Trauma-Informed Leadership

Guidelines for Re-Entry into the School Setting During the Pandemic:

Managing the Social-Emotional and Traumatic Impact
SCHOOL VERSION

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**MAY
2020**

**NORTH AMERICAN CENTER™
FOR THREAT ASSESSMENT
AND TRAUMA RESPONSE**

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INTRODUCTION

These guidelines are provided by the authors as a resource for school district leaders, school administrators and community professionals who work with and support students and their families. They provide recommendations for thoughtful trauma-informed planning to prepare for re-entry back into the school setting during the pandemic. The guidelines are meant to enhance the already existing expertise of professionals for the purpose of streamlining strategic collaboration with multi-disciplinary community partners as part of a whole-community response to the pandemic. If applied, they will guide the assessment of the impact of the pandemic on the social-emotional and traumatic effects on students, staff, and their families.   Based on those assessments, the guidelines will help school administration and their teams facilitate data-driven interventions for a more successful return to school.

Students and staff returning to school do so with a varying range of emotions; fear for some, and the weight of uncertainty for most due to the unseen force of a virus so powerful, we were told to "hide in our homes" to avoid it. However, unlike most other traumatic experiences where we are supporting schools in the aftermath of a single tragedy, COVID-19 is a protracted world-wide traumatic event. An event that in all likelihood, will still be occurring during re-entry to schools. Yet, what makes that fact more manageable is that schools are not "traumatic stimuli". Meaning, schools were closed to protect students and staff from harm and not because they *were* harmed. Whereas, reclaiming a school where a terrible tragedy occurred within its walls is more complex then re-entering a school we have been temporarily disconnected from for our own protection.

We understand that educational leaders and other disciplines are preparing for the return of our children and youth to the more regular educational setting. They are not without insight into the complexities they are going to be experiencing. Prior to the pandemic, every educational system had already experienced the pain of grief and loss of those important to them. Others have experienced high-profile traumatic grief, while the world has watched, because of harm caused them at the hands of another. Yet schools have always maneuvered their way through, and they will this time also. This is not the first pandemic the world has experienced. All previous generations who have lived our experience have moved forward without the technological support *and* the enhanced scientific and psychosocial

understanding of the impact of grief, loss and trauma on individuals and human systems (families, schools, communities, countries). Those previous generations managed well enough that we are all still here—but nevertheless, knowledge is power, and the more we know, the stronger our outcomes will be than in times past.

> ***About these Guidelines****: The information contained within this document was written for professionals trained in the Violence Threat Risk Assessment (VTRA™) and/or Traumatic Event Systems (TES™) Models. However, because of a worldwide pandemic they are also intended for general distribution and use by any multidisciplinary team that includes school administration, psychology, social work, child protection, police, probation, health and others for use as part of a collaborative endeavor to engage in data-driven assessments for data-driven interventions.*

CONTEXT

Government Health Departments have assumed necessary leadership regarding the management of the COVID-19 virus and schools have defaulted to their expertise. However, the emotional and trauma-generated symptoms require all disciplines engaged in the helping professions to combine their expertise, including education. The "Traumatic Event Systems (TES™) Model" and the "Crisis and Trauma-Response Continuum" denotes that during any traumatic event individuals will experience a range of responses from no impact (they are doing fine) to acute symptom development, chronic symptom development, delayed reaction, complete repression to overt traumatization. Failure to understand this reaction range has resulted in many individuals referring to any form of distress as "trauma". Even among some professionals, one of the most misused and misunderstood words is trauma. The National Child Traumatic Stress Network (NCTSN) provides a succinct definition of child trauma that is generalizable to adults as well:

> "Children who suffer from child traumatic stress are those who have been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives after the events have ended."

> "When a child feels intensely threatened by an event he or she is involved in or witnesses, we call that event a trauma. There is a range of traumatic events or trauma types to which children and adolescents can be exposed."

> "Some groups of children and families are disproportionately represented among those experiencing trauma." https://www.nctsn.org/what-is-child-trauma

Trauma is stored in the body and the brain at the cellular level. That means that while a human organism may try to psychologically *deny* the impact of traumatic exposure and encoding, the body may (and often does) manifest symptoms whether we want it to or not. In general, many students and

staff will not be traumatized but in some schools, they may. The height of traumatization is when the "human organism is placed in such a state of disequilibrium that they are thinking, feeling and doing things they have never done before" months and years after the threat is no longer present.

No two schools are the same. Leadership style (past and present), overall school staff dynamics, parent-school dynamics, demographics and history of trauma prior to the pandemic will all play a major role in what schools will inherit when the doors open again. As such, the Crisis and Trauma Response Continuum will vary from school to school and community to community. Loss of employment, restrictions on the ability to maintain connection with loved ones and the stresses of an impaired **"Closeness-Distance Cycle"** (Click on Image) will add to the impact on some students and their families. Understanding what happened in students' lives from the time between schools closing due to the pandemic and reopening will be critical to determine how school districts/divisions should match "resources to risk" (**See**: Practical Application: beginning P.g. 13) While traumatization will vary in frequency and intensity throughout the Continent, the impact of grief and loss will be more pervasive. However, loss, grief, and trauma are not the same.

Loss, Grief and Trauma are Not the Same

DEFINING LOSS, GRIEF, AND TRAUMA

- **Non-Death Related Loss** is defined as emotional distress following the realization that an event, experience, or opportunity will not happen or not happen in the way it had been anticipated. This includes human relationships and connection **not** including death. In the school context, this could be missing graduation or not being able to say goodbye to a favorite teacher who was retiring at the end of the year.

- **Emotionally Detached or Complicated Death-Related Loss** is defined as a familial loss or close-connection loss that is not impacting a family member or friend of the deceased in ways **others assumed it would**. The reaction of the family member or friend is viewed as an unnatural grief response by others. When the response is not typical of others' expectations of how loss should be displayed, the result is increased anxiety for all as they try to understand the complicated response. This occurs primarily because the beliefs by others about the relationship between the identified "grieving person" and the deceased are assumptions. A common example that can result in emotionally detached/complex loss is that of a younger sibling abused by an older sibling who is now deceased. Perhaps family and friends were unaware of the abuse and, attuned to the weight of grief on the family, the younger sibling (the victim) keeps the secret—yet

remains not visibly saddened by the loss. To outsiders obscuring, this response will appear incongruent, but if they knew the context, it would seem very congruent indeed.

- **Grief is defined** as "the intense emotional distress we have following a death. Bereavement refers to the state or fact of being bereaved or having lost a loved one by death. Mourning refers to the encompassing family, social, and cultural rituals associated, and the individual and psychological processes associated with bereavement. Thus, when you are bereaved, you feel grief, and mourn in special ways." – NCTSN.

Loss, not associated with death, and grief may both elicit the same powerful emotional responses and necessary processes for recovery. It is essential for professionals to understand the distinction among loss, grief and traumatization because all three could be interacting within the walls of the same school or within the emotional experience of the same person. Some schools are in "hotspot" communities where individuals attached to their school community have died because of the virus. This means that some students and staff may be dealing with the weight of grief. Others may have witnessed a family member dying and encoded the experience as traumatic. Thoughtful consideration, caring and compassion will lay an unshakable foundation for how schools receive students, staff and their families alike.

THE ROLE OF LOCAL AND STATE/PROVINCIAL AND FEDERAL GOVERNMENT

After months of directives from public health authorities, including physical distancing and stay at home orders, we all look forward to some semblance of 'normalcy' in homes, schools, and businesses. However, there is no doubt that the risk of serious illness and the possibility of terminal illness posed by exposure to the COVID-19 virus has changed the daily lives of children and adults across the world.

At the federal and state/provincial level, there will continue to be guidance about how to take action to prevent contagion and to maintain safety of the school/campus and the classroom. But what can we expect when students return to the classroom in regard to their social and emotional well-being? Will they be ready to learn? What percentage of students will be truant or refuse to return to school? Are faculty and staff prepared? Are parents sufficiently reassured to allow their children to return to school buildings? What can we expect from all the constituents and members of the school family and what are the steps we can take to facilitate the best possible outcomes when schools restart?

This is a crisis of enormous proportions and complexity but, due to the disparity of impact, some regions are experiencing social-emotional and traumatic impacts more than others. This disparity means that under-reaction is also an issue we will need to address as some schools (students, staff and their families) may have pronounced polarization between those who feel the government response to the pandemic was completely unnecessary to those who feel we should not be returning school.

COVID-19 is not only a "School Issue". It is an entire "Community Issue". Therefore, the return of many of our citizens to school (students and staff) requires guided multidisciplinary collaboration and the leadership of local, stat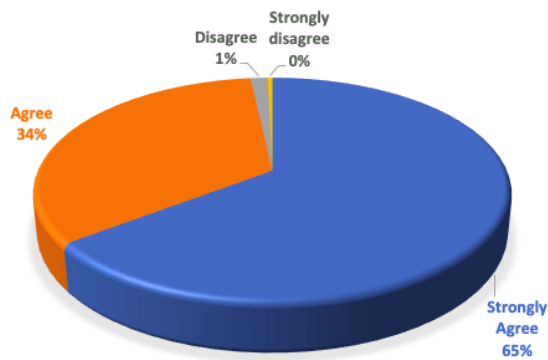e/provincial and federal government departments-especially those who are part of education, health, crisis and trauma response teams as well as those responsible for public safety-including violence and suicide prevention. The strategies around physical distancing are the tangible aspects of re-entry during the pandemic that may lower health official's anxiety but increase that of some students and staff. Therefore, it will be managing the social-emotional and trauma response of some individuals to both the initial school disruption due to the virus, and the impact of those tangible strategies for re-entry. Strategically addressing these two dynamics is what will influence whether a return to school is functional or dysfunctional. First principle of crisis response is "model calmness" which can only be done by the adults on behalf of the students if the plan to return includes being open about the broad human response and how to thoughtfully accommodate it. At a minimum, the agency leaders should include:

- Health
- Education
- Mental Health
- Child Protective Services
- Probation
- Law Enforcement
- Specialists in Domestic/Relational Violence
- (Others)

In order for preparations to be successfully made for re-entry into the more regular school setting, **there should be government directives that reinforce collaboration between agency and department leaders for information sharing related to high-risk assessments and interventions.** This should include macro data collection and micro data collection as defined later in this document. For regions trained in Violence Threat Risk Assessment (VTRA™) with related protocols this should be a streamlined task. For regions also trained in the Traumatic Events Systems (TES™) Model the process should be even more refined.
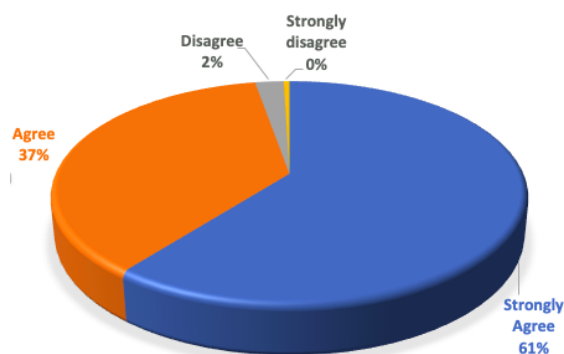

VTRA trained professionals representing over 10,000 cases, emphasized the importance of working in multidisciplinary teams when conducting assessments. When asked, 98% of professionals identified that their most successful assessments occurred when two or more agencies collaborated. *NACTATR© Pre-Publication Research 2020*

Similarly, approximately 99% of professionals surveyed identified that multidisciplinary teams can collect more reliable VTRA data than one can on their own. ***NACTATR*© *Pre-Publication Research 2020***

Across North America, 94% of professionals (>1100), strongly support that "under-reaction" is a dynamic that exists for untrained professionals in VTRA.
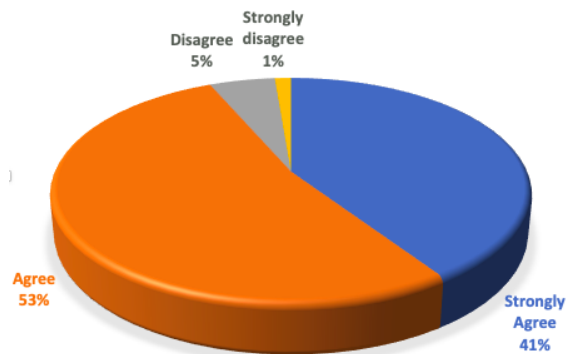
The macro assessment is an overall regional analysis of the geographical area encompassed by the school district/division. Participants should include school district leaders along with leaders from all the above-mentioned departments for the purpose of mapping out what parts (communities) within the school district boundary were impacted by loss, death or trauma. This includes identifying areas where police and child protective "calls for service" increased. De-identified statistics should be shared with VTRA and TES leads to assist with assessing the overall initial impact of:

COVID-19 and quarantining on:

- Deaths
- Illnesses
- Job Loss
- Drug and Alcohol Offences
- Domestic/Relational Violence
- Child Abuse
- Etc.

This mapping process can be visually placed on a district map to assist the multidisciplinary team in developing hypotheses as to what the broader community dynamics may be and to guide further data collection as necessary. This is the macro assessment phase.

Click on Logo for a short Video about Mapping

The micro assessment is where the VTRA and TES leads use the hard data collected in the macro phase to focus on which schools will most likely require targeted supports for successful re-entry. In VTRA and TES protocol regions the leads will already know many of

the specifics as to what families and children have been affected because identifying information would have already been shared as part of a Stage One VTRA or a Crisis/Trauma Response. In these cases, school officials and their government agency/department leaders simply need to strategically assign a team member to follow-up with the student and family as to current functioning and follow-through with interventions prior to re-entry.

Note: For those departments and agencies maneuvering through the "re-entry preparation process" without VTRA and TES protocols, these guidelines are still relevant especially considering the unprecedented nature of the pandemic on our generation and the latitude granted professionals to more openly share information and collaborate because of this world-wide public health crisis. When time allows all professionals and agencies should seek out specific training related to these practices.

OVERVIEW FOR RE-STARTING SCHOOLS

This section of the guidelines is not meant to be comprehensive or definitive but a place where schools and districts can begin thinking about how they wish to proceed.

Restarting Schools will require gathering data before a plan is established, for example:

1) Determining the rate of 'in seat' student participation in online classes.
2) Assessing the impact of and exposure to the pandemic on students and their families via surveys or questionnaires.
3) Assessing the readiness of faculty and staff to resume in person classes.
4) Crafting and communicating outreach efforts to students, parents, faculty and staff.
5) Sharing your mission, vision and goals for the beginning of school.

The steps taken to restart schools will not be a 'one and done' approach. Educators must confront the possibility that there may be long term and fundamental changes that schools will have to face in the future should a second wave of infection occur, or if the virus mutates, posing new threats to health and safety. Schools are anchor institutions in the community but to survive and thrive, they must be flexible and open to making changes in order to achieve the goal of preparing students for a fulfilling life of work and positive relationships as lifelong learners.

The four phases below are designed to help reopen schools, and in some cases slowly, while preventing new outbreaks that could lead to another shutdown. There are no timetables attached; rather, public health officials will use benchmarks to advise school districts around minimum requirements for health and safety.

Schools should also consider how to:

1) Expand student attendance and participation in learning.
2) Develop innovations in delivering education making it more sustainable in the classroom or online.
3) Strengthen commitments to and implementation of core policies.
4) Deepen public partnerships.

FIVE STAGE PROCESS FOR RE-ENTRY

Stage 1: Safety and building preparedness before students and teachers return.

Goal: Making school as safe as possible for students, faculty and staff
a) Working on modifications to the physical setting and daily schedules such as plans to stagger timing of classroom transitions and other changes to the classroom, campus and playground/athletic fields to maximize social distancing.
b) Outlining early safety guidelines and procedures; Prepare safety guidelines and expectations of behavior for all constituents (students, faculty, staff – including education aides, clerical, custodial, cafeteria, etc.,), e.g., twice daily use of disinfectants to clean surfaces; required use of hand sanitizers before entering a classroom; limiting entry of adults not employed by the school, making use of PPE.
c) Communicate - how you managed safety and health before the pandemic, what actions you've taken since that time and what you will do if there are new challenges.

Stage 2: Scheduling Teacher, Faculty and Staff Only Days.

Organize Group Alike and All School Meetings Giving Every Adult time to meet and talk together: (Use of Psychological First Aid for Adults During the Pandemic: (**See** P.g. 37).

Goals: Creating opportunities for each group to identify ways in which COVID-19 has changed their lives, jobs, work to reach consensus within each group on 3 to 4 new ways or modifications of essential tasks;

Some of the issues which may need to be addressed are:

- The state or district required modifications to school programs and child care.
- An expanded sick leave so school employees can stay at home when sick.
- Summer programs and an earlier start to the next academic year, e.g., in July or August.
- Hybrid models of education and school related counseling when needed.
- Safety precautions, such as physical distancing and wearing masks.
- Robust referral resources for both health and mental health crises.

Schools will consult and collaborate closely with local governments.

Stage 3: Parent/Caregiver Consultation.

Goals: Utilize the expertise of parents/caregivers as relates to their own children, but also because of their connection with other parents/caregivers. We have learned that a common human dynamic is that some individuals will not speak openly about how they are doing or feeling but can speak about what others are experiencing. In our work supporting communities in the aftermath of high-profile tragedies, one of the best interventions has been to harmonize ALL of the adults (school staff, community professionals and parents/caregivers) into a single system committed to supporting our children and youth. This is accomplished by:

- Communicating "no one has all the answers" to the impact of the pandemic but as a team we can successfully steer through the troubled waters.
- Acknowledging we need collaboration and storytelling from the adults to help lay the foundation for decision-making around the social-emotional and traumatic impact on students and the adults.
- Being open that many adults and children alike are returning to school with the weight of experiences they may not have shared yet, as noted in the distinctions between loss, grief and trauma.
- An increased understanding that the students will only be as healthy as the adults are around them (parents/caregivers and school staff).
- Having children and youth "see" and "hear" that the adults have come together on their behalf as a harmonized system that gives students hope rather than a conflictual system that depletes some students of their emotional energy.

Stage 4: Students Return

Taking in seat attendance which will provide accurate data about the percentage of students returning and those who are truant or missing in action. In the US, Education Week surveyed educators and found that up to 33% of students have not participated in online learning.

Providing Psychological First Aid to students and staff will assist in identifying the reasons why students are not attending school. The information that will come of these initial interventions will serve the goal of more successfully returning all students to the educational (classroom, etc.) setting and to more structured learning.

Stage 5: Restore All School Activities, School Wide Policies, Procedures, Programs and Community Partnerships and Work on Modifications Needed to Increase Attendance and Enhance Learning.

Three-Pronged Community Risk Assessment and Intervention Model

VTRA™ (Threat Assessment)	Suicide Prevention	TES™ (Crisis/Trauma Response)

FAMILY ⟷ SCHOOL ⟷ COMMUNITY
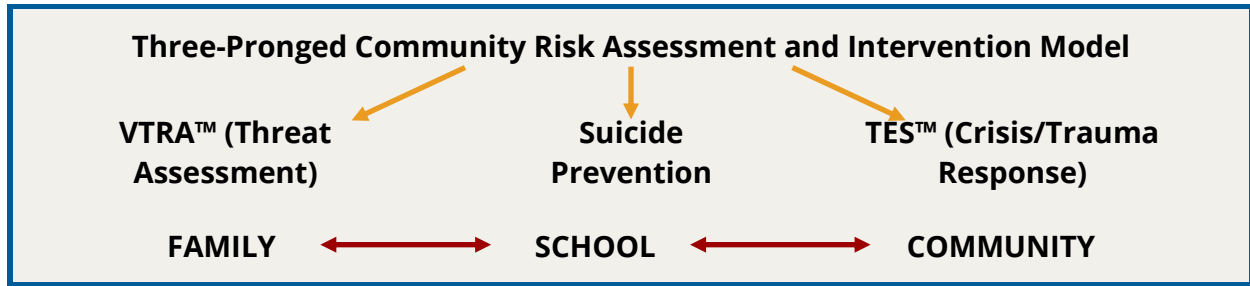
The fields of Violence Threat Risk Assessment, Crisis and Trauma Response, and Suicide Prevention are inseparably connected. With proper multidisciplinary collaboration and the inclusion of good assessment of the dynamics between family, school and the community, teams can plan interventions that can result in more lasting gains.

Note: Terms "meet" and "collaborate" used in this section of the Guidelines are in the COVID-19 context of proper social distancing and/or secure remote meetings.

Schools are anchor institutions in the community. But to survive and thrive, they must be flexible and open to making changes in order to achieve the goal of preparing students for a fulfilling life of work and positive relationships as lifelong learners.

School and community teams can engage in independent practices but will need to consult when there is insufficient information to make an appropriate recommendation for interventions. Either team can initiate the consultation process.

This chart represents the interaction between school, school district/division, and community professionals.

TEN - FOUR STEP PROCESS: STUDENT APPLICATION

School / Site Based VTRA & TES Teams

Steps:

1) Assessment of impact of COVID-19.
2) Review Resource Allocation Pyramid, Primary & Secondary support systems.
3) Collate gathered data.
4) Collate gathered data with prior data derived using the Resource Allocation Pyramid from the start of the quarantine.
5) Review new set of data and collaborate with **Community / School VTRA & TES Team Leads** where appropriate or needed.
6) Assess pre COVID-19 Functioning of students, families, and schools.
7) Where necessary, Consult with **Community / School VTRA & TES Team Leads.**
8) School based teams begin to match Resources to Risk.
9) Consult where necessary and plan interventions.
10) In a more general manner, apply Steps 1 – 9 to staff.

Consultation Between Teams

Data Collection

Community / School VTRA & TES Team Leads

Steps:

1) Conduct Macro Assessment.
2) Conduct Micro Assessments.
3) Triage High-Risk Cases.
4) Consult where necessary on cases with the **School / Site Based VTRA & TES Teams.**

Team Data Collectio

Team Data Collection

Matching Resources to Risk

Better Data

Better Assessment

Better Intervention

Data Driven Interventions

STEP ONE:
Conduct a macro assessment with all multidisciplinary and departmental leads (as noted above).

STEP TWO:

For VTRA and TES trained professionals	*For non-VTRA and non-TES trained professionals*
Conduct a micro assessment with all multidisciplinary and departmental leads (as noted above) and review cases that partners have already collaborated on during the pandemic.	Share identifiable information you feel is necessary with other agency/department leads based on knowledge gained from the macro assessment. If you are concerned you do not have enough information to disclose information at this time, then consider an agency-specific assessment. Often a reevaluation of the student, client subject, patient or their family will be adequate to justify seeking their consent for collaboration with others or tip the scales for why you believe the school needs to be informed of risk without consent.

The following are scales, processes or tools that can assist in the assessment phase:

Coronavirus Impact Scale (P.g. 19)

Family Dynamics and Circumstances Assessment (P.g. 27)

Stage One VTRA Report Form is available for reference in our TACTIC (Threat Assessment Crisis & Trauma Intervention Collaboration) Software by registering at the NACTATR Client Portal: https://ncp.nactatr.com

STEP THREE:
(Multidisciplinary collaboration for comprehensive assessment and intervention)

Multidisciplinary partners will triage their high-risk cases involving children and youth who may be returning to school. Where there is missing information, they can then consult with

school district/divisional leads and facilitate data-sharing and collaboration with the school-based team. Likewise, the school-based team will be collecting and compiling their own information so that, when merged with the multidisciplinary partners, it will connect the dots and paint the full picture of risk. The risk assessment will then guide interventions.

STEP FOUR:
School-Based (Site-Specific) Teams and School District/Community Teams consult with each other on any new cases that have emerged through their separate processes. In other words, if they become aware of cases that occurred during the quarantine period, that could have activated the VTRA protocol, or where a student may have been impacted by trauma and not received services, they will determine a reasonable course of action. This would include designating one professional or agency to reach out to the student/family for initial data-gathering and to seek consent for services or determine whether team action is required without consent. (**See:** STEP SEVEN School-Based Team).

SCHOOL-BASED (SITE-SPECIFIC) VTRA AND TES LEADS:
Assessing the Social-Emotional and Traumatic Impact of the Pandemic on Schools

What has Happened from the Time Between School Closure and Re-Entry?

To better assess how loss, grief and trauma may influence the climate of schools upon re-entry we have provided a structured data-collection process to paint the picture of overall community impact (macro dynamics) and individual and family impact (micro dynamics). For instance, in one school there may be one staff member who lost their partner to the virus while no one else endured the experience. In a multi-cultural school, there may be several virus-related deaths, but they all occurred within one culture only. If there were cultural or racial tensions prior to the pandemic they may be exacerbated now. Yet, another school may have experienced a community tragedy (e.g. tornado, car crash) during the pandemic and not have been able to mourn naturally because of quarantine. They may have had no virus-related deaths, but they return to school with a complicated grief response and anger at anymore "rules" that place restrictions on them. In this example, anger about strict rules regarding social distancing is not a traumatic response to a fear of COVID-19, it is a response to their complicated grief reaction caused by quarantine and social distancing measures.

Assessing the needs of students and adults in the school family is crucial after a crisis

A process of triage conducted by crisis team members helps define the impact. Triage typically includes an estimate of students and adults who fall into these categories with a wide spectrum of social and emotional reactions:

1) **Eyewitnesses to Physical Injury, Death** – Those who were direct witnesses to the event or incident including those who feared for their own lives. Applying this concept to the pandemic, the question is - were students able to distance themselves from seriously ill

family members or were they first hand witnesses to the progressively serious symptoms of the illness?

2) **Physical Proximity** – How many students were exposed to chaos, the emotional distress or panic of the event such as seeing emergency personnel take life-saving actions, even if they were kept at a distance from those who were ill?

3) **Emotional Proximity** – How many adults and children who were not in the 'impact zone' knew friends or family members who were victims of COVID-19?

4) **Similar Previous Experience** – How many students and adults have had similar experiences with traumatic injury or medical trauma?

5) **Fragile Personality** – Are there students or staff who are highly emotional or reactive to changes or challenges even in day to day non-emergency situations.

"The better the data we collect, the better the assessment and the better the assessment, the better the intervention."

The ten-step process outlined below is under the direction of school administration with their site-specific VTRA and TES team members including psychologists, social workers, mental health leads, school resource officers (police) and those with responsibility for students with special needs, equity, etc. As the school team moves through the process they should be considering when to include teachers, educational assistants, and other staff for further data-collection and planning for interventions. These steps are for assessing individual students and/or their family's needs for necessary supports for success.

STEP ONE:
Based on the team's knowledge, identify any known or perceived losses or traumas the student or family may have been impacted by during the quarantine phase. Then use as necessary, the attached "Coronavirus Impact Scale" (**See**: P.g. 19) to verify impact and identify potential areas of sensitivity that may not yet be emotionally processed by the student or family. Then determine where school or community professionals can offer support (**See:** Step Seven).

Categorization of Impact should use the following schematic:

COVID-19 Illness-Specific

- Non-Death Related Loss – (parent hospitalized with COVID-19 for two months but survived)
- Emotionally Detached or Complicated Death-Related Loss – (non-custodial parent dies of COVID-19 who had no interaction with their children for the past 7 years)
- Grief – (grandparent died from COVID-19)
- Trauma – (witness to a family member dying of COVID-19)

COVID-19 Related

- Non-Death Related Loss – (single parent laid off from work)
- Emotionally Detached or Complicated Death-Related Loss – (chronically ill step-siblings dies because they could not afford treatment during the pandemic, who did not bond with their new blended family)
- Grief – (parent death due to an unrelated illness who could not receive hospital care due to lack of resources)
- Trauma – (Abusive step-parent allowed to move back in the home due to job loss during the quarantine who abuses the child again)

Unrelated to COVID-19 but Occurred During the Time Between School Closure and Re-Entry

- Non-Death Related Loss – (divorce)
- Emotionally Detached or Complicated Death-Related Loss (unknown to their family, a parent was having an affair with the neighbor who dies of natural causes)
- Grief – (unrelated death of a family member or friend)
- Trauma – (sexual abuse or witness to a shooting in the community)

There should be government directives that reinforce collaboration between agency and department leaders for information sharing related to high-risk assessments and interventions.

Coronavirus Impact Scale
Dr. Joel Stoddard, MD and Dr. Joan Kaufman, PhD.

Note: A special thank you to Dr. Stoddard and Dr. Kaufman for supporting our use of this scale in our Guidelines. The scale can be used by staff as a self-assessment and used with parents/caregivers as a guided interview conducted by helping professionals on the team or a parent self-assessment as well. As a general standard, the scale can be used for a guided interview with students from Grade Seven onward. For students Grade Six and younger, clinical judgement should dictate what questions and what modified, age-appropriate language should be used during the interview. In consultation with the authors we want to ensure that Question 12 is to be asked only as clinical judgement dictates as it could elicit disclosures we prefer to be in the hands of trained counsellors.

Rate how much the Coronavirus pandemic has changed your life in each of the following ways.

1. **Routines:**
    0. *No change.*
    1. *Mild.* Change in only one area (e.g. work, education, social life, hobbies, religious activities).
    2. *Moderate.* Change in two areas (e.g. work, education, social life, hobbies, religious activities).
    3. *Severe.* Change in three or more areas (e.g. work, education, social life, hobbies, religious activities).

2. **Family Income/Employment:**
    0. *No change.*
    1. *Mild.* Small change; able to meet all needs and pay bills.
    2. *Moderate.* Having to make cuts but able to meet basic needs and pay bills.
    3. *Severe.* Unable to meet basic needs and/or pay bills.

3. **Food Access:**
    0. *No Change*
    1. *Mild.* Enough food but difficulty getting to stores and/or finding needed items.
    2. *Moderate.* Occasionally without enough food and/or good quality (e.g., healthy) foods.
    3. *Severe.* Frequently without enough food and/or good quality (e.g., healthy) foods.

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4. **Medical health care access:**
   0. ***No change***.
   1. ***Mild****.* Appointments moved to telehealth.
   2. ***Moderate.*** Delays or cancellations in appointments and/or delays in getting prescriptions; changes have minimal impact.
   3. ***Severe.*** Unable to access needed care resulting in moderate to severe impact on health.

5. **Mental health care access:**
   0. ***No change.***
   1. ***Mild.*** Appointments moved to telehealth.
   2. ***Moderate.*** Delays or cancellations in appointments and/or delays in getting prescriptions; changes have minimal impact.
   3. ***Severe.*** Unable to access needed care resulting in severe risk and/or significant impact.

6. **Access to extended family and non-family social supports:**
   0. ***No change***.
   1. ***Mild.*** Continued visits with social distancing and/or regular phone calls and/or tele-video or social media contacts.
   2. ***Moderate.*** Loss of in person and remote contact with a few people, but not all supports.
   3. ***Severe.*** Loss of in person and remote contact with all supports.

7. **Experiences of stress related to coronavirus pandemic:**
   0. ***None.***
   1. ***Mild***. Occasional worries and/or minor stress-related symptoms (e.g., feel a little anxious, sad, and/or angry; mild/rare trouble sleeping).
   2. ***Moderate.*** Frequent worries and/or moderate stress-related symptoms (e.g., feel moderately anxious, sad, and/or angry; moderate/occasional trouble sleeping).
   3. ***Severe.*** Persistent worries and/or severe stress-related symptoms (e.g., feel

      extremely anxious, sad, and/or angry; severe/frequent trouble sleeping).

8. **Stress and discord in the family:**
   0. ***None.***
   1. ***Mild.*** Family members occasionally short-tempered with one another; no physical violence.
   2. ***Moderate.*** Family members frequently short-tempered with one another; and/or children in the home getting in physical fights with one another.
   3. ***Severe.*** Family members frequently short-tempered with one another and adults in the home throwing things at one another, and/or knocking over furniture, and/or hitting and/or harming one another.

9. Personal diagnosis of coronavirus.
    0. *None.*
    1. *Mild.* Symptoms effectively managed at home.
    2. *Moderate.* Symptoms severe and required brief hospitalization.
    3. *Severe.* Symptoms severe and required ventilation.

10. Number of immediate family members diagnosed with coronavirus: _____
    Rate the symptoms of the person who was most sick:
    1. *Mild*. Symptoms effectively managed at home.
    2. *Moderate*. Symptoms severe and required brief hospitalization.
    3. *Severe.* Symptoms severe and required ventilation.
    4. *Immediate family member died from coronavirus.*

11. Number of extended family member(s) and/or close friends diagnosed with coronavirus:
    Rate the symptoms of the person who was most sick:
    1. *Mild.* Symptoms effectively managed at home.
    2. *Moderate*. Symptoms severe and required brief hospitalization.
    3. *Severe.* Symptoms severe and required ventilation.
    4. Extended family member and/or close friend died of coronavirus.

12. Other. Please tell us about any other ways the coronavirus pandemic has impacted your life OR Are there any other ways the coronavirus pandemic has impacted your life?

_____
_____
_____
_____
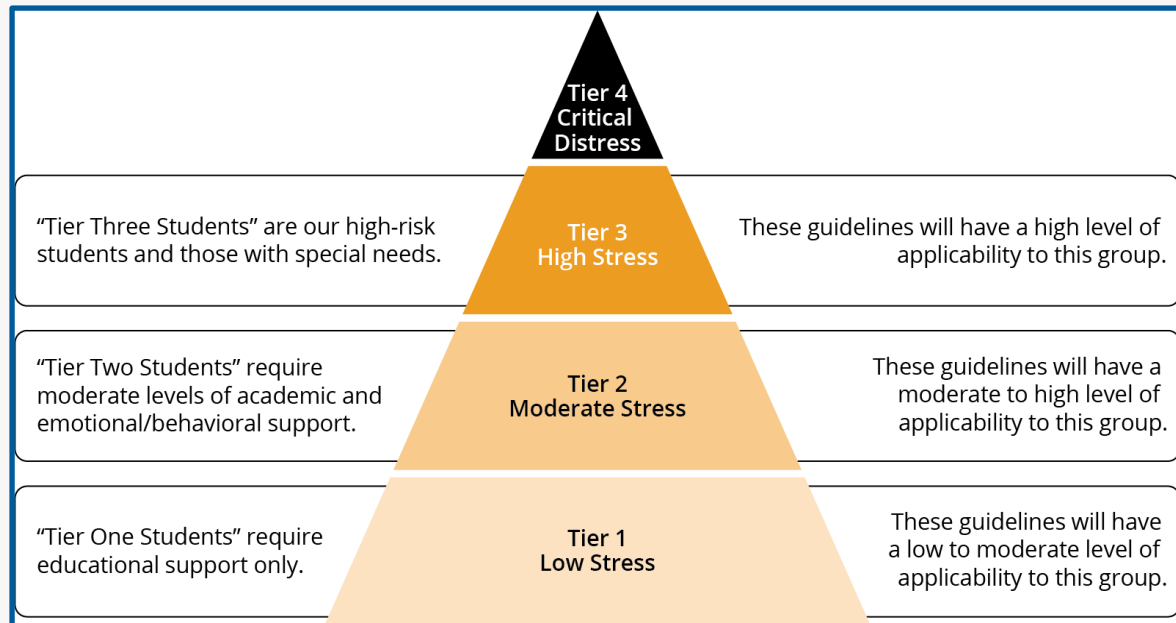_____
_____

Created by:
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Joan Kaufman, PhD., email: joan.kaufman@kennedykrieger.org

STEP TWO:
Refresh your team's knowledge of the variables and dynamics used to match resources to risk when school closure due to the pandemic was first announced.

This includes:

The four-tiered approach to determining resource allocation.

	Tier 4 Critical Distress	
"Tier Three Students" are our high-risk students and those with special needs.	**Tier 3 High Stress**	These guidelines will have a high level of applicability to this group.
"Tier Two Students" require moderate levels of academic and emotional/behavioral support.	**Tier 2 Moderate Stress**	These guidelines will have a moderate to high level of applicability to this group.
"Tier One Students" require educational support only.	**Tier 1 Low Stress**	These guidelines will have a low to moderate level of applicability to this group.

Where Do Students Seek Support in Times of Crisis?

As schools have been temporarily closed with many classes conducted online, the weight of connection for some of our students and families has fallen more uniquely on educators and other school staff as the primary or only point of contact. In the Traumatic Event Systems (TES™) Model, a distinction is made between a student's "primary emotional support system" and "secondary emotional support system". The primary emotional support system is the individual or individuals (often parents or family members) that a student is ***naturally*** drawn to when in distress. For them, prior connection and relationship experience denote that if their anxiety or fear begins to escalate, or spike towards their fight-flight-freeze threshold, they will default to that person(s) for support.
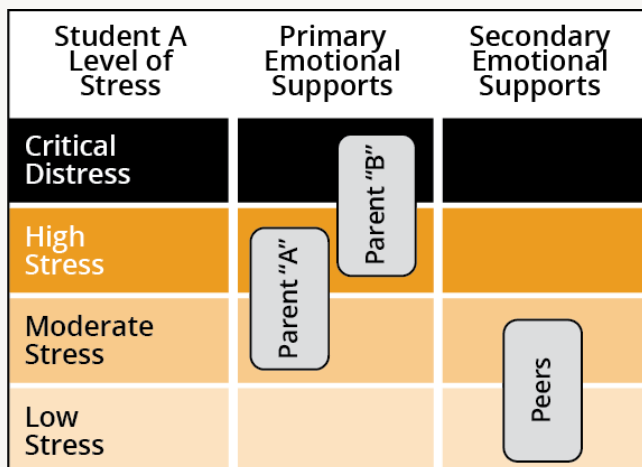
In some families, children and youth do not want to "hang around" with their parents/caregivers because their peers "seem" more important. The most reliable way to assess someone's primary emotional support system does not depend on who they spend their time with when things are going well; but who they gravitate to, for support, when things are not going well. As such, the secondary emotional support system is who the student enjoys spending time with when their anxiety is lower.

The good news is, for most students their home life is stable. Therefore, balancing the learning needs of students with their emotional well-being is a dynamic that most ed ucators were experienced at prior to the pandemic. The current circumstance has no w shifted that support from the confines of the school environment to the home environment.

Th e challenge, that is contextually intensified by this pandemic, is that for some students, key staff members are their primary emotional support system. These students may feel abandonment and fear due to the physical loss of school staff and student connection. This will be intensified if they live in an emotionally disconnected home or if they are at risk of more tangible forms of abuse. Therefore, "text or talk" and "online or virtual support" is essential to assist the student as a whole person, impacted by the effects of a world-wide pandemic. For some of these students, the sound of the rig ht voice, the right words and regular connection can provide them with stability and hope as they maneuver through this unique shared experience. For some of these st udents the continuation of their studies, from a distance, will be their ongoing drive to succeed. For others it is a distraction from the mundane, and for others the excuse for contact with outside adults they hope can be a lifeline if they need it.

N o matter what the family circumstance may be, there is also a temporary dynamic that m ust be understood by all educators and school staff who are reaching out to students and their families. To many parents and caregivers, "the school" is a powerful hie rarchical entity in which they are not always sure where they fit. For some parents there is significant anxiety generated when dealing with the school even at the best of tim es. In many cases, the pandemic has shifted that dynamic because now the school is, in essence, entering their homes. Especially when connecting virtually, staff are entering a space where most had never been in before: the family home. Although these are unprecedented times in our world, the power of human connection remains the single most important variable. Unified in the same goal of supporting students, our contact with them and one another will continue to move us forward.
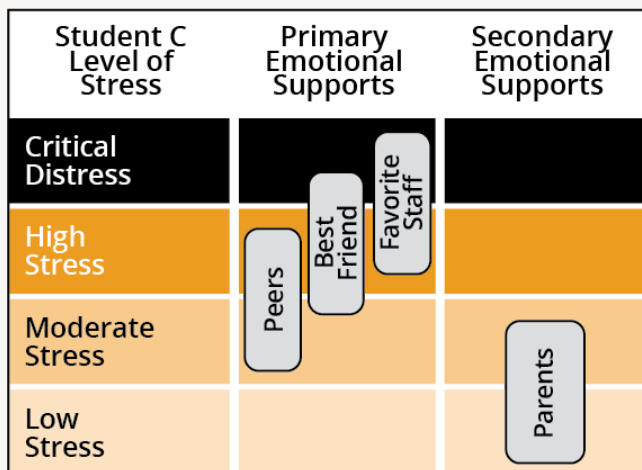
Understanding Primary and Secondary Emotional Support Systems: These graphs represent individuals that students naturally gravitate to during times of Low Stress, Moderate Stress, High Stress, and Critical Distress

Student A Level of Stress	Primary Emotional Supports	Secondary Emotional Supports
Critical Distress	Parent "B"	
High Stress	Parent "A"	
Moderate Stress		Peers
Low Stress		

Student B Level of Stress	Primary Emotional Supports	Secondary Emotional Supports
Critical Distress	Grand Parent	
High Stress	Best Friend	
Moderate Stress		Peers Parents
Low Stress		

Student "A" Graph represents a student who is living in a shared (joint) custody situation. Parent "A" is the primary caregiver and has a good connection with their child while Parent "B" has a busy career, so their child only reaches out when they are experiencing high levels of stress. They feel very safe with Parent "B" but believe they should only justifiably connect when totally necessary. This same child spends a lot of their time with peers but always defaults to parents. This is a good family connection that can be strengthened during the pandemic.
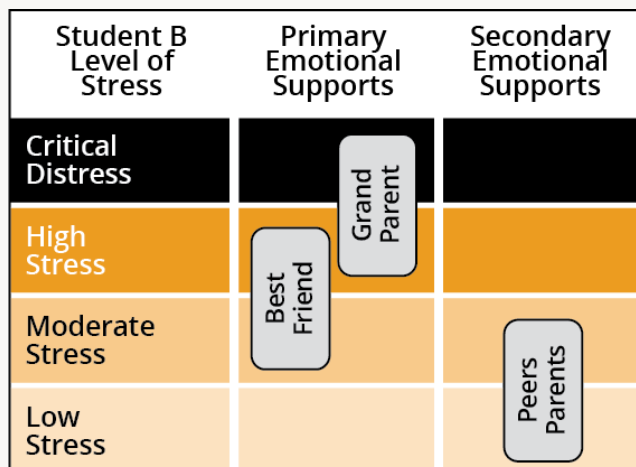
Student "B" Graph represents a student who has more of a friendship relationship with both parents/caregiver(s) and their peers. They rely on one peer only (best friend) to bear the weight of their concerns and if they feel emotionally overwhelmed, they will default to their grandparent(s). The dynamics of trauma manifests if the grandparent becomes ill during the pandemic, both parents lose their job and the best friend is emotionally unavailable due to their own family circumstances. Depending on context, this family connection could be strengthened or deteriorate.

Student C Level of Stress	Primary Emotional Supports	Secondary Emotional Supports
Critical Distress	Favorite Staff	
High Stress	Peers / Best Friend	
Moderate Stress		Parents
Low Stress		

Student D Level of Stress	Primary Emotional Supports	Secondary Emotional Supports
Critical Distress		
High Stress	Parents / Caregivers	
Moderate Stress		Staff Peers
Low Stress		

Student "C" Graph represents a student who spends a lot of time with peers and one best friend. Parent / caregiver relations are around basic needs with no meaningful conversations or connections. School and peers are the primary emotional support systems and being physically disconnected from school could dramatically elevate their anxiety. The relationship with their teacher denotes that staff member will be the most stabilizing adult support during the pandemic.
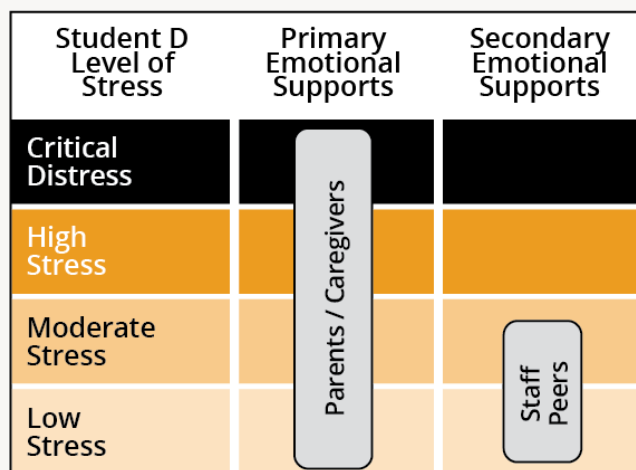
Student "D" Graph represents a student who quietly goes to school with no real emotional connection to peers. Their primary and secondary emotional support system is their parents/ caregivers and their family system as a whole. If they were doing good academically before the pandemic, they should do very well during the pandemic.

As necessary, review "Rising to the Challenge: Staying Connected with All of Our Students" Guidelines in its' entirety. (Click Image to Review).

STEP THREE:
Use the team data that was collected from the original "Rising to the Challenge: Staying Connected with All of Our Students" to collate which students and families that were already triaged at the beginning of the pandemic and which ones had additional loss, grief or trauma impact them during the quarantine.

STEP FOUR:
Combine the list of students identified as Tier Two, Three, and Four at the beginning of the pandemic with those identified in STEP ONE as being impacted during the pandemic. Ask the questions:
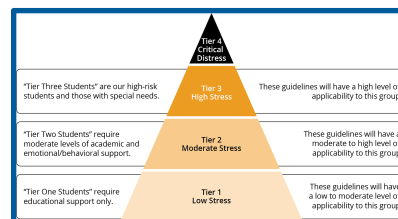
- Who was not on the original list?
- Who is on both the original list and the STEP ONE list (Impacted from the Time of School Closure to Re-Entry)?
- Who do team members feel there is not enough adequate information to determine current level of risk and therefore plan interventions?

This will include students and their families who:

- Experienced significant loss, grief or trauma but the school team is unsure of what support if any they are or were receiving.
- Went truant during quarantine.
- Had child protection or police contact during quarantine but the school team is unaware of the circumstances.
- Had student contact but no parent/caregiver contact.
- Have heard from other sources they are not doing well.
- Other

STEP FIVE:
Review the list from STEP FOUR with the school district/division VTRA and TES Leads who will collaborate with community VTRA and TES Leads.
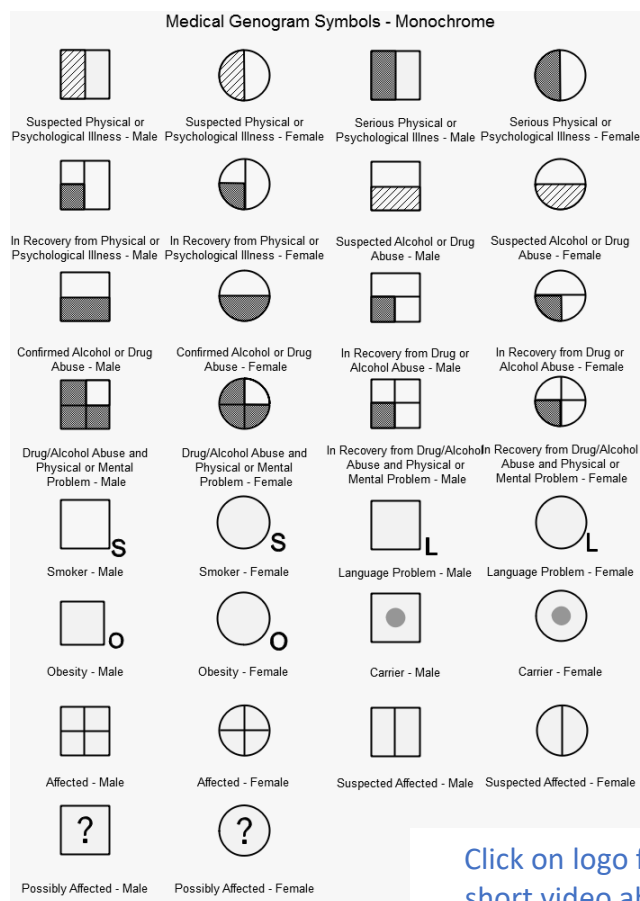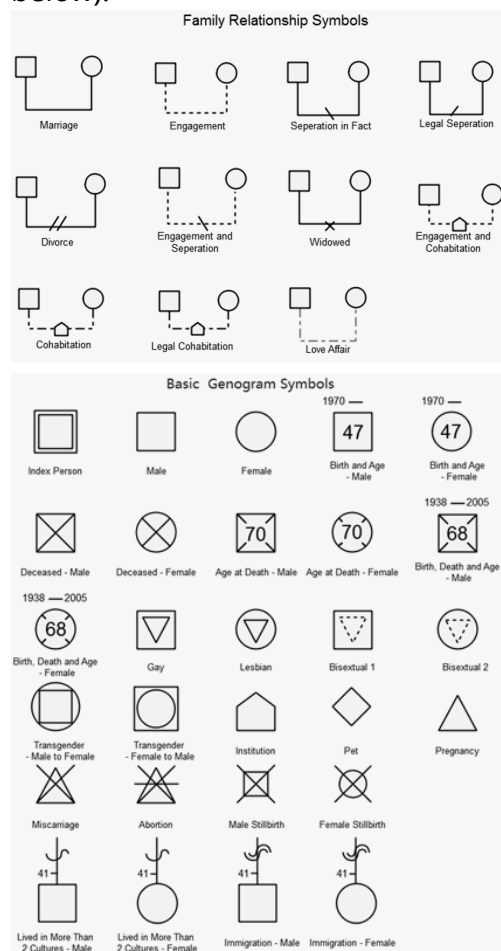
STEP SIX:
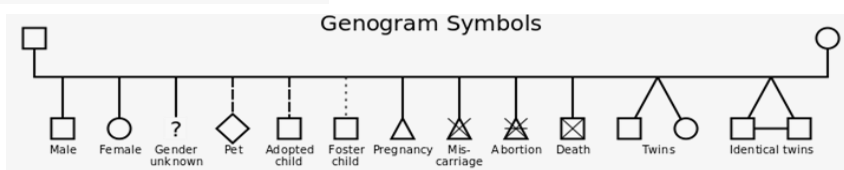**Pre-Trauma (Pre-COVID-19) Functioning of Students**
Pre-Trauma (Pre COVID-19) functioning of students and their families will be one of the best predictors of how they will have managed during quarantine. In combination with any known stressors associated with grief, loss or trauma identified in "Step One", there should be a clear picture of needs to be addressed.

Pre-Trauma (Pre-COVID-19) Functioning of Student Families

VTRA and TES team members should consider family dynamics and circumstances that may influence student success upon return to school. A strategic consideration of the student's overall situation at home will provide insights into how to support the student from a school perspective and the family from a community perspective. Team members trained in family support and counselling should draw out on a whiteboard the families genogram to provide a visual that can assist in completing the "Family Dynamics and Circumstances Form" below. The following is an index of symbols used in basic genograms (See audiovisual tutorial below).

Family Relationship Symbols

Basic Genogram Symbols

Medical Genogram Symbols - Monochrome

Genogram Symbols

Click on logo for a short video about Genograms

The following schematic will assist in distinguishing the "peaks and valleys" of the social-emotional and potential traumatic aspects of the family's journey during the COVID-19 crisis.

Family Name(s) _____ _____	Family Dynamics and Circumstances Pre COVID-19	Family Dynamics and Circumstances Quarantine Phase	Family Dynamics and Circumstances Current Functioning
Family Composition			
Family Structure			
Family Functioning			
Historical Loss or Trauma			
Substance Use Difficulties			
Mental Health Difficulties			
Note: Any upcoming Critical Periods?			

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Pre-Trauma (Pre-COVID-19) Functioning of Schools

School Dynamics (Open Versus Closed Systems) have a profound impact on how students and staff fare in the aftermath of crises and trauma. Professionals trained in the VTRA and TES models are aware that "naturally open schools" will identify students or staff who are struggling much sooner than "naturally closed" or "traumatically closed schools". For those not trained or who want to refresh their earlier learning please read **Trauma in Human Systems** (Click on Image).


The outline presented below is to assist schools to thoughtfully consider their own dynamics as well as for school district/divisional leaders to do the same. This means that district leaders should be assessing their own dynamics, the dynamics between district staff and individual schools and how they see each school in their jurisdiction. It cannot be emphasized enough that "the biggest problem we deal with in violence prevention and suicide prevention is under reaction to blatant indicators that someone is moving on a pathway to violence or self-harm". Intensely closed systems tend to underreact to cries for help and deny the impact that historical or current losses or trauma are having on their systems. This denial of impact results in many students and staff trying to repress their symptoms (denied trauma response) until their symptoms are no longer manageable. The outcome is staff and student absenteeism, substance use difficulties, an exacerbation of underlying mental health concerns and, at its most concerning, an increase in suicidal and homicidal ideation.

BYSTANDERS TO SCHOOL VIOLENCE /UPSTANDERS FOR SAFETY & WHAT THEY CAN TEACH US AS SCHOOLS REOPEN DURING/AFTER THE PANDEMIC
Dr. William S. Pollack

The gold standard in North America and beyond, for understanding the targeted violence that resulted in & results in school violence/ school shootings was the work of the joint Task Force of the National Threat Assessment Center [NTAC] of the US Secret Service [USSS] & The US Department of Education [ED], and the Safe Schools Initiative [SSI] that resulted in the publications in two studies: *The Final Report and Findings of the Safe School Initiative: Implications for the Prevention of School Attacks in the United States (Vossekuil, , et al 2002;) a*nd *Threat Assessment in Schools: A Guide to Managing Threatening Situations and to Creating Safe School Climates (Fein et al., 2002).* Since that period the USSS has continued to elaborate on the findings and models first laid out in that report & J. Kevin Cameron who worked with us created his own evolving VTRA models in Canada and now also in the US through NACTATR. The NACTATR guidelines continue to evolve as do follow-up studies conducted by NTAC / USSS, based primarily upon our original findings which remain in place.

Click on Image for full document
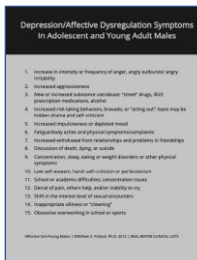
The following schematic will assist in assessing and intervening in school dynamics prior to re-entry to the regular school setting:

School System Dynamic	School (System) Dynamic Pre COVID-19	School (System) Dynamic Quarantine Phase	School (System) Dynamic Current Functioning
Open ⟵———————⟶ **Closed**			
Administration Leadership Style ⟵———⟶ Past: ⟵———⟶ Present:		Present:	Present:
Overall School Hierarchy ⟵———⟶ Formal: ⟵———⟶ Informal:			

School Sub–System Dynamic	School (Sub-System) Dynamic Pre COVID-19	School (Sub-System) Dynamic Quarantine Phase	School (Sub-System) Dynamic Current Functioning
⟵———————⟶			
Traumatically Open	**Naturally Open Closed**	**Naturally Closed**	**Traumatically**
Administration and Community			
Administration and Staff:			
Administration and Students			
Administration and Parents			
Staff and Students			
Staff and Parents			
Student to Student			

Note:	**History of Crisis Trauma**	
	Community Dynamics	
	Any Upcoming Critical Periods?	

STEP SEVEN:

VTRA and TES Leads from the school district/division will then present information gathered from the school-based team regarding students and their families where they feel there is not enough adequate information to determine current level of risk and therefore plan interventions. In consultation with the Community VTRA Protocol Leads from Child Protection, Mental Health, Health, Probation, Police and others, a determination will be made as to which cases require further information sharing and which cases require multidisciplinary collaboration. Likewise, the Community VTRA Leads and or their Designates may also meet with the School-Based Teams to seek further information on clients, subjects, patients they are concerned with (**See**: STEP FOUR School District and Community VTRA and TES Leads).
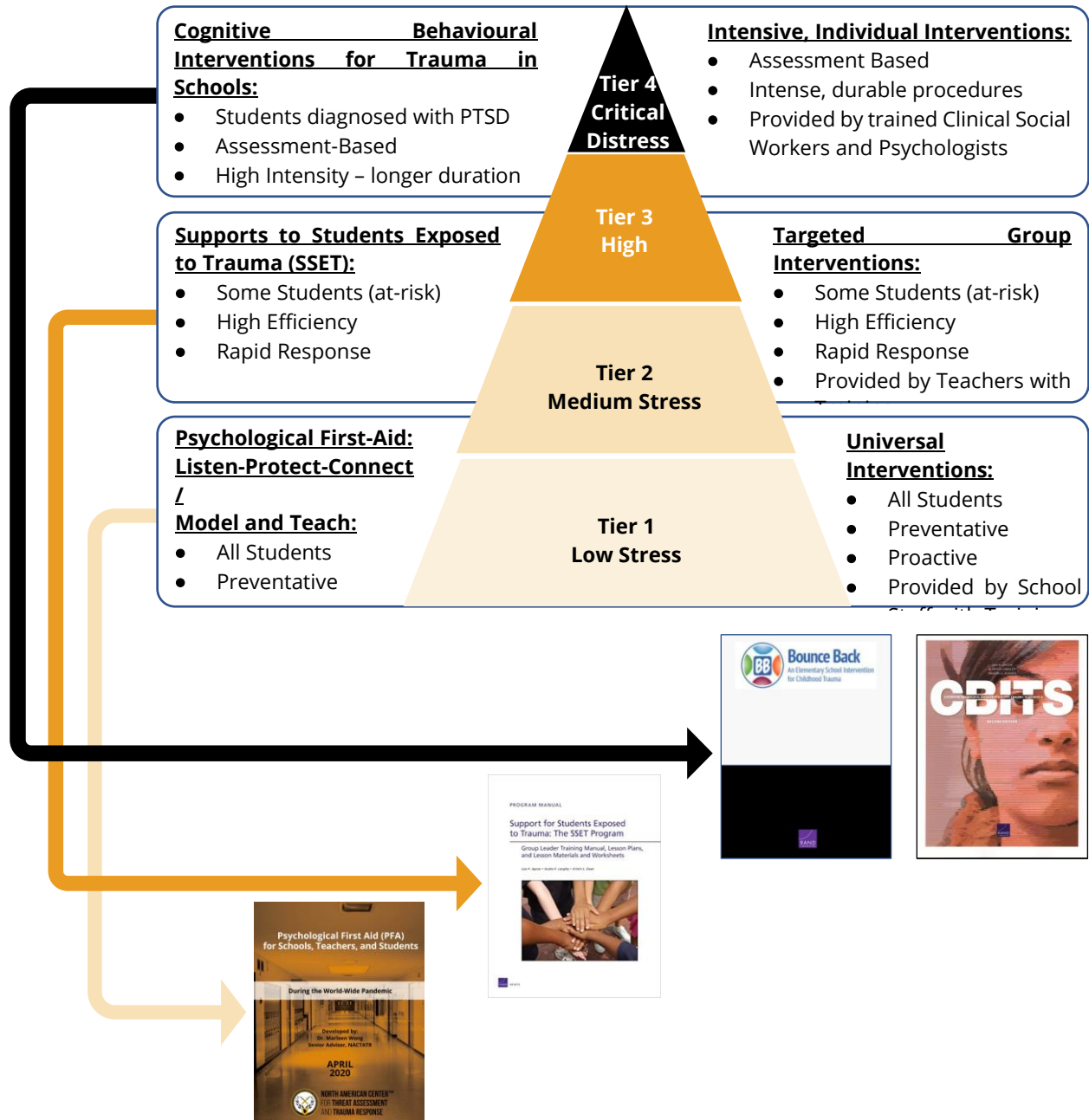
STEP EIGHT:

While the district/divisional leads are collaborating with Protocol Partners, the School Team should begin to match resources to risk based on student circumstances they have knowledge of. This may include matching teachers and EA's to students as well as what courses are appropriate for first semester considering circumstance. For example, there may be high anxiety students that will do better with one staff member than another or students who will do better with one peer group over another. We may know that a student's grandparent, who was also their primary caregiver, passed away during the pandemic and they will do better with an older staff member who is more of a grandparent type. Depending on the student, consideration of which courses require more physical activity or group work could be considered as some students may benefit from creating the context for more interaction with peers where another student may be better off with less stimulation during initial re-entry to school.

STEP NINE:

Meet with district/divisional VTRA and TES Leads and other Community Protocol Partners who may join for an in-person meeting to bring appropriate multi-agency data together to complete initial assessments and assist with planning interventions as relates to re-entry to school. Many primary risk-enhancers influencing student functioning upon return to school will more often be individual or family-generated. The school may inherit the symptoms but are rarely the cause of the symptoms if the school is a more naturally open system. The following interactive diagram provides "image links" you can click on that will take you to multi-tiered evidence-based practices developed by our colleagues:

Mental Health and Support Services in Schools:
Hierarchy of Trauma Interventions After Crises and Disasters

Cognitive Behavioural Interventions for Trauma in Schools:
- Students diagnosed with PTSD
- Assessment-Based
- High Intensity – longer duration

Intensive, Individual Interventions:
- Assessment Based
- Intense, durable procedures
- Provided by trained Clinical Social Workers and Psychologists

Tier 4
Critical
Distress

Tier 3
High

Supports to Students Exposed to Trauma (SSET):
- Some Students (at-risk)
- High Efficiency
- Rapid Response

Targeted Group Interventions:
- Some Students (at-risk)
- High Efficiency
- Rapid Response
- Provided by Teachers with

Tier 2
Medium Stress

Psychological First-Aid:
Listen-Protect-Connect
/
Model and Teach:
- All Students
- Preventative

Universal Interventions:
- All Students
- Preventative
- Proactive
- Provided by School

Tier 1
Low Stress

(Click on Images to Access)

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AND TRAUMA RESPONSE

STEP TEN:

In a more general way, use the same principles of assessment used in STEPS ONE to NINE and apply them to staff! Overall school functioning can only be as healthy as the staff are. While schools will inherit individual or family-generated dynamics with their students, a staff team that is not cared for by leadership can become traumatically open, closed or a combination of both. In these cases, school dynamics can contribute to risk.

NOTE: School district/divisional leaders must be open to any school leadership dynamics that may impair reopening schools if not addressed. As noted in the Traumatic Events Systems (TES™) Model:

> **"We can feel when we are trying to function within a closed system because it accelerates the drain of our emotional energy leaving us less capable of managing the stresses of the day."**

In the school context, the combination of student loss, grief and trauma will result in some hyper-vigilant and hyper-sensitive students that only a well-oiled and emotionally connected (open system) staff team will be able to manage.

INTERVENTIONS

Preparing and Supporting School Staff in a Whole-System Response

In the collective work of the authors in school-based crisis response, it is clear that most staff will attempt to delay or deny their responses to a loss or trauma where students are impacted, as the natural inclination is "to be there for the students". In the TES™ Model we emphasize an "All Systems Go" approach to crisis and trauma response which means all subsystems are supported in a proper order. This includes:

PHASE I   Initial Response – Student System (Child and Youth Systems)
(e.g. schools, sports teams, clubs, church youth groups etc.).

PHASE II   Comprehensive Strategic Assessment - Adult Systems
(e.g. teachers, educational assistants, support staff, coaches, child and youth support workers etc. – principals and vice-principals – district/division leaders and support staff).

PHASE III   Community Intervention – Parent/Caregiver and Family System.

PHASE IV   Traumatic Aftermath - Preparing schools, worksites and communities for the process of recovery.

As noted above, the adults in the school should take care of the students first. But then school administration must also take care of the staff utilizing any school, district or community supports necessary. Too often, little consideration has been given to the weight that a principal may be carrying along with their administration team. That task belongs to district/divisional leadership to assess and intervene. School boards should then be wondering how their district/divisional leadership team and supports are doing and extend caring and compassion as many have had to lead during loss, grief and traumas they were subjected to as well. In this specialized area, all the above leaders should be collaborating with their mental health and crisis response leads (psychology, social work, etc.) for counsel as to reasonable steps to take to lower the anxiety of all systems they are responsible for. Naturally open schools that take a whole-system approach to crisis response and recovery will have the greatest success in re-entering during the pandemic.

Prior to the pandemic, most crisis responses in schools proceeded in the fashion listed above: student support first, and then the adults. However, re-entry to school during the pandemic requires us to use wisdom. Certainly, most students have received some level of ongoing contact and educational support during the quarantine phase from school staff. The first set of Guidelines were developed for this purpose including strategically planning how to match school and community resources to known risk factors with some students during quarantine. But re-entry to a more regular in-school setting requires that staff be taken care of first.

The standard in family therapy is that the children can only be as healthy as the parents/caregivers are. While it is true there are some children who may become more mature than their own parents, the standard during the formative years and throughout adolescence is that the adults set the bar for overall functionality. In the school context, "a school is only as functional as the adults want it to be". There are countless examples of "connected" school administration teams with dedicated school staffs who have taken some of the highest risk schools, in so called high-risk communities, and created safe and thriving places of learning. This is only achieved if there is genuine "connection" on the staff team that naturally flows to the students and for that matter their parents/caregivers.

Our generation has not experienced a world-wide pandemic before and no generation in the world's history has ever experienced one so vividly. With media and social media coverage, many of our students, staff and parents have been exposed to a relentless flood of traumatic stimuli that has resulted in hyper-vigilance and hyper-sensitivity in some that transcends what would have been expected if this pandemic occurred even twenty-five years ago. Everyone has been affected to some degree. Each staff member will have had a different personal experience from the beginning of the pandemic to re-entry, some related to the virus, others related to the economic impact, others related to grief and loss impaired by the thwarting of necessary cultural rituals meant to uncomplicate the path to healing. As such, these guidelines are meant as much for New York City or the City of Montreal as they are for

small towns or regions where people may have said "not much happens around here"! Well, plenty has happened around here now.

As noted in Step 10 of the "Practical Application" section for students, most of what is done to assess and intervene on behalf of students should be applied to staff. At the district/divisional level leadership should reach out to school leaders and school leaders should reach out to school staff. In conjunction with mental health and crisis response supports (but in a less intrusive way), leaders can model openness with their staff about the uniqueness of our current circumstance and genuinely explore individually and collectively "How has the pandemic affected you and your family?" "How do you feel it has affected our students?" and "What do you feel we need to do as a staff to support each other?" Simple modifications to the steps for students can be as follows

EIGHT-STEP PROCESS: SCHOOL STAFF APPLICATION

1) Assessment of overall impact of COVID-19 on staff and their families (including encouraging each staff to complete the "Coronavirus Impact Scale".

2) Review "Primary & Secondary Support Systems" from a staff perspective and consider that the school may be a particular staff member, primary emotional support-especially if they are disconnected from their families of origin or experienced a loss during the pandemic that has left them alone.

3) Review the information gathered and consider who may need a one-on-one supportive conversation.

4) As appropriate, consult and collaborate with **Community / School VTRA & TES Team Leads** who may be aware of information that can be shared to facilitate a more meaningful conversation.

5) Consider Pre COVID-19 Functioning of staff and their families.

6) Reconsider Pre COVID-19 Functioning of the school/district/division.

7) School/District/Divisional leadership begin to match who is the best person to reach out to the staff member on-on-one and who should reach out as a follow-up if necessary. Many staff are so touched by one caring conversation that it is all that is required for them to feel they are understood and supported. Then the same caring we show them (staff) is naturally extended to the students.

8) Plan for a whole staff team response. In its totality, preparing for re-entry includes supporting staff regarding:

   - The social-emotional and traumatic impacts COVID-19 may have had on them individually.
   - The impact on them as professionals.
   - The impact on students individually (including their families).
   - The impact on students as learners.
   - Strategies supporting the "whole student" returning to school.
   - Strategies for ongoing support for the "whole team" during this unique educational and world journey.

For schools that have not had students in the classroom since the pandemic reached our shores, and are convening for the first-time, (either late summer or early fall), we strongly recommend that school leadership and staff have a week together to accomplish the tasks outlined in these Guidelines before students return to school. We understand the "Crisis and Trauma Response Continuum" that some schools and regions may not have been "hotspots" and so feel less impacted, but the complexities of this pandemic, as already discussed, require more preparation than normal. The first principle of crisis response is "model calmness", and a school staff can only model calmness if there is a plan and a process that is clear, consistent, grounded in reasonableness and supportive of the end goal of educating

students. Staff confidence level in the plan for re-entry will be what students and their parents/caregivers feel when they come to the school for the first time. Below is a recommended timetable:

Suggestions for 5 Day School Preparedness Re-entry Schedule

5 Day	Trauma Informed Staff Re-entry Procedure: Morning	Trauma Informed Staff Re-entry Procedure: Afternoon	Follow-up ACTIONS/Staff Responsible
Day 1	*Focus: Reconnecting with colleagues* a) Unstructured staff meeting: Getting reacquainted / reconnected. b) Address the BIG unknowns: what staff needs to know to move forward: safety protocols, cleaning protocols c) Learning? – Curriculum delivery? Class size? Recess?	a) Whole school meeting: timetables, supervision, course delivery, etc. b) Introduction of the NACTATR document: School-based 10 steps. Staff will need to know there is a plan. c) Communication Plan, to Community, Parents, etc.. d) End of day: What information do staff need for tomorrow? What resources does the staff need? What did we miss?	**Notes:**
Day 2	*Focus: Humanizing the pandemic experience (Step 10- adapt for your context):* a) Start with unstructured meeting time for all staff-connection time. b) Respond to previous End of day requests. c) Providing some time for staff to complete Corona Virus Impact Scale. d) Discussion: role modelling openness and calmness. Taking care of staff will provide the emotional	a) Allowing some unstructured collaborative time for staff to naturally connect with their own emotional supports at school. b) establishing some "buddy" systems support between staff. c) Two staff can absorb more anxiety than either one can alone. d) Distributing leadership where appropriate for staff to share a lead in re-entry. (have to allow some over	**Notes:**

	space for them to later take care of students. e) Providing some time for staff to self-assess using Psychological First Aid. Click image to access	functioning to lower anxiety… team leaders) e) co-construct a school wide self care plan for all staff. (Check in's, buddy system, extended lunch when required etc.). f) End of Day: What information do you need for tomorrow? What resources do you need? What did we miss?	

Day 3	**_Focus: Student Assessment: Data Driven Design (Step 1-7)_** a) Start with unstructured meeting time for all staff-connection time. b) Administration: Overview of Ten Step process/including four step Community Parallel process: c) Cross grade/subject meetings: - Include necessary staff connected to students - Functioning of students prior to, during, and currently. - Family dynamics? - Who are the students primary and secondary supports? - What students do we need to know more about?	**_Continued from morning…_** Data on grief, loss and trauma experienced by students (P.g. 6) a) Triaging: Based on the 4 "Tiers" (p.17) list students that fall in tier 2, 3, and 4. b) Whole school team meeting: Let staff know that data will be shared. Administration explains 4 step community process. c) Stand up meeting: What information do you need for tomorrow? What resources do you need? What did we miss?	**Follow up** Administration to meet with Community VTRA Leads to compare "community-based data to school data. **Step 5: Site Based** P.g. 25 **Step 4: Comm. Based** P.g. 16

Day 4	**_Focus: Transition to matching resources to students (Step 8, 9):_**	**_Flexible timetables:_** during initial school start up:	**Notes:**

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Guidelines for Re-Entry into the School Setting During the Pandemic
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	a) Start with unstructured meeting time for all staff-connection time. b) continue student assessment as needed. Tier 3 & 4 students are priority. c) Time allotted to share collected student data with all staff (ex. Whole school responsibility to connect "at risk" students to resources - not limited to subject or grade teacher.	a) 5-8 minutes at beginning of class allowing student to emotionally calibrate. b) Kinesthetic/socially interactive class or activity (non-core) to start and finish school day c) Avoid COVID based lesson plans. d) end day with 10-minute check in with students (tier 3 & 4 – 1 to 1 check in)	

Day 5	***Focus: Continue Transition to matching resources to students: (Step 8-9)***
	a) Start with unstructured meeting time for all staff-connection time.
	b) **Supervision:** Supervision is an opportunity for connection. Observing our students during "down time" is a strong indicator of their stress levels.
	c) **Whole School versus Classroom activity:** Consider having an increase in whole school activities as students adjust. It lowers the anxiety compounded by isolation.
	d) Be aware that allocated days like "pajama days" rekindle isolation for all staff and student possibly intensifying symptoms.
	e) **Bells**: if your bells sound like 5-star alarms we
		Staff Resources:
		a) Open mindset to not limit student connection to the subject or classroom teacher only. Retired teachers, substitute teachers, custodians, admin. support, librarians and EA's can effectively support and lower student anxiety.
		b) **Community support VTRA team Leads**: Having community agency personnel that were present pre COVID-19 in the schools lowers anxiety for both staff and students. We are all in this together.
		c) **Day 1- Receiving the Students**
		  - ***Prior to:***
		Parent information night; open house for school community,
		  - ***Day of:***
			Notes:

	recommend you change them (if possible). They can be traumatic stimuli for children. f) g) Avoid practicing any emergency procedures for the first month minimally.	Greeting, staff visible and interactive, etc.	

FURTHER POINTS FOR CONSIDERATION

Expectations about Who Will Return and When

Due to the intensified "Closeness-Distance Cycle" active in most families with school-aged children, some students who may not want to return to school will because their parents need the break from the emotional intensity of the past several months. In other cases, there will be anxious parents who do not want their children to return but the children are demanding to go. There will be others who have a family member with a chronic illness and it is just not safe to return until a vaccine is found. However, for many it will simply be the fear of the unknown that keeps them from returning to school in the early phase of start-up.

The more confident that staff are about the plans for re-entry, the better for parents/caregivers and students. As noted earlier, the students and their families will consciously and unconsciously take cues from the adults in the school setting as to how safe the return to school will be. In the past, when reintegrating back to school after a traumatic event that occurred in the walls of the school (such as a school shootings), the typical pattern is that some students return once the doors reopen because they "feel" they need to there. Others, fearful, wait and allow their peers to test the waters first and when they report back, "it's o.k.", "come on, we miss you!", most will then begin to return. We expect the same to occur with re-entry during the pandemic

Ethical Considerations for Providing Counselling and Mental Health Supports During the Pandemic

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COVID-19 is the world's first pandemic, in our lifetime, to globally effect all helping professional practices in North America and abroad. To some the task feels daunting when looking through a macro lens of a world-wide crisis. A micro perspective is a more useful vantage point as we consider the many communities and regions that have already had localized but unprecedented circumstances requiring modification to service delivery in their pasts (hurricanes, fires, earthquakes, civil unrest, school shootings, etc.). The opportunity we have been given in the current situation is the ability to connect virtually with many of our clients/students/patients etc.

Certainly, our first principle is and must remain to be helpful, not hurtful! And doing "nothing" is not helpful. Therefore, it becomes the task of all school counsellors, psychologists and social workers to accommodate to the circumstance, support students to the best of their abilities through "connection, connection, connection" and "consultation, consultation, consultation" with their supervisors and community agencies as necessary. The nature of the therapeutic relationship has not changed. The process is certainly more complex but has only temporarily changed where counsellors are now privileged to enter a child's personal world in ways many have not been able to in the past: they are entering their client's homes via technology.

All helping professionals carrying a student counselling case load should connect with their students and parents/caregivers (as appropriate) to discuss how counselling can look during the quarantine period. Full disclosure of the potential benefits as well as any drawbacks should be presented so as to maximize all the possibilities at the counsellors' and clients' disposal. Verbal and then written consent should be received to continue with the counselling relationship under the new mode of service delivery.

Counsellors have an ethical obligation to continue with services in a reasonable manner consistent with the contexts they now find themselves in. Therefore, if they were in a counsellor-client role prior to the pandemic it should continue to be so now. It is an unreasonable expectation that a student in need of services would be required to calibrate the nature of their relationship with their counsellor because of interim organizational policies that may attempt to limit therapeutic engagement without considering the ethics of psychosocial support and intervention. The counsellor and client must gauge what is best. In one case, three contacts per week for 15 minutes may now be more useful that the once a week session for 45 minutes at school in the past. And in another case, there must be flexible timing where the 45-minute virtual session only occurs when the older sibling has gone to work. We have an obligation to maintain "continuity of care". In crisis response we state that "everything we do is meant to lower the anxiety of the system we are supporting" or in this case the individual. Maintaining safe, consistent and predictable relationships is the foundation of supporting children and youth through a crisis.

All counsellors should prepare for formalizing this new mode of service delivery by:

1) Assessing the nature of their pre-COVID counselling relationship with each student.

2) Assessing the possible impact, the current pandemic may be having on their client due to current family dynamics and circumstances.

3) If necessary, seeking out additional information to plan any contextual modifications to their counselling case formulations and seeking to "consult, consult, consult" as necessary.

4) Considering if the current course of treatment is reasonable under the circumstances or poses a risk to the client unless modified. For example, if a student has a highly conflictual relationship with a step-parent who usually works away from home but is now laid off, the order of treatment may need to change. In this case, the presenting problem of a biological parents' "failure to protect them" from that step-parent in the past may be too unsafe to address now. Both counsellor and student can agree to put that on pause while other areas may continue to be addressed with a safety plan as necessary.

5) Assessing their (counsellor) own capacity to adapt to the new mode of communication.

6) Being open, if there is reluctance on behalf of the counsellor, to a new form of service delivery to conduct their own self-assessment. Some professionals may identify it is the idea of use of technology causing personal distress and others may find their distress is related to other issues.

7) Being prepared to reconsider their initial case formulation and utilize the heightened anxiety generated by the pandemic to improve their focus and approach and the implementation thereof.

8) Reviewing Psychological First Aid During A Pandemic
(See Link: https://www.nactatr.com/files/2020NACTATR-PFA.pdf)

9) Frequently assessing if the current mode of client engagement is working for both client and counsellor and if not, being prepared to be flexible and try something different.

10) Being open to the possibility that even though they have worked to ensure a private space for their client, their session may still be overheard. Even if they are certain confidentiality is being maintained, use the possibility that it is not as a motivation to ensure that their therapeutic engagement will always be at the height of professionalism.

11) Reviewing their Community VTRA Protocol.

Unique service delivery challenges will be faced by some counsellors during the pandemic. However, the unprecedented nature of COVID-19 provides latitude for all helping professionals to be professionally thoughtful and creative in finding ways to be helpful. In this regard the U.S. Department of Health and Human Services (HHS) is leading the way in:

> "Exercising what it terms "enforcement discretion" and is waiving potential penalties for violations of the Health Insurance Portability and Accountability Act (HIPAA) for providers who use telehealth to treat patients during this time of crisis. The intent is to make it easier for providers to give necessary care at a time when office visits are generally not going to be possible, according to the HHS. In fact, they specifically referenced Skype, FaceTime and other noncompliant telehealth platforms as reasonable options to provide care for Medicare patients during this crisis.

> https://www.apa.org/members/your-growth/practice-management/telepsychology

The most powerful form of assessment and intervention is a multidisciplinary collaborative team. Therefore, school counsellors, psychologists and social workers along with school and district leaders and governments should be regularly reviewing practice issues and successes as we chart a new course during this temporary crisis.

For identification purposes only.

The Stressed Brain:

Within the broader construct of systems, the minutiae of individual responses remain. The following bullet-points—cue cards, if you will—alert service providers to special considerations that may be present within the student population they serve.

- When the brain's 'Fear Centre' (the 'fight-flight-freeze' area) has been engaged for a protracted amount of time, it will become the default response to stimuli that may or may not be threatening. In other words, people who have been in a heightened state of fear for a lengthy amount of time will, by reflex, be more reactive than those who are not. Currently, the entire globe has been locked in a state of fear for an atypical length of time. As such, we need to be prepared for even the most under-reactive among us to potentially be more volatile than we would ever expect them to be.

- Note that the aforementioned dynamic will be amplified in those who already have complex traumatic histories and/or present as having a high Adverse Childhood Experiences (ACEs) score.

- When stressed by trauma, the brain—in an effort to protect the body—will rapidly and reflexively "scan the area" to assess for additional threats. As such, it will make associations of words, sounds, smells, or objects which it will then "marry" to the danger it's facing. Often these associations will be straightforward (ie: a person attacked by a knife may forever after have a stress response to blades. Someone extremely panicked about contracting COVID-19 may react adversely even years from now when they see their Provincial Medical Officer on the TV screen). Sometimes, though, the associations will seem unrelated; perhaps we will observe someone have a trauma response when they hear a particular song, smell a specific scent, or come face to face with some sort of visual stimuli. This phenomenon occurs because when the brain perceives threat, it makes a broad-strokes effort to catalogue anything in the vicinity as part of the danger at hand. In TES, we call these associations "traumatic stimuli", but they are sometimes also known as 'emotional anchors'. After—and certainly during—this COVID pandemic, we will learn that people have a wide array of traumatic stimuli. Some of these stimuli will make sense. Some of them will seem baffling. What's important, however, is to be aware that emotional anchors (traumatic stimuli) are subjective and varying for all of us.

- One of the most effective 'remedies' for the reactive brain will be re-engagement in school itself; routine and schedules are intensely soothing for the hypervigilant brain, as predictability reduces the possibility of chaos/danger ensuing, and as such the stressed brain no longer has to worry about "what will happen next".

Gender Dynamics Impact Reactivity & Resilience[1]

- Males and females are socialized differently, and as such expressions of vulnerability may vary greatly between genders.

- Stoicism in males is often mistaken for resilience when in reality it is masking deep fear, uncertainty, and pain that the individual has been socialized to keep repressed.

- Detachment from feelings—to the degree where some boys (and men) lack the ability to accurately label their own emotions—can lend to internal confusion, sadness, and anger, which in turn often results in the youth 'doubling down' in his efforts to mask these turbulent emotions, creating an inner 'pressure-cooker' which, when no longer sustainable, can lead to manifesting in actions that spawn our oft-repeated "Quote That Kills": 'He just snapped.'

- Be aware, when assessing young men and boys, that engagement in denial, deflection, anger, and/or self-medicating with substances *are* coping mechanisms—albeit wildly maladaptive ones.
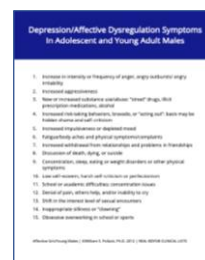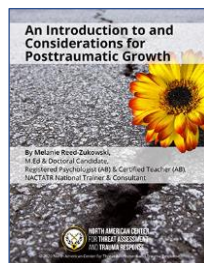
Click on Images to access full Documents

Traumatic Growth & The Emergence of Emotional Mentors[2]

As we acknowledge the spectrum of outcomes the pandemic will reap, we'll observe some who will have lasting, adverse, complex symptoms. Others, though, will exhibit remarkable 'Traumatic Growth' (or the potential for which). Service providers can amplify these strengths by weaving the following 5 areas of Posttraumatic Growth into conversations, writing assignments, art activities, such as:

- **Personal strength** – help students to recognize that they may have been stronger than they ever thought that they may have been prior to the event, that they have survived this event and have coped well; this may be done by brainstorming, reflecting, sharing positive stories

- **Relating to others in a more positive way** – read books and share stories/experiences with the theme of being more compassionate and forgiving of others, treating relationships with greater care, how it was important to *receive* emotional support and compassion, and how important it was to *give* emotional support and compassion

- **New possibilities** – discuss if there are things that no longer seem as important as they did before the event, or things that they can no longer do; discuss new interests, capabilities and priorities that have developed

- **Appreciation of life** – this is where discussions about gratitude would be important, particularly about gratitude for the things that they have in their life and the things that they no longer take for granted

- **Spiritual and existential growth** – this area of posttraumatic growth encompasses a broad array of experiences, from growth in one's religious life, to what some describe as spiritual growth, to an interest in exploring the meaning and purpose of life; depending on the context of your school community and the developmental level of those who you are working with, consider whether or not to entertain such discussions, and appropriate ways to facilitate those discussions

Click on Image to access full Document

Recovery from a traumatic event is not a straight line upward from harm to hope. It is peaks and valleys. It is also not the same for every person. As noted in the "Trauma-Response Continuum" some people will be "just fine", others will struggle a little and a few a lot. Yet, part of human resilience is our capacity to never all be down at the same time. Part of our evolution is knowledge to do it better now than ever before. We understand the science of loss, grief and trauma in ways that transcends prior generations. But the experience and meaning of these things will always be unique to those living it at the time. Therefore, our genuine interest in the stories of those we are responsible to lead will demonstrate caring and instill hope in ways that will guarantee that education will move forward and learning will remain the firm foundation to build progress upon.

The National Traumatic Stress Network (NCTSN)

New NCTSN Resources
- [HELPING CHILDREN WITH TRAUMATIC SEPARATION OR TRAUMATIC GRIEF RELATED TO COVID-19](#)
- [TRINKA AND SAM FIGHTING THE BIG VIRUS: TRINKA, SAM, AND LITTLETOWN WORK TOGETHER](#)
- [FIGHTING THE BIG VIRUS: TRINKA'S AND SAM'S QUESTIONS](#)
- [SUPPORTING CHILDREN DURING CORONAVIRUS (COVID19)](#)
- [SIMPLE ACTIVITIES FOR CHILDREN AND ADOLESCENTS](#)
- [PARENT/CAREGIVER GUIDE TO HELPING FAMILIES COPE WITH THE CORONAVIRUS DISEASE 2019](#)
- [COPING IN HARD TIMES: FACT SHEET FOR SCHOOL STAFF](#)
- [COPING IN HARD TIMES: FACT SHEET FOR YOUTH HIGH SCHOOL AND COLLEGE AGE](#)
- [COPING IN HARD TIMES: FACT SHEET FOR PARENTS](#)
- [COPING IN HARD TIMES: FACT SHEET FOR COMMUNITY ORGANIZATIONS AND LEADERS](#)

Other NCTSN Resources
- [CHILD TRAUMA TOOLKIT FOR EDUCATORS](#)
- [PSYCHOLOGICAL AND BEHAVIORAL IMPACT OF TRAUMA: PRESCHOOL CHILDREN](#)
- [PSYCHOLOGICAL AND BEHAVIORAL IMPACT OF TRAUMA: ELEMENTARY SCHOOL STUDENTS](#)
- [PSYCHOLOGICAL AND BEHAVIORAL IMPACT OF TRAUMA: MIDDLE SCHOOL STUDENTS](#)
- [PSYCHOLOGICAL AND BEHAVIORAL IMPACT OF TRAUMA: HIGH SCHOOL STUDENTS](#)
- [CREATING, SUPPORTING, AND SUSTAINING TRAUMA-INFORMED SCHOOLS: A SYSTEM FRAMEWORK](#)

National Association of School Psychologists (NASP)

- [Countering Coronavirus Stigma and Racism: Tips for Teachers and Other Educators](#)
- [Countering COVID-19 (Coronavirus) Stigma and Racism: Tips for Parents and Caregivers](#)