

SUPPORTING MINDS

Take a moment and picture at least one student who may exhibit one or more of the following:

- Increased tardies or absences
- Angry or aggressive behaviors
- Poor concentration - student can't focus, fidgets
- Student seems withdrawn, silent, lacks friends - especially if this is a change in behavior
- Student appears overly anxious or worried, even fearful

At least 1 in 5 children and adolescents have an emotional, behavioral, or mental health disorder (1 in 10 has a serious disorder) and nearly 80% of students who need mental health services won't get them. In the classroom, it can be difficult to find the time or opportunity to determine if a student's behavior is typical, situational, if they have a history of trauma, or if they could have a disorder. Some educators have expressed a concern that they do not feel prepared/trained to identify and deal with the more serious mental health issues. Your referrals from the "front lines" are often critical to identify and lead to an intervention; thank you for taking the time and care. If you want to be more familiar with common disorders, the last 2 pages include some brief descriptions, possible challenges, and strategies. Also, the Child Mind

HOW TO REFER STUDENTS:

- CHECK FOR A "C" BY THEIR NAME IN SKYWARD
- EMAIL/CALL COUNSELOR
- SAP REFERRAL

Institute offers a symptom checker that might be helpful: <https://childmind.org/symptomchecker/> (note: this cannot substitute a diagnostic evaluation by a medical or mental health professional). You may recall the iceberg from last year's ACES presentation; we don't

REMEMBER LUV 'EM UP?

- Listen - "What's up"
- Understand
- Validate feelings
- Empathize - "Must be hard"
- Model self-emotion regulation
- Utilize kids' pre-existing skills
- Plan consequence collaboratively

necessarily need to know the details of a student's history (or the shape of the iceberg underwater) to identify that they may need some additional support. What seems to matter the most to our students is this: LSHS staff make a great effort to respond to students and/or their behaviors with care and concern and refer when they are aware of students' needs. LSHS students often report affirmations for the following statements:

- Adults at school care about me.
 - My teachers take time to get to know me.
 - My teacher makes me feel included in class.
- Author/speaker Josh Shipp said, "every kid is one caring adult away from being a success story." It may be a helpful reminder that behavior change is slow and incremental; after trying multiple strategies to connect, referring a student, etc., it's easy to get discouraged if they don't show improvement right away. We can just try to stay open and consistent; a "thank you" may (or may not) come later.



WA MODEL & CULTURAL/GENDER CONSIDERATIONS

The picture at right shows OSPI's model for "Compassionate Schools" and it's another reminder of how hard our work really is; all of these principles require energy, creativity, resources, and the ability to think on your feet.

Questions like the ones below can also help remind us to stay responsive to the cultural needs of our students relating to trauma and/or mental health concerns:

- In this child's culture of origin . . .
 - what are acceptable boundaries for personal space?
 - how are emotions expressed, identified and valued?
 - how is respect shown?
 - how are embarrassment, pride, fear, and anger expressed?
 - how do gender roles affect behavior?
 - how is body language used in communication?
 - how does immigration and acculturation impact family roles?
 - how and/or why is education valued?
 - what is the role of the family in a child's education?
- Is this child from a group-focused or individualistic culture?
- Is a gender support plan in place? Does the student feel safe at school?

Also, what is the relationship like between caregivers & school - collaborative? Adversarial?

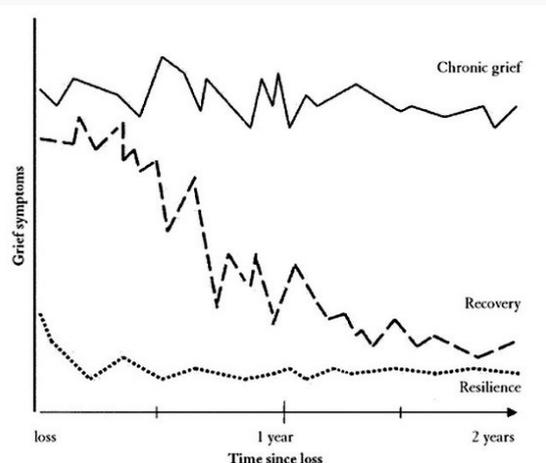


<http://www.k12.wa.us/compassionateschools/pubdocs/TheHeartofLearningandTeaching.pdf>

STRUGGLING TO CONNECT WITH A STUDENT? TRY 2X10 STRATEGY

The 2x10 strategy is simple: spend 2 minutes per day for 10 days in a row talking with an at-risk student about anything she or he wants to talk about.

REVISITING GRIEF & LOSS



From George Bonanno, "The Other Side of Sadness," https://www.theatlantic.com/health/archive/2013/12/the-secret-life-of-grief/281992/?utm_source=atfb

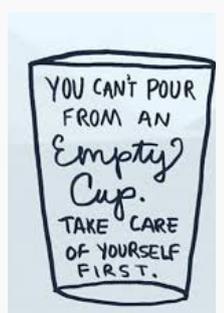
Students may face additional stress as we approach the end of the school year; perhaps they aren't graduating on time, are facing rejection or fear of the unknown, trying to keep up with extracurricular activities, etc. During this time of major change and sometimes loss, it may be helpful to revisit the symptoms of grief (below). Also, an explanation by George Bonanno, author of "The Other Side of Sadness," reiterates what's "normal" or cause for more concern: we know grief isn't a single track, but a long private journey that splits along three rough paths. Ten percent experience "chronic" and relentless grief that demands counseling. Another third or so plunges into deep sadness and gradually begins recovery. But most—"between 50 and 60 percent," quickly appear to be fine, despite day-to-day fluctuations - a testament to human resilience.

Link for grief responses: https://www.dougy.org/docs/Developmental_Responses_2017.pdf

Did you know that we provide SUMMER connect (June 25-July 18) for high-risk youth? See Jenn Hudson or Steve Pitkin for more info.

COMPASSION FATIGUE: THE COST OF CARING

The cumulative, detrimental effect of working with survivors of traumatic life events is vicarious trauma, more commonly known as compassion fatigue - which can impact health and personal lives of educators. Vicarious trauma affects teachers' brains in much the same way that it affects their students'. This can lead to symptoms such as anger and headaches, feelings of numbness or detachment, or workplace behaviors like lateness or avoiding certain students. Something else to consider is Decision Fatigue; teachers make an estimated 1500+ educational decisions each day (according to Dr. Tina Boogren, teachers make more min-by-min than brain surgeons). Similar to the effects from lack of sleep, decision fatigue can result in a lack of emotional intelligence, multi-tasking and problem solving ability, and the initiative to assess risks, and to anticipate consequences. Waiting until summer or breaks for self-care isn't enough; you can find suggestions for self-care here: <https://www.edutopia.org/discussion/7-self-care-strategies-teachers>, for example: make 1-2 calls to a parent of a praise-worthy student; this can give teachers quick positive feedback (well earned). Another good site: <https://schools.au.reachout.com/articles/developing-a-self-care-plan>. Consider filling out the ProQOL (a free self-score measure of Compassion Satisfaction vs. Compassion Fatigue) - your results can establish a baseline and then re-score every 3 months: http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf. Caring for yourself is caring for all.



Anxiety Disorder

Has an excessive, irrational dread of everyday situations that has become disabling. Has overwhelming anxiety and feelings of extreme self-consciousness in everyday social situations. Shows intense fear of being watched or judged by others.

Possible Challenges in the Classroom:

Distracted by things beyond the classroom – e.g. excess worry about family, friends, health, etc. Inability to focus. Often times preoccupied and may need to have information repeated. In severe cases, student may exhibit signs of panic for unknown or unperceived reasons. May even result in physical symptoms such as pounding heart, weakness, sweatiness, or dizziness.

Classroom Strategies:

- Talk with the student during times of distress.
- Present calmly to student.
- Listen and encourage the student to see the school counselor, if warranted.
- Do not force student to talk during class by calling on him or her.
- Foster an environment of respect so student may slowly gain comfort interacting with peers.

Attention Deficit Hyperactivity Disorder (ADHD):

Hyperactive Symptoms include constant motion, fidgeting, difficulty with quiet tasks, and trouble sitting still. Impulsive Symptoms include interrupting conversations, blurting out answers, acting without regard for consequences, and impatience. Inattention. Easily bored, confused and distracted. Appear to daydream. Forgetfulness. Slow moving.

Possible Challenges in the Classroom:

Diffi culty paying attention during class. Disruptive behavior. Often distracts other students. Inability to selfregulate. Easily sidetracked. Frequently daydreaming. Certain events, situations, or health conditions may cause temporary behaviors that seem like ADHD.

Classroom Strategies:

- Structure, structure, structure.
- Early intervention before behavior escalates.
- Stand in close proximity to student if they are having trouble focusing.
- Short lessons to encourage focus on work.
- Provide family support and social and emotional learning.

Autism Spectrum Disorders (ASD), including Asperger's:

Has difficulty communicating with others. May exhibit repetitious behaviors, such as rocking back and forth, head banging, or touching or twirling objects. Has a limited range of interests and activities. May become upset by a small change in the environment or daily routine. Severe and pervasive impairment in thinking, feeling, language, and the ability to relate to others. Has difficulty reading people and situations.

Possible Challenges in the Classroom:

Social etiquette is often inappropriate. Social etiquette skills include how to comfortably join and exit a group of peers; good sportsmanship; good host behavior during get-togethers; changing bad reputations and owning up to a previously bad reputation; and handling teasing, bullying and arguments. May be a target for bullying or other harassment. Challenges with any kind of intimacy and relationship development.

Classroom Strategies:

- Often receiving specially designed instruction through an IEP.
- Teaching of social interaction skills. May also need greater one-on-one attention and help from a teacher.
- Provide personal space for student.
- Little routine change and a structured class.
- Break assignments into small steps.

Bipolar Disorder (Manic Depression):

Changes in mood from being extremely irritable or sad to overly silly and elated. Manic Symptoms include distractibility, increase in talking, great increase in energy, repeated high-risk behavior, severe mood changes, unrealistic highs, and not allowing interruptions. Depressive symptoms include persistent sadness, decreased interest in activities, frequent complaints of physical illness, irritability, and low energy levels. Shifts in not only mood, but also energy level and ability to function.

Possible Challenges in the Classroom:

Disruptive behavior or anger towards others for what seems to be no reason and with no provocation. Teachers may have trouble gauging when mood swings may occur and have little chance of dispelling them. Medication frequently prescribed if diagnosed.

Classroom Strategies:

- Allow student choice in topic of assignment when possible.
- Consider allowing the child to work in a study carrel.
- Possible IEP to address accommodations to emphasize strengths, assets of student.

Depression:

Difficulty with relationships. Frequent complaints of physical illness. Frequent sadness or crying. Low energy, Low self-esteem. Persistent boredom. Poor concentration. Thoughts of suicide. Loss of interest in activities that were once enjoyable.

Possible Challenges in the Classroom:

Unwilling to participate in class activities or even pay attention. 'Empty' feeling may lead to students disregard for anything and lead to disassociation with what is happening in the classroom.

Classroom Strategies:

- Offer support.
- Be there for students to talk to if they need to.
- Make sure counselors know that there is something going on with the student so they can best help.

Fetal Alcohol Syndrome:

Difficult to diagnose. Some symptoms are physical such as low birth weight; small size; small eyes; flat cheeks and nose; thin upper lip; shaking and tremors; sight and hearing problems; heart defects; joint defects, and a small, abnormally formed brain. Other symptoms include eating and sleeping difficulties; delayed speech; ADHD; an undeveloped conscience; lower IQ; poor coordination; behavior problems; impulsivity; and difficulty getting along with other students. May develop drug or alcohol dependency, anxiety disorders, and trouble controlling explosive anger.

Possible Challenges in the Classroom:

Disruptive, out of control, inciting negative behavior in other students. Very short-term memory for instructions. Talking in the classroom. May appear as if they are simply disinterested in the material and are choosing to disengage. Difficulty in retaining what is learned.

Classroom Strategies:

- Assess the student's needs by reviewing the student's academic history.
- Extra patience, attention and help. Prioritize the student's needs from most to least important.
- Lessons need to be shorter in duration and monitor for the attention and interest of the student.
- Use nonverbal cues.

Oppositional Defiant Disorder (ODD):

Throwing repeated temper tantrums. Excessively arguing with adults. Actively refusing to comply with requests and rules. Deliberately trying to annoy or upset others, or being easily annoyed by others. Blaming others for their mistakes. Frequent outbursts of anger and resentment. Seeking revenge. Swearing or using obscene language. Many children with ODD are moody, easily frustrated and have low self-esteem.

Possible Challenges in the Classroom:

Anger towards the teacher for what may appear to be no rational explanation. Leads to student focusing on those feelings rather than the schoolwork and may disregard anything the teacher has to say relevant to the schoolwork itself.

Classroom Strategies:

- Students do respond to praise and should be given some flexibility; they also need limits and consequences.
- Consequences should be appropriate and meaningful, something they want to avoid.
- Separate actions from students and understand that their hostility is not personalized toward you.
- Family support.
- Social and emotional learning.

Post-Traumatic Stress Disorder (PTSD):

An anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened.

Possible Challenges in the Classroom:

May appear distracted or daydreaming in the classroom. Expresses fear and may speak of memories of the event in the class. Student may appear detached and be easily startled.

Classroom Strategies:

- Maintain a calm environment.
- Listen if the student chooses to talk about the event, being careful to terminate conversation if any anxiety begins to develop.
- Respectfully and carefully work with the school counselor and the family for potential mental health treatment.