The COVID-19 pandemic disrupted feelings of safety and security for many children and families. It led to elevated stress responses, and further compounded the impact of other stressors. For some, the COVID-19 pandemic added additional complexity to previous and ongoing experiences of trauma and adversity. Over a two-day summit on July 27th and 28th 2021, the NCTSN invited participants to explore the impact of the COVID-19 pandemic, including the complex interplay of events during the past 1.5 years, and its implications for more equitable, evidence-based, and trauma-informed services to help address the mental health needs of children and families.

Gathering Network Expertise
The COVID-19 Summit Planning Team connected with the larger NCTSN community to identify content areas that are significantly important to supporting the Nation’s long-term response to the COVID-19 Pandemic.

After setting forth the five key content areas (seen on your right), a Think Tank model – which included 115 content and lived experience experts – was used to develop recommendations and identify strategies and solutions that were delivered during the Summit. The information shared during each Think Tank addressed a few key elements: definition and scope of the problem, impact, key messages, considerations, recommendations, challenges and innovations, and implications for practice and policy. Leveraging information from the Think Tanks, a series of briefs and educational resources have been developed. Another byproduct was the broader discussions of topics raised for the Summit. In fact, more than 90 Think Tank participants disseminated this information by leading sessions during the Summit. In sum, these products will synthesize key messages and make recommendations on how to support the long-term recovery of children, youth, families and the workforce.
Reaching Child-Serving Providers for Children, Youth, and Families
Over 1,700 participants registered for the two-day summit, the largest registration for any NCTSN virtual conference, and the first offered to participants outside of the NCTSN. In fact, 72% of registrants were non-NCTSN members. The largest increase in registrations occurred after communication through NCTSN e-communications which reaches over 47,000 people. Registrants represented all 50 states, D.C. and 4 U.S. Territories. They were primarily social workers (34%), psychologists (15%) and certified counselors (13%) with roles as mental health clinicians (22%), and agency directors or administrators (18%). A smaller subset of registrants self-identified as teachers, trainers, students, healthcare professionals, and child welfare professionals.

“I thought it was very well done overall. I am amazed with how smoothly everything went given the sheer number of presenters and participants! I love that this was open to people outside of NCTSN as well - that is definitely something that should be continued in future activities.” – Summit Participant

Awareness-Building and Skill Development
Following the Summit, an evaluation survey was sent to all participants to understand the immediate outcomes of the Summit, with 429 participants completing the evaluation survey.

As a direct result of the Summit:

![Bar chart showing participants better understand the long-term impacts of COVID-19 on children, youth, families, and the workforce.]

![Bar chart showing participants better understand ways they can help address the impact of COVID-19.]

Most Represented States
The Summit Agenda included a mix of plenary sessions and content-specific tracks. Participants had the option to attend any session of interest across all tracks, 400-650 participants attended a given session agenda block. Participants identified the virtual nature of the Summit and their own work schedules as highly influencing their ability to attend all sessions. Additionally, participants overwhelmingly agreed that the information presented was well aligned with their experiences and was neither too basic nor too technical.

**Fostering Actions that Support Children, Youth, Families, and the Workforce**

Participants were asked to identify immediate action steps that resulted from their participation in the Summit. Listed below are examples of commonly reported action steps, with illustrative quotes from participants.

1) **Modifying Practices**

“I learned about a new form of interviewing I can use with students. I learned how to support students that are grieving.”

“I will incorporate a developmental understanding of the impact of COVID on youth with trauma whom I serve.”

“The speakers provided information and context that has informed how I will ask individuals and families about their experiences during COVID.”

2) **Sharing Resources**

“I have already downloaded several resources to share with my agency and reached out to [the] presenter about obtaining Q Cards for LGBTQ+ youth in our area.”

“I already have subscribed to a newsletter and podcast, and plan to use and share widely the Pause-Reset-Nourish (PRN) resource on the NCTSN website, and the CE-CERT skills.”

3) **Addressing Secondary Traumatic Stress**

“I will be taking material back to others in leadership at my agency to collaborate on implementing more self-care action items with staff and then have staff model and teach the families we work with.”

 “[I will] Evaluate how [the] organization can continue to support staff in managing distress from STS. Investigate other opportunities for community involvement in order to better implement culturally-sensitive services.”

4) **Addressing Disparities**

“I have a better understanding of how COVID-19 has affected my community and thanks to the Summit I now have more resources to better address the disparities.”

“As a Hospital Staff Chaplain and Pastoral Counselor in Parish/Church and community ministry, I feel more adept in advocating for and supporting some of my patients/constituents in some underrepresented populations.”

“Be more deliberate in examining/understanding the intersectionality of disparities across all racial and ethnic groups before/during and after COVID. Share the insights I have gained with my community to provide a protective shield to children and families struggling with the trauma of COVID-19 and it’s myriad impacts.”
5) **Modifying Education and Training Practices**

“As a trainer, I can educate providers on the information I learned in the summit and help spread awareness and knowledge.”

“I will provide more psycho-education to my staff about the impact of COVID-19 and trauma during this time on children and families. I have ideas to share with educators about how to implement self-care practices in their schools.”

“[I’m] planning with others in my university to hold a town hall to give space for talking about the return to campus with a resiliency lens. Consider ways that reflective spaces could be built into units who are interested in supporting student, faculty, and staff with their return to campus.”

6) **Changing Personal Behaviors**

“Stay connected to the data about COVID to best inform how to respond.”

“Having an open mind and better understanding about what is going on with child trauma and families.”

“[Practice] self compassion and empathic listening.”

**Identifying Additional Resources**

The summit strategy catalyzed growth by providing ideas and resources to participants as they develop ways to support the long-term recovery from COVID-19. As such, participants were asked to identify the resources needed to help carry out their action steps.

**The top ways NCTSN can support participants in their response to the COVID-19 pandemic.**

1. **Resource Sharing**
2. **Providing Support Groups and Ways to Foster Collaborations**
3. **Trainings**

**Recommendations for Conducting Virtual Summits**

Think Tank participants agreed that the process used by the COVID-19 Planning Team for engaging expertise and developing messaging well represented their views. They especially appreciated contributing their expertise in a pre-session survey and having their recommendations synthesized to ease group decision making. This synthesizing translated well to developing the content for the two-day Summit. Summit participants identified many ways in which the Summit met or exceeded their expectations. Many appreciated the wide experiences of presenters, incorporation of different session formats (e.g., panels, small group activities, engaging breaks), and free virtual access.

Participants frequently noted that the free and virtual nature of the Summit allowed them access to learning which they might not have had if an in-person format was chosen. As expected, some participants experienced technical issues joining the sessions or had competing work obligations. Common recommendations to help participants attend a virtual meeting were to make the slides available ahead of the sessions and ensure that multiple time zones are included in the Summit communications.

“I thought the diverse group of presenters was really great and not one category was seen as greater than another in terms of the detrimental effects of COVID on children and how young adults might be feeling. Everything felt very well balanced.” – Summit Participant
“Everyone involved in making this happen should feel deeply proud. You/we did the absolute best we could with creating this nationwide emergent community of humanitarians within the limits of our technologies, in the absence of proximal human contact, and at no cost to the participants. - The whole of NCTSN have just provided yet again another outstanding service to this nation in the face of tremendous challenges unlike any we have faced before. Bravo!” – Summit Participant

“The summit met or exceeded my expectations. Many voices. Nice integration of COVID-19 with other issues (syndemic). Thanks for breaks between sessions. Thank you for addressing recent pandemic and related issues in such a thoughtful way. Clear that much time and planning went into the summit and that the presenters represented the best in their areas.” – Summit Participant

The content of the sessions were informative and useful. People specifically named the information on cultural considerations and Secondary Traumatic Stress as valuable. Participants suggest that future Summits should have even more examples of strategies and tools to implement that support their response to COVID-19. Additionally, participants requested that less time be spent on describing the biographies of the panelists, more space should be made in the sessions for interacting with each other, and mechanisms that allow participants to share their expertise should be incorporated. Several participants noted that the facilitated self-care breaks were particularly helpful and energizing. A variety of breaks were designed to meet different engagement preferences from a self-guided activities room that included puzzles, yoga poses, and solitaire; informal coffee and conversations in both English and Spanish; meditation practices; facilitated discussion on wellness during the COVID-19 pandemic; collaborative reflection; informational session on the NCTSN; and a fast-paced trivia session. The wellness discussion, collaborative reflection, and trivia were rated the most restorative for participants.

Next Steps
The NCCTS and NCTSN will continue to monitor the COVID-19 pandemic and tailor efforts to support the long-term recovery of children and families as it relates to child trauma. To view sessions from the Summit, visit the NCTSN Learning Center. Some individuals may be eligible to receive continuing education credits for viewing the sessions. Look for the release of the COVID-19-related briefs on Grief and Loss, Schools, Maltreatment and Interpersonal Violence, Disparities, and Substance Use and Suicide. Continue to follow the NCTSN on social media for updates and future offerings from the Summit. Sign up for NCTSN e-communications to stay informed of future events and resources that are created.

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