

COVID-19 Town Hall: The Non-Infectious Complications of This Virus

Pediatric Grand Rounds
April 15th, 2020

THE
University of Vermont
Children's Hospital

Behavioral Management During the COVID-19 Response

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Pediatric Grand Rounds, 4-15-20

Potential Individual and Family Stressors

- ▶ COVID-19 infection, uncertainty, concern for self and others
- ▶ Disruption in day to day activities - work, school, home
- ▶ Moving work, child care and school into the home
- ▶ Increased time at home - family conflict, space concerns
- ▶ Real and perceived social isolation
- ▶ Employment, business and financial concerns
- ▶ Loss or lower intensity of home based services - medical, developmental, behavioral/mental health
- ▶ Burden on caregivers - internal and/or external pressure to “do it all”
- ▶ Amplification of pre-existing stressors not related to COVID-19

Stress Response

- ▶ Symptoms vary from person to person, and can change over time - more to follow
- ▶ Behavioral strategies can reduce stress and promote wellness, regardless of age or symptomatology
 - ▶ Expect caregiver functioning and engagement to shift over time
 - ▶ Implementation is often difficult, even at baseline
 - ▶ Important to meet families where they are
 - ▶ Strategies and information might be helpful in the moment, or processed for later use

Caregiver Support

- ▶ Provide education about a typical stress response and reassure that symptoms are normal
- ▶ Ask about individual and family stressors
 - ▶ Recent and significant changes
 - ▶ Current obligations, routines
 - ▶ Medical, social, financial, other
- ▶ Explore resources to meet immediate and tangible needs
- ▶ Ask caregivers about their symptoms and coping strategies
- ▶ Help identify specific triggers for their distress and/or negative mood
- ▶ Discuss realistic expectations and need for self care
- ▶ Discuss strategies to promote wellness in themselves and family members - these are often tailored to the individual and family

Wellness Strategies – All Ages

- ▶ Start with strategies that make sense to the individual/family, often just 1-2 at a time
- ▶ Provide space to talk about fears, worries and concerns
- ▶ Validate feelings and offer support
- ▶ Increase flexibility around minor mood and behavioral concerns
- ▶ Learn about and practice strategies to avoid infection, such as physical distancing and hand hygiene
- ▶ Have judicious use of media and screen time
 - ▶ Limit pandemic news and coverage, including on social media
 - ▶ Increase time for remote social connection, education and work
 - ▶ Might flex limits around favorite electronic activities, but should still avoid prolonged use
- ▶ Prioritize nutrition, sleep and exercise
- ▶ Practice calming strategies and mindfulness
- ▶ Maintain social connection with family, friends and colleagues
- ▶ Provide service to other people and/or the community

Wellness Strategies – All Ages

- ▶ Continue to observe established expectations, schedules and routines when possible
 - ▶ Meals/Nutrition
 - ▶ Sleep - even with a flexible work/school schedule
 - ▶ Self care
 - ▶ Exercise routines
 - ▶ Household chores
 - ▶ Usual work/school activities
 - ▶ Separating evening and weekends from the work week
- ▶ Develop structure and routines for the “new normal”
 - ▶ New work/school activities
 - ▶ Exercise/active play
 - ▶ Enjoyable activities
 - ▶ Quiet and/or alone time
 - ▶ Consider adding visual schedules and activity menus
 - ▶ Encourage family modeling and parallel schedules
 - ▶ Review and modify as needed

Pediatric Behavioral Management

- ▶ Start with caregiver support and wellness strategies, as these often result in improved mood/behavior
- ▶ This may not be the time to start a new behavioral program, but some families will be interested and ready
 - ▶ Concerned about new behaviors, or increase in pre-existing behaviors
 - ▶ Motivated due to extra time at home, increased capacity
- ▶ Expect family engagement to be variable and fluid
 - ▶ Discuss behavioral concerns and strategies whenever a family is interested, regardless of perceived readiness
 - ▶ Family may or may not fully implement behavioral strategies, but can do so when they are ready
- ▶ Offer ongoing communication and support, regardless of follow through - this alone can be therapeutic

Pediatric Behavioral Management

- ▶ Important to simplify in times of stress
- ▶ When developing a new behavior program
 - ▶ Clearly identify the target behavior
 - ▶ Set only 1-2 goals at a time, aim for consistency
 - ▶ Use simple, straightforward language
 - ▶ Clearly outline steps and strategies
 - ▶ Consider visual and/or written supports
 - ▶ Consider frequent follow up to monitor progress
- ▶ Proceed with usual treatments and referrals for worsening and/or unsafe symptoms, especially if the child was a candidate before COVID-19
 - ▶ Contact the service agency for a real time update on access and delivery

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the left and right sides of the frame, creating a modern, layered effect. The central area is a plain white space.

Thank You!

PEDIATRIC GRAND ROUNDS

UVM MEDICAL CENTER

APRIL 15, 2020

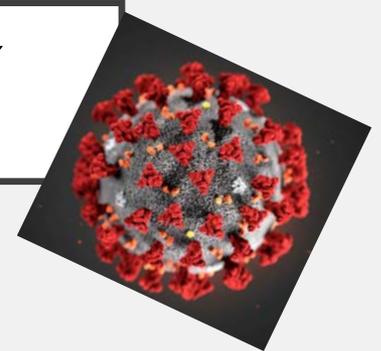
CHILD & ADOLESCENT PSYCHIATRY & PSYCHOLOGY CONSULT PROGRAM

Courtney Fleisher, PhD
Haley McGowan, DO
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STRESS RESPONSE



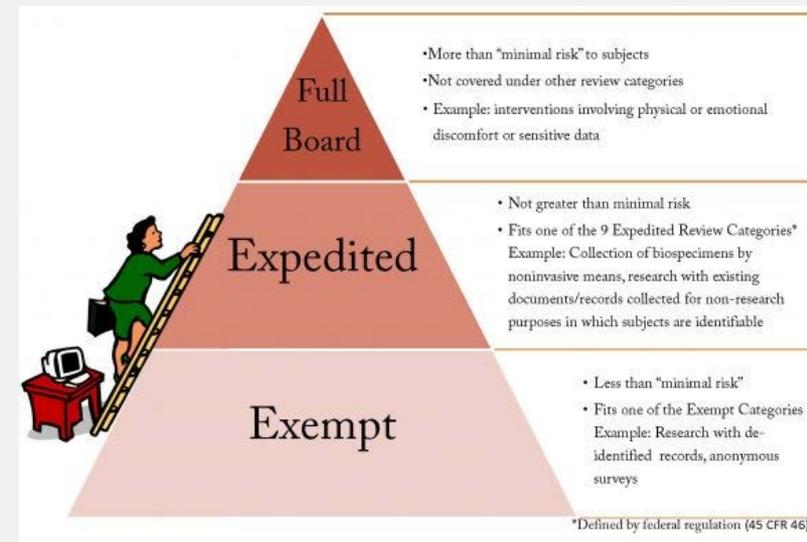
WHY DO MEDICAL EVENTS POTENTIALLY LEAD TO TRAUMATIC STRESS?



- These events challenge beliefs about the world as a safe place; they are harsh reminders of one's own (and child's) vulnerability.
- There can be a realistic (or subjective) sense of life threat.
- High-tech, intense medical treatment may be frightening, and the child or parent may feel helpless.
- There may be uncertainty about course and outcome.
- Pain or observed pain is often involved.
- Exposure to injury or death of others can occur.
- The family is often required to make important decisions in times of great distress.

WHAT'S KNOWN FROM PREVIOUS AND EMERGING RESEARCH

- Quarantine vs. non-quarantine:
 - \bar{x} **PTSS** of children and parents quarantined during **SARS and HINI** outbreaks – 4X higher than not (Sprang & Silman, 2013)
 - **Confusion** amongst children, parents, and school personnel quarantining versus not during **HINI** pandemic (Braunack-Meyer et al., 2013)
- Early psychological response to COVID-19 (Wang et al., 2020):
 - Psychological impact rated moderate or severe (53%)
 - Worse outcomes associated with
 - ✓ Student status
 - ✓ Self-rated poor health status
- Youth at greatest risk for challenging emotional responses to COVID-19:
 - Undergoing quarantine
 - Pre-existing chronic illness conditions
 - History of significant mental health issues
 - ✓ PTSD - due to possible triggers
 - ✓ OCD and anxiety-related conditions - for obvious reasons
 - ✓ Depression – due to new losses that may exacerbate depression



HOW YOU CAN MAKE AN IMPACT

- **Put your own mask on first:**

- ✓ [Rate your own reactions](#)
- ✓ [Healthcaretoolbox.org](https://www.healthcaretoolbox.org)
- ✓ [Intensive Care Society: Wellbeing Resource Library](#)
- ✓ [MGH Psychiatry – Mental Health Resources](#)
- ✓ [Headspace – free for healthcare providers for 2020](#)

- **Anticipatory guidance for your patients and families:**

- ✓ Encourage periodic conversations about COVID-19 between parents and children
- ✓ Encourage parents to stay connected with child's medical team (including specialty care) and rely on info from relevant national disease groups ([CFE](#), [COG](#), [IOCDF](#), [NCTSN](#))
- ✓ Check in on patients at high risk for mental health challenges
- ✓ Those who stay connected to social connections fa better



PARENT MENTAL HEALTH

- **No frame of reference for this!**
- Parenting while struggling with mental health challenges is already difficult; now add a pandemic, social distancing, and online school.
- When parents' needs are met, children are more likely to receive sensitive and responsive care.
- Be gentle with expectations of yourself and the situation.
- To better support your child, take breaks for yourself.
- **Asking for help is a sign of strength and resourcefulness.** Identify sources of help and know that you are not alone in this struggle.
- Prioritize time and energy for activities that are most important and meaningful to caregivers and their families.
- Resources:
 - [Parent/Caregiver Guide to Helping Families Cope with Covid-19: National Child Traumatic Stress Network](#)
 - [Ways to Promote Children's Resilience to the Covid-19 Pandemic: Child TRENDS](#)
 - **UVM Webinar TODAY AT NOON:** [Children and Young Adults Mental Health During the Coronavirus](#)

A FEW GREAT RESOURCES FOR PARENTS

- **Screen Time:** Recommendations by Common Sense Media. Well-researched list of “[Best for Learning](#)” apps, videos, books, etc. for all age groups.
- [Family Dinner Project](#): great website full of free ideas and resources related to all the positive things that can happen around eating/cooking/talking.

FOR PROVIDERS (WHO MAY ALSO BE PARENTS!)

- If you have relationships with mental health providers, they can support you as well as your patients.
 - Offer direct support
 - Facilitate connections
 - Many hospital-based supports coming into play

BRIGHT SPOTS

“I think I’m the healthiest I’ve been in a long time.”

- Patient with long history of depression, three weeks into physical distancing reflecting on the ways she is engaging in self-care.

“It’s hardly bothering me right now, and I’m getting to take a lot of walks in the woods.”

- 13 y/o patient who is putting distance between herself and her severe OCD because so many triggers are school-based.

“Several families are reporting much less conflict and stress because the burden of getting to school in the morning is gone.”

- Child psychiatrist managing patients with mood and oppositional defiant disorders.

WHEN THINGS AREN'T GOING WELL

- **Acute care is still available**

- Suicidal ideation

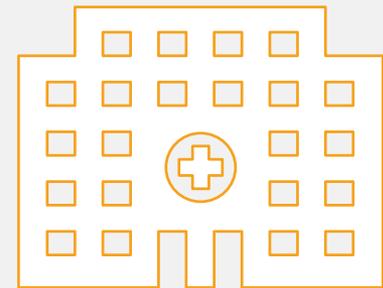
- Especially with intent, plan, action or inability for family to safety plan or supervise

- Violence

- Can't be de-escalated or places others at risk

- Escalating severity

- Depression, psychosis, substance use, etc. interfering with basic needs



RESOURCES

- **Providers**

- CAPPCON Pager via PAS
 - Questions about acute presentations and management
- VCCYF Child Psychiatry Consult Line
 - 802-847-9759 or eliza.pillard@uvmhealth.org

- **Crisis**

- Local Designated Mental Health Agency
- First Call
 - Telemedicine assessments
 - Phone calls



RESOURCES

• **First Call**

- More calls overall and doing a lot more phone support
- Kids engaged in services transitioned to remote support well; more challenging for families seeking help for the first time.
- Less of a wait for most services
- Doing more direct referrals
- Many calls due to worn out families and impacts of social isolation

• **Higher Level of Care**

- NFI Hospital Diversion Program
- Brattleboro Retreat
- Accepting direct referrals from local mental health agencies
- They will screen on arrival; **children do not need to go through ED**



THANK YOU!

Why child welfare experts fear a spike of abuse during COVID-19

UVMCH CHILD SAFE TEAM

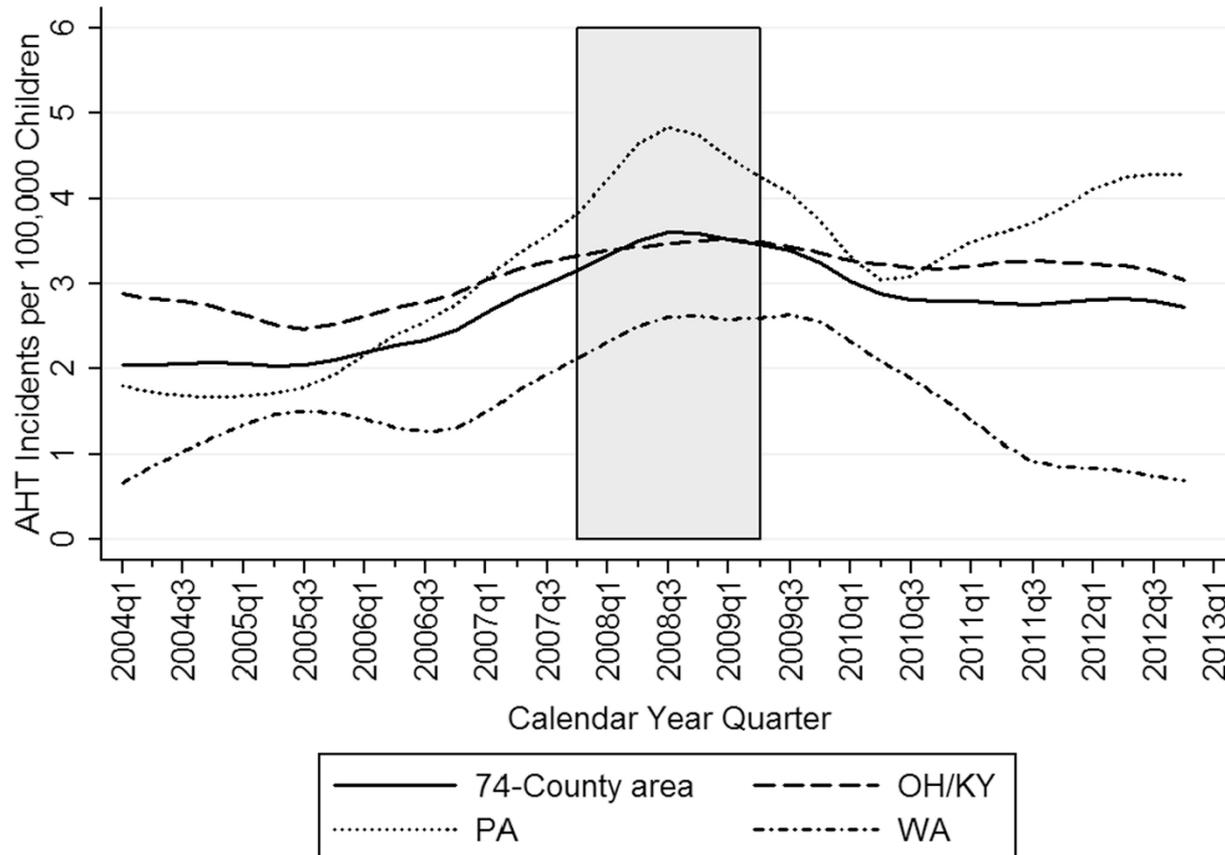
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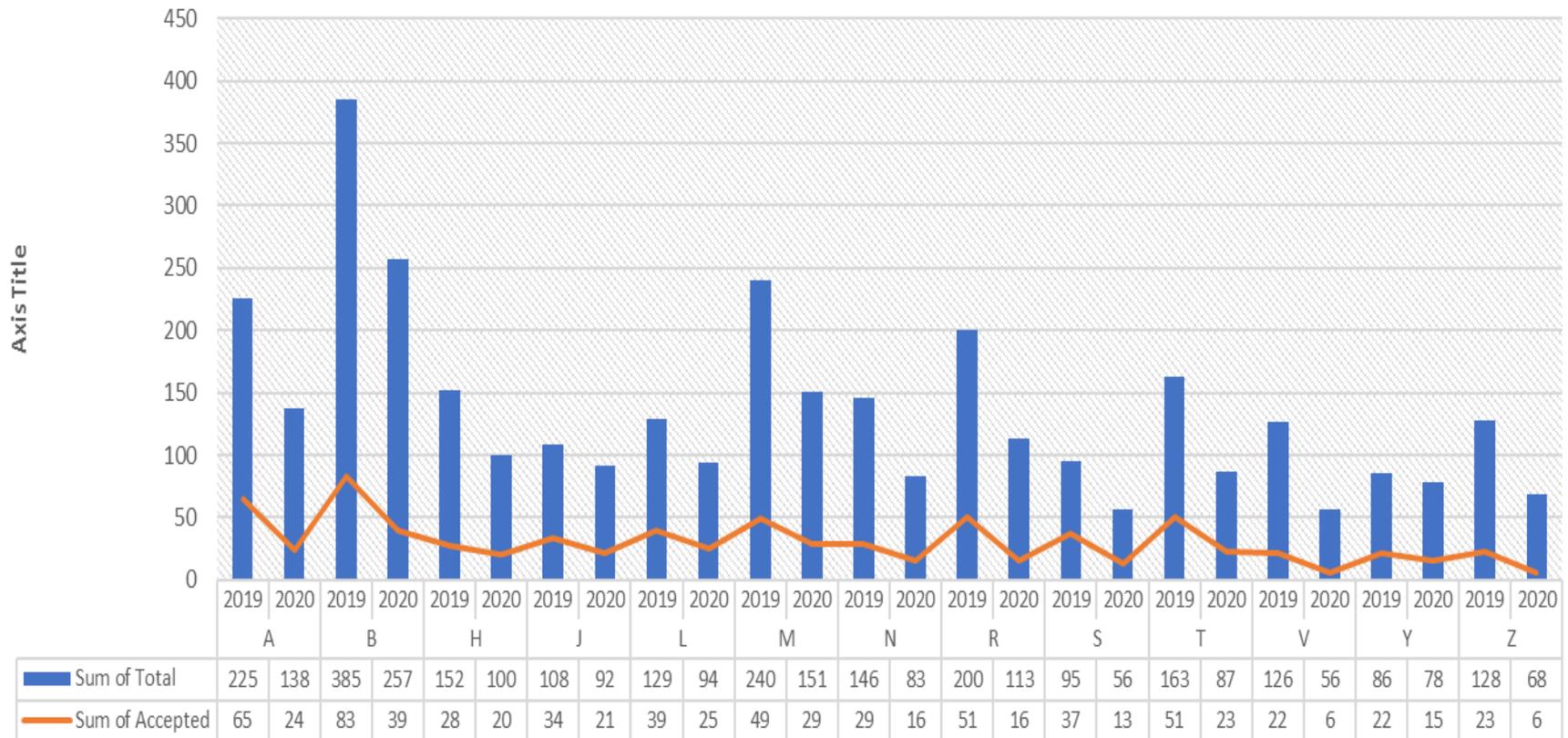
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Child maltreatment during times of stress



The mean rate of AHT per 100,000 child years increased from **9.8** before the recession to **15.6** during the recession before decreasing to **12.8** after the recession

DCF Vermont call volume & report acceptance March 2019 vs 2020



- All 13 districts reporting decreased volumes (30-75%)
- Similar to what is being seen across New England

What's happening when I make a report about child abuse right now?

- Hotlines remain staffed 24/7 in VT and NY
- Concerns for immediate child safety and serious injuries are being responded to in person
- Increased collaboration with law enforcement and medical providers to reduce number of people having contact with children
- DCF is using remote contact to engage with families (e.g. FaceTime) when reasonable
- When necessary court hearings and placement into foster care continues
- DCF (VT) and CPS (NY) continue to consult regularly with Child Safe Program

What are some of the steps I can take?

- Think about the kids & families in your practice who you're worried about and how you might be able to check in on them (utilize your clinic social worker if you have one)
- Consider reporting to DCF/CPS at a lower threshold
- Consult with Child Safe if you want to talk through your concerns and the process of reporting to DCF
- Talk with other providers and people to raise awareness of child safety concerns
- Talk with kids about whether or not they're feeling safe and what to do if they aren't
- Prepare yourself that the children who do access medical care for abuse related concerns may have experienced more serious or significant injuries than you might typically encounter

What you can do

- Educate mandated reporters and the public
- Encourage children to look out for one another
- Develop safety plans and affirmative resources for LGBTQIA+ youth
- Recognize that children may find different ways to communicate abuse
- Consider the mechanics of telehealth visits- privacy /safety of child
- Balance the risk of child abuse with the risk of COVID-19
- Prepare for the unique challenges facing rural communities (need to share resources/ lack internet access)

Special topics

Online safety

- Remind parents to be vigilant in monitoring online activities
- Balance online/offline
- Caution parents about taking away access as punishment- increases isolation
- Resource: [NetSmartz](#) : activities for kids and adults (K-5th grade)

Polyvictimization

- 2/3 of maltreated children are violated in at least 2 ways
- If it is true that CAN will increase during the pandemic, then we must be aware of this concept
- [Play Nicely](#) : a violence prevention program with resources for parents, healthcare providers, and childcare providers (ages 1-7 yrs.)

Sexual abuse response

- UVMMC has 24/7 PEDI FNE coverage-available for questions through PAS (847-2700), will connect with Child Safe Program
- Statewide-Pedi FNEs are asked to triage with Child Safe Program
- If significant concern of acute event (≤ 120 hours) then pt needs to go to ED for forensic collection, EDs have triage plans in place
- If concern is chronic and child is safe – referral can be made to Child Safe and we will contact family
- Advocacy Programs through the VT Network (domestic violence, CACs) are messaging about availability and connecting via phone

Contacting Child Safe

- Consult **Child Safe Program** at any stage based on the information you have available to you
- Send consult: ChildProtectionTeam@uvmhealth.org
This email is monitored throughout the day, 24-48 hour response.
- Need immediate response? Call PAS: 802.847.2700



Kanin

*"I know it's the right thing to do, but if we call the cops
this sandbox will be tied up for weeks."*

THANK YOU



CHILDPROTECTIONTEAM@UVMHEALTH.ORG

Addressing Families' Basic Needs During COVID-19

Kate Cappleman Sinz, LICSW
April 15, 2020

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It takes a virtual village!

- Thank you to: fellow Community Health Team social workers, Cathy Kelley- Pediatric New American Clinic Social Worker, Pediatric Collaboration Support Team at Upeds, Vermont Legal Aid/ Medical- Legal Partnership, Community Partners including Howard Center, Hunger Free Vermont, State of Vermont, City of Burlington, and many others who contributed the resources that follow
- Disclaimer: Many local agencies have created COVID-specific websites with information. In an effort to keep it simple, websites listed contain more comprehensive resource lists, including other agencies' websites!

Resources for Families with Limited English Proficiency

- Burlington Resource and Recovery Center
Translated COVID-19 Resources:

<https://www.burlingtonvt.gov/covid-19/translated>

- Vermont COVID-19 Translation Resources Website:

<https://www.newamericansinvermont.com/>

- Immigrants can use health care to get treatment or preventative services for the COVID-19 coronavirus without having it held against them for public charge purposes.

<https://www.uscis.gov/greencard/public-charge>

Food

- 3 Squares (Food Stamps) eligibility criteria same; some households may newly qualify due to reduced income
- Income documentation requirements relaxed
- *Increase in unemployment benefits may impact eligibility
- Families with no income can apply for Reach Up (Cash Assistance) with same application

- All eligible families (former and new) will receive maximum benefit for months of March and April (to be deposited in EBT accounts starting April 17)

Household size / Maximum benefit	
1	\$194
2	\$355
3	\$509
4	\$646
5	\$768
6	\$921

HOUSEHOLD SIZE	MAXIMUM GROSS MONTHLY INCOME (185% OF FPL)	MAXIMUM NET MONTHLY INCOME (100% OF FPL)
1	\$1,926	\$1,041
2	\$2,609	\$1,410
3	\$3,290	\$1,778
4	\$3,971	\$2,146
5	\$4,653	\$2,515
6	\$5,334	\$2,883
7	\$6,015	\$3,251
8	\$6,697	\$3,620
9	\$7,380	\$3,989
10	\$8,063	\$4,358
Each additional member add	\$683	\$369

Food

Hunger Free Vermont has comprehensive resource list:

<https://www.hungerfreevt.org/coronavirus>

School districts- provide meals to **all youth aged 18 and under** at Grab and Go meal sites and via delivery in some cases

* Summer meal site rules apply (no means test)

District-specific details in spreadsheet below:

- <https://docs.google.com/spreadsheets/d/1y0K-wzZ28OeU3g8ZKMxmnbRuaXDqcD8PH--DaJ7YGBA/edit#gid=0>

Community Food Shelves:

- <https://www.vtfoodbank.org/2020/03/covid-19-update.html>

WIC- Has temporarily expanded food list in response to reports of low stock at supermarkets

Child Care

- Essential Workers Child Care

<https://dcf.vermont.gov/cdd/covid-19/families>

Child Care Resource can support with referrals: 802-863-3367 ext. 365

or call Vermont 211 ext 6.

- UVM Student Volunteer Child Care:

Ben Schnier Benjamin.Schnier@uvm.edu

<https://forms.gle/Q2qk25QafzHyKbUk8>

- Burlington School District- child care for “first responders, medical providers and their staff, staff at the UVM Medical Center, and essential Burlington City and Burlington School District employees.”

<https://docs.google.com/forms/d/e/1FAIpQLSf4YMI9yg9e2-pcBumKKH0ZLkpGqRlaYs1N8Ki8zOV4vB0aGg/viewform>

- COVID-19 Child Care Stabilization Program

State of VT will cover 50% of child care tuition after April 6 during crisis period to hold spots and prevent closure of businesses

Housing

- ESD extending housing supports for homeless individuals who are over age 60, or have underlying health conditions as identified by the Centers for Disease Control and Prevention (CDC)
- **Status of emergency shelter and recovery/isolation sites**
Most congregate facilities have been closed in favor of moving residents to GA motels (meaning many more people are in motels). No “co-pay” is required. Emergency housing recipients are exempt from governor’s order to close lodging
- People are being re-approved for 7 days at a time by calling the Benefits Call Center (1-800-479-6151) or 2-1-1
- Recovery facilities open for persons with no housing who are COVID+ or suspected cases
- AHS is working to help shelter service providers build in behavioral/integrated health support, MAT support, medical support, transportation services, PPE for staff, and more money for staffing. Also working on screening/testing help, meal and food infrastructure support, infection prevention control

Housing- rentals and foreclosures

- Most eviction proceedings delayed; foreclosures delayed by 90 days; tenants/ homeowners should confirm with court
- Landlords may still file evictions and tenants must still comply with procedures and deadlines; Vermonters with lower incomes should contact VLA if receive Writ of Possession (eviction notice)
- <https://vtlawhelp.org/how-we-can-help>
- No evictions for ***non-payment of rent*** in publicly funded housing from March 27 to July 25, 2020
- Many nuances; see VLA website for more information and links:
- <https://vtlawhelp.org/coronavirus-updates#rent>

Unemployment

- Unemployment expanded / work search requirements relaxed for people laid off due to COVID-19.
 - new online claim form: <https://vermont.force.com/DOLClaim/s/>
 - new protocol for phone contact with DOL- first letter of last name corresponds to day of week
 - Extra \$600 weekly added to payments for Pandemic Unemployment Compensation starting week of 3/29
 - CARES act expands unemployment to include self-employed workers, independent contractors, and small business owners (claims system not set up yet- workers encouraged to sign up for newsletter):
 - <https://mailchi.mp/vermont/unemployment>
- VT Dept of Labor COVID site:
 - <https://labor.vermont.gov/covid19/>

Health Insurance

- VT is: Temporarily waiving financial verifications required for those seeking to enroll in health insurance
- Extending out Medicaid, Medicare Savings Programs and VPharm coverage periods until after the emergency ends; Suspending certain terminations of health insurance
- Offering a Special Enrollment Period (**from 3/20/20 to 4/17/20**) for those who do not currently have health insurance to enroll in a qualified health plan and receive premium and cost-sharing assistance, if eligible.
- Vermonters can continue to apply for Medicaid at any time
- Dr. Dynasaur Premiums suspended; newly enrolling customers do not need to pay Dr. D premium to effectuate coverage

Communication

FCC Keep America Connected Pledge:

- Increased access to connectivity and WiFi for 120 days
<https://publicservice.vermont.gov/content/new-connectivity-resources-support-you-during-covid-19-state-emergency-vermont>
- Publicly available WiFi locations:
<https://vtpsd.maps.arcgis.com/apps/webappviewer/index.html?id=c926d155167d4a5586e8e1aca1701cfa>

Legal Support

- Vermont Legal Aid's website has excellent, updated information on new policies and protocols for accessing benefits:

<https://vtlawhelp.org/coronavirus-updates>

- Weekly Town Hall Zoom meetings cover topics in detail:

<https://vtlawhelp.org/coronavirus-updates#town-halls>

*****For Chittenden County practices that have Community Health Team support, refer families to CHT social worker for consult with Medical-Legal Partnership**

Education

- McKinney-Vento act for homeless students stands- school districts responsible for providing all educational materials, including covering cost of technology
- M-V definition of homelessness broader than HUD- includes youth who are “doubled up” with other families
- School districts remain responsible for providing special education and accessibility to students with disabilities

https://education.vermont.gov/sites/aoe/files/documents/edu-memo-idea-requirements-for-educational-placement-and-amendments-to-ieps_0.pdf

Utilities

VT Public Utility Commission: temporary moratorium on utility shut-offs through April 30

<https://publicservice.vermont.gov/content/covid-19-vermont-utility-response>

- Charges will continue to accrue and customer is ultimately responsible once moratorium period ends
- Support with shut-off notices: CVOEO, Joseph's House, JUMP, Catholic Charities

Other Community Supports for Basic Needs

- JUMP- accepting online applications for food or gas card:
<http://www.jumpvt.org/flexassistancesupport.html>
- Burlington Community Resource and Recovery Center
<https://www.burlingtonvt.gov/resources>
- Family Room Vermont: <https://www.thefamilyroomvt.org/>
- VSECU is offering 0% interest loans of up to \$2,000 specifically for those laid off due to COVID19.
- Contact: Abbi Kiley at 802-371-5117
- Vermont 211: <https://vermont211.org/>
- **Refer to Community Health Team social worker or care coordinator!**
 - available via Care Management referral (UVMMC), email, phone, EPIC, PAS...