

Navigating Students' Return to School through a Trauma Invested Lens

Presented by
Eve J. Cannon, LPC, ATR-BC, NCC
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Effective School Solutions



Effective School Solutions

Reinventing K-12 Mental Health Care

ESS partners with school districts to help them implement culturally inclusive mental health and behavioral support programs that help improve care, strengthen outcomes, and maintain students in their home district.



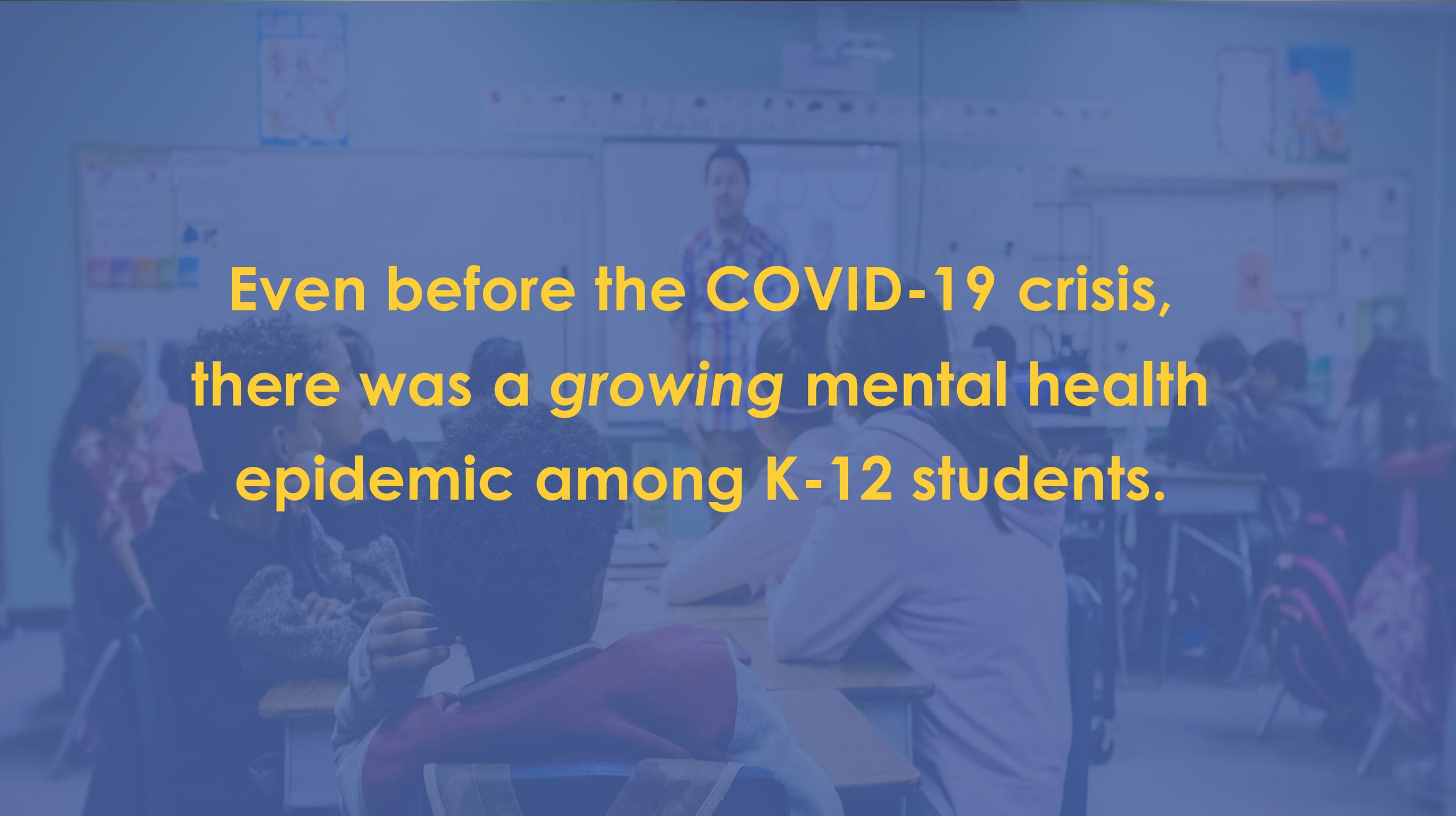
Eve J. Cannon, LPC, ATR-BC, NCC is a licensed professional counselor, board certified art therapist, and holistic health coach with a Master of Arts in Counseling from Caldwell University and Bachelor of Arts in Theatre Performance from Marymount Manhattan College. She has over a decade of experience working with children and adults providing clinical mental health and educational services in school, outpatient, residential, hospital, and private practice settings. Eve specializes in helping people use art as a tool to communicate and process challenging emotions and experiences, as well as upgrading lifestyle practices to improve overall wellbeing. Eve also holds a professional certificate in Holistic Health Counseling from Institute for Integrative Nutrition.

Objectives

Upon completion of this presentation, participants will:

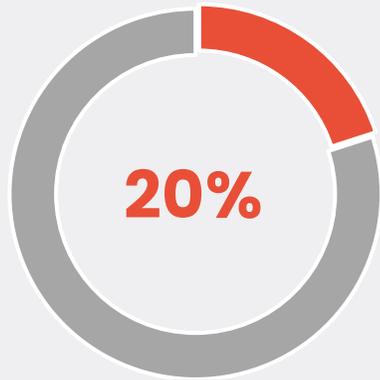
1. Gain knowledge related to the **increasing mental health challenges for our youth**.
2. Develop an understanding of what **mental health warning signs and symptoms** to expect upon student return.
3. Become familiar with **trauma invested practices**.
4. Identify **strategies and next steps**.

Increasing Mental Health Challenges in Youth

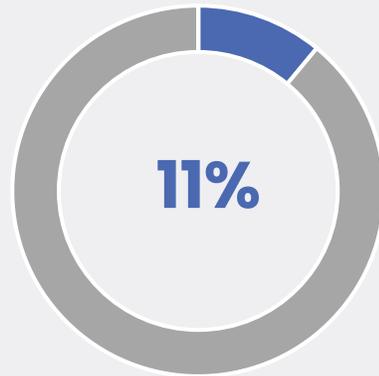
A photograph of a classroom scene, overlaid with a semi-transparent blue filter. A teacher stands at the front of the room, facing a class of students seated at desks. The text is centered over the image in a bold, yellow, sans-serif font.

**Even before the COVID-19 crisis,
there was a *growing* mental health
epidemic among K-12 students.**

Of youth ages 13-18, 1 in 5 have a mental illness



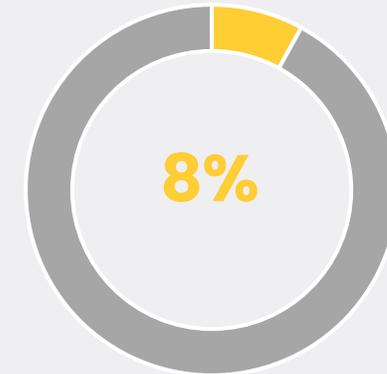
live with a mental health condition



have a mood disorder



have a behavior or conduct disorder



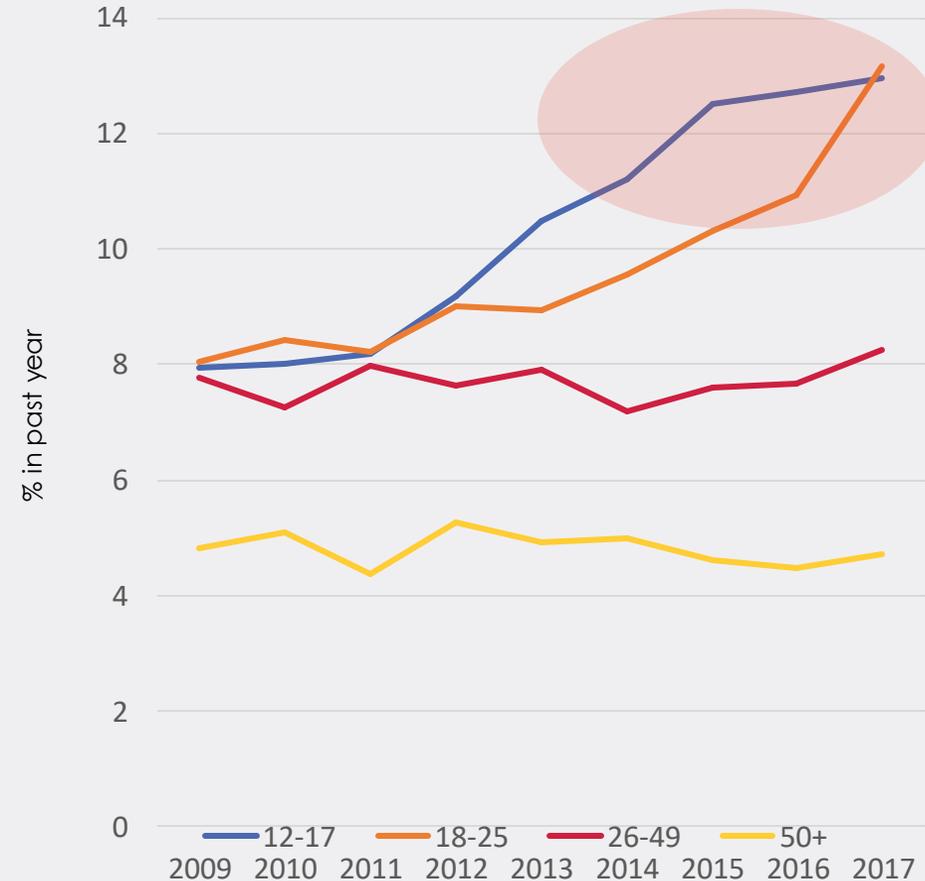
have an anxiety disorder

Source: National Alliance on Mental Illness. <https://www.nami.org/learn-more/mental-health-by-the-numbers>

The Mental Health Crisis

- Mental health challenges have increased significantly over the last 10 years
- The incidence rate of mental health issues for young people has increased in particular, even while mental health outcomes for older age groups have remained steady
- Research points to several factors, including the isolating effect of technology and digital media usage, increase in student anxiety about issues like school shootings and climate change, and disruption in sleep patterns due to use of technology

Percent with major depressive episode in the past 12 months, by age group, 2009-2017



Source: Age, Period, and Cohort Trends in Mood Disorder Indicators and Suicide-Related Outcomes in a Nationally Representative Dataset, 2005-2017, *Journal of Abnormal Psychology*, 2019, Vol. 128, No.3, 185-199

Youth Depression and Anxiety Doubled During the Pandemic-CNN (8/9/21)



Journal of the American Medical Association- Findings:

- **During the Covid-19 pandemic, depression and anxiety in youth doubled** compared to pre-pandemic levels, according to the research. One in 4 adolescents globally are "experiencing clinically elevated depression symptoms, while 1 in 5 youth are experiencing clinically elevated anxiety symptoms."
- **"Results from this analysis suggest that the pandemic has likely instigated a global mental health crisis in youth,"** said study author Sheri Madigan, an associate professor of clinical psychology and Canada research chair in determinants of child development at the University of Calgary
- **As the months went by, these negative impacts on youth only got worse.** This surprised Madigan, who said she thought "they would be more resilient and malleable to the challenges of the pandemic" as it persisted.
- **Cumulative toll could be due to the persistent social isolation, missed milestones, family financial problems and extended school disruptions.**

Youth Depression and Anxiety Doubled During the Pandemic-CNN (8/9/21)



Journal of the American Medical Association- Findings:

- **Girls showed greater prevalence of depression and anxiety**, which, according to the study, is in line with research prior to the pandemic. While this is a well-known phenomenon, it often gets glossed over in conversations about mental health.
- **Older children were impacted more severely** than younger ones, possibly due to puberty and hormonal changes on top of the loss of social interaction.
- **"Children and youth have experienced extraordinary disruption** and stress during the pandemic, and it's taken a toll on their mental health," Madigan said. **"When mental health problems persist and aren't properly addressed, they can have lasting consequences."**
- **"This is a critical time.** When we talk about children and youth being the future of our societies, this couldn't be more real or truthful," Madigan said. **"If youth grow through this pandemic with increasing levels of stress and mental health challenges, society could be in for some real challenges as youth age into adulthood."**

Youth Depression and Anxiety Doubled During the Pandemic: Moving Forward



Conclusions

Overall, this meta-analysis shows increased rates of clinically elevated anxiety and depression symptoms for youth during the COVID-19 pandemic. While this meta-analysis supports an urgent need for intervention and recovery efforts aimed at improving child and adolescent well-being, it also highlights that individual differences need to be considered when determining targets for intervention (eg, age, sex, exposure to COVID-19 stressors). Research on the long-term effect of the COVID-19 pandemic on mental health, including studies with pre- to post-COVID-19 measurement, is needed to augment understanding of the implications of this crisis on the mental health trajectories of today's children and youth.

"It (the study) does not suggest that we cannot recover from this mental health crisis," said Brae Anne McArthur, a postdoctoral research fellow and clinical child psychologist. "If we can come together as parents, researchers, clinicians and policy-makers to develop clear and actionable ways to move forward to support child and youth mental health, we can re-write this story in another year's time."

Youth Depression and Anxiety Doubled During the Pandemic: Moving Forward

Solutions

Keeping regular routines is integral to young people's well-being, emphasized Brae Anne McArthur, a postdoctoral research fellow at the University of Calgary and a clinical child psychologist who was also involved in the study

"Knowing that children and youth thrive in the context of clear routines, it is important that children and **youth remain in school and extracurricular activities**," McArthur said.

"Schools can be a refuge for many youths, but also, up to 80% of youth rely on **school-based services and resources to address their mental health needs**," she said. "If schools are closed, many youths who need help may feel they have nowhere to turn to get it, which could have drastic consequences."

Parents also can act by checking in with their kids and monitoring their sleeping and eating habits as well as their mood, she said.

How it Works

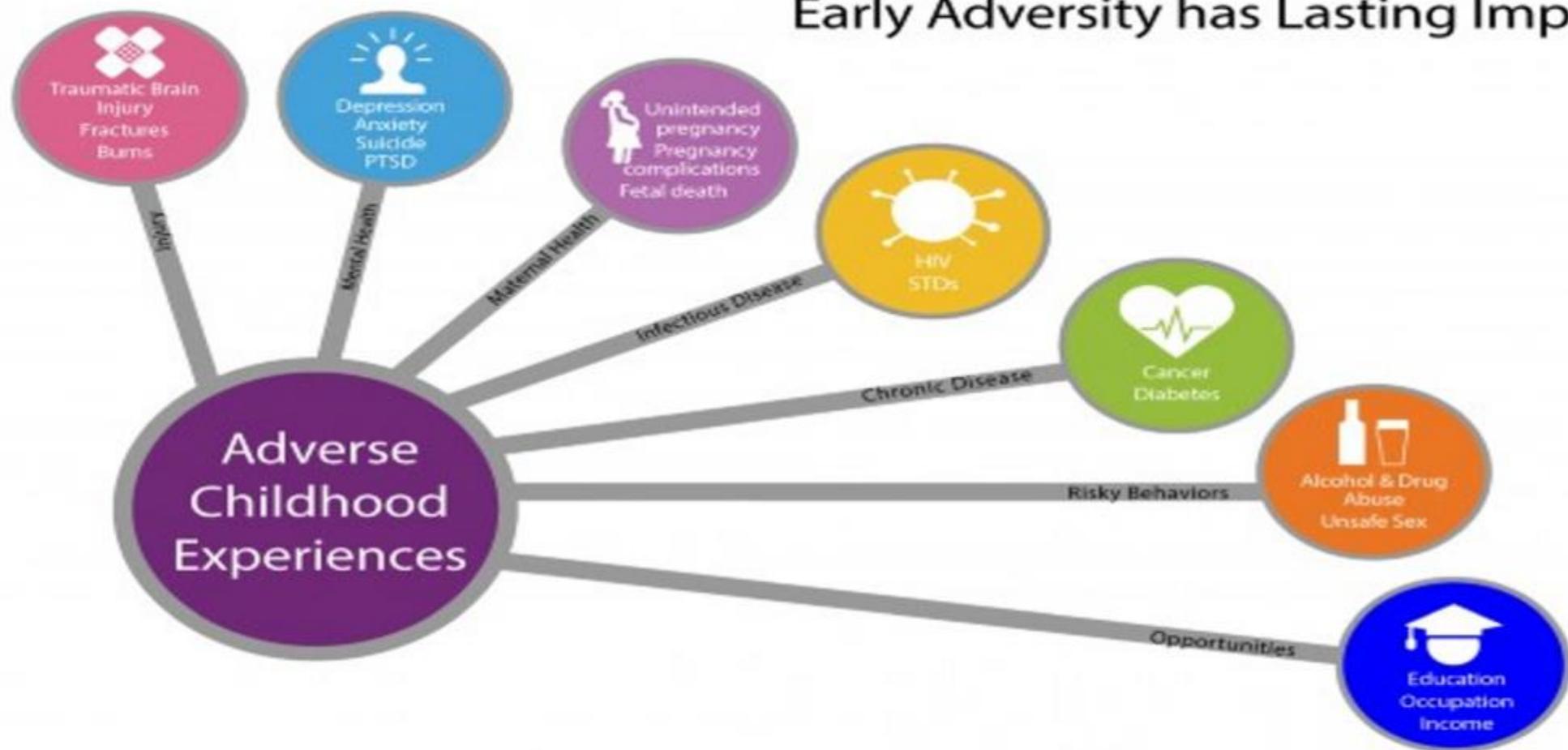
- Structure Morning Routines
- Structure Classroom Routines
- MH Professional Learning for Teachers & Educators
- Continue Regular Extra-Curricular Activities
- Bolster School-based Mental Health Services
- Develop Assessment Strategies for high-risk sub-groups (Girls & Older Students)
- Parent Education on Mental health, Signs & Symptoms and When to Seek help

Adverse Childhood Experiences (ACEs)

- Experiencing violence, abuse, or neglect
- Witnessing violence in the home or community
- Family member's attempt or death by suicide
- Substance use problems
- Mental health challenges
- Instability due to caregiver separation or household members in jail or prison

ACES

Early Adversity has Lasting Impacts



Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing



People with 6+ ACEs can die

20 yrs

earlier than those who have none



1/8 of the population have more than 4 ACEs



www.70-30.org.uk
@7030Campaign

4 or more ACEs

3x the levels of lung disease and adult smoking

11x the level of intravenous drug abuse

14x the number of suicide attempts

4x as likely to have begun intercourse by age 15

4.5x more likely to develop depression

2x the level of liver disease

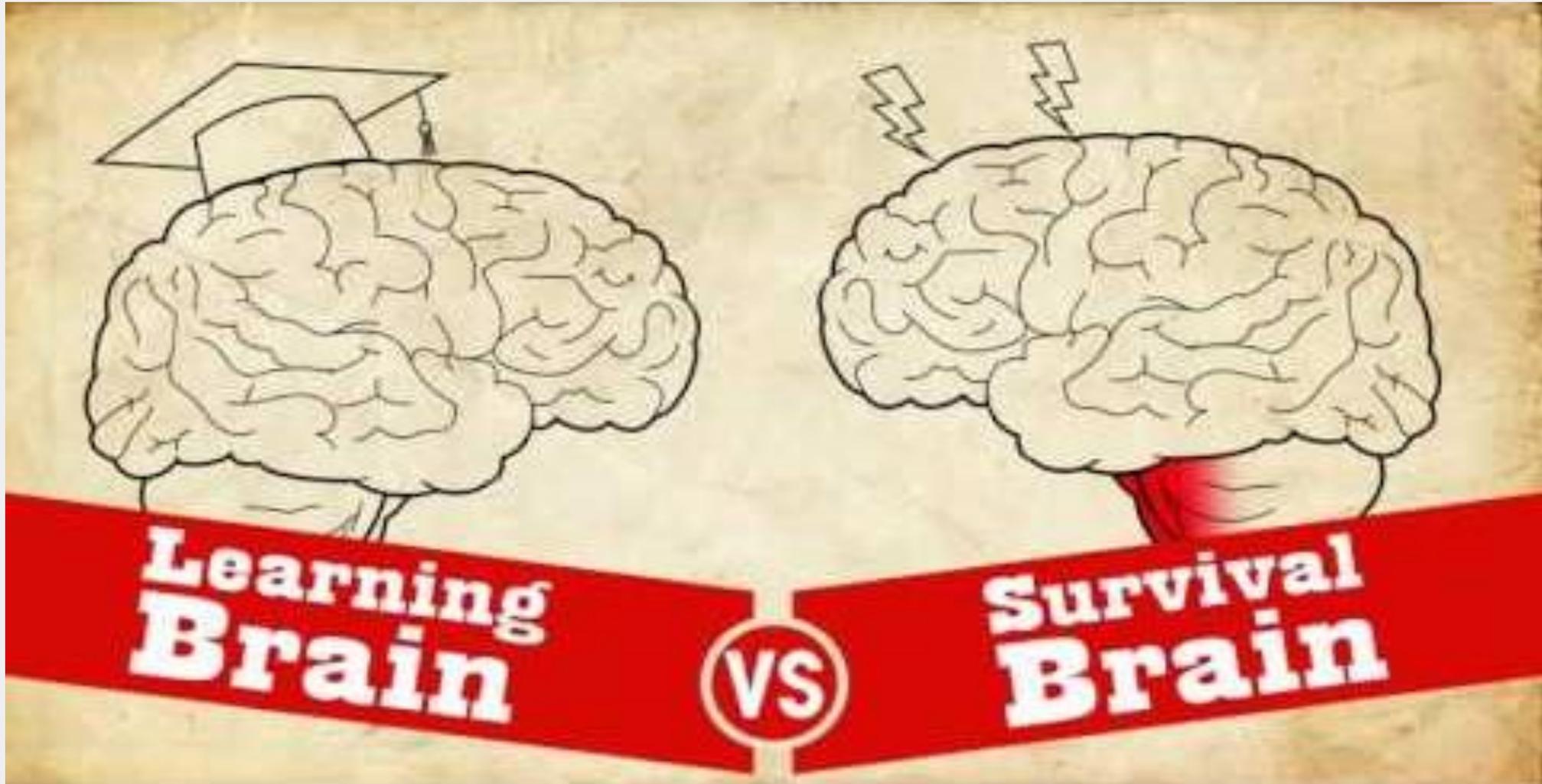
“ Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today ”

Dr. Robert Block, the former President of the American Academy of Pediatrics

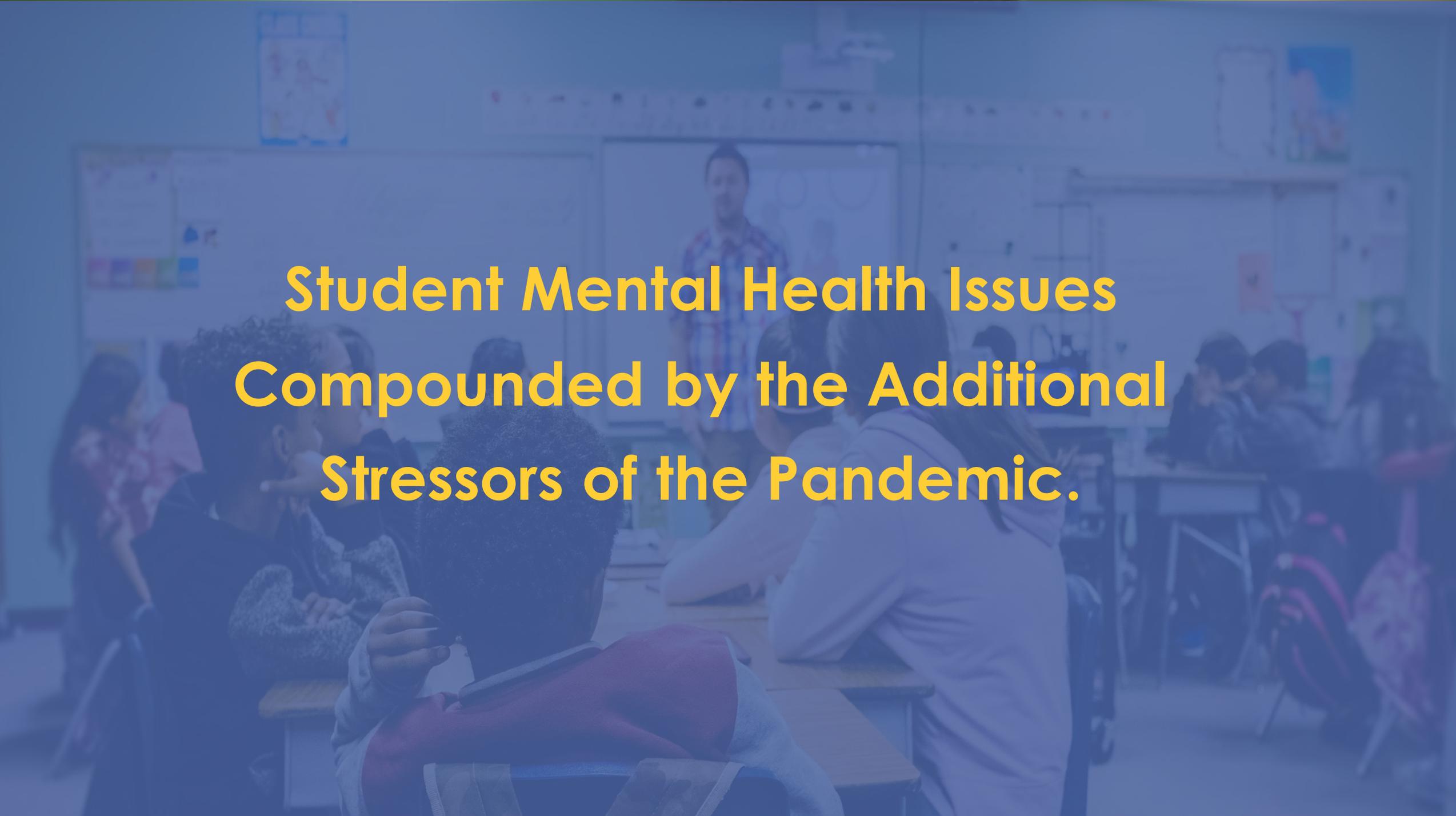
67%
of the population have at least 1 ACE



Impact of Trauma



Source: <https://www.youtube.com/watch?v=KoqaUANGvpA>

A photograph of a classroom scene, overlaid with a semi-transparent blue filter. In the center, a male teacher in a plaid shirt stands at the front of the room, facing a class of students. The students are seated at desks, some looking towards the teacher. The background shows a whiteboard and various classroom decorations. The text is centered over the image in a bold, yellow, sans-serif font.

**Student Mental Health Issues
Compounded by the Additional
Stressors of the Pandemic.**

Traumatic Impact of COVID-19

ACADEMIC STRESSORS

- Managing unstructured time
- Lack of motivation
- Challenges connecting with teachers

FAMILY & ECONOMIC STRESSORS

- Toxic home environments
- Parent/Child Conflict
- Proximity
- Uncertainty

Increase in intensity of existing mental health challenges

“Ambient Trauma”

“Universal ACE”

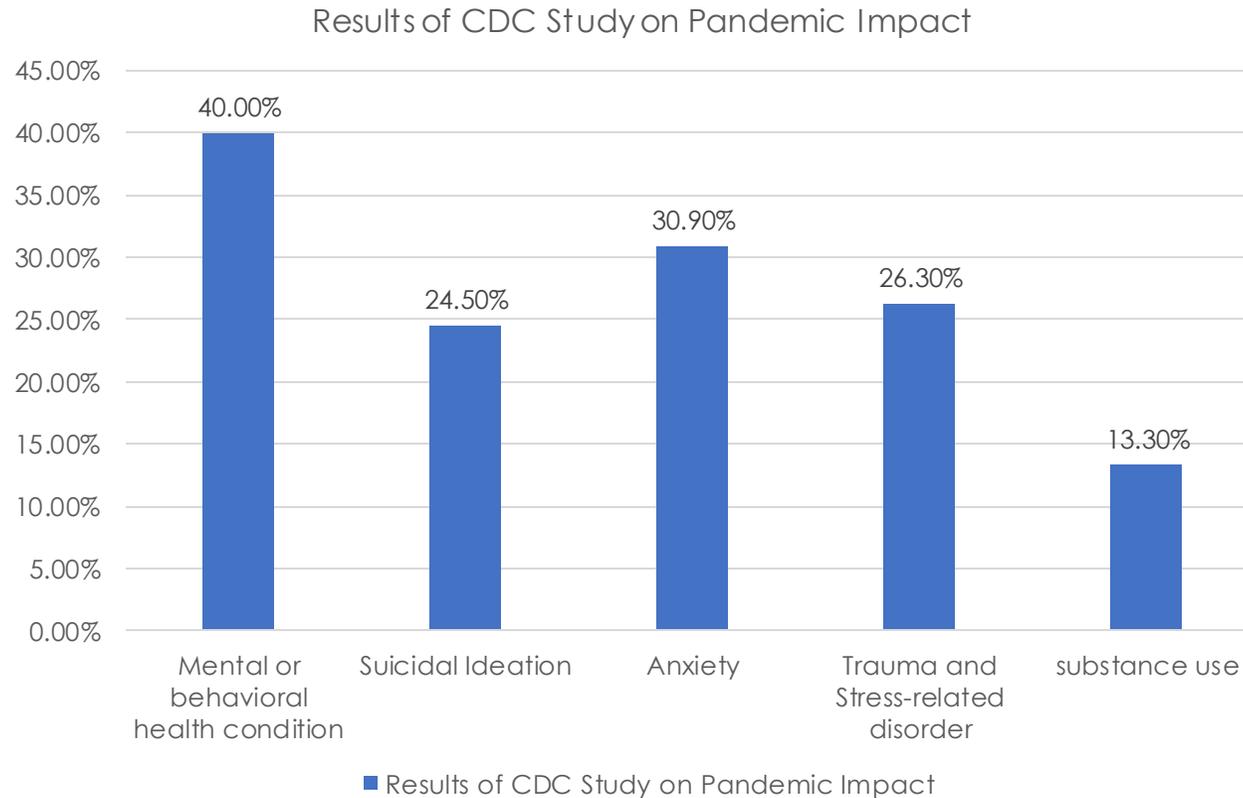
SOCIAL ISOLATION

- Loneliness
- Lack of peer group support
- Separation from caregivers and mentors

ANXIETY ABOUT COVID-19

- Fear of getting sick
- Fear of a loved one getting sick

Impact of COVID-19 on Mental Health



“One in four young adults between the ages of 18 and 24 say they've considered suicide in the past month because of the pandemic.”

The Pandemic and Student Mental Health

THE CUT STYLE | SELF | CU

Children of Quarantine What does a year of isolation and anxiety do to a developing brain?

By Lisa Miller

Starting on April 6, a bearded and earnest neuroscientist at the University of Oregon named Philip Fisher began to send a digital questionnaire — at first weekly, and then, beginning in August, biweekly — to a representative group of a thousand American families with young children. He’s curious about how they and their kids are doing. They aren’t doing so well.

At first, writing into blank spaces on the questionnaire as if they were diaries, parents conveyed a fresh sense of surprise at their new reality. They

- “School-age children who quarantined for just 30 days reported measurably more depression and anxiety than similar pre-pandemic cohorts.”- JAMA Pediatrics
- “Caregiver-reported depression, anxiety, and misbehavior among American kids in the general population to have reached levels typically seen only in those previously diagnosed with a form of mental disorder.” –Harvard
- “Persistent loneliness and isolation among children of the kind that has become quite widespread during the pandemic can lead to suicidal ideation and self-harm and to significant depression.” –University of Bath
- “New data from the Centers for Disease Control and Prevention shows a 24 percent spike over last year in emergency visits for mental-health issues among 5-to-11-year-olds and a 31 percent rise among 12-to-17-year-olds”

What you are doing to support our kids has never been more important- for many of them this is likely to be a defining trauma of their childhood.

Our Earliest Learners (Under age 6)

Pre-Pandemic

- Prevalence rates of mental health problems in children ages birth through five range from 16 to 21% (Egger & Angold, 2006; Lavigne et al., 1996).
- 0.7% of preschool children are expelled from preschool due to behavioral problems each year.
- The risk of expulsion increases significantly for those children whose preschool does not provide on-site mental health services (Gilliam, 2005).
- According to kindergarten teachers, 35% of American children reach kindergarten unprepared to learn (Boyer, 1991).

Pandemic

- Insurance claims for mental health related visits for children aged 5-11 increased by 24% between March and August of 2019- 2020.
- Half of all parent of children under age 5 report experiencing higher levels of stress during COVID-19, which enhances their child's risk for exposure to family adversity.
- The much-needed responses, such as school restrictions and social isolation, used to mitigate the threat of the pandemic can also endanger child growth and development. These tools contribute to parental stress which in turn contributes to child stress.

What is Traumatic Stress?

Childhood traumatic stress - is when violent or dangerous events overwhelm a child's or adolescent's ability to cope.

Traumatic events may include:

- *Global Pandemics such as COVID 19*
- Natural disasters (I.e., Fires, Earthquakes, Hurricanes, Tornadoes, etc.)
- Racism
- Poverty
- Exposure to Violence (witness events)
- Neglect and psychological, physical, or sexual abuse
- Terrorism
- Sexual exploitation
- Serious accidents, life-threatening illness, or sudden or violent loss of a loved on
- Refugee and war experience
- Military family-related stressors, such as parental deployment, loss, or injury

Also known as Toxic Stress or Complex Trauma

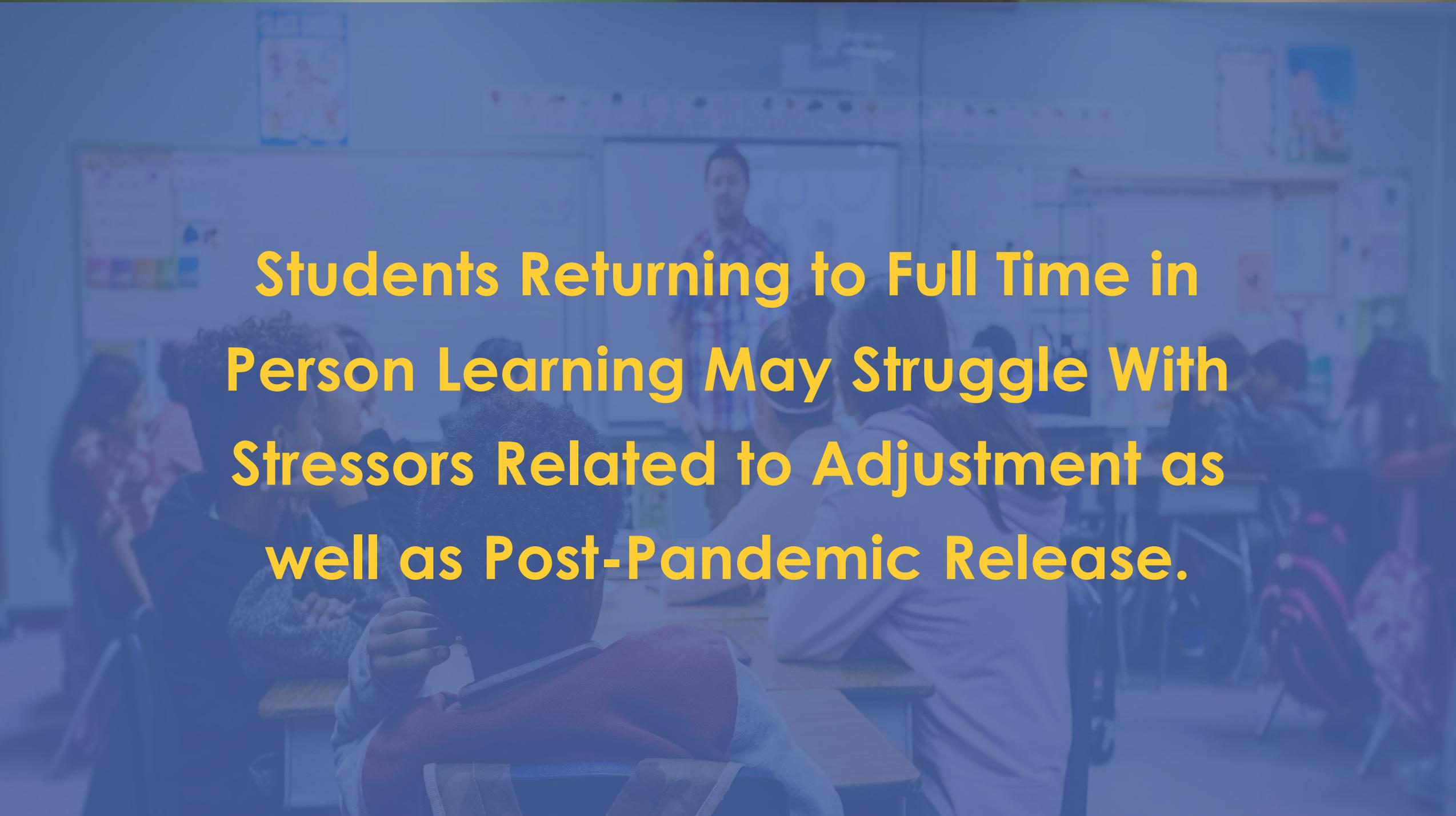
Traumatic Stress During COVID-19

Like adults, children are experiencing new or intensified stressors as a result of the pandemic, that include:

- Isolation
- Loss of Routines (rituals)
- Separation from Friends and Family
- Substance Abuse (their own or Caregivers)
- Food insecurity
- Job loss (Caregiver)
- Bereavement: Loss of parent or loved one
- Extreme illness in the household
- Exposure to abuse
- Traumatic anniversaries

When stressors mount, they can often result in increased rates of anxiety, depression, frustration and anger.

Break



Students Returning to Full Time in Person Learning May Struggle With Stressors Related to Adjustment as well as Post-Pandemic Release.

What to Expect

- Children don't always know how to handle complex emotions associated with stress, so they rely on behaviors as both a coping mechanism and a signal to others that something isn't right.
 - (Ex.) Consider that students may be less compliant with wearing masks after having a period without them
 - wearing masks = a step backwards
- For those who have experienced prolonged or chronic stressors, behaviors may not appear until the child returns to a safe or stable environment.
- For many students, school is their safe space. It is here they will feel safe enough to express and explore feelings of anxiety, stress, and trauma

Signs of Fears, Excessive Worry and Anxiety



Age Group	Reactions
Preschool	<ul style="list-style-type: none">• Increased fear of being alone• Increased bad dreams• Increase in or changes to loss of bladder/bowel control, constipation, bed-wetting• Changes in appetite• Increased temper tantrums, whining, or clinging behaviors
School Age (ages 6-12)	<ul style="list-style-type: none">• Irritability, whining, aggressive behaviors• Clinging, nightmares• Sleep/appetite disturbances• Physical symptoms (headaches/stomach aches)• Withdrawal from peers, loss of interest• Competition for caregiver's attention• Forgetfulness about chores and new information learned at school
Adolescent (ages 13-18)	<ul style="list-style-type: none">• Physical symptoms (headaches/stomach aches/rashes)• Sleep/appetite disturbances• Agitation or decrease in energy, apathy• Ignoring health promotion behaviors• Isolating from peers and loved ones• Concerns about stigma and injustices• Avoiding/cutting school

Impact of Traumatic Stress

- Learning problems, including lower grades and more suspensions and expulsions
- Difficulty regulating their emotions and focusing on learning
- Lack of skills necessary to regulate their behaviors and recognize their own actions
- Inflexibility and outbursts for no apparent reason
- Increased use of health services, including mental health services
- Increased involvement with the child welfare and juvenile justice systems
- Long term health problems, such as diabetes and heart disease
- Trauma is a risk factor for nearly all behavioral health and substance use disorders

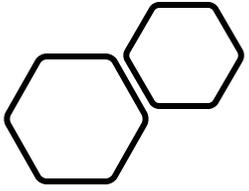
Trauma Invested Practices

Trauma Informed Practices

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"Establishing a Culture of
Safety where All Can
Thrive"

A thin grey horizontal bar spans the width of the slide at the bottom.



Trauma Invested Practices

Trauma Inducing-
Highlights problem
and lacks safety

01

Trauma Indifferent-
Does not take
childhood trauma
into consideration
and sees learning
separate of social-
emotional practices

02

Trauma Informed-
All parties from top
down are involved
in implementing
policy and
practices with
information
regarding
childhood trauma,
and see social-
emotional practices
embedded with
academics

03

Trauma Invested-
All parties truly
working together to
enhance safety
and incorporate
whole child
learning with
practices aimed at
all students success

Trauma Invested Practices

- Why is this work important to you?
- Is this an issue I can't address or won't address?
- What assumptions are being made in this situation? -OR- What assumptions are others making? (Ex.) Student tells you something and your mind jumps to...."That's an excuse, the student is trying to get out of this again" etc.
- Needs vs. Behaviors Focused (Ex.) Are you looking for unmet needs or getting caught up in how the student is delivering the message?

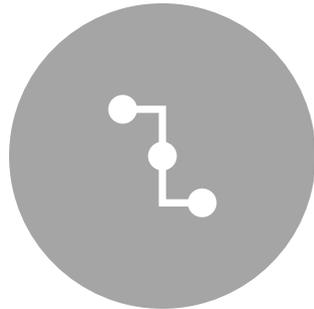
Needs vs. Behaviors

- All behaviors are an expression of a need.
- Shift focus from *how the student is asking* to *what the underlying need is that they are trying to have met*.
- Students may have learned a certain way to ask or express themselves and they do not yet have other tools.
- Addressing behaviors is not always the answer. *It is about helping understand the students unmet need and teaching helpful ways to get that need met.*

Common Student Needs Expressed



EMOTIONAL



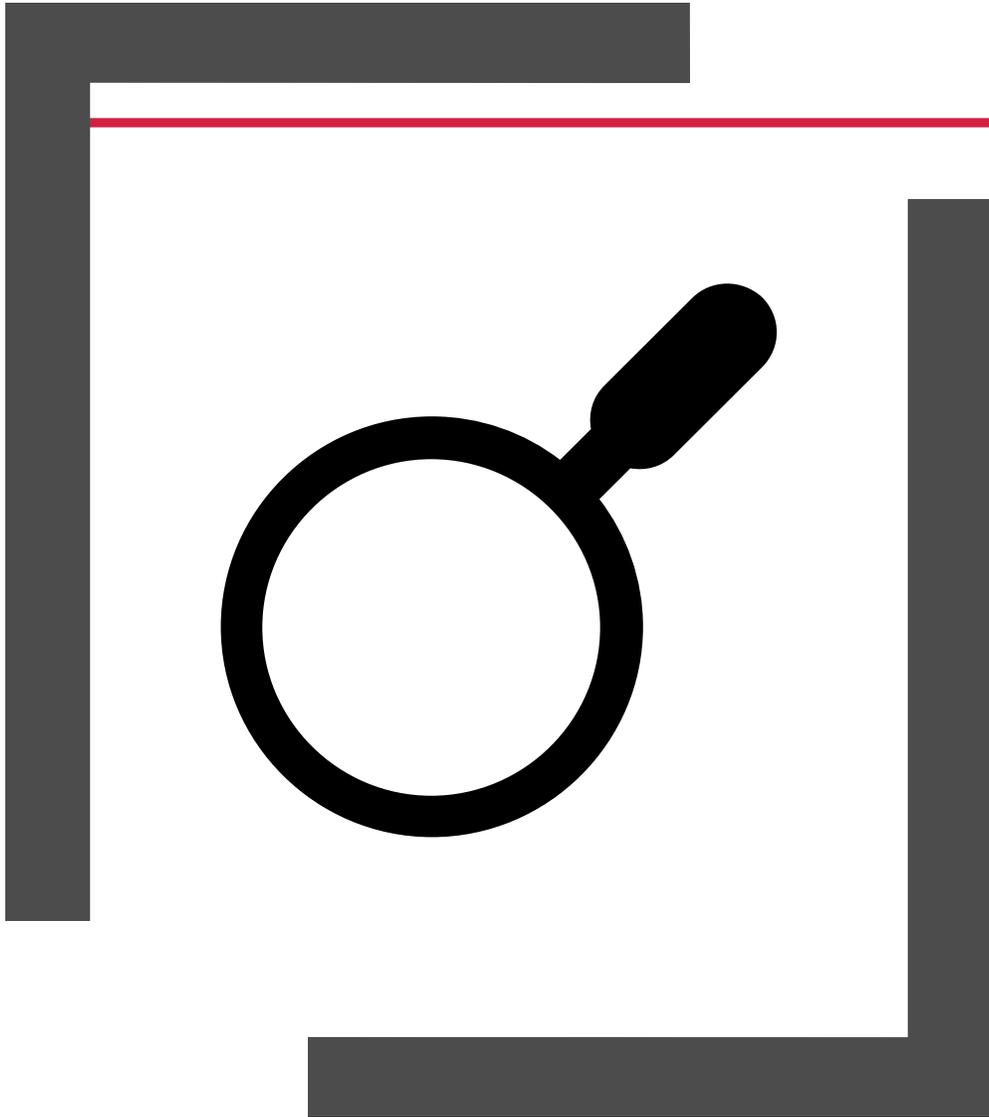
CONNECTION



PHYSICAL



NEED FOR
CONTROL



Observe Closely

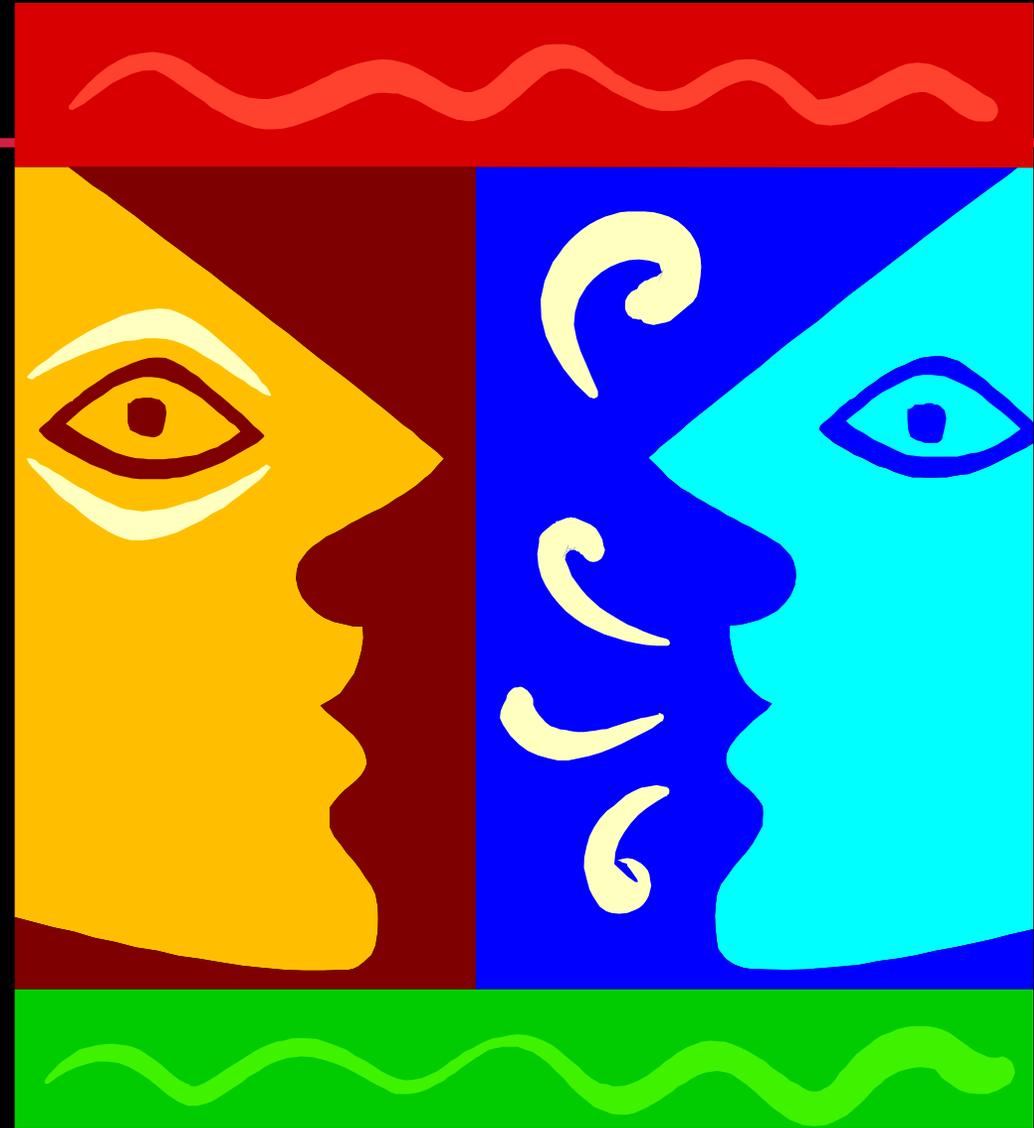
- Each student's story is different, and we must be like detectives in seeking answers and solutions!

Example

- Behavior: Taking off the mask
 - What might be the emotional need?
 - What might be the need for connection?
 - What might be the physical need?
 - What might be the need for control?

Name that Need!

- Study each image.
- What emotion is being expressed?
- What does the behavior say about the need?
- How do you know?



#1



#2



#3



Keys to Remember

All staff and students should feel supported and safe

Behavior is an expression of need

Keep in mind the ultimate goal

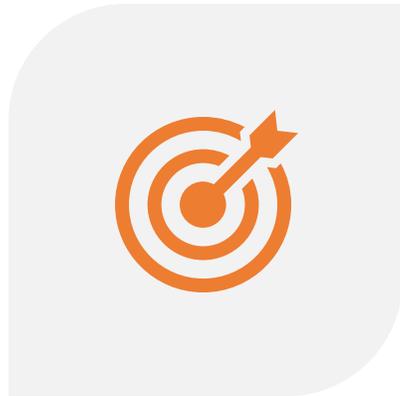
All Students deserve to be viewed with strength

No Simple Solutions; students must be included in the process

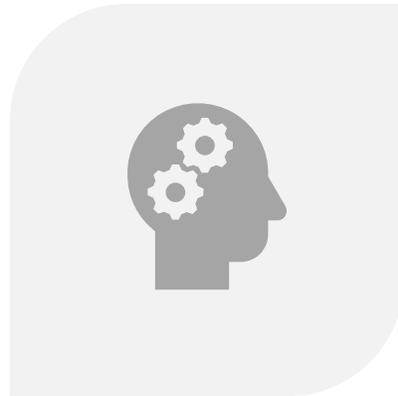
Break

Strategies and Next Steps

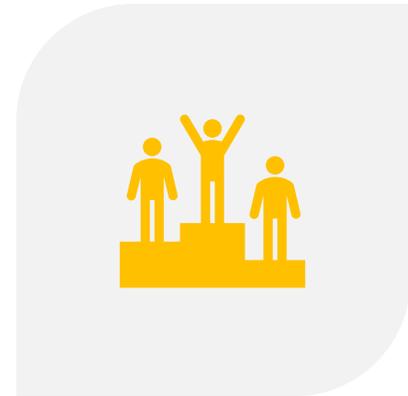
Purpose, Intent, Outcome



WHAT IS THE PURPOSE OR GOAL
FOR THIS INTERVENTION?



WHAT IS MY INTENT BEHIND
IMPLEMENTING OR TRYING THIS?



WHAT IS THE OUTCOME I HOPE TO
ACHIEVE OUT OF TRYING THIS?

The Three Rs to Intervention

Relationship

- Safe connected adult; just one adult can help build resilience in a student.

Responsibility

- Follow through on what you say or promise and express importance of following through even in difficult times

Regulation

- Emotional Regulation Strategies start in the body and move to the mind.

“What
happened
to you?”

vs.

“What’s
wrong with
you?”

The “Life-changing” Story: Oprah



Where to start?

- While we may be tempted to assume that we know what another needs, it is best to hear from them directly.
- Encourage the development of the following social-emotional areas: self-awareness, self-management, responsible decision making, and relationship skills by asking the following questions:
 - What do **you** need?
 - Can you help **me** to understand?
 - How can **I** help?

Reaching Students

- Identify what need a behavior is expressing.
- See the inherent worth in each student and build from their strengths.
- Remember there is no learning that can take place if students do not feel safe.
- Work from a team perspective.
- Consider that a basic need not being met.
- Give students grace.

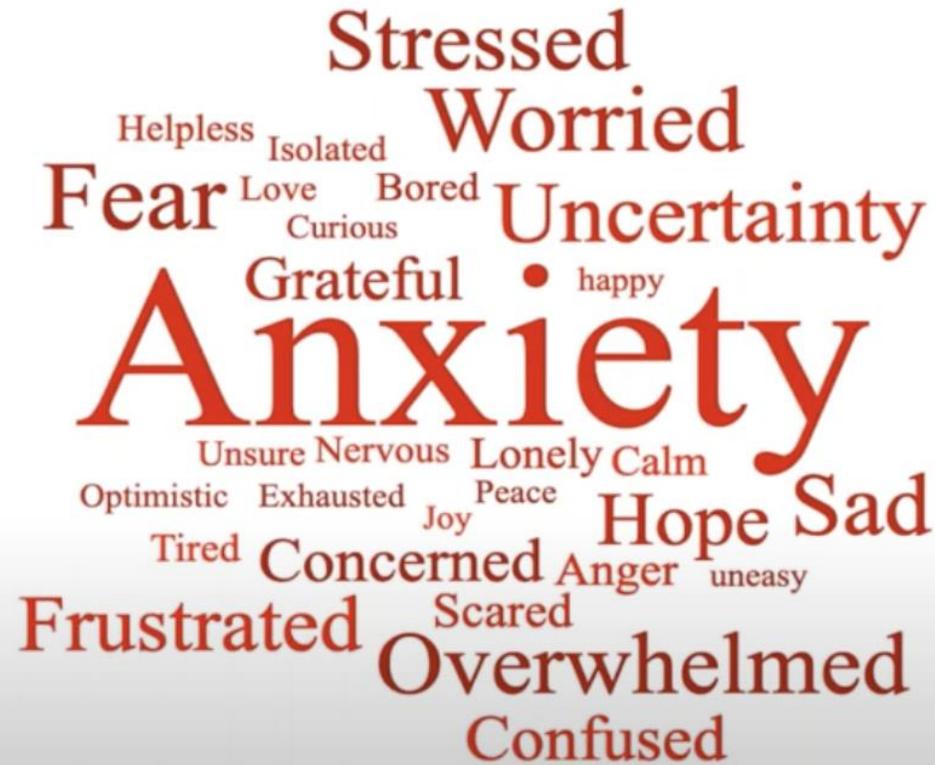
3 Ways to Support All Students

- **Safety:** We ALL need to feel safe. One way we can do this is through our safety rules, procedures and policies.
 - Examples:
 - Social distancing, OSHA/Safety/Hazards/Cleaning Procedures, masks.
 - What is your Town/home/school/districts safety measures?
- **Security:** A familiar object, routine, or set of rituals that function as a source of comfort.
 - Examples:
 - Daily routines (sleep and wake times, mealtimes, work times) and schedules
 - What are your family/children daily routines and schedules?
- **Confidence:** A confident adult/caregiver has a positive impact on their child's achievement, attitude, affective and even socio-emotional growth. Children look to the adults in their lives for guidance on how to respond to stressful situations. When those in leadership roles are dysregulated, those under their care or supervision will also become dysregulated.
 - Examples: First responders, Medical professionals, Teachers, Parents, Caregivers

Getting Started



How
Educators
Feel
Right
Now



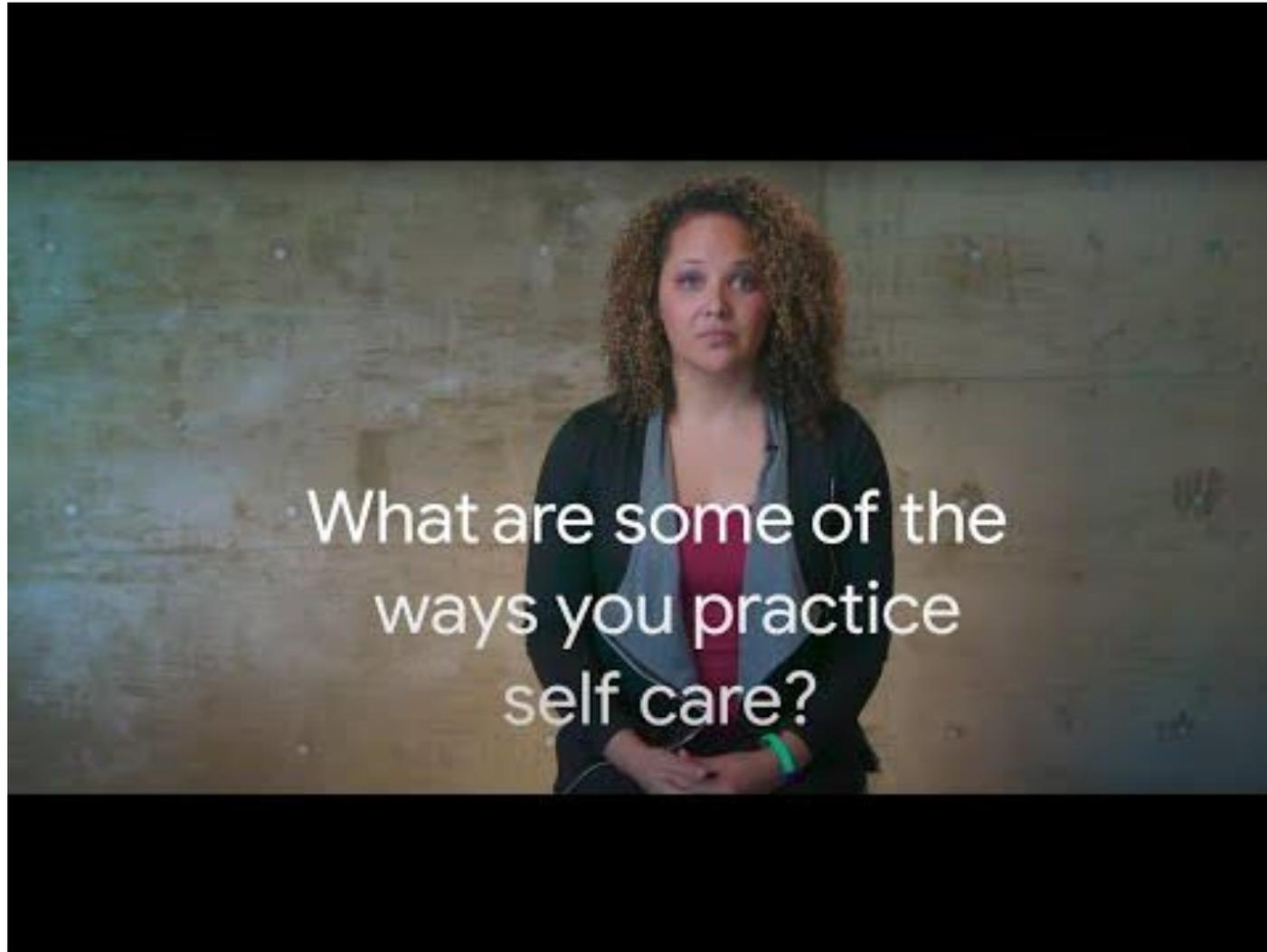
N = 5000
Webinar Participants
March 23-24

PERMISSION TO FEEL

Strategy#1 Take Your Own Pulse

- Find your calm.
- While it is natural to be upset when your student is upset, we cannot help in that state.
- Practice your own regulation and self-care and model usage to your students.
- Communicate where you are when you take your own pulse.

2020 Teachers of the Year



Realize

Recognize

Respond

- Proper Rest
- Nutrition
- Exercise
- Stress reduction activities
- Self-care accountability buddy system

Model self care

Be kind to yourself

The Three Rs of Self Care

Process Break

- How do you integrate self-care and self-regulation activities into your workday?



Strategy #2: Routines

- Routines provide increased comfort and are of even more importance during times of stress.
- Routines are one of the best tools for combatting anxiety and worry.
- Examples:
 - Hygiene routines
 - Start end of class routines
 - Transition routines
 - Start end of academic day/week routines
 - Mealtime routines
 - Entertainment routines
 - Break routines
 - SEL routines

Reset



Process Break

- Transitions are traditionally the most difficult times for students with regulatory issues (including anxiety), what routines have you built into your transitions?



Fostering Belonging



Strategy #3: Structure

- Structuring the student's day ahead of time is a highly effective way to help reduce anxiety associated with ambiguity. This is even more important when changes beyond our control continue to shift each day. Structure provides the student with a sense of boundary and control.
- Daily schedules.
 - Schedules need to be readily accessible, visible, and understandable for all.
 - Review at the beginning of the day, check regularly, and do not deviate.
 - Expectations for the day
 - Start and end times for each task/activity/class
 - Academic and task completion lists
 - Visuals: help to support understanding and bypass stress related executive functioning barriers.

Process Break

- Let's reflect on your daily and class schedules.
 - Are they clearly always posted for all students to independently access (in a way they can understand)?
 - Do you review your schedule at the beginning of the day?
Beginning of each activity?



Strategy #4: Validation

- Avoid toxic positivity. It is natural for us to want to reframe and refocus on the positive, however doing so without truly hearing what your student is communicating can invalidate their feelings and exacerbate feelings of depression, anxiety, and isolation.
- Acknowledge that things are not fair, that we are all experiencing losses, and that things are difficult.
- Validate all emotions, thoughts, and experiences.

What is Empathy



Using Empathy

- Tap into our empathy and understanding to hear what unmet need is present instead of focusing on the behavior that is on the surface. Validating students' experiences can go a long way to help them feel seen and heard.
- Feeling understood is a crucial part of establishing positive relationships with students, helping them feel safe, and promoting growth and learning.

Process Break

- Let's process for a minute:
 - How do you validate student emotions?
 - When students (or others) express strong emotions to you, what is your comfort level on a scale of 0-10?
 - How do you deal with uncomfortable emotions?



Resources

- SAMHSA Disaster Distress Helpline at 1-800-985-5990
- SAMHSA Disaster Distress Helpline texting **TalkWithUS** to 66746
- The Crisis Text Line by texting TALK to 741741
- National Suicide Prevention Lifeline at 1-800-273-TALK
- Make a list of your own local resources (Hot lines, Warm lines, Crisis Response)
- Effective School Solutions

Fall-Hamilton Elementary



Take the Survey

- Please give us feedback.
- Scan the icon in your handout.
- Or go to:
https://www.surveymonkey.com/r/JBH_WL9S





Effective School Solutions

Thank You!