

A MENTAL HEALTH  
TOOLKIT FOR SCHOOLS

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# RETURNING TO SCHOOL AFTER COVID-19

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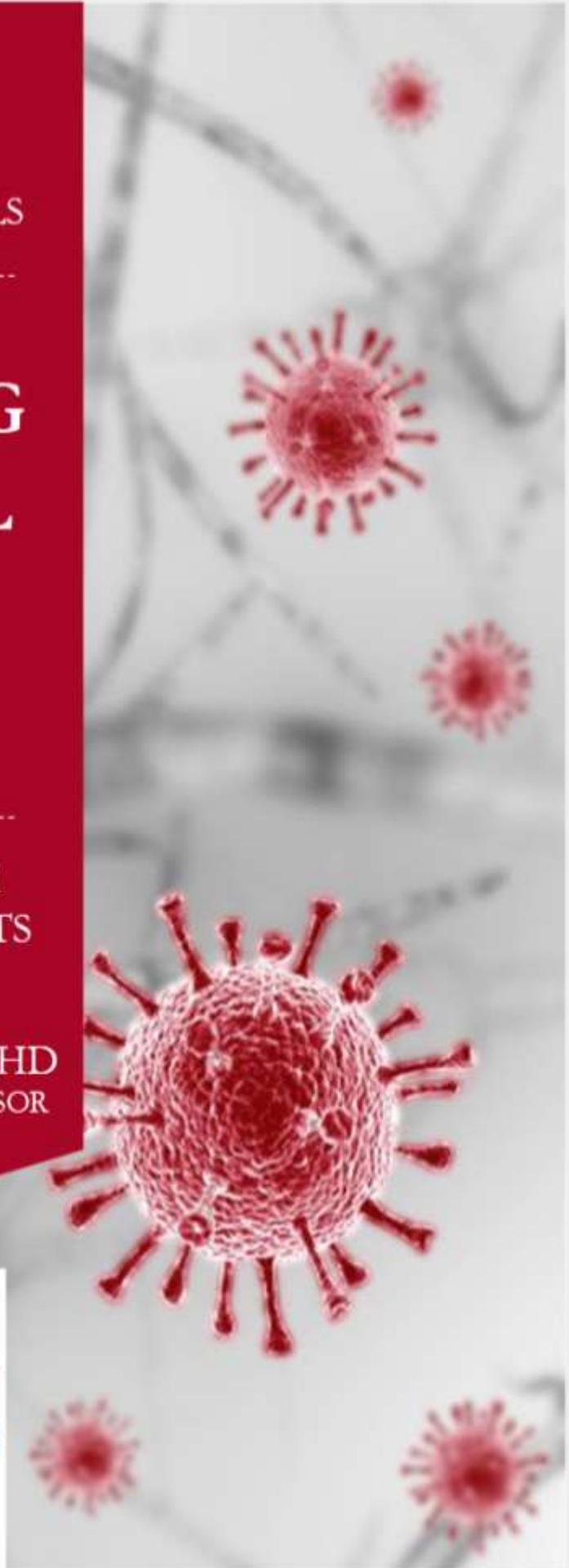
CREATED BY PCOM  
GRADUATE STUDENTS

&

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This toolkit is a resource for schools and communities to support student mental health both **NOW**, during stay-at-home orders, **AND** upon return to brick and mortar buildings.

## CONTRIBUTORS

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Within the School of Professional and Applied Psychology, the School Psychology students enrolled in my *Effective Prevention & Crisis Intervention at Home and School* course created the documents within this toolkit. These students took all they learned in this crisis intervention course and put it into use within the framework of this current pandemic. They all put in a lot of time and effort to research and create handouts that cover important topic areas while making them visually appealing. I could not be prouder. I thank them each and know they will make amazing school psychologists!

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## PURPOSE OF THIS TOOLKIT

After stay-at-home orders were extended, many of our nation's youth have not been in brick and mortar schools for months. Some are enjoying this time at home and the transition back to school will be a challenge, while others are struggling with sustaining basic needs while at home. Some may be experiencing trauma and child abuse that will impact their lives forever. Educators moved their classrooms online in a matter of days, while also caring for and educating their own children. Parents work hard to make fun, memorable moments for their children during this pandemic while feeling inevitable stress. This is a time of overwhelm for everyone and while many of us look forward to seeing each other again, things may look very different by the time we step back into our school buildings. This toolkit is meant to provide strategies for various issues that may arise both now during stay-at-home orders and upon our return to school. We hope it helps!

### Terri A. Erbacher, PhD

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**SECTION 1**

**COVID-19 CONSIDERATIONS & RETURN TO SCHOOL**

**Welcome Back Tips >>>**

- Meet with parents prior to student return*
- Be sensitive to student's experiences*
- Implement routine*
- Anticipate grieving*
- Reduce demands, be flexible as children adapt*
- Implement breaks and destresser activities*



**Post-Pandemic Reintegration Suggestions for Educators**

# Getting Back on Track



*Possible reactions to stress  
by school age groups*

**Preschool:**  
 CRYING OR SCREAMING  
 CLINGING TO CAREGIVERS  
 FEAR OF SEPARATION  
 REGRESSIVE BEHAVIOR (EX. WETTING PANTS)  
 DECREASED VERBALIZATION

**Elementary School:**  
 BEHAVIORAL DIFFICULTY  
 DECREASED CONCENTRATION  
 POOR ACADEMIC PERFORMANCE  
 DEPRESSION  
 IRRITABILITY  
 WITHDRAWAL  
 SOMATIC COMPLAINTS (EX. STOMACH ACHES)

**Middle & High School:**  
 POOR ACADEMIC PERFORMANCE  
 ANXIETY  
 DEPRESSION  
 HIGH RISK BEHAVIORS OR SUBSTANCE ABUSE  
 EMOTIONAL NUMBING  
 SUICIDAL THOUGHTS

For more information go to [www.nacpnline.org](http://www.nacpnline.org)



Provided By: Julie Felder, School Psychology PsyD  
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## Beginning a Fresh Start

*"Programs that assist children in their return to school after a period of absence are called school re-entry programs. School plays an important role in a child's social development, adjustment, peer relationships and overall well-being."*

—REACH Community Reintegration

As teachers and academic administrators, you are an important piece of society's healing after the Covid-19 pandemic. Not only is your expertise needed, but the mental and emotional support you provide children

as well. Your impact on lives matters. Before reentering the classroom be sure to focus on managing your own stress. Be sure to know reintegration programs offered by your school as many students may experience more signs of anxiety, depression, and stress.

For some students, the heightened worry of illness, death, family finances, and academic pressures could trigger behavioral or emotional reactions. Providing students with comfort and understanding will be just as necessary as educational stability. Not all children will be able to verbally express their fears. It is our duty to pay attention to their level of functioning and provide them with support. This includes being ahead of

current and accurate information, as they will have many questions. Frequent teacher team meetings are encouraged to share consistent updates on policies and ideas for programs. Although routine is necessary, remaining flexible is key. Classroom anxiety and feeling unsafe could manifest in various ways. Please see the list of common reactions different ages may exhibit due to trauma and stress. Being aware of how children communicate their emotions will help to provide

support. This year will be a time for fresh starts and new beginnings. You set the tone for this experience to have a positive outcome. Using rewards, praise and recognition for effort can motivate students that have not had structure for a long time. Meeting with parents for children of concern right away will help with early interventions. You can do this, we all need you. As educators you are the backbone of our communities.



## Back To School - Now What?

### It is Okay to Ask for Help

- Many people lost their jobs when the state called for shelter-in-place
- Adults can be anxious or even angry, and this can look very different for each person
- Thousands have died and this is incredibly sad
- Social Distancing is still happening, and we miss our friends and families
- It is hard to be back in school after being away so long
- A lot of students forgot things while they were in their homes

### Feeling a Bit Overwhelmed?

That is okay! Emotions are important. They give us a lot of helpful information. Sometimes we can feel an emotion very intensely and that can be uncomfortable. It can make us want to avoid or dismiss that emotion. Instead, we should try to understand what we are feeling. By understanding the "message" in that emotion, we can better cope with the intense feeling. Emotions move us towards actions, a greater awareness, or an opportunity for growth. They are neither good nor bad. They are signals that give us guidance. It is how we react to our emotions that can be positive or negative, effective, or less effective.

### TAKE WHAT YOU NEED:

love.	forgiveness.	calm.	hugs.	patience.	a smile.	care.	support.	a hand.	a shoulder.	an ear.	a friend.	re-do.	release.	grace.
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Tareva Cortes, MS Philadelphia College of Osteopathic Medicine

Created by Tareva Cortes

## **Physical Safety**

Physical safety is the protection of all stakeholders that include students, school administrators, families, and the community from any sort of violence and exposure to weapons or threats. This is crucial in providing a safe and secure learning environment and for caregivers to feel comfortable in sending their children in a protected environment.

### **Practicing Physical Safety during COVID-19:**

- Restroom limited to 1-2 people per use
- Masks should be worn in public area
- Rearranging classroom settings to promote social distancing of 6 ft
- Accessible hand sanitizers, disinfectant wipes, tissues
- Require washed clothes/uniform regularly
- More staff, teachers, administrators to prevent overcrowding in classrooms
- Ensure proper, nutritious lunch options
- Eliminate physical group activities
- Increased spacing and limited mixing between groups

### **Schools should follow CDC guidelines for operating safely and should consider the following:**

- Continue practices that reduce the potential for exposure
- When students and staff should stay at home
- Considerations in regard to the lowest risk to highest risk ways schools could choose to operate
  - Ex. Highest Risk: Full sized, in-person classes, activities, and events.
- Considerations in regard to the lowest risk to highest risk ways schools could choose to operate
- Continue practices that reduce the potential for exposure
- Teach and enforce hand hygiene and respiratory etiquette
- Cloth face coverings (By all school age students no younger than 2 years old)
- Ensuring the school has adequate supplies
- Signs and messages reminding students and staff of the safety protocols
- How to maintain a healthy environment-shared objects, modified layouts, communal spaces
- Food service (Have children bring their own lunches when feasible and avoid eating in large communal spaces)
- Staggered scheduling/Modified Calendar
- Regulatory Awareness
- Be aware of local or state regulatory agency policies related to group gatherings to determine if events can be held.
- Back-Up Staffing Plan
- Monitor absenteeism of students and employees, cross-train staff, and create a roster of trained back-up staff.
- Staff Training on all safety protocols

**Guidance for Cleaning and Disinfecting (CDC Guidelines):**

*1 Develop your plan*

- Determine what needs to be cleaned
- Determine how all areas are disinfected
- Consider the resources and equipment needed

*2 Implement*

- Clean visibly dirty surfaces with soap and water
- Use the appropriate cleaning or disinfectant product
- Always follow the directions on the label

*3 Maintain and Revise*

- Continue routine cleaning and disinfection
- Maintain safe practices
- Continue practices that reduce the potential for exposure

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>

**Educational Activities for Students**

To help our students understand the importance of proper handwashing and hygiene, there are simple exercises that can be used to demonstrate!

*Glitter Germs Experiment:*

Materials: glitter, baby oil, something to pick up (e.g. paper, cup, pencil)

Procedure:

- Rub baby oil on hands and add a pinch or 2 of glitter, then rub your hands together
- Pick up the object(s) that are close to you, and see how the glitter (germs) are transferred from one surface to another

This experiment can be paired with the following video from the Children’s Museum of Indianapolis, which discusses the transfer of germs in a child-friendly way.

<https://www.youtube.com/watch?v=1Pc0777SOqs>

*Pepper and Soap Germ Experiment:*

Materials: pepper, bowl of water, dish soap

Procedure:

- Add pepper to the bowl of water, and explain to students that the pepper represents germs
  - Have students dip one of their fingers in the pepper and water, watch as the pepper sticks to their fingers
  - Students will then dip their finger in the dish soap, then back into the pepper and water; watch as the piece of pepper are pushed away, towards the edge of the bowl
- An example of this experiment being conducted can be found on YouTube or another internet source.

Both of these experiments can be paired with a read aloud of *Germes are NOT for Sharing* by Elizabeth Verdick for younger students, or other books about germs for older students. A read aloud of this book, and many others, can be found on YouTube.

### **Support Coping and Resilience**

This will be the first-time students and teachers alike have ever seen education operate in this fashion. For younger students, they may go into this coming school year thinking it is going to be like they last left it. For them, seeing authority figures and friends wearing masks, not being able to touch and interact like before, friends and teachers not consistently at school, varying schedules and communal student activities such as recess and lunch no longer allowed may be a triggering setting for some students and teachers. Just as we are taking cautions to be healthy and safe, the mere sight of all these precautions may diminish a student's belief that they are physically safe.

- Prepare and educate students especially young children of regulations and what to expect
- Provide counseling and support to students struggling with the transition
- Be honest and age appropriate when explaining the pandemic to students
- Have daily check ins as a classroom regarding how they feel and what their experience has been like
- Encourage employees and students to take breaks from watching, reading, or listening to news stories about COVID-19
- Promote employees and students eating healthy, exercising, getting sleep, and finding time to unwind.
- Promote a supportive, loving educational environment where mental and physical health and safety come first

#### Created by:

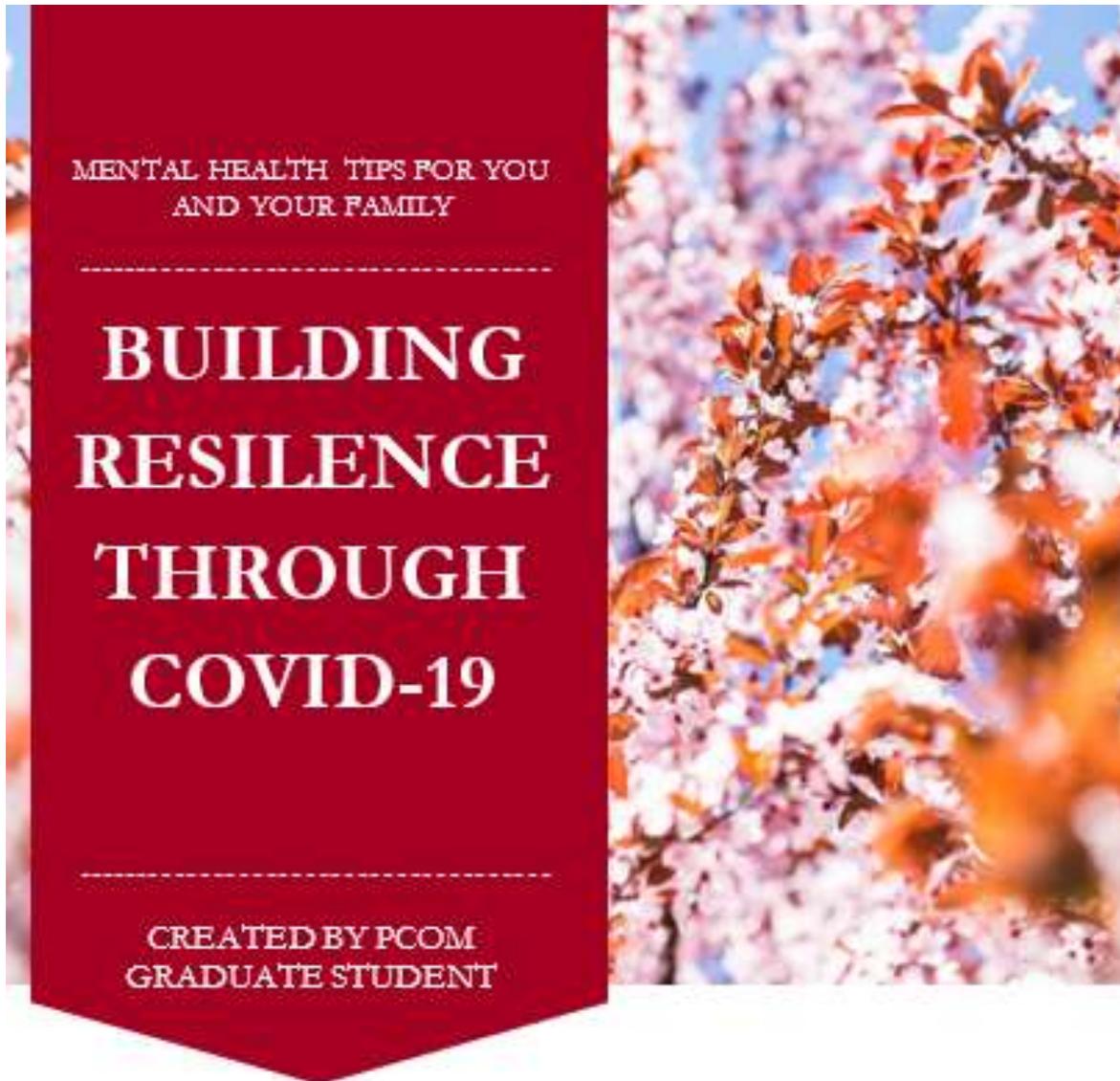
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#### Resources:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

<https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>



Everyone around the world has been impacted by the Coronavirus, also known as COVID-19, pandemic. COVID-19 is a new virus that causes respiratory illness in people and is extremely contagious. It has halted the daily function and operations of most business and institutions around the world.

During this difficult time, it is important to keep your peace and well-being as balanced as you can. This handout will provide you with some guidance and resources that you can do use to keep you and your loved ones safe.

#### Understanding COVID-19

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Identifying strategies for you during this time that you can do at home

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Provide tools and resources for your family, friends and colleagues

## Understanding COVID-19

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Corona viruses are a large family of viruses, some causing illness in people and others circulating among animals, including camels, cats, and bats. The 2019 novel corona virus (COVID-19) is a new virus that causes respiratory illness in people and can spread from person-to-person. This virus was first identified during an investigation into an outbreak in Wuhan, China.

Human corona viruses spread just like the flu or a cold—through the air by coughing or sneezing; through close personal contact, like touching or shaking hands; by touching an object or surface with the viruses on it; and occasionally, through fecal contamination.

### WHAT ARE THE SYMPTOMS?

Symptoms of the COVID-19 can include:

- Fever
- Cough
- Shortness of breath
- Diarrhea

The symptoms may appear in as few as two days or as long as 14 days after exposure. Reported illnesses have ranged from people with little to no symptoms to people being severely ill and dying.

### WHAT CAN YOU DO TO PREVENT THE SPREAD OF COVID-19?

- Wash hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available.
- Cover any coughs or sneezes with your elbow, do not use your hands!
- Clean surfaces frequently, such as countertops, light switches, cell phones and other frequently touched areas
- Contain- if you are sick, stay home until you are feeling better.

### WHAT CAN YOU DO IF YOU ARE SICK?

If you are sick with COVID-19 or think you are infected with the virus, stay home. It is essential that you take steps to help prevent the disease from spreading to people in your home and community. If you think you have been exposed to COVID-19 and develop a fever and symptoms, such as a cough or have difficulty breathing, call your healthcare provider for medical advice.

**RESOURCES FOR MORE INFORMATION** For more information, visit <https://www.health.pa.gov/topics/disease/Pages/Coronavirus.aspx> The latest information on the corona virus in the U.S. and worldwide can be found on the CDC website Additional information from the CDC on what to do if you are sick can be found here Help is available, contact the Crisis

## Identifying Strategies for You and Your Family

The outbreak of corona virus disease 2019 (COVID-19) may be stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children. Coping with stress will make you, the people you care about, and your community stronger.

Stress during an infectious disease outbreak can include

- Fear and worry about your own health and the health of your loved ones
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Worsening of mental health conditions
- Increased use of alcohol, tobacco, or other drugs

Everyone reacts differently to stressful situations

How you respond to the outbreak can depend on your background, the things that make you different from other people, and the community you live in.

People who may respond more strongly to the stress of a crisis include

- Older people and people with chronic diseases who are at higher risk for severe illness from COVID-19
- Children and teens
- People who are helping with the response to COVID-19, like doctors, other health care providers, and first responders
- People who have mental health conditions including problems with substance use

Take care of yourself and your community

Taking care of yourself, your friends, and your family can help you cope with stress. Helping others cope with their stress can also make your community stronger.

Ways to cope with stress

- **Take breaks from watching, reading, or listening to news stories**, including social media. Hearing about the pandemic repeatedly can be upsetting.
- **Take care of your body.**
  - Take deep breaths, stretch, or meditateexternal icon.
  - Try to eat healthy, well-balanced meals.
  - Exercise regularly, get plenty of sleep.
  - Avoid alcohol and drugsexternal icon.

- **Make time to unwind.** Try to do some other activities you enjoy.
- **Connect with others.** Talk with people you trust about your concerns and how you are feeling.

## Resources and Tools

As uncertain, this time may be for you, please know that there are many resources and tools provided to you during this pandemic. Please feel free to visit the websites and resources below:

### PA Specific Information

<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Fact-Sheets.aspx>

<https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/COVID-19%20Mental%20Health.pdf>

### CDC Mental Health Information

[https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fmanaging-stress-anxiety.html](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fmanaging-stress-anxiety.html)

### Mental Health Resources for Children

<https://www.nami.org/Blogs/NAMI-Blog/March-2020/How-to-Ease-Children-s-Anxiety-About-COVID-19>

<https://www.nationwidechildrens.org/giving/on-our-sleeves/find-help/tools-for-you/coronavirus>

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written by Shannon Mintze

## **Distance Learning and Social Emotional Learning**

Jessica Ausen

The following document is intended as a handout for elementary school teachers that are providing distance learning to students in a high-needs, urban setting (Philadelphia). Many of the students received free breakfast and lunch at school. Although the city provides meal pickup sites throughout the region, I've noted this to help explain the needs of this particular student population. Chrome books are also being provided to students in need so that they can begin their distance learning. As the district and the city work together to try and ensure that children have their basic needs met, teachers are working hard to make sure they are able to connect with their students and provide some resemblance of a quality education.

This is a difficult time for most families as they often have to continue to work, either at their usual place of employment or at home, often compounded with meeting the distance learning needs of their own child/children. As a current school counselor and aspiring school psychologist, I am very concerned about those students that live in troubled homes and see school as a safe place. I am concerned about those children that see school as a place where they know they will be greeted with a smile or a hug and that there will always be at least one person in the building that will listen to them.

The following document is divided into two parts. The first part is for teachers and the second is intended for students and provides suggestions for social emotional learning activities to help some of our students most in need.

## Social Emotional Resources for Distance Learning

Dear Educator:

We hope that you and your loved ones are well during these uncertain times. Our lives have been abruptly interrupted by the recent pandemic and we are now forced to quickly learn and implement new ways of educating our scholars. In addition to these sudden changes, many of you are also now trying to address the distance learning needs of your own children. Just as we adjust to these extreme changes, our students are also struggling with many of these changes. As you know, many of our students have acute needs. For some of our scholars, school was viewed as a safe place. For some students, that high five, smile or hug you gave them may be the only one they would receive that day. The free breakfast and lunch provided at school would be their only meal. Below are some tips and resources to help provide support to those students most in need.

Tips:

- Structure

Consistency and structure can help reduce anxiety as they provide children with a sense of reassurance. Provide children with a sample schedule. Keep it simple and attainable. Remind children that it is just a suggested schedule. Schedules may include getting up at a certain time, completing distance learning within a given time frame and getting in some physical activity. This can include time outside if feasible, dancing, or on-line “brain break” type activity.

- Daily Greeting

As mentioned, many of our scholars look forward to a warm greeting every morning. Find inventive ways of greeting students via distance learning. If you are meeting with students virtually, continue greeting systems utilized in the classroom. For example, if students were given the chance to “choose” a greeting (high five, fist bump, etc.) continue this tradition virtually. This may take some additional time but taking the time to make a personal connection with each student is worth the time invested.

- Encourage children to share feelings and ask questions

Just as this is an uncertain time for us, it can be a scary and confusing time for children as well. Encourage students to share their feelings. What do they like about distance learning? What do they dislike? What questions do they have? Although we may not have all the answers, we may be able to incorporate information about good hygiene, social distancing, etc.

## Social Emotional Resources for Distance Learning

Dear Scholar:

We hope this message finds you well! Although we cannot be with you in person, we are still able to connect with you through our new distance learning programs. We are missing seeing your faces every day and look forward to a time when we can see you again and give you a hug, handshake, fist bump or high five! In the meantime, we are still available to support you. Below are some activities you may want to try at home.

- Self-Control

There are some things within our control and some things that are not. We cannot control other people's feelings, grown up issues, nature, etc. But we can control our own thoughts, our actions, our goals and more! Create a list of things that you can control and those you cannot.

- Positive Self Talk/Affirmations

Sometimes when we are feeling sad or "down" we need a "pick-me-up". Come up with a list of positive statements or affirmations. Examples you can use include the following:

"I am loved"

"I can do hard things"

"I am smart"

"I am a good person"

"I am enough"

"I am a good friend"

You may want to try looking in the mirror at yourself and saying these aloud!

- Mindful Minute

When we are feeling overwhelmed or just need to take a break from those around us, we can take a “mindful minute” to relax.

*Making Lemonade*

Pretend to hold a lemon in each hand and extend your arms straight out. Squeeze your fists and arms as tight as you can (to make “lemonade” of course!). Then slowly release and lower your arms gently. Take a moment to notice how your body feels.

*Roller Coaster Breathing*

Extend one your arms out and hold out your hand like a fan. With your index finger on your other hand, go up u the side of your pinky while taking a deep breath in through your nose. As your finger comes down the other side of your pinky (like a roller coaster!), slowly breath out through your mouth. Continue until you have traveled over each finger. Take a moment to notice how your body feels.

The great thing about these activities is that they can be done anywhere, anytime!



## Back to School after COVID-19 for Elementary Students

Although school closures due to COVID-19 have contributed to uncertainty, the return to school after a global pandemic can be accompanied by a mixed bag of emotions ranging from happiness to sadness to anxiety to fear. As a result, we must realize that normalcy will have a different meaning for all of us. For this reason, it is imperative to keep in mind that returning to normalcy is a process which warrants flexibility, understanding and most importantly support.

The following are a few tips to prepare children to return to school post the COVID-19 pandemic:

### *Parents*

- **Routine.** As the return to school date nears, begin putting your child to bed closer to their school bedtime, in 10 minute earlier increments each night until the original bedtime has been reached. Studies have shown that children need between 9 and 11 hours nightly.
- **Tune in.** Listen to your child to figure out the exact cause of the fear and help him/her work through it.
- **Create a coping kit.** Children need to know how to calm themselves when they express feelings of fear or anxiety. Deep breathing exercises, cuddle toys, worry boxes, Playdoh, relaxing coloring pages are a few examples that are great tools for younger children.
- **Share good news.** Bad things tend to dominate the news media, but good things are also present. Share good news with your child every night to help them foster a positive attitude or way of thinking.
- **Remain calm.** Children mimic the behavior(s) of their caregiver(s). Model calm responses and logical thinking.
- **Give honest but short answers.** Children will have questions about what they are hearing and how COVID-19 will affect them. Present factual information in an age appropriate manner. Avoid graphic pictures.
- **Limit exposure to news media.** Save the news for when your children are out of the house or sleep.
- **Continue to enforce washing frequent hand washing and elbow sneezing and coughing.**

### *Schools*

- **Be a good listener and observer.** Let children guide you about their level of concern and how much information they need. If they are not focused on the tragedy, then don't dwell. Pay attention to behavior changes or social interactions.

- **Create a safe space for students to discuss their concerns about returning to school.** Allow students to speak with the school counselor or social worker about lingering fears or anxiety when requested.
- **Stick to the normal classroom routine.** Children need to regain a sense of normalcy upon returning to school. Regular classes, after school activities and friends can help students improve functioning and increase feelings of security.
- **Do something positive with your students to help others in need.** Show children the importance of helping one another. One act of kindness goes a long way. Examples of activities include sending “Thank You” cards to the medical staff at the local hospital; Penny Drive for a donation to the local food pantry, homeless shelter, etc.
- **Know the potential child and adolescent reactions to trauma.** Most children will be able to cope with assistance from the parent or caregiver. Common reactions include.
  - **Preschoolers-** thumb sucking, bedwetting, clinging to parents, sleep disturbances, loss of appetite, fear of the dark, behavior regression, and withdrawn from friends and routines.
  - **Elementary school children-** irritability, aggressiveness, clinginess, nightmares, school avoidance, poor concentration, and withdrawal from activities and friends.

Some children are more at risk of exhibiting more extreme reactions due to personal circumstances. It is advised to contact professionals if behaviors are noted to have significantly changed to be more extreme or any of the above mentioned behaviors are displayed over a prolonged period.

Returning to school after a national pandemic is a new beginning, but with teamwork, support, communication and love, students will be able to continue to successfully continue their education and grow socially, academically and emotionally.



### **Resources**

National Association of School Psychologists. (2017). *Large-scale natural disasters. Helping children cope* [handout]. Bethesda, MD. Author.

[psychologytoday.com/us/wo/2020/04/psychology-of-anxiety-children/](https://www.psychologytoday.com/us/wo/2020/04/psychology-of-anxiety-children)

<https://www.schoolcrisiscenter.org/resources/covid-19-pandemic-resources/>

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Written by Karla Kerr

## Helping Teens Get Back on Track After COVID-19

### A Fact Sheet for Educators

#### **WHAT TO EXPECT:**

-Returning to school after the COVID-19 pandemic will present with many challenges, especially for teens and adolescents. For many students, their time away from school may have been met with traumatic experiences, anxiety, stress, and grief. Returning to school and transitioning back into a “normal routine” will likely be difficult and stressful for many students. These events could affect students’ behavior and learning ability in the classroom. It is important for teachers and educators to provide support for their students in the aftermath of this pandemic.

#### **KNOW THE SIGNS:**

- Stress responses can present themselves in a variety of ways such as:
  - Increase or decrease in activity levels
  - New or increased substance abuse
  - Quick, angry outbursts
  - Defiant behaviors
  - Crying frequently
  - Trouble sleeping
  - Excessive worrying
  - Difficulty communicating
  - Inability to have fun with activities that previously were preferred
  - Distancing from friend groups
  - Changes in eating habits
  - Somatic symptoms such as headaches and stomachaches
  - Having trouble thinking clearly and concentrating
  - Not caring about anything
  - Risky or delinquent behaviors

It is important for teachers and educators to understand that stress response behaviors might look different in each student, and should understand that increases in these types of stress responses are likely to be observed as student’s transition back to school.

\*Teachers and educators should also be aware of their own stress responses, and make sure to commit to their own self-care during this transition time\*

## HOW TO HELP: CLASSROOM BASED TECHNIQUES

The way teachers run their classrooms is likely going to look different after COVID-19. With an increased need placed on school mental health services, classroom based techniques to help reduce stress related to the pandemic will become increasingly necessary. While academics will always be important and should take up the bulk of time in the classroom, teachers should incorporate self-care and stress relief activities into their daily classroom routines.

- Focus on self-care practices before transitioning to an academic learning environment.
  - Start each class with a mindfulness exercise or activity
  - Have mini lessons on self-care areas, such as nutrition, sleep, exercise etc.
  - Start with positive affirmation activities
  - Give students the freedom to choose their own mindfulness activity
  
- Set Goals
  - Set reasonable goals at the start of each lesson with the class. When the goal is reached, allow the class some type of reward such as a movement break outside, free time to start homework, or some other type of incentive.
  
- Check-Ins
  - Pick a couple students each day to check in with during class. Ask them how they are feeling, if they need help with any work, or if they have questions. This may give students who would not normally seek help an opportunity to express how they are feeling or ask questions.
  
- Patience and Flexibility with Curriculum
  - Virtual and remote learning was likely not ideal or accessible for every student. Understand that not every student will be where they need to be, and it will take time to get caught up. Be patient and flexible with assignments (within reason) and make sure to extend extra help to students you are aware either struggled with virtual learning or did not have appropriate accessibility.
  
- Know the Signs
  - If you notice a student with increased or concerning stress responses make sure to refer them to specialists within the building such as the school psychologist or counselor. Keep access to resources in the classroom as well such as handouts or flyers that students can take with them.

## HOW TO HELP: INDIVIDUAL AND GROUP BASED TECHNIQUES

Many students are going to need additional support during the transition back to school. Educators should plan for increased need of counselors, counseling groups, and crisis intervention outside of the classroom.

- CBT group and individual sessions
  - There are a variety of CBT worksheets and guided activities that can be used with teens to help them understand their emotions and decrease anxious feelings. Check out the additional resource section for access to plans and worksheets.
- Lunch Groups
  - Lunch groups can be a helpful way to bring students together who may need extra support, but might not be at the level of needing structured counseling. This also allows students to make bonds with staff in the building that they may have not had the opportunity to do so in the past.
- Interpersonal Psychotherapy (IPT)
  - IPT can improve the student's interpersonal relationships and social functioning to help reduce distress. IPT can consist of individual therapy sessions or group work completed within 12 to 16 weeks. This is often helpful when there is a change in the social environment triggering depression.

## ADDITIONAL RESOURCES

<https://www.seattlechildrens.org/pdf/pe727.pdf>

[https://www.psychologytools.com/downloads/cbt-worksheets-and-therapy-resources/?fwp\\_problem-disorder=anxiety](https://www.psychologytools.com/downloads/cbt-worksheets-and-therapy-resources/?fwp_problem-disorder=anxiety)

<https://childmind.org/topics/concerns/responding-to-traumatic-events/>

<https://effectivechildtherapy.org/therapies/what-is-interpersonal-psychotherapy/>

<https://www.healthiersf.org/resources/pubs/StressReductionActivities.pdf>

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Written by Sejal Shah & Keri Blood

## STRATEGIES FOR COPING WITH SCHOOL REFUSAL

### FOR PARENTS

**Remain calm.** Address your student in a calm, level tone. Addressing your student in an elevated, emotional tone may increase their distress.

**Talk to your student.** Discuss what is causing their aversion to school, in addition to what they enjoy about it.

**Establish triggers.** Once caregivers establish what the problem is in the school environment, measures can be taken to lessen the stress on the student. Parents can collaborate with teachers, and other school personnel, in order to ease the transition back to school.

### FOR EDUCATORS

**Ensure your classroom offers a safe and welcoming atmosphere for students.** This provides students with the opportunity to connect with their school community.

**Create a safe space.** Provide a safe harbor with the counselor, nurse, or school psychologist where the student can go when feeling stressed or overwhelmed.

### COLLABORATION

**Work as a team.** A successful school re-entry requires collaboration and effort from both parents and teachers.

**Create a plan.** Create a school re-entry plan to assist the student with the transition back to school.

**Create a buddy.** Whether it be on the bus, walking into school, or moving through the halls, provide your student with a peer buddy to help them through their day.

## REFERENCES

- Reinfeld, S. (2012). Ending School Avoidance. *Soli-Reardon, M., Rappaport, N., Kulick, D., & Educational Leadership*, 70(2).
- Fremont, W. (2003). School Refusal in Children and Adolescents. *American Family Physician*
- Kearney, C. A. (2018). Solutions to school refusal for parents and kids.
- Wimmer, M. (2010). School Refusal: Information for Educator. *Helping Children at Home and School III: Handouts for Parents and Educators.*
- Wimmer, M. (2004). School refusal: Information for educators. Bethesda, MD: National Association of School Psychologists.

**If you're concerned about school avoidance and your child displays common warning signs, contact your child's teacher and school psychologist. Tackling school avoidance is a team effort!**

## SCHOOL AVOIDANCE AND REFUSAL

Information for Parents and Educators

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## WHAT IS SCHOOL AVOIDANCE?

School avoidance is defined by a student's refusal to attend part or all of the school day along with a high number of unexcused absences.

School avoidance can be caused by a number of factors, such as:

- Cultural and/or Family factors
- Peer interactions
- Anxiety, Phobias, or Mood disorders
- Traumatic Events

## SCHOOL AVOIDANCE vs. SCHOOL TRUANCY

AVOIDANCE	TRUANCY
High emotional distress about attending school.	Lack of excessive anxiety/fear about attending school.
Student often attempts to persuade parents to let them stay home.	Student often attempts to conceal absence from parents.
Usually does not display behaviors related to delinquency	Frequent antisocial behavior, including delinquency and disruptive acts
Child's goal is to remain home in perceived safe environment	Student is usually not staying home during school hours
Will likely complete schoolwork at home	Lack of interest in school and unwillingness to complete work

(Fremont, 2002)

## COMMON WARNING SIGNS

Anxiety, depression, and physical complaints are often associated with school refusal.

Before a student becomes school-avoidant, there are often early signs of problems, such as separation anxiety, irritability, and difficulty getting out of bed in the morning, or somatic complaints such as stomachaches.



**Anxiety:** Separation anxiety, social anxiety, generalized anxiety disorder



**Depression:** lack of interest in activities, irritability, difficulty getting along with peers, rebellious behaviors, thoughts of death or suicide, fatigue, irregular sleep patterns



**Physical Complaints:** headaches, stomach pain, shaking, palpitations and perspiration



**Overt/externalizing symptoms:** aggression, noncompliance, and defiance, running away from home/school, temper tantrums



## ENDING SCHOOL AVOIDANCE?

Team assessment and collaboration with the students' parent(s) is key when addressing school avoidance. Information should be collected through observations, medical records, attendance history, and interviews with the goal of providing specific support for the student in relation to their school avoidant behaviors.

Interventions that may be helpful in supporting students with school avoidant behaviors:

- Mental health services:
  - School based cognitive-behavioral interventions provided by a mental health professional to improve coping skills
- Schedule student check-ins with the preferred teacher before the start of the day
- Modify students' schedules.
- Let students go to a preferred designated spot when they're feeling overwhelmed.
- For students who are behind academically, schedule additional tutoring for a few hours each week and consider offering pass/fail grading.
- Modify homework and reduce the amount of missed work to make up.
- Assign a peer buddy at recess/ lunch to help a socially anxious child feel comfortable.
- Make sure to include the parent in planning and interventions, such as implementing a set morning routine.

## **Inequity During COVID-19: Strategies for Parents & Schools**

*By Maia Campbell & Shannon Mintze*

### Background on Inequity: Disparity Amongst Minorities

Families around the world are all facing many challenges during the COVID-19 crisis. COVID-19 is not just a healthcare crisis; it has also directly affected the education and mental health systems across the world. During this pandemic, many people have experienced loss, grief and challenges that many could not imagine experiencing in this lifetime. COVID-19 has challenged humanity and brought to light (again) the many segregation and disadvantages that many face on a daily basis but has now become the highlight of many topics during this pandemic. This case study will look directly into one of the many issues that some youth and students are experiencing during COVID-19 and how they are responding to the crisis towards one another.

COVID-19 has forced the nation to look at some of its many issues concerning racism and biases that occurs around the world. COVID-19 hit first in Asian countries, starting out with symptoms relating to the flu but with intense impact on those with underlying respiratory health issues and vulnerable populations such as the elderly. COVID-19 quickly began to spread intensely and rapidly throughout other countries, hitting large populations and causing many fatalities. This pandemic ultimately halted the daily function and routines of many, leading most of the world to shelter in place and completely shut down, with exception to "essential" employees. Many low-income, minority groups faced double the impact due to lack of resources and the fear of not being able to provide for their families and loved ones. As schools began to close, parents became teachers while not knowing where their next meal or income would come from. Some school districts have offered meals, computers and free Wi-Fi to their students, however low-income families were still burdened and worried about providing other essentials to their children. As the racial divide became evident in those who are less fortunate, social media and news outlets begin to highlight and target certain ethnic groups in regards to how they are abiding to the social distancing, blaming certain races for COVID-19 and simply targeting certain groups during a time that should be bringing communities together.

Reports and articles have shown how Asian Americans have been "singled out" and ostracized during this time. One study shows that more than 1,100 physical and verbal attacks against Asian Americans have been documented since late March 2020. Some Asians have reported being spit on in public, having homes and businesses vandalized and even pushing a young child off a bike while riding in her neighborhood. One theory behind this type of racism is that many blame Asians for the current pandemic simply because Asian countries were the first to report cases of the corona virus. Many believe (based on news and social media), that family members of those traveling to and from Asia, have brought the virus to the United States and other countries around the globe. Social media has made a way to isolate cultures and report only on what they hear or see on the news. Unfortunately, vulnerable populations, such as children and adolescents, are subjected to social media and make their own understanding of what could be occurring in their environments.

Many teenagers who do not feel they have an outlet or someone they can turn to in their own home, seek out attention and guidance from peers and social media platforms. During this time, students who may have gone to a counselor or teacher, now feel they have no one to support them. Many teenagers face bullying and taunting on social media, especially during this time, where all learning is completely online. Some students lash out and have no idea how to handle this crisis and feel that social media is their only stage to voice what they are going through.

### **Strategies for Parents:**

Social media may have some negative effects but during this time, one thing that has helped strengthen families and help others stay connected are the many platforms available to us during this difficult time. Now, more than ever, resources are available to parents, free of cost regarding issues ranging from mental health support and webinars, activities for families to do with children at home, mediation, exercise videos, access to food banks and supplies, free food and items from local and chain restaurants and a ton more. Families can connect to other parents dealing with teens who may be struggling with how to handle and cope during this crisis as well as teens that may be singled out during this time and experiencing bullying. One of the downsides and major issues during this crisis, is the shutdown on access to mental health professionals, hospitals, clinics, and therapists. Many children who were receiving services are now being put on hold if the family is juggling too many tasks, parents are still working or limited access to insurance to pay for sessions and medications. Families can reach out to others and get information on how to access many of these resources for free or reduced costs, they can connect to government agencies and seek support on how to continue with treatment, based on the agency.

Another strategy for families is using some of these platforms on ways to connect and communicate within their own families. Families need to support and be there for each other now more than ever. Especially if their children are feeling the tension, the stress and are being exposed to information that they do not fully understand. They need to know that their families and parents are there for them during this incredibly difficult time.

### **Strategies for Schools:**

American school children face alarming inequities in educational opportunities. While the public schools attended by some U.S. students are among the best in the world, other children are cast off into unsafe, unsupportive, unchallenging, and under-resourced schools where their chances of academic success are minimal. These inequities have not arisen randomly or by happenstance. They are tied powerfully to parental wealth, education, ethnicity, and race, and they persevere from generation to generation. These statistics became more obvious as COVID-19 suddenly hit the United States earlier this year. Once American schools were forced to shut down schools and transition to online learning models, the gap between the have and have nots widened. While some schools and school districts were able to continue teaching online with ease, other schools and districts were ordered to NOT assign any assignments to be graded because many of their students did not have access to a computer or internet services in their homes.

Another population that has been greatly affected are students with disabilities. Once virtual learning went into effect, many teachers disregarded their students' IEPs and sent out "cookie cutter" "one size fits all" assignments.

Cyber bullying increased on social media platforms since students had more time on their hands. In addition, television viewing increased. Many people became intrigued with COVID-19 since it was having such a big effect on our everyday lives. Anxiety rose and anger surfaced. People listened to some leaders and felt it was easier to blame natives of where the COVID-19 virus originated. Unfortunately, Asian-Americans became an easy target for people who wanted to place blame on others.

The final effect that COVID-19 has had in American schools has not fully materialized yet but I can say with certainty that it will. It is the reentry process. Helping students deal with fear, anxiety and convincing both students and teachers that the physical school building is safe to enter.

Below are strategies to address the above problems at the school level:

- Schools or districts writing grants and/ or adding a budget so that all students have access to some sort of device for home use (i.e. Chromebook)  
Adding portable or built in hotspots in the devices purchased for home use to ensure that each teacher will have internet access
- Training teachers of special education how to adapt curriculum to specific students and possibly writing parts of it before it is needed so it is ready to go in the event of another school shutdown with minor tweaks as needed
- Training all school personnel in the PREPaRE model is help reentry and future shutdowns
- A mandatory course on Digital Citizenship for all students
- Start a school wide initiative to teach all students about bullying
- Create a school or district wide hotline to report cyber bullying
- Identify students who would likely need more home support and those identified will have more one on one frequent check-ins with school personnel
- Offer parent training throughout the year on racism, bias and be sure to include sessions on implicit biases. These courses may even include students coming with their parents and becoming comfortable with conversations around race, racism, biases etc.
- Start a weekly support document for teachers to add names of students who they may notice a change in their grades. These students should be discussed in the weekly support meeting and some sort of follow up should happen by school personnel.



# COVID-19 Resources

## Equity Considerations During and After COVID-19 School Closures

As families and school communities navigate long-term school closures, it is critical that all students have equitable access to school supports and resources. School teams should work collaboratively to consider the unique needs of their school community members, engage in problem solving, and implement appropriate supports. The questions below can help educators keep equity considerations at the center of ongoing planning and program implementation during the COVID-19 pandemic. Further, this document offers specific suggestions for school psychologists to promote and engage in equitable service delivery for all students.

### Virtual Learning and Mental Health Services

- What is each student's and family's access to technology devices (e.g., iPads, Chromebooks, computers per child) so that they can engage in distance learning?
- What is each student's and family's access to Wi-Fi so that they can engage in distance learning?
- What supports exist for English learners (ELs), especially those with low/developing levels of English proficiency?
- All students will not gain skills or even maintain previously learned skills. How will educators evaluate individual, classroom, and systemic needs when schools reopen?
- What school-supported mental health services will be available to students and how can they be accessed?
- How will mental health support be provided in an ethical manner and what training will be provided to staff delivering these services virtually?
- How will students and families know who to contact in emergency situations? Who will respond to emergency calls outside of typical school hours?

### Special Education

- How will students with disabilities be given equitable access to a free and appropriate public education (FAPE)?
- How will extended school closures impact special education eligibility when schools reopen (e.g., lack of instruction; lack of intervention; lack of progress monitoring; possible lack in structure/support for social, emotional, and behavioral needs)?

### Cultural Responsiveness

- How will racism and stigma toward Asian American individuals due to COVID-19 be addressed when it occurs in a virtual setting?
- How will racism and stigma toward Asian American individuals due to COVID-19 be addressed when schools reopen?
- How will translation services be offered virtually?
- How will various cultural traditions related to grief and loss be supported in the absence of in-person gatherings?
- How can the school community provide culturally responsive support, both during and after school closures, to families and communities that may be disproportionately impacted by COVID-19?

### Home Environments

- How can schools assist when students' basic needs are not being met (e.g., supervision, safety, food)?
- How can students do work if a loved one is sick (at home or in the hospital)?
- For students whose families don't have the benefit of salaried employment or the freedom to work from home, are they expected to care for younger siblings?
- For students whose families don't have the benefit of salaried employment or the freedom to work from home, who will support them if they have a question about a virtual learning assignment or activity?
- What support can be provided to students in unsafe or unstable home environments?
- How can students who have parents/caregivers continuing essential work responsibilities outside of the home (e.g., healthcare workers, pharmacy employees, grocery store employees, delivery workers, public workers, etc.) be supported?

### Communication

- How do we communicate with families and students who cannot be reached? How do we help these students and families?
- How are we communicating with school staff who may be experiencing COVID-19 stressors in their own families?
- How can communications be streamlined to ensure students and families are not inundated with a high volume of messages during school closures?

### Health Disparities

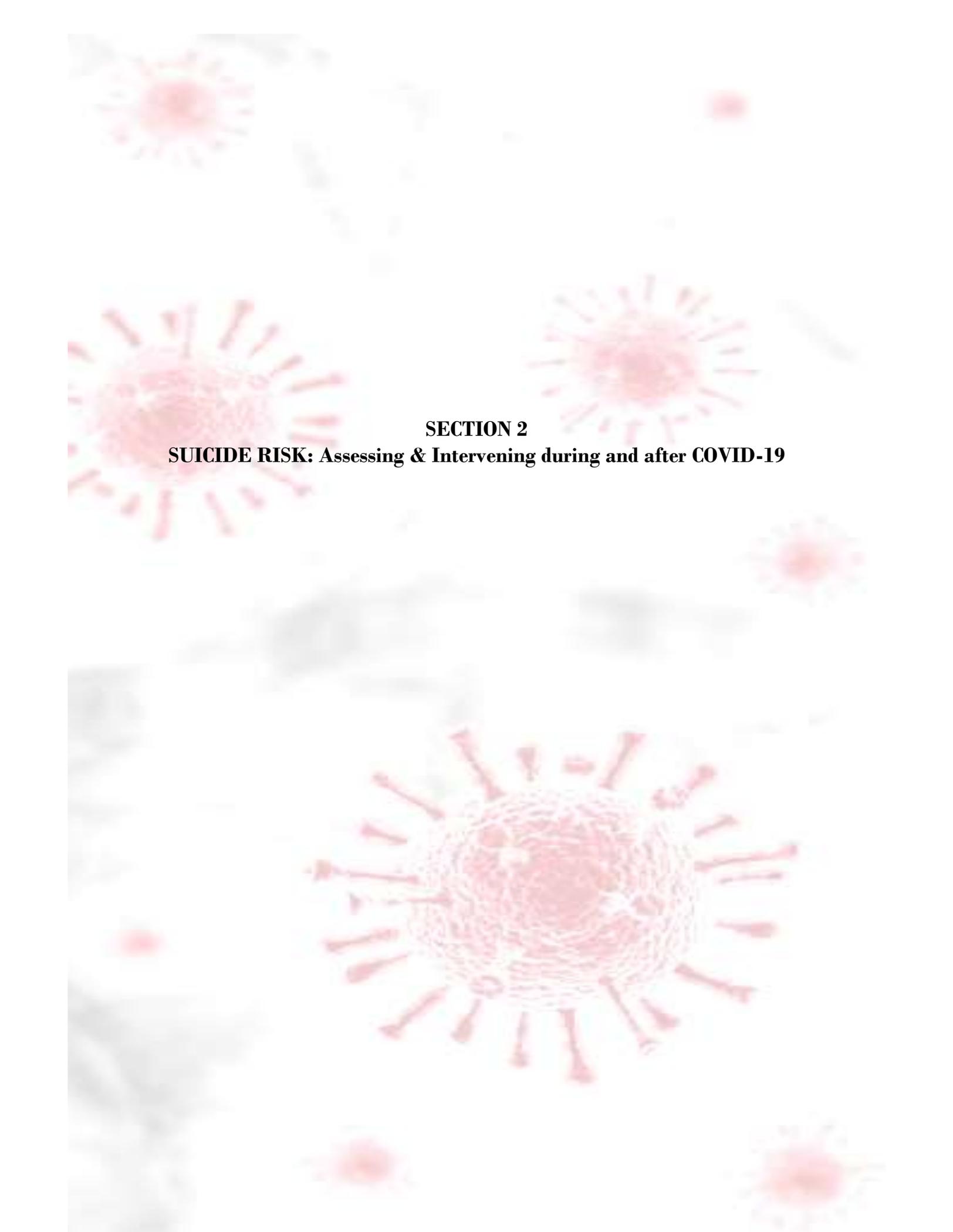
- How can schools mitigate systemic health disparities?
- How can schools support students, families, and communities that may be disproportionately impacted by COVID-19? For example, recent reports have shown that immigrants, African Americans, and Latino individuals, especially those living in cities, are dying at disproportionate rates.

## WHAT CAN SCHOOL PSYCHOLOGISTS DO?

School psychologists should engage with school teams to problem-solve and address issues of equity that may be exacerbated during extended school closures. School psychologists should continue to utilize their range of skills and expertise to support school communities during and after the COVID-19 pandemic.

### Engage in Consultation and Collaboration

- School psychologists should engage in conversations with administrators and other decision makers to ensure equitable educational opportunities for all students during and after COVID-19 related school closures. The questions listed in this document are a starting point, but not an exhaustive list.
- School psychologists can utilize consultation skills to assist teachers who need support in differentiating instruction for online learning.
- Based on their knowledge of special education and various disability categories, school psychologists can consult with special education and general education teachers about effective ways to modify instructional content so that it is accessible to students with disabilities.
- For all students, and especially English learners and students with disabilities, school psychologists can support teachers and administrators with identifying the most essential instructional standards and objectives that students need to know for the current year that also prepares them for success when schools reopen. Ensuring the students receive their academic content in the most concise and manageable ways is critical to promoting academic success.



**SECTION 2**  
**SUICIDE RISK: Assessing & Intervening during and after COVID-19**



*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 to ask 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](https://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 alerted 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*

		<i>Pre-COVID-19 School Adjustment</i>		
		<b>Positive</b>	<b>Variable</b>	<b>Negative</b>
<i>COVID-19 Adjustment</i>	<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 green spaces, 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 youths 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 reinstatement 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 neighbor's 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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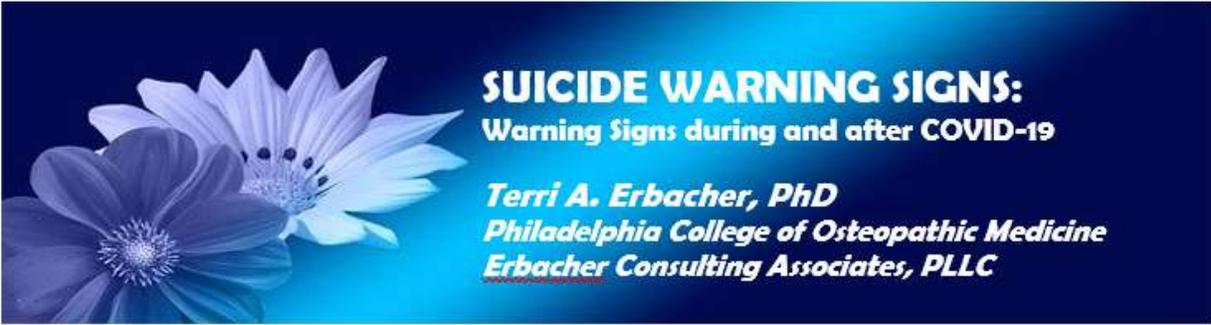
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The following is adapted from *youthsuicidewarningsigns.org*

## **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:*

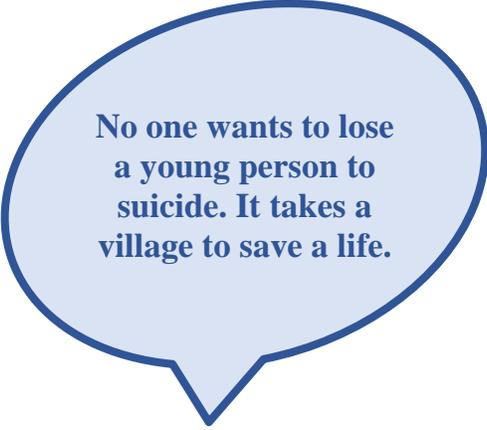
1. Talk about wanting to die, be dead, or about suicide, or are they cutting or burning themselves?
2. Feeling like things may never get better, seeming like they are in terrible emotional pain (like something is wrong deep inside but they can't make it go away), or they are struggling to deal with a 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-judgmentally
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/>

*Adapted from Warning Signs by Ulsh, Andreadis and Erbacher, 2020.*

*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 Wi-Fi? 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 student's 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 Postvention: Reminders for suicide postvention 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 form 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](#)

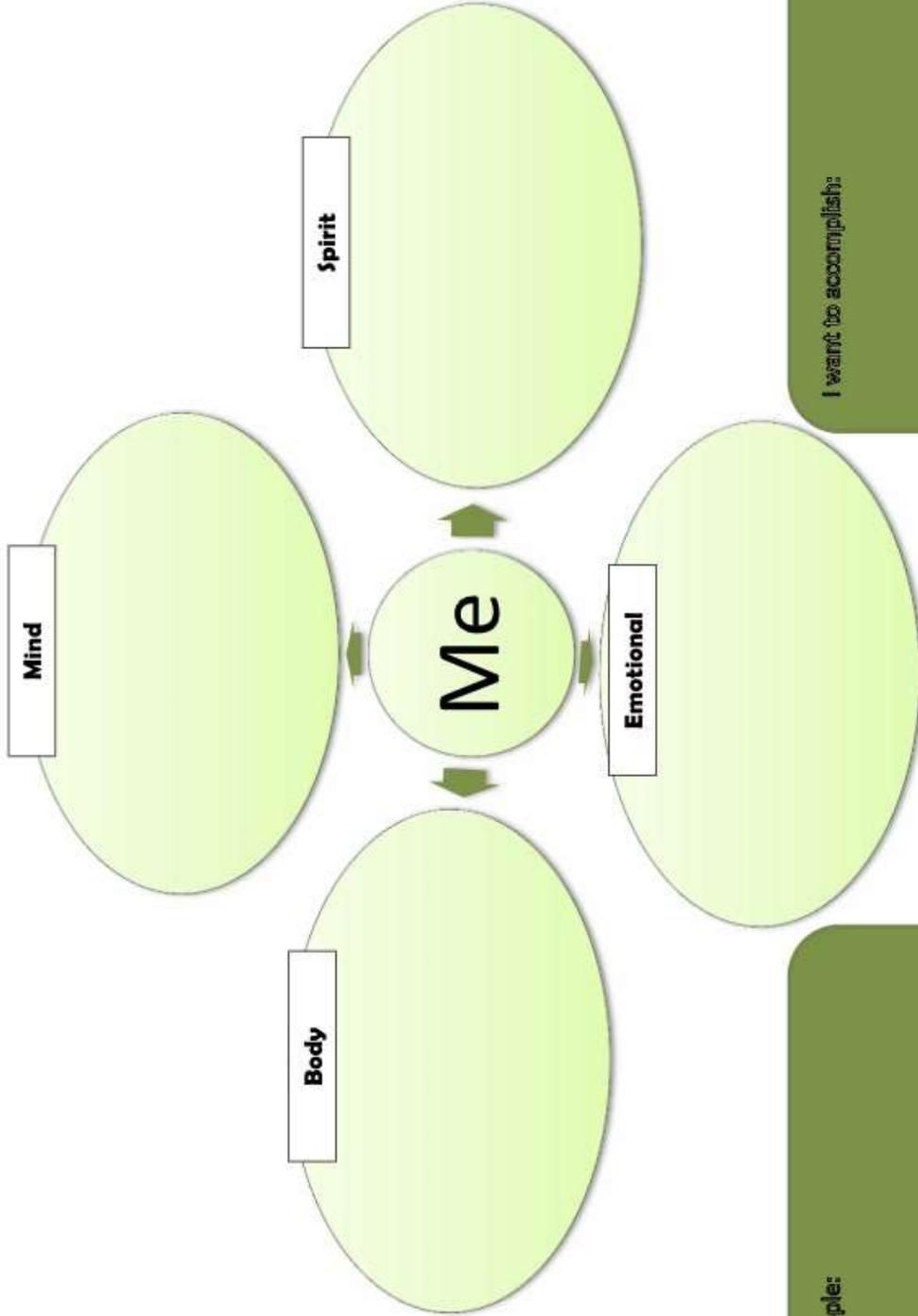
For more information on suicide prevention and intervention for schools and on COVID-19, visit NASP's COVID-19 Resource Center at [www.nasponline.org/COVID-19](http://www.nasponline.org/COVID-19).

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>.

# Self-Care Plan

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## PREVENTING BURNOUT AND LOVING LIFE

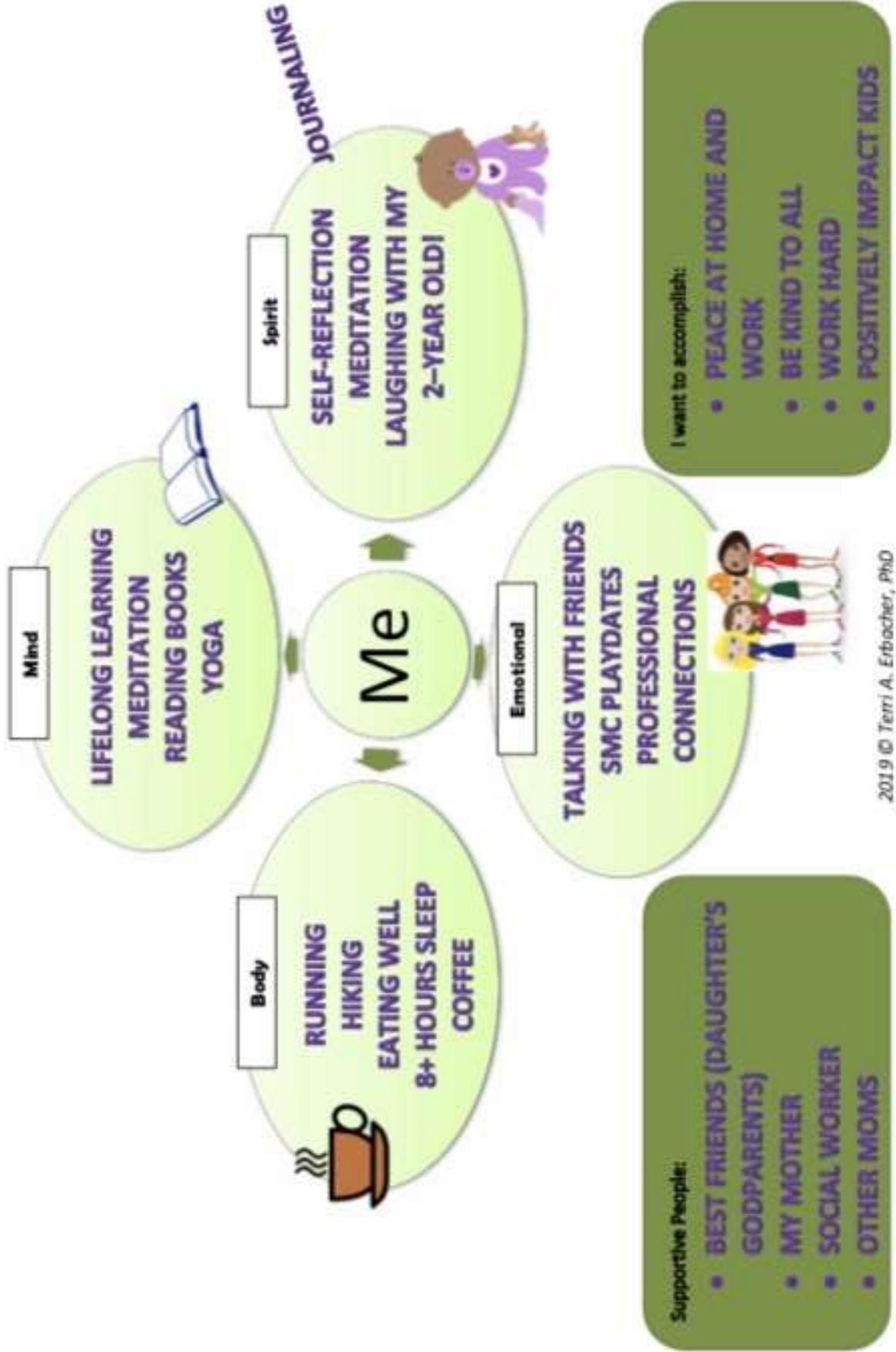


I want to accomplish:

Supportive People:

# DR. TERRI'S Self-Care Plan

## PREVENTING BURNOUT AND LOVING LIFE



## A Narrative Version of the Self-Care Plan

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# Jane's Self-Care Plan

## PREVENTING BURNOUT AND LOVING LIFE

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**Mind:** Mind wise, there are a lot of things I'm trying to figure out. My company is beginning Telehealth sessions with our clients with Autism. I am nervous about pay. I'm sad so many of the events I had planned are now moved or canceled, and I'm especially sad I won't be seeing my boyfriend for I don't even know how long when I had plans almost every single weekend with him originally. However, I try to accomplish what I want to get done in a day, and I make sure to give myself time for little things I enjoy doing like online clothing shopping, playing games and arts and crafts. My boyfriend and my mom are also very comforting when I feel like everything else is out of sorts so I turn to them with a phone call for support and reassurance.

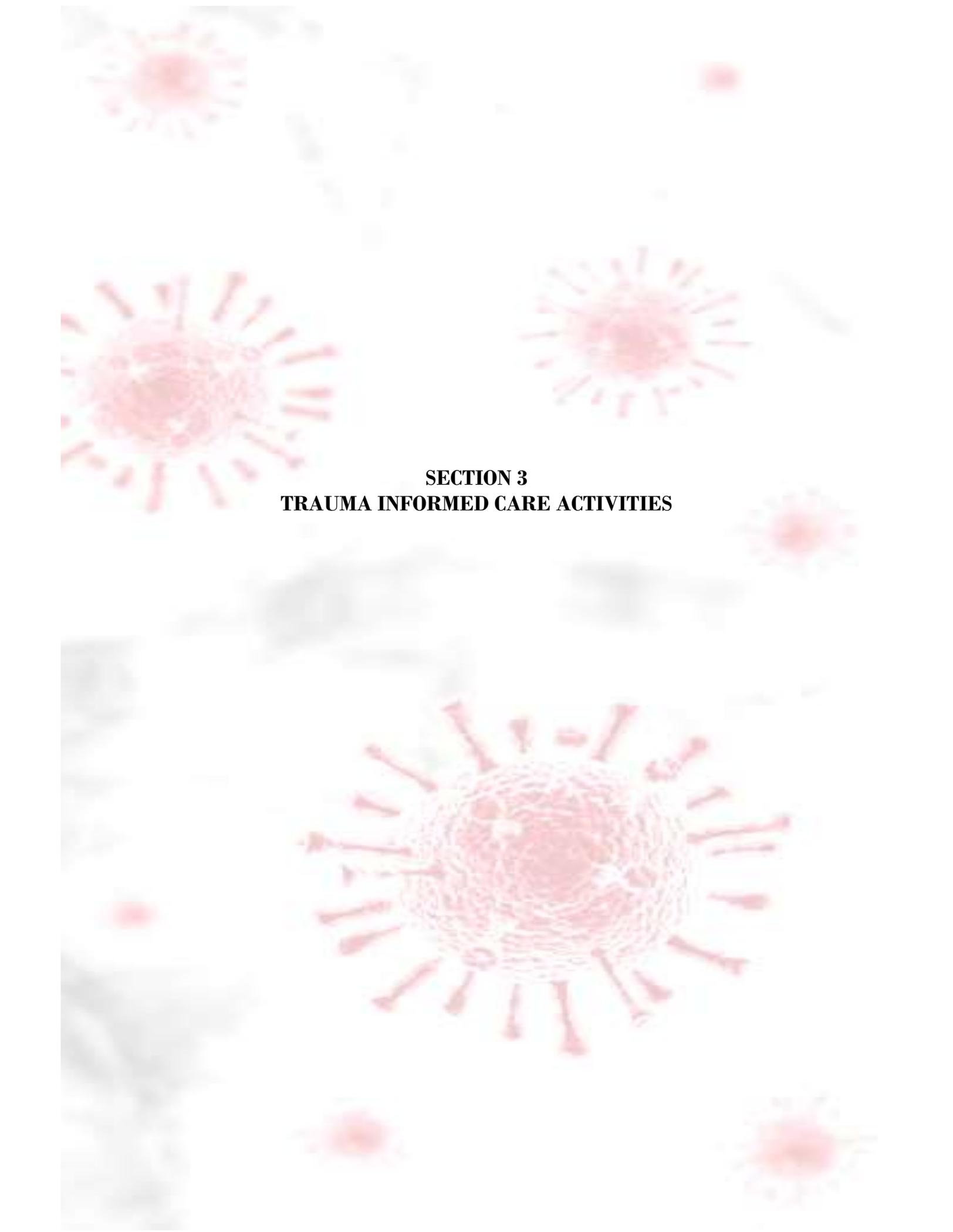
**Body:** I want to continue my half marathon-training. As of now I am following a schedule for running where I run three times a week (5-6 miles) and on Sunday have to complete a longer run (10 or more miles). I also want to try to eat better during this time to stay physically well.

**Spirit:** I'm not an extremely religious person, but I do consider myself Catholic and do often pray when things are going well and also not going so well. Right now, I pray every night before I go to bed for everyone's safety especially that of my parents who are on the frontline.

**Emotional:** Right now, I am living with my two younger sisters who are always very comforting. We are in a tiny apartment together which may become stifling, but I hope my runs will give me the "me" time I need.

**Supportive People:** My sister, my aunt, my grandmother, my best friend, my boyfriend, and my mom

**I want to accomplish:** One of the things I feel the happiest right now is that my boyfriend and I are STILL planning on running a half-marathon! Two of our shorter races have already been canceled and things are not looking very good for the Brooklyn Half Marathon to continue as planned. However, we are trying to get our own medals made and are still planning on running 13 miles together :) I also want to continue to do my best with school and get all my work done and also do my best to figure out Telehealth and my work trainings.



**SECTION 3**  
**TRAUMA INFORMED CARE ACTIVITIES**

## Why Covid-19 Should be Considered a Trauma

### What is Trauma?

#### Definitions of Trauma

Trauma can be defined in many ways.

- *The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma using the “three E’s” as resulting “from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (SAMHSA, 2014).*
- *Trauma can be defined as a psychological, emotional response to an event or an experience that is deeply distressing or disturbing (“What Is Trauma,” 2019).*

#### Types of Trauma

There are multiple types of trauma that a person may experience. (“About Child Trauma,” 2018)

- Physical, sexual, or psychological abuse and neglect (including tracking)
- Natural and technological disasters or terrorism
- Family or community violence
- Sudden or violent loss of a loved one
- Substance use disorder (personal or familial)
- Refugee and war experiences (including torture)
- Serious accidents or life-threatening illness
- Military family-related stressors (e.g., deployment, parental loss or injury)

#### Risk Factors

There are a number of risk factors to consider when evaluating for trauma responses in individuals. (“Trauma,” 2015)

- Proximity to a traumatic event
- Past exposure to trauma
- Substance abuse or mental illness
- Isolation
- Family stress
- Loss of a loved one
- Community stressors (poverty, violence).

#### Responses to Traumatic or Stressful Events

Individuals respond to trauma differently often dependent on their background. However, there are some overlapping symptoms. (“Mental Health and Coping,” 2020)

- Fear and worry about your own health and the health of your loved ones
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Worsening of mental health conditions
- Increased use of alcohol, tobacco, or other drugs

Additionally, there are specific stress responses to look for in children in teens. (“Mental Health and Coping,” 2020)

- Excessive crying or irritation in younger children
- Returning to behaviors they have outgrown (for example, toileting accidents or bedwetting)
- Excessive worry or sadness
- Unhealthy eating or sleeping habits
- Irritability and “acting out” behaviors in teens
- Poor school performance or avoiding school
- difficulty with attention and concentration
- Avoidance of activities enjoyed in the past
- Unexplained headaches or body pain
- Use of alcohol, tobacco, or other drugs

## **What Makes the Covid-19 Pandemic a Trauma?**

### **Understanding the Traumatic Effects of Covid-19**

*COVID-19 pandemic is a crisis unlike any our country has faced before. Unlike other events, the pandemic is affecting every community in some way. The constantly evolving situation may create significant stress and uncertainty—not only for children and youth, but also for those charged with caring for those students at home and in educational and mental health contexts. The unpredictable and uncontrollable nature of this crisis creates anxiety and a sense of helplessness.* (Coping with the Covid-19 Crisis,” 2020)

*Unlike an acute traumatic stressor that has a discrete beginning and end, the COVID-19 pandemic is an ongoing event that has the potential to cause chronic stress.* (Coping with the Covid-19 Crisis,” 2020)

*What we are facing now in the midst of this pandemic is acute traumatic stress. In other words, COVID-19 is a direct threat to our life or the lives of others we know. We are all either vicariously witnessing trauma, through media or through supporting others, or directly experiencing trauma, by becoming ill, isolated, or experiencing the plight of close others.* (“Emotional Well-Being,” 2020)

## What Can We Do?

### Utilize the PREPaRE Model

The National Association of School Psychologist's (NASP) PREPaRE Model, which is a curriculum for school safety and crisis preparedness, can be adapted for the current global pandemic. The model consists of **Prevent, Reaffirm, Evaluate, Provide and Respond, and Examine**. In terms of COVID-19, the following can be done utilizing PREPaRE. ("PREPaRE," 2020)

- **Prevent** physical and psychological injury
- **Reaffirm** health/welfare
- **Evaluate** and monitor stress reactions
- **Provide and Respond** to mental health needs
- **Examine** the effectiveness of the mental health response to a pandemic

### Ways to Cope with Stress

It is important to take care of both yourself and others. There are number of ways to cope with the stress of COVID-19 and deal with things that are in your control. ("Covid-19 for Children and Families," 2020)

- Take breaks from watching, reading, or listening to news stories
- Take care of your body
- Make time to unwind
- Connect with others
- Remain calm and reassuring
- Keep as many everyday routines as possible
- Help your child feel in control
- Help your child feel connected with others
- Allow your child to talk about feelings and worries, if they want to
- Make time every day for stress-reducing activities
- Take time to deal with your own feelings

## Resources

### Where to Find Additional Help and Information

There are number of online resources that can utilized for facts about COVID-19, facts about trauma, and coping with stress.

- **Anxiety and Coping With the Coronavirus:** <https://childmind.org/article/anxiety-and-coping-with-coronavirus/>
- **Coronavirus:** <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

- **COVID-19 Resource Center:** <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center>
- **The National Child Traumatic Stress Network:** <https://www.nctsn.org/>

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Written by: Kylie Newman

## Trauma & COVID-19

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As caretakers and educators, it is vital to be aware of the impact of the COVID-19 pandemic and specific trauma that students may have experienced during this time. This handout details traumatic events and experiences specific to COVID-19 pandemic and provides information and resources in order to help parents and educators identify and acknowledge when a child or teen has had a traumatic experience and to guide appropriate responses and support.

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### **What is Trauma**

- Trauma is an emotional response to an event that is deeply disturbing or distressing to one's mental state, such as an accident, natural disaster, or loss of a loved one. While trauma can be complex and is specific to each individual's experiences, it is important to remember that life events are viewed subjectively, and that everyone processes traumatic experiences differently.

### **Why the COVID-19 pandemic should be viewed as a traumatic event/experience**

- The current COVID-19 pandemic is a large-scale crisis situation that has affected millions of people across our country and throughout the world. There has not been a time in recent history in which such rapid changes to our everyday lives took place almost over-night, paired with extreme uncertainty, physical health concerns, and social isolation. For every student, the fear and uncertainty of COVID-19 is going to be a traumatic experience in their life, however, for some it will be more complex and difficult. Most will deal with stress related to school closings, as well as grieving missed milestones such as graduation and prom, however, others may experience the loss of a loved one or increased physical or emotional abuse due to stay-at-home orders. Many families are experiencing or will experience significant income loss, which can mean food insecurity or an inability to pay rent and bills—all of which can severely damage a child's sense of safety. While the degree and complexity of trauma will vary for every student, it is important for educators and mental health professionals to acknowledge that COVID-19 pandemic is a traumatic experience in itself.

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When this crisis has passed, almost every student will be impacted in some way. This isn't to say that they cannot recover and move on from their experiences. While many children and teens will be able to process traumatic experiences on their own, others will need support. Understanding COVID-19 specific trauma and identifying those who may require extra support to work through these experiences is essential.

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### **Types of COVID-19 Specific Trauma/Triggering Events**

- Loss of a friend or loved one due to COVID-19
- Not being able to participate or follow typical grieving customs and pay respects as we typically do such as funerals, family gatherings, reception dinners.
- Enduring physical or emotional abuse during quarantine due to stay at home orders
- Loss of job or income leading to financial stress
- Canceling of special events, vacations, and other social gatherings
- School closings and changes related to distance learning
- Hunger/inability to provide food for family and children
- Increased and prolonged social isolation- which can be disruptive to our emotional well-being.
- Disruptions and rapid changes in normal routines
- Questioning our assumptions of safety and security
- Losing trust in our societal systems. Government leaders and agencies, medical systems, religious bodies, the stock market, and corporations may be perceived as having failed to meet our expectations.
- Compassionate grief- even if not directly affected by a specific loss, we tend to feel the grief of others. This compassionate grief can be just as painful as a personal loss.
- Anticipatory grief is the feeling we get when the future is uncertain etc. “How will the pandemic affect the world”, “How will I pay my bills”, “How long is life going to look like this”.
- Chronic Stress- unlike an acute traumatic stressor that has a discrete beginning and end, the COVID-19 pandemic is an ongoing event that has the potential to cause chronic stress. Prolonged chronic stress can increase one’s risk for mental and physical disorders.

### **People who may be more susceptible to trauma due to COVID-19**

- Children and teens
- People who are helping with the response to COVID-19, such as doctors, other health care providers, and first responders
- People who struggle with mental illness and/or those supporting someone with mental illness while in quarantine
- Those who struggle with chronic illnesses
- Elderly people who may be separated from family in nursing homes
- Those who struggle with substance abuse/dependence
- Families with a child who has special needs
- People quarantining with a abusive caretaker, partner, or other person

- Those who have just recently experienced trauma due to another event
- Those who have just recently lost a loved one
- People quarantining in crowded households with little space
- Those quarantining in high crime rate neighborhoods that have access to limited resources.

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Many people have protective factors in their lives such as self-care routines, supportive family members and friends, as well as good health and wellbeing that help to combat anxiety and emotional responses related to traumatic events. However, those without reliable protective factors are more susceptible to the negative psychological effect of trauma so it is important to recognize when professional help is needed as well. Below are links to various resources that further detail COVID-19 specific trauma.

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### **Resources**

Please reference these websites and articles for additional information regarding trauma and COVID-19

**NASP:** <https://www.nasponline.org/>

- Coping With the COVID-19 Crisis: The Importance of Care for Caregivers

**Child Trauma Academy:** <https://www.childtrauma.org/>

- Visit the “library” section for information on interventions

**Child Mind Institute:** <https://childmind.org/>

- Specific resources for supporting children through trauma and grief in relation to COVID-19 can be found at: <https://childmind.org/topics/concerns/trauma-and-grief/>

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Written by: Kait Bevan, Keri Blood, Alexandra Hackney, and Sejal Shah

## Domestic Violence



**After returning to school after this pandemic is over, parents may have experienced domestic violence while quarantined at home. In the event any of our parents have experience this, it is important to let them know that help is available to them.**

Visit the [National Domestic Violence Hotline](#) or call 1-800-799-7233 and TTY 1-800-787-3224. *Below are a few other considerations for school administrators in consideration of what students may have experienced during quarantine and how to support them in the aftermath of potential violence:*

- 1) Before the school is scheduled to open, administrators should consider sending a letter sent home to parents, letting them know who (school psychologist/counselor etc.) is available if their child is struggling emotionally. Whether with the transition back into school or any other reason, letting the families know that we are available is crucial.
- 2) I would also advise the academic team to find some way to determine each student's current academic level. By September 2020, it is safe to assume that all students will be in their next grade level. This could mean that there may be a spike in special education testing and/or identification. We need to make sure students are not improperly, overly referred to us. We may have to legitimately monitor progress of each student to alleviate the possibility of teachers expedited referral of students for special education services.
- 3) Below is a list of possible changes that a student may experience as a result of experiencing domestic violence. If your child is experiencing any of these behavior changes, please consider contacting your schools designated personnel for assistance.

### **Watch for behavior changes in your child**

- Excessive crying or irritation in younger children
- Returning to behaviors they have outgrown (for example, toileting accidents or bedwetting)
- Excessive worry or sadness
- Unhealthy eating or sleeping habits
- Irritability and "acting out" behaviors in teens
- Poor school performance or avoiding school
- Difficulty with attention and concentration
- Avoidance of activities enjoyed in the past

- Unexplained headaches or body pain
- Use of alcohol, tobacco, or other drugs

### Ways to support your child

- [Take time to talk with your child or teen](#) about the COVID-19 outbreak.
- Answer questions and [share facts about COVID-19](#) in a way that your child or teen can understand.
- **Reassure your child or teen** that they are safe. Let them know it is ok if they feel upset. Share with them how you deal with your own stress so that they can learn how to cope from you.
- Limit your family's exposure to news coverage of the event, including social media. Children may misinterpret what they hear and can be frightened about something they do not understand.
- Try to keep up with **regular routines**. If schools are closed, create a schedule for learning activities and relaxing or fun activities.
- **Be a role model**. Take breaks, get plenty of sleep, exercise, and eat well. Connect with your friends and family members.

### How to support youth in school

Witnessing domestic violence can be traumatic for children. School staff may be concerned that the child is also experiencing abuse. As mandated reporters, school staff must report concerns to the Office of Children and Youth Services immediately. This can be done one of two ways:

1. Calling the Childline number
2. Online (I can add the website later)

### Here are some other things school staff can do:

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Written by: Desiree Harris



# Trauma Activity

-Grounding Strategy Based on the Limbic System-

Help Clients Interpret the Nonverbal Information and Social Language for Various Emotional States

Stop & Explain: you want to help them recognize what emotion they are experiencing.

Have them tell you the three things (for each) about their experience:

- Things They See
- Things They Smell
- Things They Hear
- Things They Feel

Stop, Breathe In and Out Slowly (3x)

Written by: Kelly Freund

## A Trauma Informed Approach To Teaching During The Pandemic

None of us have ever seen a time like this, when institutions that provide safety and structure are closed, and the news talks about death rates and hospital bed shortages. For the many families that are experiencing or will experience significant income loss, this crisis may also mean food insecurity or an inability to pay rent and bills—all of which can severely damage a child’s sense of safety. However, there are ways educators can make a big impact during students’ lives during this time.

During this time, Relationships and well-being should take priority over assignment and behavioral compliance. In shifts to distance learning, educators will need to actively focus on maintaining attitudes of inclusivity. Now more than ever, students should feel valued and welcome regardless of their background or identity. Remember that students may be dealing with many different home life situations while trying to maintain their academics, and there are myriad reasons they may be embarrassed to share about why they can’t complete assignments. Educators should communicate that, regardless of challenges, students’ efforts are appreciated.



### **Establishing a routine and maintaining clear communication are crucial.**

Maintaining and communicating predictable routines is very important. Doing so helps students to maintain a sense of psychological safety—a sense that they can manage stress or connect with someone who can help them manage stress.

### **Providing digestible and manageable content**

It’s also important that educators ensure that the information they provide to students is digestible. Moving to remote learning and having fewer direct interactions can make assignments feel more overwhelming and daunting. Break directions down into smaller bites when necessary.

**Encourage students to lead the way in sharing what they understand and do not understand about their current situation.** Aim to clarify misinformation and connect students with other important adults (such as family) who help them feel safe.

**Relationships and well-being can take priority over assignment and behavioral compliance.** Remember that students may be dealing with many different home life situations while trying to maintain their academics, and there are myriad reasons they may be embarrassed to share about why they can’t complete assignments. Educators should let relationships be the focus.

**When people are facing stress and difficult life circumstances, it can particularly affect three areas: a sense of safety, feelings of connectedness and feelings of hope.**

### **Sense of Safety**

Steps for educators to reassure a sense of safety:

- Reach out, provide space and encourage students to connect with them or another trusted adult or counselor to talk about their safety concerns.
- Encourage students to talk to friends or family members on the phone.
- Recommend or include in lesson plans and packets some fun, free activities that kids can do at home.
- Encourage families and caregivers to avoid watching the news in front of their children (as that can be upsetting), keep as much of a regular family routine as possible, and plan activities such as going for walks or hikes or playing board or video games together.

### **Connectedness**

- Make time to ask students about something fun they are doing right now.
- Consider putting students together in small groups to work on projects or activities and encouraging students to work together online or by phone. These activities may include virtual puzzles or scavenger hunts.
- Plan activities through the use of web-conferencing sites that allow students to see, hear and interact with each other and their teacher.
- Talk directly about the importance of connecting with others.

### **Hope**

- Have students connect with someone in their family or community to ask a person they respect how they stayed hopeful in troubled times.
- Teach about other historical times of crisis, including how these ended and communities rebounded.
- Encourage students to get fresh air and to move when possible.
- Share some of the many stories of hope and helping that have come out of this current crisis.
- Share a positive affirmation or a strength of a student—it can go a long way right now.
- Let students know that people find help in different ways, including through spiritual beliefs and practices, and encourage students to discuss things that bring them hope.
- Facilitate and encourage students meeting virtually or by phone with a trusted adult who can show them a different perspective, help to identify their talents and strengths, list their options and resources, and encourage and support them.

Resources:

<https://www.tolerance.org/magazine/a-trauma-informed-approach-to-teaching-through-coronavirus>

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Written by Alexandra Hackney

## Trauma and The Developing Brain

Our childhood brains develop from the 'bottom up' meaning we start with the brain stem first. The survival functions develop before those for planning and impulse control. Our **brainstem** works fully when we are born and controls basic survival functions such as heart rate, breathing, sleep and hunger.

We are also born with a functioning 'threat detection' system. The **amygdala** can even register a fear response in the final month before we are even born. We can develop a 'memory' of fear before we can speak understand where the fear comes from. These 'memories' are stored in our body as body memories and emotions.

The **hippocampus** develops into adulthood. Before the hippocampus develops, we can't consolidate 'autobiographical' memories. The **pre-frontal** cortex only matures in our mid-twenties.

Some parts of the brain grow and develop rapidly at certain ages. Overwhelming stress in childhood affects the way the brain develops. During critical periods of development, trauma can badly affect different areas.

### Activities to Help

#### EMDR

There are a number of ways to bring action to the body and brain. One treatment option today that utilizes action to immobilize the body and brain is eye movement desensitization and reprocessing, or EMDR. EMDR uses bilateral stimulation to alternately engage both sides of the brain in action. Originally this was done by having a person follow a therapist's finger back and forth, in front of his or her vision field. This bilateral movement causes the traumatic memory that is looping in the emotional side of the brain to integrate with the cognitive part of the brain. The eye and brain movement increase the ability of the prefrontal cortex to "get online" or find the rationality in the traumatic event

#### SENSORIMOTOR THERAPY

Sensorimotor techniques are also useful in limbic calming. In sensorimotor therapy, the therapist helps a person to notice sensory body responses and be in-tune with their body's messages as a means to address healing. It is a way of engaging the body and the mind in the recovery process. Here are a few simple activities that can encourage limbic calming:

- Take 5 minutes in the morning and evening to rock back and forth, or side to side, just noticing and relaxing the body.
- Find music or tones of music, with or without words, that bring you into a state of calmness.
- Practice deep breathing in sequences of three. For example, breathe, breathe, breathe. Rest. Breathe, breathe, breathe. Rest....
- Participate in some form of exercise for 12-15 minutes per day to increase serotonin and dopamine.
- Participate in 5-10 minutes per day of prayer or meditation, as the spiritual center of the brain is an area that is able to influence and calm the deeper regions of the brain.

#### SENSORY OBJECTS

Soft materials provide children with the opportunity to self soothe through tactile stimulation. Sensory objects might include pom poms, moonsand or putty, stress balls, a plastic bin of lentil beans, plastic glitter bottle, pin wheel to blow slowly, blanket, fidget items, etc.

## MINDFULNESS

Mindfulness changes the brain:

**Amygdala:** Aroused when detecting and reacting to emotions, especially any difficult or strong emotions such as fear. This part of the brain is less activated and has less gray matter density following mindfulness training.

**Hippocampus:** Critical to learning and memory and helps regulate the amygdala. This part of the brain is more active and has more gray matter density following mindfulness training.

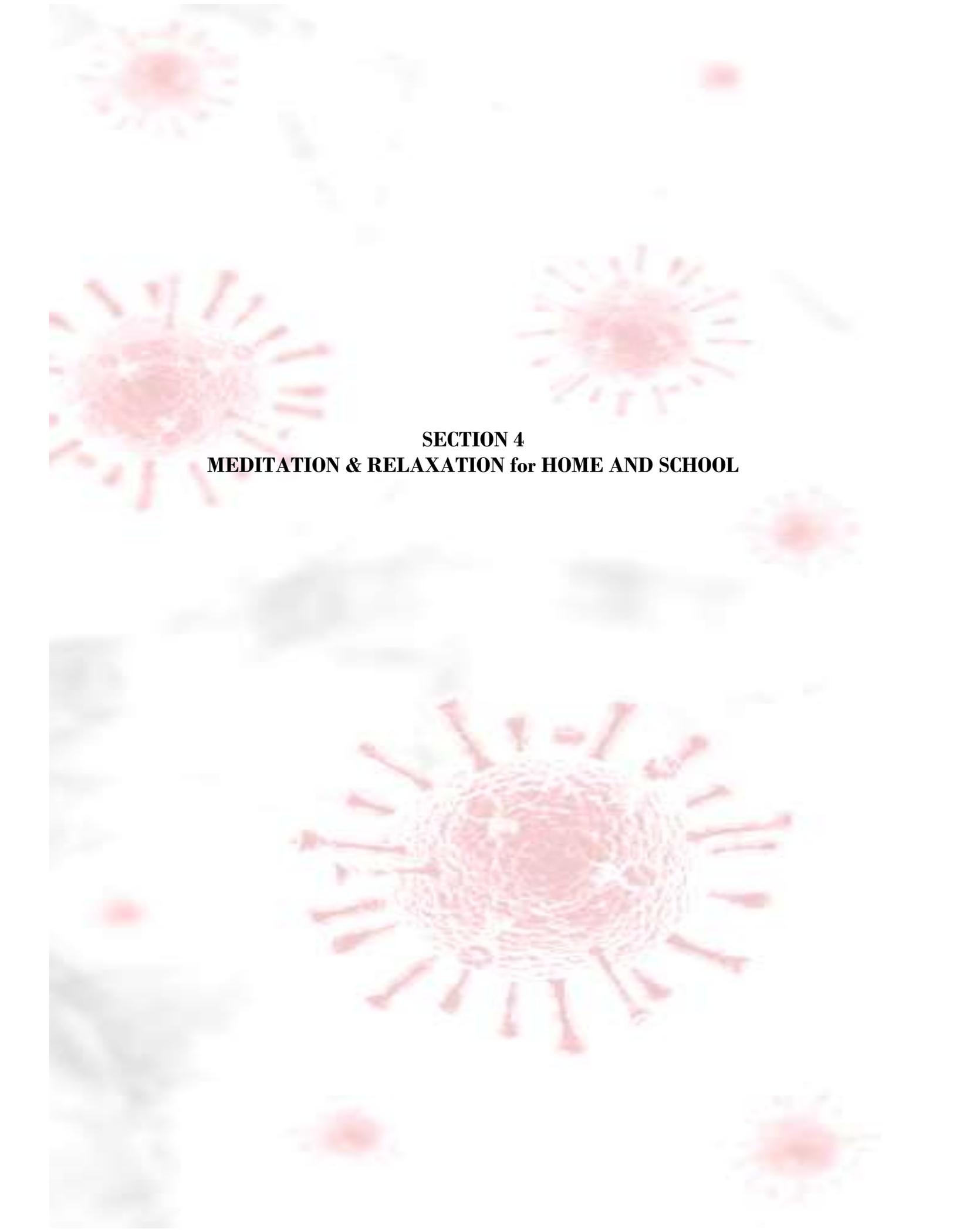
**Prefrontal Cortex:** The part of the brain most associated with maturity, including regulating emotions and behaviors and making wise decisions. It also includes increasing empathy and learning new information. This part of the brain is more activated following mindfulness training

## CALMING SCRIPT or GROUNDING ACTIVITY

A grounding guided imagery to help students shift their attention internally and find a good connection with their breath and bodily sensations.

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Written by: Tareva Byrd



**SECTION 4**  
**MEDITATION & RELAXATION for HOME AND SCHOOL**

## Guidance For Parents and Families

### Navigating Pandemic Stressors: Schooling tips, Mindfulness techniques and Resources

**Introduction:** We understand that this is a challenging time for people and families across the globe. Families are learning to adapt to a strange new normal. Schools, nonessential businesses and public gathering places being closed poses numerous stressors on parents and families. You're not alone and there are ways to cope, reinforce a sense of control, stay focused and shed some light on what is for many, a very stressful time. But take a deep breath. Literally. Feel a little better? You are not alone (Apart but not alone). We have compiled information and resources for parents and families regarding schooling tips in the home, mindfulness techniques (As it is difficult to not feel like things are spiraling), and other resources.

#### **Tips for successful home-schooling**

- Set a schedule and stick to it
- Continue enforcing a regular bedtime
- Set up a designated workspace for your kids
- Designate a plastic tub for each child as a School Bin to help keep them organized
- Maintain contact with your child's teacher about progress and what material they may be struggling with.
- Encourage passion projects: some students may have more time to focus on interests and hobbies they have not had time to explore/pursue in the past
- Take advantage of online resources: e-books, podcasts, webinars, as well as other education programs which are offering free services during this time.
  - *Online resources:* Beanstalk (art), Jumpstart Academy (math), Bright Horizons (books), Audible stories (books), Cosmic Kids yoga, Go Noodle (physical), \*Know your child and whether he or she is an independent learner; they may need more parental support in the beginning

#### **Tips for talking to your children and helping them cope:**

1. *Be a role model.* Children will react to and follow your reactions. They learn from your example.
2. *Explain social distancing.* Children probably don't fully understand why parents/guardians aren't allowing them to be with friends. Social distancing means staying away from others until the risk of contracting COVID-19 is under control.
3. *Be honest and accurate.* Correct misinformation. Explain simple safety steps. Stay up-to-date on the facts.
4. *Focus on the positive.* Celebrate having more time to spend as a family.
5. *Seek comfort.* Accept grief support from others and seek out if the need arises. It is human to do so.
6. *Establish and maintain a daily routine.* Keeping a regular schedule provides a sense of control, predictability, calm, and well-being.
7. *Practice and teach good daily hygiene.*
8. *Stay Connected to School.* Helping your kids stay connected to school is one of the best things you can do to keep some normalcy and reduce the stress of a big part of their lives stopping unexpectedly in their lives.
9. *Monitor television viewing and social media.* Watching continual updates may increase fear and anxiety. Dispel rumors and inaccurate information.
10. Offer lots of love and affection

### Resources for students and families

- Free food pickup locations
- Philadelphia residents who have been impacted by the COVID-19 outbreak have access to free food boxes through community food sites.
- Residents can pick up a box of food on Mondays and Thursdays from 10 a.m. to 12 p.m. at sites throughout the city. One box is limited per household. Residents do not need to present an ID or proof of income for eligibility.
- List of pickup locations:  
[https://www.phila.gov/2020-03-28-where-to-find-free-nutritious-food-during-covid-19/?mc\\_cid=3f0c65cf66&mc\\_eid=352aeb050c](https://www.phila.gov/2020-03-28-where-to-find-free-nutritious-food-during-covid-19/?mc_cid=3f0c65cf66&mc_eid=352aeb050c)

### Mindfulness Strategies

- Being mindful means to take time to focus on the present, be intentional and thoughtful about where you are and how you are feeling and try to center your thoughts and be in the moment. The simple practice of bringing a gentle, accepting attitude to the present moment, and can help relieve stress and promote happiness. Mindfulness can be achieved in numerous ways but here are a few:
- *Mindful Breathing*
- Mindfulness increases the more you practice it, and one easy technique is breathing
- You can practice this on your own, but research recommends 15 minutes daily
- <https://ggia.berkeley.edu> is a site that describes various Science-based practices to achieve a meaningful life and has a tutorial for the breathing exercise
- *Self-Care Plan*
- Helps you to identify activities and practices that support your wellbeing as a parent/student and help you to sustain positive self-care
- Choose different categories of self-care such as Physical, Psychological, Emotional etc. and write down tangible ways you are going to try to achieve a sort of normality and well-being for each one
- *Head Space*
- Mindfulness app and numerous programs and activities for stress relief, meditation, healthy living, sleep, and movement
- Usually requires a subscription cost but is currently free to interested users

Resources: <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/health-crisis-resources/helping-children-cope-with-changes-resulting-from-covid-19>

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Written by Alexandra Hackney

### Calm App

A Meditation and Relaxation App for phone, tablet, or computer that helps users to sleep better, boost confidence, and reduce anxiety through guided meditation, soothing music, and calm storytelling.

### Activity Scheduling

A Cognitive Behavior Therapy Technique that is designed to assist people to increase behaviors they want to do more. Scheduling in helpful and rewarding behaviors helps with instances of depression, and completion of tasks that may often be left over because of procrastination.

## Uncertain Times Raising Your Anxiety?

Utilize some of these relaxation & mindfulness strategies to help reintegrate to “typical” days



### Progressive Muscle Relaxation

This technique helps people to slow focus on tensing and releasing each muscle group individually. Start with the muscles in the toes and ending with those in the head. PMR has been said to provide lowered blood pressure, decreased muscle tension, and reduces fatigue & anxiety.



Effective Prevention & Crisis Intervention  
Philadelphia College of Osteopathic Medicine

## Journaling and Thought Recording

This writing tool is designed to help individuals identify and change unhelpful thoughts. The purpose is to help people get in the habit of looking out for their own harmful thoughts prior to immersing themselves in a situation and working to change them.

## CBT Worksheets

These resources are downloadable and can help children to establish how their thoughts, feelings, & actions are all related.

- <https://www.therapistaid.com/therapy-worksheets/cbt/children>
- <https://www.psychpoint.com/mental-health/worksheets/kids-worksheets/>

All of these techniques are useable:

- At School
- At Home
- In Public



## Yoga

A practice that combines physical ability, and controlled breathing. Yoga has been known to help reduce stress, lower blood pressure, and lower heart rate. There are great, free yoga classes on YouTube for all level of practice!



*“Change Your Thoughts and You’ll Change Your World.”*

## Deep Breathing for Kids

Use props to help children to see how deep breathing, or “belly breathing” can help them calm down. Props can include pinwheels, bubbles, feathers, stuffed animals, etc.). These can help children to recognize the significance of taking in air, in order to exhale the air and stress. YouTube has great videos to help this practice.



Written by Kelly Freund

**Tips for successful transition back to school:**

- Make a sign or poster of what your child’s daily routine will be.
- Carve out time for play and physical activity.
- Discuss nutrition and healthy options and have your child pack his/her lunch, with your guidance.
- Ask your child how he/she is feeling about returning to school. Talk about what your child **enjoys** about school in addition to what they may not like about school.



**We’re here to help!**

Upon returning to school, the faculty and staff will be providing the following resources for any student who would like to participate.

**Calm Club**

- From 8:30-9:00 AM students and faculty will engage in mindfulness activities and calming exercises.
- Our goal: Provide students with strategies they can utilize on their own or with a teacher when they feel overwhelmed.

**Homework Club**

- Students will be able to stay at school from 3:30-4:30 PM in order to work with their teachers on material they are struggling with.
- Any student is welcome to stay and work on their homework, even if they do not need help.
- Students will be provided with a snack.
- Each grade will have two days per week for Homework Club--schedule will be provided upon the return to school.

**Resources for students and families:**

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- Explain social distancing. Children probably don’t fully understand why parents/guardians aren’t allowing them to be with friends. Social distancing means staying away from others until the risk of contracting COVID-19 is under control.
- Focus on the positive. Celebrate having more time to spend as a family.
- Establish and maintain a daily routine. Keeping a regular schedule provides a sense of control, predictability, calm, and well-being.
- Practice and teach good daily hygiene.
- Monitor television viewing and social media. Watching continual updates may increase fear and anxiety. Dispel rumors and inaccurate information.
- Offer lots of love and affection**

**Guidance for Parents and Families**

Navigating Pandemic Stressors: Schooling tips, Mindfulness techniques and Resources



**Mindfulness**

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**Head Space**

- Mindfulness app and numerous programs and activities for stress relief, meditation, healthy living, sleep, and movement
- Usually requires a subscription cost but is currently free to interested use



**Mindfulness activity for the whole family: Gratitude Jar**

A gratitude jar is a fun way to provide a visual reminder of the many blessings in our lives. It's a place to write down and keep all the things you are thankful for. Whenever you are thankful for something, whether it's an activity, a kind act, a person or simply some detail of your everyday life, you write it down on a slip of paper and stick it in the jar. Over time, you'll accumulate a jar full of all the things that make your lives beautiful.

You can make a gratitude jar or a board. This can be done with items from around the home-- jar, vase, poster board, bulletin board, coffee can. You can decorate with anything! Write "Gratitude Jar" in fun markers, cut letters out from magazines and glue to your jar or board. Whatever you choose, make it fun! You will need small pieces of paper or post-it notes for writing things you are grateful for. You can do this individually or as a family.



**Ideas for making your jar unique and accessible for your kids:**

- For younger children, do not use a breakable container and make sure your child can open the container.
- Provide sentence starters for your children, regardless of age. "Today I am grateful for...", "Name something beautiful you saw today."
- Your children can draw something they love, something they like to do, etc.
- Each person in your home can have a different color of paper to write on so that your jar is full of color.

**More fun ideas can be found on the internet!**



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We have compiled information and resources for parents and families regarding schooling tips in the home, mindfulness techniques (As it is difficult to not feel like things are spiraling), and other resources.



Written by Kaitlyn Bevan & Alexandra Hackney

## Floating on a Cloud

Lay on your back... Close your eyes... Take deep, calming breaths...

Imagine yourself floating on a big, fluffy cloud...

This is your own special cloud... you are happy, safe, and calm here...

\* \* \* \* \*

Imagine what your cloud looks like... Does it have a color? Is it a special shape? What is on your cloud with you?

Your cloud will take you anywhere you would like to go...

\* \* \* \* \*

What do you see? Where does it take you?

Let your cloud fly you to your own quiet place... Continue to breathe deeply while you rest and relax in the peace and quiet...

Find guided imagery scripts, relaxation exercises, and more by visiting the Teachers Pay Teachers website!

Written by Kaitlyn Bevan

## Guided Imagery Activity for School Aged Children “Floating”

Sometimes our students (and us!) need a break. Try this guided imagery activity with your students to help promote relaxation, calm down a rowdy classroom, and have a few minutes of quiet time.

such as sitting in their chair or laying on the floor or a carpet or mat. Turn off the lights.

Say: “After finding a comfortable spot, sit quietly and close your eyes. Listen to the rhythm of your breathing and begin to slow it down. As your breathing slows, begin to release the tension in your muscles, starting at your toes, and moving up through your feet...legs...belly...arms...hands...shoulders... neck...and head. Continue to listen your breathing, slowly in and out”.

Say: “Notice your whole body relaxing as you continue to float. Feel your breathing...slowly out in and out. Staying with your feeling for a few moments, enjoy this calm and quiet space.... (Wait 1-2 minutes)

Say: “As you breathe in and out, visualize yourself floating on a cloud, or in the ocean, or laying outside in the grass. As your muscles continue to relax, visualize in your mind where you are floating, the textures you might feel...allow your fingertips to feel these sensations. Continue to breathe in and out slowly...notice how you feel as you allow your body to float in your environment.”

Now, begin to move your fingers and toes slowly...allowing the movement to work its way through your arms and legs. As your muscles begin to wake up, notice the feeling moving through your body, up through your shoulders to your neck and head...begin to let your eyes flutter open coming back into the classroom and the present moment”



## Calming and Stress Relieving Meditation Script

Get ready to relax. You can sit in a chair or lie down on a bed.

Take a deep breath in and slowly close your eyes. Easily imagine these scenes while you continue to breathe slowly and calmly. See yourself by a beautiful, calm lake. The weather is warm and breezy. A breeze softly blows over the lake and you observe all of the tiny ripples that move across the lake.

You feel calm and happy here and it brings a feeling of complete peace that washes over your entire body and mind. Now breathe in deeply and allow the peacefulness to fill you. You notice there's a mother duck gliding along the lake followed by her baby ducks. You hear the birds singing in the trees above you... soft chirping and singing songs of their simple happiness.

Now, take the time to release any worries, any disturbing thoughts, any sadness you may be feeling. Now, take a deep breath in and let those feelings exit your mind and float up, out and away...floating far away and breathe out. Know that you are really in control of your mind and your body. You can choose to allow these bothersome emotions to leave. Releasing any negative thoughts serves like an umbrella on a rainy day- the rain may be there, but it doesn't have to affect you. When you focus on the positive, you get more positive experiences in your life.

Now, squeeze your hands into fists. Pretend you're squeezing a ball in each hand... gripping tighter... and tighter...Right now, your muscles are tense. And now relax. Let your hands go limp. Now your hands feel relax. Focus your attention on how relaxed they feel. See how tense feels different from relaxed. Let that feeling of relaxation spread from your hands to your whole body.

Next, I want you to keep your eyes closed and imagine that your body is like a balloon. When you breathe in, feel your chest and sides expanding and getting bigger like a balloon filling with air. Ready, 1, 2, 3, breath in... like a balloon shrinking, I want you to slowly let the air out. Again, this time breathe in through your nose, imagining your body is getting larger like a balloon...and now imagine letting the end of the balloon go, and the air rushing out as your breath out of your mouth.

As you breathe in, reach your hands above your head and allow good feelings to fill up your heart and your mind...keep stretching high up. Lower your arms and breathe out. Keep your arms at your sides and continue breathing slowly and deeply. Peacefulness and calmness are all around you. Notice how calm your arms and your body feel at this moment. It feels good to relax.

Keep your eyes closed while you slowly wake up your body by moving your fingers, toes, arms and legs. Slowly open your eyes and give a big stretch any way you please. Sit still for a moment now and open your eyes to look around the room. When you are ready, get up and return to your usual activities, feeling awake but still feeling relaxed and calm.

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Written by Alexandra Hackney

# GUIDED MEDITATION SCRIPT

A detailed explanation of how to help students (or even staff) calm down in times of stress.

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**Be sure to read the script below in a calm, relaxed voice, and follow the child's cues in order to determine pace.**

*This is an example to replicate the calming aspects of the beach, if the beach is not appropriate for the stressors in your clients life, find similar guided meditation scripts at*

*<https://www.greenchildmagazine.com/free-meditation-guided-relaxation-scripts-kids/>*

Therapist: Okay, now we are going to close our eyes, and bring ourselves to a calm quiet place in our minds. Take a few moments to breathe and find comfort in the deep, calming breaths.

Listen as you take the air in .... And out.... It is calm coming in, and stress going out. In... and out...

[pause for approximately 10 seconds]

Now picture us transported to your favorite spot at the beach. If you've never been to the beach, think about how beautiful it would be based on movies and photos that you have seen.

Take a moment to take in everything around you as you lay on the beach.

The brightness of the sun, and it's warmth on your skin.

You outstretch your body and can feel the sand, between your fingers and toes. You play with the sand for a moment, letting it fall through the crevices in your fingers.

Look up and see the calm waves coming to shore. Let's walk over to the water.

The calm waves lap around your ankles, notice how similar the pattern is to your breathing. It goes in.... and out...

Pay attention to how this slow breathing is making your body release the tension in your muscles and allows them to relax.

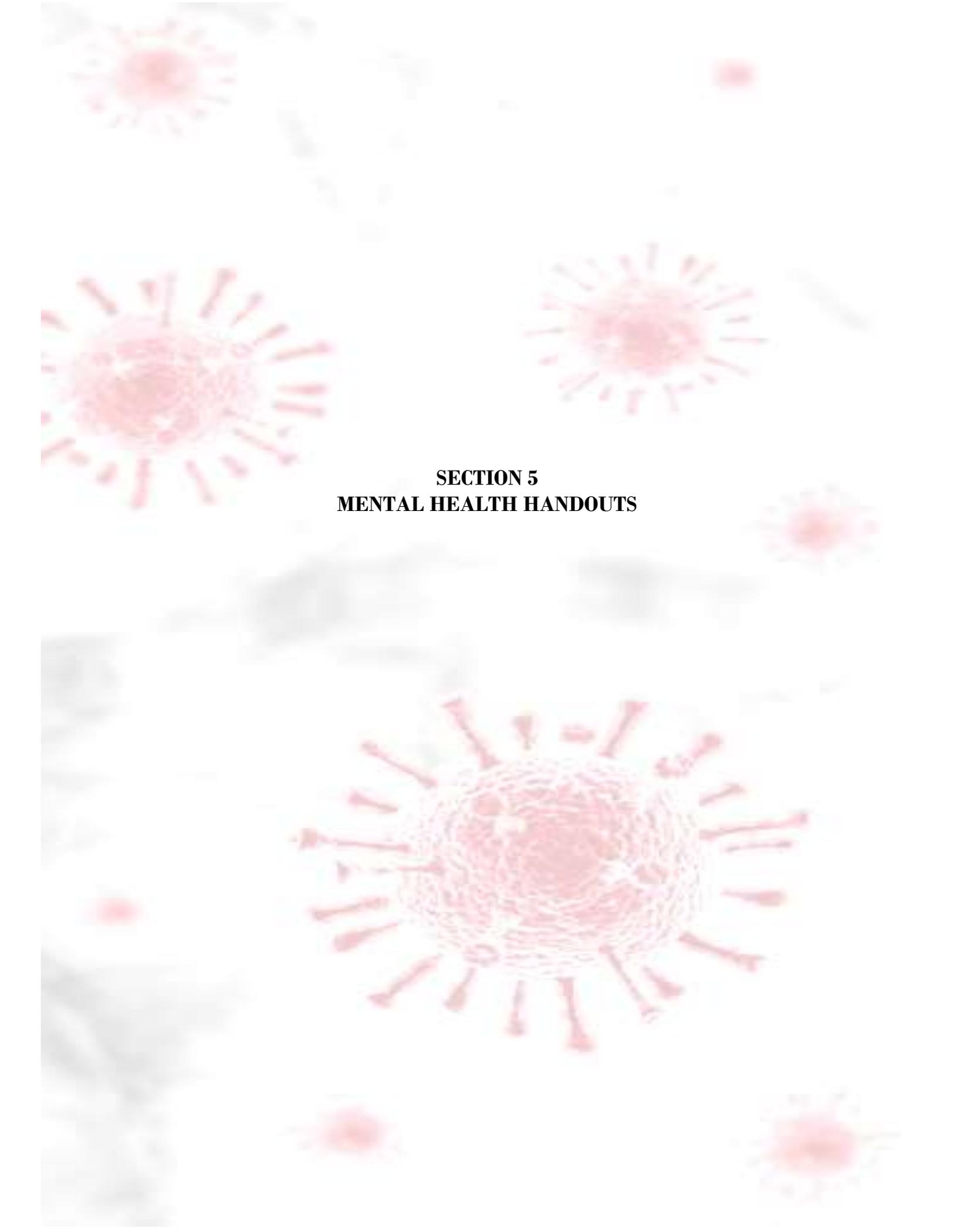
Breathe in the salty fresh air again, in... and out... you, your body, and your breathing is all that matters in this moment. Enjoy the refreshing feeling that the beach is bringing over you, your body needs it.

Allow yourself to take in the calmness and understand that beauty and calmness is in the eye of the beholder. You can transport yourself to the beach, whenever you need to restore your peace.

One more nice, deep breath in.... and out... and bring your focus back to the here and now. Bring along your newfound calm and peace and know that everything is all right.

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Written by Kelly Freund



**SECTION 5**  
**MENTAL HEALTH HANDOUTS**

## Considerations and Strategies for Teacher When School Resumes

**The return to school may seem like a distant, uncertain notion right now. However, it's important to begin thinking of the issues and barriers that may arise when that time comes and the strategies, we can use to combat them. Students, parents and teachers are all enduring their own kind of stress currently. For some students and teachers, they may come back to school with little to no trauma and there will be some that will have endured many hardships during this time. As School professionals, it is vital that we put mental health and emotional well-being first before anything. We cannot jump right back into the swing of things as if nothing happened. It's important to address concerns and ensure supports are widely available for both students, parents and teachers. Here are some considerations and strategies for when school resumes.**

### Focus First on Social-emotional Wellbeing

In order for young people to engage and learn, we need to create environments that promote a positive sense of well-being and healthy connections between peers and with adults. Focus first on secure relationships and emotional safety and prioritize social and emotional competence alongside academics as fundamental to quality education.

### Ways Educators can promote social and emotional wellbeing in their communities:

- *Provide consistency in daily routines to foster a sense of safety and predictability*
- *Listen to young people.* Give children and youth opportunities to share their concerns and address the difficult questions on their minds in age-appropriate ways.
- *Support young people in building or maintaining a sense of community and connection.* Relationships are always a priority and a key to engagement and learning, and especially so at a time when young people may be feeling isolated.
- *Incorporate social and emotional skill building into learning.* Educators can use familiar strategies from an SEL program used at the school or CASEL's SEL 3 Signature Practices to provide opportunities for students to reflect and contribute, pause to process their emotions and thoughts, connect and collaborate with their peers, and promote empathy.
- *Foster supportive adult relationships to process emotions, share challenges, and offer support to one another.*
- *Pay close attention to our own social emotional needs.* In order to be the community of adults who best serve our young people, we need to ensure that our own mental health needs are addressed first. Practice continued self-care strategies, including eating healthy, getting enough sleep, exercising, and finding time to take breaks.

- ***Provide extra tutoring, particularly for students who are most behind.*** One way to catch students up is to make sure students who are behind get tutoring in small groups.
- ***Expand, or at least avoid cutting, the number of adults prepared to help students with trauma and mental health needs***
  - **Counselors, social workers, school psychologists, and nurses could instruct classes, small groups of students, or parents on how to cope with stress and anxiety, in addition to working with individual students most in need of support. As a teacher, be aware of the warning signs of depression and anxiety as well so you ensure your students who are in need of mental health services receive them.**
- ***‘Loop’ elementary school teachers with the same group of students (If possible).*** Research shows that looping does in fact help students learn more in the following grades, and in general, students benefit from having more “familiar faces”, including classmates, around them in class.
- ***Integrate corona virus into the curriculum.*** Teachers would have to think about how to design content that is grade-appropriate but addressing the pandemic head-on could help children make sense of what is happening in the world and also have academic benefits.

#### Resources

Barnum, M., & Belsha, K. (2020, April 16). Students will go back to school eventually. Here are 5 concrete ideas for helping them catch up, readjust. Retrieved May 11, 2020, from <https://www.chalkbeat.org/2020/4/16/21225529/students-will-go-back-to-school-eventually-here-are-5-concrete-ideas-for-helping-them-catch-up-readj>

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Written by Alexandra Hackney

# Handout for Students During COVID-19

## Strategies to help with success during Virtual Learning

- Continue with your weekday schedule: wake up and go to sleep at the same time daily
- Allow time BEFORE you log onto virtual school for a full breakfast
- Find time before logging onto virtual school is get some sort of stretching routine, a quick morning walk, mindfulness or your choice of exercise and/ or meditation
- Gather all of your learning materials by your computer and organize your work space
- Log onto virtual school at least five minutes before your first virtual class begins
- Print out the schedule for the day
- Highlight important directions or words on your schedule
- Write down any questions that you may want to ask your teacher when you meet virtually or place a question mark next to unclear directions or assignments
- Check off assignments as you complete them and turn them in
- Try not to sit in front of the computer for more than one hour at a time without taking a five minute break
- Follow your schedule for meals too
- Turn off the computer and find something physical to do once school has ended for the day
- Take time to journal your feelings about your “new normal” in the evenings
- Find a trusted adult to talk to about your fears, concerns and uncertainties
- BREATHE

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Written by Maia Campbell

## **Supporting Teachers During a Pandemic A Guide for Principals and School Leadership**

Unlike other crisis situations our schools have faced – COVID-19 has proven that rapid and drastic changes to our everyday lives and routines can happen in an instant. The role of school leadership has shifted during the pandemic, becoming more focused on making sure the needs teachers and school staff are met first before focusing on the professional details. As many schools continue to navigate distance learning amid school closures, it is important for school leadership to be mindful of how they are supporting their teachers and school staff during the shutdowns and upon returning to the classroom.

- **Try to keep some normalcy while also being flexible:** While the routines of distance learning are likely to look much different, try to keep some regularly scheduled meetings in their places via an online format. Allowing for these meetings to continue may give teachers the break they need and an opportunity to talk with staff they are used to seeing on a regular basis. However, be sure to offer flexibly to schedule as well, such as shortened live classes, asynchronous learning, or teacher collaboration days.
- **Check In:** Reach out to your teachers and staff. Ask them how they are doing, if they need anything, what challenges they may be facing. Offer support where you can, even if it is just an email expressing your appreciation for their work. Be transparent and accessible to your staff and allow them to ask questions.
- **Encourage work boundaries:** Have teachers set “office hours” for students to contact them and encourage teachers to not work past their office hours. Make sure the expectation is not to be available “all day”.
- **Emotional Wellbeing:** Make sure to understand that emotional wellbeing is just as important as instructional support. Provide teachers with resources for counseling (that are covered by their insurance), as well as teacher trainings focused on mental health and self-care.

Upon returning to school, keep in mind that this will be another transition for teachers, and they will need continued support from school leadership. Think about things that worked during distance learning and try applying it in the school setting.

- Continue to check-in with teachers and offer help when needed.
- Be transparent with information and continue to be available for questions.
- Allow for flexibility in the classroom, as it will take time for typical instruction resume.
- Show teachers your appreciation such as a welcome back party or other incentives.
- Continue to foster a positive school community

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Written by Keri Blood

## Anxiety presents itself in many different ways...



## ANXIETY IN THE CLASSROOM

Creating a classroom environment that is conducive to learning is a priority for any educator. And, while mental health awareness is on the rise across the country, it can be difficult to identify students who might be struggling with mental health disorders such as anxiety. It's important to understand what anxiety looks like and to build classroom procedures that are supportive and effective for helping students who struggle with it, diagnosed or not.

Kids who are worried and anxious aren't doing it on purpose. The nervous system acts automatically, especially when it comes to worry. That's why phrases like "just relax" or "calm down" aren't helpful. But with practice, kids can learn to slow down their anxious brains, and teachers can learn to help them. Here are some ways you can help anxious kids in the classroom:

### Seating within classroom

Anxious children often struggle with the unlikely fear that they will get in trouble, so seating away from more rambunctious classmates will be less distracting and may help them focus on their work rather than feeling responsible for the class.

### Following directions

Concerns about getting the directions wrong either because of distraction or misunderstanding are common. Signaling the class first when giving directions (flashing lights, clapping hands) and when possible having directions written on the board or elsewhere may assure anxious children that they have understood the directions.

### Class participation

Fears of getting the answer wrong, saying something embarrassing, or simply having other kids look at them may be concerns for an anxious child. Determine the child's comfort with either closed ended questions (requiring a yes or no) or with opinion questions, start with whichever is easiest. Use a signal to let the child know that his turn is coming. Provide opportunities for the child to share knowledge on topics in which he or she is most confident.

### Class presentations

Children with extreme social anxiety may have difficulty with oral reports. Consider having the child present to the teacher alone or have the child audiotape or videotape the presentation at home.

### Answering questions at the board

For children with social anxiety, the combination of getting the answer wrong, and being visible to the whole class may be so overwhelming that they may opt to avoid school altogether. Consider having the child exempt from going up to the board until they are ready to handle that challenge, or, begin to approach that situation by eliminating the risk of being wrong, by simply asking the child to write the date on the board.

### Testing conditions

Extended time on tests will ease the pressure on anxious children, and just knowing that the time is available may obviate the need to use it. Sometimes anxious children become distracted when they see other children working on their tests or turning them in, they may inaccurately assume that they don't know the material as well. Testing in an alternate, quiet location may be preferable for some children. Consider the use of word banks, equation sheets, to cue children whose anxiety may make them "blank out" on rote material.

### Lunchroom/recess/unstructured activities

Free choice times can be a welcomed and necessary break from the pressures of school, but fears of rejection in the cafeteria or on the playground can take the fun out of free time. Bridge the gap socially by creating ties between small groups of children. A lunch bunch with two or three children can create a shared experience which kids can

then draw on later. When working in pairs or small groups, don't always have children choose the groupings themselves, alternate this with a "counting off" technique or drawing straws to allow variability in the groupings.

### Safe person

Having one person at school who understands the child's worries and anxieties can make the difference between a child attending school and staying home. A guidance counselor, principal, nurse, or teacher can be identified as a point person for the child to check in with briefly (5-10 minutes) to help dispel worry thoughts, take deep breaths and return to class.

### Cool down pass

Pressures build for anxious children, being able to leave the situation briefly to get a drink of water or wash their face can allow them to clear their heads and return to class on a less anxious track. Since anxious children may be hesitant to ask for this and risk being the center of attention, use an orange card which the child simply places on his desk, or the teacher's desk, which signals they are out on break. In general, anxious children are exceedingly honest and responsible and will not take misuse this privilege.

### Assemblies/large group activities

Some children become anxious in crowds, until a child has mastered the auditorium, allow them to sit where they feel most comfortable (e.g., at the end of the row in the back of the auditorium), see if they can gradually rejoin their class.

### Return after illness

Ever responsible, anxious kids may be very distressed about work they have missed while they were out. Assign a responsible buddy to copy notes and share handouts. If tests are given the day of the child's return, give them the option to take the test at another time and use the test-time to make up any other missing work.

### Field trips

Compounding the daily stress of the anxious child, field trips include the factors of being away from home and parents, and a change in routine. Accommodate the child's level of readiness so that he or she can participate as fully as possible. Consider having the child in the "teacher's group," or having parents accompany the group until the child is ready to handle an excursion without these supports in place.

### Change in routine/substitute teachers

Because anxious children try very hard to please and predict what is required in a situation, changes of any sort may be experienced as very stressful. When possible, send a note home the day before to alert the child/family to a change in routine, this will allow the child to process the change in his or her comfort zone and will make the transitions go more smoothly the next day.

### Fire/safety drills

While these drills are for a child's safety, anxious children may be very distressed by imagining that these events were actually happening. If there is an opportunity to signal the child in person just before the alarm sounds, this may buffer the surprise of the drill and allow children to mobilize with less distress.

### Homework expectations

If children are spending inordinate amounts of time on homework because of OCD redoing, rechecking, rereading, or simply worrying that the assignment wasn't done thoroughly enough, the teacher can set a reasonable amount of time for homework and then reduce the homework load to fit into that time frame. Teachers can also provide time estimates for each assignment (this could be helpful to the entire class), so that the anxious child can attempt to stay within 10% of the estimated time. Eliminate repetition by having the child do every other math question, reduce reading and writing assignments, consider books on tape if a child is unable to read without repetition, for a child with writing difficulties, consider having a parent, teacher, or another student "scribe" for the child while he or she dictates the answers.

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Written by Tareva Byrd

## Anxiety in Youth

### What is anxiety?

Anxiety is a reaction to situations that are perceived as dangerous or stressful. It is typical for children to experience some anxiety as a response to new, unfamiliar situations or general stressors. When anxiety begins to interfere with a child’s day-to-day functioning, an anxiety disorder may be present.

### What does anxiety look like?

Children experiencing anxiety may avoid the situations that trigger anxiety, suffer from an acute, continuous feeling of fear, or experience a level of anxiety about common stressors that is over-and-above the level of anxiety experienced by peers. Anxiety can be generalized, with no specific trigger, or situational—it will surface during specific contexts, such as being separated from a parent, taking a test, or a specific object (phobia).

Anxiety symptoms can be characterized as behavioral, cognitive, or physical.

<b>Symptoms of Anxiety</b>		
<u><b>Behavioral Symptoms:</b></u> -Efforts to escape/avoid anxiety-provoking situations -Restlessness -Irritability -Withdrawal -Perfectionism -Seeking easy tasks -Lack of participation	<u><b>Cognitive Symptoms:</b></u> -Concentration problems -Memory problems -Attention problems -Problem-solving difficulties -Worry	<u><b>Physical Symptoms:</b></u> -Headaches -Stomachaches -Muscle tension -Increased heart rate -Sleeping difficulties -Perspiration -Nausea

### Anxiety Disorders

There are several types of anxiety disorders that may affect children and youth, each having unique triggers and onsets. However, all of the anxiety disorders have the potential to disrupt social, personal, or academic functioning.

<b>Separation Anxiety Disorder</b>	-The only anxiety disorder specific to children -Characterized by fears of leaving familiar people, usually parents -May lead to School Refusal -May be an indicator of fear surrounding family matters, safety, or social rejection
<b>Generalized Anxiety Disorder</b>	-Characterized by high levels of anxiety that do not have an apparent event or setting that triggers it -May show perfectionist tendencies -Appear stressed most of the time

	-Tends to be chronic and will not lessen over time without help
<b>Posttraumatic Stress Disorder (PTSD)</b>	-Mostly commonly associated with trauma including exposure to violent crime, car accidents, fires, natural disasters, serious illness, etc. -Can result in angry outbursts, flashbacks, sleep difficulties, and concentration problems
<b>Social Phobia</b>	-Characterized by excessive fear centered around social situations and being evaluated/judged by others -Onset is gradual and may not have specific triggering events -Typical age of onset is adolescence or early adulthood

**How can we help our students?**

Some suggestions for the classroom include:

<b>Strategy</b>	<b>Example of Implementation</b>
Establish predictable routines	Utilize a visual schedule in the classroom
Set clear and reasonable expectations	Post classroom/school rules in a visible spot in the classroom
Break longer tasks into manageable units	Complete different portions of a project each day
Have specific evaluation criteria	Provide rubrics for assignments and go over them with students prior to starting the assignment
Provide opportunities for practice and rehearsal	Break-out groups before a presentation
Pair anxious students with peers who are confident and supportive	Assigned partners—can vary by subject
Give special responsibilities	Classroom jobs that rotate weekly—line leader, clean-up crew, calendar, weather
Give time to relax when anxiety becomes high	Provide a calm-down corner whether overwhelmed students can relax—pillows, fidgets, blankets, books.  Provide a visual timer so that students can rejoin the class after having an adequate time to calm down.

Reduce or avoid unexpected situations	Tell students the plan for the activities for the day, give advanced notice for exams  Schools should have monthly emergency drills
Avoid punitive and negative attitude	Provide positive praise when students make good choices  When a child is making poor choices, have a discussion and give a warning before a loss of privilege
Reduce time constraints, if possible	Plan lessons with time in mind  If time runs short, push a portion of the lesson to the next day, do not make the students rush
Move the student to a quiet setting with fewer distractions	See above—Calm-down Corner

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- Huberty, T. J., PhD. (2010). *Anxiety & Anxiety Disorders in Children: Information for Parents*. Retrieved May 22, 2020, from <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mental-health/mental-health-disorders/anxiety-and-anxiety-disorders-in-children-information-for-parents>
- Malone, C., & Ellis, T. (2018). *Anxiety: Helping Handout for School and Home* (J. Dugas, Ed.). In *Helping Handouts: Supporting Students at School and Home* (pp. S3H1-1-S3H1-6). Bethesda, MD: NASP.

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Written by Kaitlyn Bevan

# Understanding Anxiety

By: Kelly Freund



## Signs & Symptoms in Students (Top 10 signs of student anxiety in the classroom.)

1. *Changes in Emotion* – Students struggling with Anxiety often exhibit feelings of being on the edge or uneasiness. They may also feel irritable or restless and may act out in unexpected ways if they feel threatened.
2. *Social Changes* – Student may stop engaging with their normal group of friends. They may also withdraw from social situations altogether by isolating themselves or creating excuses as to why they can't make plans.
3. *Physical Changes* – It's important to look for patterns, and to not jump to conclusions. Look for patterns that may include headaches, dizziness, seating, body aches, nausea/upset stomach, excessive fatigue, change in diet, or unexplained illness.
4. *Disturbances in Sleep Patterns* – As a teacher it's a little difficult to monitor sleep patterns. However, be observant of energy changes throughout the school day (ex. Sleeping through class).



5. *Poor School Performance* – A very common sign is change in school performance such as decrease in grades, missed assignments, feeling overwhelmed by schoolwork, constant procrastination, and difficulty focusing.
6. *Panic Attacks* – Certain individuals may experience moments of extreme panic and may exhibit behaviors including sweating, body tremors, dizziness, upset stomach, chest pain, numbness I limbs, derealization or feeling as if they are dying or going crazy.
7. *School Refusal* – Students will go to great lengths to avoid school in every possible manner. Students may skip class or may even miss so much school that it can lead to dropping out of school.



8. *Tantrums* – Along with unpredictable behavior, tantrums can be an indicator of student anxiety at any age. It's important for teachers to be able to differentiate when a tantrum may be more than just a tantrum and need to get to the root of the issue.
9. *Obsession with Perfect* – A student with anxiety, especially performance anxiety, is obsessed with idea of perfection. They may begin to apply added pressure to themselves in order to not make a mistake, which can be unhealthy and harmful to the student's well-being.
10. *Accustomed to Assuming the Worst* – Students struggling with Anxiety tend to go to the "all or nothing mindset," with their success often being on the nothing end. Teachers should be on alert for students who allude to this mindset in terms of their academics, or family.



## Classroom Strategies for Dealing with Student Anxiety

1. *Deep Breaths* - Encourage students to practice deep breathing. When anxious people slow down their breathing, they slow down their brains to avoid being overwhelmed.
2. *Get Outside* – Take a break and get the class outside. Sometimes a change of scenery and just a breath of fresh air can help calm anxious worriers.
3. *Talk Openly about Anxiety* – Be sure to talk about anxiety openly in the classroom setting in order to normalize anxiety. This way teacher help students to understand that it is not a taboo subject, and it's okay to ask for help.
4. *Get Kids Moving* – Exercise can help anyone who is feeling anxious. Promoting movement breaks helps reduce anxiety that may appear as anger. Teachers can also try to build on this idea in order to walk and talk. It removes the anxious child from the fear provoking situation.
5. *Have Students Keep Gratitude Journals* – The production of positive thoughts as a result of gratitude renders the brain incapable of producing anxious thoughts.
6. *Promote Healthy Eating and Staying Well* – A healthy diet and plenty of sleep can make all the difference in how well students are able to handle situations that could be overwhelming. Even if the promotion of these healthy habits can't be handled directly in the classroom, wrapping them into curriculum when possible can still encourage positive momentum in the students.
7. *Create a Space Where Students Can Interpret and Express Their Anxiety* – Provide a space with encouraging materials about how to manage anxiety and classroom fidgets to offer a safe space for their outlet.
8. *Offer Individual Accommodations* - Anxiety takes different forms in different individuals, so if necessary and the opportunity arises provide accommodations where need be (ex: extended time, cue sheets, fidget toys, break cards, etc.).

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Top 10 signs of student anxiety in the classroom. Retrieved from <https://ibcces.org/blog/2019/05/08/signs-student-anxiety-classroom/>

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Written by Kelly Freund

### Depression Looks Different in Youth

Symptoms of adolescent depression frequently differ from symptoms in adults. For example, youth may experience more irritability and moodiness, sleep at odd times of the day and isolate themselves from adults, particularly family members, but still long to be with peers



### Depression Looks Different in Genders

In addition to varying with age, symptoms also differ by gender. According to a study published in the *Journal of Family Medicine and Primary Care*, girls report feelings of sadness, guilt, worthlessness, punishment, tiredness and low energy, whereas boys report more irritability, depression and suicidal

## Ways Educators Can Take Action

### 1. Develop a Working and Collaborative Relationship with the Student

Do not be afraid to talk with students with depression about how they feel. Saying nothing says a lot and asking about how they feel will rarely cause harm. Many times, they are seeking someone who cares about them and can recognize their pain without them having to seek help on their own, although it might not seem that way. Above all, don't give up on them!

### 2. Avoid Negative Techniques

Strategies such as punishment, sarcasm, disparagement, passive-aggression, or other negative techniques are ineffective and likely will only reinforce feelings of incompetence and low self-esteem, which may worsen the symptoms of depression. Remember that these students are not choosing to be depressed. They want to feel better and do well, just as you want them to do well. When depressed, students lack the personal resources to do their best work and overcome their challenges.

### 3. Make Adjustments or Accommodations in Assignments or Tasks

Do not lower expectations or give unearned grades. However, educators can give more time, break assignments into smaller pieces, offer extra help in setting up schedules or study habits, provide flexibility in assignment schedules, or pair the student with others who express an interest in helping as part of a range of classroom adjustments.

### 4. Plan for Success

To the extent possible, arrange experiences so that the student can be successful and receive recognition for successes. Scheduling pleasant activities and providing opportunities for successful leadership are examples. It is very important that depressed students feel accepted as a part of the school and that teachers believe in their competence.

### 5. Consult With Your School Psychologist, School Counselor, or School Social Worker

School-employed mental health personnel can provide suggestions for ways to support specific students, either through consultation, direct services, or collaborating with the family or other community agencies.

<b>Characteristics of Depression in Children</b>	<b>What It Looks Like in School</b>
Physical/somatic complaints	Complaints of feeling sick, school absence, lack of participation, sleepiness
Irritability	Isolation from peers, problems with social skills, defiance
Difficulty concentrating on tasks/activities	Poor work completion
Short-term memory impairments	Forgetting to complete assignments, difficulty concentrating
Difficulties with planning, organizing, and executing tasks	Refusing to complete work, missing deadlines
Facial expressions or body language indicating depression or sadness	Working slowly
Hypersensitivity	Easily hurt feelings, crying, anger
Poor performance and follow-through on tasks	Poor work completion
Inattention	Distractibility, restlessness
Forgetfulness	Poor work submission, variable academic performance
Separation anxiety from parents or caregiver	Crying, somatic complaints, frequent absences, school refusal
<b>Characteristics of Depression in Adolescents</b>	<b>What It Looks Like in School</b>
Decreased self-esteem and feelings of self-worth	Self-deprecating comments
Mild irritability	Defiance with authority figures, difficulties interacting with peers, argumentativeness
Negative perceptions of student's past and present	Pessimistic comments, suicidal thoughts
Peer rejection	Isolation, frequent change in friends
Lack of interest and involvement in previously enjoyed activities	Isolation and withdrawal
Boredom	Sulking, noncompliance
Impulsive and risky behavior	Theft, sexual activity, alcohol or drug use, truancy
Substance abuse	Acting out of character, sleeping in class

It is possible to have the symptoms of depression, but not be suicidal.  
It is always important to watch for warning signs of suicide though, just in case your child or friend might be having suicidal thoughts.

Written by Tareva Byrd

## DEPRESSION IN CHILDREN AND ADOLESCENTS

### What is Depression?

Depression is not a personal weakness, a character flaw, or the result of poor parenting. It is a mental illness that affects the entire person, changing the way he or she feels, thinks, and acts. A depressive disorder, sometimes referred to as clinical depression, is generally defined as a persistent sad or irritable mood as well as "anhedonia," a loss of the ability to experience pleasure in nearly all activities. It is more than just feeling down or having a bad day, and it is different from normal, healthy feelings of grief that usually follow a significant loss, such as a divorce, a breakup with a boyfriend or girlfriend, or the death of a loved one.

### Characteristics and Risk Factors:

#### Identifying Depression

Distinguishing depression from adolescents' normal mood swings can be difficult. School staff members should contact a mental health professional if a student exhibits symptoms that:

- Are new or changed in intensity, frequency, or manifestation
- Continue for a two or more weeks
- Interfere with the student's social and academic function
- Cause disruptive or uncontrolled behavior
- Reflect thoughts of hurting oneself or others

#### Warning Signs of Depression in Adolescents

- Sadness, depressed mood, or irritability
- Agitation, defiance, or sullenness
- Lack of pleasure in daily activities
- Withdrawal or crying
- Unexplained physical complaints
- Lethargy or chronic boredom
- Poor concentration or inability to make decisions
- Poor academic performance
- Negative thoughts about self, the world, and the future
- Self-blame, guilt, and failure to recognize one's success
- Change in appetite or weight gain or loss
- Excessive sleeping
- Increased-risk behaviors (e.g., sexual risk-taking or abuse of drugs and alcohol)
- Suicide ideation or attempts

#### Risk Factors for Depression

- Existing or history of mental health problems
- Poor academic functioning
- Poor physical health
- Poor coping skills or social skills
- Low self-esteem
- Behavior problems
- Problems with friends or family
- Poor school and family connectedness
- Major life stressors
- Substance abuse
- Family history of depression or suicide

#### Warning Signs of Suicide Risk

Untreated depression is the leading risk for suicide in adolescents. Four out of five youths who attempt suicide give clear indications of their intentions. Warning signs include:

- Suicide notes, threats, and references either verbal or expressed in writing or creative work
- Previous attempts
- Obsession with death
- Depression or other disturbed mood or behavior
- Risk-taking behaviors, such as aggression, reckless driving, gunplay, and alcohol or substance abuse
- Efforts to hurt oneself (e.g., cutting oneself or jumping from heights)
- Inability to concentrate or think rationally
- Changes in physical habits (e.g., sleeping or eating) and appearance (e.g., hygiene and dress)
- Sudden changes in personality (e.g., sadness or irritability), friends (e.g., withdrawal or isolation), or behaviors (e.g., loss of interest, absenteeism, or drop in grades)
- Making final arrangements (e.g., a will) or giving away belongings
- Suicide plan (i.e., specific talk or allusions to timing and method) and access to method (e.g., guns or prescription drugs)

Characteristics of Depression in Children	What It Looks Like in School
Physical/somatic complaints	Complaints of feeling sick, school absence, lack of participation, sleepiness
Irritability	Isolation from peers, problems with social skills, defiance
Difficulty concentrating on tasks/activities	Poor work completion
Short-term memory impairments	Forgetting to complete assignments, difficulty concentrating
Difficulties with planning, organizing, and executing tasks	Refusing to complete work, missing deadlines
Facial expressions or body language indicating depression or sadness	Working slowly
Hypersensitivity	Easily hurt feelings, crying, anger
Poor performance and follow-through on tasks	Poor work completion
Inattention	Distractability, restlessness
Forgetfulness	Poor work submission, variable academic performance
Separation anxiety from parents or caregiver	Crying, somatic complaints, frequent absences, school refusal



**Role of The Teacher**

- Students who are depressed may not ask for help because they believe no one cares or that nothing can be done.
- Students may not want to be labeled as having a problem, particularly if they already believe they are to blame for being unpopular, unworthy, or a failure.
- It is never wrong to ask a student who seems troubled if she or he is OK, but a depressed student may dismiss overtures of concern as misplaced or intrusive. Depending on the severity of the student's symptoms and behavior, staff members can respect this type of response but should continue to observe the student and confer with other staff members.
- Positive connection between an at-risk student and a trusted adult is important. However, teachers are not trained mental health professionals and should not take on responsibility for treating a student.

- Staff members should never promise to keep a student's feelings a secret but should assure the student that they will only share their concerns with other appropriate adults (including parents) who can and will help.
- Contact parents and the school psychologist or other mental health professional immediately.
- Do not leave the student alone at any time if they are suspected of being suicidal.

### Classroom Based Strategies:

- Give frequent feedback on academic, social, and behavioral performance.
- Teach the student how to set goals and self-monitor.
- Teach problem-solving skills.
- Coach the student in ways to organize, plan, and execute tasks demanded daily or weekly in school.
- Develop modifications and accommodations to respond to the student's fluctuations in mood, ability to concentrate, or side effects of medication. Assign one individual to serve as a primary contact and coordinate interventions.
- Give the student opportunities to engage in social interactions.
- Frequently monitor whether the student has suicidal thoughts.
- Develop a home-school communication system to share information on the student's academic, social, and emotional behavior and any developments concerning medication or side effects.

### What Schools can do:

- Create a caring, supportive school environment that promotes connectedness and prevents alienation.
- Educate students, staff members, and parents on the realities and signs of depression. Help distinguish between depression and normal adolescent emotions (being upset by a bad grade or a fight with a friend). Destigmatize attitudes and openness about the illness.
- Build trust between school personnel and students. Ensure that each student has at least one adult in the building who takes a special interest in him or her.
- Develop and disseminate a protocol for reaching out and responding to students who may be depressed. Train staff members and parents in appropriate ways to observe students and to increase their comfort level and ability to intervene and refer students.
- Know the signs of suicide and have a suicide prevention and intervention plan in place. Emphasize the responsibility of all students and staff members to report any threat of suicide or violence.
- Use school mental health professionals to develop prevention and intervention plans, provide intervention, and train others. Be familiar with community mental health resources.

### Resources:

<http://www.ascd.org/publications/educational-leadership/oct10/vol68/num02/Responding-to-a-Student's-Depression.aspx>  
[https://www.naspcenter.org/principals/nassp\\_depression.html](https://www.naspcenter.org/principals/nassp_depression.html)

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Written by Alexandra Hackney

## Depression In School Aged Children

### What is depression?

Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. It can lead to a variety of emotional and physical problems and can decrease a person’s ability to function at work and at home. (APA,2020)



Have your students find a comfortable place,

### Classroom Strategies

- Get to know your students individually early in the year
- Be consistent with your home/school communication, reporting both strengths and difficulties
- Remind the student of his or her strengths using genuine, descriptive praise
- Encourage the student to concentrate on what will happen today rather than looking way down the road when that anticipation may scare or discourage them
- Rephrase your students’ extreme language (e.g. “They all hate me.” to “Some of these kids aren’t my friends.” or “I’m stupid.” to “I need a little more practice.”, etc)
- Make sure they have healthy habits that encourage good sleep
- Continue to encourage their involvement in positive activities, even if it’s just attendance and not participation
- Supervise unstructured activities (e.g. recess, lunch) to provide support if the student is withdrawing entirely (e.g. assign a “recess buddy”, provide an alternative activity)
- Model positive self-talk
- Smile

Table 1. Common Signs of Depression in Children and Adolescents

Cognitive	Behavioral	Physiological
<ul style="list-style-type: none"> <li>• “All or none” thinking</li> <li>• Catastrophizing</li> <li>• Memory problems</li> <li>• Concentration problems</li> <li>• Attention problems</li> <li>• Internal locus of control</li> <li>• Negative view of self, world, and future</li> <li>• Automatic thinking</li> <li>• Negative attributional style</li> <li>• Negative affect</li> <li>• Feelings of helplessness</li> <li>• Feelings of hopelessness</li> <li>• Low self-esteem</li> <li>• Difficulty making decisions</li> <li>• Feels loss of control</li> <li>• Suicidal thoughts</li> </ul>	<ul style="list-style-type: none"> <li>• Depressed mood</li> <li>• Social withdrawal</li> <li>• Does not participate in usual activities</li> <li>• Shows limited effort</li> <li>• Decline in self-care or personal appearance</li> <li>• Decreased work or school performance</li> <li>• Appears detached from others</li> <li>• Crying for no apparent reason</li> <li>• Inappropriate responses to events</li> <li>• Irritability</li> <li>• Apathy</li> <li>• Uncooperative</li> <li>• Suicide attempts</li> </ul>	<ul style="list-style-type: none"> <li>• Psychomotor agitation or retardation</li> <li>• Somatic complaints</li> <li>• Poor appetite or overeating</li> <li>• Insomnia or hypersomnia</li> <li>• Low energy or fatigue</li> </ul>

From Huberty, T. J. (2008). Best practices in school-based interventions for anxiety and depression. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology V* (pp. 1473-1486). Bethesda, MD: National Association of School Psychologists.

Written by Desiree Harris

### R Remember:

Kids grieve differently. After losing a loved one, a child may go from crying one minute to playing the next. His changeable moods do not mean that he isn't sad or that he has finished grieving; children cope differently than adults and playing can be a defense mechanism to prevent a child from becoming overwhelmed. It is also normal to feel depressed, guilty, anxious, or angry at the person who has died, or at someone else entirely. Very young children may regress and start wetting the bed again or slip back into baby talk.

### Be Prepared

Children may give the appearance of coping well, when suddenly a seemingly innocuous event unrelated to the loss triggers a disproportional response. Kids are masters at being able to distract themselves and focus on other things, but when something happens, all of the emotion they've been pushing away comes back



## Grief can be tricky. How Can Parent's Help?

### Answer the questions they ask. Even the hard ones.

Kids learn by asking questions. When they ask questions about death, it's usually a sign that they're curious about something they don't understand. As an adult, a couple of the most important things you can do for children is to let them know that all questions are okay to ask, and to answer questions truthfully. Be sensitive to their age and the language they use. No child wants to hear a clinical, adult-sounding answer to their question, but they don't want to be lied to either. Often the hardest time to be direct is right after a death. When a child asks what happened, use concrete words such as "died" or "killed" instead of vague terms like "passed away." A young child who hears his mother say, "Dad passed away" or, "I lost my husband," may be expecting that his father will return or simply needs to be found.

### Give the child choices whenever possible.

Children appreciate having choices as much as adults do. They have opinions and feel valued when allowed to choose. And they don't like to be left out. For example, it is a meaningful and important experience for children to have the opportunity to say goodbye to the person who died in a way that feels right to them. They can be included in the selection of a casket, clothing, flowers and the service itself. Some children may also want to speak or write something to be included in the service or participate in some other way. After a death, having choices allows children to grieve a death in a way that is right for them. Sometimes children in the same family will choose differently. If you are a parent, ask your child what feels right to them. Don't assume that what is effective for one child will be the same for another.

### Talk about and remember the person who died.

One way to remember is simply to talk about the person who died. It's okay to use his/her name and to share what you remember. You might say, "Your dad really liked this song," or "Your mom was the best pie maker I know." Bringing up the name of the person who died is one way to give the child permission to share his or her feelings about the deceased. It reminds the child that it is not "taboo" to talk about the deceased. Sharing a memory has a similar effect. It also reminds the child that the person who died will continue to "live on" and impact the lives of those left behind. Children also like to have keepsakes of the person who died, such as objects which hold an emotional or relational significance.

### The Importance of Truth

Most parents and caregivers would agree that they would prefer that their children not have to deal with the difficult truths that might accompany a death. Quite often we avoid words like "dead" or "die," or we shade over the truth about how a person died in a desire to protect children. Unfortunately, in doing so, we often create other problems. Although it may be challenging to share the truth about how someone died, honest answers build trust, help provide understanding and allow children to feel comfortable approaching us with questions



#### Respect differences in grieving styles

Children often grieve differently from their parents and siblings. Some children want to talk about the death, while others want to be left alone. Some like to stay busy and others withdraw from all activities and stay home. Younger children may be clingy, whereas teens may prefer to spend time on their own or with peers. Recognizing and respecting that each child grieves in his or her own way is essential to the healing process for a family. Listen to children talk about their feelings and watch their behavior, and you will help clarify and affirm these natural differences.

#### Listen without judgment

One of the most helpful and healing things we can do for a child is to listen to his or her experiences without jumping into judge, evaluate or fix. Well-meaning adults often try to comfort a child with phrases such as, “I know just how you feel,” or, worse, advice such as “get over it” or “move on.” While our intentions to soothe a grieving child are correct, using such responses negate the child’s own experiences and feelings. If a child says, “I miss my Dad who died,” simply reflect what you’ve heard, using their words, so they know that they’re being listened to. Use open-ended questions such as “What’s that been like?” or “How is that?”; children are more likely to share their feelings without pressure to respond in a certain way. This is just one way we can validate their experiences and emotions, helping them regain a sense of safety, balance and control.

#### Hold a memorial service and allow for saying goodbye

Allowing children and teens to say goodbye to the person who died is important in beginning the grieving process. A service enables children and teens to see how valued and important the person was to others and know that grieving the loss is okay. Before the service, let children know what is going to happen, who will be there, where and when it takes place, and why it’s important. Children who are prepared with this information can make the choice about attending the funeral. Should they choose not to participate, invite them to create their own commemorative ritual or activity for saying goodbye—planting a flower or tree, holding a candle-lighting ceremony.

#### Take a break

Children grieve in cycles. For example, they may be more inclined to play and divert their focus from the death when the death is recent, and parents are grieving intensely. More than adults, children need time to take a break from grief. It is important to know that it’s okay to take a break. Having fun or laughing is not disrespectful to the person who died; this is a vital part of grieving, too.

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Written by Tareva Byrd

## Grief: What is it and how can parents help?

### What is grief?

Grief is not exclusively caused by the death of a loved one. It can also be caused by other types of loss—like moving, transition, or divorce. Although grief typically presents as sadness and emotionality in adults, children may react to grief differently amongst different age and developmental levels (See table below). Grief can also be unique within the bounds of culture, religion, mental health, and family dynamics.

<b>GRIEF REACTIONS COMMONLY EXPERIENCED BY DIFFERENT AGES</b>		
<u>Pre-school</u>	<u>Elementary</u>	<u>Middle/High School</u>
Regressive behaviors	Decreased academic performance	Decreased academic performance
Decreased verbalization	Attention difficulties	Attention difficulties
Increased anxiety	Irritability	Avoidance
	Aggression	Withdrawal
	Disruptive behavior	Difficulties with peer relations
	Somatic symptoms	Nightmares
	Social withdrawal	Flashbacks
	Repeated re-telling of the event	Emotional numbing
	Sleep/eating disturbances	Depression
	Anxiety	
	Guilt	

### “They’re young, do they really understand?”

Grief is a normal response to loss, regardless of age or understand. Even toddlers and young children are affected by changes in their environment. Whether it be due to a parental separation or loss of a loved one, children will need to adjust to the environmental changes that come with these events. The loss of a consistent presence (i.e. death of a loved one or changes to living/custody arrangements) requires adjusting to an altered environment and the perceived changes in family function.

### “What can I do to support my child?”

<u>Things to Do</u>	<u>Things to Avoid</u>
<ul style="list-style-type: none"> <li>• Maintain routines, to the extent possible</li> <li>• Ask questions to determine emotional state and understanding</li> <li>• Let the child know it is normal to grieve</li> </ul>	<ul style="list-style-type: none"> <li>• Minimizing statements—“it was just your dog”</li> <li>• Predict a timeframe of grief—“it has been ____ days/weeks, you should be over this.”</li> </ul>

<ul style="list-style-type: none"><li>• Provide age-appropriate answers to questions</li><li>• Teach positive coping strategies</li><li>• Inform your child’s teacher, so that they can be aware and monitor your child</li></ul>	
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**“How do I talk to my child about grief?”**

There is an abundance of resources available for talking to children of all ages about death, grief, divorce, moving, or any circumstance that causes them to grieve.

Sesame Street—for preschoolers and young children, the Sesame Street website has various tool kits to utilize with children. Tool kits are on a variety of subjects, but include grief, divorce, incarceration, and military families. These toolkits can be located at: <https://www.sesamestreet.org/toolkits>

The Dougy Center-- The Dougy Center specializes in the grieving of children and families. They provide resources specific to children, teens, young adults, and adults. These resources can be accessed here: <https://www.dougy.org/grief-resources/help-for-kids/>

Teachers Pay Teachers—Along with an abundance of educational resources for teachers, parents, and students, TPT has multiple activities for grief, loss, divorce, etc. Some of these activities can be downloaded for FREE! To see the variety of resources provided by TPT, you can go here: <https://www.teacherspayteachers.com/>

References

Fernandez, B., Comerchero, V. A., Brown, J. A., & Woahn, C. (2015). Addressing Grief. Retrieved May 24, 2020, from <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/mental-health-resources/addressing-grief>

NASP School Safety and Crisis Response Committee. (2015). *When grief and loss hits close to home: Tips for caregivers*. Bethesda, MD: National Association of School Psychologists. Bethesda, MD: National Association of School Psychologists.

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Written by Kaitlyn Bevan

## Helping Students Cope With Stress And Grief From COVID-19

### Introduction:

We understand that this is a challenging time for people and families across the globe. Families are learning to adapt to a strange new normal. Schools, nonessential businesses and public gathering places being closed poses numerous stressors on parents and families. Many parents and students like a big part of their lives has suddenly been put on hold the foreseeable future. At a time when graduation, prom, school plays, sporting events and many other important events were just on the horizon, it is understandable that this can be a major source of stress and grief for many. This pamphlet talks about how to alleviate some of these stressors and support and talk to your children in a comforting way that gives them a sense of control.



feel  
for  
time

### *Communicating and Being There for Your Child*

Depending on the age of your child, they may be grieving or stressed for different reasons. Younger children may be more scared and not fully understand the situation. Adolescents may be grieving the loss of their friends, social life and meaningful school events such as prom and graduation. It is a difficult transition for everyone but for some more than others.

Here are some tips for comforting and supporting your child...

**Be a role model.** Children will react to and follow your reactions. They learn from your example.

**Seek comfort.** Accept grief support from others and seek out if the need arises. It is human to do so.

**Don't be afraid to cry.** Crying is therapeutic and a cleansing release.

### **Be Honest and Accurate**

- Correct misinformation. Children often imagine situations worse than reality; therefore, offering developmentally appropriate facts can reduce fears.
- Explain simple safety steps. Tell your child this disease spreads between people who are in close contact with one another, when an infected person coughs or sneezes, or when one touches infected objects or surfaces.
- Stay up-to-date on the facts. Go to <https://www.cdc.gov/coronavirus/2019-ncov/index.html> for additional factual information.

**Let your children's questions guide you.** Answer their questions truthfully, but don't offer unnecessary details or facts. Don't avoid giving them the information that experts indicate as crucial to your children's well-being. Often, children and youth do not talk about their concerns because they are confused or don't want to worry loved ones. Younger children absorb scary information in waves. They ask questions, listen, play, and then repeat the cycle. Children always feel empowered if they can control some aspects of their life. A sense of control reduces fear. Offer lots of love and affection.

**Focus on the positive.** Celebrate having more time to spend as a family. Make it as fun as possible. Do family projects. Organize belongings, create masterpieces. Sing, laugh, and go outside, if possible, to connect with nature and get needed exercise. Allow older children to connect with their friends virtually.

- It's also important to stress to your children that life WILL return to its normal state eventually and that this is not a forever situation. If your child is sad about missing a certain event during this time, think of some ways you could make up for that missed event either now or in the future

**Staying Connected to School.** Helping your kids stay connected to school is one of the best things you can do to keep some normalcy and reduce the grief of a big part of their lives stopping unexpectedly in their lives. Older kids might be able to independently navigate and make the transition to online learning, but younger kids might need extra help and supervision.

- *Locate learning resources.* Schools' capacity to conduct virtual learning experiences will vary greatly, but most schools are providing lessons and learning activities for children to do. Take advantage of the many companies and online platforms currently offering free learning opportunities.
- *Identify additional resources.* Know if your school or district is providing additional resources, such meals, or technology, such as a laptop or tablet.
- *Stay in touch.* Find out how the school is communicating with families and students. Be sure to read any communications you receive. Check with you children, particularly older ones, as they may be receiving information directly that would be helpful for you to know.
- *Connect with school staff.* Reach out to your child's teacher and other relevant school staff if you have concerns about their coping and keeping up with assignments or activities.

### ***Mindfulness Strategies***

- Being mindful means to take time to focus on the present, be intentional and thoughtful about where you are and how you are feeling and try to center your thoughts and be in the moment. The simple practice of bringing a gentle, accepting attitude to the present moment, and can help relieve stress and promote happiness. Mindfulness can be achieved in numerous ways but here are a few:

#### **Mindful Breathing**

- Mindfulness increases the more you practice it, and one easy technique is breathing

You can practice this on your own, but research recommends 15 minutes daily

<https://ggia.berkeley.edu> is a site that describes various Science-based practices to achieve a meaningful life and has a tutorial for the breathing exercise

#### **Self-Care Plan**

-Helps you to identify activities and practices that support your wellbeing as a parent/student and help you to sustain positive self-care

-Choose different categories of self-care such as Physical, Psychological, Emotional etc. and write down tangible ways you are going to try to achieve a sort of normality and well-being for each one

#### **Head Space**

-Mindfulness app and numerous programs and activities for stress relief, meditation, healthy living, sleep, and movement

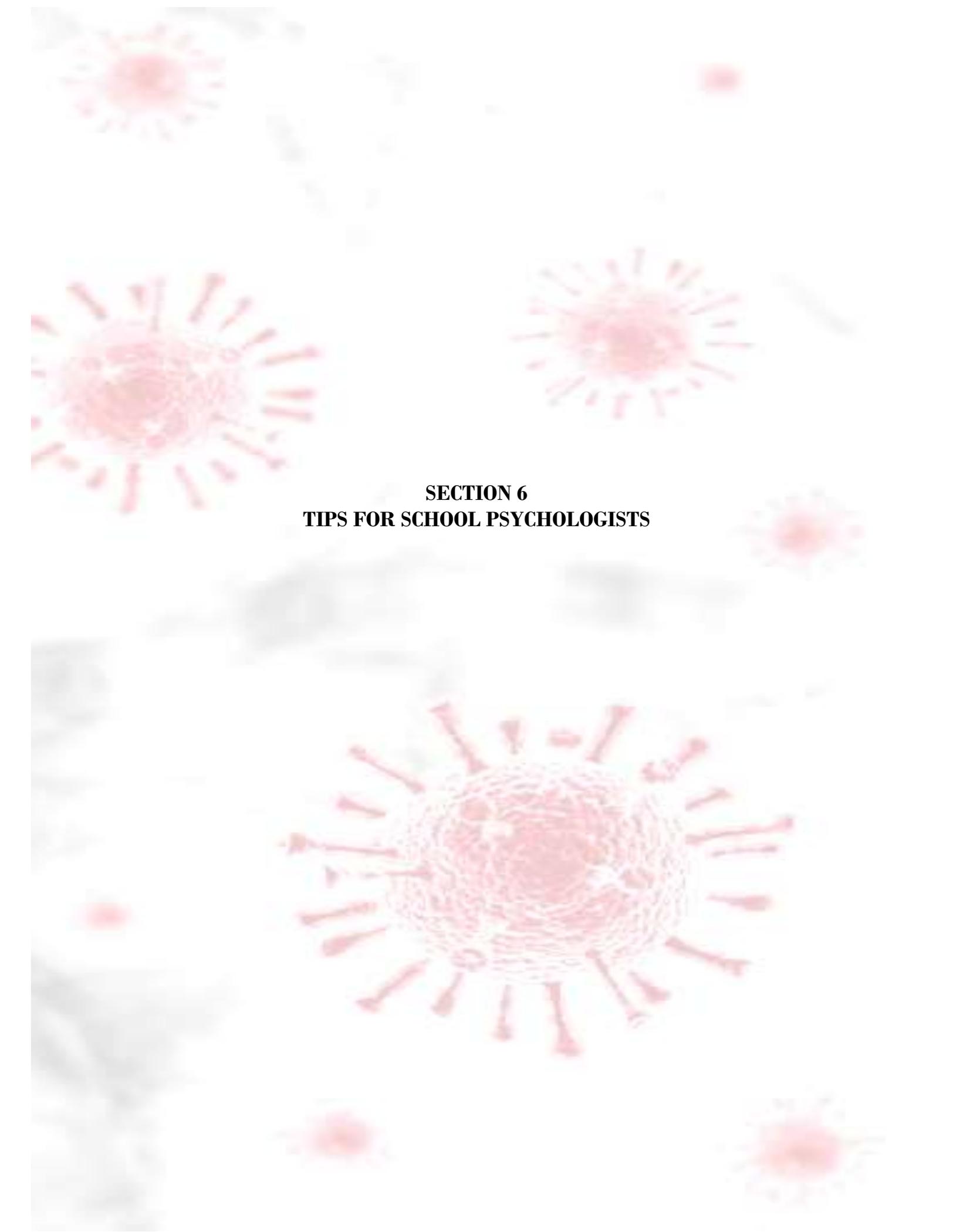
-Usually requires a subscription cost but is currently free to interested users

Resources:

<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/health-crisis-resources/helping-children-cope-with-changes-resulting-from-covid-19>

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Written by Alexandra Hackney



**SECTION 6**  
**TIPS FOR SCHOOL PSYCHOLOGISTS**

# SCHOOL PSYCHOLOGISTS CAN...

## BE SAFE...

- Practice social distancing
- Maintain a clean home and workspace
- Sanitize test kits and materials

## BE CONNECTED...

- Talk to at least one friend or family member each day
- Go for a walk around your neighborhood
- Pop-into online sessions with students and colleagues

## BE A RESOURCE...

- Answer questions from colleagues
- Provide resources for colleagues—mindfulness, breathe exercises, etc.
- Create a classroom webpage / handout for parents and students who may be struggling
- Create meetings / webpages for the group sessions you were holding in the school

## BE YOU!!!

- Stick to a routine, to the extent possible
- Get enough sleep and eat healthy
- Engage in mindfulness activities
- CONTINUE favorite hobbies or start a NEW one (reading, running, knitting, painting, biking, cooking, hiking, jigsaw puzzles, snuggle with your pets, spend time with your children)

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Written by Kaitlyn Bevan



- **Enjoy the outdoors.**
  - Many psychologists typically work in the confines of their office, this time is perfect for getting outside and enjoying the beautiful weather. Fresh air and sunlight are a mind and soul booster. Take the work outside on a deck or patio, go for a walk, have lunch/breakfast picnic style, etc.
- **Create a supportive work climate that promotes wellness for you and your colleagues.**
  - As part of the mental health professionals in your school or district people may come to you for advice or consultation during this COVID-19 crisis. It's important to help others when and where you can, if you have the resources too. School Psychologists often involve themselves in this field because of one main factor... they want to help. Try setting up things like weekly wellness rituals (desk yoga, mindfulness exercises, etc.), maintaining a sense of humor, reframe mundane work tasks (virtual "coffee breaks" instead of meetings), and so many more.
- **Find perspective.**
  - Get back to the fundamental meaning of life, find the joy in your daily life. Keep yourself up to date with the news coverage that you deem essential in order to function and do your job, otherwise it's just adding to your stress load. Enjoy this time... watch a funny video, binge that show you have been dying to see, FaceTime with family (near and far), or try a new recipe. Whatever it is, make sure to do one thing that makes you happy for yourself every day.
- **Most of all, remember you are not alone!**

-This handout is based off the article, School Psychology in the Time of COVID-19: Voices From the Field from the June 2020 issue of the NASP

Reference: Lazarus. P., & Sulkowski, M. (2020). School Psychology in the Time of COVID-19: Voices From the Field. *Communique*, 48 (8), 1, 23-25.

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Written by Kelly Freund

## Considerations for School Psychologists During COVID-19

For many teachers, counselors, School Psychologists and other school staff, our roles have greatly changed since the pandemic occurred. Most districts have gone virtual in some shape or form, and we've had to adapt and do the best by our students. As no School Psychologists are testing right now, our expertise in many other areas can be utilized. This handout will talk about our roles currently and ideas and considerations for when we go back to school.



### What School Psychologists Can Do Now

- Try to contact students and parents whose students have not been turning in assignments/participating in class meetings
- Try to problem solve possible barriers that may be preventing them from doing this
- Contact and check in on students who struggle with mental illness/have undergone any recent trauma
- Counsel/ and speak with struggling students
- Support and listen to teachers and other school staff with the difficulties they're experiencing
- Use free time to read a book that will help you in your practice
- Share documents regarding how parents should speak with their kids about COVID-19

### What School Psychologists Should Consider When Going Back

- Share documents with families on how to prepare students for going back to school and how it may look different
- Sanitize office, tables and anything that is touched frequently (including testing materials)
- Possibly avoid using the I-pad to test children and switch to the manual as it requires less touching
- Identify, assess and provide counseling to the students who might have gone through possible trauma during quarantine
- Work as a consultant in preparing your school to effectively identify the best ways to reach student and parents with important information (etc. email, Facebook, voicemail)
- Work with school staff to detail a plan for if a person in the school has been infected with COVID-19 and may have exposed other people
- Create various handouts such as one for teaching students how to properly wash their hands

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Written by Alexandra Hackney

## School Psychologists and COVID-19 A Simplified Resource Guide

As we continue to face the challenges related to school closures and distance learning, for many school psychologists their role in the virtual school settings has likely shifted or changed drastically. While some may be focused on emotional support, others may be tasked with consultation work, or working directly with families. This guide will help direct you to various COVID-19 specific resources for school psychologists.

### *Virtual Service Delivery & Returning to School*

NASP: <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/special-education-resources/telehealth-virtual-service-delivery-updated-recommendations>

- Updated recommendations regarding telehealth services specific to school psychologists

Common Sense Education: <https://www.common sense.org/education/teaching-strategies/power-up-your-parent-teacher-communication>

- Guide for improving and fostering better parent-teacher-school communication
- Includes reviews of apps that can be useful for boosting parent-teacher-school communication

ASPP: [https://www.aspponline.org/docs/ASPP\\_Guidance\\_School\\_Psychologists\\_Role\\_in\\_the\\_Return\\_to\\_School\\_Post\\_COVID-19\\_Final.docx.pdf](https://www.aspponline.org/docs/ASPP_Guidance_School_Psychologists_Role_in_the_Return_to_School_Post_COVID-19_Final.docx.pdf)

- Resource guide for the role of school psychologists post COVID-19

### *Social Emotional Learning Resources*

Greater Good in Education: <https://ggie.berkeley.edu/practices/>

- Free SEL activities such as SEL Kernels and Brain Games
- Mindfulness, Positive School Community and Adult SEL resources as well

Transforming Education SEL Toolkit: <https://www.transformingeducation.org/trauma-informed-sel-toolkit/>

- Free professional development with training in trauma informed SEL practices
- Other free SEL toolkits and resources available on their website

### *For School Psychologists by School Psychologists*

School Psyched Podcast: <https://schoolpsychedpodcast.wordpress.com/>

- A podcast hosted by a school psychologist which covers a variety of education topics, guest interviews, stories, and most recently COVID-19 resources and discussions

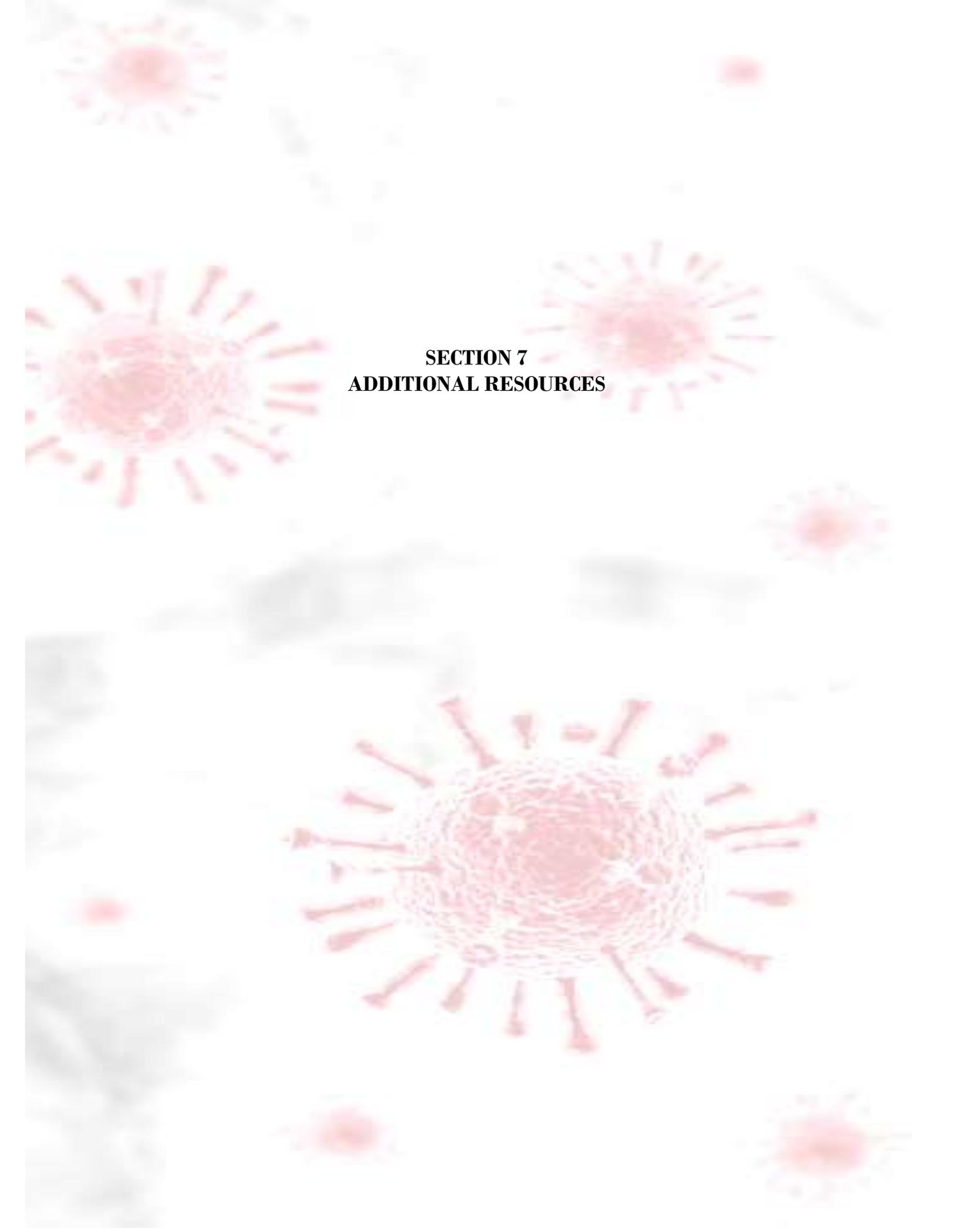
The Calming Corner: <http://www.thecalmscorner.com/>

- A blog written by a Connecticut school psychologist, featuring tips, stories, and advice for distance learning and counseling

The Thriving School Psychologist: <https://www.thrivingschoolpsych.com/blog/>

- A popular website run by Dr. Rebecca Branstetter with access to free trainings and resources for school psychologists, as well as a regularly updated blog that covers current topics in the field including COVID-19.

Written by: Keri Blood



**SECTION 7**  
**ADDITIONAL RESOURCES**

## EQUITY RESOURCES

*Terri A. Erbacher, PhD  
Philadelphia College of Osteopathic Medicine*

### **National Association of School Psychologists**

[NASP Calls for Action to End Racism and Violence Against People of Color](#)

[Countering Coronavirus Stigma and Racism: Tips for Teachers and Other Educators](#)

[Countering Coronavirus Stigma and Racism: Tips for Parents and Caregivers](#)

### **Anti-Racism Resources (List of books, articles, podcasts, movie/film, and social media to follow)**

[bit.ly/ANTIRACISMRESOURCES](https://bit.ly/ANTIRACISMRESOURCES)

### **How to talk to Children**

[How to Talk to Kids about Race and Racism: Parent Toolkit](#)

[Talking to Children after Racial Incidents](#)

[Say Their Names: A toolkit for schools to foster productive conversations about race and civil disobedience](#)

[A Three part series on Raising Anti-Racist White Children](#)

[National Museum of African American History creates Talking about Race web portal](#)

[USA Today: George Floyd. Ahmaud Arbery. Breonna Taylor. What do we tell our children?](#)

[NPR: How White Parents Can Talk about Race](#)

[National Geographic: Talking to Kids about Race](#)

[NPR: Talking Race with Young Children](#)

[CNN: How to talk to your Children about Protests](#)

[Teen Vogue: How to Cope with Race-Based Trauma](#)

[Helping Children Cope with Frightening News](#)

[Explaining the News to our Kids](#)

[Table Talk: Family Conversations about Current Events](#)

[Sesame Street: Caring for Each Other](#)

[Why Teaching Black Lives Matter Matters](#)

**nickelodeon** IS GOING OFF THE AIR  
FOR 8 MINUTES AND 46 SECONDS IN  
SUPPORT OF JUSTICE, EQUALITY, AND  
HUMAN RIGHTS.

#### **nickelodeon** DECLARATION OF KIDS' RIGHTS

You have the right to be seen, heard,  
and respected as a citizen of the world.

You have the right to a world that is  
peaceful.

You have the right to be treated with  
equality, regardless of the color of  
your skin.

You have the right to be protected  
from harm, injustice, and hatred.

You have the right to an education that  
prepares you to run the world.

You have the right to your opinions  
and feelings, even if others don't  
agree with them.

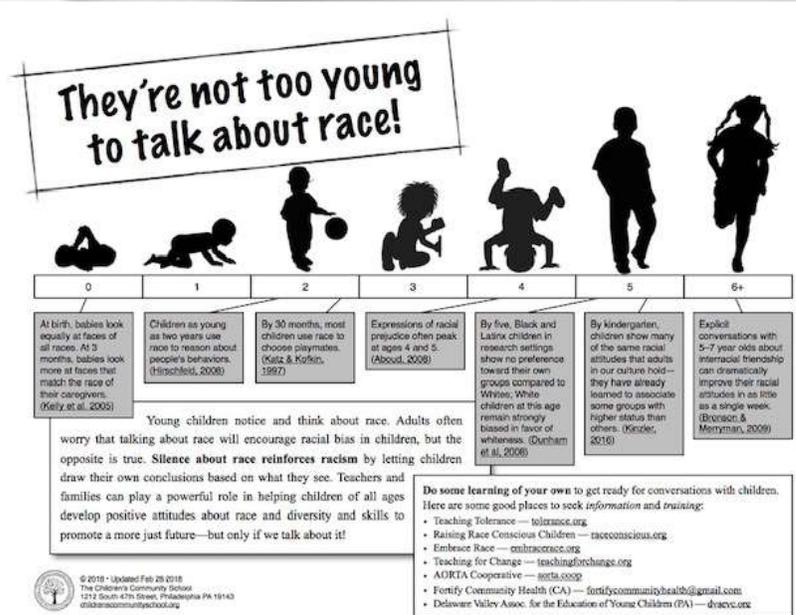
## Books on Racism for Young Children

Peaceful Fights for Equal Rights  
 Say Something!  
 I can change the World  
 Was the Cat in the Hat Black?  
 Racism and Intolerance  
 The Skin I'm in: A First Look at Racism  
 Antiracist Baby  
 The Skin You Live In  
 Not My Idea: A Book about Whiteness  
 Let's Talk about Race  
 All are Welcome  
 Skin Like Mine  
 I am Human: A Book of Empathy

Mixed: A Colorful Story  
 An ABC of Equality  
 Where are you From?  
 A is for Activist  
 Mixed Me!  
 Woke Baby  
 We are the Change: Words of Inspiration from Civil Rights Leaders  
 Sesame Street: We're Different, We're the Same  
 Same, Same but Different  
[Social Story ONLINE: We All have Different Shades](#)

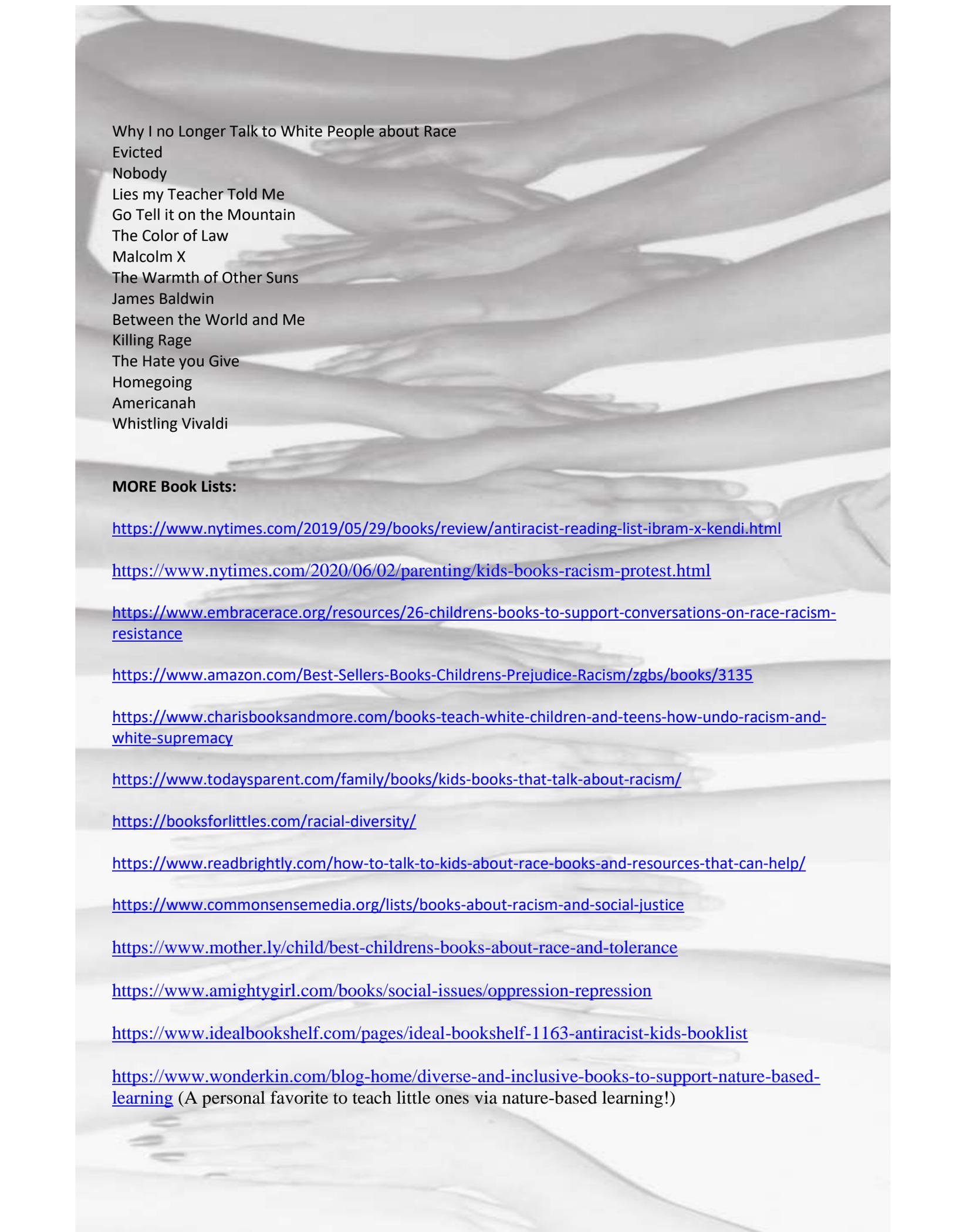
## Books for Grades K-5

Something Happened in our Town: A Child's Story about Social Injustice  
 The Undeclared  
 Not my Idea  
 I am Every Good Thing  
 Stamped  
 Ghost Boys  
 Can I Touch Your Hair?  
 A Good Kind of Trouble  
 This Book is Anti-Racist



## Books for Older Children/Adults

Just Mercy  
 White Fragility  
 Becoming  
 So You Want to Talk about Race  
 Dear Martin  
 White Awake  
 Stamped from the Beginning  
 Dying of Whiteness  
 Beloved  
 Why are All the Black Kids Sitting Together in the Cafeteria?  
 The New Jim Crow  
 A People's History of the United States  
 The Burning House  
 The Condemnation of Blackness  
 How to be an Antiracist



Why I no Longer Talk to White People about Race

Evicted

Nobody

Lies my Teacher Told Me

Go Tell it on the Mountain

The Color of Law

Malcolm X

The Warmth of Other Suns

James Baldwin

Between the World and Me

Killing Rage

The Hate you Give

Homegoing

Americanah

Whistling Vivaldi

#### **MORE Book Lists:**

<https://www.nytimes.com/2019/05/29/books/review/antiracist-reading-list-ibram-x-kendi.html>

<https://www.nytimes.com/2020/06/02/parenting/kids-books-racism-protest.html>

<https://www.embracerace.org/resources/26-childrens-books-to-support-conversations-on-race-racism-resistance>

<https://www.amazon.com/Best-Sellers-Books-Childrens-Prejudice-Racism/zgbs/books/3135>

<https://www.charisbooksandmore.com/books-teach-white-children-and-teens-how-undo-racism-and-white-supremacy>

<https://www.todayparent.com/family/books/kids-books-that-talk-about-racism/>

<https://booksforlittles.com/racial-diversity/>

<https://www.readbrightly.com/how-to-talk-to-kids-about-race-books-and-resources-that-can-help/>

<https://www.commonensemedia.org/lists/books-about-racism-and-social-justice>

<https://www.mother.ly/child/best-childrens-books-about-race-and-tolerance>

<https://www.amightygirl.com/books/social-issues/oppression-repression>

<https://www.idealbookshelf.com/pages/ideal-bookshelf-1163-antiracist-kids-booklist>

<https://www.wonderkin.com/blog-home/diverse-and-inclusive-books-to-support-nature-based-learning> (A personal favorite to teach little ones via nature-based learning!)

Dear Testing Psychologists,

We've talked about the potential effects of quarantine & COVID-19 related anxiety and other symptoms on psychological or neuropsychological testing results, and we've included them in our limitations section of our reports.

However, I am hoping that you are also having conversations about the effects of racism, particularly racial and generational trauma and anxiety triggered by recent murders and violence against Black & Brown communities, on testing results. Moreover, I hope these limitations are noted in your reports when testing Black/Brown individuals.

Your colleagues and patients of color are not okay.

@Dr.SandraGray

Also READ:

[Article: Conducting Psychoeducational Assessments During the COVID19 Crisis: The Danger of Good Intentions \(Open Source\)](#)

*Terri A. Erbacher, PhD,  
Philadelphia College of Osteopathic Medicine*

## **COVID-19 RESOURCES**

*Terri A. Erbacher, PhD, Philadelphia College of Osteopathic Medicine*

### **Resources for Educators & School Crisis Teams**

[PDE: Preliminary Guidance on Phased Reopening of Schools](#)

[NASP & ASCA: School Re-Entry Considerations: SEL & Mental Health Amidst COVID-19](#)

[CDC: Considerations for Schools](#)

[CASEL: Leveraging SEL as you Prepare to Reopen and Renew](#)

[Stress and the Brain \(with school activities\)](#)

[A Plan to Safely Reopen America's Schools](#)

[American Academy Pediatrics for Return to School](#)

[Maryland's Recovery Plan: COVID19 Response and the Plan Forward](#)

[Trauma Training Toolkit](#)

[PBIS Getting Back to School after Disruptions: Resources for Making Your School Year Safer, More Predictable, and More Positive](#)

[NASP: COVID19 Brief Action Steps for School Crisis Teams](#)

[NASP: Care for Caregivers & Tips for Educators](#)

[NASP: Responding to Death in the COVID19 Context](#)

[NASP: Coping with COVID19 & Care for Caregivers](#)

[NASP Preparing for a Pandemic: Guidelines for School Administrators & Crisis Teams](#)

[NASP: Addressing Grief](#)

[NASP: Supporting LGBTQ Youth during COVID19](#)

[NASP: Caring for Caregivers: Tips for Teachers](#)

[NASP: Returning to School and Academic Considerations](#)

[Yale Center for Emotional: Learning RULER approach to SEL](#)

[ACES: Toxic Stress Color Wheel for Schools](#)

[NPR: What it Might Look Like to Safely Reopen Schools](#)

[5 Concrete Ideas for Helping students Catch Up Upon Returning to School](#)

[Supporting Grieving Children and Teens during the COVID19 National Health Crisis](#)

### **Resources for School Psychologists**

[ASPP Guidance for the Role of School Psychologists in the Post-COVID19 Return to School](#)

[NASP Action Steps for School Crisis Response Teams](#)

[NASP Strengthening Positive Parenting Practices During a Public Health Crisis](#)

[Guidance for Teachers and School Mental Health Professionals during COVID19](#)

[NASP Considerations for Academic Screening upon the Return to School](#)

[NASP Guidance for IDEA Service Delivery for School Psychologists during COVID19](#)

[ASPP Self Care for School Psychologists](#)

[NASP Self Care for School Psychologists](#)

### **Resources for Parents**

[10 ways parents can bring social emotional learning home](#)

[Talking to and Supporting Children during the COVID19 Pandemic](#)

[NCTSN Parent/Caregiver Guide to Helping Families Cope with Coronavirus](#)

[Social Emotional Learning](#)

[Talking to Kids about COVID19](#)

[Keeping Calm and Providing Supportive Parenting During COVID19](#)

[Coping Skills Toolbox](#)

[NASP Care for the Caregiver: Tips for Parents](#)

[CDC Handwashing Tips](#)

[NASP Helping Children Cope with Changes Resulting from COVID19](#)

[NASP Care for Caregivers: Tips for Families](#)

[National Alliance for Grieving Children and COVID19](#)

[Let's Talk about COVID19](#)

### **Social Stories for Children**

Coronavirus: A Book for Children: <https://nosycrow.com/wp-content/uploads/2020/04/Coronavirus-A-Book-for-Children.pdf>

Hello! My name is Coronavirus (Available in multiple languages) [https://660919d3-b85b-43c3-a3ad-3de6a9d37099.filesusr.com/ugd/64c685\\_0a595408de2e4bfcfbf1539dcf6ba4b89.pdf](https://660919d3-b85b-43c3-a3ad-3de6a9d37099.filesusr.com/ugd/64c685_0a595408de2e4bfcfbf1539dcf6ba4b89.pdf)

School is Closed: <https://www.andnextcomesl.com/2020/03/free-printable-school-is-closed-social-story.html>

Handwashing: <https://www.andnextcomesl.com/2020/03/free-printable-handwashing-social-story.html>

What is the Coronavirus? <https://littlepuddins.ie/wp-content/uploads/2020/03/The-Corona-Virus-Free-Printable-Updated-2-The-Autism-Educator-.pdf>

We Wear Masks: <https://www.teacherspayteachers.com/Product/We-Wear-Masks-Coronavirus-Social-Story-about-Wearing-a-Mask-5425981>

We Wear Masks (animated): [https://www.youtube.com/watch?v=lnP-uMn6q\\_U](https://www.youtube.com/watch?v=lnP-uMn6q_U)

I can Wear a Mask: <https://www.autism.org/wp-content/uploads/2020/04/I-can-wear-a-mask-1-1.pdf>

My Coronavirus Story: [https://qrcgcustomers.s3-eu-west-1.amazonaws.com/account4876975/6552153\\_1.pdf?0.85841887098649](https://qrcgcustomers.s3-eu-west-1.amazonaws.com/account4876975/6552153_1.pdf?0.85841887098649)

My Coronavirus Story (animated): [https://www.youtube.com/watch?v=SB\\_s3KnVdv8](https://www.youtube.com/watch?v=SB_s3KnVdv8)

Just for Kids: A Comic about Coronavirus:  
<https://www.npr.org/sections/goatsandsoda/2020/02/28/809580453/just-for-kids-a-comic-exploring-the-new-coronavirus>

When We All Come Together Again: <https://consciousdiscipline.s3.amazonaws.com/Free-Resources/Printable-Posters-Tools-Activities/FREE-Printable-When-We-All-Come-Together-Again-A-Printable-Story.pdf>

THANK YOU!

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WE HOPED THIS TOOLKIT  
HELPED YOU AND YOUR  
STUDENTS!

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FOR QUESTIONS OR  
INFORMATION CONTACT

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