



**NAMI Ask the Expert: Supporting the Emotional Needs of Children and Youth
during COVID-19 Pandemic, April 23, 2020**

Presented by

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Teri Brister:

We want to welcome those of you who are just now coming into the call. We're going to have a very full house this afternoon. We had more than 5000 people register. We're expecting at least 1000 in the room, likely more. This technology varies in terms of how many people they let in the room above a thousand, but we're expecting to have at least that many in. We're going to give everybody a few more minutes to get logged on to get settled in, and then we'll get started.

While you wait on the call to start, if you will, let us know what your primary interest is in this topic. It helps us know who's calling in, and what the interest is. So, let us know which best describes you. Are you interested in the mental health of your child? Does your child have a preexisting condition? Are you a teacher, counselor, school staff member of some sort, or a behavioral health clinician? Or do really none of those fit in, and you're calling for some other reason? It will just help us to hear from you. Also, if you can mute your phone please, as you dial in. Most phones have a mute button these days. You can also mute it up at the top of your screen by clicking on the telephone.

All right, I have a four o'clock eastern time. I think we go ahead and get ready, to be respectful for those of you who not only are here on time, but so many of you who came early. I'm Teri Brister, I'm the National Director of Research and Quality Assurance, and we are so excited about having all of you here on the call this afternoon.

We think we've got a great presenter lined up for you, and then you'll be hearing a little bit from me as well. We're glad to have you here. But let me start with just a little bit of housekeeping for you, especially for those of you who are new to this call, to NAMI's Ask the Expert webinars.

We've muted all the telephone lines. We had more than 5000 people. Someone needs to be muted though. We can take care of that. Terrific. We had more than 5000 people register for this webinar. We have a room capacity of only 1000. We're moving to a new platform next week, so we'll be able to accommodate more people going forward, but because we have a limit, we will be trying to mute phones as we go.

You will have the opportunity to ask questions. That's the beauty of NAMI's Ask the Expert calls. You get to hear from the people who are the experts in the field, and you get to interact with them personally. We can't do it by voice, but if you'll type your questions in that lower box on the bottom left where it says Q&A when you type it... If everyone will mute your phone, please. When you type your question in there and hit enter, it automatically sends it over to us, and Dr. Duckworth is going to be moderating those questions once we get to the time for that.

When you hit your question and it disappears, don't panic. We're capturing it somewhere where you can't see it, and Dr. Duckworth will address questions during the Q&A. We'll be reminding you throughout the day, either typing in the main chat, or our presenters will be stopping to remind people to mute. We do have several staff members who are working on the back end to try and mute phones as people come on, but if you can try to monitor your own phone, that would be tremendously helpful.

We want to hear from you about what other topics you want to hear about whether this effort is helpful. We typically do these webinars four times a year. We're doing one every other week right now, so we want to hear from you what you need to know. We'll have some poll questions at the end, and we'd like you to stay on and answer those if you will. So, with that I would like to introduce NAMI's Chief Executive Officer, Dan Gillison so he can welcome each of you, Dan.

Dan Gillison ([00:04:56](#)):

Thank you, Teri. And just as a reminder, we are recording this, so we'll make sure that you have access to that recording. And we also appreciate your resiliency, and being able to mute the lines, and your flexibility as we may hear people that will join that we must interrupt and ask them to mute. So, appreciate your flexibility with that. This is for you. We try to bring topics that you tell us that are of interest to you.

I will share with you that my wife is an educator, and many of her students as well as their parents have reached out just trying to understand this current situation, and what can they do. And sometimes you forget that these communities of socialization that our young people really enjoy in the school environment, and their socialization is very important. As well as the educators going back and forth to their places of employment. So, this is a huge opportunity, and we're very excited to hear our speaker. And let me stop there by thing that I want to introduce to you our Chief Medical Officer who has been doing all kinds of work for us during COVID in terms of interviews, in terms of offering up counsel, and insight. And that is Dr. Ken Duckworth, Ken.

Ken Duckworth ([00:06:27](#)):

Good afternoon. Thank you, Dan, and thanks to Teri, Elise, and our team that puts this together behind the scenes. Managing a thousand people might be routine for the average elementary school teacher, but we still find that a challenge when you engage technology. NAMI puts these Ask the Expert webinars together regularly. We try to cover everything under the sun, on recovery, the best treatments, the best therapies, the latest on medications. Because of the pandemic we've doubled down our efforts and we're going to be doing a series. Today of

course is on youth and parenting. In two weeks, we're doing one on the peer experience, how people with lived experience are supporting each other. Two weeks after that we have John Taurus who's a national guru on technology. What apps might be helpful? What should you look for in mental health resources?

But I'm delighted to say that today we found a new friend. So, this is a leading thinker who I was not familiar with. NAMI Delaware, and one of our alert staffers, Jennifer Rothman, noticed her beautiful YouTube video on talking to children about COVID. I watched it, and I found it quite compelling. And so, we just up and asked her. As you all know, people say yes to NAMI because of what our amazing mission is. Dr. Meghan Walls is our expert today.

She's a pediatric psychologist at Nemours Children's Health Systems, DuPont, in Delaware. She's already a deep friend of NAMI Delaware, and we're very fortunate to have her today. She's going to make a presentation on the topic at hand, and you're going to have an opportunity to ask questions. I'll be moderating this as I do all the Ask the Experts, and I'll put your questions together, and we'll do our absolute best to get to all of them.

So, I want to say thank you again, Dr. Walls, and please take it away.

Meghan Walls ([00:08:35](#)):

Sure. Thank you. To all of you at NAMI, both for inviting me to speak today, and for all the wonderful work you do, especially as we're going through a really difficult situation now. Welcome to all of you who are on here. I'm very excited.

I'm so excited to have so many folks here today. As you said, we will kind of go through and talk about some of the basics, and then we'll have a chance to do some questions and answers, and talk about not just COVID, and exactly how to talk to kids about it, but what should we be encompassing here?

Just to give you an idea of what we'll talk about, we'll talk about the general adjustment to [inaudible 00:09:23] during COVID. Talking to kids about COVID, family life, setting the stage, a little bit about specifically about mental health disorders in kids, what is sustaining them, what improves them, some coping tips and tricks. And then I'm going to be handing it over for a bit to Teri to talk about NAMI basics, and then we'll get to some questions and answers.

I've been starting all my talks with both large groups but also families by just taking a minute and thinking about the fact that this virus is novel, but this situation is also novel.

We want to make sure that we're understanding that for families this situation is very stressful, and very new. Just like scientists and doctors are trying to figure out what to do with the virus, it does take a little bit of effort to wrap our minds around what this should look like. I think we need to be mindful that reality looks different for everyone. So, at Nemours we say we leverage our different realities, meaning that we understand that this might be a different experience for different families.

I also think it's important to acknowledge that that means that sometimes different communities are going through different things. Some folks are at home with two kids and two parents working, and other folks are at home with one parent. And some people have both

parents still going to work, or one parent going to work. So, thinking a little bit about the fact that not just that it's a novel situation, but it's a different situation for every family.

There's a phrase that I heard recently that I think is really powerful and it is that this is not the suffering Olympics, so we don't need to compare who's suffering more, but instead recognize that everybody is doing their best, and that we're really trying to all do the things we can do to be productive and helpful, but that it's really hard in different ways. I think when we frame it in that way that this is a new situation, and we need to think about how this will affect people, that takes the pressure off from my perspective, for both parents and kiddos as well as teachers and everybody else. I think that's where I want to set the stage here. This is a novel virus and a novel situation, and we need to think about things in a little bit different of a way.

Let's talk about how we talk to our kids about this. It's really difficult, and for those of you out there who have kiddos who perhaps are already anxious or worried kids, it's a very difficult situation. The way that we should approach this, and this is for all kids. As little as two, three, up to those teenagers at home, is asking your kids what they know. By that I mean saying to our little guy something like, "Have you heard about this virus?" And look at this point, even our littlest ones who can talk have, because we've been home, or we've changed our routines and getting an idea of what they know about. Ask what questions they have. What do you want to know about? What's important to you? Keep it brief. But honest, I have up here. A lot of the time what we end up doing is try to go into these long explanations with kiddos, and instead we can give them brief answers and then wait. Something like there's a new virus going around, it seems like it's easy for one person to catch from another person, and so we're going to stay home to keep ourselves safe.

That might be enough for your young guys. That might be enough to satisfy what they need. As kids get older, they may have more questions, so being able to continue that conversation is important. Another piece that I really think is important here is being truthful. A lot of parents have asked me over the past few weeks as I've seen kiddos both clinically and giving these talks, "Should we tell our kids that people are dying?"

Well, I don't want you to turn on the news and show them the thousands of people who are dying. But I do want you to answer the question honestly. One of the things that we can do to help give kids control is to be honest with them and give them appropriate information. Even with kids as young as elementary school, if the question is, "Do people die from this disease?" Your answer can be they do. It's rare just with some other illnesses we know, but I think someone's got to mute there, we're hearing background again. But that we generally see people recover from this. So as honest as you can be, but also short. Another thing that I'll say is I think we need to empathize with the difficulty of what kids are going through. Whether that is kids missing their friends, or whether that is missing prom for our older kiddos, being empathetic while we discuss this is really important. I know we were all frustrated with this. Certainly, I feel personally frustrated. I'm home with my two school age kids, and so we have discussions a lot about that kind of thing.

The next thing that I think is really important is talking about what kids can do to help. What I mean by that is one of the things about viruses for all of us that are scary, and one of the things that sustains anxiety is having this lack of control feeling. And the pandemics does a pretty

lovely job of that. And so, talking to kids about what can you do? Instead of telling kids, "We have to wash our hands and wear masks because the doctor says to." We want to reframe that. We want to say, "Hey, there are some things we can do to control this, and to make this go better for us, and to be safer so we can wash our hands. We can wear a mask covering our face when we need to."

Most of those things help kids feel a little more in control. It doesn't mean that we're going to get rid of the virus, or that it's going to magically disappear, but it does help them feel that sense of control. The other piece about that that I like to tell older kids is, you are being socially responsible, and you're actually part of solving this problem. When we can hand teenagers things that make them feel useful and productive, that's really helpful.

Then the last bullet here is to keep that conversation going. What other questions do you have, checking in once in a while it's okay to ask kids, if they seem really stressed or down to say, "Hey, what's going on? What is something maybe I can help you with?" And to make sure that you're checking in. I think a lot of parents are afraid to ask, "Are you okay?" Or have those conversations, because what if they say no? But instead we want parents to be comfortable having some of those conversations.

So, I named this slide Everyone is Here because that's what my house feels like. There are so many people, and pets, and I think for a lot of people this is a huge, huge adjustment. There are changes in expectations. There are changes in who's available when, who's eating meals when. Thinking about that this is an adjustment for all, I think one of the most important things as parents who have kids is to make sure that you're giving yourself and others some grace here, so that this is difficult, and that you don't expect perfection from yourself.

This goes everywhere from school to how you interact with each other. I expect a little bit for everyone to be a little more irritable or frustrated. I expect that when you suddenly have college kids home in your house that were not living there before, it's going to feel a little different. What can we do? The first thing I've been suggesting is have a family meeting. This doesn't need to be, let's all sit at the table and hold hands and have a silly meeting. But instead let's all sit down together in the best way we can and discuss what's going on in our house. What are the stressors going on in our house? And what are our expectations? Those should be your three main questions. What's going on in this house, who is home, who is not home, who may have to go to work, who might have to be doing homeschool, and kind of lay it out.

How do we work on this? What are the extra stressors? Maybe mom's a nurse, and the stressor is that your kiddo's really nervous about her coming home and bringing sickness home. Maybe the stressor is that a parent or grandparent drives delivery and they're feeling really worried. Maybe the stressor is that there's four kids in your house, and homeschooling is really hard. Whatever it is, putting them out there. And then following it up with what our expectations? In our house, what are the things that we can do to all work together? That might look something like, our expectations are that everyone will spend an hour doing their best to do work in the morning before we take a break. Our expectations might be we're going to have folks do dishes one night, and then someone else the next night.

All of those things actually prevent more problems from happening. So, when you are talking about expectations, setting expectations, and keeping structure, which I'll also talk a little bit

more about, you're actually setting your kids up for success. Those are the things we want to really think about as we're all stuck home, especially for the next month or so, as it seems we'll continue to be.

What can we do to help? The very first thing that I've been telling parents and families to do is think about your schedule and routines. I don't know about all of you, but it's very easy to fall off of that schedule. I think the first week we were home, my kids wore the same pajamas three days, and that's fine and wonderful. But that can't last for two months. What sets your daily schedule? Think about it for your own family.

It is not the same for everyone. I don't expect it to be the same for everyone. But I do think it's important to address that. What is your sleep schedule? What time was your kid going to bed before this happened? What time are they going to bed now? It's really easy to let it creep up when no one has to get up at 6:00 AM for school. But trying to keep it. The general rule of thumb I give for sleep schedules is that I would like to keep it within an hour or two of normal. So, if your kid used to go to bed at 7:30 or eight, then by nine try to get them asleep. And the other piece of this is setting an alarm to get them up in the morning too, or you are waking them up.

No one loves that. Especially teenagers. I'm okay if they sleep in a little bit, but when we are losing sense of schedule and routine, things seem to fall apart. Meal schedules, making sure we're eating healthy, and that we're staying on track, and that we're not skipping lunch and at three o'clock recognizing we haven't eaten lunch. And that's for parents too. So, I think as parents are home trying to, a lot of parents trying to work from home, and somehow do all these other things too. Making sure that you're eating and drinking, and doing those things is important.

Flexible school and chore schedules. There's a reason I put this in here. I don't know about all of you, but I've seen a lot of these really beautiful color coordinated Pinterest schedules, and every time I see one I cringe a little, not because I don't think they're good idea, but because I think if we think back to that slide where I talked about expectations, I think it's unrealistic to expect your kid to sit for six or seven hours, and do everything on that schedule every day. It can be flexible, but maybe it's that you pick something like, "Let's do three or four things checked on the schedule per day." Or maybe it's you have chores that need to get done every day. Some sort of schedule that can help kids to stay on track is really important. Something I don't have specifically on this slide, but that I really would also encourage, especially for younger kiddos, is having some sort of an incentive or reward when you have those schedules. So, "Hey, if you get your five things checked off today, let's give you a sticker. After 10 stickers, you can say up 10 minutes later." For your older kids, it might be, "Hey, if you get all that work done today that we know is on your schedule, that really is hard for you, you can have 20 minutes of extra screen time tonight."

So, making sure that you're also helping kids be motivated. School motivates kids differently than home does. There is social motivation. There is external teacher motivation, very different from parents. It is my expectation that kids are going to put up a bigger fight with their parents than their teachers. And in fact, I said to my second grader a couple of days ago, "I don't think

that if Mrs. Sylvester asks you to do that you would say, 'no'." Kids feel safe in our houses usually, and they feel like-

Kids feel safe in our houses, usually, and they feel like they can press parents harder. And so, they do. If you can build an incentive, you're really better off.

Having social check-ins. And so, not just that Zoom call with their class, but how can you help your kids have reach out in social check-in? If they had soccer practice every Tuesday and Thursday, can you talk to some of the parents from that soccer team and have them have FaceTime, or a Zoom call, or something like that.

And then setting reasonable expectations, also. Again, not expecting that we're going to have everything be perfect, but that we can be a little bit more flexible around it is really important.

So, let's talk a little bit about some of the things that happen with a pandemic. I mentioned this already, but one of the things that happened was, is with a pandemic is all of these factors that generally sustain mental health problems actually get worse. A pandemic unfortunately does all the things that I talk about sustaining or maintaining mental health issues. It pushes isolation. There's a decline in what we call activities of daily living. So, less showering, less getting dressed, all of those different things. There is a loss of sense of time sometimes. We actually start to lose that sense of, "Okay, in the morning I do this, and in the afternoon, I do this."

A lack of purpose, especially for kids who are really school or academic driven. More catastrophic thinking, so for our kids who are already anxious, things like, "Oh my gosh, is this ever going to end?" That does a pretty good job of sneaking in during a pandemic. Inconsistent environments, so we're not necessarily doing the same things every day, going to school every day. But also, I recognize that sometimes there are things like less than optimal custody agreements, or how households where kids don't feel safe. So that can contribute. And then the other thing that we want to make sure it doesn't happen, but that I think realistically we have to recognize, is this lack of treatment or inconsistent treatment. When I think about those things for kids from anxiety, to adolescent depression, to ADHD, to behavioral issues, all of those things make mental health disorders worse. So, what do we do? Well we think about the things that improve mental health disorders, because if we can think about those things and focus on those things, we often find that kids do better.

Social interaction is the opposite of social isolation. One of the things I find that parents are asking me a lot about screen time, and phones, and things such as that. What I've been telling parents is let's make sure that we are still monitoring that but that we can be flexible about that. If you are socializing, especially your teen via FaceTime, via Zoom, via Instagram, whatever it might be, and you usually would cut them off, asking the question before you do. Things like, "Hey are you having a conversation with a friend right now? If not, it's time to shut that phone off for the night." But if they're in the middle of a conversation that's a social interaction you feel is positive for them, being a little more flexible around that.

We talked about this already, but daily schedule, so getting kids on that meal, shower schedule. If your teenager who has a propensity for being depressed, or has history of depression, is laying around all day with their messy bun and hasn't showered, encouraging them to do so, with this gentle reminder of, "Hey, you always feel better when you take care of yourself,"

versus, "You look like a mess. Go take a shower." So being empathetic but encouraging those things.

Setting alarms to get up, but also setting timers. If your child or you are struggling with things like depression, anxiety and you know that by history for you, that means it's harder to get things done. It's harder to get out of bed, setting timers. I'm going to work on this for 20 minutes, and then I'm going to take a break. Same thing goes for kids who have behavioral disorders, so helping them to get on track in increments is extremely helpful.

Another thing that I have found is really useful, both in cognitive behavioral therapy, but also just in getting kids on track, is making this list of enjoyable activities. We suddenly went from our youngest to our oldest kids being able to participate in sports, and being able to do all these different things, to all of a sudden getting rid of not purposefully, a lot of those things.

What activities do you enjoy? What are the things you like to do? How do we get you out of the house every day? How do we get you to have some physical activity that can help you? Making that list really helps people. When people check things off the list, and you can probably think of this in your own life, you feel really productive. It feels like something that you can use. Overall I think our goal here is to help people write down, kids, and you can do this as a parent too, but to be able to follow through with, here's the list of the things I really like to do. Maybe that's listen to music, maybe that's going to walk with my dog. Maybe that's planting a flower in my backyard. Maybe it is calling a friend. But basically our goal here is to make sure that we are giving people that sort of engaged pleasant activities schedule.

The next thing is challenging thoughts, which is hard, harder, but I often encourage parents to do this even outside of treatment. If the catastrophic thinking goes something like, "We are never going to get out of the house again." Challenge that. Okay, tell me about why you think that. All right. Tell me what, what proof do you have? So, they might say, "Well the news says this is terrible, and everything's falling apart, and my best friend's mom said we're going to be in our house till September." All right, cool. Tell me the things that maybe go against that belief? What do you think would be helpful for that?

"Oh, well I also thought that our governor was working on a plan to reopen restaurants." Cool. Great. What else? "My friends were talking about what we're going to do this summer." Awesome. Helping people be flexible with their thinking is really, really important. We want to make sure that our kids are not getting stuck in that catastrophic circle.

And then the last bullet I have on here is this concept of consistent treatment. I know there's international folks on here, so I can't speak to that, but I've done a lot of work with some of our national mental health providers across the board, and almost everyone that I've talked to is trying their best to do tele-health. Making sure that if your child or teen is someone who's been in treatment, that they get to be in continued treatment. Reach out to your provider. There are also from an advocacy and policy standpoint, a ton of waivers right now.

So, for example, I can talk to my kiddos who I see who have no internet via just telephone, and count that as a therapy session right now. Following up with your physicians or psychiatrist for medication if needed. Again, they really, really, really are working hard towards being able to provide those services. So, I think overall, we need to fight against these things that are setting us up for negative in this pandemic.

What can we do? So, my first one up there is telehealth treatment. I think that I've talked about that a bit, but I really stand by the fact that I think one of the most productive things we can do is make sure that kids, teenagers, families have services continued. We're not dropping services because we can't see you in person. We might have to be more flexible, but that we make sure that we're paying attention to treatment.

Some of the things that I mentioned when I did the talk with NAMI Delaware were some easy coping tips and tricks. And at the end of this we'll talk about resources, and I'll link through to some of these.

Diaphragmatic or belly breathing if you're not familiar with, is a forum for little kids. We call it flow low breathing. For my older kids, I call it what it is, it's diaphragmatic breathing. Being able to breathe slowly in through your nose and then slowly out through your mouth. We like about 10 breaths per second, which means three seconds in, three seconds or three... 10 breaths for a minute, so three seconds in, three seconds out.

There are so many benefits of diaphragmatic breathing. It actually has a ton of studies where kids do biofeedback with it, and it does things like slow down their heart rate, raise their temperature in their hands because it calms their body down so their blood flow is better again. In adults, there's some research that doing this regularly helps with blood pressure management, so there's some really good science behind it, but what I've noticed for kids is that it also gives them that sense of control of their body.

Progressive muscle relaxation is great if your kiddos carry stress in their bodies, or if you do. I do this with some of my patients and I always find it really enjoyable. Basically, it's tensing and then releasing your muscles. You can get them to that relaxed stage. That's sometimes is really difficult, but we want to make sure that people are doing that.

And then guided imagery is one that I often say works well for kiddos at night before going to bed, and teenagers too. Again, in my resource list I have this, but guided imagery basically helps you by walking through maybe like a beach scene, or other things like that, is really great. I again, I have links to all these when we talk about the resources because there's a few that I just liked that I think are great videos of this.

But what else can we do? So other individual coping skills. So, what I want is for kids and teenagers to have those physical skills that I talked about in their toolkit, but I want them to have things they enjoy also as coping skills. Because we know that engaging in those positive things help. So, things like art, or music, or writing, or exercise.

And then they can have things like social coping skills. So that's calling with friends, a dinner or walk with their family, making sure that we're addressing the fact that we have some coping skills that go on this toolbox and let's get as many as we can in there. Overall here I think the things that we want to think about a lot with our kids is being clear, being honest, being supportive, is to make sure that we are getting kiddos treatment if they need it, but also making sure that we're practicing healthy habits in general.

We're sticking to routines; we're making sure that we're on track. And when we teach our kids these things and when we practice these things ourselves, we are certainly better off. At the end we're going to talk a little bit about resources, but right now I'm going to, and then we'll go

to questions. I'm going to hand it over to Teri who's going to talk a little bit about the NAMI Basics program and then we will hand it back over to questions.

Teri Brister ([00:33:12](#)):

Thank you so much Megan. I was taking notes on top of helping my colleagues with the producing of the phone call. Such great suggestions, and particularly lists, and they're probably laughing at me, my colleagues on the phone. I'm all about lists, and it's something about the power of being able to check them off and know that you're done. So, thank you so much, and I see tons of questions coming in.

So, I want to take just a minute to talk about the NAMI Basics program, and then we'll be able to start addressing the questions you have for Meghan, or if you have questions about the Basics program. What you'll see in the bottom pod with files to download, I saw several of you were asking about the slide deck. The download, if you click on any of those, just click on it, highlight it, and then it'll let you push the button, click on the button to download the file. If you have any trouble downloading these, we're also going to be sending out these attachments when we send out the recording, the link to the recording, so don't panic.

But the other thing you'll see there is a certificate of attendance today. We don't do CEU's for these presentations, but we do have a certificate of attendance for you. But some of the materials there are materials on the NAMI Basics program, and specifically about the NAMI Basics program that's online. And some of you that are on the call, because I was watching the, the names pop up as you were calling in, are aware that I wrote the NAMI basics program.

We developed it back in 2009, 2008. Launched it in 2009, and it was the first real time that NAMI dipped our toe into addressing the needs of children and adolescents and youth, and their caregivers specifically. The course is six sessions. It was designed to be taught in person. Six sessions, two and a half hours each. It can be taught once a week for six weeks, or it can be taught twice a week. But it's again a two and a half hour in person course designed specifically for parents and other caregivers of children, adolescents, youth who are experiencing mental health symptoms.

It's not necessary at all. NAMI is one of the few places where you can come for services, come for support groups, information, education programs, and you don't have to have a diagnosis. You don't have to have anything specific going on. For this course you just need to be concerned about a child or an adolescent, and it be somebody in your personal life that you're concerned about.

The course is now available in two formats. I'm going to be talking about both. The in-person course, which is the original one that's been out since 2009. And a new one called NAMI Basics on Demand, which is especially relevant during the time that we're all experiencing now with the social and physical distancing.

The point of the course though is to offer parents and caregivers an opportunity to realize that they're not alone. The course in person is now available in 43 of the States in the United States. Each class has led by two trained individuals who are also caregivers of children and adolescents. One of the hallmarks of all of NAMI's education and support programs is that they're all taught by people with lived experience.

Programs for adult family members are taught by other family members that are adults. Programs for individuals with mental illness are all taught by individuals who are in recovery with mental illness. And this program is taught by people who are parents. Some of them are also pediatricians, some of them are also psychologists, but some of them have GED's. They're real parents. They're teaching from their lived experience of being a parent.

The goal of the NAMI Basics course, the in-person version and the On-Demand version, are to offer the essential information necessary to be an effective care giver for a child with mental health symptoms. To help the participants in the class to cope with the impact that mental health conditions have on the entire family. Everyone who has ever been involved with raising a child in any form or fashion, even if it's a niece or a nephew or a next door neighbor's child knows that if something's wrong with one of the children, it affects everybody in the house. And mental health conditions are no different.

The course provides participants with tools to help them make the best decisions they can for the child. We don't know what we don't know. We don't know what no one's told us. And when your child is experiencing mental health conditions, it can be really terrifying, quite frankly, to make the decisions about their care when you don't understand what the questions are, and there are conflicting opinions about the treatment.

And finally, it's about helping participants learn to take the best care possible of their family, and also themselves. We have a saying within this program and within the other NAMI family programs, that you can't take care of someone else if you're not taking care of yourself first.

Here are some of the highlights of the program, and it's important to note, I'm going to talk specifically about the On-Demand version in just a minute. But it's important to know that everything that's covered in the in-person course is also covered in the On-Demand course.

It was a total re-purposing of the curriculum if you will, and you see the highlights listed on the slide. We teach communication skills. We teach self-care skills. Of accepting the fact that mental health conditions are nobody's fault. This isn't your fault. You didn't cause this. The stigma among parents is immense. And what we, what we know is that the younger the child is when they start experiencing the mental health conditions, the mental health symptoms, the deeper the stigma because people assume it must be something that the parents are doing. We teach advocacy. How do you advocate for your child's rights at school? How do you advocate in a healthcare setting? We help people prepare for a crisis, and then help them understand what the public mental health care system is, what the school system is, the juvenile justice system.

Unfortunately, when you've got a condition whose primary symptoms are frequently behavioral in nature, all too often the juvenile justice system gets involved. So, we let parents know that's typical. It's not just you. If you've had a youth court hearing, or a youth court appearance, you're not alone. And then again, understanding the challenges that mental health conditions have on the entire family.

So, in a nutshell, if you look at this list, I think you'll see why we ended up calling the course NAMI Basics because it really is the basics. It's the main things that we feel like families need to know. And I am the parent of two children who are now adults, both who have experienced anxiety and depression at different points in their life. My son as a young child. My daughter's

didn't start until she started college, but it affects all of us when this is going on with our children.

So, here's where I want to move into talking about the NAMI basics program On Demand. And if you go to basics.nami.org you'll get a screen that looks like this where you can register for the course. This was a dream when I wrote the course back in 2008. There were two dreams besides finishing the curriculum. The first was I wanted it to get an evidence-based practice designation because that's critical to have research that shows that a program does what it says it's going to do, especially when it's taught by peers. It's absolutely critical in the treatment world today. I wanted to get it evidence based, and I wanted to have a version that was available online, asynchronously so that parents could take this when they had the time to take it. It's tough sometimes as parents too. And Meghan, I heard you when you came on earlier talking about your kids staying in the same pajamas for three days.

It's hard to do daily stuff sometimes when things are going on with our kids much less making time to go to a class two and a half hours, six times. Is that the gold standard of NAMI programs? Absolutely. But we knew going into this course that we needed a version of it that could be taken On Demand, that a parent could start taking at two o'clock in the morning if they were up worried about what was going on, and all the kids were asleep. And that was the only me time they have. And for every parent who's on the call, you've probably experienced that where it felt like that was the only window of opportunity that you had. But that was the other dream to get this asynchronous version. Fast forward to a couple of years ago where we were fortunate enough to secure funding to make this happen, and to contract with a company that were expert into instructional design, who could take NAMI's very personal touch, very high touch type program, what I call the heart of our programs, and put it into a version that could be taken online that people would still have an emotional experience when they took it.

And that's what we got. Again, we call it asynchronous. For those of you that are familiar with the terminology, which means people can stop and start as they want to. It's still six classes. You still have to take them sequentially because there's an architecture to the course. There are things we want to let you in on first before we start getting into the harder things, so it's still sequential. And the heart is still there.

If you take the course online, if you register for it, or if you already have, you've seen video clips of me, and you've heard my Southern twang. A part of the course is I pop up for 30 second to 90 second clips throughout the course, doing what I call holding people's hands. Letting them know, this is what you've just heard. This is what you've just read about. This is an exercise you just did. Let me tell you what parents tell me in person when they see this in our course. And we make it real, we keep it alive. So, we feel like that's something that we accomplished with this. If you look at this slide, this-

Something that we accomplished with this. If you look at this slide, this is what you see when you log into the course and you see literally you've got three classes. You click to the next and there are the other six classes. Class 1 is an introduction. What are we even talking about with kids and mental health conditions, brain biology, getting a diagnosis, treatment and sharing your stories. Sharing your stories is a huge part of all NAMI programs because again it's our

personal lived experience that connects us with each other and provides other people hope and gives us hope when we hear those stories.

We have the option; we have the opportunity in the On-Demand NAMI Basics class to share our stories. Talk about what's going on with your child. What's your biggest concern? It is a protected room. The firewall is heavy. It's part of what delayed our launch time a little bit was getting everything worked out so that only people who take the course can participate in this. It's an online chat room, if you will, but it's very protected. You can take the course without ever piping anything personal, but you can also interact with other parents who are taking the course across the country. So, it's important to know that.

Again, the content is exactly the same. The classes are laid out exactly the same. This is a slide of what the Connect & Share looks like. So, what happens is you'll go through a section in the class and then you have an opportunity to connect and share. If you want to tell us, you want to talk about what's going on with your child, if you want to see what other people have said about similar situations, you can look at it. And this is just a screenshot of what it actually looks like, but it's important to remember that it's a protected room. It's not something that's open to the general public. And even once you finish the course, you can go back into the room if you choose to and continue having conversations with people.

This is an example of Class 2, The Brain Biology and Getting a Diagnosis slide where we start out teaching the theories of human development. You can't really understand what might or might not be going as it's supposed to if you don't know what's typical. So that's part of the course. We talk about what's typical and then we talk about what may be going on with your child and when do you get concerned. When is it something that is a typical reaction like now as Meghan was talking about earlier to stressful things that are going on versus when is it something to be concerned about?

Ross Greene who is a child psychologist, who is celebrated for his work on collaborative and proactive solutions, which we teach in the NAMI Basics course, did a promotional video for this program when it first came out and he said, "You know what? If you're concerned about your child at all, take this course. You'll learn something that will help you and that will help your family." If what you learn is that what your child is going through is perfectly typical, good for you. But if you learn that there's something going on that maybe isn't quite typical and needs some attention, then you know where to get started. So that's something I think that's important for all of us to think about during a time of national stress right now. What's typical? What's to be expected and when do we need to pay a little extra attention?

Here's a screenshot of one of the slides where you have an opportunity. We have a variety of resources that are available. Each of these blue links or these blue buttons are things that you can click on and you can actually build a toolkit. You can build your own resource guide. You pick and choose what you like in each class, and this saves it to your toolbox so that you can download it, print it, go back and visit it later. There are interactive videos included throughout where people share their stories about what's going on with them and their family. It's real experience.

This is something I really want to draw your attention to and then I will turn it back over to Meghan. But when we launched the program, what you see in front of you is a chart where the

gray line is what we predicted, what we projected in terms of the use of the program and how well it would be received. The blue line is what actually happened. Some important statistics to be aware of or they're important from our perspective, but I think it's helpful for you to hear is that the program launched in October and that January 1st we had 512 people that had registered for the course so far.

By April 1st, that number had gone up to 3,481. That was an increase of 326%, the first weekend, April versus the last week of March. The average registrations per day in January was 17. An average of 17 people registered for the class in January each day. In April, our average daily registration is running right at 430 people a day. So again, it can be a variety of things. Parents are with their kids more. They're noticing more. They have more time now, but we're thrilled that we had the program available when this hit.

I won't dwell on this. The short version short story is we did have research conducted on the program several years ago that showed that it was effective that people who took the course did have improved problem solving skills and felt like they were more competent as a parent, felt like their communication within their family had improved and that their empowerment, they felt more empowered as an advocate for their child. We're finishing up now control group study of the program that's being conducted by the University of Texas in Austin. So, we're seeing the same findings so far but we're looking forward to having that final research stamp of approval. So, with that, Meghan, I'd like to hand it back over to you to cover your resources and then Ken will be able to start the Q and A. Thank you so much.

Ken Duckworth ([00:50:24](#)):

Sounds good. Thank you, Teri.

Meghan Walls ([00:50:28](#)):

Awesome. So, I'll just give a quick run through of these resources and then we can get to Q and A. The couple of resources they have up here, the first three are really the COVID responses. So, the first one is a video by Kid's Health, which is done by Nemours, a video I did about how to talk to kids about COVID. That's a little longer than what I did say for that slide with an article linked below. So, if an article is more your speeds than a video, certainly you can go there. I am transparently a board member of the Society of Pediatric Psychology, which is our national pediatric psychology org and we have a great list of COVID-19 resources for families as well there.

And then the last couple things I have there are the belly breathing, progressive muscle relaxation and the guided imagery that we talked about in case anyone wants to have specific examples. And then the last part is the NAMI Basics that Teri just talked about. So those are our resources. Certainly, I would encourage you to check out and I think we can move on, Ken, to questions and answers. I guess questions from you and answers from me, hopefully.

Ken Duckworth ([00:51:41](#)):

Yes. Well that's plan A, but life is funny, isn't it? And I think there's a lot of wisdom in the chat function. I think a lot of people in the chat function are offering some thoughts, and we

encourage that. We're a learning community. And while we love our experts, we have learned that people with lived experience have a lot to teach each other. So, I'm going to just ask the first question which has been asked several times. "Dr. Walls, this is an intellectual property question. Can I put your link for this presentation or your slides and your slides in my elementary school or special needs class or parent group?" Several ways it's come. Are people allowed to reshare what you have done here today?

Meghan Walls ([00:52:30](#)):

Certainly, I'm happy to have them reshare slides. I just would ask that you leave my name and the Nemours name on them, but you are certainly welcome to share them.

Ken Duckworth ([00:52:38](#)):

Excellent. That's very generous of you. Let's talk a little bit about some parenting questions that... Let's just take this one. "Should discipline strategies be different during this time?"

Meghan Walls ([00:52:53](#)):

Great question. So, I think this question to me has two sorts of pieces of the answer. The first is, I think I already talked a little bit about this, but I really, really think that structure and routine should be the same. So, if there are things your child was not allowed to do or if there were expectations you have and they are not meeting those things, your kids are looking for that structure. So, in terms of discipline, I certainly promote more of the positive parenting. I talked a lot about incentive and those types of things. But also, your kids do expect that parents are going to give them feedback and that they're going to keep those expectations. If you are to change your entire practices during this really difficult time, that sends your kids a message of, ooh, this is even less normal than I thought. So, I want you to basically stick with them.

The caveat and the second part of that is I also want people to be a little bit more perhaps empathetic and thoughtful. So if your let's say eight year old is screaming at you and they're a kid who does not usually scream at you, instead of sending them to their room, it might be time to say, "Hey it seems like you're more upset or more emotional than usual. Can we talk about that? Can you tell me what's going on?" So, I think being aware of what your kid is naturally doing, how they naturally react, and if this is different, do we need to get them some sort of support to help them through that. But I really recommend keeping the same sort of structure and routine and feedback that you would normally give to your children as much as you can the same during this time.

The other just I think the small piece of this is if you know you can't follow through, so if you're on a work phone call and you are trying to put your three-year-old in time out and they keep running out of it and you need your kid to watch a show for that five minutes, it is okay. Give yourself some freedom to do that too. So, stick with it as much as you can, but I think that we, just like I said with a lot of these things, I think a little bit of flexibility can go a long way at this time.

Ken Duckworth ([00:54:52](#)):

Excellent. Here's a more clinical question and I'm going to take a shot at answering it after you do. "I have a teenager who has OCD with germ contamination fears who feels that it's dirty outside at baseline? How might you think about that?"

Meghan Walls ([00:55:12](#)):

Sure. This is a question I've heard clinically a couple of times. I think there are a couple of things that are really important. One is I think it's extremely important, especially for a teenager, especially if they've already been in treatment for OCD, a lot of treatment is based on the fact that your anxiety is telling you something and what's realistic versus unrealistic fear. And anxiety is really that reaction to an unrealistic fear. Fear is just fear. So, I think really actually telling your child something like, "I'm going to make sure you have all the right information. Let's not get it on Facebook. Let's not get it from your friends on Snapchat. Let's sit down and sort of talk about this." And I think as a parent, your job is to deliver them the appropriate scientific information.

So, you're right. Right now, it's not as safe outside as normal. Yeah, you're right. That's true. But that doesn't mean that's going to go on forever. And it doesn't mean that we need to engage in all of those OCD germ behaviors within the house, right? So, you still can continue to practice some of those clinical implications that you've probably already been doing when you're out going to the store. If they come back, yes, wash your hands. Sure. Wear a mask outside. But if they're in the house and they are going to open a doorknob that's probably been wiped already... Sorry about that echo. I think someone's probably not on mute. You can still sort of encourage those types of practices with that OCD.

I would also encourage you to really reach out and make sure that they're still in treatment and or on the medication they were on. But I do understand this is a really difficult thing for kiddos with OCD. And for my patients, a couple that you know have these higher levels of anxiety. We're talking a lot about that anxiety versus fear and why this is different. And I think honesty about that really helps teenagers wrap their head around sort of why this is different than the other normal days we have.

Ken Duckworth ([00:57:01](#)):

And that's an excellent answer and I would just add that there's the International OCD Foundation, which is its own organization. It's kind of a variation on NAMI. It started after NAMI started, but a group of individuals with OCD kind of came together to sort the vulnerability that they were living with, which does have some specific psychotherapy and medication implications. And they do webinars on this exact topic, the International OCD Foundation.

All right. Another question on teenager. "My teenager came back from college and basically has never appeared to leave spring break. So, they're staying up late, they're waking up late, they're not motivated to continuing college and I wanted to just see how you would try to motivate a person who seems to have given up their own internal structure?"

Meghan Walls ([00:58:02](#)):

Sure. That's a really good question. So, for teenagers and even young adults in that college age, I am a really big fan of sort of asking curious questions because I think what's happening there is two things. One is they really want independence, but the second thing that's happening is their brains are actually set up in teenage years to get the most bang for their buck that they can and to get the most enjoyment they can. So sometimes those choices, sleeping in, staying up, talking to friends feels really good in the moment. I think we can probably all think about that that way, right? The other thing is for teenagers and young adults is that their sleep cycles actually are different than ours. So, it's harder for them to settle at night.

However, I think what we can do to help them is to focus on what their goals are. So, do they want to go back to college next year? Do they want to get a job next year? What are their plans? What are their thoughts? And it's very difficult as a parent to not just say, "Get it together. I need you to do your work. I need you to get out of bed." But instead having that curious approach usually helps those teens and older adults more. So, this sort of concept of, "Hey, I want you to commit to your goals yourself, but I need to know what they are." They're often confused like, "What? Are you really asking me this, Mom?" But getting them to kind of give that information to you. "Well yeah, I do want to go back next year. I loved my friends. I loved my campus." "Cool. What do you have to do to get there?" Not, here's what you have to do, but what do you have to do?

So, asking those questions and seeing if you can get them to sort of come along with you on this journey of how we get back to some sense of normalcy. For that age it's extremely difficult for you to get them to change their sleep patterns entirely. But instead, what I really focus on what is their goal, what do they want? And if their goal is "I don't want to do anything, I never want to get out of bed again," then we have to start worrying, right? So those are some signs that we need to say, okay, maybe we do need to get her engaged in treatment. But I think trying to get them to give you what their internal motivation longer term than today is, is a really great way to start that conversation with young adults.

Ken Duckworth ([01:00:03](#)):

Dr. Walls, that was such a nice discussion of what we call motivational interviewing. So, the whole idea is that we try to find what the person wants, that there is usually something they want tucked away behind their anger, sadness, resistance, "acting out." Whatever it is, there's usually something behind it. And the art of the parenting or if you need more support, get some help. The American mental health system moves very slowly, but within three days has made the quickest pivot of all time to teletherapy and in most areas around the country it is being paid for. So, if you need more help, call in reinforcement.

Dr Brister, a couple of questions for you on NAMI basics. "Is Basics good for teachers or just parents and caregivers? I'm a nurse." I'm pushing questions together. "I'm a nurse. Is NAMI Basics good for me? How do I become a NAMI basics teacher?" How's that for kind of greatest hits of NAMI Basics?

Teri Brister ([01:01:07](#)):

That's a very good job of the greatest hits of NAMI. So, the short answer is yes, Basics is appropriate for, it's super helpful for people who work with kids professionally. What we ask is that in the in-person classes, those are limited just to people who are family caregivers of children and adolescents. But there are many NAMI affiliates who teach the course in-person for professionals only. And part of that is parents. We want parents to be safe to feel comfortable talking about honestly frankly about what's going on with their kids. You may be the best teacher or the best of psychiatric nurse in the business, but they may have had a negative experience and then they may not be comfortable talking about it if you're in the class because they don't want to hurt your feelings.

So, we have many NAMI affiliates who offer the course for groups of professionals only. The beauty of the online version, the on-demand version is that anybody can take it. And I would absolutely say that it's helpful and beneficial, not just because I wrote it, but the material in it is super relevant for anybody who's interacting with children with who can be symptomatic. And the reality is we all do at some point in time. And another question, Ken, about becoming a teacher.

Okay. Contact your NAMI affiliate. If you're not sure who your affiliate is, reach out to me. And Elizabeth, if you don't mind putting my email address in the chat box. Reach out to me and I can connect you with your affiliate or with Anita Herron who is the program manager of the program here at NAMI. But we'll get you connected. We do in-person trainings. We're in the process. COVID- 19 has given us a gentle nudge. We're in the process of developing protocols around training online to teach our programs. So again, stay tuned. We're always looking for people who were interested, so thank you for those questions.

Ken Duckworth ([01:03:18](#)):

Many excellent questions. All right. Back to Dr. Walls, anything that would be specifically useful for middle schoolers? So, this is a developmental stage question. Do you have any specific starts for that age group?

Meghan Walls ([01:03:35](#)):

Yeah, they're tough. I think a couple things. One is when you're talking to your middle schoolers. When I think back to the piece where I was talking about schedules and routines, I think one of the things you can do as a parent to actually help them out is to ask them about the social piece. So, can I help you to connect with your friends? How can I do that? Being flexible about maybe that meaning like I know Facebook has a new Facebook Kids Messenger if you don't buy your kiddos in early middle school on some of social media. But I think making sure you're doing that is really important.

The other thing that I think especially for middle school is important is that you are having conversations about what the expectations are. So again, middle school is a pretty structured environment and we want to make sure that kids are being able to follow through.

One other thing that I think about middle school particularly as I think that keeping an eye on how kids are doing in general is important. I see some middle schoolers who I think are really struggling here because social life is the end all be all. I think there's also middle schoolers who

don't think this is so bad because there's less bullying going on, less stress going on. So, I think making sure you're sort of checking in with your teen. And I don't want the expectation to be that every kiddo is the same. But I think for middle school particularly is a space where I'm hearing there's a lot of different reactions. So, I think checking in with your kiddo and figuring out what they're feeling and then approaching how we can help is the best idea.

Ken Duckworth ([01:05:08](#)):

Thank you. A number of questions about children and even teens with ADHD was a series of questions are, "Should we think about adjusting medication in the context of the person being confined?" Because I'm a child and adolescent psychiatrist, I'm going to take the medication components of this and say this is a very individual set of decisions, and you should be talking to your prescriber. We don't really give a specific medical advice on this call, but the basic psyche of medication is to help with impulsivity, attention and distractions. And so, you have to think about the tasks of the day. So, if it's schoolwork, that's typically when kids might take a medication to help focus with schoolwork. But of course, the children with attention deficit hyperactivity disorder need...

The children with attention deficit hyperactivity disorder need to move their bodies and confinement is a real challenge for them. So, I think it's a question of what you have access to for them to move around and to blow off some steam. If you're lucky enough to have a backyard, can you do some activity in that? But a medication question should be tailored to the individual child.

I want to emphasize that Dr. Ned Hallowell, who wrote the first book which sold a million copies on ADHD called *Driven to Distraction*, was literally going to be our guest today if I'm not mistaken. We're going to talk about ADHD, so we'll have him back when the COVID storm has passed. He's a remarkable writer and thinker on attention deficit hyperactivity disorder. We canceled on him to take on this more comprehensive topic. You mentioned screen time, Dr. Walls. A couple questions about schooling, screen time, social media, the entire way that electronics are now the dominant vehicle both for connection and learning. Do you want to comment about how you should dose that or how you should think about that?

Meghan Walls ([01:07:20](#)):

Yeah. This is a question I think I've gotten on every talk I've given since COVID started. I'm going to address a couple of different things that you said. So, number one is school. So, let's talk about school first. School is done online for a lot of kids right now, but I think that we have to be a little bit flexible with our screen time. I jokingly said, and I'll deny saying this, that the only medical direction we shouldn't call it right now is that AAP two-hour TV guideline because we're all going to go crazy. But I think we're all feeling the stress. We all are wanting to do the best for our kids, but we want to make sure that they're also not in front of that screen all day, because what we do know is some of the negative effects of that constant screen time.

So, I have a couple things that I think are really important to think about. Number one is how much does your kid have to sit in front of the computer for their work? So, for example, maybe there are some things, I know there's a billion school apps, I'm not going to pretend I know

them all, but Clever and there's Schoology, your kids can use those apps for some things. But are there some things you could maybe print out for your kiddos? Could they do something like print out the math work and do that on a math sheet or could they print out maybe a little bit of their reading work and do that there? Or if they're older kids, something like that.

The other thing is, as a parent you can actually set the screen time limit. So, if you are a parent and you're like, I'm okay with my kid using this for school, but I really don't want them on Facebook again, you can also do that. The other thing I want to say about screens, is I think that we can limit our kid's exposure to certain things. So, I think in addition to the schoolwork, we can also limit things like maybe not having our TVs on all the time. So, if you're a family who used to throw on the TV after dinner, maybe try turning it off some nights so that we're not getting so much screen time, but also not the bombardment of news. So, we're kind of trying to take that back down a notch. I also just generally think that the social interaction that you're talking about happens mostly on internet capable devices, so like FaceTime or some of these social media apps. The other thing that's been really encouraging families is how can you connect otherwise; can you write a letter to someone? Can you have your younger kids draw a picture for a grandparent? So, some of these things that perhaps are getting them away from that. And then the last thing I'll say is, you already mentioned this with kiddos with ADHD, but just young kids in general, I think making sure that you're also getting them to have some physical activity. So, breaking up your day. Let's not be on all of our devices all day. And I think for parents that's really important too. So, making sure that parents are modeling that good behavior and putting down phones, turning off the TV, taking some breaks.

Ken Duckworth ([01:10:25](#)):

Dr. Walls, you mentioned writing letters to grandparents, or I have seen examples of kids writing letters to the local senior center. One of the pieces of literature that I've seen really from the adult side of the house is that people who make meaning from adversity, do well over time. I don't know, could you relate that to the child development perspective?

Meghan Walls ([01:10:51](#)):

Sure. I think that goes back to when we were talking about feeling productive and feeling a sense of purpose versus just feeling like we're all sitting around our houses all day. Kids need that too. So, we need to give them a sense of, I'm getting something done, this feels good. I think you can certainly have kids do things like volunteer with you. I don't really want to encourage kids particularly being out and about right now, but if you are a mom or a dad whose lesson making math, have your kids help you with those. Or if you're someone who's going to make a donation to a food bank, have your kids sit with you while you do that. If you can maybe make little presents for your family even, that does feel productive for kids.

So, these little things that help them feel that sense of purpose. The other thing is, I'm sure many of you have seen this all over the internet and social media, but I think connecting with your community by making notes in your window or writing on your driveway. Those are things that I've seen a lot floating around and I think we could feel really good to contribute to that positive feeling in the community.

Ken Duckworth ([01:11:52](#)):

Yeah. Excellent. My daughter is directing a lot of anger at me. She's 12, almost 13. She yells at me a lot. I try modeling and talking to her, but it's not effective. Unfortunately, her father's way of coping is similar to hers. Any suggestions?

Meghan Walls ([01:12:10](#)):

Sure. So, the first thing I'll say is, I think that I did mention this a little bit earlier, but I expect that right now the irritability is going to be up, especially in that tween/teen population. So, I think, not that it's okay, but that I do expect that there is some stuff underlying. I think one of the things you can do is to try, when your kiddo is not upset, to talk to them about it. So, saying things like, Hey, how's this going for you? How are you feeling? Getting an idea of if they're generally stressed out, if they're reacting by yelling a lot.

The other thing I'll say that I have given to many patients of tweens and teens that's gone really well is, if your kid has any sort of device, even though we just said to limit devices, sometimes they'll answer a text from you and they won't answer you in person because it feels awkward at 12 to tell your mom you're upset because a friend did XYZ. Or leave a notebook out and say, Hey, I noticed you were kind of frustrated today, can you write down what you're talking about? And the deal I tell parents to make with kids is if they say something that frustrates you, like "Well I'm just bored and you're on me all the time," that you're going to take some time to think about that and sit with it instead of that quick response.

I think it's really difficult when another parent is also echoing that same behavior. Certainly, you can try to talk to the other parent, but I think your job more is to control your own behaviors. So, continue that calm modeling, continue to do the best you can, but also give your kid other options to be in touch with you and tell you what's going on. The other thing I'll say is that if your kid is a tween or a teen and they do have a device, I actually had parents send them the belly breathing or send them progressive muscle relaxation. And because it's in front of their face, they see it and they click on it, and even if they roll their eyes they often end up trying it later. So, offer your kids some solutions that you don't have to be involved in as well.

Ken Duckworth ([01:14:05](#)):

Excellent. Let's talk about social distancing, which is the current term. NAMI prefers the term physical distancing of course because we believe in social connection while staying away from people. Three or four questions on this. How do I talk to my teenager about their boyfriend or girlfriend and how much contact they can have, would be one classic question that I have seen in this regard? And a related question would be, how do I talk to my kids that we're practicing physical distancing but the kids across the street are not? So, this is two questions on this concept of staying distant from people. Some you're deeply attached to, boyfriend/girlfriends, and some you're observing that their behavior is different than yours.

Meghan Walls ([01:14:57](#)):

Yeah, that's a really great question. So, I think there's two pieces to that question. The first one is, how do we get the severity of this across the kids? So our teens, because I think part of the

question is not just how do we explain social distancing if they want to see their boyfriend or girlfriend, but the other piece is, how do we help kids' brains wrap around the fact that this could be serious and that this is worth the social distancing. It's very easy for us to say stay six feet away. It's harder to explain and to get it to stick about why.

So, I think one of the things I start by doing is talking to them just generally about what's going on with COVID. Have they seen some of those, not scary wise, but just have they seen what's going on? Do they know what's going on? Do they know why they're social distancing? Why do you think it's a good idea? And again, using that motivational interviewing type questions but putting it back on them. But then I think following up with, for the boyfriend/girlfriend thing, particularly like, it seems like you guys have a great relationship, if they do, giving them a little bit of credit and saying this will end. There is going to be a time when we get to hang out with people again, especially probably in small groups. So, I've been telling kids a lot, let's talk about what you want to do when this end. Let's make a list. Let's focus on the fact that in the next few months probably we'll be able to have small gatherings. Maybe not 30 people, but you probably could see your boyfriend or girlfriend again.

So, I can't wait for you to be able to do that. I'm sure you're excited too. Let's really focus on that. But let's also help them get to the point where it feels like their decision to make it. The piece about kids across the street is a question I'm getting a ton because it is so difficult when you're doing the right thing and you feel like they're not, people aren't adhering to the same things that you're doing. So, we want to make sure that we're explaining again to our kids why we are doing things and we're making them feel like they have the control. So, saying things like, wow, I know that's hard, but you know what? You are making that really cool decision to help keep people safe and healthy and I'm really proud of you. Without really putting it on the other family, like they're being stupid or they're making a mistake, because that doesn't help our kids. What helps them is feeling like they're making the right decision and that they're actually being helpful by doing so.

Ken Duckworth ([01:17:14](#)):

A question on delivering bad news to kids. So, the example given is the possibility that the family business will fail. I want to ask another related question. You know, people are dying of this and our grief has gotten distorted. So, these are the two examples of the delivering bad news to children department. And I'm sure you're going to give an answer through a developmental lens, but a couple... This has come up and so let's just talk about it a little bit.

Meghan Walls ([01:17:47](#)):

Sure. So, I think like you said, those are sort of different questions, right? So, one is I really encourage you to think about, currently, right now, what do you have to tell your kids? So, the family business possibly failing, I think if you're out of a job and your home, explaining why is really appropriate, especially for younger kids. I think as your kids get older you can explain more to them than that. But I think being developmentally appropriate in your response to those questions is really important. So, I recognize that especially for families that own their own businesses, their kid is probably engaged in that so they might have a little bit more

knowledge. So, I think being honest, but brief. So, we're going to try our best, we're working hard. This might be a hard time for our family, but also saying our family's had hard times before and we're going to really work to get through this.

For the grief part, I think it depends where and how close you are to the people and the age of the kids. This is not on my resources, but for younger kids, I actually love the Sesame Street grief resources. They have a whole toolbox of them and I think they do a beautiful job. But briefly, again, it's about being honest but age appropriate. For older kids, if it is someone they actually know, who they care about, who they've lost, I think being honest but then really opening it up to them. Like, tell me what you're thinking, tell me what you're feeling, how can I help you? Those types of things I think are really, really important. I also think this is a very complicated time for grief, so as a lot of us have been seeing and know that this isn't a time where we have a hundred people gather at a funeral when someone passes away.

So that's another piece that I think for older kids you can have that conversation of, what else is bothering you? Are there things that are really hard? And then expecting that this might just be a little bit more of irritability, sadness, those things, but also knowing that if that continues, if your kids are reacting to losing someone by not eating, not drinking, not sleeping, that we want to make sure we're reaching out and getting them services and treatment as well.

Ken Duckworth ([01:19:56](#)):

Last question Dr. Walls, and this is a hopeful question, which I want to end on a hopeful note because this is difficult and unprecedented for us all. Any suggestions or information to keep in mind for dealing with youth when we start to reopen our lives?

Meghan Walls ([01:20:18](#)):

Yeah, that's a great one. One of the reasons that I'm so I think persistent about kids having schedules and routines is because it's easier for us to transition back. We're kind of halfway on our schedule, so that's one thing. I think another thing is, as much as you can and you hear what's happening, letting your kids know. So, let's not wake them up on a Monday morning and say, Oh, by the way, you're going back to school today, but instead giving them a little bit of notice, as adults as we find out. Another thing that I think is actually really important all along here is talking to our kids about the fact that, whether young or old, viruses happen, and illnesses happen, but there is an endpoint to this. So, we will start to transition back, and asking them, how do you feel about it? Not necessarily are you worried, but just how do you feel? What are the things you're excited about, what are the things you maybe think you're not so excited about?

And having those conversations ahead of time. As adults, really our job is to guide them through that process, and I think the best we can do is prepare them with the information that we know and also offer them that help. So, have that continued conversation. A couple of families I know have jars on their table and every time they think of something, they wish that they could do, they stick it in that post COVID jar. And so, I think really, as long as we are checking in with kids and also continuing to give them that hope, that's the best we can do to

prepare them to get back to... You know what, maybe we'll be normal in a few months or maybe a year but eventually we'll get back to the normal place.

Ken Duckworth ([01:21:48](#)):

All right. Well Dr. Walls, I want to thank you for a comprehensive, thoughtful and lovely conversation about this crisis. NAMI is very fortunate to have found a friend in you. Dr. Teri Brister, thank you for this discussion of NAMI basics and NAMI Basics OnDemand. This is a resource that is growing great business these days. We're getting hundreds of downloads a day instead of dozens. And I think that's also a testament to the quality of this work. So, I don't know if it's possible to open the phone lines and invite chaos to thank Dr. Walls, but if that's not possible, I just want to say how much we appreciate your work. Go ahead.

Teri Brister ([01:22:36](#)):

Before we do that, Ken, Dan would like to come on and close the meeting out. I don't think we're able to unmute everybody on this one.

Ken Duckworth ([01:22:45](#)):

Okay. Too much chaos for the system. Okay.

Dan Gillison ([01:22:48](#)):

All right, well thank you, and thank you Teri and Ken and Dr. Walls. I want to mention a few things very quickly. Thank you to the staff that brings these Ask the Experts events to you and worked hard to have these sessions conducted efficiently. Elizabeth Stafford, Christine Allen and Elise Hunt, Teri Brister and Ken Duckworth. As you heard, we are also excited about your interest and the continuing large turnout. Based on your interest, we were just able to secure a new platform that is going to allow us to have more of your participation in Ask the Experts going forward. So please share with your peers that we will have more bandwidth and we're looking forward to continuing this series.

Last, is leadership. We want to say that this is the time when we need leadership, and this starts with each of you who is in the field working hard to make a difference every day. As parents you are leaders, and as caregivers, and as members of the mental health community, you're leaders. So, we want to thank you and really appreciate your investment in what you do and how passionate that you are about the work you do.

Finally, thank you to our board who is positioning us to do this work, to bring these sessions to you. And in closing, again, a huge thanks to Dr. Walls, really do appreciate the investment she is making and as she looks at this duality as a parent, a mom, and a psychologist, it is just wonderful to get her expertise and we really do value the investment of time she has made with us and her connection to NAMI with us. We appreciated it Dr. Walls. And last thing I'll say in closing is please take care of yourself and your families. And as we all know, as I think someone said, you've got to take care of yourself in order to take care of others. So, we appreciate everything that you do and how you make a difference and thank you.

Teri Brister ([01:25:03](#)):

Thank you, Dan., And before we end audio, just a reminder, if you'll check the poll, let us know what you thought about the webinar and please list out any additional topics you'd like to hear about before you leave us. Thank you all for joining us this afternoon.