

MANAGING COVID-19 RELATED STRESS AND ANXIETY IN OURSELVES AND IN OUR CHILDREN AND TEENS

Statement of Purpose:

This message was prepared by William F. Walsh, Ph.D. a psychologist in private practice in Metuchen, NJ. Dr. Walsh has over 40 years of experience in the treatment of anxiety and stress in children, teens and their families. The intent of the message is to provide some basic information about COVID-19 (Coronavirus Disease), and to encourage others during the present national health emergency, particularly parents and other childcare givers, to heed the advice of our nation's top health professionals and scientists, not only because it is the right thing to do, but because it is also one of the best ways to allay the COVID-19 related anxiety and stress being experienced by all segments of our society at this critical time, especially by our children and teens.

The following information is based on facts about COVID-19 derived from the website of the Centers for Disease Control (CDC). To the extent that parents and other childcare givers are well informed about the coronavirus and COVID-19, they will be better prepared to help children and teens cope with their relevant anxieties and stress.

Parameters of the Coronavirus Public Health Crisis:

What We're Facing: We are in the midst of an unprecedented struggle to cope with the formidable health threats posed to all members of our society by COVID-19, a serious and, for many, a potentially lethal respiratory disease. COVID-19 is caused by the novel coronavirus, a tiny package of genetic material (RNA) that must invade cells of living hosts, i.e., human beings, in order to reproduce itself. As of this date, we have no vaccine or medical antidote to either prevent or treat COVID-19.

The main signs or symptoms of COVID-19 include fever, difficulty breathing, cough, and intense chest pressure or pain. Any person with these symptoms should immediately self-quarantine and seek medical advice regarding COVID-19 testing and other healthcare procedures. Call ahead before going to an ER, a doctor's office, or a hospital.

In many cases, the immune systems of individuals who were relatively healthy prior to infection will be sufficient to defend them against the novel coronavirus and eventually conquer their COVID-19 symptoms. It generally takes somewhat over two weeks for the immune system to create a sufficient quantity of antibodies to destroy the invasive coronavirus. During the period of illness, people will suffer, but most will survive. The actor, Tom Hanks, and his wife, Rita Wilson, are examples of the many thousands of individuals in the U.S. alone who have recovered from

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COVID-19 infections by following medical advice and relying on their respective immune systems. None of us would be here today were it not for the inheritance of immune systems that for the most part proved more powerful than the pathogens encountered over millions of years of evolution.

The CDC recently reported that children under age eighteen are least likely to suffer severe COVID-19 symptoms. This does not mean, however, that all children and adolescents are in some as yet unknown way protected from coming down with severe COVID-19 symptoms. Some have, and unfortunately some have died. While they are at an appreciably lower risk than those over the age of eighteen, they are not risk free. Further, children and teens with even mild cases of COVID-19 can transmit the novel corona virus to more vulnerable segments of the population.

The elderly (65 and older) and individuals of any age with a preexisting medical condition such as asthma, diabetes, heart problems, compromised immune systems, etc., are likely to suffer severe, life-threatening COVID-19 symptoms. We follow CDC advice on prevention and containment not just to protect ourselves, but also to protect the most vulnerable.

Managing the Spread of Coronavirus: It is important to remember that the initial phase of viral invasion/infection, called the incubation phase, does not produce symptoms for from two to fourteen days following contagion. During the incubation period, carriers -- asymptomatic persons who are infected -- may inadvertently infect those with whom they come in close contact. Fortunately, there are certain behavioral precautions advocated by the CDC which if carefully followed can stop or dramatically slow the spread of the coronavirus, unburden our health care systems and save countless lives.

These life-saving precautions involve: 1) social distancing, which means keeping a distance of six or more feet from others; 2) group avoidance, which means not joining in gatherings of more than eight others; 3) hand washing or sanitizing, which means doing so right after coming home from outside as well as after touching surfaces -- doorknobs, shopping cart handles, money, etc., -- that may be contaminated with COVID-19; and 4) wearing of face protection, i.e., a mask or scarf to cover the nose and mouth, in public settings. Since, at present, we cannot determine who is or is not infected until they show outright symptoms of COVID-19, it is advised that we all practice the behavioral precautions advocated by the CDC. Adding to the recommendations of the CDC, many state governors throughout the nation have issued orders that their citizens remain at home as much as possible. Much of the country is experiencing near total-lockdown conditions. *Social distancing and staying at home whenever possible are ways to show we care and that we respect all of life's diversity.*

Side-Effects of COVID-19 Management: Life saving measures, such as social distancing, stay-at-home orders and crowd avoidance, come at a steep cost. They have caused real economic hardship and pain as nonessential businesses such as factories, offices, restaurants, malls, museums, theaters, arenas, and stadiums

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throughout the U.S. have closed for the time being. In some instances, employees can work from home. In many instances they cannot. Millions are suddenly out of work. The Federal Government is, among other things, rushing to put an economic safety net in place for unemployed workers and for employers and business operators forced to shut down. Despite the severe economic and personal hardships, countries around the world recognize that a lost paycheck can eventually be recovered, while a lost life can never be restored.

Another unsettling spin-off from social distancing and crowd avoidance is that education has shifted from the classroom to the dining room. Students of all grades and ages, from nursery school through college, have been told to stay home and attend virtual classrooms on the internet. What will be the effects of prolonged internet learning on academic progress? Will an extended reliance on chat rooms and other social media platforms provide the same opportunities for social learning and bonding as classrooms, cafeterias, dorms, libraries, gyms, and playgrounds? What will be done to help the underprivileged who lack access to computers and/or internet catch up?

A common theme among the middle school and high school students I have talked with is that they miss socializing directly with their friends. Students with social anxiety, however, say they feel more comfortable learning from home. One wonders if they will experience difficulty leaving home to return to the classroom. There is little doubt that scientific and governmental efforts to manage the spread of the coronavirus are inadvertently stirring up stress and anxiety in our children and teens.

Parents and Other Caregivers Can Help:

Use Reliable Sources: A fact-based knowledge of the novel Coronavirus will help parents and other caregivers to reduce a child's or teen's COVID-19 related anxiety and stress with confident reassurances and realistic compassion.

As mentioned, the latest information about COVID-19 can be found at the website for the Centers of Disease Control (CDC). Those searching for COVID-19 information on the internet should carefully consider the source. The CDC website along with websites for the National Institute of Health and the World Health Organization are reliable. Websites associated with leading hospitals, universities and major news sources can also be regarded as reliable. It is also advisable to check in with local websites posted by states, counties, towns, nearby hospitals, schools, etc.

Additional information regarding the management of COVID-19 related anxiety and stress can be found at the CDC website, as well as websites of the American Psychological Association and the American Psychiatric Association.

Be careful to avoid information overload and limit exposure to social media, where unfounded rumors that either catastrophize or minimize COVID-19 can

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circulate. Opinions are not all alike. Those from informed sources should rank over others.

Core Anxiety and Stress Factors: Customary habits and routines that give predictable structure and flow to daily life are being upended by efforts being made to cope with the spread of the coronavirus. We are being asked to adjust rapidly to changes everywhere we turn as we learn what it means to practice social distancing and group avoidance as part of a concerted world-wide effort to halt, or at least slow, the spread of COVID-19. Increases in anxiety and stress are normal responses to such profound uncertainty and widespread change.

Summing up, we can see from what has already been mentioned that some of the main causes of COVID-19 related stress and anxiety in children and teens are likely to include:

- fear of death, especially one's own or that of a loved one.
- financial insecurity.
- disruptions to customary routines.
- restrictions on movement.
- limitations on social interactions.

Align Thoughts and Emotions with the Scientific Evidence: Like just about anything else that we experience, factors that cause anxiety and stress have two components or sides to them. There is an objective side to the novel coronavirus, and there is also a subjective side to it. The first, the objective side, results from tests, measurements and observations we can make regarding the virus, i.e., its molecular makeup, its mode of transmission, its impact, etc. The second, the subjective side, results from how we think and feel about the novel coronavirus. Its potency or strength as an anxiety and stress causing agent arises mainly from its subjective side. To the extent that we keep our coronavirus thoughts and feelings in perspective and aligned with the scientific evidence we will be better able to follow life-enhancing advice and take steps that will reduce the risk of COVID-19 for ourselves as well as for children and teens.

A Reality-Based Approach to Anxiety and Stress:

Managing COVID-19 Related Anxiety and Stress Realistically: There are a few things we can do to manage COVID-19 related anxiety and stress and keep them within reasonable levels. It will help children and teens to adjust if their parents and other caregivers demonstrate an acceptance of the sacrifices we must make to slow the spread of COVID-19. It will also help, if parents and other caregivers adopt an authoritative approach to the mitigation of COVID-19 anxieties and stress in children and teens. An authoritative approach means setting a good example; it also means patient, nonjudgmental listening combined with, in our present circumstances, a desire to share a factual understanding of

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the threat posed by COVID-19 and how that threat can be countered. Communicating a fact-based framework for thinking about COVID-19 to children and teens will help prevent their imaginations from running wild and creating unnecessary worries and fears.

Effective communication addresses the cognitive and emotional aspects of anxiety and fear. Parents and other childcare givers can provide a more holistic response by also teaching children and teens a simple technique for regulating the physiological basis of anxiety and stress. We will take up each of these issues in turn, starting with acceptance.

A Need for Rational Acceptance: One certainty in our topsy-turvy world is that more life altering changes will be coming in the days and weeks ahead. Another is that frustration and stress levels will mount if we react to them as personal inconveniences - or worse, as if they are unjustified limitations to our personal freedom and happiness. Let us instead try to accept the changes recommended by our national and state health authorities and political leaders as the life saving adjustments they are intended to be.

Rational acceptance is not unconditional. Health professionals and scientific experts are not infallible. They can make mistakes and err in judgment, especially under the exigent challenges of dealing with a nation-wide health crisis. However, with regard to COVID-19 they are better informed than any other group, and, therefore, far less likely to misstep or misstate. Also, try to remember that their mistakes spring from good intentions. Rational acceptance allows for constructive criticism that gives the benefit of the doubt to those who have to make tough decisions on an urgent basis. Rational critics respectfully point to possible or potential flaws and offer well thought out remedies to correct them.

Encourage children and teens to practice rational acceptance. Address their complaints thoughtfully; do not brush them aside. Above all, remind them that current restrictions are life-saving measures. Personalize your appeal by asking them to imagine that members of their family, along with their friends classmates and teachers may be among those whose lives are saved, if for the time being we act responsibly, as the experts advise, and practice social distancing, crowd avoidance hand washing, and if we cover our noses and mouths with masks or scarves in public, and stay at home as much as possible.

Be an Authoritative Role-Model: In this regard, statements in the presence of children and teens such as -- "I'm doing my best;" and "I may not have all the answers, but I'm listening to experts who I believe can figure this out;" -- are preferable to -- "I wonder if this will ever end;" and "There's so much confusion, and nobody knows what they're talking about."

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The following may sound trite, but it is nonetheless true: As role-models, particularly in times of uncertainty and threat, parents and other childcare givers have a fundamental responsibility to set an example that will fill children and teens with hope, inspire trust, and motivate them to face their COVID-19 frustrations and fears with optimism, courage and determination.

Parents and other childcare givers will add to their effectiveness as moderators of COVID-19 stresses and anxieties in children and teens by adopting an authoritative style of communication and leadership. Authoritative parents and authoritative childcare givers:

- get on the same page so that children and teens hear the same clear, consistent and valid message regarding coronavirus and COVID-19.
- avoid distracters such as telephones, mobile devices, etc., when addressing stress and anxiety issues in children and teens.
- respond patiently, compassionately and informatively.
- understand that children and teens have different perspectives and might define/use words differently than adults do.
- seek to understand a child's or teen's point of view and what they think certain words/expressions mean.
- use the vocabulary of the child or teen they are addressing in their reply.
- do not invent answers, but base responses on facts and evidence.
- explain why changes/rules are necessary and how they are in the best interests of a child or teen.
- avoid lecturing and information overload by tailoring their response to the question asked.

Further, authoritative parents and childcare givers may "bend" a little to a child or teen's reasonable objections, but they do not "break" or give in when they are confident that the rules and regulations they enforce will in the long run promote the best interests of a child or teen.

A word About "Best interests:" "Best interests" maximize the wholesome growth and development of children and teens. They are not to be confused with the preferences or wishes of children and teens. Children may want to approach a friend they meet during a walk, when their best interests and those of their friend are to remain at least six feet apart. Teens may want to congregate in a park or at a friend's house. Self-conscious, they may resist wearing a face mask in public. Their wishes and preferences can expose them and others to the spread of the coronavirus. Authoritative parents and childcare givers condition the satisfaction of some of the personal desires of children and teens for, e.g., an allowance, more screen time, and/or greater independence, on cooperation and compliance with COVID-19 guidance which is in the best interests of all.

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For the most part, children and teens seem to occupy different positions on the scale of vulnerability. Whereas young children tend in various degrees to feel vulnerable, middle schoolers and teens tend to feel invulnerable in various degrees. Accordingly, children are more inclined to exaggerate or catastrophize COVID-19 dangers, whereas teens tend to minimize or deny COVID-19 hazards.

In the extreme, denial robs teens of any reason to practice life-enhancing measures like social distancing, crowd avoidance and hand washing and, thereby, leaves them exposed to the onslaught of the novel coronavirus. Also in the extreme, catastrophizing can fill children either with an immobilizing fear of doom or with a frenetic fear of danger.

When confronting expressions of denial or catastrophizing parents and other childcare givers are best served by taking an authoritative, reality based approach. Tell teens who are in denial about the risks of COVID-19 that expert advice is like distasteful medicine that they must swallow for the time being in order to safeguard themselves and others. Help them to realize how terrible they would feel if they infected a vulnerable loved one. Point out to an overly frightened child that you are not as afraid, because you listen to what the experts tell you and you follow advice on how to avoid getting sick. As if telling a story, share some of the expert advice and encourage the child to do as you do. Involve the child in routines for keeping the home free from the coronavirus. Ask the child to draw a picture or make up a story about self protection. Alternatively, you might distract the child with some pleasant recollections or exciting future plans.

Example of a Child's COVID-19 Concerns:.

It is important that we take time to understand how children and teens are reacting to the changes to their lives brought about by the efforts of national and state health officials to push back against COVID-19.

A sixth grader recently told me that the closing of schools and the suspension of National Basketball Association games was unnerving and worrisome. It seemed "weird," he said, as his body shivered slightly. An avid video game player, the child imagined the coronavirus as an invading alien force intent on inflicting mayhem. The term "Apocalypse" was mentioned by the child in this connection. *A patient, nonjudgmental response was used in addressing these worries. At no time were they dismissed, minimized or ridiculed.*

In addressing the child's concerns, we stayed mainly in the realm of reality. It was noted that while the coronavirus posed a serious threat, it would not destroy all life. There would be no apocalypse. It was also pointed out that we could do a few things to protect ourselves and others. Accordingly, the *child was informed*

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about the preventive benefits of hand sanitizing, social distancing and crowd avoidance. In this context, we also talked about how the novel coronavirus was sneaky -- in that it is a silent and invisible invader -- but not so smart -- in that it could not transport itself to or aim itself at a target.

Using a bit of humor, we discussed in concrete terms with illustrations how the virus had to be sneezed or coughed into the air by an infected person and then breathed in by someone else standing close by for an infection to occur. It was pointed out that all we have to do to prevent or reduce the spread of infection is step back and keep a distance of six feet or more from others. It was noted, too, that the consequences of this precaution could mean fewer or no play-dates, movie outings, trips to the mall, enrichment classes, etc. To offset a sense of social isolation, face-timing, group chats and internet group game play were mentioned as alternatives to direct contact with friends. The discussion ended by reflecting on the scientific work being done to develop vaccines and medicines so that we can eventually return to normal social activity. In the meantime, the practice of social distancing as a way of showing we care for others was emphasized.

Why Manage a Child's or Teen's COVID-19 Anxiety and Stress?:

While anxiety and stress are normal reactions to uncertainty and change, it is important that levels be managed. Too much anxiety and stress can:

- interfere with learning, concentration, planning and logical thinking;
- trigger a "fight-flight-or-freeze" reaction that in turn may cause irritability, aggressive acting out, avoidance/withdrawal, or immobility.
- result in shortness of breath, palpitations, headaches, stomach distress, muscle cramping, etc.

Some Guidelines for Parents and Other Caregivers:

How to Recognize COVID-19 Related Anxiety and Stress in a Child or Teen:

- Excessive concern that a parent or older relative might die. (Remember children and even teens may have their own ideas about what it means to be old.)
- Disturbance of sleep routines and/or eating habits.
- Bad dreams or nightmares.
- Rapid and shallow breathing.
- Muscle tightness or cramping.
- Fingernail biting and/or picking at skin.
- Excessive crying and clinging.

- Regression to earlier forms of behaving.
- Performance of personal rituals to ward off fear of infection.
- Inability to sustain focus on learning and homework.

How to Manage the Cognitive and Emotional Content of COVID-19 Anxiety:

- Parents and other childcare givers should mention that it is normal to have some fears or worries at this time. They can point out, however, that not all fears and worries are realistic. Unrealistic fears and worries can be labeled as "false alarms." Extinguish them with facts and good natured humor. Avoid ridicule and sarcasm.
- Parents and other childcare givers should demonstrate/discuss what they are doing to manage some of their own fears and worries.
- Here are a few standard coping skills for managing worrisome thoughts and feelings: 1) replace them with more wholesome/productive thoughts; 2) restructure fears and worries to fit with reality; 3) de-escalate realistic fears and worries by discussing measures to take to avoid/offset probable threats and dangers, 4) manage the physiology of fear and worry through "belly breathing" and muscle relaxation.

How to Manage the Physiology of COVID-19 Anxiety:

- Encourage an anxious child or teen to normalize their rate of breathing. It is a good idea to have the child or teen sit or lie down.
- Demonstrate how to breathe diaphragmatically by allowing your stomach to expand slowly on each inhalation and contract slowly on each exhalation. Have the child or teen imitate your breathing behavior.
- Blend diaphragmatic or belly breathing with muscle relaxation.
- Start by opening hands and slowly wiggling fingers;
- Follow by encouraging the child or teen to let go of tension in other parts of the body, i.e., feet, legs, abdomen, chest, arms, neck, jaw, face and forehead.
- Moderate the rate of speech.
- Maintain belly breathing and muscle relaxation while talking about a child's or teen's COVID-19 related anxiety and stress.
- take "belly breath breaks" throughout the day.
- Do belly breathing and muscle relaxation before going to bed.

Here's some of what children and teens gain when parents and other childcare givers help them manage COVID-19 related anxiety and stress:

- logical thinking and planning,

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- concentration or focus which enhances the ability to learn,
- responsible behavior and greater happiness,
- reduction in physiological distress, and
- a likely boost to a child's or teen's immune system with regular practice.

In many if not most situations levels of COVID-19 related anxiety and stress in children and teens should moderate over time, especially if their parents and/or other childcare givers respond constructively to their needs. In situations where COVID-19 related anxiety and stress persist at levels that interfere with the ability of a child or teen to function normally, parents and other childcare givers are advised to contact a licensed mental health professional in their community.

Final Suggestions for Parents and Other Caregivers:

Here are a few more steps parents and other childcare givers can take to help manage COVID-19 related stress and anxiety in children and teens:

- Limit access to social media to avoid exposure to bullying, peer pressure, false information and confusion. .
- Educate children and teens about efforts malevolent cyber hackers make to stir up COVID-19 anxiety and stress by creating and circulating false information.
- Encourage the use of reliable, authoritative sources for COVID-19 news.
- Provide reassurance about the effectiveness of social distancing, crowd avoidance, sanitizing and face covering.
- Show confidence in efforts of scientists and others to create vaccines to prevent COVID-19 and discover medicines to treat it in the future.
- Remember to be reasonably self-assured and compassionate when discussing COVID-19 related topics with children and teens.
- Hold family meetings to discuss issues related to COVID-19.
- Break the ice with humor, have some fun, breathe diaphragmatically, be flexible, play some family games, watch movies together, make plans for a post-COVID-19 future, be creative and, above all, be thankful for your health and that of your loved ones.
- Stay close psychologically. Express affection through your human emoji -- your face. Smile to others and make eye contact with them. Reach out via telephone or the internet. As the song says, let someone know "you really care."