

Implementing Trauma-Focused Cognitive Behavior Therapy in COVID-19 Related Orphanhood in the District of Columbia



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Abstract

- The COVID-19 pandemic has severely impacted the health and well-being of children and families worldwide.
- The pandemic's effects have not been felt equally in all communities.
- Families in the District of Columbia have experienced disproportionate rates of COVID-19 infections and deaths and continue to face extreme challenges in their everyday lives.
- Children and adolescents have been affected by grief, isolation, and loss due to COVID-19 related deaths in their immediate families.
- The pandemic has compromised the emotional well-being and mental health of many children in the District, leading to orphanhood.
- The proposed solution is to implement trauma-focused cognitive behavioral therapy for orphaned patients under the age of 18 who lost their caregiver due to COVID-19.
- The implementation of cognitive behavioral therapy can reduce the risk of trauma-related distress and emotional and behavioral difficulties in these children.
- Coping strategies created through therapy can potentially follow these children into adulthood.

Community Assessment

Community Assessment of Washington D.C.

- **Population:** 670,050, majority African American adults (246,000) and White adults (234,000), with 57,622 Hispanic adults. 1
- **Economic environment:** The COVID-19 pandemic has worsened existing social issues, and the economic fallout negatively affects Black, Hispanic/Latino, and Asian residents, along with young people and women, leading to an inequitable economic recovery. Income and poverty vary across wards, with poverty rate over 40% in Wards 7 and 8. 1
- **Health:** Prior to the pandemic, 11.4% of adult residents in the District reported having poor mental health for more than 14 consecutive days, and 14.3% of the District's population had been diagnosed with a depressive disorder.
- **Behavioral health disparities:** Since the pandemic, 27% of all adults in the District with children reported feeling down, depressed, or hopeless for more than half of the days in the past week, and 35% felt nervous, anxious, or on edge for more than half of the days or nearly every day in the past week. Access to care is also an issue in the District, with 48.7% of District youth with a major depressive episode not receiving mental health services in 2020. 2
- **District's response:** Strengthening behavioral health system of care for children and families by integrating community-based organizations and school-based behavioral health supports into public schools across the city.

Problem in the Community

Community Health Problem: Orphanhood-related issues caused by the spread of COVID-19 in the District of Columbia and globally

- **Impact in the District of Columbia:** Disproportionate caregiver loss imbalance, with Black and Hispanic children being more affected than White children, resulting in traumatic or prolonged grief, depression, anxiety, low self-esteem, post-traumatic stress disorder, low academic attainment, high dropout rates, high rates of substance and drug abuse, increased risk of suicide, and unemployment.
- **Global Impact:** Approximately 5.2 million children and adolescents affected by COVID-19-associated orphanhood and caregiver death in the first 14 months starting from March 1st, 2020, to April 30th, 2021. 3
- **Nurse's role in addressing the problem:** Performing Cognitive Behavioral Therapy (CBT) on children with traumatic, complicated, or prolonged grief, which is an evidence-based intervention that has shown improvements in coping with grief, anxiety, and depression. Screening for children at risk of developing disaster reactions such as generalized anxiety disorder (GAD-7), PTSD (DSM-5), and depression (PHQ-9) to provide appropriate interventions.
- **Alignment with WHO Sustainable Development Goals:** The healthcare problem faced by the District of Columbia is in line with the WHO Sustainable Development Goals, particularly Goal 3, which aims to ensure healthy lives and promote well-being for all ages.

Proposed Solution

Evidence-based Health Initiative: Implementing Trauma-Focused Cognitive Behavioral Therapy for Orphaned Children and Adolescents Under 18 Who Lost Their Caregiver Due to COVID-19

Community Health Goals:

- Reduce trauma-related distress, emotional and behavioral difficulties in orphaned children and adolescents under 18 who lost their caregiver due to COVID-19.
- Improve mental health outcomes, including reducing depression, anxiety, low self-esteem, feelings of anger, and trauma symptoms in this vulnerable population.
- Increase access to evidence-based trauma-focused cognitive behavioral therapy in various settings, including schools, clients' homes, and in individual and group therapy settings.
- Raise awareness about the psychological impact of COVID-19-related caregiver loss among children and adolescents.

Innovative Program Activities:

- Train lay counselors, social workers, and other healthcare professionals to deliver trauma-focused cognitive behavioral therapy for orphaned children and adolescents under 18 who lost their caregiver due to COVID-19.
- Provide evidence-based psychoeducation to caregivers, parents, and family members of orphaned children and adolescents about the impact of caregiver loss and the importance of seeking mental health services.
- Offer individual and group therapy sessions for orphaned children and adolescents under 18 who lost their caregiver due to COVID-19, including gradual exposure and skill-building components.
- Use teletherapy and other virtual technologies to increase access to trauma-focused cognitive behavioral therapy for children and adolescents living in remote or underserved areas.

How Solution Differs from What is Currently in Place or Available:

- Currently, there may be limited access to evidence-based mental health services for orphaned children and adolescents who lost their caregiver due to COVID-19.
- While traditional cognitive behavioral therapy may be available, trauma-focused cognitive behavioral therapy is specifically designed to address trauma-related distress and emotional and behavioral difficulties in children and adolescents who experienced caregiver loss.
- The proposed solution is tailored to the unique needs of this vulnerable population and emphasizes the importance of using evidence-based interventions to improve mental health outcomes.

Funding:

- The solution could be funded through grants from government agencies, private foundations, and non-profit organizations.
- Private insurance companies and Medicaid/Medicare may also cover the cost of trauma-focused cognitive behavioral therapy for eligible individuals.
- Community fundraising events and donations from individual donors could also be used to support this initiative

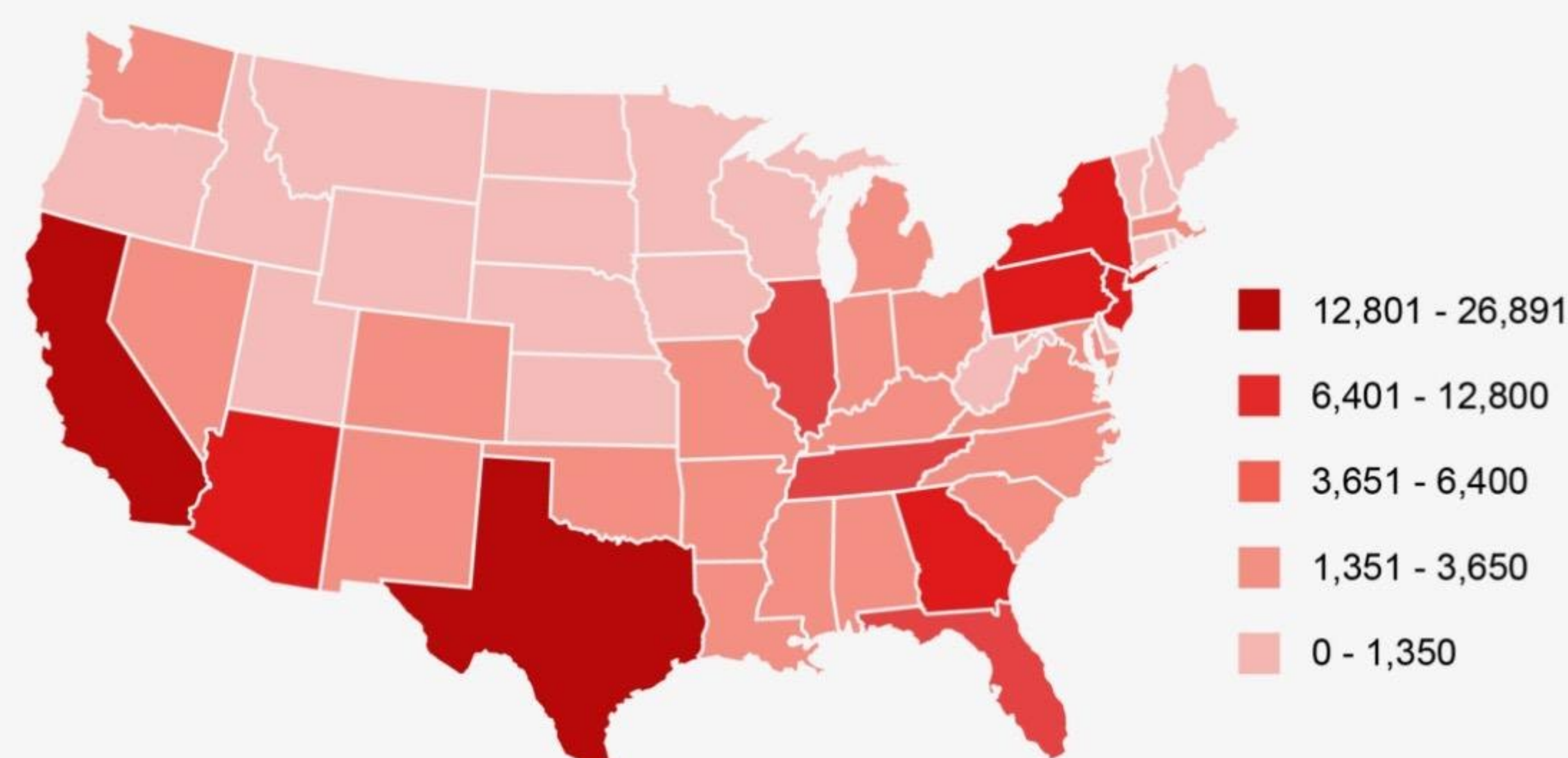
Acknowledgements

1. COVID-19 and Children's Behavioral Health in the District of Columbia. (2021, June). *Child Health Advocacy Institute, Children's National Hospital*. Retrieved from <https://childrensnational.org/-/media/cnhs-site/files/advocacy-and-outreach/child-health-advocacy-institute/covid19-and-childrens-behavioral-health-in-dc.pdf?la=en>

2. COVID-19 and Children's Behavioral Health in the District of Columbia. (2021, June). *Child Health Advocacy Institute, Children's National Hospital*. Retrieved from <https://childrensnational.org/-/media/cnhs-site/files/advocacy-and-outreach/child-health-advocacy-institute/covid19-and-childrens-behavioral-health-in-dc.pdf?la=en>

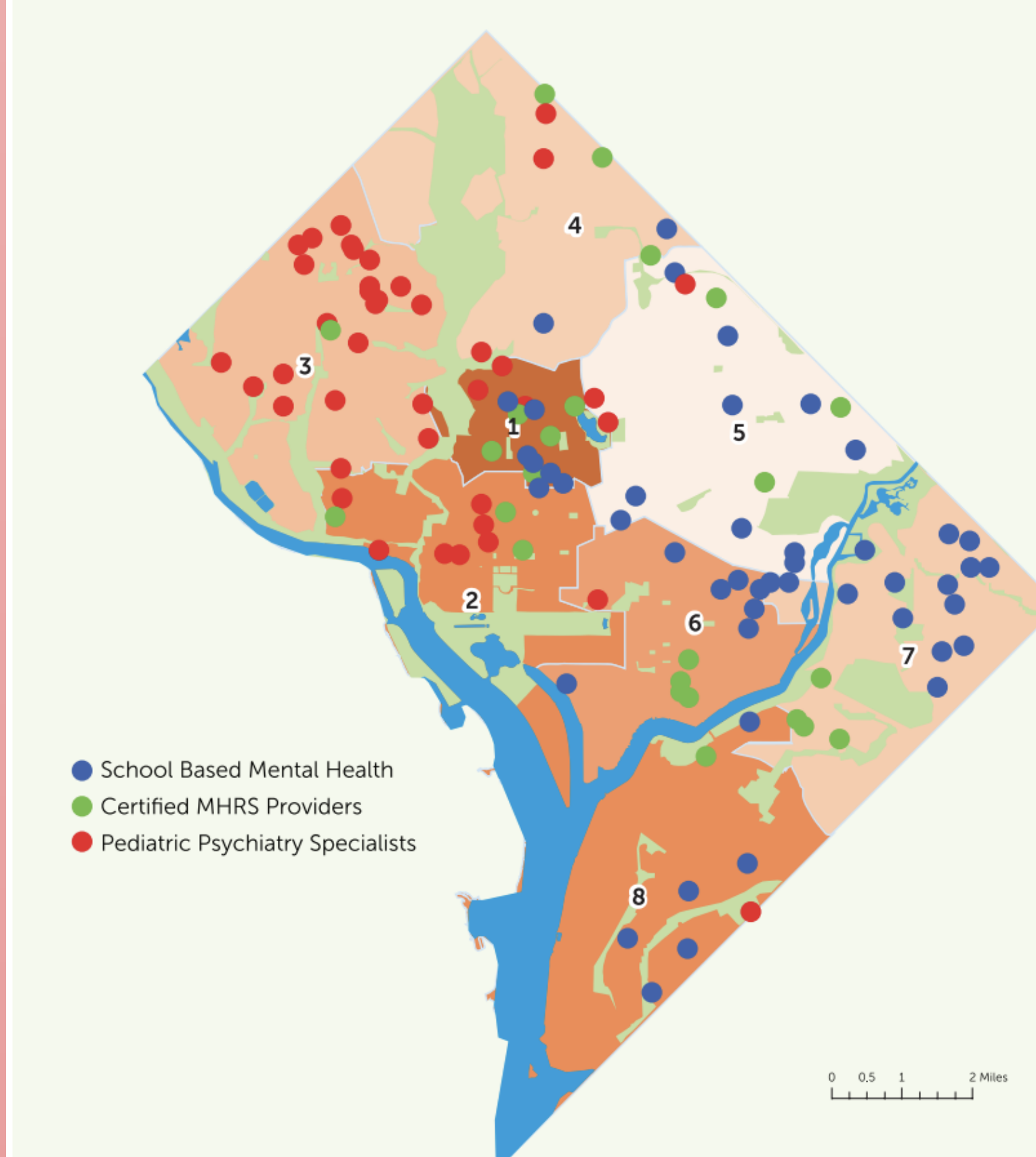
3. Anzor, F.B., Blenkinsop, A., Cluver, L., Demissie, Z., Donnelly, C.A., Flaxman, S., Hillis, S.D., Landris, L., Masseti, G.M., Mercy, J.A., Nelson III, C.A., Ratmann, O., Sherr, L., Unwin, J.T., Villaveces, A. (2021). COVID-19-Associated Orphanhood and Caregiver Death in the United States. *Pediatrics, Volume 148* (Issue 6). <https://doi.org/10.1542/peds.2021-053760>

TOTAL NUMBER OF CHILDREN



Total Number Children with Caregiver Loss Due to COVID-19

Figure 1: Pediatric Psychiatrists and Mental Health Providers by Ward



Source: RAND Corporation, 2009 (Ward Boundaries, 2002)

