Social and Emotional Awareness and Response
Social and Emotional Awareness and Response

https://www.youtube.com/watch?v=xKjlxU5Zat8
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.

© Copyright | Mental Health America | Formerly known as the National Mental Health Association. Mental Health Association of Maryland, Mental Health First Aid (2013)
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 (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.

Resilienttrumpsaces.org
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
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

<table>
<thead>
<tr>
<th></th>
<th>Delaware</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>No adverse family experiences</td>
<td>49.6%</td>
<td>52.1%</td>
</tr>
<tr>
<td>One adverse family experience</td>
<td>27.6%</td>
<td>25.3%</td>
</tr>
<tr>
<td>Two or more adverse family experiences</td>
<td>22.8%</td>
<td>22.6%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Mental Disorder</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety disorders</td>
<td>19.1%</td>
</tr>
<tr>
<td>Major depressive disorder</td>
<td>6.8%</td>
</tr>
<tr>
<td>Substance use disorder</td>
<td>8%</td>
</tr>
<tr>
<td>Bipolar disorders</td>
<td>2.8%</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>2.1%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>0.45%</td>
</tr>
<tr>
<td>Any mental disorder</td>
<td>19.6%</td>
</tr>
</tbody>
</table>
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.
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

- 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
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.
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)

Marijuana and Hasish: 39%
Cocaine: 17%
Heroin: 16%
Hallucinogens: 4%
Inhallants: 3%
Non medical use Psychoptherapeutics: 3%
Pain releivers: 8%
Tranquilizers: 4%
Stimulants: 3%
Sedatives: 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 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/encouragement
* 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)
Children often seek undue attention because they equate attention from adults with caring and love.

How does this present at your school?
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=Owolr63y4Mw
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
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....

<table>
<thead>
<tr>
<th>A</th>
<th>Assess for suicide or harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Inform and share information</td>
</tr>
<tr>
<td>R</td>
<td>Refer for appropriate services</td>
</tr>
</tbody>
</table>
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....

1. *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
Therapeutic Support Counselors for the Colonial School District:

- Doris Corbett, Licensed Professional Counselor of Mental Health, LPCMH
  - 302-323-2935
  - Doris.Corbett@colonial.k12.de.us

- Kelly Soliman, Licensed Clinical Social Worker, LCSW
  - 302-323-2807
  - Kelly.soliman@colonial.k12.de.us