

GETTING BACK ON TRACK

Returning to “normal”

Many children have experienced a lot of changes over the past few months (as have their parents and caregivers!) and are preparing to return to school or other routines. In preparation, below are some things for parents, teachers and other caregivers to keep in mind about how children may respond to these changes.

Some things to expect:

- Children will often display regressive behavior in an area. Potty-trained children may have more accidents; reading, writing and arithmetic abilities that were mastered may seem unattainable; a typically emotionally stable child may have more outbursts, tantrums or mood swings.
- Teachers, parents and other caregivers will need to reestablish procedures and rules. Returning to school after a break may require regular reminders of previously known rules, as well as introduction and reinforcement of new rules and procedures. This is true at home as well.
- Children (and adults) may be more prone to distraction.
- Older children (and adults) may attempt to “zone out” and avoid difficult feelings with electronics.
- Children look to teachers, parents and other adults in their lives as models for how to respond to different situations. Children are very receptive to information being discussed as well as feelings and tension in others, especially family members. Children may know more about the current challenges than parents or teachers expect.
- Children of all ages may become more clingy. Babies and preschoolers typically experience difficulty separating from parents and caregivers, but this can occur in older children as well.



Common disaster responses in children:

From God's Care in Times of Crisis (c)

Birth to 1 Years

Thumb sucking, crying, biting, separation anxiety

2-6 years

Fear of being alone, separation anxiety, excessively quiet, excessively noisy, generalized fear, somatic complaints, egocentric cause and effect thinking

6-10 years

Difficulty focusing on school work, somatic complaints, age regressive behaviors, talking about the event (situation) repeatedly, worried about personal safety, others' safety

10-12 years

Angry about unfairness of disaster, may be blaming of self and others, may feel listless, zone-out with TV

12-18 years

Full grief reactions with broad range of feelings, eating/sleeping disturbances, use of addictive substances, sexually acting out, accident prone



How to help

- Teachers and parents can find ways for children to get outside following the rules set in place in your area. Daily outdoor time has been found to reduce signs of anxiety and depression, and preliminary data on the impact of quarantine suggests that opportunities to go outside help children cope better. * This can help also prepare children to leave home to return to other typical routines.
- Parents and teachers may need to adjust expectations of children. Again, mastered skills may not be attainable now. This will be frustrating to children and adults alike. Making space for and expecting some shifts in mood or regressive behavior can help in handling them more positively.
- Create expected and known procedures, rules and a basic daily schedule to add important structure, providing a feeling of safety in an otherwise unpredictable time. Some flexibility is OK, but knowing what comes next and a basic timeline of the day provides support to children and parents.
- To combat more distraction and difficulty with focus, teachers and parents can repeat important things in a clear, concise, calm and consistent way.
- Talking about and validating feelings ahead of rejoining routines can help, as well as practicing drop-off procedures or playing out how new procedures will go, such as with dolls or other figures.
- Provide children opportunities to play out what they are feeling and experiencing. Classrooms and homes can set out areas for expressive play, such as dress-up, medical themed toys, and containers for toys to be isolated in. Adults can play by modeling expression of feelings & fears, and modeling the use of resilience language and assurances of safety.
- Remember that most children will return to normal functioning within weeks/months of the disaster with support from trusted adults.
- Implement stress reduction activities regularly into the day. Research demonstrated an 80% correlation between care-giver stress level and children's stress level during the quarantine period in Europe. * Finding a regular practice to reduce stress and anxiety is important. Guided meditations, deep breathing practices, exercise, artistic endeavors, or other activities that reduce stress will be important to implement at home and school.
- Communication between teachers, parents & other caregivers is important to identify mental health concerns and seek treatment early on.
- Monitor functioning of children, checking in on changes in eating, sleeping and mood. Note that some fluctuation is typical during a difficult situation. An inability to function in a major life area is cause to seek additional support. ***If your child experiences loss of interest in typically enjoyed activities, appears withdrawn/sad/overly angry for prolonged time periods, has unexplained headaches and stomach aches, acts explosively or acts out in/talks of self-harm, call us at Lutheran Counseling Services (407-644-4692) to get connected to counseling and other services.***



Children use play to process feelings and what worries them. Themes of social isolation, sickness, distance or other areas of concern may show up in their play.

Orgilés, M., Morales, A., Delvecchio, E., Mazzeschi, C., & Espada, J. P. (2020, April 21). Immediate psychological effects of the COVID-19 quarantine in youth from Italy and Spain. <https://doi.org/10.31234/osf.io/5bpfz>