March 16, 2020, marked the beginning of an uncharted journey for school districts in New Jersey as a result of the coronavirus (COVID-19) pandemic. As schools closed, albeit temporarily, it quickly became apparent that this journey would not be linear. Instead, it has been one of constant change, week-to-week and month-to-month. As the pandemic spread, so did the need for increased mental health and academic support for students and families in districts across the state. In this column, two school social workers share their experiences in adapting their practice skills to support the mental health and academic needs of students and families during this unprecedented health crisis.

School social workers serve as a link between school, home, and community. They provide resources to disenfranchised students and families to promote healthier social, emotional, and academic functioning among those in need (Joefowicz-Simbeni & Allen-Meares, 2002; Pearson et al., 2014). School buildings are often seen as safe spaces where administrators, families, and mental health providers can work collaboratively to help students meet their academic goals and satisfy their emotional needs (Sosa, Alvarez, & Cox, 2016). When learning activities transitioned from school to home as a result of the pandemic, school social workers were required to change their perception of the academic and mental health needs of the students and families they work with.

Emerging Practice Techniques

Maintaining connectivity and visibility with students and families while conforming to New Jersey lockdown orders required a multitiered intervention approach. This meant that school social workers needed to engage with teachers, administrators, child-study teams, and school nurses to form an interdisciplinary cohort to address the needs of students and families. Key components in these efforts to ensure effective oversight were adaptability, empathy, creativity, collaboration, and communication.

Adapting to a virtual learning environment and finding methods of maintaining connection with students and families became an overriding necessity. As teachers learned to instruct students virtually, school-based mental health professionals and school nurses were tasked with creating remote support methods to ensure their accessibility to families with health-related concerns. In communities where online communication was not possible as a result of lack of Internet access, school social workers collaborated with community pro-
viders such as police officers, churches, and local mental health agencies to maintain connections with their students.

At the time of this writing, the U.S. COVID-19 death toll has surpassed 100,000 (Centers for Disease Control and Prevention, 2020). Students and their families in New Jersey school districts have not been spared the impact of the pandemic. Unemployment rates caused by job losses and business closures have economically crippled families and contributed to increased isolation, grief, and exacerbated mental health issues. School social workers are trained to know that shifts in family dynamics can have a profound impact on students’ academic and emotional growth. This knowledge keeps us focused on the need to remain connected, visible, and effective mental health providers.

INTERVENTION STRATEGY
To maintain connection with students and families, a three-tiered intervention model was developed. Empathy for the struggle that families faced in learning to juggle parental work, student academic demands—often across multiple grade levels—and manage existing or emerging mental health needs drove our efforts to create this model. School districts promoted this intervention by posting the information on school Web sites, mailing information to parents, and encouraging community providers to ensure access for all families.

The first tier allows for parents to reach out to school mental health professionals on an individual basis. Social workers, psychologists, and counselors in all schools arranged for parents or caregivers to call during weekly scheduled times. Parents can sign up online, call the school number, or join a Google hangout to discuss their ongoing stressors or concerns. This platform allows for direct individual counseling, referrals, and access to community-based programs for ongoing mental health care.

The second tier consists of an online library of articles and resources collected by our school mental health professionals. Resources delineated by age and grade level allow parents to read about current academic, social, and emotional concerns affecting students during the pandemic. Access is free, and parents can read about areas of their choice at times convenient for them.

The third tier is a virtual group check-in. This group check-in is designed to allow parents, teachers, school nurses, and community members to meet and connect with each other. The informal structure offers a place to provide support and communication. The goal of this group-structured platform is to decrease feelings of isolation and increase a sense of connection to the school community. Topics of discussion range from how to structure learning time in the home, help students maintain social connections during school closure, maintain healthy family relationships, and access community mental health resources during the pandemic.

CASE VIGNETTE
This vignette illustrates how a school social worker can use collaborative, creative, and empathetic interventions to support teachers, families, and students during this pandemic. Albert, a third-grade student placed in a behavioral disabilities classroom, had struggled with school engagement since his arrival in the district the previous year. Albert had experienced adversity, including separation from both parents after severe neglect, along with multiple interstate moves that included periods of homelessness. These experiences, coupled with a significant learning disability and symptoms of depression, shed light on the root cause of his difficulty with school connection. Albert progressed academically and emotionally with intensive support, which included a trauma-informed and relational teaching approach. Further support consisted of individual and group counseling with the school social worker.

When school abruptly shifted to in-home learning, Albert immediately disengaged. As the school social worker and case manager for Albert’s class, I anticipated this and tried to address it early on by partnering with his teacher and teachers’ aide. Unfortunately, our efforts were often met with a lack of response from both Albert and his caregiver, his aunt. Additional interdisciplinary attempts for outreach were also unsuccessful. The team identified two challenges: (1) difficulty waking Albert in the morning for participation in the virtual learning platforms and (2) discomfort with the technology. As frustrations built, I realized a different approach was needed. I called a team meeting for the purpose of shifting focus from the behavior to a different goal: supporting Albert and his aunt and providing accessible resources to maintain a positive connection to the district. The team noted that Albert’s
aunt was not accessing the available support, and determined that further outreach was needed. As the school social worker, I initiated a biweekly check-in by first texting and then calling Albert’s aunt to facilitate participation in the first support platform. During these calls, we discussed how Albert was doing, and I provided information about community-based supports, how they might be helpful, and how they could be accessed. It was essential that the family feel supported and cared for during this challenging time so that when schools reopen, Albert will be more likely to be academically engaged. In addition to providing community-based resources for mental health concerns, the team tapped into our knowledge of Albert’s preferred activities. Drawing is a creative outlet for Albert, and it helps him to cope with challenging feelings, so we arranged to have art supplies delivered to his home. Technology seemed to be an obstacle for the student and his aunt, even with district-provided devices, so we also sent textbooks and worksheets, as well as printouts of applicable resources from the second intervention tier. However, Albert’s aunt did not participate in the virtual group check-ins. Asynchronous learning experiences were provided to support Albert’s difficulties adhering to the school schedule. Biweekly calls and texts to the caregiver were used to assist her in encouraging Albert to join class meetings. The goal was singular and simple: Send the sincere message that we care about you, we care about your education, and we will be here to support you.

**NAVIGATING UPCOMING MENTAL HEALTH CHALLENGES**

Schools will be faced with an enormous task of assessing, monitoring, and treating the upcoming mental health challenges students will face as a result of the pandemic and prolonged school closure. With the looming uncertainty of how schools will continue to function for the start of the school year, there will be increased anxiety for faculty, staff, students, and parents. Balancing the pressures of possible state-mandated reopening by staggered attendance in the school building or remaining on virtual learning presents significant challenges. Possible school reopening may lead to attendance refusal, symptoms of anxiety, and other trauma-related issues, even for students who were previously comfortable in school, as a result of the prolonged quarantine and potential fear for personal health and safety. Schools will be tasked with assisting parents and teachers in engaging students in online learning, supporting parents struggling to implement consistent home routines, and helping students transition to a full workload. School districts need to be prepared to educate faculty and staff on the mental health needs of students as they navigate normal academic routines. This will require school social workers to maintain a connection to staff, families, and community providers to ensure effective oversight and interventions during this upcoming challenge.

School social workers have the opportunity to use their clinical training to help alleviate the anxiety and stress students, families, and staff may be facing. School social workers can construct an environment in which school personnel can process their feelings, help students reconnect with each other, and offer a space to promote healing. During the summer months, school social workers can continue to stay connected to students and families and assist them with access to community mental and behavioral health resources. Finally, school social workers can provide opportunities for staff to practice their own social and emotional self-care and wellness.

**CONCLUSION**

As the pandemic continues to change, so will the plans for each school building. Administrators will have to be creative and careful as they balance the educational and safety needs of each student. Parents will have to manage their anxieties toward the health and safety of sending their children back to school. The adjustment back to school will be a long-term process that will require a sustained approach that fosters empathy, compassion, stress management, communication, and collaboration within the entire school community. School social workers have the ability to provide guidance and leadership in their school community during this unprecedented time.

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