



## SUICIDE RISK:

Assessing & Intervening during and after COVID-19

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*Note: There are many links embedded throughout the document. If the typeface is in BLUE, click it for more information & resources.*

### INTRODUCTION

These are unprecedented times. However, we are still responsible for our students during this time and must be prepared for the mental health impact of COVID-19 on youth now and upon return to brick and mortar schools. Many students are feeling isolated, some are having trouble sleeping, and feelings of uncertainty can exacerbate everything. Concern regarding increased suicide risk for youth during and after COVID-19 is real. Centers for Disease Control data analysis (2018) finds that suicide is the second leading cause of death for youth ages 15-24 and third leading cause of death for 10-14 year olds. Someone dies by suicide every 10 minutes, with 48,344 suicides in 2018 with approximately 1.2 million attempts annually (Drapeau & McIntosh, 2020). In general, suicide rates have been found to increase both *during* and *following* economic recessions (Stone et al., 2017; Oyesanya et al., 2015). Further, there is evidence that deaths by suicide increased in the USA during the 1918–19 influenza pandemic (Wasserman, I.M., 1992). Finally, periods of quarantine can impact mental health in both the short and long term, particularly for those with mental illness (Brooks et al., 2020). Thus, mental health concerns may be problematic for months and even years to come as families continue to struggle with financial consequences, remain distressed, and many are left vulnerable.

In a [USA Today Article](#), Assistant Secretary at the Department of Health and SAMHSA Head, Dr. Elinore McCance-Katz states "We see very troubling signs across the nation...There's more substance abuse, more overdoses, more domestic violence and neglect and abuse of children." While child abuse rates may be increasing, [calls to Pennsylvania's Child Safety Lines are down 60%](#) as school staff, as mandated reporters, are often the ones who report concerns about the welfare of the children they see. Dr. McCance-Katz worries about "deaths of despair" with increased suicide and substance abuse related deaths. Alcohol sales have spiked since stay-at-home orders were imposed. There is concern that the demand for mental health care will exceed available services as the effects of the COVID-19 continue. More mental health staff, including school psychologists, school counselors, and school social workers, have been needed, but the call for increased mental health services is more urgent than ever.

As reported in Erbacher & Knapp (2020), the COVID-19 pandemic can bring anxiety, sadness, grief, fear of getting ill, potential loss of loved ones, and the inability to visit friends and family who are sick. This pandemic may impact those with anxiety as there is so much uncertainty right now. Concerns are indicated as many cannot readily access their support systems and may begin to feel isolated or like a burden to others. As indicated in Thomas Joiner's well-known Interpersonal Theory of Suicide, the two major risk factors leading to potential suicide risk are a sense of burdensomeness and feeling disconnected. One [Ohio father talks about losing his 12-year-old son](#), Hayden, who died by suicide on April 17<sup>th</sup>. He believes the isolation through the COVID-19 pandemic created the "perfect storm" for Hayden and this dad wants to open up conversations regarding emotional health. Thus, it is particularly important during COVID-19 and upon return to schools that social and emotional wellness are assessed in our youth. It is especially important to check in on youth with pre-existing mental health conditions or prior suicidal thoughts and behaviors. Also consider the inequity associated with resource-poor settings and how this may impact the mental health impact of youth.

Many school staff are wondering how to best support students who may be at risk for suicidal thoughts or behaviors during this time. This document contains a multitude of considerations regarding suicide risk in this time of virtual learning, but are meant to supplement the policies and procedures already in place. If a school or district does not already have protocols readily available for responding to suicide risk, now is the time to implement them. See [Suicide in Schools](#) by Erbacher, Singer, and Poland, 2015 for research and strategies regarding implementation of comprehensive school suicide prevention, intervention and postvention plans.

## **FIRST STEPS PRIOR TO ENGAGING IN VIRTUAL RISK ASSESSMENT**

### **Resources to Review**

The National Association of School Psychologists (NASP) has created important documents to consider when revising procedures and policies for virtual suicide risk assessment and management. These include the following (click the links):

1. [Comprehensive School Suicide Prevention in a Time of Distance Learning](#)
2. [Preparing for Virtual School Suicide Assessment Checklist](#)
3. [Conducting a Virtual Suicide Assessment Checklist](#)

For free suicide risk assessment forms, visit **erbacherconsulting.com**. We have uploaded fillable forms for most documents to assist in virtual completion and sharing of forms.

First and foremost, it is important to recognize that treating individuals at risk for suicide is anxiety producing under the best of circumstances. Yet conducting risk assessments during a national pandemic not only adds unique challenges, but increases clinician worry and questions about competence. As noted above, suicide risk may be increased during this time.

Attached to this document are teletherapy considerations. Please visit this resource as well as it includes tips for working with youth virtually. Links provided there include information on building rapport with youth online. Most school staff have never conducted risk assessments virtually. Thus, be aware of your own discomfort when beginning to engage in online assessments. While it is integral to build comfort with this prior to assessing suicide risk, also realize it takes time and practice to build this comfort and fluidity in your professional practice. Ensure you are using a HIPAA and FERPA protected platform to conduct these virtual assessments. It is suggested that school mental health professionals conduct assessments using video rather than simply a phone call. As with in-person assessments, it is important to be able to observe body language during the assessment, to allow for extended response time with challenging questions, and to see how youth are responding to questions nonverbally. In the event video conferencing is not available, phone calls will suffice. If using a personal phone to call students and families, apps are available to disguise your phone number.

Simply checking in on students weekly may be a significant form of prevention for youth who are feeling isolated.

### **Act 18 of Pennsylvania**

If you work in PA, remember that Act 18 goes into effect for the 2021-2022 school year. Due to this, you may have already put procedures, administrative directives and teams in place. If already in place, continue to follow these throughout COVID-19 and beyond. Virtual skills developed will remain useful as we return to brick and mortar, particularly as school may not look the same (i.e. students may have altered start times, attend brick and mortar opposing days, etc.) and virtual risk assessments may continue to be performed. That being said, it is NEVER recommended that staff go through suicide risk procedures alone. ALWAYS consult your team and/or administrators. This is even more important during this time of virtual learning for the safety of our students and YOU.

### **EARLY DETECTION AND SCREENING**

Ensure staff know the warning signs of suicide and know NOT TO IGNORE them especially during this time. There is a handout on warning signs attached to this document. However, warning signs may look different during this time of virtual learning. For example, as teachers look for changes in behavior or emotional responses of students, they may ask the following: Is a student not attending virtual classes, but had perfect attendance prior? Is a student who typically cares about schoolwork not turning in assignments? Is a student expressing anger, hostility, or irritability that is not characteristic for them? Did a student send a teacher an email that seems concerning or hopeless? Did a student write an essay for class that includes dark themes or plots indicative of despair, depression, or suicidality? Remind teachers that they do not need to worry about assessing risk, but that their responsibility is to refer to school mental health staff and/or administrators immediately. Teachers should be made aware of any differences in referral procedures during COVID-19 as administrators account for mental health professionals who are on family leave, have ill loved ones, or are ill themselves. During this pandemic, it is important that schools not rely on just one staff member to address referrals, but have backup plans in place (Erbacher, 2020).

Suicide screenings are conducted when warning signs are indicated and when referrals for potential risk are made. As noted, schools continue to be responsible for youth so do not hesitate asking the screening questions. Use the same screening tools that were used prior to schools closing and follow the same procedures. If any risk is indicated on screening, move forward toward a comprehensive suicide risk assessment, as always.

Many schools use artificial intelligence programs, such as GoGuardian, Gaggle, or Securly, to detect concerning statements typed by youth on school computers as a potential warning sign. Administrators should ensure virtual processes are in place for responding quickly to these. Some of these programs, such as GoGuardian's BEACON allows the alerts to go to parents as well. If not used prior, this function may be a helpful as parents are on the frontlines with their children at this time.

As parents are home with their children, ensure parents are also aware of suicide warning signs. Schools can share the warning sign handout attached to this document, share other resources, and/or create pre-recorded videos or do live chats. Visit [youthwarningsigns.org](http://youthwarningsigns.org) for information on warning signs and how parents can follow up with their children. Schools can help facilitate parent communication with children in how to ask questions directly such as "are you okay?" or "you seem depressed, have you had thoughts of suicide?" One of the greatest myths out there is that asking about suicide may give a child the idea to do it. [This is not true](#). Remind parents that having open communication lets their child know they care and are willing to talk, no matter how difficult that conversation might be. Prepare parents that some of what they hear may hurt, anger, or surprise them, but it is important to remain nonjudgmental (Erbacher, 2020). This video by the Mayo clinic is often helpful for parents in understanding how to begin conversations with their children: [Teen Suicide: What Parents Need to Know](#). Another resource for parents to help them talk to their children about COVID-19 and mental health is <https://parents.cmionline.com/>. Finally, parents may find this resource helpful to use with their children on [Living with Worry and Anxiety Amidst Global Uncertainty](#). This FREE booklet includes information and exercise to help manage anxiety and worry during these uncertain times. And, most of all, parents should realize that their own well-being is essential in ensuring their child's well-being.

**Warning signs** might include any changes in behavior such as anger/agitation, hostility, or irritability that is out of character for the child. Youth may appear distressed or depressed, may withdraw from social connections, lack energy, or feel hopeless about the future. Parents should be alert to particularly concerning warning signs such as their child being unable to find reasons for living, feeling like others would be better off if they were dead (burdensomeness), or using drugs and alcohol. It is extremely concerning if a child is making plans for suicide or seeking suicide means, such as medication or a firearm (Erbacher, 2020). For more information and on how to help, visit [THIS Inquirer article](#).

Ensure youth also know the warning signs of suicide. This can be emailed to students, put on a district website, or staff can create a pre-recorded video. But, youth are talking virtually more than ever and may become aware of a peer in distress well before the adults see the signs. Ensure youth know HOW to report concerns whether through a district email address, to a parent/teacher/trusted adult, or using Safe 2 Say. Remind them to download this app.

## **RISK ASSESSMENT CONSIDERATIONS**

As reported in Erbacher (2020) for the Association of School Psychologists of Pennsylvania Insight, it may be hard to distinguish between a child with suicide risk and one who is having a normal reaction to the COVID-19 pandemic. As always, err on the side of caution. Take all referrals seriously and conduct a suicide risk screening immediately.

Consider referral sources. Ensure all school staff are aware of district procedures and to whom they should make referrals. For many districts, these will be the same mental health professionals and administrators as when we were in brick and mortar. Communicate this. Do not assume staff know how to refer during the pandemic and remember that communication is key during this time. Most schools will use existing risk assessment teams. Consider any modifications that should be made to current protocol in light of stay-at-home orders. If school district protocol previously indicated that two staff members should conduct suicide risk assessments in tandem, continue to follow the procedure. This can be even more important virtually as one staff member can take notes while the other leads the online interview and maintains eye contact on the screen with the student while continuously observing the student's nonverbal behavior. Teams can and should also continue to meet to debrief cases and collaborate on risk levels and interventions suggested. Consult with administrators and assessment teams on suicide risk level and suggested interventions as needed.

Similarly, districts must ensure mental health staff are aware of their virtual roles and responsibilities. Hosting a training on virtual suicide risk assessment may prove beneficial. Staff should follow up on referrals immediately. Consult school district legal counsel regarding if parent consent forms are required, but in most cases written permission is not integral when assessing life and death situations such as suicide risk. Having both parent and student assent is optimal. If possible, work through the parents, as opposed to going directly to the child, to share information and the online platform to be utilized for the assessment. Consider emailing video conferencing links to the parents, if possible.

If a referral comes through and you cannot reach a parent, consider if there are other adults listed as emergency contacts or if there is a mobile crisis unit available to check on the family. If not, can you reach the student directly? If not, consider contacting 9-1-1- for a wellness check. Wellness checks may become more prevalent during the pandemic as many school staff are reporting difficulties reaching families and engaging in consistent communication. If parents refuse participation or to assist in helping their child, a report to Children and Youth Services may also be warranted. Document all parent contacts and attempts at contact.

Always DOCUMENT your sessions with students as you typically would and document referrals made and interventions suggested. Have the needed paperwork ready. Parent contact is essential in all suicide risk cases, but even more so virtually as most parents are with their children throughout the day during this time. Ensure clear communication with parents about the warning signs noted along with what initiated the referral and keep parents updated throughout the processes of screening and assessing youth suicide risk. Parents are also an important part of the intervention phase including suicide risk monitoring and safety planning.

### **Beginning the Assessment**

First and foremost, It is integral for school staff to ask the student about their current location. Some students may be spending their days at the home of grandparents, aunts/uncles, etc. as their parents may be working through this pandemic. Other students have split schedules between the homes of two parents. Staff want to ensure they know where the student is in the event the need arises to contact police for a wellness check. Get the address as well as understand where in the home the child is. As technology can be inconsistent, obtain a cell phone number to contact the student in the event video conferencing fails. You want to ensure you have a backup plan in the event a risk assessment is interrupted due to technology.

Ask the student if they have privacy where they are talking with you. Consider body language when asking this question. Ask where in the house they are and if others can hear them. As risk of [child abuse is increased during a pandemic](#), ensure the student knows how to use the chat feature of the platform you are using. Explain that if there is anything that they can't say because someone might hear it or if it is just difficult to say the words, they can use the chat feature to tell you what is going on. As mandated reporters, school staff continue to be responsible to report concerns of child abuse during COVID-19.

When beginning your assessment, be sure to acknowledge the current pandemic and normalize student reactions. Recognize the discomfort virtual counseling may present for youth and spend time setting a comfortable, welcoming online environment [and introducing clients to the telehealth session](#). As always, honor the student's courage in talking about their pain. Directly state that it may feel uncomfortable talking about this difficult subject via a virtual modality and be honest that this is a new venture for us as well. [Building rapport with youth](#) via telehealth may feel more challenging at first, but may become easier with practice. Integrate questions about the pandemic into your assessment. Ask about current coping, familial relationships, and feelings surrounding social isolation into the assessment. Query who the child lives with and is spending time with along with what activities the youth is engaging in while home. Ask what supports are available and how they can access these supports. Possible COVID-related risk factors may include social isolation; social conflict in sheltering together; financial concerns; worry about health or vulnerability in self or others; decreased social support; increased anxiety and fear; and disruption of routines and support. Identify individuals in the client's current environment to monitor the client's suicidal thoughts and behaviors in-person or remotely. If parents are unable to do so, determine if there are other adults available.

Pay attention to statements indicating risk. For example, if a student makes statements such as "I'm so tired of this" or "things will never be the same," query what this means to them. Ask follow up questions. It is important to determine if these phrases are due to hopelessness and disconnection or normal reactions to COVID-19. Also, pay attention to phrases such as "I can't wait for this to be over....I want my life back." While a return to brick and mortar schools will

happen at some point, it may look quite different and there is a concern over unrealistic expectations setting youth up for extreme disappointment.

Parents and caregivers are always an integral part of a risk assessment process and even more so during this pandemic. Be sure to address caregiver concerns and assess their observations of their child. Also acknowledge COVID-19 with caregivers, assess the impact of this pandemic on the family system, and ensure families know where to get help for themselves if needed.

### High risk

Clinicians should have a plan in place for re-establishing contact with a client in case the virtual session is interrupted. As always, ask about suicide directly. During a time of high stress, such as this pandemic, a client’s cognitive processes may be slower than typical, so it may be important to be more directive than usual. Some students may also not want to bring up suicidal feelings due to the stigma associated with mental health or they may already feel like a burden during this pandemic. When asking these direct questions, be sure to read cues and ask follow up questions. If a student mentions they aren’t sleeping, query this. If they make statements that suggest hopelessness such as “I am so tired of all of this” or “things will never be normal again, query this and ask them what this means to them. Further, recognize that students experiencing significant stress may be reactive and have difficulty expressing emotions effectively.

In the event of high suicide risk, have a plan ready for how you would stay on the phone, or in the video chat with the student, while arranging for emergency rescue, if it is needed. Consider how to reach parents while you remain in contact with the student. Do not ask the student to leave the video screen to get parents from a different location in the home. Ask for a phone number to reach the parent or ask the student to text the parent. Don’t take the risk that they do not return to the computer screen. Similar to in-person contacts, do not leave the student alone. Call 9-1-1 for imminent risk if needed, especially if you cannot access a parent or guardian immediately.

Local partial programs have remained open in Pennsylvania to keep youth out of emergency departments. However, it is important to note that emergency rooms and crisis centers are taking extreme care to ensure safety as to not expose clients to COVID-19 risk. Thus, it is safe and important to secure hospitalization for those at significant suicide risk. Ensure you have a list of local resources available for making parent referrals immediately. Consider what programs are open near you and what behavioral health agencies are seeing clients virtually. Wellness checks may become more frequent during COVID-19 as school staff may be unable to reach some children and families. As always, err on the side of caution if you are concerned.

### RETURNING TO SCHOOL

While suicide risk is of concern for some students during COVID-19, others are thriving. Stories abound of families spending more time together and learning to appreciate the simple joys in life. Some students who are introverts or who had social issues are feeling greater levels of comfort at home. And, others who presented with issues related to school anxiety, school phobia, or school avoidance are now performing better academically and emotionally than ever. So, what happens when these youth return to school? Risk may be significantly heightened at that time and the below matrix may be helpful in identifying those at greatest risk.

#### Returning to School Adjustment Risk Assessment Matrix

*Adapted from Stephen Brock, 2020 via NASP Crisis Management in Schools Interest Group*

		<b>Pre-COVID-19 School Adjustment</b>		
		<b>Positive</b>	<b>Variable</b>	<b>Negative</b>
<b>COVID-19 Adjustment</b>	<b>Positive</b>	Low Risk	Low/Moderate Risk	High Risk
	<b>Variable</b>	Low/Moderate Risk	Moderate Risk	High Risk
	<b>Toxic</b>	High Risk	High Risk	Extreme Risk

#### Pre-COVID-19 School Adjustment Continuum

Positive: Liked and enjoy all aspects of school

Variable: Liked and enjoyed only particular aspects of school (i.e., academic, extra-curricular, social)

Negative: Disliked all aspects of school

## COVID-19 Shelter in Place Environment Adjustment Continuum

Positive: Healthy, Safe, Nurturing, and Adaptive

Variable: Affected by COVID-19

Toxic: Unhealthy, Unsafe, Dangerous, and Maladaptive

### Intervention

Low Risk = Tier 1 interventions

Moderate Risk = Tier 1 and 2 interventions

High/Extreme Risk = Tier 1, 2, and 3 interventions

## SUICIDE INTERVENTION & MONITORING

If a school mental health professional will be providing ongoing services to a student, again consult district counsel regarding if parental consent is required. This ongoing service would be considered teletherapy or telehealth. Thus, be sure to acquire further training on telehealth to ensure adequate knowledge. Information on teletherapy, including free trainings, is attached to this document.

If providing intervention, frequent check-ins has been found to reduce suicide risk and might help avert emergency room visits. These are frequent, but brief check-ins with suicidal individuals to see how they are, monitor suicide risk, and to show consistent care. Also, see the safety plan section that follows and check in weekly about whether the safety plan has been used, if it is working, and what adaptations need to be made. Before ending each contact, plan for the next contact and ensure students (or their parents) know how to get ahold of you or develop an emergency plan for between sessions. Determine when contact should be based on acuity of the risk. Students at greater risk may need more frequent contacts; check in with daily plan to build reserves and maintain stability.

Parents **must** be engaged in these processes. Follow up with the student by continuing to monitor and screen risk at least weekly until the risk has subsided. A Suicide Monitoring Tool is available at [erbacherconsulting.com](http://erbacherconsulting.com) to monitor risk on an ongoing basis, assess triggers, identify supports, and manage risk levels.

If you are not providing intervention directly, help the family find treatment providers that offer telehealth. Insurance companies have allowed most therapists to practice virtually during this time. Families can check with their insurance provider or use these websites: <https://locator.apa.org/> or <https://findtreatment.samhsa.gov/>. Or, visit <https://www.metanoia.org/> for information on virtual counseling or <https://www.covidmentalhealthsupport.org/> for more information and resources. Families may also want to read this article on things to look for and how to find a therapist if you are suicidal: <https://www.usatoday.com/in-depth/news/nation/2020/02/27/suicide-help-heres-how-find-therapist-if-youre-suicidal/4692072002/>

Encourage youth and their families to put these numbers, available 24/7, in their phone:

- National Suicide Lifeline at 1-800-273-TALK (8255) or <https://suicidepreventionlifeline.org>
- Crisis Textline by texting HELP to 741-741
- PA Center for Community Resources Support and Referral Helpline: 1-855-284-2494
- If this is an emergency, dial 911

## SAFETY PLANNING

The first element to safety planning may be developing a plan to build mental reserves during this time. Parents or guardians should be involved with this planning. This may include helping a student (and their families) develop a daily plan and strategies to follow it. This includes keeping a regular schedule with good sleep, eating and exercise habits. As long as it is safe and social distancing possible, it may include going outdoors at least once a day to get fresh air (wearing masks if appropriate). Consider the availability of local greenspaces, parks, or hiking trails. Building self-compassion is also important whereupon we are accepting of our own feelings as we process this pandemic and at times grieve the multiple losses experienced during this time. Clients can learn to create a menu of enjoyable self-care activities, such as exercising, reading, organizing, or gardening. Building reserves may also include limiting readings on Coronavirus to a

certain time of day and reading information from reliable sources such as the Centers for Disease Control and the World Health Organization as well as limiting social media that focuses on COVID-19. Finally, help students find activities that bring meaning and joy. However, those at higher risk need a suicide safety plan.

Many youth already have safety plans, but these must be revisited in a time of virtual learning. Even upon a return to school, life may not look the same as it once was. Perhaps a distraction for a suicidal youth was to go to their elderly grandma's house for a big extended family dinner and this can no longer happen. Consider what safety plan strategies were in place prior and how they can be adapted in light of the current pandemic. Remind clients that this is a time of physical distancing, not social isolation (Erbacher & Knapp, 2020). Consider how they can maintain connections in light of physical distancing. Yet, keep in mind that "zoom fatigue" is real and so suggestions to connect with friends virtually may create even more fatigue for some students, thus being a less helpful intervention strategy. Again, parents **must** be involved in this process and encouraging family members to check in on a youth at risk can be extremely helpful.

Assist clients in determining how they can **distract themselves**. Coping strategies may include using mindfulness apps (many app examples are included below), deep breathing, engaging in distracting activities or hobbies, and doing something self-soothing such as a bubble bath or watching a funny movie.

And, assist clients in **social distractions**. These options may be limited by social distancing. Instead, focus on virtual activities: Virtual travel tours like [Kayak](#), theater performances, concerts, museums, or zoos, Virtual "meet-up" programs, like online painting, cooking, or karaoke, Virtual hang-outs with friends via Skype/FaceTime/Zoom to watch movies or play board games, and Interactive online games or forums. It is important to focus on the student's current social environment (i.e., who the client lives with). Discuss the types of remote contact that best suit your client's emotional needs. For example, some prefer phone calls or texts for disclosure of distress but video chats for distraction.

An important piece of safety planning is setting **REALISTIC** expectations. The quarantine has many people feeling as if they should be learning to play the piano, cooking extravagant meals or doing something extraordinary with their lives. We must remember we are ALL in the middle of a crisis and our main goal for youth (and ourselves) is to survive. Some will thrive during this time, but this should not and cannot be the expectation. The goal is to stay healthy and safe – including mental health safety.

When creating safety plans via telehealth, either forward a picture of the plan to the student and parents or assist the family in uploading the information into one of the many available apps, such as MY3, notOK, or Safety Plan.

When considering safety plans, keep the future in mind. Many may quickly feel a release of anxiety once schools reopen. However, as waves of the pandemic come and go, schools may continue to be closed on and off and stay-at-home orders may periodically be in place. For someone feeling immense relief at the quarantine orders lifting, the reinstitution of these orders may make students feel suddenly hopeless with feelings being even more exacerbated than in the first quarantine.

### **Consider Access to Means**

It is integral to work with students and families to understand if students have access to means during stay-at-home orders. Ensure access to means is reduced or eliminated, particularly access to firearms and medication. These might be stockpiled in homes and more readily accessible during this pandemic. More than 50% of suicide deaths are by firearm and this reduction is needed to save the lives of those considering suicide (Drapeau & McIntosh, 2020). Access to means is particularly concerning at this time as with the start of this pandemic, March 2020 was the second busiest month for gun sales ever (Collins & Yaffe-Bellany, 2020).

### **Using Apps**

Apps may become even more important for self-care planning during COVID-19 as youth do not have access to in-person strategies. Becomes familiar with mindfulness apps, deep breathing apps, and help connect students virtually, such as playing online games via House Party or partaking in online concerts, etc. Sample apps include CALM, Delightful Gratitude Journal, Virtual Hope Box, Headspace, 10 Percent Happier, What's Up, Mood Kit, Mind Shift, Self-Help for Anxiety Management (SAM), CBT Thought Record Diary, Breathe2Relax, Talkspace, Headspace, Simple Habit, Happify, DriveThru, and MoodTools.

## #BeThe1To

Adapted from <https://www.bethe1to.com/bethe1to-and-covid-19/>

The [#BeThe1To steps](#) can be adjusted for staying connected during physical distancing. Below we have included some additions that allow you to tailor each step if you cannot be there physically with the person.

**ASK:** During times of physical distancing, you can [use the same approach](#) when asking someone if they are thinking about suicide. In addition to being generally alert for potential risk in all loved ones, it is useful to pay special attention to people that you know already struggle or have struggled in the past with emotional distress. Make sure to reach out more frequently to talk and check in and don't wait for them to come to you to ask for help or connection. Helping people stay connected can help to prevent people from thinking about or acting on thoughts of suicide.

**KEEP THEM SAFE:** Use the same questions as you normally would to determine if the person has considered how they would kill themselves, and if they have access to means. The same principles of putting time and space between the person and lethal means still apply here. You can use these questions/prompts to encourage the person to distance themselves from the means.

- If the person has access to their means, have an honest conversation with them about what they could do to make it harder for them to access those means in a crisis, when they might be more inclined to act impulsively.
- If the person has the means in hand while you are talking to them, ask if they could put it away from them while you talk. Call the Lifeline together.
- After you talk, ask the person to think about the overall safety of their environment. Is there anything else in their home, like firearms, that should be protected against to put more time and space between them and the potential means, even if those means weren't the person's first intended plan?

**BE THERE:** This step is very important in a world where we cannot be there physically – staying connected in other ways is needed. While being physically present may not be an option right now, there are still many other ways to be there for someone, including speaking with them on the phone/video phone, by text, through various online platforms. The important things to keep in mind when maintaining social connection through distance are the regularity and quality of the connection.

- Establish the frequency in which the person would like you to check in with them, and then stick to that schedule
- When talking on the phone or video calling with them, ensure that you are present. Remove yourself from distractions so that you can focus on your conversation with the person

**HELP THEM CONNECT:** Helping people connect with other services that can support them is still possible while staying physically distant. Developing a safety plan is still an important step and can be done through one of the apps listed above. The Lifeline (800-273-8255) is another great option during times of distance – trained counselors are available to call or chat 24 hours a day, seven days a week, and 365 days a year. Another option to allow people to feel connected by distance is the [Vibrant Safe Space website](#). The Safe Space is home to resources and tools to provide you with some extra support in an emotionally safe environment. A third option is to connect to a tele-mental health provider that can provide them with regular and consistent support from a mental health professional.

**FOLLOW UP:** Following up provides the person with a further feeling of connectedness. Similar to the principles of 'be there' during physical distancing, setting aside a time and date that you will follow up can provide something to look forward to and sends the message that you care. Be sure to clear your calendar of all distractions for the time. Never underestimate the value of showing up.



## RE-ENTRY PLANNING

Consider re-entry plans for any at-risk students upon return to brick and mortar. This return will be a challenging time for many as students continue to fear the virus, may have lost family members, and may be faced with exacerbated mental health challenges.

Re-entry plans are also important for youth returning to virtual learning after an absence. Any student that has been away from learning due to hospitalization or other mental health (or physical health) concerns should have a re-entry plan in place. As always, procedures should already be in place for these plans (*re-entry forms are available on [erbacherconsulting.com](http://erbacherconsulting.com)*) and consider what modifications are needed during virtual learning. It is important that plans are followed up on and interventions altered as needed to ensure student success. The plan should consider agreement on what to inform teachers and how teachers can monitor ongoing student behavior. Ensure *Release of Information* forms are received for any students receiving treatment through outside providers to ensure consistent communication.

As always, document all plans, modifications to plans during COVID-19, as well as how future plans can be adapted once a student returns to brick and mortar.

## THE GOOD NEWS

With help, guidance, and treatment, many students will find a new normal after COVID-19. And, many students and staff alike will find hidden gifts from this pandemic. We are seeing it already as people all across the country come together to make masks for those in need, including those with plastic around the mouth so hearing impaired individuals can still read lips. We see it with students painting signs thanking frontline staff and neighbors grocery shopping for those in need. And, we see it with the EXTRAORDINARY steps teachers are taking every single day during this pandemic to adapt their teaching, reach out to students in need, and create a virtual learning environment. Many students will learn increased resiliency, adaptation, and improved coping skills. And, many families are enjoying this time of “togetherness” and are already considering how to let go of chaotic lifestyles in the future to continue to spend more time together. Perhaps we can find a silver lining.

### For more information, consider viewing these webinars:

- Webinar: Treating Suicide Patients during COVID-19: Best Practices and Telehealth: <http://edc.adobeconnect.com/pelhg9o49s1n/>
- <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/webinar-series/comprehensive-suicide-prevention-and-intervention-in-a-time-of-distance-learning>

### And, visit these sites for more information and resources:

- Providing Suicide Care During COVID-19: <http://zerosuicide.edc.org/covid-19>
- Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe: <https://theactionalliance.org/resource/recommended-standard-care>

## SELF CARE

As we stated at the beginning of this document, working with suicidal clients can create great stress and anxiety for mental health clinicians that may be exacerbated during this time of virtual learning. During this time when many clinicians are working remotely, it is extra important to attend to our own isolation and mental health. Thus, clinicians have an ethical responsibility to care for themselves (Erbacher & Knapp, 2020). As work-life balance can be a challenge while working from home, be sure to create boundaries and take breaks from work by physically stepping away from your office space. Designate set office hours and try to work those hours only so you don't find yourself working 24/7. Follow the steps that you set for students as you serve as a role model. This includes all of the steps noted above to create a daily plan and strategies to follow it:

*Keep a regular schedule with good sleep, eating and exercise habits. As long as it is safe and social distancing possible, it may include going outdoors at least once a day to get fresh air (wearing masks if appropriate). Consider the availability of local greenspaces, parks, or hiking trails. Building self-compassion is also important whereupon we are accepting of our own feelings as we process this pandemic and at times grieve the multiple losses experienced during this time. We, as clinicians and school staff members, are experiencing this national crisis as well. Building reserves may also include limiting readings on Coronavirus to a certain time of day and reading information from reliable sources such as the*

Centers for Disease Control and the World Health Organization as well as limiting social media that focuses on COVID-19. Finally, help YOURSELF find activities that bring meaning and joy. A sample self-care plan is attached to this document.

Also seek supervision and support for yourself. Document all interactions and your clinical thinking/rationale. Consult with supervisors and peers on challenging clinical decisions and document the consultations. Peer consultation groups with other professionals using a secure platform like Zoom can help clinicians to brainstorm ideas for challenging cases and provide support. Finally, schedule periods of coverage, if possible, to allow for time off if needed. Clients often respond positively and respectfully when clinicians explain that they will be unavailable for a period of time. Informing suicidal clients in advance of when time away will occur and making alternate provisions enhances care.

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# **SUICIDE WARNING SIGNS:**

## **Warning Signs during and after COVID-19**

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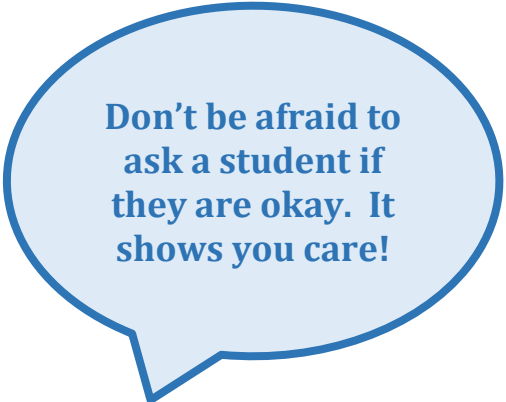
The following is adapted from [youthsuicidewarningsigns.org](http://youthsuicidewarningsigns.org)

### **GATEKEEPERS**

Gatekeepers are anyone who has a meaningful and important role in the lives of a young person. They may include grandparents and other relatives, neighbors, teachers or other school personnel, youth pastors, coaches, mentors, etc. Gatekeepers generally have pretty good knowledge of and first-hand experience with the young people in their lives, either from regular in-person contact or other forms of interaction with them on a routine basis such that they would recognize if something might be wrong or have changed for that young person.

*If you are concerned about someone, ask yourself the following questions. Have they shown or shared any of the following:*

1. Talk about wanting to die, be dead, or about suicide, or are they cutting or burning themselves?
2. Feeling like things may never get better, seeming like they are in terrible emotional pain (like something is wrong deep inside but they can't make it go away), or they are struggling to deal with a big loss in their life?
3. Or is your gut telling you to be worried because they have withdrawn from everyone and everything, have become more anxious or on edge, seem unusually angry, or just don't seem normal to you?



**Don't be afraid to ask a student if they are okay. It shows you care!**

### **YOUTH SUICIDE WARNING SIGNS**

1. Talking about or making plans for suicide
2. Expressing hopelessness about the future
3. Displaying severe/overwhelming emotional pain or distress
4. Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:
  - *Withdrawal from or changing in social connections/situations*
  - *Changes in sleep (increased or decreased)*
  - *Anger or hostility that seems out of character or out of context*
  - *Recent increased agitation or irritability*

No one wants to  
lose a young  
person to suicide.  
It takes a village to  
save a life.

## HOW TO HELP

*If you notice any of these warning signs in anyone, you can help!*

1. Ask if they are ok or if they are having thoughts of suicide
2. Express your concern about what you are observing in their behavior
3. Listen attentively and non-judgementally
4. Reflect on what they share and let them know they have been heard
5. Tell them they are not alone
6. Let them know there are treatments available that can help
7. If you or they are concerned, guide them to professional help

[Click HERE for more information for parents and guardians](#)

## PROFESSIONAL HELP

24/7 CRISIS SUPPORT AVAILABLE

Crisis Textline: Text **TALK to 741-741**

Crisis Hotline: National Suicide Prevention Lifeline Network: Visit  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org) or call **1-800-273-TALK (8255)**

Delaware County Telehealth Helpline: **855-464-9342**

The PA Department of Human Resources Support and Referral Helpline: **1-855-284-2494**

Crozer Hospital: **610-447-7600**

Delaware County Crisis Connections Team: **855-889-7827**

Delaware County Telehealth Helpline: **855-464-9342**

Substance Use Disorder Help: **800-662-4357**

Disaster Distress Helpline: **800-985-5990**

Call **9-1-1** if this is an emergency.

## VIRTUAL COUNSELING

Many providers are currently offering tele-health counseling. Please check with your insurance carrier to see which agencies are covered under your insurance policy. You may also want to consult with your child's pediatrician. You can also use these sites to find treatment providers: <https://locator.apa.org/> or <https://findtreatment.samhsa.gov/>





## TELE-THERAPY:

Suggestions & Resources during and after COVID-19

**Terri A. Erbacher, PhD**

**Philadelphia College of Osteopathic Medicine**

**Erbacher Consulting Associates, PLLC**

The following information is adapted from the [National Association of School Psychologists \(2020\). Comprehensive suicide prevention in a time of distance learning.](#)

While working and learning virtually, there are a number of different ways in which school-employed mental health professionals can connect with students and provide school psychological services. Before initiating any form of telehealth, familiarity with state telehealth laws is important, and consultation with school district legal counsel is advised.

Key to ensuring as equal access to these services as possible is knowledge of a range of communication options, the most basic of which is the telephone. Other telecommunication options that might be employed to connect with students include Apple FaceTime, Facebook Messenger video chat, Duo Mobile, Google Hangouts Meet, Skype, and Zoom. Specific options that are HIPPA compliant include VSee, doxy.me, and specific Zoom accounts.

At a minimum, when using telehealth it is important to obtain informed consent, and when doing so to notify students and their primary caregivers of the privacy risks of virtual service delivery. Always strive to make use of available privacy and encryption tools and ensure the highest degree of confidentiality possible (e.g., avoid the use of public internet connections).

In addition, school-employed mental health professionals should strive to ensure that not only is their physical service delivery space private, but they should also know the physical location of the student and work to ensure that they have privacy as well. Encouraging the use of headphones with a microphone will give more privacy (and will also cut down on background noise). Especially when delivering high stakes services, such as suicide prevention activities, account for the possibility of telecommunication failure and have back-up communication options (e.g., if using Zoom and your internet connection becomes unstable, then have a cell phone and/or land line that could be called). This should include how to contact any primary caregivers that might be in the home.

Finally, whenever making these services available, schools must work to ensure equal access for all students. Specifically, school-employed mental health professionals must ensure that students with disabilities are able to access these services (see the U.S. Department of Education for more information). In addition, service providers must work to identify and account for youth on the opposite side of the “digital divide,” and use appropriate telecommunication options (e.g., telephones). An especially challenging group is homeless youth, and when meeting their needs collaboration with community mental health is essential.

These include activities that promote mental wellness, and proactively provide guidance that mitigates danger associated with suicidal ideation. There are many opportunities as well as challenges of using telecommunications to provide suicide prevention. For further information and strategies specific to suicide prevention, intervention, and postvention, see [National Association of School Psychologists \(2020\). Comprehensive suicide prevention in a time of distance learning.](#)

### **In addition, a few tech tips for video conferencing (PCOM):**

1. Use a hard-wired (Ethernet) connection, if available. If using Wifi, try to be as close to the router as possible.
2. Close other programs. Close all programs and streaming services on your computer except for the browser you are using for your teletherapy session.
3. Keep your browser current and **Chrome or Firefox** often work best.
4. Disable Adblockers as these can interfere with sessions.

### **Teletherapy Considerations and Checklist**

The following is adapted from a NASP Community post submitted by Chris Pawluk, Registered Psychologist, Rocky View Schools, Carstairs AB.

## **Consider Your Own Competencies and Self-Care**

- Consider your own skill set with technology. What is appropriate for you to use? Phone? Videoconferencing? Virtual reality?
- Go easy on yourself- we are all in a very unusual situation.
- Delivering remote services for the first time is mentally exhausting, plan for sessions to be harder and take longer until you become skilled at using the modality.
- The type and intensity of work that you do in this modality may be different from what you do in person. Be accepting of this.
- Boundaries are different in tele-services, carefully consider your boundaries and practice guidelines.
- Practicing self-care in an ethical requirement, take the time to look after yourself so you are at your best.

## **Screen your students(s) to determine whether Tele-Psychology services are appropriate for them**

- Consider student's cognitive, developmental, and social-emotional status – can the student effectively participate? If not, can the parents support this effectively?
- Consider student's access to and comfort in using technology. Can they log in and effectively use the technology?
- Does the student have physical space for a private distance session?
- Who do you need to obtain informed consent from? Refer to Tele-psychology consent process document.
- Caregiving resources may be stretched, so consider shorter sessions and avoid placing too many demands on parents. Be accepting that there may be interruptions.

## **Technology**

- Are you using a platform that complies with privacy legislation
- Do you and the student have adequate internet connectivity and technology (i.e, computer with webcam, smartphone, tablet) available for videoconferencing?
- Are you using a password-protected, secure internet connection, not public or unsecured WiFi? What about your student?
- Did you discuss with the student how to log in and use the technology?
- Did you check that your anti-virus/anti-malware protection is up-to-date?

## **Set-up**

- Is the location private on both ends? Is it reasonably quiet? You can use headphones/ear buds with a microphone to increase privacy and audio clarity. Your student may also want to do the same.
- Try to use a large enough screen to see each other clearly.
- Make sure the room has proper lighting and check for shadows. For example: A window in front of you might cast a shadow or create low visibility.
- Check your camera angle to ensure your head and shoulders are appropriately placed on the screen.
- Be aware of what you are wearing that is not visible (i.e., pajama pants). Some activities and questions may require that your entire body becomes visible.
- Notice how close or far back you are from the screen; your location on the screen can influence rapport and connection.
- To improve eye contact, position your camera so that it's easy to look at the camera and the student on the screen.
- Take a look at what is behind you in the session, try to reduce clutter and setup your background to be as inviting as possible. Consider removing personal items or distractions in the background.
- Check the picture and audio quality. Can you see and hear each other? Make sure nobody is muted and both cameras are on.

## **Pre-session/First virtual session**

- Verify the student's identity, if you have never met them in person (consider looking up their picture in the student information system).
- Get student assent for telepsychology services.
  - Discuss the potential risks/benefits and limits to confidentiality of telepsychology sessions with the student as per the usual consent processes.
  - Clarify communication pathways and boundaries around booking appointments with the student. Provide crisis resources as necessary.
- Ask the student where they will be for your sessions together (address/location) as well as the phone number(s) of a parent/guardian. This information is important to have if someone is at risk. Don't rely on previous information as they could be in a different location.
- Ensure you know the local resources (i.e., emergency room, urgent care clinics, 911, mobile crisis support, state warmline) where the student is currently located. These resources can be provided as needed to the student or parent/guardian.

- Determine whether an adult will be at that location or if the student is alone. Consider whether you want the parent in the session or not.
- Create a back-up plan in case of technical difficulties (i.e., obtain student's and/or parent/guardian's phone number).

### **Beginning of every virtual session**

- Think about what you might want the student to bring to your session and ask the student or parent/guardian to gather the supplies ahead of time (i.e., games, art supplies, paper, markers, playdoh, toys, stuffed animals, etc.)
- Consider starting and ending your session with a predictable ritual to join together in the digital "room." We tend to do this naturally in person but may need to be more mindful about this practice when done virtually.
  - Examples:
    - Ensure students have what they need to start the session (water, tea)
    - Try a relaxation or breathing exercise
    - Start with a check-in question
- Confirm virtual session logistics
- Confirm the students address/location for the session as well as the phone number(s) of a parent/guardian (ask or confirm every time).
- Review importance of privacy at your location and student's location.
- All individuals present for the virtual visit must be within view of the camera, so the provider is aware of who is participating.
- Confirm that nobody will record the session without permission.
- Turn off all apps and notifications on your computer, tablet, or smartphone. Ask student to do the same for all devices.

### **During the Session**

- Conduct the session mostly like you would an in-person session. Be yourself.
- When using gestures, consider what is seen in the screen and how they would appear to the student.
- Consider finding ways to engage students virtually.
  - Consider how you make the session fun
  - Think about how you can modify what they like to do in your office in an online environment
  - Use of body/brain breaks
  - Use the screen as a mirror and copy each other (i.e., mirror actions and emotions)
  - Use dice for a grounding game (i.e., each number on the die is a different sense for grounding)
  - You can use puppets on the screen to engage younger children
- Consider using games
  - Try games that require no or only minimal supplies (i.e., Pictionary, Rock Paper Scissors, Complete a Story, Charades, Pick a Question, Sentence Stems, Hangman, 20 Questions)
  - Some games only need one person to own the game and you can play together virtually (i.e., Scattergories, Memory)
  - If you and your student have a copy of the same board game you can both set it up and just move the pieces at the same time (i.e., Monopoly, Candyland, Uno, Yahtzee, Apples to Apples, Guess Who, Snakes and Ladders, Clue, Phase 10, Operation, Farkle, Go Fish, Battleship)
- Consider using expressive arts (both sites need supplies)
  - Complete an art project together with similar supplies
  - Do an art project with students over the computer or on the videoconference virtual whiteboard.
  - Bring musical instruments to play together. Some may have to be improvised.
  - Create a digital play list or "theme song" together
- Consider practicing skills and coping strategies with your students. Remember that students may revert to unhealthy coping strategies during a time of distress and need practice with healthy coping strategies and distress tolerance skills, even strategies/skills that were previously mastered.
  - Distress tolerance skills
  - Mindfulness
  - Relaxation strategies
  - Develop a coping skills toolkit

### **After the Session**

- Make sure you close the session for everyone, not just you.
- Schedule some time to wrap up the session.
- Complete notes as per your usual process. Remember that recorded sessions are part of the notes, so consider carefully if you want to record the sessions.

## Grief and Loss in the time of COVID-19

*The following is adapted from Uniting for Suicide Prevention: Reminders for suicide prevention in the time of coronavirus.*

### If we are unable to connect physically, how can we support others in their time of grief?

- Reach out several times a week
- Leave messages letting the loss survivor know you are thinking about them and are here for them
- Offer your full attention; focus on listening by asking open-ended questions
- Provide an emotional presence; make room to simply sit quietly on the phone together
- Send messages of support via text (see PSCA video for text messaging apps to block numbers)
- Determine what the loss survivor needs help with and assist with tangible, supportive tasks
- Send notes of support, care packages, and resources via US Mail
- Utilize technological options (noted above) to video connect
- Engage in a distraction together
  - Play a game simultaneously (e.g., set an appointment to log on at the same time to play a video game or a web-based game), do a hobby (e.g., knit, do the same workout) or watch a video together.
- Help the loss survivor establish a memorial place and/or a symbol to help honor the person who died
  - Having a designated place in the home (e.g., yard, patio, converted bedroom) can assist with grieving rituals and reflection

### Reminders for Grief Conversations over the Phone

- **Pacing:** Increased rate of speech can suggest impatience, inattentiveness, or anxiety – remember to speak slowly
- **Tone:** Use variation in tone and expression of warmth to express empathy via your voice
- **Emotion:** Without visual cues, assessing emotions can be tough; offer reflection, check in, and provide validation
  - Example: “I can hear the (anger, sadness, relief, confusion, frustration) in your voice – is that accurate? That makes sense...many loss survivors feel the same.”
- **Responsive:** Before you provide information and knowledge, ask questions to ensure you understand what the loss survivor needs and/or how they are doing.
  - Even if the loss survivor states they appreciate the call and don’t need anything, let them know that you will be calling back to check-in on them to continue being there.
  - Needs change over the grieving journey – be sure to be there regardless of whether the loss survivor asked or needed something last call.

**Awareness:** Express the difficulty that comes with being “physically”

## RESOURCES

### NASP Guidance on Telehealth and Virtual Service Delivery

[When one door closes and another opens: School Psychologists providing telehealth services](#)

[Legal and ethical considerations for remote school psychological services](#)

[Virtual service delivery in response to COVID-19 disruptions](#)

[NASP guidance for the delivery of school psychological telehealth services](#)

### Telehealth and Virtual Service Delivery Resources

[Notification of enforcement discretion for telehealth remote communications during COVID-19](#)

[National Center for School Mental Health COVID-19 Resources](#)

[Zero Suicide - Telehealth tips: Managing suicidal clients during COVID-19 pandemic](#)



[COVID-19: Tips for building rapport with youth via telehealth](#)

[A practical guide to video mental health consultation](#)

[Search Institute – Checklist: Building Developmental Relationships during the COVID-19 crisis](#)

### **Telehealth Trainings – Most of these are FREE**

[A practical guide to providing telepsychology with minimal risk](#)

[American Psychological Association: Providing psychological services in the face of uncertainty.](#) FREE.

[American Psychological Association: Telehealth continuing education resources/courses](#)

[A telepsychology primer](#)

[Best practices in grief and bereavement tele-therapy](#)

[Pennsylvania School Counselor Association Coronavirus Roundtable: Distance school counseling strategies and tools](#)

[Responding to a pandemic: COVID-19 and integrated primary care](#)

[Telehealth for Mental Health Professionals: 2 day distance therapy training.](#) Free with the **Promo Code: TELEFREE**. This webinar includes the training, a quiz, and CEU certificate (as desired). Please note that the training will appear to be at normal price when you register until you reach the final registration page, where you are permitted to enter the "discount" or promo code.

### **For further COVID-19 information and resources, visit the following sites**

[10 Tips for families coping with COVID19](#) (with Spanish and English subtitles)

[American Psychological Association resources special section on Pandemics](#)

[American Psychological Association FREE articles from APA journals](#)

[American School Counselor Association](#)

[Centers for Disease Control and Prevention](#)

[National Association of School Psychologists](#)

[Substance Abuse and Mental Health Services Administration](#)

[Substance Abuse and Mental Health Services Administration \(Spanish forms\)](#)

[United States Department of Education Office for Civil Rights](#)

[World Health Organization](#)

For more information on suicide prevention and intervention for schools and on COVID-19, visit NASP's COVID-19 Resource Center at [www.nasponline.org/COVID-19](http://www.nasponline.org/COVID-19).

For more information on grief and loss during this time of COVID-19, visit the Association for Death Education and Counseling at <https://www.adec.org/page/ADECinConversationCoronavirus2019>.