

Managing Anxious Distress in Youth and Parental Emotion Regulation Strategies in the Context of COVID-19

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Objectives

- Outline current behavioral health impact of COVID-19 on youth
- Describe Distress Tolerance and Emotion Regulation strategies that help combat anxious distress
- Review adaptations to exposure-based treatment in the context of COVID-19

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## Youth Anxiety: COVID-19

- Anxiety Disorders are among the most common mental health disorders in children and adolescents
  - Estimated 20%-30% lifetime prevalence by age 18 in the United States
  - Almost 10% report experiencing suicidal ideation
  - Over 5% reported making previous suicide attempts
- Recent data from the Centers for Disease Control (CDC) indicate that emergency department visits related to mental health concerns have increased for youth since the COVID-19 pandemic started
  - Rates rose 24% for school-aged children and 31% for adolescents when compared to the same time period (March-October) of 2019

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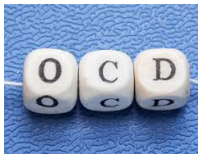
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## Youth OCD: COVID-19



- Prevalence: 1-2% in samples within the community (Masonport et al., 2020)
- Lifetime prevalence: 2-3%
  - OCD persists when effective treatment is not provided
  - Can lead to costly disability in adulthood (Zohar, 2012)
  - Average age of onset: 8-11
- Youth have reported an increase in OCD symptoms in the context of COVID-19 (Cunningham & Hedeis, 2022)
  - Escalation in contamination obsessions and compulsions related to cleaning (Tahir et al., 2020)

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## Family Impact: COVID-19

(Courtney et al., 2020)



- Needing to adapt to a different daily rhythm and losses
  - For youth: may lead to increased social withdrawal, hopelessness, anxious rumination
    - For youth with social anxiety, there may have been temporary relief during virtual learning. Symptoms exacerbated once there was a shift back to in-person school
- For caregivers: navigating being a teacher/tutor while working at the same time
  - Less available external supports
  - Managing their own losses
  - Limited ability to act as an "emotional buffer"
- Given increased togetherness, youth mental health symptoms may be detected earlier

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# Youth Anxiety

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## Youth Anxiety Treatment: COVID-19

(Khari, 2020; Pereplechikova, 2021)

- **Assessment**
  - Evaluating a young person's anxious distress and functional impairment 3 months prior to COVID-19 lockdown and 3 months prior to date of intake
  - Inquiring about potential comorbidities
    - Inform treatment planning
- **Treatment**
  - Psychoeducation- utility of engaging in exposure during COVID-19 to strengthen bravery muscles
  - Troubleshooting engagement in telehealth sessions (e.g., attention challenges; showing one's face on a video call)
  - Enhancing emotion regulation capacity
- **Exposures**
  - Planning exposures in a way that balances treatment progress with the family's and CDC guidelines regarding COVID-19
  - Working with caregiver to set up a distraction-free (as feasible) space
  - Adapting typical exposures
    - Wearing a "silly" mask while out on an essential errand
    - Eating a meal in front of friends via video call
    - Present on a topic of patient's choice via video call
- **Cognitive Strategy**
  - Thought vs Fact
    - Problem starts when we take a thought and turn it into a fact

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## Behavior change

- Being present in the moment that is
  - Awareness
- Willingness
- Capability

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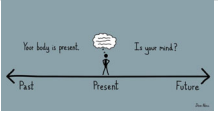
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# Mindfulness

(Linehan, 2015)



- Quality of awareness or quality of presence an individual brings to their everyday living
  - Intentionally observing, describing and participating in reality AS IT IS, in a way that is nonjudgmental and effective
  - "Allowing" experiences, instead of pushing them down, trying to change them, rejecting them, or avoiding them
- Drawn from Zen practice
  - Regulating attention
  - Mindfulness skills designed to be nondominational

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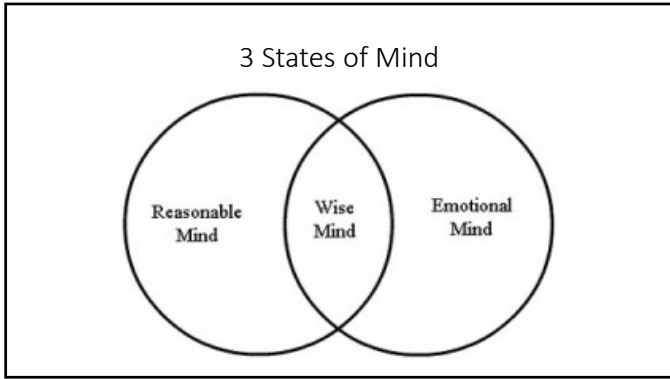
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### 3 States of Mind

(cont'd; Linehan, 2015)

<p><b>Emotion Mind</b></p> <ul style="list-style-type: none"> <li>• Thinking and emotions controlled by current emotion</li> <li>• Facts twisted in a way to align with current emotions</li> <li>• Thinking/planning in a reasonable way is really challenging</li> <li>• Vulnerability Factors</li> </ul>	<p><b>Reasonable Mind</b></p> <ul style="list-style-type: none"> <li>• Thinking rationally and logically</li> <li>• Focused on facts</li> <li>• Ignoring emotions</li> <li>• Approaching problems with a "cool" head</li> </ul>
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# Wise Mind

(Linehan, 2015)

- Integration/blend of Reasonable and Emotion Mind
  - Finding synthesis between extremes; helps us experience reality as it is
- Emotion Mind + Reasonable Mind + Intuition = Wise Mind
- Not acting on impulse; practicing skills instead to manage distress/strong urges
- Sometimes experienced in a part of the body (e.g., belly; between the eyes); still voice within oneself
- Mindfulness skills are the means through which we can balance emotion mind and reasonable mind to attain wise mind and act effectively

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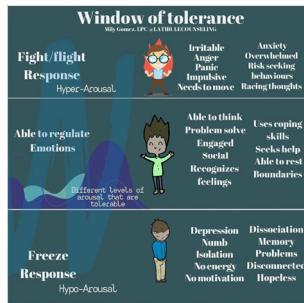
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# Window of Tolerance



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# Dialectics

(Linehan, 2015)

Concept that two opposing things can be true at once

- For everything that exists, there is an opposite

Opposite emotions, "truths," and ideas can co-exist

- "I do not like the rules, and I am going to follow them anyway"

Targets extreme (e.g., "black and white") thinking and actions

- "What am I missing?"
- Attempting to get "unstuck" from where we are

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## What to do about unhelpful thoughts

- Is a thought (1) helpful and/or (2) true?
  - Unhelpful and/or untrue: do something about that thought
- Catching/Dodging Thoughts
  - Catching: Ready to challenge the thought
  - Dodging: Not ready yet to challenge
    - Self-Talk/Cognitive Coping
      - "I can do this"/"I can get through this"
      - "I will be okay"
      - "Right now I have some feelings I don't like. They will pass"
      - "I've done this before so I know I can do it again"

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## Validation (Linehan, 2015)

- Communicating clearly to another person that you are paying attention to them, they are your priority in that moment, and that their thoughts, feelings, and behaviors "make sense" given the situation
  - No judgment or rush to problem-solving
  - Finding the "kernel of truth" in their perspective/situation
- Validating the valid
  - Requires mindfulness skills
    - Observing and describing what is communicated with verbal and nonverbal cues WITHOUT adding value to it

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## Validation (cont'd, Manning, 2021)

- Is strategic
  - It is done deliberately in certain places for a certain purpose
- Self-verification theory and validation
  - Everyone has self-constructs (beliefs about self, their lives, what's important/difficult)
  - When self-constructs are contradicted, even when not accurate, emotions intensifies.
  - When emotions go up, new learning fails to happen, and often, treatment stops
- Validation meets ppl where they are
  - Regulates clients' emotions and yours
  - If you feel tightness in your chest, you feel your emotion elevating while with them
  - If you stop and find something about your client that you are validating, the act of that will regulate you
- Keeps patients from shutting down/attacking
- Shows you care, are attentive, and nonjudgmental
- Makes problem-solving possible
  - Spoonful of sugar that makes the medicine go down easier
- Builds/maintains the rx
- Models helpful ways to be with others

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## Benefits of Validation (Linehan, 2015)

your feelings are valid.



you don't have to apologise for having emotions.

- Increases effectiveness by:
  - Reducing pressure to prove who is right
    - Doing what is needed to remain effective outweighs desire to be right
  - Emotional reactivity
    - Anger and resentment
  - Allows our brain to cool off enough to engage in problem-solving, and improves our relationships

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## What Validation is NOT (Linehan, 2015)

- Agreeing with the other person's perspective
  - Validating the WHY even though you may disagree with the WHAT
- Legitimizing the invalid
  - "Yeah, that teacher is stupid!"
- Parroting the other person
- Implying satisfaction or liking
- Just the inverse of invalidation

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## Validation Isn't... (Manning, 2021)

- Warm and fuzzy (although it can be)
- Praise (although it can be)
  - o Validating is acknowledging what was hard about engaging in skills use
- Reinforcement (although it can be)
- Reassurance
- Disingenuousness (because it is invalidating)
- "I tried validating them and it didn't work"
  - o Validation is when there's a change in experience for the patient
  - o If patient pushes back, then it wasn't validation
- "I want to validate that" is not validation

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**Self-Validation Statements**

"It helps me to realize that I am not alone in feeling this way. It helps me to realize that I am not alone in feeling this way. It helps me to realize that I am not alone in feeling this way."

- Often forgotten, and important to practice
- Helps decrease emotional and physical arousal, decrease Emotion Mind vulnerability, and helps us tune into Wise Mind
  - Allows us to cool our brains off enough to be able to process information, which in turn helps with problem solving and skillful response to a given situation/emotion
- Steps
  - **Paying attention**, on purpose, to our own actions, emotions, and thoughts
  - **Practicing mindfulness** to acknowledge what our feelings and the situation we're in may be communicating about what we need
  - **Trying to understand** our most profound thoughts and emotions
    - Acknowledging that our behavior is caused
  - **Acknowledging the valid** by standing up for self (in a skillful way) when behavior is valid
  - **Self respect and respect for others**
    - Believing we are equal to others

## Self-Validation

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## Goals of Distress Tolerance

(Linehan, 2015)

- Accepting, tolerating, and finding meaning/purpose for distress
  - Learning to "bear pain" in a skillful way
    - Emotional pain and distress are a part of life
      - Inability/unwillingness to accept this fact leads to suffering and misery
    - Attempts to change oneself
      - Ability to tolerate vs. escape pain (emotion mind actions)
  - Utilizing mindfulness skills to:
    - Take in one's environment without wishing or demanding it to be different
      - Accepting reality DOES NOT mean one approves of it
    - Experience current emotions without trying to change them
  - Tolerating emotional crises in a way that does not make things worse
    - Offering short-term solutions to situations that cause emotional pain

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## DBT Distress Tolerance Skills

(Linehan, 2015)

**Crisis Survival skills**

- **Wise Mind ACCEPTS**
  - Distraction
- Self-soothing with 6 senses (including movement)
- IMPROVE the Moment
- Pros/Cons
- TIPP skills

**Reality Acceptance skills**

- Half Smile
- **Radical Acceptance**
  - Suffering = emotional pain + non-acceptance
- Turning the Mind
- Willingness

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# Wise Mind ACCEPTS

(Linehan, 2015)

- Actions**
  - Doing something
- Contributing**
  - Helping someone out
- Comparison**
  - For those less fortunate's time you were feeling worse
- Limitations**
  - Create a different emotion
- Pushing Away**
  - Pushing challenging situation to the side for a minute
- Thoughts**
  - Replacing thoughts
- Sensations**
  - Making other sensations more intense

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# Distress Tolerance Kit



- Creating a list or skills box to manage powerful emotions
  - Focus on techniques that utilize our 6 senses
    - Grounding
      - Relaxation
      - Listening to music
        - Focus on the instruments you're able to hear
  - Prayer
  - Doing one thing at a time
  - Supportive statements
    - "I've gone through worse and I am still here"
    - "I am doing the best that I can"
  - Social support (family, friends, colleagues)
    - Validation
    - Distraction

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# Distress Tolerance Kit (cont'd)

- Fiddle/fidget objects
  - Fidget cube
- Small bottle of bubbles
- Doing a specific number of jumping jacks (cue: picture of a child doing jumping jacks)
- Small ball of clay (to flatten)
- Kinetic sand
- Essential oil
  - Ex: lavender; mint; eucalyptus
- Picture of favorite person/cartoon character
- Stuffed animal
- Piece of velvet (soothing sensation)
- Coloring pages/coloring materials
- Journal
- Coping statements
  - "I can handle this"/"I can do this"
- Pleasant smelling lotion
- Weighted blanket



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# TIPP: Managing Extreme Emotions

(Linehan, 2015)

- Temperature**
  - Cold water or ice pack on face, holding for 30 seconds
  - Decreases heart rate quickly
  - Consulting with medical provider, if needed, before using this skill
- Intense Exercise**
  - 10-15 minutes to burn off excess physical energy caused by intense emotions
  - Avoid overdoing it
- Paced Breathing**
  - Slowing down pace of breathing
- Progressive Muscle Relaxation**
  - Tensing and relaxing each muscle group, from head to toe
  - Noticing tension; noticing difference when relaxed/loose

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# Radical Acceptance

(Linehan, 2015)

- Complete and total recognition and acceptance of reality as it is (as opposed to what we would like it to be)
  - Radical Acceptance ≠ Approval
  - Radical Acceptance does not mean one has to find "meaning" or justification for current situation



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# Radical Acceptance

(Linehan, 2015)

- Fighting reality ultimately does not change reality
- In order to change reality, we have to accept it first
  - It allows us to engage in problem-solving
- Rejecting reality continues to make us feel "stuck" in anger, sadness, and other challenging emotions
  - No sense of "relief", even if it is brief
  - Continued misery
  - Increased feelings of powerlessness and ineffectiveness
- Accepting that we do not have control

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# Goals of Emotion Regulation

(Linehan, 2015)

- Emphasize emotional self-validation**
  - "Just change your attitude, then your feelings will change" ≠ Emotion Regulation skills
- Increasing emotion awareness in the present moment**
  - Utilizing mindfulness skills (observing and describing emotions in a nonjudgmental manner) to manage emotions and tolerate emotion-related physical sensations
  - Exposure to emotions
  - Only one emotion can be regulated at a time
- Reducing cognitive rigidity**
- Naming and taking efforts to prevent patterns of emotion avoidance and impulsive behaviors driven by emotions**

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# DBT Emotion Regulation Skills

(Linehan, 2015)

- Understanding Emotions**
  - Observing and describing emotions
- Reducing Emotional Vulnerability**
  - ABC
  - Coping Ahead PLEASE
- Changing Unwanted Emotions**
  - Check the Facts
  - Problem Solving
  - Opposite Action
- Reduce Emotional Suffering**
  - The Wave: Mindfulness of Emotions

Rathus & Miller (2015)

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# ABC: Coping Ahead with Emotionally Challenging Situations

(Linehan, 2015)

- Describe a situation that has a high chance of leading to unpleasant emotions
  - Focus on facts
  - Label the emotions one may experience in that situation
- Deciding how to act skillfully
  - Using DBT skills to manage the situation
- Visualize the situation in as much detail as possible
- Rehearse managing the situation skillfully, and coping effectively
  - Troubleshooting: Address potential barriers to acting skillfully, and revise coping ahead plan, as needed

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# Opposite Action

(Linehan, 2015)

- Acting opposite to action urges when sitting with the unpleasant emotion is unhelpful (e.g., causing more harm than good)
  - Avoid escaping pain of emotions in unhelpful/destructive ways
    - Fear/Anxiety
      - Approach instead of Avoidance
    - Anger
      - "Gentle avoidance" instead of attacking
    - Sadness
      - Getting active instead of withdrawing/isolating self/being passive

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# Youth OCD

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## Developmentally Appropriate Ritualistic Behavior vs OCD

(Franklin, Freeman, & March, 2019)

- Consider: are the repetitive thoughts/repetitive behaviors developmentally appropriate?
  - Engaging in ritualistic or superstitious behavior is part of typical development in childhood, depending on youth's age
    - Usually worsens during times of stress or transition
      - Ritualistic behavior related to OCD typically presents as more pervasive, extreme, and distressing
        - Typical Development: Child can "break" the ritual when needed (e.g., encouraged by parent/friend would like to do something else)
        - OCD: Child will have a more powerful reaction and find it very difficult to stop
        - Important to "watch out" for typical rituals/superstitions transitioning into OCD



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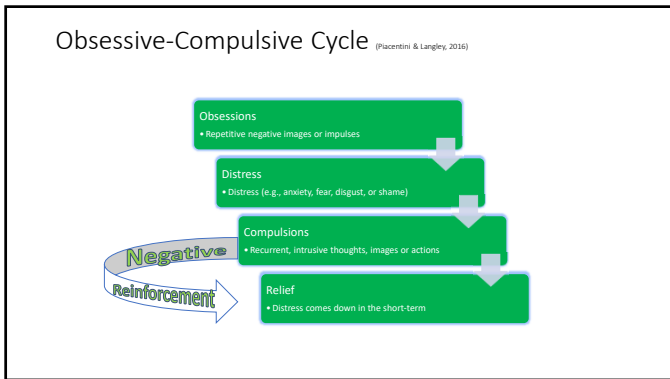
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### OCD Treatment: ERP

- **Exposure and Response Prevention:** the therapist triggers the child's individual obsessive fears (exposure) while at the same time encourages them not to engage in compulsions designed to reduce the obsession-triggered distress (response prevention)
  - "The best way out is always through"
  - "Lean into fear instead of away from it"

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### Specific Fear Associated with Trigger (Franklin, Freeman, & March, 2019)

- What does youth fear is going to happen (consequence) or associated unhelpful belief?
  - Therapist can use answers to "spice up" exposure, which can help prolong exposure to anxious distress
    - "If you don't say "I love you" to your parents three times in a row, then they are going to die"
  - Encourage patient to focus on their specific fear or associated unhelpful belief during the exposure task, in efforts to have the full "potency" of the exposure
    - As best as possible, communicate importance of youth from engaging in "safety" behaviors (e.g., distraction; OCD convincing them that the exposures do not matter/thinking about when they can engage in the compulsive behavior)

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## Avoidance/Ritualistic Behavior

(Franklin, Freeman, & March, 2019)

- Actions youth engages in to decrease their distress in response to their specific fear
  - Goal during exposure: preventing follow through with actions that youth used in the past to reduce distress in the short-term
    - Through exposures (and preventing themselves from engaging in these avoidance/compulsion), they learn that the intensity of the distress does have a beginning, middle and end
  - Point out potential avoidance behaviors from youth
    - Discussing current events or something youth is really interested in
      - "As much as I'd like to hear this, we've got to get to work on slaying this OCD monster. Now, let's go touch that toilet"

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## Types of Exposures

(Franklin, Freeman, & March, 2019)

- Contrived
  - Youth chooses to face a feared situation/stimulus
  - Youth is aware of the exposure ahead of time + exposure is practiced during session to disconfirm fear
- Uncontrived ("naturalistic")
  - Youth comes into contact with an OCD trigger on accident/unexpectedly
    - Ex: Child with contamination fears sees a peer vomit in the hallway
      - Goal: go against compulsion urges
- In-vivo ("live")
  - Thought of as contrived exposures
  - Exposures organized via the hierarchy
- Imaginary
  - Youth exposed to "worst case scenario" present in obsessions
  - Used when youth has a specific feared consequence
  - Can be used to "up the ante" during in-vivo exposures
    - As youth is engaging in response prevention, tell them a story about how they are walking through a hallway, lose control, and hurt someone

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## Conducting Exposures

(Franklin, Freeman, & March, 2019)

- Discuss with youth the highest level of distress they are willing to tolerate
  - What seems minimal to you may be HUGE to them
  - Remind youth that these exposures are "experiments" and they can get through the distress
- Once that has been faced in session, assign therapeutic homework of practicing that exposure for approximately 20-30 minutes per day
- Address potential avoidance (e.g., targeting all low-level exposures first across trigger "islands")
  - Remind youth that moving to more difficult levels is crucial to regain control over OCD
- Use clinical judgment when moving onto new exposure
  - Does not necessarily have to be when distress is reduced by 50%
  - Moving on depends on youth's willingness to tolerate distress
    - As exposures progress, ensure that response prevention continues for previously tackled exposures

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### Addressing Response Prevention Violations

(Franklin, Freeman, & March, 2019)

- These violations are expected and need to be managed as they come up immediately
  - Usually early on in treatment or during more distressing exposures
  - Shy away from telling patient that they have "spoiled" the exposure
    - Be aware of your own verbal and nonverbal communication during session
    - Can lead to feelings of guilt or self-loathing cognitions
    - Goal: dust it off and "keep it moving"
      - OCD is the culprit, not the patient
      - Reexposure: "Never allow the OCD to have the last word"
        - Goal: re-establish anxious distress to combat negative reinforcement
  - Instructions will vary, depending on the compulsion and associated obsession
    - "I noticed that you touched the dresser during this exposure trial. I'd like for you to now imagine that something harmful will happen to your parents"
  - Obsessions related to doubts about safety
    - "Please say 'but you never know' since you followed through with the compulsion"

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### OCD Treatment: Family Involvement

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### OCD Treatment: Family Involvement

(Franklin, Freeman, & March, 2019)

- Goal: Recruit parents/other caregivers to encourage and set up opportunities for exposures within the home and in their community
  - Coach parents to praise their child's willingness to engage in exposures AND their child's ability to tolerate associated anxious distress
    - Anxiety reduction is not something to praise
    - For younger kids, creating an incentive plan can be helpful
  - Remind parents that they are not to yell or be overdemanding
    - Holding child accountable in a supportive manner
  - Validate parents' emotions of blame and/or anger, and coach them on how to respond in an effective manner to themselves and their child

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**OCD Treatment:  
Family Involvement**  
(Franklin, Freeman, & March, 2019)

- **Goal: Reduce familial conflict regarding compulsions**
  - At the start of treatment:
    - Parent: "This sounds like your OCD talking. I'll go along with it for now because you haven't learned how to deal with it yet; but as you get stronger, I will not be doing what the OCD wants me to do anymore"
  - Throughout treatment:
    - Coach parents to re-label and re-attribute their child's behavior:
      - "Remember, your OCD might get more powerful if you do that right now."
      - "I know this is REALLY hard, and I also know you can get through this"
  - At the middle/later part of treatment:
    - Coach parents to (in a calm, neutral manner) refuse requests for help with compulsions and walk away (in efforts to reduce conflict)
      - Do not get into the arena

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**OCD Treatment:  
Family Involvement**  
(Franklin, Freeman, & March, 2019)



- **Goal: Disentangle the family from the youth's OCD**
  - Critical in compulsions related to reassurance-seeking
  - Plan ahead with parents/caregivers how they are going to respond to the child when they are trying to bring them into the compulsions
    - Withholding reassurance is going to create a powerful response from the child
      - Giving in offers short-term relief AND long-term challenges
        - Behavior is negatively reinforced + no opportunity for new learning is created
  - Parents can't engage in ERP for the child, no matter how much they would like to
  - Enabling the child's OCD is not being supportive
    - Child will continue to be controlled by the OCD

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**Challenges and Benefits of Treating OCD in the Context of COVID-19**  
(Franklin, 2020; Van Kirk, 2020)

<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• "Extreme" exposures are limited           <ul style="list-style-type: none"> <li>• Ex: eating chips off the floor on the street</li> </ul> </li> <li>• Restrictions around response prevention (e.g., hand washing)</li> <li>• Restrictions on where exposures can take place</li> <li>• Limited "in office" exposures</li> <li>• Difficulty ascertaining whether youth are engaging in safety behaviors (via telehealth)</li> <li>• Privacy and Attention</li> <li>• Outlining what is reasonable while being mindful of CDC guidelines</li> </ul>	<p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>• Treating OCD "where it lives"</li> <li>• Additional caregiver/sibling involvement/observing dynamics as they occur in the home</li> <li>• Increased therapist creativity           <ul style="list-style-type: none"> <li>• Bolstering imaginal exposure scripts</li> <li>• Screen sharing when engaging in exposures using videos</li> </ul> </li> <li>• Caregiver coaching</li> </ul>
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**Covid-19 and Child-Caregiver Distress:**

Integrating parent management training strategies in treatment to increase pandemic-related distress tolerance within family systems

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**Financial Disclosures**

▶ Nothing to disclose

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**Topic Objectives**

- ▶ Overview of Covid-19's impact on child/caregiver mental health and its effect on disruptive behavior management in families
- ▶ Provide rationale for increasing integration of parent management training (PMT) skills to effectively address externalizing reactions to pandemic distress
- ▶ Discuss core components of PMT skills and how to structure sessions to include behavior management skill teaching to parents/caregivers
  - ▶ Planning Ahead/Building the PMT Toolbox
  - ▶ Strengthening Child-Caregiver Relationships
  - ▶ Maintaining Consistency and Routines

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### Quick Stats: Prevalence of Child Mental Health Disorders and Presence of Disruptive Behaviors in US

2018 review of National Survey of Children's Health data from 2016:

- 7.4% of children (ages 3-17) diagnosed with a Disruptive Behavior Disorder
- 9.4% of children (ages 2-17) diagnosed with ADHD

**Percentage of Co-Occurring Symptoms/Disorders in Children 3-17 years with Depression, Anxiety, and Disruptive Behavior Disorders:**

- Primary Depression with:**
  - Anxiety - 73.8%
  - Disruptive Behavior - 47.2%
- Primary Anxiety with:**
  - Disruptive Behavior - 37.9%
  - Depression - 32.3%
- Primary Disruptive Behavior with:**
  - Anxiety - 36.6%
  - Depression - 20.3%

Disorder	3-5 Years	6-11 Years	12-17 Years
Depression	~1.5%	~6.0%	~10.5%
Anxiety	~1.5%	~6.5%	~10.5%
Behavior Disorders	~3.5%	~9.0%	~7.5%

Image From: <https://www.cdc.gov/childrensmentalhealth/data>

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### Covid-19 and Youth/Caregiver Distress

**What We Know:**

- The pandemic has contributed to a significant increase in child and adult mental health challenges
  - Emergency room visits for child mental health issues between March 2020 to October 2020: 24% increase ages 5-11 years old, 30% increase ages 12-17 years old (Leeb et al., 2020)
  - January 2021: 4 out of 10 adults in the U.S. reported anxiety/depression symptoms, and 400% increase from Jan. 2019 (Pechat et al., 2021)
- There has been a significant increase in severe disruptive/externalizing behaviors in children throughout the pandemic
  - Study in Japan indicated significant increase in the following disruptive behavior symptom categories in school-aged children (grades 1-12) between March 2020 and May 2020: emotional symptoms increased 24.8%, conduct problems increased 22.7%, hyperactivity/inattention increased 36.8%, peer relationship problems increased 36.2%, and lack of prosocial behavior increased 23.5% (Takahashi et al., 2021)
- Two studies have shown that higher parental distress and anxiety and parenting stress during the COVID-19 pandemic were associated with greater child distress, emotional symptoms, hyperactivity, and conduct problems

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### Covid-19 and Youth/Caregiver Distress

**What We Know:**

- Higher parental distress and anxiety and parenting stress during the COVID-19 pandemic were associated with greater child distress, emotional symptoms, hyperactivity, and conduct problems
- Notable relationships between negative and positive child behaviors, level of parent distress, and use of effective parenting practices during periods of "lockdown" related to the pandemic
  - A study from the United States with parents of children aged 0 to 18 years found that parents' caregiver burden and mental health were related to parental perceptions of children's stress and that parents' and children's distress was significantly linked to a negative parent-child relationship
  - Another study conducted in the United States with parents of children aged 5 to 18 years showed that COVID-19 stressors are related to greater family discord and use of caustic parenting, which, in turn, predict greater child and parent distress

(Dubois-Comtois et al., 2021)

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## Covid-19 and Youth/Caregiver Distress

### How We Can Help:

- ▶ Parent/caregiver involvement in individual therapy sessions, including recurrent parent-only sessions to assess for and establish a treatment plan for level of caregiver distress and its impact on family functioning and use of effective behavior management strategies
- ▶ Integration of Parent Management Training skills across diagnoses, with particular emphasis on helping families manage children diagnosed with anxiety, depression, and disruptive behavior disorders since the onset of Covid-19
- ▶ Including caregivers frequently in their child's treatment and teaching them behavior management strategies will:
  - ▶ Strengthen parent-child relationships
  - ▶ Increase positive behaviors in children
  - ▶ Help establish routines and consistency in parenting practices, as well as helping caregivers develop a "toolbox" of evidence-based behavior management approaches
  - ▶ Increase use of effective coping/emotion regulation strategies by children and their parents when managing distress
  - ▶ Provide child mental health clinicians with structured, actionable, and attainable treatment goals that can increase clinical efficacy and relieve symptoms of burnout and stress related to treating child/caregiver distress related to COVID-19

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## Parent Management Training

Core Skills to Support Children and Their Families in Managing Covid-19 Related Distress

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## Parent Management Training:

### What Is It?

- ▶ Skills-based treatment aimed at changing parenting behaviors
- ▶ Teaches caregivers positive reinforcement methods to promote an increase in desirable behavior
  - ▶ Also involves effective ways to manage disruptive behavior, but core focus is on increasing use of positive reinforcement strategies
- ▶ Rooted in operant conditioning and applied behavioral analysis principles
- ▶ Common types: PCIT, Incredible Years, Positive Parenting Program
- ▶ Often addresses: ODD, Intermittent Explosive Disorder, Conduct Disorder, ADHD, Unspecified Disruptive Behavior Disorder

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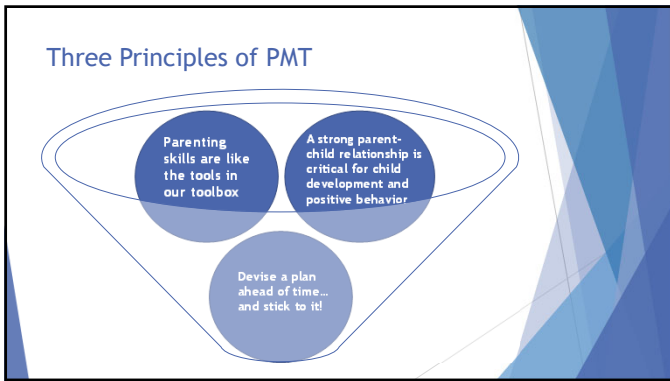
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### First Principle - Toolbox

- Like construction tools, parenting tools can be used in various situations to accomplish various goals
- Having the proper tools and knowing how to effectively use them are both important
- The knowledge that parents have about their children and their situation is very important - **PARENTS ARE THE EXPERT IN THEIR CHILDREN!**
- It is the **knowledge of the tools** and the **knowledge of the child** that leads to positive home behavior and improved parent-child relationships

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### Helping Parents Build Their Toolbox

First Step: Discuss Behavior Goals and Assess Current Behavior Management Functioning

- ▶ What behaviors do they want to target?
  - ▶ Have parents come up with a list of 5-10 behaviors they would like to see more of from their child. If they are focused on the problem behaviors, have them consider what behavior would be opposite of the undesirable behavior.
- ▶ What strategies are they already using for these behaviors? What is working? What isn't working?
- ▶ What factors are getting in the way of child success, parent success, etc.?
- ▶ If 2+ caregiver household, discuss co-parenting dynamic.
- ▶ How has covid-19 impacted past and current parenting practices?
- ▶ Provide psychoeducation about PMT and discuss concept of "Parenting Toolbox"

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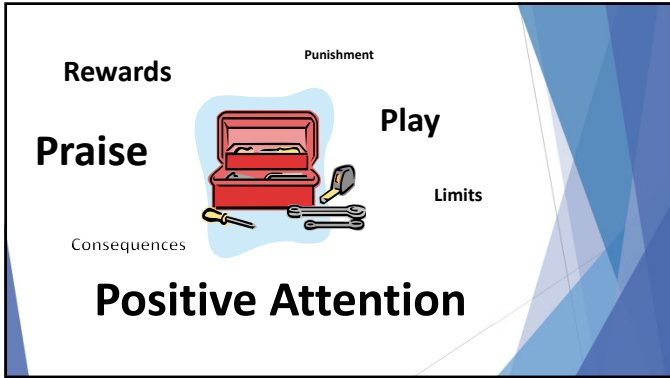
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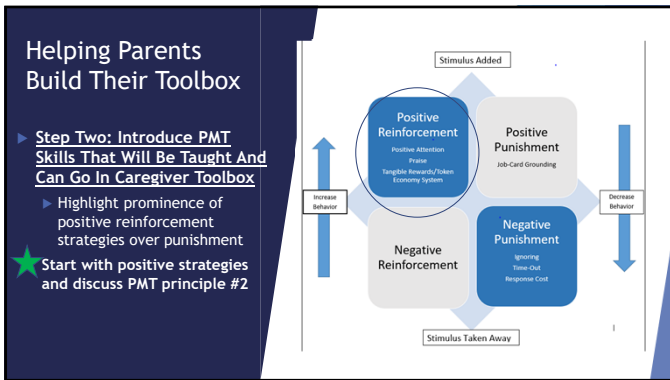
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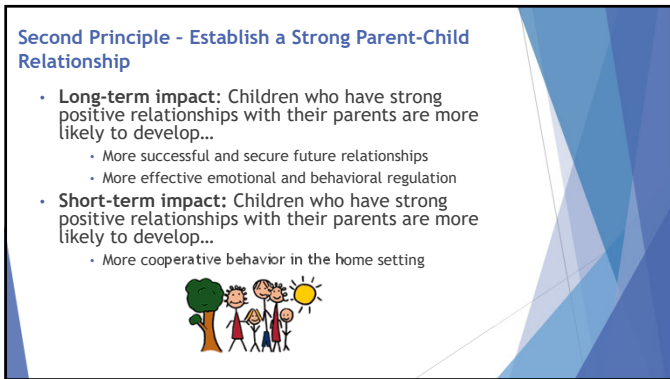
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## Why focus on the positive:



- The stronger the positive foundation of the parent-child relationship, the more likely the child will comply with consequences and discipline strategies
- Think of positive reinforcement tools such as positive attention, praise, rewards, and play, like adding money to a piggy bank - positive feelings resulting from positive parent-child interactions can be saved for use during conflict which will lead to increased future compliance

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## Positive Strategies to Focus on in the Context of Covid-19 Distress - Where Parents Should Start:

### ► Positive Attending

- “Catch your child being good.”
- Use labeled praise, high fives, hugs, smiles, encouragement, eye contact, interest and enthusiasm

### ► Active Ignoring/Differential Attention

- Remove all attention from minor behavioral challenges (sass, back talk, tantrums/whining, anything “annoying”)
- Follow-up ignoring with praise/positive attention as soon as they are demonstrating a desirable behavior

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## Positive Strategies to Focus on in the Context of Covid-19 Distress - Where Parents Should Start:

### ► Special Play Time/Child Directed Play

- Children -11 years old and younger: 5-10 minutes each day of engaging in play in which the child takes the lead - they decide what to play and the parent follows along
- Use the **PRIDE** skills (praise, reflect, imitate, describe, enthusiasm) to keep the child in the lead
- Refrain from asking questions, giving commands, or criticizing during this time - keeps the interaction positive and keeps the child in the lead
- Use active ignoring to handle disruptive behaviors, end play early if more extreme behaviors occur (aggression/destruction)
- Avoid activities with rules, guidelines etc., to ensure child can be in the lead, creative activities such as drawing, building, imaginative play are best
- Include all members of the household, but keep play one-on-one
- Special play time should not be removed as a punishment for undesirable behavior, nor should it be earned for desirable behavior (unless adding extra time to 5-10 mins)

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## Positive Strategies to Focus on in the Context of Covid-19 Distress - Where Parents Should Start:

### ▶ One-on-One Time

- ▶ Children/adolescents ages 12+
- ▶ Can set aside time (5-10 mins), schedule specific activities together, or naturally join in with child/teen as they are engaging in something of interest (conversation, hobby, game, etc.)
- ▶ **Pride Skills** can be used to keep child/teen in lead, okay to ask questions to demonstrate interest/enthusiasm, refrain from criticism/commands/parent opinions
- ▶ Focus on using **VALIDATION**: demonstrating acceptance of another person's feelings and point of view, even if you don't agree
  - ▶ Being present and listening
  - ▶ Responding with statement such as: "It makes sense you are feeling that way," and "I understand why that is so hard."
  - ▶ Emotions and thoughts can be validated without validating behaviors

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## Third PMT Principle: Plan Ahead...

### Third Step: Help Parents Make a Plan...

- What gets parents/caregivers in trouble in using effective behavioral management strategies is decision making in the moment
  - Emotion of a situation likely leads to saying things or acting in a way that is counter-productive or regrettable
- Important to do as much work ahead of time as possible to build the toolbox, engage in positive attention, and make a plan
- Children and teens can and should be involved in the planning (especially teens/pre-teens)
  - What behaviors to target
  - Incentives/rewards
  - What strategies to use



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## ... and stick to the plan!



### Third Step Cont'd: ...support families in sticking to the plan:

#### 1. Consistency

- Across time, situations, and people

If you implement the plan inconsistently it will be difficult to determine if it is an effective plan or not

#### 2. Persistence

- Across time

If you give up on the plan prematurely, it will be difficult to determine if it is an effective plan or not

Check-in about the plan each session, structure sessions so that parents/caregivers are prepared each time to give a brief "report" on progress, offer tweaks/schedule regular parent-only sessions to discuss plan and ways to adapt it



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## Establishing Family Plans and Routines in the Context of Covid-19 Distress - Where Parents Can Start:

- ▶ **Calm-Down Space:** each member of the house (adults included) should have a designated space where they can go cool-off, especially when intense emotions occur
  - ▶ Can be a bedroom, chair, cozy corner or spot in the house, just make sure it can be a private space when it's needed
- ▶ Create a sensory/calm-down kit full of things that ground you that you can keep in this space- think about the five senses when generating ideas - no screens in this kit! (Coloring supplies/crafts, lotions, candles, snacks/little treats, cozy blanket or stuffed animal, fidgets, photo albums, twinkly lights, music, yoga poses)
- ▶ Consider utilizing tangible rewards/token economy systems to increase child use of space in moments of high emotion/distress - caregivers can also think of ways to reward themselves/each other for using space to manage their emotions

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## Establishing Family Plans and Routines in the Context of Covid-19 Distress - Where Parents Can Start:

- ▶ **Important Routines for Kids/Families Clinicians can Help Them Establish:**
  - ▶ Set meal and snack times, consider preparing and eating meals together
  - ▶ Get Movin' - engage in physical activity for at least 10 minutes a day - cardio/aerobic exercise, dance, stretching, walks
  - ▶ Set guidelines around screen time/device access, stop screen use at least 1 hour before bedtime
  - ▶ Schedule (covid-safe) social events - video chats, small get-togethers/play-dates, outdoor activities, special family/friend outings
  - ▶ Create a schedule for weekdays and weekends that includes everything, i.e., schoolwork, chores, breaks, down-time, screen-time, special play-time, meals, exercise, social events, etc.

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## Planning for Disruptive Behavior in the Context of Covid-19 Distress - Where Parents Can Start:

- ▶ **Effective Use of Punishment Strategies (Negative Punishment):** to decrease undesirable behavior, should only target intense/severe disruptive behaviors that cannot be ignored (physical/verbal aggression, destruction, stealing, dangerous behaviors, etc.)
- ▶ Clearly articulate house rules/expectations, set clear limits, and state commands clearly in a firm yet calm/neutral tone
- ▶ Helpful to establish and write out "House Rules" and post them in communal area of home - limit rules to 3-5 total
  - ▶ **Removal of Privileges:**
    - ▶ What will be removed, for how long, what behaviors will this be a consequence
    - ▶ Privileges - anything that is not related to child's activities of daily living (school, homework, chores, sleep, eating, etc.)
  - ▶ **Job-Card Grounding:** give child "chore-card" for rule-breaking behavior with step-wise instructions for completing task. Child is grounded from privileges until task is complete.
    - ▶ Plan tasks and create cards ahead of time
    - ▶ Consider appropriate tasks/time it takes to complete tasks based on age/child development
- ▶ **Punishment Strategies to Avoid:** these build resentment, harm caregiver-child relationship, increase maladaptive emotion regulation/model ineffective emotion management, and often increase disruptive behaviors
  - ▶ Corporal Punishment
  - ▶ Yelling
  - ▶ Nagging
  - ▶ Lecturing
  - ▶ Overly Punitive Tasks

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## What Should Clinicians Implementing PMT Skills Consider

- ▶ Meet a family where they are - assess for child/caregiver needs and readiness to engage in joint, individual, and parent-only sessions
- ▶ Start slow and small, focus on one behavior or skill at a time, slowly build on each skill as families experience success and gain confidence
- ▶ Support overwhelmed caregivers and parents experiencing their own mental health challenges in getting connected to the services they need
- ▶ Encourage and validate at each step of the way, remind families that what you are asking for is a willingness to try, but there is not such thing as failing PMT
- ▶ Don't be afraid to adapt, adjust, change, or even scrap behavior systems and plans over time, as kids change and grow, the approaches to support them will need to as well
- ▶ Trust your clinical gut - it's okay to move on from a strategy after clear persistence and consistency - some strategies work better for one family/kid compared to others

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## Key Take-Aways:

- ▶ Children, caregivers, and their families are experiencing an increase in distress due to Covid-19 that is increasing disruptive behaviors in children/teens
- ▶ PMT is the main evidenced-based method for addressing problematic internalizing behaviors
- ▶ In order to effectively address the levels of distress children/families are presenting with during this time, PMT skills can and should be integrated into individual treatment with children to help caregivers help their children and themselves manage the externalizing results of distress, regardless of clinical origin/pathology
- ▶ Therapist and other mental health providers should structure sessions to involve parents/caregivers in treatment as much as possible to engage in these skills and reinforce their use outside of session
- ▶ PMT skills will also help lower parental distress as they will gain knowledge and confidence in their ability to implement effective, consistent behavior plans and routines to increase desirable behavior and decrease undesirable behavior in their children
- ▶ Clinicians can also benefit from the structure of PMT skills as they provide a clear way to create, implement, and track treatment goals/progress over the course of their work with a family, leading to better treatment outcomes and relieving symptoms of burnout, particularly within the currently stressed-out child mental health system as a result of the pandemic

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## Recommended Resources:

- Books for Kids with Big Emotions
  - [What to Do When Your Temper Flares](#) by Dawn Huebner
  - [What to Do When You Worry Too Much](#) by Dawn Huebner
- Books for Managing Disruptive Behaviors
  - [The Incredible Years](#) by Carolyn Webster-Stratton
  - [Your Defiant Child](#) by Russell Barkley and colleagues
  - [Your Defiant Teen](#) by Russell Barkley and colleagues
  - [The Explosive Child](#) by Ross Greene

Chop Page: Managing Disruptive Behaviors in the Time of Covid  
<https://www.chop.edu/news/health-tip/managing-disruptive-behaviors-in-the-time-of-covid19>

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