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COVID-19 CRISIS

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Returning to School After COVID-19: Strategies for Schools

The COVID-19 pandemic is a public health crisis of proportions not seen in generations. In the spring of 2020, all 50 states were simultaneously under a disaster declaration (U.S. News, 2020) and most communities began to require distancing in order to mitigate virus spread. As a result, schools closed and distance learning and telehealth became the norm for most children. While many school districts had initially intended to resume face-to-face education before summer break, many schools plan to reopen in the fall.

Given the complex and ongoing nature of the COVID-19 crisis, as well as the extensive economic, educational, and personal impacts, the return to educating our children in brick and mortar buildings will present a number of significant challenges to school personnel. As such, it is critical that schools engage in planning and preparedness activities well before resuming face-to-face education and related services.

This article provides guidance for school psychologists and school leaders to plan for the reopening of schools post-COVID-19 using the PREPaRE model (Brock et al., 2016). The PREPaRE framework describes the full range of school crisis-related activities from prevention to recovery. Specifically: P (prevent and prepare for psychological trauma), R (reaffirm physical health and perceptions of security and safety), E (evaluate psychological trauma risk), P and R (provide interventions and respond to psychological needs), and E (examine the effectiveness of crisis prevention and intervention).

Prevent and Prepare for Crises

The first step in the PREPaRE model is to prevent and prepare for crisis situations. This requires the development of an emergency operations plan (EOP) or crisis plan (U.S. Department of Education, [DOE], 2013). The DOE *Guide for Developing High-Quality Emergency Operations Plans* provides information designed to assist districts in the development of their EOP that addresses the five mission areas of prevention, protection, mitigation, response, and recovery. These five areas are all key elements of a school district's crisis plan that must be addressed to fully heal and recover from a crisis such as the COVID-19 pandemic.

The school closures that resulted from the pandemic initiated the execution of the continuity of operations plan (COOP) annex in a district's EOP. This annex describes how essential functions will continue during an emergency and its immediate aftermath. These essential functions include business services (e.g., payroll and purchasing), communication (internal and external), computer and systems support, facilities maintenance, safety and security, and continuity of teaching and learning. This last section of a COOP focuses on how to "reconstruct" and transition back to school once it is safe to do so and triggers the implementation of the recovery annex of the EOP. Schools that do not already have a clear COOP will need to begin considering how this will look in their districts, especially if school does not resume as usual in the fall. For additional guidance, readers are referred to the DOE *Guide for Developing High-Quality Emergency Operations Plans* (2013).

The recovery annex comprises four sections: Academic, Physical, Fiscal, and Psychological and Emotional Recovery. Each of these must be considered in the plan to return to physical school buildings. The following are questions and considerations that may be helpful to assist district crisis teams in this planning.

Academic recovery. While returning students to the structure and routine of the school setting facilitates recovery, having typical or high academic expectations too early may to delay academic recovery. Consequently, academic explanations may initially need to be relaxed for some students. Key questions:

- How will schools handle the loss of instructional time over the 5–6 months of school closures?
- Will academic instruction and content be made up/rescheduled? If so what will this look like?
- How will the potential loss of instruction impact graduation credits? How will this be addressed?
- What will the transition back to 6 hours of daily academic instruction look like?
- How will additional accommodations or services be provided to students who have new academic and behavioral concerns after the extended closure?

Physical recovery. The primary focus will be on ensuring that all facilities and materials are clean and disinfected. Key questions:

- How will schools clean and sanitize the facilities (i.e., desks, chairs, tables, lockers, doorknobs, bathrooms, etc.) and the grounds (i.e., playground equipment, walkways, benches, doors, sports fields and equipment)? What measures will be taken by transportation staff to ensure busses are safe and sanitized? What funding is needed to support this effort?
- How will large group activities be structured (e.g., lunchtime, physical education, recess, assemblies)?
- How will the school ensure daily cleaning and sanitizing of all surfaces to prevent potential transmission of the virus?
- How will schools help students feel physically and psychologically safe in order for optimal recovery to take place? Consider the following strategies: rearrange classrooms so that there is physical distance between student desks/work spaces; provide classrooms with adequate hand sanitizer and disinfecting wipes, and require regular, scheduled use of these; provide masks for staff and students to wear if they choose.

Fiscal recovery. Key questions:

- How will districts manage budgetary concerns due to the crisis response? This includes paying for any unanticipated expenses that arose due to distance learning needs.
- How will districts provide compensatory services if special education services were not provided during the closure?
- How will information be provided to staff about compensation and the return to work? Does this involve negotiations with the union(s)?
- Are there sources of emergency relief funding available?

Psychological and emotional recovery. Additional information regarding this aspect of recovery is addressed in sections below. Key questions:

- How will the district engage in trauma informed practices and provide crisis intervention for students and staff members?
- How will building crisis response teams identify those students and staff members that need intensive support? What district and community resources are available for students and staff members in need?
- How will the school approach memorializing staff or students who died during school closures, especially if there are large numbers? What will be the emotional impact of multiple memorials over a short period of time?

Reaffirm Physical Health and Welfare and Perceptions of Safety and Security

Consistent with physical recovery considerations, the first priority upon the return to school will be to keep students and staff physically healthy and safe. Before any psychological recovery can occur, staff and students will need to be physically safe and to have their basic needs met. If students' physical safety needs are not met, they will not be able to learn. Similarly, the physical needs of staff members must be met to ensure that they are able to care for their students. As such, schools must fully address all issues described in the physical recovery plan prior to schools reopening, as well as once schools are in session. Moreover, schools must clearly demonstrate to students and staff that they are returning to a safe environment. Key questions:

- How will safety and sanitation measures be communicated to staff, students, and parents?
- Should schools begin the school year with partial or shorter school days to acclimate kids and staff members to getting back on the school bus and attending school again?
- How will the school ensure that basic needs of students and staff are met? This may be important considering the negative economic impacts of the pandemic.
- How will students with special needs be supported? Students with disabilities or those with chronic illnesses may require special actions to ensure their physical safety. For example, ensure that students with autism spectrum disorders are provided supports to adapt to any changes in the routine or environment. For students with cognitive delays, clearly communicate that they are safe and what they need to do to remain safe.

Recovery from a crisis such as the COVID-19 pandemic cannot occur solely with the reaffirmation of physical safety; students and staff must also truly believe they are safe. As such, once physical safety is addressed, schools must take steps to promote a sense of psychological safety. This includes strategies such as visibly and concretely demonstrating that the return to the school environment is safe. For example, post videos on the district's and schools' websites showing the school superintendent and other personnel demonstrating the measures the district is taking to clean and sanitize the schools, both prior to opening and ongoing. Or use social media to display signs and video messages reminding people about proper handwashing and how to properly cover a cough or sneeze.

In addition to visibly demonstrating the safety of the school setting, other strategies that promote a sense of safety and security include providing opportunities for action. Encouraging students to participate in efforts aimed at addressing crisis-generated challenges can help reduce feelings of helplessness and uncertainty. For example, tell students what they can do to ensure their physical safety (e.g., wash their hands, do not touch their face); engage them in sanitizing activities (e.g., go to the office for supplies, clean their own desk and materials); and include them in efforts to help the community (e.g., canned food drive).

A final consideration in promoting a sense of psychological safety is the importance of adult reactions in reaffirming not only objective physical health, but also perceived safety and security, especially for young children. Thus, if the adults are calm and positive about returning to school, it is more likely that the students will feel that way as well. This speaks to the need to ensure that staff members' perceptions of psychological safety have also been addressed.

Evaluate Psychological Trauma Risk

According to the PREPaRE model, school-based crisis teams must be ready to actively evaluate the needs of the students and, potentially, staff member colleagues following a crisis event. Psychological triage involves the identification of the highest-concern students first, while being ready to identify and check on moderate-concern and lower-concern students, too, as needed. An emergency room metaphor may be particularly appropriate when widespread psychological trauma is expected, such as what we might expect following a pandemic like COVID-19 (i.e., crisis teams must get to those with the most significant needs first). Others seeking assistance may have moderate or low needs and can "take a seat in the waiting room," to be seen as soon as possible, or perhaps even be evaluated as coping adequately with minimal universal supports in place. Those with the highest needs should receive intervention first and as soon as possible.

Variables to Consider When Doing Triage

Event variables. Event variables involve school-based crisis response teams reflecting on the nature of the event to estimate how much overall trauma or devastation may be expected. For example, generally, events that are human caused and intentional result in the highest levels of psychological trauma. While the COVID-19 virus was neither human caused nor intentional, other related event characteristics must also be considered (e.g., predictability, duration, consequences, intensity). Most people would likely report believing the extreme nature of this COVID-19 pandemic was highly unpredictable, the duration of this event has been and may continue to be long, and the consequences and intensity have been and may continue to be extremely significant for many. Event characteristic outcomes like this are often connected to widespread or significant psychological trauma among many students and staff members in schools.

Individual risk factors. Beyond the event variables just discussed, school-based crisis teams must consider the risk factors individual students and staff members bring with them upon return to the school setting. Of particular concern are individuals who were physically or emotional proximal to problems associated with the pandemic. While to some extent, all of humanity has been exposed to COVID-19, clearly some will have been more exposed to the effects of the virus than others. Examples are numerous, but may include things like being physically near and observing ill or dying loved ones (both physical and emotional proximity) or experiencing an increased level of domestic violence at home due to increased stress levels in the family (both physical and emotional proximity). Individuals who were physically near or emotionally close to individuals involved in a crisis are known to be at the highest risk for psychological trauma, and school-based crisis teams must attempt to identify and respond to those individuals quickly. Other individual risk factors that must be considered include various internal and external vulnerability factors (e.g., previous trauma history, perceptions of aloneness, underdeveloped support systems, living in poverty).

Individual warning signs. When schools reopen and resume traditional functioning, there may not yet be a clear and obvious closure to the COVID-19 pandemic, as it is unlike other crisis events that have clearer beginnings and ends. School-based crisis teams can expect that many students and staff members will still be experiencing this event directly in some ways (e.g., ongoing family illness, financial distress). Many individuals may still feel unsafe, as the threat may not be perceived as having passed. It then follows that many students and staff members may continue to demonstrate initial crisis reactions such as shock, anger, difficulty concentrating, increased anxiety, and emotional numbing. While for some, those initial crisis reactions may begin to remit before school resumes, for others, reactions may endure and have the potential to contribute to psychopathology. As part of the triage process, school-based crisis teams must identify those who are displaying enduring reactions or other indicators for immediate mental health crisis intervention (e.g., hopelessness, panic attacks, signs of significant depression).

Timing of Triage

Given that significant time will have already passed from the start of COVID-19 pandemic to the time students return to school, it will be particularly important to begin the triage process as soon as possible. School-based crisis teams are encouraged to begin preparing to do triage before students return to school, so the process can hit the ground running on Day 1. Crisis teams are highly encouraged to meet, virtually if necessary, several days or even weeks prior to the actual return of students to the school setting.

It is important to remember that triage is not simply a one-time evaluation; rather, it is always an ongoing process. Early crisis response team meetings during a pandemic could be used to review the event variables, risk factors, and warning signs that must inform primary/early triage decisions. Additionally, attempts can be made during early meetings to identify students who have experienced more significant physical proximity or emotional closeness to the direct effects of COVID-19, and students who have been previously identified as having various internal or external vulnerabilities could be identified for potential checking-in. Once interventions begin, ongoing monitoring of students should continue (i.e., secondary triage), as warning signs may come and go and individuals' needs are likely to shift over time. Finally, *referral triage* may occur as school-based interventions wrap-up, for students who are identified as needing longer-term Tier 3 psychotherapy.

High-Quality Triage Strategies

- Reconnect with community-based mental health services to confirm availability and expertise in serving youth with psychological trauma and related needs.
- At a staff meeting shortly after returning to school, engage teachers and other educators to assist with the triage process.

- Communicate frequently with families and other caregivers and share information about crisis reactions and warning signs.
- Utilize a documentation process (e.g., a way to note which students have been seen by a school-based mental health professional). For example, will a cloud-based documentation form be used?

Provide Crisis Intervention and Respond to Mental Health Needs

It is recommended that students return to school and familiar routines as soon as possible following a crisis. Getting kids back to school helps establish stability and continuity and is associated with reduced traumatic stress. It also allows staff to continue triage and monitor the needs of the school community. However, unlike an acute traumatic stressor that has a discrete beginning and end, the ongoing and uncertain nature of the COVID-19 pandemic creates the potential for chronic stress. Chronic stress causes the body to stay in a constant state of alertness, despite being in no immediate danger. Furthermore, the pandemic will result in significant loss for students and their families, as well as staff. In addition to the loss of life, significant financial and economic losses will result. Many individuals will struggle with food and housing insecurities that will contribute to mental health challenges and additional stress. Consequently, it will be critical for districts to use a trauma-informed lens when planning for intervention and responding to mental health needs. A trauma-informed approach to education acknowledges that a crisis such as the pandemic can limit an individual's ability to attend and learn and to regulate their behavior and emotions. This includes both students and adults in the school setting.

Multitiered System of Supports

The PREPaRE model advocates that school mental health crisis interventions be offered on a broad continuum. This includes interventions at the universal, selected, and indicated levels. Using such a multitiered system of supports is an effective means of meeting the varying needs associated with crisis exposure.

Tier 1—Universal interventions and support. Universal interventions are provided to the entire community. These include the previously described strategies of prevention of psychological trauma, reaffirmation of physical health, ensuring perceptions of safety and security, and evaluation of psychological trauma risk.

Reestablishing social supports. The reestablishment of natural social support systems is one of the most powerful of crisis interventions and is often the only crisis intervention needed for many individuals. Positive, nurturing interactions with trustworthy peers, teachers, and other caregivers is regulating and can calm the stress response that may be a consequence of a chronic stressor such as the pandemic.

There are a number of strategies that schools might consider employing to facilitate the reestablishment of social supports upon the return to school. One approach a school might consider is hosting an open house the day before classes resume. The open house is a comfortable and safe way for students to return to their school and allows for students to reconnect with peers as well as teachers and other school staff in a safe, supervised context. For example, in addition to having teachers in their classrooms where students can visit with them, the open house might offer common gathering areas such as the cafeteria for students. Students can be encouraged to draw or make get well or sympathy cards individually or in groups. Designated support rooms for those who might be struggling should also be available. Floating crisis responders should be available to listen, reflect, empathize, and provide coping suggestions or resources. An open house is an excellent place to engage in triage. Observe and take note of any students, parents, or staff who may be in need of follow-up and additional intervention or support.

Information sharing and psychoeducation. The PREPaRE model advocates the sharing of information as a Tier 1 intervention because this can foster a sense of empowerment and facilitate recovery. An understanding of the reality of the incident and the danger can foster a sense of safety. As such, facts and information should be shared with the entire school community, including primary caregivers and families, both before and during the transition back to face-to-face education.

As part of planning and preparedness, school leaders should develop a fact sheet that includes all verified pertinent information about the crisis, including what is known about the nature of the pandemic and the numbers of those who became ill or died (both in the local, district context and more broadly). Additionally, information regarding potential crisis reactions, (including those associated with chronic traumatic stress), the specific steps the school and district are taking to address safety concerns, and available resources should be included. This fact sheet can be used to develop informational documents that can be posted on the school's website, sent home to primary caregivers, and used in the context of other crisis interventions such as classroom meetings and caregiver trainings.

Classroom meeting. An effective way to share factual information with students is via a classroom meeting (Reeves et al., 2010). Ideally, classroom meetings should be led by a familiar classroom teacher and held as soon as possible after the crisis. For example, when students return to school, the first 20 minutes of first period might be dedicated to a pandemic-related classroom meeting. Teachers should be given a script to read so that all students receive the same information at the same time. Schools might consider giving teachers the option of having a “mental health buddy” with them in the classroom during this time. This professional can answer questions and support the teacher and students as needed. As with many PREPaRE crisis interventions, classroom meetings provide an opportunity to engage in triage and identify students who may need additional or more intensive supports.

It is critical that teachers are provided with the same factual information, as well as instruction on how to structure their classes in the immediate days following the resumption of face-to-face schooling. While some teachers may instinctively know that their students need structure and routine to feel safe, some may not and will need guidance regarding how to structure their classes and approach instruction. Additionally, the process for referring students to the school-based crisis response team must be shared with teachers. This information can be disseminated during a caregiver training offered to teachers and other school staff.

Caregiver training. As a Tier 1 crisis intervention, caregiver trainings are an efficient means of sharing the facts about the pandemic. Additionally, caregiver trainings are intended to teach adults how to support their children or students, give information about common and psychopathological reactions, and provide strategies for managing crisis reactions. This should include information related to the impact of the chronic nature of the COVID-19 pandemic and the potential effects of chronic traumatic stress. Caregiver trainings for teachers can be incorporated into the first staff meeting scheduled at the school to plan for the return to face-to-face learning. Ideally, parents and other primary caregivers should have the opportunity to participate in their own caregiver training prior to the reopening of the school.

Tier 2–Selected/targeted interventions. These interventions are provided to students who need additional support beyond universal supports.

Psychoeducational groups. Students who have crisis-generated problems may benefit from a psychoeducational group. As a Tier 2 intervention, psychoeducational groups are intended for those selected students who need more direct intervention, and work well for preexisting groups, such as students whose teacher fell ill with the virus. The PREPaRE model of psychoeducational groups includes four basic tenets that can be helpful in planning: sharing of crisis facts, identifying and normalizing crisis reactions, identifying maladaptive crisis reactions and coping strategies, and development and promotion of healthy forms of coping and stress management.

Psychoeducational groups parallel caregiver trainings in terms of process and goals; however, the focus is shifted from taking care of others to taking care of oneself. Psychoeducational groups can reduce distress and strengthen a sense of self-efficacy and promote adaptive coping. The group can be offered in a natural environment such as a classroom and can be offered as soon as the need has been identified.

Group crisis intervention. More intensive than psychoeducational groups, group crisis intervention is a Tier 2 intervention designed for more traumatized students. These groups are similar to other psychological first aid approaches and are not intended to be an ongoing intervention. Rather, the group is an active and direct attempt by crisis interveners to promote adaptive coping and directly respond to acute distress. This intervention is appropriate for individuals who shared a crisis-related experience and who would like to talk about it. For example, a group crisis intervention might be offered for students whose teacher died from the virus or for students who lived in an apartment building where a number of tenants died. Because this intervention includes the sharing of crisis stories and reactions, the use of triage data in the careful selection of group members is critical. As such, group crisis interventions will likely be offered later than the Tier 1 interventions, perhaps several weeks after school resumes.

Individual crisis intervention. A final Tier 2 intervention is individual crisis intervention. This intervention is intended for students whose crisis reactions have overwhelmed their coping abilities. This intervention is not psychotherapy and is typically offered “on the fly” to anyone who appears to have immediate coping challenges. Students who are acute trauma victims (i.e., those directly impacted by the virus, such as those who had been ill or had family members who were ill) may benefit from the specific coping guidance included in individual crisis intervention.

Tier 3—Tertiary interventions. Tier 3 interventions are designed to address significant crisis-generated problems.

Referral to community mental health intervention. Unfortunately, some students may return to school with challenges that cannot be addressed via school-based crisis interventions. These individuals, who have adverse reactions and develop psychopathology, will need to be referred for psychotherapeutic treatments. Making such referrals requires that crisis team members know when a referral should be made, as well as where to refer the individual. Having knowledge of professionals in the community who can provide therapeutic treatments appropriate for traumatic stress is critical to this process. Additionally, referral procedures must be developed well ahead of time in collaboration with the school administrator.

CBITS. While not officially part of the PREPaRE framework, the cognitive behavioral intervention for trauma in schools (CBITS) program might be considered as a Tier 3 intervention. CBITS is a school-based group and individual intervention (Jaycox, Langley, & Hoover, 2018). It is designed to reduce symptoms of posttraumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills.

CBITS can be used with students 5th through 12th grade who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters. CBITS uses cognitive–behavioral techniques (e.g., psychoeducation, relaxation, social problem solving, cognitive restructuring, and exposure). The CBITS manual and online training can be accessed for free (https://cbitsprogram.org).

Examine the Effectiveness of Crisis Preparedness and Intervention

The fifth and final element of the PREPaRE model refers to the ongoing examination of school safety and crisis response efforts. This allows for the making of adjustments to the EOP and subsequent response and recovery efforts as well as the opportunity to celebrate the work that was accomplished. Part of the examination process should include an after action report. This report, completed by the district team, documents the description of the pandemic event, what went well in the crisis response, what needed improvement/lessons learned, and what are the next steps needed to improve the plan in the future. Additional means of examining effectiveness include analysis of data collected pre- and postcrisis. This might include academic indicators, such as grades and test scores, as well as behavioral indicators such as disciplinary referrals and actions and attendance rates. Parents, students, and staff can also be surveyed regarding their evaluation of the response and recovery.

Conclusion

The return to school and recovery from the COVID-19 pandemic will present a range of challenges to school districts and will require thoughtful and comprehensive planning and preparedness. The information shared in this article can provide guidance to schools as they plan for students and staff to reengage in face-to-face education.

Find more resources in the NASP COVID-19 Resource Center at www.nasponline.org/COVID-19. For information regarding the PREPaRE training curriculum, visit www.nasponline.org/prepare.

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