

Helping the Student with Social and Emotional Concerns

Secondary Staff Guide



Presented by
The Comprehensive Service Integration (CSI) Project
Fond du Lac Area TeenScreen
Fond du Lac School District School Health & Safety Programs

Helping the Student with Social and Emotional Concerns

A Secondary Staff Guide

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School Staff Role in Helping the Student with Social and Emotional Concerns

As a member of our school community, you impact the lives of our students on a daily basis. Students may turn to you when they need support because of the connection they have with you. You may be the first person who recognizes that they are struggling academically and/or personally. What can you do when you suspect a student may need help?

This booklet is intended to give you information so you can provide assistance to students. While you are not expected to assess and treat mental health problems, you are in a position to recognize distress and link students to appropriate school resources. **Please make a referral to the school counselor, social worker, psychologist, nurse, or administrator if you suspect that a student is struggling socially or emotionally.**

Here are some helpful resources, should you want further information on mental health topics:

Websites: www.mentalhealthamerica.net
<http://mentalhealth.samhsa.gov>
www.csifdl.org

“Children’s Mental Health Services Continuum of Care in Fond du Lac County”– provides information on the range of programs and services in Fond du Lac County that addresses children’s mental health concerns, organized from least intensive/preventive to most intensive. School counselors, social workers, psychologists, and administrators have copies or you can obtain a copy at www.csifdl.org or by calling 920-906-6548.

“Accessing Mental Health Services in the Fond du Lac Community” was developed to assist families or other concerned adults to help a youth with a mental health concern get the help that they need. This guide may be a useful resource for youth experiencing a mental health crisis, emerging or recurring mental health concerns, or additional supports available at the school. The most up-to-date version of the guide may be accessed at www.csifdl.org

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General Approaches to Helping Distressed Students

Sometimes it can be difficult to discern whether a student's disruptive behavior is a discipline or mental health issue. Some disruptive behaviors can stem from emotional or psychological problems. Here are some general ideas of disruptive behaviors caused by mental distress.

Some distress signals include:

- Depression: poor concentration, loss of interest, withdrawal
- Agitation: anxious, can't sit still
- Disorientation: seems 'out of it', may exhibit bizarre behavior
- Suicidal expression, thoughts, or threats
- Alcohol or drug abuse

You may also notice:

- Increased irritability; aggressive or abrasive behavior
- Excessive procrastination; sporadic class attendance; little or no work completed
- Marked change in personal hygiene
- Increased dependency
- Bizarre, alarming, or dangerous behaviors

What to do:

Reaching out to a student and "noticing" changes in their behavior may have a profound effect on the student. Acknowledge to the student that you notice they are distressed and you are concerned about them. Let them know you are willing to look at options that could help them.

1. Address personal issues with a student only in privacy.
2. Briefly acknowledge your observations and perceptions of their situation and express your concerns directly and honestly.
3. Listen carefully to what the student is troubled about and try to see the issue from his/her point of view without necessarily agreeing or disagreeing.
4. Strange and inappropriate behavior should not be ignored. The student can be informed that such behavior is distracting and inappropriate.
5. **If you have concerns about a student's emotional state, contact any of the following: a school counselor, social worker, psychologist, administrator, or nurse.**

The Anxious Student

Anxiety is often the result of feeling either out of control or that life is unpredictable, or both. Two primary causes of anxiety are, not knowing what to expect and conflict. Unknown and unfamiliar situations raise anxiety, as do high, unreasonable self-expectations. Anxiety may be situational or life-long. These students often:

- Have difficulty making decisions
- Feel they have little control over situations
- Worry constantly with no discernible cause
- Are fearful of making mistakes, being embarrassed, new situations, etc.
- Seek a lot of reassurance
- Have physical complaints (i.e. stomachaches, headaches, etc.)
- Are absent from school

Do:

- Let him/her discuss their feelings and thoughts; validate their feelings; it is real to him/her
- Provide a supportive environment
- Be consistent with routines, schedule, discipline
- Help him/her feel in control by allowing choices, setting realistic goals
- Model calmness, good decision-making skills, persistence
- Use encouragement

Don't:

- Make things more complicated
- Take responsibility for their emotional state
- Overwhelm with information or ideas
- Use harsh or excessive discipline
- Be inflexible with timelines and workload

The Demanding, Needy Student

Demanding, needy students exhibit behaviors that necessitate time and energy, which when given, is not enough. Demanding students often seek to control your time and unconsciously believe the amount of time received is a reflection of their worth. Demanding traits may be associated with other mental health disorders.

Do:

- Stay calm and take the lead in the conversation
- Let them, as much as possible, make their own decisions
- Determine an acceptable amount of time to spend with the student based on needs of the student
- Call attention to what behaviors are acceptable and not acceptable
- Address manipulative requests and behavior

Don't:

- Let them use you as their only source of support
- Get trapped into giving advice (i.e. "Why don't you ...?")

The Depressed Student

Depressed students may show a multitude of symptoms, such as decreased or increased appetite, sleepiness, low interest in daily activities, and sad or lethargic affect. However, sometimes the opposite may be true, whereby they may be irritable, angry, and have many physical complaints (i.e. stomachaches, headaches, etc.).

Symptoms of Depression:

- Feelings of guilt, worthlessness, helplessness, hopelessness, pessimism
- Loss of interest or pleasure in hobbies and activities that used to enjoy
- Insomnia or oversleeping
- Decreased energy, fatigue, feeling "slowed down", restlessness
- Thoughts of death or suicide, suicide attempts

Do:

- Let student know you're aware of changes in their behavior and you would like to help
- Encourage the student to express how he/she is feeling and thank them for sharing
- ask student directly if they are thinking of hurting themselves or wanting to die (which will NOT increase the likelihood that they will harm themselves)
- Let the student know you support them and will help them find resources
- Make school mental health staff (counselor, social worker, psychologist, nurse) aware of your concerns regarding the student
- Tell school mental health staff immediately (Report to Guidance Counselor, school nurse and/or administrator immediately) if the student expresses thoughts of self-harm or suicide

Don't:

- Say, "Don't worry," "Crying won't help," or "Everything will be better tomorrow."
- Be afraid to ask whether the student is suicidal, if you think he/she may be
- Joke about or try to make light of the situation or compare stories
- Keep it to yourself if a student discloses thoughts or intention to harm him/herself

The Suicidal Student

Suicide is the second leading cause of death among youth in Wisconsin. The suicidal person is intensely ambivalent about killing himself/herself and typically responds to help; suicidal states are definitely time-limited and most who complete suicide are not “crazy.” Take the student seriously, since 60% of persons who died by suicide gave prior warning of their intent. **Suicidal students usually want to communicate their feelings; any opportunity to do so should be encouraged.**

Do **ACT**:

Acknowledge feelings rather than minimizing them.

- “I’m sorry to hear that. It sounds really hard.”

Show **Care and Concern** for the student by taking the next step.

- “I’m worried about you. I don’t want anything bad to happen to you or for you to be hurt.”

Talk to a member of your school crisis team, such as a school counselor, social worker, psychologist, nurse, or SRO.

- “Let’s go talk with someone in the counseling office. They know how to work with students who have concerns like yours.”

Don't:

- Argue with or minimize the situation or depth of feeling (i.e. "Oh, it will be much better tomorrow.")
- Be afraid to ask the person if they are so depressed or sad that they want to hurt themselves (i.e. "You seem so upset and discouraged that I'm wondering if you are considering hurting yourself.")
- Agree to keep suicidal thinking or threats a secret; seek help **immediately** if you have suspicions and concerns about a student harming themselves
- Tell a student to “get over it” or “move on” because it is not realistic for a person with depression

Remember to report all talk of suicide immediately to a school counselor, social worker, nurse, or administrator.

Warning Signs of Potentially Suicidal Behavior

If you observe any of the following warning signs that might indicate suicidal risk, communicate them to your school counselor, psychologist, social worker, SRO, nurse or administrator as soon as possible. High risk indicators include:

- Expression of desire to kill him/herself or wishing to be dead
- Presence of a plan to harm self (specific time, place, notes written)
- Means are available to carry out a plan to harm him/herself (firearm, stockpiled pills, etc.)
- High stress due to grief, illness, loss of relationship, academic difficulty, etc.
- Symptoms of depression are present, such as: sadness; loss of appetite; sleeping too much or too little; severe hopelessness or agitation; feeling of exhaustion and/or guilt/shame; loss of interest in school, work or typical activities; change or deterioration of hygiene
- Intoxication or drug abuse
- Previous suicide attempt by the individual; an attempt or completion by a friend or a family member
- Isolation, loneliness, or lack of support
- Withdrawal or agitation
- Preparation to leave, giving away possessions, packing belongings
- Secretive behavior
- Major mood changes (i.e. sudden elation of person who has been depressed, extroversion of previously quiet person)
- Direct or Indirect comments implying death is an option (i.e. person implies he/she may not be around in the future)

The majority of people show some type of warning signs up to a year before an attempt. The more behavioral clues or warning signs observed, the greater the risk. Take all warning signs and talk of suicide seriously....it can save a life!

The Grandiose/Agitated Student

These students are characterized by having persistently lofty or irritable moods. During these moods, they often see themselves in a grand light, sometimes believing that they are famous or that the work they are doing is awe-inspiring. They often are overly talkative, with racing thoughts. Typically, their high energy interferes with their sleep. They can be very irritable and overly involved in pleasurable or high risk activities. Generally, these students are not dangerous, but caution should be taken, especially if alcohol or other drugs are involved. If they try to put their rapid thoughts and words into action, they may place themselves in unsafe situations.

Do:

- Sound calm and be direct
- Talk with them in a quiet but openly accessible physical space
- Contact your school mental health professionals to discuss the student's behavior

Don't:

- Enter their physical space or touch them
- Try to out-talk them
- Challenge their thinking
- Confront the student directly
- Ignore them

The Grieving Student

At some point in everyone's life, a significant loss will occur, through the death of someone close, a divorce, a relationship breakup, moving away, etc. Each person will grieve that loss in different ways.

Do:

- Listen carefully and compassionately, "I'm so sorry to hear about your loss"
- Ask the student if they would like to talk about the loss (i.e. the person who has died)
- Normalize some of their reactions, "It's natural to have a hard time concentrating" or "It's OK to feel sad about ..."
- Refer student to your school counselor or social worker, where they can receive support
- Periodically check in with the student and family to see how they are coping

*In the event of a death that affects a segment of the school community, the **Crisis Team** will provide support to students and staff, as needed.

Don't:

- Be afraid of tears or strong emotions
- Also, don't assume that there is one way or a "right" way to grieve
- Minimize the loss; even if it seems trivial to you, it may represent a significant loss to the student
- Avoid discussing the loss with the student
- Say, "It's not that bad", "I know exactly what you are going through", or "They're in a better place now." These statements, while well-meaning, are not helpful.

Grief Relief offers support for grieving children and families. Contact *Journeys: A Health Resource Center* at (920)926-4960 to learn more about groups offered.

The Sexually or Physically Assaulted Student

Both males and females can be the victims of sexual and physical abuse/assault. Sometimes sexual assaults involve alcohol and the victim often knows the perpetrator. Frequently, victims blame themselves or are afraid of how people will respond to them. It is important to respond sensitively to students who disclose physical and or sexual abuse/assault.

Do:

- Listen to the person's account of the incident(s)
- Believe what they are saying
- Appreciate any feelings or reactions disclosed as normal reactions to an abnormal circumstance
- Link the person to help (i.e. school counselor, social worker, SRO, nurse, administrator)
- Ask about the person's physical condition (physical injury, exposure to disease or pregnancy)

Don't:

- Relate your own experience or story in any detail
- Pursue details of the assault beyond to clarify what you are hearing
- Offer judgments about what might have been done differently
- Make decisions for the student
- Be afraid of the student's emotion regarding the incident (i.e. tears, anger, etc.)

The Student with an Eating Disorder

Eating disorders typically manifest themselves in adolescence and young adulthood, but signs may begin to appear in elementary school. People with an eating disorder think about food, weight, and body shape in distorted ways. This leads to ways of eating and managing weight that:

- Are harmful to the mind and the body--and can be deadly
- Make it hard for the person to do the things he/she wants to do in classes, sports, and with friends and family
- Make the person feel anxious and miserable most of the time
- Are often upsetting to others

Some of the **warning signs** of an eating disorder include:

- Marked increase or decrease in weight that is not related to a medical condition
- Abnormal eating habits such as secretive bingeing, leaving for restroom to purge food after meals, not eating in front of others, eating peculiar combinations of food, throwing away school lunches, picking at food, etc.
- Intense preoccupation with dieting, weight and body image; this may be evidenced by frequently weighing self and constant criticism of body; fear of gaining weight
- Compulsive or excessive exercising, as evidenced by expressions of extreme guilt if the person doesn't exercise; rigid routine unrelated to athletic training; exercising when injured
- Restrictive eating or purging through vomiting, fasting, laxatives, diet pills or diuretics
- Emotional instability--moodiness, depression, irritability, and/or isolation

Do:

- Express concern for the student in a caring, supportive and non-judgmental manner
- Focus on specific behaviors that concern you, since behaviors are difficult to deny
- Consult immediately with the school nurse or school counseling staff if the student's behaviors appear to be life-threatening
- Reassure the student that help is available and change is possible
- Express your concern to the student's parent, talking about what you have observed

Don't:

- Confront the student when you do not have privacy
- Argue with the student
- Give advice about weight loss, exercise, or appearance

- Attempt to force the student to eat
- Get into a battle over whether or not the student should label the behavior an “eating disorder”

The Student In Poor Contact With Reality

These students have difficulty distinguishing fantasy from reality, the dream from the waking state. Their thinking is typically illogical, confused, disturbed; they may coin new words, see or hear things which no one else can, have irrational beliefs, and exhibit bizarre or inappropriate behavior. Generally, these students are not dangerous to others and are frightened and overwhelmed themselves.

Do:

- Respond with warmth and kindness, but with firm reasoning
- Remove extra stimulation of the environment (if possible)
- Acknowledge your difficulty in understanding them and ask for clarification
- Acknowledge your concerns and state that you can see they need help (i.e. "It seems very hard for you to explain things clearly and I am concerned about you; I'd like to help.")
- Focus on the "here and now." Switch topics and divert the focus from the irrational to the rational or the real
- Speak to their healthy side, which they have. It's O.K. to joke, laugh, or smile when appropriate

Don't:

- Argue or try to convince them of the irrationality of their thinking, which may lead them to defend their position (false perceptions) more ardently
- Play along (i.e. "Oh yeah, I hear the voices/or see the devil.")
- Encourage further revelations of craziness
- Demand, command, or order
- Expect customary emotional responses

The Substance Abusing Student

A variety of substances are available that provide escape from pressing demands. These drugs soon create their own set of problems in the form of addiction, accident proneness, and poor health. The most abused substance--so commonplace we often forget that it is a drug--is alcohol. Alcohol and other drug-related accidents remain the greatest single cause of preventable death among youth.

Do:

- Be on the alert for signs of drug abuse: preoccupation with drugs, inability to participate in class activities, deteriorating performance in class, periods of memory loss (blackouts), possible hyperactivity and inability to focus or sleeping in class
- Focus on drug or alcohol issues and share your honest concern for the person
- Accept and acknowledge student's feelings, and help to identify and clarify the major issues
- If you notice signs of use, make a referral for assessment
- Encourage them to seek help from the school counselor, social worker, or nurse
- Refer them to the office if you suspect they are coming to class under the influence

Don't:

- Ignore the problem
- Chastise/lecture
- Minimize the behavior (i.e. "All kids your age drink.")
- Ignore signs of use or intoxication

Violence and the Verbally Aggressive Student

Frequently people become verbally abusive in frustrating situations that they see as being beyond their control. Hostile, suspicious, and agitated behavior may precede assault. Their verbal communication may be loud and pressured. Typically, the anger is not a personal attack, although it may be directed at you.

When faced with a violent or verbally aggressive student, It is important to try to keep a calm voice and be aware of everything in the room, including the exit.

Do:

- Prevent total frustration and helplessness by quickly and calmly acknowledging the student's feelings, not their behaviors (i.e. "I can see you're really upset and have some concerns on your mind.")
- Stay in open area
- Reduce stimulation; invite the person to a quiet area, if this is comfortable for you
- Tell them that you are not willing to accept their verbally abusive behavior (i.e. "I understand that you are angry, but when you raise your voice at me that way, I find it hard to listen." or "You certainly have the right to be angry, but hitting/or breaking things is not O.K.")
- Get necessary help from other staff, administrator, school counselor, or SRO

Don't:

- Ignore warning signs that the person is about to explode (i.e. yelling, glaring, clenched fists)
- Get into an argument or a shouting match
- Worsen the situation by making comments that serve to escalate the student
- Touch them
- Become hostile or punitive yourself (i.e. "You can't talk to me that way!")
- Press for reasons for their behavior (i.e. "Now I'd like you to tell me exactly why you are so obnoxious.")
- Look away and not deal with the situation
- Stand directly in front of the person in a confrontational pose; turn your side to them

- Give away your own rights as a person

The Bullied/Harassed Student

Bullying is no longer viewed as a “right of passage,” a “normal part of growing up,” or behavior that happens only in the school setting. Bullying is unwanted, aggressive behavior that is meant to intentionally hurt another using an imbalance of power; it is usually repeated over time. Bullying can result in the targeted person feeling uncomfortable, unsafe, degraded, and powerless.

Bullying can occur in person or electronically. Bullying may be:

PHYSICAL (inappropriate or unwanted touching, grabbing or pushing, kissing, hitting, kicking, or otherwise assaulting someone, blocking someone’s way, or taking someone’s materials)

VERBAL (unwanted peer pressure, threats or insults, intimidating language, mean jokes, name-calling, and comments about race, religion, sexuality, personal appearance, etc.)

INDIRECT (notes, text messages, or graffiti, social exclusion, staring at someone to intimidate, spreading rumors, displaying offensive drawings, cartoons, or posters, suggestive or offensive gestures or body movements, cyberbullying)

Preventing and stopping bullying is everyone’s responsibility!

Do:

- Immediately intervene with the bully to stop the problem (“Stop, what you are doing is not respectful”)
- Teach students to **STOP, WALK, TALK** (tell the person to stop, walk away, talk to a trusted adult)
- Remind the student being bullied that the bullying/harassment is not their fault
- Encourage the student to travel in a group; there’s safety in numbers
- Any student, staff, or volunteer that has been the target of or witnessed bullying should complete a Bullying Incident Report
- Empower bystanders to stand up to bullying (“You need to stop; that’s not cool”)
- Talk about incident with the bullied, bully, and bystanders separately about the situation
- Ensure that there are consequences for bullying/harassment

Don’t:

- Blame the targeted student
- Assume that “just walking away” is always a successful strategy
- Assume that every targeted student can say to the bully, “Leave me alone”
- Accept the excuse that “it was just a joke”

- Turn a blind eye to bullying; it is not a normal part of growing up
- Don't bring the bullied child and the bully together

The Abused Student

All School employees are “mandated reporters”, meaning that they are required by state law to report suspected abuse and neglect of any child they see while in the course of their professional duties. They must also report those situations in which they have reason to believe that a child has been threatened with abuse or neglect and that abuse or neglect is likely to occur.

Chapter 48 of the Wisconsin Statutes defines physical, emotional, neglect, and sexual abuse as:

Physical Abuse: Physical injury inflicted on a child by other than accidental means. Physical injury includes, but is not limited to, lacerations, fractured bones, burns, internal injuries, severe or frequent bruising or great bodily harm.

Signs of Physical Abuse

- Bruises, welts on neck, chest, back
- Injuries in the shape of object (belt, cord)
- Unexplained burns on palms, soles of feet, back
- Fractures that do not fit the story of how an injury occurred
- Delay in seeking medical help
- Extremes in behavior: very aggressive or withdrawn and shy
- Afraid to go home
- Frightened of parents
- Fearful of other adults

Emotional Damage: Emotional damage is defined as “emotional damage for which the child’s parent, guardian or legal custodian has neglected, refused or been unable for reasons other than poverty to obtain the necessary treatment or to take steps to ameliorate the symptoms”. [Ref. s. 48.02(1)(gm), Stats.] “‘Emotional damage’ means harm to a child’s psychological or intellectual functioning. ‘Emotional damage’ shall be evidenced by one or more of the following characteristics exhibited to a severe degree: anxiety; depression; withdrawal; outward aggressive behavior; or a substantial or observable change in behavior, emotional response or cognition that is not within the normal range for the child’s age and stage of development.” [Ref. s. 48.02(5j), Stats.]

Signs of Emotional Damage

- Low self-esteem
- Self-denigration
- Severe depression
- Aggression

- Withdrawal
- Severe anxiety

Neglect: When a parent or caretaker fails, refuses, or is unable, for reasons other than poverty, to provide the necessary care, food, clothing, or medical/dental care, which seriously endangers the physical health of the child.

Signs of Neglect

- Poor hygiene, odor
- Inappropriately dressed for weather
- Needs medical or dental care
- Left alone, unsupervised for long periods
- Failure to thrive, malnutrition
- Constant hunger, begs or steals food
- Extreme willingness to please
- Frequent absence from school
- Arrives early and stays late at school or play areas or other people's homes

Sexual Abuse: Sexual intercourse or sexual touching of a child, sexual exploitation, forced viewing of sexual activity, or permitting a child to engage in prostitution.

Signs of Sexual Abuse

- Sophisticated or unusual interest or knowledge in sex for age, sexual behavior with other children
- Excessive masturbation or persisting public masturbation despite being told not to
- Difficulty walking or sitting, frequent urination, pain, stained or bloody underclothing
- Regressive or childlike behavior, bedwetting or soiling
- Refusal to bath or take part in gym or other exercises
- Unexplained or drastic changes in relationships, behavior, mood, sleep, or school achievement
- Runaway or delinquent

Steps to Follow When Making a Referral for Child Abuse and Neglect:

1. Have the following information available (if possible): child(ren)'s name(s), address, phone number, birth date, parents' names, and names of others living in the home, the child's level of functioning, any special needs of the child, and any information you may have regarding the family's level of functioning.
2. If you feel uncomfortable making a report, ask for support from a school counselor, social worker, psychologist, nurse, or principal. It is important that the mandated person with the firsthand information is the person to make the report.
3. Call (920) 929-3400 and ask to speak to an "access worker."
4. State that you want to report suspected child abuse or neglect.

5. Inform your building principal and document your stated concerns
6. By law, your report is confidential.

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