SCHOOL REENTRY CONSIDERATIONS

Supporting Student Social and Emotional Learning and Mental and Behavioral Health

Ensuring our students are ready to learn.

SCHOOL REENTRY CONSIDERATIONS
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. All policies or recommendations must be culturally responsive, affirming for all students, and embedded within an equitable learning environment that seeks to close achievement and opportunity gaps for all students.

Addressing instructional loss or learning disruption remains an important objective; however, students will not be ready to engage in intensive and rigorous academic learning until they feel physically and psychologically safe. Establishing that sense of safety and a predictable routine 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 continue to experience different stressors that could affect their personal sense of safety and well-being.

Schools should not rely on individuals to create and implement support plans in a patchwork fashion. District-level leadershipcan 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 (e.g., hybrid or concurrent instruction, staggered attendance, full return to face-to-face instruction). Each local community must evaluate its particular 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 planning for the coming school year requires school administrators, families, school nurses, school-employed mental health professionals, local public health officials and community stakeholders to collaborate regularly and effectively.

Readers should consult other experts to inform plans related to additional key aspects of school reentry (e.g., transportation, sanitation, continuity of operations). 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, protocols for responding to health concerns, 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.
- Establish processes and policies for screening and identifying students in need of additional support because of COVID-19 experiences (e.g., trauma-informed services, transition planning, 504 accommodations, educational stability considerations under McKinney-Vento).
  - Map common goals and streamline efforts to avoid duplication.
  - Identify strategies from the past year that should be continued even when fully face-to-face (e.g., improved virtual engagement for school, learning pods, use of student-driven independent learning).
  - Make 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 or prioritize elementary schools with higher numbers of unvaccinated students).
  - Provide scripts for teachers and other staff to read to students, as needed, to ensure consistent communication from trusted and familiar adults.
  - Leverage federal dollars allocated to states and school districts for comprehensive recovery efforts.

RELATED RESOURCES:

NASP COVID-19 Resource CenterResource mapping strategy guide

Responding to COVID-19: Steps for school crisis response teams

School counseling during COVID

School Reentry: The School Counselor's Role

U.S. Department of Education COVID-19 Handbook: Roadmap to Reopening Safely and Meeting All Students' Needs

U.S. Department of Education Return to School Roadmap

SCHOOLS AND DISTRICTS SHOULD:

- Develop strategies and supports for students, families, and staff members for transitions back into the school building.

- Develop a referral system for individuals who need targeted support as well as access to school-employed and community mental health professionals, particularly for students remaining in a virtual or hybrid format.

- 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;

    - Establish purpose ahead of time (e.g., helping identify students who may need follow up; helping identify capacity needs as a school/district; developing a system to provide tiered interventions);

    - Develop buy-in from staff, administration, and families;

    - Examine both risk factors as well as protective and promotive factors that reflect well-being and resilience;

    - Avoid screening for diagnostic purposes;

    - Help monitor social and emotional functioning; and

    - Establish a plan to analyze data and follow-up as needed, including ensuring appropriate staff are available to implement next steps.

- In addition to or in the absence of formal screenings, school employed-mental health professionals should establish regular, informal check-ins with students remaining in virtual or hybrid formats. 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 experiencing, or 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 student and staff data. Data can include those experiencing death or loss of someone close to them; those with significant disruption to lifestyle such as food, financial, or housing insecurity; those with a history of trauma and chronic stress or other preexisting mental health problems; those with exposure to abuse or neglect; and communities with a 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 continued 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 and 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 experiences. This can include processing the experience of returning to the school building. This may need to occur more than once during the first few weeks of reentry, particularly for those transitioning to a new school.

- Facilitate evidence-based psychoeducational classroom lessons with school-employed mental health professionals to address mindset and behavior standards (e.g., learning strategies, self-management and 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).

- Provide regular communication with families about practices, policies, and protocols for student involvement and engagement. (e.g., newsletters, town hall Q & A style sessions, establishing school–family–community advisory boards).

- Connect students and families with accessible social and emotional, behavioral, and mental health services and supports. Ensure that neighborhood residents are familiar with the location of community mental health centers, social service and relief agencies, respite care, and other telehealth networks.

- Anticipate the potential for academic, emotional, and social regression, yet try to build from some of the unique learning experiences students may have had over the past year.

- 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 reduce stress.

- 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 curricula should be intentionally embedded into core academic subjects in all instructional settings.

- Establish a system for school-employed mental health professionals to check in with students and families for whom attendance remains an issue.

- Acknowledge and address the potential loss experienced by students and families who cannot, or could not, participate in various activities that contribute to their development and sense of self (e.g., sports, performances, traveling, graduation ceremonies).

- Acknowledge and address the potential loss experienced by students and families who benefitted from or preferred virtual instruction and may struggle with the transition to in-person learning.

RELATED RESOURCES:

ASCA Student Standards: Mindsets & Behaviors for Student Success

Best Practices in Universal Social, Emotional, and Behavioral Screening: An Implementation Guide

Eliminating Racism and Bias in Schools: The School Counselor's Role

Mental and Behavioral Health Services for Children and Adolescents

NASP COVID-19 Resource Center

Prevention and Wellness Promotion

Providing Effective Social–Emotional and Behavioral Supports After COVID-19 Closures: Universal Screening and Tier 1 Interventions

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 andeducators

Tier 2 Social–Emotional Learning/Mental and Behavioral Health Interventions: Post COVID-19

U.S. Department of Education COVID-19 Handbook: Roadmap to Reopening Safely and Meeting All Students' Needs

RELATIONSHIPS AND TRANSITIONS

SCHOOLS AND DISTRICTS SHOULD:

- Acknowledge the lack of closure many students and staff may have from the previous year. When appropriate, provide opportunities to participate in missed traditions, rituals, or activities (e.g., prom, dances, graduation parties for alumni).

- Consider opportunities (when available) to spend time with individuals from the previous year. 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 reconnect. 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 and exciting 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 freshmen). 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 for 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.

- Establish a long-term plan to bolster the process of welcoming students to school each day (e.g., staff greeting students at the school entrance, 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).

- Teach and reteach expectations and routines, and avoid punitive approaches when managing physical distancing requirements, where possible. Consider refraining from introducing new academic content until routines are firmly reestablished.

- Avoid using virtual instruction as a punishment, consequence, or disciplinary tool.

- 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 healthcare workers or others in the community, or creating a drive to support local businesses.

- Provide students opportunities to voice their concerns, challenges, and needs.

RELATED RESOURCES:

CASEL guide to schoolwide SEL essentials

Create a school-based mentor program

NASP COVID-19 Resource Center

Second Step online tools and webinars

School counselor and peer support programs

School refusal: Information for Educators

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 from the death of a loved one that could not be processed (either personal or affecting the entire school community)
  - Racial violence and trauma
- Recognize stigma and racism that may occur as a result of COVID-19, including:
  - Asian American or Pacific Islander students and staff
  - Students and staff who were/are targeted for wearing masks in public
  - Undocumented students and families with no access to healthcare 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
  - Students or families who have or have not received vaccinations

RELATED RESOURCES:

Addressing Grief

Back to School 2021: Grieving Students, Transitions, and COVID-19

Countering Coronavirus Stigma and Racism

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

Guidance for Trauma Screening in Schools

NASP COVID-19 Resource Center

School counselor and trauma-informed practice

Supporting students experiencing childhood trauma

U.S. Department of Education COVID-19 Handbook: Roadmap to Reopening Safely and Meeting All Students' Needs

ADDRESSING PHYSICAL AND PSYCHOLOGICAL SAFETY

SCHOOLS AND DISTRICTS SHOULD:

- Clearly define and regularly communicate expectations for using masks and other COVID-19 mitigation strategies procedures, and have a process for communicating updates or changes to those policies. Maintain consistent guidelines to address situations where individuals or families refuse to or are unable 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.

- Identify habits or systems to be put into place now to help ensure both physical and psychological safety of students and staff. Clear evidence and understanding of safety measures reinforces psychological safety, which is critical to overall safety. This includes social distancing and other 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 socialdistancing requirements.

    - Posting videos on the district and/or school website and social media showing school leaders and other personnel demonstrating school and district COVID-19 mitigation strategies. This should occur both prior to opening and on an ongoing basis.

    - 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.

- Consider changes to calm or wellness rooms, such as keeping items sanitized or ensuring students can maintain any social distancing requirements. Consider 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 immunocompromised 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, or those unable to get or who are ineligible for a vaccine, etc.

- Be prepared for the potential that many students have not had access to regular medical care, either because of physical distancing or loss of medical insurance, which may increase 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 member tests positive for COVID-19 vs. student or staff exposure to COVID-19 vs. vaccinated student or staff exposure to COVID-19).

RELATED RESOURCES:

ASCA COVID-19 Resource Center

CDC: Schools and Childcare Programs

Framework for Safe and Successful Schools

NASP COVID-19 Resource Center

U.S. Department of Education COVID-19 Handbook: Roadmap to Reopening Safely and Meeting All Students' Needs

DISCIPLINE

SCHOOLS AND DISTRICTS SHOULD:

- Acknowledge students have had inconsistent behavioral and academic expectations for the previous year. Expectations and appropriate behavior shouldbe explicitly and regularly retaught regardless of instructional format.
- Focus on positive and effective discipline practices within a multitiered system of supports.
- View behaviors through a trauma-informed lens and as potential symptoms 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. Do not use virtual instruction as a form of punishment.
- Anticipate student defiance or resistance as a method of establishing control. Many students may feel disempowered, victimized, abandoned, or resentful as they return to school. 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:

ASCA Position Statement: The School Counselor and Discipline

Effective School Discipline Policies and Practices (Research Summary)

NASP COVID-19 Resource Center

NASP – Discipline: Effective school practices

NASP-Framework for Effective School Discipline

NASSP – School discipline

NPTA – Positive school discipline Restorative school practices in actionSchool counselor and discipline

ADDRESSING STAFF NEEDS

SCHOOLS AND DISTRICTS SHOULD:

- Recognize that staff may have:
  - Experienced their own losses or stresses (e.g., financial, personal, social, physical/medical);
  - Encountered negative comments about the school's response orfeedback from families; or
  - Been unable to say goodbye to certain students or staff members who aren't returning to the school.
- Establish system-wide approaches to address secondary traumatic stress and compassion fatigue (e.g., tap in, tapout; buddy classrooms; boundary setting; self-care in thebackground).
- Self-care and staff well-being should become part of the school culture (beyond COVID-19) 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

NASP COVID-19 Resource Center

Resources to Promote Self-Care

Support for Teachers Affected by Trauma (STAT)Tips for self-care

U.S. Department of Education COVID-19 Handbook: Roadmap to Reopening Safely and Meeting All Students' Needs

U.S. Department of Education Return to School Roadmap

FAMILY ENGAGEMENT

SCHOOLS AND DISTRICTS SHOULD:

- Ensure all efforts to engage and communicate with families are culturally responsive and appropriate. Ensure all written and oral communications are available in easily accessible formats and multiple languages, and ensure translation services are 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 test run of returning to school a couple weeks before the first day to practice the protocols necessary for the school bus or entrance routines for those who walk or dropped off.
- Engage families to better understand of their concerns regarding student needs and ways to collaborateto support a successful reentry plan. This may include a needs assessment survey for students and families to identify points of anxiety and triggers for potential stress.
- Use family input to inform possible changes to the established attendance policies.
- Consider offering education on specific strategies families can use at home to support successful reentry, including information about 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.
- Consider how the use of technology may help improve or supplement opportunities for increased family participation and engagement (e.g., participation in meetings in evenings or during the work day that would otherwise preclude attendance).

RELATED RESOURCES:

Equity and family engagement COVID-19 resources

NASP COVID-19 Resource Center

Talking to children about COVID-19: A parent resource

School–family partnerships

School–Family Partnering to Enhance Learning: Essential Elements and Responsibilities

U.S. Department of Education COVID-19 Handbook: Roadmap to Reopening Safely and Meeting All Students' Needs

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 school/district website and creating pathways for families and students to connect as needed.

RELATED RESOURCES:

Effective School Community Partnerships to Address Student Mental Health

NASP COVID-19 Resource Center

NASP Shortages in School Psychology Resource Guide

Role of the School Counselor

Role of the School Psychologist

Role of the School Social Worker

School Counselor Ratios

School nurses workload: Staffing for Safe Care

U.S. Department of Education COVID-19 Handbook: Roadmap to Reopening Safely and Meeting All Students' Needs

U.S. Department of Education Return to School Roadmap

PLAN FOR UNPREDICTABLE AND EVOLVING CONTEXT

As new data emerges throughout fall 2021 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 students' social and emotional learning and academic growth on days students are not attending school in-person.

- Review the successes and challenges from the past year 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.

- Establish a process for reviewing and adjusting existing school policies in light of new experiences and learning from the pandemic.

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 helpsschool 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 40,000 school counseling professionals. For additional information visit www.schoolcounselor.org.
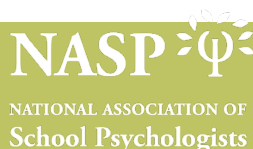
About the National Association of School Psychologists

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 system-wide 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 theyneed to be successful in school. For additional information about the National Association of School Psychologists, visit www.nasponline.org.