

Childhood Trauma Task Force

May 4th
1pm – 3pm

Agenda

- Welcome and Introductions
- Approval of Minutes from April Meeting
- TIR Framework Next Steps
- Covid-19 and Childhood Trauma: Developing Recommendations for a State Response
- Next Meeting

TIR Framework Next Steps

1) Collecting Feedback:

Category 1	Individuals/organizations with subject-matter expertise
Category 2	Child-serving organizations
Category 3	Organizations representing families/consumers
Category 4	State/local gov't actors not on CTF

2) In the making: a short PPT/recorded webinar on TIR Framework goals and process

3) We need your help to develop our outreach list! Please add names/orgs [in this Google sheet](#) or email them to me

PREPARING FOR THE NEXT SURGE: COVID-19 AND CHILDHOOD TRAUMA

What Role Can the CTF Play?

Problem Definition and Awareness Raising

- What childhood-trauma related challenges do we anticipate?
- Defining/scoping problem to support design of policy intervention(s)

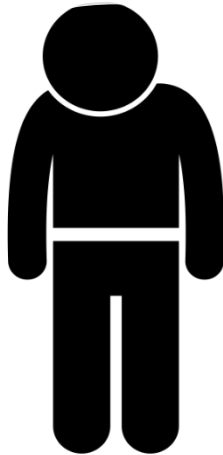
Recommendations for State Action

- Moderate term: Preparing for return to schools & day care
- Longer term: recovery supports

Developing a Covid-19 & Childhood Trauma Report

- Quick turnaround needed → FY21 Budget
- Review Draft Report at June 8th Meeting
- Various Options:
 - Report *from* the CTTF
 - Report from OCA *informed by* the CTTF
 - Initial & Subsequent Reports

Covid19-Related Traumas and Stressors



Increase in ACEs

- Abuse (Physical, emotional, sexual)
- Neglect (Physical & emotional)
- Mental illness
- Domestic violence
- Substance abuse

Covid-19 Specific Trauma

- Death of loved ones
- Economic hardships
- Group discrimination

Covid-19 Stressors

- Isolation/abrupt halt to connections with family & friends
- High exposure to pandemic media coverage
- Disruption of daily routine
- Lack of access to community and recreational space
- Lack of freedom of movement

Children and Mass Trauma: Research from Hurricane Katrina (2005)

Research on post-disaster trauma impact found:

- **Broad Impact & Long-Term Consequences:**
 - **Year 1:** 49% of students met the cut-off score for mental health referral
 - **Year 2:** 42% of students met the cut-off score for MH referral
- **Certain groups more at risk than others:**
 - Children in 4th to 6th grades were **2.7 times** more likely to be in the referral group than were students in the 9th to 12th grades.
 - Students who reported previous loss or trauma were **1.8 times** more likely to be in the referral group
 - Girls were **1.9 times** more likely to be in the referral group

Osofsky Howard J. et al. (2009). [Posttraumatic Stress Symptoms in Children After Hurricane Katrina: Predicting the Need for Mental Health Services](#). *American Journal of Orthopsychiatry*, 79 (2), 212–220.

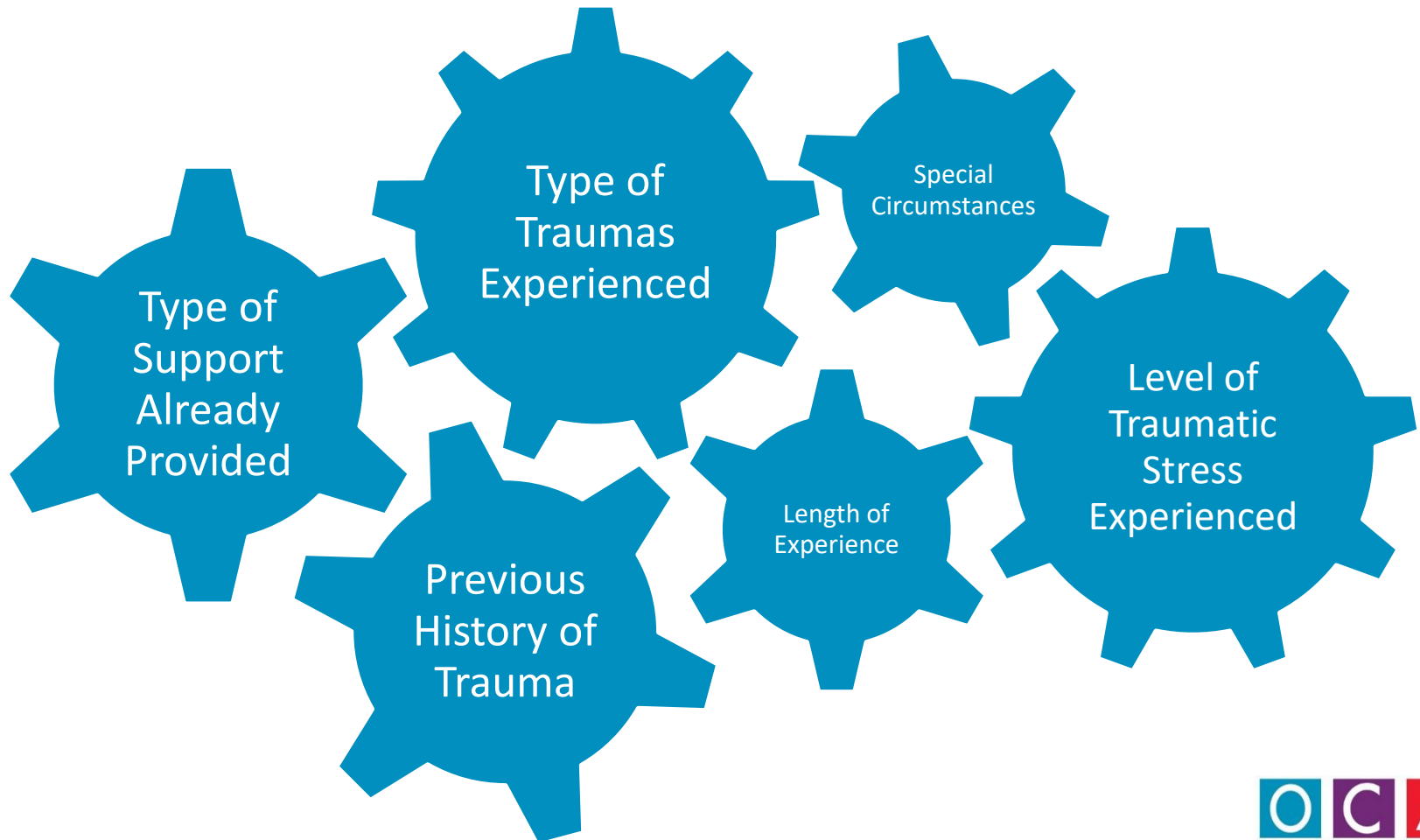
Children and Mass Trauma: Research from Hurricane Katrina (2005)

- Research shows effectiveness of:
 - screening for MH concerns in schools
 - use of evidence-based treatment in various settings (school, clinic, community) in the two years post-Katrina
- One study concluded: “statistically and clinically significant gains were achieved by students in both interventions” after 10 months.
- Intervention: Children and their families preferred school-based treatment over clinical setting.

Cohen, J. A., et al (2009). [Treating traumatized children after Hurricane Katrina: Project Fleur-de-lis](#). *Clinical Child and Family Psychology Review*, 12 (1), 55–64.

Jaycox, Lisa H et al (2010). [Children's Mental Health Care Following Hurricane Katrina: a Field Trial of Trauma-Focused Psychotherapies](#). *Journal of Traumatic Stress*, 23 (2), 223-31.

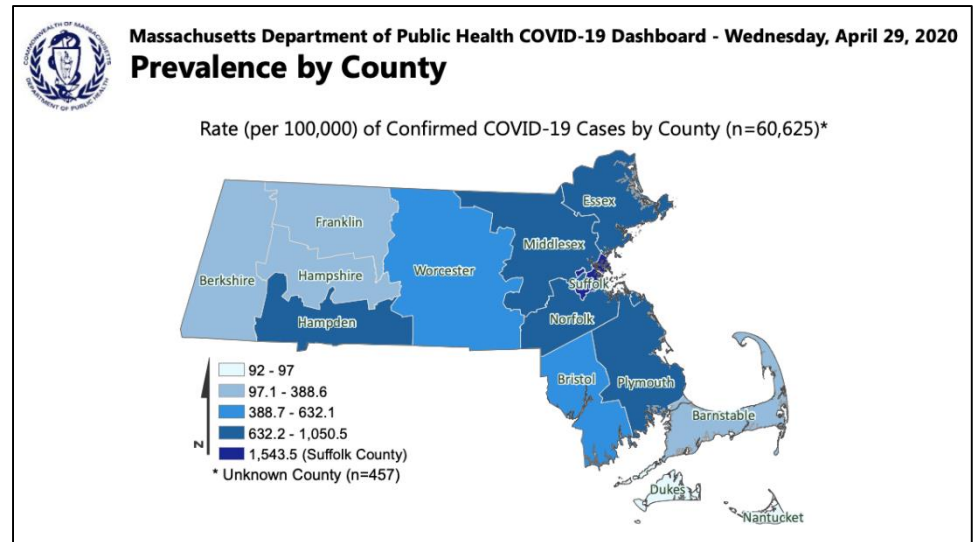
Experience Will Not Be Universal



Experience Will Not Be Universal: Community-Level Impacts

Some communities will be more significantly impacted by Covid 19 than others:

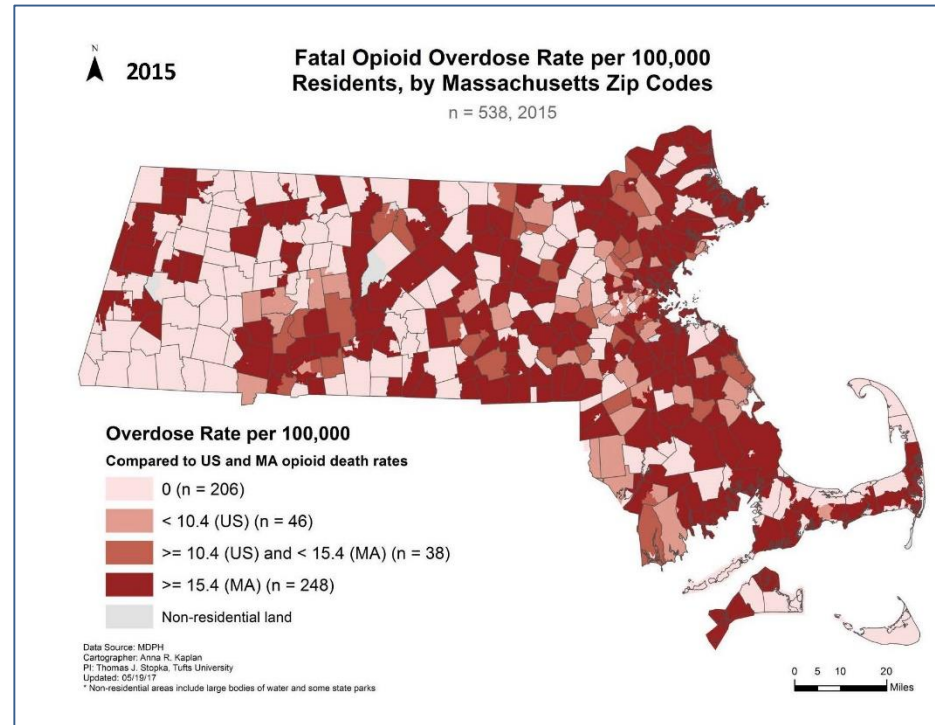
- **Communities of color:** Cities with high percentage of POC have some of the highest rates of coronavirus: Chelsea, Lawrence, Brockton, Randolph
- **Lower-income communities:** Cities where per capita income is lower than \$28K hard hit: Chelsea, Lawrence, Everett, Lynn, Revere



Experience Will Not Be Universal: Community-Level Impacts

Communities having experienced significant amount of trauma
pre-Covid 19

- **Opioid crisis:** Boston, Fall River, Lawrence, Lowell, Lynn, New Bedford, Springfield, Worcester
- **High rate of incarceration:** Boston, Brockton, Fall River, New Bedford, Springfield, Worcester
- **Large immigrant/refugee population:** Malden, Lawrence, Lynn, Boston, Cambridge, Framingham
- **Violent Crimes:** Fall River, Springfield, Holyoke, Pittsfield, Worcester



Covid 19 Mental Health Resources: Limitations and Emerging Tools

1. There is a lot of research/resources about coping/addressing mental health concerns *during* Covid quarantine, not much (yet?) about *re-entry*
 - Recently released: UCLA [Brief COVID-19 Screen for Child/Adolescent PTSD](#)
2. Recommendations typically given after mass trauma not always applicable in Covid context
 - Personal contact (hug/touch)
 - Community and family support
 - Relying on schools & community support services (might be closed intermittently)

Children's Mental Health During Covid19: Research Supported Recommendations

Finding	Implication
Pandemic will seriously affect children's behavioral health	Immediate mid- and long-term planning necessary for broad-scale intervention
Some children will experience complex trauma	<ul style="list-style-type: none">• Targeted higher-level intervention will be needed for some children• Screening & Intervention should consider previous trauma history
Some communities will be more impacted than others	If resources are limited, focus on already vulnerable populations
Children's behaviors and needs are age-specific	Set developmentally appropriate expectations and practices
Behavioral changes can be immediate or delayed (weeks, months, years)	Need for extended interventions
Adults are key to recovery	Provide mental health support for families & staff (secondary stress)

Children's Mental Health During Covid19: Research Supported Recommendations

Finding

Pandemic will seriously affect children's behavioral health

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Behavioral changes can be immediate or delayed (weeks, months, years)

Adults are key to recovery

Implication

American Academy of Pediatrics: "Children and families who have previously endured traumatic experiences, or have lived with chronic adversity, including violence, abuse, separation from caregivers, abject poverty, discrimination and social exclusion have a greater risk of experiencing serious adverse emotional reactions to disaster."

Need for extended interventions

Provide mental health support for families & staff (secondary stress)

Children's Mental Health During Covid19: Research Supported Recommendations

Finding	Implication
Pandemic will seriously affect children's behavioral health	Need to begin planning immediately for broad-scale intervention
Some children will experience complex trauma	<ul style="list-style-type: none">• Targeted higher-level intervention will be needed for some children• Consider previous trauma history in screening/intervention
Some communities will be more impacted than others	If resources are limited, focus on already vulnerable populations
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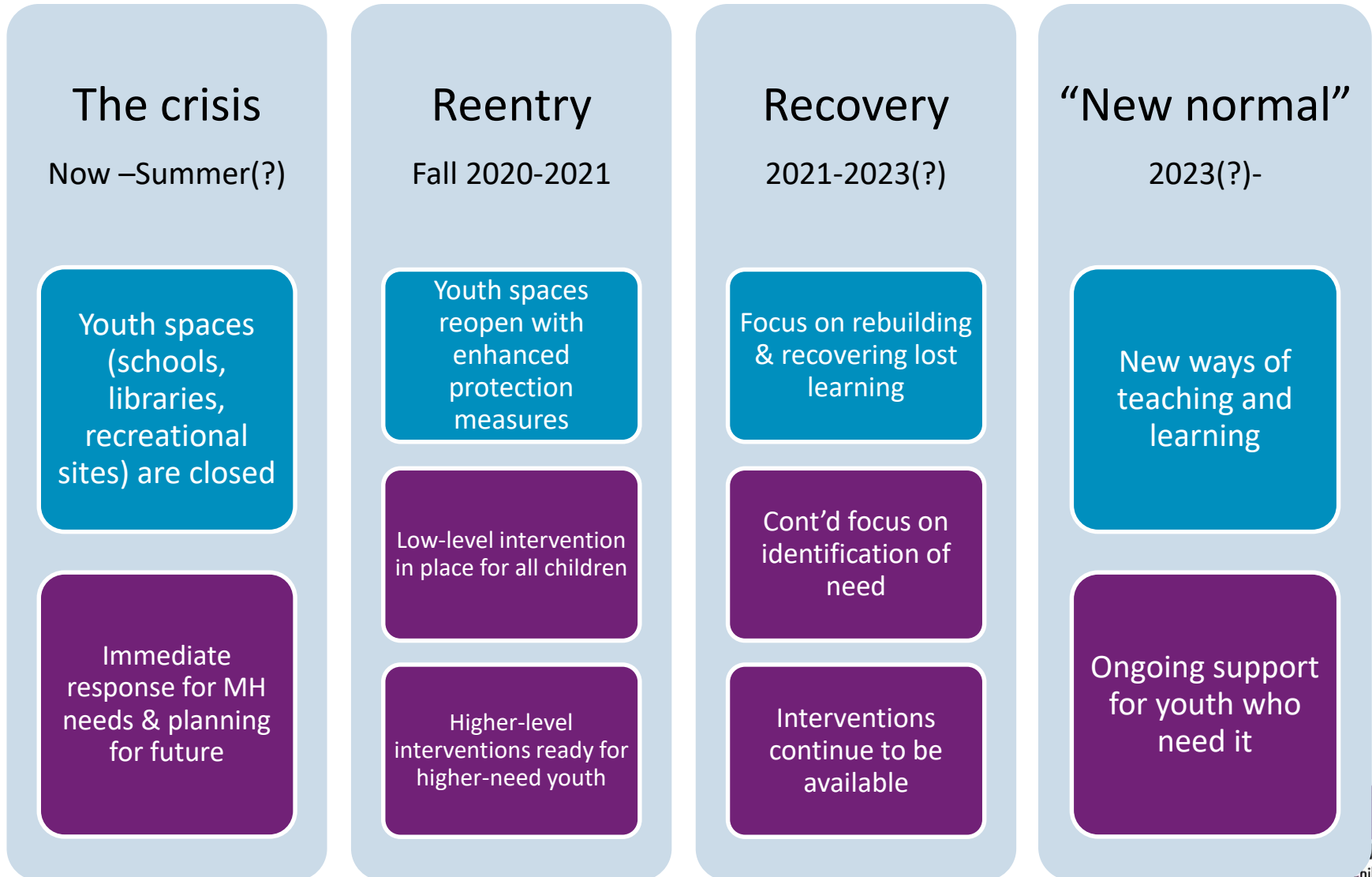
Intervening Post-Mass Trauma: What Works?

- No clear, evidence-based consensus (not easy to study)
- However, in 2007 a worldwide panel of experts highlighted the need to promote:

- ✓ Sense of safety
- ✓ Calming
- ✓ Connectedness
- ✓ Sense of self- and collective efficacy
- ✓ Hope



Re-entry & Recovery Timeline



Developing Recommendations for Action

Baseline Assumptions:

Significant portion of kids will be experiencing traumatic stress

Triaging will be possible (not all kids need high level intervention)

Need for MH Services > Capacity (at least in short term)



Parents and “Front-Line” Child-Serving Professionals Need:

Skills to respond appropriately within setting to lower-level issues (i.e. TIR)

To know when a child needs to be referred to a MH professional (and how to do so)

Access to real-time support in applying skills in novel situation



State Response Must Include:

Support and Capacity Building for Families

Support and Capacity Building for “Front-Line” Child-Serving Professionals

Building Up Availability of Higher-Level Interventions



MASSACHUSETTS
OFFICE OF THE CHILD ADVOCATE

Building Capacity Among Families & Child-Serving Professionals

Target Audiences: Daycare, early/secondary education, congregate care providers, families

Training

- Online/Recorded
- Free
- Adapted for different audiences
- Trauma Basics + Covid-Responsive Information

Website

- Toolkit materials to supplement recorded trainings
- “Back to School” Toolkit
- Various sections specific for different target audiences

Coaching Hotline

- Targeted toward professionals working with children
- Individualized coaching/case-specific support

Building Availability of Higher- Level Interventions

Identification:
How Do We
Screen/Assess?

Models/Services:
How Do We
Choose & Target
Interventions?

MH Needs of
Families & Staff:
How Do We
Support Them?

Resource
Prioritization:
Where Do We
Start?

Next Steps

- Cont'd OCA Outreach to:
 - Agencies Interested in Partnering on Response
 - Experts in Field
 - Legislature
- OCA Develops Draft Report
 - Goal: Distribute to CTTF by June 1
- CTTF Provides Feedback (June 1 – June 8)
- June 8th Meeting:
 - Feedback
 - Decision on Report Authorship/Publication
 - Discussion on Next Steps

Next Meeting

June 8, 2020

1pm-3pm

Virtual Meeting via Webex

(Information Forthcoming)