



ADVANCING INTEGRATED HEALTHCARE

Learning Session #2: Impact of COVID on children's social-emotional development

April 19, 2022

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**This program is brought to you through the
Medicaid Pediatric Healthcare Recovery Program and
funded through American Rescue Plan Act Funds for RI**

Agenda

<i>Topic</i>	<i>Duration</i>
Welcome, Learning Objectives, Pedi PRN	5 minutes
Understanding social-emotional (SE) development	20 minutes
Impact of COVID-19 pandemic on SE development	20 minutes
Supporting caregivers in supporting healthy SE development in context of COVID-19 pandemic	20 minutes
Cases/Examples <i>Group</i>	15 minutes

CTC-RI Conflict of Interest Statement

Session presenters have no financial relationships with a commercial entity producing healthcare-related products used on or by patients.

If CME credits are offered, all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.

Learning Objectives

- Describe the primary tasks and goals of children's social-emotional development
- Understand the kinds of developmental tasks that have been impacted by the pandemic across children of different ages
- Develop strategies to help parents mitigate the effects of the pandemic on their children's development



Rhode Island's **PSYCHIATRY RESOURCE NETWORKS** for Providers

Are you a Rhode Island healthcare provider treating pregnant, postpartum, or pediatric patients?

Do you ever need to consult with a psychiatrist about your patients' mental health and/or substance use?

Rhode Island offers statewide real-time clinical teleconsultation and referral services for you.

What can I use the Psychiatry Resource Networks for?

When you call one of the PRNs, you can speak with specialized behavioral health experts from Women & Infants Hospital and Bradley Hospital for guidance on:

- Diagnosis
- Treatment Planning
- Medication Safety
- Resource and Referral Support
- Provider Trainings

NOTE: These networks do not provide direct treatment or prescribe medication; they are not crisis or a patient-facing phone lines.



Serving providers treating pregnant and postpartum patients in partnership with Women & Infants Hospital

Call: 401-430-2800
Monday-Friday 8:00 am – 4:00 pm



Serving providers treating children and adolescents in partnership with Bradley Hospital

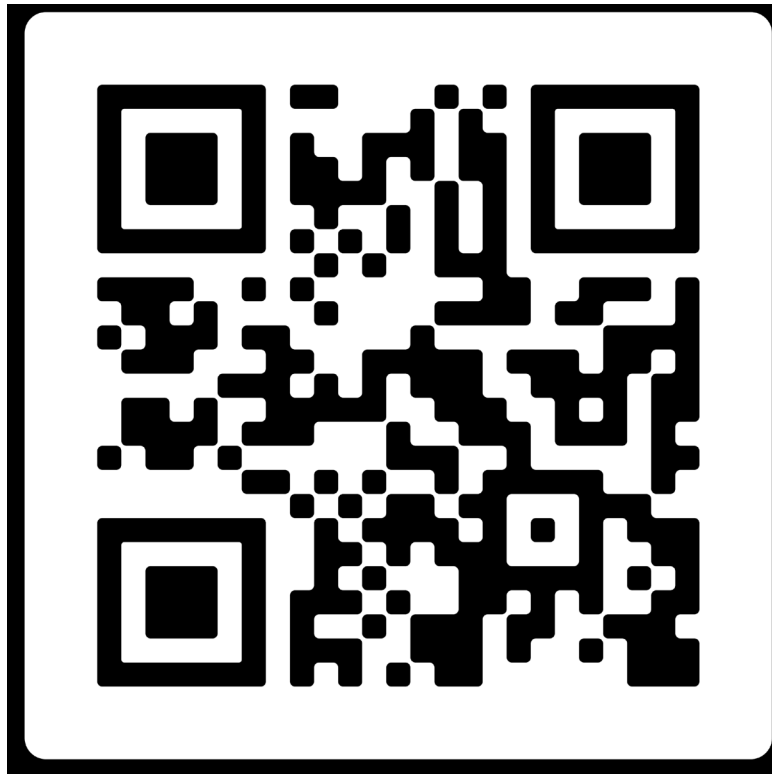
Call: 401-432-1543
Monday-Friday 8:30 am – 5:00 pm



Bradley Hospital
Lifespan. Delivering health with care.

PediPRN Enrollment/Access to Newsletter

Enrollment



Newsletter



What do we mean by social-emotional dev't?

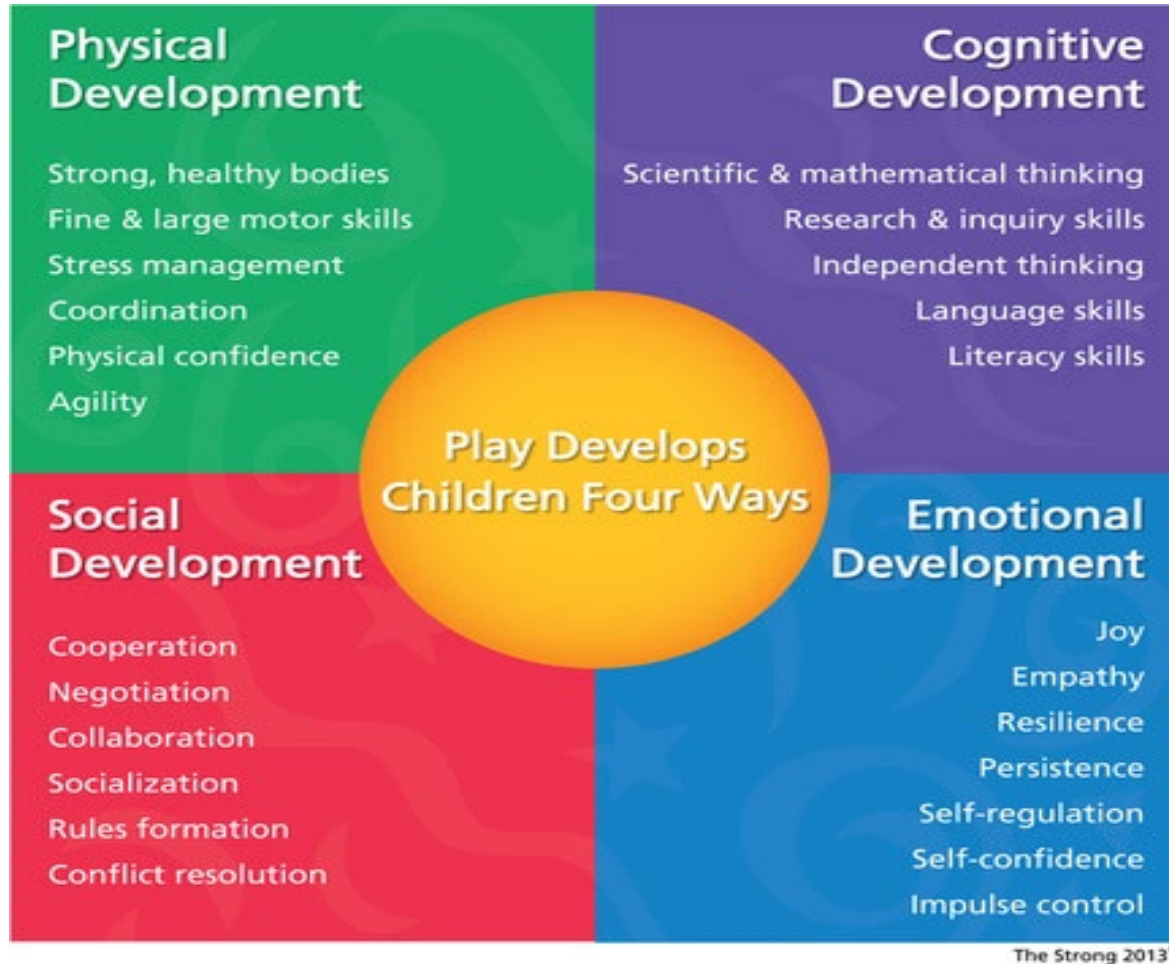
SE Development

- Learning to understand, express, regulate emotions
- Learning to develop social skills and healthy relationships

How is this achieved?

- Consistency
 - Routines
 - Caregiver responses/expectations
- Exposure/experience with peers
 - Positive and negative
- Positive adult relationships
 - Response to distress
 - Positive discipline/teaching
 - Security

All areas of development are connected...



- Physical exploration is connected to cognitive development
 - E.g. Problem solving, understanding physical properties of the world
- Language development is connected to emotional development
 - E.g. Developing emotion vocabulary
- Cognitive development is connected to social development
 - E.g. Being able to consider an alternative perspective

Challenges *everyone* faced during the pandemic

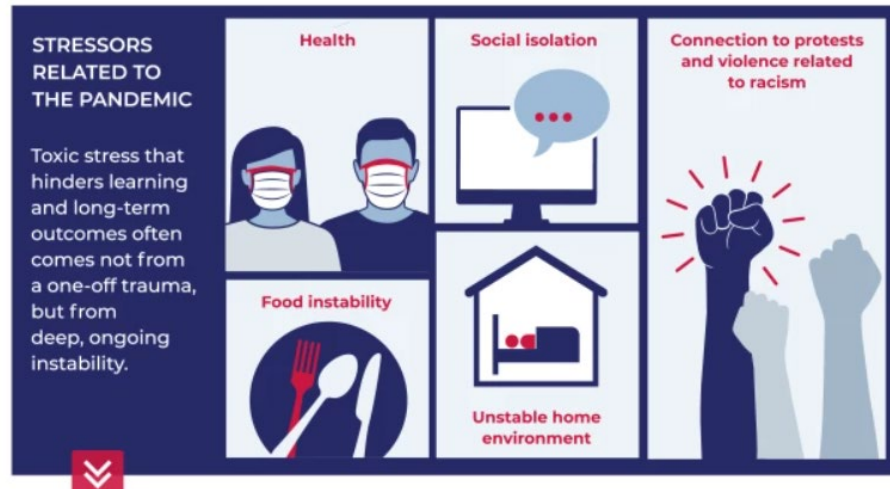
- Disrupted routines
- Separation/isolation
- Missed important events
- Increased anxiety/insecurity
- Unmet medical needs
- Reliance on technology, increased “screen time” for all kids

Additional stressors that *some* families faced

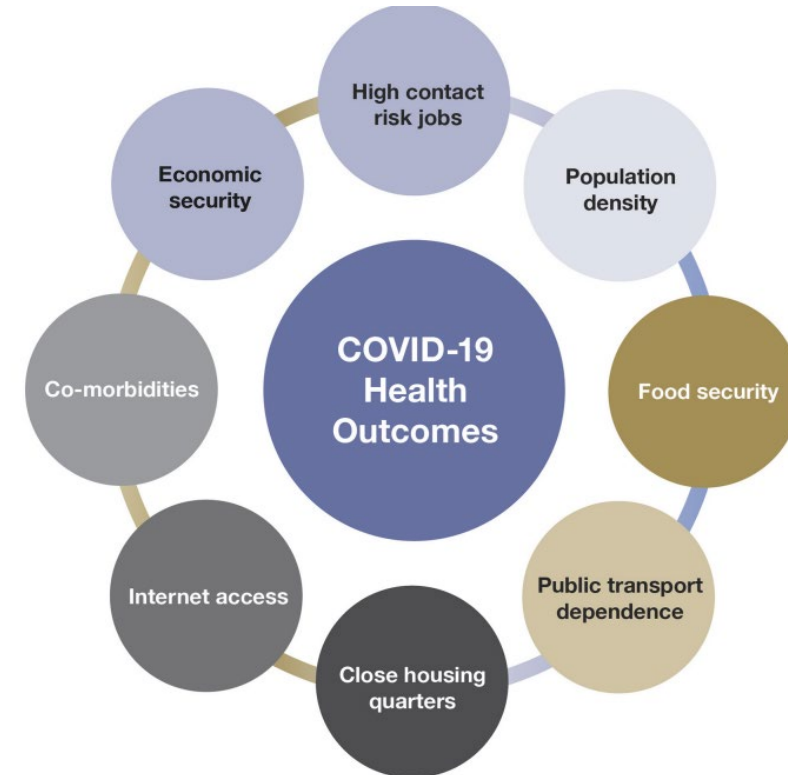
- Family member/loved one sick with COVID
- Long COVID
- Family member/loved one died of COVID
- Critical unmet medical needs
- Financial strain/job loss/eviction
- Food insecurity
- Child abuse/neglect
- Substance use

Toxic Stress

Sources of Traumatic Stress



Equity



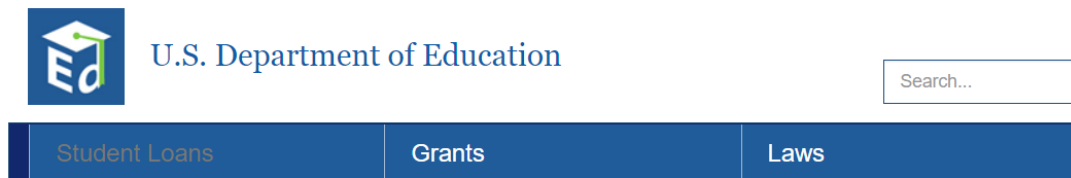
Let's not forget the positives!

- More time with family, less time/stress commuting
- Educational (and work) innovations using technology
- Families had to be resourceful, resilient, and figure out how to cope

Any/all of these could have a positive impact on children's development

Society has to help kids heal, not just parents

School Response



U.S. Department of Education Releases New Resource on Supporting Child and Student Social, Emotional, Behavioral and Mental Health during COVID-19 Era

OCTOBER 19, 2021

Mental health Response



Written Testimony
of
Arthur C. Evans, Jr., PhD
Chief Executive Officer
American Psychological Association

Putting Kids First: Addressing COVID-19's Impacts on Children

Before the U.S. House of Representatives
House Committee on Energy and Committee
Subcommittee on Oversight and Investigations

September 22, 2021

School Response

Key evidence-based practices that maximize students' social, emotional, and academic benefits include:

- Creating a framework for meeting students' social, emotional, and academic needs;
- Building strong and trusting relationships among students, families, and educators;
- Establishing safe, positive, and stable environments;
- Explicitly teaching critical **social, emotional, and academic skills**;
- Actively engaging students in meaningful and culturally and linguistically relevant learning experiences rooted in high academic expectations for all students;
- Providing supportive and specific feedback to encourage skill growth across all domains;
- Providing access to support from school counselors, psychologists, and trusted staff members; and
- Establishing building-level wellness teams to address the SEL needs of both students and staff.

<https://www.ed.gov/news/press-releases/us-department-education-releases-new-resource-supporting-child-and-student-social-emotional-behavioral-and-mental-health-during-covid-19-era>

School Response

To support students' social and emotional learning as schools reopen, educators are encouraged to:

- Measure social and emotional well-being through the use of engagement surveys;
- Provide time for regular check-ins with students and families;
- Implement [restorative circles](#) or “mindful moments” that provide students with space to self-regulate emotions;
- Establish morning or closing meetings, or other rituals within each school day; and
- Provide opportunities for student voice to be represented in classroom or school decision-making.

To help remove the stigma and ensure students can access mental health programs when they are available, the American Psychological Association recommends school leaders and educators:

- Share educational resources with staff and students that provide a better sense of what mental health means;
- Talk about mental health and allow students the opportunity to speak openly about life, school, the future, and anxiety; and
- Let students know they are not alone and that others are going through similar situations and provide them the time needed to heal.

Mental Health Response



<https://www.apa.org/news/press/releases/2021/09/covid-19-children-testimony.pdf>

Special populations – different challenges

➤ Children with Neurodevelopmental Challenges

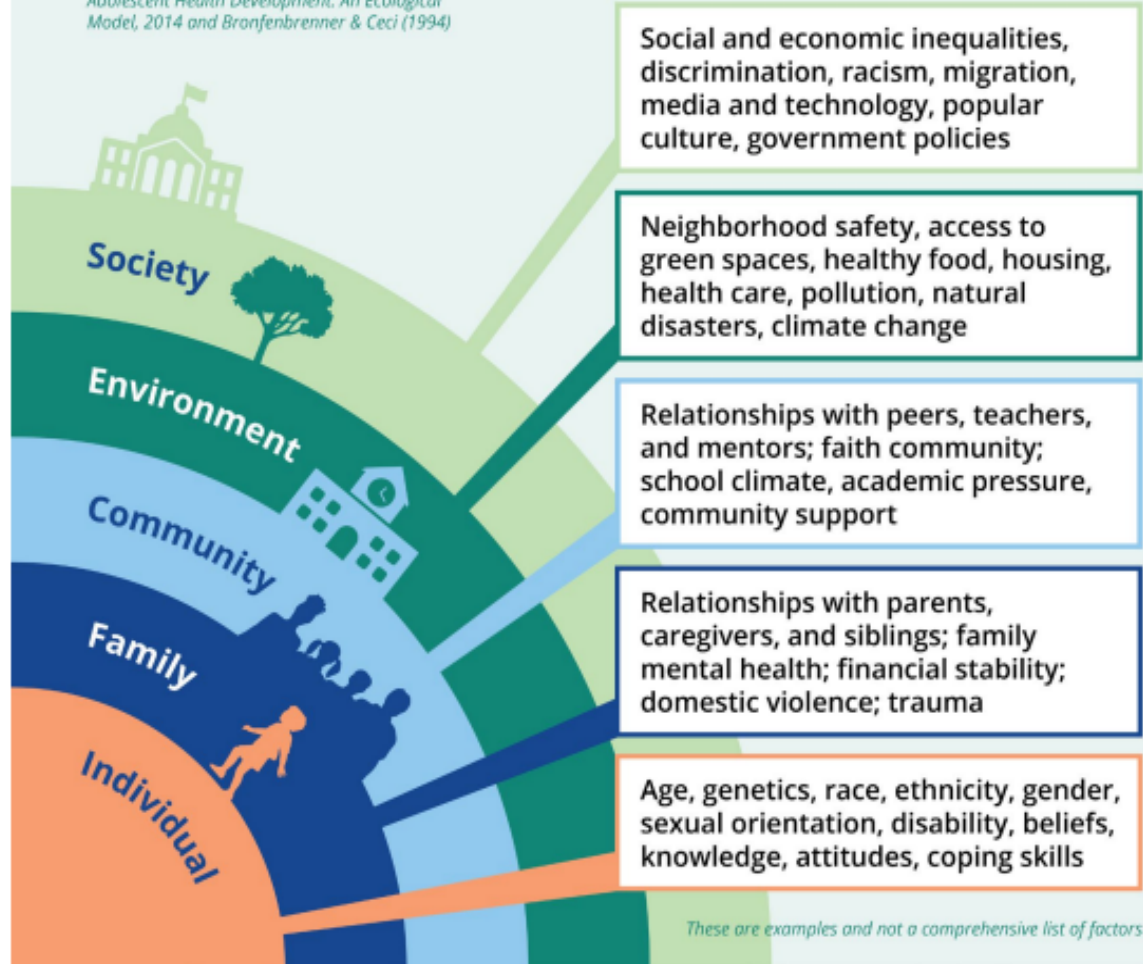
- Learning Difficulties
- ADHD
- Autism

➤ Children with anxiety

- Generalized anxiety
- Social anxiety

FACTORS THAT CAN SHAPE THE MENTAL HEALTH OF YOUNG PEOPLE

Source: Adapted from WHO's Determinants of Adolescent Health Development: An Ecological Model, 2014 and Bronfenbrenner & Ceci (1994)



Impact of COVID on MH of kids

- vs. impact on development more globally
- Risk Factors and Protective Factors influence MH impact, e.g.:
 - Pre-existing BH concerns (risk factor)
 - Quality of friendships/support (protective factor)

Picture From: Protecting Youth Mental Health: The U.S. Surgeon General's Advisory
<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

Primary SE developmental tasks for preschoolers:

- Self-soothing, increasing self-regulation
- Sharing
- Following directions, paying attention
- Developing (emotion) language
- Exploring/curiosity/play



Primary SE developmental tasks for 6-12 y.o

• Early Middle Childhood

- Increase independence from caregivers
- More future oriented
- Increased understanding of roles
- Increased focus on friendships
- Development of teamwork/team-orientation
- Desires to be liked and accepted by friends/peers.



• Later Middle Childhood

- Increased focus on peer relationships,
 - deeper relationships (best friend),
 - identity development related to friendships,
 - same gender friendships
- Peer pressure
- Body image, puberty – like/different than others

Primary developmental tasks for teens (from a biopsychosocial perspective)

- Physical maturation
- Personal identity
- Intimate relationships
- Independence/autonomy

*These are acquired through **interaction** with the environment*

Christie, D., & Viner, R. (2005). Adolescent development. *BMJ (Clinical research ed.)*, 330(7486), 301–304.
<https://doi.org/10.1136/bmj.330.7486.301>

Early teens

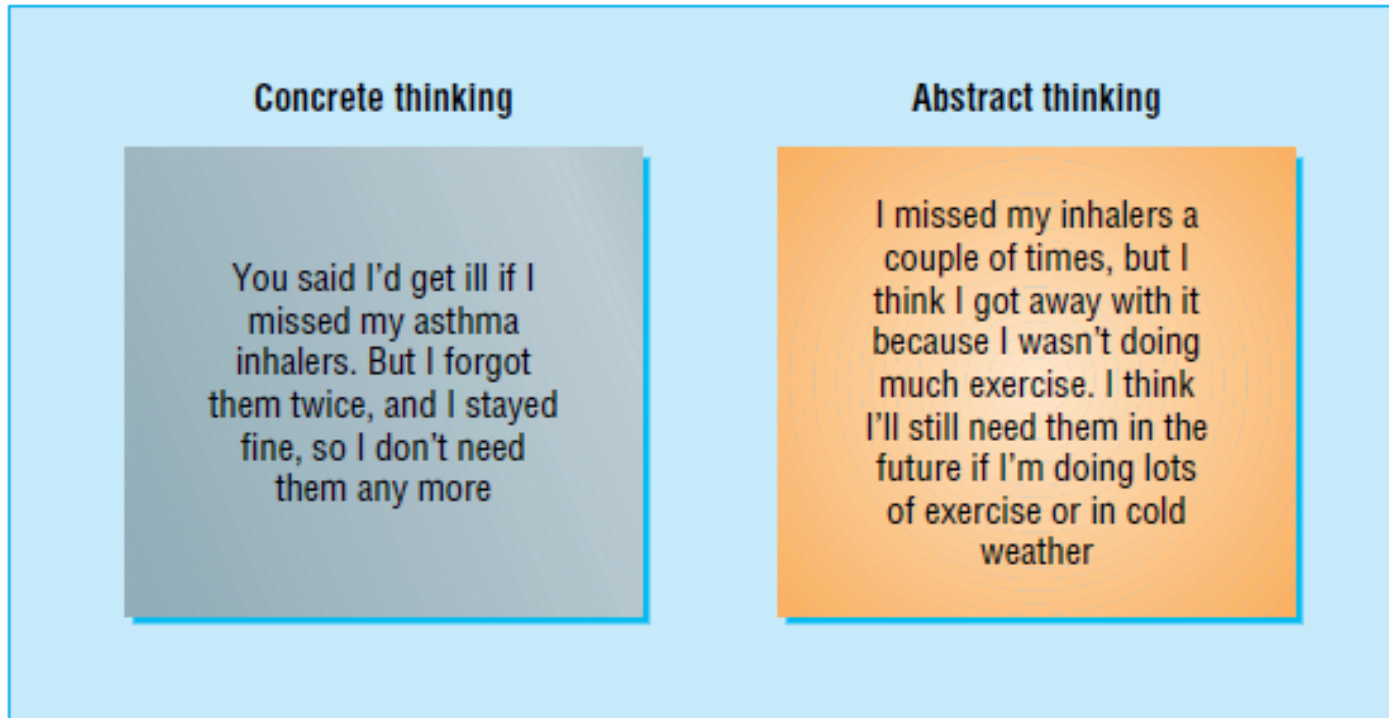
- Coping with changes (so many!):
 - Physical
 - Cognitive
 - Social
 - Emotional
- Starting to develop an identity
- Increasing focus on peers
- Increasing independence and self-reliance
- Decreasing reliance on parents (but still dependent for most things, inc. medical care, transportation, diet, etc.)



- Increased sense of personal identity –
 - who I am/what I'm interested in/what my values are
- More concern about the future
- Romantic relationships, sexuality, intimacy
- Decreasing reliance on parents
 - Less conflict with parents
 - Less time with parents
 - More responsible for own health



Cognitive shift from early to late adolescence



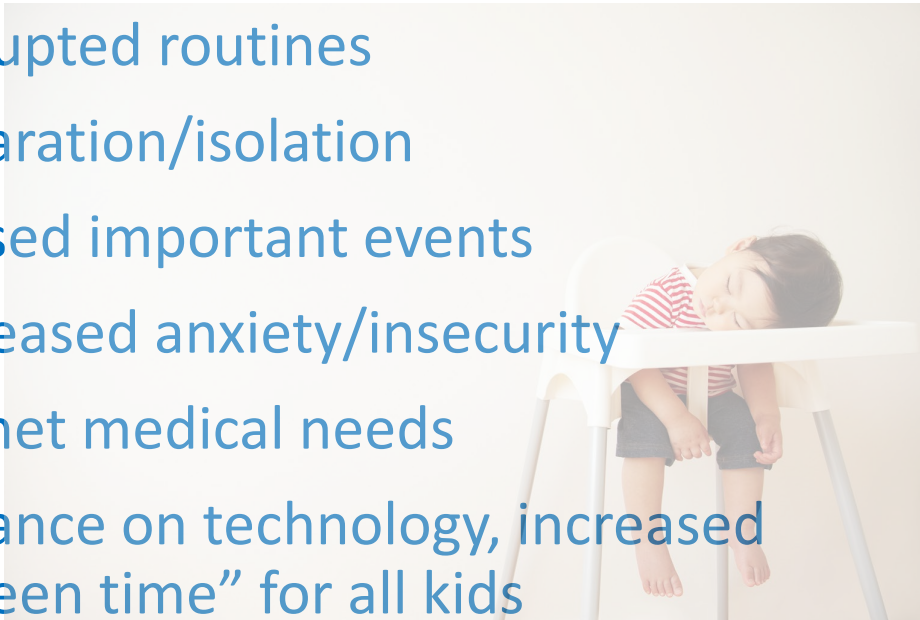
Examples of concrete and abstract thinking by young people in clinical interactions

Christie, D., & Viner, R. (2005)

Impact of these challenges on young children

Stressors

- Disrupted routines
- Separation/isolation
- Missed important events
- Increased anxiety/insecurity
- Unmet medical needs
- Reliance on technology, increased “screen time” for all kids



Impact

- Insecurity/emotional lability
- Parent-child attachment, separation anxiety, play limited, sharing limited
- Decreased time with extended family – limited bonds
- Foundational family traditions disrupted
- Caregiver guilt
- Increased messaging that world/others is unsafe
- Delays in language development
- Delays in sensory development related to self-regulation
- Increased fears associated with medical visits/providers

Impact of these challenges on 6-12 y.o. children

Stressors

- Disrupted routines
- Separation/isolation
- Missed important events
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Impact

- Feelings/associations with schooling disrupted
- foundation of school routines/expectations/teacher relationships disrupted
- Decreased shared experiences with peers, group/teamwork limited
- Loss of foundational social experiences (transition to middle school, first dance, sleep overs, etc)
- Future orientation includes uncertainty
- Screens=social experiences (disparities in access) – role of parental monitoring and supporting boundaries
- Maintained reliance on parents for communication of feelings and needs

Impact of these challenges on adolescents

Stressors

- Disrupted routines



Impact

More dependent on parents
Sleep patterns disrupted

Many routines reinstated

- Separation from peers



Less time learning how to develop intimate relationships
It's more challenging to develop social coping skills when you're not in the situations you're supposed to be learning to cope with

School resumes, together again

Impact of these challenges on adolescents

Stressors

- Missed important events →
Can't get those back but there will be new ones
- Insecurity, uncertainty →
We know more now
- Unmet medical needs →
Access to medical care
- Less need for physical activity →
Sports and school resume

Impact

- Feelings of loss, sadness
- Increased anxiety/depression
- Health sequelae
- Weight gain, health sequelae

Screen media use during the pandemic...increased



Healthy Use

- Connecting/seeing family
- Connecting with friends
- Learning/exploring/humor
- Helpful Apps
 - ADHD org'l support
 - Anxiety/CBT
 - Mindfulness
 - Fitness

vs.



Problematic or Excessive Use

- When it interferes with daily functioning:
 - Physical activity
 - Educational tasks
 - Healthy eating
 - Household responsibilities
 - Sleep
- When the child is dependent on it
- When it is unsafe or age-inappropriate


Screen media during the pandemic

Benefits

“While there are certainly risks of screen media use in childhood, screen media use can also serve as a buffer for adjustment, particularly during the COVID-19 pandemic. Screen media use can foster social development in online spaces and connections with distant family members, which is of particular relevance when children may not be able to see older family members like grandparents during the pandemic (Chassiakos et al., 2016; Eales et al., in press; Grose, 2021)”

Screen media during the pandemic

One study conducted in Fall 2020 (Charmaraman et al. 2022)

 Overall, we did not find any strong support that the changes in well-being that adolescents experienced during the COVID-19 social distancing was meaningfully related to their social technology use, which is counter to the popular assumption that adolescent well-being is intricately tied to their social technology use.

The researchers acknowledged that digital technologies can be a “positive tool for adolescent development, fostering social connections and enhancing mental health.”

Steps to Help Provide Stability and Support to Adolescents

- Maintain a normal routine
- Talk, listen, and encourage expression
- Give honest and accurate information
- Teach simple steps to stay healthy
- Be alert for any change in behavior
- Reassure adolescents about their safety and well-being

What can parents do?

- ✓ Recognize the stress and anxiety – talk about it
- ✓ Encourage prevention, safety
- ✓ Encourage healthy choices/eating/sleeping
 - Resume medical care, dental care, specialty care
- ✓ **SUPPORT SOCIAL ACTIVITIES**
 - What social opportunities are the school/community providing?
 - Allow/encourage positive social media use
- ✓ Model good coping, use breathing to calm, self-talk to reassure and avoid catastrophizing, etc.
- ✓ Instill hope – things to look forward to
- ✓ Remind children what they CAN control – promote self-efficacy
- ✓ Discuss benefits of pandemic – skills the family/teen learned, e.g.

<https://www.cdc.gov/mentalhealth/stress-coping/parental-resources/adolescence/index.html>

Parents supporting emotional communication and development

Show affection

Read

Differential attention

Model/teach ways to show feelings

Steps to problem solving

Choices (limited)

Model/teach behaviors you expect

Age appropriate household responsibilities/independence with decisions (transition to role of advisor)

Focus on praising behaviors rather than traits

Model/teach setting achievable goals

Delayed gratification/self-reward

Encourage pride in self

Thinking about possible consequences

Clear consistent rules/expectations

Facilitate independence with problem solving and decision making esp related to friends

making esp related to friends

Start talking about puberty

Honest, openness re sensitive topics

Monitor mood, talk about changes

Parents supporting social activities and development

PLAY!!

Leader/follower

Encourage Model/teach helping others

Model/teach Practice patience, others going first

Plan with entertaining new social environments (role play)

Age appropriate Connect with school

Respect starts at home Support child joining groups/team activities

Support development of right/wrong behaviors with others

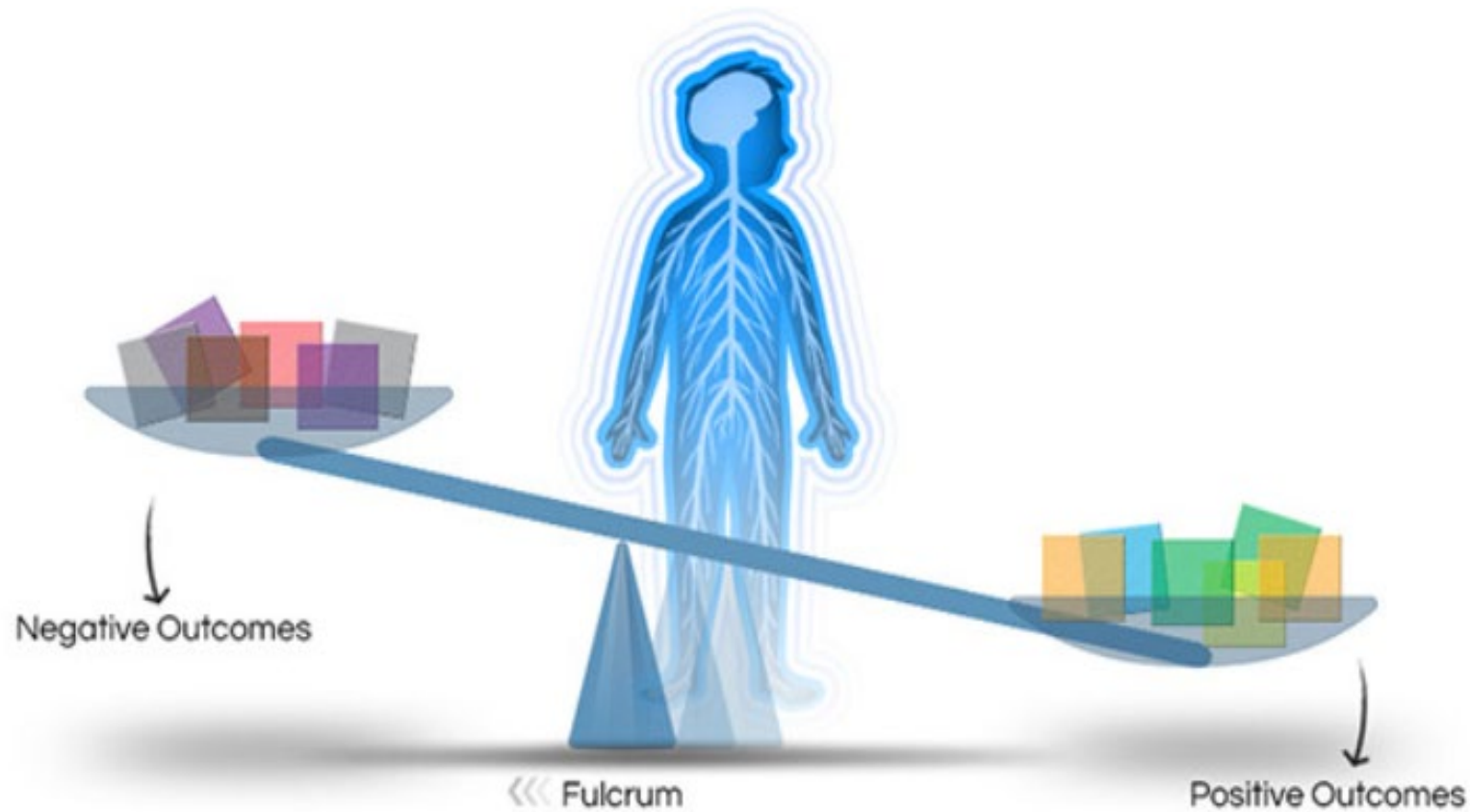
Talk about peer pressure Support their activities – participate, observe, etc

Model/teach financial responsibility Model/teach volunteering/helping

What to do with bullying/mean peer interactions Model/teach healthy electronic use – MONITOR

Talk about discrete peer pressures

Resilience



Resources

For pediatricians

- Zero to three
 - <https://www.zerotothree.org/resources/240-12-24-months-social-emotional-development>
 - <https://www.zerotothree.org/resources/241-24-36-months-social-emotional-development>
- CDC Handouts for parents on SE development:
 - <https://www.cdc.gov/ncbddd/childdevelopment/freematerials.html>
 - <https://www.cdc.gov/ncbddd/actearly/freematerials.html>
- Resilience:
 - <https://developingchild.harvard.edu/resources/how-to-help-families-and-staff-build-resilience-during-the-covid-19-outbreak/>
 - <https://developingchild.harvard.edu/science/key-concepts/resilience/>

For parents

- <https://www.cdc.gov/mentalhealth/stress-coping/parental-resources/index.html>

References and additional reading

Christie, D., & Viner, R. (2005). Adolescent development. *BMJ (Clinical research ed.)*, 330(7486), 301–304.
<https://doi.org/10.1136/bmj.330.7486.301>

Charmaraman, L., Lynch, A. D., Richer, A. M., & Zhai, E. (2022). Examining Early Adolescent Positive and Negative Social Technology Behaviors and Well-Being During the COVID-19 Pandemic. *Technology, Mind, and Behavior*, 3(1: Spring 2022). <https://doi.org/10.1037/tmb0000062>

Eales, L., Gillespie, S., Alstat, R. A., Ferguson, G. M., & Carlson, S. M. (2021). Children's screen and problematic media use in the United States before and during the COVID- 19 pandemic. *Child Development*, 92, e866–e 882.

U.S. Department of Education Releases New Resource on Supporting Child and Student Social, Emotional, Behavioral and Mental Health during COVID-19 Era. <https://www.ed.gov/news/press-releases/us-department-education-releases-new-resource-supporting-child-and-student-social-emotional-behavioral-and-mental-health-during-covid-19-era>

Psychology's Understanding of the Challenges Related to the COVID-19 Global Pandemic in the United States. <https://www.apa.org/about/policy/covid-statement.pdf>

Putting Kids First: Addressing COVID-19's Impacts on Children.
<https://www.apa.org/news/press/releases/2021/09/covid-19-children-testimony.pdf>

Next Learning Sessions

May 12, 7:30-9:00AM Behavior Plan Basics

In this learning session, we will provide training on how to help parents create a basic behavior plan for younger kids with disruptive behaviors and behavioral contracts that support healthy routines in older children (e.g. sleep, managing electronics). We encourage participants to bring specific cases or questions to the session. Handouts/resources will be provided.

Zoom: <https://ctc-ri.zoom.us/j/95924498814?pwd=SkITUUd4UjVZNjlaS0JpYzhpTTdUQT09>

Meeting ID: 959 2449 8814#; Passcode: 646876#

One tap mobile: +13017158592,,95924498814#,,,,,0#,,646876#

Evaluation & CME

- Completion of the evaluation form is **required** to meet the Psychosocial and Behavioral Health TA requirement for the Medicaid Pediatric Recovery Program third payment.
- Please provide us your feedback!
- Evaluation/Credit Request Form: <https://forms.office.com/r/J69PnPzeiM>
- Please request CME credits when filling out the evaluation at the end of the meeting.



The AAFP has approved 'Advancing Community-Oriented Comprehensive Primary Care Through Improved Care Delivery Design and Community Health,' for AAFP credit.

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).