Social and Emotional Awareness and Response

https://www.youtube.com/watch?v=xKjIxU5Zat8

Social and Emotional Awareness and Response

One in *five* adults within the nation have a mental Health problem.

One in *five* children have a diagnosable mental health problem, nearly two-thirds of them get little or no help.

Untreated mental health problems can disrupt children's functioning at home, school and in the community. Without treatment, children with mental health issues are at increased risk of school failure, contact with the criminal justice system, dependence on social services, and even suicide.

What is a Mental Health Problem?

- Affects a person's thinking, emotional state and behavior.

- It disrupts the person's ability to work (or participate in school) or carry out other daily activities, and engage in satisfying personal relationships.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are **significant childhood traumas** that result in actual **changes in brain development** -- changes that affect a child's cognitive, social, and mental health.

In fact, the Centers for Disease Control view ACEs as "one of, if not the leading determinant of the health and social well-being of our nation." As a counteracting force, child resilience is one of the most important factors that offset the negative outcomes of ACEs.

Resiliencetrumpsaces.org
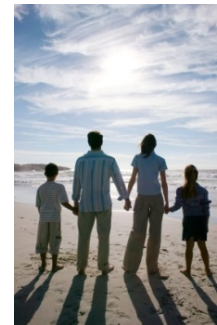
ACEs...

The ten ACEs are:

- Emotional abuse
- Emotional neglect
- Physical abuse
- Physical neglect
- Sexual abuse
- Drug addicted or alcoholic family member
- Incarceration of a family member
- Loss of a parent due to death, divorce, or abandonment
- Mentally ill, depressed, or suicidal family member
- Witnessing domestic violence

ACE's Continued

There are additional traumatic events than these ten that can occur in a child's life, but these ten were the ones studied in the original ACE research.

The **good news** is, resilience is one of the most important factors that buffer the impact of ACEs.

Resiliencetrumpsaces.org

Prevalence of ACE

Household dysfunction

- Substance abuse   27%
- Parental separation/divorce   23%
- Mental illness   19%
- Battered mother   13%
- Incarcerated household member   5%

Abuse

- Psychological   11%
- Physical   28%
- Sexual   21%

Neglect

- Emotional   15%
- Physical   10%

Delaware VS. Nationwide Adverse Family Experiences Children 0-17

	Delaware	National
No adverse family experiences	49.6%	52.1%
One adverse family experience	27.6%	25.3%
Two or more adverse family experiences	22.8%	22.6%

**51% of Children with 4 + ACE scores, had learning and behavioral problems in school.
Compared to only 3% of children with no ACE score.**

Trauma Affects Learning

ADVERSELY AFFECTS ABILITY TO....

- ORGANIZE NARRATIVE MATERIAL
- UNDERSTAND CAUSE AND EFFECT
- TAKE ANOTHER PERSON'S PERSPECTIVE
- ATTEND TO CLASSROOM INSTRUCTION
- REGULATE EMOTIONS
- ENGAGE THE CURRICULUM
- UTILIZE EXECUTIVE FUNCTIONS
  - MAKE PLANS
  - ORGANIZE WORK
  - FOLLOW CLASSROOM RULES

ACE INFOGRAPHIC

http://vetoviolence.cdc.gov/childmaltreatment/phl/resource_center_infographic.html

Percentage of American Adults with Mental Disorders in Any One Year

Type of Mental Disorder	Adults
Anxiety disorders	19.1%
Major depressive disorder	6.8%
Substance use disorder	8%
Bipolar disorders	2.8%
Eating Disorders	2.1%
Schizophrenia	0.45%
Any mental disorder	19.6%

- A national survey of Americans found that 19.6% of adults (18 or older), experienced a mental disorder in any one year. This is equivalent to 45.6 million people.

Common Mental Health Disorders

- Depression

- Anxiety

- Substance Abuse

Depression

- Depression
  - We all experience sadness and despair, this is normal; however, when the sadness and despair interferes with one's daily life functioning it is problematic.
  - A depressive disorder lasts for at least two weeks and affects one's ability to work, to carry out usual daily activities, and to have satisfying personal relationships.

Depression

- There are a variety of depressive disorders including:

  Major Depressive Disorder

  Bipolar Disorder (Manic-Depressive)

  Dysthymic Disorder

  Seasonal Affective Disorder

  Post Partum Depression

Depression

- Depression impacts people in many ways….

Internalizing behaviors:
Sadness, anxiety, guilt, mood swings, negative self talk, self criticism, indecisiveness.

Externalizing behaviors:
Withdrawal, crying, lack of energy, changes in eating patterns, changes in appearance, possible use of substances.

Depression

- Depression
  - Some Symptoms:
    - An unusually sad mood
    - Lack of energy, tiredness
    - Feeling worthless or hopeless
    - Thinking about death or having a death wish
    - Changes in sleep and/or eating patterns
    - Changes in hygiene
    - Loss of interest in previously enjoyed activities
    - Irritability
    - Changes in ability to concentrate

Contributing Factors

- Some possible contributing factors to depression:
  - Environmental factors (poverty, parental MH)
  - Bullying or other victimization
  - Changes in relationships
  - Transitions
  - Response to illness
  - Hormonal changes
  - Substance use/abuse
  - Temperament

Anxiety

- Anxiety
  - Everyone experiences some form of anxiety. Some worry or concern in relation to something that is anticipated to occur is normal. However, when it becomes intense, long lasting, and interferes with the person's work, activities or relationships this is problematic.
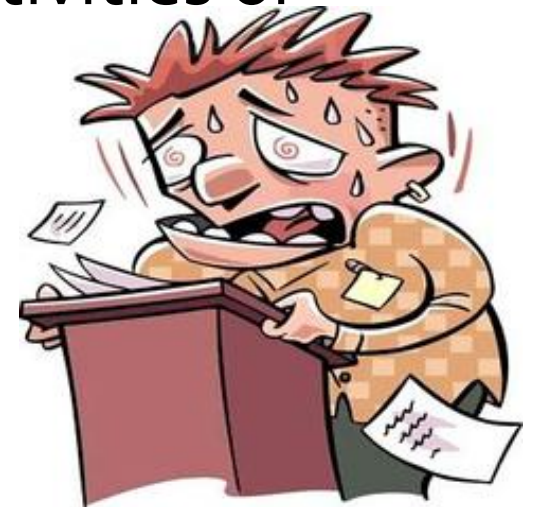
Anxiety

- There are a variety of anxiety disorders including:
  - Phobias
  - Post-Traumatic Stress Disorder
  - Generalized Anxiety Disorder
  - Panic Disorder
  - Obsessive-Compulsive Disorder

Anxiety

- Anxiety impacts people in many ways…

Internalizing behaviors:
Negative self talk, irrational fears, somatic symptoms, rapid thoughts

Externalizing behaviors:
Avoidance, sweating, trembling, shortness of breath, irritability, poor concentration, panic attack

Contributing Factors

- Contributing factors to anxiety:
  - Emotional nature
  - Perception of world as threatening
  - Use of substances
  - Traumatic experiences
  - Difficult childhoods
  - Family history of anxiety disorders
  - Having experienced a separation or divorce

Sources of Traumatic Stress

- Loss of Loved Ones
- Accidents
- Homelessness, Foster care
- Community & School violence (bullying)
- Domestic violence
- Neglect
- Physical abuse, sexual abuse
- Man made or natural disasters,(Hurricane Sandy)
- Terrorism

Triggers, Fight, Flight or Freeze

- Triggers include seeing, feeling or hearing something that reminds of a past trauma.

- Activates the alarm system

- When activated, but there is no danger, it is a false alarm

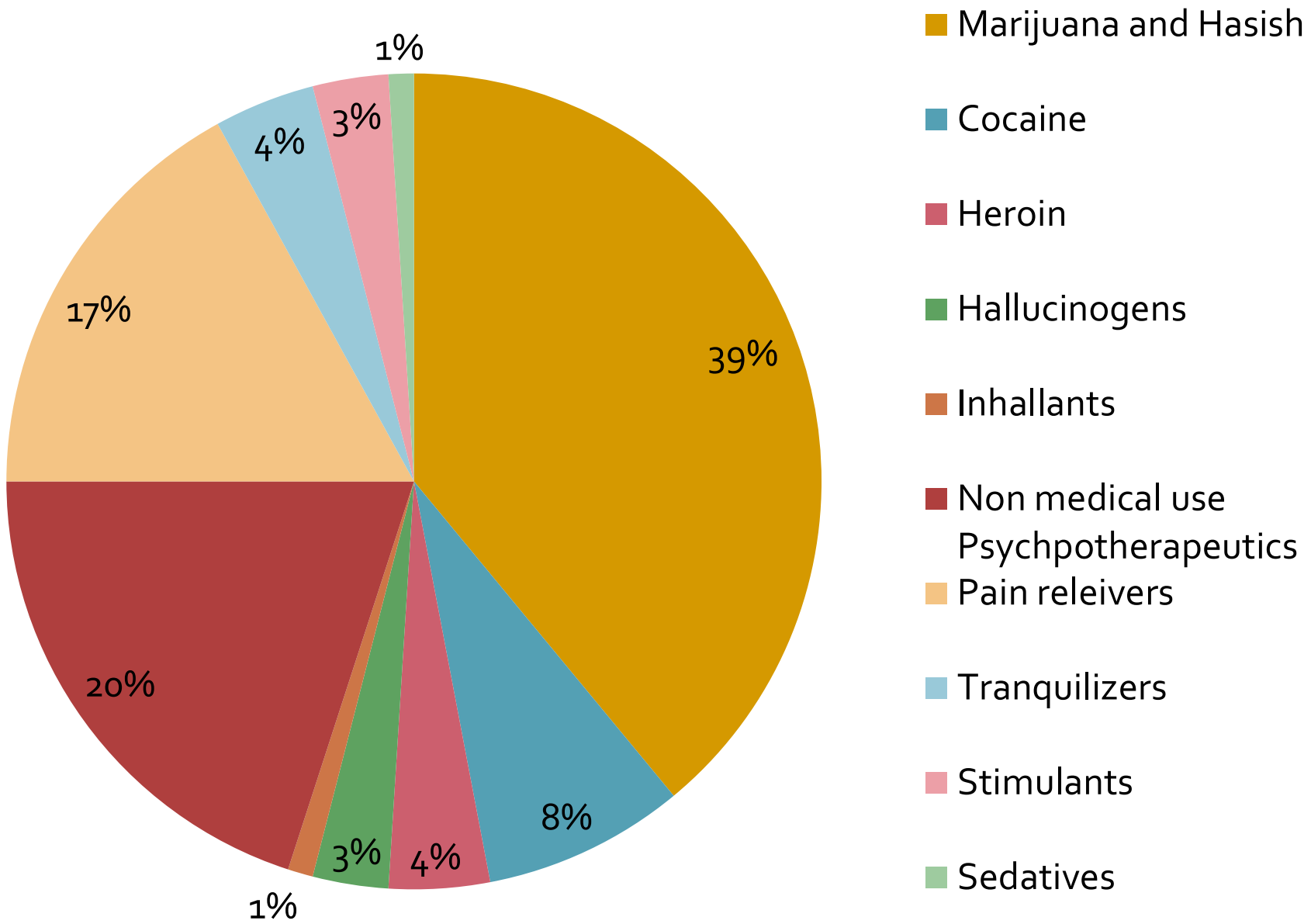- Response is as if there is current danger.

Development and Trauma

- Skills specific to each developmental stage build on learning from previous stages.

- ***Children exposed to trauma invest energy into survival instead of developmental mastery.***

- Development in adulthood may continue to be impacted.

Substance Abuse

- Substance dependence
  - People use substances either to increase feelings of pleasure or decrease feelings of distress. The use of alcohol and/or other drugs does not in and of itself mean that a person has a substance abuse disorder.
  - Abuse of alcohol or other drugs which lead to work, school, home, health, or legal problems may result in a SA diagnosis.

Drug Use Disorders in the US (2011)

Legend:
- Marijuana and Hasish
- Cocaine
- Heroin
- Hallucinogens
- Inhallants
- Non medical use Psychpotherapeutics
- Pain releivers
- Tranquilizers
- Stimulants
- Sedatives

Values shown on chart: 39%, 8%, 4%, 3%, 1%, 20%, 17%, 4%, 3%, 1%

Substance Abuse

- Use of substances can result in:
    - Physical injuries and/ or physical health problems
    - Aggression and anti social behaviors
    - Sexual risk taking
    - Social problems
    - Intensified feelings of anxiety, depression, and anger.
    - Decreased ability to use effective coping strategies.
    - Increased risk of suicide and self injury
    - Disengaged parenting and poor parenting

Contributing Factors

Contributing factors to Substance Use Disorders:

- ~Availability and tolerance in one's community
- ~Social Factors
- ~Genetic Predisposition
- ~Physiological Sensitivity
- ~Other MH problems

Children & Behavior

Children are not born knowing how to behave.

Appropriate behaviors must be taught –
    *Through Example
    *Through explanation
    *Through praise/encouragment
    *Negative consequences for inappropriate
    behavior

Functions of Behavior

- Why do children behave the way they do?

- What desires are they looking to fulfill?

- How do we promote positive behaviors and deter negative ones?

Function of Behavior

Two Primary Functions of Behavior

- *Access*: attention from peers, teachers, parents, obtain tangibles, or activities, Stimulation/sensory, such as noise or physical contact.

- *Avoidance*: escape from doing or completing something.

4 Reasons for Misbehavior

- Undue Attention

- Misguided Power

- Revenge

- Assumed Inadequacy (giving up)

Undue Attention

- Children often seek undue attention because they equate attention from adults with caring and love.

- How does this present at your school?

Misguided Power

- Children need to feel secure; like they are in control of themselves. When control is taken away, they may seek to regain power by purposefully disobeying directives.

- How can you respond?

Assumed Inadequacies

- This is the child that supposedly needs help with everything.

- How might we respond?

Revenge

- If a child believes that he or she has been treated unfairly, revenge will likely be a result.
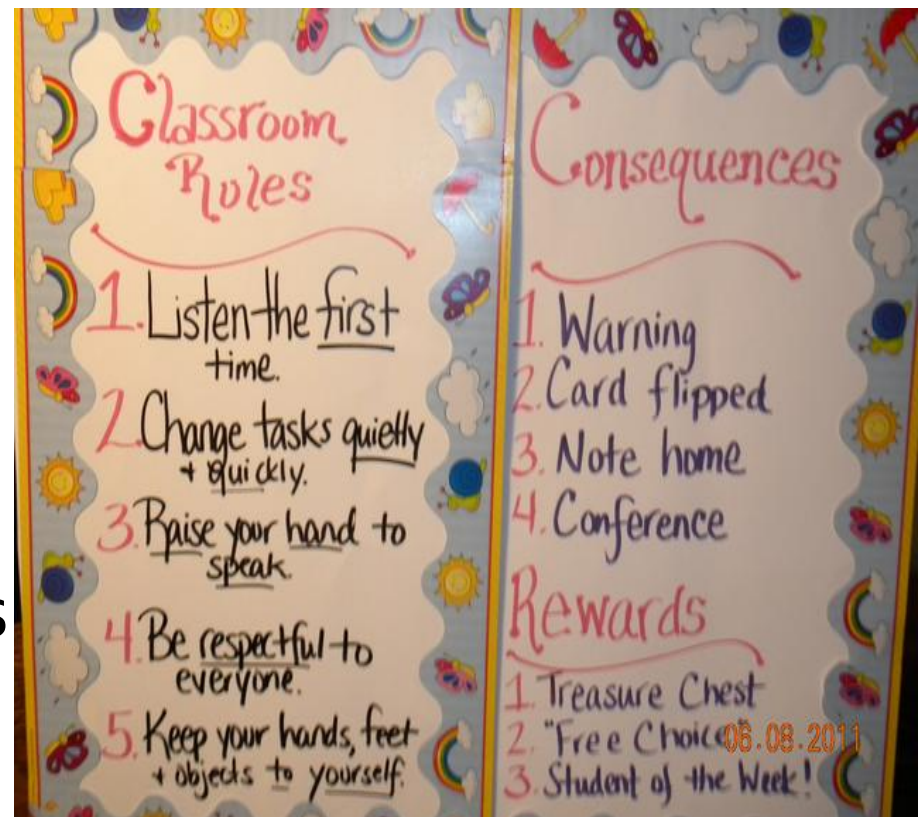
- How do you respond?

What doesn't work…

https://www.youtube.com/watch?v=OwoIr63y4Mw

Managing Behavior

- Behavior management includes:

  - Discipline/Instruction

  - Rewards/Reinforces

  - Negative Consequences

Effective Discipline

- Is it respectful?

- Is it effective long-term?

- Does it teach valuable life skills for good character?

Effectively Managing Behavior

Understanding Rules & Expectations

- Have clear teaching goals
- Have a clear relationship between action and consequence

Action → Consequence

Effectively Managing Behavior

- Leading by example – be a role model

  - Display positive interaction
  - Express your feelings appropriately
  - Promote acceptance and kindness
  - Take responsibility for your actions
  - Find similarities between you and the student
  - Remember – they are always watching!

Effectively Managing Behavior

Violations of Rules and Expectations:

- Exclusion-
  - Removing a child from the group.
- Deprivation
  - Removing the source of misbehavior from the child
  - Removing a reward/reinforcer from the child
- Restitution
  - Allowing a child to make amends for his or her behavior

Managing Acting Out Behaviors

- Disruptive

  Calling out, inappropriate language, side conversations

- Aggressive

  Threatening – vague or direct, safety risk

Student Engagement/Response

- Strategies

  - Ignore, if possible

  - Re-direct

  - Remove

  - Re-engage

Managing the Quiet Child

The quiet child –
    minimal participation
    withdrawn
    passive

Student Engagement

- Strategies:
  - Be compassionate
    - Acknowledge the student
    - Build a relationship
    - Provide guided opportunities for participation
    - Create an environment that promotes comfort

Compassionate Teaching

Encouragement is rewarding appropriate child behaviors through words, expressions, actions and reactions.

Goal:

* To create a sense of belonging
* To create a sense of capability through the development of life skills.
* To instill a sense of social interest

Compassionate Teaching

Tools & Techniques
- Always empower and Never disempower
- Provide unconditional positive regard
- Maintain high expectances
- Check your assumptions, observe and question
- Be a relationship coach
- Provide guided opportunities for helpful participation.

Suicide Prevention

- https://www.reliaslearning.com/kevin-hines

Mental Health Action Plan
Give our kids some AIR….

A	Assess for suicide or harm
I	Inform and share information
R	Refer for appropriate services

Mental Health Action Plan
Give our kids some AIR....

- A: ***Assess for risk*** for suicide or harm

Approach the person to determine if there is a problem.

Assess for any crises and assist the person in dealing with the crises.

Mental Health Action Plan
Give our kids some AIR....

I: *Inform and share information*

Inform of options, Introduce to school supports, and resources

Reassure and encourage a sense of hope

Mental Health Action Plan
Give our kids some AIR....

R: *Refer for appropriate services*

Contact the appropriate personnel in your school to further assess the student's needs and provide services or referral.

Provide full information on your observations, the student's behavior, and the student's reports.

Mental Health Action Plan
Give our kids some AIR.....

Go the extra mile...

~Check back in with the student to see how s/he is doing...

~Keep the personnel in your school up to date on what you are seeing and observing...

Mental Health Treatment

Levels of Care:
Outpatient
Outpatient with a Behavioral Interventionist
Intensive Outpatient
Part-Day Treatment
Day Treatment
Partial Hospitalization
Residential Treatment
Crisis Bed
Inpatient Treatment

Self Care

- Physical fitness
- Nutrition & hydration
- Sleep and rest
- Support system
- Assertiveness skills
- Centering/ Time Out
- Creative Activities
- Have Fun
- Set and Monitor Goals
- Self Awareness and Limit setting

Contact Information

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