

COVID-19 as a Grief Experience for Our Students and Our Ourselves Discussion Summary May 20, 2020

Thank you to our colleagues from the Wendt Center, Megan Seymour, LGPC, Jill Jacobs, LPC, Alba Prados, LPC, Will McKindley-Ward, LGSW, and Rebecca Roesch, LICSW, for sharing their expertise and best practices related to grief and loss. What follows is a summary of the discussion on May 20 and responses from our Wendt Center colleagues to the questions posed by the DC School Behavioral Health Community of Practice (CoP) members during registration.

What are some of the biggest challenges you anticipate with providing grief support to children and families?

- One significant challenge is that families or caregivers may not realize they are experiencing grief symptoms, or they may feel they are being judged or viewed negatively because of these experiences.
- Due to COVID-19, clients may experience grief on two levels: losing a loved one as well as losing the opportunity to grieve properly and thus not experiencing closure. It was acknowledged that without being able to engage in the rituals around grieving it was incredibly difficult to feel a sense of closure.
- The loss of normal communication channels is a big adjustment and not being able to reach families virtually for various reasons is a challenge. One technical adjustment one participant is making is in scheduling — so that their availability is at times that make it easier for the family.
- You want to be there to support your client, but it's so hard to know if it's a bad time to call or if your call is overwhelming the client given the circumstances they are experiencing.
- It's difficult to be available for clients who don't have the technological ability to reach out. Dealing with technical issues with telehealth can cause frustration in children and families, as well as school staff. Children and families need consistent access to telehealth resources (e.g., internet service, computer/cellphone, electricity); not having reliable resources impedes their ability to receive therapy.



How do we address loss from the perspective of the clinician, such as challenges from the loss of a therapeutic community or one's usual practices?

- For many clinicians the work has shifted to more of a case-management approach, and they are reframing the work to meet clients where they are with regard to the social and economic stressors they now face.
- The lack of physical presence can make it more challenging in the delivery of grief/loss support. For example, when you are in a virtual space it can be difficult to demonstrate compassion as you would in the office, such as offering comfort by placing a hand on a client's shoulder. It's hard to create a sense of community when the comfort of being in the presence of others is nonexistent right now. Participants stressed that we must remain flexible and creative as we come up with solutions for families who want to engage in ways that best suit how they grieve.
- Since meetings are no longer in person, and some clients will refuse to turn on their video or camera, or hide their faces, it can make reading body language or facial expressions impossible. In cases like this, participants said we may need to be more explicit with our verbal communication or simply be present and listen carefully to be aware of the needs of the client. This often requires more energy (e.g., waiting through silence during video or phone call meetings). It is important to remember that it is okay to sit in silence during these moments as they too can be therapeutic.
- For many clinicians, it is easier to "talk the talk" than "walk the walk" — you can tell other people about the importance of transitions, but if we are not taking a minute to do that ourselves (not just to be a better clinician but to take care of ourselves) then we undermine our effectiveness and are left vulnerable to burnout. Patience and giving ourselves breaks are important — as is remembering to frequently use the mindfulness techniques we've suggested for students.
- Zoom or Microsoft Teams fatigue is real. The emotional wear-and-tear of virtual learning/counseling on staff needs to be recognized (e.g., fatigue, work-life balance of teleworking, etc.). According to an [article](#) on the American Psychological Association (APA) website, Zoom fatigue occurs when people feel they are always "putting on a performance" since all eyes are on the person speaking into the camera.
- It is important to have very clear verbal communication because of the lost body language that typically informs therapy, and being constantly mindful of this can also be draining.
- Because clinicians often try to have more accommodating and flexible schedules for their families, they have to bring forth the same energy to engage with clients at varying times of the day or evening.

What skills or strengths can a clinician use to address these challenges?

- It's important not to be rigid and instead meet the client where they are. Clinicians often possess compassionate and flexible thinking that allows them to more easily

react to situations as they come up. Clinicians can help patients remember this is a difficult time and it is okay to lean into how they are feeling, and work through their emotions.

- One participant suggested using humor to make telehealth sessions with clients a little lighter. This can help normalize the situation while also acknowledging that while not ideal, it is good to see one another, even if over Zoom.
- Partnering with other staff members by connecting with teachers or school administrators is another good strategy. Having a team approach brings teachers and students together in their grieving over their loss, such as the loss of the school year (i.e., not being able to see their peers for the last time or not being able to have a graduation party).
- There are also frameworks or models that are helpful in navigating these challenges, such as bringing in trauma-informed care/trauma-sensitivity training into these situations. Sharing psychology education with teachers and staff can help them make sense of what they and the students are experiencing, and can help them manage their expectations for themselves and their students.
- There are many creative ways in which clinicians have responded and changed how they operate and do therapeutic work, which speaks to their resilience. For example, some have used new and creative ways to reach out to teenage students such as through Instagram Live. Another idea shared was creating a group text or chat for all the service providers who reach out to one family so that they can coordinate and text the family once instead of reaching out multiple times.
- Participants stressed that it is helpful to remember that we need to “readjust expectations.” As clinicians, we want to do really great work with our kids and connect, but there are times that we may feel that we’re not doing meaningful enough work. It’s important to recognize what is meaningful to the clinician might be different than what is meaningful to the students. Also, part of the work involves taking the time to recreate a safe space with children who had therapy in person and are now trying to adjust to virtual sessions. We have to remember that “safe spaces are created not stated.”
- One participant shared that a valuable personal skill for clinicians providing grief support is understanding who you are as a griever so that you don’t impose your understanding of grief on your client. It was pointed out that we have to be aware of how we grieve and acknowledge that we may experience grief one way and under other circumstances feel grief in an entirely different way.

What are examples of strategies you have used or are currently using to address grief and loss in your school community?

- Some clinicians said they are trying to help families create new routines to establish a structure around the physical, emotional, social, and even philosophical aspects of their “old normal.” Having a schedule can bring stability and routine for the children/families, so this is a great advantage to address the uncertainty. Also, holding group therapy for trauma experiences on a recurring basis can be very helpful. One participant stated that last spring she held two sessions surrounding grief and loss, while mixing Tier 1 and Tier 2 techniques to help students cope. One of those groups is still meeting via Zoom.

- Some shared they are conducting risk assessments for students and families having grief experiences to better understand their support needs. They are also strategizing new safety plans that can help students adapt to the new circumstances given social distancing requirements. Others are increasing the number of short-term sessions and giving people additional resources.
- Some shared that they are utilizing activities that may help clients with their grieving process. For example, one clinician suggested reading aloud from the book *Invisible String* and then having students engage in activities around the book. They also engaged families in the activities. Another example was having youth share funny stories about the person they lost, or use magazines and other materials to make a memory box. A participant also shared that clients can be asked where in their bodies they feel grief and then help them try to describe what their bodies are telling them about how the grief manifests.
- One participant noted it's important for students to hear from peers. Hearing from one another helps with the process. He said there are a lot of activities for death-related grief that can be adapted or used to manage grief produced by COVID-19. He said it's important to acknowledge that some things have changed, and they may not go back to how they used to be, but to also acknowledge what has not changed, or what will go back to normal. This clinician developed a bingo game for younger students, where each square is an activity they did prior to COVID-19 and some of the things they are still able to do. After the bingo game, he talks with students about the things they can still do, but how it may now be a bit different. He said this helps them understand what has stayed the same and what has changed.
- In the past, clinicians typically explored connecting a student/family with services after six months of engagement. This may occur sooner now due to the pandemic.

What processes or practices have facilitated the implementation of social and emotional interventions during this time?

- Some student wellness teams have organized drop-ins (with lots of different hours) where several therapists make themselves available to help as needed.
- To support staff wellness, it was suggested that teams create “chat rooms” so they have a space to decompress from challenging meetings with students and families.
- Several participants said that before school starts they want to be able to inform teachers to be careful to not transfer adult fears and anxiety to students. It was emphasized that this would be most effective as a continual learning process, not just a one-time training.
- It was suggested that it would be helpful to provide staff wellness team members with information about new resources available for the community. Also, many said they would welcome opportunities to continue discussing strategies to support school behavioral and mental health, both virtually and what it will look like once schools reopen.
- One participant said that social and emotional learning interventions have to be promoted from school leadership, and another mentioned that the leadership in their school focuses on parents and teachers in their communities. It was also

suggested that it was helpful when school leadership checks in on staff and their families, rather than only asking about students/students' families.

- Some suggested activities to support emotional well-being included having closing ceremonies to help graduates feel closure over their school careers and creating “Motivational Mondays” or “Fun Fridays” via social media to promote the school’s SEL curriculum.
- Participants felt it was important to acknowledge that life during the pandemic is uncomfortable and uncharted territory, and at the same time highlight that we’re all in this experience together. Some have communicated that sentiment with students/families as a way to engage them.