

Given education budgets, we have been asked to increase our outreach to make our free resources more available (e.g., for planning, professional development, etc.).

So please feel free to share with anyone you think might benefit (e.g., forward our resources to individuals and share on listservs and websites).

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For those who have been forwarded this and want to receive resources directly, send an email to Ltaylor@ucla.edu

For previous postings of community of practice discussions, see http://smhp.psych.ucla.edu/practitioner.htm

# **Guidance for Schools About the Coronavirus**

Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19) https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html

Coronavirus: Guidance for schools http://www.publichealth.lacounty.gov/media/Coronavirus/GuidanceForSchools.pdf

Coping with stress during infectious disease outbreaks http://www.publichealth.lacounty.gov/media/Coronavirus/CommunicableDisease-StrategiesF orCoping.pdf

*Cornoavirus: State guidance for schools (CA)* http://www.publichealth.lacounty.gov/media/Coronavirus/StateGuidanceForSchools.pdf

### Topic for Discussion –

### >How can schools support students impacted by family opioid addiction?

#### Concern from a colleague:

"Our state is in the midst of a child welfare crisis. Students are suffering from the fallout of the Opioid Epidemic that is engulfing the state's adults. The trauma these children are experiencing at home is affecting not only their ability to learn, but their entire lives. Violent and erratic behavior — most likely a response to toxic stress — is increasing in frequency, duration, and intensity, especially among younger children. In today's classrooms, teachers, and administrators are having to address students' most basic physical, social-emotional, behavioral, and mental health needs before they can provide classroom instruction, putting additional burdens on educators and staff already stretched to capacity. We have a number of programs and partnerships addressing these problems. I wonder what others states are doing? See: https://wvde.us/reclaimwv/

### Center Response:

Any crisis in the home potentially has an impact on students and schools. While multiple agencies and resources in a state are addressing the opioid problem, schools have a role to play as part of their efforts to address barriers to learning and teaching. Here are examples of initiatives that focus specifically on supporting students/families/communities impacted by opioid addiction.

(1) From U.S. Department of Education – *Combating the Opioid Crisis and Other Substance* 

Misuse: Schools, Students, Families https://www.ed.gov/opioids/ Excerpt:

"... While the causes of opioid misuse are complex and determined by multiple factors, the goals of prevention and recovery focus on reducing risk and promoting factors that increase resiliency. Schools play an important role in reaching these goals. The Dept. is taking a two pronged approach to addressing the opioid crisis: 1) Helping to educate students, families and educators about the dangers of opioid misuse and about ways to prevent and overcome opioid addiction and; 2) Supporting State and local education agency efforts to prevent and reduce opioid misuse...."

(2) From the Idaho School Counselor Association – *The Opioid Epidemic* 

https://www.schoolcounselor.org/newsletters/April-2019/the-opioid-epidemic?st=ID Excerpt:

"The characteristics and symptoms can vary greatly depending on when the student was exposed to opioids and if the student is currently using opioids. In the classroom, opioid-induced trauma can manifest as defiance, withdrawal from academic work and social activities, anxiety or depression. Repeated exposure to traumatic events could lead to post-traumatic stress disorder and result in students being unable to concentrate on their academic work....

#### **Power of Partnerships**

Schools can't combat the opioid epidemic alone. Through partnerships with community agencies, local colleges and universities and local police departments, schools can create prevention education programs supplying students, families and community members with information and resources to combat the ongoing epidemic....

Unfortunately for our students, not all school districts and communities have the luxury of being equipped with high-quality mental health resources to provide intervention and therapy to our students. So, knowing that some resources are unavailable, how can we address the epidemic and begin the process of healing for our students?

>Build trust and rapport: School counselors and other school personnel must focus on

building relationships with students. When students are provided a safe, nurturing environment with individuals who genuinely care about their well-being, the students are more likely to share their story....

- >Think beyond the data: There is more to the story than attendance, grades and discipline when students are in crisis, either from their own opioid use or that of a family member. Traditional ways of examining behavior and attendance do not paint the entire picture when a student has suffered trauma. As an education team, the school must examine what aspects of the student's life have been affected by the recent trauma. For instance, if school staff knows personal hygiene is an issue because there is no running water at home, offer the student the opportunity to shower in the locker room prior to the school day. And if lack of food in the home is preventing the student from succeeding at school, arrange for a community soup kitchen or food pantry to offer short-term assistance to get the student through the crisis.
- >Practice trauma-informed leadership: School counselors should make it a priority to equip teachers and other staff to put trauma-focused pedagogy into practice. By using a trauma-focused approach with all students, regardless of the situation, the school helps students gain a sense of belonging and begin to build trusting relationships...
- >Expand education: ... schools must collaborate with community agencies to create educational opportunities for parents/guardians addressing the issues facing students around the opioid crisis. In many communities across the country, drug task force units aid in community awareness and monitoring of drug activity....."
- (3) From the National Academy for State Health Policy *State Strategies to Meet the Needs of Young Children and Families Affected by the Opioid Crisis* https://nashp.org/wp-content/uploads/2018/09/Children-and-Opioid-Epidemic-1.pdf Excerpt:

"...While this opioid epidemic has been one of the most deadly drug epidemics in the United States, it is by no means the first drug epidemic that states have addressed. As states develop and implement their responses to the current epidemic, they are building on experiences from past epidemics. State officials identified the following as key lessons learned:

- Provide a continuum of care: To promote long-term recovery and positive outcomes, families require services and supports that are appropriate in intensity and duration, and tailored to their specific needs....
- Prioritize rapid access to treatment for parents/caregivers...
- Enable treatment programs to serve all types of substance usae disorders. While certain drugs might be driving epidemics, states must also serve individuals who misuse other substances, such as alcohol or methamphetamines...
- Meet families where they are: To better engage families in treatment and support their recovery, families need to be met where they are..... Considering the timing and location of an intervention can increase parents/caregivers' willingness to receive services and supports that will ultimately benefit the whole family..."

(4) From Children & Schools, Volume 40, Issue 4, October 2018, Pages 195–198 – The Role of Public Health in Schools during the Opioid Crisis https://academic.oup.com/cs/article/40/4/195/5091385

Excerpt:

"...From a public health perspective, schools are the most influential institutions in the country in terms of socializing and shaping the behavior of youths. It is important that school social workers, counselors, nurses, and psychologists understand and meet the challenge of dealing with the opioid epidemic and its effects on children in schools. School-based public health is critical to healthy developmental, educational, and socialization outcomes. Using a public health perspective, related services personnel can engage in assessment and evaluation of community dynamics in an effort to foster the development of programs and practices that address the challenges that families and children experience in communities where there is known opioid abuse and addiction.

Community practice models aimed at prevention, treatment, and the reduction of opioid abuse must include schools. Appropriate screening tools, training, and referral sources are necessary for related services personnel who practice in communities where opioid abuse is rampant. In such communities and localities, public health social workers must anticipate the risk to children and understand that school children and youths are deeply affected by opioid abuse in communities.

To understand the impact of opioid abuse within a given geographical area or community, schoolwide administrative data must be collected and analyzed in school districts. Anticipating the challenges of dealing with the problems of opioid abuse, schools must adopt policies that are nonpunitive of children and youths who act out in schools due to opioid abuse in their homes. Trauma-informed assessment and intervention are important in this regard. There should be not only evidence-based practice, but likewise evidence-based policies that efficiently and effectively approach the multiplayer problems that opioid abuse inflicts on school-age children and youth ...."

(5) From the Phi Delta Kappan, Vol. 101, pages 53-56. Coping with the opioid crisis: Teachers need support, right now.

https://journals.sagepub.com/doi/full/10.1177/0031721719885922 Excerpt:

"... The opioid epidemic and its consequences present a serious challenge to schools, and it's not clear how schools can best address the problem. However, whatever the ultimate solution may be, an acknowledgment of the problem and its effects is the first step in the intervention process. To pretend it is not a problem is doing injustice to the educators and children affected by this societal emergency.

... Based on my in-depth conversations with administrators, teachers, and counselors in conjunction with reviews of curriculum and professional development plans, I believe the following resources would be beneficial for addressing the needs of the students and educators affected by the opioid crisis:

- >Additional special educators, intervention specialists, support staff, and instructional assistants.
- >Full-time mental health providers in the schools available all day for student support, as well as clinical intervention teams of mental health providers, nurses, and social workers to support students and families.
- >Social workers who specialize in homeless populations and more truancy officers to keep track of students' whereabouts and no shows.
- >A districtwide resilience and social-emotional curriculum. Pick one program and implement in all the schools to keep language, strategies, and expectations consistent as students move between schools within the district.
- >Professional development on the opioid crisis, particularly... disabilities associated with opioid exposure, as well as accommodations students may need in class as a result of the crisis.
- >Professional development on adverse childhood experiences, trauma-informed teaching, and supporting the needs of students with mental illness.
- >Greater support for teachers and school staff themselves, including resilience training, professionally guided group therapy, and wellness trainers for educators...."

We also shared this request with a number of state department of education leaders. Here is a sample of what they said:

(A) "Our state too, has been hit hard by the addiction crisis, particularly opioids and methamphetamine. We work closely with our Department of Behavioral Health and Disabilities and the Office of Behavioral Health and Prevention, along with other groups, on prevention related initiatives. As you indicate, the impact of substance addiction and abuse is much more far reaching than the individual user. To that end, we partner with the Office of the Child Advocate and Child Advocacy Centers, Prevent Child Abuse, the Department of Family and Children Services, Children's Justice Act Task Force, and others who are focused on the impact of familial and community substance abuse on children and youth. Most recently, we joined our Criminal Justice Coordinating Council on the steering committee for the Opioid Affected Youth. All that to say, we are looking at the impact holistically, always keeping in mind that schools are where children spend most of their waking hours and are frequently the safest place they may have.

Any discussion of student support must begin with school climate. Our leaders are passionate supporters of improving climate to protect and support children. We are fortunate to have a state legislature that is heavily invested in school climate, with legislation and funding to support those efforts. Our data supports that schools with a positive school climate practice exclusion less often and are more effective at coping with students exhibiting the behaviors you mention. This approach is foundational to our work with agencies and groups in the state and is always included in more specific conversations and initiatives.

Our support to schools includes our partners. At the most universal level, we subcontract with a number of entities throughout the state to provide free mental health awareness training to educational staff through a state budget allocation. Recognizing that mental health is multifaceted, our menu consist of 16 offerings. These range from trauma to suicide prevention to social and emotional development of young children. We include an offering on secondary trauma, as we are well aware of the toll being exacted on school staff. Since the launch in September 2018, we have provided training to over 23,000 educators and school staff, with trainings continuing at a steady pace.

This year, we've partnered with the Office of Behavioral Health and Prevention and the Department of Family and Children Services to bring Sources of Strength to 60 schools through the State Opioid Response grant. The research on Sources of Strength has grown to include its validity for reducing not just suicidal behavior but substance abuse and bullying. The program's focus on upstream prevention through the building of resilience and protective factors makes it a powerful resource for youth who are struggling with the effects of trauma and familial addiction.

The state department of education is also sharpening its focus on health barriers to learning, as these are ultimately barriers to the behaviors conducive to learning. We know that poverty and neglect are often byproducts of addiction, with correlating and cumulative impacts on the health of children. These effects often manifest in behaviors which can easily be attributed to being disruptive, maladapted, or violent. In its simplest form, how easy is it for us as adults to be polite and kind with an abscessed tooth or, indeed, if we haven't eaten yet today? We know our students are experiencing these things yet we focus on the presenting behavior. Our 'whole child' efforts begin with an assessment of these health barriers, in partnership with the Department of Public Health, the Medical College, and even our river keepers as we look at water supplies. In addition to preventing attribution error, we also see this approach as vital in preventing the overidentification of mental illness when, in fact, some behaviors could be mitigated through other approaches. We are indeed committed to the impact of addiction on our children and to supporting schools in their efforts to educate all students while acknowledging that some students need more and different interventions."

- (B) "Our state has some of the same concerns. We don't exactly have one specific, structured plan specific for this, but there are several things going on to help. The following are some examples:
  - >The School Mental Health Initiative brought together representatives from multiple agencies, organizations and communities to look at the gaps in mental health services for children and how we can collaborate to bridge those gaps and connect children to

needed services. The primary work of this group now is to try to foster the growth of 8 regional networks so that each region of the state has ongoing communication and collaboration on identifying needs and connecting them with resources.

- >Connections Matter NC (lead by Prevent Child Abuse NC) born from the Resilience and Adverse Childhood Experiences (ACEs) research, Connections Matter is a community-based initiative that helps community representatives understand and get on the same page regarding ACEs through training and facilitated engagement so that they can work together to support children and families who are struggling with adverse experiences.
- >Social Emotional Learning In addition to the standards and various activities, workshops, etc. we are doing to promote social emotional learning (SEL), in the past year we have also joined the CASEL State Collaborative initiative to try to strengthen our plans on SEL.
- >There has also been related legislation such as SL 2019-222 which appropriated funds for school safety grants and additional school mental health personnel (school counselors, school social workers, school psychologists, and school nurses) required a recommendations report on sharing school mental health personnel between school districts in times of crisis response requires some studies and reporting related to school mental health personnel and supported behavioral threat assessment.

These are some examples of what we have going on in our state. If you get a collection of various state strategies, please share a link to that information with us."

(C) "I can totally empathize with the issues described and unfortunately I think we have many LEAs and schools across the country struggling with the same challenges. We have found that helping our school leaders and educators get some information on the impacts that trauma has on students can at least help with creating an appreciation for what they can expect, an understanding of the damage it does to developing brains, and some very basic steps they can take to make their daily practices and work trauma informed.

... Even with information, it can be pretty overwhelming for school leaders and classroom teachers to try to handle those challenges alone. That is one of the reasons that we have invested so much state funding in expanding the numbers of school based mental/behavioral health providers that provide direct services in schools...."

For additional resources on supporting families, see our online clearinghouse Quick Find on: *>Student and Family Assistance* – http://smhp.psych.ucla.edu/qf/p2304\_02.htm

### Also see

>Student and Family Assistance – http://smhp.psych.ucla.edu/pdfdocs/book/ch9studfam.pdf >Self-study survey: Student and Family Assistance

http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/studentfamilysurvey.pdf

# Please let us hear from you

## What do you suggest about supporting students & families in crisis?

### Share your perspective about these concerns! And send them and any other comments to Ltaylor@ucla.edu

# Links to a few other relevant resources & other topics of concern

- State Strategies to Meet the Needs of Young Children and Families Affected by the Opioid Crisis https://nashp.org/wp-content/uploads/2018/09/Children-and-Opioid-Epidemic-1.pdf
- Combating the Opioid Crisis and Other Substance Misuse: Schools, Students, Families https://www.ed.gov/opioids/
- Promoting Positive Adolescent Health Behaviors and Outcomes: Thriving in the 21st Century https://nap.us4.list-manage.com/track/click?u=eaea39b6442dc4e0d08e6aa4a&id=bef23fef57&e=eac5cd8a62
- The U.S. Cannot Afford to Ignore Child Poverty https://www.npscoalition.org/child-poverty-white-paper

Sample Earthquake Annex – https://rems.ed.gov/docs/EarthquakeSample.pdf

### Can AI Support Youth Mental Health?

https://news.utexas.edu/2020/02/11/can-ai-support-youth-mental-health/?utm\_source=rtcUpdates%3A+Pathways+R TC+News&utm\_campaign=ae0f69817a-2020-02-rtcUpdates&utm\_medium=email&utm\_term=0\_b18385e68b-ae0f 69817a-244730829

Watch for the Center's quarterly e-journal in a couple of weeks. It has articles on:

>Embedding Concerns for School Safety and Mental Health into an Expanded MTSS Framework

>The Role of Schools in Promoting Whole Child Development and Learning



Sure! Everyone needs an education, even if they already know everything.



Equity of opportunity is fundamental to enabling civil rights; transforming student and learning supports is fundamental to enabling equity of opportunity, promoting whole child development, and enhancing school climate.

## THE MORE FOLKS SHARE, THE MORE USEFUL AND INTERESTING THIS RESOURCE BECOMES!

For new sign-ups – email Ltaylor@ucla.edu

Also send resources ideas, requests, comments, and experiences for sharing.

We post a broad range of issues and responses to the Net Exchange on our website at http://smhp.psych.ucla.edu/newnetexchange.htm and on Facebook (access from the Center's home page http://smhp.psych.ucla.edu/)