Trauma-informed planning strategies to help students transition back to school in the era of COVID-19

Many students and staff will return to school in the fall with trauma, which can adversely affect teaching and learning. To help schools and districts develop a trauma-informed plan as they prepare to reopen, we've distilled crisis response guidance from federal agencies, national professional associations, and federally funded research collaboratives and technical assistance centers. This guidance suggests that responding to COVID-19-related trauma will require an iterative strategy that schools should initiate before the start of the school year and involves five steps: assessing, planning, building capacity, implementing, and reassessing. The recommendations that follow outline the first three, each of which can be completed over one to two months:

Phase 1. Assessing the mental health, physical health, and socioemotional learning supports students are most likely to need upon their return to school

Phase 2. Planning a trauma-informed response to address these needs by identifying resources, policies, practices, and procedures staff will need to facilitate a positive, compassionate, and informed response

Phase 3. Building capacity of school staff to carry out the plan by identifying training opportunities and forming study teams on priority topics

Phase 4. Implementing the plan

Phase 5. Reassessing the extent to which needs are being met, how they might have changed, and whether new needs have emerged

Phase 1. Assess: Debrief your school’s initial COVID-19 response and identify anticipated needs once you reopen.

• Form a crisis response team to identify the depth and breadth of COVID-19-related disparities and impacts on the emotional health and well-being of your students to determine whether and to what degree whole-school, targeted, or individualized supports will be necessary. Before schools reopen in the fall, consider the following:
  • Administering one of the U.S. Department of Education’s free school climate surveys to students and staff over the summer (administering surveys at the start of the school year can also be beneficial, if not ideal).
  • Conducting remote student focus groups to gather feedback on the school’s response, discuss survey results (if applicable), and solicit recommendations

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• Assessing your school’s capacity to ensure equitable access to mental health services during and after COVID-19 school closures, particularly among the most vulnerable students such as those experiencing housing insecurity or homelessness, foster youth, and students with disabilities
• Engaging community stakeholders to explore local factors contributing to mental health needs
• Determining service delivery gaps and capacity-building needs by exploring the following questions:

### Questions to Ask During Needs Sensing

**Initial COVID-19 Response**
1. How well are we responding to the initial school closure and the shift to remote learning? What is working well and what could we do better? Which students are at greatest risk of disconnecting from our school community?
2. Did we have systems in place to identify and serve students and families with the greatest need? Do we know which students have fallen through the cracks? Why or why not?
3. How well do staff connect with and support each other?
4. What have we learned from our response thus far?

**Evidence**
5. How can we ensure that our decision making about students’ mental health, physical health, and socioemotional learning needs relies on evidence instead of anecdotes, assumptions, and hypotheticals? What data and information are accessible and what do we lack to inform the needs assessment? How can we bridge the data gap?

**Anticipated Needs and Service Delivery Gaps**
6. Recognizing that the risk of COVID-19 could be higher for staff than students, what healthy and safety plans do we need? How will we help staff address their own mental and physical health concerns as we reopen?
7. Which students do not have sufficient access to medical, mental health, or social services while schools are closed? If we don’t know this, what are some ways we can find out?

**Division of Labor**
8. Who can move these activities forward without overburdening staff? How can we share responsibility for and oversight of our crisis response more equitably?

**Staff Development**
9. To what extent do instructional and non-instructional staff have sufficient training to identify, interpret, and respond to personal crises, such as anxiety or panic attacks, depression, suicide ideation, abuse, and neglect?
10. Do we train all staff at least annually on positive, nonpunitive approaches to school discipline that prioritize discerning and addressing factors that contribute to a student’s misbehavior in a compassionate way?
11. Do staff have access to manuals, protocols, or onsite support to ensure that positive approaches are implemented consistently and as intended?
**Phase 2. Plan:** Develop a plan to respond to identified needs.

- Form a **transition planning team** to develop an approach to respond to identified needs and monitor the extent to—and integrity with—which the school implements the final plan.

- Develop the team’s capacity in critical areas such as the following:
  - Developing emergency operations plans that address infectious diseases and bereavement and loss
  - Leading trauma-sensitive schools
  - Returning to school after disruptions

- The plan should outline the following:
  - A **shared vision** and approach to strengthening the school climate and addressing trauma for affected students
  - **Core components** or **essential elements** of your approach to creating and sustaining a trauma-informed school
  - **Measurable goals**, including how you will **monitor progress** toward the goals
  - **Roles and responsibilities** and **cross-training** to ensure that essential or routine school climate-related programs and practices (such as administering universal behavioral screeners, documenting disciplinary referrals, facilitating a restorative circle, and executing truancy procedures) continue when key staff are absent
  - **Unmet social-emotional learning resource needs** and strategies to meet or mitigate them
  - **Student supports and a code of conduct** that conforms to the COVID-19 context, including a flexible attendance policy, compassionate behavioral interventions, and procedures for wellness checks that prioritize chronically absent students
  - **Protocols and procedures** to deliver mental health services remotely
  - **Formation of small, personalized communities for students** that formalize routine COVID-19 related check-ins

### Key questions to guide the planning process

1. How can we ensure broad buy-in for the plan? How will we incorporate student, family, and community members’ perspectives?
2. What contingencies should we put into place if a second outbreak necessitates more school closures?
3. How can we efficiently enroll new students or re-enroll existing students, assess needs, and determine eligibility for support services?
4. How can we communicate with families to ensure they are aware of all available supports?
5. What are the fiscal implications of COVID-19 on student support services?
6. How can we strengthen coordination and collaboration within our building by distributing leadership in formal and informal ways?
7. How will we commemorate COVID-19-related deaths and other losses in our immediate school community?
8. What steps should we take to improve our responsiveness and monitoring of students’ well-being remotely?
9. **What data should we collect and what benchmarks should we set** to monitor our progress and evaluate the quality and impact of the trauma-informed practices we implement?
10. What kinds and formats of professional development do our staff prefer?
11. What intangible learning needs and emotional supports do our staff have?
12. How will we know how staff perceive our professional development activities?
13. How can we sustain learning opportunities throughout the school year?
Phase 3. Build capacity: Prepare staff to carry out the plan developed during Phase 2.

- Form study groups around priority training topics to move staff from trauma awareness to trauma-informed practice.

- Provide study groups access to free, self-paced resources for professional development such as the common COVID-19-related training needs that follow:

  **Resources to address common covid-19-related staff development needs**
  - Reducing COVID-19-related:
    - Stigma (CDC)\(^{14}\)
    - Racism (NASP)\(^{15}\)
    - Bias (APA)\(^{16}\)
    - Culturally responsive approaches to trauma (NCTSN)\(^{17}\)
    - Psychological first aid (REMS)\(^{18}\)
    - Supporting trauma recovery (NCSSLE)\(^{19}\)
    - The psychological and behavioral impact of trauma on preschool, elementary, middle, and high school students (NCTSN)\(^{20}\)
    - Trauma-informed distance learning (SEL Center)\(^{21}\)
    - Trauma-informed family engagement (NCTSN and NASP)\(^{22}\)
    - Trauma screening and assessment (NCTSN)\(^{23}\)
    - Trauma-responsive education practices (REL)\(^{24}\)
    - Virtual suicide prevention (NASP)\(^{25}\)
  - Supporting students and their families displaced by COVID-19:
    - Identifying and determining federal grant program eligibility for:
      - Students experiencing homelessness (NCHE)\(^{26}\)
      - Students in foster care (US ED)\(^{27}\)
      - Migrant students (US ED)\(^{28}\)
      - Students who are justice-involved (NDTAC)\(^{29}\)
    - Applicability of the Family Educational Rights and Privacy Act to COVID-19-related disclosures (US ED)\(^{30}\)
    - Relocating to a new school\(^{31}\) including specific guidance for students with special needs (NASP)\(^{32}\)
    - Supporting students with limited or interrupted formal education (REL)\(^{33}\)

Phase 4 (Implement) and Phase 5 (Reassess)

When you’ve equipped your school community with the knowledge of how to create and nurture a trauma-informed learning environment in which both students and staff can thrive, implement your plan. Responding to the COVID-19 pandemic—as with any long-term systemwide disruption—will be an ongoing process. Recovery could take years. Prepare to routinely reassess the extent to which needs are being met, how they might have changed, and whether new needs have emerged. Remember to reconsider the factors that are facilitating or presenting barriers to meeting students’ needs as you update your plan over time.
These recommendations reflect a synthesis and adaptation of trauma-informed and COVID-19 guidance developed by the following federal agencies, national professional associations, and federally funded research collaboratives and technical assistance centers:

- American Psychological Association (APA)
- Center on Great Teachers & Leaders (GTL)
- Center on Positive Behavioral Interventions & Supports (PBIS)
- Centers for Disease Control and Prevention (CDC)
- Center to Improve Social and Emotional Learning and School Safety (SEL Center)
- Children’s Hospital of Philadelphia PolicyLab (PolicyLab)
- Children’s Bureau
- Collaborative for Academic, Social and Emotional Learning (CASEL)
- Comprehensive Center (CC) Network
- National Association of School Nurses (NASN)
- National Association of School Psychologists (NASP)
- National Center for Homeless Education (NCHE)
- National Center for School Crisis and Bereavement (NCSCB)
- National Center on Safe Supportive Learning Environments (NCSSLE)
- National Child Traumatic Stress Network (NCTSN)
- Neglected and Delinquent Technical Assistance Center (NDTAC)
- Readiness and Emergency Management for Schools (REMS) Technical Assistance Center
- Regional Educational Laboratory (REL) Program
- U.S. Department of Education (US ED)
- U.S. Interagency Council on Homelessness (USICH)
- What Works Clearinghouse (WWC) Practice Guides
- WIDA (Wisconsin Center for Education Research)

Endnotes


3 The ED School Climate Surveys and platform (https://safesupportivelearning.ed.gov/edscls) include a free suite of school climate surveys for middle and high school students, instructional staff, non-instructional staff, and parents or guardians. Survey data can be stored locally. The U.S. Department of Education will not have access to the data.

4 Roche, M. K., & Strochab, K. V. (2019). Nine elements of effective school community partnerships to address student mental health, physical health, and overall wellness. Coalition for Community Schools. https://eric.ed.gov/?id=ED593295


7 McIntosh, K., Simonsen, B., Horner, R., Swain-Bradway, J., George, H. & Lewis, T. (March 2020). Getting back to school after disruptions: Resources for making your school year safer, more predictable, and more positive. OSEP Center on Positive Behavioral Interventions and Supports.


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