**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. The 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 two episodes focused on school staff wellness and family wellness. For this episode we decided to talk to some experts to get their take on the issue of child wellness.

Today I am here with Jeana Bracey, Michelle Doucette Cunningham, and Damion Grasso. Jeana is Associate Vice President of School and Community Initiatives at the Child Health and Development Institute of Connecticut. Michelle is Executive Director of the Connecticut After School Network and founder of SEL4CT, the Social Emotional Learning Alliance for Connecticut. Damion is a licensed Clinical Psychologist and an Associate Professor in the Departments of Psychiatry and Pediatrics at UConn Health. Welcome to all of you.

Michelle Doucette Cunningham: Thanks for having us.

Helene: So my first question is one that I will ask each of you but let’s start with you, Jeana. Please tell us a bit about the nature of your work in supporting the social, emotional, and behavioral well-being of children and what the key issues are that drive your work.

Jeana Bracey: Sure, so at the Child Health and Development Institute or CHDI, our work is to improve child serving systems to advance state policy to support those systems, and improve practice through implementation and quality improvement of evidence-based treatments. So my role really focuses on schools and community-based behavioral health providers, such as the school-based diversion initiative, Project Aware for trauma-informed school mental health, and the Connecting to Care statewide system of care initiative.

So much of this work is centered around developing and implementing a comprehensive multi-tiered system of support. So what that really means is just ensuring that there are supports in place across all three tiers of the public health pyramid, so to speak. So that there are mental health promotion and positive climate supports for all children, so that staff are trained to properly identify and refer those children who show warning signs for emotional or behavioral problems. And that they're really timely connections that are made with service providers, either in the school, or in the community for those youth who have more intensive needs.

So, I would say, in terms of key issues driving this work, it's really the ongoing need to improve access, quality, and outcomes for all children in Connecticut through a robust system of care.

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

Michelle: Like CHDI, the Connecticut After-school Network brings people together through strong, local and statewide partnerships to help children, youth, and families thrive. We've historically focused on programs that serve school-age children outside the traditional school day and a large part of that work has been helping adults address the social emotional needs of the children they work with, especially after school. And we've been training staff and the community in school-based programs to help them for more than 30 years. And most of the trainings that are in demand have been around helping kids with emotional and behavioral problems. And because we saw this is such a need in the community of people who are helping children, that's why we went ahead and created for SEL4CT so we could team up with others working on the same issue to make larger systemic change, rather than keep putting bandaids and addressing individual issues one at a time.

Helene: That's terrific. And Damien, what about you and your work?

Damion Grasso: Sure. So I co-lead a research team in the UConn Department of Psychiatry that studies both behavioral and biological processes that are involved in determining the effects of things like family adversity, violence and trauma on child development and mental health functioning. Two primary focus areas are domestic violence and and traumatic stress in children and their parents, and a primary study is a 5-year study funded by the National Institute of Mental Health that investigates how individual differences in how young children exposed to domestic violence respond to threat at the level of brain, physiologically, socially, behaviorally, and how this might influence which children go on to show resilient outcomes and which go on to develop adverse mental health outcomes. Related to this research, I also evaluate and treat conditions like PTSD, depression and anxiety in our our-patient child psychiatry clinic in West Hartford. Many of these children and adolescents have histories of past trauma, maltreatment, or other forms of adversity.

And back in April, my research team shifted some of our focus to study stress associated with this pandemic and how this might exacerbate problems with family functioning, parenting, and mental health impairments, including PTSD. We've established a team at UConn and also from other institutions, to develop a new measure, assessing specific experiences of the pandemic or changes due to the pandemic across different life domains, like, work, home life, social activities, changes in emotional and physical health and, and also positive experiences. We also developed additional modules that include a measure that's specific to racial and ethnic discrimination as it relates to the pandemic. And since then we've implemented this measure called the Epidemic Pandemic Impacts Inventory or EPII in many different populations, as have other research teams. So we have a number, 150 or more actually, research teams using the EPII in different populations, nationally, internationally. And so we hope to have a lot to learn about the pandemic and mental health in children and families in the months to come.

Helene: Wow, 150 research teams using the EPII—that’s terrify and hopefully, we'll get some good information. And that relates to my next question. We know that life has changed drastically for children and their families during the pandemic. Damion, what are some of the main things that you’re seeing—both from your data and in the clinic? What have the impacts been on children?

Damion: So, it's clear from some of our preliminary data that life has changed in profound ways for children and families. Families, of course, have been forced to navigate changes in how children learn in school, childcare we know is disrupted, social activities that children might normally participate in have ceased or have gone virtual. There's also evidence of some changes that I consider particularly concerning. For example, in a survey of families living in the Northeast region of the United States, we found that 1 in 5 parents reported more conflict with the child or increased use of harsher discipline. This is higher still in two other studies we conducted. In a sample of children’s hospital staff (both medical and non-medical staff), 44% of parents reported conflict or harsher discipline, and about a third of mothers of young children in another sample of primarily low-income, mainly Hispanic women, also reported this. Parents who reported increased conflict with children or harsher discipline also reported more perceived stress related to the pandemic as well as increased symptoms of depression, anxiety, and post-traumatic stress disorder. Across these studies, about 1 in 5 parents reported increased verbal or physical conflict with a spouse during the pandemic, and this has, we know, clear implications for children. Increased conflict in the home puts these kids at risk for exposure to intimate partner violence, and we know that this has increased dramatically in our state and nationally since the pandemic. For example, the Connecticut Coalition Against Domestic Violence recently reported a 30% increase in calls to their domestic violence hotline. I think this is consistent with what's being reported by other advocacy groups in other states.

In the clinic, I’ve seen many of the things we’re learning through our research play out clinically. My adolescent patients, for example, who have depression are really having a tough time with increased social isolation and challenges with family relationships, especially given that they’re—they’re really spending a lot more time together with family—their immediate family at least. Also, I’ve seen an uptick in anxiety in patients, including behavior that we may have addressed previously following a course of psychotherapy, but that reemerged. This isn’t surprising given these new worries and the increased stress that we’re experiencing. For some children, this means, you know, we’re seeing issues, for example, like separation anxiety, bedwetting, fears of the dark and more difficulty sleeping.

Helene: So all of this is very distressing news and concerning in terms of how children are doing. Thinking about how we can support kids in the midst of this, Jeana how would you say social, emotional, and behavioral supports for children and adolescents have changed during this pandemic?

Jeana: Well the pandemic has certainly changed the way in which children are identified as having challenges or treatment needs and also the ways in which those services are delivered. So with schools transitioning between in-person and virtual, and hybrid learning models and many families not seeking out routine care from their pediatricians and primary care providers, the opportunities for those adults and helpers and the students to interact may have been limited in many settings or they’re being conducted primarily through email or electronic means now. So while providers are still up and running and looking to support schools in any way they can, things like group-based interventions, for example, like CBITS or Bounce Back that treat children with trauma, have been limited in some schools due to COVID precautions because providers or visitors are restricted from coming into the buildings, or there's limits to gathering children in groups. So there tends to be more focus on attending to individual needs, and more providers in the community are using telehealth or virtual platforms to deliver those services, and trying to be really innovative for in meeting those needs.

Helene: And shifting back to you, Damion: Tell us about how supports for children have changed in your practice since the pandemic began.

Damion: Well, I think generally, one issue families are facing, especially families of children participating in school remotely, is reduced educational and mental health support from schools. Some children who don’t get much of this at home really depend on the school for support but also for consistency, structure and contact with healthy, supportive adults. This is also true for children who benefit from organized activities or mentoring programs where they have positive contact with supportive adults. For some of these kids, these relationships have continued virtually. For others it, it has stopped. But I think some kids really need that face-to-face in-person contact as well. Actually, I run a small group mentoring program for at-risk teens, many of them in foster care, we—where we are used to doing a lot of outdoor recreation activities together but of course haven't been able to do this much over the past year, instead relying mainly on Zoom socials. These have been instrumental, I think in engaging these kids in connecting with supportive peers and adults outside of their family, but hasn't provided the same level of support that these kids really need and that we were able to provide to some degree prior to the pandemic. So, I suspect that's the case for other programs as well.

And finally I've seen, clinically I’ve seen a lot of disagreement and strain in families associated with parents’ frustration with having to navigate these school changes and and keep after their childrens’ school work. For children who have learning difficulties, especially prior to the pandemic, these are compounded with these new constraints that we're all experiencing.

Helene: Right. So related to those school changes and thinking about what school leaders know about child social, emotional, and behavioral needs, Michelle, what should school leaders pay attention to in their decisions about supports for students?

Michelle: Right now, school leaders are overwhelmed with meeting their mission in an uncertain and changing environment. But we know from the science of learning and development that children’s social and emotional, and behavioral needs have to be addressed first, otherwise learning can’t happen. So school leaders need to support staff and teachers so they can be ready and feel comfortable addressing these issues in their classrooms and community programs such as afterschool programs. It's not an either/or situation. It's not either learning or social emotional. It's both/and. It has to be both helping students engage with the learning and being ready to engage. And if they're not, the two pieces can't work together the way they should. And I think it's really essential that we focus on the adult capacity. Because we have to remember that teachers are parents just like others, and they are facing the same stresses that Damien just described. So we need to really give teachers the tools and the space, and the time to do their jobs well.

Helene: Thanks. Jeana, would you like to add anything from what you're seeing with your district partners?

Jeana: Sure, you know, I would say despite all the challenges that children and adults are all facing, it's really important to keep in mind ways to develop and promote resilience. And so I think, you know, anything you can do to promote those positive skills, and, and just an acknowledgement that it's normal to not feel good, or not feel like yourself during these challenging times. It's a great opportunity to start to help break down stigma. And, you know, as cliched as as it is, we truly are all in this together and so using that as a way to build some community and unity and also to promote those resilience skills are really helpful. And I also just want to echo what Michelle said about the importance of attending to staff wellness and support for teachers and providers who are working with the children. It's so critical that there are appropriate accommodations as well as contingency plans , you know, what to do when Plan A doesn't work out and permission for staff to practice self care so that it's, you know, not not an add-on or something they have to request and ask for, but that it's embedded and integrated, and it's required almost for, for staff and the helpers and the adults to really take care of themselves first. And that also goes for parents and caregivers too. Keeping the idea of family school community partnership strong to really promote that good communication and coordination and foster health and well-being for all is critically important.

Helene: Yes, and we focused on the school staff wellness and family wellness in our previous episodes in this podcast series so I encourage people to go back and listen to those as well. So this is a question for everyone again. What are some adaptations to practices or innovative practices that you’re seeing to support social, emotional, and behavioral well-being? Michelle, let’s start with you.

Michelle: There's been a lot of new resources, curricula and training made available recently to support social, emotional and behavioral well-being. It's a bit like an explosion of possible content and teachers and program staff are a bit overwhelmed by all of the choices quite honestly. So, I think the fact that there's so many new resources and that folks are thinking about SEL is driving them to think creatively and to try things out that they haven't done before. Because we're physically remote, we have, I think even more of a desire for more authentic conversations, both between adults and between adults and children, and I think that level of reflection and consciously choosing to be more connected is really so essential right now. It's not only about the curriculum. It's about the authentic conversations that we can have with one another and showing our vulnerability because we're all in this together, as we said before, but really, we're also experiencing the same struggles in many ways.

Helene: Jeana, what are some adaptations to practices that you've seen?

Jeana: Well, I certainly agree with Michelle that there's been an explosion of resources, so we at CHDI even put out our own 6-part electronic newsletter series on SEL, social emotional learning, through Project AWARE, designed for school leaders statewide earlier this year on our website, and we participated in several webinars and podcasts and virtual trainings to really get that information out to support staff statewide. But there have other efforts at the state level to really make sure that schools, providers, and families know how to access care directly and flexibly in their homes or virtually. So, for example, some things that are happening at the state level—Mobile Crisis services—they’ve remained available to see children in their homes and schools throughout the pandemic. I think it's really important for people to know they can call and access them. The State’s Wraparound Care Coordination program is one that really widely adapted to providing virtual and telehealth services pretty quickly for youth with behavioral health needs. So that was also a strength. And in addition to that ongoing 2-1-1 phone support that's available statewide, the state did launch a new hotline for parents to receive support and information—it’s called the Talk It Out Line. And there's also been a recent expansions to our online resources for suicide prevention. So Gizmo’s Pawesome Guide or Pledge for Mental Health and Planning Guide is available and a recent campaign referred to as the Connecticut Public Health Alert on Youth Suicide: a Call to Action, to really address the troubling trend of increased suicides that we're seeing. And so again, I think that all of these efforts really speak to the opportunities to really get the word out and make sure people know how to access these services directly, particularly when you're, you can't go down the hall and just stop in the social worker’s office like you might have been able to before in, in a school building. And so making sure you're getting the information directly.

Helene: Thanks and Damion?

**Damion**: One thing that we have done over the past several months is show that we can provide psychotherapy via telehealth. I think this has, for many families, even setting the pandemic aside for a moment, increased accessibility and made it easier to engage children and parents in conjoint work. For example, I’m currently conducting family-oriented therapy with a couple of families in my clinic, in which all members are able to participate—Mom, Dad, and children. And I don’t think this wouldn't have been possible if we had to meet in person in the clinic. There are still some questions as to whether different evidence-based psychotherapy models are as effective when delivered virtually rather than in person, which is how they were originally evaluated. But I think, the overwhelming hypothesis is that most psychotherapies can be adapted for virtual delivery with good fidelity.

In fact, I’m seeing colleagues publishing more papers on adapting in-office psychotherapy models for virtual delivery and by and large showing that we can achieve similar outcomes. Of course, this may not be well accepted by all families – and I think there is a risk of some value lost in not seeing patients face-to-face. For example, therapeutic alliance, we know, is an important non-specific factor associated with treatment outcomes. And we don’t really know how virtual contact will influence this. As a side note, in one of the research surveys we recently conducted, mothers who reported unwanted or unfavorable changes to their mental health care also reported increased mental health problems, like depression and post traumatic stress disorder. And clearly, we have more to learn about this. In general, I think, in studying this more, we’ll find that there are advantages as well as disadvantages to moving to this virtual platform. I also want to mention that a virtual delivery has been invaluable for another program I'm involved in for families with identified domestic violence. It's a statewide program operated by the Department of Children and Families called IPV-FAIR. Six community providers throughout the state have been providing this now for five years. Every family member receives comprehensive assessment and psychotherapy. Offending fathers receive an empirically-supported program developed by a Yale colleague called Fathers for Change. As you might guess, it’s a pretty intensive program with unique challenges. But since March, our providers have been able to successfully adapt to changes in service delivery and still show that they can engage families and demonstrate reduced partner violence, substance misuse, as well as mental health problems in parents. And without this option to go virtual, many of these families would really be stuck, perhaps even show this uptick in conflict and domestic violence that we're seeing in so many of the families since the pandemic.

Helene: Yeah, this idea came up in our podcast episode on family wellness as well—that although a required move to virtual makes psychotherapy inaccessible for some people and we'd always want some face to face interaction, having the option of doing therapy virtually can make it more accessible to some children and families. So there are some benefits for sure. So one last question for everyone that we've asked in each of these podcast episodes: Where do we go from here? What actions should we be taking now and into the future? Jeana?

Jeana: Yeah, I would just pick up kind of where you left off, Helene, in talking about technology, and also equity and kind of the relationship between those. The use of technology is clearly a primary factor in accessing care right now that's really critical to better understand and leverage. And we know that racial and ethnic disparities persist in Connecticut with respect to who has traditionally been able to access and benefit from available services across the state. So, there's other factors such as insurance status, or location in the state have also played a role. So, it's really crucial that as innovations and adaptations are made that we do so in a way that's equitable and sustainable.

Michelle: COVID has created a huge crisis in the variety of systems that support kids every day. But especially in terms of child care programs and schools. And we need to first make sure that the system continues to exist. While schools are publicly funded, all of the after school and community programs generally are not and we stand to lose up to 40% of the slots for child care and after school and summer programs. And we need to make sure that they both continue to exist—the ones that we can—and to rebuild the capacity that's being lost. So, we have to think about this systemically. Ad then we also need to think about how we can build the system within the school: how can we expand the number of people within a school who focus on these issues? Social workers, counselors, school psychologists, SEL coordinators. We need more hands on deck and if we're unable to address the issue of the trauma and the stress that children are experiencing, we won't be able to make any headway in addressing the learning loss that's occurred during this time period too. People who care about these issues really need to speak up and talk about it with each other, but even more importantly, at the systems level, they need to be talking to some of the decision makers, such as local boards of education, and with their state and federal political representatives, because hearing from people about how important this is can help provide some of the funding that will allow these additional hands on deck, the allow for the continuation of some of this absolutely essential programming to continue, that it can't be done without funding.

Damion: This pandemic has really thrown us for a loop. It has disrupted how we live our day-to-day lives; it's disrupted how service providers reach families and deliver the services. In many ways, we have shown tremendous capacity to adapt and rise up to these challenges. In other ways we're really struggling, some families more than others, in really just trying to figure it all out. Taking a step back, I think researchers and providers have a lot of work to do. For example, I see researchers tasked with studying the impact of the pandemic on families and identifying modifiable factors that we might target for intervention. I see clinical providers and other human services professionals, tasked with adapting the way they do business so as to continue to reach and engage individuals and families. And also keeping informed of new tools or strategies that might help to make this work possible and more efficient.

Helene: Yeah, so whatever our role with regard to the social, emotional wellness of children, we now have a challenge before us to think about how to improve and adapt supports for kids both now and beyond the pandemic in an accessible, equitable way. Thank you all so much for joining us today to walk about child wellness.

Michelle: Thanks for having us.

Jeana: Thank you.

Damion: Thank you.

Helene:

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

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