



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

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**Stress, School, and Self-Care:
*COVID-19 Highlights Inequities, Mental Health
Challenges, Systemic Needs, and
Possible Solutions***

A Childhood-Trauma Learning Collaborative Issue Brief

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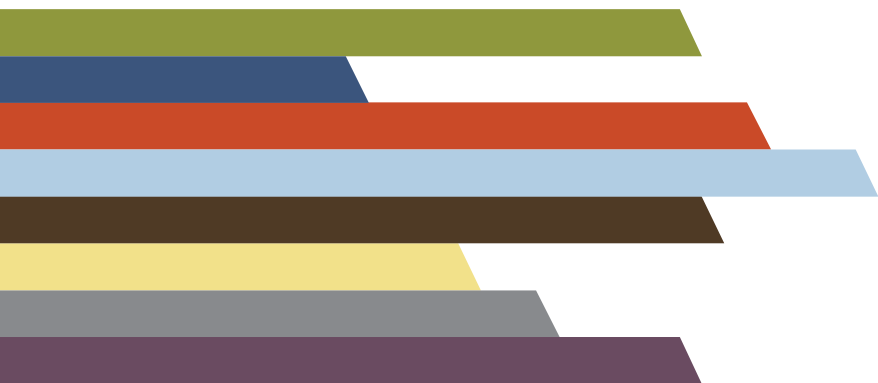
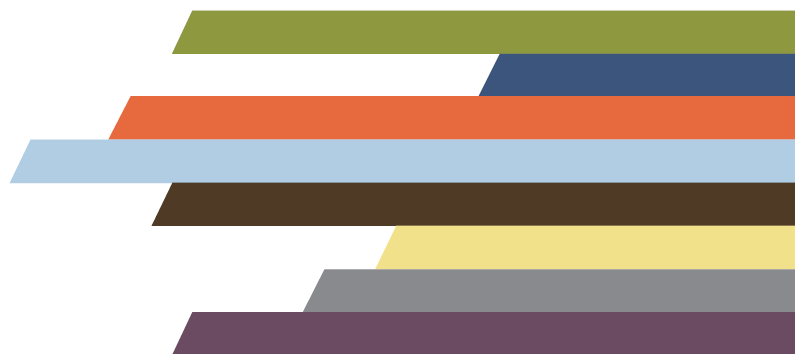


TABLE OF CONTENTS

Introduction.....	1
Our Rollercoaster Experiences: Quotes from the Field.....	6
Stressors: How Educators are Impacted by Stress.....	9
What Contributes to Educators' Stress?.....	12
Our Focus Groups	14
Results: How COVID-19 Increased the Stress for New England Educators.....	16
Resiliency in the Face of Stress.....	21
Implications from our Findings.....	22
The Importance of Visioning.....	23
Mindful Practices for Self-Care for Staff, Students, and Families.....	25
A Shift Away from Dependence on Physical Classrooms in School Buildings.....	29
Insights and Elaboration.....	32
About Us: New England MHTTC	i
References.....	ii
About the Authors	iii
Additional Resources.....	iv
Acknowledgements & Special Appreciation.....	v
Disclaimer	vi



INTRODUCTION

In 2020, as we shelter in place as a result of COVID-19, stress, anxiety, uncertainty, and fears about our future are high. School communities are impacted not only by fears of the contagion but also by broad, rapid shifts they are making to deliver equitable remote learning services as seamlessly as possible.

Educators, students, and families are adjusting to the ubiquitous 2020 version of home schooling as parents balance becoming surrogate teachers while attempting to work their normal jobs—sometimes feeling inadequate in both roles. Some families have thrived given the chance to slow down, stay home, and spend more time forming deeper connections with one another. Others have become further overwhelmed and stressed by the sudden collision of school, work, and home, uncertain how best to balance it all.



Stress, School, and Self-Care: COVID-19 Highlights Inequities, Mental Health Challenges, Systemic Needs, and Possible Solutions

Today, teachers and other educators such as school psychologists, social workers, and counselors are struggling to understand the best ways to help students use a wealth of online tools and resources. They are being inundated with various options for distance learning but are unable to easily and quickly discern whether products, platforms, and strategies are of a high quality or not. Whether using Google Hangouts, Zoom, Teams, or other online platforms for delivering instruction or counseling sessions, there are considerations of privacy and confidentiality, bandwidth, and how to really connect in a way that creates a sense of belonging and support—a protective factor that we know is critical.

Gaps in equity that existed prior to the pandemic are also widening. The issues and problems surfacing during the early months of adapting to COVID-19 are not evenly distributed. For example, people of color and those living in poverty are more likely to lose income or a job (and thus health care), be working in an “essential job” at higher risk of infection, or become ill or die from COVID-19 (Noppert, 2020).

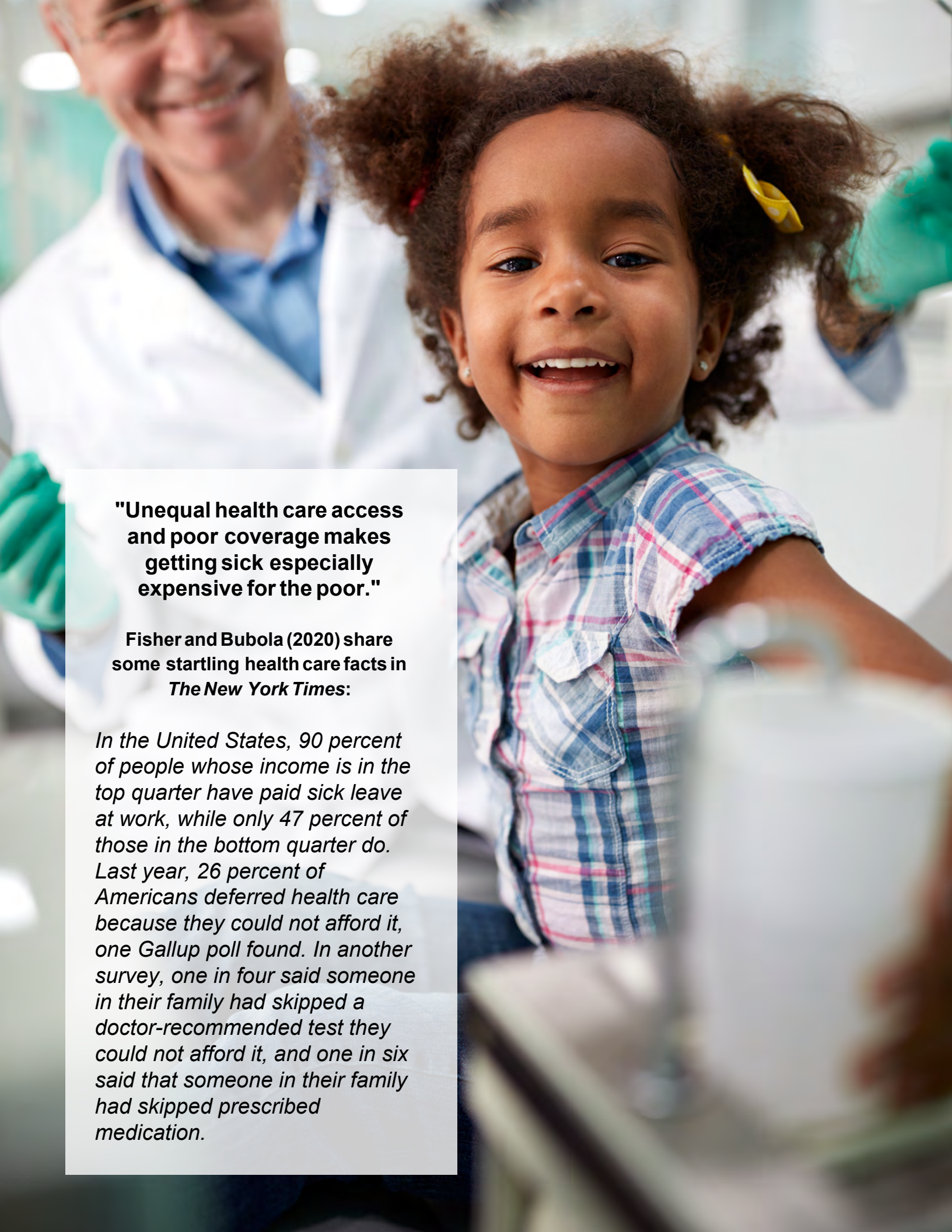
Job status and income have a ripple effect on stress and the resultant inequities are many. Lower income and hourly workers are likely to run out of money and be forced to look for work, despite the persistent risk of infection, thus creating a “disease-driven poverty trap” and causing serious ramifications for students and their families for months and years to come. Many are not only at greater risk, but they may also be ineligible for employer assisted healthcare.

In sharp contrast to the many individuals with lower incomes who may have already lost their jobs, the rich and middle class tend to have greater access to a multitude of resources, including more savings and capital and full access to healthcare. Professionals with higher incomes, employed because of their specific job expertise, are also more likely to be able to work remotely, have greater job security, fewer concerns about providing for the basic needs of their families, less exposure to the COVID-19 virus, and paid leave policies.



Individuals who have immigrated to this country may either be essential workers with greater exposure to the COVID-19 virus or lack job stability and have scarce resources. Their immigration status adds another layer of stress for many, who even as they worry about families who remain overseas, makes it less likely that they will seek health care or receive income support. This increases not only their risk of contracting the virus, but also multiplies the potential for hunger and inability to meet basic needs for their families' security and safety.

In America, losing your job means losing your health insurance, so tens of millions of people are suddenly out of work and uninsured. Families with less income are also less likely to have high quality health insurance and are more likely to have pre-existing health conditions, which can make coronavirus up to ten times more deadly (Fisher & Bubola, 2020).



"Unequal health care access and poor coverage makes getting sick especially expensive for the poor."

Fisher and Bubola (2020) share some startling health care facts in *The New York Times*:

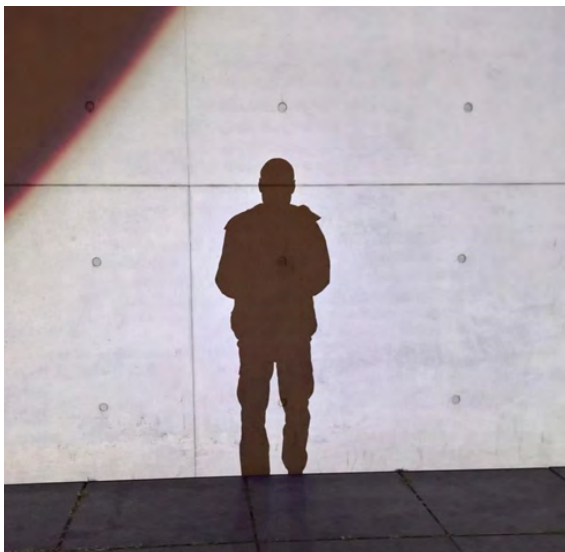
In the United States, 90 percent of people whose income is in the top quarter have paid sick leave at work, while only 47 percent of those in the bottom quarter do. Last year, 26 percent of Americans deferred health care because they could not afford it, one Gallup poll found. In another survey, one in four said someone in their family had skipped a doctor-recommended test they could not afford it, and one in six said that someone in their family had skipped prescribed medication.

OUR ROLLERCOASTER EXPERIENCES

At the beginning of the shelter in place orders that closed many schools across New England in March, school administrators in the region, as elsewhere, were faced with making myriad decisions about priorities, ranging from how to lead and supervise from a distance to how to turn school cafeterias or school buses into food distribution centers.



As with other changes that are implemented quickly in response to an immediate crisis, some schools and districts were better prepared than others. Those who had faced a crisis in the past had resiliency that allowed them to use their experience to quickly triage and address needs. Those with a culture of teamwork and positivity fared especially well, because staff were able to support each other and collaborate to problem solve by capitalizing on individual and group strengths.



QUOTE FROM THE FIELD

“Everyone in administration has crashed at one point. Luckily, we haven’t crashed at the same time. We’re all on a rollercoaster, but not everyone is on the same part of the ride.”

Anonymous, Elementary Principal, MA



In many ways, education has really been “flipped” (Koller, 2011; Tomaszewski, 2012) as blended learning is now almost totally virtual.

As of the Spring of 2020, no one is certain about when schools will reopen and how things will look once they do. For example, in Massachusetts, Governor Baker announced on April 22 that all Massachusetts school buildings will remain closed through the end of the school year. Education Commissioner Jeff Riley emphasized that this additional time will allow administrators to draft plans for reopening school buildings, a process that will most likely result in a different school experience once students return (NBC Boston, 2020). Across the United States, there are varying ideas about when and how school buildings should reopen. The stress surrounding these decisions and indecisions is affecting everyone from state leaders to principals to parents and their children.

Considerations for Students with Disabilities

For some children with disabilities, with great caution and use of social distancing, special education teachers are sometimes making home visits, and for other vulnerable students, therapists and social workers are also conducting sessions in homes (Baumhardt, 2020; Castaneda, 2020; Jones, 2020).

In making the shift to virtual learning, many teachers, administrators and therapists are facing a steep learning curve, which is adding to their prep time and overall workload. Limited by virtual learning parameters, educators wake each day with new realizations, new priorities, new concerns, and new opportunities; and some days and weeks are more stressful than others.



Many students with disabilities are experiencing reduced access to education as districts are seeking ways to provide free, appropriate services to students who require accommodations that may not be able to be provided virtually. This puts enormous stress on students, parents, teachers, and administrators. Students with learning disabilities need accommodations to access academic content. Those with physical disabilities sometimes require physical and occupational therapy. Students with emotional and behavioral challenges benefit from therapy and mental health supports.

Organizations such as the Council for Exceptional Children are providing guidance to educators and working to find innovative solutions not only for the long run, but also for extended school year (ESY) summer services. However, academic regression is likely and predictions are that learning losses will be most pronounced for students in early grades and students with disabilities (Council for Exceptional Children, 2020). Educators can be prepared for the increased stress levels that may result because of this.



Despite the hardships we are experiencing, some schools, across a variety of situations, are using this pause to reimagine what a more equitable and trauma-informed school might look like when children and teachers finally return to school buildings.

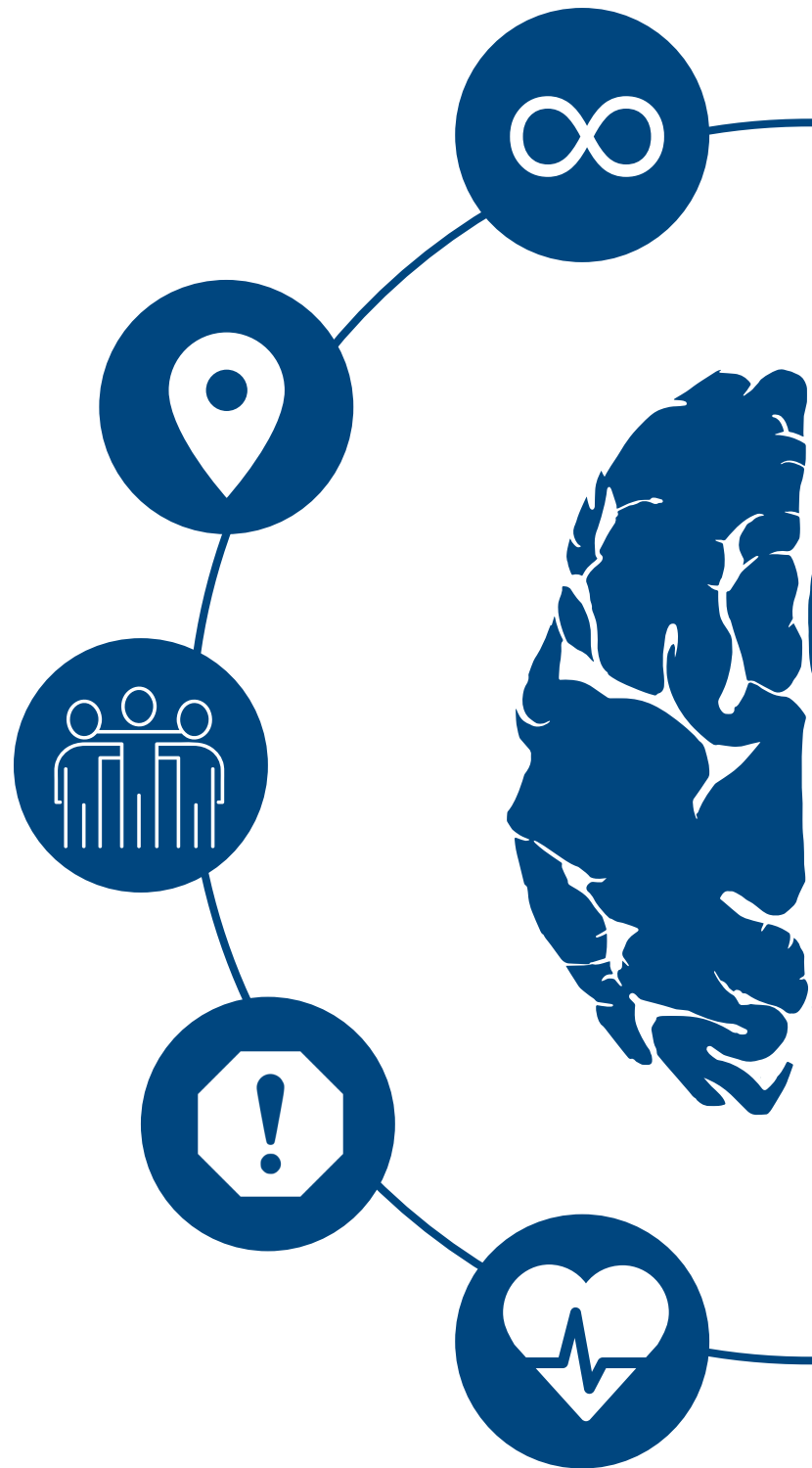


Stressors: How Educators are Impacted by Stress

What is the relationship between the stress that educators experience today and research findings from education pre-COVID-19? Feelings of tension, frustration, anxiety, and even anger are a part of the emotional cocktail that contribute to our stress (Kyriacou, 2001). Teacher stress specifically has been associated with depression, burnout, physical illness, reduced quality of life, and attrition. When there is a perception of excessive job demands combined with low control and lack of social support, stress can feel like it is sky-rocketing out of control.

TEACHERS AND STRESS.

In general, stress can undermine our ability to concentrate, remember things, and control our emotions (Thompson, 2014; Mason, Rivers Murphy, & Jackson, 2019, 2020). Under stressful conditions, we may find ourselves irritable or quicker to anger, and stress can contribute to feelings of unworthiness, anxiety over our circumstances and our future, or feelings of sadness or depression. However, stress experienced by teachers and educators is different: teacher stress affects not only the health and well-being of individual teachers, but also their overall effectiveness, self-esteem, and sense of self-efficacy—feelings regarding their abilities—ultimately affecting many students and school communities (Abel & Sewell, 1999; Breslau, 2004; Kokkinos, 2007; McGoey et al., 2014; Tschannen-Moran & Hoy, 2001).



Stressors: How Educators are Impacted by Stress

*Are teachers and others facing unique stress with the COVID-19 pandemic?
Or did the pandemic exacerbate already existing factors?*

Teachers have historically reported greater psychological distress and burnout in comparison to other professions (Guglielmi & Tatrow, 1998; Kovess-Masfétý, Rios-Seidel, & Sevilla-Dedieu, 2007). In many instances, these stressors are magnified by the difficulties in handling disruptive students, principal turnover, conflicts over teaming, and factors such as low wages and high workloads. Teaching can be physically, emotionally, and mentally taxing. A 2017 survey by the American Federation of Teachers reported that educators and school staff find their work “always” or “often” stressful 61% of the time. This is double the 30% of the time workers in the general population find their work “always” or “often” stressful. Loss of autonomy, lack of respect, and pressure to perform, along with the increased scrutiny associated with new reporting mechanisms to monitor academic achievement, have all contributed to job dissatisfaction and low morale for Pre-K-12 teachers.

VICARIOUS TRAUMA.

Teachers are affected not only by their own stressors—the circumstances in their own lives—but also by the trauma their students experience. Emelina Minero, in a 2017 article for Edutopia, wrote:

Vicarious trauma affects teachers’ brains in much the same way that it affects their students’: The brain emits a fear response, releasing excessive cortisol and adrenaline that can increase heart rate, blood pressure, and respiration and releases a flood of emotions. This biological response can manifest in mental and physical symptoms such as anger and headaches, or workplace behaviors like missing meetings, lateness, or avoiding certain students.



Today, we are concerned not only about the everyday stress that impacts teacher morale and effectiveness, but also how the additional pervasive trauma and stress are being addressed or ignored. Even experts are uncertain about the short-term and long-term impact of this stress.

While we are all experiencing trauma, we are not experiencing the same trauma. Many families who were already living in chaotic environments are now experiencing even higher levels of stress, perhaps exacerbating the impact of this trauma. Those who already had a toolbox of skills and strategies for coping with stress are more resilient and are able to bounce back from this hardship more easily.

However, even school mental health workers, who have dedicated their lives to teaching students and their families these coping strategies, are finding it difficult to use them in their own lives as they absorb the hardships and pain experienced in their own homes and by youth, their families, and their communities.

WHAT CONTRIBUTES TO EDUCATORS' STRESS?

Skaalvik and Skaalvik (2015), in a study of teacher stress in Norway, identified seven categories of stressors: workload and time pressure, disruptive student behavior, student diversity and working to adapt teaching to students' needs, lack of autonomy, lack of shared goals and values, problems and conflicts related to teamwork, and lack of status. Their research is similar to others' who have reported on stress related to excessive job demands and feelings of loss of control over what and how they teach (Payne & Fletcher, 1983; Siegrist, 2002).

During COVID-19, teachers are most worried about students they haven't been able to reach; they are concerned that perhaps their parents are sick or out of work and unable to ensure the child's needs are met. In some cases, the students may not have received their Chromebook or aren't able to access the internet, but teachers are unsure how to safely reach out. Even when they are assured students are safe, teachers are missing their students—they are missing the in-person interactions and are concerned about the emotional well-being of their students. Teachers are concerned about whether students are learning and how they are coping with the stress and the sense of loss that everyone is feeling. Teachers realize that the sense of routine, stability, and repetition that school provided is an important buffer to the stress many students normally face, and has now disappeared. They are concerned with the anxiety that students are facing, realizing that online learning is particularly difficult for students who need language translations and have other learning challenges (Baumhardt, 2020; Strauss, 2020; Willen, 2020).

How might Skaalvik and Skaalvik's research apply to COVID-19 and virtual learning?

Workload and time pressure	At the beginning of the pandemic as schools had days or a week at most to reorganize and efficiently shift to online learning and online materials, administrators and some staff were working nearly 24 hours a day while others waited anxiously to hear what they should do next. Most principals and district leaders felt pressure, from both district and state levels as well as their own staff, regarding decision making and providing directives amid vast confusion and quickly shifting and often conflicting information from experts. Some school leaders or department heads received very little if any directives on how to proceed. School mental health providers and teachers felt pressure to answer parent e-mails coming in late at night and early in the morning, even when they didn't know what to say. Several weeks into the pandemic these pressures and concerns remain.
Disruptive student behavior	When a classroom of 30 students are in thirty different home environments with various levels of internet bandwidth, activity, and parental supervision, it can be nearly impossible to get everyone on the same page at the same time. Instead of conducting whole class instruction for eight hours a day, many standards have been loosened as greater sensitivity is exercised and considerations are made for differences in students' ability to concentrate and work independently with little support from parents or teachers.
Student diversity	Diversity and equity concerns are intertwined. A major concern is how to ensure equal access to materials with discrepancies in access to the internet and electronic devices. Creative outreach to families such as drop-offs or pick-ups of hard copy materials and other provisions such as in-person drive-by waves, messaging, and/or telephone calls helps to bridge gaps in virtual connections to create more personal connections.
Lack of autonomy	Many administrators felt paralyzed by the lack of clear direction from district, state, and federal leaders who themselves were unsure how to proceed. While school leaders may have wished for greater autonomy at other points in their leadership, during this global crisis, clear directives were needed and often missing. "Autonomy" during COVID-19 has taken on a new meaning with the restrictions imposed by virtual learning, social distancing, and equity concerns. Educators, even without substantial directives, have lost autonomy as they are depending upon existing distance learning programs which have a lack of needed adaptations for struggling students. Yet, lack of autonomy is currently less of a concern than lack of connection with students or lack of adequate resources and training to deliver academics virtually.
Lack of shared goals and values	In times of crisis, solidarity and a consensus on how to move forward are key. Districts and schools with a strong vision and motto found it easier to realign together compared to those that hadn't previously taken the time to create a culture of collaboration.
Conflicts related to teamwork	This has been less of a priority/concern. Trying times reduce conflict as people band together. School staff consistently reported that their greatest support during these times of undue stress was their colleagues.
Lack of status	Although wages remain low, respect for educators has actually increased. As families gain firsthand experience of the complexities of educating a young child or a teen, more people are expressing deeper gratitude and appreciation for the important job educators do.

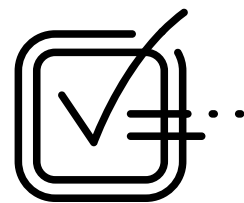
Our Focus Groups

As teachers and school leaders grapple with the newness of remote learning, the “loss of control” combined with the many new “unknowns” in any given home further perpetuate and add to the sensitivity and stress of any instructional delivery to students and families. And further, to what degree instructional delivery should be delivered or offered begs further moral inquiry as physical and/or emotional safety and needs levels are often unknown at home. Factors such as loss of a family member, jobs, or income and mental health issues can certainly create additional stress and vicarious trauma for educators, knowing that children’s learning experiences are not equal—at school, much less at home—and therefore must be treated with exceptional care.



Today, in the midst of the COVID-19 pandemic,

- **How are teachers and other educators feeling about themselves, their contributions, and their own effectiveness?**
- **How is their own stress impacting their ability to be effective educators, and what are they doing to increase their own sense of well-being?**



To answer these and related questions, we conducted three focus groups with a sample of educators in New England.

We conducted virtual focus groups with members of the Childhood-Trauma Learning Collaborative (C-TLC), a group of administrators (of general and special education), school psychologists and social workers, and (general and special education) classroom teachers, asking about their stress levels and sources related to the novel coronavirus, its disruption to their school communities, and how they are using self-care and supports from others to address their stress.

The C-TLC includes 24 Fellows from six New England States (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont) who are part of a school mental health project of the New England Mental Health Technology Transfer Center. Led by Yale University’s Program for Recovery and Community Health (PRCH) with assistance from the Center for Educational Improvement, this project delivers training and technical assistance around childhood trauma and mental health in schools and provides technical assistance locally, regionally, and nationally. Through this work, we have built relationships with the focus group participants that allowed us to gain important insights to inform our research and frameworks regarding youth mental health.

More about our Focus Groups

We used a grounded theory approach (Corbin & Strauss, 1990) to facilitate three focus groups with a total of twelve educators over a period of two weeks. Two C-TLC researchers conducted the focus groups, beginning with a set of five or seven questions. The focus groups gave Fellows a space to acknowledge, understand, and release their stress. It also provided everyone, including C-TLC staff, with a new perspective about how COVID-19 is affecting individuals and communities. We also gained a new understanding of the uniqueness of our individual “stress tolerance.”



The third focus group was distinct in that unlike the other groups that were composed of C-TLC Fellows we have mentored and learned from for about a year and have therefore formed trusting relationships with, the last group was a team of educators from one Fellow’s school. Teachers, administrators, and other staff we had only briefly met on sporadic webinars or book study sessions joined us for a candid conversation about the stressors they are facing. The vulnerability, openness, and desire to connect demonstrated by this last group paralleled that of the Fellows we’ve come to know well, pointing to the idea that in stressful times, having access to a safe space to have these courageous conversations is possible and necessary for all.

Each focus group was conducted online over a 90-minute time period, with one researcher primarily asking questions and leading the discussion, while the other recorded participants’ responses. With this approach, we adapted or modified questions over the course of the three groups to build off of the knowledge we obtained from each prior focus group.

Table 1. Questions We Asked Focus Group Participants

1. Looking back at the past few weeks, what have been your responsibilities and what have been some of your greatest stressors?
2. How have you been handling these?
3. What supports are you receiving? What is helping to lighten your load?
4. What are you doing right now for your own self-care? How is that helping?
5. Looking at our community of Fellows, is there something else that we might be able to do—getting information to you? Helping you problem solve? Offering a place to vent?
6. For just a moment, consider the students with mental health needs—those students who are most vulnerable. How are you addressing these needs within your system?
7. You know that teaching has been a high-stress job even under normal conditions, and that principals, other administrators, and other school personnel also experience considerable stress on an ongoing basis. Are there any current stressors that are simply more of the same? Simply an extension of an already stressful condition? And if so, any recommendations or long-term considerations?

Prevalent Stressors

There were several common stressors that most of the educators we spoke with experienced:

- Whether or not the most vulnerable students had their basic needs met
- A lack of connection with members of the school community, missing face-to-face interaction
- Conflicting, confusing, or missing guidance from the district or state level
- Confusion around privacy and legality for telehealth delivery of services
- The pace and depth of change, including the increased responsibility and workload
- For special education and mental health services specifically, the amount of information to sift through to properly abide by and deliver services

At every level, staff were extremely concerned about whether marginalized students had food to eat, a place to sleep, and proper supervision. As a Vermont principal said, “This is a traumatic event for everybody, but it’s not equal for everyone. You have vulnerable families who were already at risk and now the parents have no job and no food and the students who look to school for consistency and safety have nowhere to turn to.” Many administrators are also struggling with how to respond to the grief that has accompanied the deaths of parents and teachers in their community.

Lack of Connection with Students

While participants’ most pressing source of stress varied by role, the most common stressor among the New England educators was the sudden lack of connection with their school community. Principals were worried about their staff, students, and their own families; school mental health service providers were most worried about the vulnerable students on their caseloads—especially the ones they couldn’t get in contact with.

A school psychologist from Rhode Island said,

“The hardest part is not being able to be in the presence of people. I want to be able to see my kids. The days I’m able to communicate with them directly through virtual platforms is helpful. The quality is not there, but it’s still helpful.”

School psychologists, social workers, and counselors are faced with difficult decisions about how to shift their communication with teachers now that they aren’t able to pop into classrooms. Another school psychologist in Rhode Island explained, “When you’re in a physical building, it’s easy to have quick conversations, but now with a student in a Google Hangout, the flurry of messages from teachers and other students pop up and I can’t get away from it and I don’t want to, because I need to respond to these things and I want to respond to them right now. I am doing three things at once and not able to be present in front of the student I’m with, which is the hardest part. It’s a terrible choice.”

Lack of Clear Direction and Clear Communication

Another huge source of stress for participants was the lack of clear direction at the beginning of the pandemic. No one was sure of the plan. Families and teachers looked primarily to principals as the source of all information when principals were just as confused as everyone else. Information about the virus and best practices to stay safe and healthy were rapidly changing, so district and state leadership were also unsure of the best path forward.

Some schools reported a complete lack of communication. Others reported an overwhelming amount of information that was too difficult to comprehend. Still others received a deluge of conflicting information that was impossible to wade through. For mental health providers, the lack of direction around privacy

and confidentiality concerns was especially confusing. Many principals and other school leaders took action independently, deciding to do what was best for their school communities.

Because most school closures were sudden, the rapid and enormous changes that occurred for home and school life was very stressful for all of the educators. Some educators struggled with the transition to online learning—having trouble finding meaningful ways to connect with their classes on platforms with which they were unfamiliar, letting go of self-imposed standards like creating 35 individualized counseling sessions, or addressing their inability to navigate the required technology. We learned from our focus groups that:



- Principals and district leaders felt overwhelmed with the increased level of responsibilities and the number of people turning to them as a source of guidance.
- Many school leaders reported working nearly 24 hours a day during the first weeks of the pandemic.
- A school psychologist from Rhode Island said, “It’s hard to keep the balance between life and work. Life has been work for the past 4 weeks.”

Addressing Stress

Even though every educator we spoke to reported increased levels of stress due to the COVID-19 pandemic’s effects on their school community, they were all able to identify supports that have allowed them to continue on.

Two things kept leaders pressing forward:

- The collaboration their teams provided, and
- Their individual self-care.

While many of the school leaders had spent the past year learning about the research behind toxic stress and understood how crucial self-care is, they all admitted that they had not been following the advice they were giving to their staff to take time to take care. At the end of each session, we heard a chorus of some version of, “Thank you for this conversation. I have the tools to address my stress, but I haven’t been using them. This is the exact kind of reminder I need to practice self-care. And I’ve learned a lot of great ideas from each educator on this call.” Making time for a conversation to check-in on how everyone is doing is a simple first step to addressing stress by letting staff know that you are a team meant to hold each other up in difficult times.

Collaboration

Collaboration has increased in many districts with various teams meeting more frequently. Principals who work closely with their peers within the same district and across neighboring districts, as well as effective administration teams within schools, were able to share workloads and bounce ideas off each other, reducing their stress load. However, the flip side of the coin is that there may be an unintentional disconnect between district and school levels.

While many school leaders and educators are finding solace and strength within their own buildings' core staff, district levels continue to fall short in what appears to be an unconscious awareness of the "scope of impact" that this pandemic/remote learning has and is having on school leadership. This could be a dangerous dilemma for many districts, failing to recognize the emotional needs of its staff and school leaders, especially when an eventual return to school will most certainly include an overall accelerated rate of stress and trauma associated issues, behaviors, and emotions for both students and staff. Recognizing and putting proactive district measures in place (now) for how to best support staff and school leaders, undoubtedly, will increase the capacity within to come back stronger and be more prepared to face the social and emotional challenges in the year ahead.



Self-Care

Self-care methods were unique, but everyone agreed that it was imperative to take time to take care. Unfortunately, most of the leaders we spoke to were encouraging their staff and students to find opportunities for self-care regularly, but rarely practicing what they preached. As they shared the ways they were taking care of themselves, they felt a renewed commitment to integrate these practices into their days to reduce their stress. This re-enforcement and validation of the importance of self-care is another reason to make such regular check-ins a part of staff meetings, even when we are back in the school building.

Common self-care practices included:

- Connecting with friends, family, and pets safely, which often meant virtually
- Keeping routines and schedules, especially sticking to normal work hours
- Practicing mindfulness through meditation, breathwork, and yoga
- Getting outdoors for walks, hikes, and car rides
- Exercising
- Watching mindless TV
- Engaging in fun projects like gardening, baking, and home improvement
- Therapy sessions



Getting reminders from others to practice self-care was important. As caregivers, these teachers, school mental health service providers, and administrators admittedly were putting student, staff, and their own families' needs before their own. When we asked them what they needed most for support going forward, the universal answer was time to hold space for vulnerable conversations like these where we check-in with each other, offer sympathy and advice, and share moments of success and inspiration. Feedback included:

- “This conversation has been very helpful. You’ve been more helpful to me than anything I could have offered to you.”
- “These kinds of meetings are important. It’s reassuring to know that we are doing things right rather than thinking, ‘What else can I do?’”
- “I’m learning a lot from other people. I feel a nice personal connection, but it’s also making me think, ‘Oh yeah, we should do that!’ I can barely wrap my mind around written words, so this is great.”
- “I didn’t really process my stress until I was in this conversation and talking with others and hearing their ideas.”
- “It’s nice to feel validated and hear others’ perspectives.”
- “Venting is required or the steam builds up.”




Resiliency in the Face of Stress

None of the school leaders we spoke with was exempted from the stress this trauma has brought on all of us; however, the levels of stress varied greatly from person to person. Those who had previous experience navigating crises or utilizing virtual learning platforms with their students found it much easier to adjust to this new normal. Those who already had a regular mindfulness or exercise routine and strong connections with family or friends were also able to more easily reduce their stress by falling back on strategies that worked for them.

Focus group participants described not only their own resiliency, but also the resiliency of their students.

Unprompted, each member of the focus group composed of staff from one Fellow's school left us with one positive change they've noticed during this crisis. We heard that previously resistant students were often more eager to participate, that teachers were finding creative ways to give students space to dialogue with each other, and that they were impressed with the responsibilities that some children were taking on to help their families cope. They credited the heart centered leadership of their principal in cultivating this culture of hope.

A person wearing a grey hoodie is sitting on a ledge, viewed from behind. They are looking out over a city at sunset. The sky is filled with warm, golden light, and the city below is silhouetted against the bright horizon. The overall mood is contemplative and serene.

***What can be done to
reduce stress during
COVID-19 and into
the future?***

***Implications from
our Findings***

The Importance of Visioning

Educational leaders Lee Bolman and Terrence Deal in their book *Reframing Organizations* (2017) describe what people need during times of uncertainty:

Vision is particularly important in times of crisis and uncertainty. When people are in pain, when they are confused and uncertain, or when they feel despair and hopelessness, they desperately seek meaning and hope (p. 355).

Of course, COVID-19 hit so rapidly that it descended upon us like a series of wildfires, spreading from continent to continent, country to country, and in the United States, state to state. It was hard to formulate a vision for a future of success, when we were in a period of trial and error, facing a vicious virus. So, while it is true that during times of crisis and uncertainty, vision is important, it has been difficult to conceptualize, let alone actualize, a vision during this time of COVID-19. At each step along the way, it seems that new information is transforming our needs. Shortages of masks and ventilators left state leaders scrambling. We discovered that young people were not immune to the virus, that it was harder to stop the spread of the virus in congregated care facilities than in individual dwellings, and even that we could ramp up production of essentials for our medical workers by transforming Ford and General Motors production lines, to quickly make masks, face shields, and ventilators.

When we consider education, the vision for schooling includes more than students' academic instruction. There is ample evidence that, "Learning in general happens best in a warm, supportive atmosphere, in which there exists a feeling of safety, of being supported and cared about, of closeness and connection. In such a space, children's brains more readily reach the state of optimal cognitive efficiency—and of caring about others" (Goleman & Senge, 2014, p. 28).

As school leaders shuttered schools alongside non-essential businesses across the country, some districts have been able to use the resources and tools available to quickly pivot to online delivery of education. Some schools and districts developed their own "vision," so to speak, of what its online delivery would look like. And as distance learning unfolded, some districts monitored their successes and sought ways to adjust to increase effectiveness. As success wavered and obstacles mounted, educators also stared at the harsh reality of the enormity of the issues that surround the adaptations that took place. Over this period of time, districts sought to address inequities, to consider how to deliver therapy and accommodations electronically, and how to help students learn either independently or with parents as surrogate teachers. The orchestration was spotty though, as some teachers and districts were better prepared than others.

For many, the visions they are shaping include a deep and renewed understanding of the importance of safety, closeness, and connection. Over a period of weeks, as government officials and business leaders begin to talk about "opening" states back up and lifting orders to shelter in place, some educational leaders are also trying to envision what "school" will look like in the future.

Educators, like others, have hopes for health and healing and escaping the virus. However, their hopes, dreams, and visions are constantly being re-examined in light of evolving evidence about what works and what doesn't to contain COVID-19's impact and reduce fatalities. For some of our focus group participants, with each of their "successes," some of their individual pain dissipated, at least momentarily. We began to experience a sense of hope that some of our leaders were getting on top of the situation and a sense of order and control was being established. However, that was not true across all districts, and throughout the United States and even in districts that made progress, set-backs occurred. Even as we found out what was working well, we also experienced a mounting fear as we realized that we must shelter in place for extended periods of time and that perhaps we might never return to life as it was pre-COVID-19.

Yet, over the course of a few weeks, visions started to evolve as to what might work better, what strategies to continue, and where to make adjustments. And in some cases, leaders rose and systems were put in place. Students started checking in with teachers, teachers found ways to deliver instructional packets to children who couldn't use technology, and families became a new pillar of support for academic and social emotional education.

Self-Efficacy

Our self-efficacy around providing a meaningful education to students was put to a new test with COVID-19. Self-efficacy, or an individual's beliefs about what one can do well, is related to a sense of well-being and job satisfaction (Tschannen-Moran & Hoy, 2001; Zimmerman & Cleary, 2006). While teachers worked hard to deliver needed education and supports to students, they also struggled with their own fears and concerns. And many reminisced about the value of just being in a room with students, able to look into their eyes and read their body language—important components of the attunement that helps us better understand and connect with each other.

As Tschannen-Moran and Hoy (2001) and others have discovered with their research, the negative impact of stress is reduced when individuals

- Believe that they are making a worthwhile contribution
- Feel that they have some control over their experiences
- Feel support from administrators
- Engage in options for self-care

The C-TLC Fellows we spoke with have been teaching their staff about these tenants all year. They made it clear to their staff during these trying times that what they do every day for their students matters so much, but that their own needs and what they need to do to feel safe also matters. Moreover, leadership is a source of support, and it is imperative that educators take care of themselves and their families before taking care of students. So, as we look to the future, and how to reduce stress while we go about the business of restructuring or reinventing education, these four factors are important considerations.

Self-care is critical. Bill Adair (2019), an author and teacher in Vancouver, British Columbia, reminds us to:

Listen to your body and recognize the signals of unnecessary stress. Employ strategies to manage emotional states (p. 180).

Teachers, school administrators, and other school staff can find routines that help us de-stress. When we feel too busy to take time for ourselves, we have a tendency to skip our workouts, forego yoga or meditation, and instead divide our time between work and family demands. Yet that time for self-care can be golden. Whether it is a walk outside, really talking with someone about what troubles us most, turning off our cell phones, journaling about our experiences, or even sitting down to a relaxing meal, there are many small things that can help us relieve stress.

Self-care is even more important for everyone during times of extended crisis. We all need to find routines to weave into our day, helping us to de-stress; otherwise, we become candidates for burnout. As Miner (2017) explained in her discussion of vicarious trauma and its impact on our brains and over-all sense of well-being, sometimes we feel too busy to take time for ourselves. Yet that time can be crucially restorative. With COVID-19, educators are experiencing their own personal stress in addition to the vicarious trauma of their students, families, and communities. However, many of us have never been that good at taking care of ourselves. Take time now or pay later should be our guiding intention, knowing that if we do not take care of ourselves now, then we will be in no position to take care of those that are counting on us. Good sleep, quality nutrition, regular exercise, time outside, and time for fun away from this chaos will help us recharge and ultimately be more able to help others.

Mindful Practices for Self-Care for Staff, Students, and Families

Mindfulness can be a powerful tool for alleviating stress and increasing our ability to focus and thrive. Substantial research supports its use with students and staff. For the school-based focus group members who had previously attended the C-TLC's *Mindfulness Practices: Cultivating Heart Centered Communities Where Students Focus and Flourish* (Mason, Rivers Murphy, & Jackson, 2019) Book Study where they learned how to use the Heart Centered Learning® framework to bring mindfulness practices into their school building to reduce staff and student stress and mental health challenges, we saw a markedly higher level of positivity and hope. Mindfulness is not just something to be taught to our students, it is an important personal practice as well.

Breathwork

Coming back to the breath is one of the most effective ways to stop stress in the moment. Our nervous systems—including the brain—and emotions are interwoven. When we begin to feel anxious or nervous, our hands begin to sweat, our heart and thoughts race, our mouths go dry, and our breath becomes shallow. As we slow our breathing, the rest of the nervous system follows, quieting the often oversensitive amygdala and once more allowing room in the prefrontal cortex for calm decision-making and complex thinking. Soon, as our breathing and thinking slows, our emotions follow.

Square breathing is a breathwork activity that staff, students, and families can all practice:

1. As you breathe in through your nose, count up 1...2...3...4.
2. Hold the breath as you count up 1...2...3...4.
3. Release the breath through the mouth as you count down, 4...3...2...1.
4. Suspend the breath as you count down, 4...3...2...1.
5. Repeat as many times as needed to reach a state of calm.

Adding movement, such as drawing a square with your finger, can bring a deeper mind-body connection.

Yoga and Meditation

To reduce your general level of stress, developing a consistent mindfulness practice that includes regular yoga and/or meditation can be a powerful tool for preventing and coping with stress. Children often find great pleasure in family yoga sessions done along to free videos on YouTube that make yoga fun by incorporating animal sounds with poses or are set to uplifting music that makes the practice feel like a family dance party. There are many apps and free online breathwork, meditation, and yoga activities that provide engaging, family-friendly options for the whole family!

Creating Intentional Routines

One of the most important ways of helping educators, students, and families manage stress is to create the routines and traditions that help us feel safe about what's coming next. Taking the time to think about each family member or staff's needs and how they can be met can lead to a reorganization of priorities and time. Because of COVID-19, we have all been given the chance to see clearly what truly deserves our energy and attention and what may have been "a waste of time." Schools and families have the chance to vision for the future they want and to create systems, routines, and structures that help them achieve their goals. Both can start with the values they want to instill and look at whether the activities they are spending their time on contribute to the cultivation of those values.

Mindfulness Research

In a randomized control study of the impact of mindfulness in classrooms, Robert Roeser and colleagues (2013) introduced mindfulness in an 8-week training to 113 teachers in the U.S. and Canada. As part of that study, teachers were instructed to complete 15 minutes of a mindfulness intervention daily. They reported that 87% of the respondents found mindfulness to be helpful and experienced improvements in mindfulness, working memory, focus, sense of self-efficacy, as well as large declines in reported occupational stress and symptoms of burnout, anxiety, and depression (p. 13). Results were maintained at a 3-month follow-up assessment.

The logic model that was the framework for Roeser's research may have implications for considering the value of mindfulness in the context of COVID-19 and other similar emergencies.

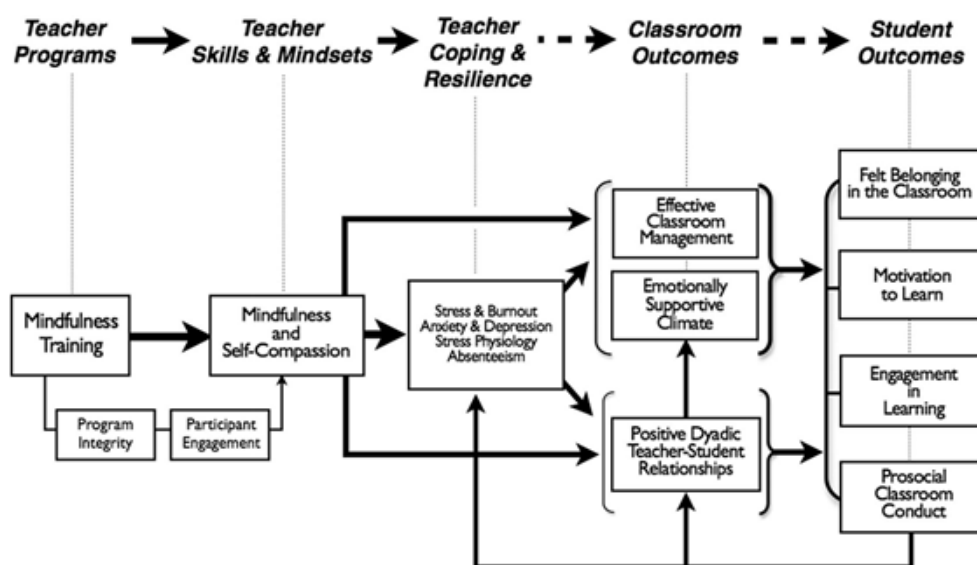


Figure 1. Roeser, R.W., Schonert-Reichl, K.A., Jha, A., Cullen, M., Wallace, L., Wilensky, R., Harrison, J., et al. Mindfulness training and reductions in teacher stress and burnout: Results from two randomized, waitlist-control field trials. *Journal of Educational Psychology*, 105 (3), 787. Reprinted with permission (2013).

In this model, Roeser and his colleagues considered outcomes in terms of classrooms, focusing on a sense of belonging in classrooms, students' engagement in learning and their motivation to learn, the contribution of effective classroom management and emotionally supportive classroom climates, and positive teacher-student relationships.

Viewing Stress and Student Adjustment as a Part of Family Dynamics

In 2020, in a world dependent not upon physical classrooms, but upon virtual learning with the rapid introduction of unique stressors, we may want to reconceptualize the outcomes for students, moving away from classroom outcomes (as presented in Figure 1) and such factors as effective classroom management to a more expansive view of outcomes in a more generalized sense. With consideration of the world beyond brick-and-mortar classrooms, coping can be examined with an eye towards effective regulation of one's own emotions and actions under stress, and the accompanying resilience that can occur during our ongoing recovery (Skinner & Zimmer-Gembeck, 2009). This holds true for teachers, learners, families, and others. Individuals with good coping skills fair better under pressure than those who lack inner and outer resources.

With our greatly increased awareness of the importance of physical health and safety, educators and others now recognize more than ever that before children can learn reading, writing, and mathematics, they must learn how to regulate their emotions. Regulating one's emotions in times of stress and challenge becomes critical for a vast number of reasons, including one's own sense of well-being, our ability to be available to others and supportive of their needs, and our ability to make good decisions. For children's learning, emotional self-regulation helps to prime executive functioning skills to enhance our attention, ability to focus on tasks without being easily distracted, and memory.

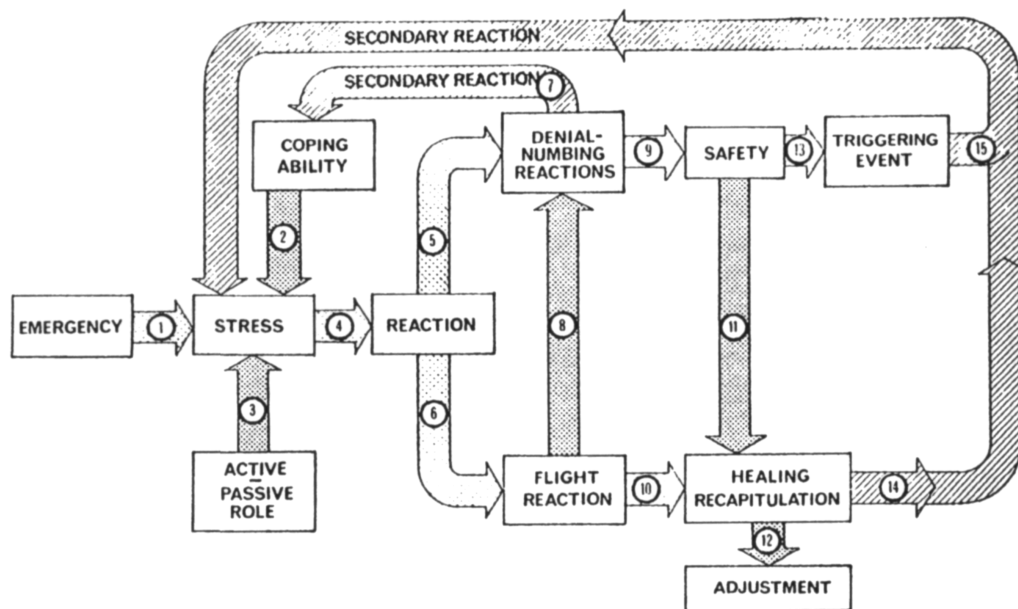


Figure 2. Long-term Stress Reactions. From Charles Figley, Chapter 1: Catastrophes: An Overview of Family Reactions in *Volume II: Stress and the Family: Coping with Catastrophes*, p. 7. Reprinted with permission from Routledge (1983).

Regulation helps to prime executive functioning skills to enhance our attention, ability to focus on tasks without being easily distracted, and memory. In this regard, Charles Figley's understanding of family dynamics and the impact of long-term stress may be important (Figley & McCubbin, 1983).

With Figley's approach, stress is considered not as a factor to be handled in classrooms, but in terms of catalysts, safety, coping abilities, and healing within families and family structures. As Pauline Boss and colleagues commented in 2016, "family stress is likened to a force pressing, pushing, or pulling on the family structure... [However, in] highly stressed, but functional families, we see flexibility in family rules, roles, and problem solving skills" (p. 2). Speaking of stress during times of uncertainty, she said, "Today, the words stress and change have become synonymous and the winds of change are in the air."



A Shift Away from Dependence on Physical Classrooms in School Buildings

As we take education outside classroom walls, our understanding of the stress that educators face may need to be expanded to consider educators as a family beyond the school boundaries. Educators have long lamented the “summer slide” that happens as carefully constructed school routines and systems that support vulnerable youths’ need for structure are abandoned for varying degrees of supervision ranging from authoritarian parenting that leaves children with little autonomy to neglectful homes where children have little guidance.

Thankfully, most families exist somewhere on that spectrum and most parents want the best for their children. Unfortunately, few parents have the knowledge and skills regarding child development, mental health, and pedagogy to most effectively teach their child the resources and strategies schools do to promote holistic well-being for students. They also rarely have the time or the financial resources, which is especially true for families who are poor, of color, or consist of a single parent. They also might be coping with their own stress, mental, physical, or financial issues.

Schools have the attention of families at this time. So, now is the best time to help build family toolkits for coping with stress. Introducing fun mindfulness practices can give everyone strategies to reduce their stress, increase their happiness, and form a deeper connection.

Family systems theory provides additional insights into how to help educators not only manage stress, but thrive, even during the most difficult of times.



For many educators working with vulnerable populations, this “new normal” has opened a window of opportunity for working with families remotely to more regularly model academic and behavioral strategies for them to emulate.

Educators are also able to learn from child/parent interactions.

Technology and communication at this time provides a whole new dimension and insight into family-school dynamics, serving as a protective barrier for many parents who do not usually visit or feel comfortable in a school setting and also providing essential and welcomed support (for parents) within the home during these challenging times.

During COVID-19, with students learning at home, the family structure has overlapped with the school structure and vice-versa, sometimes cultivating a necessitated and welcomed mutual exchange of collective collaboration. Thus, this overlapping structure has resulted in schools and families that are in a sense cohabitating and coping in the most challenging of times. Under some of the best conditions, this is resulting in leaders who are encouraging emotional regulation and resilience while we are all under an unbearable stress.

Feeling Connected: Virtual Connections Matter

Compassion training can help break the futile cycle of stress-emotions, by helping people cultivate perceptions and experiences of being fundamentally connected rather than inherently separate from others (Pinos-Pey, 2017; Ryff, 2014). The need for connection, meaningful messaging from above, and provisions of safe venues (such as small focus groups) that re-affirm how one is feeling and that “we are all in this together” are undeniable. During the pandemic, connecting through virtual meeting rooms and chat-lines, setting up times for virtual office hours to just chat, and also finding time for sharing what we might tweet to the world can be uplifting and even inspirational.

GOING FORWARD

We are reminded going forward that finding balance and peace amid the storm is wise. The absence of our physical presence and connectiveness cannot be underestimated as it has placed unthinkable strains on the sociability of our humanness and what makes us so unique. The lack of daily interactions with others has brought moment-to-moment hurting and feelings of isolation, a feeling of being out of sorts, and being challenged all at the same. The lack of multiple, daily contacts and the challenges of focusing and managing time well in a remote situation can easily take a toll.

When we add the overlap of home, work, and our child(ren)'s home schooling, all under the same roof, we cannot overlook the impact this pandemic can have on any one individual or family (parts) and collectively as a group (whole). There are systemic complications at work and creative tension that can easily result as a product of the "whole" being so dependent on the "parts," and how the parts are now working remotely, as opposed to (physically) side-by-side, face-to-face (Senge, 2006).



Our path forward is towards hope and coming out on the other side of this pandemic stronger, more prepared, and more resilient than ever. Our connections can literally be a lifeline for our students and each other.

As schools without walls have become an overnight reality, the dynamics of interpersonal interactions have also shifted. While we are tethered to our electronics, and face-to-face is more likely to be on FaceTime than in-person, how we express caring and how we help to grow resiliency is also shifting. With practice, even over the past few weeks, we are learning hard, but valuable, lessons about what is really most important. Although we may not know what the future of schools looks like, we know that administrators, teachers, students, and families are all facing an enormous amount of stress right now. But many are finding ways of alleviating that stress, primarily through connection, communication, and collaboration. This pause in school-as-usual has the potential for opportunities to reimagine what more equitable and mindful school communities might look like when we return.



insights & Elaboration

Our results in New England, while reflective of the conversations we have had with a unique group with whom we have built a sense of trust and community over the past 18 months, resonate with what others are saying nationally and internationally about needs, concerns, and ways of coping right now. With insight from educators, the New England MHTTC is preparing an array of products to support mental health service providers in schools' and other learning communities' return to some sense of normalcy after the pandemic. Some of these include:

- A guide for supporting student and staff mental health as we transition back into the school building or to a return to virtual learning in the fall.
- A series of discussions about visioning for more equitable and compassionate school communities.
- The continuation of a webinar series about evidence-based practices for school mental health.
- A series of online workshops and trainings to help guide New England schools through the process of developing a compassionate school community.
- An online course to help school leaders develop mindful leadership and crisis management skills.

School leaders who are being counted on to make so many decisions in an instant, during this time, are stretched. We heard in our focus groups that leaders are making quick and difficult decisions about where to focus their attention. Even as they are the foundational strength that facilitates action plans being implemented by teachers and staff, they may be more vulnerable than perhaps ever before. The seemingly indestructible school leader of the past is no longer guaranteed or assured in these times. School leaders, each profoundly challenged and compromised in some way, every day are trying to be the “rock” they have always been for staff and students but are struggling themselves in ways never imagined. Whether it is the moment-to-moment impact of stress and trauma, coupled with the cumulative impact of stress and trauma that hits, often without warning or partiality, school leaders are suffering. They are suffering, and yet, their resiliency and resourcefulness are paramount. Their own self-care is critical and will continue to be essential in the weeks, days, and years to come.



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

- Abel, M., & Sewel, I. J. (1999). Stress and burnout in rural and urban secondary school teachers. *Journal of Educational Research*, 92, 287–293. <https://doi.org/10.1080/00220679909597608>
- Adair, B. (2019). *The emotionally connected classroom, wellness and the learning experience*. Corwin.
- American Federation of Teachers (AFT). (2017). *2017 educator quality of life survey*. https://www.aft.org/sites/default/files/2017_eqwl_survey_web.pdf
- Baumhardt, A. (2020, April 16). Everything has changed: A look at k-12 public education under the coronavirus. *Hechinger Report*. <https://hechingerreport.org/everything-has-changed-a-look-at-k-12-education-under-coronavirus/>
- Boss, P., Bryant, C. M., & Mancini, J. A. (2016). *Family stress management: A contextual approach*. Sage Publications.
- Breslau, N., Peterson, E. L., Poisson, L. M., Schultz, L. R., & Lucia, V. C. (2004). Estimating post-traumatic stress disorder in the community: Lifetime perspective and the impact of typical traumatic events. *Psychological Medicine*, 34(5), 889-898.
- Castaneda, V. (2020, April 15). Coronavirus pandemic prompts mental-health workers to connect with students online. *Los Angeles Times*. <https://www.latimes.com/socal/la-canada-valley/sun/news/story/2020-04-15/coronavirus-pandemic-prompts-mental-health-workers-connect-students-online>
- Corbin, J. M., & Strauss, A. (1990). Grounded theory research: Procedures, canons, and evaluative criteria. *Qualitative Sociology*, 13(1), 3-21. <https://link.springer.com/article/10.1007/BF00988593>
- Council for Exceptional Children. (2020). Navigating the COVID-19 Crisis: Considerations for special education administrators. <https://cec.sped.org/COVID19forAdministrators>
- Figley, C. (1983). Chapter 1, Catastrophes: An overview of family reactions in C. Figley & H. McCubbin (Eds.), Volume II: Stress and the family: Coping with catastrophes pp. 3-36. Routledge.
- Fisher, M. & Bubola, E. (2020, March 15). As coronavirus deepens inequality, inequality worsens its spread. *The New York Times*. <https://www.nytimes.com/2020/03/15/world/europe/coronavirus-inequality.html>
- Glaser, B.G., & Strauss, A.L. (2017). *Discovery of grounded theory: Strategies for qualitative research*. Routledge.
- Goleman, D. & Senge, P. (2014). *The triple focus: A new approach to education*. More Than Sound.
- 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>
- Jones, C. (2020, March 19). *California students enrolled in special education face unique burdens during school closure*. EdSource. <https://edsource.org/2020/california-students-enrolled-in-special-education-face-unique-burdens-during-school-closure/626605>

REFERENCES

- Koller, D. (2011). Death knell for the lecture: Technology as a passport to personalize education. *New York Times*, 5. <https://www.nytimes.com/2011/12/06/science/daphne-koller-technology-as-a-passport-to-personalized-education.html>
- Kokkinos, C.M. (2007). Job stressors, personality and burnout in primary school teachers. *British Journal of Educational Psychology*, 77, 229–243. <https://onlinelibrary.wiley.com/doi/abs/10.1348/000709905X90344>
- Kovess-Masféty, V., Rios-Seidel, C., & Sevilla-Dedieu, C. (2007). Teachers' mental health and teaching levels. *Teaching and Teacher Education*, 23, 1177-1192. <https://www.sciencedirect.com/science/article/abs/pii/S0742051X06001156>
- Kyriacou, C. Teacher stress: Directions for future research. *Educational Review*, 53 (1), 27–35. <https://www.tandfonline.com/doi/abs/10.1080/00131910120033628>
- 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.
- McGoey, K.E., Rispoli, K.M., Venesky, L.G., Schaffner, K.F., McGuirk, L., & Marshall, S. (2014). A preliminary investigation into teacher perceptions of the barriers to behavior intervention implementation. *Journal of Applied School Psychology*, 30 (4), 375–390. <https://www.tandfonline.com/doi/abs/10.1080/15377903.2014.950441>
- Mental Health Technology Transfer Center (MHTCC). (2019, April 2). After a school tragedy...readiness, response, recovery, & resources. <https://mhccnetwork.org/centers/mhcc-network-coordinating-office/product/after-school-tragedyreadiness-response-recovery>
- Minero, E. (2017). When students are traumatized, teachers are too. *Edutopia*. <https://www.edutopia.org/article/when-students-are-traumatized-teachers-are-too>
- Mitchell, C. (2010, March 17). *English-learners may be left behind as remote learning becomes 'new normal'*. Education Week. http://blogs.edweek.org/edweek/learning-the-language/2020/03/coronavirus_english_learners_digital_divide.html
- NBC Boston. (2020, April 22). *Mass. schools are closed for the year: Here's what you need to know*. <https://www.nbcboston.com/news/local/mass-schools-are-closed-for-the-year-heres-what-to-know/2111827/>
- Noppert, G. (2020, April 9). COVID-19 is hitting black and poor communities the hardest, underscoring fault lines in access and care for those on margins. *The Conversation*. <https://www.thestreet.com/phildavis/news/covid-19-is-hitting-black-and-poor-communities-the-hardest>
- Payne, R. & Fletcher, B.C. (1983). Job demands, supports, and constraints as predictors of psychological strain among school teachers. *Journal of Vocational Behavior*, 22, 136– 147. [https://doi.org/10.1016/0001-8791\(83\)90023-4](https://doi.org/10.1016/0001-8791(83)90023-4)

REFERENCES

- Pinos-Pey, K. (2017). The social psychology of compassion and altruism. In J. Loizzo, M. Neale, & E.J. Wolf, (Eds.). *Advances in contemplative psychotherapy: Accelerating healing and transformation*. Taylor & Francis.
- Roeser, R.W., Schonert-Reichl, K.A., Jha, A., Cullen, M., Wallace, L., Wilensky, R., Harrison, J., et al. (2013). Mindfulness training and reductions in teacher stress and burnout: Results from two randomized, waitlist-control field trials. *Journal of Educational Psychology, 105* (3), 787. <https://doi.org/10.1037/a0032093>
- Ryff, C.D. (2014). Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy & Psychosomatics, 83*, 10-28.
- Senge, P. M. (2006). *The fifth discipline: The art and practice of the learning organization*. Broadway Business.
- Siegrist J. (2002). Effort-reward imbalance at work and health. In P.L. Perrowe & D.C. Ganster (Eds.), *Historical and current perspectives on stress and health* (pp. 261– 291). JAI Elsevier.
- Skaalvik, E. M., & Skaalvik, S. (2015). Job satisfaction, stress, and coping strategies in the teaching profession. *What do the teachers say? International Education Studies, 8*, 181-192. <http://dx.doi.org/10.2466/14.02.PR0.114k14w0>
- Skinner, E. A., & Zimmer-Gembeck, M. J. (2009). Challenges to the developmental study of coping. *New Directions for Child and Adolescent Development, 2009*(124), 5-17. <https://doi.org/10.1002/cd.239>
- Strauss, V. (2020, April 22). How relationships between teachers and students are being tested in COVID-19 crisis. *Washington Post*. <https://www.washingtonpost.com/education/2020/04/22/how-relationships-between-teachers-students-are-being-tested-covid-19-crisis/>
- Thompson, R. A. (2014). Stress and child development. *The Future of Children, 24*(1), 41-59. <https://www.jstor.org/stable/23723382>
- Tomaszewski, J. (2012). Khan Academy part of "flipped" classroom trend. *Education World*. http://www.educationworld.com/a_curr/vodcast-sites-enable-flipped-classroom.shtml
- Tschannen-Moran M. & Hoy, A. (2001). Teacher efficacy: Capturing an elusive construct. *Teaching and Teacher Education, 17*, 783–805. <https://www.sciencedirect.com/science/article/abs/pii/S0742051X01000361>
- Willen, L. (2020, April 20). Coronavirus becomes an unprecedented test for teacher-student relationships. *Hechinger Report*. <https://hechingerreport.org/coronavirus-becomes-unprecedented-test-for-teacher-student-relationships/>
- Zimmerman, B. J., & Cleary, T. J. (2006). Adolescents' development of personal agency: The role of self-efficacy beliefs and self-regulatory skills. In F. Pajares, & T. Urdan (Eds.), *Self Efficacy Beliefs of Adolescents* (pp. 45-69). Information Age.

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Christine Mason, PhD, is an educational psychologist and Founder and Executive Director of the Center for Educational Improvement. She is also Program Director of the New England MHTTC's Childhood-Trauma Learning Collaborative (C-TLC). In this role, she is responsible for research, professional development, and special initiatives, including the C-TLC Fellowship Program. Chris is a nationally recognized expert in the area of educational reform, mindfulness, teacher mentoring, and special education. She has made more than 500 national, international, regional, and local presentations on topics ranging from inclusion and IDEA to student self-determination and integrating the arts.



DANA ASBY, MA, MEd

Dana Asby, MA, MEd, is CEI's Director of Innovation and Research Support. In this role, she supports the research, writing, and advocacy efforts of the C-TLC. After seven years as a classroom teacher, from preschool to junior high school in Missouri, Georgia, New York City, and Japan, she transitioned to a career in education reform and development. She is the co-founder of Parent in the Moment, a mindfulness-based parent education service that helps parents understand how their stress affects their family relationships and how mindfulness can help support happiness, peace, and the bond of love.



MICHELE RIVERS MURPHY, EdD

Michele Rivers Murphy, EdD, CEI's Associate Director of Heart Centered Learning, is a seasoned consultant, presenter, and educational leader. A change agent for over two decades, she has helped transform some of the highest-needs neighborhoods and districts by improving student engagement, school culture, and academic success. Michele's organizational research specifically addresses the challenges associated with childhood trauma and stress that compromise learning and teaching. Through building compassionate, supportive school environments, educators learn to find balance between social-emotional health and well-being and academic achievement



MARTHA STAEHELI, PhD

Martha Staeheli, PhD, is the Director of the School Mental Health Supplement Initiative at the Yale Program for Recovery and Community Health. She is also Program Manager of the New England MHTTC's Childhood-Trauma Learning Collaborative. Martha has a background in integrated mental health and primary health care and mental health education in school and college settings. She has extensive experience in designing and managing large-scale, federal research and demonstration community-based projects related to behavioral public health, integrated care, and health disparities.

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)

MHTTC

Mental Health Technology Transfer Center Network

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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.

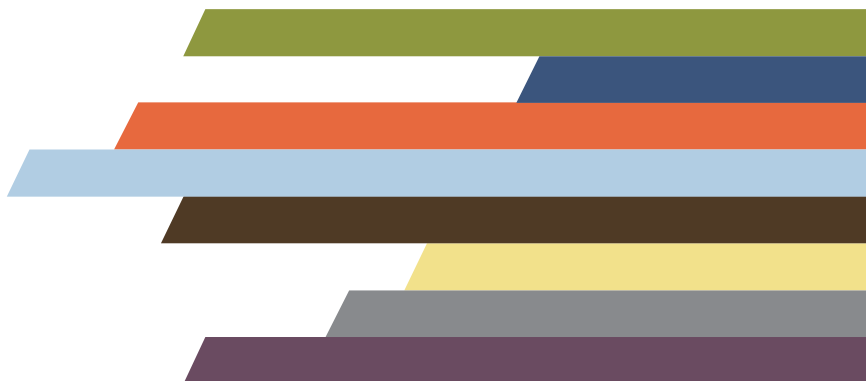
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