FALL RE-ENTRY CONSIDERATIONS IN THE CONTEXT OF THE PANDEMIC
Basic Assumptions: Crisis Theory

Crisis Event Characteristics

- Event predictability, consequences, duration, and intensity interact with the crisis event

Source: Brock et al. (2009).
Person Characteristics that Determine Crisis Impact

THREAT PERCEPTIONS

WARNING SIGNS (Early/Enduring)

PERSON

PROXIMITY TO CRISIS EVENT (Physical/Emotional)

PERSONAL VULNERABILITY (Internal/External)
INCREASED VULNERABILITY

In this crisis, everyone is potentially a first responder AND a victim

FIRST RESPONDERS
DOCTORS/NURSES
PD/FD
GROCERY STORE WORKERS
TRUCK DRIVERS/DELIVERY PEOPLE
CRISIS TEAM MEMBERS
TEACHERS
PARENTS
STUDENTS

VICTIMS
DOCTORS/NURSES
PD/FD
GROCERY STORE WORKERS
TRUCK DRIVERS/DELIVERY PEOPLE
CRISIS TEAM MEMBERS
TEACHERS
PARENTS
STUDENTS

The indefinite, uncertain nature of this crisis can overwhelm individuals’ coping resources, exacerbating pre-existing conditions such as, addiction, depression, anxiety, PTSD, etc. exponentially.
Teachers & parents are our MENTAL HEALTH ALLIES in this crisis. More than ever they are our eyes & ears on the front lines. We have to support them with INFORMATION, CONSULTATION, and PERSONALLY, as caregivers. Attending to the MENTAL HEALTH and COGNITIVE GROWTH can no longer be separate, we MUST ATTEND to the WHOLE PERSON.

Maslow’s Hierachy of Needs (Updated)
Maslow’s Hierarchy of Needs Applied to Teaching During the COVID-19 Crisis

- Skills for online/remote learning
  - Do they have access to instructional materials?
  - Do they have coping skills to deal with crisis and emotions?
  - Do they know they are loved and missed?
- Are students safe and fed?

Swansboro High School
Levels of School Crisis Interventions

<table>
<thead>
<tr>
<th>Indicated Crisis Interventions</th>
<th>Tier 3</th>
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<tbody>
<tr>
<td>Provided to those who were severely traumatized</td>
<td>Psycho-therapy</td>
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<tr>
<td>Typically a minority of crisis survivors; however, depending upon the nature of the crisis can include a significant percentage</td>
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<thead>
<tr>
<th>Selected Crisis Interventions</th>
<th>Tier 2</th>
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<tr>
<td>Provided to those who were moderately to severely traumatized</td>
<td>Individual Crisis Intervention</td>
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<tr>
<td>Following highly traumatic crises, can include an entire school</td>
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<tr>
<th>Universal Crisis Interventions</th>
<th>Tier 1</th>
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<tr>
<td>Provided to all students who were judged to have some risk of psychological trauma</td>
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<tr>
<td>Depending on the nature of the crisis, can include an entire school</td>
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<tr>
<th>Tier 1</th>
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<tbody>
<tr>
<td>Caregiver Trainings</td>
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<tr>
<td>Classroom Meetings</td>
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<tr>
<td>Informational Bulletins, Flyers, and Handouts</td>
</tr>
<tr>
<td>Reestablishing of Social Support Systems</td>
</tr>
<tr>
<td>Evaluation of Psychological Trauma</td>
</tr>
<tr>
<td>Endured Perceptions of Security and Safety</td>
</tr>
<tr>
<td>Reaffirmation of Physical Health</td>
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<tr>
<td>Prevention of Psychological Trauma</td>
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The CDC’s & SAMHSA's six principles that guide a trauma-informed approach, include:

• Ensure safety.
• Establish trustworthiness.
• Encourage peer support.
• Encourage collaboration.
• Prioritize empowerment & choice.
• Understand cultural, historical & gender issues.
Commissioner's position statement on the short term future of education

❖ Social and Emotional Well-being — The CSDE had established social and emotional well-being as a priority pre-COVID-19, given its relationship to improving conditions for learning and ultimately improving students’ school and life outcomes. The COVID-19 related trauma, anxiety, and distance from the relationships formed at school during the long period of class cancellation, have intensified the need for quality social emotional supports for students as well as educators.

• CARES Act funding will augment the development of a statewide social and emotional learning (SEL) framework that will support educator professional learning and implementation of evidenced-based programs.

• Provide professional learning through RESCs and SERC to support educators in providing social and emotional supports;

• Provide resources to districts for delivery of general behavioral and mental health screening;

• Promote implementation of universal SEL curriculum/programming at the district level and secure resources for outreach or professional learning on Equity, Implicit Bias and Inclusion.
One Model for RE-ENTRY Based on CSDE Priorities


2. Summer 2020 Workshops with Teachers and Support Staff to promote trauma-informed care for all
   • SEL infused Academic Lessons – teacher/support staff collaboration
   • Education on MH warning signs (e.g., Psychological First Aid) to prepare teachers/parents to identify students/staff/parents who need support

3. Support Staff as supercharged consultants/tele-helpers
   • Virtual Office hours to support teachers/parents support students
   • Virtual Office hours for students/colleagues/parents MH support
   • Operate triage – identify, monitor, and refer when necessary

https://greatergood.berkeley.edu/article/item/how_social_emotional_skills_can_fit_into_school_curricula
Preventing Youth Suicide: Tips for Parents and Educators

If you or someone you know is suicidal, get help immediately via 911, the National Suicide Prevention Lifeline at 1-800-273-TALK or the Crisis Text Line (text “HOME” to 741741).

Suicide is preventable. Youth who are contemplating suicide frequently give warning signs. Do not be afraid to ask about suicidal thoughts. Never take warning signs lightly or promise to keep them secret.

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Warning Signs</th>
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<tr>
<td>• Hopelessness</td>
<td>• Suicidal threats in the form of direct (e.g., “I want to die”) and indirect (e.g., “I wish I could go to sleep and not wake up”) statements</td>
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<tr>
<td>• Non-suicidal self injury (e.g., cutting)</td>
<td>• Suicide notes, plans, online postings</td>
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<td>• Mental illness, especially severe depression, but also post traumatic stress, ADHD, and substance abuse</td>
<td>• Making final arrangements</td>
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<tr>
<td>• History of suicidal thinking and behavior</td>
<td>• Preoccupation with death</td>
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<td>• Prior suicide among peers or family members</td>
<td>• Giving away prized possessions</td>
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<td>• Interpersonal conflict, family stress/dysfunction</td>
<td>• Talking about death</td>
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<td>• Presence of a firearm in the home</td>
<td>• Sudden unexplained happiness</td>
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<tr>
<td>• Increased risk taking</td>
<td>• Increased risk taking</td>
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<tr>
<td>• Heavy drug/alcohol use</td>
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**What to Do**

- Remain calm, nonjudgmental and listen.
- Ask directly about suicide (e.g., “Are you thinking about suicide”).
- Focus on your concern for their well-being.
- Avoid being accusatory (e.g., don’t say, “You aren’t going to do anything stupid are you?”).
- Reassure them that there is help; they will not feel like this forever.
- Provide constant supervision. Do not leave the youth alone.
- Remove means for self-harm, especially firearms.
- **Get help!** Never agree to keep suicidal thoughts a secret. Tell an appropriate caregiving adult. Parents should seek help from school or community mental health resources as soon as possible. School staff should take the student to a school-employed mental health professional.

**Reminders for Parents**

After a school notifies a parent of their child’s risk for suicide and provides referral information, parents must:

- **Continue to take threats seriously.** Follow through is important even after the child calms down or informs the parent “they didn’t mean it.”
- **Access school supports.** If parents are uncomfortable following through on referrals, they can give the school psychologist permission to contact the referral agency, provide referral information, and follow up on the visit.
- **Maintain communication with school.** After an intervention, the school will also provide follow-up supports. Your communication will be crucial to ensuring that the school is the safest, most comfortable place possible for your child.

QUESTIONS?
CONTRIBUTIONS?
TAKEAWAYS?

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