

**NYC Early Childhood Mental Health TTAC  
Training and Technical Assistance Center**

— A C O L L A B O R A T I O N B E T W E E N —



**Questions following Dr. Joy Osofsky’s webinar on July 14, 2021**

Question	Dr. Osofsky’s response
<p>What suggestions can you offer schools for how to help kids return to regulation this year?</p>	<p>It’s very important for children to have routines – both at home and in school. To help with social emotional development that has been impacted by the changes and restrictions due to the coronavirus pandemic, opportunities for students to participate in activities with their peers is important, including even recess, organized sports activities, other opportunities to work together with certain goals. As I mentioned for older children, taking on some responsibilities in the school setting with younger children or with their own class may be helpful. They need to know what to expect now and the adults in their lives can help in this area to make things more predictable.</p>
<p>Wondering if you can share some specific ways to speak with kids worried about returning to school or other venues due to worry about bringing the virus home and losing parents/caregivers.</p>	<p>Share information with children about the efforts that schools are making for both education and safety. Help them understand, as we did with children right after the lockdown and with social distancing, how they can be in control. First, reassure them that the school environment has been made safe and sanitized. If there are mask mandates, explain why that is being done and how that also will keep them and their families safe. If there are no mask mandates, reassure them that teachers (in most cases I assume) are vaccinated. Then share how they can be in control by washing their hands and following whatever safety regulations the schools put in place just as they have had other regulations. It’s important to help them feel that they can control what happens to them and their adult caregivers, teachers, administrators and school staff are doing their best to keep everyone safe.</p>

What type of non-support group mental health programming at the community level ie: community based organizations, schools etc. do you think would be a good start to respond to the challenges you outlined in the presentation? If you had 1 billion dollars to spread to activities that you think will benefit children and families where would you place to money ( tradition and non-traditional) ?-

**Traditional** – culturally important religious/spiritual community organization, peer support groups in community organizations, peer support groups with mental health consultation as they find helpful. Helping families economically who have suffered during pandemic Funding for food banks, school to support both needed renovations for safety, more services for schools that become part of the “school culture” Providing more support for “big brother” and “big sister” programs, especially for children who have experienced loss. Provide teachers and administrators more training related to trauma informed and responsive approaches which are especially important after disasters. It would also be helpful for teachers to have information about Psychological First Aid that is often implemented after disasters. Training and support for teachers, staff, and parents on self-care to support well-being and their development to help support children. This training is important with the recognition that teachers and administrators and their families have also been impacted by the COVID-19 pandemic

**Non-traditional** – support groups for adolescent males and females – for example in New Orleans, Son of a Saint Program to support young Black males who have lost a parent or who are in difficulty with school setting and/or with juvenile justice system. Supportive programs addressing building relationships for BIPOC community. School that emphasizes debate that helps students interacting and quickly responding verbally. Schools including program for culinary arts and theatre and creative arts including music and art that are connected with supports in the community. These programs not only support creativity but also self-esteem and alternatives to traditional learning. Programs to help regain trusting relationships and form new ones – Essentially helping them at this time with more supportive, protective relationships, especially if they have lost caregivers. Supportive programs specifically for LGBTQ students. Youth Leadership Programs to prevent substance abuse and risky behaviors – these leadership programs are for all youth – we have implemented these programs in collaboration with school administration and teachers in Alternatives Schools as well as regular schools. Have

	<p>mental health resources available to support the work of school counselors and others such as nurses – be sure to organize these supports with confidentiality.</p>
<p>I am concerned about the adults. How can we better support teachers? Teachers need support for themselves.- (name and email not collected)</p>	<p>I AGREE AND HAVE DESCRIBED INFORMATION ABOVE RELATED TO WAYS TO SUPPORT TEACHERS AND ADMINISTRATORS AND THEIR FAMILIES WHO HAVE ALSO BEEN IMPACTED BY COVID-19</p>
<p>Can these therapy sessions be outside the school. I think school should be separated from these therapy. I have witness some school staffs talking about the kids in front of other children. Can the school staffs be trained on confidential procedures.</p>	<p>I certainly understand your concerns. However, in our experience following natural and technological disasters, we have worked closely with school administration and teachers to implement ways to embed mental health supports and services in school in collaboration with counselors so that teachers or administrators can refer a child who is having difficulties and then the services are provided confidentially. The plan we put in place after Hurricane Katrina and the Gulf Oil Spill in impacted areas in collaboration with school systems was to have the school system implement a screener done confidentially, but not anonymously so that children with more difficulties could be identified. The names of the children were only identified by the schools and then the counselor reached out to the family to offer services or more supports. If the parent wanted services for the child, parental consent was obtained and a time arranged without knowledge of others in the school except the teacher who might need to allow the child to leave class to see a counselor. Generally enough students were receiving services that it did not make one child or a few children stand out. Interestingly, in the Alternative School where we worked, sometimes the children who received services saw problems in their friends and told them they might also want to talk to someone! The mental health supports and services were offered discretely in collaboration with the school and counselor. In our experience, school systems found this approach very helpful as when they referred children for services, they often learned that they did not follow-up.</p>