


# Mental Health Considerations for School Age Youth Related to the COVID-19 Pandemic

Children's School Services School Health Services Program

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## Disclosures

None

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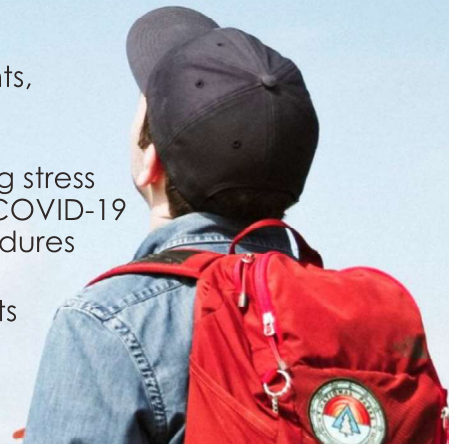
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<https://childrensnational.org/departments/adhd-and-learning-differences-program>

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## Objectives

1. Recognize the signs and symptoms of elevated stress levels in students, particularly related to the COVID-19 pandemic and its attendant disruption of established routines
2. Identify signs of severe stress reactions in students, such as suicidal ideation
3. Apply techniques to assist students experiencing stress related mental health concerns related to COVID-19 or administration of COVID-19 testing procedures
4. Offer valid referral services to families of students experiencing stress-related mental health concerns



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## Commitment

- Cultural responsiveness and equity
- Developing equitable and anti-racist practices and policies
- Learn and grow together



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**Tell us in one word how you would describe your reflections on current events and one word to describe a hope you have for 2021**

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## Why we are here

“More than 10 months into the pandemic, **mental health is a simmering crisis for many of the nation’s schoolchildren**, partly hidden by isolation but increasingly evident in the distress of parents, the worries of counselors and an early body of research.”

“Holed up at home, students dwell in the glare of computer screens, missing friends and teachers. Some are failing classes. Some are depressed. Some are part of families reeling with lost jobs, gaps in child care or bills that can’t be paid. Some students care for, or grieve, relatives with COVID-19”



Washington Post – January 21, 2021

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## National Data on the Impact of COVID-19 (11,000 students):



**38%** are more concerned about their mental wellbeing

**35%** are concerned about the amount of time they are spending online

**47%** are more concerned about their readiness for next academic year

**33%** are more concerned about how connected they are to their peers

**54%** feel *more isolated*

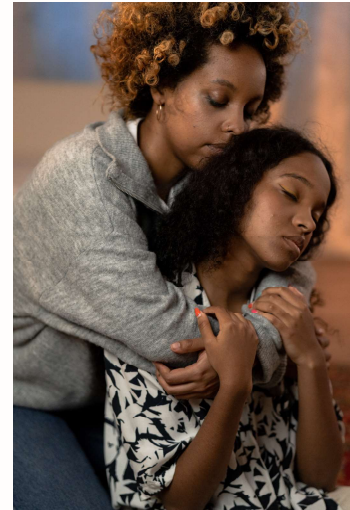
**51%** feel *more stressed*

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## Adolescent Mental Health Concerns During COVID-19

U.S. college and high school students:

- **25%** know someone who has had suicidal thoughts
- **5%** report they had made a suicide attempt
- **53%** of high school students reporting moderate- extreme concerns about their mental health
- **62%** of high school students reported experiencing stress
- **51%** of high school students had dealt with anxiety

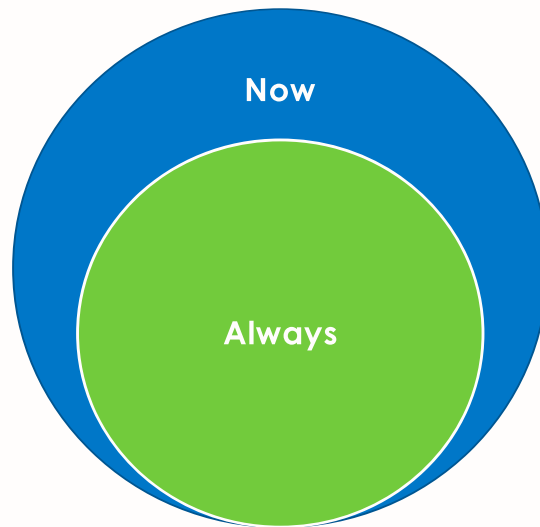


Chegg Foundation, 2020

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## Results from COVID Study: Parents' most frequently stated challenges

<b>1. Difficulty Staying on Task</b>	20.5%	"There are so many distractions at home. There are 5 people at home during the day." "Staying on schedule and focused. Not getting on her phone or watching tv."
<b>2. Lack of Motivation</b>	15.3%	"Striving to learn and do his best vs just complete the requirements to pass. This is a very different reality for [name]. He is typically very motivated."
<b>3. School-Related Factors</b>	13.4%	"Trying to make sense of the school's very limited, very unclear instructions." "Child does not enjoy online learning & feels they learn more by being in a classroom."
<b>4. Lack of Social Interactions</b>	10.9%	"Socialization, this is a weakness for him prior to COVID, now he cannot practice." "Missing the benefit of in person teacher interaction. Zoom is intimidating and awkward for some teenagers." "[Name] really missed the interaction of the classroom and being in the bricks and mortar environment. Being able to have one-on-one interaction with teacher and students--overall dynamism of classroom."
<b>5. Balancing Remote Learning and Work Responsibilities</b>	10.2%	"Trying to balance my work, teaching 3 kids." "Making sure her siblings and my work don't conflict with her focused time."

Roy et al., under review

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# What needs do we anticipate related to mental health?

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## Stress and COVID-19

- Our bodies are built for handling danger in short bursts, but COVID-19 presents us with the need for ongoing stress response.
- It's normal to feel stressed – it's our body's adaptive response
- Stress responses, while adaptive in the short term, can cause problems if you don't have ways to manage during periods of prolonged stress



Harvard University Center for the Developing Child. Toxic Stress Key Concepts  
<https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

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## Coping with Secondary Traumatic Stress

- **Secondary traumatic stress** – stress reactions and symptoms resulting from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event.
- **Burnout/compassion fatigue** – feelings of extreme exhaustion and being overwhelmed



[Healthcare Personnel and First Responders: How to Cope with Stress and Build Resilience During the COVID-19 Pandemic | CDC](#)

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## Recognizing Stress...How to Spot It

- Irritable
- Difficulty sleeping
- Change in appetite
- Lacking motivation
- Trouble concentrating
- Lacking pleasure in things usually enjoy
- Feeling "geared up" or trouble relaxing
- Can't calm thoughts
- Feeling uncertain, nervous, or anxious
- Emotional exhaustion
- Reduced personal accomplishment
- Easily frustrated
- Isolation or disconnection from others
- Tired, exhausted, overwhelmed

### Signs of Secondary Traumatic Stress:

- Excessively worry or fear about something bad happening
- Easily startled, or "on guard" all of the time
- Physical signs of stress (e.g., racing heart)
- Nightmares or recurrent thoughts about the traumatic situation
- The feeling that others' trauma is yours

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## What does Depression look like?

- Sad, down, blue mood most of the day, nearly every day
- Children more often depict grouchy or irritable moods
- Noticeably reduced interest or enjoyment in things that used to be fun
- Not wanting to be around other people as much as used to
- Changes in sleep patterns (sleeping more or sleeping less)
- Changes in appetite (more/less) or weight (gain/loss)
- Young children may not meet weight milestones
- Feeling fatigued, more tired than usual or having less energy
- Problems with concentrating (e.g. schoolwork), focus, decisiveness
- Feeling helpless or worthless
- Having low self-esteem and/or excessive or inappropriate guilt
- More aches and pains (e.g. headaches, stomachaches, etc.)
- Recurring thoughts about death, self-harm or suicide



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## How can Depression Look Across Childhood?

### Early Childhood (Grades K-2):

- Prolonged sadness and/or irritability in combination with disrupted sleep, poor appetite and little activity
- Limited or low engagement, responsiveness and reciprocity with caregivers and others
- Delayed achievement or regression of developmental milestones

### Childhood (Grades 3-6):

- Expressed guilt, low self-esteem, poor self-efficacy
- Somatic complaints, such as headaches, stomachaches or feeling ill
- Irritability, tantrums or other behavior problems

### Adolescence (Grades 6-12+):

- Withdrawal from adults, but may still spend time with close friends
- For teens, emotional changes can be expressed through irritability or anger in lieu of sad or down mood
- Poor sleep hygiene (getting sleep, but at varied hours)

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## What does Anxiety look like?

- Changes in breathing or heart rate, shaking, crying, headaches
- Increased worry thoughts such as:
  - I keep thinking about \_\_\_\_.
  - Is something bad going to happen?
- Reassurance seeking
  - Am I going to be okay
- Changes in mood with increased:
  - Fear or panic
  - Frustration or irritability
  - Sadness
- Increased behavior problems
- Decreased attention and focus
- Trouble sleeping alone
- Social worries around negative judgment
- School refusal



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## Suicide: Know the Warning Signs

### Verbal Signs:

- Talking about wanting to die or to kill themselves
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Direct:
  - "I am going to kill myself."
  - "I am hearing voices."
  - "I was beaten last night."
- Indirect:
  - "You are going to be sorry about this tomorrow."
  - "My life is not worth living anymore."
  - "I'm not sure if I should go home after school."
  - "Don't worry about me if I'm not at school tomorrow."



[SuicidePreventionLifeline.org](https://www.SuicidePreventionLifeline.org)

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## Suicide: Know the Warning Signs

### Emotional/Behavioral Signs:

- Feeling sad/crying
- Looking for a way to kill themselves, like searching online or buying a gun
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or isolating themselves
- Showing rage or talking about seeking revenge
- Extreme mood swing
- Sudden poor school performance
- Giving away important things
- Lack of interest in things previously enjoyed
- Sudden unexplained recovery from depression, sudden positive outlook
- Delusional thinking, unusual behavior,
- Engaging in risky or impulsive behavior
- Change in ability to care for self (not bathing or changing clothes)
- Impaired speech or functioning
- Inability to perform daily tasks
- Frequent physical injury
- Pre-occupation with death
- Previous suicide attempts
- Suicide note

SuicidePreventionLifeline.org

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## Know the Risk Factors for Suicide

### Health/Mental Health:

- Mental health conditions
  - Depression
  - Substance use problems
  - Bipolar disorder
  - Schizophrenia
  - Personality traits of aggression, mood changes and poor relationships
  - Conduct disorder
  - Anxiety disorders
- Serious physical health conditions including pain
- Traumatic brain injury
- Stigma associated with asking for help

### Historical:

- Previous suicide attempt
- Family history of suicide
- Childhood abuse, neglect or trauma

### Environmental:

- Access to lethal means including firearms and drugs
- Prolonged stress, such as harassment, bullying, relationship problems or unemployment
- Stressful life events, like rejection, divorce, financial crisis, other life transitions or loss
- Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide
- Lack of social support and sense of isolation

AFSP.org; SuicidePreventionLifeline.org

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## What Schools Can Do to Help Prevent Suicides



Education Week, 2018

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## School Health Provider Role in Responding to a Mental Health Crisis

- Know the warning signs
  - Follow-up immediately with a student exhibiting signs of a mental health crisis
- Respond with empathy and support
- Enact your school's crisis response plan
- Ensure safety
- Collaborate with colleagues
- Mobilize the student's support system
- Connect immediately with appropriate school and community mental health resources
- Follow-up on the referral; ensure the family has been able to follow through with the recommendations made

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## School Health Provider Role in Responding to a Mental Health Crisis

Don't Be Afraid to ask "The Question"!

- If a student is exhibiting potential signs of self-harm, ask the student if he/she is thinking about suicide.
- Use direct language, e.g., **"I am wondering if you're in so much pain that you are thinking about killing yourself?"**
- This will not put an idea in the student's head if he/she is not already suicidal.

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## National Mental Health Crisis Resources

**NationalSuicidePreventionLifeline:** <http://www.suicidepreventionlifeline.org/>

**SuicidePreventionResourceCenter:** <http://www.sprc.org/>

**A Resource Aid: Responding to a Crisis at School:**  
<http://smhp.psych.ucla.edu/pdfdocs/crisis/crisis.pdf>

**SuicideRiskAssessmentGuideReferenceManual:**  
[www.mentalhealth.va.gov/docs/suicide\\_risk\\_assessment\\_guide.doc](http://www.mentalhealth.va.gov/docs/suicide_risk_assessment_guide.doc)

**NASNDisasterPreparedness:** <https://www.nasn.org/nasn-resources/practice-topics/disaster-preparedness>

**SBHA Student Behavioral Crisis Planning:**  
[http://www.sbh4all.org/site/c.ckLQKbOVlkK6E/b.8907595/k.8CFD/Behavioral\\_Health\\_Protocols.htm](http://www.sbh4all.org/site/c.ckLQKbOVlkK6E/b.8907595/k.8CFD/Behavioral_Health_Protocols.htm)

**NASP School Safety and Crisis Resources:**  
[http://www.nasponline.org/resources/crisis\\_safety/index.aspx](http://www.nasponline.org/resources/crisis_safety/index.aspx)

**AmericanCounselingAssociation,FactSheet#6, Suicide Assessment:**  
<http://www.counseling.org/docs/trauma-disaster/fact-sheet-6---suicide-assessment.pdf?sfvrsn=2>

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# Specific Tools

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## Checking in with Students

- Eliciting mental health concerns
- Talking about thoughts and feelings
- Providing referrals

## Cognitive Behavioral Treatment (CBT) Strategies

- Cognitive Coping
- Activity Scheduling
- Relaxation
- Problem Solving
- Goal Setting



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## Effectively Eliciting Mental Health Concerns & Giving Advice

- **Build rapport**
- Ensure that the student and family feels heard and supported
- Identify the student's primary concerns so you can assess what advice would be most therapeutic

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## Effectively Eliciting Mental Health Concerns & Giving Advice

- Allow a judgement-free space for the child to talk about how they feel and what is on their mind
- Model the normal experience of stress and emotions by calmly talking about feelings
- Avoid statements like "Don't worry." or "Everything will be fine." that may make the child feel unheard
- DO validate your child with statements like:
  - "That must be so hard."
  - "What can I do to help you?"
  - "It makes a lot of sense that you are feeling so stressed/scared during this time."
  - "It sounds like it is so frustrating to not be able to go hangout with your friends like you usually do."
- Check in with the child and ask how they been feeling in the last week or two and notice changes in mood, energy, sleep or appetite
- If you have safety concerns, be direct with your child and ask, "*Have you been thinking of taking your own life?*"

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**OARS:** Four communication elements that effectively build rapport while eliciting concerns:

**Open-ended question**

**Affirmations**

**Reflective listening**

**Summarizing**

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## An Alternative Interaction Style



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## Open-ended Questions

**Elicit what the person thinks without putting words into their mouth or foreclosing the direction of the conversation:**

- Tone of voice is important
  - Non-judgmental, inviting, and warm
- Often start with "What":
  - "What brings you here?"
  - "What can I do to help?"
  - "What are you hoping will change/get better?"
  - "What do you think is going on with your son/daughter/student?"
  - "You're the expert on your child, what ideas do you have about why she seems to be acting out recently?"
- Are not always a question:
  - "Tell me more."

(Dilallo & Weiss, 2009)

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## AFFIRMATIONS

- **Validate** their response with affirmations
- Affirm the validity and normalcy of stress emotions
  - All feelings are okay
  - Many feelings are common responses to stressor
    - "Wow, that sounds like a really challenging test. It could make someone really worried to study for something so difficult!" – "I know I would feel pretty mad if someone called me a loser and everyone else laughed." – "Lots of kids I know say that they feel sad when don't get to see their dad very often."
- Affirmations increase the likelihood of further honest communication because it lets the person know that you:
  - Have heard them
  - Are not judging them
  - Are taking their concerns seriously
    - "Uh huh,...yes,...I see."
    - "It makes perfect sense that you are concerned about what your teacher thinks."
    - "Yes, I can see why that would be upsetting."
- Don't offer affirmations you don't mean – Genuine empathy is important

(Dilallo & Weiss, 2009)

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## REFLECTIONS

- Further affirm that you have been listening and have heard their concerns
- Provide the opportunity to clarify any misunderstandings
- Two types:
  - Repetition: Say what they say
    - “You feel like nothing is fun anymore.”
  - Interpretative: Try to discern the underlying meaning
    - “It seems like you don’t enjoy the activities you used to and may be feeling sort of down all of the time”
    - Should always be offered tentatively, as if you are questioning if you got it right

(Dilallo & Weiss, 2009)

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## SUMMARY STATEMENTS

- Longer reflections that are offered at points of transition
- Help to establish themes and pull out the most important parts of what the person has said
- Examples:
  - “So, let me see if I’ve got it right so far...”
  - “I’m hearing you say...Is that right?”
  - “Before we start to plan what to do next, let me make sure I heard all of your concerns correctly...”

(Dilallo & Weiss, 2009)

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# Practice OARS

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## AVOID

- Too many or rapid-fire Yes/No questions, allow ample response time:
  - AVOID: "Are you sleeping more? Are you eating more? Do you get along with your friends?"
  - DO: "Tell me about how you have been feeling lately."
- Leading questions:
  - AVOID: "I hope you're not skipping class?"
  - DO: "Skipping class can be a problem sometimes for some teenagers, especially when they are feeling down. Is this something that may be a problem for you?"
- Confrontations
- Unsolicited advice
- Pejorative labels
- Invalidating autonomy:
  - AVOID: "You better do something and quick, before we expel your son and he can't come back to school! He's a menace! You obviously need help to manage him."
  - DO: "Do you mind if I give you some suggestions about how to get some help that could keep your son from getting into more trouble here at this school? He seems to be having some trouble with his behavior lately, and I think together you and I could find a way to help turn things around."

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## Ask for Permission

Preserves a sense of control for the student

Demonstrates caring and respect

Examples:

- “Would you mind if I shared some ideas that I’ve been thinking about while we’ve been talking?”
- “Would it be okay if I provided some suggestions about how we might be able to solve this problem?”
- “How about if we talk about some ideas that might help with this problem?”



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# Screening

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# Screening

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## Screening Tool for Anxiety & Depressive Symptoms: Revised Children's Anxiety and Depression Scale (RCADS) & the Penn State Worry Questionnaire for Children (PSWQ)

<https://www.childfirst.ucla.edu/resources/>

- Freely available!
- Available in many different languages
- RCADS has Long (47 items) and Short (25 items) version – short is great for screening
- PSWQ – brief worry/anxiety screen (14 items)
- Scoring (excel download)
  - Tells you whether elevated range, compared to grade/age norms



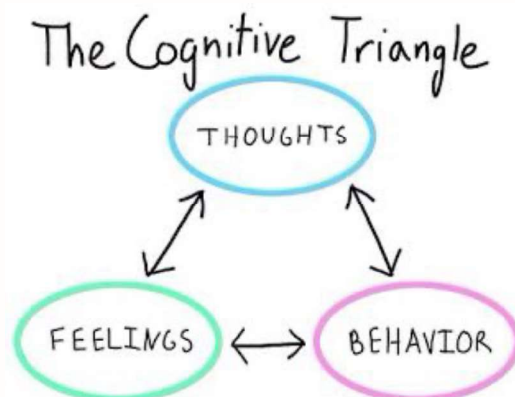
The screenshot shows the Child FIRST website interface. On the left is a navigation menu with categories like 'Home', 'People', 'Publications', 'Resources', 'Graduate School', 'Community Partners', 'Consultation', and 'Contact Us'. The main content area is titled 'Child FIRST – Focus on Innovation and Reflection in Customized and Treatment'. It features a section for 'Penn State Worry Questionnaire for Children' (PSWQ) and 'Revised Children's Anxiety and Depression Scale' (RCADS). Below these are links to 'User's Guide (All Versions)' and 'RCADS FULL 47-ITEM VERSIONS'. A table lists various language versions of the RCADS with 'Download' buttons. On the right, there is a table for the PSWQ with columns for item number, description, and frequency options (Never, Sometimes, Often, Always).

Item #	Item Description	Never	Sometimes	Often	Always
1	I feel sad or empty				
2	I worry when I think I have done poorly at something				
3	I worry that what I do will cause me to be hurt or harmed				
4	Nothing is worth the concern				
5	I worry that something awful will happen to someone in my family				
6	I am afraid of things I considered scary (like sleeping in a tent, the beach, being playground)				
7	I worry what other people think about me				
8	I have trouble sleeping				
9	I feel sad if I have to sleep on my own				
10	I have trouble with my appetite				
11	I suddenly become dizzy or faint when there is no reason				
12	I have trouble with my attention				
13	I have no energy for things				
14	I suddenly start to tremble or shake when there is no reason to be				
15	I cannot think clearly				
16	I have no energy for things				
17	I have a hard time dealing with the number of things that are happening				
18	I feel sad				
19	I feel that I don't want to miss				
20	I worry that I will suddenly get a scary feeling when I am in a crowd or in a public place				
21	I feel afraid that I will make a fool of myself in front of people				
22	I have to do some things in just the right way to stop bad things from happening				
23	I feel nervous				
24	I worry that something bad will happen to me				

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# Cognitive Behavioral Treatment (CBT) Strategies



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## CBT Coping Strategies

### Deep belly breathing

Breathe in through the nose, filling the belly like it's a balloon  
Breathe out through the mouth, letting your belly deflate Repeat 3-5 times

### Progressive muscle relaxation

Pretend you're making lemonade and you have two big lemons in your hands. Squeeze tight, tight, tight for a few moments and then release! Repeat 3 times.

### Mindfulness

Be present in this moment! Do an activity and give it all your attention like eating a snack or listening to a favorite song.

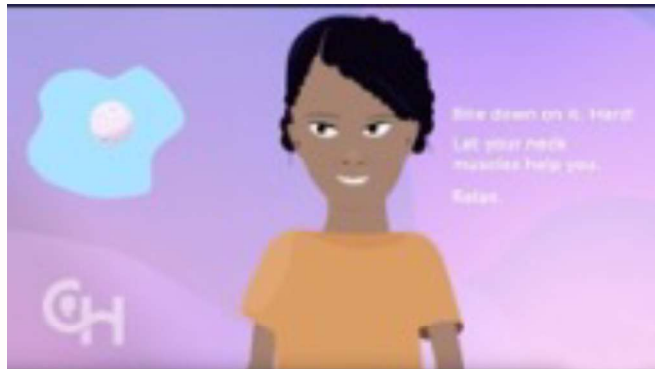
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## CBT Coping Strategies

Breathing exercises for kids:



Guided relaxation practice tools (audio clips & videos):



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## Behavioral Activation (Activity Scheduling)

Core Strategies:

- activity monitoring
- activity scheduling
- contingency management
- values
- goal assessment
- skill training (problem solving)
- relaxation
- targeting verbal behaviors
- and targeting avoidance

**Behavioral Activation**

You can begin to decrease depression by engaging in activities you find enjoyable, and by taking care of responsibilities that you have been neglecting.

**List three activities you enjoy:**

- 1.
- 2.
- 3.

**List three responsibilities you need to take care of:**

- 1.
- 2.
- 3.

Try doing at least one activity or responsibility each day. Use the following scale to rate your depression, pleasant feelings, and sense of achievement before and after the activity.

0	1	2	3	4	5	6	7	8
None	Minimal	Slight	Mild	Moderate	A Lot	Higher	Very High	Extreme

Activity (location, date, time)		Depression	Pleasure	Achievement
	Before			
	After			
	Before			
	After			
	Before			
	After			

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# Scheduling Activities for Pleasure and Mastery

## Pleasure

**Pleasure** involves activities that we enjoy for the sake of the activity itself. There are many different kinds of pleasure. Those that are most sustainable involve "play" such as hobbies and other recreational activities. Social activities can also involve pleasure. Other types of pleasure, such as sensory experiences (food, drink, images, touch, etc.) can also be enjoyable if done in moderation.

Below are examples of enjoyable activities that are enjoyed by many. Circle the ones that apply to you, and add others that aren't included below.

### Social activities



Hobbies, interests, and other "play"

- Reading
- TV movies, plays
- Dancing
- Playing or listening to music
- Board games or cards
- Arts and crafts, sewing, painting
- Cooking
- Walking, hiking, enjoying nature, fishing
- Sports (basketball, softball, swimming, etc.) or going as a spectator
- Martial arts (karate, etc.)
- Museums/zoo
- Video games
- Traveling, sightseeing, going to the beach, sunbathing
- Shopping
- Gardening/decorating
- Photography
- Comedy: TV, recordings, live
- Religion or spirituality

- Spending time with family
- Enjoying own children and/or young relatives
- Enjoying close friends
- Hanging out with large groups of friends/acquaintances
- Parties, meeting new people
- Romance
- Pets
- Clubs: meeting people with similar interests
- Enjoying food and drink with others



### Sensory experiences

- Pleasant smells, images, sounds, physical touch, tastes
- Taking a bath
- Listening to soothing music
- Mindful tasting

Other?


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## Mastery

**Mastery** involves activities, such as work or sports, that involve the development of skills; we are able to accomplish things and feel a sense of mastery over our environment. When enjoyed in moderation and diversified well with other activities, they can increase positive emotions and improve how we feel about ourselves.

Here are some examples of how people experience mastery to experience fulfillment in their lives. Circle the ones that apply to you, and add others that aren't included below.

### Job or Meaningful Daytime Activity

Look for or attempt to develop some of these qualities in your occupation/volunteer work, or other meaningful daytime activity:

- Enjoyment
- Creativity
- Feelings of competence (able to accomplish tasks satisfactorily)
- Potential for development of skills
- Ability to "move up" in the organization or take on more responsibility, if this is desired
- Social contact with coworkers, colleagues, others in the field



### Other skill-based activities

- Sports
- Music practice and performance
- Home improvement/building
- Woodworking
- Visual art (painting, drawing, pottery, sewing, knitting)
- Learning about interests (history, politics, food, language, culture, etc.)
- Crafting, pottery, and other creative skills



Other?


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## Activities List: Pleasure and Mastery

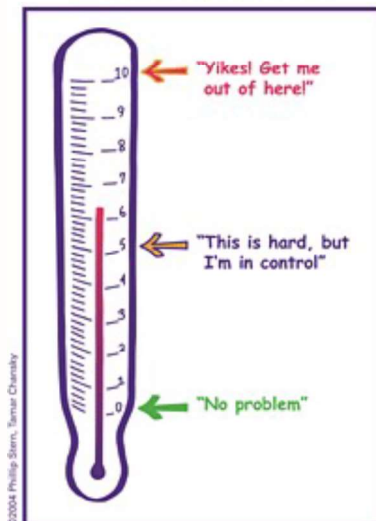
Here are some examples of activities that tend to increase pleasure and mastery. You might think of more that are not listed. Circle the ones that you think could lead to enjoyment or mastery for yourself.

- |  |  |
|--|--|
| 1. Soaking in the bathtub                            | 52. Sex  |
| 2. Planning my career                                | 53. Playing squash                                   |
| 3. Collecting things (trinkets, shells, etc.)        | 54. Going camping                                    |
| 4. Going for a vacation                              | 55. Singing around the house                         |
| 5. Recycling old items                               | 56. Arranging flowers                                |
| 6. Believing   | 57. Going to church, praying (practicing religion)   |
| 7. Going on a date                                   | 58. Losing weight                                    |
| 8. Going to a movie                                  | 59. Going to the beach                               |
| 9. Jogging, walking                                  | 60. Thinking I'm an OK person                        |
| 10. Listening to music                               | 61. A day with nothing to do                         |
| 11. Thinking I have done a full day's work           | 62. Having class reunions                            |
| 12. Receiving past parties                           | 63. Going ice skating, roller skating/skating        |
| 13. Buying fashionable gadgets                       | 64. Going sailing                                    |
| 14. Lying in the sun                                 | 65. Traveling abroad, interstate or within the state |
| 15. Planning a career change                         | 66. Sketching, painting                              |
| 16. Laughing   | 67. Blowing bubbles                                  |
| 17. Thinking about my past trips                     | 68. Drawing embroidery, cross stitching              |
| 18. Listening to others                              | 69. Sleeping   |
| 19. Reading magazines or newspapers                  | 70. Driving  |
| 20. Hobbies (stamp collecting, model building, etc.) | 71. Sewing   |
| 21. Spending an evening with good friends            | 72. Going to clubs (garden, sewing, etc.)            |
| 22. Planning a day's activities                      | 73. Thinking about getting married                   |
| 23. Meeting new people                               | 74. Going bird watching                              |
| 24. Remembering beautiful scenery                    | 75. Singing with groups                              |
| 25. Saving money                                     | 76. Firing   |
| 26. Gambling   | 77. Playing musical instruments                      |
| 27. Going to the gym, doing aerobics                 | 78. Doing arts and crafts                            |
| 28. Eating   | 79. Making a gift for someone                        |
| 29. Thinking how it will be when I finish school     | 80. Buying CDs, tapes, records                       |
| 30. Getting out of debt/paying debts                 | 81. Watching boxing, wrestling                       |
| 31. Practicing karate, judo, yoga                    | 82. Planning parties                                 |
| 32. Thinking about retirement                        | 83. Cooking, baking                                  |
| 33. Repairing things around the house                | 84. Going fishing, bush walking                      |
| 34. Working on my car (diy style)                    | 85. Writing books (poems, articles)                  |
| 35. Remembering the words and deeds of loving people | 86. Sewing   |
| 36. Making new clothes                               | 87. Buying alcohol                                   |
| 37. Having quiet evenings                            | 88. Working  |
| 38. Taking care of my plants                         | 89. Going out to dinner                              |
| 39. Buying, selling stocks and shares                | 90. Discussing books                                 |
| 40. Going swimming                                   | 91. Sightseeing                                      |
| 41. Doodling   | 92. Gardening  |
| 42. Decorating                                       | 93. Going to the beauty salon                        |
| 43. Collecting old things                            | 94. Early morning coffee and newspaper               |
| 44. Going to a party                                 | 95. Playing tennis                                   |
| 45. Thinking about buying things                     | 96. Kissing  |
| 46. Doing hair                                       | 97. Visiting my children (play)                      |
| 47. Playing poker                                    | 98. Thinking I have a lot going for me               |
| 48. Drying kites                                     | 99. Going to plays and concerts                      |
| 49. Having discussions with friends                  | 100. Quitting smoking                                |
| 50. Having family get-togethers                      | 101. Planning to go to college or university         |
| 51. Riding a motorcycle                              |  |

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## THE FEAR THERMOMETER



## Exposure Practice

- A natural urge when we feel nervous is to run away and avoid things that make us uncomfortable. Encourage children to face their fears by planning for bravery missions that allow them to face their worry and learn that it is okay to feel fear.
- For example, if child is afraid to complete COVID screening procedures, set up a list of challenge tasks from least to most difficult so they can climb the ladder to achieve their goal.
- Instead of avoiding, children can experience corrective learning experiences that teach that the feared situation is actually *not* as dangerous or frightening as thought
- Student gradually exposes themselves to the feared stimulus and remaining in that situation until the fear naturally goes down on its own
- In exposure practice, the idea is to get the student to behave in a way that is in opposite action a fear urge
- May be difficult to do in school setting

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# Cognitive Restructuring

Identifying and challenging **negative automatic thoughts/thinking mistakes**



*"She's not texting me back because she hates me, which makes sense, because I'm unlikeable and always will be"*



*"There could be a lot of reasons she's not texting me back, like maybe she's busy and will text me back when she can."*

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## All or nothing thinking



Sometimes called 'black and white thinking'

*If I'm not perfect I have failed*

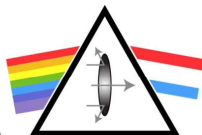
*Either I do it right or not at all*

## Over-generalizing

*"everything is always rubbish"*  
*"nothing good ever happens"*

Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw

## Mental filter



Only paying attention to certain types of evidence

*Noticing our failures but not seeing our successes*

## Disqualifying the positive



Discounting the good things that have happened or that you have done for some reason or another

*That doesn't count*

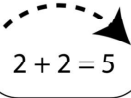


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**Jumping to conclusions**

There are two key types of jumping to conclusions:

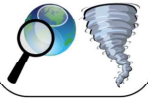
- **Mind reading** (imagining we know what others are thinking)
- **Fortune telling** (predicting the future)



2 + 2 = 5


**Magnification (catastrophizing) & minimization**

Blowing things out of proportion (catastrophizing), or inappropriately shrinking something to make it seem less important



**Emotional reasoning**

Assuming that because we feel a certain way what we think must be true



*I feel embarrassed so I must be an idiot*

**should must**

Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed

If we apply 'shoulds' to other people the result is often frustration

**Labelling**

Assigning labels to ourselves or other people



*I'm a loser  
I'm completely useless  
They're such an idiot*

**Personalization**

Blaming yourself or taking responsibility for something that wasn't completely your fault

**"this is my fault"**

Conversely, blaming other people for something that was your fault



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## Escaping Thinking Traps

1) Ask yourself questions about your thoughts (to help you generate COPING/ALTERNATIVE thoughts)

- What would you tell a friend who you wanted to help?
- What thought would you have if you were feeling happy or brave?

2) Act like a scientist

- Treat the thought like a scientific hypothesis ("guesses")
  - How do scientists test their hypotheses?

3) Act like a detective

- Treat the thought like a theory about a crime
  - How do detectives prove their theories correct?

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1. Situation	2. Moods	3. Automatic Thoughts (Images)	4. Evidence That Supports the Hot Thought	5. Evidence That Does Not Support the Hot Thought	6. Alternative/Balanced Thoughts	7. Rate Moods Now

Worksheet taken from Mind Over Mood by Dennis Greenberger & Christine Padesky



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## Cognitive restructuring for younger adolescent

Event	Feeling	Thought	Thinking Trap? (Black-or-White, Mind Reading, Label, Overgeneralize)	Calm thought
<i>Play practice</i>	<i>Stressed, uncomfortable</i>	<i>No one likes me, I'm awkward</i>	<i>Mind Reading</i>	<i>I can try to talk to someone and see how it goes</i>
<i>School</i>	<i>Irritated</i>	<i>These people are awful</i>	<i>Black &amp; white</i>	<i>Everyone has some good qualities</i>



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## Cognitive restructuring for adolescents

Event	Feeling	Thought	Thinking Trap? (Black-or-White Mind Reading, Overgeneralize)	Opposing Evidence	Calm thought
School back-lash	Depressed	The abuse was my fault, I'm a terrible person	Personalization	Nothing is all 1 person's fault, my friends & family love me	This wasn't my fault, I'm a good person



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## Challenging Thinking Traps

### 1. Try to separate your thoughts from the actual situation

Situation	My Thoughts	My Emotions	My Behaviors
What actually happened?	What are you telling yourself?	How do you feel?	How are you reacting? What are you doing to cope?

### 2. Identify the thinking traps: Review the list, are you using any of these and falling into unhelpful thinking patterns?)

### 3. Challenge the thinking traps:

- Examine evidence against it
- Reframe your thought

What experiences indicate that this thought is not completely true all of the time?

Could I be misinterpreting the evidence?

Am I having this thought out of habit, or do facts support it?

What evidence supports this thought?  
What evidence disproves this thought?

Am I being harder on myself than I am on other people?

Free worksheets: [Challenging Thinking Traps Tool](#) & [Challenge Automatic Negative Thoughts Worksheet](#)

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## Thinking Contest

“THE TEST IS TOMORROW ON FOUR CHAPTERS AND I ONLY STUDIED THREE OF THEM WELL. I WILL DEFINITELY FAIL.”

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## Thinking Contest

“ALEX DID NOT TEXT ME BACK. MAYBE HE/SHE DOESN’ T LIKE ME ANYMORE?”

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## Thinking Contest

“I HAVE THE CHAMPIONSHIP GAME TOMORROW, BUT THE TEAM WE’RE PLAYING WON LAST YEAR!”

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## Check In

- Try to connect with the student a few days later
- If they practiced the coping strategy:
  - Celebrate with student!
  - Discuss maintaining and increasing use of the skills
  - Discuss other skills to try
- If not: [*this is common!*]
  - Discuss barriers to using the coping strategy
  - Problem solve potential solutions together



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## Setting & Monitoring SMART goals



Kazdin, A. E. (2005). Evidence-based assessment for children and adolescents: Issues in measurement development and clinical application. *Journal of Clinical Child and Adolescent Psychology*, 34(3), 548-558.

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## Problem Solving (S-T-E-P-S)

- **S**ay what the problem is
- **T**hink of solutions
- **E**xamine each one (How good, bad?)
- **P**ick one and try it out
- **S**ee if it worked (If not, try another one)

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# Helping other staff...

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## Self-Care Tips for the DC CoP Community

We recently asked members of the DC CoP to tell us how they practice self-care during a crisis. Here's what they had to say:

### 1 TAKE A BREAK



- Take a few deep breaths
- Allow yourself a mental health break every few hours
- Feel and express gratitude

### 2 REMAIN ACTIVE



- Get outside daily to stand in the sunshine, breathe fresh air, exercise, or meditate
- Go on walks with a dog or while talking with friends by phone or from a safe distance
- Remain active by participating in virtual workout classes or on-line yoga classes
- Run while listening to audiobooks
- Wake up early to work out and/or read to orient yourself before the work day begins
- Build a music playlist – for movement and to stay calm – and have virtual 'dance parties'

### 3 CONNECT WITH PEOPLE



- Connect weekly with friends and family via video or FaceTime
- Participate in weekly church calls and engage in regular prayer
- Host virtual 'happy hours' or other gatherings
- Start a book club with friends
- Spend time and play with children

From DCPS School Behavioral Health Resources: DC CoP



#TAKECAREOFYOU

Created by the Center for Health and Health Care in Schools, healthinschools.org

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**4 DO SOMETHING NEW**

- Visit new grocery stores
- Grow seedlings to plant when it gets warmer
- Take on crafts to promote a calm and peaceful spirit
- Complete projects around the house
- Start a new hobby - like teaching yourself or your children to sew or knit
- Set new goals - like signing up to do a half-marathon
- Cook together, especially using new recipes

**5 MAINTAIN NORMALCY**

- Maintain a daily routine
- Catch up on Continuing Education Units (CEUs) and take online professional development training

**6 PRACTICE INTROSPECTION**

- Write down thoughts/feelings to reflect on later
- Do bullet journaling/sketching
- Remind myself it's OK to feel how I am feeling
- Read books, such as Radical Compassion by Tara Brach, to practice self-compassion
- Practice mindfulness:  
Free [Mindfulness App](#)  
[Mindfulness Daily](#)  
[Weekly Meditation Classes](#)

**#TAKECAREOFYOU**  
Created by the Center for Health and Health Care in Schools - [healthinschools.org](http://healthinschools.org)

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**Resources**

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## Role of School Health Provider

Healthcare providers should adhere to:

- Professional limits of practice
  - For example, for school nurses:
    - NASN Position Statement *Behavioral Health of Students (2017)*  
<https://www.nasn.org/advocacy/professional-practicedocuments/position-statements/ps-behavioral-health>
    - *American Nurses Association & National Association of School Nurses. (2017). School nursing: Scope and standards of practice (3rd ed.). Silver Spring, MD: Authors.*  
<https://www.nasn.org/nasn/nasn-resources/professional-topics/scopestandards>
- Personal safety and competence

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Coronavirus Update: What patients and families need to know →

**Returning to School Safe and Strong**

For Families  
For School Administrators and Educators  
For Referring Physicians

### Returning to School Safe and Strong: Webinar Series

At Children's National Hospital, we care about kids' health. All of our physicians, nurses, researchers and allied health staff are devoted to pediatric care. As parents and schools grapple with the difficult decision on how – and whether – to bring kids back into the classroom, we are here to help schools safely reopen, monitor and adapt throughout the coronavirus (COVID-19) pandemic.

We are compiling the latest guidance, sharing our experience and tapping our experts to help you understand how to keep kids safe, healthy and engaged as stay-at-home restrictions lift.

➕ Past Webinars

**School Nursing Resources for the COVID-19 Pandemic**

Children's School Services (CSS) provides the highest quality school health nursing services in the District of Columbia. As a result of COVID-19, our experts at CSS have compiled recommendations to assist school leaders with strategies and guidelines to reopen schools safely.

Learn more →

<https://childrensnational.org/return-to-school/school-webinars>

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The screenshot shows the Children's National website with a red navigation bar at the top. The main content area is titled "Mental Health Resources" and includes a sidebar with a "Returning to School Safe and Strong" section. The main text explains that life can be tough during the COVID-19 pandemic and provides a list of resources for families and providers. A QR code is visible in the top right corner.

**Children's National**

Find a Doctor | Donate

**Coronavirus Update: What patients and families need to know**

**Returning to School Safe and Strong**

- For Families
  - Webinar Series: Returning to School Safe and Strong
  - Frequently Asked Questions
  - Returning to Sports: What Communities Need to Know
  - Public Health Guidelines for Returning to School
  - Tips for Successful Distance Learning
  - Mental Health Resources**
  - DC Health Matters Connect

**Mental Health Resources**

Share: [Facebook] [Twitter] [LinkedIn] [Email] [Print]

Life can be pretty tough and stressors like the coronavirus (COVID-19) pandemic can make kids and teens feel even more worried, anxious and sad. Mental health experts at Children's National Hospital have provided a series of information sheets to help you talk with your child and know the signs of depression, anxiety and more.

**Resources for Families (PDFs)**

- Checking in With My Kids: A Parent's Guide
- Depression Warning Signs: A Parent's Guide
- Helping Kids Manage Stress and Anxiety: A Parent's Guide
- Mindfulness for Kids and Teens
- Stress and Anxiety Warning Signs: A Parent's Guide

**Resources for Providers (PDF)**

- Checking in With My Patients: A Guide for Medical Providers

<https://childrensnational.org/return-to-school/for-families/mental-health-resources>

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# Anxiety Resources

<http://med.stanford.edu/content/dam/sm/elspap/documents/WEBSITES.pdf>

<https://childmind.org/topics/concerns/anxiety/>

[www.worrywisekids.org/](http://www.worrywisekids.org/)

<https://copingskillsforkids.com/calming-anxiety>

<https://www.chop.edu/health-resources/guided-relaxation-exercises>


<https://www.connecticutchildrens.org/coronavirus/resilience-is-mindfulness-calming-exercises-for-kids/>

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**National Center for School Mental Health (NCSMH)**  
 National Center for School Mental Health (NCSMH) > COVID-19 Resources


Home  
 About Us >  
 Our Work >  
 Resources >  
 Conferences >  
 The SHAPE System  
 Connect With Us >  
 COVID-19 Resources

**COVID-19 Resources**




COVID-19, the disease caused by the coronavirus, is a global pandemic that has shut down much of society, including many schools. The stress associated with this virus may understandably increase worry and anxiety in our students, staff, families, and communities. At the National Center for School Mental Health, we want to support you as you protect your health and the health of those around you. To that end, we have accumulated resources and tips for you to use and share with others in your networks. We will continue to update these resources as we learn more.

- Crisis Response
- Early Childhood Mental Health
- General Resources
- Guidance for School Staff & Administrators
- Stress Management & Self Care
- Students & Families
- Technology to Support School Mental Health



Hosted on the NCSMH website:  
**schoolmentalhealth.org**

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 UNIVERSITY of MARYLAND SCHOOL OF MEDICINE

Home | About | Our Work | Resources | Conferences | SHAPE | COVID-19 | Cultural Responsiveness & Equity | Connect

**National Center for School Mental Health (NCSMH)**  
 National Center for School Mental Health (NCSMH) > Cultural Responsiveness & Equity


Home  
 About >  
 Our Work >  
 Resources >  
 Conferences >  
 SHAPE  
 COVID-19  
 Cultural Responsiveness

**Cultural Responsiveness & Equity**

The NCSMH team grieves the racist murders of Black people in the US. George Floyd, Breonna Taylor, Tony McDade, and Ahmaud Arbery are only a handful of recent, high-profile examples. Racism and white supremacy are embedded in US history, upheld by inequitable policies and actions, and impact the health and well-being of people of color. Within this larger context, schools have long struggled to address the racial disparities in discipline and the opportunity gap. Through addressing structural and systemic inequities long present in the education system, schools have opportunities to develop and model equitable and anti-racist policies and practices. We all have the ability to learn, heal, and grow together.

Below are resources for schools, mental health providers, communities, families, and students on cultural responsiveness and equity in school mental health. Following the resources organized by section are webinars from the School Mental Health Virtual Learning Series, hosted in collaboration with the Midwest MHTC and the Danya

- Understanding Racism, Power, & Privilege
- Racial Trauma
- Strength, Resilience, and Social Justice
- Community-Based Interventions and Supports
- Home-Based Interventions and Supports
- School-Based Interventions and Supports
- Organizations & Movements
- Webinar-Youth Perspectives on COVID-19, Racism, and Returning to School
- Webinar-What Schools Can Do to Address COVID-19, Racism, and Social Justice



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## More Resources

- SchoolMentalHealth.org
- DoE/IES What Works Clearing House: <https://ies.ed.gov/ncee/wwc/>
- <https://mhffcnetwork.org/now-available-school-mental-health-curriculum>
- <https://www.theshapesystem.com/>
- Mental Health Training Intervention for Health Providers in Schools (MH-TIPS): <http://mdbbehavioralhealth.com/training>
- DC Health Matters Connect is a free online resource directory that can connect you to free or low cost services in the community. Visit: <https://dchealthmattersconnect.auntbertha.com/>
- Access the latest in kid's health from experts at Children's National on the Rise and Shine Blog. Visit: <https://riseandshine.childrensnational.org/>
- Link to Children's National Hospital: <https://childrensnational.org/>
- Link to The Rodham Institute: <https://smhs.gwu.edu/rodhaminstitute/>
- Link to the Black Coalition Against COVID-19: <https://blackcoalitionagainstd.org/>
- Instagram **@covid\_and\_beyond**, look through additional resources on teen health

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## Mental Health Training Intervention for Health Providers in Schools (MH-TIPS)

- Full MH-TIPS Training Curriculum available to complete online (CE credits)
- Interactive online training platform for School Health Provider Mental Health that includes:
  - Implementation Training Videos
  - Video Vignettes
  - Downloadable Resources and Tools
  - Frequently Asked Questions
  - Interviews with Experts

<https://mdbbehavioralhealth.com/training>

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## Hotlines

**DC Rape Crisis Center Hotline;** 202-333-RAPE

A free, confidential, 24-hour hotline for anyone who is in need of immediate support after a crisis.

**Crisis Call Center;** Call 775-784-8090; Text "ANSWER" to 839863

A free, confidential, 24-hour hotline for anyone who is seeking help, support, or information after a crisis.

**National Suicide Prevention Lifeline;** 1-800-273-TALK (1-800-273-8255)

A free, confidential, 24-hour hotline for anyone who is going through emotional distress or is in suicidal crisis.

**D.C. Department of Mental Health Access Helpline;** 1-888-7WE-HELP (1-888-793-4357)

A free, confidential, supportive 24-hour hotline for anyone who is going through emotional distress or wants to talk to someone. Mental health professionals will refer you to immediate help or ongoing care.

**The Trevor Project;** 1-866-4-U-TREVOR (1-866-488-7386)

A free, confidential, 24-hour hotline that offers someone to talk to 24/7. When you call, trained counselors will listen and understand without judgement.

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## National Mental Health Crisis Resources

**NationalSuicidePreventionLifeline:** <http://www.suicidepreventionlifeline.org/>

**SuicidePreventionResourceCenter:** <http://www.sprc.org/>

**A Resource Aid: Responding to a Crisis at School:** <http://smhp.psych.ucla.edu/pdfdocs/crisis/crisis.pdf>

**SuicideRiskAssessmentGuideReferenceManual:**  
[www.mentalhealth.va.gov/docs/suicide\\_risk\\_assessment\\_guide.doc](http://www.mentalhealth.va.gov/docs/suicide_risk_assessment_guide.doc)

**NASNDisasterPreparedness:** <https://www.nasn.org/nasn-resources/practice-topics/disaster-preparedness>

**SBHA Student Behavioral Crisis Planning**  
[http://www.sbh4all.org/site/c.ckLQKbOVlKk6E/b.8907595/k.8CFD/Behavioral\\_Health\\_Protocols.htm](http://www.sbh4all.org/site/c.ckLQKbOVlKk6E/b.8907595/k.8CFD/Behavioral_Health_Protocols.htm)

**NASP School Safety and Crisis Resources:** [http://www.nasponline.org/resources/crisis\\_safety/index.aspx](http://www.nasponline.org/resources/crisis_safety/index.aspx)

**AmericanCounselingAssociation,FactSheet#6, Suicide Assessment:**  
<http://www.counseling.org/docs/trauma-disaster/fact-sheet-6---suicide-assessment.pdf?sfvrsn=2>



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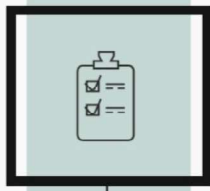
# ADHD and Learning Differences Program

Division of Psychology and Behavioral Health



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## A Comprehensive Approach to Clinical Care for Youth with ADHD



### ADHD ASSESSMENT

Web-platform for collecting parent/teacher ratings  
Diagnostic interviews with parents & children  
Feedback/consultation



### PARENTING INTERVENTIONS

Groups for Parents for understanding & managing ADHD



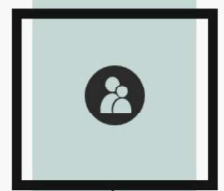
### ADOLESCENT ACADEMIC SUPPORT

Academic skills groups for Young (middle school) and Older (high school) adolescents with ADHD



### FRUSTRATION MANAGEMENT

Children ages 8-11 help promote effective coping with frustration and negative emotions



### INDIVIDUAL/FAMILY THERAPY

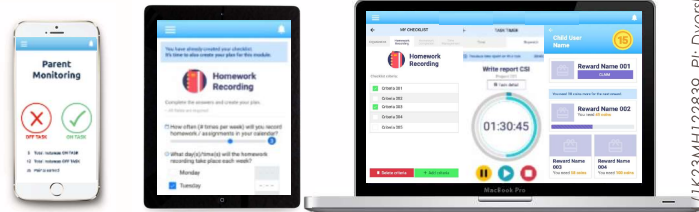
Caregivers and youth receive individualized treatment to manage ADHD behaviors

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## CURRENT SCHOOL MENTAL HEALTH PROJECT: Led by Dr. Melissa Dvorsky

### Advanced Tools for Organization Management Program



- o A technology-enhanced intervention for organization, homework, & executive functioning skills
- o School provider and student set up personalized goals, checklists, and electronic planner. Skill Models include:
  - o Materials Organization
  - o Homework Recording
  - o Homework Completion
  - o Time Management/Planning
  - o Self-regulation



We are conducting focus groups (\$50/hour participant incentives provided) with school providers, parents, and middle school students. Those potentially interested should see flyer here or email us: [ATOM@childrensnational.org](mailto:ATOM@childrensnational.org) for more information

Funded by the NIMH K23 Award (1K23MH122839, PI: Dvorsky)

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Please provide  
your feedback in  
this 2-minute  
survey



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## Melissa R. Dvorsky, Ph.D.

she/her/hers

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