

# What to Expect in the Age of Pandemics and How to Cope and Support the Child Welfare Workforce



Ongoing Leadership Development for Central Region's Managers and Key Leaders, supported by the CCTA's CPM Implementation Support Team and designed and delivered by Anita Barbee, PhD, MSSW

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## Welcome and Webinar Context

- Ongoing, critical role of leadership in the context of different crises



- *Thank you to each of you for what you do and for being here today*



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# Addressing Needs, Finding Balance



**Guiding Question/Line of Sight\*:** What will it take to . . . ?

The guiding question defines the line of sight: Where are you heading? What are you trying to achieve? The question should be open-ended and future focused. It should not make assumptions about who is responsible or what the solution is.

<p><b>Current Priority—Still Relevant—Continues Forward</b> (with modified approach)</p> <p>These are items that are relevant and possible and will go forward, though perhaps not as planned. Make a few notes on likely modifications.</p>	<p><b>Pause &amp; Resume when crisis “over”</b> (assuming a 6-18 month delay—high uncertainty)</p> <p>These items will be paused. They are either not feasible now, or they need to be paused to make room for emergent priorities. You don’t really know for how long. Six to nine months is a ballpark and may be too long or too short.</p>
<p><b>Emerging Priority or Existing but Newly Prioritized</b> (because of current conditions)</p> <p>These items are new or newly prioritized items that are on the table (or front burner) because of current conditions. You are being asked to do them or you realize they are necessary and/or urgent.</p>	<p><b>Unknown Status/Approach</b> (need more data, too much in flux to know)</p> <p>These are items that are either unclear or too much in flux to decide. You need to have more data, talk to others, or let the dust settle a little bit before deciding.</p>
<p><b>Honor and Let Go</b> (not going to happen)</p> <p>Conditions make these items impossible.</p>	

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# Today’s Flow and Aims



1. Describe the context of pandemics and getting through them
2. Recognize how the pandemic affects people, people who are helpers as they also try to take care of self, and people involved in child welfare who have already experienced traumas
3. Explore coping strategies and the important role of leaders at multiple levels (existing county strategies to care for self and others; organizational strategies with teams and the work)
4. Share tools and resources for how to cope and support the child welfare workforce



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## Pandemics

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- An ***epidemic*** occurs when a disease spreads over a wide area and many individuals become ill at the same time.
- When a spread of a disease escalates, it can become a ***pandemic***, affecting an even wider geographical area and a significant portion of the population becomes affected.
- Bubonic Plague
- In the US over the past century
  - The Spanish Flu 1918-1920
  - HIV/AIDS 1981-present
  - Swine Flu H1N1 2009-2010
  - Zika Virus 2015-2016



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## Psychological Reactions to Pandemics (Taylor, 2019)

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- **Fear or Indifference or Fatalism**
- **Repetitive checking and reassurance seeking**
  - Can overburden the health care system
  - Can lead to extreme behavior like getting a vaccine more than once in a season
- **Mood disorders like depression, anxiety and PTSD**
- **Mass panic**



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## Example: During SARS outbreak

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- Where the outbreak happened, 8,000 were infected and 800 (10%) died...was a mental health catastrophe (Gardner & Moallef, 2015)
- 44% of SARS patients developed PTSD (Hong, et al., 2009) and for many it lasted for years. This occurred because SARS
  - 1) was a novel infection with unknown course and treatment
  - 2) infection managed by social isolation
  - 3) there were fears of spreading to unknown others (Maunder, et al, 2006).
- Effect most those who
  - worked in health care
  - knew a victim of SARS
  - were quarantined
 were 2-3 times more likely to have PTSD symptoms (Wu, et al., 2009)



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## Stressors Associated with Pandemics (Taylor, 2019)

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- **Uncertainty, confusion and a sense of urgency**
- **Health threats**
- **Food, supply and medical shortages**
- **Severe disruption of routines**
- **Separation from family, friends and co-workers** → **Social isolation**
- **School closure**



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## Stressors Associated with Pandemics

(continued)

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- **Stresses on the health care system**
- **Wage loss**
- **Erosion of social fabric including exploitation, crime and discrimination**
- **Economic break down** leading to a recession or a depression
- **Malnutrition**
- **Inability to bury, memorialize and honor the dead** (whether it is due to the pandemic or another cause)



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## Extra Stressors on Child Welfare staff

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- For the CW workforce there is the added stress of knowing:
  - The difficulty to keep up with children in OOHC
  - The difficulty keeping children in touch with families
  - The difficulty in investigating Child Abuse and Neglect (CAN)
  - Knowing that CAN will increase
  - Knowing that Intimate Partner Violence (IPV) will increase
  - Other ACES may increase (e.g. mental illness, substance use/abuse, loss of parent)
  - Children will worry incarcerated parents could die or parents could die while they are in OOHC.
  - Parents similarly worry their children could die while in OOHC.



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## Extra Stressors on Child Welfare Staff (continued)

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- Continued exposure to traumatic events clients experience
  - Exposure to the death of others, including mass scale death
- Heightened risk of personal infection, sickness and death
- The worry that they will inadvertently spread infection to others including close others
- Overwork and fatigue
- The inability to keep children safe others in spite of great effort



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What is missing?

What additional stressors are CW staff experiencing during COVID-19?

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## Shared Traumatic Stress (SdTS)

(Altman & Davies, 2002; Eidelson, et al., 2003; Tosone & Bialkin, 2003; Tosone, 2006; Tosone, Nuttman-Shwartz, & Stephens, 2012)

- The affective, behavioral, cognitive, spiritual, and multi-modal responses that clinicians experience as a result of dual exposure to the same collective trauma as their clients.
  - Contains aspects of primary and secondary trauma
  - Describes the extraordinary experiences of clinicians exposed to the same community trauma as their clients.
  - People subjected to catastrophic environmental events may find themselves impacted simultaneously on multiple levels leading to potential alterations of their self-perception and worldviews.



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## Shared Traumatic Reality

(Baum, 2011; Lavi, Nuttman-Shwartz, & Dekel, 2015)

- Involves a current, collective catastrophic event
- The helper and client belong to the same community
- The helper suffers from the double exposure of being a citizen where an event hits and working with individuals in the same community.
- Applies mostly to those living and working in war zones (e.g. Israel-Palestine; the Gulf countries)



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# Impact of Community Trauma on Helping Professionals

(Bauwens & Tosone, 2010; Freedman & Mashiach, 2018; Seeley, 2008; Tosone, 2011; Tosone, McTighe, Bauwens, & Naturale, 2011; Tosone, McTighe & Bauwens, 2015)

- **Predictors of developing Shared Trauma and PTSD symptoms**
  - Insecure attachment style
  - More exposure to traumatic life events including community trauma (9/11, Katrina, missiles)
  - Enduring stressors due to community trauma
  - Higher workloads
  - Resilience lowered chance of SdTS
- **Positive Impact of SdTS**
  - Increased compassion for clients and strengthened identification with clients
  - Increased connectivity to clients and therapeutic intimacy and speeds joining with clients
  - Impetus for enhancing clinical skills and self-care
- **Negative Impact of SdTS**
  - Increased sense of personal vulnerability and feeling unprepared to work in a traumatogenic environment
  - Emotional contagion can occur
  - Blurring of boundaries



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## Impact (continued)

- **Factors that facilitated professional functioning**
  - Strong co-worker relationships
  - Sense of belonging
  - Recognition and acknowledgement among co-workers of shared life-threatening experiences (i.e).
  - Directors and supervisors who, as 'parenting' figures, offered emotional support and regulation and helped clinicians manage their conflicting obligations to work and home and the sense of guilt associated with such conflicts
- **Recommendations**
  - Start session, meetings, visits with clients with breathing exercise or guided imagery
  - Organization needs to provide space for processing
  - In supervision deal with the emotions that arise (see work of Miller, 2018)
  - Encourage staff to journal to process all the trauma they are exposed to
  - No studies on pandemics or with child welfare workforce



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How is shared trauma impacting your work with staff?

How is shared trauma impacting work with families?

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## Predictors of Severe Reactions to Pandemics (Taylor, 2019)

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- **Negative emotionality** (neuroticism; part of the Big Five)- the general tendency to become easily distressed by adverse stimuli because see the world as dangerous and are risk avoidant
- **Trait anxiety** includes **Overestimation of threats** and **Intolerance of Uncertainty**
  - Strong desire for predictability and think there should be enough planning to have no surprises
  - When faced with important uncertainties can lead to paralysis and inability to make decisions
  - Worry excessively and have other disorders like mood, anxiety, OCD as well as health anxiety.
  - Do a lot of checking and reassurance seeking.
- **Monitoring vs blunting**



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## Predictors (continued)

- **Health Anxiety-** tendency to be alarmed by illness related stimuli including infectious diseases (Abramowitz & Braddock 2011)
  - **Disgust Sensitivity**
  - **Unrealistic Optimism Bias**
  - **Tendency to believe in conspiracy theories** fuels fear of pandemics and raises belief in wild ideas as to origins of pandemic diseases-
  - Who believes conspiracy theories? Those who(se)
    - Positive image of their group is threatened
    - Are narcissistic
    - Are prone to magical thinking and belief in the paranormal
    - Are gullible, have lower media literacy; less education; less ability to think analytically; lower in intelligence; reject scientific findings or theories and rely instead on pseudoscience.



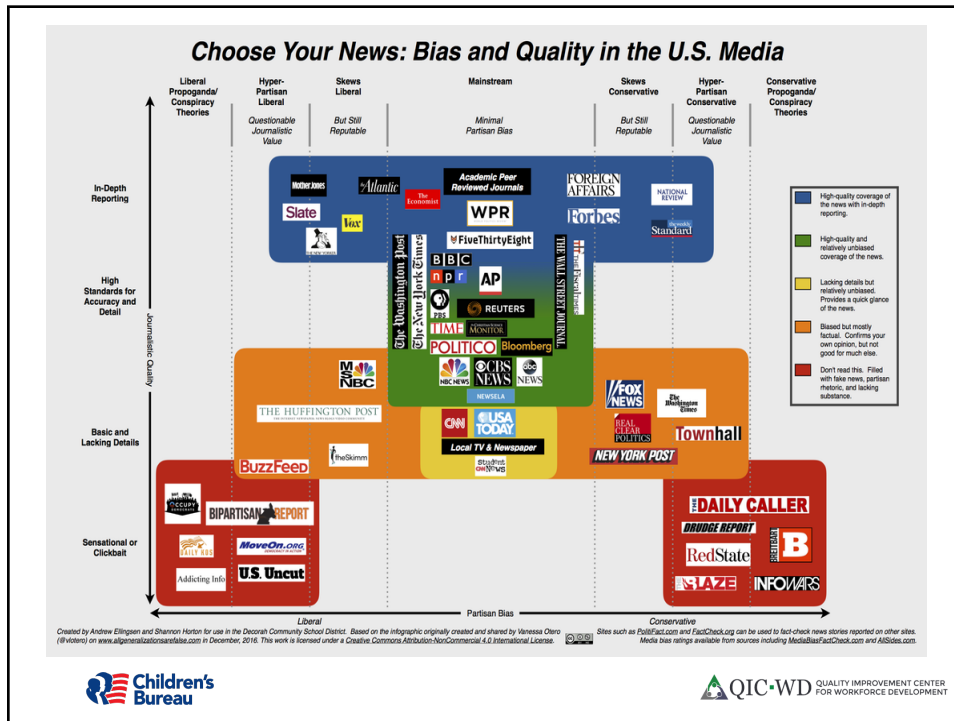
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## General Strategies To Manage COVID-19 Stress

- **Critically evaluate information with integrity:** Do not believe everything you read. Consider the source. Do not consume too much information.
- **Reject the principle of scarcity:** Make a rational plan for what you need and how you will get it. Do not be swayed by media influences that suggest we will not have enough.
- **Embrace a time to build relationships:** The time we have at home can strengthen and build memories with those in our lives even if we are doing that from a distance.
- **Set and reach goals that are usually not possible due to lack of time:** There are many things we put off because we do not have enough time. Let one positive outcome of this be that you accomplished something you have been putting off.
- **Live in the present:** Appreciate the small daily pleasures that we usually do not have the time to notice. Focus on what you are thankful for, what went well, what was enjoyable in the moment or in each day. Consider creating a gratitude journal.



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## 4 Elements of Self-Care

- **PHYSICAL:** Keep your body active. Get plenty of rest and good nutrition.
- **PSYCHOLOGICAL:** Maintain a routine. Spend time outside. Actively process and manage your emotions. Journal. Practice gratitude.
- **COGNITIVE:** Keep your brain active with things other than work. Read for pleasure, complete puzzles or other brain exercises. Set limits on the amount of news and information you absorb. Do something creative.
- **SOCIAL:** Maintain your connections in creative and consistent ways.

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In chat, write 1) ways you are personally coping with the crisis and 2) ways you are helping your team cope with the crisis.

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## PHYSICAL STRATEGIES

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## Strategies To Boost Your Immune System: Taking Control Where You Can

- **Strategies that have been found to boost immune health**

- Take probiotics daily
- Eat a balanced diet
- Drink 8 glasses of water a day
- Keep hand sanitizer nearby
- Get plenty of sunshine
- Drink green tea
- Make exercise a priority
- Get adequate sleep
- Wash your hands regularly
- Limit alcohol
- Have sex
- Spend time with animals
- Take herbs and supplements
- Eliminate inflammatory foods
- Laugh often
- Mediate/breathing exercises
- Practice gratitude
- Use essential oils



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## Physical Activity During Quarantine

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- **Yoga** (combines physical/cognitive/psychological self-care)
- **Walking/running/biking** in your immediate neighborhood
- **Stairs**
- **Indoor exercise equipment** (treadmill, elliptical machine, bike)
- **Strength training** (weights, sit ups, push ups, squats)
- **Exercise videos** on YouTube or other streaming services



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## Barriers to Physical Activity

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- **Home restrictions**
  - Be creative. Explore on-line resources. Walking or running outside or exercise on stairs are inexpensive and universal options.
- **Health restrictions**
  - Choose small reasonable activities that are allowable with your health limits.
- **Mental health barriers**
  - Ask for support/accountability from others in your home or those that you can connect with virtually
- **Scheduling barriers**
  - Set small goals throughout the day instead of a large block of time
  - Put yourself first. Exercise before you do other things.



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## Sleep During Quarantine

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- **Sleep is critical to your health** and mental health but may be difficult during quarantine due to anxiety, disrupted schedule/routine, and other barriers.
- **Good sleep hygiene includes the following practices**
  - Go to bed and wake up at the same time every day
  - Have a “bedtime routine” that starts 30-60 minutes out each night and includes the same series of steps of your choosing that tell your body to begin the process of relaxing/going to sleep. This may include hygiene, reading, stretching, etc.
  - Sleep in a cool dark room. Optimal temperature is 65.
  - Limit blue light/technology in your room and use of technology at least 30 minutes before bed.
  - Avoid alcohol and exercise before bed as they can both wake you up.
  - Avoid caffeine intake several hours out from bedtime.



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# PSYCHOLOGICAL STRATEGIES



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## Cognitive Distortions and How They Appear Related to COVID-19

We have many negative or distorted ways of thinking that can affect our depression. Here are some of the most common:

- ❑ **Catastrophizing:** You believe that what has happened or will happen will be so awful and unbearable that you won't be able to stand it. *This is the end of the world. We are all going to die. Everyone I know and love is going to get sick and die.*
- ❑ **Overgeneralizing:** You perceive a global pattern of negatives on the basis of a single incident. *I have lost control over every part of my life because I have lost control over going out. I can't make any choices for myself.*
- ❑ **Dichotomous thinking:** You view events, or people, in all or nothing terms. *I am either managing all of the risks of none of the risks. I am either doing everything I need to do or nothing at all.*
- ❑ **Discounting positives:** You claim that the positives that you or others attain are trivial. *Ignoring positive news, stories of recovery, 80% of cases are mild.*
- ❑ **Negative filter:** You focus almost exclusively on the negatives and seldom notice the positives. *Only focusing on negative stories of the virus and its effects. Ignoring positives of quarantine (time with loved ones, time for different activities)*
- ❑ **Mind reading:** You assume that you know what people think without having sufficient evidence of their thoughts. *My partner doesn't like being home with me in quarantine. My boss doesn't think I am working hard enough.*
- ❑ **Fortune telling:** You predict the future—that things will get worse or that there is danger ahead. *I am going to lose my job. The agency/organization is going under. My marriage isn't going to survive this.*



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## Cognitive Distortions and How They Appear Related to COVID-19

- ❑ **Labeling:** You assign global negative traits to yourself and others. *I am lazy and failing at this quarantine. I am a terrible parent/partner.*
- ❑ **Personalizing:** You attribute a disproportionate amount of the blame to yourself for negative events and fail to see that certain events are also caused by others. *My kids hate being home with me and that is why they miss school. My friends and family aren't calling because they don't care about me.*
- ❑ **Blaming:** You focus on the other person as the source of your negative feelings and you refuse to take responsibility for changing yourself. *My partner isn't doing their share at home. My kids are making it impossible for me to work from home.*
- ❑ **Unfair comparisons:** You interpret events in terms of standards that are unrealistic— for example, you focus primarily on others who do better than you and find yourself inferior in the comparison. *Everyone else is doing better in quarantine. They are exercising, cooking, spending time with family and I am barely functioning.*
- ❑ **Shoulds:** You interpret events in terms of how things should be rather than simply focusing on what is. *I should be enjoying the extra time with my family. I should be getting more done.*
- ❑ **Regret orientation:** You focus on the idea that you could have done better in the past, rather on what you can do better now. *I wish I had been more prepared, more careful, more compliant.*



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## Strategies To Combat Cognitive Distortions

Strategies to challenge cognitive distortions include the following:

- ❑ **Identify the distortion:** use your thought journal to identify which distortion is at play
- ❑ **Examine the evidence:** look for evidence to contradict your thoughts about the situation
- ❑ **The double-standard method:** talk to yourself the way you would a friend or someone you care about
- ❑ **The experimental technique:** run a behavioral experiment to test what happens based on thinking about the situation two different ways
- ❑ **Thinking in shades of grey:** challenge the dichotomous (all or nothing) thinking and look for a “middle ground”
- ❑ **The feared fantasy technique:** what would happen if the worst case scenario came true? Often not as bad as we think
- ❑ **Cost-benefit analysis:** examine pros and cons of thinking that way
- ❑ **Define terms:** consider your definition of terms that drive you like “success” “failure” “good parent”
- ❑ **The survey method:** ask others their opinion on the matter



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## “Quick Rescue” Strategies To Address Depression

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- **Pleasurable activities** (e.g. hobby, animals, reading, time outside, music)
- **Activities that accomplish something** (e.g. make a bed, take a shower)
- **Complete a task that you have been avoiding** (check one thing off your to do list)
- **Activities that fit your values** (e.g. help someone with yard work/shopping, make a donation)



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## “Quick Rescue” Strategies To Address Depression

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- **Breathing techniques**
  - Three part breath
  - Finger tracing
- **Body relaxation techniques**
  - Body scan/progressive muscle relaxation
  - Shoulder tension countdown
- **Mindfulness techniques**
  - 5-4-3-2-1
  - Visual imagery



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## Breathing Techniques

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- **Three Part Breath**

- Inhale through your nose for count of 3; hold for count of 3; exhale through your mouth for count of 3
- Repeat for 10 sets

- **Finger Tracing Technique**

- Using your pointer finger, trace from your thumb to your pinkie and back. Inhale as you move your tracing finger up one side of finger and exhale down the other side. Repeat and work your way back to thumb for count of 10.

- **Nose Breathing Rescue Technique**

- Hold you nose with thumb and pointer finger, one on each nostril. Plug one nostril with your thumb and inhale. While holding your breath, switch and plug other nostril with pointer finger and release the other side. Keep same side plugged and inhale. Switch to your thumb while holding your breath and then exhale on the other side.



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## Body Relaxation Techniques

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- **Body Scan**

- Moving from your feet to your head, spend 10-15 seconds observing each body part and taking a deep breath and imagine the breath going to that part of the body: feet, calves, thighs, abdomen, back, chest, arms, neck, face

- **Progressive Muscle Relaxation**

- Following the same pattern as above, instead of observing each body part, intentionally tense each body part. Hold for count of 3 then relax for count of 3. Take a deep breath and imagine sending to that part of the body. Continue to work your way up through the list above.

- **Shoulder Tension Countdown**

- Tense your shoulders and arms as tense as possible. Make a fist with both hands. Hold for count of 10. Then gradually, one inch at a time, release for a count of 10.



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## Mindfulness Techniques

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- **5-4-3-2-1**

- Name 5 things you can see; 4 things you can hear; 3 things you can touch; 2 things you can smell; 1 thing you can taste.

- **Visual Imagery**

- Close your eyes and imagine a place that makes you feel relax and peaceful. What do you see? Hear? What can you touch or feel? What do you smell or taste? How do you feel in that place? Take 10 deep breaths and enjoy being present in that place.



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## General Strategies To Combat Anxious Thoughts

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- **QUESTION THE STORY**

- What are the odds this will happen? What is the evidence to the contrary? What do I have control over in this situation that can improve the odds?

- **FACE YOUR FEARS**

- Avoidance is addictive and compounds the anxiety/fears. The more we give into our fears/anxieties, the more they grow in number and strength.
- If you need to create a “fear ladder” to work your way up to what you fear, then do so. Make a list of progressively anxiety-provoking tasks/situations related to the fear and work your way up the ladder

- **BE PRESENT**

- Most of our anxieties are based on the future. Shift your focus to the present. What is happening right now? What is good? What can you observe or appreciate in the moment? If there are anxieties in the current moment, name and embrace those fears. This form of radical acceptance of feelings and uncertainty gives us power to actively cope with our anxiety.



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# COGNITIVE STRATEGIES

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## Creating a Routine

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- This new routine is temporary
- Wake up and go to bed at the same time each day
- Set times for work and school work. Build in regular breaks.
- Set times for meals and limit to one menu for the household.
- Build in time for other activities in your schedule. Have an alternative plan when weather prohibits your normal routine.
  - Time outside
  - Exercise
  - Creative activity
  - Chores/helping others
  - Self-care/decompressing
- Hold family meetings or self check-ins on a regular basis to see how the routine is working



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## Setting Limits

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- Set limits on technology
- Set limits on intake of information
- Set limits on work
- Set limits on drinking and other unhealthy habits
- Set limits on social media



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## Creative Activities: Using The Other Side of Our Brain

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- While we are trying to make the most of our time working from home and stay informed on current events, it is important that we engage the other side of our brain in creative activities
- Activities may include
  - Drawing
  - Painting
  - Sculpting
  - Music (playing/listening)
  - Dance
  - Singing
  - Coloring
  - Writing (creative)



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## Take Self Care Breaks

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- Read a book
- Write in a journal
- Exercise
- Deep breathing
- Think about something calm
- Listen to music
- Sing
- Lift weights
- Play an instrument
- Dance
- Weighted blanket
- Talk to a friend
- Watch TV
- Sleep
- Play a game or video game
- Meditate
- Do yoga or Tai Chi
- Play sports
- Paint or draw
- Do a craft
- Eat ice
- Suck on a fireball
- Wash your face or hands
- Pray
- Play with toys or puzzles
- Color
- Take a walk
- Count
- Use a stress ball



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## SOCIAL STRATEGIES

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## Maintaining Connections

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- Do not rely solely on social media and texting/messaging for connection
- Talk to friends and family on the phone
- When possible, use FaceTime or video calls as this enhances the level of connection
- Spend time each day on these social connections...do not go for days or weeks without connection
- Be intentional about connecting with those in your home if applicable
  - Meal time: talk about your day despite having been under the same roof. What was the best part of your day? What are your plans/needs tomorrow?
  - Play games
  - Go for walks or spend time outside
  - Work on home projects or creative projects
  - Pick a new show to watch together or a time of day to watch TV as a group



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## Focus on the Greater Good

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- **Look to the heroes**...people who elevate themselves through sacrifice like the doctors, nurses, and other essential workers like those making sure we have food, utilities, and other important aspects of life in this situation
- **Stay calm and focused**...extreme reactions like hoarding food, buying weapons, not taking care of basic necessities are not healthy
- **Show gratitude**...send thank you notes for those who have provided a service or help in some way; look for ways to give back to those who have helped (e.g. donate goods, sew masks)
- **Show compassion**...guard against divisive ways of thinking and acting toward people of other racial/ethnic groups, belief systems, political parties



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## Managing Partner Relationships at Home Together

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- Appreciate that people have different coping strategies. Validate each other's feelings and how to cope.
- Create SPACE from each other in your home. Schedule time and create physical separation from those you are quarantined with regularly each day.
- Prioritize self-care for the sake of your relationships. We need to take care of ourselves to be able to take care of others/our relationships.
- Anticipate flare ups of mental health challenges.
- Conflicts will arise. Be strategic in your communication.
  - Be kind and careful.
  - Decide what is worth discussing and what can be let go.
  - Take a time out if you or others do not have control of your emotions.
  - Choose your words very carefully...try to be behaviorally and situationally specific about any issues or complaints (effective complaining) Use I statements.
  - Strive to understand both sides/perspectives even if you do not agree (active listening)
  - Keep in mind the greater good of the relationship during this stressful time. Agree to disagree. Focus on the things that you appreciate or that are good whenever possible.



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## Ineffective Communication

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- Withdrawal/Avoidance
- Negative Interpretation
- Invalidation
- Escalation
- Kitchen Sinking
- Cross Complaining
- Always/Never



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## Effective Communication

- **Effective Complaints**

- State what happened (behaviorally specific; not character attack)
- State when it happened (situationally specific; not always/never)
- State how it made you feel (I statements)
- State what you need (what you would like the response to be)

- **Effective Listening**

- Listen to understand not to agree or resolve
- Most conflicts (as many as 70%) are unsolvable...the goal is to understand not agree
- Take turns
- As the speaker, use I statements and keep your statements brief
- As the listener, paraphrase what you hear without judgment or rebuttal. You will get a turn to be the speaker but your only job here is to listen and understand, not prepare a response.
- Trade roles and responsibilities.



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## Managing Parenting Relationships at Home Together

- **Take the lead.** Initiate conversations about what is going on. Answer with facts and set limits on information.
- **Emphasize agency...**what your family is doing to take action to be healthy and safe.
- **Point out** what is the same and what is different.
- **Make time** to play and move.
- **Set limits on your phone.** Take a break so you can focus and be present.
- **Take care** of yourself so you can take care of them.
- **Set a routine/structure** for you and your children. Visual reminders of the schedule are helpful.
- **Validate feelings** of anger and disappointment but also emphasize the positives/reframes of negatives whenever possible.
- **Point out** when children ask the same thing over and over again.
- **Provide or model** self-soothing coping strategies for anxiety and disappointment.
- **Expect regressions** and allow for some extra “babying” or nurturing (e.g. cuddling)
- **Connect** with other parents or professionals if needed



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## Talking to Children About COVID-19

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- **Calm yourself down:** manage your own emotions before you talk to your children about their fears
- **Initiate the conversation**—do not wait for them to ask you what is going on
- **Ask what they know** so you can dispel any myths and provide reassurance/accurate info
- **Keep it age appropriate**
  - Under age 6: limited info
  - School age: general info about an illness and need to social distance, use good hygiene
  - Teens: talk in more detail as they will have much info from media; connect to other difficulties they/the world has experienced
- **Emphasize that you are there to keep them safe and secure**
- **Be honest and direct**
- **Use resources...**refer them to good articles/books
- **Emphasize where they have control:** social distancing, hygiene, good self-care



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What struck a cord with you that you may add to your toolbox?

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## Looking Ahead:

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- Where do we go from here?
- Building on the webinar today, should we convene again to revisit Covid-19 strategies? If so, when?
- Additional supports identified?
- Managers' Summit *tentatively* scheduled for the week of September 14, 2020



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## Closing and Appreciations

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- Key Takeaways from today
- Plus/Delta



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## Further Questions/Comments



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