

COVID-19 Resources

Responding to Death in the COVID-19 Context: Guidelines for Administrators and Crisis Teams

School communities across the country are adjusting and adapting to the many changes caused by the COVID-19 pandemic. Many school administrators are sharing communications with families about education opportunities. Many teachers and students are actively involved in online learning activities. Each of these activities is helpful to reinforce safety and routine and to engage students in learning opportunities.

Within the contemporary COVID-19 context, there will be deaths within many school communities that impact the teachers, staff, students, and families. Recognizing that the death of a student, staff member, or parent often impacts many people in the school community, the response to the death is important to help facilitate healthy coping, adaptation, and bereavement. Communications with families, students, and teachers will be particularly important. The information presented below highlights key considerations in communicating a death with the school community.

BE PREPARED—GET READY

- Transition crisis team operations range from direct, in-person responses to indirect virtual responses.
 - It is important to know that pre-existing crisis team structures and operations can be adapted from direct response operations to remote virtual operations. When making this transition consider the following:
 - **Team structure and membership:** Start with looking at your current crisis team structure and determining if any changes need to be made to meet the needs of remote response. In most cases, it is possible to easily transition crisis teams to the virtual crisis teams. The challenge will be making sure that team members have an effective way to communicate with each other. Consider such methods as group texts, group emails, or chat-based applications, such as Slack or Teams.
 - **Team deployment:** Reflecting on the level of mental health crisis response (minimal, building, district, community), teams need to be ready to address single deaths to potentially large numbers of deaths. Depending on a district's size, demographics, and available resources, this may vary. However, reaching out and collaborating with community partners will be helpful.
 - **Team communications and documentation:** Review existing communication tools and make sure that they are secure and easy to use. Also, teams should consider accessibility with regard to reaching out to families (e.g., availability of internet access, languages other than English, etc.). Additionally, adapt, if necessary, and continue to use methods that teams previously utilized to document contacts, supports provided, follow up, evaluation of effectiveness, and team debriefs.
 - **Intervention delivery:** Like with any crisis response, teams must triage the event and evaluate the impact of the crisis event. Verifying information and collecting data, in some respects, will be similar to typical responses. However, some elements may be different or not available given this virtual, remote environment (e.g., direct observation of initial crisis reactions). Teams should consider adapting their typical response approaches from direct, in-person to indirect, remote responses; utilizing the adapted tiered interventions of PREP_aRE would be beneficial.
 - **Care for the caregiver:** Given this global pandemic, we are all under stress and pressure from a variety of sources. Making sure that team members are taking care of themselves and have personal self-care plans is

important to emphasize. Allow for team members who are not emotionally able to respond sit out and provide opportunities for assistance such as through your district's employee assistance program.

- Establish communications with your school crisis professionals. Include ways that essential information will be shared (virtual meetings, email, text invitations, conference calls) as the team develops its response plans. Discuss the importance of drafting correspondence that will be used to communicate the death of a member of the school community (see example below).
- Consider making mental health **consultation** available to parents and older students as part of the crisis response. The follow are general steps to consider in virtual consultation. For more detailed information, see these resources:
 - [When One Door Closes and Another Opens: School Psychologists Providing Telehealth Services](#) – This webinar explores the role of school psychologists as telehealth providers.
 - [Considerations for Delivery of School Psychological Telehealth Services](#) – This document describes considerations for school psychologists delivering telehealth services.
 - [Virtual Service Delivery in Response to COVID-19 Disruptions](#) – This document outlines telehealth provision considerations specific to technology, record keeping, privacy, and measurement validation.
- Familiarize yourself with your local policies and procedures regarding mental health services and telepsychology delivery. Consider, for instance, county behavioral wellness offices, hospice professionals, and local mental health providers.
- Confidentiality is one of the concerns when responding to a death. Schools should consider the impact of confidentiality when working with more than one individual virtually.
- Collaborate with local community agencies such as law enforcement, hospitals/medical facilities, community mental health services, the department of health, and others to assist with the coordination of services outside the realm of the school building and school day.
 - Identify local and national hotlines.
 - Identify services for basic needs—housing, food, financial assistance.
 - Vet local providers that may provide teletherapy services.
- Understand and familiarize yourself with your district's social media platforms, and coordinate with your school system's public information officer or public relations officer in the development of messaging.

BE RESPONSIVE—ACTIONS

- See sample procedures for virtual response below.
- Work with the school/district public information officer to verify facts. Additionally, it is important that a member of the school crisis team collaborate with families with regard to the release of information. (See sample letter to members of the school community below.)
- General response considerations:
 - Consider both short-term and long-term needs.
 - Provide guidance on minimizing crisis exposure, such as excessive viewing of social media and traditional news outlets.
 - Provide psychological education in the form of bulletins, flyers, and handouts that can be shared to supplement naturally occurring social support systems.
 - School and district crisis responders can check in with the caregivers for high need students and provide resources and helpline support listings.
 - Throughout the situation, communication should occur regularly to assess needs and address issues/concerns, as well as to address rumors.
- During this time of physical distancing, the crisis team should review and adapt the district's current crisis response protocols to meet the demands of remote response.

- Recommended supports for addressing suicidal ideation and behavior.
 - Connect with primary caregivers.
 - Utilize hotlines and crisis text lines.
 - Collaborate with community service providers and agencies.
 - See [*Comprehensive School Suicide Prevention in a Time of Distance Learning*](#).
- Recommended supports for loss and grief
 - [*Addressing Grief: Brief Facts and Tips*](#)
 - [*Addressing Grief: Tips for Teachers and Administrators*](#)
 - [*When Grief/Loss Hits Close to Home: Tips for Caregivers*](#)
 - [*Sesame Street in Communities: Helping Kids Grieve*](#)
 - [*Coalition to Support Grieving Students*](#)
 - See sample language for [*Understanding Children’s Reactions to Loss and Grief*](#) below.
- Recommendations for when reactions are so significant that individuals do not de-escalate and/or the techniques applied have not worked:
 - Collaborate with local mental health providers and emergency numbers, and with hotlines (i.e., 211);
 - Document interactions and actions taken to support the individual.
- Offer parent/caregiver training to provide parents with needed information and tools to assist and support their children.
 - This training can be offered as a virtual webinar to help with recovery and supervision.
 - [Use NASP’s adaptable caregiver presentation](#)
- Provide care-for-the-caregiver training and supports to school staff, some of whom maybe deeply affected if the death was a close colleague or student.
 - See [*Coping With the COVID-19 Crisis: The Importance of Care for the Caregiver Tips for Administrators and Crisis Teams*](#).
- Use social media to share critical information in accordance with the district’s guidelines.
- Post local and national hotline information for parent and student access:
 - SAMHSA Disaster Distress Helpline: 1-800-985-5990
 - National Suicide Prevention Lifeline: 1-800-273-8255

FOLLOWING THE CRISIS RESPONSE—EVALUATE EFFORTS

- After responding to the crisis, teams should examine the effectiveness of the mental health intervention.
 - The review of the response should ask three basic questions: What went well? What were challenges, and how were they resolved? How can the team improve for the next response?
 - This information should be shared with crisis team members and other relevant personnel in order to improve over response effectiveness.
 - Continue to connect with and monitor students and staff members with close connections to the deceased or with other significant risk factors.
-

SAMPLE ADAPTABLE RESOURCES

Sample Procedures for Virtual Response

- **Create a contact method for the team.** Use a Google form, group email for school mental health team, or other virtual method to create a structure for tracking students ([see sample spreadsheet](#)).
- **Offer consultation.** Notify parents or caregivers that they have an opportunity to connect with a school mental health professional. Indicate that the consultation is not to be used for emergencies, and provide contact information for those instances. Set a time limit on the session, such as 30 minutes, and offer the opportunity via appropriate school-based electronic communications, such as an outgoing letter from the administrator.
- **Review parent requests.** Have school-based designees or team review the list of parent requests, and identify the priority needs, especially looking for students who were connected to the incident or to the person whose death was reported.
- **Contact families.** Once referrals have been assigned, each school based mental health professional or crisis team member assigned will call the parent to schedule a time for the consultation with either that parent or the student. If a consultation is being scheduled with a student, the clinician will inform the parent that they need to be available by phone during the consultation time, should any emergencies develop.
- **Monitor the spreadsheet daily.** Track ongoing requests, and assign follow-up to school mental health professionals, as needed. Establish one primary contact person for review of requests, and for case assignments. If district crisis team members are part of the response, collaborate to determine how follow up will be handled. It is possible that some losses will have a great impact on the local school's crisis team members.
- **Initiate phone consultation.** At the time of the scheduled appointment, the crisis team member will conduct a 30-minute phone consultation with the assigned parent/student using the assigned technology platform approved by the school district. Further, the school mental health professional will ensure that appropriate contact methods and professional practice requirements, including student confidentiality, are upheld. Begin the consultation by asking who is in the room, verifying the parent's name, verifying the student's name, stating their own name, reviewing confidentiality, and reiterating the purpose of the consultation. Indicate that, if an emergency or urgent need arises in the consultation, the school mental health professional will need to speak to the parent as the session concludes.
- If during the course of a student consultation a student expresses suicidal ideation, the clinician will follow district procedures regarding a student interview and contact the student's parent or guardian to discuss the level of risk and provide resources and recommendations.
 - See: [Comprehensive School Suicide Prevention in a Time of Distance Learning](#)
- **Document Actions.** Steps taken as part of the consultation will be documented and shared with the school mental health team and administrators. School-based mental health personnel should share data with building administrators weekly regarding the number of consultations conducted and the nature of the concerns discussed.

Sample Letter to Parents

Dear [Name of School] Family,

As a result of the current COVID-19 pandemic, there are many challenges that we are all facing. Unfortunately, as you may or may not know, our school [or district] has recently experienced a death which impacts many of us. Let me briefly review the facts. [Specify the person who is deceased and provide a brief description of incident and known facts. Include information that is publicly available or that the family has agreed to share.]

Our school's Crisis Response Team is available to provide support to students, staff, and family members. Students and staff will react in different ways to this, so we have included information to help you recognize possible reactions you may observe in your child. If you feel your child is in need of special assistance or is having a great deal of difficulty coping with this loss, please contact the school. [Insert contact information here.] Given the current limitations on face-to-face contact, the support will likely include connecting your student someone via technology. [If the school psychologist or counselor is available to help connect students with support services or provide telepsychology support, then include contact information.]

Our thoughts are with each of you during this difficult time. Please observe your child closely over the next several days and weeks to watch for signs of distress, which may indicate a need for additional support and guidance. Please feel free to contact [insert name/email] if you have any concerns or questions regarding your child, or the steps being taken by the school to address this loss.

Sincerely, [Principal or Designee Name]

Sample Language: Understanding Children's Reactions to Loss and Grief

For children and young teens, adult reactions play an especially important role in shaping their perceptions of death. Children typically display a range of reactions in response to a death, and those may include the following.

- **Emotional shock and numbness.** They may seem stunned and have difficulty thinking clearly, or at times have an apparent lack of feelings.
- **Regressive (immature) behaviors.** They may need to be rocked or held, have difficulty separating from parents or significant others, need to sleep in parent's bed, or have difficulty completing tasks well within their ability level.
- **Explosive emotions and acting out behavior.** This may reflect the child's internal feelings of anger, terror, frustration, and helplessness. Acting out may be a way to seek control over a situation for which they have little or no control.
- **Asking the same questions over and over.** Children do this, not because they do not understand the facts, but rather because the information is so hard to believe or accept. Repeated questions can help adults determine if the child is responding to misinformation or the real trauma of the event.

All children are unique in their understanding of death and dying. However, here is a general guide on how children and adolescents experience and deal with death at various ages.

- **Preschoolers:** Young children may see death as reversible. They may interpret death as a separation, not a permanent condition. Preschool and even early elementary children may link certain events and magical thinking with the causes of death.
-

- **Elementary School:** Children at this age start to comprehend the finality of death. They begin to understand that certain circumstances, such as illness, may result in death. At this age, death is perceived as something that happens to others, not to oneself or family. Their reactions are influenced greatly by the reactions of the adults around them.
 - **Middle School:** These students have the cognitive understanding to comprehend death as a final event that results in the cessation of all bodily functions. They may experience a variety of feelings and emotions, and their expressions could include acting out or self-injurious behaviors as a means of coping with their anger, vengeance, and despair.
 - **High School:** Most teens will fully grasp the meaning of death in circumstances such as a global pandemic. They may seek out friends and family for comfort or they may withdraw to deal with their grief. Teens with a history of depression, suicidal behavior, and chemical dependency are at particular risk for prolonged and serious grief reactions and may need more careful attention from home and school during these difficult times.
-

Please cite this document as:

National Association of School Psychologists. (2020). *Responding to Death in the COVID-19 Context: Guidelines for Administrators and Crisis Teams* [handout]. Bethesda, MD: Author.

Contributors: Ben Fernandez, Cindy Dickinson, Shane Jimerson, and Cathy Kennedy Paine

© 2020, National Association of School Psychologists, 4340 East West Highway, Suite 402, Bethesda, MD 20814, 301-657-0270, www.nasponline.org