelings about that.

Debbie: Yes. But today, we want to talk about trauma. And on the flip side of that resilience, and I would love it if we could start, even with a definition of what trauma is, I think this is something we're all hearing more about. And you know, I certainly have read articles about what's happening as a result of this pandemic, and these unusual circumstances for kids, and many of them are experiencing trauma. I'm not sure I know exactly what that means. Can you put it into context for us?

Aliza: Yeah. And actually, I'm glad you asked in that way, because I think something is happening where everyone's calling the pandemic, a trauma for all children, like a trauma experience. And it's actually trauma refers to, you know, a violent or dangerous or threatening event that happens to a kid that can be chronic, or, you know, like a short term thing like a wildfire could be a trauma. we're witnessing domestic abuse could be a trauma, or you know, how your body responds to it is also partly how it defines because if your nervous system goes into a stress response, you know, when it's a heightened stress response that doesn't go back to stable then your body thinks you're experiencing a trauma, you know, and it throws you into that fight, flight or freeze mode, and just very scared response and kids who experience trauma, for the most part, 90% of them after six months to a year are going to be okay with loving support. And then there's a smaller percentage, which is a massive number, when you're talking about a global trauma, that that won't do okay, or need extra support. But what I find interesting is right now people are talking about the pandemic, as if it is a given that it's a trauma, and it's a trauma for some people, and it's absolutely not a trauma for others. And I think when we position it as a trauma, it actually heightens parental stress. Because when you read about trauma, the part of it that is scary when you think about kids is if they're in a state of chronic stress, where they don't get that where their their body doesn't release to all of the stress response and go back to a state of regulation, it can cause a lot of long term problems, like we know that kids who experience multiple traumas in childhood, have health problems, deep into adulthood, from diabetes, to heart disease, to mental health problems. But those are kind of cumulative traumas. The thing that is scary for parents is hearing that this pandemic is a trauma for all kids, and then having them think, Oh, my God, my kid is going to, you know, have this challenge that's going to make it good, they're more likely to experience all these negative effects. And that's only going to be true for some kids. Because it depends on the circumstances that you're in. For some kids, this is just an inconvenience. It's difficult. It's hard, but it's not an acute trauma.

Debbie: Yeah, first of all, that feels good to hear that. Because I think you're right, we tend to just accept the word on the street, that this is what's happening. And I have heard from a number of families within the community who have differently wired parents, that their kids are actually doing really well. Because, you know, in some cases, school has been a trauma for them or bullying or, you know, being a social outcast and things like that. And so they are much more relaxed, actually in a remote learning environment. And so if our child is one of those kids who is having more of a trauma response to this, what would that look like? So I've been reading more and more about the increasing number of kids who are being hospitalized, rises in suicidal ideation, rises in anxiety and depression. Are those symptoms of a traumatic response?

Aliza: Yeah, so those can be symptoms of a traumatic response. And it and certainly if kids are already experiencing difficulties, so you know, they're already depressed or anxious, or they have a learning difference that makes online learning really complicated for them. And parents or caregivers are also experiencing either because of, in part because of that, or in part because of their own lack of social support, heightened stress, all of these things combined can make a kid more vulnerable to having a chronic stress response to what's happening right now. And you can see so one of the things that is so hard to say out loud, because it sounds like it's imposing it on parents, and I definitely don't want that. But part of it is regulating parents having parents really focus on taking care of themselves so that they can regulate themselves. So that one thing that supports kids we know and when they feel threatened when they have like what's called either tolerable or toxic stress is that they can come out of it much better, and in fact, thrive as long as they have the loving support of this other caregiver, one, one adult caregiver. And so that whole put your oxygen mask on first is not some luxury, it's the most important thing a parent can do is make sure that they're regulated and figuring out how to get through this time as best they can. So that they can be available to support kids who are going through heightened stress. And so I don't say it to put pressure on parents, I say it to give permission to parents to take care of themselves.

Debbie: Yeah, and I love that you're using the word regulating ourselves. Because I, I always use that in regards to kids, right emotional regulation, regulation, but for parents, that is just as important and I and I liked turning it back on ourselves. I'm certainly a, my listeners know this, I am 150% in on the self care and have been preaching that for months and months and months. But as you said, it's not a luxury and, and it's something we really have to commit to proactively doing on a daily basis because things can change so much from day to day.

Aliza: Right. And, and if you think about it, if they're changing so much from day to day for us, how much it feels even bigger for kids, because no matter what your kid's brain is like, or what your child's temperament is, like, they have an easier time co regulating, when they have stability, and predictability. And we have such uncertainty right now. It's just a recipe for everybody to be a mess, but not traumatized. And I think that's the difference. Mess is not a clinical word. But, you know, it's it is dysregulated to have all these challenges. And I think resilience, we also misinterpret a little bit because resilience is really about it's

not a personal attribute. So there's all these accolades to someone who's really hard and comes out the other side. And we call them resilient. And it's about their personal attributes. And unfortunately, the flip side of that, there's a little bit of a blame if a kid isn't doing well in a stress situation, because it's a process that encompasses positive adaptation in the context of adversity, and setbacks and trauma and tragedy and any significant source of stress, like a pandemic, but it's a process. And when you make it about a personal attribute, it is a little bit blamey. You know, and it doesn't take into account that there are a number of protective factors that go into that process. And some of them are personal attributes. So some of them are self regulation skills, some of them are about problem solving skills and motivation and a sense of autonomy, a sense of purpose. Some of them are about having a caregiver that is steady and available. Some are about having close relationships, and so you know, a social network and support. And some are about effective schools and well functioning communities. And that is not in the control of an individual child. So to attribute the resilience to an individual, that there are some individuals that are set up to be more resilient than others, like society.

Debbie: Yeah, that's really helpful. Because I you know, I think especially for differently wired kids, there are books about this, you know, these kids are intense they many of them are, you know, grumblers their glass half empty folks, not all of them, of course, but you know, many of them are wired to have like heightened negative self talk, or just, this isn't kind of their default, I would say, and the way you just described that also, you know, so much of this is the executive function capacity they have and, and I think you're right, I think we often do feel like, this is a lottery right that our kids have, have missed out on this, the resilience factor, The X Factor, that that seems to be the key to fulfillment as an adult, but there are so many pieces to it. So what can we as parents do besides making ourselves available and showing up for our kids? How can we support them so that, you know, resilience is a process that they can engage in as we shift through this and hopefully soon move out of the pandemic?

Aliza: That is the big question. And well, first, I'll tell you, one of my mentors, Sunita Luthor, she always says, decades of research, if you want to boil resilience down in decades of research out there, resilience rests on relationship. So that being there for your kids and letting them know that you're available, is not insignificant, it can make the difference between a kid who is going to be okay, and a kid who can't do it, who's just not going to come out. Okay. So it's really important. And then I think parents can also work on building the same set of tools that a lot of your listeners are probably already working on, like you said, Those executive function skills, those skills that are housed in there, like self regulation, and problem solving, and helping support autonomy in kids helping give them purpose, and helping support motivation and mindset. Those things are definitely teachable skills. They're just more challenging for some. In some ways, I do really feel like parents who've been hard at work all along, helping kids with their executive function skills are at an advantage, because they already know how important it is to be consistent and persistent about building those muscles. And they already kind of buy into the idea that these are muscles you can build. So it's just a matter of sticking with it through this very

challenging time. When it's even more. It's like more important, but harder to do. Yeah. So, I mean, there are two things I did want to mention that sometimes, and maybe that you just had this conversation so much, but I think it's worth when people are thinking about how bad is this for kids, or is this trauma, thinking about, there's positive stress, tolerable stress and toxic stress. And what we find is to make sure kids don't experience toxic stress, because that's the stress that's chronic, and you never come back down from it. And we know that chronic stress, as we talked about earlier, can lead to so many different health outcomes and poor health outcomes. But we also know that the knowledge that you have that stable relationship, and that there's, you know, you've got that one person can move things that feel like chronic stress into more tolerable stress, because we can get through it because we know that we've got this support system. And then positive stress is the thing that, again, I think your listeners know, more, and have experienced more than others, which is that there's going to be wear and tear as part of our day to day experiences, people. And if you never experienced that, it's bad for kids. And I rarely say things are just bad. But if kids don't know what it's like to experience distress at all, then they're in a very terrifying position to be out in the world. So that sort of a separate thing. And then the other thing is working on those executive function skills. And you can do that in so many different ways, whether it's playing board games, or making schedules or taking, you know, doing visual planning, or sitting down and mapping out the week, or playing Simon Says, there's so many different parts of executive function skills that you can exercise. You know, when you practice impulse control, through musical chairs, you're self regulating, it's just that you're going against what your body naturally wants to do, right.

Debbie: Well, I really, I appreciate the emphasis on relationships. That is something also I've been really trying to encourage people to focus on, you know, as we think about our kids mental and emotional well being as being the foundation for what we need right now. And I love that. And just to be clear, it's not just the relationship that we as parents and caregivers have with their kids, but it could be an aunt, or you know, a close friend, it could be just making sure that they have connectedness with other people who really see them, right.

Aliza: That's exactly right. Connection builds connection, bringing connection, human connection builds brain connections, animal connections, build brain connections, and just knowing that someone's got you goes a long way. So parents don't say the right thing. It's not like if your child comes to you with a problem, the healthy positive relationship is the one where the parent always has the answer. It's that your kid knows they can come to you, and you'll sit next to them while they cry. Or you'll say, Can I get you a glass of water, is there, you know, like, that, you're not gonna that your child just knows, you're there for the happy for the sad for the angry for the whole gamut of feelings, and you're not going anywhere. And it doesn't mean that you'll be able to solve it, you're not going to be able to take away how hard this is for so many kids. Because it's impossible to. So it's the difference between knowing that when you're going through something, you're not alone, if that's all it is, it's not as big of an ask as it feels like. And it's not as much pressure on parents to get it right. Because just your physical presence. And sometimes by the way, as you know, somebody

might not want you next to them or touching them, but it's that you're there. It's just sometimes you have to be more of a cat than a you know, a puppy. And so I think that that is so much more powerful. As kids get older, then we realize, and then I think separately, promoting autonomy is super important. And it's, again, a little bit more challenging when your child needs more support to get from, you know, A to B to C to D. But everybody can have more autonomy within the context of what they're capable of.

Debbie: Yeah, that's great. I love that. It's something I've been thinking about that exact thing, too. I know that there are a lot of parents who were ramping up the expectations of their child working on those independent skills and autonomy, maybe doing laundry or whatever it is. And our kids may need more support because they're less motivated. And it's kind of like a fine tightrope. I think that we're constantly walking along. And but those I agree, like that sense of autonomy, and that sense of having some control over some aspect of your life, we know is so important for kids to have, especially at a time now, when none of us feel like we have a lot of control.

Aliza: Oh, yes. It's such a good way. Like, we don't have any, it's so hard for us, because it feels like there's so little that you can hold onto. I mean, my kids were asking me, one of my daughters is having a birthday in 10 days. And I said to her, what do you want to eat? I can't think of anything I can provide other than the meal that she's probably looking forward to. Because she can't see anybody. Right? We have school that day. So there's not even much we can do during the day when we're on lockdown. So I said, well, you can pick what you're eating and what you're wearing. And I said, Maybe we should do like, this year should be an acknowledgment, we're going to do half birthdays. So we can do June and do a real celebration. And she said to me, wait, you don't know that we're going to be done with this in June.

Debbie: She's a realist.

Aliza: And I said to her last June, because we actually do do half birthdays in our house anyway, because I'm a little bit like, up for any excuse to do anything weird. My mom did it. She was a teacher. And she was like, give, you know, half a cupcake and half of everything. And she thought that was so fun. And then no matter how corny, I thought it was here I am all these years later doing the same thing. But she said, You told me in June, you know, by the time we get to your birthday, we'll be able to have an actual birthday party. Anyway. She was like, Well, why don't you? Why don't you stop predicting? Um, though, I think we really have no sense of anything that we have clarity and control over except ourselves. And finding those moments for our kids to decide even what they you know, like picking something they can have control over is so powerful for them.

Debbie: For sure. So, well, this has to do kind of with what you were saying about predicting. I'm not going to ask you for your predictions. But certainly I feel like, you know, there's much more conversation surrounding that this is going to end you know, we know that there are vaccinations that are going to be rolled out hopefully soon. And people are starting to think at a certain point, maybe the

next six 912 months, we're going to be resuming some semblance of normalcy. And I think initially, I thought that, you know, once things go back to quote unquote, normal, then we'll just bounce back and I just realized, That is ridiculous that I'm thinking that and I'm just wondering if you have a sense of what we might expect to see in our kids. As we kind of return I imagine there's going to be like a recovery period or an expanded transition, that is going to be tricky.

Aliza: Yeah. I mean, I think it's going to be a new separation, new experiences of remembering that you're capable of doing certain things that you couldn't do before. And for those kids who've really lost social interactions in a way that they needed them to practice their social interactions, they're going to have some, there's going to be wear and tear. I think talking to kids, to the extent that you can about what challenges lie ahead and what parts of the pandemic life they want to claim is nice because it gives you a little bit of a realistic appraisal of things because we know that realistic appraisals of things is another characteristic of resilience. But it gives you also a positive something to think, well, what can I hold on to that I really liked about our schedule or life during this time. And what do I do? What am I so excited to go back for? And then just helping set expectations for kids who might not remember, I mean, their lives or this was a long chunk of their lives. So they might not remember what it was like to have a school day, or what it was like to have you leave for work, or just certain things that might cause them dysregulation. And so letting them know that, okay, this is going to be, you know, we're all going to be getting used to it, and it's going to feel a little uncomfortable. And that's okay. Because one thing that we all feel uncomfortable with is our kids' discomfort. But the message when you feel uncomfortable when your child is dysregulated, is that there's nothing wrong with it, and there's nothing wrong with it, we're all going to go through that. So just letting them know that we have certain things that might be a little extra challenging, and that it's okay, that they might be feeling different feelings. And I think sharing with them that they might have mixed feelings, and teaching kids what mixed feelings are, you know, you can have two very, seemingly opposite feelings and have things for both of those. And recognizing as part of self regulation, and this is a little, I think it's stolen probably originally from Buddhism. But I like to think of it scientifically, which is that, you know, when things are totally certain, there are no possibilities. But when things are uncertain, yes, it's scary. And yes, it's going to be very different than what we may have expected. And the real going out into whatever the new normal is, might be uncertain and scary. But it also opens up possibilities. And there's a lot of positive in possibilities. So just reframing not to dishonor the fact that kids might be anxious about the uncertainty, but just to also mention the possibility that there's just a wide open space of what's it going to be like. And I think that we know, again, going back to resilience that kids who can hunt for the good stuff, especially kids that we know, need extra training, and that because they typically bend more pessimistic to find those that habit of Well, let's still search for three possibilities in this uncertainty, that would be a good thing, doesn't mean they're going to happen. But they open the past. It's like, that's a possibility. And it's a really important way to reframe while still saying like, this other stuff is gonna suck. And that's totally fine too. Like, you can have both. You

can have hope, and a desire and confidence that there's a potential for good stuff, and also be really bummed out about all the hard stuff. Mm hmm.

Debbie: It's great. Well, this has been really insightful and has left me feeling a little more prepared and maybe even a little more optimistic. So thank you for that. I hope that my listeners have the same reaction. I'm sure that they will. And would you just take a minute to tell listeners where they can check out your podcast and connect with you on social media and anywhere else you want them to?

Aliza: Sure. And thank you so much. Because sometimes talking through this stuff, is just yeah, it's a reminder that we have to talk about this stuff, because we're all sitting here going, what is going to happen? I am on anywhere where you get podcasts at Raising Good humans Podcast, and then I'm on Instagram on @Raisinggoodhumanspodcast. And you can just DM me there for questions and I will try to respond as much as I can.

Debbie: Awesome. So thank you so much for joining us today at least again, super insightful, interesting conversation and it was great to have you on the show.

RESOURCES MENTIONED:

- [Aliza's Raising Good Humans Podcast](#)
- [Aliza on Instagram](#)
- [Mount Sinai Parenting Center](#)
- [SeedingsGroup](#)