



# PARENTING IN A PANDEMIC



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STRATEGIES FOR TRANSITIONING  
BACK, STAYING STRONG AND  
KEEPING IT TOGETHER

# GOALS

- How to ease children back into school gradually
- Strategies for responding to difficult behaviors (e.g., attention seeking)
- Developmental milestones and red flag behaviors

# WHAT ARE WE FACING?

- Nearly 12 months have passed since we had first cases of COVID in our area
- Parents continue as surrogate "teachers"
- Complexities about childcare
- Worries that children aren't getting socialization and education
- Chronic stressor and TIRED

- Uncertainty about the future – safety, health, finances, and emotional toll

# **EASING BACK INTO SCHOOL**

APPROACHES TO SUPPORT ANXIOUS KIDS

## **THE ROLE OF PARENTS WHEN CHILDREN ARE ANXIOUS**

- Take an approach that fosters growth and resilience overall
- Think long term
- Build **autonomy, competence, mastery, and flexibility**

# **FAC T O R S N E G A T I V E L Y A F F E C T I N G C H I L D R E N ' S C O M P E T E N C Y**

- 1) Parental intrusiveness/overcontrol: giving unnecessary assistance, infantilizing behavior, invasion of privacy
- Doing things for our children convinces them that the task is too hard, and you don't believe they can do it
- 2) Parent modeling of anxiety: describing problems as overwhelming, not solvable or dangerous, and discouraging coping and safe “approach” behaviors
- Parents “overfunction” for their child often for expediency (“faster if I do it”) or guilt (“they are already struggling so much...”)

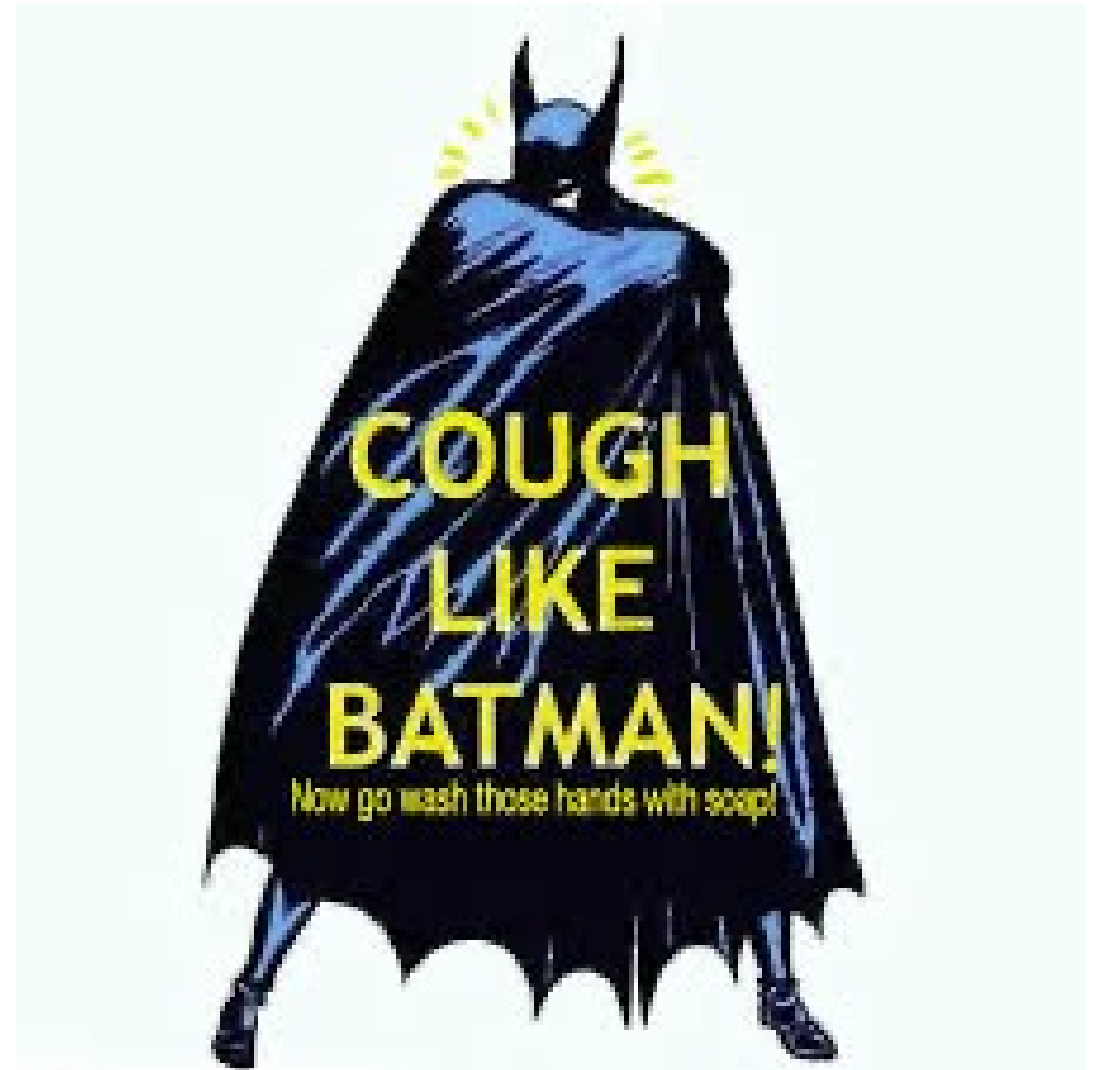
# ALTERNATIVES TO PROMOTE CHILDREN'S COMPETENCY

- 1) **Parents under functioning strategically:** step back and give your child time, offer support but from a distance, **VALIDATE** and then **ENCOURAGE FORWARD**
- 2) **Parent modeling of calmness, resilience, and acceptance:** describing problems as concrete and focusing on what is controllable, **accepting that we did not ask for this pandemic but it is here AND we will get through this together**, paying attention and praising your child's coping
- Grant autonomy – have them be a part of the plan – you get more “buy in” and motivation •  
Problem solve together
- Give love and support to child – NOT to their anxiety

Wood et al., 2011

# BE A CALM, COPING MODEL

- Coping model – demonstrating by example that we all experience anxiety and sometimes struggle to manage it effectively
- Helps children understand that they are not alone in experiencing anxiety
- Stay calm and confident that the anxious feelings are natural and not dangerous







## **INCREASE EXCITEMENT ABOUT RETURN TO SCHOOL!**

- Talk often about the exciting things to look forward to
- Snack pack – virtual snack dates with classmates
- COVID-safe playdates
- Back to school shopping
- Be careful not to express your worries or concerns about the new school format in front of your child

# PRACTICE BRAVERY-BASED BEHAVIORS GRADUALLY

- Take time now to prepare for their return
- Kids must learn how to be next to each other while maintaining a safe distance
- Go to a school-like setting and practice (e.g., library)
- Ensure that your child understands protection guidelines (by focusing on what they can control, not eliciting fear)
- Practice advocacy and protection (e.g., saying, “can you please give me more distance”)

## ***POSITIVE REINFORCEMENT FOR***



# ***FACING FEARS***

- Providing intangible and tangible reinforcers for behavior associated with facing fears
- **Intangible Reinforcers:** Praise, Social activities, Preferred activity
- **Tangible Reinforcers:** Reward earned at home or school
- **People work harder for reward than to avoid punishment!**

## **STRATEGIES FOR**



# RESPONDING TO DIFFICULT BEHAVIORS

ACTIVEIGNORING, SELECTIVEATTENTION

## PROACTIVE STRATEGIES

- Focus on your foundation: eating, sleeping, exercising and focus on their foundation: eating, sleeping, movement
- Routines, schedules
- Break down tasks into smaller steps
- Predictability and consistency across time and people
- Parent-child **quality time**
- **Catch your child being good** – when you call attention to your child being a good listener or coping appropriately, you increase the chance of seeing those behaviors again
- Be specific in your praise – label the behavior

# PARENTING SKILLS

- Only praise (leave the “why don’t you do this at other times...” out)
- **Offering choices** when you don’t need something to be done
- Use an **effective command** when you need something to be done

**Validation. Teach your child that it’s ok to have emotions and to feel emotions (even intense ones!)**

- Kids are disappointed that their life is not what it used to be.
- Validation makes kids feel heard and understood.
- Emotions can be internalized (suppressed), externalized (acted out), or (preferably) allowed/accepted.
- Validation teaches children that it’s ok to feel big emotions and also opens them up to receiving feedback.
- Use when calm enough to have conversation
- Acknowledging and validating emotions is different than validating behaviors. **You can validate an emotion without validating a behavior.**
- “Man, anxiety isn’t really being fair to you. It may seem like it’s protecting you, but it isn’t”

# PARENTING SKILLS

**Effective Attention and Active Ignoring. Your attention is like candy to children – reward them with it strategically!**

- You are like a vending machine...don't reward your child with the candy of your attention when they shake the machine. Actively ignore attention-seeking behaviors and then open the vending machine (provide attention/praise) when positive behaviors occur
- Ignoring is an effective tool for behaviors that are maintained by attention and are not aggressive/destructive
- Complaining, reassurance-seeking, crying, whining, physical complaints
- STRATEGICALLY REINTRODUCING YOUR ATTENTION IS KEY
- Do not actively ignore threatening, dangerous, destructive, or aggressive behaviors. Stop these immediately.
- Have a time-out procedure in place that is clear.

## OTHER EFFECTIVE TOOLS

- Reinforcement Charts
- For home and/or school

- Visuals (e.g., schedules)
- Effective instructions/clear contingencies
- Time-out
- Ineffective methods:
  - Corporal punishment – can't do calmly, models aggression
  - “lecturing”, “reasoning with them” – gives a lot of attention to the behavior
  - Relying on your child for the “why” – aren't really reflecting on this, look for clues

# **DEVELOPMENTAL MILESTONES AND RED FLAG BEHAVIORS**

WHAT'S NORMAL AND WHAT'S NOT IN A PANDEMIC?

# EMOTIONAL/SOCIAL DEVELOPMENTAL MILESTONES

## **Middle Childhood (6-8yo)**

- Showing more independence from parents and family
- Starting to think about the future
- Paying more attention to friendships and teamwork
- Wants to be liked and accepted by friends
- Learning better ways to describe experiences and talk about feelings and thoughts (simply)

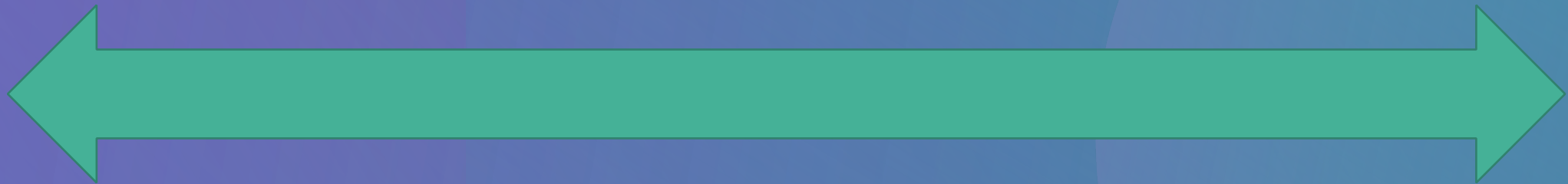
Centers for Disease Control and Prevention,  
2021

## **Middle Childhood (9-11yo)**

- Forming stronger, more complex friend relationships
- Even more independence growing - peer pressure getting stronger



# ANXIETY IS A NORMAL PART OF CHILDHOOD



Normal

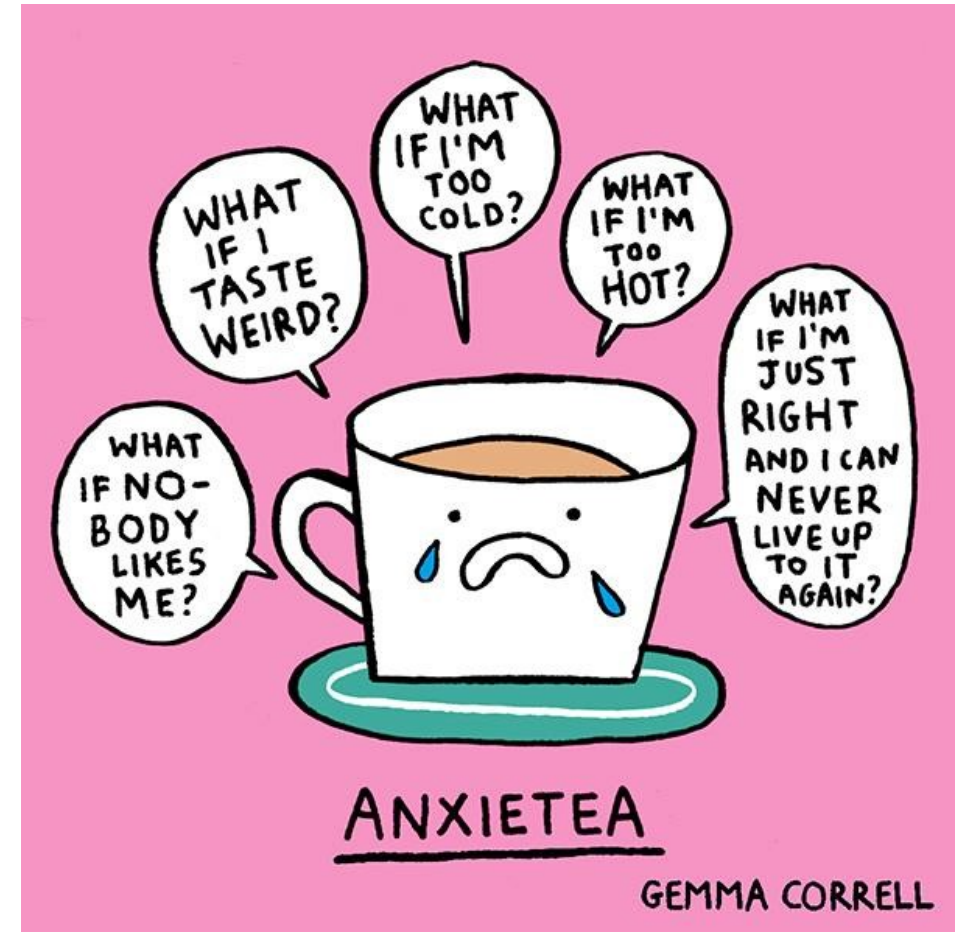
“Pandemic Normal”/Expected

Concerning

CONSIDER BEHAVIORS ON A SPECTRUM

# WHEN DOES ANXIETY BECOME A DISORDER?

- When it leads to **avoidance** of important situations or life events
- When it causes **impairment** in areas of functioning
  - Academic
  - Social
  - Family/home



- When it causes significant **distress**

## **RED FLAGS**

## **IF ANXIETY IS INTERFERING...**

- Withdrawal and avoidance from others and activities
- Extreme shyness to unfamiliar people and peers
- Avoiding turning their camera on
- Going over work several times before submitting; checking many times for work online
- Shutting computer off/closing computer if parent leaves the room
- Wanting to sleep in parent's bed
- Constant reassurance-seeking
- Reliance on others

- Physical symptoms of anxiety (GI distress, headaches, feeling uncomfortable)

## **HOW CONCERNING IS THIS BEHAVIOR?**

How persistent is the problem behavior?

Are they still able to maintain academic demands, friendships, and family life?

Are they engaging in any dangerous behaviors? (Substance use, risky socializing, online use, self-injury)?

Are they not meeting developmental milestones or regressing?

# WHAT IS THE TREATMENT FOR CHILDHOOD ANXIETY?

EVIDENCE-BASED AND QUICK PRIMER

## COGNITIVE BEHAVIORAL THERAPY

- Treatment that focused on modifying behaviors and thoughts to reduce anxiety
- Central “active ingredient” is gradual exposure to anxiety provoking situations
- Therapist acts as a coach that teaches and guides child in using anxiety management skills. Coach parents how to do this with their children. Repetition and practice is key.



# SSRI MEDICATION

- Children typically take medication for at least 6 months
- “grease for the wheels”
- As psychologists, we typically defer to psychiatrists and pediatricians to manage these medications, but we closely collaborate to review symptom management and progress in treatment

## REFERENCES

- B.D. McLeod, J.J. Wood, & S.B. Avny (2011). "Parenting and Child Anxiety Disorders, " Chapter 15 in D. McKay and E.A. Storch (eds.), Handbook of Child and Adolescent Anxiety Disorders (213-228), Springer Science + Business Media.
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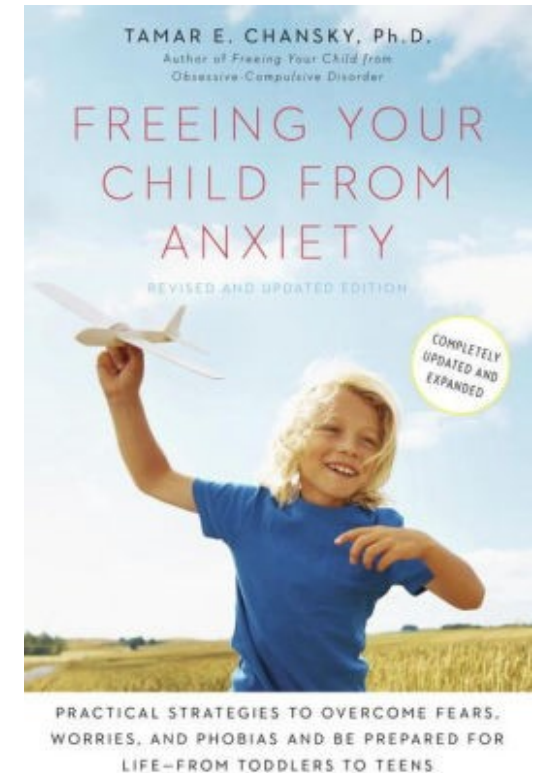
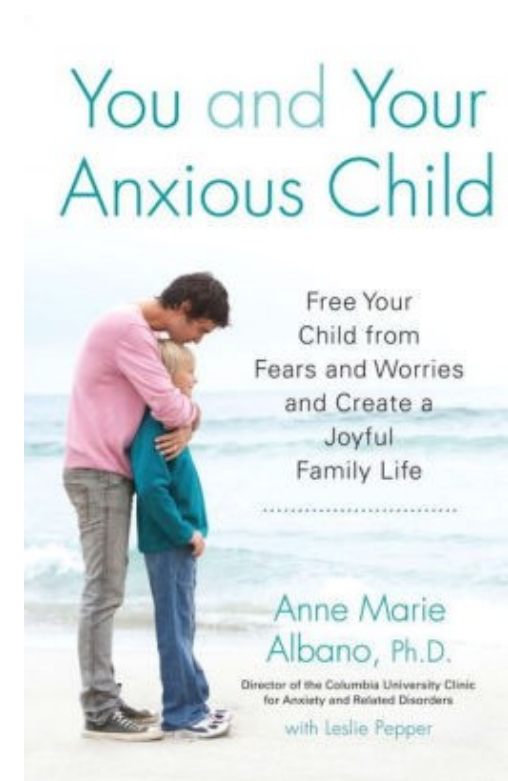
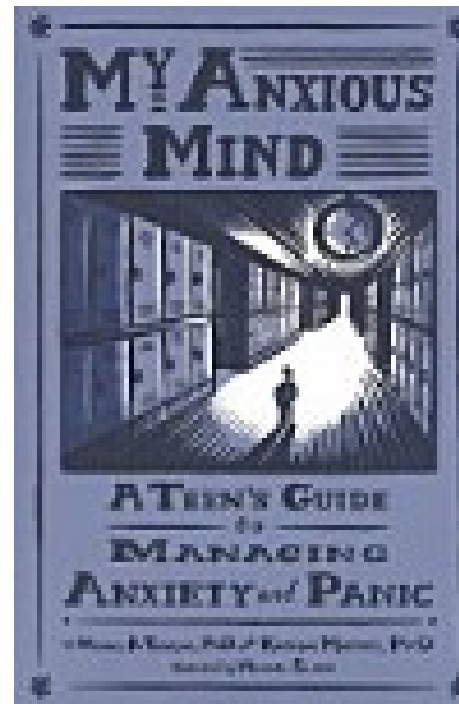
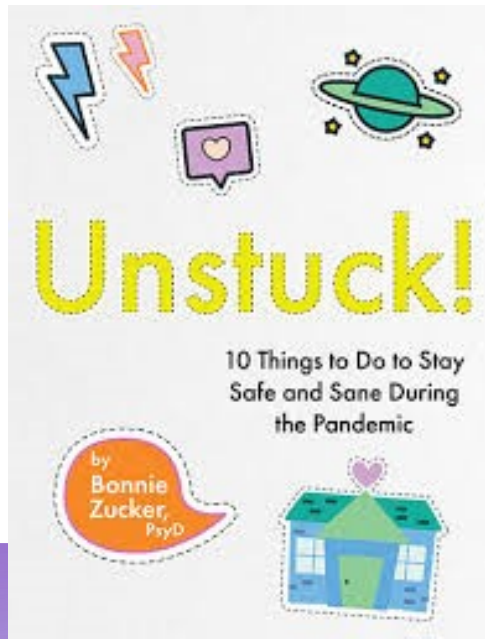


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# RESOURCES

- <https://www.apa.org/topics/covid-19/parenting-caregiving/#learning-home>



- <https://nyulangone.org/locations/child-study-center/child-study-center-webinars>

# Questions

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