May 2022

Pandemic Parenting:

Examining the Epidemic of Working Parental Burnout and Strategies to Help

THE OHIO STATE UNIVERSITY

OFFICE OF THE CHIEF WELLNESS OFFICER
and COLLEGE OF NURSING

Are you a working parent who is feeling exhausted, irritable, emotionally detached or overwhelmed with parenting your children? If so, you may be experiencing parental burnout.

When COVID-19 came into our lives, we were hopeful that the impact of the pandemic might only span weeks or a few months at most.

Of course, it didn't. The pandemic lasted for two years, stretching the limits of parents' physical, mental, emotional, financial and professional well-being. Many parents, especially working parents whose children were sheltered at home with them for more than a year, feel the experience has taxed or broken them in some way.

We have felt these challenges as well. Our families faced the realities that millions of others did: struggles to find balance between work and home responsibilities, virtual schooling for young children while dealing with a lack of viable and safe daycare, and/or the feeling that every day felt like a week, every week like a month, every month like a year.

It is this shared experience that inspired us to develop a survey that contained a valid and reliable tool to assess and quantify working parent burnout and the conditions that seemed to exacerbate it. We then took the survey a critical step further and examined how working parent burnout might be associated with certain types of parenting practices, as well as concerning emotions and behaviors in their children. Our survey provided parents an opportunity to reflect on their own mental and emotional well-being and how it might be affecting their children while potentially providing motivation to do something constructive about it to help the challenging situation. We know that all parents do the very best that they can, but when current stressors outweigh their coping skills and resources available to deal with them, it is understandable to experience burnout and the emotional toll that it takes on mental health and well-being.

The findings of our survey are described within the pages of this report. Our easy-to-use working parent burnout scale is also contained in this document so that you can assess your own level of burnout. In addition, strategies and resources to lessen burnout are included so that you can start using them right now to feel emotionally better and engage more effectively with your children.

This survey captures a snapshot in time, at the height of the pandemic, but we all know that the adverse effects will linger for some time well into the future. Please know that you are not alone. It is a strength to recognize when we need help, not a weakness. It is also natural to feel like COVID-19 changed something within you and your families. Millions upon millions of parents feel the same way. It will take time to heal, so be patient with and kind to yourself.

Within this report, we offer you helpful strategies to start feeling emotionally better about yourself and the way you deal with your children. We want to encourage you and cheer you on, every step of the way.

Warm and well regards,

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Executive Summary:

Parenting stress is normal and expected. However, when chronic stress and exhaustion occur that overwhelm a parent's ability to cope and function, it is called parental *burnout*. Burnout often results from a mismatch between perceived stressors and available resources and results in parents feeling physically, mentally and emotionally exhausted, as well as often detached from their children. Working parents are especially at risk to develop burnout due to the challenge of juggling multiple stressors and demands at work and at home. The COVID-19 pandemic has exacerbated many of these stressors and limited many parental resources, thus contributing to epidemic levels of parental burnout and exhaustion. Working parents with children at home have been especially adversely affected due to the unpredictable nature of school closures, quarantine, home- and virtual-schooling, childcare availability and continued demands to perform at the same expected level in their work environments. This has resulted in many parents feeling in an uncomfortable position of either being forced to leave the workforce or jeopardizing their standing and credibility within their institutions and companies.

Parents – and especially working parents – are struggling. The trickle down effect of parental burnout also is adversely affecting their children.

This report highlights the results of a study that assessed parental burnout along with other important measures, such as parent depression/anxiety and child behavior problems, conducted with working parents who voluntarily and transparently answered our questions.

Here is what the study uncovered:

- Sixty-six percent (66%) of parents reported being burned out.
- Being female, the number of children living in the home, anxiety in the parent, having child(ren) with the diagnosis of either anxiety or Attention Deficit Hyperactivity Disorder (ADHD) and parental concern that their child(ren) may have an undiagnosed mental health disorder were strongly associated with parental burnout.
- Burnout was strongly associated with depression, anxiety and increased alcohol consumption in parents, as well as the likelihood for parents to engage in punitive parenting practices.
- Parental burnout is associated with children's internalizing, externalizing and attention behaviors.

There are clear and strong relationships among working parent burnout and potential adverse effects on both parents and children. It is critical to quantify, spotlight and acknowledge the presence of working parent burnout as it often co-occurs with a mental health disorder, such as anxiety or depression.

This report will go more in-depth with the survey's findings. It includes tips, tools and resources that allow working parents to assess their level of burnout, develop a better understanding about how to prevent and deal with their burnout and guide their children through potential issues with anxiety, behavior problems, depression, ADHD and stressful situations. Information is also included about an opportunity to participate in a study that helps children/teens and their parents to learn mental resiliency/stress reduction techniques.

There is cause for optimism and hope: **Recognizing and intervening for parental burnout have been shown to improve both parent and child outcomes**. Most importantly, steps must be taken to prevent it. Bringing increased awareness to the issue of working parent burnout as a major public health issue will help clinicians, parents, communities, institutions and companies recognize the condition and provide preventive and targeted interventions to help parents and children to thrive and reach their optimal state of mental health and well-being.

This is what burnout sounds like from working parents during the pandemic:

> I am expected to be a superhuman that can be a full-time employee, parent, elementary school teacher, pre-school teacher, cook, cleaner, playmate and emotional support system. But I can't do it any longer.

> I feel like I am running out of gas, but I don't see a gas station in sight to let me relax and fill up my tank again.

> I am just so tired.

> I am alone.

> I don't enjoy being with my kids anymore. I need a break.

> I work 168 hours a week with no time off and no additional pay.

> I wake up in the morning wondering how I am going to get through the day again.

> As a working parent, I feel like this pandemic has broken me.

> Every day is a struggle.

> My work colleagues do not understand that I am having a hard time keeping it all together. I have to make the choice of adhering to a deadline and ignoring my kids or missing the deadline and being a good parent. And I have to make that decision every day now. Either way, I am suffering and my kids are suffering. I can't keep doing this.

If you have felt little interest or pleasure in doing things and/or have been feeling down, depressed or hopeless several or more than half the days in the past two weeks, please reach out to your primary care nurse practitioner/physician or employee assistance program at work as you may be suffering from depression. Someone at the National Suicide Prevention Lifeline (800-273-8255) is always available 24/7 if you ever need to talk with someone when feeling depressed.

Key Finding #1

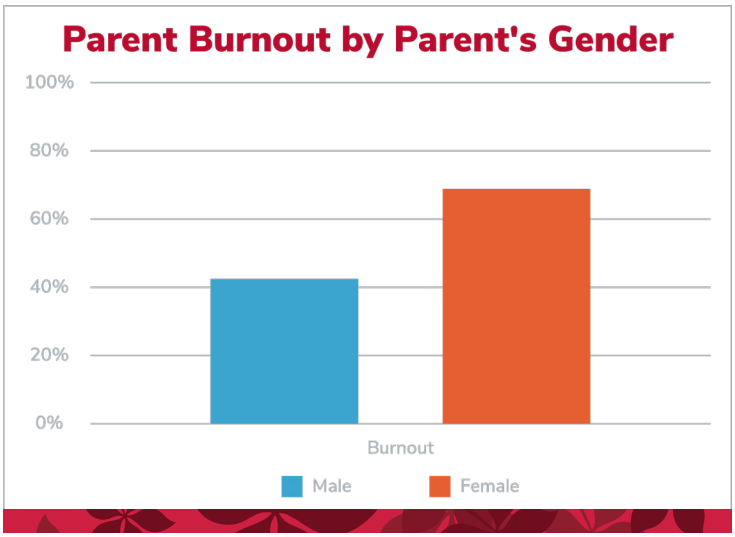
Sixty-six percent of parents reported being burnout.

Key Finding #2

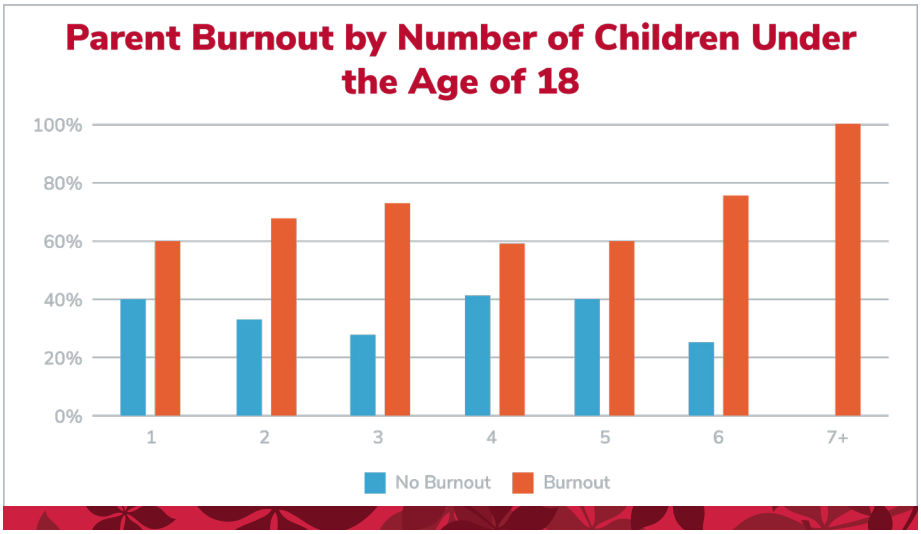
Our study found that being female, the number of children living in the home, anxiety in the parent, having child(ren) with the diagnosis of either anxiety or Attention Deficit Hyperactivity Disorder (ADHD), and parental concern that their child(ren) may have an undiagnosed mental health disorder are strongly associated with parental burnout.

Study Approach

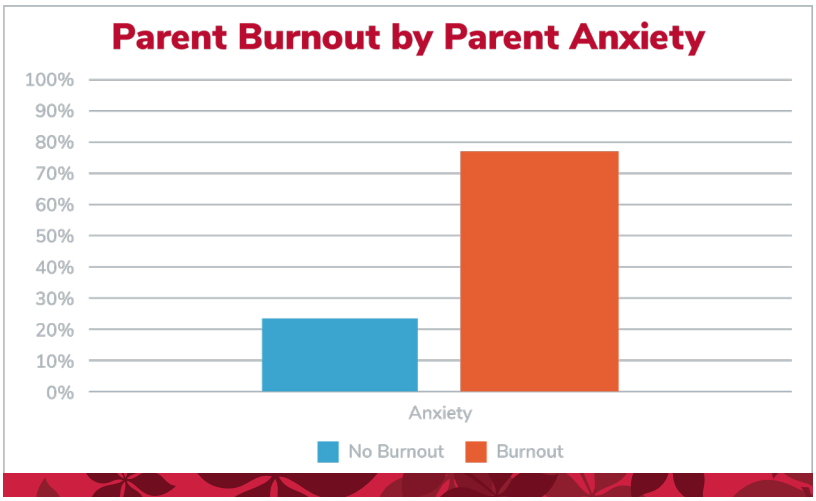
An online survey was conducted. Participants were parents with children under the age of 18 living with them. Results were collected between January 19, 2021 and April 28, 2021. The survey was anonymous and voluntary. 1285 parents self-selected to participate.



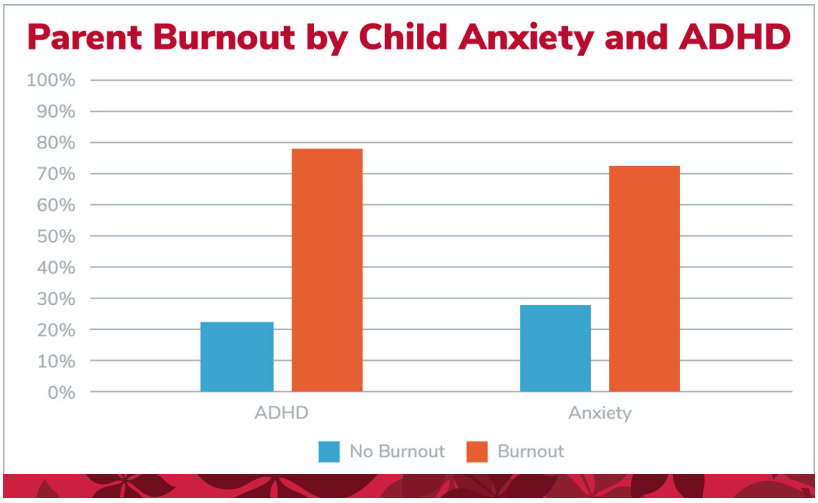
Females were more likely than males to have parental burnout. Sixty-eight percent (68%) of females reported burnout verses 42% of males.



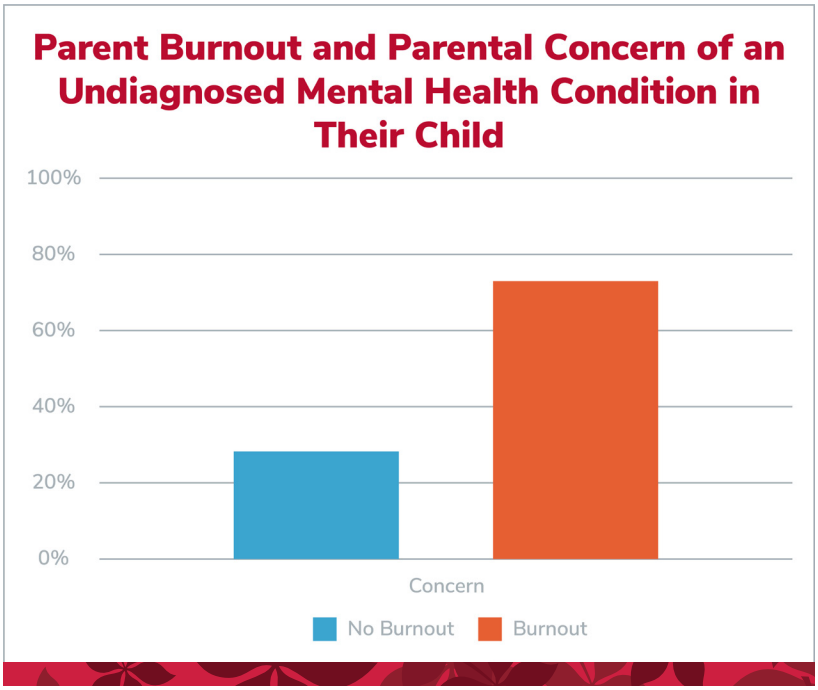
Parental burnout was increased in households with two or three children, plateaued with four or five children and increased again with six or more children.



Seventy-seven percent (77%) of parents who had a history of personal anxiety reported burnout.



Parent burnout was reported in 77% of parents who had a child with ADHD and 73% of parents who had a child with anxiety.



Seventy-two percent (72%) of parents who were concerned that their child could have an undiagnosed mental health condition reported burnout, compared to 28% of parents who did not report burnout.

Parental concern that their child may have an undiagnosed mental health disorder carries a strong association with burnout in working parents.

Key Finding #3

Parental burnout is strongly associated with depression, anxiety and increased alcohol consumption in the parent. Burnout is also associated with dramatic increases in the likelihood that parents may insult, criticize, scream at, curse at and/or physically harm their children (i.e. spanking).

Insult

Scream

Criticize

Spank

Key Finding #4

The presence of working parental burnout is associated with parents' reports of their children's internalizing, externalizing, and attention behaviors.

As part of the study, parents were asked to complete the Pediatric Symptom Checklist-17 (found in additional resources section). This checklist assesses parents' report of their children's attention, internalizing and externalizing behaviors. It is commonly used to help clinicians assess children for mental health disorders.

Examples of attention behaviors include:

inability to sit still
has trouble concentrating
is easily distracted

Examples of internalizing behaviors are:

feels sad or unhappy
is down on themselves
worries a lot

Examples of externalizing behaviors include:

fights with other children
does not listen to rules
teases others

The presence of working parental burnout is associated with all three of these behaviors in children. Parents who identified positive for burnout reported more attention, internalizing and externalizing behaviors in their children than parents who did not report having burnout.

Caution must be used in interpreting this finding as parents were reporting what they were perceiving in their children. Further research is necessary to determine if what parents perceive is how the children are actually behaving by observation; however, the Pediatric Symptom Checklist completed by parents reliably identifies children's attention, internalizing and externalizing behaviors.

Working Parental Burnout and Child Internalizing Behaviors, Child Externalizing Behaviors, and Attention Behaviors

Internalizing Behaviors

(i.e. feels sad or unhappy, is down on themselves, and worries a lot)

Externalizing Behaviors

(i.e. fights with other children, does not listen to rules, and teases others)

Attention Behaviors

(i.e. inability to sit still, has trouble concentrating and is easily distracted)

Working Parental Burnout

Reference

1. *Stoppelbein L, Greening L, Moll G, Jordan S, Suozzi A. Factor analyses of the Pediatric Symptom Checklist-17 with African-American and Caucasian pediatric populations. J Pediatr Psychol. 2012;37(3):348-357. doi:10.1093/jpepsy/jsr103*

Check Yourself for Working Parent Burnout

The 10-item Working Parent Burnout Scale is a tool that can be used to help both parents and clinicians determine whether a parent is experiencing burnout. This scale is free for use and should be employed more readily in the clinical setting as part of routine visits, but especially if a child or parent is being seen for a mental health condition. This scale has demonstrated validity and reliability to detect parental burnout in the working parent population.

Step one: Complete the scale

	Not at all	A little	Somewhat	Moderately so	Very much so
Item 1: I get/feel easily irritated with my children.					
Item 2: I feel that I am not the good parent that I used to be to my child(ren).					
Item 3: I wake up exhausted at the thought of another day with my children.					
Item 4: I find joy in parenting my children.					
Item 5: I have guilt about being a working parent, which affects how I parent my children.					
Item 6: I feel like I am in survival mode as a parent.					
Item 7: Parenting my children is stressful.					
Item 8: I lose my temper easily with my children.					
Item 9: I feel overwhelmed trying to balance my job and parenting responsibilities.					
Item 10: I am doing a good job being a parent.					

Scale Copyright, Kate Gawlik and Bernadette Mazurek Melnyk, 2021.

Step two: Score each item on the scale

For all questions except questions 4 and 10, use these point values.
Not at all = 0 points
A little = 1 point
Somewhat = 2 points
Moderately so = 3 points
Very much so = 4 points

Questions 4 and 10 use reverse scoring. Use these point values for questions 4 and 10.
Not at all = 4 points
A little = 3 points
Somewhat = 2 points
Moderately so = 1 point
Very much so = 0 points

Step three: Calculate the total score

Add all points together for a final score.

Step four: Interpret the score

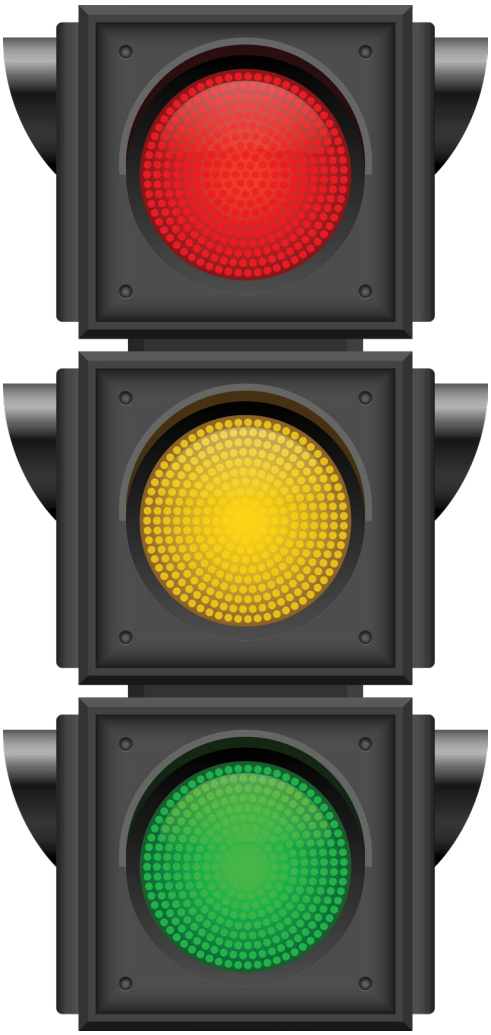
0-10 Points: No or few signs of burnout

11-20 Points: Mild burnout

21-30 Points: Moderate burnout

31+ Points: Severe burnout

Step 5: Take the next steps



Score 31+: Severe burnout – Ask for help from your healthcare provider or mental health professional; connect with family members and friends. Utilize available resources.

Score 21-30: Moderate burnout – Take action! Start interventions (e.g., take time out of each day to do something for your mental health and well-being), decrease stressors, use available resources and consider asking for help. If your level of burnout is interfering with your ability to function or concentrate, seek mental health help immediately. It is a strength to recognize when help is needed, not a weakness.

Score 11-20: Mild burnout – Start preventive interventions such as taking short recovery breaks each day to do something for your mental health and well-being, decrease stressors and identify resources to help.

Score 0-10: No or few signs of burnout – you should continue to do the things you are doing and remember to prioritize good self-care.

Overall, based on your definition of burnout, how would you rate your level of burnout regarding being a working parent?

☐ I enjoy being a working parent. I have no symptoms of burnout. (0 points)

☐ Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out. (1 point)

☐ I am definitely burning out from being a working parent and have one or more symptoms of burnout, such as physical and emotional exhaustion. (2 points)

☐ The symptoms of burnout from being a working parent that I'm experiencing won't go away. I think about my frustration with being a working parent a lot. (3 points)

☐ I feel completely burned out from being a working parent and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help. (4 points)

A score of 2 or higher indicates you may be experiencing working parental burnout.

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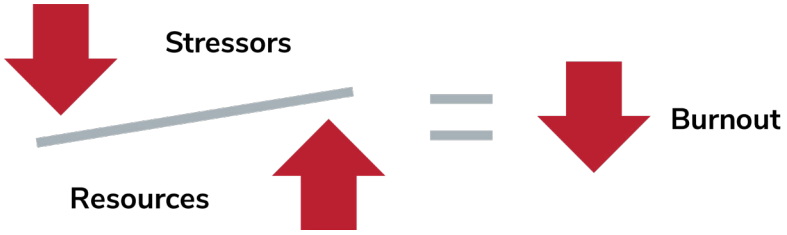
Strategies to Help

Stress and burnout looks different for everyone. Finding a balance that decreases personal stressors and increases the access to and use of available resources can decrease rates of burnout.



Stopping to catch, check and change the negative automatic thoughts that often happen with parental burnout can result in feeling emotionally better and can open the door to strategies and solutions that work for you and your family. Perhaps you have children in half-day preschool who are home in the afternoons while you work, or you're shuttling older kids to multiple after-school activities. Perhaps you stay up after your children go to sleep to do work for your job as you watch laundry pile up on the floor. Striking your right balance may mean utilizing untapped resources and leveraging the village around you.

Here are five other evidence-based strategies that can help you every day:

- **Take good self-care (it is not selfish!):** Even a five- to ten-minute recovery break a couple of times a day to enhance your well-being or engage in something that brings you joy does wonders (e.g., drink a warm beverage slowly; do a five-minute meditation; get some physical activity, such as dancing to your favorite music or walking up and down the stairs).
- **Be kind to yourself:** Don't set expectations too high. Don't overcommit or feel guilty for saying "no" to something. Forgive yourself; everyone has strengths and opportunities for improvement.
- **Talk to someone you trust about how you are feeling:** Stay connected to family and friends.
- **Build your mental resiliency and coping skills:** This can include practicing mindfulness, developing cognitive-behavioral skills, practicing gratitude and self-affirmations and deep abdominal breathing.
- **Ask for help:** If your level of burnout, anxiety and/or depressive symptoms are interfering with your ability to function or concentrate, talk to your primary care provider or seek out mental health help. It is a strength to recognize when we need help, not a weakness!

Children's emotions and behaviors are often a source of stress for parents. This survey found that parents who were very worried about their children's mental health had a higher level of burnout than parents who were less worried. The Pediatric Symptom Checklist-17 (located in the additional resources section) is a 17-item screen designed to help identify possible cognitive, emotional and behavioral problems so that appropriate interventions can be started as early as possible. "Never" is 0 points, "sometimes" is 1 and "often" is 2. Items that are left blank are given a 0. A score of at least 15 suggests possible significant behavioral or emotional issues. If your child scores a 15 or above, please talk to your child's healthcare provider.

Research study opportunity for parents and children to test online stress reduction modules for children and teens

The authors of this report are conducting a research study with parents of children between 9 and 14 years old to determine the effectiveness of online stress reduction modules on child and parent mental health and well-being.

If you are interested, please visit go.osu.edu/stressbusters

"With mad and love, love always wins."
– Hunter, age 5

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Additional resources for parents

1. Pediatric Symptom Checklist (PSC-17) for Parents
2. Information for Parents About Anxiety in Children and Teens
3. Information for Parents About Behavior Problems in Children and Teens
4. Information on Depression for Parents
5. Information for Parents About Attention Deficit Hyperactivity Disorder (ADHD)
6. Information for Parents on How to Help Your Child/ Teen Cope With Stressful Events or Uncertainty

Pediatric Symptom Checklist (PSC-17) for Parents

Please mark under the heading that best describes your child:

	NEVER (0)	SOMETIMES (1)	OFTEN (2)
1. Feels sad, unhappy	☐	☐	☐
2. Feels hopeless	☐	☐	☐
3. Is down on self	☐	☐	☐
4. Worries a lot	☐	☐	☐
5. Seems to be having less fun	☐	☐	☐
6. Fidgety, unable to sit still	☐	☐	☐
7. Daydreams too much	☐	☐	☐
8. Distracted easily	☐	☐	☐
9. Has trouble concentrating	☐	☐	☐
10. Acts as if driven by a motor	☐	☐	☐
11. Fights with other children	☐	☐	☐
12. Does not listen to rules	☐	☐	☐
13. Does not understand other people's feelings	☐	☐	☐
14. Teases others	☐	☐	☐
15. Blames others for their troubles	☐	☐	☐
16. Refuses to share	☐	☐	☐
17. Takes things that do not belong to them	☐	☐	☐

Does your child have any emotional or behavioral problems for which they need help? __No __Yes

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Lista De Síntomas Pediátricos (Pediatric Symptom Checklist—PSC)

La salud física y emocional son importantes para cada niño. Los padres son los primeros que notan un problema de la conducta emocional o del aprendizaje de su hijo(a). Ud. puede ayudar a su hijo(a) a obtener el mejor cuidado de su doctor por medio de contestar estas preguntas. Favor de indicar cual frase describe a su hijo(a)

Indique cual síntoma mejor describe a su hijo/a:

	NUNCA (0)	ALGUNAS VECES (1)	FRECUENTEMENTE (2)
1. Se siente triste, infeliz	_____	_____	_____
2. Se siente sin esperanzas	_____	_____	_____
3. Se siente mal de sí mismo(a)	_____	_____	_____
4. Se preocupa mucho	_____	_____	_____
5. Parece divertirse menos	_____	_____	_____
6. Es inquieto(a), incapaz de sentarse tranquilo(a)	_____	_____	_____
7. Sueña despierto demasiado	_____	_____	_____
8. Se distrae fácilmente	____	_____	_____
9. Tiene problemas para concentrarse	_____	_____	_____
10. Es muy activo(a), tiene mucha energía	_____	_____	_____
11. Pelea con otros niños	_____	_____	_____
12. No obedece las reglas	_____	_____	_____
13. No comprende los sentimientos de otros	_____	_____	_____
14. Molesta o se burla de otros	_____	_____	_____
15. Culpa a otros por sus problemas	_____	_____	_____
16. Se niega a compartir	_____	_____	_____
17. Toma cosas que no le pertenecen	_____	_____	_____

Total_____

¿Tiene su hijo(a) algún problema emocional o del comportamiento para el cual necesita ayuda?.....__☐ No __☐ Sí

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Information for Parents About Anxiety in Children and Teens

FAST FACTS

- Fear and anxiety are a normal part of growing up, but they should not interfere with your child's daily activities.
- Anxiety disorders are among the most common mental health problems in children and teens.
- Children and teens with anxiety experience severe and persistent distress that interferes with their daily functioning; often these disorders are under-diagnosed.
- You might describe your child as a "worrier."
- Children and teens will often report physical complaints or describe "feeling sick" (e.g., stomach pain, headaches, chest pain, fatigue).
- Many times, children with anxiety also have problems with paying attention/staying focused at school; they may have problems being "moody."
- Many times, healthcare providers will mistake anxiety symptoms for attention deficit symptoms.

See Table 3.4 for common signs of anxiety in children and teens.

Table 3.4. Common Signs of Anxiety in Children and Teens

Physical	Behavioral	Thoughts
Restlessness and irritability (very common in younger children) Headaches Stomachaches, nausea, vomiting, diarrhea Feeling tired Palpitations, increased heart rate, increased blood pressure Hyperventilation/shortness of breath Muscle tension Difficulty sleeping Dizziness, tingling fingers, weakness Tremors	Escape/avoidant behaviors Crying Clinging to/fear of separating from parents Speaking in a soft voice Variations in speech patterns Nail-biting Thumb-sucking Always "checking out" surroundings Freezing Regression (bedwetting, temper tantrums) Anger/irritability	Worry about "what ifs . . ." Always thinking something terrible will happen Unreasonable, rigid thinking

This handout may be distributed to families.
From Melnyk, B. M., & Lusk, P. (2022). *A Practical Guide to Child and Adolescent Mental Health Screening, Evidence-Based Assessment, Intervention, and Health Promotion* (3rd ed.).
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MEDICAL PROBLEMS THAT MIMIC ANXIETY SYMPTOMS

- low blood sugar,
- thyroid problems,
- seizures,
- irregular heartbeat,
- migraine headaches, and
- breathing problems.

MEDICATIONS/DRUGS THAT MAY CAUSE ANXIETY SYMPTOMS

- caffeine,
- nicotine,
- antihistamine (Benadryl),
- medications for asthma,
- marijuana,
- nasal decongestants, such as pseudoephedrine,
- stimulant medication (e.g., Ritalin),
- street drugs (e.g., cocaine), and
- steroids.

Prescribed medications to treat anxiety, when started, can cause effects that mimic anxiety symptoms, but these symptoms often subside after a few days.

MANAGEMENT

- Talk to your primary care provider if you have concerns; describe what you are noticing about your child.
- Ask your primary care provider for things to read or websites to visit to learn more about your child's symptoms.
- Therapy might be recommended to help treat your child's symptoms. It could involve individual, group, or family work (cognitive behavioral therapy or skills building is the type of therapy that is supported by research to be effective for children and teens experiencing anxiety and/or depression).
- Help your child to practice mindfulness (staying in the present moment).
- Consider what could be changed at home or in school to help your child deal with their worries (e.g., set a regular bedtime routine or think about which activities are stressful for your child and think about ways to handle them differently).
- Medication is often recommended as an alternative treatment if symptoms are interfering with your child's day-to-day activities. Your provider may recommend a class of medicines called SSRIs, short for selective serotonin reuptake inhibitors.

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- Be sure to ask:
  - What symptoms will the medication treat?
  - How long will my child have to take this medication?
  - How much medication will my child have to take, and how many times a day will they have to take it?
  - How often will we see and/or talk to you about how my child is doing on the medication?
  - What happens if my child misses a dose of medication?
  - How do we stop the medication?
- SSRIs sometime take weeks to see the positive benefit; it is important for your child to take the medication as prescribed. The most common side effects when starting an SSRI is stomach upset/nausea, which tends to subside in a few days.
- Watch your child for any suicidal behaviors when being started on an SSRI.
- Never have your child abruptly stop the medication if placed on an SSRI.

- Your level of anxiety and stress will affect your child so seek help if you also are experiencing anxiety to the point where it is interfering with your concentration, judgment, or functioning.
- Teach, practice, and reinforce coping skills, such as breathing exercises, mindfulness meditation, visualization, positive self-talk, distraction with music or stories, and exercise.

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Information for Parents About Behavior Problems in Children and Teens

- Pediatric providers recognize how difficult your role as parent is with this challenging child. You still may want to remind us about how exhausting it is to have a child with behavior issues.
- Please write down and tell us about every positive step that is being made as you parent your child.
- Always build on your child's particular positives; give your child praise and positive reinforcement when he or she shows flexibility or cooperation.
- Your child's problems are "loud" problems—they stand out for all to notice (as opposed to anxiety, which is more of a private child problem). You may be bombarded by others in your community telling you about your child's behaviors.
- The journey of working with a child who has problem or disruptive behaviors can be frustrating, draining, and isolating. This website connects you to a vast array of resources and links that can help you better understand challenging children: www.livesinthebalance.org/
- We want you to be well informed so you can teach others what you know. Your child's behaviors get "louder" and more obvious to others when they don't have the skills to deal with the demands being placed on them.
- Your child's difficulties are complicated, and may have come with the child. Maybe it is in their hard wiring—their brain anatomy and connections. Maybe it is in subtle temperament qualities; maybe it is compounded with traumatic experience. Maybe your style of parenting is perfect for one type of child but not such a "good fit" with this child's strong personality traits. Another significant factor is family stress, and family distress, including socioeconomic status.
- Whatever the combination of factors, there is no blame; rather, there is assurance that your child can learn to be more flexible, and can learn problem-solving skills, and can get better at tolerating frustration.
- Recognize that, as Dr. Greene writes in the *Explosive Child*—***children do well if they can.***
- Your child longs for your approval, so provide it when your child does something positive.
- Because your child has some very real challenges with their "wiring" and temperament, possibly genetics and early developmental stress, it is very likely that your child has trouble with (a) flexibility, (b) frustration tolerance, and (c) problem-solving (from *The Explosive Child* by Ross W. Greene, 2014), just as other children lag behind in acquiring academic or athletic skills).

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- Some of the skills children similar to yours (with problem behaviors) have trouble with include:
  - Difficulty handling transitions—shifting from one mind-set task to another,
  - Difficulty reflecting on multiple thoughts or ideas simultaneously (disorganized),
  - Difficulty considering a range of solutions to a problem,
  - Difficulty considering the likely outcomes or consequences of actions (impulsive),
  - Difficulty expressing concerns, needs, or thoughts in words,
  - Difficulty managing emotional response to frustration in order to think rationally, and
  - Chronic irritability and/or anxiety significantly impede capacity for problem-solving.
- One of the biggest favors you can do for an explosive child is to identify the lagging skills that are setting the stage for his or her challenging behavior so that you and others understand what is getting in his or her way. Also, identify what problems may be causing explosive episodes and what helps to calm your child down. You and the teacher can keep a journal of these observations.
- Build in some extra minutes for the child to comply with your request. Your child may have trouble "switching gears" and moving to the new activity. Don't add time for their time out for every minute they stall on the way. That is the way they are wired; that is, they are slower to process a change in activity.
- Take a break or time out if you are about to make the conflict with your child worse. This is good modeling for the child of using self-control strategies.
- The best parenting style is a warm and involved guiding approach—providing discipline. Being consistent and firm, yet loving, is the best approach.
- Build on the positives of your individual child (an example would be the COPE exercise in the Child Handout—where you and your child list three positive things particular to your child, and you display those prominently and bring those up regularly and add to them).
- Dr. Greene writes, "Good parenting means being responsive to the hand you were dealt."
- Your child likely had developmental "lags" or challenges in these areas:
  - Difficulty seeing the "grays": concrete, literal, black and white thinking,
  - Difficulty deviating from rules or routine,
  - Difficulty handling unpredictability, ambiguity, uncertainty, or novelty,
  - Difficulty shifting from original idea or solution, or
  - Difficulty taking into account situational factors that would suggest the need to adjust a plan.
- Pick your battles. Prioritize the tasks you want the child to do, or habits you want to develop.
- Avoid power struggles. The child with ODD has trouble avoiding power struggles so you may have to go the "extra mile" to avoid getting into the battle of wills.

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- Set up reasonable, age-appropriate limits with consequences that can be enforced consistently. Review these with an expert you trust, such as your pediatrician or nurse practitioner. Once these are set, feel confident they are what are best for the child, and stick consistently with your limits and consequences.
- All "adults" that are authorities in your child's life should also know your rules and also consistently enforce them. If the other parent disagrees, then there must be a plan made that all of the important adults in that child's life can consistently enforce.
- Your child has difficulty sorting out what to do if rules are not black and white.

  Because of this difficulty—the adults caring for and parenting this child will have to be super consistent *in consistently enforcing the rules*.
- Sticking to your expectations is very important. If you eventually give up your resolve and give in, the child will learn to persist until you give in.
- Remember that the problem behaviors may escalate, get worse at first, as the child "tests" the new parenting approaches.
- Parents will need to make special efforts to care for themselves. The strong willed, explosive child consumes so much of the parent's time and energy, it is easy to become exhausted physically and mentally. Maintain interests other than your child and ODD.
- Parents can seek out supports from other parents who are raising challenging children. When you receive regular calls from the school or childcare setting with complaints about your child's behavior, you need sounding boards. You need people around you who support your heroic efforts in parenting this child.
- Remember, much of the intense effort you are putting into your child is directly focused on making sure that other people will want to be around them. You have a good parenting goal.
- Please know that your healthcare provider knows and applauds how much time and energy you are investing—to make the tiny steps that seem undetectable but, in fact, are the necessary steps for your child's march toward success.

The *Explosive Child* book by Dr. Greene promotes a "collaborative problem-solving approach." That approach has been incorporated into this resource page for parents. There is an excellent website for you to check out this approach to see if it fits with your family values/preferences.

www.livesinthebalance.org/

The research evidence to support "collaborative problem-solving" can be found on this website: www.explosivechild.com

Fact sheet: Children with Oppositional Defiant Disorder
https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-With-Oppositional-Defiant-Disorder-072.aspx

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Greene, R. W. (2014). *The explosive child: A new approach for understanding and parenting easily frustrated, "chronically inflexible" children* (Rev. 4th ed.). HarperCollins.

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Information on Depression for Parents

WHAT IS DEPRESSION?

Depression is an unhappy mood that affects daily functioning, including thoughts, feelings, behavior, and overall health. When depression is too severe or lasts too long, it is considered an illness that can be treated. Left untreated, depression can take the joy out of life and even take away the desire to live. Everyone experiences minor upsets, but this does not mean that everyone is depressed. To have true depression, the symptoms must be present for at least 2 weeks.

HOW COMMON IS DEPRESSION?

Depression in children and teens is far more common than most people realize and affects school-age girls and boys equally. After puberty, girls are twice as likely as boys to be depressed. Ten out of 100 teens get seriously depressed each year, and many more have mild levels of sadness or the blues. About one in 10 children without known problems has suicidal thoughts.

WHAT ARE THE SIGNS OF DEPRESSION?

The most important signs to look for are feelings of sadness and hopelessness. While every child or teen is sad some of the time, no child should feel sad all of the time. If you notice that your child is unhappy and can't seem to have fun, think of this as a sign of depression. To be hopeless or without hope means to feel that nothing can go right, that nothing will change, and that no one can help.

Poor self-esteem is another important sign of depression. This is the teen or child's attitude toward himself or herself. If your child's self-esteem is poor, he or she may feel stupid, ugly, or worthless. Another sign is a change in school performance. If your child was a good student and now wants to stay home, or if his/her grades suddenly fall, he/she may be depressed. Other signs include sleep problems, appetite changes, irritability, anger, crying, and aches and pains, such as headaches or stomachaches.

What would your child say if he or she is depressed? Don't expect your child to say much, because you can't count on him/her telling you how he/she feels. While your child may talk of being unhappy, he or she probably won't say, "I'm depressed" the way an adult will. So, you want to be aware of the signs.

WHAT IF MY CHILD SHOULD MENTION SUICIDE?

Sometimes a child mentions that he or she does not want to live. **If your child mentions suicide: Take it seriously**. Talk to your child. Ask if he or she has made a plan for suicide. If so, it is more serious. If suicide is mentioned or if an attempt is made, seek professional help immediately. Do not assume your child is just looking for attention. Don't ever dare a youngster who mentions suicide to "go ahead." You may think it's a bluff, but he or she may take the dare.

HOW CAN A PARENT HELP?

You can be very helpful to your depressed child. Some suggestions include: Be supportive – listen to what your child has to say. Encourage him or her to keep talking. If your child can't talk well with you, perhaps he or she can talk with a sibling, aunt, friend, teacher, or healthcare provider. Encourage

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your child to describe or write down how he or she feels. Don't get angry if he/she describes unhappy feelings. **If the problem is severe, worrisome, or lasts more than 2 weeks, get professional help. Talk to your child's healthcare provider if you have any concern that your child may be depressed**.

WHAT ARE THE CAUSES OF DEPRESSION IN CHILDREN?

There is no single answer to the cause of depression. It is probable that several factors combine to create the condition. The child's environment, especially if it is unhappy and stressful, is often a major cause. Depression also may be triggered by difficult situations, such as a death or divorce in the family or abuse. Another possible contributing factor is heredity. Studies show that depression frequently runs in families, so genetics may play a part in the depression of some children. Yet other reasons are a lack of a certain chemical in the brain, called serotonin, and a negative pattern of thinking (e.g., I can't do anything right; everything is bad).

WHAT ARE THE TREATMENTS FOR DEPRESSION?

- Treatment is possible and helpful. The choice of treatment depends on the cause of the problem, the severity of the depression, and whether suicidal thoughts are present. Psychotherapy, such as cognitive behavior therapy, is the primary treatment. By meeting regularly with a therapist, your child can find out the causes of his/her depression, and then learn ways to help deal with it. It is usually good for the family to become involved in the treatment.
- Medication can be an effective part of treatment. Antidepressants have few side effects and are not habit-forming or addictive.
- Finally, you should not feel guilty if your child is depressed. The important point is to realize that there is a problem and to get help for it. If you are concerned, be sure to talk to your child's healthcare provider. Remember, depression in children and teens is treatable.

WHAT CAN I DO TO PREVENT OR HELP MY CHILD WITH DEPRESSION?

- Stay involved in your child's life. Spend time with your child regularly, even if it's only a family dinner. Too often, parents respond to growing teenagers' wishes for independence by withdrawing from their teens' lives. The most important thing for parents to do is to be aware of and involved in their teen's life.
- Support positive relationships by encouraging your teen to get involved in school, clubs, or community events. Help your teen find interests and activities where he or she can connect with other teens. Also, know where your teen is and what he/she is doing when they go out.
- Talk to your teen and listen when he/she talks to you! Parents should talk to their children as often as possible so teens can talk about their problems and worries. Ask your teen about school and friends. Listen to his/her troubles and help find solutions.
- Teach your child coping and problem-solving skills; it also is important for you to role model positive ways of coping and dealing with stress.

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- Know the warning signs of depression and be aware if your child shows any of these signs while talking to you, especially if he or she mentions suicide. Praise your teen's accomplishments rather than finding fault with things he/she does. Teens need to feel that their parents care about them and that what they are doing is recognized.
- It is mainly your job to make sure that your child receives the treatment he or she needs. Make sure that your teen takes his/her medication and goes to counseling. Be supportive.
- For more information about depression, contact the school counselor, psychologist, or social worker at your child's school, or contact your child's doctor or nurse practitioner.

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Information for Parents About Attention Deficit Hyperactivity Disorder (ADHD)

WHAT IS ADHD?

ADHD is the name of a group of behaviors found in many children and adults. People with ADHD have trouble paying attention in school, at home, or at work. They may be much more active and/or impulsive than what is usual for their age. These behaviors contribute to significant problems in relationships, learning, and behavior. For this reason, children with ADHD are sometimes seen as being "difficult" or as having behavior problems. ADHD is common, affecting 4% to 12% of school-age children. It is more common in boys than in girls.

WHAT ARE THE SYMPTOMS OF ADHD?

The child with ADHD who is inattentive will have six or more of the following symptoms:

- Difficulty following instructions.
- Difficulty keeping attention on work or play activities at school and at home.
- Loses things needed for activities at school and at home.
- Appears not to listen.
- Doesn't pay close attention to details.
- Seems disorganized.
- Has trouble with tasks that require planning ahead.
- Forgets things.
- Is easily distracted.

The child with ADHD who is hyperactive/impulsive will have at least 6 of the following symptoms:

- Runs or climbs inappropriately.
- Is fidgety.
- Can't play quietly.
- Blurts out answers.
- Interrupts people.
- Can't stay in seat.
- Talks too much.
- Is always on the go.
- Has trouble waiting his or her turn.

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WHAT CAUSES ADHD?

Children with ADHD do not make enough chemicals in key areas in the brain that are responsible for organizing thought. Without enough of these chemicals, the organizing centers of the brain don't work well. This causes the symptoms in children with ADHD. Often there is a family history of ADHD. Things that ***don't*** cause ADHD: poor parenting (although a disorganized home life and school environment can make symptoms worse); too much or too little sugar, aspartame, food additives or colorings; lack of vitamins; food allergies or other allergies; fluorescent lights; video games; or too much TV.

WHAT CAN I DO TO HELP MY CHILD WITH ADHD?

A team effort, with parents, teachers, and doctors working together, is the best way to help your child. Children with ADHD tend to need more structure and clearer expectations. Families may benefit from talking with a specialist in managing ADHD-related behavior and learning problems. Medicine also helps many children. Talk with your doctor or nurse practitioner about treatments he/she recommends.

WHAT MEDICINES ARE USED TO TREAT ADHD?

Some of the medicines for ADHD are methylphenidate, dextroamphetamine, atomoxetine guanfacine, or clonidine. These medicines improve attention/concentration and decrease impulsive and overactive behaviors.

WHAT CAN I DO AT HOME TO HELP MY CHILD?

Children with ADHD may be challenging to parent. They may have trouble understanding directions. Children with ADHD are often in a constant state of activity. This can be challenging. You may need to change your home life a bit to help your child. Here are some things you can do to help:

- **Make a schedule.** Set specific times for waking up, eating, playing, doing homework, doing chores, watching TV or playing video games, and going to bed. Post the schedule where your child will always see it. Explain any changes to the routine in advance.
- **Make simple house rules.** It's important to explain what will happen when the rules are obeyed and when they are broken.
- **Make sure your directions are understood.** Get your child's attention and look directly into his or her eyes. Then tell your child in a clear, calm voice specifically what you want. Keep directions simple and short. Ask your child to repeat the directions back to you.
- **Reward good behavior.** Congratulate your child when he/she completes each step of a task.
- **Make sure your child is well supervised.** Because they are impulsive, children with ADHD may need more adult supervision than other children their age.
- **Watch your child around his or her friends.** It's sometimes hard for children with ADHD to learn social skills. Reward good play behaviors.

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- **Set a homework routine.** Pick a regular place for homework, away from distractions such as other people, TV, and video games. Break homework time into small parts and allocate frequent breaks.
- **Focus on effort, not grades.** Reward your child when he or she tries to finish schoolwork, not just for good grades. You can give extra rewards for earning better grades.
- **Talk with your child's teachers.** Find out how your child is doing at school—in class, at playtime, at lunchtime. Ask for daily or weekly progress notes from the teacher.

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Information for Parents on How to Help Your Child/Teen Cope With Stressful Events or Uncertainty

The most important thing that you can do to help your child/teen cope with stressful events is to remain as calm as possible when you are with them. Children pick up on their parents' anxiety very quickly. If they sense you are anxious, they will be anxious as well. Therefore, if you are having difficulty coping with a stressful situation, it is a good idea to reach out to resources to help you, such as friends, family members, support groups, clergy, or healthcare professionals. Taking care of your own stress so that you are less anxious will help your child to stay calm.

RECOGNIZE SIGNS OF ANXIETY/STRESS IN YOUR CHILD

- Children and teens typically regress when stressed. That is, they go back to doing things they did when they were younger to help themselves feel more comfortable and secure. For instance, a preschool child may go back to sucking their thumb and a school-age child or teen may act more dependent upon the parents or have difficulty separating from them.
- Other common signs of anxiety in *young children* include: restlessness/hyperactivity, temper tantrums, nightmares, clinging behaviors, difficulty separating, and distress around new people.
- Common signs of anxiety in *older school age-children and teens* include: difficulty concentrating and sleeping, anger/irritability, restlessness/hyperactivity, worry, and physical complaints, such as stomachaches or headaches.
- At age 9 years, children realize that death is permanent. Fears of death or physical violence and harm are often common after this age.
- Signs and symptoms of anxiety such as these are usually healthy, temporary coping strategies that help your child to deal with stress. However, if these symptoms persist for several weeks or interfere with your child's functioning, talk to your child's primary healthcare provider about them. Your child's doctor or nurse practitioner will know what to do to help.
- Be honest and give age-appropriate and developmentally appropriate explanations about stressful events when they occur.
- For young children (under 8 years of age), only provide answers to questions they are asking and do not overwhelm them with too much detail. Use language that young children can understand. Do not expose young children to visual images in the newspapers or on television that may be terrifying.
- It may be easier for young children to express how they are feeling by asking them to talk about how their stuffed animals or dolls are feeling or thinking.
- Help children and teens to express how they are feeling about what they have seen or heard. If children have difficulty verbally expressing their feelings, ask them to make a drawing about how they are feeling. Older school-age children and teens can benefit from writing about how they feel.

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- Ask your child/teen, "What is the scariest or worst thing about this event for you?" or "What is worrying you the most right now?" and take time to really listen to what they have to say.
- Reassure children that they did nothing wrong to cause what happened. Toddlers and preschool children especially feel guilty when stressful events happen.
- Tell children and teens that what they are feeling (e.g., anger, anxiety, helplessness) is normal and that others feel the same way.
- Decrease anxiety in your child by reassuring them that you will get through this together. Emphasize that adults are doing everything possible to take care of the stressful situation and that they are not alone.
- Help your child/teen to release tension by encouraging daily physical exercise and activities.
- Continue to provide as much structure to your child's schedules and days as possible.
- Recognize that added stress/anxiety usually increases psychological or physical symptoms (e.g., headaches or abdominal pain) in children/teens that are already anxious or depressed.
- Young children who are depressed typically have different symptoms (e.g., restlessness and excessive motor activity) from those experienced by older school-age children or teens who are depressed (e.g., sad or withdrawn affect; anger/irritability, difficulty sleeping, or eating; talking about feeling hopeless).
- Use this opportunity as a time to work with your child on their coping skills (e.g., relaxation techniques, positive reappraisal, prayer). Children watch how their parents cope and often take on the same coping strategies. Therefore, showing your child that you use positive coping strategies to deal with stress will help them to develop healthy ways of coping.
- Be sure to have your child or teen seen by a healthcare provider or mental health professional for signs or symptoms of persistent anxiety, depression, recurrent pain, persistent behavioral changes, or if they have difficulty maintaining routine schedules or the symptoms are interfering with functioning.
- Remember that stressful times can be an opportunity to build future coping and life skills as well as to bring your family closer together.

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