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COVID-19 and the schools: A Commentary on Becoming Trauma Informed

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Mini Review

COVID-19 can be categorized as a mass psychological trauma [1]. While much attention has been given to the pandemic's effect on healthcare and the economy, its impact on our educational system has largely been ignored. Schools throughout the country had been closed, and an estimated 45.1 million public school students have been affected [2]. Estimates indicate that as many as 68% of children and adolescents have experienced some form of trauma and now with the COVID-19 pandemic this statistic is probably higher [3]. Since schools are the major provider of mental health services for students, it is imperative that in transitioning to in-person instruction, school adopt a trauma informed framework in order to address the emotional and behavioral needs of children and adolescents [4]. To achieve this, it is essential that schools become empathic to the thoughts and feelings of their students and teachers as well as anticipate their behavior to prevent acting out or acting in responses.

Using Greenway's [5] framework, schools can be guided by three phases of coping with a traumatic event which are: the sensory overload phase, the safe space phase, and the negative bias phase. During the first phase, the "sensory overload phase," students and teachers experience the initial sensory overload inflicted by the trauma. Trauma reminders, such as smells, can easily evoke memories of the trauma. Often, this results in students and teachers feeling overwhelmed and unable to think metacognitively [5]. With COVID-19, teachers and students are likely to be hypervigilant to signs of the virus such as coughing or sneezing. Research indicates that a common childhood and adolescent fear is being unable to breathe, a fear which is likely to be exacerbated when schools reopen as a major symptom of the COVID-19 virus is shortness of breath [6]. Facts, during this phase, can become distorted and rumors and horror stories are likely to emerge which can easily lead to panic [1]. It is essential that school leaders provide detailed and accurate information to their teachers and students to avoid panic.

The second phase, the "safe space phase," requires that the schools provide students and teachers with a space where they can cope with their anxieties about COVID-19. Many will have fears of illness, family or friends dying, financial ruination, isolation, peers lying about being vaccinated, and their schools again closing [7]. These anxieties might result in a hyper or a hypoarousal [8]. Hyperarousal among students can result in externalizing behavior which was observed after Hurricane Katrina [9]. Hypoarousal can result in disinterest and daydreaming while in the classroom. Alvarez [10] reported that after Hurricane Katrina, students appeared numb, intellectually passive, and inattentive to detail. Teachers also might have a hyperarousal response, where their major classroom focus is on the COVID-19 pandemic. Conversely, teachers might also have symptoms of hypoarousal, which can result in the educational process proceeding as if COVID-19 never occurred. Both responses (hypo and hyperarousal) are problematic and prevent authentic reflection and the working through of the anxiety generated by this virus. In creating a safe space, students and teachers must be able to discuss and process their feelings which can provide them with a sense of coherence, where their educational environment is perceived to be logical, manageable, and meaningful. It should be noted that its opposite, incoherence, is associated with depression and PTSD [11].

The third or final phase is the "negative bias phase" when feelings of abandonment and loss predominate. COVID-19 is an ambiguous loss, due to a lack of clarity and final end point. Students and teachers may be in the process of mourning current losses or those that they fear will occur in the future (e.g., vaccine not working). This can result in prolonged or ongoing grief, with the belief that the world is unfair or unjust [12,13]. As feelings around loss and abandonment lead to anger [14], it is essential that teachers can recognize and manage their feelings related to abandonment and loss as well as those of their students.

When a traumatic event occurs, there is a tendency for teachers and students to avoid focusing on the trauma. When our schools reopen, its policies, expectations, and roles need to become explicit. Safety should be a priority (e.g., vaccinations, gloves, washing hands, etc.) and it is hoped that teachers will adopt a student-centered and solution-focused approach. School routines are critical and should be consistent, predictable, and stable. When arousal is appropriate (neither hyper or hypo), group and individual support should be provided to process the COVID-19 trauma and help students and teachers develop a sense of efficacy. When arousal is inappropriate, teachers and students should be referred to outside mental health professionals [15]. In addition, research is needed that examines the effects of COVID-19 related trauma on school leaders, teachers, parents, and their students.

This pandemic can provide schools across the nation with an opportunity to become trauma-informed to best meet the needs of their students. Schools are in a unique position to promote connectedness and hope as well as offer social support and normality to the community.

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