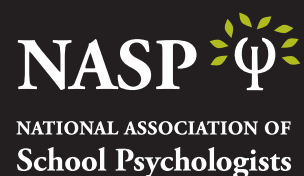




School Reentry Considerations

Supporting Student Social and Emotional Learning and Mental and Behavioral Health Amidst COVID-19





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Supporting Student Social and Emotional Learning and Mental and Behavioral Health Amidst COVID-19

Local education agencies and individual schools planning for students and staff to return following COVID-19 closures must prioritize efforts to address social and emotional learning and mental and behavioral health needs. Equally important is ensuring staff feel their physical and mental health needs are supported. Districts should ensure all policies or recommendations are culturally sensitive and ensure equity and access for all youth.

Addressing the academic skills gap remains an important objective; however, students will not be ready to engage in formal learning until they feel physically and psychologically safe. Establishing that sense of safety may take weeks or even months, depending on the evolving context in individual communities and a range of factors unique to each individual. Even within a school community, individual students and staff may be continuing to experience different stressors that could affect their personal sense of safety.

Schools should not rely on individuals to create and implement support plans in a patchwork fashion. District-level leadership can ensure a multitiered system of supports that addresses both academic skills and emotional and behavioral health. Schools and districts must make sure these supports are consistently available to all students and adults in each building.

This document outlines key considerations for district and building leaders, educators and school-employed mental health professionals (e.g. school counselors, school psychologists and school social workers) to guide efforts that support students' social and emotional well-being. The document also focuses on the many unique discussions that must occur locally to help prepare schools to support students' psychological safety, social and emotional learning, and mental and behavioral health.

Decisions for each of these considerations will vary depending on the format in which instruction resumes (i.e., hybrid, staggered attendance, full return to face-to-face instruction). Each local community must evaluate needs and available resources when developing a local reentry plan.

The considerations included below are intended to help guide planning and decision making and should not be seen as an exhaustive list of considerations. The successful re-opening of buildings requires school administrators, families, school nurses, school-employed mental health professionals, local public health officials and community stakeholders to collaborate regularly and effectively.

We encourage readers to consult other experts to inform plans related to additional key aspects of school reentry (e.g. transportation, sanitation, continuity of operations, etc.) Guidelines from multiple agencies such as the Centers for Disease Control and Prevention (CDC) and state and local health departments will help inform planning around physical distancing, hygiene, scheduling, face masks, etc. All of these efforts should occur in conjunction with one another. The end of this document includes additional resources that may be helpful in planning for reentry.

***This document will be updated as various reentry plans evolve. Successful reentry plans will inform innovative ways schools address student and staff psychological safety, social and emotional learning, and mental and behavioral health during the transition to in-person learning.*

Multidisciplinary Decision Making



SCHOOLS AND DISTRICTS SHOULD:

- Establish a multidisciplinary team dedicated to planning for school reentry. Teams should include school administrators, school-employed mental health professionals (e.g. school psychologists, school counselors and school social workers), teachers, school nurses, local public health officials, and district and community stakeholders. Possible responsibilities of this team include:
 - Reviewing guidance from local, state and federal agencies
 - Coordinating responses within and across schools and the community
 - Clearly communicating reentry, short-term recovery and long-term recovery plans with parents, families and other relevant community stakeholders.
 - Engaging in resource mapping to identify available resources and needs. This process should include an examination of existing school-based teams.
 - Mapping common goals and streamlining efforts to avoid duplication.

- Making decisions around temporary reallocation of resources depending on need (e.g., repositioning school nurses if certain parts of the district report more cases of COVID-19).
- Provide scripts for teachers and other staff to read to students to ensure consistent communication from a trusted and familiar adult.

RELATED RESOURCES:

[NASP COVID-19 Resource Center](#)

[Resource mapping strategy guide](#)

[Responding to COVID-19: Steps for school crisis response teams](#)

[School counseling during COVID](#)

Addressing Social and Emotional Learning and Mental Health Needs



SCHOOLS AND DISTRICTS SHOULD:

- Develop strategies and supports for students, families and staff members for each phase of recovery (before reopening, immediately after reopening and long-term support).
- Develop a referral system for individuals who need targeted support as well as access to school-employed and community mental health professionals.
- Recognize home is not a safe place for some students and develop a plan to identify and support them. The degree of stress experienced by students during this period will vary significantly. For some, the impact on emotional well-being and neurology can be long-lasting, even after a return to the previous status quo.
- Examine infrastructure to conduct universal social and emotional screenings, recognizing typical base rates and norm comparison data may be skewed. See [“Best Practices in Social, Emotional and Behavioral Screening: An Implementation Guide”](#) for more information and suggestions how to implement universal social and emotional screening. Generally, such screening processes should:
 - Ensure staff capacity to conduct the screening with fidelity
 - Have an established purpose ahead of time (e.g., helping identify students that may need follow up; helping identify capacity needs as a school/district; developing a system to provide tiered interventions)
 - Develop buy-in
 - Examine both risk factors as well as protective and promotive factors that reflect well-being and resilience
 - Not be used for diagnostic purposes
 - Help monitor social and emotional functioning
 - Establish a plan to analyze data and follow-up as needed, including ensuring appropriate staff is available to implement next steps
- In addition to and/or in the absence of formal screenings, school employed-mental health professionals should establish regular informal check-ins with all students especially in times of virtual learning. This allows prevention services to continue and establishes a system to determine how to provide effective intervention services as needed.
- Establish a process to help identify and provide supports to students or staff perhaps at higher risk for significant stress or trauma from COVID-19. This should involve conducting psychological triage to determine who needs crisis intervention support through a review of data about students and staff that they received during the closure. Data can include those experiencing death or loss of someone close to them; those with significant disruption to lifestyle such as food insecurity, financial insecurity; those with a history of trauma and chronic stress or other pre-existing mental health problems; those with exposure to abuse or neglect; and communities with previous history of educational disruption (e.g., significant natural disasters, school-located mass casualty events).
- Do not assume students in need will voluntarily disclose their distress or want to talk immediately.
- Consider the impact of masks on the ability to read emotions and facial expressions, follow speech, participate in speech-related interventions, and generally participate and focus on academics. Consider additional impacts on English-language learners, students with disabilities, including those with physical disabilities or those who are deaf and hard of hearing.
- Teach skills in validation, acknowledging everyone has/had a different experience from COVID-19, and not everyone in each school will be in the same place in recovery. Individual trajectories will vary significantly. Validate that some are disappointed, some had fun, some are grieving, some are exhausted from added responsibilities at home, some are scared, etc.
- Facilitate classroom meetings in collaboration with a school-employed mental health professional to allow students to collectively process their experience. This may need to occur more than once during the first few weeks of reentry and may need to be repeated if additional school closures occur.
- Facilitate evidence-based psychoeducational classroom lessons with school-employed mental health professionals to address mindset and behavior standards (e.g., learning strategies, self-management skills, social skills). These can follow models that may already be in place in the building (e.g., restorative/community circles, advisory period, social and emotional learning lessons).

- Anticipate significant academic, emotional and social regression, yet try to build from some of the unique learning experiences students may have had at home.
- Recognize the potential negative impact of an environment that still requires minimized social interactions, face coverings and lack of shared manipulatives or toys to help de-stress. Schools may wish to invest in things like squeeze/stress balls for each individual student along with masks.
- Establish an intentional focus on social and emotional skill building, mental and behavioral health, personal safety and self-regulatory capacity, which likely regressed with a lack of social interactions. Avoid assuming that lack of demonstration of social skills represents willful disobedience or purposeful insubordination. This should take priority over academics.
- Social and emotional learning curriculum should be intentionally embedded into core academic subjects to ensure they can be delivered in scenarios that would require an abbreviated school-day, hybrid virtual school day or an abrupt switch to virtual schooling.
- If attendance drops due to higher rates of school refusal or if attendance becomes optional due to medically fragile students or family members, have a system in place for school-employed mental health professionals to check in with students and families during the timeframe COVID-19 may still be a threat.
- Acknowledge the potential loss experienced by students who cannot participate in various activities that contribute to their development and sense of self (e.g., sports, performances, traveling)

RELATED RESOURCES:

[ASCA Mindsets and Behaviors for Student Success](#)

[Best Practices in Universal Social, Emotional and Behavioral Screening: An Implementation Guide](#)

[Mental and Behavioral Health Services for Children and Adolescents](#)

[Prevention and Wellness Promotion](#)

[School counselor and student mental health](#)

[School Counselor and Social/Emotional Development](#)

[School counselor role in risk assessment](#)

[Supporting children's mental health: Tips for parents and educators](#)

Relationships and Transitions



SCHOOLS AND DISTRICTS SHOULD:

- Acknowledge the lack of closure many students and staff had from the previous school year.
- Consider opportunities (when available) to spend time with previous classmates or teachers. Some elementary schools may also consider “looping” to allow teachers to follow students for all or part of the year. Such decisions will require significant planning and consideration at the local level.
- Establish back-to-school social events to allow peers and staff to re-connect. These may need to occur virtually, including virtual school tours and classroom visits. Back-to-school transitions will likely require more time than usual.
- Acknowledge that, for some, returning to school will be incredibly challenging; whereas, the transition will be straightforward for others.
- Recognize the unique transition challenges of those entering a new school, either due to moving or aging up to a new school (e.g., kindergarten, new middle-schoolers, high school freshman). Provide additional opportunities to get acquainted.
- Work with feeder schools to see if/what transition activities occurred before or during school closures.
- Consider matching up peer-buddies, particularly for students who may be at risk of a challenging transition. Peer-buddies can include same grade peers or matching older and younger students.
- Consider establishing year-long homerooms or advisory periods that create opportunities for students to check-in before engaging in the instructional day.
- Put in a long-term plan to bolster the process of welcoming students to school each day (e.g., have staff greeting students as they exit the bus or at drop-off locations). Establish routines to make students feel welcomed amidst the potential for temperature checks, mask distribution and other health requirements as students enter the building each day.

- Make concerted efforts to build the school community and establish staff/student relationships (e.g., have staff learn student names, even those not in their classes or on their caseloads).
- Anticipate significant fatigue and sleepiness, particularly among adolescents. Implement a more gradual re-introduction of academic rigor compared with previous years, with a shift in focus and expectations on social and emotional well-being, self-efficacy and adaptive skills.
- Teach and reteach expectations and routines, and avoid punitive approaches when managing physical distancing requirements when possible. Consider refraining from introducing new academic content until routines are firmly re-established.
- Consider opportunities for students to work cooperatively, feel empowered and assist others, which can prove restorative following significant disruption and collective stress. This can include planting or working in a community garden, helping to make masks for health care workers or others in the community or creating a drive to support local businesses.
- Provide students opportunities to voice concerns, challenges and needs.

RELATED RESOURCES:

[CASEL guide to schoolwide SEL essentials](#)

[Create a school-based mentor program](#)

[Second Step online tools and webinars](#)

[School counselor and peer support programs](#)

[School refusal: Information for Educators](#)

Potential for Trauma



SCHOOLS AND DISTRICTS SHOULD:

- Recognize the potential for higher rates of certain adverse childhood experiences (ACES) and/or stressors during school closures, and underreporting of those stressors, that may put students at higher risk of trauma. These may include:
 - Parental substance use and abuse
 - Exposure to domestic violence
 - Child maltreatment
 - Homelessness (and general worsening of poverty and economic gaps)
 - Financial/food/occupational/housing insecurity
 - Mental health issues or exacerbation of underlying issues
 - Family separation (some were away and couldn't return, or not seeing loved ones)
 - Grief/loss that could not be processed (either personal or affecting the entire school community)
- Recognize stigma and racism that may occur as a result of COVID-19, including:
 - Asian American students and staff
 - African American students and staff who were targeted due to wearing masks in public
 - Undocumented students and families with no access to health care or who experienced detainment

- Those who became sick or tested positive for COVID-19
- Those who have a family member who became sick or tested positive for COVID-19
- Those with allergies or respiratory illnesses that may result in coughing or sneezing

RELATED RESOURCES:

[Address ACES](#)

[Addressing Grief](#)

[Countering Coronavirus Stigma and Racism](#)

[Creating Trauma-Sensitive Schools: Supportive Policies and Practices for Learning \(Research Summary\)](#)

[Guidance for Trauma Screening in Schools](#)

[School counselor and trauma-informed practice](#)

[Supporting students experiencing childhood trauma](#)

Addressing Physical and Psychological Safety



SCHOOLS AND DISTRICTS SHOULD:

- Identify habits or systems to be put into place now to help ensure both physical and psychological safety. Clear evidence and understanding of safety measures reinforces psychological safety, which is critical to overall safety. This includes social distancing and sanitation and hygiene considerations for settings where students are gathered closely (e.g., lunch, physical education classes, recess, transportation). Some strategies may include:
 - Ensuring specialized instructional support personnel (e.g., school counselors, school psychologists, speech-language pathologists) have adequate space to conduct confidential sessions while maintaining social distancing requirements.
 - Posting videos on the district and/or schools' websites and social media showing school leaders and other personnel demonstrating what the district is doing to clean and sanitize schools as well as other healthy hygiene habits (e.g., handwashing, covering coughs and sneezes). This should occur both prior to opening and ongoing.
 - Consider a process for sanitizing shared objects, including those used by school psychologists or school counselors. These may include testing materials, fidget items or other manipulatives.
- Clearly define an expectation for using masks and other sanitization procedures. Separate guidelines may be necessary for students or staff who have medical or physical needs or who otherwise have been advised not to wear a mask. Maintain consistent guidelines to address situations where individuals or families refuse to wear a mask or follow social distancing expectations, while attempting to avoid punitive disciplinary measures. Acknowledge and be prepared to address possible stigma or fear if some people are wearing masks and some are not.
- Consider changes to a calm or wellness room, such as keeping items sanitized or ensuring more than one student can maintain a safe distance. Develop a virtual wellness space that include quotes, pictures, soothing music or videos and information on where to seek additional support if needed.
- Plan for individuals who are immune-compromised or otherwise at risk, including those with family members testing positive for COVID-19, students with health problems or physical disabilities, individuals with respiratory problems/allergies, etc.
- Consider virtual visits or phone calls to the school nurse for nonemergency concerns, and have spillover space to medically isolate at-risk individuals if needed.
- Be prepared for the potential that many students have not had access to medical care, either due to physical distancing or loss of medical insurance, which may increase the need or requests to see the school nurse.
- Establish attendance and sanitation guidelines for COVID-19-related illness and exposures (e.g., what to do if a student or staff tests positive for COVID-19 vs. student or staff exposure to COVID-19). This includes guidance on virtual learning expectations during the period a student is home and a timeline of how long a student or staff member should remain symptom-free before returning to school. Also communicate how the school will be cleaned.

RELATED RESOURCES:

[CDC: Cleaning and disinfecting your facility](#)

[CDC: COVID-19 considerations for school](#)

[Framework For Safe and Successful Schools](#)

Discipline



SCHOOLS AND DISTRICTS SHOULD:

- Acknowledge students have had inconsistent behavior and academic expectations for the previous several months. Expectations and appropriate behavior should be explicitly and regularly retaught.
- Focus on positive and effective discipline practices within a multitiered system of supports.
- View behaviors through a trauma-informed lens and as a potential symptom of deficits in regulatory skills and a prolonged adjustment period.
- Implement culturally responsive, restorative practices.
- Avoid punitive discipline such as suspension or expulsion that forces the student to leave the school environment, except for the most severe cases that put other students or staff in danger.
- Anticipate student defiance or resistance as a method of establishing control. Many students may feel disempowered, victimized, abandoned or resentful. Others will have lost trust and faith in the school's ability to care for and protect them or may experience emotional numbing. Adults working with these students should develop ways to empower students and provide unconditional positive support to build trust. Take extra time for relationship building.

RELATED RESOURCES:

[NASP – Discipline: Effective school practices](#)

[NASSP – School discipline](#)

[NPTA – Positive school discipline](#)

[Restorative school practices in action](#)

[School counselor and discipline](#)

[Effective School Discipline Policies and Practices \(Research Summary\)](#)

Addressing Staff Needs



SCHOOLS AND DISTRICTS SHOULD:

- Recognize staff may have:
 - Potentially experienced their own loss or stress (financial, personal, social, physical/medical)
 - Seen negative comments about the school's response or feedback from families
 - Not been able to say goodbye to certain students or staff members who aren't returning to the school
- Establish systemwide approaches to address secondary traumatic stress and compassion fatigue (e.g., tap in, tap out; buddy classrooms; boundary setting; self-care in the background).
- Self-care should become part of the school culture rather than be the entire responsibility of each individual staff member.
- Identify community resources available to support school staff.

- Increase communication efforts to ensure school staff are aware of the district's employee wellness benefits (e.g., employee assistance programs, mental health and wellness insurance coverage, FMLA).
- Work with human resources to determine procedures for taking sick leave due to COVID-19 concerns with themselves and/or their family.

RELATED RESOURCES:

[Coping With the COVID-19 Crisis: The Importance of Care for Caregivers](#)

[Resources to Promote Self-Care](#)

[Support for Teachers Affected by Trauma \(STAT\)](#)

[Tips for self-care](#)

Family Engagement



SCHOOLS AND DISTRICTS SHOULD:

- Ensure all efforts to engage and communicate with families are culturally sensitive. Ensure all written and oral communications are available in easily accessible formats and multiple languages; translation services can be made available upon request.
- Provide activities to help families feel comfortable sending their children back to school, such as:
 - Back-to-school open houses at the school or in the community, with the ability to ask questions, meet teachers and request opportunities to talk with school-employed mental health staff
 - A dry run of getting to school a couple weeks before the first day
- Engage families to get a better understanding of their concerns regarding student needs and ways to collaborate to support a successful reentry plan. This may include a needs assessment survey for students and families to identify points of anxiety and triggers for future potential stress.
- Use input provided by families to inform possible changes to the established attendance policies.

- Consider offering family education on specific strategies they can use at home to support successful reentry. This should also include information on how to seek support if they have specific concerns about their child.
- Work with families to identify those who may need assistance with food, clothing and other basic needs.
- Determine and communicate procedures for schools conducting home visits.

RELATED RESOURCES:

[Equity and family engagement COVID-19 resources](#)

[Talking to children about COVID-19: A parent resource](#)

[School-family partnerships](#)

[School Family Partnering to Enhance Learning: Essential Elements and Responsibilities](#)

Access to School-Employed Mental Health Professionals and School Nurses



The need for access to school-employed mental health professionals (e.g., school psychologists, school counselors, school social workers) and school nurses has never been higher.

SCHOOLS AND DISTRICTS SHOULD:

- Ensure at minimum a maintenance of existing positions, and aspire to national recommendations
 - School psychologists: 1:500 students
 - School counselors: 1:250
 - School social workers: 1:250
 - School nurses: 1:750*
- Connect with community providers as needed to address gaps
- Consider ways to increase accessibility virtually by posting information on the website and creating pathways for families and students to connect as needed

*Note: This ratio is recommended when the student population is healthy. Districts heavily affected by COVID-19 may want to consider a much lower ratio of school nurses to students.

RELATED RESOURCES:

[Role of the School Counselor](#)

[Role of the School Psychologist](#)

[Role of the School Social Worker](#)

[School nurses workload: Staffing for Safe Care](#)

Plan for Unpredictable and Evolving Context



As new data emerges throughout fall 2020 and beyond, the structure of schooling may change rapidly and differ from region to region.

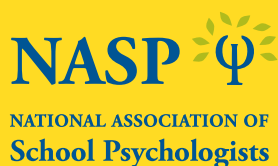
SCHOOLS AND DISTRICTS CAN:

- Leverage community resources (e.g., public libraries) to provide activities that support student social and emotional learning and academic growth on days students are not attending school in person.
- Review the successes and challenges from current COVID-19–related school closures to identify and address service gaps.
- Reinforce the importance of ongoing, relevant professional development for staff.
- Develop and clearly communicate decision points for additional school closures and plans to support students' academic, social and emotional, and mental and behavioral health needs.



ABOUT THE AMERICAN SCHOOL COUNSELOR ASSOCIATION

The American School Counselor Association (ASCA) promotes student success by expanding the image and influence of school counseling through leadership, advocacy, collaboration and systemic change. ASCA helps school counselors guide their students toward academic achievement, career planning and social/emotional development to help today's students become tomorrow's productive, contributing members of society. Founded in 1952, ASCA has a network of 50 state and territory associations and a membership of more than 36,000 school counseling professionals. For additional information on the American School Counselor Association, visit www.schoolcounselor.org.



ABOUT THE NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

NASP represents more than 25,000 school psychologists who work with students, educators and families to support the academic achievement, positive behavior and mental health of all students. School psychologists work with parents and educators to help shape individual and systemwide supports that provide the necessary prevention, early identification and intervention services to ensure that all students have access to the mental health, social-emotional, behavioral and academic supports they need to be successful in school. For additional information about the National Association of School Psychologists, visit www.nasponline.org.