Body and Mind: Children’s Well-Being in the Pandemic

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Are the kids alright?

• Development – what children are missing
• Sleeping
• Eating
• Children with special needs
• Anxiety
• Mental health, suicidality
• Telling the story
• What can’t wait
How about the parents?

• Parents are worried about every aspect of children’s health and well-being
• Parents are under pressures which affect every aspect of their own health and well-being
• Guidance is evolving and in some cases shifting
• Many usual sources of support seem lost or far away
• The effect of guidance can be to increase pressure on parents

Study: Parents report higher stress, depression, anxiety during pandemic
What children are missing...

• “Masks are not a great thing for communication in young kids,” Dr. Lewkowicz said. On the other hand, he said, the time children spend at home with people who are not masked will give them a chance to practice picking up the visual cues. And there is opportunity to be creative, and to help children take full advantage of the information that they do get. He suggested that parents and teachers could “encourage their kids to communicate more through gestures,” and even make a game of helping children to find ways of communicating with their hands and bodies.
Eva Chen, a developmental psychologist who is an associate professor at the Hong Kong University of Science and Technology, focuses her research on children’s cognitive development with respect to social groups. “We should give more credit to our own children,” she said, “that being covered for a few hours every day isn’t going to make them less able to recognize social expressions.” Voices, gestures and overall body language are all important for children, she said. While children typically pay attention to people’s mouths while they are talking, “it’s by far not the only cue children have to communicate and to learn,” she said, and referenced a 2012 study showing that children were able to read facial emotions just as well when a mask was added.
Sarah Gaither, an assistant professor of psychology and neuroscience at Duke University, said in an email, “With mask wearing now being required in most school settings, children and adults should start practicing being more explicitly verbal by stating their emotions out loud.” Children will get better at reading people’s eyes, she suggested, and at understanding emotional content from tone of voice.

But in addition, she wrote, “parents and teachers may also want to ask children more often what they are feeling as well.”
Dr. Lee agreed. “I believe children are very, very smart,” he said. “They can figure out who a person is by using information still available to them, the shape of the eyes, the eyebrows, voice, posture.” Children will adapt quickly, he said, but teachers who are wearing masks should help them along by wearing the same eyeglasses, the same hairstyle, or perhaps by wearing personalized masks, or even characteristic clothing.

As far as emotional communication, he suggested that teachers emphasize their gestures, and pay attention to their tones of voice. “Make your voice more expressive, your gesture more expressive, your eyes more expressive,” he said. And finally, he said, “I would slow down my speech as a teacher, particularly when interacting with younger ones, so kids can pick up more from the auditory channel.”
comments

• A child being unable to recognize a masked face seems like a very small problem compared to a human being on a respirator, a grandmother dying, or a young adult with long term cardiac complications from covid. Please remove this article.

• So the answer is “yes, but we don’t want to cut across our usual extremely cautious and paranoid position on Covid, so we’ll come up with ways to mitigate it”. 
I’m a speech language pathologist and work in social communication with many of my students, particularly those with ASD. My students and I have been talking about nonverbal communication and I’ve been pleasantly surprised how accurately they are able to read facial expressions of a person wearing a mask. We have talked about how we may need to exaggerate our gestures and eyes with a mask, but they are doing pretty well without exaggeration.

My good friend has two daughters with hearing loss. They use lip reading as part of their communication skills. Additionally, they need to be closer than six feet to a speaker to hear. My autistic son will struggle reading social cues with half of all faces covered. I understand that these situations are 'atypical' but there are many children for whom masks are not a small matter. For now, both of us live in all virtual districts, so it's not an issue yet.

Children are resilient but wearing masks and following all the new Covid protocols is mentally and physically exhausting for students and teachers alike. Acknowledging this does not mean I am anti-mask—quite the opposite—these protocols are allowing my children to remain in school. The head of our school is adding two additional three-day weekends this Fall to give students parents and teachers a much needed mental break. I appreciated him acknowledging the toll this is taking on everyone. Mental health matters too.
Sleep habits and sleep disturbances

- Journal of Sleep Research, July: 1,619 children in Guizhou China, ages 4, 5 and 6, parents reported how the children were sleeping during their time “sheltering at home” in February, after the children had been confined at home for nearly a month. The reported sleep patterns were compared to a similar group in 2018.

- The results of the study showed that kids at home in the pandemic were going to sleep later — 57 minutes later, on average, than 2018 weekday bedtimes, and 30 minutes later than weekends — and they were also waking up later, and the differences in wake-up times were larger: They were waking an hour and 52 minutes later than on weekdays in 2018, and an hour later than on weekends. Tellingly, the researchers did not distinguish between weekdays and weekends in the 2020 sample, concluding that the children were essentially on “holiday schedule.”

- They were sleeping longer at night than the children in 2018 and sleeping less during the day; only 27.5 percent routinely took daytime naps, compared with 79.8 percent in 2018 (69.4 percent on weekends) -- added up to about the same amount of sleep in a 24-hour period

- “somewhat unexpectedly,” as the researchers noted, the caregivers in 2020 reported fewer sleep disturbances. Daytime sleepiness, night wakings, bedtime resistance and sleep anxiety were all lower in the pandemic sample than in the 2018 group.
Dr. Owens, who was a co-author on the Chinese study, said she was struck by the ways that many parents had been able to be more involved than usual with their children, and that this had been helpful with regard to sleep. “When children sense their caregivers are engaged, addressing fears, setting appropriate limits,” sleep gets better, she said. “It’s not just what you do at night that helps with your circadian rhythms, it’s having regular mealtimes, having things you do at a certain time during the day every day,” she said. Natural light exposure and exercise are also important in underscoring natural circadian rhythms, she said.
Food habits and weight gain

• “Parents should allow themselves some grace,” said Dr. Eliana Perrin, professor of pediatrics and director of the Duke Center for Childhood Obesity Research. “Families are having a tough time, kids are having a tough time, there’s increased food insecurity, people have lost their jobs, kids may have lost school meals.”
Dr. Perrin and her colleagues at Duke pediatrics collected a set of suggestions for families, but before they got to the specifics of dietary change, increased activity, screen time and sleep, they started with a category they called “Survival,” advising families to pay attention to “mind, heart, body, spirit,” to avoid blaming themselves, to look for opportunities to congratulate their children for healthy behaviors and good decisions.

“It’s important for people to have self-compassion here,” Dr. Hassink said. And it’s overwhelming to tackle all of this at once. “Maybe we should be helping people pick one thing they think they could change to make it healthier, strategize about how they might make progress on one thing.”
“Forget what ‘needs’ to get done for physical activity goals and ‘perfect’ meal goals,” Dr. Perrin wrote. “Do their best to eat at home and just ‘show up’ every day in terms of physical activity.” Specific suggestions around food include involving children in the cooking, and using the government MyPlate site to plan healthy meals on a budget. For physical activity, find some way to get moving, even a little, every day.

“As always, try to focus on behaviors, not weight,” Dr. Perrin wrote. “What’s important is making sure families are eating as well as they can — whole grains, proteins, fruits and vegetables, drinking water — rather than a ton of fast foods or sugar-sweetened beverages, and making sure they are staying active.”

“Take it one thing at a time that you might want to change, get help from your pediatrician about what resources might be available in your community for food and physical activity, and don’t beat yourself up,” Dr. Hassink said. “Take one small step and then be encouraged to take the next step.”
Children with special needs

Many children had academic and social issues being at home, but “for kids with developmental challenges, the challenges got exacerbated by Covid,” said Dr. Marilyn Augustyn, a developmental and behavioral pediatrician at Boston Medical Center and professor of pediatrics at Boston University School of Medicine. Some children aren’t getting their therapy, some miss being in the classroom, and some parents decided to stop medications, or couldn’t get refills.

The general advice to parents is to build as much structure and consistency in as possible; these tend to be children who really do better with set times for sleep and for meals, for activities and therapies and learning.

“It’s difficult to manage a child with a disability full time on your own,” Dr. Costello said. “This is exposing all the cracks, the stress of raising a child with a disability.”
Anxious kids in an anxious time....

• Yes, this is an anxious time, and yes, everyone is anxious, but it is particularly hard to be an anxious kid in an anxious time. Anxiety disorders are the most common mental health disorders in children and adolescents (and this was true before the pandemic), and they can be linked to other mental health issues, notably depression.
What can parents do?

• “Young children are not likely going to say, ‘Mom, Dad, I’m feeling anxious, and this is how I’m manifesting that anxiety,’” Dr. Busman said. And many older kids, and even adults, she said, don’t necessarily connect their sensations and behaviors to the underlying anxieties that may be shaping them.

• Younger children may show their anxiety by being more clingy, Dr. Busman said. “Children might retreat and hide or they might protest.” So despite the stereotype that an anxious child will be fearful or inhibited, the worried child may actually be the tantrum-throwing child, the defiant child, the oppositional child.

• Dr. Ibeziako suggested parents monitor what children encounter in what is often now more time spent looking at screens. Similarly, Dr. Busman recommended parents be mindful of their own conversations, understanding that children may pick up incomplete information, or adult worries. When children ask about what is going on in the world (or in the family), she said, take time to understand what the child already knows, and what information is being requested.

• Don’t have those conversations late at night. “Bedtime is a lovely time,” Dr. Busman said, “but not the best time to have lengthy conversations about things that are on your kid’s mind.” Try calming exercises, she suggested, or visualization, like a mental vacation to a place the child has been before.

• She suggested picking a “worry time” or even setting up a “worry box” where the worry can be written down and put away for later discussion.

• Remind kids that they have power and agency, Dr. Zerrate said, “There are things they can do to keep themselves and their family safe, wash your hands, wear your mask, and we’re good to go.”

• The message should be, “this is really hard and really complicated, and as a family, we’re going to be able to cope with this and be OK.”
“Now more than any other time is a time for parents, for any adults who work with adolescents and youth, to be paying attention to the well-being of all adolescents,” Dr. Moutier said. “It’s really a time to be checking in.”

Laura Anthony, a child psychologist at Children’s Hospital Colorado and an associate professor at the University of Colorado School of Medicine, said that one common mistake that even she sometimes makes is trying to solve a child’s problems. “What I need to do is just listen,” she said.

One suggestion: Don’t assume that your kids are struggling all the time, Dr. Anthony said. Instead, consider questions like, “What’s taking up your head space?” Or, “What are you grateful for?”

Ask teenagers, “How is this time affecting you?” Dr. Moutier said, and if they are experiencing any kind of struggle. And make it clear that no challenges are insurmountable, she said, “those are really important words for parents to say.”
“Help is out there and it works,” Dr. Anthony said, pointing to the increased availability of virtual mental health services. “Suicidality is partly not being able to see the future,” she said. “If we can change that, we can see remarkable changes.”

Much as the hardships of the Great Depression and World War II forged what is known as “the Greatest Generation,” she said the challenges of the pandemic could strengthen today’s young people. “I think we are going to have a generation of really remarkably resilient kids and teens who grow up to be really remarkable human beings as adults.”
What Pediatricians Say Can’t Wait

As we celebrate the rollout of the new Covid-19 vaccines, don’t forget the standard immunizations and other steps to keep children safe.

To Do
- call grandma
- pay bills
- call Pediatrician
- cut kids' hair
• For her 3-and-a-half-year-old, she said, who wanted to go out and go places, “I said, we can’t go because there’s a virus that’s making people sick so we can’t go, we don’t want to get sick.” Her son said OK, she said, and three days later, he said, “We didn’t get sick so can we go now?”

• “If you ever have kids, someday you’re going to tell them about this time when we all stayed inside for months, and everybody wore masks.”

• “I think meaning-making usually involves achieving a sense of central coherence that a lot of U.S. parents don’t have right now.”
Telling stories....

• Anne Frank, *The Diary of a Young Girl*

• “Hamilton” -- “Mom, this is what it’s like when the world turns upside down.”

• “I’m encouraging my kids to journal every night about life during the pandemic. I’m telling them how incredible it is that *everyone* in the world is experiencing the same stress and worries at the same time. Even though we are physically distanced, we all feel closer to one another due to this shared experience.”

• And she has been making a video journal. “I hope in 20 years I can show that to my kids to help them understand what the year 2020 was like.”
Voices and Stories

- Dr. Haller has been asking kids what it’s been like not to be in school, and one 6-year-old answered, “I hate it.”
- His mother responded, “He used to always say he hated school.”
- Dr. Haller wrote, “He looked at her and said, ‘No, I didn’t.’ She returned his look, with a raised eyebrow. He sighed and looked at the floor again. ‘I miss my friends. I wanna go back.’”
- So the pediatrician asked the child, “Twenty years from now, you may have a kid of your own. What are you going to tell him about what it was like to be around in 2020?”
- The boy answered, “I’ll tell him it was real bad.” He thought briefly and then added, “And I’ll tell him that I really liked school.”
- Dr. Haller wrote, “His mom smiled. I looked at her and nodded. ‘I’ll tell him we were just tired all the time,’ she said, looking at her son, ‘but somehow we all got through it.’”
Books and Brains: Messages for Parents

– From the time your baby is very young, books and reading aloud can help your baby enjoy time with you, practice language, and learn about the world

– Books can help you establish routines and structures in daily life with your child, even during stressful times

– The relationships and routines that you build with your child help that child handle challenges and stress

– This love of books—and this language and communication—will help your child be ready to learn and ready to read in school
Books and Brains: Messages for Clinicians

- Supporting **positive caregiver–child interactions** helps promote healthy development
- Disparities in development and school readiness can exacerbate inequities as children grow
- Strong relationships can **buffer toxic stress** for young children even in difficult times
- Strength–based support and guidance for parents and caregivers can help **build nurturing daily routines**
Reach Out and Read

• Began 32 years ago as a collaboration between pediatricians and early educators
• Endorsed by the American Academy of Pediatrics
• Initial emphasis on children in poverty, but message broadened to all children
• Initially seen as literacy development, then school readiness, now as part of early childhood and early brain development
Reach Out and Read

- **Anticipatory guidance** at health supervision visits about reading aloud, building routines, interactive developmentally appropriate ways to enjoy books with infants, toddlers, preschoolers
- **Developmentally and culturally appropriate book** given at every health supervision visit from infancy to 5 years
- **Literacy-rich waiting rooms** including displays, volunteer readers, gently used books
MISSION STATEMENT

Reach Out and Read gives young children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together.
Strength-based strategies for parents

– Your child will love books because your child loves you
From infancy through age 5, at well visits:

• **talk with parents** about how important it is to read aloud and look at books with young children

• **model** how to look at books and talk about the stories with their infants, toddlers, and preschoolers

• **encourage them** to cuddle up and read together at home and build routines around books

• **give a new developmentally and culturally appropriate book** to the child to take home and keep

• **give the book at the beginning of the visit** and use it as a developmental surveillance tool.
PRESCRIPTION FOR READING

Date: ____________

Child’s Name: __________________________

Instructions: Read Books

☐ Every day — at bedtime, naptime, anytime!

☐ Refills at the library — free books and story time.

☐ Visit the museum — have fun and learn something new!

Signature: ____________________________

READ TO YOUR CHILD
20 MINUTES EVERY DAY

For reading tips and book lists, visit reachoutandread.org/parent-resources.

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14 Published Studies Document
Reach Out and Read Impacts: Parenting

Golova and High, 1999
p<0.001
Adjusted advance in language age due to ROR (mos)

* \( p < .05 \)

Research findings: Reach Out and Read

Extensive peer-reviewed research shows that in families served by Reach Out and Read:

- Parents are \(2\frac{1}{2} \times\) more likely to read to their children.
- Parents are \(2 \times\) more likely to read to their children more than three times a week.
- Families are \(2\frac{1}{2} \times\) more likely to enjoy reading together or have books in the home.
- Children’s language ability improves with increased exposure to Reach Out and Read.
- Children’s language development is improved by 3–6 months.

For full details of our research, please visit www.reachoutandread.org/why-we-work/researchfindings
We serve 4.5 million children each year.

Over 33 thousand medical providers participate in our program.

We give out 7.2 million books annually.

We have 6,080 program sites nationwide.
How Far We’ve Come:

• 1 of 4 children in poverty
• 93% peds residency programs
• 50 states and DC
Literacy Promotion in Primary Care

- AAP Policy Statement 2014: Literacy Promotion: An Essential Component of Primary Care Pediatric Practice
- “The AAP recommends that pediatric providers promote early literacy development as an important evidence-based intervention at health supervision visits for children beginning in infancy and continuing at least until the age of school entry…”
AAP Policy Statement 2014:

• “Research, in summary, shows that in populations at risk, participation in the ROR intervention is associated with markedly more positive attitudes toward reading aloud, more frequent reading aloud by parents, improved parent–child interactions, improvements in the home literacy environment, and significant increases in expressive and receptive language in early childhood.”
AAP Recommendations for Primary Care:

• Advising all parents
• Counseling all parents about developmentally appropriate reading activities
• Providing books at health supervision visits for all high-risk, low-income children
• Supporting and promoting these efforts with posters and parent information materials
• Partnering with child advocates to influence national messaging and policies
What Books Can Do:

- Books foster lap time, face time, with physical affection, even in stressed families
- Daily routines give children a sense of security and predictability even in stressful circumstances
- These routines promote parent self-efficacy, and work against parental depression
- And they balance out screen time with laps, human interactions, serve-and-return
- Loving and supportive family relationships can buffer toxic stress for children
- Language-rich interactions help children develop the early language skills they need to express their needs and emotions
- Preschool language predicts school readiness and reading and math success
Reading Together and Routines

• Helping parents establish routines, right from the beginning
  – Starting early initiatives
  – Reading while nursing a newborn
• Importance of giving the right tools — the right book at the right moment
  – Choosing books for very small babies
  – Considering parent language preference and literacy level
  – Importance of diversity in book choices
• Bedtime routines
  – Children need bedtimes and bedtime routines
• Transition routines
• Bringing a book along wherever you go
Positive Interactions Parents/Caregivers

Early childhood experiences:
• Change the way genes work
• Change the way a child’s brain forms and functions
• Affect resilience to toxic stress
• Affect both cognitive and social–emotional development
• Affect health and well–being into adulthood
Positive Childhood Experiences

[Diagram showing the mitigation of ACEs effects with increasing positive childhood experiences (PCEs).]

Bethell, Jones, Gombojav Linkenbach and Sege. Positive Childhood Experiences... JAMA Pediatrics 2019
Flourishing In Spite of ACEs

Family Resilience and Connection Promote Flourishing Among US Children, Even Amid Adversity

Percent Children (n = 51,156) Flourishing According to the Child Flourishing Index
(‘curious, complete tasks, are in control’ when faced with a challenge)

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Positive Parenting Practices

≥4x/week

- Reading a book together
- Storytelling/Singing
- Playing with peer
- Family outing
- Family meal
- TV watching ≤2 hrs/day
Defining the Trajectory of Children’s Lives

Positive childhood experiences define the trajectory of a young child’s life

Pediatric primary care:
- Population-level access to children in the critical early years
- A trusted relationship between clinicians and families with young children

Reach Out and Read:
- A simple model of promotion of positive, language-rich parent/caregiver-child interactions through early literacy
- Foundational integration into millions of routine well-child visits
- Deep connections within pediatric primary care and implementation at thousands of medical clinics
- A proven, scalable infrastructure of support for clinicians that ensures fidelity of practice and connection with the community
Books Build Better Brains

- **Responsive parenting**: parents will be engaged in helping their children grow up with books from infancy on through school.
- **Empowerment**: parents will feel supported and encouraged in helping their children enjoy books—and believe in their power to help their children learn.
- **Stimulating environment**: children will grow up with books in their homes, increased language exposure.
- **Supportive relationships and routines**: books will be built into their daily routines, their bedtimes.
- **Community engagement**: children will visit the library from an early age; parents will find adult literacy programs and other resources.
- **School readiness**: children will arrive at school with basic early literacy skills and a love of books.
- **Medical home**: everyone will love going to the doctor!
Starting at Birth

• Babies are listening and looking and learning right from birth
• Talk, read, sing, play together
• Let the baby see your face as you talk, read, sing
• Build these moments into your day with your baby
• Your newborn baby knows and loves your voice
Four-Year-Olds – Developmental Progress

• Recognizing numbers and letters
  – Learning names and sounds of letters
• Retelling familiar stories
• Following longer and more complicated stories
• Making rhymes
Four-Year-Olds – Guidance for Parents

- Let your child choose the book
- Ask your child to tell the story from the pictures
- Point out the letters in your child’s name
- Encourage writing and drawing
- Connect the story to your child’s experiences
  - Talk about feelings and emotions
- Find books about the things your child likes best and finds most interesting
So how do books build better brains?

• High quality language–rich parent–child interactions
• Opportunities (and prompts) for serve and return
• Parent–child “face time,” “lap time”
• Daily routines, bedtime rituals, which can buffer toxic stress for children
• Decreased parental stress and increased self–efficacy
• Exposure to print, letters, story structure and sequence
• Positive associations with books and stories
• School (and preschool) readiness
Reading is a triumph of the early brain!

- Vision
- Cognition
- Memory
- Phonological awareness
- Phonemic awareness
- Vocabulary
- Sequence
- Story
- Motivation
Reading aloud is a triumph of the spirit!

- Children’s brains are supported and nurtured during vital developmental windows
- Families maintain routines that create security
- Children learn words, numbers, concepts, rhymes, stories, sequences—all in the context of attention and affection
- Children learn that books are sources of pleasure and information—and that their parents can help open up the world