

## Interim Guidance on Supporting the Emotional and Behavioral Health Needs of Children, Adolescents, and Families During the COVID-19 Pandemic

*American Academy of Pediatrics Interim Guidance*

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The coronavirus disease 2019 (COVID-19) pandemic has created profound challenges for communities, families, and individuals, leading to a range of emotional and behavioral responses. There are many factors unique to this pandemic (eg, uncertainty, rapidly changing and conflicting messages, duration of the crisis, need for quarantine, and use of [face coverings](#)) that increase its effects on emotional and behavioral health (EBH). Populations with a higher baseline risk, such as historically under-resourced communities, populations facing inequities, and children and youth with special health care needs, may be especially vulnerable to these effects. The impact of the pandemic is also compounded by isolation and an interruption in the support and service systems families utilize, including school, healthcare services, and other community supports.

Emotional and behavioral health challenges were of growing concern before the COVID-19 pandemic, and the public health emergency has only exacerbated these challenges. The pandemic continues to highlight disparities in morbidity and mortality, access to health care, access to education, and many additional factors that make life more challenging and stressful for many during this time.

[The impact of racism](#), including [structural racism](#), on the emotional and economic well-being of families of color cannot be overstated. The inequities that result from structural racism increase the vulnerability to emergency situations, as evidenced by the [disproportionate impacts of COVID-19](#) on communities of color. Additionally, COVID-19 has contributed to [increased racism and xenophobia](#) against Chinese Americans. Pediatricians should bear witness to these stressors, [the effects they have](#) on child and adolescent developing brains, and the disparate outcomes they will drive well beyond the COVID-19 pandemic.

Despite these difficult circumstances, the pandemic has underscored the need to continue to integrate emotional and behavioral health as part of standard care. Pediatricians, professionals, families, and agencies can partner together to support the emotional and behavioral health of our nation's children, adolescents, and families during this public health crisis. Of importance is the need to address appropriate allocation of resources to address the growing behavioral, emotional, and mental health needs of our nation's children and families.

### 1. Emotional and behavioral responses among children and adolescents

- a. **Range of symptoms and signs associated with emotional and behavioral reactions to stress:** Reactions to stress among children and adolescents have some universal themes but are also age and context dependent.
  - Infants and young children may manifest distress through disruptions of physiologic functions like sleep, toileting, and feeding. They may have difficulty with separation and regress in their skills or become more irritable.
  - Older children and adolescents may express their distress through internalizing symptoms such as withdrawal, fearfulness, and overt anxiety; externalizing behaviors such as oppositionality, irritability, argumentativeness, and aggression; or somatic symptoms such as abdominal pain or headaches.
  - Adolescents and young adults may be able to verbalize their distress but may also purposely hide their concerns and share few behavioral manifestations because of fear, shame, or a sense of responsibility to avoid burdening others. Distress may present as irritability, lack of concentration, declining school performance, and substance use.

**b. Severity of symptoms:** For most children and adolescents, appropriate support by sensitive and caring adults or supportive peers will be sufficient to help manage their stress. For others, disruption in function, including lack of adequate sleep, change in appetite, difficulty concentrating, decreased engagement with school and family, isolation, and dysregulation of mood and behavior, may indicate that further assessment is needed. Children and adolescents experiencing anxiety and [depression](#) at baseline are at greater risk for an exacerbation of those symptoms. In these situations, additional treatment and [resources](#) may be needed.

**c. Other factors influencing the impact and manifestations of stress in children and adolescents:**

- Children and adolescents enter stressful situations with a particular [temperamental style](#) determined by their biobehavioral reactivity, defined as the extent or intensity with which a child responds physiologically, emotionally, and behaviorally to a range of environmental stimuli. For example, children who adapt more easily to change may be able to adjust to [remote learning](#) and new [daily routines](#), whereas children with less flexibility may struggle with change.
- In pediatrics, it is often stated that children and adolescents serve as “emotional barometers” for their family and often reflect the level of stress of parents and caregivers. From infancy through adolescence, children will pick up on cues (both overt and implicit) displayed by caregivers and other family members.
- Many children and families have been separated from loved ones and caregivers, including grandparents, who may serve as vital sources of support.
- Children, particularly adolescents, are increasingly a part of a broader community experience, through a variety of linkages, whether virtual or otherwise, that may further complicate and amplify their experience of distress. On the other hand, community and peer connectedness may serve as a support and [help buffer stress](#).
- Children and adolescents may experience a sense of loss and grief when milestone transitions, such as starting kindergarten through graduating college, have been interrupted or upended. Along with academics, emotional and behavioral health considerations should be included in all [COVID-19 school](#) planning.
- The evolving nature of the COVID-19 pandemic may cause multiple and successive disturbances or traumatic events that may have varying or cumulative impacts on children. As the pandemic has extended and shifted from being experienced as a discrete disruptive event to a wholly altered period of childhood, youth who are contemplating future trajectories into adulthood are reckoning with the likely years-long consequences of the pandemic.

**2. Evaluating the impact of the COVID-19 pandemic on emotional and behavioral health**

- a. Social determinants of health:** Assessment for social determinants of health, including [screening](#) for food insecurity and stable housing, takes on an added urgency as the pandemic has resulted in significant economic impacts on families. These impacts are especially true for historically under-resourced communities, populations facing inequities, who may be experiencing additional stressors, including those related to multigenerational living and employment as an essential worker. [Internet connectivity](#) has become necessary for socialization, remote learning, employment, and access to health care and must also be included in the evaluation of social determinants of health. Having knowledge of and relationships with state, regional, and local agencies that can provide or suggest resources to assist families is essential.
- b. Parental/caregiver well-being:** Increased stress associated with the pandemic may cause or exacerbate emotional vulnerabilities and distress in parents and other caregivers. Parents/caregivers struggling with

their own mental health problems, health issues, or substance use will have more difficulty responding sensitively and supportively to their children's reactions to stress. Checking in with parents/caregivers regarding their own emotional reactions to the pandemic, the effects of unemployment and economic stressors, availability of their own social support networks, and their awareness of the implications of parental well-being on the family are critical. Parents may be struggling to balance taking care of their own, possibly elderly, parents along with working and caring for their own children. [Pediatricians can provide support](#) to parents by offering empathy and recommending that parents/caregivers dedicate time for [self-care](#) and mindfulness. Providing referral resources for adult [mental health](#) and [substance use](#) can be very helpful. Screening for parental well-being, including [perinatal depression](#) and [intimate partner violence](#), can be combined with [screening for social determinants of health](#) and may facilitate conversations with and referrals to community resources.

- c. **Remote learning:** Remote learning has imposed new roles for caregivers, requiring them to adjust their interactions with their children and adolescents to a “teacher” role, rather than a more unstructured and nurturing one. Some families may find this additional role-switching challenging, and the change may affect the parent-child relationship. In addition, students' relationships with their teachers and peers are also affected by virtual learning. Acknowledging and normalizing these challenges may help families deal with them more effectively.

Additional challenges may include finding quiet space, functioning devices, and connectivity often for multiple children who are trying to learn on different schedules. There are many households in which caregivers may not have the ability to stay home to support their child's remote learning needs, adding stress around finding [child care](#) or other support. Where possible, referrals to early childhood educational settings such as Early Head Start and Head Start should be recommended. Families whose primary language is not English and families who are immigrants may face additional challenges in negotiating the educational system remotely and may need extra support. Multigenerational households may choose remote learning over hybrid or in-person models for fear of exposing elderly or immunocompromised family members and not having the ability to quarantine. Repeated transitions between remote and in-person learning can be very challenging particularly for children who lack cognitive flexibility such as children with attention-deficit/hyperactivity disorder and autism spectrum disorder.

- d. **Children and youth with special health care needs:** [Children and youth with special health care needs](#) depend on uninterrupted access to specialized medical and/or mental health services. Interruption of services for these children can increase stress on the family and place the child at risk for losing skills. It is important for the pediatrician to inquire about continued access to these services, to support families experiencing an interruption of services, and to advocate for continued services. As much as possible, children and adolescents with behavioral challenges should continue to follow structured routines and reward systems and those with anxiety or depression should be encouraged to practice [mindfulness](#) and reframing. It is essential to ensure continuation of pharmacologic treatments and that parents have the financial and prescriptive access to ongoing medication management. Families of children with medical complexity may experience loss of respite services. Exploring interim solutions, even if imperfect, may be helpful.
- e. **Additional considerations:**
- LGBTQ youth may experience greater stress during the pandemic if they are living in homes where they are not supported by their families. Furthermore, the pandemic may isolate them from their supports such as the local LGBTQ center or their LGBTQ friends/community. These youth may be subjected to increased physical or emotional maltreatment from a family member and not have a

means to escape it. Therefore, assessing the home situation of LGBTQ youth in a confidential manner is of particular importance at this time.

- For adolescents in the [juvenile justice system](#), visits from family members may be prohibited, which may result in increased isolation, stress, and anxiety/depression in these youth. In addition, youth in the juvenile justice system are at increased risk of exposure to severe acute respiratory syndromes because of crowding and lack of personal protective equipment, leading to calls to release juveniles from locked facilities to home monitoring to decrease their risk of exposure.
- Children and families involved with the child welfare system have unique needs with complex trauma and loss. Specific guidance on this population is [available here](#).

### 3. Advice, Education, and Anticipatory Guidance

- a. **General anticipatory guidance related to emotional and behavioral health:** Pediatricians are experts in providing [surveillance](#), [screening](#), assessment, and guidance around [developmentally appropriate](#) behaviors. During the COVID-19 pandemic, it is especially important that pediatricians continue to advise families about [emotional and behavioral responses](#) and needs in the context of typical development.
- Infants require secure attachments to nurturing adults to gain confidence in the world around them, and this holds true even more during times of stress, when nurturing adults serve as vital buffers for children.
  - Toddlers will continue to require guidance and [structure](#) to help them navigate their many internal and external stimuli as they strive to master autonomy.
  - Preschool-aged children with magical thinking may perceive this threat as especially dangerous and need to be reassured about the realities of their safety.
  - School-aged and older children have had their social needs disrupted significantly. They also may have heightened fears about the virus, which can result in exaggerated estimation of risk and excessive worry about themselves or their families, especially in families of essential workers. Caregivers should be mindful of their sense of loneliness, isolation, and uncertainty as they try to develop self-efficacy and confidence in their position in the world.

It is not uncommon for children to have developmental regression during times of stress. Transient changes may not be detrimental, especially when paired with supportive and attentive caregiving. The pediatrician can highlight the key role of the parent in supporting the overall development and growth of children and adolescents. It may also be helpful to remind parents and caregivers that behavior is a manifestation of emotional reactions and that children and adolescents are doing their best, given the circumstances, to convey social and emotional need. All types of behavioral expression merit sensitive exploration. Helping parents understand the range of manifestations of stress may equip them to interpret specific behaviors and address them appropriately, whether they are expected and manageable or are clues to a more significant problem. Pediatricians can help parents/caregivers individualize their support for their children and adolescents. For example, some children or adolescents may require more time and space to express their feelings or may require gradual conversations and nonverbal activities such as painting or drawing to allow them to express themselves and manage stress. Others might more readily accept direct conversations or activities. Many adolescents are capable of a more nuanced conversation about the pandemic and its effects. They may need to talk to a trusted adult about how to maintain social connection safely and their feelings of boredom, loss, and even guilt when they do not maintain physical distancing. Adolescents who are faced with so many restrictions may need space and private time to decompress from their day. This behavior may not be an indication of a problem. However, if withdrawal seems excessive and accompanied by other symptoms, it may warrant [further exploration](#). While

providing this guidance to parents, it is important to be empathic and supportive, reminding parents that this is an extraordinarily tough time for all parents and normalizing feelings of parenting stress and inadequacy.

- b. Communication with children and adolescents:** Caregivers should be encouraged to have [open and honest conversations](#) with their children and adolescents about what they are hearing in the media. Avoidance of such conversations does not protect children. The lack of an authoritative voice may leave them prone to believing false information they hear from their friends and the media. Parents/caregivers should [answer children's questions](#) honestly and acknowledge that they may not have all the answers but will do their best to listen and keep them safe and well. Depending on the child's age, it is appropriate to have varying levels of exposure to the news reports about the pandemic. It may be helpful for the parents/caregivers to watch these news reports with their children to provide perspective. Watching prerecorded news might be a good way to allow for pausing and discussion and even temporarily discontinuing viewing to allow for appropriate reflection and processing. Consideration may be given to limiting excessive exposure and providing opportunities for children to discuss what they heard and saw online.
- c. Guidance on physical distancing:** Older children and adolescents may find the social isolation related to the pandemic overwhelming. Socializing with peers is a mainstay of child and adolescent development. Following local, state, and [national guidelines](#) for physical distancing and safely operating should remain an urgent priority while families help find paths for youth to socialize safely.
- d. Guidance on screen time:** Parents/caregivers should continue to explain to children and adolescents that [screen time](#) has its benefits as well as real risks. They should explain the [need to be selective](#) in how we use screens and media, and that for the time being, we are using them more for education and socialization. Programs and apps that children and adolescents are accessing should be age appropriate. "Real-time" communication with friends and family as well as active engagement should be prioritized over passive viewing. Parents should have conversations with their children about excessive viewing of television and video game playing that interrupts schooling and sleep, the impact that social media can have, including bullying and ostracism, and contact with strangers online. Children may not realize that some of these contacts may be dangerous.
- e. Promoting resilience:** For all ages and stages, facilitating resilience is key. Pediatricians can remind families about the strength they provide for their children by being present, empathic, and nurturing. Practicing [techniques](#) together such as mindfulness, relaxation, and focusing on the present moment can help the entire family build coping skills to deal with uncomfortable and frightening feelings. When practiced regularly, children and caregivers can build skills that promote self-regulation and greater awareness of their feelings and the feelings of others that last long beyond the duration of the pandemic.

In many cases, quarantine has increased the time that families are together. Spending even a few unscheduled moments to delight in each other's company, be playful, and share in laughter can be refreshing and a relief from stress. Additionally, they present opportunities to revisit family culture, heritage, values, and spiritual beliefs. Each of these aspects of family life can contribute positively to family resilience and developing enriched relationships.

Children and [adolescents](#) can be encouraged to explore their creativity, passions, and strengths to help others, volunteer, and contribute to their community. Reframing and taking control of small things, such as making their own masks or participating in volunteer opportunities to help the community, can help

children and caregivers feel less vulnerable. Such a strength-based approach will help mitigate risks to emotional and behavioral health and accentuate strengths during crisis. Pediatricians can help families identify their strengths, particularly during these times when they may not feel obvious. Pediatricians can help families find the courage they need to persevere and overcome any feelings of embarrassment and guilt that can interfere with asking for needed help.

- f. **Community-engaged solutions:** [Community-engaged solutions](#) are especially critical to address health inequities. These culturally effective solutions should foster and support resilience building strategies, such as familial support and educational advocacy.

#### 4. Considerations for Referral and Follow-up

- a. **Pediatrician follow-up for emotional and behavioral health challenges:** Pediatricians should follow up with children and adolescents experiencing [emotional and behavioral health challenges](#) during the COVID-19 pandemic frequently despite the constraints of our current health care crisis. Children and adolescents who are sub-threshold for diagnosis or are otherwise not being referred to mental health specialty colleagues can be supported with the [common factors approaches](#) and [brief interventions](#) provided in primary care. Common factors uses a HEL<sup>2</sup>P<sup>3</sup> mnemonic (Hope, Empathy, Language, Loyalty, Permission, Partnership, and Plan) to operationalize family-centered techniques to build a therapeutic alliance with parents and children and facilitate communication. Resources for these approaches and guidelines for managing conditions such as [ADHD](#) and [depression](#) in the primary care setting are available. Children who do not respond to these interventions or have a significant change in functioning should be referred for additional supports, which may include using new or existing relationships with behavioral health providers in the community and/or schools.
- b. **Telehealth and well-being assessment:** [Telehealth technology](#) has been a great asset in health care access, including emotional and behavioral health care access for many children and families during the pandemic. Referral to mental health providers is recommended for children with more severe emotional or behavioral manifestations. It is critical that pediatricians are aware of mental health resources in the community, particularly those that offer telehealth services.
- c. **Children and families at risk for abuse and violence:** Many known risk factors for [child abuse](#) and violence, including poverty, stress, and isolation, have been exacerbated by the pandemic. Loss of contact with teachers and physicians may make their detection more difficult. Quarantine can inadvertently lock down children and families in homes with abusive adults, which may exacerbate the potential for abuse or violence secondary to increased stress. The [role of the pediatrician](#) may include surveillance of high-risk families, vigilance and recognition of signs of abuse, and inquiring about intimate partner violence, [guns](#) in the home, parental mental health and well-being, self-care, and struggles with child and adolescent behavior and [discipline](#). Offering guidance on [positive parenting strategies](#) will serve families regardless of risk for abuse. Support of families through empathy, education, and connection to community resources can be effective in mitigating some of these risk factors. Reporting to child protective services agencies is mandatory when there is reasonable concern for any form of child maltreatment.
- d. **Grief:** Children, adolescents, and families who experienced the loss of a loved family member or friend to COVID-19 are at increased risk for negative emotional outcomes and [may need special attention](#) and professional counseling to manage their loss and grief. There are racial/ethnic disparities in the rate of caregiver deaths from COVID-19, which has caused a disproportionate burden on families who are members of these groups.

- e. **Suicide prevention:** Rates of [suicide](#) for both adolescents and adults increase during times of great stress. In addition to screening for depression, screening for suicide can help alert pediatricians to this often hidden risk. Resources for families on [suicide prevention](#) should be shared widely, even in the absence of screening.
  
- f. **Fear:** Some children, particularly those with anxious predisposition or cognitive rigidity, may have significant anxiety about themselves or their loved ones getting COVID-19. This may be severe enough to induce them to refuse to leave the home or trying to convince their parents not to leave the home because of fear that they will catch COVID-19. Some children whose lives have been touched by COVID-19 and are traumatized by these losses may have strong fear reactions too.

*Interim Guidance Disclaimer:* The COVID-19 clinical interim guidance provided [here](#) has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regard to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire on June 30, 2021 unless otherwise specified.