

Helping the Student with Social and Emotional Concerns

Elementary Staff Guide



Comprehensive Service Integration

Presented by
The Comprehensive Service Integration (CSI) Project
Fond du Lac Area TeenScreen
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An Elementary Staff Guide

Table of Contents

Section	Page
School Staff Role in Helping the Student with Social and Emotional Concerns	2
General Approaches to Helping Distressed Students	3
The Anxious Student	4
The Young Student with Suspected Disordered Eating	5
The Depressed Student	6
The Grieving Student	7
The Bullied/Harassed Student	8
Suicide and the Elementary Student	9
The Abused Student	10
The Abused Student (continued)	11
Acknowledgements	12

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:

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 contact the CSI Project (902-906-6700 ext. 4705) to obtain a copy.

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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, anger
- * agitation: anxious, can't sit still
- * fearful: of going home, of change
- * physical complaints, talk of self-harm

You may also notice:

- * increased irritability; aggressive or abrasive behavior
- * excessive procrastination; sporadic school attendance; little or no work completed
- * increased dependency
- * 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 private.
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 trouble making decisions
- feel that 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 Young Student with Suspected Disordered Eating

Eating disorders typically manifest themselves in adolescence and young adulthood, but signs may begin to appear in elementary school, especially if a family member or peer comments about the child's weight and they already have low self-esteem. 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.

Research shows that "disordered eating" and full-blown eating disorders are being diagnosed in young children at an alarming rate. Here are some of the character traits in the child that may (but not necessarily) support a future eating disorder:

- highly anxious
- perfectionist
- rigid and resistant to change
- eager to please

The **warning signs** of a possible eating disorder in young children are similar to those in older children and adults:

- parents would describe child as a "finicky/picky eater"
- selective eating (i.e. eating only specific foods; eating only foods prepared a specific way)
- determined food avoidance
- excessive preoccupation with weight and body shape
- failure to maintain steady weight gain expected for age or actual weight loss

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 counselor/social worker, especially if you see a pattern of behavior (i.e. throwing away school lunch, refusing class treats, negative comments about being "too fat," etc.)
- express your concern to the student's parent, talking about what you have observed and how you can help their child at school
- gently encourage them to eat

Don't:

- argue with the student
- lecture about weight, body image
- attempt to force the student to eat

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.).

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 Grieving Student

At some point in everyone's life, a significant loss will occur, through the death of someone close, the death of a treasured pet, parent's divorce or breakup, moving away, etc. Each child will grieve that loss in a slightly different way, as do adults.

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 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 (i.e. death of a pet)
- 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.

The Bullied/Harassed Student

Bullying has become an increasing problem in our schools. Bullying can become harassment if it is repeated, unwanted, and done intentionally. It can result in the targeted person feeling uncomfortable, unsafe, degraded, and powerless.

Bullying can take many forms. Here are some examples:

PHYSICAL

- Inappropriate and unwanted touching, grabbing, or pushing
- Blocking someone's way
- Purposely bumping into someone
- Taking someone's materials

VERBAL

- Unwanted peer pressure
- Threats or insults
- Damaging rumors or stereotypes
- Mean jokes and comments about race, religion, sexuality, personal appearance, etc.
- Notes, text messages, or graffiti
- Exclusion from play activities

NON-VERBAL

- Staring at someone to intimidate
- Displaying offensive drawings, cartoons, or posters
- Inappropriate gestures or body movements

Do:

- remind the student that the bullying/harassment is not their fault
- immediately intervene with the bully to stop the problem
- encourage the targeted student to keep a written record of the incidences
- encourage the student to travel in a group; there's safety in numbers
- report incidences of continued bullying to the administration
- discourage bystanders from becoming part of the problem
- encourage bystanders to step forward and say, "Hey, that's not respectful."
- 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

Suicide and the Elementary Student

Fortunately, suicide is very rare among young children, The Centers for Disease Control and Prevention place the prevalence at approximately 4 suicides per 500,000 children under the age of 12. It is thought that because there still remains a stigma associated with suicide and because it is hard to imagine a young child intentionally taking his/her own life, some suicides may actually be labeled as “accidents”. Researchers say that individuals who experience certain biological, psychological, cognitive, and environmental risk factors will be more likely to respond to stressors with suicidal thoughts and behaviors. Being aware of some of these factors may help to know which children are at higher risk and may need additional support from school or community mental health professionals. **Remember to report all talk of suicide to a school counselor, social worker, nurse, or administrator.**

Biological Risk Factors:

- a high degree of impulsivity
- more boys than girls complete suicide (from age 10+)
- the older the child, the more the risk of suicide increases

Psychological Risk Factors:

- an underlying mental health disorder (i.e. depression, anxiety)
- aggressive and /or impulsive behavior
- tendency to internalize problems and stressors
- poor coping skills
- hopelessness about the future

Cognitive Risk Factors:

- immature views of death
- concrete thinking styles
- reports of auditory or visual hallucinations encouraging the child to engage in self-harm

Environmental Risk Factors:

- parental conflict
- chaotic or inflexible family structures
- abuse or neglect
- parental mental health problems
- peer alienation and isolation
- poor social skills
- learning disabilities and/or academic failure

The Abused Student

In 2007, there were 6,529 cases of child maltreatment substantiated in Wisconsin; 142 of them in Fond du Lac County. School administrators, teachers, and counselors 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 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:

Harm to a child’s psychological or intellectual functioning which is exhibited by severe anxiety, depression, withdrawal, or aggression. Emotional damage may be demonstrated by substantial and observable changes in behavior, emotional response, or learning, which are incompatible with the child’s age or stage of development.

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

- Pain, swelling or itching in genital area
- Bruises, bleeding, discharge in genital area
- Difficulty walking or sitting, frequent urination, pain
- Stained or bloody underclothing
- Regressive or childlike behavior
- Refusal to take part in gym or other exercises
- Unusual interest in sex for age
- Drastic change in school achievement
- Runaway or delinquent

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

1. If you feel uncomfortable making a report, ask for support from your school counselor, social worker, psychologist, nurse, or principal.
2. 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.
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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