

# Responding to COVID-19: Recognizing and Responding to Pediatric Mental Health

Lisa Giles and Brooks Keeshin



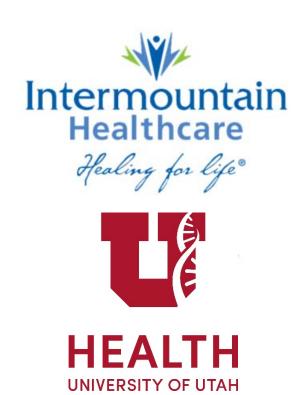




### **Objectives**

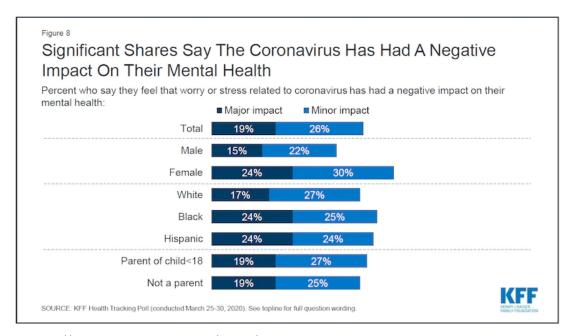
- Discuss relationship between pediatric mental health and COVID-19
- Review purpose and process of screening for behavioral health problems
- Highlight stepped and evidence based modalities that address common pediatric concerns





# Background

### **COVID** and Mental Health



https://www.washingtonpost.com/health/coronavirus-is-harming-the-mental-health-of-tensof-millions-of-people-in-us-new-poll-finds/2020/04/02/565e6744-74ee-11ea-85cb-8670579b863d story.html

No. (%) Sex Male 1012 (56.7) Female 772 (43.3) Location of school Huangshi 1109 (62.2) Wuhan 675 (37.8) Grade 2 373 (20.9) 3 329 (18.4) 406 (22.8) 4 5 298 (16.7) 6 378 (21.2) Worry about being infected with coronavirus disease 2019 Quite worried 665 (37.3) Moderately worried 445 (24.9) Slightly or not worried 674 (37.8) Optimism about the coronavirus disease 2019 epidemic Quite optimistic 908 (50.9) Moderately optimistic 665 (37.3) Not optimistic 211 (11.8) Children's Depression Inventory-Short Form 403 (22.6) Depressive symptoms 1381 (77.4) No depressive symptoms Screen for Child Anxiety Related Emotional Disorders 337 (18.9) Anxiety symptoms No anxiety symptoms 1447 (81.1) Total 1784 (100.0)

Participants,

Table 1. Characteristics of Participants

Characteristic

JAMA Pediatr. Published online April 24, 2020. doi:10.1001/jamapediatrics.2020.1619

### **Youth Mental Health Concerns**

Pre-COVID
Mental Health
Concerns



Decreased External Monitoring



**COVID Stressors** 



### **Possible Stressors During COVID-19**

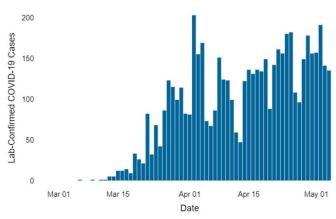
- Changes/loss of routine/lack of structure
- Postponements/cancellations
- Distress (self/family/friends/media)
- Social isolation
- Unmet basic needs
- Economic concerns/hardships
- Illness/Treatment (self/family/friends)
- Possible grief/loss





### **Unknown**

 What the coming months will bring



 Exact pediatric mental health sequela from COVID

### Known

- Youth and families with preexisting challenges are at greater risk for more difficulties.
- Youth are resilient
- Distress responses vary by person
- Supportive parenting/caregiving can buffer stress responses
- Coping skills can help youth and families
- Youth that are struggling can benefit from specific evidencebased interventions





# Identification

### We Have

- A care process model for Pediatric **Traumatic Stress** 
  - **Pediatric Traumatic Stress CPM**
- Screening and case finding protocols for depression, anxiety and behavior concerns
- Suicide screening and response protocols that should be considered in all older youth – especially those with behavioral health concerns

Care Process Model

**MARCH 2020** 



### DIAGNOSIS AND MANAGEMENT OF

### Traumatic Stress in Pediatric Patients

This care process model (CPM) provides best-practice recommendations for the prevention of childhood trauma as well as the identification and management of pediatric traumatic stress in primary care and children's advocacy center settings. This CPM was developed through a collaboration of the Department of Pediatrics at the University of Utah and the Center for Safe and Healthy Families at Intermountain Healthcare's Primary Children's Hospital. This work was funded through federal grant monies allocated by the National Child Traumatic Stress Initiative (NCTSI), which is part of the Substance Abuse and Mental Health Services Administration (SAMHSA)

### ▶ Why Focus ON PEDIATRIC TRAUMATIC STRESS

Childhood traumatic stress is the intense fear and stress response occurring when children are exposed to potentially traumatic experiences that overwhelm their ability to cope with what they have experienced. Traumatic stress needs to be addressed for the following reasons:

- . High prevalence. Up to 80% of children experience at least one significant traumatic experience in childhood. TUR Minority children, including those who are members of federally recognized tribes, are disproportionately impacted by trauma and continue to have high rates of contact with the healthcare system. HUS, CRIO
- Poor mental health outcomes. After exposure to traumatic experiences, some children and adolescents develop adverse traumatic stress responses, including acute stress disorder (ASD) or posttraumatic stress disorder (PTSD). They are also at risk for suicidal and homicidal intent, mental health comorbidities (e.g., depression, anxiety, attention deficit hyperactivity disorder [ADHD]), substance use (including opioid dependency), and other risky behaviors that affect their ability to function and put them at risk for long-term problems.
- . Poor health outcomes and lower life expectancy. The Adverse Childhood Experiences (ACE) studies link child maltreatment to early death and other poor health outcomes in childhood and adulthood including obesity, cardiovascular disease, and diabetes.<sup>FE</sup>
- · High cost. When children with traumatic stress are not identified or appropriately referred to evidence-based treatment, they can experience exacerbated symptoms and poorer outcomes resulting in elevated costs. BRA. COHH, ROB 'The Centers for Disease Control and Prevention (CDC) reported in 2008 that the lifetime economic burden of cases of child maltreatment in one year in the U.S. is \$124 billion. FAN, NOR
- . Often under-diagnosed and misdiagnosed. Lack of awareness or screening, symptom similarity to other mental health conditions, and/or the difficulty providers face with discussing and intervening in trauma situations contribute to the underdiagnosis or misdiagnosis of traumatic stress. Misdiagnosis can also lead to inappropriate psychotropic treatment. There are currently no medications approved by the FDA for trauma-specific symptoms in children. KEE
- · Early identification and integrated care using evidence-based treatments can increase positive outcomes. Several trauma-specific therapy models have demonstrated effectiveness in the remediation of traumatic stress symptoms in children and adolescents. GHO, GRE, DOR, COH! Resiliency studies indicate that children with parental support and access to services can recover from traumatic experiences. <sup>508, 107, 100</sup> Several treatment studies have shown significant symptom remediation. <sup>610, 601, 601, 601, 601</sup>

▶ WHAT'S INSIDE?

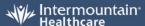
BACKGROUND/AT-A-GLANCE2-4
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### GOALS

- ↑ Patients screened for traumatic stress
- ↑ Number of referrals to specialty clinics for those identified with severe traumatic stress
- Number of patients that are identified with moderate or severe trauma symptoms that get evidence-based trauma therapy







### **Trauma-Informed Assessment – General Concerns**

COVID is causing a lot of changes and stress on the families I see. (can elaborate as needed)

What has your child/family experienced — COVID or non-COVID?

How do you think this is impacting your child? What you are seeing and how often?





Select how often you had the problem below in the past month. Use the calendars on the right to help you decide how often.

If 'Yes,' what happened?

### FREQUENCY RATING CALENDAR SMITWHFS SMI

Н	ow much of the time during the past month	None	Little	Some	Much	Most
1	I have bad dreams about what happened or other bad dreams.	0	1	2	3	4
2	I have trouble going to sleep, waking up often, or getting back to sleep.	0	1	2	3	4
3	I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	4
4	When something reminds me of what happened I have strong feelings in my body, my heart beats fast, and I have headaches or stomach aches.	0	1	2	3	4
5	When something reminds me of what happened I get very upset, afraid, or sad.		1	2	3	4
6	6 I have trouble concentrating or paying attention.		1	2	3	4
7	I get upset easily or get into arguments or physical fights.		1	2	3	4
8	I try to stay away from people, places, or things that remind me about what happened.		1	2	3	4
9	I have trouble feeling happiness or love.		1	2	3	4
10	I try not to think about or have feelings about what happened.		1	2	3	4
11	1   I have thoughts like "I will never be able to trust other people."		1	2	3	4
12	I feel alone even when I'm around other people.	0	1	2	3	4

*Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead or hurting yourself in some way?	Not at all	Several days	More than half the days	Nearly every day
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### **Traumatic Stress**

Start of a conversation
Ensure physical safety
Normalize and respond
Focus on sleep as a first step
Respond to suicide concerns\*

Referral based on score, functioning and context

### If Suicidality Endorsed...

Screen further using the Columbia Suicide Severity Rating Scale (C-SSRS)

- 1-2, 6
- If yes 1 or 2, 3-5

C-SSRS Quick Screen questions (in the last month)				
Question	" Yes" indicates	Level of risk		
Have you wished you were dead or wished you could go to sleep and not wake up?	Wish to be dead	Low		
Have you had any thoughts of killing yourself?	Nonspecific thoughts			
Have you been thinking about how you might kill yourself?	Thoughts with method (without a specific plan or intent to act)	Moderate		
Have you had these thoughts and had some intention of acting on them?	Intent (without plan)			
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	Intent with plan	High		
Have you ever done     anything, started to do     anything, or prepared	Behavior	> 1 year ago: Low		
to do anything to end your life?		1-12 months ago: <b>Moderate</b>		
		Past 4 weeks, during current inpatient stay, since last assessment: High		

Higher risk for suicide



	, and an	. (	1,-191	,		
Today's Date:	Patient's Name:		Date	of Birth:		
Are you currently:	$\square$ on medication for depression $\square$ not on medication	on for depress	ion 🗆 n	ot sure?	] in counseling	
Over the last 2 weeks, how often have you been bothered by any of the following problems?  Not at all  Several days  More than half the days day						
1. Little interest	or pleasure in doing things	0	1	2	3	
2. Feeling down	, depressed, irritable, or hopeless	0	1	2	3	
3. Trouble falling	g/staying asleep, sleeping too much	0	1	2	3	
4. Feeling tired	or having little energy	0	1	2	3	
5. Poor appetite	e or overeating	0	1	2	3	
	about yourself, — or that you're a failure or have let our family down	0	1	2	3	
7. Trouble conce watching tele	entrating on things, such as school work, reading, or evision	0	1	2	3	
the opposite	eaking so slowly that other people could have noticed, or — being so fidgety or restless that you have been moving more than usual	0	1	2	3	
9. Thoughts tha some way	t you would be better off dead or of hurting yourself in	0	1	2	3	
	Total (	each column				
	riencing any of the problems on this form, how difficult hav at home, or get along with other people?	e these probl	ems made it	for you to do yo	ur work, take	
☐ Not difficu	ult at all $\Box$ Somewhat difficult $\Box$ Ve	ry difficult	□ E>	tremely diffic	ult	
11. In the past ye	ar, have you felt depressed or sad most days, even if you fe	el okay some	times?	□ YES	□ NO	
12. Has there beer	n a time in the past month when you have had serious thou	ghts about en	nding your life	e? 🗆 YES	□ NO	
13. Healt	mountain hcare whole life, tried to kill yourself or made a suicide at	tempt?		☐ YES	□ NO	

Patient Health Questionnaire (PHQ-A) (page 1 of 1)

### **Depression**

Depression vs adjustment
Depression vs trauma
Secondary depression
Parent report version
Respond to suicide concerns\*

Referral based on score, functioning and context

### Over the last 2 weeks, how often have the problems below bothered you/your child? Circle a number for each item.

	General Anxiety Disorder (GAD-7)	How Often			
		Not at all	Several days	More than half the days	Nearly every day
1	Feeling nervous, anxious, or on edge?	0	1	2	3
	Not being able to stop or control worrying?	0	1	2	3
	Worrying too much about different things?	0	1	2	3
	Trouble relaxing?	0	1	2	3
	Being so restless that it is hard to sit still?	0	1	2	3
	Becoming easily annoyed or irritable?	0	1	2	3
	Feeling afraid as if something awful might happen?	0	1	2	3

### Screen for Child Anxiety Related Disorders (SCARED) CHILD Version-Page 1 of 2 (to be filled out by the CHILD)

ped by Boris Birmaher, M.D., Sunceta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, Ph.D., 1 Psychiatric Institute and Clinic, University of Pittsburgh (October, 1995). E-mail: birmaherb@upmc.edu

See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child

Name:	Date:

Directions: of sentences that describe how people feel. Read each phrase and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or "Very True or Other True" for you. Then, for each sentence, fill in one circle that corresponds to the or response that security of the fast a Foundation of the fast a foundation.

	0	1 Somewhat	2	
	Not True or Hardly Ever True	True or Sometimes True	Very True or Often True	
1. When I feel frightened, it is hard to breathe	0	0	0	PN
2. I get headaches when I am at school.	0	0	0	SH
3. I don't like to be with people I don't know well.	0	0	0	sc
4. I get scared if I sleep away from home.	0	0	0	SP
5. I worry about other people liking me.	0	0	0	GD
6. When I get frightened, I feel like passing out.	0	0	0	PN
7. I am nervous.	0	0	0	GD
8. I follow my mother or father wherever they go.	0	0	0	SP
9. People tell me that I look nervous.	0	0	0	PN
10. I feel nervous with people I don't know well.	0	0	0	sc
11. I get stomachaches at school.	0	0	0	SH
12. When I get frightened, I feel like I am going crazy.	0	0	0	PN
13. I worry about sleeping alone.	0	0	0	SP
14. I worry about being as good as other kids.	0	0	0	GD
15. When I get frightened, I feel like things are not real.	0	0	0	PN
16. I have nightmares about something bad happening to my parents.	0	0	0	SP
17. I worry about going to school.	0	0	0	SH
18. When I get frightened, my heart beats fast.	0	0	0	PN
19. I get shaky.	0	0	0	PN
20. I have nightmares about something bad happening to me.	0	0	0	SP

### Screen for Child Anxiety Related Disorders (SCARED) CHILD Version-Page 2 of 2 (to be filled out by the CHILD)

	0 Not True or Hardly Ever True	Somewhat True or Sometimes True	Very True or Often True	
21. I worry about things working out for me.	0	0	0	GD
22. When I get frightened, I sweat a lot.	0	0	0	PN
23. I am a worrier.	0	0	0	GD
24. I get really frightened for no reason at all.	0	0	0	PN
25. I am afraid to be alone in the house.	0	0	0	SP
26. It is hard for me to talk with people I don't know well.	0	0	0	sc
27. When I get frightened, I feel like I am choking.	0	0	0	PN
28. People tell me that I worry too much.	0	0	0	GD
29. I don't like to be away from my family.	0	0	0	SP
30. I am afraid of having anxiety (or panic) attacks.	0	0	0	PN
31. I worry that something bad might happen to my parents.	0	0	0	SP
32. I feel shy with people I don't know well.	0	0	0	sc
33. I worry about what is going to happen in the future.	0	0	0	GD
34. When I get frightened, I feel like throwing up.	0	0	0	PN
35. I worry about how well I do things.	0	0	0	GD
36. I am scared to go to school.	0	0	0	SH
37. I worry about things that have already happened.	0	0	0	GD
38. When I get frightened, I feel dizzy.	0	0	0	PN
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport).	0	0	0	sc
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	0	0	0	sc
41. I am shy.	0	0	0	sc

A total score of ≥ 25 may indicate the presence of an Anxiety Disorder. Scores higher than 30 are more specific. TOTAL = A score of 7 for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate Panic Disorder or Significant Somatic Symptoms. PN =

A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate Generalized Anxiety Disorder. GD = A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate Separation Anxiety SOC. SP = A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate Social Anxiety Disorder. SC =

A score of 3 for items 2, 11, 17, 36 may indicate Significant School Avoidance. SH =

For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any auestions.

### **Anxiety**

GAD vs all pediatric anxieties Anxiety versus adjustment Anxiety versus trauma Secondary anxieties Lacks suicide screen\*

Referral based on score, functioning and context



### Vanderbilt ADHD Parent Rating Scale (page 1 of 2)

Today's Date: Child's Name:	Date of Birth:	Grade:		
Completed by:Relationship to d	child: ☐ Parent ☐ Other:			
<b>Directions:</b> Each rating should be considered in the context of what is appropriating the past 6 months.		,		Dahaviar
Symptoms		Vanderbilt ADHD Parent	Rating	, , , , , , , , , , , , , , , , , , ,
Does not pay attention to details or makes careless mistakes with, for example, homework.	Today's Date:	Child's Name:		
2. Has difficulty staying focused on what needs to be done	Symptoms (continued)  33. Deliberately destroys other  34. Has used a weapon that of	ers' property can cause serious harm (bat, knife, brick, gun)		Parental capacity
<ol> <li>Has difficulty organizing tasks and activities.</li> <li>Avoids, dislikes, or does not want to start tasks that require ongoing mental effort.</li> <li>Loses things necessary for tasks or activities (toys, assignments, pencils, or books).</li> </ol>	36. Has deliberately set fires t	ialsto cause damage		Behavior versus adjustment
Is easily distracted by noises or other stimuli.     Is forgetful in daily activities.	···39 Has run away from home	overnight		Behavior versus trauma
Fidgets with hands or feet or squirms in seat.      Leaves seat when remaining seated is expected.      Runs about or climbs too much when remaining seated is expected.      Has difficulty playing or beginning quiet play activities.	41. Is fearful, anxious, or worr 42. Is afraid to try new things 43. Feels worthless or inferior	ried. · for fear of making mistakes. · · feels guilty.		Secondary behaviors
14. Is "on the go" or often acts as if "driven by a motor".      15. Talks too much.      16. Blurts out answers before questions have been completed.      17. Has difficulty waiting his or her turn.	··· 46. Is sad, unhappy, or depres	r unloved; complains that "no one loves him/her" ssed. embarrassed.		Lacks suicide screen*
18. Interrupts or intrudes in on others' conversations or activities	Performance	Above Ave	erage	
Argues with adults     Loses temper.     Actively defies or refuses to go along with adults' requests or rules.     Deliberately annoys people.     Blames others for his or her mistakes or misbehaviors.	a. Readingb. Mathematics		2 2 2 2	Referral based on score,
24. Is touchy or easily annoyed by others  25. Is angry or resentful  26. Is spiteful and vindictive (wants to get even)	a. Relationship with peers     b. Following directions/rul	navior. 1 5. 1 les. 1	<b>2</b> 2 2	functioning and context
Bullies, threatens, or intimidates others.     Starts physical fights     Lies to get out of trouble or to avoid obligations (i.e., "cons" others)	d. Assignment completion	1 1	2	
Skir school without permission The rmountain Healthcare 32. Has stolen things that have value	0 1 0 1 0 1	2 3 2 3 2 3	_	



## Interventions

# Interventions Based on Triage/Severity

Severe Mental health interventions

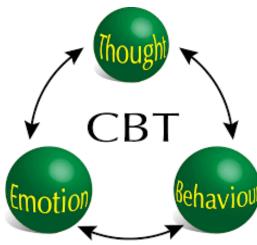
Moderate
Evidence-based therapeutic
interventions

Mild Impairment
Support, education, and brief interventions



### **Severe Impairment**

- Provide additional assessment / diagnosis
- Refer for evidence-based therapy (CBT, Trauma-Focused CBT, PCIT, etc.)
- Consider medication when indicated
- Consider referral to psychiatry as needed





### **Mild Impairment**

- Encourage supportive parenting
- Provide education including resources, expectation for next steps and follow-up
- Brief, targeted interventions
  - Sleep sleep hygiene, mindfulness, relaxation
  - Depression behavioral activation, journaling
  - Anxiety mindfulness, deep breathing, guided meditation
  - Acting out parenting strategies



### **Supportive Parenting Strategies**

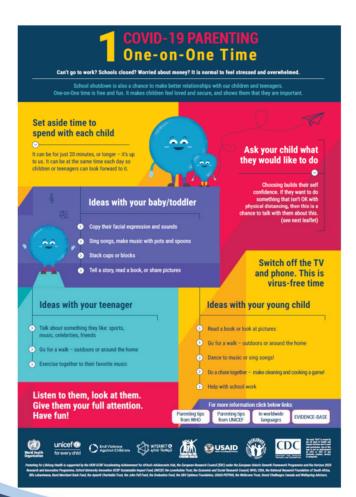
Increase positive parent-child interactions

- Planned one-on-one time everyday for 15+ mins
- Fun activity or talking about something teens enjoy

If a consequence is needed, provide choices to follow instruction before giving consequence

Use <u>calm voice</u> and calm facial expression when giving consequence





### Media Habits During COVID-19: Children & Teens on Screens in Quarantine







### Parent/Caregiver Guide to Helping Families Cope With the Coronavirus Disease 2019 (COVID-19)

At this time, information about COVID-19 is rapidly evolving as new details are confirmed and new questions emerge. In the event of an outbreak in your community, as a parent/caregiver, your first concern is about how to protect and take care of your children and family. Knowing important information about the outbreak and learning how to be prepared can reduce your stress and help calm likely arviseties. This resource will help you think about how an infectious disease outbreak might affect your family—both physically and emotionally—and what you can do to help your family cope.

- . Coronaviruses are a large family of viruses that cause illness ranging from the common cold to more severe diseases. COVID-19 is caused by a novel coronavirus; this means it is a new strain that has not been previously identified in humans.
- COVID-19 is a respiratory disease that is mainly spread person-to-person. Currently, there is no available vaccine or curative treatment, so the best preventative strategy is to avoid exposure
- So far, children appear to be much less affected by COVID-19, which was also seen after other coronavirus
- Children with pre-existing illnesses may have different risk, so you should discuss this with your child's med-
- To reduce the spread of the virus, a variety of approaches will be used, including keeping those who are sick away from others and promoting healthy hygiene strategies. Additional recommendations for ways to contain the virus's spread could include canceling of events that attract large numbers of people; closing schools, public transit or businesses; and required quarantine, which is the separation and restriction of movement of people who might have been exposed to the virus.

### READINESS

### Preparing your Family for a Potential Infectious Disease Outbreak

Being prepared is one of the best ways to lessen the impact of an infectious disease outbreak like COVID-19 on your family. ere are some steps that you can take to be better prepared.

- Identify how you will keep up with the rapidly changing information on COVID-19.
  - In rapidly changing health events and outbreaks such as COVID-19, there can be large amounts of in-correct or partially correct information that can add to your stress and confusion as a parent/caregiver. Identify a few trusted sources of health information.

### The NCTSN relied on the CDC resources to create this document. Get the most up-to-date and accurate information at:

CDC: https://www.cdc.gov/coronavirus/2019-ncov/index.html

CDC: information on children and COVID 2019:

https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/children-faq.html

https://healthychildren.org/English/health-issues/conditions/chest-lungs/Pages/

During this period of quarantine, most children and teens have fewer school responsibilities and less access to extracurricular activities and social opportunities. Many parents are strained by the added responsibility of supervising their children during the day in addition to their typical responsibilities. In addition to fears and stresses caused by the spread of the Covide19 virus, increased contact and parental responsibilities can put a significant strain on family dynamics and create conflict. Allowing youth extra time with screen entertainment is a natural solution, typically pleasing children and freeing parents from active supervision. However, youths' physical and psychological needs have not diminished during this crisis.

Good health and development require that a majority of the day be devoted to activities other than screen time such as:

- sleep
- schoolwork & reading for enjoyment
- · social & family connections
- · physical activity

Developmentally-appropriate screen activities in moderation can be a part of a healthy, balanced lifestyle. However, screen entertainment is so engaging that most children and teens lack the insight and discipline to effectively limit their own use. Left unchecked, screen habits quickly dominate the lives of many youth, displacing those behaviors most vital to well-being.

Children and teens, with limited ability to make appropriate media choices, have unprecedented access to games, programs, videos, and social media containing potentially damaging content such as: violence, sex, drug use, profanity, and bullying. To safeguard their health and well-being, parents should set a structured daily routine for children and teens, which limits screen entertainment and includes adequate time devoted to those essential behaviors.

The appropriate daily amount of screen entertainment will vary with the child and a greater allowance is often warranted during the COVID-19 crisis, but should not take up the majority of any child's waking hours or interfere with sleep. Furthermore, parents should guide youth towards ageappropriate, positive, creative, and educational screen media choices. This process can be made easier by inviting children to participate in creating a daily schedule, encouraging open discussion and avoiding a blaming attitude. As well parents should set a positive example by keeping the same standards for themselves, setting up regular off-screen activities, and paying attention to self-care. Younger children typically need more firm direction, while teens often benefit from greater

This is a great time for families to play and co-view video games, movies, and all-age programs. Many parents have more time than usual to share and discuss movies or games. However parents should be mindful regarding children who lack the self-control to control their screen habits. If parents have trouble setting limits, or their children have trouble following them, professional help might eventually be needed. Entrenching toxic behaviors can put everyone at risk. When carefully considered, some extra screen time may help us through this forced isolation. Parental guilt about a modest increase in screen time may be counterproductive and displace more immediate concerns.



### **Brief, Targeted Intervention – Parenting/Behavior Challenges**

Developmental Level	Brief Interventions
Younger Child	<ul> <li>Parenting strategies for:</li> <li>Recognizing positive behaviors</li> <li>Ignoring negative behaviors</li> <li>Enforcing a discipline technique for aggressive/destructive behaviors</li> </ul>
Older Child/Adolescent	<ul> <li>Parenting strategies for:</li> <li>Validating feelings</li> <li>Increasing positive communication and activities</li> <li>Shared development of rules and consequences</li> </ul>



### **Moderate Impairment**

- Provide education and support
- Referral to evidence-based therapy with some brief-targeted intervention in the mean-time
- Occasionally may need medications after therapy has been trialed



### Resources

https://www.covid19parenting.com/

https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters/pandemic-

resources

https://www.aacap.org/coronavirus

Pediatric Behavioral Health Assessment, Referral, and Consultation Service (formally known as Intake) – 801-313-7711

Safe and Healthy Families (Trauma Focused Therapy) - 801-662-3600

Child Psychiatry Consultation Access Line — 12-4:30pm M-F — 801-587-3636 (<a href="https://healthcare.utah.edu/uni/programs/call-up.php">https://healthcare.utah.edu/uni/programs/call-up.php</a>)

