COVID-19
AND
MENTAL HEALTH CONSIDERATIONS AMID REINTEGRATION TO SCHOOL

The COVID-19 pandemic has brought unprecedented change to schools and has significantly impacted children, their families, and school staff. With the return to school, whether in-person, or a mixture of remote and in-person instruction, what can be expected and planned for to assist schools and staff? Awareness of what students have been exposed to affords schools the ability to be proactive in providing behavioral health services and supports for them in the school environment. The Centers for Disease Control (CDC) National Center for Health Statistics is collecting **data** that shows one-third of Americans are showing signs of clinical anxiety or clinical depression related to the COVID-19 pandemic.

Children spend most of their waking hours at school. In addition to providing academic education for students, schools also provide mental health supports. **This document addresses how mental health has been impacted by COVID-19 and mental health considerations for how to best support students, staff, and parents in the transition back to school.** The sooner those who are showing signs of difficulties can be identified, the sooner they can be connected to support to help prevent further academic and emotional decline. Students experiencing learning, emotional, behavioral, or coping difficulties require additional student and learning supports, as well as school and community resources. Community supports and resources are needed to help fill in the gaps, as the percentage of people needing mental health services increases after a natural disaster, crisis, or pandemic.

> STUDENTS EXPERIENCING LEARNING, EMOTIONAL, BEHAVIORAL, OR COPING DIFFICULTIES REQUIRE ADDITIONAL STUDENT AND LEARNING SUPPORTS, AS WELL AS SCHOOL AND COMMUNITY RESOURCES.

The aftermath of Hurricane Harvey revealed the extent to which natural disasters contribute to problems related to mental health. The initial findings of the Hurricane Harvey Registry indicated that nearly two-thirds of the respondents experienced mental health problems, notably symptoms related to post-traumatic stress. Traumatic events "can put individuals at risk for mental health problems, especially children and those who were previously exposed to traumas" (Kaplow, 2019). In many cases, mental and behavioral health disorders are treatable. When the proper care is promptly provided after the traumatic exposure, mental and behavioral health disorders can be prevented.

How does the COVID-19 pandemic and absence from school impact the mental health of students and staff?

The absence from school affects students in myriad ways. In addition to learning loss, it compounds issues through the loss of many safety nets and coping mechanisms that schools provide, including a sense of stability, support, and routine. For students with behavioral health needs, school closures can mean they no longer have access to the resources that schools provide.

The impact of the pandemic on transportation, finances, and providers can leave families unable to maintain behavioral health appointments or compliance with medications. This places students in a vulnerable state, especially with the added stressors of a new school year, and can lead to an increased risk for behavioral health problems or maladaptive coping behaviors, including substance use.

The pandemic also affects children's sense of security, which is dependent on the safety of their caregivers. Students may anticipate devastating events happening to them or their loved ones and worry whether their parents or others they know will contract or succumb to the virus. Some may have already experienced loss due to the virus. As COVID-19 research continues and we await the release of a vaccine, concerns about exposure at school and how that impacts daily life persists.

Additional Stressors

Additional stressors include:

The inability to provide for basic needs due to:

- Food insecurity. This creates additional stressors for families who cannot buy groceries as they used to before the pandemic.
- Lack of safety resources (e.g., masks, antibacterial wipes, hand sanitizer, soap).
- Financial loss or loss of employment.
- Lack of transportation.
- Business and store closures.

Isolation:

- Adversely affects social development in young people.
- Adversely affects many adults.
- Especially difficult for those who live alone.

Increased mental health or physical health concerns:

- Providers closed offices.
- Some behavioral health and medical offices transitioned to teletherapy and telemedicine. Due to lack of technology or internet access some families are unable to utilize these services.
- Reluctance of going to the hospital or doctor offices due to fear of contracting the virus including avoidance of well-child visits and routine vaccines.
- Lack of transportation to fill prescriptions.
- Lack of financial resources to pay for copays or prescriptions.
- Stressors and trauma leading to behavioral health concerns.

These mental health considerations are divided into eight topics. Each topic has information applicable to a school setting and key takeaways.

1. Impact of Stress and Trauma
2. Re-engaging Disconnected Students
3. Abuse, Neglect and Domestic Violence
4. Bullying in the Classroom
5. Child and Mental Health Awareness
6. Non-Suicidal Self Injury (NSSI)
7. Substance Use
8. Developing Resiliency

The absence from school created by the COVID-19 pandemic has impacted the mental health of students and staff and has brought unprecedented change to schools. Schools should focus on re-engaging students, strengthening the relationship between school staff and students, and nurturing the resiliency of students. It is through these trusted relationships that school staff can best support students as they return to school for a new academic year.

> SCHOOLS SHOULD FOCUS ON RE-ENGAGING STUDENTS, STRENGTHENING THE RELATIONSHIP BETWEEN SCHOOL STAFF AND STUDENTS, AND NURTURING THE RESILIENCY OF STUDENTS.

SECTION ①

Impact of Stress and Trauma

> ## *"To close your eyes will not ease another's pain."*
> ### *Chinese Proverb*

Stress and trauma can affect a student's academic performance, behavior in class, physical health, interpersonal relationships, and mental health. Understanding the impact of trauma by being trauma-informed means that when encountering difficulty with a student, the first thought is "how might this relate to trauma", rather than willful disobedience. Understanding how traumatic stress impacts a student does not *excuse* their behavior, but rather *explains* it.

Trauma Sensitive Schools explains how learning is impacted by trauma:

> "Learning to read, write, take part in a discussion, and solve mathematical problems rests on many underlying foundations—organization, comprehension, memory, the ability to produce work, engagement in learning, and trust. Another prerequisite for achieving classroom competency is the ability to self-regulate attention, emotions, and behavior. Not surprisingly, trauma resulting from overwhelming experiences has the power to disturb a student's development of these foundations for learning. It can undermine the development of language and communication skills, thwart the establishment of a coherent sense of self, compromise the ability to attend to classroom tasks and instructions, interfere with the ability to organize and remember new information, and hinder the grasping of cause-and-effect relationships—all of which are necessary to process information effectively." (Trauma Sensitive Schools, 2018)

UNDERSTANDING THE IMPACT OF TRAUMA BY BEING TRAUMA-INFORMED MEANS THAT WHEN ENCOUNTERING DIFFICULTY WITH A STUDENT, THE FIRST THOUGHT IS "HOW MIGHT THIS RELATE TO TRAUMA", RATHER THAN WILLFUL DISOBEDIENCE.

Texas Education Code (TEC) requires each school district to adopt and implement a policy requiring the integration of trauma-informed practices in each school environment. A district must include the policy in their district improvement plan, as required under Section 11.252 (District-level Planning and Decision-making). [TEC 38.036]

Stress

Students

Stress was an epidemic for many students even prior to COVID-19. A 2013 survey by the American Psychological Association (APA) found that stress among teenagers was extremely common. Of those surveyed, 83% said school was a significant or somewhat significant source of stress. A 2018 APA survey found that respondents aged 15 to 21 reported feeling high levels of stress regarding social and safety issues, including gun violence and school shootings, climate change, rising suicide rates, sexual harassment, and treatment of immigrants.

Students are returning to school with increased stress related to the pandemic and how school closures and remote instruction affected their GPA and academic achievement. The New York Times reported that at some schools, fewer than half of students participated in remote instruction during COVID-19 due to the lack of access to technology or reliable internet service. These students are returning to school farther behind those who were able to continue their education through remote instruction. Students may be feeling fear, loss, or abandonment due to the loss of in-person school attendance and the loss of staff and peer connection. Students may also be returning to school with significant learning, emotional, or behavioral health concerns.

Children's responses to stressful events are varied. Most children, when they receive the support they need from their caregivers and other caring adults in their life, will return to their previous level of functioning after a stressful or traumatic event. Others are at an increased risk for developing problems related to their mental health.

> AWARENESS AND RECOGNITION OF STRESS RESPONSES PROVIDE SCHOOL STAFF THE ABILITY TO INTERVENE AND CONNECT STUDENTS TO SUPPORTS PRIOR TO PROBLEM ESCALATION AND FURTHER ACADEMIC DECLINE.

In addition to COVID-19, national events and media coverage of civil unrest has brought attention to issues of systemic racism and discrimination. **Research suggests that mental health is impacted by stressors related to racism and discrimination**. Exposure to discrimination affects mental health, even early in life, and parental exposure to discrimination can adversely affect children's mental health (Williams, 2018).

Stress hormones such as cortisol and adrenaline affect the structure and function of the brain, especially when it is exposed to chronic stress. This can lead to a toxic stress response. This response occurs when a child experiences chronic or overwhelming adversity, such as abuse, neglect, parental substance use, or exposure to violence, without stable and responsive adult support. "This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems and increase the risk for stress-related disease and cognitive impairment, well into the adult years" (Center on the Developing Child at Harvard University, 2018).

Awareness and recognition of stress responses provide school staff the ability to intervene and connect students to supports prior to problem escalation and further academic decline. Early recognition of those struggling academically and connecting these students to supports is essential in preventing further academic decline.

Signs of stress in children can include:

- Impaired concentration or memory.
- Irritability, quickness to anger, or decreased patience.
- Change in mood, increased anxiety, depression, or sadness.
- Change in eating or sleeping patterns.
- Significant change in grades; skipping classes or truancy.
- Disproportionate reactions to triggers; overreaction.
- Increase in physical complaints such as stomachaches, headaches, backaches.
- Fatigue.
- Apathy or appearing "numb."
- Physical aggression.
- Suicidal or homicidal thoughts or behavior.
- Use or increase in use of substances.
- Change in appearance, disheveled appearance, reduced hygiene.
- Increased conflict in relationships.

What is perceived as "stressful" to one person may not be stressful to another. For example, when parents tell their children that they are getting a divorce. Some children may not be as impacted because they may feel the tension in the house, and when their parents tell them they are getting a divorce, it comes as a relief. Even in the same family, one child may react differently than the other. One may feel stress from the divorce while another does not seem to be impacted.

A person's physical and mental health, personality, age, gender, past experiences, and other factors influence their physiological and psychological stress response. Stressful events elicit a complex response in the body, primarily involving the autonomic nervous system and hypothalamic-pituitary-adrenal (HPA) axis. Untreated chronic stress can impact mental health and lead to depression, anxiety, self-harm behaviors, substance use, and thoughts of suicide or homicide. It can also impact physical health, increasing the risk of high blood pressure, diabetes, or heart disease.

Stress is not always recognized, especially when a person is in a state of constant stress. Think about a time when you were relaxed and calm and felt no stress; perhaps it was when you were on vacation. What was your mood and energy level? Your patience level? Your sleep quality? How and what did you eat? How did your body feel? We often grow so accustomed to feeling stress that we no longer recognize what it feels like. Understanding how we feel and behave when we are stressed helps us to identify it, so we can implement stress management techniques and tools, and reach out for support when those tools are ineffective.

> **UNTREATED CHRONIC STRESS CAN IMPACT MENTAL HEALTH AND LEAD TO DEPRESSION, ANXIETY, SELF-HARM BEHAVIORS, SUBSTANCE USE, AND THOUGHTS OF SUICIDE OR HOMICIDE. IT CAN ALSO IMPACT PHYSICAL HEALTH, INCREASING THE RISK OF HIGH BLOOD PRESSURE, DIABETES, OR HEART DISEASE.**

School can be a significant source of stress for students. This is why it is important for educators and other school staff to talk about stress with students, helping them to identify it, and teaching them tools to manage their stress levels, including deep breathing, progressive relaxation, and the importance of exercise in managing stress.

Everyone experiences stress. When it is affecting a person's life, health, or well-being, or it is a high degree of stress, the goal is to address it as soon as possible to prevent deterioration. If a student is showing signs that they are having more difficulties than other students with managing stress or trauma, it warrants a referral to a mental health professional, such as a counselor, school social worker, or school psychologist. School districts without these personnel can partner with community or regional mental health resources to assist students.

Overcommunicate with parents, staff, and students about the measures that are being taken to ensure the safety of students and staff, including the protocols and responses that are in place if a student or staff member tests positive for COVID-19, or there is a resurgence. Communicate in multiple formats, such as a letter home to parents, text messages, social media, email, phone calls, or auto-dialer voice messages. Regular communication is critical. This mitigates the risk for increased stress, panic, and fear, and it strengthens the relationship and trust between families and schools.

Tips for Mitigating Stress in the Classroom

- Be consistent. Provide daily or weekly schedules so students know what to expect.
- Keep classroom clear of clutter. Visual stimulation can exacerbate stress and anxiety.
- Assist students with learning how to prioritize their tasks in order of importance:
    - » Provide assignments or instructions one task at a time.
    - » Limit homework, when possible.
    - » Consider working with other teachers to avoid scheduling tests on the same day.
    - » Encourage students, when feeling overwhelmed, to ask for help with prioritizing tasks, homework, or responsibilities.
    - » Teach organization skills.
- Make learning relevant and provide specific, useful, easy to understand feedback.
- Teach problem-solving skills.
    - » Situation, Options, Disadvantages, Advantages, Solution (SODAS).
    - » Guide them in identifying the problem and breaking the problem into smaller manageable parts.
- **Teach stress management and coping skills.** Children are still learning what emotions are, and how to control them, so it is imperative that they are taught different strategies for coping with the many emotions they are feeling. Simply telling a child to calm down often makes them even more frustrated, stressed, angry, and misunderstood, because it makes them feel that adults in their lives don't care about them, or that what they are feeling is not important.

    Explain how these are tools that can be used to feel calm and relaxed. Help students in identifying situations in which they can utilize these skills, and praise students when they use them. Practice these skills often so students know what to do and it becomes a "tool in their toolbox."

    - » **Employ stress reduction activities** (e.g., writing down stressors on a piece of paper and ripping up the paper and throwing it away, progressive muscle relaxation, coloring, or deep breathing).
        - » Deep Breathing Exercises:
            - » "Smell the flower, blow out the candle."
                - » In the left hand, make a fist and imagine holding a flower. In the right hand, make a fist and imagine it is a candle. Deeply breathe in and "smell the flower", and then slowly exhale and "blow out the candle". Repeat this process. Ask students what the flower looks and smells like, what the candle looks like. Is it a birthday candle or a house candle? These questions make this exercise feel more familiar to the student. Repeat this process, as it may take a few times before you can visibly see the student calm down. For it to "work", the student needs to feel the benefit of the breathing.
            - » Take a deep breath in, cup hands over mouth, and slowly breathe out, imagining that you are blowing up a large balloon, gradually opening your hands as the balloon gets bigger. Ask students what the balloon looks like and what color it is. These questions help make the exercise feel more familiar to the student.
            - » Using the pointer finger on your right hand, slowly trace your fingers on your left hand; each time your finger goes up a finger on the left hand, inhale, and each time your finger goes down the finger on the left hand, exhale. This provides 5 deep breaths in and out. Doing it on both hands helps younger children "count to ten" to calm down.

    When using these techniques to help a student calm down because they are feeling overwhelmed, frustrated, angry or stressed, students need to calm down and get out of the active stress response first. As the student calms down, help them figure out why they felt (feeling). You can then work with them on understanding what caused their (feeling), and you can reinforce this technique as a tool they can use the next time they are feeling (e.g., frustration, stress, anger, overwhelmed).

- Give students breaks to process new information and avoid "information overload."
- Incorporate movement, (e.g., working at "stations", hand clapping, finger snapping, marching in place, going outside).
    - » Fidgeting helps release feelings of anxiety and stress in some students and helps improve focus. Fidget tools such as cubes, chair bands, putty, or stress balls, or devices such as lap pads or disk seats can help with focusing and reducing feelings of anxiety or stress.
- Mindfulness or meditation applications such as Calm or Headspace can help with relaxation and stress reduction.
    - » Some educators use meditation or mindfulness at the beginning of the day (or class) to help students calm down, focus, or as a stress reduction skill.

School Staff

School staff are also returning to school with increased stress. School closures required staff to adapt to changes in how student instruction was implemented. This included new job descriptions, new technology, shifting to working at home, and supporting students with the transition. Staff are returning to school with the additional expectation of getting students caught up from missed instruction and addressing increased student academic, social, and emotional needs.

Paying attention to how one manages stress, and to know how and when to seek help for themselves, a student, or a coworker, is vital. Staff can utilize their Employee Assistance Program (EAP) or other resources to access counseling services. Mental health professionals help people with reducing or managing their stress through learning different stress management techniques and tools, or by working through other mental health concerns that have emerged while coping with a high degree of stress.

Signs of stress in adults can include:

- Irritability, quickness to anger, decreased patience.
- Change in mood, increased anxiety, depression, or sadness.
- Increase in complaints about job.
- Change in eating or sleeping patterns.
- Disproportionate reactions to triggers; overreaction.
- Increase in physical complaints: general aches and pains, headaches, backaches, indigestion, acid reflux, or upset stomach.
- Clenched jaw, grinding teeth.
- Fatigue or feeling "sluggish."
- Apathy or appearing "numb."
- Physical aggression.
- Suicidal or homicidal thoughts or behavior.
- Use or increase in use of substances.
- Self-harm behavior.
- Change in appearance; disheveled appearance; no longer caring about appearance.
- Increased conflict in personal or professional relationships.
- Decreased work performance, e.g., frequently late to work, leaving early, calling in sick, lashing out at students, or decreased quality of work.

Tips for Managing Stress for Staff

- Find your areas of stress. *When* are things stressful for you? *What* things lead to stress? *How* do decisions create stress in your life? *Who* stresses you out? Example:
  - » When: Monday mornings.
  - » What: Being late to school; other commitments; expectations you have for yourself; being unprepared.
  - » How: I didn't set my alarm clock early enough; I didn't put gas in my car over the weekend; I didn't pre-set my coffee pot; I didn't make my lunch; I didn't look at my calendar and forgot I had an early morning meeting; I didn't try on my clothes to make sure they fit.
  - » Who: Friends, acquaintances, coworkers.
  - » What changes can be made to reduce stress?
    - » Go to bed earlier; set the alarm clock to wake up thirty minutes earlier to avoid rushing; make lunch and set the coffee pot timer the night before; being selective about what you say "yes" to; simplifying your schedule; putting together work clothes the night before, or for the week on Sunday.
- Learn *and practice* relaxation techniques.
- Maintain a positive attitude.
- Exercise regularly. This helps with managing both physical and mental health.
  - » Go outside for a walk or to feel the sun and fresh air, even for 5 or 10 minutes at lunch or during a plan period.
  - » Volunteer to run materials or supplies from one part of the campus to another.

- Eat healthy, well-balanced meals and avoid skipping meals.
  - » Eat somewhere other than at your desk. The change in scenery is a stress reliever and makes lunch enjoyable.
  - » If possible, while eating, avoid working. Even if it is for 10 minutes, focus solely on eating and the flavors and textures of the food you are eating. This makes eating more enjoyable and gives your brain a chance to relax from work.
- Make time for hobbies and personal interests.
  - » Spend five minutes during a break at work to do something enjoyable, e.g., reading a magazine.
- Get regular sleep and practice good sleep hygiene, e.g., no electronics one hour before bed.
- Avoid use of alcohol or drugs to reduce stress.
- Deep breathing exercises:
  - » 4-7-8 breathing
    - » Close mouth and quietly inhale through nose for 4 seconds, hold breath for 7 seconds, and slowly exhale for 8 seconds. Repeat 4 times.
  - » "Box" breathing (4-4-4-4 breathing)
    - » Inhale through nose to inflate stomach (not lungs) for 4 seconds, hold breath for 4 seconds, exhale through mouth for 4 seconds, hold for 4 seconds. Repeat as needed.
- Progressive muscle relaxation:
  - » Close eyes and focus on tensing each muscle group for 5 seconds and then relaxing it by completely letting the muscles go limp for 10 seconds. Move up the body beginning with toes, then to calves, thighs, and continuing up the body through hands, jaw, and neck. Maintain deep, slow breaths the entire time.
- Seek out social support or professional help.
- Write in a journal or create a gratitude journal.

If you are recognizing that you are having difficulties with managing stress, some options include:

- Reaching out to your EAP or insurance provider to locate a therapist or other mental health professional to speak with.
- Speaking with your supervisor if the stress is related to your job.
- Talking with trusted friends, family, or community supports such as church.
- Attending support groups.
- If feeling suicidal or in crisis, call 911, or the National Suicide Prevention Lifeline at: 1-800-273-TALK (8255).
- Calling the Substance Abuse and Mental Health Services Administration Helpline at: 1-800-662-HELP (4357).
- Visiting www.211texas.org which connects Texans with services.
- Visiting the Health and Human Services website which provides services related to aging, housing, mental health or substance use (adult and children), financial, disability, health, and safety. https://hhs.texas.gov/hhs-services

Trauma

Not all stressful events involve trauma. Although the COVID-19 pandemic is exposing children to unexpected and sometimes scary events, not all children are returning to school with trauma from the pandemic. When looking at trauma, mental health professionals look at the *traumatic event*, as well as the person's *experience* of the event, and the *effect* of the event on that person.

Trauma is a reaction to an event or events in which a person was exposed to death, threatened death, actual or threated serious injury, or certain forms of violence. The reason to differentiate trauma from stress comes from a desire to protect the integrity of the diagnosis, and because exposure to traumatic events can result in prolonged responses that are different than general stress responses.

An event can be traumatic when it is unexpected and perceived as being a threat to one's life or safety. The more frightened a person feels during the event, and the longer the event lasts, the more likely it is that they will have trauma. Trauma can come from a single event, such as an assault, multiple events that occur over time, such as abuse, or can happen cumulatively. Common sources of trauma include abuse, domestic violence, school violence, assaults, bullying, car accidents, natural and human-made disasters, and acts of terrorism. Child traumatic stress occurs when a child has been exposed to one or more traumas and develops reactions that continue to affect their life, despite the ending of the traumatic event.

Every person will respond to trauma differently based on their exposure level to the event, coping and resilience skills, support system, and prior experiences. Some people will have no effects from the event, some may experience immediate effects, and others may not show signs of traumatic stress until some time has passed after the event.

Reactions following a traumatic event will vary depending on the child's age, developmental level, coping skills, and protective factors. **Protective factors including familial support, community support, and resiliency can lessen the severity of the impact.** For example, a child's caregiver who says things like, "We are doing everything we can to stay healthy, and if we get sick, we have doctors that can take care of us," and who remains calm and reassuring can reduce the likelihood that the child will have trauma. Minimizing a child's exposure to the news and keeping their immediate environment insulated from what is happening to others around the world is also protecting that child from the impact of the pandemic.

Keep in mind that parents vary in their transparency with their children about current events, including COVID-19. This can lead to varying degrees of knowledge within the student population. Students respond to and explain events in various ways, and their responses may be influenced by familial relationships, cultural traditions, religious beliefs, or the way others around them are reacting. For example, wearing masks may be seen as extremely important for one family and not for another.

> CHILD TRAUMATIC STRESS OCCURS WHEN A CHILD HAS BEEN EXPOSED TO ONE OR MORE TRAUMAS AND DEVELOPS REACTIONS THAT CONTINUE TO AFFECT THEIR LIFE, DESPITE THE ENDING OF THE TRAUMATIC EVENT.

Trauma is particularly challenging for school staff to identify, as students with trauma may exhibit unpredictable, impulsive, or aggressive behavior. Most children have occasional emotional outbursts, but if a student is repeatedly having outbursts, or has difficulty with controlling their temper, it can be easy to jump to the conclusion that the student is defiant or angry. However, with trauma, disruptive behavior often stems from anxiety or frustration.

Trauma can impair learning and school performance through inconsistent academic performance, decreased reading ability, lower GPAs, and increased risk for suspensions, expulsions, and school withdrawal. High levels of anxiety and frustration can impact attention, cognition, concentration, problem-solving, and memory. Students may exhibit poor self-regulation, difficulty with self-soothing, or their executive functioning may be impaired. Executive functions include impulse control, decision-making, problem-solving, and emotion regulation (The National Child Traumatic Stress Network, 2018).

Students with a history of trauma may daydream, startle easily, or exhibit self-destructive or aggressive behavior. **One of the hallmark symptoms of trauma that a student may exhibit is hypervigilance or being overly alert to perceived danger.** They may have an exaggerated startle response or behave in a way that looks out of control or mimics other disorders, including ADHD (Attention Deficit Hyperactivity Disorder). Hypervigilance can also lead to sleep difficulties and chronic irritability. As trauma responses can mimic mental health conditions, it is best practice to seek out a mental health professional to differentiate and determine the best course for treatment.

> ## WITH TRAUMA, DISRUPTIVE BEHAVIOR OFTEN STEMS FROM ANXIETY OR FRUSTRATION.

Adverse Childhood Experiences (ACE) Study

The Centers for Disease Control (CDC) and Kaiser Permanente generated a [groundbreaking study](#) on adverse childhood experiences (ACEs) in 1995. Researchers looked at three specific kinds of adversity that adult respondents faced as children, including abuse, neglect, and household dysfunction, as well as current adult health status and behaviors.

This research uncovered a correlation between childhood trauma and poorer health outcomes later in life. Key findings in studies using the original ACEs data found that adverse childhood experiences are common. More than two-thirds of the population reported experiencing an ACE score of one, and nearly a quarter of the respondents experienced a score of three or more. Higher ACE scores indicate a stronger risk for later negative outcomes, including chronic disease, mental illness, violence, and a shorter life span.

However, the good news is that [ACEs are preventable](#). Adverse childhood experiences are buffered and prevented through the creation and nurturing of safe, stable relationships as well as community supports. ACE awareness is growing in schools. Schools play a critical role by promoting positive, caring relationships, and through teaching skills to manage stress, resolve conflict, and manage emotions and behaviors. Schools can support ACEs prevention through strengthening the connection between home and school environments, supporting the physical and mental health needs of students, and by removing exclusionary and punitive disciplinary practices.

Tips for Minimizing Further Stress and Trauma

- Remain calm and reassuring, especially when discussing potentially stressful or traumatic topics or events.
- Transitions can be difficult; provide clear communication and expectations leading up to transitions. It can be even more difficult when transitioning from something "fun" to something "not fun."
  - Countdowns to prepare students for the transition from one activity to another, For example:
    - » "Students, all eyes on me please. In 3 minutes, we will be finishing art and starting math."
    - » "In 2 minutes, we will be starting math. Please put away your art supplies."
    - » "In 1 minute, we will be starting math. Make sure all art supplies are put away and please get out your math book."
  - A "clean up" song can help younger students know it is time to clean up one activity to transition to the next.
- If a student is asking the same question repeatedly, try to give an honest but brief response.
- Only make promises that can be kept, including regarding confidentiality. This builds relationship and trust.

  "I cannot promise that I will not tell anyone, because I do not know what you are going to tell me. If you tell me that you or someone else is being harmed, or that you are thinking of harming yourself or someone else, I have to tell someone because I care about you."

- Focus on students' strengths and help them create new ones.

  "You are such a caring person. You become friends with the new students in school, so they don't feel alone in a new place."

  "Thank you for volunteering for that project. That shows leadership. Are you interested in being a leader in other ways?"

- Language is important. Labels can be detrimental to the student-educator relationship and can hinder resiliency.
  - » Instead of **foster child**, he is a **student who is in foster care**.
  - » Instead of **homeless student**, he is a **student who is experiencing homelessness**.
  - » Instead of **at-risk** student, **she is a student who has risk factors**.
  - » Instead of **depressed**, she is **Alicia, who has a diagnosis of depression**.
- Minimize abrupt changes.
- Have consistent, clear boundaries.
- Reassure students that school staff are doing the best they can to keep them safe.
- Practice new routines and behaviors until everyone understands how to do them correctly.
  - » For quicker adoption, pair several rounds of practice with descriptive feedback.
  - » Focus on the desired behavior to reinforce learning in a positive way.

Staff Suggestions and Tips

- **Provide or attend professional development** on topics including trauma, working with specific groups of students, mental health, abuse and neglect, human trafficking, or substance use.

- **Ask and allow staff to have input** in how they can assist students as they return and how to best support staff.

- **Create time and a safe space to have conversations** as an entire staff, perhaps during a professional development or staff meeting. Alternatively, create time and a safe space in small groups during Professional Learning Community (PLC) time or planning period. Carve out this time and space to convey the importance of mental health awareness and crisis response, which is key to making the training and knowledge shift and putting it into practice.

- **Cultivate relationships with community agencies and providers**, both for students and for staff. These resources can be used by school staff for seeking help for themselves and their families, and for student referrals when they need services outside of what the school can offer. Resources can include community mental health or substance use providers, food banks, financial assistance, or housing assistance. Student Health Advisory Council (SHAC) members, parents, counselors, and members of the PTA can also aid in cultivating this bank of resources.

- **Be aware of staff member burnout**, as it is preventable. Burnout occurs when a person gets to a point where they are no longer able to cope with excessive and prolonged stress levels.

- **Post encouraging messages** on bulletin boards, in the student and staff bathrooms on the mirrors, stalls, or above the urinals. Post in highly visible areas, and with intentionality.

- **Have fun areas in the classroom or staff room for stress reduction and relaxation.**

  » Create areas for playdoh, kinetic sand, puzzles, journaling corners, mandala coloring stations, or create a class icebreaker ball with a blow-up beach ball. Write questions on each section, such as "If I had a million dollars, I would.." or "My favorite thing about me is..." or "my proudest moment"; when someone throws the ball, the person who catches it answers the question that is on the part of the ball where their thumb lands.

  » Have stuffed animals available. Hugging a stuffed animal (even as adults) can soothe and decompress.

  » Create a jar with inspirational messages. Someone can write an encouraging message and put it in the jar or take a slip of paper with a message on it to encourage them that day.

Resources

The National Child Traumatic Stress Network (NCTSN) www.nctsn.org

NCTSN Child Trauma Toolkit for Educators https://www.nctsn.org/sites/default/files/resources//child_trauma_toolkit_educators.pdf

Psychological First Aid for Schools https://www.nctsn.org/resources/psychological-first-aid-schools-pfa-s-field-operations-guide

Child Trauma Academy https://www.childtrauma.org/trauma-ptsd

TEA-approved trauma-informed and grief-informed trainings, frameworks, interventions and supplemental programs: https://tea.texas.gov/about-tea/other-services/mental-health/trauma-informed-grief-informed-practices

Why Zebras Don't Get Ulcers, 2nd Edition: An Updated Guide to Stress, Stress Related Diseases, and Coping Robert M. Sapolsky

2004.

Preventing Adverse Childhood Experiences: https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf

Mindful.org https://www.mindful.org/meditation/mindfulness-getting-started/

Child Mind Institute https://childmind.org/article/how-trauma-affects-kids-school/

TEA Mental Health and Behavioral Health Best Practice Resources https://tea.texas.gov/about-tea/other-services/mental-health/mental-health-and-behavioral-health

Vanderbilt University Center for Teaching. Teaching Problem Solving https://cft.vanderbilt.edu/guides-sub-pages/problem-solving/

TAKEAWAYS

— As students and staff return to school, awareness of the signs and symptoms of abuse, neglect, dating violence, and human trafficking is key for intervention.

— The COVID-19 pandemic and the increase in vulnerability due to limited resources and the need for survival, has led to increased stress and pressures in families and relationships.

— As a reminder, professionals are required to alert Texas Department of Family Services (1-800-252-5400 or http://www.txabusehotline.org) if they suspect abuse or neglect.

— Both identifying and reporting suspected child abuse or neglect are critical.

— Students are more susceptible to becoming targets of trafficking as a result of the consequences of the pandemic.

— The most dangerous time for a target of dating violence is when the target attempts to leave, or leaves, their abuser.

SECTION ②

Re-engaging Disconnected Students

"People don't care how much you know until they know how much you care."

—— Theodore Roosevelt

The pandemic has created an opportunity to reprioritize the investment in students, especially those who are disconnected, vulnerable, or high-risk. It also has highlighted the technological and digital divide that is present in some of our schools and communities. Anticipate increased levels of student absenteeism the first few weeks or months of the school year, as academic performance can decrease during and after a pandemic. Avoid putting pressure on students to catch up from all the time missed from school in a short period of time, trying to get them to where they would have been had the pandemic not happened. Instead, focus on students' capacity to learn by meeting them where they are and helping them to get as far as they can.

It is only in the context of trusted relationships that students will allow you into their world. It can be challenging to connect with students who are disengaged, acting out, and who have shut down or given up. **Building trust takes time, but the relationship between educator, coach, or other school staff and student can have long-lasting and positive impacts on the student.** Students who have a strong relationship with school staff are more likely to be more engaged in learning and achieve at higher levels academically. They are also less likely to avoid going to school.

> **POSITIVE RELATIONSHIPS BETWEEN STAFF AND STUDENTS CONTRIBUTE TO INCREASED SCHOOL ADJUSTMENT, ACADEMIC PERFORMANCE, AND SOCIAL DEVELOPMENT.**

School staff create environments that are more conducive to learning and in meeting students' emotional, developmental, and academic needs by creating and nurturing positive relationships with their students. **Positive relationships between staff and students contribute to increased school adjustment, academic performance, and social development.** A trusted relationship with their educator helps students feel safe and comfortable in the classroom and is a foundation for their social development and future academic success.

Children and adolescents are keen observers of the behaviors of adults in their lives, seeing if they keep their word, can be trusted, and whether they are genuine. Are your actions consistent with what you profess? For example, a staff member may say that they care about their students, but when a student comes to speak with them, the staff does not look up from what they are doing and avoids eye contact. Actions speak more honestly than words.

Videos showing educators, coaches, school-based law enforcement officers, or other school staff creating special handshakes with students as they enter the room or saying daily positive affirmations including "I can do anything I set my mind to. I am important. I am resilient. I try my best. I am a good friend" are high- profile examples of school staff who have created a special relationship with their students. Students who feel strong connections to staff will talk with them frequently because their interactions are positive, and they receive constructive feedback and praise.

Tips for Connecting with Students

- **Acknowledging each student as they enter the classroom.** Make eye contact and get to know every student's name.
- **Showing interest in who they are and the personal goals they have.**
- **Limiting lecture time**, followed with engaging students in some form of activity.
- **Using their "currency."** What is important to them? Using current world examples and technology; making it relevant and meaningful to them and connecting it to their lives.
- **Incorporating examples that are inclusive and diverse** and that reflect who they are. This makes them feel like they belong and are important.
- **Prioritizing relationships.** Positive relationships between educator and student, student and student, parent and student, staff member and staff member, administrators and staff, and school and parents are the foundation on which everything else is built.
    - » Creating connection and maintaining appropriate, healthy, and professional boundaries between staff and student.
- **Asking how they are doing.**
- **Being patient with yourself and with other staff**; giving each other some grace.
- **Mixing up teaching styles and making lessons interactive.**
    - » Incorporating movement, such as hand clapping, finger snapping, marching in place, or creating a gallery walk.
- **Creating classroom games.**
- **Providing "brain breaks."**
- **Providing fixed or controlled choices, when appropriate,** which gives students a sense of agency. Ensure that what you give them choice in is something you are willing to follow through on. Examples include:
    - » The choice between two topics to write about.
    - » The choice of group they want to work in.
    - » The way they want to show their knowledge (book report, quiz, presentation, activity).
    - » Deadlines for projects.
    - » Emotion regulation activities, e.g., "Do you want to get a drink of water, or work on a puzzle for 3 minutes?"
    - » SBLE/SRO example: "Would you like to walk with me and talk for a few minutes, or do you want to get a drink of water first?"
- When students are feeling overwhelmed or stressed, **giving them space to be able to take a break and gain self-control.** This also helps to mitigate blow-ups and models stress management.
    - » Designating a decompression area in the classroom that can be utilized for this purpose.
    - » Encouraging the student to get a drink of water.
    - » Allowing the student to work on a different assignment for a period of time.
- **Setting clear, firm limits for behavior,** explaining consequences in a developmentally appropriate way.
- Anticipating that coming back to school after the pandemic is a difficult time, **creating realistic expectations.**
- **Allowing for delays and "mental health days"** as both staff and students need time to adjust to a new schedule and responsibilities.
- **Maintaining structure and routine** as much as possible to provide a sense of normalcy.
- **Promoting a sense of belonging and safety** with students, parents, and colleagues.
- **Remaining calm and reassuring.**
- **Active listening.**
- **Showing respectful curiosity.**

Improving Students' Relationships with Teachers https://www.apa.org/education/k12/relationships

Impact of Teacher-Student Relationships https://www.theeducatoronline.com/k12/news/study-highlights-impact-of-teacherstudent-relationships/266029

TAKEAWAYS

— It is only in the context of a trusted relationship that a student will allow you into their world.

— Children and adolescents are observing the behaviors of adults in their lives. Are your actions consistent with what you profess?

— Avoid putting pressure on students to catch up from all the time missed from school.

— Focus on students' capacity to learn by meeting them where they are and helping them to get as far as they can.

Abuse, Neglect, Domestic Violence

"Childhood should be carefree, playing in the sun; not living a nightmare in the darkness of the soul."

— *Dave Pelzer*

This is not considered "training" and is not sufficient to meet any legal requirements for training. It is important to be properly trained, especially on issues related to students.

The COVID-19 pandemic and the increase in vulnerability due to limited resources and the need for survival, has led to increased stress and pressures in families and relationships. The Texas Council on Family Violence (TCFV) commissioned research which found that Hurricane Harvey and the stress associated with the disaster led to increased rates of domestic violence and child abuse, both during and after the hurricane. Social factors including job loss, reduced or limited access to resources, and disconnection from support systems can increase the risk for violence.

Children are especially vulnerable to the secondary effects of the COVID-19 pandemic, as there are diminished resources that parents rely on to reduce their stress, obtain support, or get a break. Violence in the home increases the risk for child abuse and neglect, and can lead to later adverse health and mental health outcomes for children. In addition to physical injuries, it can result in cognitive impairment and developmental delays, school performance issues, behavioral health diagnoses, suicidal and self-harm behavior, relationship and attachment issues, and risk-taking behaviors such as running away or substance use.

As students and staff return to school, awareness of the signs and symptoms of abuse, neglect, and domestic violence, is key for intervention. Some children are not able to ask for help when they need it, even when it is life-threatening, as they are terrified, do not know that what they are experiencing is wrong, or are unable to reach out for help due to their developmental age or disability. Effects of child abuse are devastating. You can help break the cycle of abuse and save a child's life by reporting suspected abuse and neglect. Both identifying **and reporting** suspected child abuse or neglect are critical.

As a professional, if you *suspect* the abuse or neglect of a child, you are required by Texas Law to immediately alert Texas Department of Family Services (1-800-252-5400) or http://www.txabusehotline.org). If the child is in imminent danger, notify local law enforcement first. Professionals may not delegate or rely on someone else to make the report (Texas Family Code, Section 261.101).

Potential Indicators of abuse or neglect can include*:

(These are indicators, not confirmation, that abuse or neglect is occurring. Some of these indicators can be explained by other factors, including financial insecurity, behavioral health diagnoses, or medical conditions. If these indicators are witnessed, or there are other concerns, it warrants further investigation or reporting to the <u>Texas Department of Family Services</u>. Follow your district's protocol. Abuse and neglect are defined in <u>Section 261.001 of the Texas Family Code.</u>)

- Unexplained injuries or fractures
- Bite marks
- Bald spots
- Repeated "accidents"
- Presence of several injuries in various stages of healing
- Wary of adults or a specific adult
- Violent towards others or animals
- Dressed inappropriately for the weather
- Poor sleep or frequent nightmares
- Avoids going home
- Substance use
- Startles or flinches easily
- Sad or crying frequently
- Often absent from school, poor school attendance or performance, falling asleep in class
- Stealing food or malnourished
- Extremely poor hygiene
- Suicidal or self-harm behavior
- Extreme outbursts
- Lacks social skills or has no friends
- Attention-seeking behavior
- Delays in development
- Age-inappropriate sexual play or unusual sexual knowledge

Human Trafficking

Human trafficking is defined as a form of abuse or neglect under Texas Family Code, Section 261.001.

The Texas Human Trafficking Prevention Task Force and the Texas Education Agency (TEA), under House Bill 1272, were tasked with developing a list of indicators that an individual is a victim of human trafficking and with developing a standardized curriculum to train school personnel to identify and assist victims. This training can be found on TEA's website at: https://tea.texas.gov/about-tea/other-services/human-trafficking-of-school-aged-children.

Students are more susceptible to becoming targets of trafficking because of the consequences of the pandemic, including financial instability, homelessness, abuse or neglect, lack of resources, increase in substance use, or lack of behavioral or medical health care. Additionally, students have increased stress from the uncertainty and change caused by the pandemic, and they are spending less time with friends and more time online which makes them even more vulnerable to traffickers. Traffickers are also spending more time online, as unemployment rates increase and more people are working from home.

Indicators of human trafficking can include:

- Having an older "boyfriend" or "girlfriend."
- Change in school attendance, friends, vocabulary, or demeanor.
- Sudden appearance of expensive, luxury items.
- Truancy from school.
- Tattoos or branding.
- Sexually provocative style of clothing.
- Multiple phones or social media accounts.
- Unexplained injuries.
- Isolation from family, friends, and community.

Domestic Violence, Intimate Partner Violence (IPV), or Dating Violence

As language is important, in place of "victim," the word "target" will be used in this section.

Domestic violence, **intimate partner violence**, and **dating violence** all describe the physical, sexual, verbal, or emotional abuse by a person to harm, threaten, intimidate, or control another person in a current or former dating relationship, partnership, or marriage. Intimate Partner Violence (IPV) and dating violence are terms that are used to discourage the belief that it must be a domestic relationship, e.g., living together or married, for it to be abuse. The term "dating violence" is used here. Texas Family Code section 71.0021 defines dating violence and the Texas Education Code dating violence policy is found in TEC Sec. 37.0831.

According to Love is Respect.org, nearly 1.5 million high school students are targets of dating violence each year, and nearly 1 in 3 girls in the US is a target. The highest rate of dating violence occurs in females between the ages of 16 and 24, as they experience it at almost triple the national average. Although females experience the highest rates, dating violence does not discriminate. Dating violence can occur in couples who are same-sex, heterosexual, or gender nonspecific, and it does not require a sexual relationship. A person of any race, age, gender, sexual orientation, or religion can be a target or a perpetrator of dating violence. It affects people of all education levels and socioeconomic backgrounds.

Experiencing dating violence in adolescence increases the risk for substance use, further violence, eating disorders, and other adverse health outcomes. Only 1 in 3 teens tells someone that they are experiencing dating violence.

Some indicators for dating violence can include:

- **Physical violence**, such as choking, shaking, slapping, preventing partner from leaving.
- **Sexual violence**, including use of pressure, manipulation, or force.
- **Psychological violence**, including threats, accusations of unfaithfulness, instilling the belief of unworthiness, demanding a daily account of activities, restricting contact with others, wanting the person to spend all their time with them, isolation from others, extreme or obsessive jealousy or insecurity, constant belittling, control over appearance.
- **Stalking**, including driving by house, school, or job, sending repeated texts or calls, damaging property, monitoring all activities.
- **Financial control**, including stealing targets' property, getting target fired or written up at job, preventing target from working, limited access to finances.

The most dangerous time for a target of dating violence is when the target attempts to leave or leaves their abuser. The abuser may try to escalate their control and power to try to get the target to stay in the relationship. Research has shown that the risk for homicide escalates when the target of abuse decides to leave the relationship.

If a student is involved in an unhealthy relationship, *connect, or refer them to a mental health professional.* It may also warrant calling the Texas Department of Texas Department of Family Services at 1-800-252-5400 or http://www.txabusehotline.org if they are a victim of abuse.

Tips for the Classroom

Talk about what healthy, unhealthy, and abusive relationships look like.

- **Healthy relationships** are based on respect and being equal.
  Make decisions together; can talk about anything openly without fear; enjoy spending time together but also enjoy spending time apart.
- **Unhealthy relationships** are based on attempts to control.
  One person makes most of the decisions; pressures the partner to do things; believes you should only spend time with them.
- **Abusive relationships** are based on power and control.
  One person makes all the decisions; spending all your time together; feel you cannot talk to anyone about what is going on in your relationship.

Talk about healthy friendships and boundaries.

- Compromising is healthy. It is ok to do things that you want to do, not just what your friends enjoy doing (and vice versa).
- Respecting each other and each other's right to privacy.
- Being honest and speaking up about how you feel.
- A good friend (or partner) is someone who brings out the best IN you and wants the best FOR you. There will be some people who do not like you, and that is okay.
- It is okay to disagree sometimes; be respectful and seek to understand the other person's perspective.

Resources

Love is Respect.org Educator Toolkits https://www.loveisrespect.org/educators-toolkits/

Break the Cycle.org https://www.breakthecycle.org/

Texas Department of Family Services 1-800-252-5400 or http://www.txabusehotline.org

National Human Trafficking Hotline at 1-888-3737-888 or text "Help" or "Info" to 233733.

National Domestic Violence Hotline 1-800-799-SAFE (7233) or www.ndvh.org

National Dating Abuse Helpline 1-866-331-9474 or www.loveisrespect.org

National Human Trafficking Resource Center/Polaris Project http://polarisproject.org/

     Call: 1-888-373-7888 | Text: HELP to 233733

Office of the Attorney General https://www.texasattorneygeneral.gov/initiatives/human-trafficking

The Center to End the Trafficking and Exploitation of Children https://childrenatrisk.org/human-trafficking/

The National Center for Missing and Exploited Children https://www.missingkids.org/

Texas School Safety Center

     https://txssc.txstate.edu/videos/dating-violence/

     https://txssc.txstate.edu/topics/school-violence/articles/addressing-dating-violence

Break the Cycle https://www.breakthecycle.org/warning-signs

The National Center for Missing and Exploited Children https://www.missingkids.org/

Texas Education Agency https://tea.texas.gov/about-tea/other-services/human-trafficking-of-school-aged-children

TAKEAWAYS

— As students and staff return to school, awareness of the signs and symptoms of abuse, neglect, dating violence, and human trafficking is key for intervention.

— The COVID-19 pandemic and the increase in vulnerability due to limited resources and the need for survival, has led to increased stress and pressures in families and relationships.

— As a reminder, professionals are required to alert Texas Department of Family Services (1-800-252-5400 or http://www.txabusehotline.org) if they suspect abuse or neglect.

— Both identifying and reporting suspected child abuse or neglect are critical.

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— The most dangerous time for a target of dating violence is when the target attempts to leave, or leaves, their abuser.

SECTION ④

Bullying in the Classroom

"The more people we can get on board to address this issue, the higher the chances are of creating a change in culture."

— Maurine Molak

The COVID-19 pandemic has brought unprecedented change to schools. School closures brought the shift to remote instruction, and this shift provided students with even more time spent online. According to Common Sense Media, American tweens and teens were online on average 6-9 hours per day prior to remote instruction. **Amid the pandemic, with escalating tension and isolation, an increase in cyberbullying, along with other forms of bullying and harassment, has been witnessed.** It would be negligent not to acknowledge that this behavior will likely transition to the classroom. With the return to school, in-person, or a mixture of remote and in-person instruction, what can be expected and planned for?

> AMID THE PANDEMIC, WITH ESCALATING TENSION AND ISOLATION, AN INCREASE IN CYBERBULLYING, ALONG WITH OTHER FORMS OF BULLYING AND HARASSMENT, HAVE BEEN WITNESSED.

Fear, anxiety, and misinformation about the virus can lead to stigma and bias toward people or places. For example, news stories show expressions of hate language and behavior, and people assigning culpability for the virus and its aftermath on Asians. Xenophobia, the fear or hatred of strangers or foreigners, and racism towards Asians, primarily those of Chinese descent, has increased since the beginning of the COVID-19 pandemic. Parents of Asian American children have reported incidents of their kids being mistreated by other children and adults.

Bullying behavior directed towards those who are, or are not, wearing masks in public has also been witnessed. Threats, taunts, or even coughing directly into someone's face because they are wearing a mask are examples of such behavior. Though bullying is often referenced as occurring between students, it can also take place between, and towards, staff, and parents in your school community.

With the increased usage of technology, including for educational purposes, students who are prone to bullying are likely to cyberbully. There may also be less oversight as parents attempt to work from home and juggle additional responsibilities. Targets of, and witnesses to, cyberbullying may hesitate to notify parents or others to avoid burdening them or due to fear of repercussions. There may be an increase in social challenges as students return to school, as students may not have had social interactions (in-person or even perhaps online) for potentially 3-6 months or even longer.

Bullying is a devastating and serious problem among children and adolescents, and the impact can be long-lasting. Students who experience bullying, bias, and hate are more likely to feel unsafe, impacting school climate, academic performance, and school attendance. Psychological effects of bullying include depression, low self-esteem, anxiety, thoughts of suicide or homicide, and coping through self-harming behavior and substance use. Students with disabilities can be more at risk as they may not have the capacity to understand what is happening to them or be able to report the behavior to the appropriate people.

> THOUGH BULLYING IS OFTEN REFERENCED AS OCCURRING BETWEEN STUDENTS, IT CAN ALSO TAKE PLACE BETWEEN, AND TOWARDS, STAFF, AND PARENTS IN YOUR SCHOOL COMMUNITY.

Tips for Proactively Combating Bullying in the Classroom

- **Foster kindness**, compassion, empathy, and tolerance among students. This helps students become observant of how others might feel, take the perspective of others, and resolve conflicts positively.

  » Random acts of kindness challenge; document experiences in a journal. Random Acts of Kindness Foundation has lesson plans, resources, and training materials focusing on equity, educator self-care, and digital citizenship.

  » Start or end the day with a prompt, "One good thing in my life is..."

  » Write about an act of kindness they experienced and one they witnessed.

  » Create and say daily positive affirmations.

  » Read stories about minority experience and the importance of diversity.

  » Select texts that represent non-mainstream persons positively.

  » Create dialogue and discussions with students on scenarios and how they would respond and why.

  » Teaching Tolerance has classroom lessons on tolerance.

- **Nurture and encourage inclusivity** and intervene immediately when there is conflict or hurtful exchanges.

- **Immediately correct misinformation or fallacies**.

- **Language matters.** The language we choose to use makes a difference.
  » **Physical distancing** versus **social distancing**.
  » **Survivor** versus **victim**.
  » **Language that is strengths-based focuses** on the value that each student brings to the class, rather than what they lack or need to work on. Diversity is viewed as a positive asset because it provides multiple perspectives and encourages inclusivity. Appreciating diversity builds empathy and tolerance, and discourages bullying, bias, and hate.

- **Teach news and media literacy**, how students can be a critical consumer of news.

  Common Sense Media has resources on digital citizenship and social and cultural literacy resources for classrooms.

- **Comply with David's Law.**

  » David's Law

  » David's Legacy Foundation

- **Teach responsible digital citizenship**.

  » Google's "Be Internet Awesome" has resources for families and educators for students to become responsible digital citizens.

  » Common Sense Media has lesson plans and resources including digital citizenship and media literacy.

- **Focus on positive reinforcement and teaching students conflict resolution skills.**

- **Provide character education** including courage, integrity, trustworthiness, honesty, respect, responsibility, kindness, empathy, patience, self-control, and reliability.

  » Create fun activities that teach and emphasize the importance of each of these character traits. One way to do this is by focusing on one trait each week or month; create activities and lessons around each trait and praise students when they demonstrate those behaviors.

- **Encourage students to report** if experiencing or witnessing bullying at school or online.

- Teach students how to be **"upstanders" instead of "bystanders"**

- **Discuss expectations** and standards for appropriate behavior, and make it clear that there will be consequences for inappropriate behavior. Explain what the consequences are.

- **Provide additional support** for students who need accountability or encouragement, or for students who are marginalized.

    » Know what your school's or district's community resources are, e.g., mental health resources, food pantries, provisions of masks for those who cannot afford them.

- **Allow for some frustration and irritability** as children navigate a lot of change in a short amount of time. Assist them with adapting to changes and finding appropriate ways of coping.

- **Encourage physical activity and brain breaks**, which helps support physical and mental health.

- **Teach *and practice* self-care strategies**, including healthy eating, getting enough sleep, exercising, and taking breaks.

Resources

Texas School Safety Center:

    School Safety Law Toolkit, Section 2.1 Bullying: https://txssc.txstate.edu/tools/law-toolkit/topics/bullying

    Bullying Topic Webpage: https://txssc.txstate.edu/topics/bullying/

National Suicide Prevention Lifeline: www.suicidepreventionlifeline.org or 1-800-273-8255

David's Legacy Foundation www.davidslegacy.org

Stop Bullying: www.stopbullying.gov

Pacer's National Bullying Prevention Center: https://www.pacer.org/bullying/

Cyberbullying Research Center: www.cyberbullying.org

Texas Laws Related to Bullying:

[TEC 37.0832] BULLYING PREVENTION POLICIES AND PROCEDURES ("David's Law")

[TEC 37.001] STUDENT CODE OF CONDUCT

[TEC 37.217] COMMUNITY EDUCATION RELATING TO INTERNET SAFETY

TAKEAWAYS

— Fear, anxiety, and misinformation about the virus can lead to stigma and bias toward people or places.

— Bullying behavior directed towards those who are, or are not, wearing masks in public has also been witnessed.

— Though bullying is often referenced as occurring between students, it can also take place between, and towards, staff, and parents in your school community.

— The language we choose to use is critical and makes a difference.

— Nurture and encourage inclusivity and intervene immediately when there is conflict or hurtful exchanges.

— Immediately correct misinformation or fallacies.

— Foster kindness, compassion, empathy, and tolerance among students to help students become observant of how others might feel, take the perspective of others, and resolve conflicts positively.

SECTION ⑤

Child and Adolescent Mental Health Awareness

"Half of mental health conditions begin by the age of 14 and 75% begin by the age of 24, but these issues often go undetected and untreated until they reach a crisis point."

— *National Alliance on Mental Illness (NAMI)*

This is not considered "training" and is not sufficient to meet any legal requirements for training. It is important to be properly trained, especially on issues related to students.

Knowing the signs and symptoms of mental illness is critical to early detection and initiating treatment and wraparound services. School staff are key partners in identifying these early signs in students and collaborating with parents and guardians in developing a support plan. It takes 8-10 years on average, from the time a person starts to display symptoms of a mental illness, until the time they get treatment. Think about the deterioration that can take place in that time. Earlier recognition and connection to supports can mitigate this deterioration.

Children's mental health is critical to their success in school and in life. Research supports that when students receive mental health and social-emotional learning and supports, they not only achieve higher academically, but classroom behavior and on-task learning improve as well. Alternatively, when mental health needs are not met, there is an increased risk of behavior problems and dropping out of school (National Association of School Psychologists, n.d.).

There are a few terms that are related to mental health and illness, including "mental illness", "mental health condition", "behavioral health", and "mental health." **Behavioral health** is a general term that includes mental health, and how someone's behaviors impact their physical and mental health. Mental health and mental illness are more specific terms. **Mental health** is not just absence of mental illness, but includes how a person feels, thinks, and acts, and it encompasses their emotional, psychological, and social well-being.

The American Psychiatric Association defines **mental illnesses** as "... health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities." (Parekh, 2018)

Mental illness is prevalent. **One in five adults and one in five children experiences a mental health disorder.** Unfortunately, many of these children do not receive the treatment they need due to the stigma that surrounds mental illness and lack of access to services. Cultural beliefs and practices can also impact a person's views towards mental illness and treatment. Without treatment, specifically early treatment, outcomes can be devastating. According to the Centers for Disease Control (CDC), untreated children are twice as likely to abuse drugs and alcohol, 50% of untreated children will drop out of high school, and rates of incarceration and risk for suicide also increase.

ACCORDING TO THE CENTERS FOR DISEASE CONTROL (CDC), UNTREATED CHILDREN ARE TWICE AS LIKELY TO ABUSE DRUGS AND ALCOHOL, 50% OF UNTREATED CHILDREN WILL DROP OUT OF HIGH SCHOOL, AND RATES OF INCARCERATION AND RISK FOR SUICIDE ALSO INCREASE.

How do you know if what you are seeing in the classroom is typical behavior or something more concerning?

It is essential that adults in children's lives are equipped to recognize "warning signs" of mental illness, as 50% of mental health conditions begin by age 14 and 75% develop by the age 24. The term "warning signs" is used here, as these signs are not predictive of a student having a mental illness but may indicate that they are exhibiting symptoms of the onset of a mental illness. Or, these signs may indicate that the student is going through a difficult time and requires additional support.

Educators and parents are positioned to notice the warning signs first, as they spend the most time with children and adolescents and can identify when their moods and behavioral patterns shift. Normal development and personality changes in adolescence can sometimes mask symptoms of mental illness.

When looking at typical and atypical behavior, one must look at the age and developmental level of the child, as well as whether they have any developmental or other disabilities. For example, a two-year old throwing themselves on the floor when told "no" is relatively age and developmentally appropriate behavior. However, a seventeen-year old doing the same is not age appropriate, but it may be appropriate if he has a developmental or other disability.

Young children do not know how to accurately label their emotions as their vocabulary is still developing. Their symptoms can manifest as somatic or physical complaints because they are unable to verbalize, "I don't like school because Alex keeps picking on me and I am sad because I don't have any friends." They may instead say "my stomach hurts", "my back hurts", or "I don't feel good" when asked why they don't want to do something. They may also express their feelings through their behaviors. As such, it is often necessary to look at young children's behavior as an indicator for their mental wellness.

Adolescents and young adults are often oversensitive and self-conscious, and they do not yet have the coping skills needed to deal with the problems that come with growing up in today's world. Parents and educators will often notice periods of sadness, anger, frustration, and anxiety with adolescents. However, this should only last a few days. Typical worry or anxiety may be expressed through anger and defiance. Adolescents may alter their appearance to look intimidating, to keep others from getting too close, and they may use illicit drugs to seek relief from anxiety, fear, or depression.

Warning signs are often exhibited through changes in mood, behavior, and/or thoughts. This requires that the typical behavior and mood for that person is known, and that any changes or deviation in their behavior and mood are noticed and followed up on. This is especially true for students, and it emphasizes the importance of the relationship between educators, and other school staff, and students.

> *One 10-year-old student has had a group of three friends that she has had for years. Lately, she has not been talking about them or spending time with them at school. She has also been more quiet than normal. Pulling her aside, you ask her how she is doing and that you have noticed that she is more quiet than usual and that you have noticed she does not seem to be spending time with her friends shows her you care about her. This conversation allows you the opportunity to see whether she may have been having peer difficulties, other concerns that may need assistance, or whether she may be exhibiting warning signs and needs to speak with a mental health professional.*

Students isolating from their friends or pulling away from other people may indicate that they are being bullied or excluded in some way. It may also indicate something else, or that they might be showing symptoms of mental illness, such as depression or anxiety.

Warning signs are varied, and a warning sign for one person may not be for another. Pay attention to deviations from what is typical for that individual.

Mood changes may include:

- Overwhelming sadness; crying a lot.
- Overwhelming or persistent anxiety.
- Excessive worry about being harmed, hurting others, or doing something "bad."
- Extreme fear.
- Anhedonia (no longer enjoying the things they used to enjoy).
- Apathy.
- Extreme moods or mood swings; angry all the time.
- Irritability.
- Strong emotions; exaggerated changes in mood.
- Easily frustrated.

Behavior changes may include:

- Withdrawing from family and/or friends (not age appropriate).
  - » There is a stage in healthy adolescent development where they pull away from family to establish an independent identity apart from their parents.
- Increased aggression.
- Decreased hygiene.
- Talking about suicide or homicide.
- Disproportionate reactions to situations.
- Increased impulsivity or hyperactivity (not age appropriate).
- Changes in eating patterns, including restricting food, binge eating, or purging.
- Changes in sleeping patterns (not age appropriate).
- Animal cruelty.
- Fire starting.
- Drastic changes in personality.
- Breaking the law.
- Persistent nightmares.
- Extreme fatigue.
- Risk-taking behavior.
  Non-suicidal self-injury.
- Substance use or increase in substance use.

Thought changes may include:

- Change in ability to make decisions.
- Change in concentration.
- Difficulty problem solving.
- Hearing voices (external; not their conscience).
- Mind racing.
- Acting confused.
- Delusions, e.g., the tv is talking to me, or I am a famous rapper.
- Change in ability to manage responsibilities.

School changes can include:

- A sudden decline in grades.
- Loss of interest in friends or extracurricular activities.
- School refusal or resistance.
- Behavior problems in school.

The changes that are noticed in a student may not indicate the onset of a mental illness, but rather the presence of bullying, abuse, neglect, trauma, or grief. Look at warning signs as a whole and whether they are causing serious change in the student's ability to study, work, or relate to others.

Suicide

The number of children and adolescents in the United States who were admitted to children's hospitals for thoughts of suicide or self-harm more than doubled from 2008-2015. **With suicide being the second most common cause of death for people between ages 10-24, it is important to know the risk factors and how to get help for students, as this can save lives.** According to NAMI, 90% of people who die by suicide had signs of a mental illness at the time of their death, however these disorders had not been recognized, diagnosed, or adequately treated.

Suicide cuts across all demographic lines; people of all ages, ethnicities, and genders can be at risk. Suicide rates have grown in the geriatric population, as loneliness and health problems become more prevalent. Relationship, substance use, and job or financial problems are some of the other circumstances which can contribute to suicide. With the economic hardships, fear, and uncertainty of the COVID-19 pandemic, and as people feel hopeless, suicide rates could increase. It is important to pay attention to students, but also to check in with loved ones, coworkers, peers, and friends. If you notice they are struggling or having a difficult time, reach out to them, provide support and encouragement, and provide resources if needed.

If a student expresses a desire to harm or kill themselves or others, it is important to take that seriously and not minimize or dismiss their statements or behaviors as "attention seeking," even if there is a history of similar prior statements. Students will sometimes say things to see if any adult truly cares about them, is paying attention, or whether the adult will follow through.

During a high school English class, the students and teacher are discussing a novel they read, and the teacher brings up the topic of suicide. The character from the novel had considered suicide, and the teacher is discussing how suicide is not the answer. She asks the students what they had learned from the novel. A boy raises his hand and says, "I learned that he was a coward, because he didn't have the nerve to go through with it." The other students laugh. The teacher says, "Why would you say that? It takes courage to ask for help", and she continues to talk about how it is important to talk with our friends and peers and check in on them, especially when they are having a hard time or are feeling depressed. Sometimes a person is so depressed or feels so worthless that they cannot ask for help for themselves; it is then our responsibility to get help to them.

She pulls that student into the hallway and asks him about his comment. He says that he did not mean it. He was just joking. She expresses how serious and devastating suicide is, and that it is not something to joke about. She then asks him if he has ever thought about suicide. He says that he had, years ago, and he is not currently feeling sad or suicidal. She says that she cares about him and she wants him to know that he can always come to her if he feels sad or overwhelmed. He thanks her and gives her a hug.

When this teacher immediately responded to what the student said in class, and she spoke up about how what he said was not correct, she showed him and everyone else in that classroom that she cares about them. There may be other students in that classroom considering suicide, and her reaction shows them that it is not something to be taken lightly, and that there are people who care about each one of them. She took the opportunity she was given to create a stronger relationship with that student by speaking with him in private and following up with him. She created stronger relationships with the other students by emphasizing the importance and value of each student. She did this because she did not dismiss that one student's behavior as "attention-seeking."

If a student expresses a desire to die by suicide or makes a vague comment such as "I wish I wouldn't wake up tomorrow", it is prudent to pull that student aside and talk with that student in private rather than in front of a group of students. There is a myth that asking someone if they are suicidal will "put the idea in their head." Research has found this to be false. A student may make vague statements to see if anyone cares about them. It may be their only way of asking for help.

There has been a recent trend with students saying things such as, "I'm just going to kill myself" if they fail a test or in other situations as solutions to any problem, to the point where they are saying it sometimes 10-15 times per day. Our brains believe what our mouths say. Even if a student does not mean it when they are saying it, in the future when they are having a really bad day and are overwhelmed, suicide may become a potential option for them.

Making statements or comments is a way of asking for help, sometimes as a last bid effort. All talk of suicide should be taken seriously as suicidal thoughts or actions are a sign of extreme distress. Even if the student does not desire to die by suicide and "is just making a threat to get attention", it indicates the need for additional support. **The best choice is to always err on the side of caution and have a mental health professional determine intent and risk level.**

Determining risk level, intent, and/or referral to a community mental health provider is done through a school-employed mental health provider, community mental health provider, and/or your district's safe and supportive school team, as they have been trained in how to conduct behavioral threat assessments. Follow your district's protocol.

Warning signs or risk factors for suicide can include:

Expressing

- Feeling like a burden - "My mom has too much going on without worrying about me. All I do is make her life hard."
- Feeling trapped - "There is no way out of this."
- Hopelessness (This is one of the biggest risk factors) - "Things will never get better or change"; "I have no future"; "It is too late now"; "I will never be happy again."
- Helplessness - "There is nothing that I can do to make this better"; "no one can help me."
- Thoughts about or plans for death (including giving away prized possessions) - "If anything happens to me, I want you to have my Xbox."
- Desire to die.
- Seeking revenge.

Behaviors

- Increased anxiety, anger, agitation, or rage.
- Increased substance use.
- Isolating or withdrawing from friends and family.
- Preoccupation with death, researching ways, or collecting means to carry out their death.
- Acting or behaving recklessly.
- Extreme mood swings.
- History of suicide attempts.
- Giving away prized possessions.
- Increase in non-suicidal self-injury behaviors.
- Preoccupation with death.

It is important to note that suicide is not a normal response to stress.

Other Things to Know

- Never promise confidentiality.
- Be willing to listen and allow emotional expression.
- Reassure them that help is available, and never leave the person alone. Get help to them, rather than leaving them to get help.
- Avoid talking about suicide as a selfish or stupid decision, that it is cowardly or weak, or that it is a choice.
- Avoid using the phrase "commit suicide"; instead use "died by suicide."
    » The word "commit" is used for things like committing a crime. Suicide is a tragedy, not a crime.
- Suicide contagion is real. It is not contagious like a virus, but how we speak about or portray suicide can increase the risk for others to die by suicide.
- Suicidal thoughts and actions are signs of extreme distress, not harmless bids for attention; they should not be ignored.
- Program the number for the National Suicide Prevention Lifeline in your phone: 1-800-273-TALK (8255).
    » The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals

If an individual is exhibiting behaviors that indicate they are on the pathway to violence, including expressing threats of harm to self or others, be sure to follow your district's threat assessment protocol and procedures. For more information, visit the Behavior Threat Assessment and Management Toolkit.

Staff Suggestions and Tips

- Provide support groups on mental health, stress, or other relevant topics that support staff. Utilize community partners to help implement or facilitate these groups.
- Encourage staff to take care of their mental health by seeking support and utilizing programs that are available to them through their Employee Assistance Program (EAP) and health insurance. Create policies that reduce stigma about seeking help.
    » The pandemic has increased feelings of anxiety, fear, stress, and depression related to health, finances, career, family, and the changes created by the pandemic.
    » Destigmatize mental illness by recognizing its importance and that mental health should be prioritized equally to physical health. Taking care of physical and mental health and going to preventative care appointments can create more productivity, decrease absenteeism, and it can optimize the health and safety of the employee and the school.
- Provide support groups on mental health, stress, or other relevant topics to support staff. Utilize community partners to help implement or facilitate these groups.

Resources

Texas Health and Human Services https://hhs.texas.gov/services/mental-health-substance-use

Mental Health Texas https://mentalhealthtx.org/

School Mental Health Resource Guide https://mentalhealthtx.org/sites/mentalhealthtx/files/docs/behavioral-health-re-source-guide.pdf

American Foundation for Suicide Prevention https://afsp.org/

National Suicide Prevention Resource Center https://www.sprc.org/

Anxiety resources: https://angstmovie.com/resources-helpful-websites/

How to Report on Suicide to Prevent Suicide Contagion: https://reportingonsuicide.org/wp-content/themes/ros2015/as-sets/images/Recommendations-eng.pdf

National Alliance on Mental Illness (NAMI) https://www.nami.org/Home

National Suicide Prevention Lifeline https://suicidepreventionlifeline.org/

TEA's approved suicide prevention trainings list: https://tea.texas.gov/about-tea/other-services/mental-health/sui-cide-prevention

JED Foundation https://www.jedfoundation.org/

Mood 24/7 (free app to track moods) https://www.mood247.com/

TAKEAWAYS

- There is going to be an increased need for mental health support; what resources do you have?
  - In addition to school counselors, counselors, school psychologists, or other school-based mental health professionals, there are community providers and agencies.
  - SRO/SBLE have, or will have, some mental health training and may be able to help with de-escalation.

- Ask "HOW ARE YOU" and mean it. In-person, or online or virtual support is essential. You are not alone.

- Destigmatize mental illness by recognizing its importance and that mental health should be prioritized equally to physical health. Taking care of physical and mental health and going to preventative care appointments can create more productivity, decrease absenteeism, and it can optimize the health and safety of the employee and the school.

- Children's mental health is critical to their success in school and in life. Schools play a key role in identifying early warning signs and linking students to effective supports and services.

- 50% of mental health conditions begin by age 14 and 75% develop by the age 24.

- When looking at typical and atypical behavior, one must look at the age and developmental level of the child, as well as whether they have any developmental or other disabilities.

- Warning signs are often exhibited through **changes** in mood, behavior, and/or thoughts. This is especially true for students, and it emphasizes the importance of the relationship between educators, and other school staff, and students.

- Warning signs are varied, and a warning sign for one person may not be for another. Pay attention to deviations from what is typical for that individual.

- With the economic hardships, fear, and uncertainty of the COVID-19 pandemic, and as people feel hopeless, suicide rates could increase. It is important to pay attention to students, but also to check in with loved ones, coworkers, peers, and friends. If you notice they are struggling or having a difficult time, reach out to them, provide support and encouragement, and provide resources if needed.

- If a student expresses a desire to harm or kill themselves or others, it is important to take that seriously and not minimize or dismiss their statements or behaviors as "attention seeking."

Non-Suicidal Self-Injury (NSSI)

"There is no greater agony than bearing an untold story inside you."

— Maya Angelou

Non-suicidal self-injury (NSSI), also known as self-harm, self-mutilation, or cutting, is the deliberate, self-inflicted destruction of body tissue, done without suicidal intent. The average age of onset for NSSI is between 12 and 14 years old. It is most common with adolescents and young adults, but there are very young children and elderly people who self-injure. Although NSSI is more prevalent in females, males also self-harm. It is culturally "expected" that males who follow gender norms have more bruises and cuts, so it often goes undetected.

The prevalence of NSSI behavior in all genders is unknown, as NSSI is frequently carried out in secret and evidence of the behavior is hidden. NSSI co-occurs with another mental health disorder, such as anxiety or depression, 40-90% of the time. Childhood abuse and neglect are correlated with an increased risk for NSSI and suicidal behavior.

Why would someone want to harm themselves? This is probably one of the most misunderstood aspects about self-injury. NSSI is a powerful communicator of emotional pain. It is sometimes used to cope with overwhelming emotions such as anger, guilt, or sadness, or to express feelings too difficult to put into words. Other reasons people give as to why they self-harm include that it helps them have control over past pain and trauma, to punish themselves, distract them from their life, or to feel alive. It can be a learned behavior or a way to "fit in", but use caution in assuming that is the case, as it still can be a way of asking for help. Sometimes it is offered as a solution to a problem.

> **NSSI IS A POWERFUL COMMUNICATOR OF EMOTIONAL PAIN. IT IS SOMETIMES USED TO COPE WITH OVERWHELMING EMOTIONS SUCH AS ANGER, GUILT, OR SADNESS, OR TO EXPRESS FEELINGS TOO DIFFICULT TO PUT INTO WORDS.**

> *A peer sees her friend is overwhelmed and anxious, and she tells her about self-harm as a way to help her manage her anxiety. One teenager explained that her parents would yell at each other in the evenings when she was trying to study. She put a lot of stress on herself to get straight A's. When she was so overwhelmed by the stress of her grades and her inability to study due to the loud noises and fighting occurring in her home, she would cut herself as a way to drown out the yelling and chaos, and focus on her schoolwork.*

Some adolescents who self-harm explain the motive to self-harm by using the Novocain analogy. They say it (the Novocain injection) hurts initially, but then the pain (of the toothache) goes away, temporarily.

The most common methods of self-injury are skin cutting, head banging or hitting, and burning. However, NSSI can also include a person biting themselves, rubbing erasers on their skin, inserting items into their body, sometimes to the point that they have to be surgically removed, misusing medications, engaging in risky sexual behaviors without concern for their own health, or poking or piercing their skin with items such as needles. Tattooing and piercing are not usually considered NSSI as, in the United States, they are culturally sanctioned forms of self-expression.

Injuries from NSSI can run the gamut from superficial to severe. **It is *why* someone is exhibiting the behavior, rather than the behavior itself, that is important.**

> *A 15-year-old boy may not consistently take his insulin or check his blood sugar, and he chooses to eat a lot of carbohydrates and high sugar foods. It may be that he needs to be educated on the importance of taking care of his medical condition and be taught how to do so. Or he may be engaging in these behaviors purposefully, with the goal of harming or killing himself.*

Likewise, avoid assuming that superficial cuts are NSSI, as it may be a student who has attempted suicide.

The most common locations on the body for someone to self-harm are on the arms, wrists, and forearms opposite of the dominant hand, sometimes covered by layers of bracelets or layers of clothing. Often evidence of the behavior is hidden to avoid detection. It may be hidden by long sleeves or pants even when it is 100 degrees outside. Or, the behavior may be done on the stomach, thighs, or other hidden areas on the body.

Although NSSI is done without suicidal intent, the behavior can escalate to suicide. The amount of the behavior that brought relief may need to be increased in frequency or intensity over time to bring the same relief, or the behavior itself no longer brings relief. It is important to take all self-harming behavior seriously because of this. Never assume that a student is self-harming to seek attention. A student once said, "Even though some people do it for attention, if a kid is asking for attention, why not just give it to them, rather than criticize the way they're asking for help?"

> **ALTHOUGH NSSI IS DONE WITHOUT SUICIDAL INTENT, THE BEHAVIOR CAN ESCALATE TO SUICIDE.**

The stressors of the pandemic may lead to increased use of NSSI behavior as a coping skill to manage overwhelming emotions. Self-harming behavior increases the adult risk of long-term behavioral health issues, risk-taking behaviors, and suicidal behavior. There is some research which shows NSSI can be an important risk factor for suicide.

Questions about any marks should be non-threatening; remain calm and avoid overreacting or panicking, as negative reactions will minimize help-seeking by the student. Take all self-harming behavior seriously and follow your district's protocol.

Resources

Crisis Text Line https://www.crisistextline.org/topics/self-harm/#recovering-from-self-harm-7

     Crisis Text Line TEXT HOME to 741741 if ever in crisis

Teen Mental Health.Org http://teenmentalhealth.org/understanding-self-injury-self-harm/

Mental Health America https://www.mhanational.org/self-injury-and-youth

Child Mind Institute https://childmind.org/article/what-drives-self-injury-and-how-to-treat-it/

Help Guide https://www.helpguide.org/articles/anxiety/cutting-and-self-harm.htm?pdf=12832

TAKEAWAYS

— In 40-90% of cases, self-injury co-occurs with another mental health disorder.

— NSSI is strongly linked to childhood abuse.

— NSSI is done without suicidal intent but *is* associated with increased risk of later suicide attempts.

— Treatment is readily available.

Substance
Use

"Families with alcohol and drug problems usually have high levels of stress and confusion. High stress family environments are a risk factor for early and dangerous substance use, as well as mental and physical health problems."
— *Substance Abuse and Mental Health Services Administration (SAMHSA)*

The COVID-19 pandemic and resulting economic downturn have negatively impacted mental health and created additional barriers for those who were already living with a mental health or substance use disorder. **Studies show that people tend to increase their use of alcohol or substances during times of stress.** Isolation, feelings of boredom, anxiety, depression, and the economic downturn, including unemployment and financial devastation can drive someone to cope by using substances.

Substance use affects young people differently than it affects adults. Substance use can mimic many of the signs of a mental health disorder, and it can exacerbate the symptoms of mental illness. Research shows that brain development continues until a person's mid-20s. Substance use, especially during the formative years of brain development can lead to vulnerability to developing substance use disorders as the brain is developing and malleable. This can result in permanent changes within the brain's chemistry. The last part of the brain that develops is the prefrontal cortex, which is responsible for executive functioning including impulse control, decision-making, problem-solving, emotion regulation, and planning.

Signs a person may be using substances:

- Anhedonia (the inability to feel pleasure).
- Changes in social group.
- Acting aggressive or angry.
- Decline in hygiene, wearing dirty or inappropriate clothing.
- Physical changes including sudden weight loss, nosebleeds, tremors.
- Breaking rules.
- Glazed, bloodshot eyes, or dilated or constricted pupils; poor skin tone, appearing tired or run down.
- Dramatic changes in habits or priorities.
- Changes in attitude or personality.
- Changes in appetite, decreased appetite, and associated weight loss.
- Smells like alcohol.
- Sleeping more than usual.
- Difficulties at school, disinterest in school-related activities, or declining grades.
- Poor work performance.
    - » Being chronically late to work.
    - » Consistently tired or disinterested in work duties.
    - » Declining work quality.
- Altered behavior, such as an increased desire for privacy.
- Drastic changes in relationships.
- Issues with finances, including increased spending, or requesting to borrow money; not paying bills on time.
- Defensiveness when asked about substance use.

Please note that the above symptoms could also be indicative of a mental illness or medical condition.

Resources

National Institute on Drug Abuse Teacher Lesson Plans: https://teens.drugabuse.gov/teachers/lessonplans

Substance Abuse Mental Health Services Administration: https://www.samhsa.gov/find-help/prevention

Help Guide https://www.helpguide.org/articles/addictions/drug-abuse-and-addiction.htm

National Institute on Drug Abuse: https://www.drugabuse.gov/drug-topics

Texas Health and Human Services https://hhs.texas.gov/services/mental-health-substance-use

School Mental Health Resource Guide https://mentalhealthtx.org/sites/mentalhealthtx/files/docs/behavioral-health-re-source-guide.pdf

TAKEAWAYS

— Studies show that people tend to increase their use of alcohol or substances during times of stress.

— Substance use affects young people differently than it affects adults.

— Substance use can mimic many of the signs of a mental health disorder and can exacerbate the symptoms of mental illness.

— Substance use, especially during formative years of brain development, can lead to vulnerability to developing substance use disorders.

Developing Resiliency

"One day you will tell your story of how you overcame what you went through and it will be someone else's survival guide."

— *Unknown*

Resiliency is the ability of adapting well to adversity, trauma, or a stressful event like COVID-19. Every person will experience tragedy, serious health problems, the death of a loved one, or other serious stressors. Those who adapt well during adversity or who are better able to weather stressful or traumatic events are those who are resilient.

The good news is that resiliency skills can be developed and nurtured at any age. **Resilience involves thoughts and behaviors that can be learned and developed.** It is through adversity that a person learns what they are capable of. For example, a person who has experienced a job layoff or termination but learns through that experience that it does not define who they are or their value as a person. Another example is a person who has experienced the COVID-19 pandemic as a teacher and has shifted to remote instruction. It is not the experience, but how they weathered it. One person may have experienced the transition to remote instruction angrily, feeling taken advantage of, and put forth minimal effort. Another may have felt frustrated, but persevered to learn new technology, and figured out a way to continue teaching through a pandemic.

Growth Mindset vs Fixed Mindset

A way to nurture resiliency is by encouraging a growth mindset in students. Dweck (2006) and her colleagues researched students' attitudes about failure. Her research found that students had one of two types of mindsets about learning and intelligence. She coined those two mindsets as "fixed mindset" and "growth mindset."

A person with a **"fixed mindset"** believes that intelligence and ability, for example, are fixed, or innate, traits and cannot change. A person with a **"growth mindset"** believes that their intelligence and ability can grow with experience, effort, and improvement. A student's mindset can be observed from how they behave and react to failure.

A student with a fixed mindset will do everything possible to avoid failure, because they perceive failure as a reflection of their abilities and intelligence. If they appear unintelligent, there will be no recovery from that as their intelligence is pre-determined, and they are not able to gain knowledge. They may say that they are unable to learn something, or they rationalize or make excuses as to why they failed. For example, a student may say, "I am just bad at math", or "I failed because the teacher is a bad teacher."

A student with a growth mindset views failure as a learning experience, and believes that, with effort, they can use failure to improve. These students take on challenges and learn from them, which consequently increases their ability and achievement (Dweck, 2006).

The good and bad news is that neither mindset is permanent. Fixed mindsets can be nurtured, and growth mindsets can be nurtured. One way to encourage students to have a growth mindset is by praising their effort and perseverance rather than their intelligence; for example, saying "you worked so hard on this" rather than "you are so smart."

A Growth Mindset Drives Motivation and Achievement

I CAN GET SMARTER → LEARNING IS MY GOAL → I'D SPEND MORE TIME AND WORK HARDER → HIGHER ACHIEVEMENT

I CAN GET SMARTER → EFFORT MAKES ME STRONGER → I'D SPEND MORE TIME AND WORK HARDER

Blackwell, Trzesniewski & Dweck (2007) *Child Development*

Two Mindsets | Carol S. Dweck, Ph.D.

Fixed Mindset
Intelligence is static

Growth Mindset
Intelligence can be developed

Leads to a desire to look smart and therfore a tendency to...

Leads to a desire to learn and therfore a tendency to...

CHALLENGES
...avoid challenges

...embrace challenges

OBSTACLES
...give up easily

...persist in the face of setbacks

EFFORT
...see effort as fruitless or worthless

...see effort as the path to mastery

CRITICISM
...ignore useful negative feedback

...learn from criticism

SUCCESS OF OTHERS
...feel threatened by the success of others

...find lessons and inspiration in the success of others

As a result, they may plateau early and achieve less than their full potential.

All this confirms a deterministic view of the world.

As a result, they reach ever-higher levels of achievement.

All this gives them a **greater sense of free will.**

There are various other resiliency skills. Some that can be nurtured in the school environment include:

- **Avoiding dwelling on a failure.** Acknowledge the situation, learn from mistakes, and move on. Failure is not a state of being; it is one event.
  Thomas Edison famously said, "I did not fail. I just found 10,000 ways that won't work."
- **Having a positive attitude** and finding the silver lining.
- Identifying people, situations, or things to be grateful for. **Gratitude practices** are shown to increase resiliency.
- **Viewing difficulty as a challenge to overcome**.
  I have always figured out a way to meet any challenge. I will figure this out too.
- **Only focusing on what you do have control over,** rather than what you do not ("internal locus of control"). Avoiding stressing about the things that you have no control over.
  Example: Regarding the pandemic, "what I did to stay safe and what I did to help me get through it." This can be a prompt for a writing exercise in a class.
- **Helping students, staff, and parents recognize that they may have been stronger than they ever realized.** Through this experience, they have been able to cope with all the change that have occurred through this pandemic. They may have reassessed their priorities, found new hobbies or skills, a new appreciation for life, or developed a different outlook as a result. Sometimes the act of recognizing what we have not only endured, but survived, and perhaps even thrived in, can be a great resiliency skill.
- **Finding the humor in a situation** or having a sense of humor.
- **Focusing on the long-term or shifting to a long-term perspective**. For example, if experiencing the breakup of a relationship: acknowledging that it is painful and stressful, but if you were to live to be 85 years old, would this experience hurt as badly as it does right now?
- Having a positive attitude about the future; **having goals**.
- **Having empathy**, compassion, and emotional awareness.

Resources

The Search Institute 40 Developmental Assets https://www.search-institute.org/our-research/development-assets/developmental-assets-framework/

Article on fixed mindset and growth mindsets: https://www.brainpickings.org/2014/01/29/carol-dweck-mindset/

Growth Mindset resources for schools and parents https://www.mindsetworks.com/free-resources/default

Mindset: The New Psychology of Success by Carol S. Dweck

Psychology Today article on resilience and gratitude https://www.psychologytoday.com/us/blog/beyond-words/202003/resilience-and-the-practice-gratitude

American Psychological Association https://www.apa.org/helpcenter/resilience

Edutopia Resources https://www.edutopia.org/resilience-grit-resources

TAKEAWAYS

- Resiliency skills can be developed and nurtured at any age.
- A way to nurture resiliency is through encouraging a growth mindset and by focusing on effort and perseverance rather than intelligence.
- Resiliency is being able to adapt well during adversity or through stressful or traumatic events.

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