Returning to School Following COVID-19 Related School Closures: The COVID-19 School Adjustment Risk Matrix (C-SARM)

As physical distancing requirements are modified and students physically return to their school buildings, educators will require protocols for identifying those at higher risk for adjustment difficulties. From such psychological triage, educators can select the most appropriate interventions from a continuum of services to support student school adjustment. It is anticipated that most otherwise healthy students (and staff) will successfully cope with the stress associated with this global pandemic, and will need only limited support services. However, depending upon their COVID-19 experiences, and the interactions between these experiences and their preexisting internal and external vulnerabilities (See the handout *Vulnerability Factors That Increase the Probability of Psychological Trauma* for additional information), others will require relatively intense and direct support services. Ideally selected from a multitiered system of support (MTSS; such as is offered in the NASP PREPaRE model), these services should range from indirect and consultative supports, to direct and intensive professional mental health interventions.

While the variables associated with traumatic stress and school adjustment are multiple and idiosyncratic, we offer the *COVID-19 School Adjustment Risk Matrix* (C-SARM) as a way to conceptualize how to make initial support service decisions. For those familiar with the NASP PREPaRE model, this will be recognized as primary triage. From the data provided by this level of triage, *initial* support service decisions are made. However, primary triage is only a starting point, and additional triage data are collected from the initial support services offered. From this secondary triage, more refined support service decisions are made.

The *C-SARM* is specific to the unique set of circumstances generated by COVID-19. It provides a basis for making initial student support service decisions regarding traumatic stress risk based on two variables: (a) pre-COVID-19 school adjustment and (b) the COVID-19 shelter in place environment.

PRE-COVID-19 SCHOOL EXPERIENCES

A strong predictor of future behavior is prior behavior. Thus, a student's school behavior and experiences before school closures contributes significantly to predicting school adjustment upon a return to school. Table 1 offers how the *C-SARM* operationalizes a pre-COVID-19 school adjustment continuum.

Table 1. Pre-COVID-19 School Experience Continuum

Pre-COVID-19 Experiences	Description
Positive	Liked and enjoyed all aspects of school (e.g., academic, extracurricular, social); felt connected to the school, safe, and cared for as part of a community.
Variable	Liked and enjoyed only particular aspects of school, and either felt neutral or had negative experiences with other elements (e.g., a student who thrived academically, yet experienced bullying or had limited positive social relationships; or a student who loved afterschool sports but struggled academically).
Negative	Disliked most or all aspects of school (e.g., academic, extracurricular, social); did not feel connected to the school, safe, or cared for as part of a community. However, note that some students may find requirements for physical distancing in the "new" school environment to actually make school less negative (e.g., modifications to recess may minimize negative social interactions).

COVID-19 SHELTER-IN-PLACE ENVIRONMENT

Social support is a powerful buffer against traumatic stress. Thus, a student's social support environment during the shelter-in-place experience (e.g., degree to which basic physical, emotional, social, and psychological needs were met; degree of stress and direct impact) can predict school adjustment difficulties. Table 2 offers how the *C-SARM* operationalizes the COVID-19 shelter-in-place environment continuum.

Table 2. COVID-19 Shelter in Place Environment Support Continuum

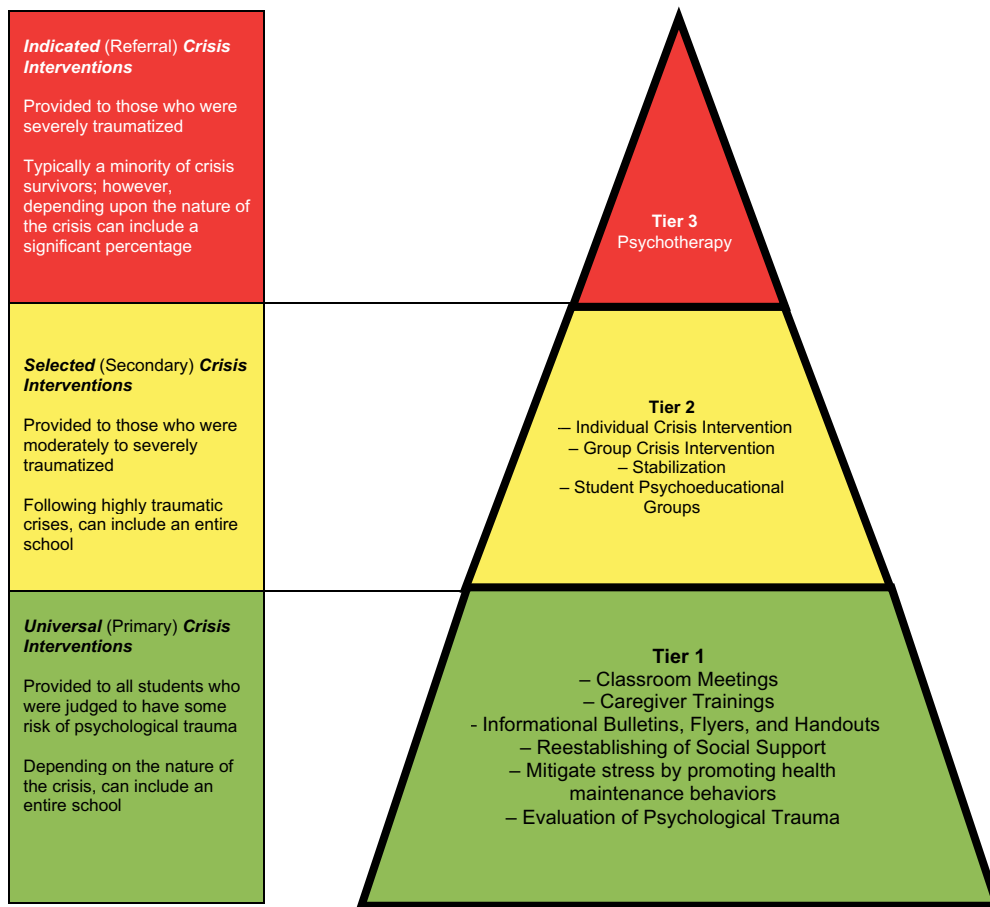| Degree of Support	Description
Positive	Healthy, safe, nurturing, and adaptive (e.g., most or all needs met, positive experiences with distance learning, no direct financial or health impacts from COVID-19).
Variable	Some support, but some challenges, affected by COVID-19 in some areas (e.g., caregivers losing employment; separation from family members, illness of a loved one).
Negative	Unhealthy, unsafe, dangerous, and maladaptive. Reflects either significant impact from physical, medical, or financial COVID-19 related stress (e.g., death of a loved one, loss of home), or those living in an environment of child maltreatment, violence, substance abuse and mental health problems, and rejection.

COVID-19 SCHOOL ADJUSTMENT

Assessing risk represents a complex process, and should examine a range of individual, historical, and contextual variables or vulnerabilities that impact one's adjustment to school. The *C-SARM,* offered in Figure 1, is a starting point in the assessment of possible COVID-19 related school adjustment difficulties, and is suggested to be the result of an interaction between students' pre-COVID-19 school experiences and their shelter-in-place environment. The *C-SARM* is color coded with green (low risk), yellow (low to moderate risk) and red (high to extreme risk) cells. Applying an MTSS approach, students at low risk for problematic school adjustment would be initially offered only Tier 1 interventions; those at moderate risk would be offered both Tier 1 and 2 interventions; and those with high to extreme risk would be considered as appropriate recipients of all levels of support, including Tier 3. Figure 2 provides the PREPaRE model's MTSS, as a way to illustrate what these different levels of support might involve.

Figure 1. COVID-19 School Adjustment Risk Matrix (C-SARM)

Shelter-in-Place Environment	Pre-COVID-19 School Experiences		
	Positive	**Variable**	**Negative**
Positive	Low Risk	Low/Moderate Risk	Moderate/High Risk
Variable	Low/Moderate Risk	Moderate Risk	High Risk
Toxic	High Risk	High Risk	Extreme Risk

Figure 2. PREPaRE Levels of School Mental Health Crisis Interventions

Indicated (Referral) **Crisis Interventions**

Provided to those who were severely traumatized

Typically a minority of crisis survivors; however, depending upon the nature of the crisis can include a significant percentage

Tier 3
Psychotherapy

Selected (Secondary) **Crisis Interventions**

Provided to those who were moderately to severely traumatized

Following highly traumatic crises, can include an entire school

Tier 2
— Individual Crisis Intervention
– Group Crisis Intervention
– Stabilization
– Student Psychoeducational Groups

Universal (Primary) **Crisis Interventions**

Provided to all students who were judged to have some risk of psychological trauma

Depending on the nature of the crisis, can include an entire school

Tier 1
– Classroom Meetings
– Caregiver Trainings
- Informational Bulletins, Flyers, and Handouts
– Reestablishing of Social Support
– Mitigate stress by promoting health maintenance behaviors
– Evaluation of Psychological Trauma

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