Helping Parents Connect With Their Children During COVID-19

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Objectives

- Define anxiety and review common reactions
- Review evidence base for trauma-informed care
- Learn evidence-based strategies for supporting family functioning during current COVID-19 outbreak
Stress and Anxiety Defined

- **Anxiety**: emotion characterized by thought of worry, feelings of tension, and physical changes, such as sweating or increased respiration
- Anxiety is a **signal** (just like all other emotions)
- What’s helpful/unhelpful?
- What creates anxiety? For most, it’s the unknown, what ifs, what’s happening next
- Traumatic situations do not guarantee trauma responses
- Surfing the wave analogy

Common reactions in toddlers

- Fear of being alone
- Night-waking, sleep-onset association
- Regression in toileting, constipation
- Change in appetite
- Increased tantrums
- Increased clinging
Common reactions in elementary-age children

- Irritability, increased whining
- Increased aggressive behavior
- Clinging to parent/caretaker,
- Nightmares/sleep disturbance
- Change in appetite
- Physical symptoms, such as headaches/stomachaches
- Withdrawal or loss of interest
- Competition for parent/caretaker attention
- Forgetfulness (home/school activities)

Common reactions in adolescents

- “This is not that big of a deal.”
- “Are we going to be okay? Is grandma going to be okay?”
- Irritability with following social distancing rules
- Boredom, isolation, agitation
- Interest to isolate
Key ingredients related to healthy child/adolescent functioning

- Support and involvement of parents/caregivers (Dishion et al., 2008; Gardner et al., 2007; Howell et al., 2016)
  - Monitoring/supervision, consistency, structure, positive reinforcement, "status-quo"
- Strong emotion regulation, distress tolerance, and interpersonal skills (MacPherson, Cheavons & Fristad, 2013)
- Parental/caregiver mindfulness and awareness of own emotions (Gouveia, Carona, Canavarro & Moreira, 2016; Parent, McKee, Rough, & Forehand, 2016)
  - Modeling and responses
- Coordination between home and school to support positive behaviors across contexts (Knopf & Swick, 2008; Sui-Chu & Willms, 1996)
- School attendance and engagement (Spengler, Damian & Roberts, 2018)

Trauma-Informed Care

- Best research evidence is rooted in cognitive-behavioral theory (Cohen & Mannarino, 2008; Gillies et al., 2013; Marsac et al., 2016)
- Trauma-informed care highlights facets within these evidence-based treatments
  - Safe environments (structure, consistency, expectancy)
  - Healthy relationships (modeling, experiential)
  - Psychoeducation and modeling
  - Coping skills
  - Choice when available
  - Healthy activities (behavioral activation)
**Home? Parenting? Capacity??**

- Tailor recommendations and support to meet needs of your children and their families
  - Work collaboratively
  - Specific versus vague
  - Considering foundation
  - Setting families up for success
- Comfort associated with “home” varies for everyone
- Parenting strategies and presence of instructional control varies

**Supporting Adjustment in Primary Care**

- Using our relationship with our patients and their families
- Acknowledge the healthy responses parents are already giving
- Use principles of motivational interviewing and behavioral activation
- Match recommendations with motivation/capacity of families
Strategies we can give parents

- Healthy communication
  - Remain calm/neutral
  - Be available, validate emotions, invite conversation
  - Delivery of honest and accurate details (developmentally appropriate)

- Increase Engagement
  - Parent-child interactions
  - Monitor television/social media

- Routine/Consistency
  - Stick to routine, explain changes
  - Focus on how family is staying safe
  - Practice self-care (parent adjustment = key!)

Healthy Communication

- Assess what children already know, let child lead conversation
- Validate emotions
- Be honest

Developmentally Appropriate Info:

- Preschool and Early Elementary
  - Brief, simply information, such as “adults are working really hard to keep you safe”

- Upper Elementary and Early Middle School
  - Separate rumors from facts
  - Discuss efforts in place to prevent spreading of germs

- Middle School and High School
  - Ask directly what they have interpreted through friends, media, and reactions of others
  - Discuss their thoughts of degree of severity and need for safety
Increase Engagement

- Ratio of positive to negative interactions
- Time together
- Quality of statements
- Attention with purpose
- Tolerances in home
- Maintaining expectations (with flexibility)
- Mindful modeling
- Monitor media

Consistency and Routines

- Finding balance for whole family
- Temporary routine is better than no routine
- Give choice when possible
- Explain changes ahead of time
- Focus on how family is staying safe
**Consistency and Routines**

**Evening Routine**
1. Dinner
2. Wash 2 dishes
3. rush teeth
4. Bath (if odd day – ask Mom if you don’t know)
5. Put on PJs
6. Lay school clothes on dresser
7. Pick a book
8. Read with Mom
9. Go to bed

**Afternoon Routine**
1. Put backpack on hook
2. Hang coat on hook
3. Wash hands
4. Have snack
5. Do homework
6. Play with Mom or friends
7. Put laptop in bag
8. Wash hands
9. Have snack
10. Pick activity
11. Do homework
12. Play with Mom or brother

**Morning Routine**
1. Put on Clothes
2. Put on Shoes
3. Go Downstairs
4. Eat Breakfast

**Bedtime**
Earn 15 min of toys, TV, iPad, or quiet time

**Temporary routine > No routine**

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Strategies we can give adolescents

- Social DISTANCING versus social ISOLATION
- Routine – create one!
- Taking care of self: hygiene, eating, exercising
- We can ask:
  - What activities have you previously done that you would want to get back into? What’s a small step in that direction? What could you do now to get ready for that?
  - What are some things you would want to learn more about? How might you take steps to learn about how that works?
  - How could you take care of yourself when you’re missing the people you care about or when you’re worried about what’s going to happen next?

Summary

- Children and adolescents are resilient
- Common reactions in children and adolescents vary
- We have a unique opportunity to connect with families
- We can encourage parents to:
  - Be available and speak honestly
  - Engage with their children, maintain expectations
  - Develop consistency in “new” routines
- We can encourage all families to practice self-care (including ourselves too!)
Resources for Parents

- https://challengingbehavior.cbcs.usf.edu/emergency/index.html
- https://www.zerotothree.org/resources/3264-at-home-activity-guide
- https://alliedhealth.lsuhsc.edu/clinics/docs/CarolineConquersherCoronoaFears31820.pdf

Resources for Healthcare Staff

References


