

Preparing for the Worst: Choosing a Substitute Caregiver in the Time of COVID-19

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Goals & Objectives

At the conclusion of this activity participants will be able to:

- Describe trauma-, developmentally- and diversity-informed approaches to support families in identifying a substitute caregiver for a child in the event of a life-threatening illness of a parent or guardian in the context of COVID-19 public health crisis
- Describe strategies to engage families in this difficult process
- Describe how to support parents/caregivers in having difficult conversations with their young children related to separation
- Describe considerations for provider self-care
- Understand how to use the Family Preparedness Plan and legal documentation to assist families in identifying a substitute caregiver

Keep in Mind

During this presentation, we will be discussing topics related to life-threatening illness, immigration trauma, racial trauma, health inequities, and family separation due to parental illness.

Please do whatever you feel you need to in order to take care of yourself.

Group Agreements

- Reflective and respectful listening
- Keep an open mind
- Be open to self-reflection and introspection
- Protect privacy and confidentiality
- Be mindful and present
- Take Space, Make Space

Reflective Activity: Case Study

Renée's caregivers (Mom, Dad and Grandmother) migrated to the USA fleeing from political violence and are currently out of status. Renée is 30 months old and was born in the USA.

Provider reaches out to mom for a regular check-in and to see how the family is doing. Mom does not sound her usual self and after some prompting shares that she is concerned about their ability to manage everything going on in the home right now.

Reflective Activity: Case Study

Mom discloses to the provider that Grandmother, who had lived with them, recently passed away due to COVID.

Dad is hospitalized at the moment, also due to COVID. Mom reports that she is also showing symptoms of infection(cough, fever, lethargy). Mom is very worried that she will be hospitalized and wonders who would take care of Renée.

Reflective Activity: Case Study

Mom has a “comadre” who lives in her same community, a sister who lives in Florida and relatives back in her country. She does not have groceries or diapers at home and worries DCF will take Renée away because she is not able to take care of her. She has not shared with anyone what is happening at home because is afraid of being rejected or declined services. She is extremely overwhelmed and frightened, and confused on what to do next.

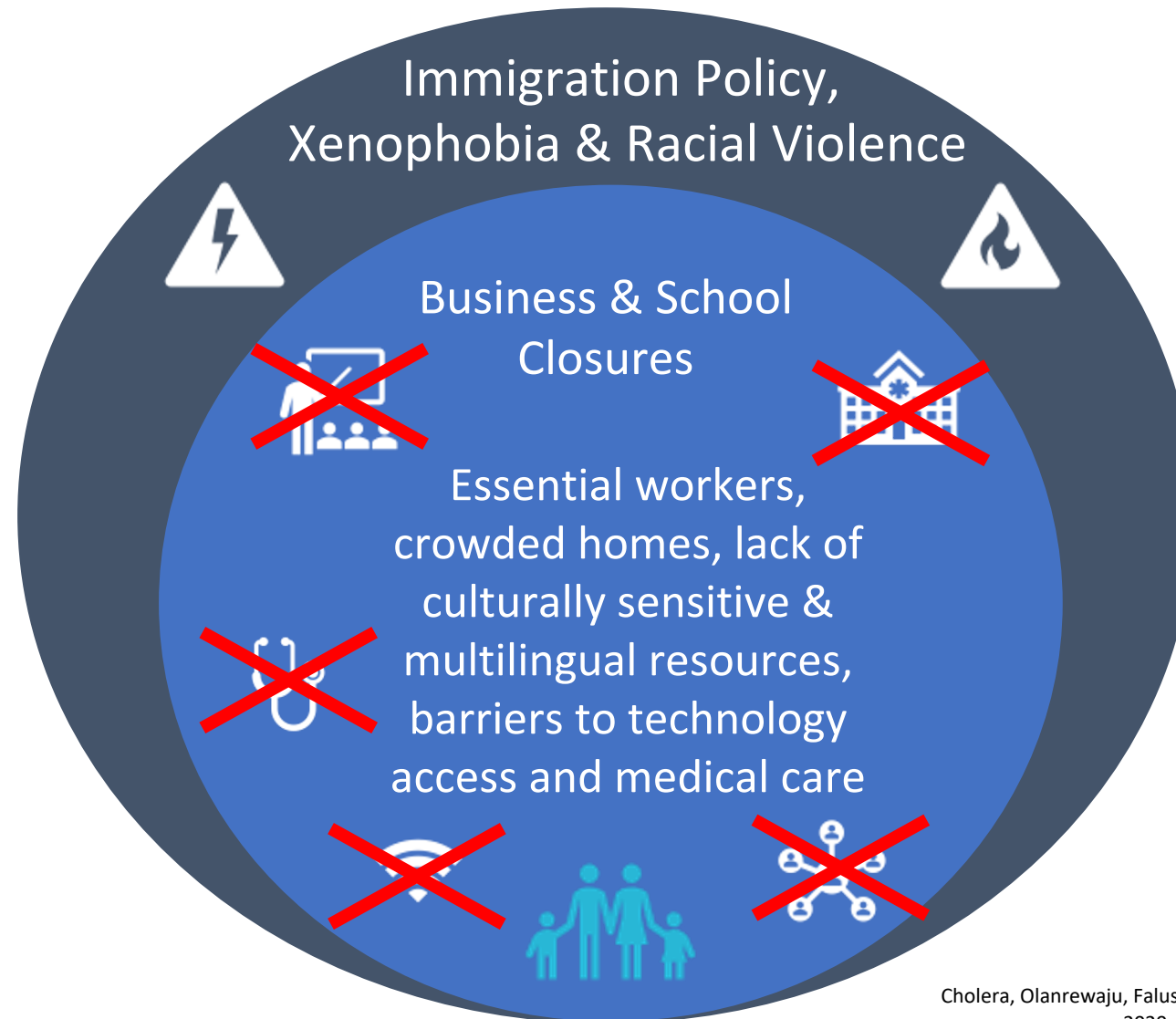
What is the Socio-Political Context for Identifying a Substitute Caregiver?

Making the Invisible Visible: COVID-19 & Health Equity

The impacts of COVID-19
are being felt globally in
all domains of our lives

COVID-19 shines a light on
existing inequalities with
the burdens of the crisis
falling on some much
more than others

COVID-19 & Children in Immigrant Families



Our Stance/Framework

Developmental Lens

- Attachment and development are dynamic processes that happen in the context of relationships and socio-cultural values and differences
- Young children's developmental, behavioral and emotional problems need to be addressed by a relational approach
- Qualitative features of child-caregiver relationship are key in trauma healing
- Supporting and empowering caregivers/parents is the best way to support young children

Diversity-Informed Tenets

- 10 guiding principles of diversity, equity, and inclusion
- Raise awareness about inequities and injustices embedded in our society
- Empower individual practitioners, agencies, and systems of care to identify and address social justice issues
- Find all 10 tenets at: **Diversityinformedtenets.org**

Diversity-Informed Tenet #1

Self-Awareness Leads to Better Services for Families

Working with infants, children, and families requires all individuals, organizations, and systems of care to reflect on our own culture, values and beliefs, and on the impact that racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression have had on our lives in order to provide diversity-informed, culturally attuned services.

Diversity-Informed Practice: Racial Justice Framework

- Identifies the pervasive and multiple impacts of systemic inequities based on race, both historical and present-day
- Takes on the work of recognizing, understanding, and addressing the manifestations of White privilege and other forms of privilege

Diversity-Informed Practice: Social Justice Framework

“Trauma-informed therapy is important, but social-justice informed therapy is even more important. One cannot truly do fully trauma-informed therapy without understanding the trauma of social injustice.”

- Maria Paredes, PhD, LPCS, CEDS-S

Freedom from Fear: A Human Right

A Proactive Approach to Fear Reduction

- Reducing fear is a therapeutic goal, a social justice goal and a critically important health intervention
- Providers can:
 - Become a trusted resource
 - Facilitate access to appropriate resources and services
 - Create safe spaces
 - Empower families through information and safety planning

A Diversity- and Trauma-Informed Approach to Services: Practice Implications

- Historical and socio-cultural lens
- Coordinated and collaborative multipronged, multilayered, multidisciplinary approach
- Focus on relationship building, transparency, choice, and meaning-making:
 - Empower families/parents (*Family Preparedness Plan, KYR*)
 - Enhancing protective factors
 - Providing hope
- Caring for the helper

Engaging and Supporting Families: “Speaking the Unspeakable”

Guidance When Discussing the FPP & Potential Caregiver

- Explore the family's views, perceptions, values about death/illness, death and socio-cultural norms regarding talking about these topics
- Gain an understanding of parents' perception and meaning of current experiences
- Acknowledge the role of race and culture in responding to crisis
- Learn about caregiver's coping strategies and protective factors

Considerations When Completing the FPP with Families

- The process of completing the FPP can be very overwhelming and anxiety-provoking
- The FPP Facilitator's Guide provides valuable information on how to assist families in completing the FPP
- Do not print out the FPP and give it to the parent

Supporting Caregivers: Potential Script



“Because of the coronavirus epidemic, we are asking all of our families about what plans they have made for someone to care for their child in case they become very ill. This can be a very difficult topic to talk about. Would it be okay if we discussed this a bit more?”

Supporting Caregivers: Potential Script



“It is normal to feel upset and scared about the possibility of being very ill and not being able to care for your child. We are here to support you.”

“I hope you will never need to use this. Making a plan in advance is an important step you can take as a parent to take care of your child in case something were to happen to you”

Preparing Caregivers to Talk to Children

Reflective Activity: Renée's Experience

I heard my mommy coughing by herself, in the other room, and I could not touch her. I am next to the door, and I call to her. I cannot see her, where did she go? Is she at the hospital or did those people take her somewhere else?

I have a tummy ache. I grab the doorknob and hold on. My auntie from Florida is here. She tells me to let go of the door and come to eat. She is quiet and does not answer when I ask where Mami is.

I do not want to eat. I want to stay by the door until Mami comes back.

Reflective Activity: Renée's Experience

- What do you think Renée needs now?
- What do you think the aunt who is caring for her now should do and/or say?
- How would you support the aunt and Renée to help making sense of the situation?



Function of Talking with Children

Validate

Children need to feel seen, heard and important

Co-Regulation

Children need caregivers to help them make-meaning, cope, and remain calm

Reassurance

Children need to know that adults have a plan to maintain their safety and well-being



Anticipatory Guidance: Talking to Children

Explore

Explore the family's views, values, socio-cultural norms when talking with children about complex topics

Validate

Validate that it might be difficult and painful to talk to their child about illness and a possible separation

Empower

State that the decision is theirs if and when they want to hold these conversations with their child and that you are there for them

Anticipatory Guidance: Talking to Children

Highlight that:

- Children are able to perceive when they are taboo topics in the family and often blame themselves for things they don't understand or things fear will or have hurt their loved ones
- Even very young children are attuned to what is affecting their caregivers and might feel scared, confused and have many questions
- They need their caregivers help to make meaning of what is happening, other ways they will create their own story

Anticipatory Guidance: Talking to Children

- The FPP can offer a space to begin a conversation with their children in a clear, concrete, truthful and developmentally appropriate way
- To answer questions when possible
- It can also help them identifying and validating their feelings, even if they are very young
- Knowing that their parent is paying attention to their cues and feelings and that they can ask questions and talk to them can help them feeling better
- When the information comes from a trusted adult, the adult has more control over what to tell and how to tell the child

Information, Referral, Resources, Reassurance

- Offer support, or make a referral for additional help, if parent feels not ready or unable to hold these conversations with child
- Offer developmental guidance on how to talk to children of different developmental stages
- Provide developmentally and socio-culturally and linguistically responsive resources

Strategies and Considerations When Talking with Young Children



Clarify Goal

Be clear about the goal of the conversation

Reflect

Reflect on your own thoughts, feelings, and beliefs about COVID-19, death, etc.

Space

Allow space for children to ask questions and have an open conversation



Talking to Children: Potential Script

“Your auntie and I have been talking and she is telling me that you are not eating or sleeping. She thinks that this is because you are worried about mommy and all the big changes happening in your house since mommy is not here. I work with a lot of kids that are having big feelings about their mommies and drawing, talking or playing makes them feel better. Auntie and I think that it might be helpful for all of us to talk about mommy together.”

Self-Reflection

- Attune to your own internal states
“How am I doing/feeling during this time of shelter-in-place, social distancing, and COVID-19?”
- Attune to your own body experiences:
- What happens...
 - ...in my body when I am under stress, anxious, afraid, etc.?*
 - ...to my state of being and attention?*
 - ...to my social interactions/engagement?*



Strategies: Talking with Children

Explore

What the child knows about the situation

Specific

Be clear and specific when providing information & answering questions. Correct misinformation

Check

Seek clarification and check for understanding

Answers

You do not need to have all the answers



Talking to Children: Potential Script

“ Mommy got sick with the virus and had to go to the hospital and asked auntie to come from Florida and take care of you. Auntie will cook your favorite meals, give you baths, put you to bed and make sure that Mr. Bear is with you. Auntie loves you and will keep you safe.”



Talking to Children: Potential Prompts

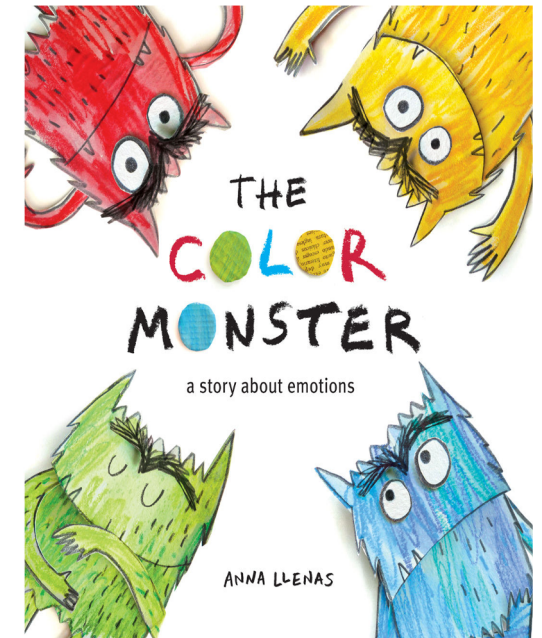
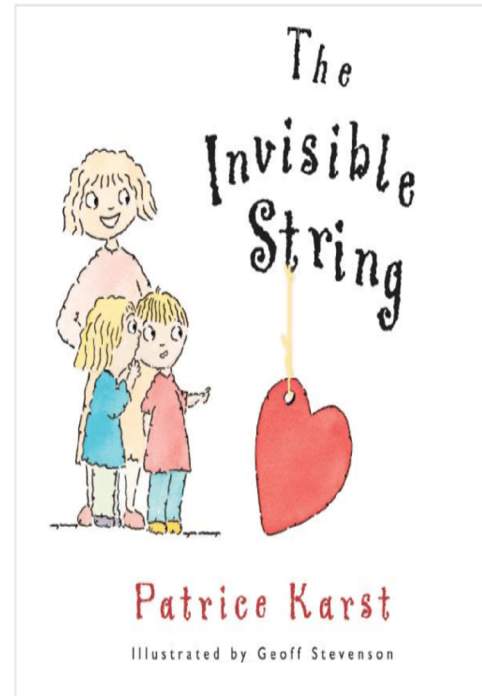
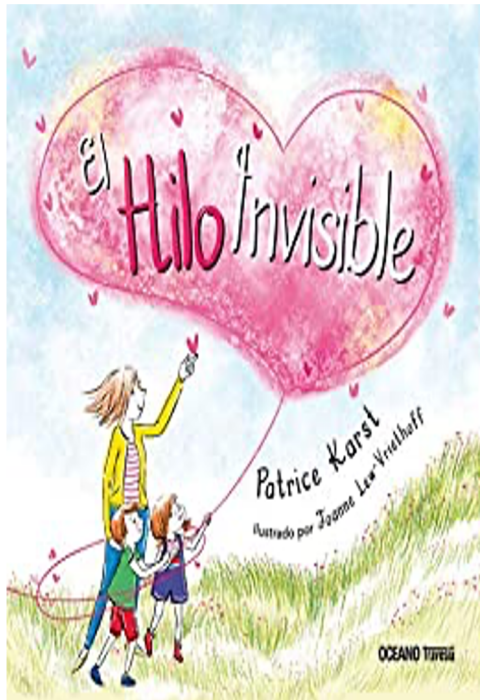
“What happens when someone dies?”

“Remember we talked about the germ bugs called coronavirus. Can you tell me what the germ bugs do again?”

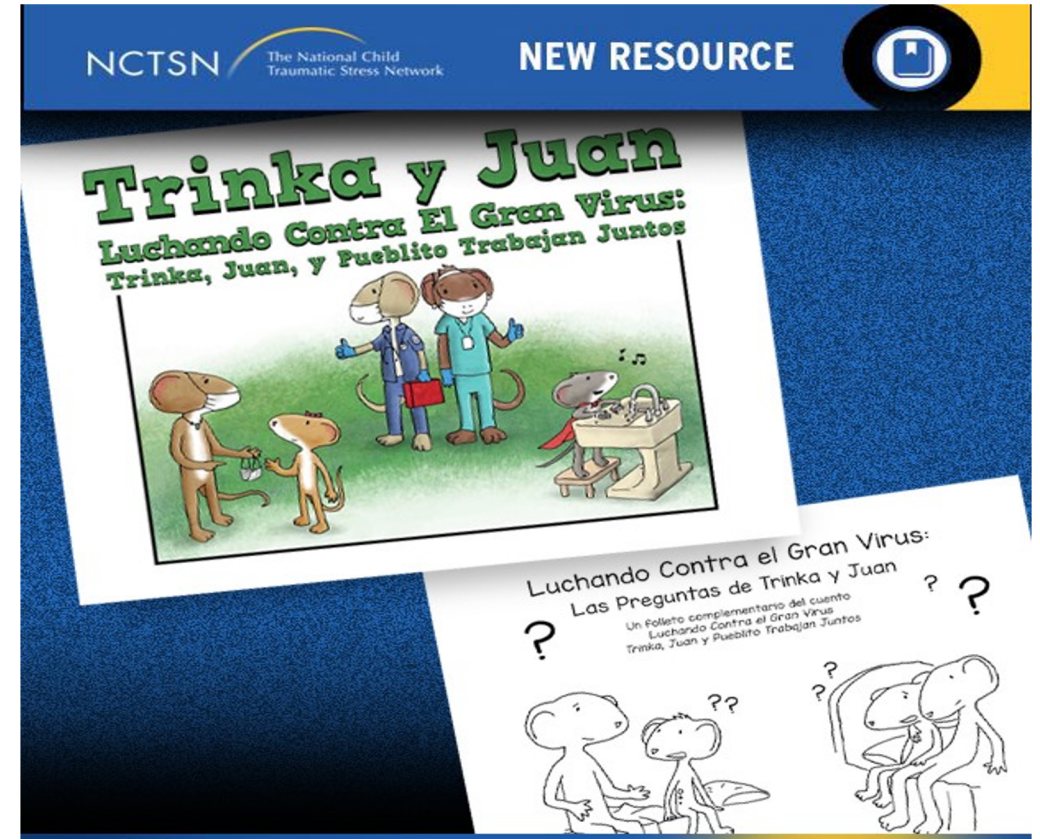
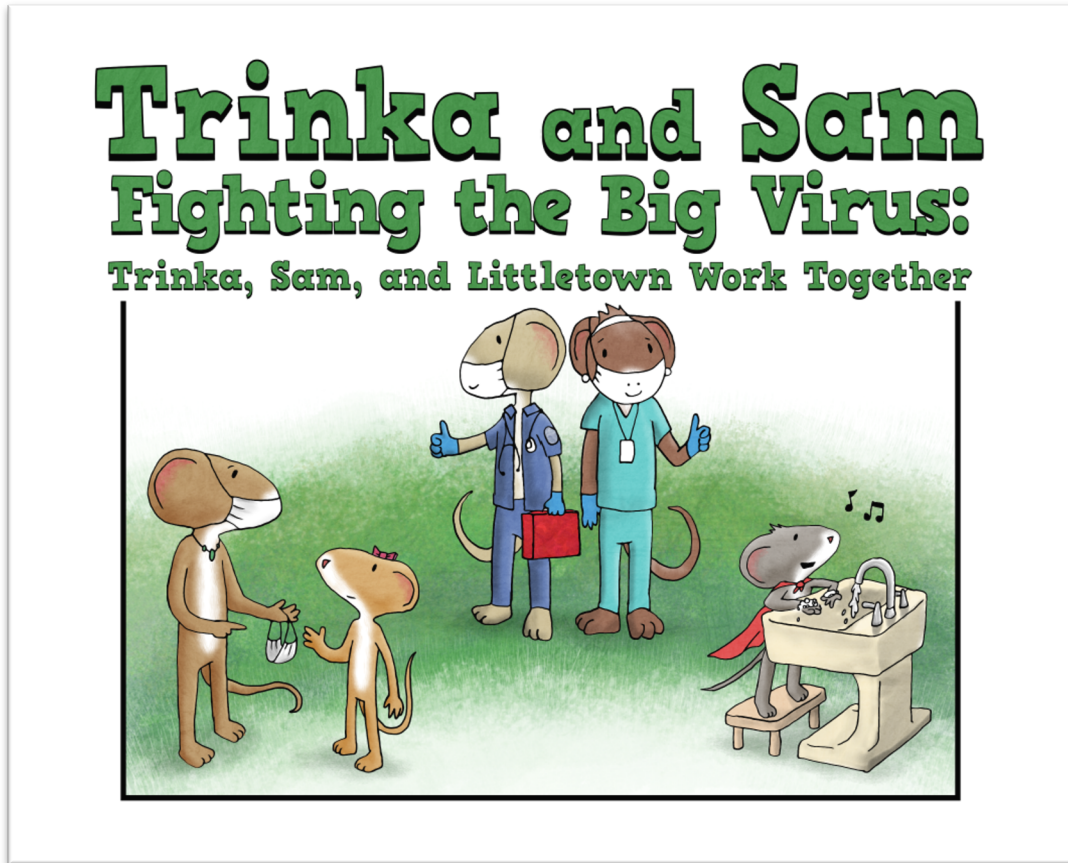


“What do you think a forever family is?”

Resources



Resources (continued...)



<http://piploproductions.com/trinka-and-sam-virus/>

Self-Care for Providers



Reflect on your values, beliefs, reactions and their impact



Pace yourself



Pay attention to the secondary effects of the work (vicarious trauma, secondary traumatic stress)



Ask for help and support when you need it



Take care of yourself and other members of your team



Connect with those you trust to share your feelings and experiences (e.g. reflective consultation)—this is not work that we can do alone

The Family Preparedness Plan

Substitute Caregiving for a Child in the Event of Severe Parental Illness

- Family Preparedness Plan
- Legal documentation
- Talking to families about identifying a substitute caregiver
- How to proceed if a caregiver cannot be identified
- Self-care for members of the medical team

BMC Family Preparedness Plan



- Scripts and guidance for parents and caregivers on how to talk about potential separation with a child in a developmentally appropriate way

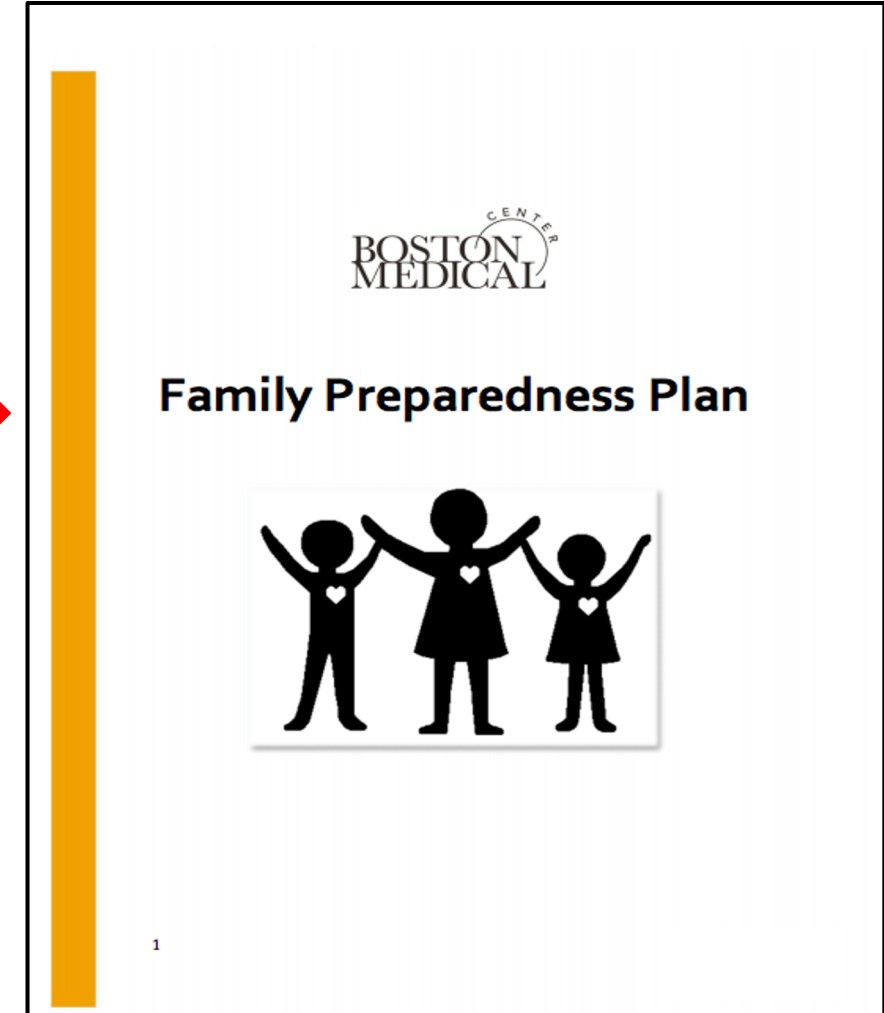
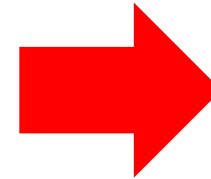


- Considerations when selecting a potential caregiver



- Information on self-care for parents and caregivers

“BMC Family Preparedness Plan”



Designating a Caregiver in MA

Caregiver Authorization Affidavit

- Authorization for health and educational decisions only
- Expires after 2 years

Temporary Agent Authorization

- Broader authorization to make most decisions
- Expires after 60 days

Designating a Caregiver in MA

- Either of these documents can be completed without court involvement
- The parent retains decision-making authority and can revoke the designation at any time
- Legally designating a caregiver may help avoid the need to involve the Department of Children and Families in the event of severe parent illness or incapacity

Parents/Guardians Hospitalized for COVID-19: Considerations for Substitute Caregiving

Best Practice Tips:

- First determine the child's legal custodian (i.e., parent/ DCF/ other family)
- Ensure that all parties understand that the Caregiver Affidavits a legal document, can be revoked at any time, and should be kept in a safe easily accessible location

Consult BMC Child Protection Team

Parent(s) or guardian(s) being admitted for COVID infection, responsible for minor children

Social Work/Medical Provider assist patient in identifying friends/family to care for child(ren)

No one

1. Consult BMC Child Protection Team
2. Obtain assistance in exhausting all efforts
3. Consider need to file 51A with Department of Children and Families (Emergency Response)

Identified

1. SW/Provider discuss planning for alternate care for children with non-guardian
2. Assist caregiver in filling out
 - Caregiver Authorization Affidavit
 - BMC Family Preparedness Plan

Considerations:

- Conversation can be emotionally difficult for caregivers and may require ongoing discussion.
- Families who have children with complex health or behavioral needs would benefit from more comprehensive planning – BMC Family Preparedness Plan & Caregiver Affidavit

Take-Home Points

- The COVID-19 pandemic has presented us with unprecedented personal, professional, and moral challenges
- Families who have experienced intergenerational trauma, institutional racism from within the medical system, and other inequities related to poverty and immigration are particularly vulnerable and need our advocacy more now than ever
- Offer partnership, solidarity, and hope to each other and to the families we serve