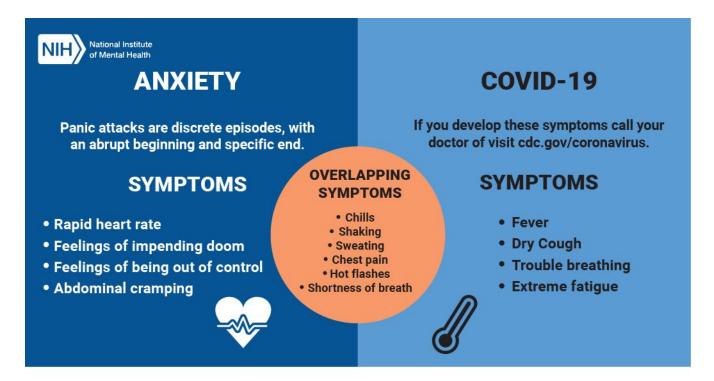
COVID-19 Trauma informed resource guide: A resource provided for parents, professionals, and caregivers



United Way of Southwest Virginia

Everyone in our SWVA region is experiencing challenges directly tied to the COVID-19 pandemic. Symptoms of COVID-19 "fatigue" can include those that are similar to Anxiety & panic attacks.¹



Dear Southwest Virginia Partners,

Parents, caregivers, first responders, educators, community members, etc., can utilize the following recommendations that will support your home, your children, yourselves, and other community members who you come into contact with daily.

United Way of Southwest Virginia welcomes your feedback, comments, and questions as we continue to develop recommendations and resources (please send to ddye@unitedwayswva.org). We also would like to recognize the Greater Richmond Trauma Informed Community Network for their support and the structure that they provided in the creation of this document. The Southwest Virginia Trauma Informed Network has been working to build its capacity since the Spring of 2019. Our goal is to create resilience from the ground up, beginning with our youngest, and create a continuum that allows our children to reach their full potential and be the lasting change that we want to see for our region. Thank you for reviewing these recommendations and for your support during these uncertain times both for your family and for our Southwest Virginia region.

Sincerely,

United Way of Southwest Virginia & the Southwest Virginia Trauma Informed Community Network



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APPENDIX

Parents, Professionals, Caregivers

The following recommendations will allow you to understand that your feelings may be considered our "new normal." The Southwest Virginia Trauma Informed Community Network is working to address these issues of trauma and residual effects of COVID-19 in partnership with various community stakeholders from several local agencies. We respectfully share these resources and recommendations as a way of providing guidance during the COVID-19 pandemic. Recommendations are created within SAMHSA's 3 E's and 4 R's from their trauma-informed practice framework:

The Three E's in Trauma



"Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." SAMHSA's Concept Paper²

The 3 E's of Trauma³

Getting Over the Emotional Trauma of COVID-19 with the 3 E's



COVID-19 is an event that has affected us all





Fear of Infection



Isolation from others



Getting COVID-19



Death from COVID-19



Job loss and economic disparity



Loss of a loved one due to COVID-19

Long Term effects of COVID-19

First Responder and essential workers will experience long-lasting effects of COVID-19 (Teachers, Doctors, Nurses, Early Childcare Providers, EMTs, etc)



Experience

How do you experience an event?

- Is our reaction based on those around you/us?
- 2. Is our reaction based on genetic or biological factors or even the environment in which we live and work?
- 3. Did other people around (those you live with, work with, and socialize with) validate your feelings? Or were your feelings minimized?

Effects

How will COVID-19 affect you?

- The effects of trauma vary depending on the event and **YOUR** experience.
- Some people have a healthy response and seem to "bounce back."
- Other people may experience long term, more traumatic effects.
- Types of traumatic effects include:
 - Vicarious Trauma- when you take on someone else's trauma as your own and experience similar symptoms of those traumatic events
 - Moral Injury- When a traumatic event forces you to make a decision that does not align with your own values
 - Ex: a doctor being forced to choose how to use scarce medical resources during a deadly crisis (PPE)
 - o Major Depressive Disorder- Worsening of a pre-existing mental illness or issue
 - Acute Stress Disorder- symptoms that come on quickly and can last less than a month;
 feeling as though you are in a daze
 - PTSD- symptoms present slowly and last longer than one month; trauma can come back in the form of nightmares, flashbacks, and bad memories; can engage in reckless, self-destructive behavior; can suffer severe changes in mood and behavior



Trauma Informed Recommendations

for Parents, Professionals, & Caregivers During the COVID-19 Pandemic

Realize, Recognize, Respond, and Resist.4

The Four R's of Trauma Informed Care



Realize

All people at all levels have a basic realization about trauma, and how it can affect individuals, families, and communities.



Respond

Programs, organizations, and communities respond by practicing a trauma-informed approach.



People within organizations are able to recognize the signs and symptoms of trauma.



Resist Re-Traumatization

Organizational practices may compound trauma unintentionally. Trauma informed organizations avoid this re-traumatizations.



Realize

How has COVID-19 has impacted your household, your local community, and your region and its members? In the past year, our families and community members have been exposed to a pandemic that no one could have ever planned for. Our region has experienced job insecurity/loss, shifting from daily routine to what feels like organized chaos, housing instability, violence and uncertainty in our communities, fear, anxiety, depression, loss of loved ones, grief, etc. We must REALIZE that these EVENTS and EXPERIENCES may create additional challenges for children and families.

Recommendations:

Review what it means to have Adverse Childhood Experiences (ACEs) from a supportive caregiver perspective



Handouts for parents about ACES, Toxic Stress and Resilience⁵

- Understand that everyone, including our littlest citizens, are experiencing a state of anxiety that they can't explain due to disruption in routine. Children sense the anxiety and stress around them, especially during the COVID-19 Pandemic.
- Read information on the impact of COVID-19 Stress and mental health in children.
- COVID-19 Parenting: Keep calm and manage stress⁶
- Review the symptoms related to COVID-19 (Mental, physical, emotional) and have a conversation with other parents and caregivers, your own children, community members, etc.
- 8 Tips for managing children's anxiety about COVID-19⁷
- Coping with COVID-19⁸
- From an organizational perspective, devote time to understanding ACEs, Trauma Exposure, and the impact of COVID-19 on your community. Leaders in our community also need to recognize the need that parents and caregivers are facing and the additional support they will require to combat the long-term, lasting effects of COVID-19 in children.



Recognize

Everyone (Parents, Caregivers, Front line workers, Educators, Community members) are dealing with the challenges related to COVID-19 pandemic in addition to their own ACEs.

Recommendations:

- Recognize the signs of symptoms related to COVID-19 and how it may be connected to past experiences. Remember to ask "What happened to you?" vs. "What is wrong with you?"
- Focus on the ability to keep lines of communication open with children during the pandemic. They have questions and they want to feel a part of the process.
 - Talking with kids about COVID 9
- Recognize the need for ongoing support and safety during these difficult times. Parents, Caregivers, and Community members should have knowledge about what makes both themselves and children feel safe.
 - o Recognize Trauma: Save a Child's Future 10
- Recognize that EVERYONE is faced with these uncertainties related to COVID-19. Symptoms of anxiety, fear, stress, and overall unknown nature of COVID and our ability to cope with the illness should be recognized and validated.



Respond

Integrating knowledge about COVID-19 for others and creating opportunities that promote overall safety.

Recommendations:

- We have to assume that everyone, including ourselves, may be coping with the long-term effects of trauma.
- When choosing to adopt a Trauma Informed approach, we must remain flexible and that it isn't a single technique that will work for every individual, organization, or group.
- Utilizing the CDC's 6 Guiding Principles to a Trauma Informed Approach can help guide in the case of public health emergencies:
 - 6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH 11

Safety

We must address both physical and emotional safety and respond by meeting people where they are.

- Respect Culture and continue to incorporate culture into every aspect of intervention.
- Continue to assess both for yourself and for children what seems to trigger trauma and have a plan to address the triggers.
- Establish a predictable routine.
- Create a calm environment both for yourself and for the children.
- Promote positive, stable relationships.
- Ensure opportunities for success.

Trustworthiness

- Focus on the ability to build trust through transparency. (Refer to Michigan handout: Communicating with children during the COVID-19 outbreak)
- Provide clear, concise information about the pandemic so that it's easy to understand.
- Take responsibility for your actions (Be on time and maintain routines mentioned above).
 - Talk about all aspects of the disease, good, bad, and ugly. Everyone appreciates honesty.

Peer Support

- We must respond to those who have experienced trauma or traumatic events with peer support or those with lived experience.
- In the case of children, we must provide and connect children with a parent, teacher, caregiver, a support system, etc., who can provide the necessary recovery services needed to gain resilience and become a trauma survivor.
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach 12



Collaboration

- Finding the right response for those who have experienced trauma is crucial to survival.
- In terms of the pandemic, having the ability to provide more wrap-around services for families will be keys to success.
- Help families develop goals and a plan of action on how to deal with the ever-changing school, childcare, and home environments.
- Work to build true, genuine relationships with all parties involved and focus on building trust.
- Be sure to ask, "How can I/We support you right now?"
- Family-School Community Partnering during COVID-19 ¹³
- Family-School Relationships Are the Missing Link in COVID-19 Era Education ¹⁴

Empowerment

- For children to feel a part of the process of understanding COVID-19, we must **empower** them to build upon their own strengths.
- We can share what we know about COVID-19 with children and be able to answer their questions with a safe and clear response.
- We need to listen to our children's fears but also help them to reframe their fears into something positive.
- Here are <u>6 key ways to reframe sentences and calm fears and anxieties</u> ¹⁵ that our kids may be having



CONTINUUM FOR COPING WITH RACISM AND TRAUMA

INDIVIDUAL

INTERPERSONAL & Family

COMMUNITY

NATIONAL & GLOBAL

Resources for Supporting Individuals

- Mental Health Hotlines
- · Racial Equity Tools
- Racial Healing and Racism Recovery Resources
- Self Care
- · Guides for Allies

Resources for Families & Interpersonal Relationships

- Resources to Help You and Your Family Meet Their Basic Needs
- Tools for Talking to Kids about Racism
- Tips for Fostering Connection

Resources for Engaging at the Local Level

- Resources for Talking about Race in your Community
- Organizations Focused on Trauma and Resilience

Resources for Engaging at the National and Global Levels

- Organizations Working to Advance Racial Justice
- When the pandemic began, our world also began to deal with racial disparity issues throughout the world and the country.
- Our response needs to be an attitude of understanding. We must talk to our children, no matter what age, and begin to address these issues early and often.
- Before we can address it, we must first understand these racial inequities:
 - Even more to handle: Additional sources of stress and trauma for clients from marginalized racial and ethnic groups in the United States during the COVID-19 pandemic ¹⁷
 - Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino
 Communities in the U.S. ¹⁸
 - Talking to young children about race and racism ¹⁹
 - 10 Tips on talking to kids about race and racism
 - Applying the 4 R's of trauma-informed-approaches in the return to school ²¹

Resist Re-Traumatization

Be mindful of possible triggers related to the COVID-19 pandemic and other outside moments that may cause your children, yourself, or other adults to possibly re-experience symptoms related to trauma and traumatic experiences. ²²

MANAGING CORONA VIRUS (COVID-19) ANXIETY



For Kids

Reassure them that they're safe

Let them talk about their worries

Share your own coping skills

Limit their news exposure

Create a routine & structure

For Quarantine/Isolation

- Keep in contact with your loved ones via social media, texts, and phone calls

- Create a daily self-care routine

- Keep yourself busy: games, books, movies

- Focus on new relaxation techniques

Recommendations:

- Provide opportunities to share various strategies that can prevent re-traumatization.
- Share resources with other adults, parents, caregivers, and teachers that can be helpful based on your own experience with your child(ren).
- Trauma informed strategies during COVID-19 ²³
- My mental health: Do I need help? ²⁴

Understanding ACEs & Health Brain Growth in children:

Stress and Early Brain Growth ²⁵

What is Resilience?

- Top Tips for helping children build resilience 26
- 10 powerful conversation starters to Engage your kids: RESILIENCE 27
- Interactive Resilience Framework 28

Mental Health & COVID-19

- Helping children cope with stress during the 2019-nCoV outbreak ²⁹
- Coping with COVID-19 tips 30
- 8 ways to keep yourself in good physical and mental health during the COVID-19 period ³¹

National Resources to deal with COVID-19 Pandemic:

- Supporting families during COVID-19 32
- Helping Children cope: A parent's quide 33
- COVID-19 Resources: Association of Child Life Professionals 34
- PTSD: National Center for PTSD³⁵

Virginia State Resources for COVID-19 Pandemic:

- THE ULTIMATE LIST OF CORONAVIRUS RESOURCES FOR FAMILIES IN RICHMOND, VA³⁶
- COVID-19 Resources and Information: Mental Health America of Virginia³⁷
- COVID-19 Resource Section: National Alliance on Mental Illness Virginia 38
- Greater Richmond SCAN COVID-19 Support ³⁹

Local, State and National

- Ballad Health
 - 833-822-5523 (Line to schedule COVID-19 Testing)
 - Schedule a COVID-19 Test
 - Search Doctors. See ratings. Book appointments online.
 - Ballad Health Response Crisis Hotline- 800-366-1132
 - Ballad Health PEERHelp
 - 877-PEER-HLP (877-733-7457)
 - Monday through Friday
 - Noon to 10 p.m.
- Frontier Health COVID-19 Hotline
 - 833-4FH-COVID (833-434-2684)
 - 12PM-10PM Daily for all ages
- Frontier Health Crisis Number
 - o 877/928-9062 (24/7)
- Highlands Community Services
 - o 276-525-1550 (M-F 8:30-5PM)
 - 1-866-589-0269 (24/7)
- Cumberland Mountain Community Services Board
 - o 276-964-6702
 - o Crisis After Hours Line- 800-286-0586
- Mount Rogers Community Services Board
 - o Crisis Hotline- 1-866-589-0265
 - o 276-223-3200 (M-F)
- New River Community Services
 - o 540-961-8300
 - Crisis Hotline- 540-961-8400
- LENOWISCO Health District
 - Lee County Office- 276-346-2011
 - WiseCounty/Norton Office- 276-328-8000
 - Scott County Office- 276-386-1312
- Cumberland Plateau Health District



- Local COVID-19 Call Center for Cumberland Plateau Health District
 - **276-415-3430**
- Buchanan County Health Department- 276-935-4591
- o Dickenson County Health Department- 276-926-4979
- Russell County Health Department- 276-889-7695
- Tazewell County Health Department- 276-988-5585
- Mount Rogers Health District
 - Administrative Headquarters- 276- 781-7450
 - o Bland County Health Department- 276-688-3642
 - Bristol City Health Department- 276-642-7335
 - Carroll County Health Department= 276-730-3180
 - Galax City Health Department- 276-236-6127
 - Grayson County Health Department- 276-773-2961
 - Smyth County Health Department- 276-781-7460
 - Washington County Health Department- 276-616-5604
 - Wythe County Health Department- 276-228-5507
- New River Health District
 - Administrative Headquarters- 540-267-8240
 - Floyd County Health Department- 540-745-2142
 - Giles County Health Department- 540-235-3135
 - Montgomery County Health Department- 540-585-3300
 - Pulaski County Health Department- 540-440-2188
 - Radford City Health Department- 540-267-8255
- 2-1-1 Virginia (211virginia.org)
- Virginia Warm Line
 - o 866-400-6428
- Child Help National Child Abuse Hotline
 - 1-800-4-A- CHILD (24/7)
- Domestic Violence Hotline
 - o 1-800-799-7233 (24/7)
- National Sexual Assault Hotline
 - o 1-800-656- HOPE (4673) (24/7)
- Suicide Prevention Hotline



- o 1-800-273-8255
- TREVOR Project for LGBTQ
 - o 1-866-488-7386 or TEXT START to 678678



Other Key Stats and Data⁴⁰

Monthly Poverty Rates in the US during COVID-19 Pandemic- Columbia University Center on Poverty and Social Policy

October 15, 2020

 An additional 2.5 million children in poverty since May due to COVID-19. Under the Supplemental Poverty Measure, 20.4 percent of children were living in poverty as of September 2020.

Rapid Assessment of Pandemic Impact on Development Survey- Early Childhood (RAPID-EC) at University of Oregon

Mid-August 2020, (after expiration of the assistance provided in the CARES Act)

- 42 percent of households with young children anticipate having difficulty paying for basic needs
- Black (59 percent), Latino (61 percent), and single-parent households with young children (60 percent) have the highest rates of anticipated difficulty in paying for basic needs
- Two-thirds of households with young children living at below 150% (about \$36,000 for a family of four with two children) of the poverty line are having difficulty of paying for basic needs
- One-third of middle and upper-income households with young children are having trouble paying for basic needs.

The Impact of Coronavirus on Households with Children- NPR, Harvard TH Chan School of Public Health and the Robert Wood Johnson Foundation

July 1 to August 3, 2020

- During the coronavirus outbreak, more than one in five households with children (23%) report missing or delaying paying any major bills to ensure everyone had enough to eat and a majority of those households (70%) reported this caused serious financial problems for them.
- About one in six households with children (22%) report serious problems affording food since the coronavirus outbreak began, while fewer than one in ten (8%) report serious problems not getting enough food to eat every day.
- Fewer than one in ten households with children (6%) report receiving help from the local government for serious problems they have had since the start of the coronavirus outbreak.
- About one in ten (9%) report receiving help from nonprofit groups, churches, or neighbors with serious problems they have had during this time.





U.S. Bureau of Labor Statistics

Last modified October 5, 2020

 In the first two months of the COVID-19 crisis alone, 336,000 child care employees lost their jobs, the vast majority of whom are women and disproportionately women of color

National Association of Education of Young Children (NAEYC)

July 13, 2020

 Forty percent of all child care providers — and 50% of minority-owned child care businesses will close permanently without additional financial assistance

Washington University in St. Louis, Social Policy Institute- Safe, Affordable Childcare is a Right, not a Privilege

September 22, 2020

- 24% of families with children reported losing a job/income due to a lack of suitable child care, and these effects were concentrated in Hispanic households, poor households, self-employed households, and households with very young children
- More than one-third (37%) of parents said finding affordable child care during the pandemic was challenging

The Digital Divide Among Students During COVID-19-Center on Reinventing Public Education

June 16, 2020

- Roughly one in five parents with homebound school-aged children say it is very likely or somewhat likely their children will not be able to complete their schoolwork because they do not have access to a computer at home (21 percent) or must use public wifi to finish their schoolwork because there is not a reliable internet connection at home (22 percent). And about three in ten parents (29 percent) report that it is at least somewhat likely their children will have to do their schoolwork on a cell phone.
- Depending on how various traumatic experiences are defined,
- 8-12% of American youth have experienced at least one sexual assault;
- 9-19% have experienced physical abuse by a caregiver or physical assault;
- 38-70% have witnessed serious community violence;
- 1 in 10 has witnessed serious violence between caregivers; 1 in 5 has lost a family member or friend to homicide; 9% have experienced Internet-assisted victimization; and 20–25% have been exposed to a natural or man-made disaster.







is one possible outcome of exposure to adversity. Trauma occurs when a person perceives an event or set of circumstances as extremely frightening, harmful, or threatening—either emotionally, physically, or both.

RESILIENCE

is the process of **positive adaptation to adversity** that arises through interactions between individuals and their environments.

PANDEMIC

is an **outbreak of a disease** that occurs over a wide geographic area and affects an exceptionally high proportion of the population.

Steps to Help Provide Stability and Support to Young Children

- · Maintain a normal routine
- · Talk, listen, and encourage expression
- · Under supervision, allow them to crawl and explore, returning to a trusted caregiver
- · Give honest and accurate information
- Teach simple steps to stay healthy (Handwashing and wearing a mask)
- · Be alert for any change in behavior.

KEY STATS

- Over seven million adults in households with children reported that children in the household often or sometimes **did not have enough to eat**.
- 18 percent of adults in households with children were behind on rent
- As of the end of August, more than half of adults in households with children (51 percent) report that they or another member of the household have lost employment income since the start of the pandemic.

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