Parents and Teachers as First Responders During the COVID-19 Pandemic

Denny Taylor

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Photo: R. Long on Unsplash. During the COVID-19 pandemic schools have been closed, children are home, but many parents who are healthcare professionals are separated from the families, so they do not infect them.

Children's future lives depend on how we – their parents and teachers – support them during the pandemic. Parents are asking "What can I do to support my family right now?" "How should I talk to my children about the virus?" And, "I'm struggling with their school work. It makes no sense to me so how can I teach them?"

COVID-19 is a catastrophe like no other. A hurricane, flood or fire happens quickly – often gone after a few days, or a week – and then we focus on recovery – months and often years of building back. But COVID-19 has no end and what happens next is uncertain.

The impact of the pandemic was magnified by most governments around the world being caught off-guard with little understanding of the short or long-term consequences of the virus. The response of presidents and prime ministers has been fragmented, and recommendations have been contradictory and sometimes dangerous.

Almost overnight families became more vulnerable. Life changed, jobs lost, loved ones sick and many dying. Schools closed, and parents were made responsible for the education of their children. Irrationally, “school work” (much of it commercial and test-driven) was expected to be done by kids at home.

Put bluntly, policy makers, educators and society must stop raising the anxiety level of parents and children by constantly talking about students “falling behind”. It is irrational, irresponsible and deleterious to the health and well being of children, as well as their academic development.

The Nobel Laureate Eric Kandel writes that following extremely stressful events, reminders of the initial trauma often trigger recurrent episodes of fear. He writes, “*the memory of the traumatic experience remains powerful* for decades and is readily reactivated by a variety of stressful circumstances”.

There is a significant body of medical research which supports the proposition that children who have adverse life experiences can be become more resilient *if*: (1) their families are supported; (2) their schools and communities are quickly restored; and (3) they have the opportunity to regain a sense of hope, through joyful learning experiences.

Exemplary of the medical research that supports this position is the work of the psychiatrist Bessel Van der Kolk (2005), who emphasizes the importance of “establishing safety and competence for children who have experienced complex traumas. He writes:

Complexly traumatized children need to be helped to engage their attention in pursuits that do not remind them of trauma-related triggers and that give them a sense of pleasure and mastery. *Safety, predictability, and “fun”* are essential for the establishment of the capacity to

observe what is going on, put it into a larger context, and initiate physiological and motoric self-regulation.

Before addressing anything else, these children need to be helped how to react differently from their habitual fight/flight/freeze reactions. Only after children develop the capacity to focus on *pleasurable activities* without becoming disorganized do they have a chance to develop the capacity to play with other children, engage in simple group activities and deal with more complex issues (p.7) (Emphasis added).

To foster resilience in children it is important that we do everything we can to create schools as safe, joyful, playful places *before* catastrophic events take place. *If* children are to have the maximum opportunity to recover from potentially traumatizing experiences, every effort should be made to:

1. Establish schools as safe, joyful places for children and teachers
2. Ensure that schools are nurturing and fun environments in which play is central to the curriculum
3. Recognize the importance of the languages children speak and respect their heritage and national identity
4. Promote children's health and well-being by providing them with opportunities to sing, dance and play musical instruments
5. Enhance academic learning through literacy activities, art and science projects, and other meaning making practices
6. Welcome families and encourage parents and caregivers to actively participate in the life of the school through events that incorporate music, theater, dance, science and literature

To *re*establish schools after a catastrophic event, as learning environments that care for the health and well-being of children, as well as their academic development, there is much that can be done *before* such events take place. If children are to be prepared for life's uncertainties, including catastrophes, both large and small, they will need much more than the current unhealthy practices now prevalent in our schools to prepare children for so many tests.

Photo: Parkland survivor Aalayah Eastmond Testifies at Kavanaugh Hearing 2018.

School districts across the U.S. have developed emergency plans to monitor school access and to evacuate schools when necessary. However, few educators receive preparation to be first responders when catastrophes occur. Teachers are not therapists, but there is much that educators can do to support children and their families and make sure their classrooms are safe places for students to be. Once again, the following recommendations are based upon the findings of psychiatric and medical research and build on the advice of the National Child Stress Network. The recommendations are also supported by the findings of my ethnographic research in schools in Israel, the West Bank and Gaza, and in schools in Louisiana in the aftermath of Hurricane Katrina. The most recent review of the recommendations took place in May 2008 when teachers in St. Bernard Parish and Jefferson Parish, Louisiana reflected on the impact of the storm (their advice is included in parentheses).

The enduring message is that children need schools to be safe joyful places *before* disasters occur if they are going to have the opportunity to recover when catastrophes take place. Every effort should be made to recognize the importance of children's families and friends. Have a

plan, share the plan and stick to the plan. Build strong communities, incorporate health and well-being into pedagogical initiatives. Every attempt should be made to take care of the whole child, *every child*, and make school a joyful place for children to be. This is the basis for school and community preparedness for catastrophes. In the aftermath of Katrina, teachers in Louisiana stood outside with umbrellas to welcome children back to schools that put the pressures of unreasonable mandates to one side so that they could take care of every child. Here are the recommendations with the addition of the advice of Louisiana teachers in parentheses.

First Responses in Shelters When Catastrophic Events Take Place

1. Talking with children and youth and their families, who have experienced a catastrophic event, *is* an intervention. Just being comfortable with the fact that children are distressed, helps first responders.

2. Make sure children with special needs are located and that their immediate needs are met. This might include making sure the child receives medical attention (“be prepared to take care of children who are autistic” “and those who are wheelchair bound”).

3. When there are young children involved, activities that promote a sense of well-being include: Playing with children to help distract them; If parents are present holding babies so parents can eat or rest; If there is nothing to do, helping with caregiving, just making yourself available, and “being there” with them.

4. Do not ask children to reveal emotional information, but if they do, listen, (“provide opportunities” “give them crayons”).

5. Try to focus on their immediate needs by reducing hassles for survivors. If you assist doctors and Red Cross workers in problem-solving and logistics (e.g. making telephone calls, replacing personal items, etc.) you are providing a service.

6. If possible provide personal hygiene items including antibacterial wipes, tissues, lotion, toothbrushes and toothpaste, child and adult diapers, female tampons and pads.

Photo: U.S. Army Brig. Gen. Isabelo Rivera, the Adjutant General of Puerto Rico, and Puerto Rico Governor Ricardo Rosselló, visited the areas affected by Hurricane María in the municipalities of Loiza, Canóvanas and surrounding areas, Sept. 21, 2017. (U.S. Army National Guard photo by Spc. Hamiel Irizarry)

First Responses in Schools

1. Assume that students are doing their absolute best to cope.
2. Encourage students to engage in self-care.
3. Help students feel as much in control as they can.
4. Make sure students with special needs receive assistance ("think about allergies" "peanut butter").
5. Don't assume first responders have taken care of basic needs.
6. Make sure students have food, clothing and shelter.
7. Keep parents informed and send letters when possible (*"If* possible" "Finding ways to communicate is very difficult").
8. Teachers should not provide psychological intervention, but simply listen and support students who are in distress.

9. It is important that students are not asked to tell their stories. Talking about what happened to them and their families can lead to students reliving the catastrophic event and to re-traumatization.

10. If students talk about the events that have taken place, listen and "be there" for them.

11. If students focus on the catastrophic event when they write or draw, make sure that they keep their work.

12. Respect students' wishes.

13. Do not make false assurances.

14. Re-establish basic routines with students ("try to do this as soon as possible").

15. Engage students in creative activities. Music and art are important.

16. Read stories and then more stories.

17. Suspend all activities that might be stressful.

18. Test prep and tests should be postponed

19. Make sure there is time for students to play, have fun, and participate in sports activities. Participating in pleasurable activities is essential for recovery.

20. Reassure students that with the exception of self-destructive behaviors and emotions, their feelings and reactions are reasonable given the situation. ("We are seeing students who coped after the storm who are now having difficulties").

21. If you are concerned about a student, know what to do to triage that student and get them mental or physical health services at your site.

22. Let an administrator or someone in charge of the relief effort know what needs you have identified, so services can be provided to help meet the needs of your students.

23. Make sure that every teacher has a list of resources and knows what services are available.

24. Remember that teachers have also experienced the catastrophic event and need support too.

Learning from Teachers who were First Responders in the Aftermath of Hurricane Katrina

In Louisiana in May 2008 teachers talked about the importance of making time for teacher support groups. Meetings can be held at lunch time or after school. Teachers need time to discuss what's happening and share feelings. These groups should be non-hierarchical and rotate leadership.

The Louisiana teachers emphasized the importance that time is also set aside for students to talk. "Morning meetings," one teacher said, "we roll a dice with happy, sad, embarrassing, scary, and funny on it and children talk if they want to." They all talked about the importance of helping students find out what had happened to their friends and of reuniting friends whenever possible.

"One catastrophe can lead to another," a teacher says. She recounts, "A child holding on to a tree with his mother and father was coping okay and then his mother tried to commit suicide." Other teachers share similar stories. Three years after Hurricane Katrina tragedies are still occurring. They talk of time. "Catastrophes happen and children might cope but a year later, two years later problems might surface."

The psychiatrist, Anand Pandya (2006), provides verification of the experiences of the Louisiana teachers when he speaks of the expectation of "symptoms" during the acute phase of an emergency that become "transient and fluid," often recurring weeks, months or years after the disaster happened. He spoke of the "let down," and so did the Louisiana teachers, who spoke at length at the changes they were observing in their students' behaviors, as they began to understand that their families, schools and communities would never be the same as they were before Katrina. One teacher spoke to the way in which she is approaching this problem. "When something is happening in the community I point it out," she says. "'Did you see the street signs!'" "'Did you see the new trees they've planted?'"

The Louisiana teachers talked of recovery, of the lack of support from Federal agencies and repeatedly spoke of schools as the center of the recovery effort. "It's important for schools to

have a single point of entry for all services that they need," one says. "If there was a place in school," another begins. "If schools could have a resource place just like a medical tent," another continues. "When the school reopened it was the only place parents could eat." "They came in to use the bathroom." "It was the only place they could get help." "We took care of the parents too." "We are still helping them."

Photo: Floodwaters from Hurricane Katrina cover streets on Aug. 30, 2005, in New Orleans.

Trans-System Emergency Preparedness in Schools for Educators and Public Health Providers

John LaCour (2006) adds support for the idea of a "single point of entry" for trans-systems services in "Children of the Storm: A Dialogue with Children, Parents and School Staff about the Impact of Hurricanes Katrina and Rita on their Lives and Public Institutions." LaCour writes, "In most systems, it is clear that parents, teachers, and service providers made heroic efforts to open schools and offer services, often while managing their own traumas of lost and damaged homes, jobs, and family members" (p. vi). He states, "Where there were problems, they were often related to systems issues" (p. vi). He continues, "There was a disconnect between school systems and public behavioral providers sometimes because of the loss of capacity to provide

services but more often because of a lack of any history of partnership in serving children and their families. There was no plan for healthcare services and no direction or teaching strategy given to faculty with large numbers of displaced students" (p.vi).

An abbreviated list of the recommendations of LaCour's report

1. Have a plan. Share the plan. Follow the plan. Plans can be modified but are difficult to create in the middle of a disaster.
2. Schools should be central to community solutions. They should be the organizing principle.
3. Develop easy accessed electronic academic and health records.
4. Think systematically. Much of the recovery response is contained to single systems (an LEA, a school, a public mental health agency)and does not typically cross organizational or geographic boundaries, though the scope of the problems extend beyond any of these artificial limitations.
5. Move toward a public health intervention model. … A public health model suggest that behavioral health agencies would partner with school systems to target services to students and their families most at risk for trauma and initiate services in more natural setting such as within schools. … A successful strategy requires shared responsibility for critical outcomes in terms of health, learning, and social relationships.
6. Have an effective communication strategy that allows the community to know the plan and will continue to inform them before, during, and after the disaster.
7. Develop an orientation program for students and families displaced into new school systems to help them understand the curriculum and school culture, and identify other needs that will impact their school participation (getting students' medication, transportation issues).
8. Reopen schools as early as possible but only when teachers have direction and reasonable amounts of needed materials are available.
9. LEAs should be less committed to getting on schedule with their curriculum.
10. Develop a single, brief information form that parents and/or students can complete and that is useful for various applications at multiple agencies.

Trans-system initiatives are critical when local, national and global crises occur. Much of my work takes place in international settings where similar principles apply. It is critical that the divisions between educational and health care professions are removed and that new appreciations are developed for the relationships between children's health and well-being and their academic development (Taylor, 2008).

Photo: Aftermath of Fire in Santa Rosa, California, Occurred on October 10, 2017 / Santa Rosa, California, USA

In the US an article by Pat Cooper (2005) about the trans-system school and community-based initiatives in McComb School District, Mississippi, provides a starting point. Cooper writes, "In short, to ensure the future of our society, we joined with parents and community partners in taking responsibility for the whole child. We believed that academic achievement would come for all children only when we addressed their basic needs. This approach would mean truly leaving no child behind! (p. 34). Cooper coordinated a school health model that was based upon the model developed by the Centers for Disease Control and Prevention (2005). Cooper states, "The model provided a framework for school reform based on programs in eight areas: (1) health education, (2) physical education, (3) health services, (4) nutrition services, (counseling services and psychological services, (7) health promotion for staff, and (8) family

and community involvement. To bring the circle back to teaching and learning, we added a ninth component: academic opportunity" (p. 34).

The article provides an outline of the coordinated school health and educational plan, and the outcomes, which included increased attendance, a reduction in disciplinary hearings, a decrease in the dropout rate and improved academic achievement. In the community there was a drop in teenage pregnancy rates and in juvenile crime. Cooper writes, "The common denominators for success have been a focus on common human needs, a coordinated school health program and believing in the community" (p.36).

Children need schools to be safe joyful places *before* disasters occur if they are going to have the opportunity to recover when catastrophes take place. Trans-system approaches are critical. Every effort should be made to recognize the importance of children's families and friends. Have a plan, share the plan and stick to the plan. Build strong communities, incorporate health and well-being into pedagogical initiatives. Every attempt should be made to take care of the whole child, *every child*, and make school a joyful place for children to be. This is the basis for school and community preparedness for catastrophes.

But just in case there are some reluctant policy makers who baulk at the proposition that schools must change because of the unlikely occurrence of a catastrophic event, the kicker is that for many children in U.S. society catastrophes are a daily occurrence. In the *Journal of Child Psychology and Psychiatry and Allied Disciplines* entitled "In the Best Interests of Society", William Harris, Alicia Lieberman, and Steven Marans (2007) write, and here I am quoting the abstract almost in its entirety because of its critical relevance:

Each year, exposure to violent trauma takes its toll on the development of millions of children. When their trauma goes unaddressed, children are at greater risk for school failure; anxiety and depression and other post-traumatic disorders; alcohol and drug abuse, and, later in life, engaging in violence similar to that to which they were originally exposed. In spite of the serious psychiatric/developmental sequelae of violence exposure, the majority of severely and chronically traumatized children and youth are not found in mental health clinics. Instead, they typically are seen as the 'trouble-children' in schools or emerge in the child protective, law

enforcement, substance abuse treatment, and criminal justice systems, where the root of their problems in exposure to violence and abuse is typically not identified or addressed. Usually, providers in all of these diverse service systems have not been sufficiently trained to know and identify the traumatic origins of the children's presenting difficulties and are not sufficiently equipped to assist with their remediation. This multiplicity of traumatic manifestations outside the mental health setting leads to the inescapable conclusion that we are dealing with a supra-clinical problem that can only be resolved by going beyond the child's individual clinical needs to enlist a range of coordinated services for the child and the family.

The research on childhood adverse experiences and intergenerational transmission of adversity provide ample support for the reconsideration of current high stress school environments. Teachers are first responders on a daily basis, but few policies makers have neither the sensitivity to respond compassionately to that.

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Full bibliographic information, see also, DennyTaylor.com.