

# Reflections on Children with Developmental and Behavioral Challenges Who Are Thriving While Sheltering in Place

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**F**or many families, navigating life's natural changes and transitions while attending to their child's additional behavioral or developmental needs is not an easy undertaking. When the coronavirus disease 2019 (COVID-19) pandemic spread throughout the world earlier this year, life as we knew it shut down abruptly. As developmental and behavioral clinicians, finding that delicate balance between therapies, school services, medication, and social supports to meet the evolving needs of our patients is often challenging, even in the retrospective stability of the past several years. For our patients, many of whom thrive in predictability and struggle with transitions, COVID-19 upended their worlds overnight. School and special education supports were placed on hold, therapies were canceled, and home visits were suspended until further notice. Developmental and behavioral supports, which were essential for the daily functioning of many children, were suddenly no longer available. Their families faced additional new social, emotional, and financial stresses. As clinicians, many of us worried for our patients and braced ourselves to virtually support families in crisis.

In our practices at the University of Michigan, many of our patients and families have struggled with transitioning to this "new normal." However, a sizable subset has been described as thriving while social distancing. Even without school supports, private therapies, or in-person visits, some children are seemingly doing better than ever. In our practices, we have observed this in children who are socially anxious or rigid or who struggle with transitions or learning. The mother of an 8-year-old boy with learning disabilities, attention deficit hyperactivity disorder, and anxiety recently reported in a telehealth visit *"I'm the least worried about him that I have been in years. He's thriving at home, he's happy and relaxed."* Another parent of a young child with autism

(*J Dev Behav Pediatr* 00:1-2, 2020)

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Received May 2020; accepted June 2020.

Disclosure: The authors declare no conflict of interest.

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reported *"He is gaining more words at home than he ever was at school."* Anecdotally, several families have mentioned that they are considering home-schooling as a permanent change, even when COVID-19 restrictions lift. Many families have stopped their children's attention deficit hyperactivity disorder medication, citing that it was no longer needed in their new home routines.

This phenomenon does not seem isolated to our practice; many colleagues around the country shared our experience and surprise. Many of these "thriving" children were experiencing less stress originating from the more unpredictable school environment. For instance, they experienced fewer overwhelming sensory inputs, peer interactions, social expectations, academic demands, or gross motor constraints. Some children expressed that they were happier than when they were in school and a desire for "things to not go back to normal." We are gaining insight into the environmental and contextual factors that are contributing to these children's behavioral changes and are considering how to use this knowledge going forward.

In addition, some parents reflected that their daily schedules had slowed down without the pressures of getting out the door on time in the morning, commuting, and after-school therapies. Overall, parents were pleased that their children were doing well, but some experienced more frustrations while parenting in quarantine. Parents who expressed satisfaction with their current arrangements seemed to have children who temperamentally had slower adaptability and tendencies to withdraw. Other parents with higher activity and distractible children struggled more. Families of "thriving" children all seemed to have several commonalities: relatively stable households in organization, low chaos, high self-efficacy, and high predictability. These families also had parents who were able to be home with their children, had the luxury of greater financial stability, and/or had fewer psychosocial stressors. For the most part, these parents reported being adaptable to the child's preferences.

Critically, as children are spending increased time at home and have more limited access to outside support services, the effects of family functioning, psychosocial stress, and systemic disparities on their development are magnified. For children in families with more manageable stressors, adequate material resources, financial stability, and psychological supports, sheltering in place at home has had somewhat limited negative effects. Parental characteristics such as sensitivity, self-efficacy, and

cognitive flexibility also seem to buffer the negative effects of the pandemic. Although we do still hear frequently from these families that there have been difficulties in adjusting to the “new normal,” these challenges have largely felt manageable for these families. When surrounded by the support of trusted caregivers who are functioning well themselves, even some children with significant behavioral or learning challenges are able to thrive.

However, there remains a substantial portion of patients for whom this time has been destabilizing. We have seen this often among patients whose families have limited resources, who are not able to provide a level of support at home that is comparable with what their child had been receiving pre-COVID-19 (e.g., because of parents being employed, needing to tend to multiple children’s schooling, and physical or mental health concerns), or who have high levels of stress because of underlying systemic disparities. Children in struggling families are likely getting less day-to-day support for their specific behavioral and learning needs and are more isolated from social interactions that maintained their social and emotional well-being. This reduction in therapeutic support paired with a reduction in social support is a “perfect storm” for many social and behavioral problems to escalate. The greatest risk to this is child abuse, which has been highlighted by the United Nations.<sup>1</sup> Indeed, in a recent study, 20% of parents reported using increased levels of discipline since the pandemic began.<sup>2</sup> In essence, this time has highlighted the immeasurable effects of family functioning on children’s development and well-being and has reinforced the idea that to best serve the children in our care, we must also consider how to better support their families.

For those children who are thriving during this time, we as clinicians are, at the same time, pleased to hear that our patients are doing well but also cautious about what this may mean in the long term, especially for those who may not be eager to re-engage when COVID-19 restrictions begin to lift. Will prolonged withdrawal from in-person school, therapies, and peer interactions lead to slower gains in development and coping skills? If and when new developmental or behavioral challenges occur, will diagnosis and intervention be delayed? This novel virus has created a completely novel situation, for which we have limited research to draw on to inform these decisions. Choices about how to reintegrate with in-person interactions when the pandemic lifts may be especially challenging for families of children who were perceived as doing better during social isolation. Parents may perceive that some supports are no longer necessary or may be hesitant to re-engage because of the legitimate concern of exposure to the virus.

As developmental and behavioral clinicians, we need to anticipate these new challenges and support our families in making these tough choices. As society opens

up, we must also keep in mind that a similar pandemic may happen again. The landscape of available supports and familial priorities will likely be different in the post-COVID-19 era, requiring us clinicians to also be adaptable in our provision of care. Virtual care will likely play a regular part of our practices, which has the advantages of easier accessibility and the opportunity to get a glimpse into the home setting but also the downsides such as tech glitches and a less personal interaction. We will need to strike a balance to ensure quality of care delivery and minimize infection risk. Going forward, we may be more discerning when recommending therapies, prioritizing the 1 or 2 services that are highest yield for the child. Consideration may also be given to delivering therapies in bursts as opposed to long-term continuous services, with attention to what needs to be done in person versus virtually. Therapies and services such as applied behavioral analysis may move toward greater virtual parent-coaching and incorporation. Despite all the present uncertainty, this pandemic may give us an opportunity to re-examine health care delivery, which may lead to an even better balance of educational, therapeutic, and pharmacological supports for our patients.

When dealing with a public health crisis, providers, critical stakeholders, and policymakers must use this opportunity to re-examine the public health system that has created the barriers that families face in the first place. It is clear that children’s functioning is highly dependent on the family system—along with its stresses, resources, and social supports—and in many cases, supporting caregivers through connection to their own care and services may ultimately help to provide a home environment that is more conducive to a child’s well-being. The best-case scenario is that this pandemic serves as a call to arms to improve the basic supports that underlie family functioning (ensuring that basic needs, financial security, and physical and mental health needs for both parents and children are met) and longer-term systemic changes that support children with developmental needs (access to high-quality education and therapies), so that all families can truly thrive.

## REFERENCES

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