



Courageous Conversations in Education After a Pandemic

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AS A SOCIETY, AS PARTS OF VARIOUS SYSTEMS WITHIN THE HOME, SCHOOL, AND COMMUNITY, WE CONTINUE TO DO THE BEST WE CAN TO KEEP OUR HEADS ABOVE WATER. WE ARE ENTERING A TIME OF LEARNING TO LIVE AGAIN, OVERCOMING THE SHADOW OF COVID-19 AND THE IMPENDING FACTORS IT STILL MAY BRING.

As I, a professional (and parent), walk between understanding where families, individuals, students, clients, and systems of education are at this point, we have to acknowledge this has been, by far, the toughest year in education and mental health services to date. We continue to see growing waitlists in our community-based mental health facilities, we struggle with referring people out to the appropriate resources (due to an overall lack of them), and we are seeing an increasing number of individuals (both neurotypical and those with various neurodevelopmental/neurodiverse learning styles) inundate our hospitals and emergency rooms (ERs) due to intense mental health needs. We are seeing more and more young children, between the ages of

three to four years, come into public schools with no socialization experience, poor problem-solving and coping skills, and an overabundance of parents looking for a referral to special education because they know “something is just not right.”

And yet, now, as students are back in school, unmasked and getting back to a semi-normal way of how they used to learn, we are not stopping to look at what we have discovered over the past two years. We are not acknowledging that the pandemic will have a four to six-year impact on our students or that we must adjust. Instead, we have to learn and acknowledge what we have seen as a result of service delivery mod-

els, access to educational resources and learning, and where those gaps in our system lie.

As we begin to think about the end of yet another school year, our system needs to be given permission to reflect and identify aspects that have worked and any continued barriers to a student's success. We as a society owe it to students to engage in courageous conversations around educational inequities, implicit bias, and even ways that traditional educational frameworks, such as inclusion, may have changed or should be looked at differently as a result of all we have learned and endured over the past 24-plus months. When we sit down to have "courageous conversations," we must intend to discuss challenging current practices and fostering improvement and growth through conversation, listening to and acting on feedback, and providing feedback that will improve student achievement and well-being. During these conversations, whether in the context of performance appraisal, mentoring, or coaching, individuals are encouraged to express their views openly and truthfully rather than defensively or to lay blame. A cornerstone of a courageous conversation is all participants' openness to learn.



So, what have we learned in the past two years, and how can we start having conversations about all we have seen? COVID-19 (C-19) has caused a global pandemic. We saw and came to live with the realization that curbing the spread relied on some very specific measures. For example, aspects of a temporary normal included social distancing, shielding, and lockdown. We are now learning that these policies may be associated with adverse secondary effects, for example, loss of usual activities (e.g., education/occupation, social events), isolation and loneliness, and disruption to service provision (White et al., 2020). It is essential to understand how these secondary effects of C-19, lockdown, and social distancing impact particular populations (e.g., specific age groups, clinical and educational populations).

When thinking about our students with an autism spectrum disorder (ASD) or other neurodevelopmental disabilities, we have seen that autistic individuals are conceivably at heightened risk of experiencing difficulties coping with the pandemic and resultant measures (Pellicano & Stears, 2020). Loss of usual routines and activities proved to have been anxiety-provoking (Kerns et al., 2014). Autistic students struggle with abrupt changes or discontinuation of one's course of service delivery and transition programming due to school and college closures. Many autistic individuals require support (e.g., from family or behavioral services), yet the services that typically offer that support may have paused temporarily; other practical obstacles may also have impeded input (e.g., lack of transport, need for shielding, other family members contracting C-19) (White et al., 2020).

Amid the chaos, there were some positive signs of thinking outside the box. Here in the United States, most states made impressive efforts to continue services for those who need them, often by taking education and therapeutic support online. Some autistic people have welcomed the new mode of delivery, with education, therapy, and other services delivered into their own homes through video technologies. Yet, for others, engaging in education, activities, and social/emotional interventions from home (for those who could access those services); this notion of coping with unpredictable changes in routine, alongside indefinite uncertainty and less support when accessing education online, might exacerbate inequalities and poor mental health of our students with ASD and other neurodiverse learners (Ameis et al., 2020).

Let's take a step back and talk about how students of various socioeconomic backgrounds may acquire the technology to keep pace with other peers from neighboring school districts. The idea of technology was key and benefited many over the past few years. However, we also have clear indications that this problem with equity of access impacted not just students with various neurodevelopmental disorders but those students from a lower socioeconomic status and within families of ethnic minorities. Race, disability, and socioeconomic status played a role in how services were delivered during those



critical and isolating months of C-19, and having conversations about how to address improving equity of access better should begin to be had, not just by our urban school districts and community mental health providers, but by us all.

So, where do we start now that we have identified this problem of practice? We start by talking and acknowledging that, as a society, we were not prepared to deliver educational and mental health services to all equitably. When reflecting on the current state of education and mental health services in this country, I am struck by one of the seven core principles author Susan Scott talked about in her book, *Fierce Conversation*: “Take responsibility for your emotional wake: For a leader, there is no trivial comment. The conversation is not about the relationship; the conversation is the relationship. Learning to deliver the message without the load allows you to speak with clarity, conviction, and compassion”.

As educators and mental health providers, let’s think for a second about what that means and how this can be a turning point in our discussions about how to make our systems even better. When talking to families, students, or other team members, one of the core tenets of education and solid educational programming is trust. If we cannot trust those we are working with, then we can’t have conversations that need to be had. It is okay to be passionate, to be invested, and yes, even to be emotional. However, we must be ready and willing

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to hear the stories and perspectives of those we interact with. If we in education can allow ourselves to listen to the stories of our students, their families, and our colleagues, then we may be one small step closer to addressing educational inequities and barriers that have impacted all students over the years. It’s up to us to make time for these conversations, address our emotions and passions, and use both to drive relationships, build trust, and create meaningful change.

References

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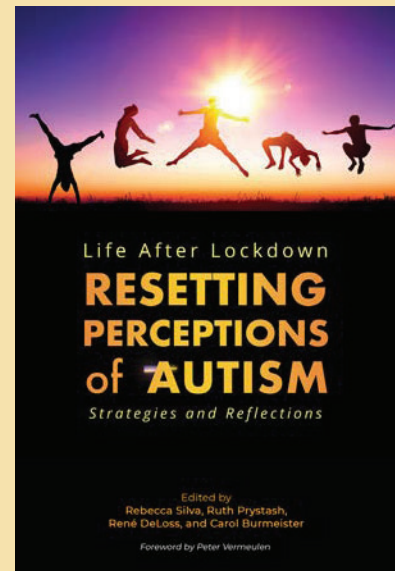
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