



# Working with Students with Mental Health Needs

Dr. Christina Kennedy

# Today's Objectives

- Identification of students suffering with mental health issues
- Interventions to support these students
- Demonstrations of several strategies
- Introduction to DBT and how we use it in our setting
- Phases of the acting out behavior cycle
- How and when to intervene
- Community resources

# Identifying Students with Mental Health Needs

- Children and adolescents who struggle with intense emotions often exhibit extreme behavior, characterized by...
  - Becoming angry very quickly
  - Taking a long time to calm down
  - Poor impulse control
  - Inability to calm/sooth oneself
  - Provoke peers/get into fights often
  - Low frustration tolerance

# Supporting these students:

- Schools should review admission data on each student to check for notations of the aforementioned behaviors and parents should let schools know before the school year that accommodations may need to be made.
- Parents should request that their child be included in a Student Support Team. This will make the school team aware of the child's needs and begin adding interventions and collecting data.

# Parents can assist by:

- Asking the school to provide a daily tracking sheets for their child so that behavioral data can be collected daily and analyzed for trends.
- Weekly review of data sheets can identify students before problems become significant.
- The Student Support Team process will help teachers and parents find ways to make the child more successful.
- If students move through the process and are continuing to struggle, parents should request that the child be referred for a special education evaluation. Do this in writing.

# PBIS Tiers

- Tier 1 – primary intervention (all students by all staff across all settings)
- Tier 2 – secondary intervention (students whose behaviors are not responsive to primary tier)
- Tier 3 – tertiary intervention (students whose behaviors are not response to primary and secondary tiers)
- This is the same format most Student Support Teams.

# Tier 1 Interventions -First Steps:

- Most schools have a School-Wide Positive Behavioral Interventions and Supports System in place. There are 3 Tiers to this type of plan.
- A School-Wide Matrix should be created from the data and a specific plan created for Tier 1, Tier 2, and Tier supports.
- Tier 1 Interventions are things every teacher should be doing in their classrooms – best practices for all kids.

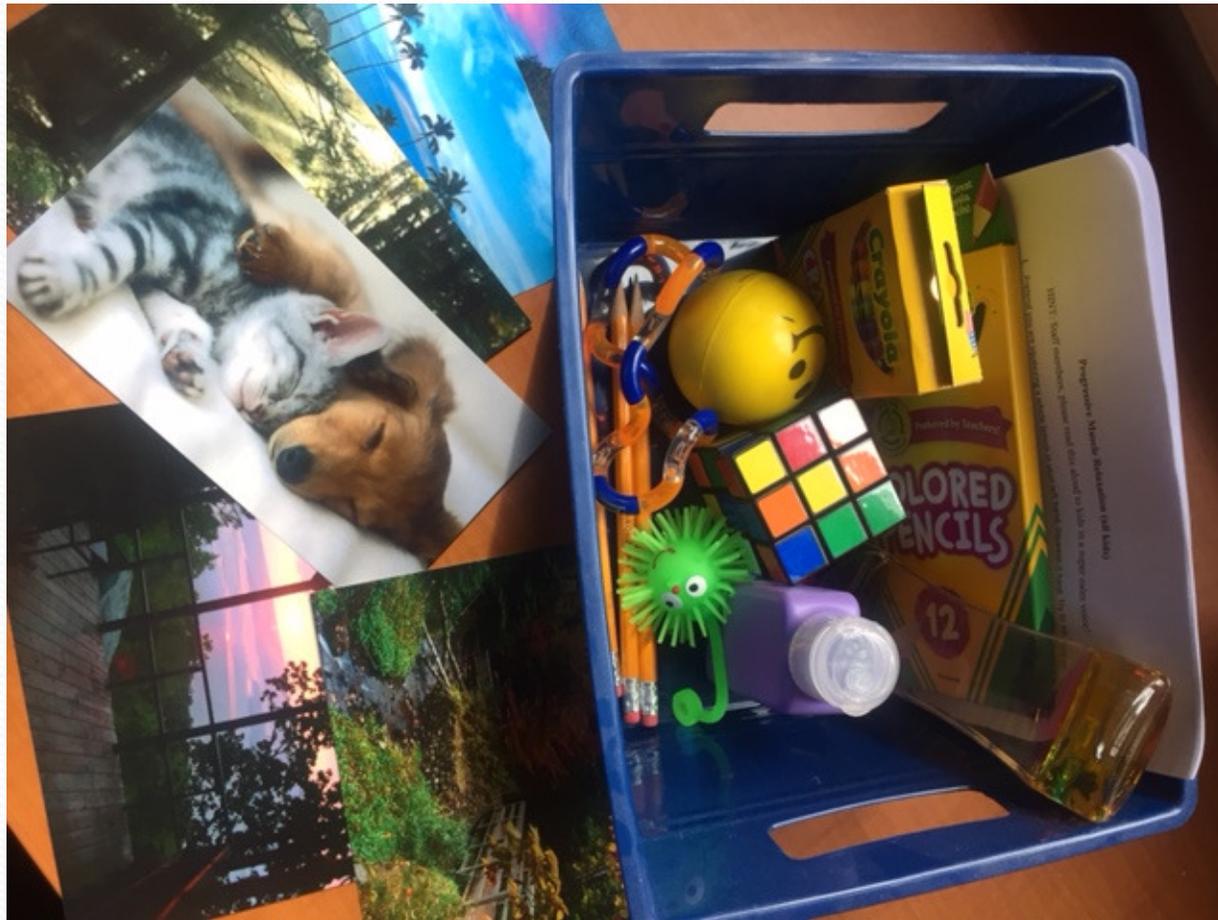
## Skills that can be used in all classroom settings – Self Regulation Skills

- For many adolescents, an inability to tolerate anxiety is the main culprit for the explosive anger. The student may not have learned how to cope with intense feelings of anxiety. Like filling a cup of coffee... only so much can fit before it starts spilling over the sides. Anger, aggression, and oppositional behavior is often the over-spill of anxiety. Students should be taught to use self-regulation skills in order to tolerate the anxious state so as not to fall over into anger/aggression. Programs like Dialectical Behavior Therapy (DBT) helps students get “unstuck”.

# Tier 1 Interventions & Supports

- These ideas can be offered to all children within the classroom setting.
- 1) Offer a morning or period check-in. Each student checks in with a creative format given by teacher to alert teachers for any arising emotions or anger. (Ex – My name is Christina. Today I am feeling anxious. If I could travel anywhere it would be to the Greek Islands by boat.)
- 2) Offer Mini-Vacations – students can request a 5 min separation without penalty. Allow them to use self-sooth, relaxation, breathing, exercise to regain focus.
- 3) Offer a 3 minute coloring activity

4) Self Sooth Baskets – these can be created by teachers and/or parents with input from students. Students can request items from the basket when they begin to experience anxiety. (fragrant lotion, calming pictures, stress balls, twisties)



# Mindfulness Breathing

- Helps you to pay attention and be present in the moment
- Should be done several times a day
- Exercise should last 3-5 minutes each time
- <https://www.youtube.com/watch?v=iZljDtHUsR0>

3 minute mindfulness

# Tier 1 Ideas for Rewards

- Daily checksheets – students/classes earning a certain amount of points can earn a surprise at the end of the day/week. (start off heavy and reduce frequency)
- Catch'em Being Good – reward one student each day that has demonstrated STAR behavior consistently all day.
- Use programs like Class Dojo to track points for students to make data collection easier. Students also get to design their emoji.

# Tier 2 Supports

- School Based Mentoring
- Youth mentoring is a psychosocial prevention method that promotes positive youth development while attempting to deter maladaptive behaviors.
- Tier 2 students can be assigned school based mentors which focus on relationships and cognitive skill development.
- Social Control Theory asserts that enduring relationships and attachments to pro-social adults can foster social, emotional, and cognitive development in youth, as well as reducing risk factors for maladaptive behaviors.

(McQuillin, S.D., Terry, J.D., Strait, G.G., & Smith, B.H., 2013)

# Tier 2 Supports Continued

- Check-In, Check-Out (CICO)
- Identified students are assigned to school based personnel that meet with them each morning to greet them and to review daily goals.
- At the end of the day, they check in with the students to monitor progress on daily goals.
- Mastery of goals is rewarded with praise and new goals are set for next day.
- If goals are unmastered, encouragement is provided and problem-solving the barriers takes place.

(Fairbanks, S., Simonsen, B., & Sugai, G. , 2008)

# Tier 2 Supports Continued

- Dialectical Behavior Therapy (DBT) is a treatment developed by Marsha Linehan, Ph.D. that was originally designed to treat individuals who struggle with self-harm and suicidal behaviors.
- DBT focuses on dialectics and seeks a balance between acceptance (validation) and change (behavior).
- “I am doing the best I can, AND I can do better and try harder and change.”

# DBT in the school

- Clients in DBT attend individual therapy and skills groups, which are taught like classes during which clients learn five sets of skills:
  - Mindfulness
  - Distress Tolerance
  - Emotion Regulation
  - Interpersonal Effectiveness
  - Middle Path
- These skills help students more effectively cope with difficult emotions, situations, and relationships.

# DBT continued

- Mindfulness : participating fully – awareness (breathing exercise)
- Distress Tolerance: skills to use in a crisis to calm yourself and stop the anger/anxiety from overcoming you
- Emotion Regulation: skills to use to reduce your vulnerability to getting so angry/anxious –
- Interpersonal Effectiveness: skills to keep good relationships with others
- Middle Path: skills to help families cooperate & work together –

# Mindfulness Classroom Activity

## Five Senses Mindfulness Log

	Sight	Sound	Taste	Smell	Touch
<b>Examples:</b>	<i>watched some kids sledding</i>	<i>listened to my favorite song</i>	<i>sipped a cup of hot chocolate</i>	<i>sniffed pine needles</i>	<i>petted my friend's cat</i>
<b>Monday</b>					
<b>Tuesday</b>					
<b>Wednesday</b>					
<b>Thursday</b>					
<b>Friday</b>					
<b>Saturday</b>					
<b>Sunday</b>					

# Distress Tolerance Skills for classrooms

## **Distract** – turning your attention away from the crisis

- Activities – intense exercise (in classroom, in hall, on the playground)
- Contributing – doing an activity that primarily serves others (writing a letter, listening to someone else)
- Comparisons – take a moment to compare your problems to someone else that is less fortunate or to a time when things were much worse for you
- Emotions – identify an emotion that is opposite of what you are feeling and try to channel that emotion through an activity (listen to music, look at a comforting picture, etc...)
- Push Away – imagine putting the emotion on a shelf until you are ready to deal with it
- Thoughts – fill your brain with other thoughts so that there is no room for your current thoughts/feelings (solve a puzzle in your head, try to remember lyrics to an old but loved song, etc...)

# Emotion Regulation

- Opposite Action – identify your emotion and what behaviors typically go with it (yelling, hitting) and then identify the opposite of those behaviors (speaking softly, removing yourself from the situation).
- By doing the opposite action, you can change your mindset and emotional state.
- Half-smile activity
- TIP skills
  - Temperature – ice on the wrist, neck
  - Intense Exercise – run, jumping jacks
  - Progressive Relaxation – mindfully relaxing each body part

# Interpersonal Effectiveness

- Helps our navigate your relationships with others.
  - **Objectives Effectiveness Skills** (using skills to get what you want)
  - **Relationship Effectiveness Skills** (using skills to maintain/improve a relationship)
  - **Self Respect Effectiveness Skills** (using skills to maintain your self-respect)
  - [www.dbtselfhelp.com](http://www.dbtselfhelp.com) – has activities

# Middle Path - Thinking Dialectically

- Acceptance + Change = Middle Path
- Move away from “either/or” thinking and move towards “both/and” thinking.
- Practice looking at others points of view
- No one has the absolute truth (DBT assumption)
- Use “I feel” statements
- Accept that different opinions can be legitimate
- Do not assume that you know what is in someone else’s head
- Do not expect others to read your mind

[www.blogs.uw.edu](http://www.blogs.uw.edu)

## Coaching – helping students use the skills

- If a student demonstrates behavioral or mental health issues in the classroom in spite of interventions...
- 1) Mandatory Separation in the hallway.
- 2) Behavior Chain should be completed and processed with an adult present. (should be geared towards a student's age)
- 3) Apologies should be given to those that were impacted by the behavior if appropriate.
- Remember, each day is a new day. What happens on Monday should be done on Monday – do not hold grudges against students.

### Separation Card

I have either been asked to leave class because of my disruptive and/or ineffective behaviors or have asked to leave class in order to avoid disruptive/ineffective behaviors. In order to return to class I must:

1. Be able to demonstrate to my staff and teacher that I am quiet and calm
2. Practice a DBT skill to reduce my SUDS (hint: See back of card for ideas!)
3. Complete a Behavior Chain about why I left class
4. Explain to my staff member what is expected of me when I return to class
5. Make a verbal commitment to display classroom appropriate behaviors upon my return to class

#### Behavior Chart

Disruptive/Ineffective School Behaviors	Appropriate/Effective School Behaviors
	
Physical Aggression (hitting, kicking, biting, punching) Verbal Aggression (name calling, yelling, cursing) Not completing my school work Talking, singing or yelling loudly Disrupting or distracting my peers	Following directions on 1 <sup>st</sup> request Completing my school work Raising my hand before I speak Staying in my seat Using an inside voice Asking questions if I don't understand Practicing Kindness with my peers

## Phases of the Acting-Out Cycle

Geoffrey Colvin, 1992

- 1. Calm:** When students are on task, follow rules, and expectations. They respond positively to praise and other forms of recognition. They comply with suggestions and correction.
- 2. Trigger:** Something happens that is anxiety provoking or discomforting to the student. 
- 3. Agitation:** An increase or decrease in behavior indicates agitation. The student is getting more and more upset. 
- 4. Acceleration:** Student is looking for ways to draw other people, peers or adults, into a struggle. This works to put the student in control of the situation.
- 5. Peak:** In this phase there is often serious property destruction, physical assault, self-injury, hyperventilation, or a severe tantrum. 
- 6. De-escalation:** This phase is typically characterized by student showing signs of confusion, withdrawing, denying anything happened, or blaming others. They may seem more responsive to redirection or willing to engage in a simple task.
- 7. Recovery:** This is the final phase of the Acting-Out cycle. The student may be defensive or try to avoid discussing the incident. The student is likely to be relatively subdued. This is a period of regaining the equilibrium of the calm phase. 

# When to intervene

- Always watch for the triggers
- Immediately intervene when you see a student become agitated. Help the student use a Distract Skill.
- Avoid being pulled into power struggles with students (teach students how to ignore as well)
- Keep all students safe during the peak of an episode. Remove students from classroom and monitor the struggling patient.
- Allow the student to de-escalate and recover without nagging and bothering.
- Engage student with reparations after he/she is calm. Do not re-agitate by discussing everything that they did wrong.
- Help them to identify what went wrong and how they can improve the next time the emotion takes over.

# Tier 3 Supports (individualized plans)

- Tier 3 students can be assigned to highly trained school mental health staff (psychologists, counselors, social workers).
- Parenting Programs for families
- Parent DBT classes
- Mental Health Basics for families
- Educate Parents on existing community supports.
- Offer parent support groups.
- Refer parents to community based support or local agencies that deal with mental health needs.
- Schools can develop Special Treatment Plans that are created by a team of professional and parents (teacher, school psychologist, counselor, administration) that meet the individual mental health needs of the students.
- Evaluation for Special Education Services should occur at this step.

# Community Resources

- Navigating treatment options for various levels of care are dependent on Insurance or Medicaid options.
- Levels of care are on a continuum from least to most restrictive levels of care
  - Outpatient Counseling/Therapy (Therapist Session Weekly)
  - Outpatient Medication Management (Psychiatrist Monthly)
  - Community Services ( wrap around services in home/school)
  - Intensive Outpatient Programs ( 3 hours after school group setting)
  - Partial Hospitalization ( Day programs )
  - Crisis Stabilization ( 7-14 days inpatient)
  - Inpatient Psychiatric Hospitalization/ Acute ( 3-7 days inpatient)
  - Psychiatric Residential/PRTF ( 30-90 days)

## RELATED CITATIONS

- [www.freemindfulness.org](http://www.freemindfulness.org)
- [www.mindfulnesswithoutborders.org](http://www.mindfulnesswithoutborders.org)
- [www.mindfulteachers.org](http://www.mindfulteachers.org)
- [www.dbtselfhelp.com](http://www.dbtselfhelp.com)
- [www.blogs.uw.edu](http://www.blogs.uw.edu)
  
- Colvin, G. (2004). *Managing the Cycle of Acting-Out Behavior in the Classroom*. Eugene, OR: Behavior Associates.
- Fairbanks, S., Simonsen, B., & Sugai, G. (2008). Classwide Secondary and Tertiary Tier Practices and Systems. *Teaching Exceptional Children* (40), 44-52.
- Linehan, M. M. (1993). *DBT Skills Training Manual*. Guilford Press.
- McQuillin, S. D., Terry, J. D., Strait, G. G., & Smith, B. H. (2013). Innovations in School Based Mentoring: Matching the Context, Structure and Goals of Mentoring with Evidence Based Practices. *Advances in School Mental Health Promotion*, 6 (4), 280-294.
- Sugai, Simonsen & Horner. (2008). Schoolwide Positive Behavior Supports: Primary Systems and Practices. *Teaching Exceptional Children* (40), 32-40.

# Questions?

Dr. Christina Kennedy

[cnksunshine@aol.com](mailto:cnksunshine@aol.com)

[ckennedy@hside.org](mailto:ckennedy@hside.org)