



Mental Health and Theory: Supporting Challenging Students

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OBJECTIVES

After viewing this webinar you will be able to:

- Identify criteria for common mental health diagnoses seen in school-aged children
- Describe basic concepts of theories such as CBT and solution-focused
- Apply theory-based brief interventions to effectively support students



CHECK IN

- What are some mental health concerns you are seeing in your school?
- List the top 3 in the chat box





CHILDREN

50%



Of all mental illnesses begin by age 14.*

1 in 5



Children** (age 0-11) experience a mental disorder in a given year

10%



Of children experience some impairment in daily functioning at home, in school or in the community due to mental health problems***

*National Institute for Mental Health

**Federal Register

70%

Of youth in the juvenile justice system suffer from mental health disorders.****



27%

Of these youth experience disorders so severe that their ability to function is significantly impaired.****

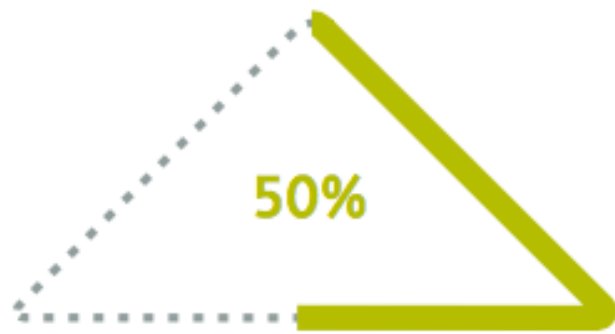
***US Department of Health & Human Services

****National Center for Mental Health and Juvenile Justice

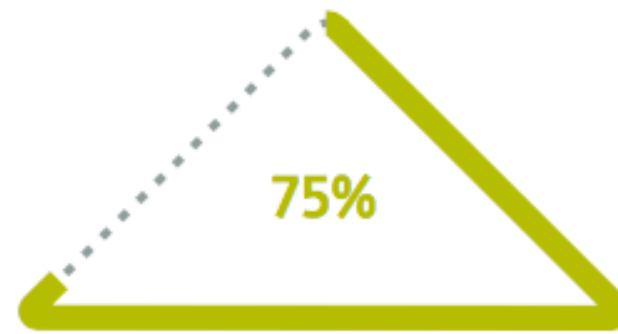


20% of US children have a mental health disorder

Fifty percent of mental health disorders begin before age 14 and 75% before age 24, affecting the learning and school experience for all children.



50% of disorders begin before age 14



75% of disorders begin before age 24

ACES AND CHILDREN

ACEs study (2010) with 2,100 children K-6 grade in Spokane, WA

- Trauma common in kids' lives:
 - divorce
 - homelessness
 - witnessing violence
 - involvement in child protective services
 - family abuse of alcohol or drugs
 - family mental illness
 - neglect
- 1 in 3 or 4 children exposed to significant ACEs



ACES

- Childhood trauma significantly predicted academic and chronic health issues
- The more stressors the students had the greater the impact: (3 or more ACEs as compared to no trauma)
 - 3Xs rate of academic failure
 - 5Xs rate of severe attendance problems
 - 6Xs rate of severe behavior problems
 - 4Xs rate of poor health
- Chronic toxic stress caused by trauma impacts ability to teach and learn (brain)
- If left untreated, can lead to mental health diagnoses and criminal justice involvement

COVID IMPACTS

- In 2021, Surgeon General Advisory on Protecting Youth Mental Health
- More than 6,600 deaths by suicide in 2020 among youth ages 10-24yrs old
- Higher levels of unhappiness and dissatisfaction with life among adolescents (*Feinber, et. al, 2022*)
- Worsened levels of individual and family wellbeing (large increases in parent depression and externalizing and internalizing child behaviors)
- High rates of depression, anxiety, PTSD among children (*de Miranda, et. al, 2020*)

MENTAL HEALTH IMPACTS

- Disorders of childhood, if left untreated, can impact students' ability to learn and function in the school environment:
 - 75% of social phobia manifests by age 15
 - 75% of separation anxiety disorder manifests by age 10
 - 75% of oppositional defiant disorder manifests by age 14
 - 75% of ADHD manifests by age 8
- Anxiety disorder make students twice as likely to drop out
- ADHD, mood and anxiety symptoms and disruptive behavior at age 6 predict math and reading achievement at age 17

MENTAL HEALTH IMPACTS

- Children with mental health disorders face frequent discipline and school failure
- Leads to office referrals, school avoidance, suspension, and being retained as well as drop out
- Mental health disorders lead to problems later in life:
 - Underemployment
 - Prison
 - Reduced quality of life
- Expulsions in Kindergarten are 89% higher when there is not regular access to a mental health professional at school

WARNING SIGNS OF MENTAL ILLNESS



- ✓ Marked change in school performance
- ✓ Inability to cope with problems and daily activities
- ✓ Noticeable changes in sleeping and/or eating habits
- ✓ Many physical complaints
- ✓ Sexual acting out
- ✓ Depression shown by sustained, prolonged negative mood and attitude, often accompanied by poor appetite, difficulty sleeping or thoughts of death.
- ✓ Abuse of alcohol and/or drugs
- ✓ Persistent nightmares
- ✓ Intense fear of becoming obese with no relationship to actual body weight, purging food or restricting eating
- ✓ Threats of self-harm or harm to others
- ✓ Self-injury or self-destructive behavior
- ✓ Frequent outbursts of anger, aggression
- ✓ Threats to run away
- ✓ Aggressive or non-aggressive consistent violation of rights of others; opposition to authority, truancy, thefts, or vandalism
- ✓ Strange thoughts and feelings; and unusual behaviors

Persisting over several weeks

COMMON MENTAL HEALTH DISORDERS

- According to the CDC:
 - ADHD, anxiety problems, behavior problems, and depression are the most commonly diagnosed disorders in children
 - Some of these conditions occur together (ages 3-17yrs old 3 in 4 children with depression also had anxiety and 50% had behavior problems)
 - Depression and anxiety in children ages 6-17yrs have increased over time

<https://www.youtube.com/watch?v=XH46Nm1QOcg>

CONDUCT DISORDER

- Noncompliance, violation of rights of others, aggression, drive others away
- Underlying feelings:
 - Fear (being disliked, rejected)
 - Powerlessness
 - Loneliness
 - Anxiety
- Behaviors serve to reconfirm belief system, strengthen negative emotions, and increase sense of isolation
- Will often shut down, become uncommunicative when believe being judged

WHAT MAY
BE
HELPFUL?



<https://www.youtube.com/watch?v=9mPwQTiMSj8>

ANXIETY DISORDER

- Demonstrates persistent and unreasonable fear for the situation; may be clingy, irritable, or withdrawn; may cry or have tantrums
- May appear “ADHD” due to lack of focus and fidgeting caused by worry
- Break “connection” with the teacher to avoid being called upon
- May struggle with perfectionism
- Somatic symptoms (stomachache, headache) common

WHAT MAY
BE
HELPFUL?



DEPRESSION

- Chronic feelings of sadness and worthlessness; irritability; loss of interest; withdrawal and unexplained crying
- In 2018-2019 an estimated 15.1% of the population aged 12-17 had at least one depressive episode in the past year
- May lead to trouble socializing, absence from school, isolation, self-harm and thoughts of suicide
- Can often look like ADHD, ODD, or anxiety in children
- Substance use and suicide are important concerns for adolescents (18.8% seriously considered attempting suicide; 4.1% had a substance use disorder)

WHAT MAY
BE
HELPFUL?





**What can we do at
school to provide
support?**

BRIEF THERAPY

- Brief therapy may be useful with some issues
- Usually 10 – 20 sessions (or less)
- Focused on helping a person resolve or effectively manage a specific problem or challenge or make a desired change
- Typically solution-focused and/or cognitive behavioral (CBT)
- Geared towards “here and now”
- Goal setting is a main component



SOLUTION FOCUSED

- Key philosophy is that **client's hold the key** to their solutions and encourage **clients to be the expert**
- Help them **recognize their strengths** and how used them in the **past to overcome** and **exceptions** to the problem
- **Present** and **future** focused **questions**
- Help to develop **goals** and commit to **change**
- Do not focus on the problem, rather address how it will be **solved** (nudge towards what is working); do not give them "solutions"
- Use of **homework** (chosen by client) and assessment of **progress** (what is better than last time we met?)

<https://www.youtube.com/watch?v=1bJWVR1-Ko8>

Info: <https://solutionfocused.net/what-is-solution-focused-therapy/>



How can we make these hands—on and more concrete?

SOLUTION FOCUSED

- **Coping questions** – what they have done so far to survive difficult situations
- **Exceptions** – times when a client functioned better or times when a problem was not as severe
- **Miracle question** – future oriented, brainstorm about possibilities (*“consider the possibility that while you were sleeping the problem you presented today is solved during your sleep. When you awake, how will you know that a miracle has occurred and your problem is solved?”*)
- **Scaling questions** – measure the effects of a problem on a person’s life (1-10)
- **Task development questions** – setting small, specific goals that can be achieved and allows them to see that new behaviors will allow them to solve future problems (SMART goals)

Adolescent example:

<https://www.youtube.com/watch?v=ecYzjaSyaA4>

SOLUTION FOCUSED

- **Compliments** – refer to specific behaviors exhibited by client; way to end session
 - Normalizing statements – helping client realize situation and/or reaction is understandable and “normal”
 - Restructuring statements – helps to change way of thinking (*“it seems that you’re going through a period of transition in your life and of course you want to take your time before making a decision”*)
 - Affirmations – summon clients’ attention to own personal and social resources and include client’s language, values, and views (*“I think your mother is very fortunate to have a daughter like you”*)
 - Bridging statements – acts as a “bridge” as to what has been discussed and the next logical step; incorporating meaning and client language (*“one thing we know about paranoid people is they are experts at observing. I have a suggestion that will use your observation skills”*)

COGNITIVE BEHAVIOR THERAPY (CBT)

- Demonstrated through research to be **effective for a variety of issues** and psychological problems
- Therapy relationship is **collaborative** and **goal-oriented**
- Focus on **thoughts, beliefs, assumptions,** and **behaviors**
- Goal of therapy is for the person to develop a more **realistic** and **rational perspective** → **healthier** behaviors → **less negative** emotional state

Helpful webinar:

<https://www.youtube.com/watch?v=f26U8pbp0gA>



Adolescent video example:

<https://www.youtube.com/watch?v=JKUFWK6iSsw>

CBT

- Address cognitive distortions such as:
 - **Filtering** – ignoring all of the positive and good things
 - **Polarized thinking (black/white)** – all or nothing view
 - **Overgeneralization** – using a single incident as the sole piece of evidence for a broad conclusion
 - **Jumping to conclusions** – tendency to be sure of something without evidence
 - **Catastrophizing/magnifying or minimizing** – expecting the worst will happen or not seeing the best/good
 - **Personalization** – everything the person does has an impact on external events or people
 - **Shoulds** – implicit or explicit rules one has about how they should behave

CBT

- Use of: Socratic questioning, homework, self-monitoring, behavioral experiments, systematic desensitization
- Socratic questioning = allows the therapist to stimulate client's self-awareness, focus on the problem, expose belief system and challenge irrational beliefs while revealing the client's cognitive processes (ex. *What do you mean when you say, "I'm no good"?*)
- Homework = assist with cognitive restructuring' may include monitoring automatic thoughts, reviewing previous session, behavioral activation

CBT

- Behavioral experiments = experiencing, observing, reflecting, and planning; conducted through thought testing, discovery, activity, and/observation (ex. *Everyone will laugh at me when I present in front of the class*)
- Systematic desensitization = pairs relaxation with exposure to something stressful; taught to relax in anxiety production situations (ex. *Deep breathing before presenting in front of the class*)

CBT

- Common techniques
 - Relaxation to calm the body
 - Mindfulness or grounding exercises to focus during stress
 - Keeping a journal or log of worries
 - Using roleplay to practice skills
 - Reviewing the Cognitive Triangle (thoughts, actions, feelings)
 - Feelings Remote control (change the channel, turn the volume down)

INCORPORATING TF-CBT

Psychoeducation

Relaxation & stress management

Affective expression & modulation

Cognitive coping and processing

Trauma narration

In vivo mastery

Conjoint child-parent sessions

Enhancing future safety and development

LOW COST TRAINING
IN TFCBT:

WWW.MUSC.EDU/TFCBT2

TFCBT NATIONAL
THERAPIST
CERTIFICATION:

[HTTPS://TFCBT.ORG](https://TFCBT.ORG)



TF-CBT IN SCHOOLS

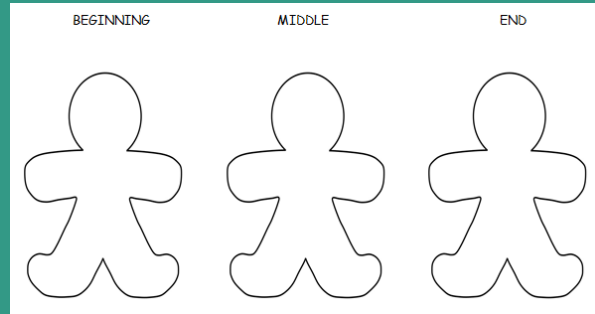
Psychoeducation

- ✓ read stories/books (*A Terrible Thing Happened*)
- ✓ research on-line
- ✓ hand model of the brain
- ✓ comic strip

Relaxation & stress management

- ✓ deep breathing
- ✓ muscle relaxation
- ✓ yoga (*Peaceful Piggy Yoga*)
- ✓ mindfulness /guided imagery (*Peaceful Piggy Meditation*)
- ✓ Painting/play-doh
- ✓ relaxation ball/mindfulness jar
- ✓ play list of relaxing music



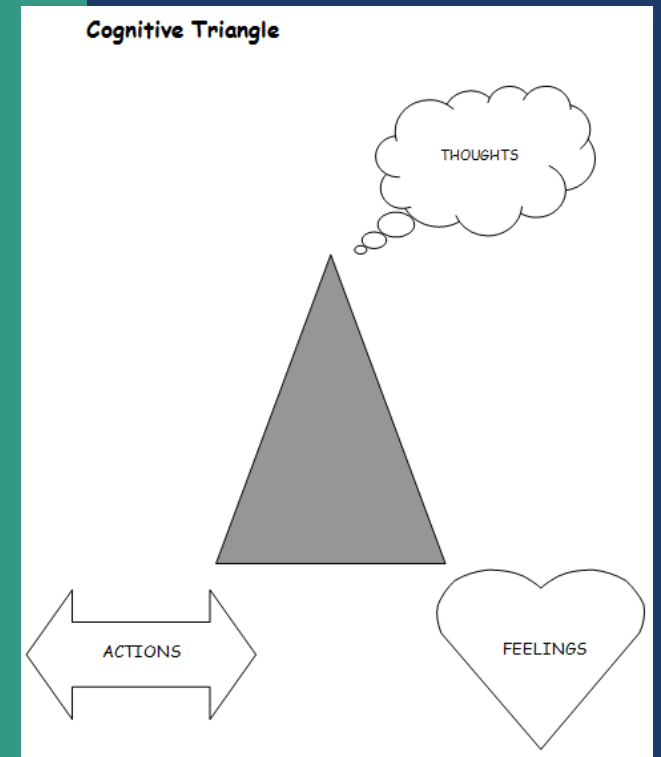


Affective expression & modulation

- ✓ feelings charades game
- ✓ reading stories/books (*The Way I Feel*; *Glad Monster, Sad Monster*)
- ✓ painting/drawing, masks
- ✓ emoji eggs
- ✓ body outline

Cognitive coping and processing

- ✓ cognitive triangles
- ✓ role play/puppet show
- ✓ Miniatures/sandtray



TF-CBT IN SCHOOLS

- Enhancing future safety and development
 - Good touch/bad touch
 - Getting help – neighbors/family/school, 911
 - Safety planning – safe places/people
 - Use of books, puppets, role plays, comics/stories, songs

Books:

- <https://e2epublishing.info/blog/2014/7/5/top-15-must-have-childrens-books-on-personal-safety-and-emotional-health>
- <http://www.childwitnessstoviolence.org/books-about-trauma--violence-for-young-children.html>

TRAUMA INFORMED GROUPS

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

- Ages 10 – 15 (also done in clinical settings)
- 10 Group Sessions (community violence, domestic violence)
- Some training is required (FREE www.cbitsprogram.org)

Bounce Back

- Ages 5 - 11 and some parent and individual sessions
- 10 Group Sessions (community, family, school violence)
- Some training is required

Group Treatment for Children Affected by Domestic Violence

- Age 5-12
- 44 weekly Group Sessions (parallel child and parent groups)
- 11 topics/modules
- Some training and supervision required

WWW.NCTSN.ORG

HELP TEACHERS & PARENTS

- Relationships help to heal trauma by promoting resilience (helpful for all students)
- Give them ideas on building relationship with the student (morning meetings, check-in/out, “special time” together)
- Provide opportunities for creative expression
- Model emotional regulation, empathy, and positive social skills (incorporate SEL)
- Teach them to reflect feelings and meaning with the student, offer choices, ACT Limit Setting, coping skills



WHAT IS ONE
THING YOU
ARE TAKING
AWAY TODAY?

Type in the chat or discuss 😊

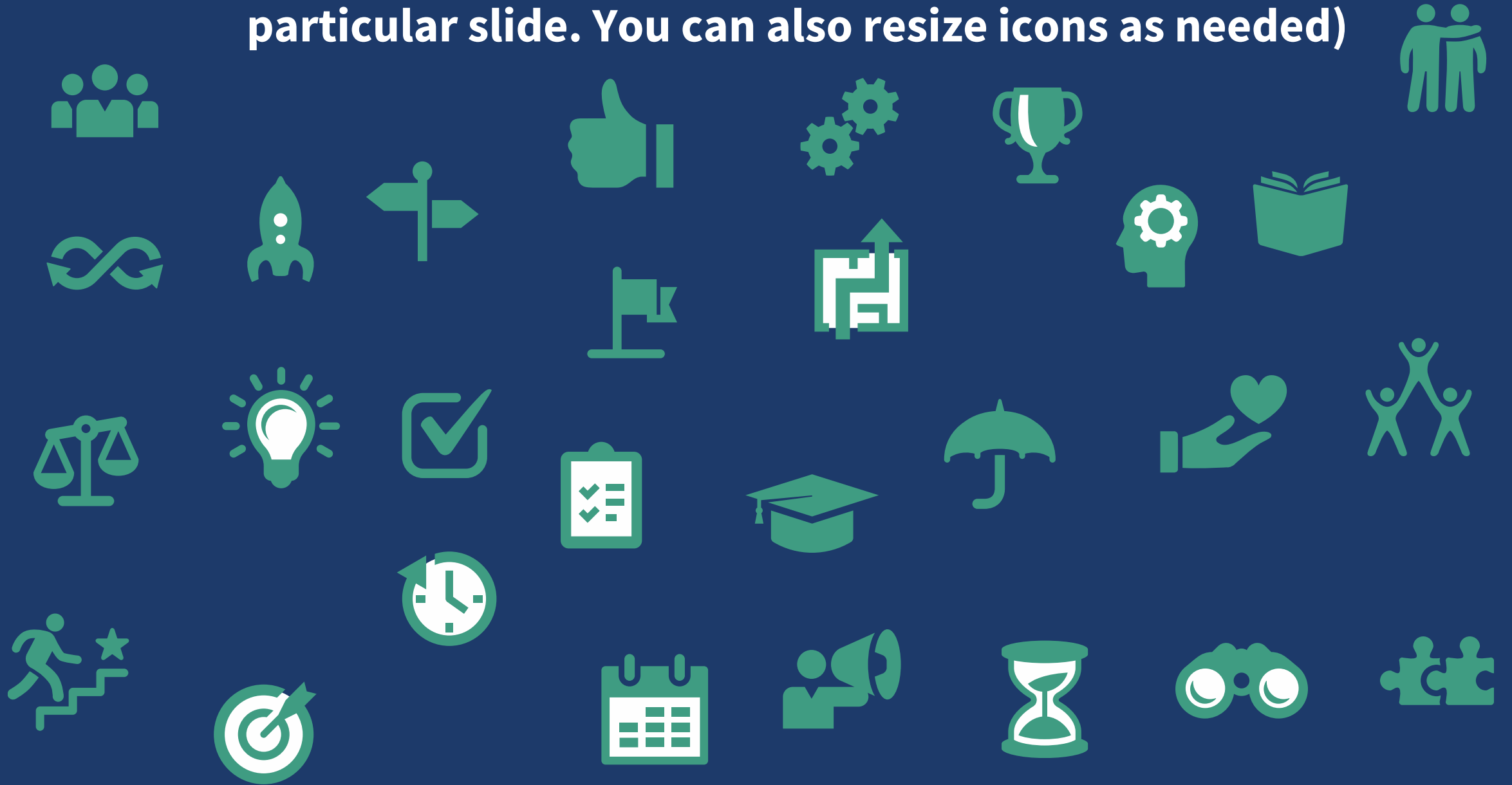




Questions?

Thank you!

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