



**RESPONDING TO COVID-19:  
SIMPLE STRATEGIES  
ANYONE CAN USE TO FOSTER AN  
EMOTIONALLY SAFE SCHOOL  
ENVIRONMENT**

A CSCH Report

Sandra M. Chafouleas, PhD  
Taylor A. Koriakin, PhD  
Emily A. Iovino, PhD  
Jeana Bracey, PhD  
Helene M. Marcy, MPP

---

**Collaboratory** ON  
SCHOOL AND CHILD HEALTH



# RESPONDING TO COVID-19: SIMPLE STRATEGIES ANYONE CAN USE TO FOSTER AN EMOTIONALLY SAFE SCHOOL ENVIRONMENT

---

## EXECUTIVE SUMMARY

Responding to COVID-19 in school re-opening plans must include efforts that define a safe school environment as having both physical and emotional elements. An emotionally safe environment offers critical space for support resources and social connection that can promote adaptive and reduce negative responses, and schools play a critical role in fostering emotional safety for both adults and students.

Whole school and student outcomes will be impacted by how every administrator, faculty, and staff member responds in fostering an emotionally safe environment. Every person must have necessary knowledge, skills, and attitudes to implement strategies that strengthen the core of an emotionally safe school environment.

Given uncertainties and timing for professional learning, the urge to move directly to a crisis-driven approach can be tempered through prevention planning involving the purposeful integration of simple strategies. Strategies must be simple – meaning easily built into daily routines and able to be widely used by all. Strengthening core supports is important as a foundation to re-opening given the potential for increased numbers of students and staff who may exhibit negative reactions resulting from the pandemic.

In this report, simple strategies with high potential for integration within existing school initiatives are summarized. Selected strategies also can be easily adapted to fit different contexts (e.g. cultural, developmental). For each simple strategy, a definition is provided along with associated outcomes. Examples of what implementation of each simple strategy could look like are provided across different populations: elementary, secondary, staff, and families. In addition, links to freely accessible resources are provided to further demonstrate use each simple strategy with students or adults.



# RESPONDING TO COVID-19: SIMPLE STRATEGIES ANYONE CAN USE TO FOSTER AN EMOTIONALLY SAFE SCHOOL ENVIRONMENT

A CSCH Report by Sandra M. Chafouleas, Taylor A. Koriakin, Emily A. Iovino, Jeana Bracey, & Helene M. Marcy

*Note: The Additional Resources Sections in the tables beginning on page 8 were updated on November 30, 2020.*

## Background

Physical health has been brought to the forefront of school safety discussions in the wake of COVID-19, with prioritization of environmental health (e.g. cleaning practices, physical distancing protocols, ventilation conditions). Immediate and highly focused efforts on minimizing and neutralizing transmission of the virus are necessary to ensure a physically safe environment, yet schools must also focus on fostering an *emotionally* safe environment.

Creating an emotionally safe environment for re-opening schools is especially urgent as many students and adults who care for them are experiencing increased mental health concerns or are exposed to trauma as a result of the nation's double pandemic of COVID-19 and the confrontation of systemic racism. Current events have brought inequities to the forefront of everyday discussions, prominently emphasizing the importance of an **emotionally safe school environment as a core foundation to well-being**. The K-12 school setting can be a powerful environment for increasing protective factors and decreasing risk factors that influence well-being across academic, social, emotional, behavioral, and physical domains.<sup>1</sup>

Planning efforts must define a safe school environment as including both physical and emotional elements. Emotional safety includes equitable strategies that **promote** adaptive (positive) reactions, **prevent** contributing to re-traumatization, and **intervene** to reduce potential long-term maladaptive (negative) reactions exhibited by both students and staff.

**Upon a return to the physical school environment, implementation of evidence-based core strategies that are easy-to-use and able to be maintained over time by every person will play a critical role in determining outcomes.** Strategies used will define the intensity and duration of traumatic stress reactions along with influencing the well-being of the entire school community (staff, students, families).

Implementing core strategies that include focus on both adults and students is important to enable a school environment that is ready and able to successfully support students. Given that teacher stress has been clearly connected to student well-being,<sup>1</sup> **promoting adaptive and reducing negative functioning in adults is critical for fostering an emotionally safe school environment** as a response to trauma exposure.

Core strategies to foster emotional safety must include focus on both adults and students to enable a school environment that is ready and able to successfully support students.

## What types of reactions might be expected in re-opening schools?

Reactions to trauma exposure are not “one-size-fits-all,” but **it can be expected that both student and adult populations will have some maladaptive (negative) reactions upon school re-opening**. Individual reactions are influenced not only by features of the traumatic event itself (e.g., predictability, intensity, duration, consequences) but also individual differences in terms of history of trauma exposure, environmental factors, and personal factors. For example, a person with limited social supports and a personal history of anxiety who lives in a community with high incidence and intense negative consequences (e.g., high death rates) resulting from COVID-19 may have increased negative reactions (e.g., reduced coping skills, difficulty with daily activities) over an individual with fewer risk factors.

Although common reactions often include fear, anxiety, and sadness, reactions can vary across academic (cognitive), social, emotional, behavioral, and physical domains. These **responses may look different based on stage in the life course** (see Table 1 for examples). Many of these reactions can be expected and are likely to resolve over time, and again, depend on interactions across features of the trauma exposure and individual factors.

| <b>Developmental Stage</b> | <b>Reactions</b>   |   |
|----------------------------|--|---|
| Young Children             | <ul style="list-style-type: none"> <li>• generalized fear</li> <li>• fear of separation from caregiver</li> <li>• skill regression (e.g. toileting, speech)</li> <li>• poor eating habits</li> </ul>                         | <ul style="list-style-type: none"> <li>• sleep disturbances (difficulty going to sleep, nightmares, night terrors)</li> </ul>   |
| School-Age Children        | <ul style="list-style-type: none"> <li>• anxious and/or fearful</li> <li>• aggressive and/or reckless behavior</li> <li>• repetitive traumatic play (e.g. continued focus on event)</li> <li>• sleep disturbances</li> </ul> | <ul style="list-style-type: none"> <li>• physical symptoms (e.g., stomachache, headache)</li> <li>• difficulty concentrating</li> <li>• decreased school performance</li> </ul> |
| Adolescents                | <ul style="list-style-type: none"> <li>• depression and/or social withdrawal</li> <li>• increased risk behaviors (e.g., sexual acting out, alcohol or drug use)</li> </ul>   | <ul style="list-style-type: none"> <li>• wish for revenge and retribution</li> <li>• sleep disturbances</li> <li>• eating problems or disturbance</li> </ul>                    |
| Adults                     | <ul style="list-style-type: none"> <li>• sleep problems</li> <li>• increased agitation</li> <li>• hypervigilance</li> </ul>  | <ul style="list-style-type: none"> <li>• isolation or withdrawal</li> <li>• increased use of alcohol or drugs</li> </ul>  |
| Older Adults               | <ul style="list-style-type: none"> <li>• increased withdrawal and isolation</li> <li>• reluctance to leave home</li> <li>• worsening of chronic illnesses</li> </ul>   | <ul style="list-style-type: none"> <li>• confusion</li> <li>• depression</li> <li>• fear</li> </ul>   |

Adapted from the Center for Substance Abuse Treatment (2014)<sup>2</sup> and National Child Traumatic Stress Network (2010)<sup>3</sup>

For more information regarding trauma-informed assessment, please refer to Chafouleas, S. M. & Marcy, H. M. (2020, June). [Responding to COVID-19: Planning for Trauma-Informed Assessment in Schools](#). Storrs, Connecticut: University of Connecticut.

## What role do schools play in responding?

An emotionally safe school environment offers critical space for support resources and social connection that can promote adaptive (positive) responses and reduce maladaptive (negative) responses to traumatic experiences. Schools can play a critical role; the question is not *if* but *how* schools can take on this role to foster an emotionally safe environment for both adults and students.

Students are at their best when provided with predictable routines, and the same applies to adults. **Particularly during stressful times, familiar structures and routines help adults lower stress, feel productive and focused, and engage in healthy habits.**<sup>5</sup> Given the many uncertainties associated with re-opening school, attempting to initiate new systems, practices, and/or assessments without alignment to current structures is likely to end in confusion and ineffective implementation, and potentially even contribute to trauma stress reactions of staff. Fortunately, **the role schools play in responding does not require an overhaul of existing service delivery systems.** Schools can engage existing frameworks of service delivery, such as multi-tiered systems of support (MTSS), which provide a familiar structure for identifying and supporting needs across tiers of intensity.

Students are at their best when provided with predictable routines, and the same applies to adults.

In a trauma-informed MTSS framework, schools work to

1. implement **strategies for all to promote** a safe and engaging environment and strengthen adaptive (positive) responses
2. incorporate **preventive small-group and individual strategies for targeted individuals** (those identified as at-risk) that address psychoeducation about trauma and its impact, reinforce social support systems, and strengthen skills in areas of self-regulation, attachment, and competency, and
3. provide **intensive and individualized intervention for select individuals** (those identified as exhibiting maladaptive symptoms) that can include trauma-specific supports to remediate high-intensity negative reactions.<sup>4</sup>

Strengthening core supports through simple strategies that can be used with *all* is an important foundation to re-opening schools.

Strengthening core supports is important as a foundation to re-opening given the potential for increased numbers of students and staff who may exhibit negative reactions resulting from the pandemic. **In this report, we focus on simple strategies that can be used with all to foster a safe and engaging environment and strengthen adaptive (positive) responses.**

## What is meant by simple strategies, and how can they work to foster an emotionally safe school environment?

Whole school and student outcomes will be impacted by how every administrator, faculty, and staff member responds in school re-opening. **Every person must have necessary knowledge, skills, and attitudes to implement strategies that strengthen the core of an emotionally safe school environment.**

Given uncertainties and timing for professional learning, strategies must be simple – meaning easily built into daily routines and able to be widely used by all. Although many evidence-based programs include combinations of simple strategies, we focus on summarizing usable strategies with evidence for use across adult and student populations, ease of integration with existing school initiatives, and high potential for easy adaptation to fit different contexts.

Strategies must be simple – meaning easily built into daily routines and able to be widely used by all.

Embry and Biglan (2008) described such simple strategies as “behavioral vaccines,” meaning a broad approach to reducing risk using evidence-based strategies that could be applied at the population level.<sup>7</sup> **These simple strategies – or kernels – are evidence-based, cost efficient, and highly usable.**<sup>7,8</sup>

Simple strategies can be adapted to increase fit for each unique context – by developmental stage, setting (e.g., classroom, transition, afterschool, recess), and/or cultural relevance and appropriateness (e.g., norms, values). **These features of simple strategies mean they can be used in combination and can easily integrate into teachable moments to build adaptive (positive) skills and respond to negative thoughts, feelings, and actions.**<sup>6</sup>

Within a behavioral paradigm of trauma-informed response, these ‘kernels’ work at two primary points for intervention:

- **Individual:** strategies involve teaching coping skills to prevent or reduce negative response
- **Others:** strategies used by others to prevent negative response from occurring (antecedent) or reinforce an increase in adaptive or a decrease in negative responses (consequence)

For more information about points for intervention within the full chain or pathway from trauma exposure and individual interpretation, please refer to Chafouleas, S. M. & Marcy, H. M. (2020, June). [Responding to COVID-19: Planning for Trauma-Informed Assessment in Schools](#). Storrs, Connecticut: University of Connecticut.

## How can simple strategies work to foster an emotionally safe school environment?

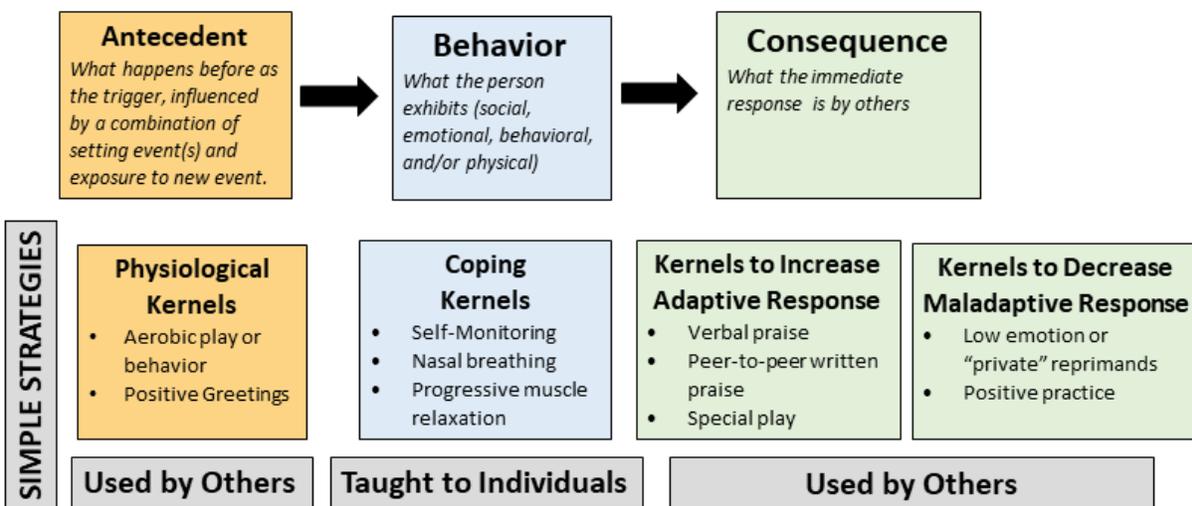
The simple strategies we have chosen to highlight draw from prior work on identification of evidence-based kernels<sup>7,8</sup> and were curated using three criteria. First, we selected those with **evidence for use** across developmental stages of the life course – that is, strategies that can be used across all school stakeholders (elementary students, secondary students, teachers, families). Second, we selected simple strategies that have **evidence for improving outcomes**

relevant to traumatic stress reactions as reviewed in Table 1. Third, as previously noted, selected kernels are targeted **for use by the individual or others** – and can be put into practice by anyone.

Below, kernels are roughly grouped based on where and how each can influence reactions within a behavioral paradigm. A behavioral approach can help us understand the important role of the environment in influencing individual response. This means that **setting up an emotionally safe school environment attends to efforts that**

- **prevent the occurrence** of maladaptive reactions (antecedent strategies)
- **actively teach strategies** to promote adaptive reactions and counter maladaptive reactions (coping strategies), and
- **respond to reinforce** adaptive reactions (consequence strategies)

Strategies that teach the individual coping behaviors (blue box) whereas strategies used by others can influence individual behavior through prevention (orange box) or response (green box).



The tables included at the end of this report organize the simple strategies using this format, providing definitions and relevant outcomes for each kernel. In addition, examples of what implementation could look like are provided across different populations: elementary, secondary, staff, and families. Finally, we offer links to freely accessible resources to provide additional materials and further demonstration regarding use of each simple strategy with students or adults.

**Decisions regarding selection and combination of simple strategies should be made based on identified goals for strengthening an emotionally safe school environment.**

These examples can further illustrate:

- **School A** is an elementary building is located in a community with limited direct impact from COVID-19. The school population is roughly split between students of white and Native

American people, and there has been a history of community divide with systemic inequities experienced by the Native American population. School leaders determine that the focus of their work to strengthen the core foundation of an emotionally safe school environment will be on the “others” point of intervention. Selected strategies include a combination of physiological kernels and kernels to increase adaptive response. The school climate committee will develop materials targeting both elementary students, staff, and families in the strategies. Questions about cultural adaptations will guide revision of draft materials (see the [CDC Audience Check-In](#) as an example<sup>9</sup>), with attention to recommended surface and or deep structure adaptations.<sup>10</sup> A plan for professional learning will be put in place for all adults in the building prior to re-opening.

- **School B** is a high school located in a community with substantial direct COVID-19 impact, including many families who have experienced significant illness and death of loved ones. School leaders decide that their focus in strengthening the core foundation of an emotionally safe school environment will include both “individual” and “others” points of intervention. They expect to adapt their combination of simple strategies over time for both students and staff, with initial prioritization of material development and adaptation focused on physiological kernels (prevention) and coping (teaching) kernels. Student support staff and health and physical education faculty will work together on design of simple strategy materials for student, staff, and family audiences, and will create an implementation and evaluation plan.

In conclusion, **school leaders should include plans for fostering an emotionally safe school environment for all (students, faculty, staff, families) upon returning to the physical school building.** These plans should rely on existing structures and evaluate options for strengthening core services that can be provided to all. **Emphasis on existing structures for service delivery can benefit both students and adults by supporting a return to predictable and familiar routines.** Practices include teaching and reinforcing that target increase adaptive responses and reduce negative responses using simple strategies. **Simple strategies are evidence-based, cost efficient, and usable by all – and can be combined and adapted to fit each unique context.**

## PHYSIOLOGICAL KERNELS

|  |   |   | Additional Resources   |   |
|--|---|---|--|---|
| Kernel   | Relevant Outcome  | Examples in Action  | Students   | Adults  |
| <p><b>Aerobic play or behavior</b></p> <p><u>Definition:</u> Individuals should regularly (e.g., daily, every other day) engage in physical activity (e.g., play sports, individual or group cardio exercise)</p>            | <p>Reduced depression; reduces stress hormones; May increase cognitive function; Decreased PTSD</p>             | <p><b>Elementary:</b> Teachers can seek to find ways to incorporate physical activity into classroom instruction (e.g., getting students up and moving during academic time).</p> <p><b>Secondary:</b> Schools can provide opportunities for students to engage in physical activity throughout the day (e.g., 5-minute movement break during class, basketball game in the gym during free period).</p> <p><b>Staff:</b> Administrators can provide suggestions for ways for staff to take brief breaks throughout the day to increase physical activity.</p> <p><b>Families:</b> Schools can provide families with examples of activities (e.g., games, exercises, local events) that adults and children/adolescents can engage at home independently or together.</p> | <p><a href="#">Fit to Learn Tip Sheet: Physical Activity</a><br/>(Healthy Schools Campaign)</p> <p><a href="#">How to Reduce Disruptive Behavior Through Antecedent Physical Exercise</a><br/>(Intervention Central)</p> | <p><a href="#">Teacher Fitness Break Cards</a><br/>(Alliance for a Healthier Generation)</p> <p><a href="#">Physical Activity Break Cards for All Ages</a><br/>(Alliance for a Healthier Generation)</p>            |
| <p><b>Positive greeting</b></p> <p><u>Definition:</u> Frequent positive or friendly verbal (e.g., saying 'hello', asking someone about their day) or physical (e.g., high five, pat on the back) interaction with others</p> | <p>Improved perceptions of safety or harm; Improved behavior streams of aggression, hostility or politeness</p> | <p><b>Elementary:</b> Consider providing a positive greeting at the door to students as they enter the classroom for the day.</p> <p><b>Secondary:</b> Staff can stand in the hallways during transition/passing times and provide positive greetings (e.g. thumbs up, friendly wave) to students.</p> <p><b>Staff:</b> Administrators can stand in the hallway to greet teachers during the first week back at school and/or can send electronic greeting messages of welcome.</p> <p><b>Families:</b> Family members can positively greet one another verbally and non-verbally (with or without positive physical touch such as high five, hug, friendly wave, etc.), and/or ask each other how their day was when someone returns home from school, work, etc.</p>    | <p><a href="#">Positive Greetings at the Door</a><br/>(San Joaquin County Office of Education)</p> <p><a href="#">Making Connections with Greetings at the Door video</a><br/>(Edutopia)</p>                             | <p><a href="#">Making Families Feel Welcome</a><br/>(Greater Good in Education)</p> <p><a href="#">Get Connected: Creative Ideas for Building Staff Relationships</a><br/>(Alliance for a Healthier Generation)</p> |

# COPING KERNELS

|  |  |  | Additional Resources   |  |
|--|--|--|--|--|
| Kernel   | Relevant Outcome   | Examples in Action   | Students   | Adults   |
| <p><b>Self-monitoring</b></p> <p><u>Definition:</u> Individual evaluates their own behavior and measures their performance compared to a criterion (e.g., personal goal, standard).</p>    | <p>Reductions in alcohol, tobacco use;<br/>Increased school achievement;<br/>Improvements in other social competencies or health behaviors</p> | <p><b>Elementary:</b> Select a target behavior and a goal. Staff should then teach the student how to monitor behavior. Students can then rate their own behavior; for younger students, this could be done using a picture, rather than a numerical, scale.<br/><b>Secondary:</b> Have the student assist in selecting a target behavior, select a method (e.g., rating scale, frequency count) and period of time (e.g., geometry class, study hall) for the student to record their behavior. Use a non-verbal cue (e.g., timer, hand signal) to let the student know when to record their behavior.<br/><b>Staff:</b> Staff can use self-monitoring to evaluate their use of key proactive practices to establish relationships with students when they return to school such as using conversation starters with students, using praise, and providing positive greetings.<br/><b>Families:</b> Schools can provide families with their child's self-monitoring procedures so that families can help their child self-monitor at home.</p>  | <p><a href="#">Teach Students to Change Behaviors Through Self-Monitoring</a><br/>(Intervention Central)<br/><a href="#">Self-Monitoring: Equipping Students to Manage Their Own Behavior in the Classroom</a><br/>(Vanderbilt Kennedy Center)</p> | <p><a href="#">Track Positive Reinforcement with Our Be+ App</a><br/>(Center on Positive Behavioral Interventions and Supports)<br/><br/><a href="#">Self-Assessing SEL Instruction and Competencies</a><br/>(Greater Good in Education)</p> |
| <p><b>Nasal breathing</b></p> <p><u>Definition:</u> To calm physiological arousal, a person breathes in deeply through their nose instead of through their mouth</p>                       | <p>Reduced panic, anxiety and hostility;<br/>May improve cognitive function</p>  | <p><b>Elementary:</b> Staff should model nasal breathing for students. Then, adults can lead students through guided practice. With young students, these exercises should only last for a short period of time (5-10 minutes). Teachers can find several short periods of time per day to guide students in practicing breathing techniques.<br/><b>Secondary:</b> Staff can model nasal breathing for students and describe situations in which students can use it. Then, engage in the exercise as a class or in small groups and have students identify situations in which they can use it. Finally, students can be provided with resources to practice outside of class.<br/><b>Staff:</b> Consider sharing a script or video that guides staff through using techniques. Part of staff meeting could be used to briefly walk through a nasal breathing activity. In addition, staff could also model using this technique for students.<br/><b>Families:</b> Schools can provide families with resources (e.g., instructions, videos, scripts) on nasal breathing exercises. Families can engage in an exercise with their child(ren) by either following a video or script together.</p> | <p><a href="#">How to reduce stress with the 2:1 breathing technique video</a><br/>(Tufts Medical Center)<br/><br/><a href="#">Belly Breathing</a><br/>(Harvard Easel Lab)</p>   | <p><a href="#">Getting Mindful about Breathing</a><br/>(Edutopia)<br/><br/><a href="#">Mindful Breathing for Adults</a><br/>(Greater Good in Education)</p>  |
| <p><b>Progressive muscle relaxation</b></p> <p><u>Definition:</u> When experiencing symptoms of stress and/or anxiety, a person tenses, holds, and slowly relaxes a series of muscles.</p> | <p>Reduced panic, fear, anxiety;<br/>Decreased negative attributions;<br/>Decreased phobic responses with paired with evoking stimuli</p>      | <p><b>Elementary:</b> Staff should simplify the exercise for young students. For example, the exercises could be used for only one muscle group or two at a time (e.g., shrug shoulders or squint eyes shut and relax). Sessions should be brief (5-10 minutes).<br/><b>Secondary:</b> Staff can first read a script to students and describe situations in which students can use it. Then, engage in the exercise as a class or in small groups. Finally, students can be provided with a script to practice outside of class.<br/><b>Staff:</b> Consider sharing a progressive muscle relaxation script with staff and provide a physical demonstration or video walking on how to use the technique. Staff brainstorm times throughout the day that they might be able to use it.<br/><b>Families:</b> Schools can provide families with resources (e.g., instructions, videos, scripts). Families can engage in an exercise with their child(ren) by either watching a video together and following along or having someone read the script aloud.</p>  | <p><a href="#">Stress Management: Doing Progressive Muscle Relaxation</a><br/>(University of Michigan Medicine)</p>  | <p><a href="#">Reduce Stress through Progressive Muscle Relaxation Video</a><br/>(Johns Hopkins Rheumatology)<br/><br/><a href="#">Brief Body Scan</a><br/>(Greater Good in Education)</p>   |

## KERNELS TO INCREASE ADAPTIVE (POSITIVE) RESPONSE

|   |  |   | Resources   |   |
|---|--|---|---|---|
| Kernel  | Relevant Outcome   | Examples in Action  | Students  | Adults  |
| <p><b>Verbal praise</b></p> <p><u>Definition:</u> Individual receives specific, positive feedback about their behavior</p>  | <p>Increased cooperation, social competence, academic engagement/achievement, positive parent-child interactions; Reduced disruptive or aggressive behavior; Reduced DSM-IV symptoms</p> | <p><b>Elementary:</b> "It's been a long time since we've been in school. It can be a difficult to come back after being at home for a long time, but I'm so proud of you for working hard."<br/> <b>Secondary:</b> "I love how you recognized and acknowledged that this is a difficult and scary time."<br/> <b>Staff:</b> "I appreciate your hard work and commitment to supporting our students during this challenging and unprecedented time"<br/> <b>Families:</b> "Thank you for providing feedback on our plan to transition back to school. I value and appreciate your input."</p>  | <p><a href="#">Teacher Praise</a> (Intervention Central)</p> <p><a href="#">Praise Video</a> (Jim Wright)</p> <p><a href="#">Behavior-Specific Praise in the Classroom</a> (TN Behavior Supports Project)</p> | <p><a href="#">10 Simple Ways for Principals to Show Teachers Appreciation</a> (ASCD)</p> <p><a href="#">Gratitude Circle for Staff</a> (Greater Good in Education)</p> |
| <p><b>Peer-to-peer written praise</b></p> <p><u>Definition:</u> Individuals are asked to praise, "tootle", or shout out their peers; these positive statements are then shared with the group (e.g., read out loud to the group, placed on a board)</p> | <p>Improved social competence, academic achievement, physical health</p>   | <p><b>Elementary:</b> For younger students, peer praise can be shared verbally rather than asking the students to write and read the praise statements.<br/> <b>Secondary:</b> For older students, peer praise can be shared in writing. For example, teachers can have students write something nice about the person sitting in front of/behind/next to them.<br/> <b>Staff:</b> Encourage staff to provide positive encouragement and shout each other out for a job well done (e.g., a great lesson, creative ideas to engage students in return to school, etc.).<br/> <b>Families:</b> Encourage staff to include praise and/or encouragement for parents/guardians in written communication (e.g., an update on student performance starts/ends with praise/encouragement of the family).</p>                              | <p><a href="#">Behavioral Interventions and Strategies Series: Tootling</a> (LSU Health TIERS)</p> <p><a href="#">Positive Peer Reporting</a> (U/Missouri Evidence Based Intervention Network)</p>            | <p><a href="#">Staff Appreciation Coupons</a> (Boys Town Training)</p> <p><a href="#">Faculty &amp; Staff Recognition Postcard</a> (Ci3T)</p>                           |
| <p><b>Special play</b></p> <p><u>Definition:</u> Adults interact with students while placing limited demands</p>  | <p>Improved stress physiology; Reduced trauma or depressive symptoms</p>   | <p><b>Elementary:</b> Adults play with students, do not place demand, and let students lead the play time (e.g., students decide what to play with, what materials to use for activity, etc.) for a short time (5-10 minutes).<br/> <b>Secondary:</b> Staff engage with students, with focus on relationship building while placing limited demands (e.g., playing games, talking about topics outside of school work) for a brief time (e.g., 10-15 minutes).<br/> <b>Staff:</b> Administrators can plan times to connect with staff without placing work-related demands (e.g., social opportunities, wellness activities).<br/> <b>Families:</b> School staff engage with families without placing a demand on them (e.g., phone/email check-in about their/their child's well-being) for the purpose of building rapport.</p> | <p><a href="#">Cultivating Trust With One-on-One Time Video</a> (Edutopia)</p> <p><a href="#">Special Playtime</a> (CDC)</p>  | <p><a href="#">Staff Team Building Questions</a> (Greater Good in Education)</p> <p><a href="#">Family Bonding Activities</a> (Alliance for a Healthier Generation)</p> |

## KERNELS TO DECREASE MALADAPTIVE (NEGATIVE) RESPONSE

|  |   |   | Resources  |  |
|--|---|---|--|--|
| Kernel   | Relevant Outcome  | Examples in Action  | Students   | Adults   |
| <p><b>Low emotion or “private” reprimands</b></p> <p><u>Definition:</u> Corrective feedback that is provided in a calm, neutral tone without threat or intense emotion</p> | <p>Reduced inattention, disruptions, aggression; Reduced emotional responding by adults, including attention to negative behavior</p>     | <p><b>Elementary:</b> If student behavior needs to be corrected, consider providing a nonverbal cue to the student to get them back on track (e.g., point to visual of expectations). Staff can also provide verbal correction in a private manner. For example, if behavior occurs during whole group instruction, consider quietly providing the correction to the student rather than stating in in front of the entire class in a calm, neutral tone.</p> <p><b>Secondary:</b> Approach the student and ensure to the extent possible that others are not able to hear. Then, using a calm, neutral tone, deliver WISE corrective feedback by reminding the student of the expected behavior, providing feedback on the problem behavior, and assuring the student you have confidence in their ability to meet expectations.</p> <p><b>Staff:</b> When providing correction or feedback to staff members, administrators should seek to provide private (e.g., individually rather than in faculty meetings), data-based feedback to staff that is delivered in a calm &amp; neutral manner.</p> <p><b>Families:</b> Schools can provide families with resources and examples of how they can use this strategy to provide neutral WISE corrective feedback at home.</p>   | <p><a href="#">Respectful Redirection</a><br/>(Understood)</p> <p><a href="#">How to Help Students Accept Constructive Criticism: ‘Wise’ Feedback</a><br/>(Intervention Central)</p> | <p><a href="#">Five Strategies Principals Can Use to Give Effective Feedback to Teachers</a><br/>(Resilient Educator)</p> <p><a href="#">Actionable Feedback for Teachers</a><br/>(Minnesota Association of School Administrators)</p> |
| <p><b>Positive Practice</b></p> <p><u>Definition:</u> Individual repeatedly practices engaging in positive or adaptive behavior</p>  | <p>Reduced symptoms of developmental delay; Reduced aggression or noncompliance; May reduce accidental attention to negative behavior</p> | <p><b>Elementary:</b> For students that have been out of school for an extended period, teaching and practicing daily routines and expectations (e.g., practicing transitions to start and end the day) is needed. If students do not meet this expectation, ask them to repeat the routine, and provide verbal praise when they meet the expectations.</p> <p><b>Secondary:</b> For students that have been out of school for an extended period, teaching and practicing daily routines and expectations (e.g., transitions between classes) is needed. If students do not meet this expectation, ask them to repeat the routine and provide verbal praise when they meet the expectations.</p> <p><b>Staff:</b> If considering asking the whole staff to adopt a specific practice or proactive strategy, provide opportunities for practice and role play of the skill with peers prior to implementing with students.</p> <p><b>Families:</b> To support their child's transition back to school, teaching and practice daily routines and expectations (e.g., morning routine, getting ready for school, completing homework after school, bedtime routine) is needed. If the child does not meet the expectation, ask them to repeat the routine and provide verbal praise when they meet the expectation.</p> | <p><a href="#">Positive Practice: Skill building for appropriate behaviors</a><br/>(Andrews University)</p> <p><a href="#">Positive Practice</a><br/>(Tom Drummond)</p>              | <p><a href="#">Rehearsal as a Coaching Tool</a><br/>(Teaching and Learning Alliance, Inc.)</p>   |

## Additional Resources

### Integrated Multi-Tiered Systems of Support (I-MTSS)

- [CSCH Think About the Link Project](#)  
The UConn Collaboratory on School and Child Health's Think about the Link Project offers evidence-informed practical tools for schools, including materials on integrated multi-tiered systems of support within a whole school, child, and community approach.
- [Ci3T](#)  
Comprehensive, Integrated, 3-tired Model of Prevention. This website offers extensive resources for schools dealing with the academic, behavioral, and social competencies during the COVID-19 pandemic, including resources on screening assessments.
- [Michigan's MTSS Technical Assistance Center](#)  
The technical assistance center focuses on technical assistance in implementation of effective, data-driven practices within a multi-tiered system of support, and has included dedicated resources in response to COVID-19.

### Trauma-Specific

- [Child Health and Development Institute Impact Report on a Comprehensive Approach for Addressing Students' Trauma and Mental Health Needs](#)  
The CHDI report describes a comprehensive framework to advance policy and strategic district planning to more effectively address students' trauma and mental health needs.
- [The National Child Traumatic Stress Network](#)  
NCTSN's treatments and practices section has information and links to screening and assessment.
- [The National Association of School Psychologists \(NASP\) Trauma Resources](#)  
Includes information about trauma and guidance for trauma screening in schools. There is also a COVID-19: Resource Center under "Resources and Podcasts."

Copyright © 2020 by the University of Connecticut. All rights reserved.

To Cite this Report: Chafouleas, S. M., Koriakin, T. A., Iovino, E. A., Bracey, J., & Marcy, H. M. (2020, July). *Responding to COVID-19: Simple Strategies that Anyone Can Use to Foster an Emotionally Safe School Environment*. Storrs, Connecticut: University of Connecticut. Available from [csch.uconn.edu](https://csch.uconn.edu).

Permission granted to photocopy for personal and educational use as long as the names of the creators and the full copyright notice are included in all copies.

This project was completed in partnership between CSCH, EASTCONN, and CHDI. Collaborating authors included: Sandra M. Chafouleas, CSCH Co-Director; Taylor A. Koriakin, Educational and Behavioral Specialist at EASTCONN; Emily A. Iovino, Educational and Behavioral Specialist at EASTCONN; Jeana Bracey, CSCH Steering Committee member and Associate Vice President of School and Community Initiatives at CHDI; and Helene M. Marcy, CSCH Program Manager.



*This report was completed in part by funding provided by [The Neag Foundation](#), which serves as a philanthropic force for positive change in education, health, and human services initiatives.*

## End Notes

---

<sup>1</sup> National Academies of Sciences, Engineering, and Medicine (2019). *Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25201>.

<sup>2</sup> Center for Substance Abuse Treatment (2014). Understanding the Impact of Trauma. In *Trauma-Informed Care in Behavioral Health Services (Treatment Improvement Protocol Series, No. 57)*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK207191/>.

<sup>3</sup> National Child Traumatic Stress Network (2010). *Age-Related Reactions to a Traumatic Event*. Retrieved from [https://www.nctsn.org/sites/default/files/resources/age\\_related\\_reactions\\_to\\_traumatic\\_events.pdf](https://www.nctsn.org/sites/default/files/resources/age_related_reactions_to_traumatic_events.pdf).

<sup>4</sup> Chafouleas, S. M., Koriakin, T. A., Roundfield, K. D., & Overstreet, S. (2019). Addressing Childhood Trauma in School Settings: A Framework for Evidence Based Practice. *School Mental Health*, 11, 40-53. <https://doi.org/10.1007/s12310-018-9256-5>.

<sup>5</sup> Cherry, K. (2020, April 21). *The Importance of Maintaining Structure and Routine During Stressful Times*. Retrieved from <https://www.verywellmind.com/the-importance-of-keeping-a-routine-during-stressful-times-4802638>.

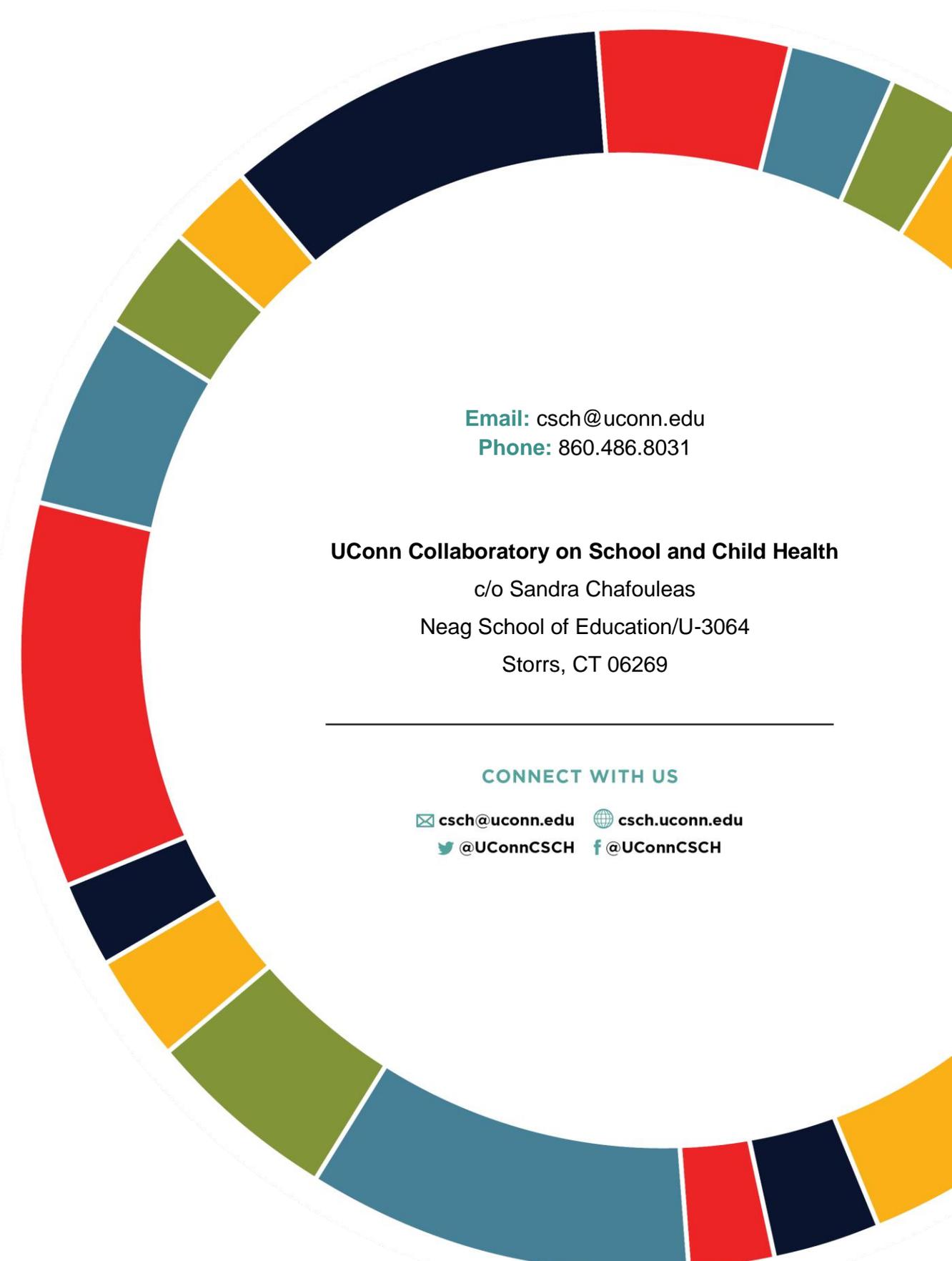
<sup>6</sup> Poland, S. (2020, June 12). *COVID-19 School Re-Entry: Promoting Social and Emotional Wellness* [Webinar]. In Nova Southeastern University Academic Forums. Retrieved from <https://www.youtube.com/watch?v=C6Sb1vVD8RU&feature=youtu.be>.

<sup>7</sup> Embry, D. D., & Biglan, A. (2008). Evidence-based kernels: fundamental units of behavioral influence. *Clinical Child and Family Psychology Review*, 11(3), 75–113. <https://doi.org/10.1007/s10567-008-0036-x>

<sup>8</sup> Jones, S., Bailey, R., Brush, K., & Kahn, J. (2017, December). Kernels of Practice for SEL: Low-Cost, Low-Burden Strategies. EASEL Lab at the Harvard Graduate School of Education. Retrieved from <https://www.wallacefoundation.org/knowledge-center/Documents/Kernels-of-Practice-for-SEL.pdf>.

<sup>9</sup> Centers for Disease Control and Prevention (nd). Audience Check-in for Cultural Adaptation of Materials. [https://www.cdc.gov/diabetes/videos/marketing/DEMS\\_Cultural\\_Adaptation-508.pdf](https://www.cdc.gov/diabetes/videos/marketing/DEMS_Cultural_Adaptation-508.pdf).

<sup>10</sup> Barrera, M., Jr, Castro, F. G., Strycker, L. A., & Toobert, D. J. (2013). Cultural adaptations of behavioral health interventions: a progress report. *Journal of consulting and clinical psychology*, 81(2), 196–205. <https://doi.org/10.1037/a0027085>.



**Email:** [csch@uconn.edu](mailto:csch@uconn.edu)

**Phone:** 860.486.8031

**UConn Collaboratory on School and Child Health**

c/o Sandra Chafouleas

Neag School of Education/U-3064

Storrs, CT 06269

---

**CONNECT WITH US**

 [csch@uconn.edu](mailto:csch@uconn.edu)  [csch.uconn.edu](http://csch.uconn.edu)

 [@UConnCSCH](https://twitter.com/UConnCSCH)  [@UConnCSCH](https://www.facebook.com/UConnCSCH)