

Impacts of the COVID-19 Pandemic on Children and Youth: Emotional, Behavioral, and Education Based Changes

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“Medically Ready Force...Ready Medical Force”

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Disclosures



- Army Lt. Col. Bonnie Jordan and Air Force Capt. Matthew Scott have no relevant financial or non-financial relationships to disclose relating to the content of this activity.
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Learning Objectives



At the conclusion of this activity, participants will be able to:

1. Identify and interpret the emotional and behavioral challenges affecting children and families during the COVID-19 pandemic.
2. Outline specific interventions to support wellness and success in modified educational platforms during the COVID-19 pandemic.
3. Evaluate the additional educational challenges for military children, children with ADHD, and children with special health care needs (CSHCN) during the COVID-19 pandemic.

Lessons Learned from History



- Increased rates of suicide during/after the 1918 Spanish Flu pandemic
- Increased rates of suicide associated with the 2003 Severe Acute Respiratory Syndrome (SARS) Outbreak
- Increased rates of Post-traumatic Stress Disorder (PTSD) (30%) in children who were quarantined during 2009 H1N1
- Increased rates of mental health symptoms during COVID-19 pandemic
- Social isolation, loneliness, fear all noted as contributors
- Technology and virtual connections have impacted the global experience of social distancing compared to the pandemic a decade ago

(Sher, 2020)
(Sprang et al., 2013)

Isolation and Loneliness



- Loneliness and isolation increase rates of mental health problems
 - Depression is the most common
 - Symptoms last up to 9 years later

- Increased length of loneliness leads to worse mental health outcomes

(Loades et al, 2020)

Published Data is Emerging



- Adults had increased suicidal ideation early in the pandemic that persisted through September 2020
- Between March and June 2020, 27% of parents reported worsening mental health for themselves, and 14% reported worsening behavioral health for their children
- Children with increased clinginess, irritability, inattention, fear, disturbed sleep, uncooperative behavior, anxiety, depression, and others
- Decreased Emergency Department (ED) visits for mental health early in the pandemic
 - But increased proportion of visits are mental health related
- Job loss and social isolation associated with increased neglect and verbal aggression

(Czeisler et al, 2021) (Patrick et al, 2020) (Lee et al, 2021) (Chatterjee, 2021)

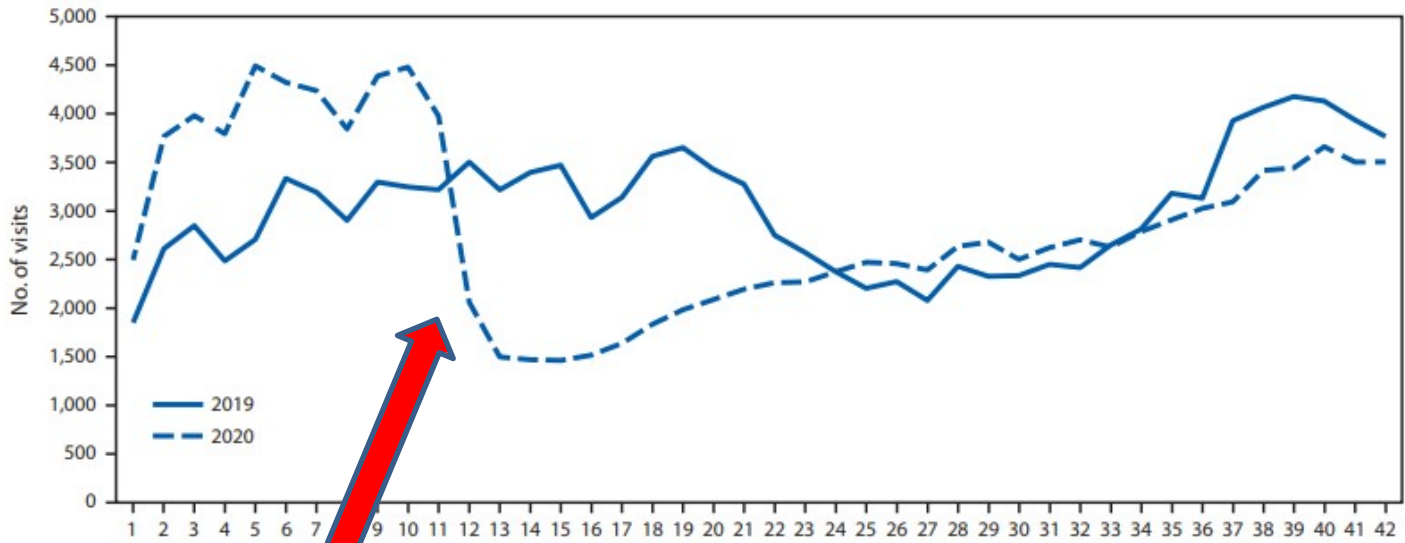
Anecdotal Evidence is Abundant



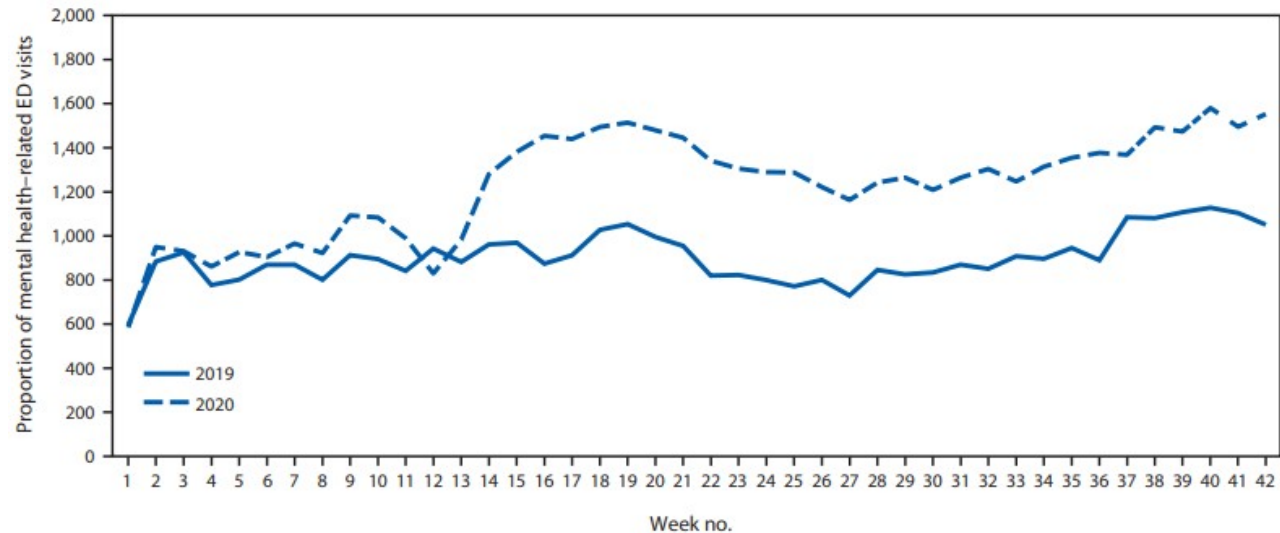
- Riley Hospital for Children in Indianapolis: hospitalizations after suicide attempts went up from 67 in 2019 to 108 in 2020
- University of California San Francisco (UCSF) Benioff Children's Hospital Oakland: suicide attempts doubled from previous year
- Access to mental health providers is very limited
- School behavioral health services transitioned to active duty support

(Czeisler et al, 2021) (Patrick et al, 2020) (Chatterjee, 2021)

A. Mental health-related ED visits



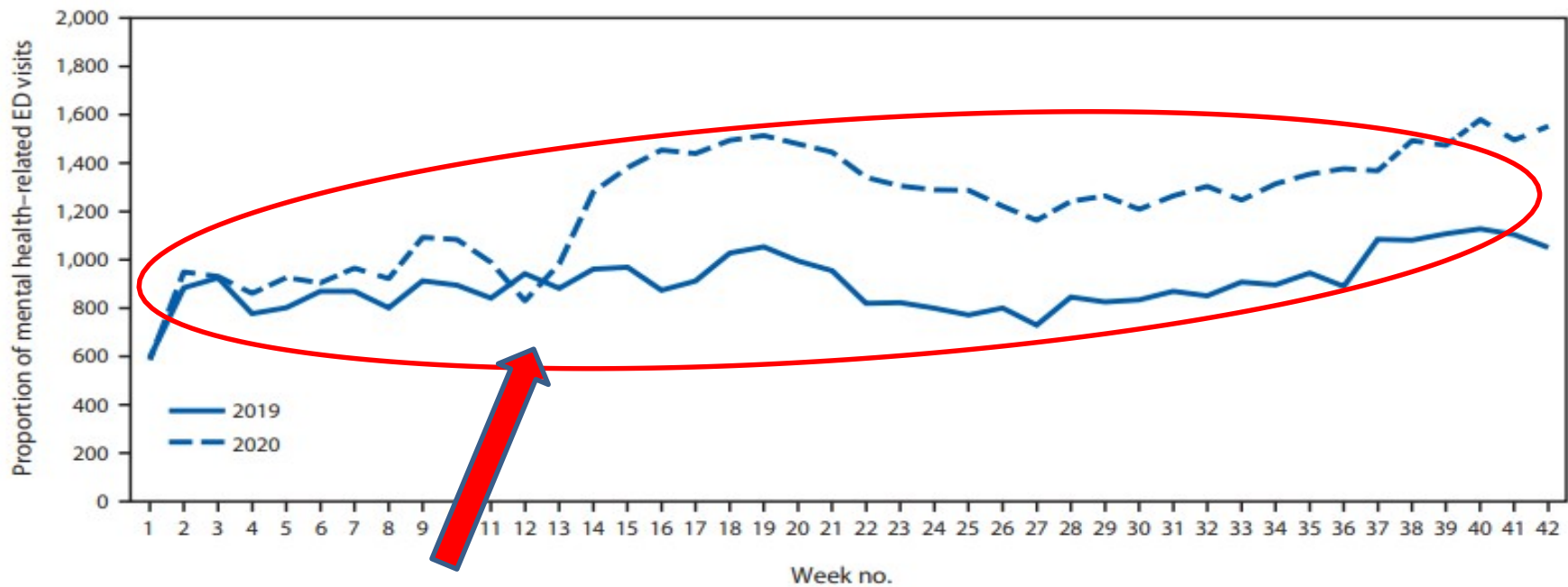
B. Proportion of mental health-related ED visits per 100,000 pediatric ED visits per week



* Proportion of mental health-related ED visits = number of ED visits for children's mental health/total number of pediatric ED visits x 100,000.

(Leeb et al, 2020)

B. Proportion of mental health–related ED visits per 100,000 pediatric ED visits per week



* Proportion of mental health–related ED visits = number of ED visits for children’s mental health/total number of pediatric ED visits x 100,000.

(Leeb et al, 2020)

Challenges for Parents/Children



Challenges

- Childcare/Supervision
- Loss of social experiences
- Stress
- Change
- Financial Stressors
- Loss of services/supports
- Activity/Recreational limitations
- Modified Educational Structure

Babies and Toddlers (ages 0-2yrs)



- Even at 3 months of age, babies can pick up on parents' mood
 - stress, anger, anxiety, and depression
- Infants and toddlers can become more irritable, clingy, and needy
- Mental health for the entire family is critical during these early years
- Focus on calming activities
 - bath time, singing, baby massage, social games

Photos taken by Dr. Scott and
Dr. Jordan
(Lerner, 2017)



“Medically Ready Force...Ready Medical Force”

Preschoolers/Early Elementary (3-6yrs)



Photo taken by Dr. Scott

(Ghandour et al, 2019)

- Anxiety and Depression are less common, but do occur:
 - Anxiety: 1.3%
 - Depression: 0.08%
- Build off caregivers'/teachers' anxiety and fears
- Trouble verbalizing feelings
- Decreased interest in play
- Self-destructive themes in play
- Clinginess, fearing of being apart, choosing to be alone
- Regression, sleep changes, tantrums

Looming Questions for this Age Group?



- Is there an impact on development?
 - ❑ Widespread mask usage and developing social cues
 - ❑ Decreased social opportunities
 - Playgroups
 - MOPS (Mothers of Preschoolers)
 - Daycare/Preschool programs
 - Playgrounds, Library events, etc.
 - ❑ Isolation in first time parents
- Do Children identified with Developmental Delay have less therapeutic opportunities?
 - ❑ Virtual therapies (Speech, Occupational, Physical, Early Childhood Educators) through Birth-to-Three and medically based centers vs. traditional model
 - ❑ Group therapies (Social Skills Group)
 - ❑ Applied Behavioral Analysis (ABA) for children with Autism Spectrum Disorder (ASD) may be harder to access in some locations

Elementary (7-11yrs)



Photo taken by Dr. Jordan

- Increased physical symptoms: stomach pain, headaches, fatigue, nausea
- Crying or shouting outbursts
- Unexplained irritability, bullying
- Low self-esteem
- Guilt, hopelessness, increased boredom
- Feelings of wanting to run away
- Very afraid when away from parents

- Anxiety: 6.6%
- Depression: 1.7%

(Ghandour et al, 2019)

Transitional Youth (11-14yrs)

- Anxiety 31% -- Depression 5-9%

- Atypical moods
 - Rage, increased conflicts, hopelessness
- Changes in personal relationship
- Decreased interest in activities
- Concentration, memory, attention changes
- Changes in eating patterns or weight
- Changes in appearance (less hygiene)
- Increase in risky/reckless behaviors
- Thoughts about suicide or death



Photo taken by of Dr. Jordan

(Ghandour et al, 2019)

Teens and Young Adults (14-21yrs)

Mood disorders more common in girls (2:1) and are seen at adult rates (14-21%)

■ Depression: 10-20%

- Withdrawal
- Irritability
- Sleep pattern changes
- Appetite
- Academic performance
- Anhedonia (loss of interest – may not be easy to recognize)



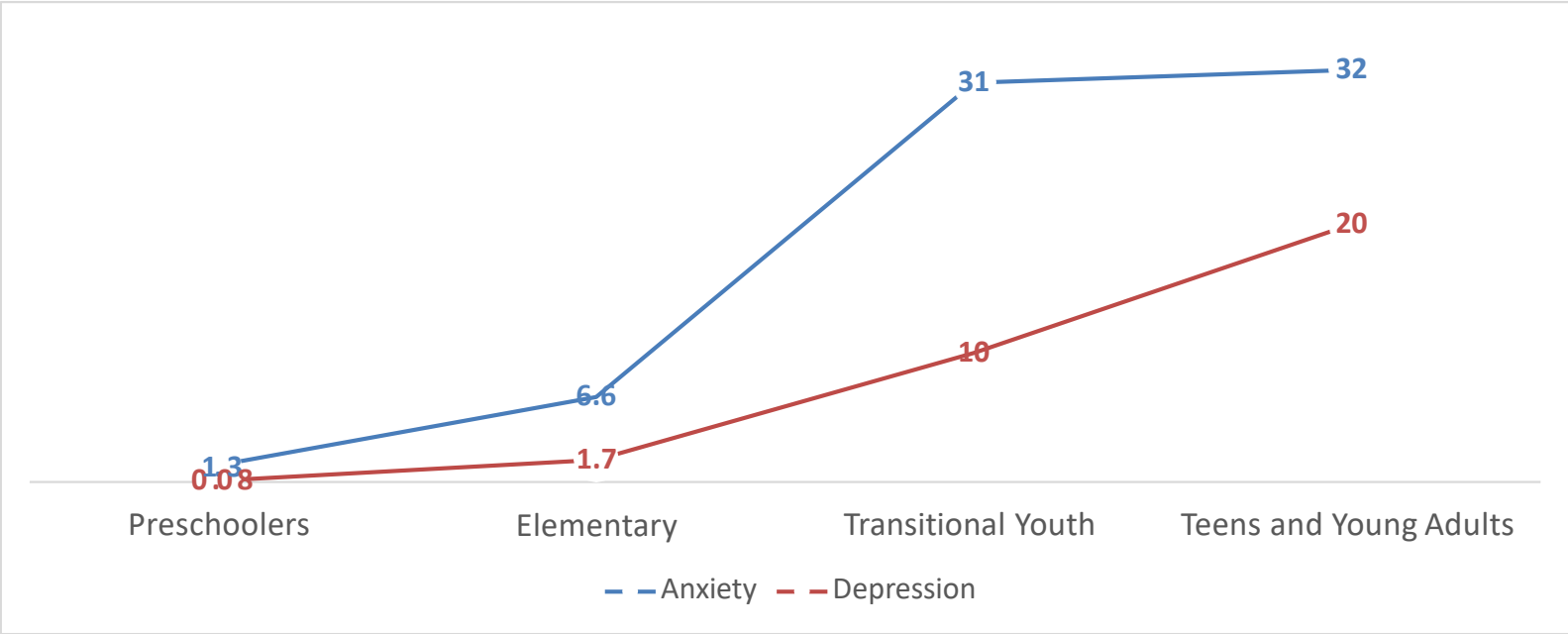
Photo taken by Dr. Jordan

■ Anxiety: 32%

- Fear
- Emotional response
- Avoidance
- Refusal
- Withdrawal (fear of being involved)
- Sleep pattern changes

(Ghandour et al, 2019)

Rapid Rise in Anxiety/Depression with Age



Created by Dr. Jordan based on Ghandour et al, 2019

Suicide in Teens



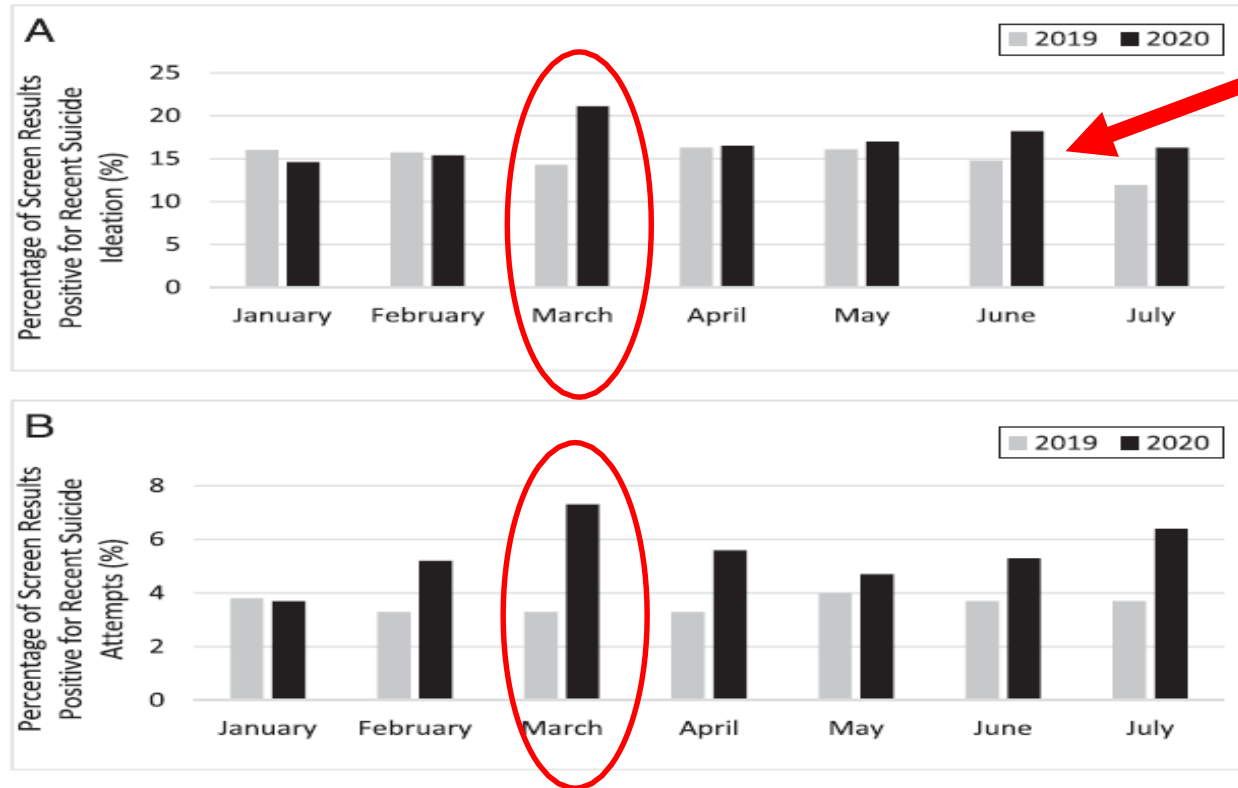
- 2nd leading cause of death
- 11% of teens 15-19 years old
- Increase in rates over the last 10 years

- Suicidal talk, increase in risky behaviors, change in personality
- Contact a Primary Care Manager (PCM) or seek immediate care for concerns related to suicidality

Suicidal Ideation/Attempt Rates during COVID-19 Pandemic**Houston, TX*



Initial stay at home orders



Resurgence of cases

FIGURE 2
A and B, Rates of screen results positive for suicide ideation (A) and attempt (B), January to July.

(Hill et al, 2021)

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Tweens and Teens (What can Caregivers do?)



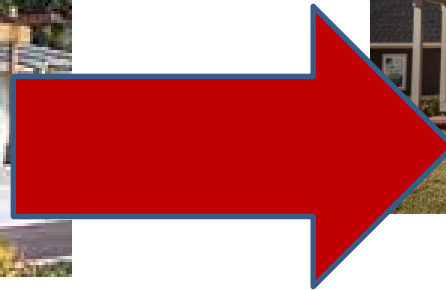
- Model resiliency and mindfulness
- Flexible routine – fits with school schedule
- Plan transition time and down time
- Talk about everything – the pandemic, emotions, plans, risky behaviors
- Encourage social and family relationships
- Stay busy (exercise, reading, watching shows together, volunteer, family projects)
- Take an active role in education – give positive feedback
- Supervision and oversight
- PCM care / Behavioral Health care

The Basics – 6 Tools for Parent/Child Wellness



- Stay positive
 - Self care!! Take care of yourself so you can take care of them. Be honest, yet positive when talking with your children about current challenges.
- Stay active
 - Go for a walk or have a dance party – staying active is good for everyone’s wellness and helps break up your day
- Stay scheduled
 - Keep a flexible routine for school and for home
- Stay connected
 - Friends and family are still important. Maybe grandma can read with your child online?
- Stay informed
 - Know your child’s schedule, due dates, assignments and review with them regularly
- Stay safe
 - Follow the Centers for Disease Control and Prevention (CDC) and local guidelines for outings, social connections and public events

Modified Educational Platforms

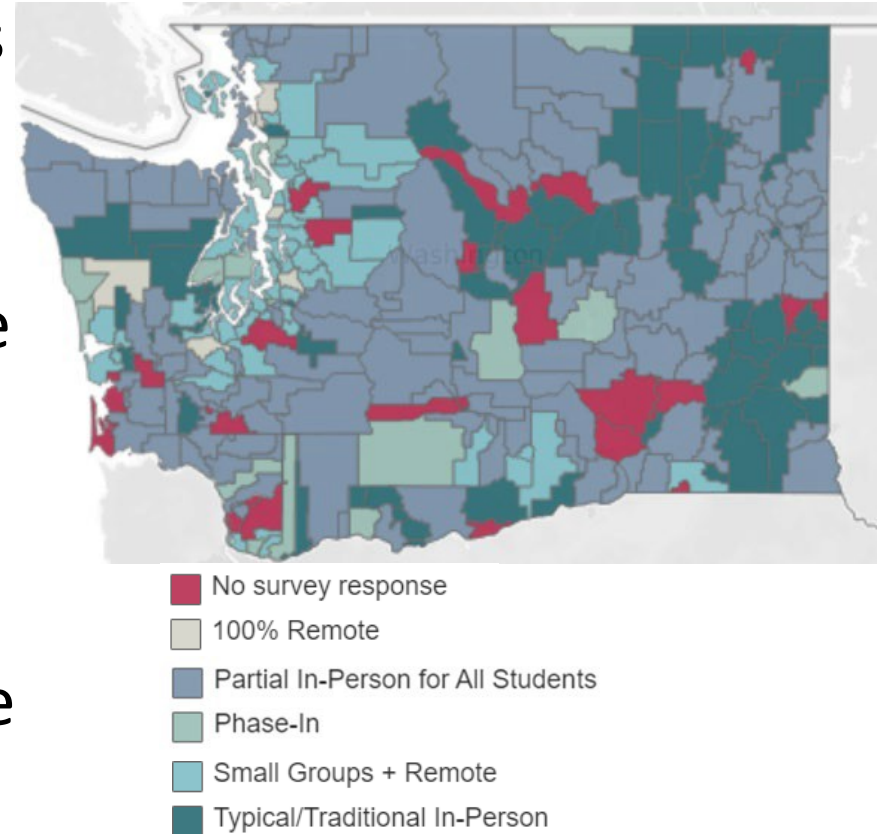


(homedepot.com)
www.steilacoom.k12.wa.us
(istockphoto.com)
Photo taken by Dr. Jordan

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Washington School Closures

- All Washington State schools closed by March 17, 2020
- In March 2021, 60% of Washington students receive no in- person instruction
- Most planned on a gradual reopening, but the plans to reopen continue to be postponed



(Washington Office of Superintendent of Public Instruction, n.d.)

New Year, New School, New Plan?



Photo taken by Dr. Jordan

- There is no one-size-fits-all approach
 - Schools across America all look different
- Some schools are face to face, some are hybrid and some are fully virtual
 - Many are dynamically changing right now!
- Families must be flexible and aim to stay updated with local school plans as they are likely to change over time
- Families must have a plan for both Childcare and Educational Support

Hybrid schedules and Virtual Schooling



- This is still **new** to families and it is **new** for schools (ever-changing)
- Biggest Challenge: Increased need for parental involvement

- There will be hiccups – encourage parents to be flexible:
 - Create an educational environment where children can thrive
 - Distractions? Seating? Connectivity? Support/oversight? Supplies?
 - Create a system of support and accountability
 - Build a schedule that works for parents and children
 - Have a back up plan (what happens during exposures/school closures)
 - Take advantage of the schedule the school offers
 - Can parents telework or take care of household duties children are in virtual class/hybrid?
 - Some communities are forming “pods” to foster limited social connections and educational supports
 - Discourage use of older siblings as “educator/babysitter” while they are supposed to be in their own classes

**Remember, not all students/ages
require “childcare” but
all students require some level of
“educational support” and some
level of “supervision”**



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Unique Needs in Virtual School



- Parent involvement
 - ❑ Login to child's school platform and keep track with them/use a planner
 - ❑ Watch learning videos together
- Teacher communication – ask about quality of work
 - ❑ (grades – participation/attendance/turning in work vs. proof of knowledge)
- Kindergarten skills (attention/circle time/line leader)
 - ❑ Peer interaction skills, toilet training, group participation, growth in autonomy
- Language learning
 - ❑ Difficult unless your child can talk with someone
- Advanced concepts
 - ❑ High school students needing help with algebra or chemistry
- Childcare centers (civilian/school age centers)
 - ❑ Opportunities for social play and distraction (safe supervision)
 - ❑ Another level of communication for parents

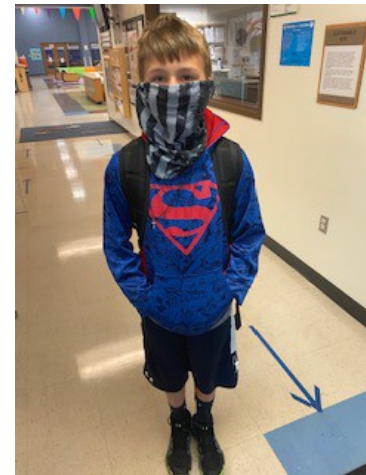


Photo taken by Dr. Jordan

Pitfalls/Challenges with Virtual School

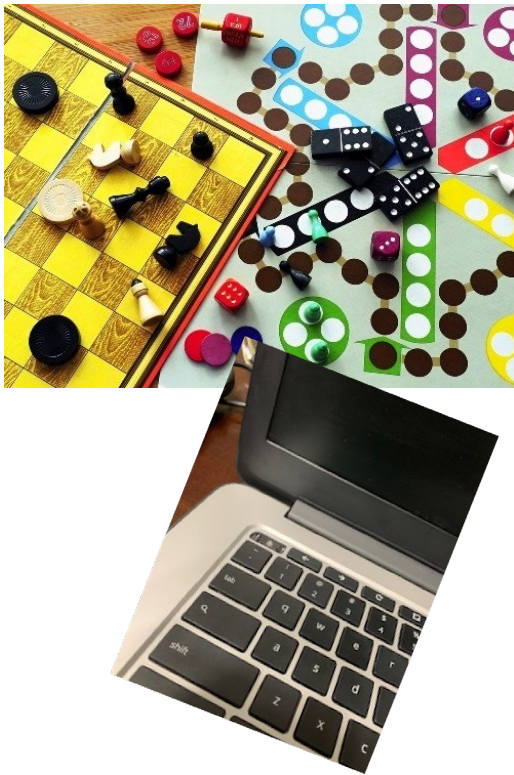


- Too noisy
- Multiple kids doing different school at the same time
- Distracting work space
- Who can your child ask for help?
- Technical problems (internet at home/school, computer problems, learning platforms)
 - Can I print?
 - How do I turn in my work?
 - How do I upload pictures?
 - Do I have reliable connectivity?



Photo taken by Dr. Jordan

Basic Tips for Virtual Success



- Scheduled Brain Breaks are a no-brainer!
 - Physical activity/outdoor time
 - Interesting or motivating to the child
 - Time away from screens
 - Add one in when you see your child needs it
- Face time?
 - Cameras on may improve participation
 - Keeps students accountable
 - Social connection via face to face time with other students
- Where is my classroom?
 - Dedicated learning space
 - Minimize distractions
 - Educational supplies/books easily accessible
- Whiteboard, noise-canceling headphones
 - reading alone and while in class

<https://www.fluentu.com/blog/educator-english/esl-board-games/>

Unique Needs during Hybrid Models



- Cohorts may be AM/PM or certain days per week
- Combination of face to face and virtual education
- Time “in class” remains low for many models
- Increased need for organization and student support
- Additional childcare challenges for younger children

- Sample schedule in a local 8th grade school
 - ❑ Monday, Tuesday, Thursday, Friday 0805-1033 in person learning (Cohort A)
 - ❑ Monday, Tuesday, Thursday, Friday afternoon asynchronous learning (Cohort A)
 - ❑ Wednesday 0805-1045 asynchronous learning

Pitfalls/Challenges with Atypical Education Models

- Loss of peer and adult social interactions
- Clubs? Sports? Extracurricular Activities?
- Loss of expected milestones (prom, graduation)
- Different type of teacher–student relationship
 - No in person interactions (virtual)
 - Difficult to gage knowledge acquisition or deficits
- Loss of recess/lunch
 - Or limitations (masked lunch at individual desks)
- Invasion of privacy on virtual platforms
- Decreased educational time vs. typical school schedule



(https://cphs.cloverpark.k12.wa.us/news/what_s_new/virtual_graduations)

(<https://www.kapwing.com/resources/virtual-prom-how-to-host-and-commemorate-your-own/>)

Returning to School - Friend of Foe?



- Many students/families are eager to return to school
- School will likely look different than what youth expect
- Hybrid or modified in person learning schedules may be challenging for working families
- Another big change/transition for children, especially those entering school for the first time or starting at a new school
- Teens/Tweens may experience further sense of loss if expectations for “normalcy” are not met with the return to in person learning
- Recommend extra vigilance and check ins for at risk youth and those with special learning needs

Children with Special Health Care Needs (CSHCN)



- Increased medical care needs
- Increased therapy needs
- Chronic pain
- Social impairment
- Behavioral problems
- Communication impairment
- Limitations in Childcare
- Need for stability/routine
- Reliance for activities of daily living
- Care Coordination needs
- Cost of care
- Mobility

Learning Disability

Cerebral Palsy

Behavioral Health

Asthma

Autism Spectrum Disorder

ADHD

Epilepsy

TBI

Diabetes

Hearing/Vision Problem

Developmental Disability

(Child and Adolescent Health Measurement Initiative, 2012)
(Huang et al, 2020)

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Children with Special Health Care Needs (CSHCN)



Photo taken by Dr. Jordan

- May have greater behavioral challenges than typical peers
- 61% had reduced physical activity, 90% negative impact on mental health
 - Decreased access to facilities, therapists, and services
- Ensure they feel safe and secure
- Check all the modifiable factors
 - (sleep, nutrition, routine, activity)
- Consider medication/change when psychosocial factors have already been managed
- Communicate with your school regarding implementation of 504/Individualized Education Program (IEP) supports

(Theis et al, 2021)

ADHD and COVID



- About 9% of US children have Attention Deficit Hyperactivity Disorder (ADHD)
- Half of children with ADHD have an IEP or 504 plan
 - 86% of children with ADHD have supports/accommodations at some point
- Only 59% of school supports continued during school shutdowns
- More parents of children with ADHD reported remote learning to be very challenging
- Hybrid schedules require increased organization and planning

(Becker et al, 2020) (Danielson et al, 2018) (Murray et al, 2014)

Special Tips for ADHD

- 504 plan or IEP updated or adjusted
- Break up “school” time with “break” time to improve attention (physical play, rewarding or motivating activities)
- Parents may need to be more hands on with schoolwork
- Consider small “rewards” to encourage continued success
 - Younger Kids: snack or sticker after work is completed
 - Older Kids: earned recreation time, other age appropriate reward
- May need medication dose adjustments (home vs. school)



learning environment and partnered organization may be **MORE important**

What about Military Children? Is the impact any different?



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Military children



- 4 million military connected children (Active Duty (AD), Guard, Reserve, Veterans) (Huebner, 2018)
- **1.7 million military children in AD and reserve families** (Huebner, 2018)
- 26,000 military children enrolled in medical Exceptional Family Member Program (EFMP) (EFMP, 2020)
- 12,800 military children are enrolled in the educational EFMP (EFMP, 2020)
- 15,200 military children enrolled for Autism Spectrum Disorders (EFMP, 2020)

- Estimate 31,000 military children with special health care or educational needs (MCSHCN) based on EFMP enrollments
 - Additional military connected children (reserve, guard, veteran)
- Estimate 5.6% of all military connected children have complex chronic needs (Huebner, 2018)

(Huebner, 2018)
(Exceptional Family Member Program (EFMP), 2020)

Unique aspects for Military Children



Challenges

- Geographic isolation from family (extended family, AD parent, Family Care Plan (FCP))
- Impact of permanent change of station (PCS) pre-COVID and during COVID
 - Social network
 - Education
 - Community
 - Family
 - Health Care
- Mission essential status of AD parent

Protective Factors

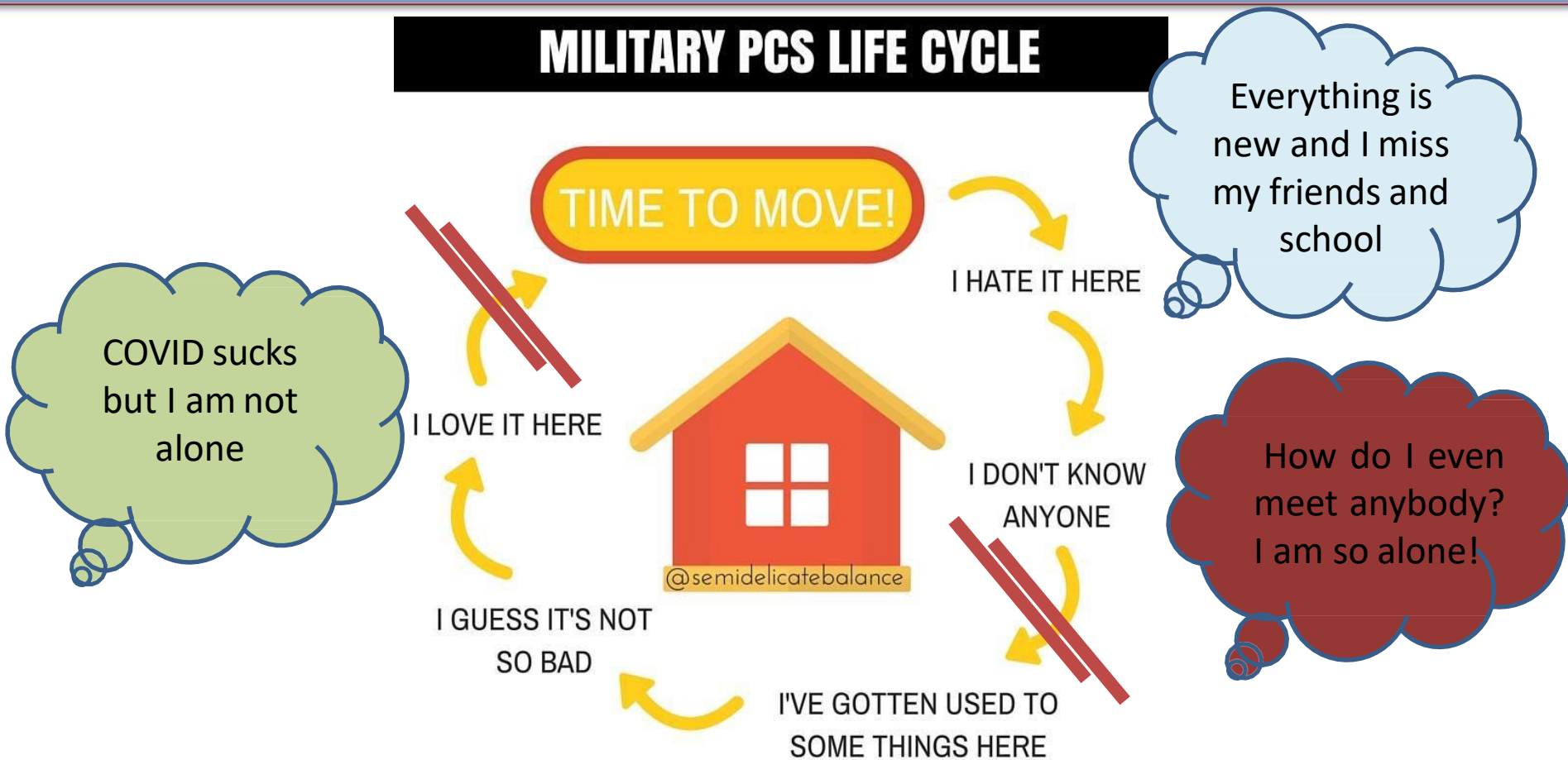
- Established patterns of virtual communication during separation
- Experience with distance relationships
- Resiliency
- Financial and food security
- Military resources for childcare, health care, education, mental health

(Huebner, 2018)

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PCS Cycle Matters during COVID

MILITARY PCS LIFE CYCLE



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Local Installation Resources*



- Unit level support – innovative schedules for Active Duty Service Members
- Child and Youth Services (CYS)
 - Child and Youth Sports/SKIES Unlimited
 - Child Development Center/ Family Child Care
 - School Age Centers
 - Youth Center/Teen Zone
- School Liaison Officer (SLO)
- EFMP Family Support (Army Community Service EFMP)
- Installation Library (<https://mwrlibrary.armybiznet.com/>)
- Army Emergency Relief Grants/loans for school support
- Primary Care Medical Home/Behavioral Health Services

**will vary by location*

National Resources



- www.militaryonesource.mil Family Relationships/School
- www.militarychild.org Military Child Education Coalition
- www.tutor.com (free for registered military families)
- <https://chadd.org/adhd-and-covid-19/AAP> Children and Adults with ADHD
- <https://www.redcross.org/take-a-class/coronavirus-information/psychological-first-aid-online-course> American Red Cross Psychological First Aide Course
- <https://www.dodea.edu/returntoschool.cfm> Department of Defense Education Activity Return to School
- <https://www.healthychildren.org> COVID-19 resources
- **Substance Abuse and Mental Health Services Administration National Helpline 1-800-662-HELP (4357) for mental health support**
- **National Suicide Prevention Lifeline 1-800-273-8255**
 - ❑ <https://suicidepreventionlifeline.org/help-yourself/youth/>
 - ❑ <https://suicidepreventionlifeline.org/current-events/supporting-your-emotional-well-being-during-the-covid-19-outbreak/>

Back to the Basics

- Stay positive
- Stay active
- Stay scheduled
- Stay connected
- Stay informed
- Stay safe



Photo taken by Dr. Jordan

Thank you for everything you
do to support military
children!

Key Takeaways



- Children and youth of all ages are at risk of emotional or behavioral challenges during the COVID-19 pandemic. Parental attention to typical responses and first line interventions are key.
- PCMs have a critical role in identifying children who are struggling during the pandemic.
- Differing educational platforms are associated with a multitude of challenges for students and families, especially those with ADHD or other special health care needs. Increased parental involvement is the #1 recommendation for success.
- Military children may experience social distancing and other impacts of the pandemic differently based on where they are in the PCS cycle.

References



Becker, S. P., Breaux, R., Cusick, C. N., Dvorsky, M. R., Marsh, N. P., Sciberras, E., & Langberg, J. M. (2020). Remote Learning During COVID 19: Examining School Practices, Service Continuation, and Difficulties for Adolescents With and Without Attention Deficit/Hyperactivity Disorder. *Journal of Adolescent Health, 67*(6), 769-777.

<https://doi.org/10.1016/j.jadohealth.2020.09.002>

Chatterjee, R. (2021, February 02). Child Psychiatrists Warn That The Pandemic May Be Driving Up Kids' Suicide Risk.

<https://www.npr.org/sections/health-shots/2021/02/02/962060105/child-psychiatrists-warn-that-the-pandemic-may-be-driving-up-kids-suicide-risk>

Child and Adolescent Health Measurement Initiative. (2012). "Who Are Children with Special Health Care Needs (CSHCN)."

www.childhealthdata.org

Czeisler, M. É, Lane, R. I., Wiley, J. F., Czeisler, C. A., Howard, M. E., & Rajaratnam, S. M. (2021). Follow-up Survey of US Adult Reports of Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic, September 2020. *JAMA Network Open, 4*(2). <https://doi.org/10.1001/jamanetworkopen.2020.37665>

References



Danielson, M. L., Visser, S. N., Chronis-Tuscano, A., & Dupaul, G. J. (2018). A National Description of Treatment among United States Children and Adolescents with Attention-Deficit/Hyperactivity Disorder. *The Journal of Pediatrics*, 192.

<https://doi.org/10.1016/j.jpeds.2017.08.040>

Ghandour, R. M., Sherman, L. J., Vladutiu, C. J., Ali, M. M., Lynch, S. E., Bitsko, R. H., & Blumberg, S. J. (2019). Prevalence and Treatment of Depression, Anxiety, and Conduct Problems in US Children. *The Journal of Pediatrics*, 206.

<https://doi.org/10.1016/j.jpeds.2018.09.021>

Huebner, C. R. (2018). Health and Mental Health Needs of Children in US Military Families. *Pediatrics*, 143(1).

<https://doi.org/10.1542/peds.2018-3258>

Hill, R. M., Rufino, K., Kurian, S., Saxena, J., Saxena, K., & Williams, L. (2020). Suicide Ideation and Attempts in a Pediatric Emergency Department Before and During COVID-19. *Pediatrics*, 147(3). <https://doi.org/10.1542/peds.2020-029280>

Huang, L., Freed, G. L., & Dalziel, K. (2020). Children With Special Health Care Needs: How Special Are Their Health Care Needs? *Academic Pediatrics*, 20(8), 1109-1115. <https://doi.org/10.1016/j.acap.2020.01.007>

References



- Lee, S. J., Ward, K. P., Lee, J. Y., & Rodriguez, C. M. (2021). Parental Social Isolation and Child Maltreatment Risk during the COVID-19 Pandemic. *Journal of Family Violence*. <https://doi.org/10.1007/s10896-020-00244-3>
- Leeb, R. T., Bitsko, R. H., Radhakrishnan, L., Martinez, P., Njai, R., & Holland, K. M. (2020). Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020. *MMWR. Morbidity and Mortality Weekly Report*, 69(45), 1675-1680. <https://doi.org/10.15585/mmwr.mm6945a3>
- Lerner, C. (2017, February 17). Babies and Stress: The Facts. Retrieved from <https://www.zerotothree.org/resources/1709-babies-and-stress-the-facts>
- Loades, M. E., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., . . . Crawley, E. (2020). Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19. *Journal of the American Academy of Child & Adolescent Psychiatry*, 59(11). <https://doi.org/10.1016/j.jaac.2020.05.009>

References



Murray, D. W., Molina, B. S., Glew, K., Houck, P., Greiner, A., Fong, D., . . . Jensen, P.S. (2014). Prevalence and Characteristics of School Services for High School Students with Attention-Deficit/Hyperactivity Disorder. *School Mental Health, 56*(4), 264-278.

<https://doi.org/10.1007/s12310-014-9128-6>

Patrick, S. W., Henkhaus, L. E., Zickafoose, J. S., Lovell, K., Halvorson, A., Loch, S., . . . Davis, M. M. (2020). Well-being of Parents and Children During the COVID-19 Pandemic: A National Survey. *Pediatrics, 146*(4). <https://doi.org/10.1542/peds.2020-016824>

Semi Delicate Balance. (2020). <https://www.facebook.com/SemiDelicateBalance/>

Sher, L. (2020). The impact of the COVID-19 pandemic on suicide rates. *QJM: An International Journal of Medicine, 113*(10), 707-712.

<https://doi.org/10.1093/qjmed/hcaa202>

Sprang, G., & Silman, M. (2013). Posttraumatic Stress Disorder in Parents and Youth After Health-Related Disasters. *Disaster Medicine and Public Health Preparedness, 7*(1), 105-110. <https://doi.org/10.1017/dmp.2013.22>

References



Theis, N., Campbell, N., Leeuw, J. D., Owen, M., & Schenke, K. C. (2021). The effects of COVID-19 restrictions on physical activity and mental health of children and young adults with physical and/or intellectual disabilities. *Disability and Health Journal*, 101064.

<https://doi.org/10.1016/j.dhjo.2021.101064>

Washington Office of Superintendent of Public Instruction. (n.d.). <https://www.k12.wa.us/about-osp/press-releases/novel-coronavirus>

[covid19-guidance-resources/school-reopening-data](https://www.k12.wa.us/about-osp/press-releases/novel-coronavirus/covid19-guidance-resources/school-reopening-data)

Questions?



“Medically Ready Force...Ready Medical Force”

How to Obtain Continuing Education/Continuing Medical Education (CE/CME) Credits



To receive CE/CME credit, you must register by 0800 ET on 23 April 2021 to qualify for the receipt of CE/CME credit or certificate of attendance. You must complete the program posttest and evaluation before collecting your certificate. The posttest and evaluation will be available through 6 May 2021 at 2359 ET. Please complete the following steps to obtain CE/CME credit:

1. Go to URL <https://www.dhaj7-cepo.com/content/apr-2021-ccss-children-and-youth-transition-04-22-2021>
2. Click on the REGISTER/TAKE COURSE tab
 - a. If you have previously used the CEPO CMS, click login.
 - b. If you have not previously used the CEPO CMS, click register to create a new account.
3. Click “ENROLL.”
4. Follow the onscreen prompts to complete the following for each session you wish to claim CE/CME Credit:
 - a. Read the Accreditation Statement
 - b. Select the CE/CME credit type(s) you are seeking
 - c. Complete the Evaluation
 - d. Take the Posttest
 - e. Download your Certificate(s)
 - f. Complete the Commitment to Change survey (optional)
5. After completing the posttest at 80% or above, your certificate will be available for print or download.
6. You can return to the site at any time in the future to print your certificate and transcripts at <https://www.dhaj7-cepo.com/>
7. If you require further support, please contact us at dha.ncr.j7.mbx.cepo-cms-support@mail.mil