



THE GEORGE
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DC CoP Meeting

COVID-19 as a Grief Experience for Ourselves and Our Students

Wednesday, May 20, 2020
3:00 PM – 4:30 PM

DC School Behavioral Health Community of Practice (CoP)

Housekeeping

- This meeting will be recorded
- All participants are muted on entry
- You can unmute your phone/computer by clicking on the mic icon
- Please keep your phone or microphone on mute if you are not speaking
- Use the chat box to ask questions and share your ideas
- Contact DCCOP@crpcorp.com or call 202-486-0110 if you need technical support



Agenda

3:00 – 3:10 Welcome & Introductions

Olga Acosta Price (CHHCS)

Mariola Rosser (CHHCS)

Claudia Price & Alex Vann (Crisis Response and Intervention Response Practice Group)

3:10 – 4:05 COVID-19 as a Grief Experience for Ourselves and Our Students

Wendt Center for Loss and Healing: Megan Seymour, Jill Jacobs, Alba Prados, Will McKindley-Ward, Rebecca Roesch

4:05 – 4:30 Small Group Discussions



CoP Meeting Objectives

- Identify the signs and symptoms of grief
- Describe the styles of grieving
- Learn about grief and loss strategies and resources for supporting students, families, staff and ourselves
- Learn about self-care strategies



DC CoP Shared Vision

We are a diverse community of people who share expertise and passion for the wellbeing of students, families and school communities. Together, we model collaboration and build capacity to support school-based teams in engaging partners to create safe and supportive school environments, and implementing interdisciplinary practices that improve mental health and wellbeing.

As we move toward a thriving school community, we mobilize resources, ensure equitable access, align services, and promote culturally-responsive interventions within schools and across DC. We know we are having an impact when participating DCPS and DC Public Charter Schools demonstrate improvement on agreed upon outcomes (e.g., positive school climate; social emotional wellbeing; student, family and community engagement; and eliminating achievement gaps).



The Center for
Health and Health Care in Schools

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Next CoP Meeting

May 27, 2020 3:00 – 4:30 PM

Practice Group Meetings

1. Crisis Response and Intervention
2. Family and Youth Engagement
3. Positive School Climate and Social and Emotional Learning Implementation
4. School-based Clinical Supervision and Leadership
5. Trauma-Informed Practices in Schools





COVID-19 as a Grief Experience for Ourselves and Our Students

Megan Seymour, LGPC

Jill Jacobs, LPC

Alba Prados, LPC

Will McKindley-Ward, LGSW

Rebecca Roesch, LICSW

Using our Time Together

- Raise your “hand” to ask a question.
- Type questions in the chat if you prefer.
- Keep your mic on mute unless speaking to reduce background noise.
- If you’re comfortable, keep your video on so we can feel more connected.

Anytime this orange box appears, use the thumbs up or chat features to respond.



“No one should
have to grieve
alone.”

~ William “Bill” Wendt
Founder of Wendt Center
circa 1977



“Definition” of Grief

The experience of and reaction to any loss - not just due to death. Grief is always a multi-faceted, time-varying response that contains physical, cognitive, behavioral, social, spiritual, and philosophical components. These components are often experienced in “waves” across the grief process.

COVID-19 is Grief



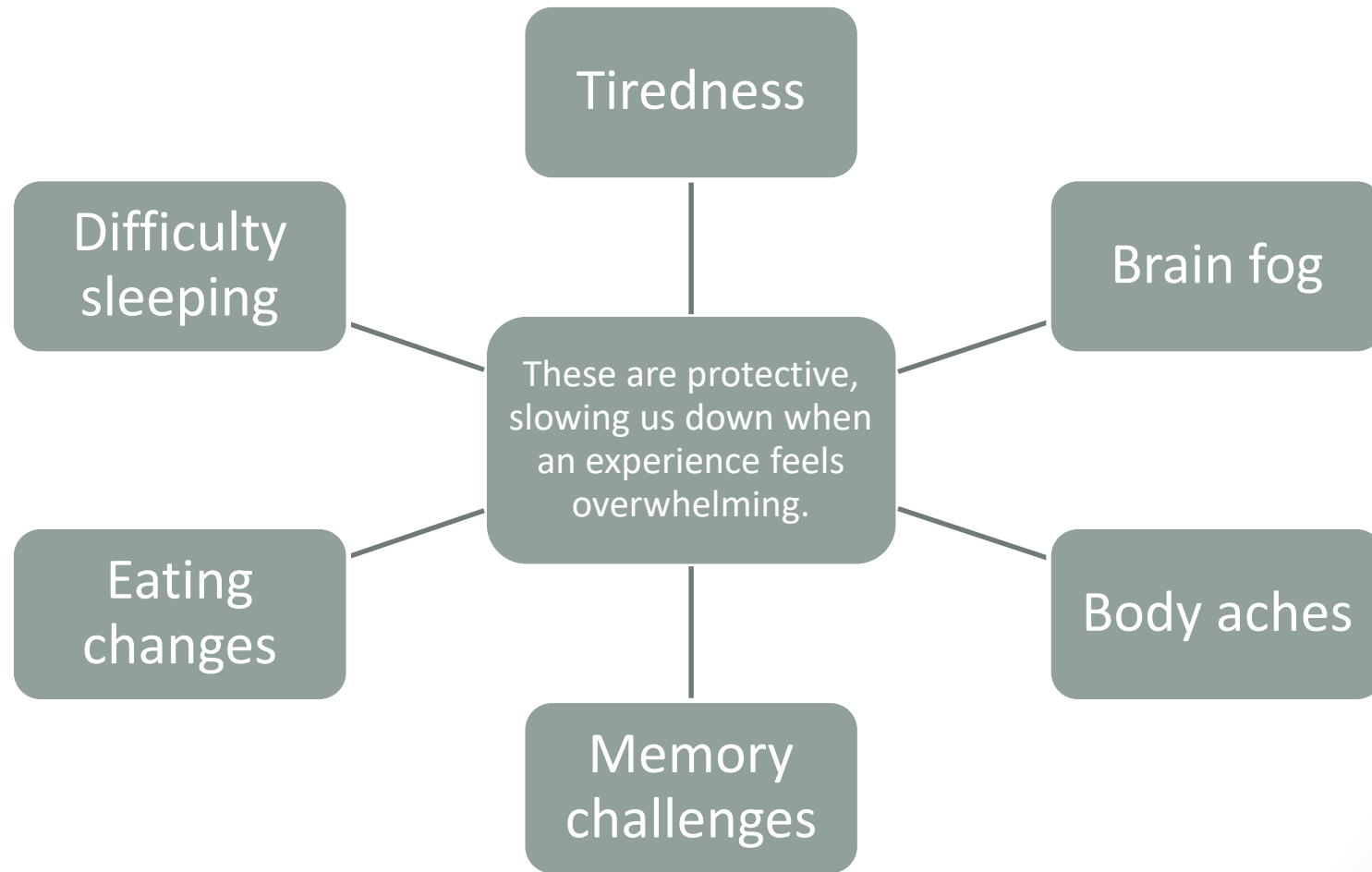


Life During COVID-19

- Grieving life as you knew it
- Expanded responsibilities
- Fear
- Sense of isolation
- Learning new technology
- Witnessing inequities
- Death notifications

Thumbs up
if any of
these
resonate
with you.

Acute Grief Responses





Impact of Past Trauma(s)

- Difficulty expressing or tolerating your emotions
- Comparing your grief process to others
- Feeling triggered by the sensation of grief and the overall uncertainty
- Having significant trouble with concentration
- Making decisions impulsively
- Facing intense conflict in relationships
- Struggling to trust self and authority figures
- Feeling a fractured sense of safety

Styles of Grieving

Consider if your style is different than a family member.

Intuitive

- Experience is emotional and somatic.
- Processing takes place as expression.
- Low physical energy
- Support – active listening and connection

Instrumental

- Experience is physical and cognitive.
- Processing happens through tasks.
- Internal anxiety
- Support – practical information and chances to remember



“Sticky” Feelings of Grief

Guilt

- Journaling
- Radical transparency
- Voices of honest encouragement

Anxiety

- Longer exhale
- Mantras
- Grounding techniques

Anger

- Safe ways to express and release anger
- Exercise or movement
- Advocacy or making tangible change

SUPPORTING GRIEVING CHILDREN/FAMILIES



Parallel Process

- Familiar place - your grief and theirs
- How is this different? How is it similar?
- Competing demands: achieving academic gains vs tending to emotional well-being



Life Before COVID-19

- Teachers/Staff - physical connection with others who are grieving
- Children & Families - physical connection to the most important group for their developmental stage
- Familiar surroundings and routines
- On-going tangible support from friends, family, teachers, coaches
- Access to coping mechanisms



Life During COVID-19

- Heightened sense of isolation due to physical distancing precautions
- Limited structure throughout day
- Inability to say good-bye-to friends, peers, teachers, coaches, buildings
- Limited access to coping mechanisms
- Impact on rituals of grief and mourning
- The community is also grieving.



Questions to Ponder

- What are some of the biggest challenges you anticipate with providing grief support to children/families?
- What skills or strengths do you bring to address these challenges?
- Can you share any examples of school-based strategies you have used/are using to address grief and loss in your school community?
- How has your school leadership demonstrated support of social and emotional interventions during this time?

Practicing Compassion

- Provide a safe, accepting space.
- Foster a judgement free zone.
- You do not have all the answers.
- Acknowledge and validate their experience.
- Normalize survivor's guilt.
- You cannot give them what they want the most – their loved one who has died.
- It's hard to watch a loved one in pain.

“That makes sense.”

Starting the Conversation

- “I’ve been thinking about *** I wonder if you have too?”
- “You’ve been on my mind, so I wanted to reach out.”
- “How has your grief changed since you left school?”
- “Who can you talk to about ***?”
- “On a scale of 1-5, how are you doing today?”
- “It is good to hear your voice.”
- “What is one thing that surprised you about distance learning?”
- “How has COVID made your grief feel different?”
- “Tell me how you’re doing right now.”



Virtual Grief Rituals

Rituals help to:

- Acknowledge the reality of the death.
- Provide an opportunity to communicate openly and honestly about the deceased.
- Maintain connection with, or cherish the memory of, our loved one.

Connect Creatively

Create a Space of Remembrance

Create Something to Honor Your Loved One

Do Something that Evokes the Essence of Your Loved One



Importance of Transition

- Before COVID-19, transitions were automatic or built-in:
 - Getting to/from school
 - Moving from one class to the next
 - Having a break for lunch
 - Changing out of uniforms when returning home.
- Now, transitions must be more intentional.

Creating Transitions for Students and Yourself

- Get up and stretch.
- Write down your thoughts.
- Listen to music.
- Drink some water.
- Shake it out.

Remember these are not your stories - you have your own grief stories. The grief stories of the children/families are different from yours. Identify your own grief responses and tend to those so you are available for the children/families.

SUSTAINING YOURSELF IN THE MARATHON



Attuning to Your Inner World

Questions to ask:

What do you notice about your body?

How does your body react through the day?

How do you show compassion to yourself?



Automatic Thoughts

- “I don’t have time to care for myself.”
- “If I slow down I might fall apart.”
- “There is no other option but to just keep moving forward.”
- “I can’t practice self-care trapped at home!”

Reframing Thoughts

- “Even small moments for self-care add up.”
- “Slowing down, even for brief moments, is necessary for me to sustain.”
- “My feelings and reactions make sense – I can hold space for them.”
- “I am doing my best to keep myself, my family, and my community safe through physical distancing. There are still ways I can care for myself.”

Barriers to Self Care

Lack of ability to ask for support

Lack of financial resources

Lack of energy

Lack of time

Where do I begin?

- **Consider what is realistic:**
 - Time
 - Energy
 - Current limitations.
- **Make a commitment to change:**
 - Start small.
 - Create accountability.
 - Celebrate victories.

Write in the chat any small ways that you have taken care of yourself this week.



Take Micro-Breaks

- Listen to a recorded breathing exercise.
- Love on your pet or give someone/yourself a hug.
- Take a moment to breathe in a soothing scent.
- List three things for which you are grateful.
- Turn up your favorite song and sing in a loud voice.
- Wash your hands mindfully.
- Eat a mint when you feel anxiety rising.
- Drink water regularly throughout the day.
- Set a timer for five minutes and get horizontal.

Alternate Between Activities



Whole Brain Activities

- Read a book.
- Play a game.
- Move your body.

Left Brain Activities

- Complete work tasks.
- Plan for the upcoming week.
- Look for a project or course to take.



Right Brain Activities

- Listen to music for the mood you want.
- Write in a journal.
- Color a mandala or other coloring sheet.



Prioritize Connection

- Set up regular times to check in with friends or family.
- Write and mail letters to loved ones.
- Plan a night to watch a movie with people virtually.
- Sing a song with your family, roommates, or friends.
- Make a list of people you can reach out to when you are struggling.

FIND A NEW WAY TO START A
CONVERSATION BESIDES “HOW ARE YOU?”.

Connections as a Team

- Create a virtual book club.
- Host a cooking lunch hour.
- Do yoga together via Zoom.
- Lead a dance party.
- Hold a virtual talent show.
- Have “coffee breaks”.

Write in the chat
other ideas to
connect and engage
in collective self-
care.



Consider a New Routine

Morning

Create a prayer, mantra, affirmation, or intention.

Water plants with mindfulness.

Stretch or go for a walk.

Daytime

Wait for five seconds before responding to calls or messages.

Take an intentional lunch break.

Set a timer for every 1-2 hours to take a micro-break.

Evening

Dismantle your work space or use your commute intentionally.

Engage in play, creativity, or reading a book.

Moderate your social media and news intake.

Resources for Grief

- <https://www.wendtcenter.org/resources-during-covid-19-pandemic/>
- <https://www.eventbrite.com/o/wendt-center-training-institute-17328071326>
- [https://www.nctsn.org/resources/all-nctsn-resources?search=covid-19&resource type=All&trauma type=All&language=All&audience=All&other=All](https://www.nctsn.org/resources/all-nctsn-resources?search=covid-19&resource%20type=All&trauma%20type=All&language=All&audience=All&other=All)
- <https://childrengrieve.org/about-us/news/covid-19>

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Let's continue the healing conversation
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Washington, DC 20008
202-624-0010
www.wendtcenter.org

Breakout Discussions

Breakout 1: Claudia Price, Alexandra Vann

Breakout 2: Linda Sheriff, Dr. Chioma Oruh, Ron LaFleur

Breakout 3: Rachel Sadlon, Lisa Shaw, Dr. Kenya Coleman

Breakout 4: Inma Iglesias and Monica Hammock

Breakout 5: Dr. Danielle Palmer and Monique Leopold

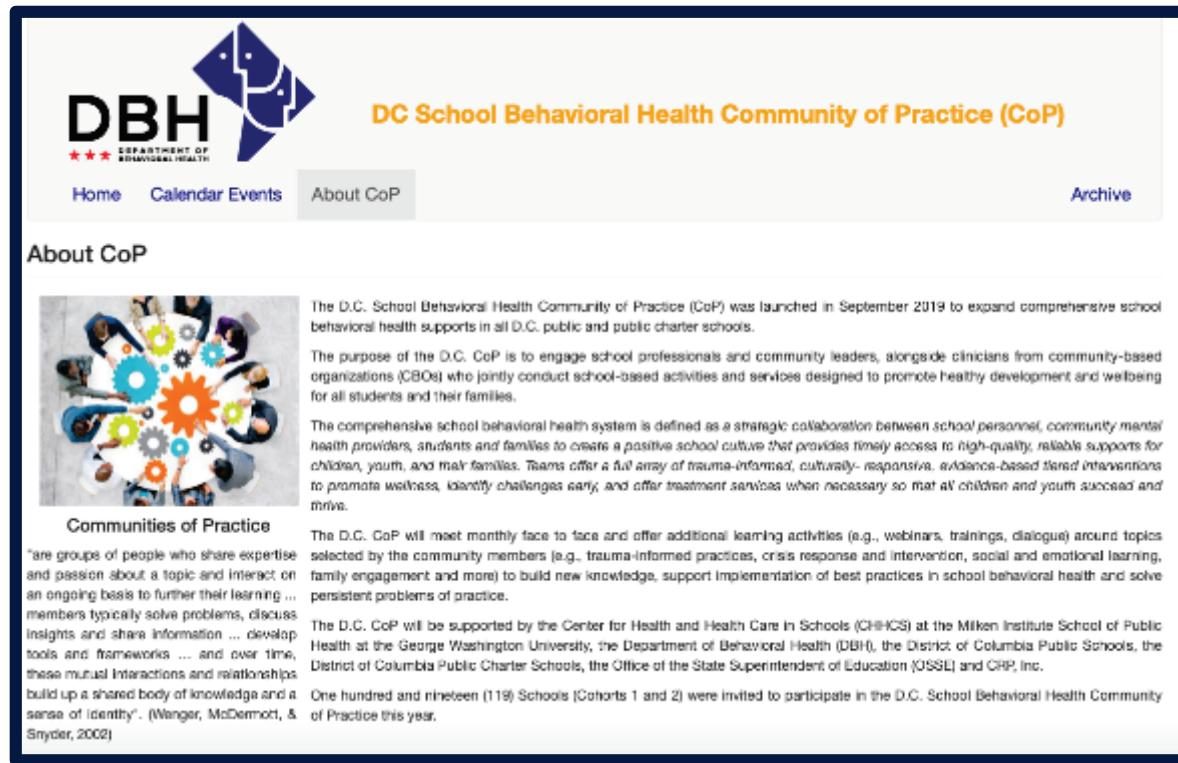


Questions

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4. How has your school leadership demonstrated support of social and emotional interventions during this time?



Contact us at DCCOP@crpcorp.com




DBH
DEPARTMENT OF
BEHAVIORAL HEALTH

DC School Behavioral Health Community of Practice (CoP)

Home Calendar Events About CoP Archive

About CoP



The D.C. School Behavioral Health Community of Practice (CoP) was launched in September 2019 to expand comprehensive school behavioral health supports in all D.C. public and public charter schools.

The purpose of the D.C. CoP is to engage school professionals and community leaders, alongside clinicians from community-based organizations (CBOs) who jointly conduct school-based activities and services designed to promote healthy development and wellbeing for all students and their families.

The comprehensive school behavioral health system is defined as a strategic collaboration between school personnel, community mental health providers, students and families to create a positive school culture that provides timely access to high-quality, reliable supports for children, youth, and their families. Teams offer a full array of trauma-informed, culturally-responsive, evidence-based tiered interventions to promote wellness, identify challenges early, and offer treatment services when necessary so that all children and youth succeed and thrive.

Communities of Practice

are groups of people who share expertise and passion about a topic and interact on an ongoing basis to further their learning ... members typically solve problems, discuss insights and share information ... develop tools and frameworks ... and over time, these mutual interactions and relationships build up a shared body of knowledge and a sense of identity". (Wenger, McDermott, & Snyder, 2002)

The D.C. CoP will meet monthly face to face and offer additional learning activities (e.g., webinars, trainings, dialogue) around topics selected by the community members (e.g., trauma-informed practices, crisis response and intervention, social and emotional learning, family engagement and more) to build new knowledge, support implementation of best practices in school behavioral health and solve persistent problems of practice.

The D.C. CoP will be supported by the Center for Health and Health Care in Schools (CHHCS) at the Milken Institute School of Public Health at the George Washington University, the Department of Behavioral Health (DBH), the District of Columbia Public Schools, the District of Columbia Public Charter Schools, the Office of the State Superintendent of Education (OSSE) and CRP, Inc.

One hundred and nineteen (119) Schools (Cohorts 1 and 2) were invited to participate in the D.C. School Behavioral Health Community of Practice this year.

<https://dbh.dc.gov/service/school-behavioral-health-program>



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