

About IBD Episode 99

Making a Plan for Back to School With Dr Brad Jerson

The back to school period is already a time of so much change but once again in this pandemic, parents and school systems are also facing difficult choices. The experiences of families during the pandemic has been diverse, which means that individual needs need to be addressed. But how do we manage that? Dr Brad Jerson Pediatric Psychologist in the Division of Digestive Diseases, Hepatology, and Nutrition at Connecticut Children's, puts some framing around these issues and how we might approach them. Topics discussed include making the decision to go back to school in the building, 504 plans for kids with digestive conditions, and helping kids to transition to school in a difficult atmosphere.

Concepts discussed on this episode:

- [8 Tips to Help Kids With Special Needs Adjust to a New School Year](#)
- [What to Do When Your Child or Teen Doesn't Want to Go Back to School](#)
- [What Should Parents Know About the Delta Variant, Kids and Back to School?](#)
- [How to Check On Your Child's Mental Health](#)

Find Dr Brad Jerson on [Twitter](#) and at [Connecticut Children's](#).

Find Amber J Tresca at [AboutIBD.com](#), [Verywell](#), [Facebook](#), [Twitter](#), [Pinterest](#), and [Instagram](#).

Credits: Mix and sound design is by [Mac Cooney](#). Theme music, "[IBD Dance Party](#)," is from ©[Cooney Studio](#).

[MUSIC: About IBD Theme]

Amber Tresca 0:04

I'm Amber Tresca and this is About IBD. It's my mission to educate people living with Crohn's disease or ulcerative colitis about their disease and to bring awareness to the patient journey.

Welcome to Episode 99.

I'm excited to welcome back Dr Brad Jerson. Dr Jerson is a Pediatric Psychologist in the Division of Digestive Diseases, Hepatology, and Nutrition at Connecticut Children's and an Assistant Professor of Pediatrics at the University of Connecticut School of Medicine. He is also a member of the Crohn's and Colitis Foundation Connecticut Chapter Medical Advisory Committee.

On Episodes 77 and 78, I asked Dr Jerson to help understand what school might look like for the 2020-2021 academic year. A year later, much of that conversation is still relevant, but I wanted

to get a read on a few new topics for the 2021-2022 school year, including what we've learned and how we can apply those lessons

I was able to visit Dr Jerson in his office at Connecticut Children's Pediatric Infusion Center. It is a wonderful space where kids can receive their treatment and see their healthcare team. This is my first in-person interview in over a year and I am so excited to bring it to you.

From my drive up the road in Connecticut, let's hear from Dr Brad Jerson.

Amber Tresca 1:28

Dr. Jerson, thank you so much for coming on About IBD again to talk about back to school.

Dr Jerson 1:33

I am very excited to be back. It feels like just yesterday, that we were talking about this.

Amber Tresca 1:39

Time is a flat circle. It has been a very long time and also no time at all.

Dr Jerson 1:44

Yes.

Amber Tresca 1:45

Last time, we talked, we talked a lot about getting kids to wear masks, this was a very unknown situation. We didn't know how the kids were going to handle it and how schools were going to handle it cetera, et cetera. And even in the past week, there's been a little bit of back and forth about what's going to happen. But it does sound as though at least for the little kids elementary school kids, it is being recommended that they wear masks while they're in school. Have we learned anything about helping kids to do that all day? And is there anything that can help the people that haven't been back to school prepare their kids for wearing a mask while they're at school?

Dr Jerson 2:26

Sure. So I think a lot of families have been pleasantly surprised with how their children have coped with wearing masks, a lot of people were fearful about some resistance and difficulty. And they have seen for the most part, that children and teens have worn them predominantly without a lot of difficulty and have been willing to keep them on and go about their normal days.

Dr Jerson 2:49

And the schools that I've interacted with have created wonderful opportunities for mask breaks throughout the day. And all of that. There have been exceptions to that, of course, where some children have had some some more difficult, you know, facial reactions or discomfort depending on their, their breathing patterns. Some kids have had a harder time with wearing

masks, and I think shorter intervals or individual modifications, as warranted, and consultation with their medical team has been helpful.

Dr Jerson 3:20

But if they have not been in school for a long time, certainly I would emphasize that this next month is a really wonderful time to start moving forward. And if they have not been in school for quite some time, when they go back to school, that would be an excellent time to start using some weeks ahead of time to practice wearing them in short intervals, and going out into stores and doing things even just around the house and in the community so kids can get used to wearing them a bit longer.

Amber Tresca 3:50

Yeah, I have noticed that because my kids are of the age where they're starting to get breakouts, which is normal on their face.

Dr Jerson 3:56

Yeah.

Amber Tresca 3:57

But it was also at a point where it was a little bit like, Huh, you know, this is maybe a little bit more than I would have expected and it needs to be treated.

Dr Jerson 4:05

Yeah, I know a lot of teenagers have very thoughtfully been open about their quote unquote, mask-ne and talked about that. And dermatologists and pediatricians have been very helpful. And helping families kind of come up with some treatment recommendations and modifications and different creams and even various types of masks that different kids may feel a little bit more comfortable with and will have less reaction. So certainly we want kids to be comfortable while maintaining, you know, appropriate health guidance and recommendations. So they should definitely have conversations with their medical team if they have questions.

Amber Tresca 4:39

I think the good thing about it and also the weird thing about it is that like you may have the mask-ne but while you're wearing your mask, no one can see it. A small little benefit of that maybe.

Amber Tresca 4:52

So I know in the district that my kids are in there is not going to be remote school available. At least that's what they're saying. Right now, as we know, things change super rapidly. But it does make me concerned, especially about kids that are more vulnerable, which is, might be some in IBD population and kids that live with other conditions, if they don't have a remote option available through their school, is there anything that is being done to to help these families and to connect them with something or what kind of options might be available? Do you think?

Dr Jerson 5:30

So it's going to be interesting, and I think this is where we will start to see a very big difference school district by school district, depending on resources that they have available. The number of students who may require accommodations for not being in school, and it will be helpful to start having those conversations with their school districts to see what their plan might be on the whole.

Dr Jerson 5:59

Thankfully, most kids did fairly well being able to be in school if they had in person learning opportunities available to them. And what we saw, at least from the psychology and educational equity perspective, getting kids back into the building, as long as their medical teams cleared them for this was typically far better than having them access learning remotely. For a number of reasons.

Dr Jerson 6:27

We saw that having children and teenagers within the four walls of their school building, having social contact, having contact with their teachers in person and being able to reactivate the parts of their brain that are used to learning in school compared to attempting to modify via zoom, or other distance learning platforms worked a lot better for students who started off the year learning remotely. Oftentimes, that felt like a welcomed sense of relief from different types of stressors that they might have experienced in school beforehand. And many students at this point are not looking forward to going back into the building, if they have not been in place because being home actually created a sense of stress reduction for them not being around peer difficulties, if perhaps they did experience more challenges learning within the classroom compared to moving at their own pace, some are nervous about going back into the building.

Dr Jerson 7:26

So what I would encourage families to think about is the reasons why they would be asking questions for remote learning. And if they're finding themselves asking their school, can we create a remote learning opportunity is that because a medical team has said it is unsafe for you to be back in the building at this point based on various COVID rates within your community or your vaccination rates? Or is it because you and your child are perhaps nervous or concerned about what that might look like? And maybe it felt a little bit easier being at home.

Dr Jerson 8:02

We would strongly recommend from the psychology and educational adjustment perspective, to return to functioning, which for kids is being out of the home and being in school and navigating challenges and partnering with schools to help return to a sense of normalcy, even if it does feel a little bit stressful at this point. So when families ask us, can we think about doing entire distance learning again, that's what I ask. Tell me why you're thinking of that. And what are the goals of that?

Dr Jerson 8:40

If the goal is in accommodation to reduce the experience of distress, I might encourage families to think through the ideas of what could be possible of helping them get through that distress. So they're not avoiding that stressful situation further. That being said, many students might be in a position where they don't feel safe, and their medical team may not suggest that they go back to school. And at that point, they definitely should be having conversations with their special education coordinators within their district to say if there is not a district sponsored, educational platform being done remotely, what things can they support through modifications to their plan?

Amber Tresca 9:24

Yeah, I'd say for myself, I feel very risk averse. I think that's the term that gets used a lot. And my kids were remote, and then half time and then back to full time and now they'll be going back full time in the fall and which I feel good about, but at the same time in everything else that we do, because I have a child that's too young to be vaccinated yet, we don't take a lot of risks. We don't do a lot of things otherwise. I'm trying to prioritize school, but at the same time, going back to school full time in the beginning of the year is already super stressful, going back to school full time after having not been in and as my understanding that there are people that there were schools that never went back.

Dr Jerson 10:14

Sure.

Amber Tresca 10:15

And they were remote the whole time.

Dr Jerson 10:17

Yeah.

Amber Tresca 10:18

So do you think there's certain things that we're going to see start to come out in their in their behavior and, you know, if they're not necessarily telling us what their stresses are, like, like what those might be and how his parents would can recognize that?

Dr Jerson 10:34

Absolutely. I think, like all things if students haven't been using this part of their brain and like the going to school muscle for a long time, it has become out of practice and rhythms change, timing of hormones releases change, sleep patterns change, meal routines change. Everything has been different for a lot of students and families since March 2020, when things shut down.

Dr Jerson 11:06

So if they have not been back to kind of practice using that daily routine muscle in quite some time, it is going to be hard, and I would encourage families to begin slowly and gradually bringing back in a sense of daily routine of structure of similar bedtime and wakeup times.

Because children may have a harder time focusing, they may have a difficult time concentrating, compared to being able to access school remotely or go at their own pace.

Dr Jerson 11:33

Being in a classroom where you were sitting down for the entirety of the day, and being asked to listen and focus for many hours at a time is very different than either a self directed or even remote driven curriculum. Fortunately, last year, we found that many schools were appreciative of this and recognized that socio emotional needs of children and students must come first, there were discrepant experiences across districts and I encountered Unfortunately, many districts who acted as if there was no pandemic that ever happens to affect children's mental health, and proceeded as they would have the year before.

Dr Jerson 12:17

And I'd like to hope that many districts have seen that it is actually quite advantageous for kids and families, when we're able to slow down, recognize that children are going to have to go at different paces, may need different breaks, might need differential instruction models or a little bit of some individualized pull outs or supports beyond what they might have needed last time, because things are different. And certainly for students who have not accessed in person learning, or have had barriers to their education during the last year and a half, there is going to be learning loss.

Dr Jerson 12:55

And it's up to the districts to recognize that families may have to advocate a little bit harder than usual, in terms of ensuring that kids are getting their educational needs met at the levels that they can, while still recognizing that we don't want to overwhelm them and overly prioritize grades grades.

Amber Tresca 13:19

Yeah, I never checked my children's grades. That's what kind of a parent I am.

Dr Jerson 13:24

I would support that.

Amber Tresca 13:27

Although with high school, I think I'm gonna have to actually pay attention now.

[MUSIC: About IBD Transition]

Amber Tresca 13:36

Let's talk for a minute though about digestive disease, because the kids that have been at home and then the bathroom is right outside their bedroom, they're now going to be back in a situation that has another added level of stress to it. And I started to think too about kids that may have even been diagnosed during this past 18 months or going back to school for the first time living with a digestive disease, or who have maybe had their symptoms may have taken an

uptick. And it's the first time they're going back to school, where their symptoms are such that they need to need to have more bathroom access than they had in the past. How can we help these parents in these families? And what are the types of things that they need to make sure are in place before they go back to school in the building?

Dr Jerson 14:24

Yeah, this is an excellent point. And we've seen it take, take all shapes with within this pandemic, that for students who had a high degree of bathroom urgency associated with their illness beforehand, there was a sense of relief and a sense of appreciation. Knowing that they were able to turn off their camera, put on mute and step away and use the bathroom without anyone commenting, judging, assessing, and that felt really great and comfortable and reassuring for them during that time. And then other students who felt the opposite. That being home actually, you know made it a little bit more difficult for their GI symptoms. And it got a little bit louder at different times, regardless of the pattern of where they are.

Dr Jerson 15:13

We know that providing education to the schools and finding a single advocate within your child's team will be incredibly helpful. For one, letting them know what inflammatory bowel diseases what the GI condition is that your child is dealing with, and making sure that they understand that this is an essential ingredient of them being able to return to school, having the confidence and the comfort to know that they have access to a bathroom, preferably a private bathroom, whether it's in the nurse's office, or a staff only bathroom that their child has access to would be ideal. Many students find that having that reassurance and that written down ahead of time, and the plan that they can access makes it feel a lot better.

Dr Jerson 15:59

Unfortunately, during this last year, because of many of the COVID precautions that were in place, school districts utilized many different kind of interesting things to track, tracing and distancing within their students. So students were telling me throughout the year, that they were feeling quite uncomfortable using the bathroom, even though they had accommodations because they had to log on to like a Google form, to sign up to go to the bathroom. And they would look at the form at the end of the day and see that their name was on this form like five or six times, because they kept having to go on. And what they ended up feeling was the sense of insecurity and anxiety, because anyone else will look at the form and see Oh, my gosh, I can't believe your name was on that form all day, when maybe they'd never think of that.

Amber Tresca 16:43

Yeah.

Dr Jerson 16:44

So these are little things that we can plan ahead of time with the district and the school to say, let's see if we can kind of create these special accommodations to make sure that these don't have to be so blatantly obvious. because ideally, a child will not have to announce and or wait for the socially distance time to use the bathroom, particularly when there's an overlapping gi

condition. Oftentimes, districts are able to put these accommodations into place with just a request and an ask and they're very accommodating. Other times we formalize that a little bit more through a medical 504 plan to make it non negotiable and written in so everyone is aware of those things that are needed.

Amber Tresca 17:25

Do you think that kids with IBD should definitely have a 504 plan?

Dr Jerson 17:30

I think I think it is our recommendation that we always have IBD written in to the medical plan within education systems. If anything, it creates a sense of comfort and reassurance that people appreciate the role that your chronic medical condition plays, even if you never use it. And even if you never have to access those accommodations, it provides a sense of open communication between families and schools about what accommodations could be needed. And it'll be individualized.

Dr Jerson 18:05

And it's important to do so because there are many patients that we meet with inflammatory bowel disease, who will not need to use the bathroom often throughout the day, or will not need extended time because urgency does not get in the way. So it's on a patient by patient basis in terms of their comfort, having that communication with the school.

Dr Jerson 18:24

One of the things that we always emphasize, is unfortunately, IBD remains a rather stigmatizing condition. And it's quite embarrassing for students and families to sometimes talk about. So we are very frequently talking to families about the importance of at least identifying it to a single group of people within the school who can have your child's back. This does not have to be announced from the loudspeaker. It is your child's choice about who knows about their medical condition. But we strongly recommend that parents and kids have conversations with their schools about their medical conditions, regardless of what they are.

Amber Tresca 19:03

I have to say if my kids were asked to sign into a Google form, and put their name on it, and everyone had access to that Google Form, that would not go over well. That's really, that's a lot. It would not even occurred to me that that was happening in schools. So I understand the need for it. But at the same time, it does seem to be that there are going to be better ways to deal with it.

Dr Jerson 19:26

And that's that's the drastic example of what has been happening for decades of teachers very well intended, saying only one student out of the classroom at a time, just so it doesn't become a whole disruptive thing. But unfortunately, those sort of broad general policies don't always transfer over well to children and teens with chronic digestive or other conditions needing the bathroom a little bit more frequently.

Amber Tresca 19:52

Right. We've all had to I think flex a resilience muscle this whole time. Like mine may be getting a little overworked. But we're going to continue to ask kids to be resilient, whether or not they're ready to do so. And so how do we help families through this? So that they do feel at least, yeah, you know, I don't know that we can ever be prepared for what we're going to experience in the next couple of months. But that we're at least a little bit prepared, and that we can bounce back from the things that I'm sure are coming, which are going to be, you know, coping with the restrictions of the distancing, and probably quarantining, which may happen, you know, for contact tracing and things like that. So, what do we say to kids and families about? We have to continue to ask you to be resilient. But here, here are these tools that you can use to learn to do so?

Dr Jerson 20:51

Yeah, I think kids are getting tired of hearing the word resilient. For one thing...

Amber Tresca 21:00

Maybe we need to use a thesaurus is the first thing to do.

Dr Jerson 21:03

It is interesting how different words when they become like, it's a great word. It's a very important word. But like a lot of things in in our wellness discussions, it gets overused, right, but like, I will highly emphasize the importance of focusing on things that are grounded in values and core purposes. And teens tell me all the time, if you tell me one more time to find the things that I value, I'm never talking to you again. And I say Okay, so let's, let's switch that to, what do you want to do? What would you like to care about?

Dr Jerson 21:35

And I think if we continue to focus on all of the elements that make youth have the possibility to thrive in whatever that looks like. So we're not using the old metrics of are you basing your tests? Are you doing the most extracurricular activities are you applying to the best colleges possible, and we're able to revert to the idea of what makes your children feel empowered, what makes them feel confident in themselves and in their relationships and the things that they truly do care about. And we follow their lead on that.

Dr Jerson 22:12

And we give them the opportunity to work those muscles, that leads to resilience, right, that leads to positive coping, in spite of adversity, if we're following their ability to do the things that they care about. And that's been a shift, right? It was very difficult for parents and schools to take a step back from saying, okay, if you didn't take every single AP exam this past year, or it's okay that you didn't ace every single test, or that you needed to take some days off of school to focus on your mental health, or that you didn't sign up for every club, because, hey, they weren't offered this year. So we're focusing on how do we help kids do the things that are

important to them to make them feel accomplished, to build up their self efficacy. That's going to nurture resilience, in spite of what obstacles are ahead.

Amber Tresca 23:10

Another thing that, and this is just me personally asking now, but hopefully other people have the same question, over the past year, we've missed so many things we, you know, everyone has, but this is not different for anyone. But I feel almost as though that we have to start thinking about how do we let go of that? How do we move forward? Maybe that's not the right way to frame it. But how do we get past these disappointments and start to maybe look towards more positive things and a more hopeful future, rather than focusing on all the things that we've missed?

Dr Jerson 23:43

Yeah, there have been a lot of disappointments, there has been a lot of collective trauma that has been experienced in our world at an international level. And then down to the intra family level, families have experienced a lot of difficulties during this pandemic, whether it's related to family member, job loss, changes, illnesses, death and dying, because of COVID. There has been a lot of grief that is appropriate to acknowledge.

Dr Jerson 24:19

And I think for kids, their grief and loss shows up in different ways. It shows up in changes in the things that they are feeling passionate about. It shows up in their relationships with others. And we first need to acknowledge and label it and say, yeah, this has been really difficult. If we were able to sort of use a magic wand to shift what the future looks like a little bit. What would they want it to look like? What would it be filled with? And how do we try to find a future that is semi similar to that?

Dr Jerson 24:59

What are the things that they care about, it may not be the exact thing that they were able to experience two years ago, that might not be in the future imminently, depending on where this pandemic continues to evolve to. But we can certainly see that there are ways to access the things that they care about, while still living in this reality.

[MUSIC: About IBD Emotional Piano]

Amber Tresca 25:34

Dr. Jerson, there's going to be kids that are probably going to say, I don't want to go back to school in person. And so how can parents help ease that transition and get them back in the building since it sounds like that's the best thing for the kids in the long run.

Dr Jerson 25:48

We have seen that being in school, for the most part for most kids is a better option. And for those who have felt overwhelmed, or sort of misrepresented, or they haven't gotten their educational needs met prior to this, a lot of families may be hesitant and resistant to go back

into the system that was not serving them well beforehand. Whether it was them not getting the educational accommodations or learning needs addressed. Or if they were experiencing peer victimization, or bullying, or difficulty navigating the landscape, some of them have felt really good with this.

Dr Jerson 26:27

So I, we always ask families to think about is not going back to school, truly going to continue to move your children forward in the areas that are important for their growth. And if you've decided as a family, this helped us see that we really want to homeschool and we really want to kind of be in charge of our children's direction, and they have thrived and all of these ways, then Okay, then that's a decision that you can make together as a family.

Dr Jerson 26:55

If you're seeing that it has become a safety net, and it has become something that has reduced the stress. But there's still not a lot of thriving. And when you think about going back to school, it creates a sense of anxiety and panic because you haven't used this in a while and you're worried about that what might happen when you go back, we strongly encourage parents to partner with their schools to say, this is what we're seeing this is what our child is saying, Can you help us come up with a plan to get them back into school, because this isn't helpful for their functioning. Even though things are scary, it doesn't mean that it's bad.

Dr Jerson 27:33

And when kids are feeling scared or nervous about something we love for them to be able to see and then also experience that they can get through that, that they are able to ride the waves of adversity and get to the other side of something that is very intimidating. So they can feel empowered, that they get through difficult things. Because continuing to stay away from the things that are scary or anxiety provoking, even though it feels right in the moment, unfortunately, does not help them build the skills to be able to see that they are quite a bit more capable of things than they in fact realize.

Dr Jerson 28:08

So we would definitely want to make sure that logistical barriers are being addressed if there is bullying, if the learning issues have not been adequately assessed, we asked for that we say things were better because they were able to work at their own pace at home, then let's ask for a psycho educational evaluation from the district to support this at a little bit more in depth level, to help them flourish once they do go back to school so we can set them up for success.

Amber Tresca 28:35

What have you been seeing from your patients in regards to their mental health during this this pandemic and during this back to school period?

Dr Jerson 28:42

Broadly speaking, during the pandemic, we have seen a dramatic increase in mental health concerns for youth, we have seen higher rates of depression, higher rates of anxiety, higher

rates of suicidal ideation and attempts and also increases in eating disorders. So the pandemic has not been kind to youth and their mental health. And we've seen this across across the world. This is not a region specific thing. This is a very well known data supported observation that Youth Mental Health has been in crisis, even more than we anticipated it would be and unfortunately, this the safety nets within communities are not very well equipped to support them.

Dr Jerson 29:34

So if parents are noticing that their kids are struggling, if they are disconnecting from their family relationships if they are having changes in their mood and routines and they are questioning why even if they had not had mental health concerns beforehand. We encourage families to open up that dialogue to talk with their children and Their teams to say, I noticed that things have been a little bit different lately. Tell me a little bit of what's been going on. And to allow your kids to have emotions and to allow them to have their feelings without feeling that you need to correct it or solve them for them. But giving them the space to acknowledge what they've been thinking and feeling during all of this time and how they're feeling about going back to school, again, this year, will be a very important window for parents to have.

Amber Tresca 30:31

It's very difficult, it's difficult to start the conversation, and then it's difficult to hear them express the things that you you're worried as a parent that they're feeling, and then to and then for them to tell you that yes, that that's actually happening. And then also to feel as though there's not a lot that you can do to solve the problem. So it's very stressful for families.

Dr Jerson 30:52

It is and and also, parents are not immune from having the stress themselves and feeling this way. Because it has been an incredibly overwhelming time for a lot of families. So when youth are feeling it, chances are their parents are feeling it as well. And sometimes kids are nervous about endorsing and volunteering the way they're feeling because they don't want to make their parents feel scared or they're not sure what their parents will do with that information. So opening up the window in the conversation will go a long way for youth feeling that it's a safe thing to talk about.

Amber Tresca 31:29

Tell me what it has been like for you during this time, though.

Dr Jerson 31:33

It's been, it's been difficult, it's it's been hard. You know, all of the health care professionals in the world are humans themselves experiencing their own challenges, and navigating accordingly. I think what has what has been impressive about at least the pediatric psychology elements of health care, is that our division here at Connecticut children's as well as many psychologists and mental health professionals across the country, were able to pivot quite well to adapt our treatments, to video and to telemedicine that came with its own pitfalls of

unfortunately, not being kind of available to everyone who needed it. So we've assessed and figured out how we can adapt some of those things as well.

Dr Jerson 32:20

But for the most part, it's been busy. And there have been needs. And the treatments have been very well delivered across platforms for a lot of families, even those who weren't able to come into the hospital. So psychology world has been has been busy. And I'm appreciative that our services and people are accessing my care. I wish our health care system had a bit more focus on incorporating more of this. So it wasn't as reactive. We can focus more on the preventative elements of this and in terms of general measures of of health and wellness across the spectrum, especially because we are seeing things that can be prevented if we're talking about this now.

Amber Tresca 33:04

Were you able to take a vacation this year at all?

Dr Jerson 33:06

Yeah, yeah. It took some some time off periodically. And I think my, my eyes were more appreciative of it than anything else to not not be on zoom, all the time doing doing video visits. But it is important for anyone who has the opportunity to take some space because I think what was different than this was felt for youth and parents as well. It was hard to find boundaries, that first of when the things that are really hard and overwhelming, stop and when the other part of your life begin.

Dr Jerson 33:37

So for students who were learning from home, it would be confusing for them to be using those parts of their brain and then try to be a kid at the same time to switch between those things. And the same same for parents and working and us and healthcare as well. So it was important to set set those parameters.

Amber Tresca 33:58

Are you glad to be back in the office seeing patients in person again?

Dr Jerson 34:02

Yeah, we certainly tried to get innovative and do as much kind of fun virtual world and watch YouTube videos together and play games online and do unique screen sharing fun things. And it was amazing to be able to see all the families, pets and stuffed animals all over their room. And we were so appreciative that family has trusted us coming into their homes because it's another part of the relationship that we often don't get to have.

Dr Jerson 34:31

But for a family to set up a phone or a computer, in their kitchen or in their in their bedroom or even in a closet if they needed to get some personal space. It was really quite an honor and a privilege to be allowed into their worlds in that time and we got to open up parts of the

relationship and the therapy that wouldn't have been possible on families just come into this office but there is incredible beauty and being able to sit across the room from a human again and have that it's way easier to play Connect for in person than it is over the computer.

Amber Tresca 35:10

Do you have any good pet crashing stories, any pets crash the therapy sessions?

Dr Jerson 35:13

I mean, the greatest. Like what it's in the middle of an intensely emotional conversation when a child is sharing all of these really overwhelming things of the year and then a cat but comes right in your face. It's like cats are just really great at coming in at just the perfect times. And it would be the one I look forward to, you know, everyone always felt guilty and bad about their dogs barking and I'd say this is really nice. This is your world. I am glad to hear their their dog barks and chinchillas and ferrets and all those other exciting things that family has got to share with us.

Amber Tresca 35:48

Chinchillas and ferrets. It got it got a little exotic.

Dr Jerson 35:51

Yeah, yeah. Yeah, everything.

Amber Tresca 35:55

Thank you so much for coming back on About IBD. And for inviting me into your office. It has really been fantastic to be here at Connecticut Children's and to see this space in the infusion center, and the environment that you've created for the kids with chronic illness that come here.

Dr Jerson 36:09

Oh, thank you for coming. We're so happy to have you here. We all really love where we work. So whenever we get to share it with people to see the kind of medical care that's that's delivered here is really heartwarming to us because we care about all of those elements. I feel really privileged to work as a psychologist as part of this amazing interdisciplinary medical team. So we're always happy when people get to experience what we do every day.

Amber Tresca 36:36

Thank you.

Amber Tresca 36:41

Hey super listener! Thanks to Dr Jerson and the staff at Connecticut Children's for being so accommodating and letting me tour the infusion center. Connecticut Children's has a wealth of information for parents about how to navigate the complexities of the pandemic. I highly recommend their blog for information and tips for parents on all types of topics, including mental health and gastroenterology.

Dr Jerson has authored some blog posts himself, and you can also connect with him on Twitter as @DrBradJerson. I will put links in the show notes and on my Episode 99 page on AboutIBD.com.

You can follow me across all social media as AboutIBD. You can also connect to other moms touched by IBD across all social media through IBDMoms, which is a non-profit I founded with Brooke Abbott of the Crazy Creole Mommy Chronicles.

Thanks for listening, and remember, until next time, I want you to know more about IBD.

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