**CSCH Spotlight on Well-being During COVID: Family Wellness** **Podcast Episode Transcript**

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Helene Marcy: Hello and Welcome to the CSCH Podcast. My name is Helene Marcy, Program Manager for the UConn Collaboratory on School and Child Health, or CSCH. The CSCH mission is to facilitate innovative and impactful connections across research, policy, and practice arenas relevant to school and child health. I invite you to take a look at our website at csch.uconn.edu.

CSCH recently completed a survey of district and school leaders about how the pandemic has affected their priorities and concerns. Results indicate that one of their biggest worries is social and emotional wellness. That prompted us to do a podcast series on the topic. This podcast series was made possible in part by funding from the Neag Foundation, which serves as a philanthropic force for positive change in education, health, and human services initiatives. Our last episode focused on school staff wellness. For *this* episode we decided to talk to some experts to get their take on the issue of *family* wellness.

Today I’m here with Beth Russell, Alice Forrester, and Emily Iovino. Beth is an Associate Professor in the Department of Human Development and Family Sciences at UConn and is also Director of the Center for Applied Research in Human Development. Alice is CEO of the Clifford Beers Clinic based in Greater New Haven. Emily is a Postdoctoral Researcher with us at CSCH and a recent graduate of UConn’s doctoral program in school psychology. Welcome to all of you.

Emily Iovino: Hi.

Beth Russell: Great to be here.

Alice Forrester: Thank You.

Helene: So my first question is for all of you but Beth, let’s start with you. Please tell us a bit about the nature of your work with families. For example, the specific types of families, contexts, or issues that drive the focus of your work.

Beth: Sure, I study the development of coping skills when facing stresses. So I’m studying children or adolescents, and I’m often therefore studying their families. Whether I’m studying stresses of becoming a new parent, or caring for a child with a chronic illness, for example, I’m often studying these families across a wide range of backgrounds. A lot of my work focuses on maladaptive coping behaviors – substance use specifically. I’m studying how families support loved ones trying to enter and maintain their recovery from substance use disorders. Right now, I also have a few studies on how families coped with the stresses of COVID-19 and the quarantines that changed daily routines across the nation. So there’s a lot of broad diversity in that set as well.

Helene: Emily—what about you?

Emily: So, my dissertation was actually focused on supporting family caregivers of children with developmental disabilities. So I continue to engage in research in that area and, similar to Beth, throughout this COVID-19 pandemic have sort of switched gears to focus more specifically on the impact of the pandemic on this population of caregivers, as they compare to caregivers of children without developmental disabilities. In addition to that, I'm also a school psychologist, so I conduct work around family engagement and work with families in school based settings.

Helene: Thanks. And Alice, tell us about your work.

Alice: Sure. Clifford Beers is a mental health agency for the greater New Haven region. We serve about 18 towns across the New Haven region as well as our partner organization is Mid-Fairfield Child Guidance Clinic and that's in the Norwalk region. And so we serve children and families, in particular who are on Medicaid--about 80% of those kids and families—across the spectrum of what Beth and Emily both mentioned. Families who live under high stress, kids who have been exposed to trauma, as well as—we have a disabilities focus, in particular around other abilities around autism and intellectual disabilities. We've been, we opened a specialty center there in Hamden about two years ago. So we basically are a mental health service for kids. We have expanded our services for also parents and for families so that we're really looking at the whole family and what's going on, and we're really very focused on making sure that we can catch the kids earlier and quicker before they actually need a mental health diagnosis. So doing a lot of work in schools, and in the community. We deliver both mental health services and address social determinant needs.

Helene: So we have a quite varied group here in terms of focus on family wellness. Alice, tell us your thoughts about what we should be thinking about regarding family well-being and particularly adult caregivers. Why is caregiver well-being so important, and what are the implications for students?

Alice: Well, I think the most important thing—and Beth can speak to this—stress runs downhill, I don't know if that’s the right way to describe it. But I'm a parent and I know that when I'm in a stressed out place and I go home and I even just talk in a certain tone with my kids they pick that up right away and they’re, you know, react to the stress rather than they react to what I'm saying to them. And I think that we found in some of the research that we've done with our children that even if—so we have a child who may be identified with a mental health disorder, you know, anxiety or attention deficit or trauma and depression, and we actually just work with the mom or the dad to reduce the level of depression within the parent, we find the kids get better, you know, even without any interventions at all. So I think that the link to maternal and paternal depression and mental health issues is so important to think about, rather than just working with the 8- or the 11- year-old who's with you.

Helene: I really like that phrase stress runs downhill and it's very important to remember. Beth and Emily, we know that life has changed exponentially during COVID-19, particularly for family caregivers who have children in school. You’ve both recently conducted research to understand how families are coping. What are the main take-aways of that research – what have you found to be the impacts on families? Beth?

Beth: So we know that caregiver burden is really heightened right now. We're seeing high levels of anxiety and depression, but also COVID-related stressors as well as more general stressors. These are especially heightened for families of young children and those with fewer social supports. And those might be fewer social supports because of something has happened during COVID, like with social distancing guidelines that create barriers to ways that we’re used to engaging with one another or there might be preexisting deficits in social support. We also know that dads are struggling more than moms right now in that regard, but that moms are reporting more anxiety and more signs of post-traumatic stress, even after only 30 days during the height of the pandemic than fathers are.

Families are talking with their children about COVID-19, for sure. But they're reporting back to us that they're focusing on the pragmatic, the concrete things about staying safe and clean, more than topics like coping skills, or emotional stressors and how to social distance. In particular, we're not seeing a lot of evidence that parents are confident talking with their children about the ambiguity of the pandemic in terms of how long this will go on for and what kids can can expect, and even in adult populations, we know that the the timeframe of a stressor is a really important predictor on how powerful the mental health impacts are going to be and for how long they last. So the ambiguity of COVID-19 here in the United States and the shifting of opening and reopening in hybrid and virtual school environments, for example, is creating a continual stressor that families are working hard to navigate with their children.

Emily: Similar to Beth, we're finding that caregiver burden is heightened as well, and really that all caregivers of school age children are struggling. But we're finding that caregivers of children with developmental disabilities, specifically moderate to severe autism and ADHD, are personally struggling with their well-being to a greater degree. So, again, experiencing caregiver, burden, stress and symptoms of depression and anxiety, as Beth mentioned. Most of the challenges that caregivers noted were really around changes in education services and supports for the child and family as a result of COVID-19. So beyond just the switch between hybrid and virtual, just kind of the changes in the modality of services and supports between, you know, quality being diminished as a result of PPE or as a result of needing to socially distance. So, even when kids are in person having not as strong access to those supports. For caregivers of children with autism and ADHD, specifically: self care for them— their own personal self care— is at least as challenging as it was prior to the pandemic and even more so for some families, given the need to balance school-based supports that they are now responsible for delivering.

Helene: So, that’s been a really rough time for those caregivers specifically. Alice—given the effect of the pandemic on families, what should school leaders know about family well-being? Particularly now, what should they be paying attention to in order to drive decisions about supporting families?

Alice Well, I think what's happened in the state is that the school leaders and the school staff are realizing the acuity of basic needs that our children and families have. They are in their home, so to speak, by virtual learning, they see and hear, you know, how the house may be very small, the kids may be, you know, on top of each other, not being able to, you know, hear each other speak. A lot of our families are struggling for food, accessing food. You know, one of the problems that we found is that schools, the hybrid schools, only give maybe 20-25 minutes for the kids to have lunch. But that's not long enough for the kid to get to the school. Because a lot of the kids depend on the school lunch you know, for, for their meal. To get to the school and get back to class. A lot of problems with the technology: certainly all the kids got Chromebooks, but some Chromebooks are older than others and, kids feel resentful that they don't have the right technology or are not able to use the technology and, you know, the Internet connections, of course, are at best, unreliable. And so I think that our school leaders are seeing these enormous problems that they always sort of have seen, but it's much more prevalent right now, in terms of barriers of learning. And so I think that school leaders are beginning to look towards the community for resources. You know, in general schools sometimes feel very self-contained and they’re doing okay, but I think that looking to your community mental health providers, and looking to even the YMCA or other groups that can help this family, get the needs that they they have addressed. And I think the community coming together and connecting with the schools is a critical opportunity, if you will, during this terrible time.

Helene: That’s a great point—that looking to the community for resources and forming community and school partnerships will be key moving forward. My next question is for everyone again: how have supports to families changed as a result of this pandemic? What are some of the promising practices that you’ve heard about or participated in that have connected, engaged, or supported families? Emily?

Emily: So, I started to talk about this a little bit earlier around the challenges that family caregivers are facing, but for families with children who have developmental disabilities, many supports have been reduced or taken away due to needs for in person service delivery. So, a lot of services that children with developmental disabilities receive are required to be delivered in person, or at least that's, you know, kind of the status quo. So within hybrid and virtual learning, when supports are able to be adapted to virtual delivery, the quality of supports is diminished. And then, again, for in person, staff and student PPE, physical distancing have also required shifts in the ability of services to be delivered as intended. With that said, though, there have been a lot of innovations that I've seen both through research and my experience working in a school around increasing family access to schools and educators and family learning opportunities, through Zoom, Microsoft Teams, Google Meet, that sort of thing. So, for example, and I believe this is continuing, the Connecticut State Department of Education is offering monthly family seminars; there have been Friday cafés where families can go and sort of join in and have a forum for asking questions, getting answers about COVID, especially through school reopening that was a big thing.

DCF, the Department of Children and Families, offered a talk line for families who are struggling to have an outlet to talk about some of the challenges of being home with your kids all the time, which is really a burden over and above what many caregivers are used to experiencing. So, although yes, there were and continue to be a lot of challenges, there's also been a lot of really great opportunities, specifically from the school-based perspective, about being able to access families to an extent that we may not have been able to do before. So that's been really exciting.

Beth: I think that closeness with kids has proved to actually be um, quite protective for mental health and so the question is, how do we make sure that in these heightened times of stress families have the resources they need to carve aside that extra time to do something that creates togetherness and intimacy in the household, instead of being sort of overwhelmed by all the reasons for distress and anxiety. So the research that we're doing suggests that the closeness—the degree of closeness that parents feel with their children—can actually offset some of those mental health struggles and caregiver burden. And even with as little as 20 minutes of time each day to focus on doing an activity that everyone in the family is rejuvenated by or can laugh during can be really surprisingly helpful and, and not just in terms of lifting the mood, but making a meaningful difference in the health outcomes of everybody in the home.

Helene: And Alice?

Alice: That’s a great suggestion, Beth. When I leave, I'm gonna go do that. I think that, you know, I'm gonna speak just to the city of New Haven right now, even though we serve quite a few. And the city of Norwalk—the city of Norwalk has provided some incredible resources for families. They have a very large Spanish-only speaking population; they have a lot of kids who've been coming from the detention centers and moved; they have the highest amount of kids there and so they're working on creating a community learning hub that is Spanish-only for families.

In New Haven, there's been an amazing opportunity for food distribution networks that has been terrific. And the program, CARE [Community Alliance for Research and Engagement], that many of you are familiar with and REACH [The Racial and Ethnic Approaches to Community Health] now that’s part of Southern has a food policy committee, and they were already in place and there's been an incredible distribution of food for families throughout the city—multiple ways, multiple opportunities. So, that's been a good thing for the city.

We have seen the churches really step up in the community to try to access families and help them get their needs met. We have about 11 or 12 churches who are going to open community-learning hubs. It was a grassroots effort in the city: parents and church leaders and groups got together and really have set a structure for these community-learning hubs and we've raised some money. Clifford Beers is really just acting as an administrator for it, but it's been an amazing collective effort and very democratic in its structure, which has been really fun and great to meet some community leaders that way.

And then we have- Clifford beers was asked by the mayor to maybe look at how we could help with mental health. So we opened a warm line, not a hotline, for mental health, but a warm line where people could call in and just sort of both get access to basic needs or connections that they need. But half the calls are exactly what I had hoped, which is really for connection and talking to a live person. So we average about 20-25 minutes on a call. Some calls last an hour; some calls last shorter. Connecting people—we've been able to expand it across the state so we're able to send people for mental health services. We have a hot link to 911, if we need—if, you know, we feel like the person's in great distress.

But that's been a really great opportunity to listen to people and hear what's on their minds and try to help them. That number is 1-844-TALK-4-CT if people want to do that. We also have a parent support group on Mondays, like Emily was saying, that's offered to our families and the person is virtual, and people can connect on.

Helene: That’s terrific. I’m continually impressed with how organizations and schools have pivoted during this time and have adapted their practices. So I have one last question for all of you and that is, Where do we go from here? What actions should schools and communities be tackling in work with families to support their well-being? Emily?

Emily: So, I think, as we continue to prioritize health and safety by engaging in hybrid and virtual learning models through school, it's clear that more—or at least increased access to supports are needed for families, particularly those who have kids with disabilities. I think, for schools, you know, as I talked about earlier and as Beth and Alice talked about, there's a lot of promising practices, so I think for schools, continuing to find creative, innovative ways to engage and include families virtually will be important. Specific activities and options to kind of consider for the future might include seminars or virtual events to support parent and caregiver well-being—there's definitely been some of that work, but continuing to kind of revisit that will be important. So, for example, you know, focus on mindfulness or meditation; information about free online resources to support their physical health and exercise; some relaxation practices, coping strategies that the whole family can use; and continuing to provide those resources. Because, you know, we're seeing now, at this point numbers starting to climb in Connecticut; the future is so uncertain. So continuing to use this as an opportunity to promote family engagement and support all families, and then, you know, thinking about the unique needs of families of kids with disabilities who are within that school-age space will be really important.

Beth: Yeah, I absolutely agree. Engagement and connection are going to be key, especially as we enter into surges and plateaus of disease prevalence as we get through the winter together. That means that we're all going to have to demonstrate some agility in the modes we use to stay connected to one another and to not allow our anxieties or the ambiguity of the situation to draw us away from one other. And programs that have new experiences during these early months, have really underscored how important it is to have multiple pathways to stay engaged. And that means that we also now have new evidence for how important it is for municipalities to think about how they're allocating resources to facilitate multiple ways of staying connected—that just having one tried and true way of staying, connected to families in your community leaves you really vulnerable when that one way, tried and true though it may be, doesn't work for you anymore. So I'm hoping we're going to start to see a lot of creativity from our municipal leaders and policymakers about how to protect multiplistic ways of, you know, getting families to the care and nurturing and connection that they need to protect their well-being.

Alice: Yeah, I, I love that idea and I, you know, I think that getting creative has been and being flexible has been the core of just delivering services. One of the most amazing things that happened during COVID were a lot of policies and procedures were changed. So, for example, we were able to bill telemedicine, telehealth services and Connecticut was one of the last states that did not allow telemedicine billing. And now that we're doing it, we're actually have gone from a 65% show rate to over an almost 90% show rate. And so that has has changed practice. And also for our, our clinicians who are embedded in the schools, it's been an eye opening experience because usually, when a kid is seen in the school, sometimes it's harder to get the parent in or connect with a parent. But now that the services are being delivered through telehealth, the parent is right there and and grabs the phone or talks, you know, with the therapist and different relationships can be built in that way. And so, you know, if you're saying there's a silver lining in some of this, I think that that is the reality. I think also highlighting what both Beth and Emily said: connection, connection, connection. We have to figure ways to being the good neighbors, to watch out for each other and, you know, have each other's back—both from an organizational level and so we've had some amazing opportunities, across schools and community partners, as I said earlier, but also just in general as being a good neighbor and, you know, saying, hey, I'm running to the store, do you need anything or, you know, knowing someone who's has a house full of kids, I'm gonna buy an extra box of cookies or hamburgers or something, and drop them off for you. So I think we are going to find that the ways we've been together in this will inform our future going forward. Equity—the poor health equity that we're seeing in health outcomes—must change the way we deliver our health care and the way that people receive aid.

Helene: Thank you all for these ideas. It seems like moving forward, schools will have to rely on the community and do a lot of adapting to support students and their families. Thank you all so much for joining us today and talking about this important topic.

Alice: Thank you.

Beth: Thanks for having us.

Emily: Yes, thank you. This was great.

Helene: We will add links about how to follow Beth, Alice, and Emily’s work in the podcast description. And a reminder to our listeners that you can find information about them and all of our affiliates on the CSCH website, csch.uconn.edu. You can also follow us on social media @UConnCSCH. Thanks for listening.

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