

The Covid 19 Pandemic: What about School and Learning?

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DISCLOSURE STATEMENT

- I have no financial relationships with any pharmaceutical company, never did.
- Medications discussed today will include some off-label uses.
- I receive salary support from the "Project Teach" grant, which is funded by taxpayers and the NYS Office of Mental Health

Dramatic school problems increased by the pandemic

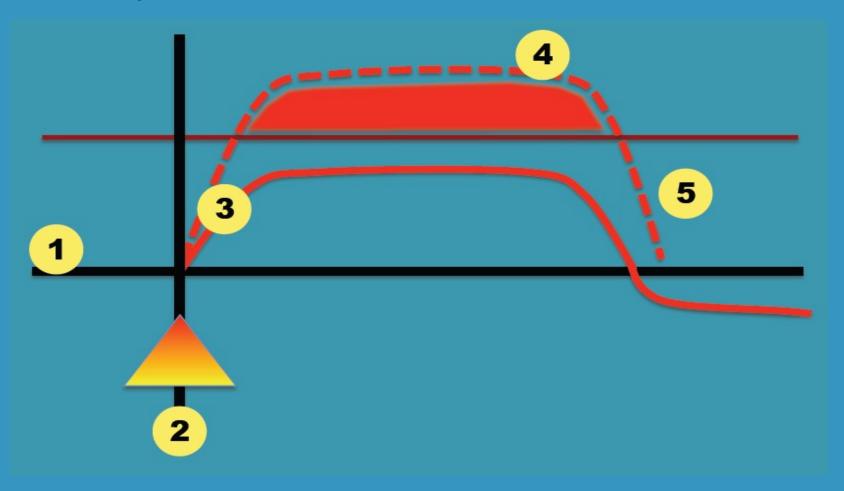
- "Red Zone" Meltdowns (often at home)
- School Refusal and Absenteeism
- ► Depressed Mood, Suicidal Ideation, Threats and Gestures

quiet school problems increased by the pandemic

- Social isolation and anxiety, depressed mood and behavioral regression
- ▶ Reduced Rate of Learning and a worsening of the Learning Gap unless parents can teach and technology is effective

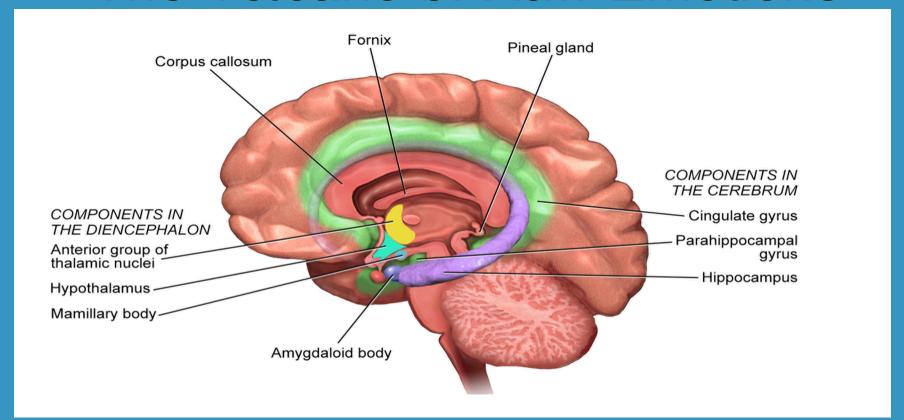
The RED ZONE of Emotional Reactivity

- 1. Baseline
- 2. Triggers
- 3. Up ramp
- 4. Plateau
- 5. Down ramp





The Limbic System: The Volcano of Raw Emotions

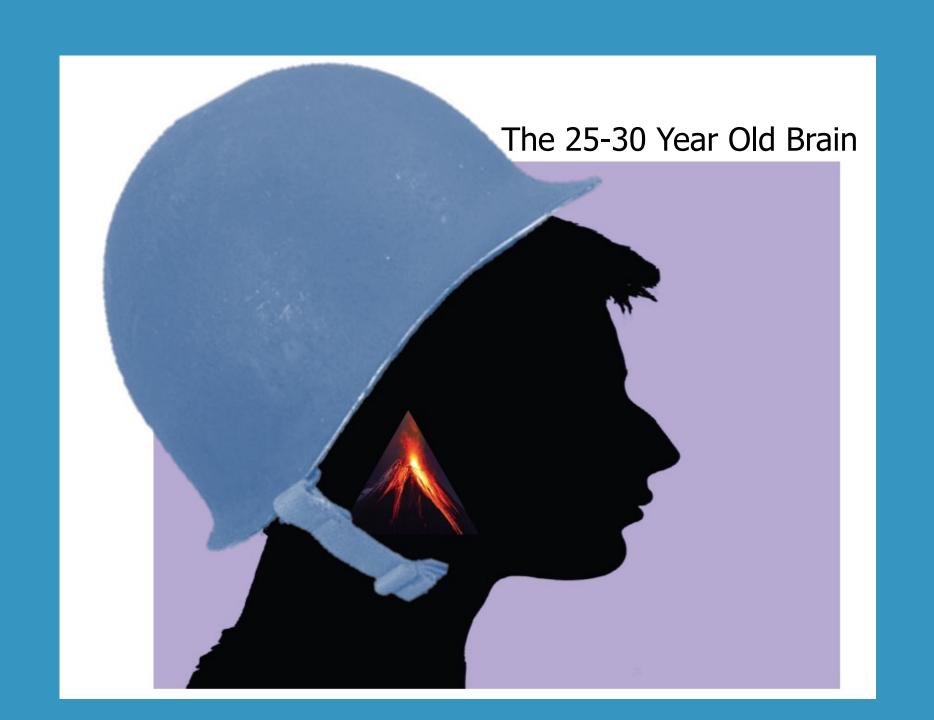


Emotional Life, Behavior, Passion, Motivation, Arousal, Smell, Adrenaline, Long Term Memories

The Cerebral Cortex The Self Control Place



Planning, Reasoning, Decision making, Problem Solving, Judgment, Impulse Control, Memory and Voluntary Movement



Let's Look at Anxiety symptoms

- ► Physical Concerns
- ► Separation Issues
- ► Social Concerns
- ► Fearful Thinking

The Spectrum of Anxiety

- ► The Anxiety in all of us 100%
- ► Anxious temperament 20%
- ► Anxiety Disorders 8-10% usually, 15-25% at this point in pandemic

Anxiety Screening Tool Screen for Anxiety Related Disorders SCARED

- Anxiety symptoms are often easier to disclose in writing than in person
- It is difficult to think clearly when anxious so having items listed can help
- Child report and Parent report

Screen for Child Anxiety Related Disorders (SCARED)

Child Version—Pg. 1 of 2 (To be filled out by the CHILD)

Name:	Judy	
Date:		

Directions:

Below is a list 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 Often True" for you. Then for each sentence, fill in one circle that corresponds to the response that seems to describe you for the last 3 months.

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

Screen for Child Anxiety Related Disorders (SCARED)

Child Version-Pg. 2 of 2 (To be filled out by the CHILD)

Total Score = 34	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
21. I worry about things working out for me.	0	0	•
22. When I get frightened, I sweat a lot.	•	0	0
23. I am a worrier.	0	•	0
24. I get really frightened for no reason at all.	•	0	0
25. I am afraid to be alone in the house.	•	0	0
26. It is hard for me to talk with people I don't know well.	0	•	0
27. When I get frightened, I feel like I am choking.	•	0	0
28. People tell me that I worry too much.	0	•	0
29. I don't like to be away from my family.	•	0	0
30. I am afraid of having anxiety (or panic) attacks.	•	0	0
31. I worry that something bad might happen to my parents.	•	0	0
32. I feel shy with people I don't know well.	0		0
33. I worry about what is going to happen in the future.	0	0	<u></u>
34. When I get frightened, I feel like throwing up.	0	•	0
35. I worry about how well I do things.	0	0	•
36. I am scared to go to school.	0	0	•
37. I worry about things that have already happened.	0	•	0
38. When I get frightened, I feel dizzy.	•	0	0
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
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
41. I am shy.	0	•	0

SCORING:

A total score of ≥ 25 may indicate the presence of an Anxiety Disorder. Scores higher that 30 are more specific.

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.

A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate Generalized Anxiety Disorder.

A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate Separation Anxiety Disorder.

A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate Social Anxiety Disorder.

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

*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 questions.

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent M.D., and Sandra McKenzie, Ph.D., Western Psychiatric Institute and Clinic, University of Pgh. (10/95). E-mail: birmaherb@msx.upmc.edu

Anxious Temperament 20%

- ▶ Shy
- Fearful reaction to most novelty and change
- Tending towards withdrawal
- More rapid resting pulse
- More tension in throat

- Increased risk of many diagnoses
- Increase incidence of all anxiety diagnoses
- The approach taken by adults can modulate

Anxiety Disorders (8%)

- ► Chronic pattern of distress and impairment
- ▶ Body Signals of Anxiety (stomach pain, headache, other chronic pain)
- ▶ Thought Distortions (Automatic Negative Thoughts)
- Social Anxiety and avoidance (cold swimming pool)
- ► Separation problems (more common in early childhood)

How about depression: Is a Depressed Mood always a sign of a Major Depression?

- Adjustment Disorder with Depressed Mood
- Grief and bereavement
- Persistent Depression (dysthymia)
- Major Depressive Disorder

- ► Triggering incident?
- Duration since onset
- Severity of distress and impairment
- ▶ DSM Criteria (PHQ 9)

PHQ9 — Over the last two weeks, how often have you been bothered by any of the following problems?

- Little interest or pleasure in doing things?
- ► Feeling down, depressed or hopeless?
- Trouble falling asleep, staying asleep or sleeping too much?
- Feeling tired or having little energy?
- Poor appetite or overeating?
- Feeiing bad about yourself or that you are a failure...
- Trouble concentrating ...
- Moving or speaking slowly...
- ► Thoughts that you would be better off dead ...

In-person school and undoing the pandemic lifestyle to reduce incidence of anxiety and depression

- Adequate sleep and sleep hygiene
- Regular healthy meals and snacks
- Regular exercise helps with anxiety, sleep and mood
- Age appropriate social involvement

- ► A family Media Plan helps structure the use of electronics, video games and social media
- ► Sleep hygiene has fallen to the pandemic and is often the first step towards improving family mental wellness

Treatment for anxiety and depression

Cognitive Behavioral Therapy

- Techniques to manage your body
- Techniques to manage your thoughts
- For Anxiety: Graduated Exposure (going to school) is Essential

SSRI Antidepressants

- Evidence for sertraline, fluoxetine, escitalopram, duloxetine, fluvoxamine
- Anxiety DO's often requires more aggressive dosing than MDD

Other Pandemic enhanced sources for anxiety and depression symptoms

Medical causes: side effects of medicine, caffeine, drugs of abuse, diet and cold pills, endocrine

Social causes: abuse, bullying, domestic or neighborhood violence, ACES

Psychiatric/developmental causes: Autism Spectrum Disorders, Learning and Language Problems, Depression, PTSD, OCD

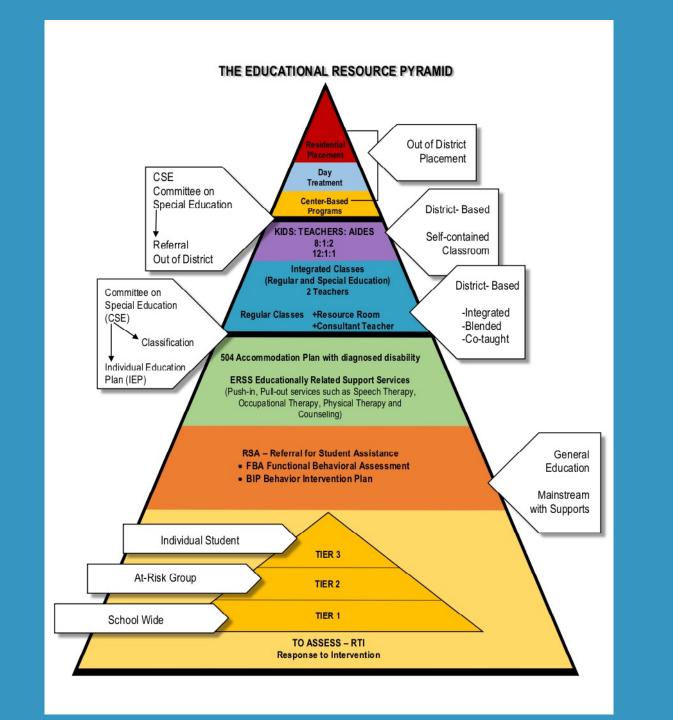
Prevention/Early intervention of Mood and Anxiety Problems at school

Prevention (Informal, RTI Tier 1)

- Notice and include shy, withdrawn children quickly
- Create rituals for known challenges (re-entry after summer, vacations, weekends, illnesses)
- Collaborate with schools regarding absenteeism, especially home instruction)

Intervention (Informal, RTI Tiers 2+3, 504 Plan, IEP)

- Anxiety SWAT team to act quickly to stop patterns
- Always focus on re-entry, attending and engaging with support
- Collaborate with therapists
- Consider offering Coping CatsProgram in school



Ineffective School-based Approaches to meltdowns

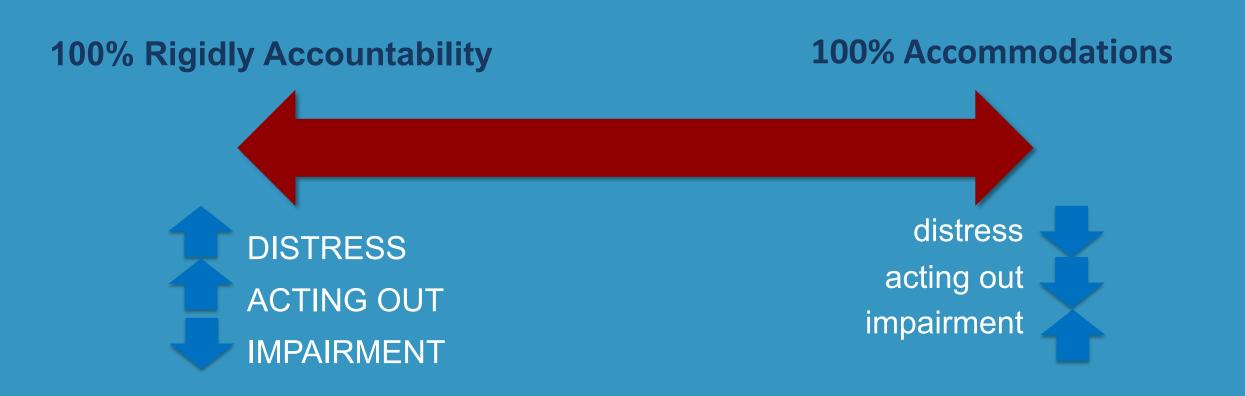
Prevention no no's

- Be careful not to reinforce:
 - Task avoidance
 - Seeking excessive
 - reassurance
 - Physical complaints to the
 - nurse
 - Excessive peer interventions

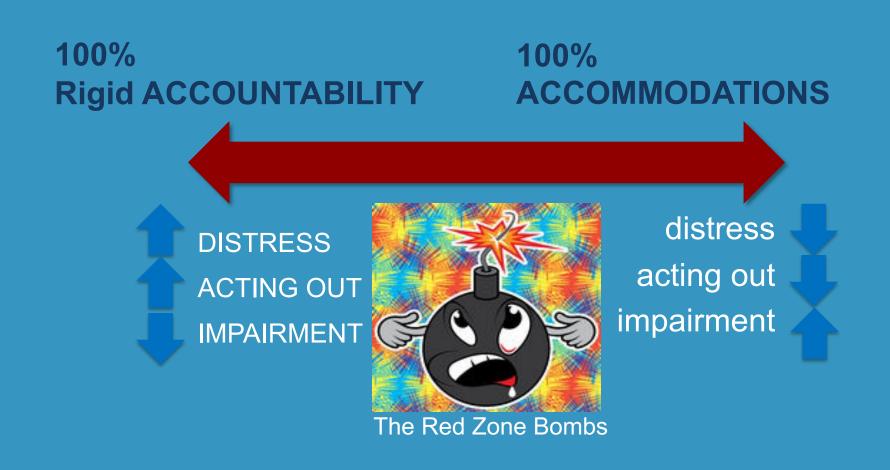
Intervention no no's

- Meltdown SWAT team should not use too much "sugar"
- School staff should not criticize parents or outside therapists to child
- Don't fall into finger-pointing standoff with virtual teammates

Where are they? Where are we? How we get polarized.



As we raise the bar and move left ...

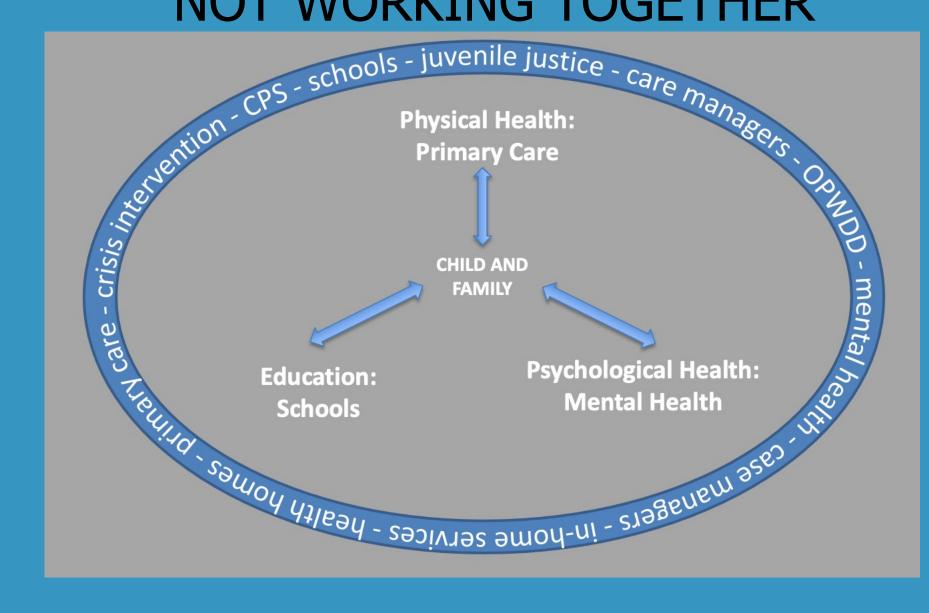


How Primary care providers can help: The Magic of The Therapeutic Alliance

You can:

- model and support setting reasonable limits
- collaborate with the CBT therapist
- work with school on re-entry and support plan
- monitor engagement and compliance with treatment
- predict and strategize future anxiety hurdles ahead

CURRENT STATUS: NOT WORKING TOGETHER



The Quiet Crisis Associated with Anxiety and depression

- School Refusal and Chronic Absenteeism!
- ▶ The Latest Mental Health "Fad"
- ▶ A Major Source of Family Distress/Crises
- The Most Requested School Professional Development Topic

Short-term Consequences of Absenteeism

- Poor academic performance and gaps in learning
- ► Family difficulties due to practical problems and stress
- Problems with peer relationships by being out of the loop

Long-term Consequences of Absenteeism

- Academic underachievement becomes an acceptable norm
- Predicts future employment and relationship difficulties
- Risk for anxiety, depression and substance abuse (alcohol)
- Predicts Young-adult risk of Failing to Launch

Psychiatric Disorders in Children with School Refusal (Bernstein et al 1991)

Diagnosis		Percentage
Anxiety Disorders		54%
Separation	Anxiety	20%
Anxiety Di	sorder, NOS	12%
Generalize	d Anxiety Disorder	8%
Social Pho	oia	6%
Panic Diso	rder	4.5%
Panic Diso	rder with Agoraphobia	3%
Agoraphobia		.5%
Mood Disorders		52%
Major Dep	ression	30%
Dysthymia		22%

Psychiatric Disorders in Children with School Refusal (Bernstein et al 1991)

Diagnosis	Percentage
Disruptive Behavior Disorders	38%
Oppositional Defiant Disorder	24%
Conduct Disorder	3%
ADHD	6.5%
Disruptive Behavior Disorder, NOS	5%
Other Disorders	27%
Adjustment Disorder (with mood and/or anxiety)	26%
Learning Disorder	5.5%
Substance Abuse	2.5%
Other	1.2%

Simple Pearls

► The Longer the Child is Out of School, the More Difficult it is to Return!

- ▶ The Easiest Day to return to school is today!
 - Building a Cohesive Virtual Team is Critical
 - school, pediatrician, mental health providers,
 wraparound service providers and care managers

Prepared for Young Adulthood

TRANSITIONS TIME INTERACTIONS
WITH ADULTS INTERACTIONS
WITH PEERS ACADEMIC All Classes, All Day Plus Extracurriculars All Classes with No Accommodations **All Classes with Accommodations** Most Classes with Accommodations Tutoring at School Plus Classes **Tutoring at School** Tutoring at Public Library In-Home Instruction

AUTONOMY SOCIAL SKILLS **ADAPTABILITY** STRENGTH

STAMINA

RESILIENCE

To Summarize:

- ► The Covid-19 Pandemic has contributed to both quiet and dramatic problems in school-aged children and teens.
- Social Isolation, poor sleep hygiene, lack of exercise and unhealthy eating habits increase the risk of anxiety and depression symptoms.
- ► The associated increase in emotional reactivity can lead to further personal and family stress and conflict
- ► In-person school attendance can improve many of these issues and offer children and families much needed support and structure

To Summarize:

- Prevention and Early Intervention is critical and the most effective public health approach to potential Mental Health Problems in Children and Teens. In-person schooling plays a central role.
- ▶ Once a Psychiatric Illness has begun, there are safe and effective treatments that include teamwork between providers, families and schools. There are also evidencebased therapies and medications that can help the vast majority of children and teens recover and lead more healthy and productive lives.

Questions

