



When Out of School Time Centers Reopen and Programs Resume

Trauma Informed Strategies for Working With Youth and Families During the COVID-19 Pandemic, Second in a Series

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As centers and programs begin to re-open, youth who return will bring with them a variety of experiences from the previous several months, much of which may have been spent in isolation. Program staff can support youth by attending to their needs for personal safety and by providing a safe space for them to share their experiences and feelings about the time they spent away from their regular routines.

Attention to physical safety needs extends beyond the normal program/center rules and includes clear communication about policies and practices that have been put in place to prevent the spread of Coronavirus. As in any program setting, it is important to establish routines. The past months have been filled with change and unpredictability. It is important for youth to know that there will be predictability in their daily schedule and in terms of behavioral expectations. Incorporate virus transmission prevention measures into the routine. Examples include, but are not limited to, wearing of masks, practicing social distancing, and frequent handwashing. Program participants need to know about the policies and practices that have been put in place and understand their role in helping to reduce the likelihood of transmission of the virus. By informing program participants and engaging them in implementing the practices, program staff can give youth the sense that there is something they can do to help keep everyone safe and healthy.

It is important that staff members make no assumptions about an individual youth's or family's experience of the pandemic. Closures could have meant a relaxing time or a very stressful time. While many families have the shared experience of scarcity of certain supplies at the grocery store, families' experiences of the quarantine may have also included:

- increased risk of exposure due to coronavirus due to a need to work outside of the home
- unemployment
- loss of housing
- financial hardship
- loss of connection to school community due to limited access to technology and/or the internet
- sickness or death of a family member or friend

Even if two families or two youth had the same objective experience, their reactions to the experience may be very different. Some families faced with the quarantine had the flexibility for the parent or parents to work from home thereby reducing the stress of a commute. There were no additional financial concerns. Family members enjoyed the extra time together and explored various hobbies and interests. Another family faced with the quarantine may have struggled with limited space due to the family sharing a subletted room in an apartment. The parent or parents may have lost their jobs and struggled to pay the bills. Stress on the entire family may have increased due to concerns about money and lack of personal space. Maybe someone in the household got sick and was not able to separate from the rest of the group, thereby increasing the risk that other household members would get sick. Each family's experience and each person's experience are unique.

Equity Considerations

Data have shown the disproportionate impact of COVID-19 on communities of color. The pandemic has brought attention to systemic inequities that existed prior to the pandemic and were exacerbated by it. These inequities include, but are not limited to:

- lack of regular access to affordable healthcare, including COVID-19 testing
- housing instability
- greater likelihood of living in overcrowded conditions due to high housing costs
- reliance on hourly work in essential roles without benefits, job security or a telework option
- inability or reluctance to access benefits and financial assistance programs
- reliance on food banks and free meals programs which may be oversubscribed during a crisis
- limited transportation options to support employment
- difficulty securing affordable childcare
- challenges accessing distance learning and out of school time programming due to lack of appropriate technology and/or not lack of Internet access
- difficulty in accessing timely updates about public health concerns due to limited English proficiency

The inequities may also manifest as an increase in racism and stigmatization of certain groups, differential exposure to coronavirus based on living and working environments, and front-line workers facing tough choices. There may also be inequities in people's access to supports. Through ongoing communication with program participants, staff members have an opportunity to contribute to the core protective systems that we know can support the long-term health and wellbeing of the youth and families we serve. Providing connection to competent and caring adults who can enhance feelings of belonging and community and make connections to concrete support services, is a simple action that can have a high impact in terms of building the resilience of youth and families to come out on the other side of the pandemic without lasting negative impacts.

Trauma Considerations

It is important to note that program participants have experienced collective trauma, and, in many cases, personal trauma. Trauma of any kind threatens people's sense of safety, may seem to sever the ties that bind community members to one another, and can diminish feelings of optimism and hope for the future. As a reminder, personal trauma occurs when someone is the victim of or witness to an action that is frightening, dangerous or violent. Whether or not a personal experience causes trauma depends on what it felt like for the person to go through the experience. If the experience was traumatic, the memory of the youth's response to it will be stored not only in their memory, but, also in their bodies. *What this means in practical terms is that children may have a physiological response to stressors in their environment that make sense in the context of their traumatic experiences but may seem extreme or out of character to staff.*

Personal trauma experienced during the closures could be related to the pandemic including the death or illness of a loved one, related to conditions that existed prior to the pandemic or associated with conditions that were exacerbated by additional stress brought on by the pandemic. Examples include abuse or neglect by a caregiver, witnessing domestic violence, and so forth.

Symptoms of trauma may include anxiety, inattention, hyperactivity, increased defiance, or distressed behaviors. When a youth's response to stimuli seems out of proportion to the stimuli, consider whether the response is really about a past traumatic experience and the memory that the stimuli is evoking. If it is safe to do so, it may be better to give the youth some time and space rather than immediately responding in an authoritative manner. A stern response to a youth who is responding to a perceived threat may escalate the distressed behavior. For example, a teacher observed two students talking in class. After giving the students a verbal warning, the teacher instructed one of the students to move to a different seat. In response, the student threw her book on the floor and yelled that she hated school. The reaction was out of proportion to the request and was out of character for the student. When the teacher talked with the student and the student's parent, it was revealed that the student's family had moved four times in the recent past. Prior to two of the moves, the family's landlord visited the home and told the family to, "Move now!" When the student reacted to the teacher's directive that she, "Move!," she was also reacting to the trauma her family experienced during the moves that were precipitated by the landlord's visit.

COVID-19 is a collective trauma because the effects of it are being experienced across the country and around the world. It is different from a collective trauma such as a natural disaster because the professional helpers' lives are also impacted by the pandemic.

Systemic or structural racism is also a collective trauma. Age-old concerns about unspoken policies and practices that promote racial disparities in the justice system were brought to light by the lack of repercussions for the self-appointed civilian law enforcers who confronted and shot Ahmaud Arbery as he jogged in a Georgia neighborhood in February. Arrests were made following a public outcry and the release of video of the shooting leading many to wonder if justice would have ever been served if there had been no video. Following Arbery's murder, George Floyd's highly publicized death at the hands of Minneapolis police officers for the alleged crime of passing a counterfeit \$20 bill called to mind numerous other high-profile instances of Black Americans dying at the hands of the police. Floyd's death underscored that systemic racism endemic to the justice system also impacts day to day interactions between law enforcement and Black Americans. Omnipresent videos and stories of police brutality and the disproportionate impact of it on communities of color may result in secondary trauma for Black Americans.

It is possible to be impacted by a collective trauma without having experienced a personal trauma. And personal trauma often occurs without the context of a collective trauma. People who have experienced a collective trauma may feel a connection to others who have gone through the same experience. Having this shared experience has the potential to unite people and can create a sense of community. In contrast, people who have experienced a personal trauma may be more likely to feel isolated from sources of support due to their experience and may be fearful of discussing what happened. A collective trauma like the pandemic can also serve to exacerbate and make more visible systemic inequities and may result in certain groups of people being disproportionately impacted not only by the pandemic, but also by the community response to it.

An understanding of how trauma impacts the brain and changes the way people respond to seemingly neutral stimuli is helpful to understanding how to respond to behavior that may be related to trauma. *Applying a trauma-informed lens to disruptive behavior means you ask the question, "What happened to you?," versus, "What's wrong with you?"* and are open to the possibility that the response is related to something that happened in the past.

Be patient – keep in mind that the past few months were most likely not spent in a structured setting. Youth may be eager and excited to reconnect with friends and play outdoors. Additionally, you may find that youth who have been isolated require more downtime with decreased stimulation and demands for social interaction as they rebuild their stamina. Building relationships and a safe and supportive culture should take priority over completing projects and activities for a while.

Encouraging Program Participants to Share Their Experiences and Feelings

Be purposeful and planful in giving youth space and tools to talk about their experience and concerns they may have about adult caregivers in developmentally appropriate ways. The trauma is there whether we ask about it or not. If we do not give youth an invitation and forum to share their experiences, we miss an opportunity to offer support and to gain insight into changes in mood or behavior. Youth may not have the vocabulary to describe what the closures have been like for them. In that case, offer opportunities for youth to be creative in how they share their experience by introducing journaling, drawing, painting, and other means of artistic expression. Staff can help youth identify feelings and how the feelings may have been experienced as physical symptoms.

Youth may benefit from a daily “morning meeting” or “check-in.” Ideally, the morning meeting or check-in should include opportunities for participants to share with the group or with a staff member. For example, post a range of emojis on a white board with the question, “How are you feeling today?” Youth put their name magnet or write their name under the emoji that fits how they are feeling. Each selection suggests a follow-up question such as, “Miriam, you chose the frowning face. Can you tell me why you chose that one?” Taking time for daily check-ins or morning meetings helps to build community and set expectations for the day.

Some staff may be hesitant to encourage youth to talk about their experiences in case it upsets the youth. Unless you were hired to be a therapist in a youth program setting, no one is expecting you to take on that role. No specific academic or professional background is necessary to listen to a youth and reflect what you are hearing. If you feel that a youth would benefit from talking to a counselor, you can always make that recommendation to the parent.

Strategy – Practice Active Listening

Active listening helps to build relationships and helps people feel heard. Active listening requires the listener put away all physical and mental distractions to focus on what the person is saying. The goal of active listening is not to solve the problem being shared. Rather, the goal of active listening is to give the speaker an opportunity share whatever is on his/her mind and feel heard. Strategies for active listening include:

- Position yourself at eye level with the speaker. With youth, this may mean sitting in a chair or kneeling.
- Orient your face and body toward the speaker.
- Use open body language. Uncross arms and legs.
- Reflect what you are hearing without parroting back the information.
- Summarize what you are hearing and check in with the speaker to ensure you have an accurate understanding of what is being shared.
- Help label emotions to give youth vocabulary to describe what they are feeling.
- Allow for silence and resist the impulse to fill it.

Additional resources on active listening strategies can be found in the Sources section of this document.

The Importance of Self-Care

While self-care for human services professionals is always recommended, the need for effective self-care strategies is of paramount importance at this time. Self-care strategies support human services professionals' health and wellbeing. They can be physical such as going for a run or getting a good night's sleep, emotional such as debriefing with a colleague or supervisor, social such as spending time with friends and family or spiritual such as practicing organized religion or meditation. For more information and resources for self-care, please consider joining the Fairfax Trauma-Informed Community Network and/or accessing documents readily available on the [Fairfax TICN website](#) (see Professional & Program Resources).

Youth Who May Need Additional Support

It is important to recognize that some youth may have had a more difficulty during the closures and may need more support (more frequent communication, connection to professional supports) when programs re-open. This group includes youth with:

- a history of anxiety, depression, suicidal ideation,
- learning and attention disorders
- parents that may have lost jobs or income
- loved ones particularly vulnerable to the COVID-19 virus
- a loved one working as a healthcare worker or in another occupation where they are exposed to the virus or are being asked to respond in an intense way
- less supervision because of caregivers' work
- families experiencing homelessness

Many families are still experiencing loss of employment and financial hardship. Please see the [Resources section](#) of this document for local organizations that can assist in a variety of ways.

Professional & Program Resources

Fairfax Trauma-Informed Community Network (TICN)

<https://www.fairfaxcounty.gov/neighborhood-community-services/prevention/trauma-informed-community-network>

Fairfax Out-of-School Time Network (OSTN)

<https://www.fairfaxcounty.gov/neighborhood-community-services/prevention/out-of-school-time-network>

Fairfax County Opportunity Neighborhoods

<https://www.fairfaxcounty.gov/neighborhood-community-services/prevention/opportunity-neighborhoods>

Sources Used in Compiling This Document and Available for Additional Information

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Resources

Basis Needs Information and Referral to Local Community-Based Organizations

Fairfax County Coordinated Services Planning (CSP)703-222-0880
Fairfax County Human Services Resource Guide (HSRG)..... <https://www.fairfaxcounty.gov/hsrg/>

Child Care

Fairfax County Office Children703-324-8100
OfficeForChildren@fairfaxcounty.gov
<https://www.fairfaxcounty.gov/office-for-children>

COVID-19 Information for Fairfax County Residents

Fairfax County COVID-19 website (English) <https://www.fairfaxcounty.gov/Covid19>
Fairfax County COVID-19 website (Spanish) <https://www.fairfaxcounty.gov/covid19/spanish/>
Fairfax County COVID-19 Language Portal<https://www.fairfaxcounty.gov/covid19/language-portal>
Subscribe to text updates (English) Text FFXCOVID to 888777
Subscribe to text updates (Spanish) Text FFXCOVIDESP to 888777

Financial Assistance

Basic needs (housing-related expenses, food, prescriptions, transportation, etc.)703-222-0880
Benefits855-635-4370
Visit [CommonHelp](https://www.commonhelp.virginia.gov) to apply for or read more about:..... <https://www.commonhelp.virginia.gov>
Assistance with Child Care, Heat/Cooling Expenses, Health Care Coverage, Supplemental Nutrition Assistance Program (SNAP), Temporary Cash Assistance for Families (TANF)
Fairfax County Self Sufficiency Office703-324-7500
DFSMYCase@FairfaxCounty.gov
Food Resources for Families (English & Spanish)<https://www.fairfaxcounty.gov/maps/food-resources>

Health

Health Department – Immunizations for Children.....703-246-6010
Primary care (for help identifying local providers).....703-222-0880

Mental Health

Emergency 911 or go to the nearest hospital ER
Children’s Regional Crisis Response (CR2) (ages 17 & under).....844-627-4747
CSB Merrifield Center Emergency Services.....703-573-5679
Non-emergency
CSB Entry & Referral703-383-8500
Crisis Link Hotline.....703-527-4077
Crisis Link Text Option..... Text CONNECT to 85511
Lifeline Crisis Chat Option [SuicidePreventionLifeline.org/chat](https://www.suicidepreventionlifeline.org/chat)
Fairfax County Public Schools Mental Wellness Consultations .. request consultation <https://bit.ly/3gtHAEf>
(up to a 30-minute consultation for parents of students and middle/high school students)
MyStrength Application (wellness program) <https://appv2.mystrength.com/go/ffccsb/csbccommunity>
Click on ‘Sign Up’, and enter access code ‘CSBCommunity’

Safety Concerns for Self or Others

Fairfax County Child Protective Services (CPS) Hotline703-324-7400
Fairfax County Adult Protective Services (APS) Hotline.....703-324-7450
Fairfax County Domestic and Sexual Violence Services (DSVS) Hotline703-360-7273
National Domestic Violence HotlineText LOVEIS to 22522 or chat at Rainn.org

Parenting Support

Fairfax County DFS Parent Support Line703-324-7720
BuildingStrongerFamilies@fairfaxcounty.gov

Schools

Fairfax County Ombudsman (helper)571-423-4014
Fairfax County Public Schools Parent Info Language Lines
Amharic.....571-423-4957
Arabic571-423-4952
Chinese.....571-423-4953
Farsi.....571-423-4954
Korean571-423-4951
Spanish571-423-4950
Urdu571-423-4955
Vietnamese571-423-4956
PreK and Early Head Start (English).....703-208-7900
PreK and Early Head Star (Spanish).....703-208-7901
Registration.....local school or 703-204-6734
RegistrationQuestions@fcps.edu

Internet Service Providers (offering special discounts due to COVID-19)

COX Connect2Compete: https://www.cox.com/residential/internet/connect2compete.html
.....855-222-3252
ComCast Internet Essentials: https://internetessentials.com/855-846-8376

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Please send comments, questions and suggestions to NCS-Prevention@FairfaxCounty.gov.