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Back to School After COVID-19: Supporting Student and Staff Mental Health

Childhood-Trauma Learning Collaborative Toolkit

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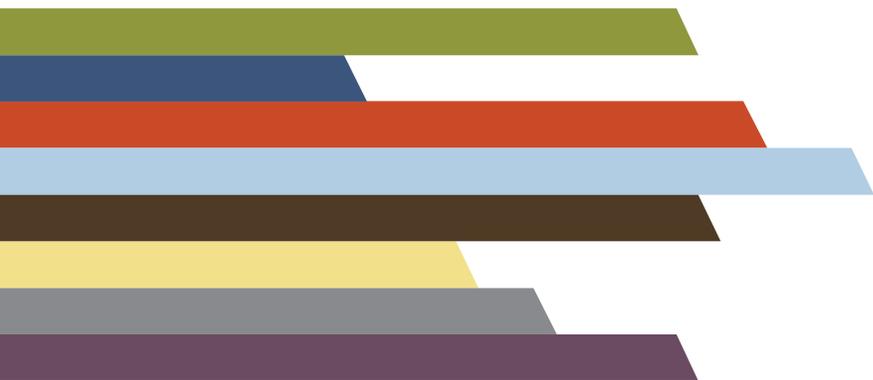
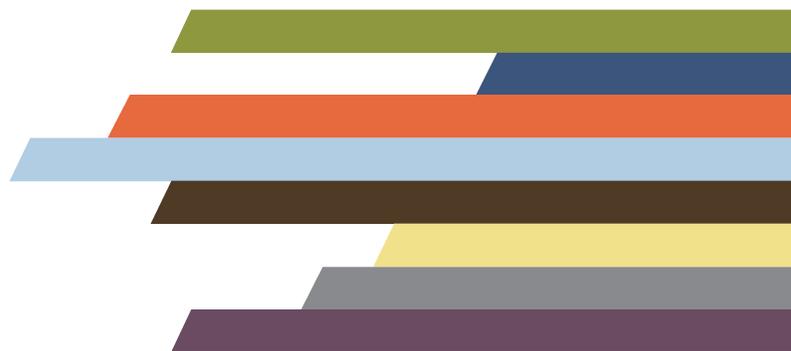


TABLE OF CONTENTS

Introduction.....	1
Seven Suggestions for Schools to Consider	3
Foster Safety and Security.....	4
Build Community.....	6
Work with Community Partners to Support Student and Staff Mental Health.....	11
Acknowledge and Address Grief.....	23
Re-establish Connection and Routine.....	26
Use Mindfulness to Teach Self-regulation at School and Home.....	27
Create a Vision for a Better Future Together.....	30
Conclusion: Compassionate Schools Support their School Communities.....	33
About Us: New England MHTTC	i
References	ii
About the Authors	viii
Additional Resources	x
Acknowledgements & Special Appreciation	xi
Disclaimer.....	xii



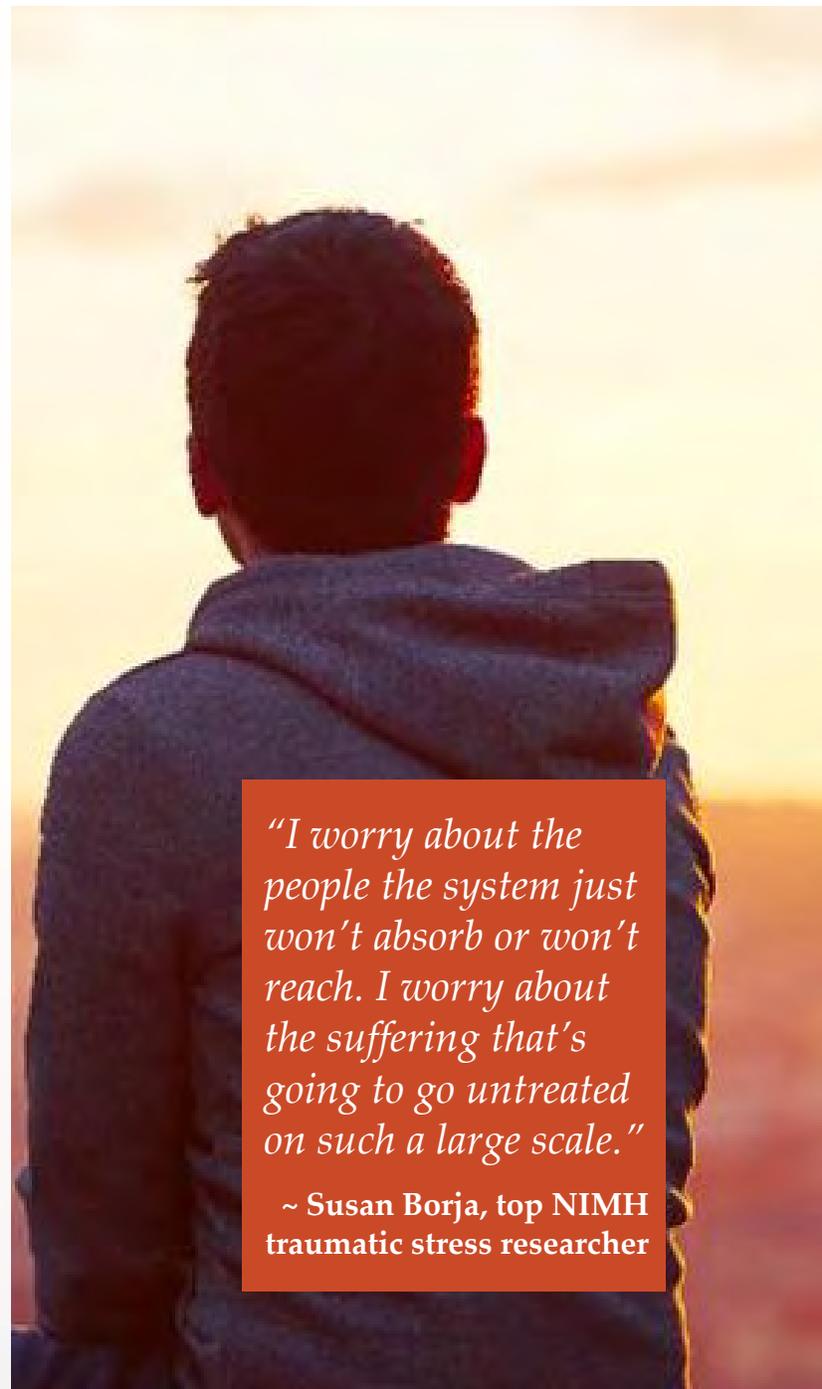
Introduction: Back to School After COVID-19: Supporting Student and Staff Mental Health

Educators across the world are wondering how school will look when they return to the buildings they left suddenly earlier this spring. Some already know they will not be returning in person in the fall and are wondering how to support student and staff well-being virtually in a more effective way going forward. Others are not sure when they will step back into the school building. However, all are wondering how to support student and staff mental health, regardless of the setting.

In addition to the public health crisis and lockdown, COVID-19 has brought a looming public mental health crisis on its heels (Galea, Merchant, & Lurie, 2020; Holmes et al., 2020; Yao, Chen, & Xu, 2020). “Daily doses of death, isolation, and fear [are] generating widespread psychological trauma,” as a popular Washington Post article warns (Wan, 2020).

Existing and longstanding inequities in our educational and health systems have also been compounded and amplified during the current crisis, resulting in disparate access to personal protective equipment, educational technologies, health care, and work-from-home employment (Ahmed, Ahmed, Pissarides, & Stiglitz, 2020; Smith & Judd, 2020; Wang & Tang, 2020; Webb Hooper, Nápoles, & Pérez-Stable, 2020). Many families and communities are facing economic disaster and have had to sacrifice safety for employment; this is more likely for families that are poor, have immigrant or undocumented status, or are African American/Black, Latinx, or Native American (Laurencin & McClinton, 2020; Wang & Tang, 2020; Webb Hooper et al., 2020).

With discussions of systemic racism, racist violence, and disparities taking center stage in national debates, many American families and their children are experiencing high levels of anxiety, depression, trauma, and fear. Susan Borja, a traumatic stress researcher at the National Institute of Mental Health (NIMH) cautions that the U.S. mental health care system is not equipped to handle the nation’s needs, which means schools may be a first line of defense for America’s children, and their families, as well as the teachers and staff who serve them (Wan, 2020).



“I worry about the people the system just won’t absorb or won’t reach. I worry about the suffering that’s going to go untreated on such a large scale.”

~ Susan Borja, top NIMH traumatic stress researcher



During the beginning of the COVID-19 pandemic, educators and schools demonstrated amazing resilience and problem-solving skills, jumping into action to serve students with guidance that was sometimes missing, vague, overwhelming, and/or contradictory. Many administrators and teachers had to make quick decisions about how to operate in ways that served their communities with heart, while simultaneously continuing the educational missions they have always had. We saw district leaders turn buses into mobile food distribution centers, because they knew that solving the problem of food insecurity came before online learning. We also saw principals instructing teachers to put academics aside to focus on connecting with students in meaningful ways, providing a sense of safety and consistency, and teaching valuable social emotional learning skills. Many educators took matters into their own hands to provide the heart centered care their school communities needed.



Given all of the challenges and turmoil over the last six months, how easily and how well schools will return to teaching in the fall—online, in-person, or both—will be largely dependent on two factors: How well they were operating before the COVID-19 pandemic and how well they weathered the challenges that they faced at the height of it. Through our work with New England educators as part of the **New England Mental Health Technology Transfer Center's Childhood-Trauma Learning Collaborative (C-TLC)**, we have seen that districts and schools with a strong sense of community, clear and trauma-informed practices and policies, and strong leaders have fared better than others.

Many thoughtful school leaders are putting holistic staff and student well-being ahead of academic performance, even while they are looking to establish more comprehensive or formalized systems of support, rather than operating moment-to-moment and day-to-day. This type of leadership has made a significant difference in schools across the country. During a time of crisis, staff often feel reassured by leaders who are informed, caring, and decisive. School personnel (as well as students and families) want clarity around roles and expectations, to be involved in making crucial decisions, and to have the autonomy and flexibility to plan and adapt protocols to meet their needs (Hallinger, 2003; Lai, 2017; Willis, Clarke, & O'Connor, 2017).

Learning about how students and staff in other cities, states, and countries are faring during this uncertain time and as schools reopen will help leaders make informed decisions to guide their actions (Mason, Liabenow, & Patschke, 2020b). However, with a high degree of uncertainty, mentoring, guidance from experts, and even time to talk through fears and concerns will be not only beneficial, but vital, to the well-being of all members of school communities.

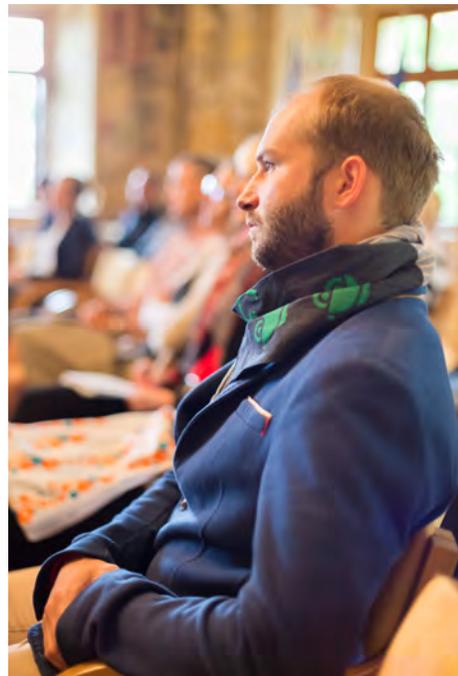


As we look forward to transitioning back to school, even amidst the enormous and ongoing health and social crises we face, leaders in education are using visioning strategies to find hope and leverage positive change to assimilate the traumas we have faced and navigate those we continue to confront, including strategies to establish more equitable educational communities for staff, students, and families.

We hope that this toolkit can help guide some conversations to include a trauma-informed, equitable, and compassionate lens to providing mental health supports to every member of the school community. Because we will all return to school as different people than when we left, caring leaders are seeking to support each other in turning our tragedies into growth, recognizing the joys amongst the ongoing and profound difficulties, and re-establishing school communities to serve everyone, with greater justice and equity.

To help school leaders begin this process, we have seven suggestions for schools to consider as they plan for a return to school this fall:

1. Foster safety and equity.
2. Build community.
3. Work with community partners to support student and staff mental health.
4. Acknowledge and address grief.
5. Re-establish routine and connection.
6. Use mindfulness to teach self-regulation at home and at school.
7. Create a vision for a better future together.





1. Foster Safety and Security

Worldwide, we have experienced an immense amount of uncertainty in the spring of 2020 as we struggled to cope with COVID-19. Now, in the summer of 2020, even as many individual states in America and countries around the globe reopen, many of us are struggling to comprehend the scope and impact of the novel coronavirus on our physical health, individual and collective financial stability, job security, social mores, school operations, and—importantly—mental health and well-being. For many, this disruption and trauma has been compounded by continued racial, ethnic, and economic disparities, and well-publicized racist violence. All of these things contribute to feeling unable to control our surroundings or the outcome of events, which often significantly increases anxiety (Galea et al., 2020; Holmes et al., 2020). When worrying about a lack of control becomes chronic, we are more likely to be “continuously in a heightened state of stress with only brief, unsatisfying intermissions between fears” (Cohen, 2011). It is difficult to imagine trying to accomplish anything beyond simply learning and implementing new survival routines in such a heightened state of anxiety. Such anxiety may intrude on our reality so that it is even difficult to “see the good” or feel a sense of relief in what is working well.

We also realize that safety will not be fully realized without equity, which has a direct impact on mental health and well-being (Hernandez & Marshall, 2017; Liu, Carney, Kim, Hazler, & Guo, 2020). To promote equity in mental health, we need to be more aware of and sensitive to the additional barriers marginalized communities face when accessing mental health care (Cai & Robst, 2016; Hansen & Metzl, 2016; National Institute on Minority & Health, 2017). We can start by providing more culturally responsive outreach, education, and services. To create safe, welcoming, and beneficial learning environments, parents and educators must work together. We must plan for and implement ways to make schools more welcoming to a diverse range of parents, considering their unique ethnic and cultural values, and improving our communication with all families.

One of the most effective ways that schools can acknowledge and address structural racism and its mental health effects, and alleviate some of the anxiety, fear, and uncertainty around COVID-19 is to create a sense of safety by cultivating a compassionate school community. Such a compassionate community reassures students that they have caring adults who are working to keep them safe and that there are things they can do to keep themselves and the rest of the community safe, too. Such a compassionate community can also be a boon to staff as they find that the focus is moved from anxiety to caring and kindness.

How Schools Can Reassure Students

- *Begin with an underlying foundation of cultural competence, justice, and equity.* Invite conversations with families to understand more about their heritage, their experiences, and their concerns. Review school policies, curricula, and protocol to reaffirm a just and equitable basis for learning. Advocate for re-distribution of resources and find partnerships with community organizations to support equity.
- *Increase equitable access to education and learning.* Find resources to assure that students have access to remote learning through laptops or tablets, WiFi hot spots, and implementing **Universal Design for Learning** so that parents and families are reassured that students aren't falling behind simply because they can't join their teachers and peers online.
- *Build relationships with students.* Make sure that each student has at least one adult to turn to in times of crisis. You can survey educators and/or students by asking them to identify their buddy or you can work to assign staff members (including custodians, paraprofessionals, and other support staff) to students who may need a mentor at school.
- *Create a culture of joy.* Celebrate joyful moments. In the midst of tragedy, it is the bright spots that keep us going, so search out the playful, happy, and silly things that put smiles on faces. Make time for fun in each and every day. Bring the whole school together for dance parties, games, schoolwide celebrations, and more.
- *Give youth factual, developmentally appropriate information when questioned.* Because uncertainty has been one of the biggest culprits of people's anxiety during COVID-19, sharing information can alleviate fear. With COVID-19, the facts seem to change from day-to-day, so stick to guidelines released by trusted sources like the **CDC** or the **World Health Organization**.
- *Empower students to take care of themselves and others.* To give students a stronger sense of control, help them understand what steps they can take to keep themselves safe, including frequent handwashing, caution when sharing food or drink, and finding new greetings like elbow bumps instead of handshakes or hugs.

Although it's important to recognize the very real sense of uncertainty and fear that everyone has felt over the preceding months, it's also imperative to start the school year out with the clear message that your school community is a team and that you will all work together to come back even stronger than you were before.



2. Build Community

By taking the time to get reacquainted with each other and form even deeper relationships than we had before the COVID-19 pandemic rather than rushing straight back into academic instruction, we will be giving our staff and students the inclusive, supportive environment they need to heal from the mental health challenges of their past, and, for many, their present reality.

For students who experience(d) trauma in their homes, their school community may be the only place they ever feel safe. While they may be missing the adults and peers who provided the consistency and stability they need, transitioning out of a chaotic home environment into the school building may be even more challenging than in previous years. Building community will be valuable for all students and staff, but could be life-saving for those most at-risk for trauma and mental illness.

When schools purposely choose to build respectful relationships and meaningful connections with students, staff, and families, a sense of safety, belonging, and trust takes hold. When students feel valued, connected, and supported by their school community members, mental health and well-being are just two of many improvements.

~ Mason, Rivers Murphy, and Jackson, 2020

Mindful School Communities, p. 125

Setting aside the first week, or perhaps month, of school to simply reintroduce staff and students to school life and routines and rebuild the school community that many felt disconnected from can help set the stage for a successful school year. All members of your school community need the sense of safety, routine, and belonging that prime brains for learning. Cultivating a compassionate school community helps schools achieve that sense of safety, and help schools get back to the business of learning.

How Schools Can Build a Compassionate School Community

Adapted from *Mindful School Communities* (Mason, Rivers Murphy, & Jackson, 2020):

- *Build strong, healthy relationships.* In addition to creating a sense of safety, healthy relationships between staff and students are the key ingredient to cultivating community. Focus on student and family strengths in communication. Authentically get to know all of the members of the community and become the welcoming presence for all families. Consider replacing punitive measures that divide, like suspensions and expulsions, with discipline practices that heal, like **restorative justice circles** or **mindful moment rooms**.
- *Actively create a sense of belonging.* Directly teaching students empathy by using evidence-based mindfulness practices like those we describe on page 28, for example, can reduce the bullying or alienation that is often a barrier to student belonging (Gordon, 2019). Elementary school teachers can enhance belonging by having regular classroom meetings where students share about their interests and experiences. Middle and high school teachers can encourage belonging by limiting competition-based individual activities in favor of group projects and games. All schools can increase belonging by adopting norms around respectful language and behavior and celebrating students and teachers who make the school community a better place.
- *Emphasize a common purpose and ideals.* Once school leaders have listened to the voices of all of the community members and devised a shared purpose for the school community, spread it far and wide. Make sure that everyone who enters your school knows your values. These can be made clear through mottos, purpose statements, and other ways of broadcasting them, such as signs, banners, student artwork, newsletter titles, and more. A school's online presence can also be a great way of advertising its shared purpose and values.
- *Provide regular opportunities for service and cooperation.* Make sure that students and staff understand that you will get through these tough times by everyone playing an important part. Create chances for students to work together during school to better their nuclear community, and outside the school, to better the larger community. For example, 5th graders may welcome kindergarteners to school by reading to them, or high schoolers may engage in service-learning projects, perhaps by growing a garden to feed some of those in their city without homes. If students are still learning primarily in a virtual world, they can be engaged in creative online service-learning projects.
- *Provide developmentally appropriate opportunities for autonomy and influence.* Having a voice in creating an agenda, classroom norms or rules, and expectations is intrinsically satisfying and helps prepare students for the complexities of citizenship in a democracy (Schaps, 2003). Instead of posting rules for students to follow, create them together at the start of the year, whether you're in a classroom or behind a screen.

Building community starts with school leadership that values the voices of everyone in the group, because they know that each voice is valuable. Find more opportunities to bring diverse student and family voices to the table this school year. In a *New Yorker* article about safer schools after COVID-19, senior editor Amy Davidson Sorkin (2020) reminds us how imperative student voice is:



Above all, perhaps, the [decision-making] process should involve students. Their perspective deserves respect in sorting out what aspects of school culture are most valuable, and how they might safely be sustained. Students, particularly the older ones, are ultimately going to have to be trusted to follow social distancing mandates on their own. Faced with the threat posed by school shootings, high schoolers have at times shown more of a capacity for leadership than politicians; in this crisis, too, they may surpass the adults around them.

In some areas, schools and families have been interacting more often than ever before as teachers are virtually brought into families' homes. In other places, teachers have not been able to connect with certain students, much less their families, since early March due to a host of reasons, including access to technology, illness, parental work schedules and childcare arrangements, and student disengagement. Almost all educators are seeing the value that stronger school-family connections could bring. As schools focus on strengthening their communities this fall, remember that parent/guardian voices are essential contributors to school communities and student well-being.

Ideas for Bringing Family Voice into the Conversation

- Have a parent town hall where parents get to submit questions ahead of time and a panel of school leaders, students, and family members can share their perspectives on issues. Plan with a diverse group of parents to build for advocacy for all and ensure participation across members of your school community. Take the town hall online if it is still not advised to meet in-person in large groups, and make sure the recording is archived for future access.
- Invite parents from marginalized groups to share their experiences and participate in problem solving and leadership. Turn to leaders within these communities and work to expand their voice.
- Reach parents on social media by sharing information on Facebook, Twitter, YouTube, and other popular sites and monitoring the comments section closely to identify parents who may want to be more involved. Use the polling, chat box, and other interactive features to learn about specific concerns.
- Survey parents more formally by creating online or paper surveys to better understand how parents would like to be further involved in the school community.
- Offer a variety of opportunities for family members to get involved. Because each parent's situation is unique, you may need to offer options in terms of time (before, during, or after school), venue (in the school building, online, or off campus), and activity (in-person volunteering, behind-the-scenes support work, or organization and planning).



Don't forget to acknowledge the lost communities. To help students transition back into the school, it may be important to recognize that their community does not look the same as it did in the spring, and it may not feel the same. Students may have left an elementary school suddenly in the spring and now find themselves in a large junior high school, without the only school community they have ever known. Principals, beloved teachers, and other staff may have moved on to a new school. Teachers who did an excellent job at developing a strong classroom community may have missed their chance for an end-of-year celebration or may be coping with their own trauma and anxiety. Some families and communities may have lost loved ones to the pandemic or been directly affected by violence, adding to individual and communal grief. Make time in the schedule at the beginning of the school year, if possible and appropriate, to bring those communities together online or in-person for closure and celebration. If that option is not available, create space for students and staff to discuss their sense of loss, as described on page 23 of this toolkit, and with additional support from school or community-based mental health professionals.

Work with students, parents, staff, organizations in the community, and other stakeholders to cultivate a compassionate school community that transcends the walls of the building so you can more effectively create a sense of safety and belonging that will support student and staff mental health.



3. Work with Community Partners to Support Student and Staff Mental Health

An EAB (the organization formerly known as the Education Advisory Board) survey released in February 2020—before the impact of COVID-19 drastically increased the need for mental health supports—found that while schools are the de facto providers for mental health services for youth, many don't have the capacity to meet the needs, primarily due to a lack of qualified service providers. The report included four primary recommendations for schools to address the needs (Prothero, 2020):

1. Use virtual treatment options such as telepsychiatry to fill gaps in areas where mental health providers are scarce.
2. Have a thorough plan for reintegrating students back into school life following a mental health-related leave of absence.
3. Create "early warning" systems through trainings and partnerships that help school staff identify students in need.
4. Have ongoing mental health awareness campaigns throughout the year.



While many human experiences are universal, it is rare that the entire nation and the world has a shared sense of stress and grief in the exact same time frame. This shared experience means that all of us will return to school in the fall having suffered; however, not all suffered equally. Metaphorically, we were all in the same storm, but some weathered it in the comforts of a yacht while others furiously paddled over the waves as they were pelted by rain in their canoes. The COVID-19 pandemic uncovered a level of inequity that has existed for many years and in many ways, but many of us could not see it until we learned about families who relied on school-provisioned free or reduced lunch who suddenly had no food in their cupboards, for example. While almost everyone suffered during this public health crisis, those who had less before, have even less now and need our support in even greater ways—with the basic needs that are building blocks to well-being as well as access to quality mental health services. For schools already stretched thin, partnering with families and community and civic organizations may provide that essential support. Consider turning to local churches, student support groups, and nonprofit foundations to obtain additional support. However, make sure to be attuned to the ways families may or may not already be affiliated within their communities, also realizing that not all student and family needs will be obvious to you at first. Identifying these resources, among others in the community, ahead of hearing about them from students and families is an essential task in preparing to return to school.



Professional Development

To be most effective during these transitions, school staff will likely need to gain some new skills and some new awareness or education about particular issues and will rely on their leadership for direction. Certainly, skills related to technology use and online learning are critical. However, teachers who have an expanded toolkit for connecting with students, addressing equity, demonstrating empathetic support, knowing where community and school resources are, and designing learning activities to strengthen student and family resiliency will be positioned to provide valuable guidance to students and families. During the next few months, professional development activities that help staff understand how they can be the lever for uplifting students and families will help set the stage for greater progress in mental health, resilience, and learning domains.

Teach Coping and Resiliency Skills to All Students
Schools can work together with community organizations and family members to build programs that bring caring adults into the school building to work one-on-one with students to build essential stress-coping and resiliency skills. Administrators can also invest in social emotional learning (SEL) programs that teach these skills in structured, evidence-based curricula. The most popular programs in New England include:

- **Zones of Regulation**
- **Second Step**
- **Conscious Discipline**

The Collaborative for Academic, Social, and Emotional Learning (CASEL) has a program guide that can help schools weigh different factors of SEL programs when choosing a program for their school community. Cost is often the biggest barrier to implementing such programs. Thankfully, there are many free valuable resources online to guide schools in providing SEL instruction and coping with this “new normal,” including **Mental Health Technology Transfer Center School Mental Health** regional and national resources, and this **Edutopia** article written by a special education teacher that includes free printable worksheets to complement a four-step process to building resilience in students (Lew, 2018).

Adapted from Michele Lew's "A 4-Step Process for Building Student Resilience" in *Edutopia*

1. Teach students to identify their stressors.
2. Identify what students normally do when presented with their stressors.
3. Brainstorm alternative ways to respond to stressors.
4. Provide practical application and maintenance to coping skills.



Foster Resilience in Students

To be even more effective with SEL instruction, in addition to direct instruction of these skills, schools can weave SEL components into regular classroom lessons. For example, during a history lesson about civil rights, the concepts of empathy and compassion can be examined, in addition to issues of equity, racism, and injustice. We explore this idea and more in the book *Mindfulness Practices: Cultivating Heart Centered Communities Where Students Focus and Flourish* (Mason, Rivers Murphy, & Jackson, 2019).

By design, schools are uniquely positioned to provide what community mental health providers cannot: Early identification of trauma or stress, and initial prevention efforts. Taken in turn with the fact that most youth who are receiving some sort of social emotional support or counseling are receiving it in school, schools have a particular responsibility to increase prosocial support and prevention efforts to mitigate some of those potential outpatient referrals before they reach the point of crisis (National Association of School Psychologists, 2015).



Integrating SEL as an important schoolwide practice is a necessary first step on the path to becoming a trauma-skilled school, and helping staff and students negotiate a return to school this fall.

Work Towards Becoming a Trauma-Skilled School



One way to foster a schoolwide approach and build a culture of mental health awareness is becoming a trauma-skilled school. While there is a movement around creating trauma-informed schools—schools that recognize and are prepared to support community members affected by trauma and traumatic stress—we have opportunities to do more than this. We are advocates of going beyond a trauma-informed approach, towards becoming trauma-skilled. Trauma-skilled schools deeply integrate social emotional learning into their teaching, culture, and approach, understanding that the holistic health and well-being of students is necessary to achieve academic success. To do this, trauma-skilled schools focus on fostering a supportive, caring culture and training their entire staff to recognize and support students suffering trauma (Lander, 2018).

Many of the practices, policies, and protocols that support a holistic school response to youth mental health needs—such as the **Comprehensive Behavioral Health Model used in Boston Public Schools**, **Heart Centered Learning®**, and **restorative practices**—will support schools on their journey in becoming trauma-skilled.

Dr. Sandy Addis and his team at the **National Dropout Prevention Center (NDPC)** have been working since 1986 to identify how to help more students graduate from high school. Over their decades of research, they found that schools can achieve a greater impact by going beyond merely educating staff about trauma (as a trauma-informed school does) or teaching them piecemeal strategies and practices to respond to trauma (as a trauma-responsive school does). By truly integrating a multi-pronged approach to trauma prevention, recognition, and healing, schools are able to provide a higher level of support to further student development and well-being (as a trauma-skilled school does).

Schools can start by offering professional development about the neurobiology of trauma and toxic stress. All staff members who interact with students—the bus driver who picks them up, the principal that greets them at the door, the teacher who hugs them when they step into the classroom, the cafeteria worker who serves them lunch, the paraprofessional who works with them one-on-one, and the custodian who cleans their school—need to receive training about what trauma and chronic stress do to the brain, how that translates to behavior disruptions and mental health challenges, and how they can take concrete steps to foster resilience and ameliorate these effects. When schools extend this training beyond school employees to include any community member—especially those that frequently work with youth like police officers, medical professionals, and religious leaders—they can not only educate more people about the effects of trauma, but they can also gain valuable allies who can help address those negative effects, inside and out of school.

When all staff understand that when children who have experienced trauma “act out,” they are acting out of survival and that children they think “need attention” actually need connection, staff members’ empathy for students—and in many cases themselves—increases. Moreover, adults are then able to respond to students who have experienced trauma with compassion.



Many free trainings on trauma and becoming trauma-skilled are available in the form of online webinars and courses, or schools can partner with community organizations to offer in-person or online professional development sessions from local experts. The New England MHTTC will offer additional information on a free 12-week virtual course for educators about cultivating compassionate school communities to prevent, recognize, and address student mental health challenges.

Use Trauma-Informed Screening Practices—If Your School Has the Mental Health Support Staff to Address Students’ Needs



The National Center for School Mental Health (NCSMH) and the Mental Health Technology Transfer Center (MHTTC) Coordinating Office define universal mental health screening as, “Using a tool or process employed with an entire population, such as a school’s student body, to identify student strengths and needs. Screening is often used to identify students at risk for a mental health or substance use concern” (Hoover et al., 2019).

How screening will look in the fall of 2020 as schools reopen remains to be seen. However, schools are interested in identifying students most in need of supports, whether this be through a virtual process during the months preceding reopening, or through an actual classroom-related screening process as schools reopen. The information below reflects best practices prior to COVID-19. While we are uncertain of the numbers of students who will fall into the “most at-risk” category in the months to come, the process may be a valuable component in helping to meet the mental health needs of children and youth. As we begin to negotiate everyday life and a return to school after the effects of the pandemic and racial trauma, it is even more critical now that screening be conducted with a planful and meaningful attention to the history of bias that has been experienced for marginalized groups, and that all screening activities be implemented with the strictest attention to equity and anti-racism.

Schools have long engaged in screening of one type or another, traditionally for hearing, vision, or dental needs, among other health-related topics. However, mental health screening has not been implemented at the same rate, possibly owing to the stigma associated with the topic of mental illness and the need to ensure that quality follow up is conducted to address the needs of identified students in a timely and effective manner (Splett, 2018; Weist et al, 2007) or the lack of qualified mental health providers in schools. The EAB report on how schools can meet youths’ mental health needs suggests schools train educators and community members to detect “early warning signs” of mental health crises, in part because many schools, especially in rural areas, don’t have the school psychologists or social workers needed to perform universal screening (Prothero, 2020).

Traditional methods of identification of mental health problems in schools have relied heavily on staff referral or student self-identification. However, a disparity exists between the number of students who are identified using traditional methods and the national prevalence rates regarding youth who are experiencing mental health concerns (IES, 2019; NIMH, 2019).

Best Practices for Trauma-Informed Screening

John Crocker is the Director of School Mental Health and Behavioral Services of Methuen Schools, located in a gateway city in northeastern Massachusetts that has successfully implemented universal mental health screening for students in grades 3-12, focusing primarily on internalizing concerns (anxiety, depression, etc.). He shares the steps he and his team took to develop an effective universal screening practice, over many years, as a part of the National Quality Initiative Collaborative Improvement and Innovation Network (NQI CoIIN) for Comprehensive School Mental Health Systems (CSMHS), a project led by the NCSMH that engaged districts across the country in work to implement school mental health.

According to Crocker, before deciding whether or not universal screening is right for your school or district, try to develop an action plan. Action plans designed to implement screening should account for a number of key considerations, namely:

1. Teaming to support screening
2. Generating buy-in from school and community stakeholders
3. Selection of the population to screen
4. Selection of a screening measure
5. Design and adoption of consent procedures
6. Planning for the administration of screening
7. Data collection, analysis, and warehousing considerations
8. Conducting a coordinated follow up to address the needs of identified students

UCLA has developed a brief, publicly available **COVID-19-related PTSD screener** that could be an option for schools that feel that screening makes sense for their school population. Screening can be universal or for smaller groups of students or individuals that educators feel are most at risk. Before engaging in screening, research the **challenges** and **options for measures**, and contact the authors and other schools using the screener, as well as ensuring that it meets your school, district, and state guidelines.

Schools can be well-suited to engage in universal mental health screening when compared to other organizations or entities charged with the care of children. However, without school and/or community staff capacity to create individualized supports for students in greatest need, energy may be better focused on Tier I universal supports that teach all students how to build resiliency and use coping skills and professional development around becoming a trauma-skilled school. No matter how much staff capacity is available to create a robust school mental health support team, all schools can be better prepared for the serious mental health crises that require support outside the school system when a tragedy strikes. As we return to school after the COVID-19 pandemic, it is likely that more members of the school community than ever before are in the midst of a crisis.

Develop a School Crisis Plan: A practical example from Cumberland, RI School Department

Rachel Santa, the director of special education in Rhode Island's Cumberland School Department, is unfortunately no stranger to tragedy. Her district experienced a series of devastating losses last year that required her and her team to create a plan for how to respond effectively the next time they had to face a similar situation. Santa recommends that school districts consider developing a basic crisis plan that can be modified to navigate unexpected and unfortunate events that may occur. Significant incidents—such as the death of a student or a staff member, a legal issue with a teacher, or most recently, a global epidemic requiring long-term closure of school—require a compassionate and supportive team mental health response.

Santa used a basic crisis plan that consisted of three key components: 1) responding staff members, 2) a general procedure, and 3) a system of support. Depending on the situation, the configuration of the team may be shifted to address the unique situation. Consider key staff members such as school psychologists, social workers, guidance counselors, nurses, clinical consultants, community agencies, lead teachers, and/or district leadership to be members of your response team. Develop a general procedure of how your team will be alerted, how they will be informed of the issue, and how the issue will be communicated to staff, students, families, and the community. As part of your system of support, consider how to manage student, staff, family, and community responses and reactions to the crisis. Having this framework in place allows you to think ahead and be more prepared for the situation. Having a general map of where you are going allows you to concentrate on any unexpected detours.

After the death of a student, Cumberland implemented the crisis plan they had developed. The building principal emailed the school staff requesting that they attend a before-school faculty meeting. Prior to this meeting, the support team met at the student's school and developed a consistent message of what occurred to be communicated to the staff, students, families, and community. In addition, a community agency was alerted and deployed to the school to provide grief counseling for both staff and students.

During the faculty meeting, the team supported the reactions of the members with the same three basic strategies that were recommended to staff working with the students:

- Correct any misinformation with the facts and honesty, using clear language. For example, in the case of a death, we would say the student died, not that they “passed on,” “went to heaven,” or “are resting at peace.” If known, a simple and clear explanation of what occurred should be communicated. Do not pass along rumors or conjecture, only the facts.
- Support the person's feelings using active listening.
- Refer them for additional support, such as stating that it seems the staff/student would like to talk further and that there are people available to talk to them.

Speaking with the faculty ahead of time allows them to process the information and access their own supports, so they are more likely to provide the students a calm, consistent, and supportive environment.

Develop a School Crisis Plan: A practical example from Cumberland, RI School Department

Implementing a crisis plan during the COVID-19 pandemic had unique challenges with continuing effects. In this situation, Cumberland School Department thought it was vital to share a crisis plan that could be modified and implemented to manage any arising situation. Virtual faculty meetings were scheduled with each school to discuss how the plan had previously been implemented, review the three basic strategies described above, and provide a virtual referral form. This form resulted in referral of a struggling teacher, a student referring herself, and families identifying children who needed mental health support. This plan was not intended to replace building procedures to obtain additional academic or emotional support but rather to widen the net to catch people who may not have been identified in the past or those who had emerging issues exacerbated by a tragedy or crisis.

*For more ideas about preventing, addressing, and responding to tragedy, see SAMHSA's **After a School Tragedy**. Working within a trauma-informed Multi-Tiered Systems of Support program can help schools ensure that they are meeting the needs of students on each end of the spectrum of mental health needs during a crisis, from those who need help addressing a specific mental illness that has been triggered to those who would benefit from learning stress-coping skills to soothe distress.*

Implement Tiers I, II, and III of Multi-Tiered Systems of Support



Having trained mental health professionals like school psychologists, school counselors, and social workers can enhance schools' use of Multi-Tiered Systems of Support (MTSS) to address student mental and behavioral health needs. When these professionals are not available, caring school leaders can educate themselves on the Positive Behavioral Intervention and Supports (PBIS) system with online training to learn **how to integrate trauma-informed support in the MTSS process**. In doing so, they will be able to better prevent and address the mental health challenges their students may bring with them to school.

By implementing prevention methods such as universal mental health screening, social emotional learning strategies, and behavior curricula such as PBIS, schools can position themselves to better safeguard against the potential development of serious mental health issues in their students (Center on Positive Behavioral Intervention & Supports, 2019). When thinking in the context of MTSS, prevention efforts fall under the Tier I umbrella. Tier I supports are “available to all students through a general education program” and work to “improve academic and social emotional outcomes for all students” (Massachusetts Department of Elementary and Secondary Education, 2016; 2018).

In this way, school administrators and counselors design and deliver prevention efforts and curricula that are both developmentally and culturally-appropriate in order to be as effective as possible. Whether the curricula are explicit, such as a psychoeducational lesson about the signs and symptoms of depression, or implicit, such as a writing assignment that asks students to consider Holden Caulfield's journey in *The Catcher in the Rye*, delivering content that teaches students the skills to be both introspective and empathetic is essential work.

Implementing Tier I prevention efforts such as social emotional learning can have profound impacts in many important realms of whole-child education. Researchers from CASEL have conducted two large meta-analyses (213 studies in 2011; 83 studies in 2017) to examine the impact of social emotional learning programs on student outcomes (Durlak et al., 2011; Taylor et al., 2017). The researchers took six factors into consideration when analyzing whether or not an SEL program had an impact on student outcomes: Academics, skills, social behavior, emotional distress, attitudes, and conduct problems. Students at schools who implemented SEL programs improved in each of these target areas. Notable findings in terms of the benefit of prevention of youth mental illness are a 24% increase in social behavior, a 24% decrease in self-reported emotional distress, and a 22% decrease in conduct problems (Durlak & Mahoney, 2019). These data, taken in turn with findings from Fristad et al. (1998; 2003) suggest that psychoeducation can decrease symptoms, promote coping skills, improve stress management, and expand social support, helping schools reduce student mental health challenges.

If schools have made the decision to implement universal screening, they will want to make a plan for interventions in Tiers II and III. There is much literature and guidance around tiered implementation of evidence-based practices available. That includes excellent reviews and insights into MTSS programs at www.schoolmentalhealth.org and research by Averill, Rinaldi, and Collaborative (2011), Dillard (2017) and Eagle et al. (2015). However, we caution schools to strike a balance between overextending their staff to provide individualized support to the extent that it is not done with fidelity and letting students in need of specific therapeutic treatments slip through the cracks.





Many of the interventions that provide the resiliency, stress-coping, and self-regulation skills that students who have experienced trauma need are beneficial to the entire school body—including staff members who may have been experiencing chronic stress even before the COVID-19 pandemic—and can be implemented at the Tier I or universal level. Educators will be much better prepared to help students cope with their mental health challenges if they have found tools and strategies to alleviate their own.

Support Staff Mental Health

As we shared in our recent publication, *Stress, School, and Self-Care: COVID-19 Highlights Inequities, Mental Health Challenges, Systemic Needs, and Possible Solutions*, teachers have always experienced significantly high rates of stress (Guglielmi & Tatrow, 1998; Kovess-Masféty, Rios-Seidel, & Sevilla-Dedieu, 2007), and under COVID-19, that stress rose exponentially (Mason, Asby, Rivers Murphy, & Staeheli, 2020).

To best support students' mental health, staff have to take care of themselves first. As school leaders, principals are poised to be models of prevention and coping. However, principals, too, may need support and/or need assistance in identifying resources and developing skills. If you are sharing articles with tips for self-care, make sure you are providing time and space for educators—including yourself—to engage in the same self-care or engage with outside resources and supports. Staff can build community and resilience by creating a wellness group that meets regularly, in-person or virtually, to practice self-care, including:

- Mindfulness activities, such as yoga, meditation, and breath work, which can reduce stress in the moment and over the long term.
- Exercise, such as walking, running, aerobics, weightlifting, or a team sport, which can benefit mental and physical health.
- Healthy eating. Staff members can exchange healthy and easy-to-fix dishes and recipes to build a shared cookbook.
- Space to share concerns and advice. Feeling safe to vent can allow staff the outlet they need to let go of some concerns and gain perspective on others.

We know that no matter what students' lives have looked like in the months between March and September, they will be grieving. But school staff are also grieving and are likely to have had to attend to their own individual and family stresses and traumas, in addition to trying to provide quality education and support for their students. Before addressing the individualized mental health needs of our students, we must acknowledge the deep sense of individual and collective grief each member of the school community feels.



4. Acknowledge and Address Grief

As schools reopen, it is paramount that we specifically consider and address feelings of grief and loss among students and staff, as a result of COVID-19 disruption or because of the other events and violence in our country due to racism. Some students and teachers will be grieving for a family member, friend, or other loved one who died. Others will be grappling with the loss of missed experiences, the loss of sense of community and connection to school due to physical isolation, or even the loss or change in relationships with friends, teachers, or support staff during the course of this pandemic. As difficult and painful as it may be, schools must find a way to recognize those who died of COVID-19, as well as those who will not be returning to the school community for other reasons, such as graduating, moving away, or transitioning to homeschool.

When putting together a plan for reopening, schools must work to support all members of their communities. As with H1NI, SARS or the Avian influenza, some period of grief during the transition back to school will likely affect a large number of students. For example, Sprang and Silman (2013) found that one third of children began mental health treatment related to their experience during or after the H1NI pandemic and 16.7% of those children were diagnosed with grief.

As students return to school, many will be able to move through their grief and sense of loss without individual intervention as school routines are reestablished and connections are formed and rebuilt. However, some segment of the student population may need more intensive intervention to help them process their emotions. It is well documented that grief may show up differently in kids than it does in adults (Pearlman et. al, 2014). Teachers and staff should be made aware of the differences between adult and child grief in order to best support their students.

Recognize Grief

According to the National Association of School Psychologists (NASP) (2015), grief may show up in children as:

<ul style="list-style-type: none">• Regressive behaviors	<ul style="list-style-type: none">• Social withdrawal
<ul style="list-style-type: none">• Decreased verbalization, attention and concentration, academic performance, or school attendance	<ul style="list-style-type: none">• Increased anxiety, irritability, aggression or high risk behaviors
<ul style="list-style-type: none">• Somatic complaints including stomach aches and headaches	<ul style="list-style-type: none">• Sleep or eating disturbances
<ul style="list-style-type: none">• Guilt	<ul style="list-style-type: none">• Depression
<ul style="list-style-type: none">• Anger at the deceased	<ul style="list-style-type: none">• Repeated re-telling of the event

Teachers, school administrators, and other support staff should also understand the differences between children who are moving through grief in a healthy way, and those who need additional support and resources to manage their grief reactions. The American Academy of Child and Adolescent Psychiatry (2018) notes that students who exhibit the above symptoms for an extended period of time may need further intervention. Students needing intervention may also imitate the dead person to a notable and excessive extent or they may believe they are actually talking to or seeing the deceased family member for a prolonged period of time. Some may express suicidal ideation.

Like other pandemics, COVID-19 has caused many governments to require social distancing, quarantine, and isolation guidelines that have made traditional rituals to process death or other transitions (e.g., graduation) impossible (Eng, 2020; Neighmond, 2020). Though some ceremonies have been carried out online or with limited attendance, many were canceled or postponed (Neighmond, 2020). These rituals are important to the processing of grief and help to facilitate adjustment to changes. In correspondence in *Psychiatry Research*, Eisma, Boelen, and Lenferink (2020) note that—as has been the case with many during the COVID-19 pandemic—lack of preparation for the death, absence of rituals to recognize death, perceived lack of social support, and distress at the time of the death can all lead to higher rates of prolonged grief (Castle & Phillips, 2003; Lobb et. al., 2010). As schools reopen, they will do well to plan for ritual to acknowledge the losses their communities have experienced.

Provide Space to Talk About Loss

Teachers, school administrators, and other school staff can help students and staff to process their feelings related to grief and loss by providing structured space to set a tone for doing so in a way that they feel safe and comfortable. Students need to know they have permission to share how they are feeling and be encouraged to do so. School staff should be prepared to talk with students about grief in a developmentally appropriate, but straightforward, way that focuses on facts and does not use euphemisms that may confuse children (NASP School Safety and Crisis Response Committee, 2015). Schools can engage professional counseling staff in individual and group sessions to help everyone in the school community process the pandemic experience.

Give Options for Those Who Do Not Want to Talk

Knowing that people process grief and loss in different ways and that some students may not feel comfortable talking about their grief at school, teachers and administrators should strive to provide a number of different ways for the community to participate. Teachers and counselors can provide opportunities for writing, doing art projects, listening to music, and playing games for those who do not want to share their experiences verbally. During a school assembly, administrators might hold a moment of silence for those no longer with the community.

Guidelines for teachers and administrators to address grief in the school building

- Listen, acknowledge feelings, and be nonjudgmental.
- Express your own feelings in an open, calm, and appropriate way that encourages students to share their feelings and grief.
- Be simple and straightforward. Discuss death in developmentally appropriate terms for students. Use words such as “death,” “die,” or “dying” in your conversations and avoid euphemisms such as “they went away,” “they are sleeping,” “departed,” and “passed away.”
- A variety of feelings are normal. Be sensitive to each student’s experience, as there is no one right way to respond to a loss. Feelings and behaviors will vary across students and will change throughout the bereavement process.
- Normalize expressed feelings by telling students such are common after a death. However, if their expressions include risk to self (e.g., suicidal thoughts) or others, refer immediately to the appropriate professionals.
- Be sensitive to cultural differences of students and their families in expressing grief and honoring the dead.
- Help bereaved students find a peer support group. There will likely be others who have also experienced the death of a loved one.
- Maintain a normal routine in your classroom and engage students in activities they previously enjoyed.

Grief is an understandable reaction to the sudden loss of a school or classroom community from the previous school year, educators or students who have moved, and/or the death of a family member or a member of the school community. Providing space and time for students and staff to grieve in whatever ways they need can contribute to feelings of safety and well-being. At the same time, it is important to find a new rhythm and connection with the changed school community they are in now. Through finding moments of joy and building a sense of belonging through shared routines, the grieving process can result in collective growth. For more support, visit the MHTTC Network’s *Responding to COVID-19 Grief, Loss, and Bereavement* [webpage](#) where resources for addressing COVID-19-related grief are continually updated.



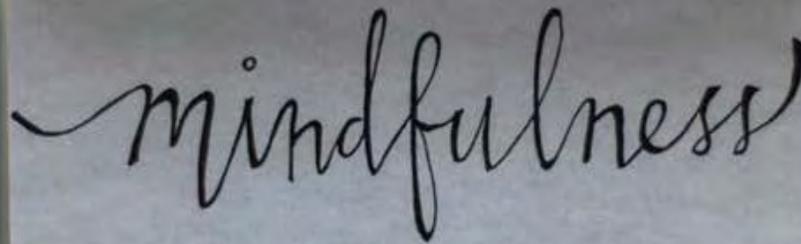
5. Re-establish Routine and Connection

Part of supporting students and staff through grief and loss is helping the community to return to a place of predictability. Routine and structure help children to feel safe in processing intense feelings and moving through grief. While some students will be returning to a familiar place, others may be going to a new school or new classroom when schools reopen. Teachers, administrators and other staff can assist with these transitions by providing space to acknowledge what has happened whenever possible. Staff can lead students in visiting old classrooms and postponed or canceled ceremonies can be adapted and carried out when it is safe to do so.

Establish New Memories and Routines

Re-opening is also an opportunity for schools to be purposeful in establishing new routines and traditions for students to alleviate some of the effects of trauma, foster security, and build community. To help manage intense emotions during the transition back to physical schooling, schools should plan to include opportunities for students to practice emotional regulation in their daily lives. One way schools can do this is to introduce mindful habits to students over time.

Schools can weave mindfulness into the school day by looking at everyday opportunities for: 1) being present, 2) being calm, 3) being compassionate, 4) being grateful, and 5) reflecting (Asby, 2020). Encouraging students to focus on these habits helps them to be happier, less anxious, and better equipped to accept life's challenges as they come. Schools can recruit parents as partners by teaching them how to integrate the **Five Mindful Habits** at home, too. When families and schools work together to reinforce habits, youth have a better chance at successfully adopting them and families will learn valuable skills that can bring them closer together.



mindfulness

6. Use Mindfulness to Teach Self-regulation at School and Home

Compassionate schools that integrate mindfulness techniques and practices can help teachers and parents create more peaceful and healthier environments that foster strong relationships, reduce stress, and increase belonging and happiness. Including mindfulness practices within school routines, throughout school events, and in classrooms will foster connection and resilience in both staff and students and will help teach everyone in the school community the skills they need to help manage anxiety and depression. Teaching these practices also builds a common vocabulary within the school environment, which may make it easier for students to seek help from a caring adult, and leave the adult better equipped to identify and address student needs. As these practices are integrated into school environments, and throughout grade levels and subjects, educators can provide tools, resources, training, and support to parents and families looking to incorporate these practices in their family-life.

Both schools and families can follow the Five Mindful Habits as a structure to infuse mindful routines into school and family life, modifying as appropriate. Eventually, teachers or families could practice all five mindful habits every day, but parents could choose one habit to start with (whichever one is most appealing to them) and build on as they master each.

Five Mindful Habits to teach mindfulness and self-regulation at home and school

- I. Be present
 - Plan purposeful quality time, which may mean leaving the cell phones and computers locked in a closet while doing an activity that promotes family togetherness, like playing a board game or going on a hike.
 - Practice active listening, which requires everyone to make eye contact, leave judgment behind, and avoid interrupting each other during discussions, especially tense ones.

- II. Be calm
 - Practice breathwork when a taxing situation or anxiety creates acute stress.
 - Practice yoga and meditation daily to lower levels of stress, anxiety, and depression over time.
 - Coach children through emotionally challenging conflicts by validating their feelings, helping them reflect on misbehaviors through perspective-taking, and brainstorming healthy solutions to conflict or processing extreme emotions.

- III. Be compassionate
 - Model compassion as a family by doing acts of kindness for others in the family and community. During moments of disagreement, be sure to verbally model compassion for others' experiences.
 - Read books about compassion, like Carol McCloud's *Have You Filled a Bucket Today?*

- IV. Be grateful
 - Be a gratitude model for children by practicing it yourself with other family members, school staff, service providers, and anyone who helps out.
 - Start a family gratitude journal where everyone records things they are grateful for. Younger children can draw pictures. Families can also collect mementos to turn it into a gratitude scrapbook or treasure chest.
 - Create a gratitude routine where each family member shares three things they are grateful for that day. You can do this on the car ride to school, before dinner or bedtime, or any time that's convenient for all members of the family to participate.

- V. Reflect
 - Express difficult emotions through journaling, creating art, dancing, or some other way of making sense of them. This is true for adults and children. Younger children who may not have the words to express extreme emotions can greatly benefit through art therapy.
 - Find quiet moments in the day to pause, breathe, and reflect without judgment. Be grateful for the positive things and seek out a lesson in challenges without labeling them as "bad."

School leaders can present easy-to-implement routines like these to parents during an afterschool workshop with parent educators or they can choose to convey these tips individually over time. The same idea can be used in schoolwide or classroom implementation. You could pick one habit to focus on for a week or a month at a time and then move on to the next.



To help build self-regulation skills in students, start introducing schoolwide mindfulness activities like yoga, meditation, and breathing exercises into the school day perhaps by having a shared mindful moment over the intercom or internet to start the day together using the breath to come back to the present moment. Comprehensive evidence-based mindfulness programs for schools, like **Mindful Schools** or the **Kindness Curriculum**, can provide training, structure, and/or lesson plans; however, any school can find free and low-cost resources to support a schoolwide mindfulness program.

Resources to Support Mindfulness Practices Throughout the School or District

- **Smiling Mind’s Evidence-based guidelines for mindfulness in schools**
- Online webinars like the New England Mental Health Technology Transfer Center’s **Mindfulness Practices in School, A Districtwide Approach to Coordinating Mindfulness Implementation**, and **Trauma-Informed Yoga in Schools**
- Books like **Mindfulness Practices: Cultivating Heart Centered Communities Where Students Focus and Flourish** and **Mindful School Communities: The Five Cs of Nurturing Heart Centered Learning**
- Local yoga and meditation teachers or staff members with training

Making mindfulness a part of your school’s daily routine will help students find the sense of calm and safety within their school and themselves, reducing anxiety, reinforcing healthy behavior that promotes students’ self-efficacy and offering skills that foster resilience.

BETTER

TOGETHER

7. Create a Vision for a Better Future Together

As schools plan to bring students back on campuses, it is important for school leaders to work with their teams to develop a shared vision for their school that meets the needs of the members of school communities, acknowledges the trauma and challenges of this spring and summer, and provides a clear path forward focused on resilience, growth and health. Using a visioning process can be helpful for educators when they think of returning to school, in which the future goals and outcomes of the school community are made real and compelling to act as motivation and structure for present action.

With COVID-19 changing the way we do schooling, as well as learning and working, many educators are asking themselves, “What does the future of education look like?” School leaders must decide between two competing views: return to the status quo or rebuild a better world (Yunus, 2020). Many educators are asking themselves which aspects of the old world of teaching and learning in the school building they want to leave behind and which aspects of the new world of distance learning they want to bring back into the school building once they return. Beginning the process to recover from the effects of the COVID-19 pandemic and the structural racism that has been revealed over the last months can be overwhelming for school communities when there are many elements that are still unknown, or structures that remain entrenched or are subject to slow change.

The visioning process cannot be completed in a vacuum, or solely by school leadership. To truly create a vision for the future, school leaders must invite as many voices as possible into the process of creating that vision and carrying it out, including—but not limited to—students, families, teachers, paraprofessionals, other support staff, mental health agencies, community organizations, government entities, and any other relevant stakeholders. Lasting and effective change happens when leaders listen to school community stakeholders about their hopes and dreams for their community, form initial teams to help do the work, and set up systems and routines to support that work.



Schools can follow the ***Visioning Onward*** 8-step iterative process to frame these crucial conversations (Mason, Liabenow, & Pastchke, 2020a, p. 15).

1. Form a vision steering team and develop a visioning process blueprint.
2. Identify participants for the visioning process.
3. Develop the first draft of your vision together.
4. Research exemplars and options.
5. Engage in an extended research exercise to synthesize your knowledge.
6. Refine your vision using an iterative visioning process.
7. Develop mission and goal statements and determine how to measure progress.
8. Develop an action plan to implement your vision.

To learn more about the process or to start a *Visioning Onward* book study with your school staff, watch our **3-part series to train school leaders as visioning ambassadors** (Mason et al., 2020b).



A Dose of Reality and Healthy Optimism

Working through a visioning process in a time with as much grief, angst, and fear as during the coronavirus pandemic is a difficult thing to do, particularly as there is so much that is unknown about how the pandemic may or may not resolve, or how the crises our country has faced might or might not be foundationally addressed. However, the visioning process can be a way to identify the elements of our school community that truly are important to us and prepare us for whatever might emerge during these transitions. When we look at education and the future, with all its unknowns, there are several things that stand out as doable, achievable, and meaningful:

- *Keep a focus on equity.* As we have seen in the initial stages of COVID-19, communities, businesses, families, and friends are reaching out to support others. Just as technology is being provided to students in need and food support systems are popping up, we believe there are ways to continue to not forget those whose needs are the greatest, those who may be the most vulnerable, those most in need of justice, and those who may lack resources to adequately cope and thrive even as things return to a “new normal.”
- *Know the neuroscience.* Help promote calm. We can embed strategies to support students, families, and ourselves into our routines. We can help provide the check-ins that let others know we care. We can help develop a brighter future for ourselves and others by focusing on developing healthy brains and healthy thought patterns.
- *Take time for research and reflection.* News, science, and stories of success are all important elements for helping us to identify paths forward. We urge educators to incorporate opportunities for research and reflection into their school days, into their planning time, and into their instruction.
- *Keep an eye on resiliency.* Coping is important, particularly in the midst of crisis. During this time, we all benefit from supportive relationships that help us cope. However, to build resiliency takes more time and effort, and helps us to assimilate what we have experienced and transform it into strength, courage, and skills to address new challenges. We become resilient by taking action steps that confirm that we are moving forward with confidence that we have the skills and support to manage our feelings and experiences. Resiliency may look different for each individual or each community, but all of us benefit from keeping it as a goal.
- *Support creativity and innovation.* Ideas for a best possible future may emerge from a planning committee or from an unsuspected source, from left field. They may come from a lone researcher, world leader, a world summit, a child, from one of the top five wealthiest countries, or from a developing country. Now is the time to promote creativity and innovation as we look and listen with an open mind for insights that will help us move forward with strength and with success.

Conclusion: Compassionate Schools Support their School Communities

As we emerge from the COVID-19 crisis, even as the path forward is unsure or may seem dangerous, educators are engaged in significant planning for the fall and beyond. We cannot overstate the stress, grief, loneliness, trauma, and fear that most people have experienced during these months, nor can we say enough about the disproportionate burden that some segments of our society bear throughout this crisis and beyond. It will take years, thoughtfulness, investigation and radical honesty to unpack what we have experienced and put it in context for our children and students. But we believe that this recovery, among many types of recovery, is both possible and what we should work towards and expect from ourselves and each other. As leaders in education, we must, as we are often called to do on behalf of the students we serve, create space for both the realities of the profound traumas we have experienced (or are experiencing) with our desire and expectation for creativity, generativity, and hope. This can be a time for community building and equity and learning, bolstered by effective leadership, trauma-skilled staff, and collective vision of a brighter future.

The steps we have outlined here offer a beginning, a place to start, as we work towards a transition back to school and to learning communities, and plan for an uncertain future that keeps the mental health and well-being of our staff and students in mind. Inherent in all of these steps is the integral nature of the genuine, deep, trusting, and equitable relationships with all members of your community. The experience of the last six months has reinforced the lesson we learned and teach in kindergarten: kindness matters. Kindness and compassion are a balm for the anxiety, trauma, and dislocation of this pandemic and its aftermath, towards families fearful about their child's academic future and staff members concerned with how to cope with myriad demands of a new type of back-to-school.

Supporting student and staff mental health rests also upon how kind and compassionate we can be with our own experiences and traumas during this time, as many of us have struggled to care for our own families and children, communities, school staff, and students, while also trying manage our own mental health.

Resources Supporting Mental Health

- [211.org](https://www.211.org)
- [Mental Health.gov](https://www.mentalhealth.gov)
- [National Alliance on Mental Health](https://www.namh.gov)
- [SAMHSA](https://www.samhsa.gov)

If you need help and support, please ask for it, knowing that as leaders, in whatever capacity, we will be role models for self-care and health during this time.

Then, work with your team to decide on what you want your school to look like and how you're going to get there, whether that means universal screening, a trauma-informed MTSS program, and an SEL curriculum or finding free trainings and resources online to create an SEL and youth mental health support system that works for your school.

The most important thing for school leaders to do when they return to school is leave time and space for grief, healing, joy, connection, and imagining, before turning back to a focus on academics.



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

ABOUT US

New England MHTTC serves Health and Human Services (HHS) Region 1, which includes the states of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

New England MHTTC offers support at local, regional, and national levels on recovery-oriented practices, including recovery supports, within the context of recovery-oriented systems of care. These include, but are not limited to, person-and family-centered care planning and shared decision-making; peer support; supported employment, education, parenting, and spirituality; and other strategies to promote the community inclusion of children/youth and adults with serious mental illnesses and their loved ones.

Support is provided to educators and schools in New England through the Childhood Trauma-Learning Collaborative (C-TLC), a school mental health initiative collaborating with twenty-four C-TLC Fellows (administrators, educators, school psychologists, and social workers) in the six New England states. The goals of this collaborative are to accelerate learning about and implementation of best and promising practices to improve supports and services to students with behavioral and emotional challenges who are most at-risk. We further services in New England through the Fellows who act as ambassadors providing a conduit to their local communities and as exemplars of some of the best and most promising practices.



The Substance Abuse and Mental Health Services Administration (SAMHSA) has funded the New England Mental Health Technology Transfer Center in part to “heighten awareness, knowledge, and skills of the Region 1 mental health workforce to implement evidence-based prevention, mental health promotion, treatment, and recovery support services across the continuum of care” (New England MHTTC, 2019).

REFERENCES

- Ahmed, F., Ahmed, N., Pissarides, C., & Stiglitz, J. (2020). Why inequality could spread COVID-19. *The Lancet Public Health*, 5(5), e240. [https://doi.org/10.1016/S2468-2667\(20\)30085-2](https://doi.org/10.1016/S2468-2667(20)30085-2)
- Averill, O. H., Rinaldi, C., & Collaborative, U.S.E.L. (2011). Multi-tier system of supports (MTSS). *District Administration*, 48(8), 91-95. <https://www.researchgate.net/publication/257943832>
- Asby, D. (2020). Five mindful habits for families and schools to increase happiness and connection. *New England Mental Health Technology Transfer Center*. <http://mhhtcnetwork.org/centers/new-england-mhhtc/product/five-mindful-habits-all-increase-happiness-and-connection>
- American Academy of Child and Adolescent Psychiatry. (2018). Grief and children. https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-And-Grief-008.aspx
- Cai, A., & Robst, J. (2016). The relationship between race/ethnicity and the perceived experience of mental health care. *American Journal of Orthopsychiatry*, 86(5), 508-518. <https://doi.org/10.1037/ort0000119>
- Castle J. & Phillips W. (2003). Grief rituals: Aspects that facilitate adjustment to bereavement. *Journal of Loss and Trauma*, 8, 41–71. <https://doi.org/10.1080/15325020305876>
- Center on Positive Behavioral Intervention and Supports. (2019). What is PBIS? <https://www.pbis.org/>
- Cohn, E. E. (2011, May 22). The fear of losing control. *Psychology Today*. <https://www.psychologytoday.com/us/blog/what-would-aristotle-do/201105/the-fear-losing-control>
- Davidson Sorkin, A. (2020, June 1). The complex question of reopening schools. *The New Yorker*. <https://www.newyorker.com/magazine/2020/06/01/the-complex-question-of-reopening-schools>
- Dillard, C. (2017). *Multi-tiered system of supports (MTSS) and implementation science*. California State University, Long Beach.
- Durlak, J. A., & Mahoney, J. L. (2019). *The practical benefits of an SEL program*. CASEL. <https://casel.org/wp-content/uploads/2019/09/SEL-Impacts-CASEL-Media-Kit-09242019-2.pdf>
- Durlak, J.A., Weissberg, R.P., Dynmicki, A.B., Taylor, R.D., & Schellinger, K.B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405-432.

REFERENCES

- Eagle, J. W., Dowd-Eagle, S. E., Snyder, A., & Holtzman, E. G. (2015). Implementing a multi-tiered system of support (MTSS): Collaboration between school psychologists and administrators to promote systems-level change. *Journal of Educational and Psychological Consultation, 25*(2-3), 160-177.
- Eisma, M., Boelen, P. and Lenferink, L. (2020). Prolonged grief disorder following the Coronavirus (COVID-19) pandemic. *Psychiatry Research, 288*. <https://doi.org/10.1016/j.psychres.2020.113031>
- Eng, M. (2020). Social distancing means mourners find new ways to cope and connect. *NPR*. <https://www.npr.org/2020/04/02/825175482/social-distancing-means-mourners-must-find-new-ways-to-cope-and-connect>
- Fristad, M. A., Gavazzi, S. M., & Soldano, K. W. (1998). Multi-family psychoeducation groups for childhood mood disorders: A program description and preliminary efficacy data. *Contemporary Family Therapy, 20*, 385–403.
- Fristad, M. A., Goldberg-Arnold, J. S., & Gavazzi, S. M. (2003). Multifamily psychoeducation groups in the treatment of children with mood disorders. *Journal of Marital and Family Therapy, 29*, 491–504.
- Galea, S., Merchant, R. M., & Lurie, N. (2020). The mental health consequences of COVID-19 and physical distancing: The need for prevention and early intervention. *JAMA Internal Medicine, 180*(6), 817-818. <https://doi:10.1001/jamainternmed.2020.1562>
- Gordon, S. (2019, September 20). How teaching kids empathy can prevent bullying. *Very Well Family*. <https://www.verywellfamily.com/teach-empathy-and-prevent-bullying-460744>
- Guglielmi, R.S. & Tatrow, K. (1998). Occupational stress, burnout, and health in teachers: A methodological and theoretical analysis. *Review of Educational Research, 68*, 61-99. <https://doi.org/10.2307/1170690>
- Hallinger, P. (2003). Leading educational change: Reflections on the practice of instructional and transformational leadership. *Cambridge Journal of Education, 33*(3), 329-352.
- Hansen, H., & Metzl, J. (2016). Structural competency in the U.S. healthcare crisis: Putting social and policy interventions into clinical practice. *Journal of Bioethical Inquiry, 13*(2), 179–183. <https://doi.org/10.1007/s11673-016-9719-z>
- Hernandez, F., & Marshall, J. (2017). Auditing inequity: Teaching aspiring administrators to be social justice leaders. *Education and Urban Society, 49*(2), 203-228. <https://doi.org/10.1177/0013124516630598>

REFERENCES

- Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., Ballard, C., Christensen, H., Cohen Silver, R., Everall, I., Ford, T., John, A., Kabir, T., King, K., Madan, I., Michie, S., Przybylski, A. K., Shafran, R., Sweeney, A., ... Bullmore, E. (2020). Multi-disciplinary research priorities for the COVID-19 pandemic: A call for action for mental health science. *The Lancet Psychiatry*, 7(6), 547–560. [https://doi.org/10.1016/s2215-0366\(20\)30168-1](https://doi.org/10.1016/s2215-0366(20)30168-1)
- Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. (2019). Advancing comprehensive school mental health: Guidance from the field. National Center for School Mental Health, University of Maryland School of Medicine.
- Institute of Education Sciences. (2019, May). Children and youth with disabilities. https://nces.ed.gov/programs/coe/indicator_cgg.asp
- Kovess-Masféty, V., Rios-Seidel, C., & Sevilla-Dedieu, C. (2007). Teachers' mental health and teaching levels. *Teaching and Teacher Education*, 23, 1177-1192. <https://doi.org/10.1016/j.tate.2006.07.015>
- Lai, A. (2011). *Transformational-transactional leadership theory*. AHS Capstone Projects.
- Lander, J. (2018, September 26). Helping teachers manage the weight of trauma. Harvard Graduate School of Education. <https://www.gse.harvard.edu/news/uk/18/09/helping-teachers-manage-weight-trauma>
- Laurencin, C. T., & McClinton, A. (2020). The COVID-19 pandemic: A call to action to identify and address racial and ethnic disparities. *Journal of Racial and Ethnic Health Disparities*, 7(3), 398-402. <https://doi.org/10.1007/s40615-020-00756-0>
- Lew, M. (2018, November 7). A 4-step process for building student resilience. *Edutopia*. <https://www.edutopia.org/article/4-step-process-building-student-resilience>
- Liu, Y., Carney, J. V., Kim, H., Hazler, R. J., & Guo, X. (2020). Victimization and students' psychological well-being: The mediating roles of hope and school connectedness. *Children and Youth Services Review*, 108. <https://doi.org/10.1016/j.childyouth.2019.104674>
- Lobb, E., Kristjanson, L., Aoun, S., Monterosso, L., Halkett, G. & Davies, A. (2010). Predictors of complicated grief: A systematic review of empirical studies. *Death Studies*, 34(8), 673-698, <https://doi.org/10.1080/07481187.2010.496686>
- Mason, C., Asby, D., Rivers Murphy, M., & Staeheli, M. (2020). *Stress, school, and self-care: COVID-19 highlights inequities, mental health challenges, systemic needs, and possible solutions*. New England Mental Health Technology Transfer Center. <https://mhctcnetwork.org/centers/new-england-mhctc/product/c-tlc-stress-school-and-self-care-covid-19-highlights-inequities>

REFERENCES

- Mason, C., Liabenow, P. & Patschke, M. (2020a). *Visioning onward: A guide for all schools*. Corwin Press.
- Mason, C., Liabenow, P., & Patschke, M. (2020b, May-June). *What will schools be like next year? Visioning for the future of education: A 3-part webinar series*. <https://www.youtube.com/watch?v=vEvAjZuwal4&list=PLV8axr3ma1vqoC-4t853xsQSPUQpjUj4U>
- Mason, C., Rivers Murphy, M, & Jackson, Y. (2019). *Mindfulness practices: Cultivating heart centered communities where students focus and flourish*. Solution Tree Press.
- Mason, C., Rivers Murphy, M, & Jackson, Y. (2020). *Mindful school communities: The five Cs of nurturing heart centered learning*. Solution Tree Press.
- Massachusetts Department of Elementary and Secondary Education. (2016). Educator effectiveness guidebook for inclusive practice. <http://www.doe.mass.edu/eveval/guidebook/>
- Massachusetts Department of Elementary and Secondary Education (2018). Multi-tiered system of support: Blueprint for MA. <http://www.doe.mass.edu/sfss/mtss/>
- National Association of School Psychologists (NASP). (2015). Addressing grief: Brief facts and tips. <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/mental-health-resources/addressing-grief>
- National Association of School Psychologists (NASP). (2016). School-based mental health services: Improving student-learning and well-being. <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mental-health/school-psychology-and-mental-health/school-based-mental-health-services>
- National Association of School Psychologists (NASP). NASP School Safety and Crisis Response Committee. (2015). Addressing grief: Tips for teachers and administrators. *National Association of School Psychologists*. <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/mental-health-resources/addressing-grief/addressing-grief-tips-for-teachers-and-administrators>
- National Institutes of Mental Health. (2019, February). Mental health statistics. https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_154785
- National Institute on Minority Health and Health Disparities. (NIMHD). (2017). *The NIMHD Minority Health and Health Disparities Research Framework*. <https://www.nimhd.nih.gov/about/overview/research-framework/>
- Neighmond, P. (2020). With senior year in disarray, teens and young adults feel lost. Here's how to help. *NPR*. <https://www.npr.org/sections/health-shots/2020/04/19/837077850/with-senior-year-in-disarray-teens-and-young-adults-feel-lost-heres-how-to-help>

REFERENCES

- Pearlman, L. A., Wortman, C., Feuer, C., Farber, C. & Rando, T. (2014). *Treating traumatic bereavement: A practitioner's guide*. The Guilford Press.
- Prothero, A. (2020, February 13). Schools are the main source of student mental health care. Are they ready? *Education Week*. http://blogs.edweek.org/edweek/rulesforengagement/2020/02/schools_student_mental_health_care_are_they_ready.html
- Schaps, E. (2003). Creating a school community. *Educational Leadership*, 60(6), 31–33. <https://www.ascd.org/publications/educational-leadership/mar03/vol60/num06/Creating-a-School-Community.aspx>
- Smith, J. A., & Judd, J. (2020). COVID-19: Vulnerability and the power of privilege in a pandemic. *Health Promotion Journal of Australia*, 31(2), 158-160. <https://doi.org/10.1002/hpja.333>
- Splett, J. W., Trainor, K. M., Raborn, A., Halliday-Boykins, C. A., Garzona, M. E., Dongo, M. D., & Weist, M. D. (2018). Comparison of universal mental health screening to students already receiving intervention in a multitiered system of support. *Behavioral Disorders*, 43(3), 344-356. <https://doi.org/10.1177/0198742918761339>
- Sprang, G. & Silman, M. (2013). Posttraumatic stress disorder in parents and youth after health-related disasters. *Disaster Medicine and Public Health Preparedness*, 7(1), 105-110.
- Taylor, R.D., Oberle, E., Durlak, J.A., & Weissberg, R.P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development*, 88,1156-1171.
- Wan, W. (2020, May 4). The coronavirus pandemic is pushing America into a mental health crisis. *The Washington Post*. <https://www.washingtonpost.com/health/2020/05/04/mental-health-coronavirus/>
- Wang, Z., & Tang, K. (2020). Combating COVID-19: Health equity matters. *Nature Medicine*, 26(4), 458. <https://doi.org/10.1038/s41591-020-0823-6>
- Webb Hooper, M., Nápoles, A. M., & Pérez-Stable, E. J. (2020). COVID-19 and racial/ethnic disparities. *Journal of the American Medical Association*. <https://doi.org/10.1001/jama.2020.8598>
- Weist, M.D., Rubin, M., Moore, E., Adelsheim, S., & Wrobel, G. (2007). Mental health screening in schools. *Journal of School Health*, 77, 53–58.
- Willis, S., Clarke, S., & O'Connor, E. (2017). Contextualizing leadership: Transformational leadership and management by exception active in safety-critical contexts. *Journal of Occupational and Organizational Psychology*, 90(3), 281-305.

REFERENCES

Yao, H., Chen, J.H., & Xu, Y.F. (2020). Patients with mental health disorders in the COVID-19 epidemic. *The Lancet Psychiatry*, 7(4), e21. [https://doi.org/10.1016/S2215-0366\(20\)30090-0](https://doi.org/10.1016/S2215-0366(20)30090-0)

Yunus, M. (2020, May 19). Nobel Laureate Muhammad Yunus: A post-pandemic world should deliver a new future for capitalism. *Desert News*. <https://www.deseret.com/opinion/2020/5/19/21263758/nobel-laureate-muhammad-yunus-pandemic-society-economy-new-normal-going-back-covid-19>

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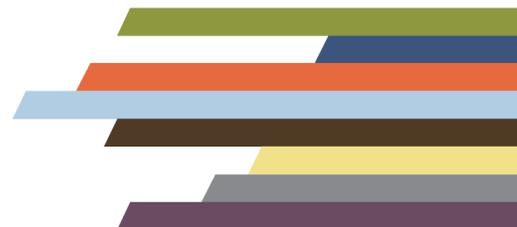
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ADDITIONAL RESOURCES

MHTTC NATIONAL SCHOOL MENTAL HEALTH CURRICULUM

National Center for School Mental Health (ND)

<http://csmh.umaryland.edu/Resources/Needs-Assessment--Resource-Mapping/>

If you are interested in learning more about the New England MHTTC and/or the Childhood-Trauma Learning Collaborative and related training and technical assistance provided free of charge, email us at newengland@mhttcnetwork.org.

To help states, districts, and schools across the United States understand the core components of comprehensive school mental health, as well as engage in a planning process, the Mental Health Technology Transfer Center (MHTTC) Network Coordinating Office and National Center for School Mental Health (NCSMH) developed a national school mental health curriculum focused on the core features of effective school mental health initiatives. The curriculum is intended to be used with district teams that can influence, develop, and oversee school mental health systems at the school district and building levels. It contains trainer and participant manuals and slide decks, divided into eight modules that are each designed for delivery in one-hour in-person sessions or can be adapted for shorter or longer sessions. Also included are five recorded virtual learning sessions that are each about 75 minutes long and include a deeper dive into some of the curriculum content with additional examples from states and districts across the MHTTC Network.

To access the curriculum, please visit:

<https://mhttcnetwork.org/centers/mhttc-network-coordinating-office/national-school-mental-health-projects>



New England (HHS Region 1)

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About the Mental Health Technology Transfer Network (MHTTC)

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

This collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals.

MHTTC services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

For more information, contact the MHTTC Network Office.

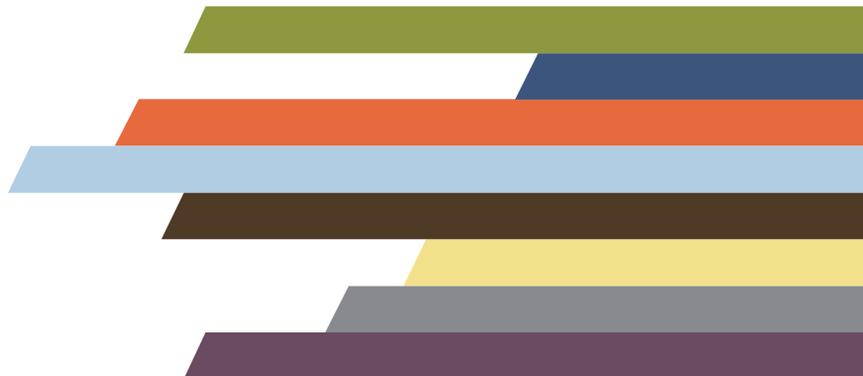
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Notes



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